

CALL TO ORDER - 2:00 PM

Mr. Pagán

1. Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Jacobi and North Central Bronx
- NYC Health + Hospitals | Sea View Nursing and Rehabilitation Center

2022 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Gouverneur Gotham Center
- NYC Health + Hospitals | Morrisania Gotham Center

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Lincoln
- NYC Health + Hospitals | South Brooklyn Health
- NYC Health + Hospitals | McKinney Nursing and Rehabilitation Center

2. OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

Executive Committee Report – May 25, 2023

Authorizing New York City Health and Hospitals Corporation (the “System”) to **extend its affiliation with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”) for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health** through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

(Presented to the Medical and Professional Affairs Committee: 04/08/2023) - **Vendex: NA / EEO:NA**

Amending the resolution adopted at the February 23, 2023 by the Board of Directors of the New York City Hospital Corporation regarding the authorization of a subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law by **approving the name of the new subsidiary to be MetroPlus Health Trio, Inc. and substituting the name “MetroPlus Health Trio, Inc.” for “MetroPlus Health Gold, Inc.” throughout such resolution.**

(Presented to the Executive Committee: 05/ 25/2023) - **Vendex: NA / EEO: NA**

Approving Frederick Covino to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law (“Article 43 Corporation.”) as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term through May 25, 2028.

(Presented to the Executive Committee: 05/ 25/2023) - **Vendex: NA / EEO: NA**

Approving Kara Silverman, RN, CNM, MS to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law (“Article 43 Corporation”) as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term through May 25, 2028.

(Presented to the Executive Committee: 05/ 25/2023) - **Vendex: NA / EEO: NA**

Approving Salvatore Russo to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law (“Article 43 Corporation”) as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term through May 25, 2028

(Presented to the Executive Committee: 05/ 25/2023) - **Vendex: NA / EEO: NA**

Approving Vallencia M. Lloyd to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law (“Article 43 Corporation”) as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term through January 28, 2026.

(Presented to the Executive Committee: 05/ 25/2023) - **Vendex:** NA / **EEO:** NA

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Crothall Facilities Management, Inc.** (“Crothall”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term. (Presented to the Medical and Professional Affairs Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Approved

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Sodexo Inc.** (“Sodexo”) for laundry processing and linen distribution services for an initial term of five years with one one-year option solely exercisable by the System in an amount not to exceed \$145,548,888 for the entire contract term. (Presented to the Finance Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Approved

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year contract with **Health Resources Optimization, Inc.** (“Health ROI”) for coding denials management services for an amount not to exceed \$6,820,780. (Presented to the Finance Committee: 04/08/2023) - **Vendex:** Pending / **EEO:** Approved

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with **Everytable, PBC (“Everytable”) for its use and occupancy of 414 square feet at NYC Health + Hospitals/Metropolitan (“Metropolitan”)** for a retail food operation at an initial rate of \$50/square foot or \$20,000 per year to increase by 2% per year for a total occupancy fee over the term of \$107,723.63 such agreement to be terminable by both parties on thirty days’ notice without cause. (Presented to the Capital Committee: 04/08/2023) - **Vendex:** NA / **EEO:** NA

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with **Everytable, PBC (“Everytable”) for its use and occupancy of approximately 1,000 square feet at NYC Health + Hospitals/Jacobi (“Jacobi”)** for retail food operations at an initial rate of \$25/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days without cause. (Presented to the Capital Committee: 04/08/2023) - **Vendex:** NA / **EEO:** NA

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with **Everytable, PBC (“Everytable”) for its use and occupancy of approximately 381 square feet at NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”)** for a retail food operation at an initial rate of \$28/square foot or \$10,668 per year to increase by 2% per year for a total occupancy fee over the term of \$55,516.70 with such agreement to be terminable by each party on thirty days’ notice without cause. (Presented to the Capital Committee: 04/08/2023) - **Vendex:** NA / **EEO:** NA

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with **Nalco Company, LLC (“Nalco”)** to provide water management services and maintenance services of secondary disinfection systems across the System over a term of three (3) years with the System holding two (2) one (1) year renewal options for a base contract amount of ten million three hundred and ninety-five thousand dollars (\$10,395,000) including a 20% contingency of two million seventy-nine thousand dollars (\$2,079,000) for a not to exceed amount of twelve million four hundred seventy four thousand dollars (\$12,474,000). (Presented to the Capital Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Pending

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year renewal license agreement with **Williamsburg Housing Preservation L.P. (the “Licensor”)** for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebing Street, Brooklyn (the “Licensed Premises”), to operate a pediatric primary care and women’s health clinic (the “Clinic”) managed by NYC Health + Hospitals/Gotham Health at an annual occupancy fee of \$6,347 or \$3.64/rentable square feet, which will increase by 3% per year to reach \$4.10/rentable square foot over the term for a total occupancy fee over the five-year term of \$33,695 with each party having the right to terminate on thirty days’ notice without cause.
(Presented to the Capital Committee: 04/08/2023) - **Vendex:** NA / **EEO:** NA

Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$1,960,238 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for **architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, such that the current funding increase from \$16,887,169 to \$18,847,407 is to cover design costs at Bellevue only.
(Presented to the Capital Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Approved

Authorizing New York City Health and Hospitals Corporation (the “System”) to increase the funding for its agreement with **AECOM USA, Inc. (“AECOM”)** to provide **program management services at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull such that the funding is increased from \$15,136,567 to \$16,635,305 to cover program management costs at Bellevue only.
(Presented to the Capital Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Approved

Authorizing New York City Health and Hospitals Corporation (the “System”) to increase the funding of its contract with **Consigli Construction Co., Inc. (the “CM”)** to serve as **construction manager/builder under a guaranteed maximum price (“GMP”) structure for the construction and construction management of the System’s Correctional Health Services (“CHS”) Outposted Therapeutic Housing Unit (“OTxHU”) initiative at NYC Health + Hospitals/Bellevue (“Bellevue”)** from the \$140,339,695 inclusive of 10% contingency approved by the Board in May, 2022 to \$159,969,414 by adding \$19,629,719 for additional construction and construction management services resulting from design changes.
(Presented to the Capital Committee: 04/08/2023) - **Vendex:** Approved / **EEO:** Approved

3. **Adoption of the Executive Committee Minute Minutes – May 25, 2023**

Mr. Pagán

4. **Chair’s Report**

5. **President’s Report**

Dr. Katz

6. **AMENDED TO EXTEND THE TERMS** - Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Cardinal Health, Inc. (“Cardinal”)** for pharmaceutical distribution and patient assistance program services for an initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$2,708,915,965 for the entire contract term.
(Presented to the Medical and Professional Affairs Committee: 04/08/2023)
Vendex: Approved / **EEO:** Approved

Dr. Calamia

7. Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a license agreement with the **Fire Department of the City of New York (“FDNY”) for the license of the Staff House which contains approximately 21,700 square feet of space together with its grounds (the “Staff House”) on the campus of NYC Health + Hospitals/Sea View (“Sea View”)** for a term of 40 years provided that either party may terminate the license for its convenience on 30-days’ notice with the occupancy fee waived
(Presented to the Capital Committee: 06/05/2023)
Vendex: NA / EEO: NA

8. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign license agreement with the **New York City Department of Parks and Recreation (“Parks”) for Parks to use approximately 13,000 square feet on the site of the former Neponsit Hospital in the Rockaways for a lifeguard station** for a term of five years with the occupancy fee waived and with each party having a right of termination for its convenience.
(Presented to the Capital Committee: 06/05/2023)
Vendex: NA / EEO: NA

9. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the **New York Power Authority (“NYPA”) for an amount not-to-exceed \$12,751,041, including an 11% construction contingency of \$995,591, for the planning, design, procurement, construction, construction management and project management services necessary for the Comprehensive Energy Efficiency Upgrades at New York City Health + Hospitals/McKinney, (the “Project”).**
(Presented to the Capital Committee: 06/05/2023)
Vendex: NA / EEO: NA

10. Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a design-build contract with **Fresh Meadow Mechanical Corp, (the “Contractor”) to provide a boiler plant upgrade at Harlem Hospital** over a term of three years with the NYC Health + Hospitals for an amount not to exceed \$36,584,712, including a funding contribution from New York City Department of Citywide Administrative Services (“DCAS”) in the amount of \$13,782,718 with a 7% project contingency of \$2,496,301
(Presented to the Capital Committee: 06/05/2023)
Vendex: Approved / EEO: Pending

Mr. Peña-Mora

Mr. Peña-Mora

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Mr. Peña-Mora

COMMITTEE AND SUBSIDIARY REPORTS

- Audit Committee
- Capital Committee
- HHC Accountable Care Organization - Subsidiary
- MetroPlus Health - Subsidiary

Ms. Hernandez-Piñero
Mr. Peña-Mora
Dr. Katz
Ms. Hernandez-Piñero

>>Old Business<<
>>New Business<<
>>Adjournment<<

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the **Executive Committee of the Board of Directors of New York City Health and Hospitals Corporation** was held in room 1701 at 50 Water Street, New York, New York 10004 on the **25th day of May, 2023** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán
Dr. Mitchell Katz
Ms. Erin Kelly - Joined at 2:12pm
Ms. Karen St. Hilaire
Dr. William Fisher
Ms. Sally Hernandez-Piñero
Ms. Barbara Lowe
Ms. Jackie Rowe-Adams

José Pagán, Chair of the Board, called the meeting to order at 2:08 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Erin Kelly is representing Deputy Mayor Anne Williams-Isom, Karen St. Hilaire is representing Molly Wasow Park, Dr. William Fisher is representing Deepa Avula - all in a voting capacity.

MEMBER VOTE DELEGATION

Mr. Pagán read the following excerpt from Section 14 of the By-Laws: **Committee Attendance:** If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

Mr. Pagán noted the following requests was made and approved: Vincent Calamia delegated Sally Hernandez-Piñero; Freda Wang delegated Barbara Lowe; Feniosky Peña-Mora delegated Jackie Rowe-Adams and Dr. Ashwin Vasan delegated Deepa Avula who is represented by Dr. William Fisher - to be counted as a member for the purpose of quorum and voting for this meeting.

EXECUTIVE SESSION

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential

and privileged information.

OPEN SESSION

The Executive Committee reconvened in public session at 2:45 p.m.

Mr. Pagán noted that Erin Kelly is representing Deputy Mayor Anne Williams-Ison, Karen St. Hilaire is representing Molly Wasow Park, Dr. William Fisher is representing Deepa Avula - all in a voting capacity.

MEMBER VOTE DELEGATION

Mr. Pagán read the following excerpt from Section 14 of the By-Laws: **Committee Attendance:** If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

Mr. Pagán noted the following requests was made and approved: Vincent Calamia delegated Sally Hernandez-Piñero; Freda Wang delegated Barbara Lowe; Feniosky Peña-Mora delegated Jackie Rowe Adams and Dr. Ashwin Vasan delegated Deepa Avula who is represented by Dr. William Fisher - to be counted as a member for the purpose of quorum and voting for this meeting.

ACTION ITEM 1 - ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on April 27, 2023 were presented to the Executive Committee for adoption. Then on motion duly made and seconded, the Executive Committee unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on April 27, 2023 copies of which have been presented to the Executive Committee be, and hereby are, adopted.

ITEM 2 - CHAIR'S REPORT

ACKNOWLEDGEMENTS

Mr. Pagán thanked Board members Ms. Jackie Rowe-Adams and Ms. Sally Hernandez-Piñero for their visit to NYC Health and Hospitals/Lincoln and Ms. Rowe-Adams' visits to NYC Health and Hospitals/ Woodhull and Jacobi.

Mr. Pagán also thanked Board members Ms. Barbara Lowe and Ms. Jackie Rowe-Adams for their participation in the Joint Commission Survey Leadership Session at NYC Health and Hospitals/Bellevue.

NYC HEALTH AND HOSPITALS FY2023 ANNUAL PUBLIC MEETINGS

Mr. Pagán gave the schedule for remaining Fiscal Year 2023 NYC Health + Hospitals' Annual Public Meeting series and encouraged members of the community to register to speak.

Brooklyn - June 13th at Woodhull Hospital

VENDEX APPROVALS

Mr. Pagán noted there are eight items on the agenda requiring Vendex approval, of which seven have that approval. There are two items from previous Board meetings pending Vendex approval. No approvals have been received since the Board last met.

The Board will be notified as outstanding Vendex approvals are received.

ITEM 3 - PRESIDENT REPORT

Dr. Katz noted that the full written report was submitted to the Board and noted the following:

CONTRACT DEVIATION AUTHORIZATION

Since Dr. Katz's last update regarding asylum seeker contracting response, there have been two additional contract actions:

1. An expansion and one-year extension of an existing emergency agreement with **Huron Consulting Services, LLC** for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues, with a resultant increase in the not-to-exceed amount from \$18,500,000 to \$50,100,000.
2. A new hotel contract with **RHC Operating LLC (The Roosevelt)** for a period of 3 years, with a minimum term of 14 months, which can be terminated on 120 days' notice, with a not to exceed amount over the entire term of \$115,195,752.

ACTION ITEM 4:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to **extend its affiliation with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health** through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

(Presented to the Medical and Professional Affairs Committee:
04/08/2023)

Dr. Machelles Allen, Senior Vice President and Chief Medical Officer provided background information and the current state of the affiliation agreement. Dr. Allen outlined the services under the current and renewal agreement at NYC Health + Hospitals/Kings and South Brooklyn Health. Matthew Fay, Senior Assistant Vice President of Finance discussed the projected annual affiliate budget and project cost by hospital.

Hearing no questions or comments upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEMS 5, 6, 7, 8, 9:

Dr. Katz read the resolutions

5. **Amending the resolution adopted at the February 23, 2023** by the Board of Directors of the New York City Health and Hospitals Corporation regarding the authorization of a subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law by **approving the name of the new subsidiary to be MetroPlus Health Trio, Inc. and substituting the name "MetroPlus Health Trio, Inc." for "MetroPlus Health Gold, Inc." throughout such resolution.**

(Presented to the Executive Committee: 05/ 25/2023)

6. **Approving Frederick Covino to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law** ("Article 43 Corporation.") as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term though May 25, 2028.

(Presented to the Executive Committee: 05/ 25/2023)

7. **AMENDED TO CORRECT THE SPELLING OF THE PROPOSED MEMBER NAME FROM KARA SILVERMAN:** Approving Karla Silverman, RN, CNM, MS to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law ("Article 43 Corporation") as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of February 23, 2023, to serve in such capacity for a term through May 25, 2028.

(Presented to the Executive Committee: 05/ 25/2023)

8. **Approving Salvatore Russo to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law** ("Article 43 Corporation") as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting of

February 23, 2023, to serve in such capacity for a term through May 25, 2028

(Presented to the Executive Committee: 05/ 25/2023)

9. Approving Vallencia M. Lloyd to be a member of the Board of Directors of the subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law ("Article 43 Corporation") as authorized by the Board of Directors of the New York City Health and Hospitals Corporation at its meeting on February 23, 2023, to serve in such capacity for a term through May 25, 2028

(Presented to the Executive Committee: 05/ 25/2023)

Dr. Katz thanked and welcomed Salvatore Russo who was in the room and gave a few words.

Steven Cushman, Chief Counsel for MetroPlus Health, provided background information for the selection of a new name for the Article 43 Corporation. Mr. Cushman also shared brief highlights about the new Board members and explained the State regulations that prohibits the use of the previously approved Article 43 subsidiary name of MetroPlus Health Gold, Inc.

Hearing no questions or comments upon motion duly made and seconded, the Executive Committee unanimously approved the resolutions **5,6,7,8 and 9.**

ACTION ITEM 10

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Crothall Facilities Management, Inc.** ("Crothall") for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

(Presented to the Medical and Professional Affairs Committee:
04/08/2023)

Chris Roker, CEO, of NYC Health + Hospitals/ Lincoln provided a historical overview and current state, noting the services, current staffing structure and scope of work under the current agreement. Mr. Roker also gave an overview of the market, future state, scope of services under and corresponding Biomed Table of organization under the new agreement. Mr. Roker explained the analysis detailing the annualized current spend versus new spend, the MWBE RFP analysis and the RFP criteria. An overview of the procurement and vendor performance were also presented.

In response to questions from the Board, Mr. Roker gave further

details about the staff responsibility and services in the current state and future state as well as the timeline for the execution of this contract.

After discussion and upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEM 11

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sodexo Inc. ("Sodexo") for laundry processing and linen distribution services for an initial term of five years with one one-year option solely exercisable by the System in an amount not to exceed \$145,548,888 for the entire contract term. (Presented to the Finance Committee: 04/08/2023)

Paul Albertson, Vice President, Management Services, provided background information, current state of the services under the current agreement, the RFP criteria and an overview of the procurement process. He also explained the vendor selection process, benefit analysis and services under the new agreement. The vendor performance scored satisfactory and the MWBE utilization plan is 17% with an achieved 24% MWBE annual utilization since fiscal year 2021.

In response to questions from the Board, Mr. Albertson explained that the increase in spend under the new contract is mostly attributed to the expanded staffing at the facilities as well as the overall expenses of the linen processing and increased volume.

After discussion and upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEM 12

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year contract with **Health Resources Optimization, Inc. ("Health ROI") for coding denials management services** for an amount not to exceed \$6,820,780. (Presented to the Finance Committee: 04/08/2023)

Marji Karlin, Chief Revenue Officer, provided the background and current state of Diagnostic Related Group downgrade denials process. DRGs patient assignment, reimbursement, claims status and process, and expectations were noted. An overview of the budget planning was presented, highlighting the average yearly potential loss, estimated recovery and a breakdown of the

five-year plan. Ms. Karlin provided the RFP Criteria, an overview of the procurement process and an MWBE analysis, with a total diverse vendor component percentage of 30%.

Following questions from the Board, Ms. Karlin confirmed that different vendors offered different recovery percentages, however, Health Resources Optimization amounts to 20 percent.

Dr. Katz reflected on the evolution of the revenue cycle in the past five years and the complexities and shared his appreciation of the staff driving these changes.

After discussion and upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEM 17

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year renewal license agreement with **Williamsburg Housing Preservation L.P. (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric primary care and women's health clinic** (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an annual occupancy fee of \$6,347 or \$3.64/rentable square feet, which will increase by 3% per year to reach \$4.10/rentable square foot over the term for a total occupancy fee over the five-year term of \$33,695 with each party having the right to terminate on thirty days' notice without cause.

(Presented to the Capital Committee: 04/08/2023)

Dr. Theodore Long, Senior Vice President, Ambulatory Care and Population Health, and Executive Director of Test & Trace Corps., provided detailed background information including current available services and health data and community profile in Brooklyn, anticipated services, location selection, plans for build-out, and lease as well as payments terms.

Mr. Pagán acknowledged Dr. Long and his evidence-based approach in this presentation.

In response to a question from the Executive Committee, Jeremy Berman, Deputy General Counsel, gave a historical overview of the utilization of New York Housing Authority space and corresponding under-market rates.

After discussion and upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEMS 13, 14, 15

Mr. Pagán read the resolutions

13. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of 414 square feet at NYC Health + Hospitals/Metropolitan** ("Metropolitan") for a retail food operation at an initial rate of \$50/square foot or \$20,000 per year to increase by 2% per year for a total occupancy fee over the term of \$107,723.63 such agreement to be terminable by both parties on thirty days' notice without cause.

(Presented to the Capital Committee: 04/08/2023)

14. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of approximately 1,000 square feet at NYC Health + Hospitals/Jacobi** ("Jacobi") for retail food operations at an initial rate of \$25/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days without cause.

(Presented to the Capital Committee: 04/08/2023)

15. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of approximately 381 square feet at NYC Health + Hospitals/South Brooklyn Health** ("South Brooklyn") for a retail food operation at an initial rate of \$28/square foot or \$10,668 per year to increase by 2% per year for a total occupancy fee over the term of \$55,516.70 with such agreement to be terminable by each party on thirty days' notice without cause.

(Presented to the Capital Committee: 04/08/2023)

Matthew Siegler, Senior Vice President, provided background information on food services at the facilities, details on the negotiations including fee terms, contract terms, overview of services, and selection process. Mr. Siegler was joined by representatives from NYC Health + Hospitals/Jacobi & Metropolitan.

After questions from the Executive Committee, Mr. Siegler confirmed that the food operations will be available 24-hours/seven days a week and food prices will be the same across all sites/facilities.

After discussion, upon motion duly made and seconded, the Executive Committee unanimously approved the resolutions **13, 14 and 15.**

ACTION ITEM 16

Mr. Pagán read the resolutions

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a contract with **Nalco Company, LLC ("Nalco")** to provide water management services and maintenance services of secondary disinfection systems across the System over a term of three (3) years with the System holding two (2) one (1) year renewal options for a base contract amount of ten million three hundred and ninety-five thousand dollars (\$10,395,000) including a 20% contingency of two million seventy-nine thousand dollars (\$2,079,000) for a not to exceed amount of twelve million four hundred seventy-four thousand dollars (\$12,474,000).
(Presented to the Capital Committee: 04/08/2023)

Manuel Saez, Vice President of Facilities Development gave background information and an overview of services. Mr. Saez also provided details on the negotiation including fee terms, contract terms, the RFP criteria, overview of the procurement process, evaluation on each vendor, vendor performance, contract budget, and a detailed MWBE utilization plan.

After questions from the Executive Committee, Mr. Mahendranath Indar, Assistant Vice President of Facilities Development, responded that 20% contingency is based on historical spend on this area.

Mr. Saez also responded to further questions, that the combination of mitigation protocols as well as the water management system have remained under acceptable legionella levels.

After discussion and upon motion duly made and seconded, the Executive Committee unanimously approved the resolution.

ACTION ITEMS 18, 19 and 20

Mr. Pagán read the resolutions

18. Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$1,960,238 for its previously executed agreement with **Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull")** in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units "OTxHU"), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, such that the current funding increase from \$16,887,169 to \$18,847,407

is to cover design costs at Bellevue only.
(Presented to the Capital Committee: 04/08/2023)

19. Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding for its agreement with **AECOM USA, Inc. ("AECOM") to provide program management services at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull")** in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull such that the funding is increased from \$15,136,567 to \$16,635,305 to cover program management costs at Bellevue only.

(Presented to the Capital Committee: 04/08/2023)

20. Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding of its contract with **Consigli Construction Co., Inc. (the "CM") to serve as construction manager/builder under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Correctional Health Services ("CHS") Outposted Therapeutic Housing Unit ("OTxHU") initiative at NYC Health + Hospitals/Bellevue ("Bellevue")** from the \$140,339,695 inclusive of 10% contingency approved by the Board in May 2022 to \$159,969,414 by adding \$19,629,719 for additional construction and construction management services resulting from design changes.

(Presented to the Capital Committee: 04/08/2023)

Mr. Saez was joined by Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, who provided background information, an overview of proposed amendments and OTxHU team organization structure. Mr. Gonzalez explained the contract terms, MWBE utilization plan, and project budgets.

Sally Hernandez-Piñero expressed concerns regarding the additional changes and asked about the safety concerns from the State.

Dr. Katz explained that the design was approved with the prior Department of Corrections leadership and it was sent to the State for approval and now the new leadership at the Department of Corrections had requested additional changes be made to meet different requirements and safety concerns.

After discussion, upon motion duly made and seconded, the Executive Committee unanimously approved the resolutions **18, 19 and 20.**

COMMITTEE REPORTS

Mr. Pagán noted that the Committee reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Executive Committee, the meeting was adjourned at 4:09 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Governance Committee Meeting: May 27, 2023

As Reported by José Pagán

Committee Members - José Pagán; Dr. Mitchell Katz; Vincent Calamia; Michelle Morse

Virtual in a Listening Capacity Only: Freda Wang; Sally Hernandez-Piñero;
Staff - Colicia Hercules

The meeting was called to order at 1:14 pm by José Pagán.

Mr. Pagán noted for the record Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on February 23, 2023. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the Executive Session the Governance Committee received and discussed the President's recommendation to appoint Hillary Jalon as Vice President for Quality Management. The recommendation was unanimously approved for presentation to the full Board.

There being no further business, the meeting adjourned at 1:38 p.m.

Community Relations Committee IN-PERSON MEETING - May 2, 2023

As Reported by Robert Nolan

Committee Members Present: Robert Nolan, José Pagán Dr. Mitchell Katz,
Jackie Rowe-Adams

Mr. Robert Nolan called the meeting of the Community Relations Committee meeting to order at 5:07 p.m.

Quorum was established - the minutes of the Community Relations Committee meeting held on March 7, 2023 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Mr. Nolan started his report by announcing the dates for the upcoming Annual Public Meetings in the Bronx on May 16th and in Brooklyn on June 13th and shared registration details.

Scheduled to present annual verbal reports this evening are the following CABs.

1. NYC Health + Hospitals/ Sea View
2. NYC Health + Hospitals, Gotham Health/ Cumberland

3. NYC Health + Hospitals/ South Brooklyn Health
4. NYC Health + Hospitals/ Lincoln
5. NYC Health + Hospitals, Gotham Health/ Morrisania

PRESENTERS:

Mr. Nolan moved the agenda to the (5) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes.

NYC Health + Hospitals/ Sea View

Mr. Matthew Levy, CEO of NYC Health + Hospitals/Sea View, was present on behalf of Mr. George Marino, Sea View's CAB chair, who was not able to be in attendance. Mr. Levy started his report with an update on the COVID-19 response at the nursing home facility. Requirements have been reduced over time in the nursing home space, but they still maintain active infection control and continue to track and report suspected cases to Department of Health and CMS on a weekly basis. There have been no new cases in the past 3-4 months.

Mr. Levy mentioned they are working with infrastructure to purchase new blood pressure machines, and seeking to purchase a bladder scanner. Requests are not formally made, because they use a specific product Point Click, but Sea View is currently testing and vetting the product. Intend to purchase in Fiscal Year 2025.

Mr. Levy shared that the overall patient satisfaction and final rating scores ranked at or above 95th percentile and that Sea View was recently named the highest performing nursing home in New York by Newsweek.

Visitors to nursing homes are no longer required to test for COVID-19 before visiting patients. Sea View currently requires staff and visitors to be masked due to influenza rates.

Mr. Levy expressed his gratitude for the around the clock testing van on the Sea View campus. Sea View is now able to take weekend admissions to better serve the community and local hospitals.

President's report:

Mr. Nolan turned the meeting over to Dr. Mitchell Katz to present the President's report:

- NYC Health + Hospitals announced the breaking of ground on the Comunilife Throop Residence, in partnership with NYC Department of Housing Preservation and Development (HPD) and Comunilife. The 93-unit apartment building on the campus of NYC Health + Hospitals/Woodhull, includes 56 units of supportive housing for patients of NYC Health + Hospitals who are experiencing homelessness. Residents will also receive services from Comunilife and health care from Woodhull.
- NYC Health + Hospitals' NYC Care program and MetroPlusHealth launched the 'Stay Covered NYC' webinar series to educate Staten Island-based community partners and New Yorkers about the benefits of continuous health care coverage.

- NYC Care and MetroPlusHealth partnered to launch a resource fair to support Staten Island's immigrant communities to celebrate Immigration Heritage Week. Tabling partners included Project Hospitality/El Centro, NY Foundling, La Colmena, the NYC Mayor's Office to End Domestic and Gender-Based Violence, the NYC Mayor's Office of Immigrant Affairs, African Refuge, and the United Network for Early Childhood Education Provider Network. The partners provided a range of services for Staten Islanders, including connecting them to health care coverage, sharing information on how to access free immigration legal help, and providing services for expecting mothers.
- NYC Health + Hospitals has earned the highest rating for sharing hospital pricing data and meeting federal requirements to help consumer understand the cost of health care. The public health system received the highest score of 5 in a study by Turquoise Health, which analyzed pricing data posted online by more than 5,300 hospitals across the country.
- NYC Health + Hospitals celebrated NYC Immigrant Heritage Week. NYC Health + Hospitals provides health care services to over one million New Yorkers each year – many of whom are immigrants. As part of its mission, the public health system is committed to extending equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity, and respect.

Mr. Nolan thanked Dr. Katz for the report and moved the meeting to the remaining (4) reports.

PRESENTERS CONTINUED:

NYC Health + Hospitals, Gotham Health/ Cumberland

Mr. Corey Evans, Cumberland's CAB Chair, started his report by discussing the plateau in current COVID-19 rates in Brooklyn and other boroughs. He shared that the vaccine Pod has been dismantled and vaccines are now available in primary care departments.

Mr. Evans discussed Cumberland's Capital requests which were submitted to the BP's office in January for FY 2024. They include: resurfacing the exterior plaza to mitigate flooding in the basement, 1st floor lobby redesign to improve patient flow, replacing outdated imaging equipment, dentistry department expansion, and Behavioral Health building improvements.

Mr. Evans shared the implementation of iRounding to capture patient responses in real time, and the integration of kiosks to enhance the check-in process.

Mr. Evans, mentioned frequent complaints by patients include a lack of communication and long wait-times. In response Cumberland has provided ADIET training to all staff members and clinicians, and appointment reminder texts to patients 24 and 48 hours prior to an appointment.

Mr. Evans shared challenges impacting the communities served by the facility, which include a shortage in mental health providers and access to healthier food options.

Cumberland's administrator, Syreeta Dipeolu, mentioned texts are used for primary care and all specialty care, excluding behavioral health. When appointments are not confirmed, outreach is conducted to patients with phone calls.

NYC Health + Hospitals/ South Brooklyn Health

Ms. Roseanne DeGennaro, chair of South Brooklyn Health (SBH), shared the opening of the new Ruth Bader Ginsburg hospital.

Ms. DeGennaro shared that COVID-19 rates have plateaued and that rates at South Brooklyn Health are the lowest they have been since 2020. SBH continues to advocate bivalent immunization for the community and staff. South Brooklyn Health continues to recommend masking in patient care areas.

Ms. DeGennaro shared that SBH has 2 DaVinci Xi Robot, and has completed 385 surgeries using the robots. The robots provide minimal invasive surgery and reduce post-operative care. With a grant from the Brooklyn Borough President, the Women's Health Initiative Project's services will be consolidated to one floor and the NICU will be upgraded. Construction will begin on a new ambulatory care wellness center in summer 2023.

For patient and safety, SBH launched the 3C's initiative - Connect, Continue, Complete, to respond to patient grievances in a compassionate and patient centered manner. The Patient Safety Department will implement the Biovigil Hand Hygiene program to ensure hand hygiene in every patient encounter. A pilot program has been launched to address patient safety indicators (PSI).

Frequent complaints continue to be lack of communication, timely notification of incidents, lost property and long wait times. Initiatives to resolve these include: frequent rounding, resolving issues in real time, property intake and storage, 3C's initiatives.

Ms. DeGennaro shared that violence continues to impact the community. She also shared the need for a Level One Trauma Center in the area.

Ms. Adams inquired about the relationship with the Police, Ms. Lipyanskaya shared the close relationship between SBH and the Police partners. She also shared pathways for employment and mentorship to address violence and crime in the area. There was also a discussion regarding the data needed to be a Level One Trauma Center.

NYC Health + Hospitals/ Lincoln

Mr. Ngande Ambroise, CAB Chair at Lincoln, shared that COVID-19 levels have diminished in their community and they will take the lessons during the COVID-19 pandemic to improve patient care going forward.

Mr. Ambroise shared the following infrastructure and equipment upgrades at their facility: expansion of pediatric dental clinics, installation of metal detectors, DaVinci Robotic program, bed upgrades in Critical Care units.

Mr. Ambroise reported that Lincoln Hospital has shifted to an electronic system, VOICE, since 2022 to improve patient safety and satisfaction. VOICE allows staff to document patient safety concerns, which are then analyzed and investigated by the Office of Quality Management. The Patient Safety Committee also uses technology to create dashboards to track and trend data relating to patient safety indicators and use data to improve performance.

Frequent complaints at Lincoln Hospital are made to Guest Relations and grievances are investigated by service chairs/directors and responded to in accordance to CMS regulations. To reduce frequent complaints regarding patient property loss, the Property Taskforce has piloted an ED trauma patient property point person to decrease loss and increase proper documentation. Lincoln has also hired a Program Manager with the goal to create a cultural change for Lincoln Hospital to be known as a holistic healing environment.

NYC Health + Hospitals, Gotham Health/ Morrisania

Mr. Mariano Laboy, CAB Chair at Morrisania, shared that it was the 50 year anniversary for Morrisania. Mr. Laboy shared that COVID-19 transmission rates were low in the Bronx and across NYC. Rapid home testing kits continue to be available free of charge for patients and staff, and Morrisania continues to encourage its staff and patients to take the new Bivalent booster. As of June 30, community testing and COVID-19 vaccinations will no longer be provided at Morrisania. Masking continues to be mandatory for staff and patients.

Mr. Laboy shared the following equipment and infrastructure updates including: ongoing renovation of locker rooms, ongoing renovation of an unused space into a wellness room, and the approval of security enhancements by the Office of Facility Developments for the Behavioral Health unit to create a partition door to prevent unauthorized patient access. Capital funding priorities have been submitted to the Bronx Borough President and NYC Council for FY 2024.

Mr. Laboy shared that to improve patient safety and satisfaction, Morrisania has created a Community Resource Center and launched iRounding to receive patient feedback. Additionally, Morrisania has increased CBO partnerships for onsite tabling and conducted repairs in a bathroom that had been out of service. Morrisania has also integrated kiosks systems and palm vein scanners.

Mr. Laboy shared that frequent complaints involve patient wait times while in the building for their appointments, long wait times for follow up appointments and new patients, and shortage of staff impacts access to pharmacy.

Access to healthier food continues to be an issue impacting the community served by Morrisania. Morrisania has created community partnerships to promote nutrition and healthier lifestyles. The community also requires legal assistance, immigration support and access to social services.

Morrisania has built partnerships with various CBOs and address the community's needs.

ADJOURNMENT:

Meeting adjourned at 6:00 P.M

Capital Committee Meeting - May 8, 2023

As reported by: José Pagán

Committee Members Present: Dr. Mitchell Katz, José Pagán, Sally Hernandez-Piñero

Mr. José Pagán called the meeting to order at 10:08 a.m.

Mr. Pagán called for a motion to approve the March 13, 2023 minutes of the Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on Mach 13, 2023, were unanimously approved.

First on the agenda - Theodore Long, MD read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year renewal license agreement with Williamsburg Housing Preservation L.P. (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric primary care and women's health clinic (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an annual occupancy fee of \$6,347 or \$3.64/rentable square feet, which will increase by 3% per year to reach \$4.10/rentable square foot over the term for a total occupancy fee over the five-year term of \$33,695 with each party having the right to terminate on thirty days' notice without cause.

Theodore Long, MD, MHS, Senior Vice President, Ambulatory Care and Population Health, and Executive Director of Test & Trace Corps., narrated a presentation providing detailed background information including current services available and health data in Brooklyn, anticipated services, location selection, plans for build-out, and lease terms.

Sally Hernandez-Piñero inquired about the launch of small clinics to address specific needs of the community. Dr. Long explained the that the services in this and other clinics in based on community feedback and healthcare needs.

After discussion - Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolutions:

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding of its contract with Consigli Construction Co., Inc. (the "CM") to serve as construction manager/builder under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Correctional Health Services ("CHS") Outposted

Therapeutic Housing Unit ("OTxHU") initiative at NYC Health + Hospitals/Bellevue ("Bellevue") from the \$140,339,695 inclusive of 10% contingency approved by the Board in May, 2022 to \$159,969,414 by adding \$19,629,719 for additional construction and construction management services resulting from design changes.

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding for its agreement with AECOM USA, Inc. ("AECOM") to provide program management services at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull such that the funding is increased from \$15,136,567 to \$16,635,305 to cover program management costs at Bellevue only.

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$1,960,238 for its previously executed agreement with Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, such that the current funding increase from \$16,887,169 to \$18,847,407 is to cover design costs at Bellevue only.

Mr. Saez was joined by Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, who narrated a presentation providing background information, overview of proposed amendments, contract terms, MWBE status, and project budgets.

Sally Hernandez-Piñero expressed concerns about the additional changes and the extension of time and asked if the reference to new requirements was a request that came from the State.

Dr. Katz explained that the request came from the Department of Corrections. He stated that the design was approved with the prior Department of Corrections leadership and it was sent to the State for approval and now the new leadership at the Department of Corrections had requested some changes be made to meet different requirements.

Mr. Gonzalez noted that the interpretation of the requirements was the issue. Prior leadership interpreted one way and new leadership interpreted another way and this revised design will now go to the State for review. He noted that the New York City Office of Management and Budget (OMB) approval was for Capital eligibility but the full budget has been allocated by OMB already. This is not new money, this is reallocation of funds.

After discussion - Upon motion duly made and seconded the resolutions were approved for consideration by the Board of Directors.

Mr. Saez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a contract with Nalco Company, LLC ("Nalco") to provide water management services and maintenance services of secondary disinfection systems across the System over a term of three (3) years with the System holding two (2) one (1) year renewal options for a base contract amount of ten million three hundred and ninety-five thousand dollars (\$10,395,000) including a 20% contingency of two million seventy-nine thousand dollars (\$2,079,000) for a not to exceed amount of twelve million four hundred seventy four thousand dollars (\$12,474,000).

Mr. Saez narrated a presentation providing background information, overview of services, details on the negotiation including fee terms, contract terms, the RFP criteria, overview, evaluation on each vendor, vendor performance, contract budget, and a detailed MWBE utilization plan.

After discussion - Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Leora Jontef, Assistant Vice President, Housing and Real Estate, read the resolutions:

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of approximately 381 square feet at NYC Health + Hospitals/South Brooklyn ("South Brooklyn") for a retail food operation at an initial rate of \$28/square foot or \$10,668 per year to increase by 2% per year for a total occupancy fee over the term of \$55,516.70 with such agreement to be terminable by each party on thirty days' notice without cause.

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of 414 square feet at NYC Health + Hospitals/Metropolitan ("Metropolitan") for a retail food operation at an initial rate of \$50/square foot or \$20,000 per year to increase by 2% per year for a total occupancy fee over the term of \$107,723.63 such agreement to be terminable by both parties on thirty days' notice without cause.

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of approximately 1,000 square feet at NYC Health + Hospitals/Jacobi ("Jacobi") for retail food operations at an initial rate of \$25/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days without cause.

Ms. Jontef narrated a presentation providing background information on food services at the facilities, details on the negotiation including fee terms, contract terms, overview of services, and selection process. Ms. Jontef was joined by representatives from NYC H+H / Jacobi & Metropolitan.

Sally Hernandez-Piñero asked when the locations would be operational. Ms. Jontef said as soon as all the proper channels provided approval and the spaces were built-out. Hopefully within 8-10 weeks.

Sally Hernandez-Piñero asked if the company previously providing services at Jacobi chose to no longer operate at the site. Jordana Bailey, Deputy Executive Director, NYC H+H/Jacobi said that the previous vendor, Au Bon Pain, was preparing to transition to Panera, so the facility included them in their vendor outreach but their proposal came back with higher prices and fewer healthy food options.

Dr. Katz noted that food services had been an issue throughout the system because of the needs for service during off-hours and there had been a struggle to maintain services for staff and patients.

After discussion - Upon motion duly made and seconded the resolutions were approved for consideration by the Board of Directors.

VICE PRESIDENT REPORT

Manuel Saez provided the Vice President's for the Office of Facilities Development.

Mr. Saez provided updates on several key initiatives.

He stated that after the recent fire at Metropolitan Hospital last month where the department had to shift to emergency generator power, they had completed the first phase of work and were now back on full utility power. There was additional work to be done to improve infrastructure, but he was proud of the team for solving the first hurdle quickly and efficiently without major interruption to clinical services.

The department continued to diligently prepare for the Triennial Bellevue Joint Survey and celebrate the successful completion of the Joint Surveys at Elmhurst, Woodhull and Queens. Regulatory sign offs were currently being completed at the Ruth Bader Ginsburg Building at South Brooklyn and the team was awaiting a final opening date.

He noted that a number of facility projects had been recently completed: roof replacements at Woodhull, South Brooklyn, Elmhurst, Queens, Jacobi, Lincoln, Metropolitan, and Harlem, Underground tanks replacements at Lincoln and Elmhurst, and Elevator resiliency upgrades at Bellevue.

Neponsit major demolition would be complete before beach season, leaving only the grading and planting in the summer and fall respectively.

There being no further business, the Committee Meeting was adjourned at 10:48 a.m.

Finance Committee Meeting - May 8, 2023

As Reported By: José Pagán

Committee Members Present: Mitchell Katz, MD, José Pagán, Sally Hernandez-Piñero, Erin Kelly representing Feniosky Peña-Mora in a voting capacity, Freda Wang (virtual)

Health + Hospitals Employees in Attendance:

Michline Farag, Salema Tyler, Linda DeHart, John Ulberg, James Cassidy, Megan Meagher, Matthew Siegler, Jones Baily, Lisa Perez, Robert Melican, Jason Dryden, Nishant Kondamudi, David Guzman, Keith Tallbe, Paul Albertson, Mariel McLeod, Clifford Chen, Rafelina Hernandez, Colicia Hercules

CALL TO ORDER

Mr. Pagán called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:09 p.m.

Mr. Pagán noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

Feniosky Peña-Mora has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on his behalf. The request was approved.

Mr. Pagán called for a motion to approve the March 13, 2023 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on March 13, 2023 were adopted.

ACTION ITEM: Laundry and Linen Services

Mr. Paul Albertson - Vice President - Management Services read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sodexo Inc. ("Sodexo") for laundry processing and linen distribution services for an initial term of five years with one one-year option solely exercisable by the System in an amount not to exceed \$145,548,888 for the entire contract term.

Mr. Paul Albertson began by providing the background information on Laundry and Linen services. The request is to enter into a contract for end-to-end Laundry and Linen Services for NYC NYC Health + Hospitals Acute Care and Post-Acute Care facilities. Currently, Laundry and Linen Services are provided through Sodexo, with partnerships with Unitex for laundry/linen and Nexera for data management. Sodexo was selected as a NYC NYC Health + Hospital partner as an outcome of an RFP in 2011 with the closure of the Brooklyn Laundry plant and entered into a 9-year agreement which ended in 2020. Due to COVID-19 pandemic, it became impossible to finalize the on-site operational assessment for vendor walkthroughs needed to conduct solicitation in 2020. Accordingly, a two-year agreement with one-year renewal option was approved in May 2020 as a Best Interest Renewal, which ends June 30, 2023. The NTE on the existing contract is \$50,438,922 and the expected total

contract spend is \$51,338,922 due to additional linen/laundry related costs for increased volumes and processing. Further, there is additional related spend related to COVID of \$8,161,078 authorized by emergency deviation.

Mr. Albertson continued by providing an overview of the background and current state of Sodexo. During these past three years Sodexo has built on their existing Strengths and several areas of improvements were noted. They have

Mr. Albertson provided the RFP Criteria, an overview of procurement and the vendor selection, agreement benefits and services. NYC Health + Hospital Sodexo will provide a 'cap' on linen-loss expense; reduced loss from \$3M in FY20 to \$450k annually. Sodexo will enhance on-site staffing at facilities for longer daily staff access and better linen management Sodexo will continue provision of scrubs sets/dispensing system for all perioperative personnel and labor/delivery personnel; staff satisfier; quality of life and safety/infection prevention enhancement. In addition, Sodexo will implement new linen/laundry software system for unit-specific automated tracking. Lastly, the vendor performance evaluation and overall quality rating for Sodexo resulted satisfactory.

An overview of the MWBE Utilization plan was presented. In terms of MWBE goals, Sodexo has 17% on their contract and has achieved at least 24% in annual MWBE utilization since FY21. All subcontractors, scope of work, and utilization percentages were noted.

Mr. Pagán polled the committee for questions.

Mr. Pagán thanked the team.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: DRG Downgrade Denials Process

Ms. Lisa Perez - Assistant Vice President - Revenue Cycle Services read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year contract with Health Resources Optimization, Inc. ("Health ROI") for coding denials management services for an amount not to exceed \$6,820,780.

Ms. Lisa Perez began by providing the background and current state of Diagnostic Related Group downgrade denials process. NYC NYC Health + Hospitals receives an average of 420 cases of DRG Denials with an estimated yearly loss of \$22.7M. DRGs patient assignment, reimbursement, and claims status and process were noted. The contract with Acuity expired on June 30, 2022 and a new vendor "Cloudmed" is providing support services on a month to month basis. NYC NYC Health + Hospital is seeking a consulting firm or contractor that has extensive experience in successfully appealing DRG Downgrade denials at acute care hospitals. The firm must have expertise in documentation, coding guidelines and reimbursement rules. The firm will work under the supervision of NYC NYC Health+ Hospitals Central Office of Revenue Cycle Services / Health Information Management. It is anticipated that the

selected firm will be called upon to provide the eleven NYC NYC Health + Hospitals acute care sites with assistance on appealing DRG downgrade denials and follow up. The selected firm is also expected to give feedback on trends in facilities and identify steps to take to reduce denials.

An overview of the budget planning was presented by Ms. Perez. The average yearly potential loss due to DRG denials is \$22.7M. The estimated recovery is equal or greater to 30% and is paid on a contingency basis with a 20% that would be an estimated yearly budget of \$1,364,156. A breakdown of the five-year plan was presented. The Net Revenue impact per year is \$6.8M and the Net Cost of contract per year is \$1.3M. Lastly, a breakdown of the monthly and annual loss, revenue, payment to vendor, and recovery over the five-years was presented.

Ms. Perez continued by providing the RFP Criteria and an overview of the procurement process. The minimum criteria to provide services for DRG downgrade denials were noted as was the reference check process. In terms of MWBE analysis, Health ROI met the MWBE requirement with subcontracting services for appeal follow up and documentation with a total diverse vendor component percentage of 30%. NYC HEALTH + HOSPITALS

Mr. Pagán Thanked the team and polled the committee for questions.

Mr. Pagán inquired on the 30% recovery rate and the 20% charge. Did each vendor who submit a proposal provide different rates or different proposals when it comes to what they can recover and what they charge?

Ms. Perez responded that over a certain amount of money, they will give the System a discount. They will make a contingency on what they keep. It is the difference of what was denied and a percentage of that potential denial amount that is being taken back so they make the 20% off of that denial.

Mr. Pagán asked if they all presented different proposals when it comes to the fee they charge.

Ms. Karlin responded that although she was not on the selection committee, the committee went for best and final to see if that would help decide in terms of the overturn rate. That is an estimate of how many of these would be overturned in order to create a budget for this.

Mr. Pagán inquired on the vendors assumed risk, vendor performance and expectations.

Ms. Karlin responded that we can choose to not refer cases to them. We do not have any threshold in contract that states that they must have 100 cases a month but their incentive is in fact a contingency rate.

Ms. Karlin added that we sometimes it is best to give a higher case load as these are not a huge number of cases. For any one vendor, to split the cases felt like they might not have enough vested in the System if they did not have a lot of cases.

Mr. Pagán thanked the team.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-23 Quarter 3 highlights. He conveyed that we closed Q3 with \$925M (37 days cash-on-hand). The budget underperformed at 1% and closed Q3 with a negative Net Budget Variance of \$118.3M.

Mr. Ulberg continued, direct patient care receipts came in \$46.5M higher than the same period in FY-22. Patient care volume in FY-23 has returned to pre-COVID levels, and is 8% ahead of FY-20 in OP visits. Overall, our strategic financial initiatives remain on track, generating over \$580M thru Quarter 3 of FY-23 with a line of sight that meets the FY-23 target of \$675.6M. Several areas of strong net performance were noted.

Mr. Ulberg presented the cash projections for FY-23. The System closed April with approximately \$650 million (26 days cash-on-hand) and expects to close May with approximately \$600 million (24 days cash-on-hand).

Mr. Cassidy presented the Executive 24 Financial Plan - PEG. As part of the plan, NYC Health + Hospitals along with other City agencies, was given a City Tax Levy (CTL) budget savings target also known as a Program to Eliminate the Gap of 4% in FY24 and out years. NYC Health + Hospitals met its PEG target through a subsidy reduction that will be met through multiple internal initiatives related to revenue enhancement and expenditure savings.

Mr. Ulberg provided an overview of the State Budget. There were positive and negative highlights from the SFY23-24 Enacted Budget. Several positive highlights included the 7.5% Medicaid Rate increase for Inpatient and 6.5% for Nursing homes, Essential Plan rates increases for hospital statewide, \$1B Capital transformation funds, \$1B Behavioral Health Investment, Extension of UPL Conversion authorization, New reimbursement opportunities for certain services, 4% COLA for Human Services and Behavioral Health workforce, and restoration of quality pools. Some of the negative highlights included the Implementation of the pharmacy carve-out (340B Pharmacy cut), Continuation of Capital Rate Cut, Safety Net needs not adequately addressed, and no new coverage expansion.

Ms. Tyler presented the financial performance highlights for FY-23 thru March Net Budget Variance. She noted that March ended with a net budget variance of -\$118.3M (-1%). Receipts exceeded budget by \$338M Primarily driven by Patient Care Risk Revenue. Risk is higher due to improved PMPM and MetroPlus payment on behalf of prior year. Disbursement exceed budget by \$456M, which includes expenses associated with Temp coverage costs, and OTPS discretionary spend in medical/surgical supplies, and pharmaceuticals.

Ms. Tyler continued providing FY-23 thru March performance drivers updates. Cash receipts are 5% ahead of budget. Majority of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM. FY-23 thru March, cash disbursements are over budget by 7% primarily

resulting from Temp spending and Agency costs exceeding target as well as other discretionary spending.

The revenue performance for FY-23 thru March was presented by Ms. Tyler. FY-23 direct patient care revenue is \$46.5M higher than FY-22 actuals. Patient revenue improvement year-over-year can be attributed to a combination of higher volume, solid performance and continued improvement in revenue cycle and other strategic initiatives, as well as increased average rates.

Ms. Hernandez-Piñero inquired on disbursement performance. In regards to other discretionary spending it is \$170M, is that consistent with past performance or is that usually this high?

Ms. Tyler responded that it is a bit higher than we saw the front half of the year and that can be for multiple reasons. When we were fixing technical issues that delayed some payments going through and we started paying down outstanding AP. However, we typically do run a slight deficit on the discretionary but it is a bit inflated on the second half of the year versus what we saw in the last slides.

Mr. Melican presented an update on revenue cycle and NYC Health + Hospitals total AR Days performance lags epic peers. Mr. Melican defined a day in AR as a measure of the healthcare industry, a KPI on how we can and allows for a comparison of our accounts receivable to other peer hospitals. A day, in this context, is our total accounts receivable divided by our total charges. NYC Health + Hospitals averages the daily charges over a 90-day period. The methodology calculation on obtaining the AR number of days were presented. Mr. Melican continued by providing a snapshot of our 50 days in AR from the Epic dashboard that allows for a comparison of key performance metrics in several different areas including denials, automation, financial performance, account receivables, among others. A comparison table of six different categories comparing NYC Health + Hospitals with the epic median performance in the country was presented. The first four categories presented were discharged not billed, candidate for billing, coding and claims errors. An overview of the terminology definition for each category was noted. Compared to Epic medium, NYC Health + Hospitals is performing very well in these four categories. The average daily NYC Health + Hospitals total AR days are higher than peers. Trending down from 58 days last December to 50, as of March 31. NYC Health + Hospitals benchmarks well in producing the claims. Outstanding insurance AR presents greatest opportunity for revenue improvement.

Mr. Dryden provided an overview of the In-house outstanding AR opportunities. A snapshot of the outstanding claims summary by category was presented. The total AR days for outstanding claims equals 18.6 days and several efforts being done to reduce the outstanding claims were noted. For claims greater than 45 days, priority work with facilities on best practice, standardized processes; similar approach and discipline as denials work. Further, piloting (RPA) tools to remove repetitive work, allowing staff to be more efficient. For variance reduction, NYC Health + Hospitals is streamlining process to identify and appeal true underpayments. There is continued work with payers, standardize and optimize workflow to follow up on these accounts for the high cost outliers. Continued collaboration with NYS, managed care colleagues and payers to finalize payments on the UPL Add-on. There is ongoing effort to

prevent and address denials on claims with open denials. For outsourced insurance totaling 5.9 days, current efforts include vendors helping address medical necessity denials, low dollar denials and closed accounts to validate payments. NYC HEALTH + HOSPITALS has improved denial claims and has come down from having a denial rate of 25% to a rate of 10.2% as of today. NYC HEALTH + HOSPITALS is currently in the top 25% of Epic users and continue exploring additional improvement opportunities.

Mr. Pagán asked how did we get up to the top 25% and lower denial rate.

Mr. Dryden responded that is has been a collaborative effort with all the facilities, with the patients accounts departments, the payors and making sure that we are billing the claims as they want them to be billed.

Ms. Karlin added that we have taken on a QA process improvement and went through the cyclical plan of do, check, act process, bringing all of the stakeholders together on a weekly basis for two years and continue to this. Many processes have been implemented to achieve this. We received a bronze trophy today electronically and they put it on a leader board. The system as a whole is bronze and South Brooklyn Health is gold.

Mr. Pagán thanked the team and added that this is very impressive work.

Ms. Meagher provided a walkthrough the VBP Financial Performance. A chart tracking our performance surplus for MetroPlus and Healthfirst combined risk surplus was presented. It was noted that continued membership growth is largely attributable to stays in Medicaid recertification during the COVID emergency period. Membership recertification is to be tracked closely when reactivated later this spring. Lastly, some of the risk surplus highlights include NYC Health + Hospitals risk pool savings remain higher than past quarters and earnings for the most recent quarter (Q4 2022) totaled \$124M.

Ms. Meagher continued by providing a snapshot of the new VBP Budget Tools. The snapshot presented an annual comparison of years 2021 and 2022, and was created to assist hospital leadership in understanding the ranking on different metrics and the rationale behind surplus performance and areas of improvement. The dashboard is being used at monthly facility budget meetings, and hospital leadership newly able to assess how hospital's risk pool is performing compared to its historical performance and the current performance of their fellow NYC NYC Health + Hospitals.

Ms. Meagher continued providing an overview of the Social Determinants of Health (SDoH). Managed Care, Population Health and Revenue Cycle Services are partnering to prioritize focus that SDoH screenings administered at point of care yield appropriate diagnosis code capture on billed claims. Representing these codes on claims should yield additional CRG revenue opportunity by accurately reflect risk of our patient population. The new HEDIS measure in 2023 Quality program called SDoH screening and intervention for which Managed care team partnering with MetroPlus to set up a supplemental data workflow to capture SDoH screenings and after visit summaries demonstrating the interventions provided. NYC NYC Health + Hospitals also is exploring new partnerships with MetroPlus, Healthfirst and Fidelis around targeted outreach for patients getting medically tailored meals, care

management for patients recently housed via Housing for Health, and telemedicine for medically frail, homebound members.

Ms. Hernandez-Piñero inquired about the coding of social determinants of health.

Ms. Meagher responded that the coding is intended to help provide more transparency on the acuity of the population and if the health plan is receiving that information through claims, or through data feeds that are coming in, and identifying different screenings that were done. We are not sure we are identifying the patients that are in most need and the hope is that through more diligent coding, we will be able to find them and outreach.

Dr. Katz added that we hope someday the insurance will risk-adjust for people with intense social needs and complex health needs. Therefore, provides the dollars so that we can do these things like food services and housing services.

Ms. Hernandez-Piñero asked about the housing services mentioned and the level of responsibility of the System to provide this, along other services as required by the federal government.

Ms. Meagher responded that it is a very controversial topic. There is a lot of discussion at the state level in terms of having a universal screener of these social determinants of health. Our population health team has a screener that we have been using for a long time and there are many questions, policy questions of what it takes to have a screener be certified as legitimate or specific enough. That will be an evolving area.

Mr. Siegler added that the number of people we code with a social need will be greater than the number that we can directly intervene. The scale of investment is different, as there are other city agencies are focused on addressing the same issues.

Ms. Meagher continued by providing an update on the VBP Quality Program performance. Healthfirst 2022 VBP Program results to date were noted. Some of Healthfirst program highlights include NYC Health + Hospitals performance is a ½ star better than at this time last year for Medicaid and more than 2/3 star better for Medicare. In addition, CY2022 results are not final and are expected to improve further.

A walkthrough the VBP timeline - what to watch was presented by Ms. Meagher. Currently awaiting State Budget finalization that will hopefully restore quality pool dollars to fund VBP programs under the Medicaid program and bring additional premium revenue for Essential Plan members. Awaiting reinstatement of the Medicaid Recertification process that could disrupt our VBP population's access to timely care (all members must renew coverage at their anniversary date to avoid losing their insurance). Awaiting approval of the State Medicaid 1115 Waiver which looks to better fund and coordinate social service supports critical for adequately caring for many Medicaid beneficiaries.

Mr. Pagán thanked the team for the excellent report, great progress and focus.

Ms. Jones commenced a presentation providing the financial update on Test and Treat. T2 has committed approximately \$54.2M in expenses for Q3 in FY23. OMB has provided NYC Health + Hospitals with sufficient revenue through the T2 MOU to cover expenses to date. Federal Public Health Emergency and FEMA Funding ends May 11, 2023. Test and Treat programming will end in advance of the emergency and new programmatic expenses will not be incurred. COVID-19 testing, treatment, and vaccination will continue to be available at NYC Health + Hospitals locations. NYC Health + Hospitals will continue to operate the 212-COVID19 hotline to connect New Yorkers to COVID-19 treatment, long COVID resources and COVID-19 Centers of Excellence.

Mr. Pagán polled the committee for questions.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 1:03 PM.

Medical and Professional Affairs Committee - May 8, 2023

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Mitchell Katz, Sally Hernandez-Piñero.

José Pagán, Chairman of the Board, called the meeting to order at 9:09AM. On motion made and seconded, the Committee adopted the minutes of the February 6, 2023 Medical and Professional Affairs committee.

ACTION ITEM:

Machelle Allen, MD, Chief Medical Officer, Senior Vice President of Medical and Professional Affairs, and Matthew Fay, Senior Assistant Vice President, Office of Finance presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation (the "System") to extend its affiliation with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

The Affiliation Agreement between the System and Downstate Health Sciences University (DHSU) is scheduled to expire on June 30, 2024. The System and DHSU have negotiated the terms of a renewal affiliation agreement with a term beginning July 1, 2023 and ending June 30, 2026, (the "Renewal Agreement"), which will supersede the terms of the parties' existing agreement.

While prior affiliation agreements with SUNY DHSU combined the parties' academic affiliation and their clinical affiliation, the Renewal Agreement will cover the provision of professional services only with the terms of the parties' academic affiliation to be covered in a separate academic affiliation agreement that runs concurrently. The total cost of the Renewal Agreement (from July 1, 2023 through June 30, 2026), for a total cost not to exceed \$\$62,164,598 which includes a 10% contingency

The services covered by SUNY, include Kings County emergency medicine, Psychiatry, and radiology for a total of 36.2 FTEs. The services provided at South Brooklyn

Health is surgery for a total of 2.8 FTEs. A slide was provided to show the breakdown by services of the FTE at Kings County, the majority of which are in radiology where we have 17.5 FTEs in radiology.

Projected annual affiliate budget is roughly 18 million a year, rising each year with an estimated 3% adjustment for cost of living increases. There is a reduction in the total cost of the contract between fiscal year 2023 and 2024, it is a result of splitting the relationships into multiple contracts and therefore moving the graduate medical education expenses out of the general affiliation agreement. The estimate cost of the graduate medical education is about three and half million dollars which represents that delta between the 22 million and the 18,2. The 18,2 would be for the clinical services, and administrative cost only.

A slide was provided to show the breakout in the total expense by site. Looking at the base expense and the contingency, King County total amount is \$53,000,276, which is roughly 17 million a year in addition to the expense associated with the FTE which was presented. This also covers roughly 475,000 dollars for sessional coverage, additional time that is made available to Kings County by SUNY. It also reflects 10 vacant positions that will have funding authority, but will not be directly funded until those physicians are hired. The same for South Brooklyn, the 3.2 million is roughly 1.075 per year and that covers the 2.8 FTEs in surgery, additional sessional time and a handful of vacancies that will need funding authority but will not be funded until hired, and the 10% contingency and the total NTE for 3 years contract at \$62,164,598.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

Joe Wilson, Senior Assistant Vice President, Supply Chain presented the resolution to the committee -

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

New York City Health + Hospitals contracted with Crothall Healthcare Services as a result of an RFP in 2014 to provide management of the biomedical equipment program. RFP and agreement were being managed by the Office of Contracts & Control (OCC). In 2017, OCC merged with Supply Chain, the agreement & relationship management were transferred to Supply Chain. The original scope of service was limited to repair and maintenance for 67,000 assets. Staffing and management were designed based upon the original scope which did not build in scalability. As service gaps arose, the agreement expanded to cover other services such as Dialysis, Lab equipment, Chillers, Stretchers, Correctional Health, IT support, Warehouse and Transportation. The Crothall Biomed agreement is board approved not to exceed \$262,214,605 for the term of the contract. Current agreement expires June 30, 2023.

The current state of the agreement where it is only for break, fix and preventive maintenance on the BioMed side, is limited to a smaller group of Regional Directors and site managers who manage unionized Biomed technician without an IT component, warehouse and transportation. Many of the higher end pieces of equipment had to be sent out to OME for repair.

The System has increased the biomed equipment from 67,000 in 2014 to 126,000. The alternative equipment model currently in-use today, which is a managed service that follows different prescribe guidelines in the OEM. Various factors and risks were considered with In-house, OEM, and Risk insurance coverage services including financial impact. Clinical equipment, maintenance and operations is regulated by Joint Commission and other regulatory agencies.

In the future state, there will be 4 pillars of biomedical management services, including the existing equipment and maintenance, warehouse and transportation, with the newly added Biomed IT support. Our equipment is not connected to ERP, EMR, and digital archiving systems.

The 4th pillar is equipment management; this service will have technicians on the floor wiping down moveable equipment. The current practice to clean the equipment is not standardized nor is the reporting of it. We want to drive a strong inventory system and develop functionality. Biomed is going to manage all the life cycle, inspecting tags and test, when it enters the system connecting it through integration, PMS, and repairs for its life, cleaning and tracking it while it is here, transporting and storing if needed and then ultimately properly relinquishing the asset from inventory.

Scope of services; Equipment maintenance, BioMed EITS, storage/transportation, and equipment management. Each one of these will be driven by a series of KPIs to ensure that the health of the service is appropriate and a reporting function. EITS support is tied to a direct line of reporting to Kim Mendez's team to ensure all of our threats are appropriately mitigated and we are tracking our activity. The new table of Organization will be in this order: supply chain and facility leadership want to handle the management; the biomedical engineering and equipment management will roll up to supply chain and our facilities C-suite; supply chain services will continue to manage the warehousing and transportation; the biomedical IT resources support will report directly to IT leadership.

Current spend, is a little over 10 million a year and due to bringing in equipment, cleaning and management to the 11 acute care that are going to cover the nursing floors and EDs; the trauma floors will have round-clock coverage, the non-trauma centers will be are 16 hours a day. Some savings were realized through the RFP for the regular maintenance. Avoidable damage is internally budgeted; warehousing and Transportation is market rates for real estate, and biomed IT is a new cost.

Prior to release of the RFP, the Vendor Diversity team reviewed the program for scopes of work that might be subcontracted. Recruitment was identified as the only scope that would possibly be subcontracted. The estimated value of such work, however, was too small to set a Diversity Vendor Component Percentage, approximately 0.1% of the contract.

Accordingly, this solicitation was excluded from the MWBE program. The prior contract was also excluded from the MWBE program. Nevertheless, the Vendor Diversity team asked vendors about their MWBE and CSG efforts. One of Crothall main business is food services. Their division Foodbuy is leading the way in MWBE for the company. They have 450 suppliers, they have a diverse supplier accelerator program that educates, mentor and develop businesses annually, and currently have a utilization of 4 percent.

The parent company, Compass- the first international company of its kind to announced a commitment to a 2050 to a net-zero emissions economy.

Mr. Wilson shared an overview of the minimum criteria and overall vendor performance, highlighting that they have excellent scoring and were a tremendous partner during the COVID-19 pandemic.

A Board member asked about the 2022 assets of 126,000. Were they added in between 2014 and 2021? Mr. Wilson confirmed yes.

Board member asked about equipment management and equipment maintenance. Mr. Wilson explained that equipment maintenance is the break fix component. Equipment management is the wipe down and inventory component. Each facility is a little bit different. We are currently doing some data test and at Lincoln it is completely done by the nurses and PCGs, which takes times away from the patients. This will be a greater utilization of the equipment.

We will add in protein testing to ascertain cleanliness and proper use of cleaning agents. Other facilities have been using a 3rd party which come in as needed however, in the current state, there is no standardization across the System.

Board member raised a question; on the biomed chart, is that 75 people Crothall is adding for equipment management. Mr. Wilson confirmed, yes. In response to questions from the Board, Mr. Wilson shared that it is cost benefit we are looking at a base line to see how cleaner we can be. We are running 2 data's, one at Lincoln ED and Harlem on the nursing floors and everyone is extremely happy. Central Sterile which is reaching their band width, still wipes down every one of our 5000 pumps and transports them. They will now be able to focus on surgical instrumentation, the new differentiate robotic program, and doing more of their work. The work they do not need to be doing as certified central sterile can go to this group.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

Danielle Dibari, Senior Vice President, Chief Pharmacy Office, Corporate Pharmacy and Paul Muccino Senior Assistant Vice President, Corporate Pharmacy, and Jeffrey Paul, Senior Director, Corporate Pharmacy present the resolution to the committee.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Cardinal Health, Inc. ("Cardinal") for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

The NYC Health + Hospitals (H+H) pharmaceutical wholesaler has been Cardinal Health, Inc. (Cardinal Health) Pharmaceutical Prime Vendor (PPV) since 2011. Cardinal Health purchases all required drugs from pharmaceutical manufacturers, warehouses them and sells them at the H+H/manufacturer negotiated contract pricing. Cardinal Health distributes medications and supply orders daily to (11) Acute Care, (5) Long Term Care, (5) D&TC's, Correctional Health and (~1700) 340B

contracted pharmacies. It is common practice for all hospitals to use a drug distribution company for the receiving of pharmaceuticals.

On April 1st, 2018, the Board approved a best interest renewal for Cardinal Health Pharmaceutical Prime Vendor for three years with two one-year renewals that resulted in a total savings of \$38M. Annual current spend with Cardinal Health for pharmaceutical purchases is ~\$332M. Cardinal Health PPV contract expires on June 30th, 2023.

NYC Health + Hospitals has taken this RFP opportunity to standardize services for: Pharmaceutical Distribution, Patient Assistance Program (PAP), and Drug Supply Chain Security Act Software (DSCSA). On April 1st, 2018 with the Board approval NYC Health + Hospitals awarded a contract to McKesson Pharmacy Optimization (McKesson RxO) which includes pharmacy patient assistance program (PAP) for acute care facilities and DSCSA software services.

The Patient Assistance Program allows NYC Health + Hospitals patients who are uninsured or underinsured to qualify for a specific manufacturer program drug that would allow NYC Health + Hospitals to only be responsible for paying 15% of the contracted drug cost to McKesson. The PAP on average saves NYC Health + Hospitals ~\$23 Million a year.

DSCSA software is a subscription-based solution designed to support hospitals' compliance with the regulatory requirements of DSCSA. DSCSA software facilitates the monitoring and management of drug safety recalls by linking customers' drug pedigrees with all active recalls emitted by the FDA and/or drug manufacturers. McKesson RxO average annual spend is \$4.06M, with the current McKesson RxO contract set to expire on June 30th 2023. A three to six-month contract extension is currently in progress, to ensure a seamless vendor transition without disrupting patient care.

Dr. Paul shared an overview of the minimum Criteria, substantive criteria and the composition of the evaluation committee.

Key performance indicators are critical in measuring and evaluating vendor performance over the life of the contract. For our pharmacy wholesaler distributor, the appropriate contract KPIs include: On-time daily deliveries at all locations within contracted delivery window, Guaranteed fill rate and method of calculation information, Product dating guidelines adherence, and Ordering and reporting system uptime.

The vendor diversity team looked at all the different scopes of work. Under pharmacy distribution, the scopes identified were logistics, services and pharmaceuticals. Logistics is indirect spend and is over head, that is not eligible under an MWBE program. Cardinal utilizes all their long-haul trucks from Northern New York down to the Tri State area and an MWBE transportation company. We are working with them to add another MWBE carrier, for their cross-stock services.

The services Cardinal provides under the pharmacy distribution agreement are self-performed with no subcontractor opportunity. There are no MWBE Pharmaceuticals companies. On the patient Assistance Program, professional services are what is being performed, software overhead support, all 100 percent self-performed by Cardinal. As a result of being no MWBE subcontracting opportunity, the solicitation was exempt from the program. Cardinal has had supplier diversity program for 29 years, they focus on supplier's diversity inclusion, outreach and MWBE development.

Cardinal also has a robust ESG program, including internal diversity goals, DE&I training, internal leadership and training programs, pay equity, community investment, donations, climate action target, and waste reduction and recycling. The vendor performance Cardinal Health had an overall quality rating of excellence.

The Board asked who was the pharmaceutical provider before 2011. Answer was Cardinal Health. Comment made by the Board; when an entity gets such a long-term contract or large amount for such a critical service, then we get a 5year extension (3+1+1, it seems we go through the RFP process and end up with them same company, did either of the other vendors come close to being as competitive. Mr. Wilson response; Amerisource Bergen had a very competitive offer, Cardinals was much better. McKesson chose not to bid in response to the Board's questions about the new pill dispensers, Mr. Muccino responded, they are in the process of installing the Omnicell to replace the current Pixis machines. Three sites are going live now, almost all of them are at completion, and the others are scheduled to go in the next few months. It takes roughly 4 years in totality to roll out all of the Omnicell to roll out through the entire health system. It is a very large foundational initiative for pharmacy, but it is well underway.

Board member raised a question on WMBE and Patient Assistance Program. Mr. Wilson responded that Patient Assistance Program is a software. Each one of the drug manufactures has their own criteria. Cardinal adjusts all of its data filters through their software and suggests which program is good. The one-on-one comes after, when they speak with the patient. The vast majority of the work is done by the software.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, submitted a written report for the record.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive submitted a written report for the record.

METROPLUS HEALTH PLAN, INC.

Talya Schwartz, MD, President & CEO, MetroPlus Health Plan reported to the committee, a full report is included in the materials, with the following highlights:

Redetermination Resumption - Close to 8 Million Medicaid benefactress will have to re certify their eligibility for coverage. As well as 1.3 million enrollees in Child Health Plus and the Essential Plan, must be completed by the end of May 2024 in New York. The State has provided preliminary estimates regarding members' coverage trends following the lifting of the disenrollment moratorium: The State projections that there is going to be a lost in Medicaid by 16.2 percent, an increase in Child Health Plus by 13 percent, a lost in 11 percent in Essential Plan, and an increase in QHP.

The reason for the increase in Child Health Plus, we have seen during the moratorium that a lot of kids were moved with their parents into the Medicaid line of business. As the parents lose their eligibility, the State expects that children will be moved to child health Plus. The reason QHP is expected to increase is people who will lose their eligibility for Medicaid and the Central

Plan are expected to qualify to QHP. The majority of the beneficiaries in the QHP also known as the ACA coverage do get subsidies and do not pay a full premium.

As of last week, the budget for 2023 and 2024 expand the eligibility for Essential Plan, right now it covers poverty level up to 200 percent and it will go up to 250 percent. That will mitigate some of the expected losses and mitigate some of the increase in QHP, because more people will be able to remain in the Essential Plan or join the Essential Plan.

Unwinding times - We are in the midst of efforts to start to recertify individuals whose coverage will expire June 30th. People will be losing their eligibility, as of July 1st, if they do not qualify any longer.

Some challenges ahead that are being prepared and are ready are, approximately 45 percent of MPH members will have to re certify and show that they continue to be eligible. Approximately 45,000 members per month. More importantly, there are tens of thousands members who have never gone for rectification, we need to Medicaid them, this will be their first time going through the process. It is a structured process, but not simple, it requires an active participation from the members. To be successful we have to take a comprehensive approach and collaborate with other stakeholders.

A question was raised; what documents do people to bring that is often the most challenging? Dr. Schwartz response; their income is the most challenging and that is the most important one. If they are not legal residents here and qualifies as silent seekers, or at least qualify for a specific category in the Central Plan of Medicaid, there is documentation as well. Question raised; do people send it electronically via email, or do they have to bring it in? Dr. Schwartz response; there are several ways, they can upload it through an app that is available from the State and send it to the State, they can fax it, they can mail it, or they can give it to MHP and the sill send it to the state. There has been a lot of advocacy from the plans to make it easier to provide documents.

Clarity was asked by a Board member; you have to contact the individual and ask them to submit their income information. Dr. Schwartz response; some people know, there is communication from the state. There is a portion of people who will do this spontaneously on their own either, they know how to do it because they have done it before or they read the instructions. Question/comment; the hardest part is that, if the people are well they don't' perceive at the moment that they need to do it. right? the people that have a doctor's appointment is more likely to do it but, the system that is based on per member per month assumes everyone goes, not just the people who need care, there can be a situation where the only people that renew are the people with the highest cost, the other people don't until they get sick.

Dr. Schwartz Response; that is a valid point, it is expected that sicker people will stay and recertify and healthy young people will not. They look at which population is most likely not to recertify and it is, black young men. Question raised by the Board; The estimate by the state was a little surprising, because the thought was that we would see a decline of Medicaid especially not that it is going up to 250 percent, the QHP figure is the most surprising maybe because the income lines are close together and to see the Essential plan declining and QHP increasing so much, it's surprising. Dr. Schwartz response; once you cross the approximately 50,000 dollars income a year, you qualify in QHP. There is a significant population there, unless they are offered coverage from their

employer. Question raised by the Board; did they give the assume dropout of the people that are not of the 45,000?, what percentage of them will not requalify, and not come into the system?

Dr. Schwartz response; the 45,000 is the MetroPlus number, for now no one really knows, we are looking at the State projections. The state is projecting approximately 16 percent loss, that's what we are looking at. We are hoping we will do better than that, but that is the estimates from the State. Comment by the Board, MetroPlus and H+H have been working hard on this issue together, reaching out aggressively. MetroPlus has develop an extraordinary outreach plan, if there is a way to capture someone, they will find a way to capture them.

Board member commended them on all the work that has been done. Dr Schwartz informed the committee that they have concierge services at multiple hospitals locations. People are onsite to be able to collect the documentations. There is a Kiosk at Elmhurst, where people can drop off their documents 24/7. There is some utilization, it is not over whelming, but has been a success. This is the limiting factor, but they are trying to be there for the community.

The other outreach that is taking place is community events. A heat map was done to see where is the largest community that have memberships. There are actually recertification events in the community. You can come on Saturday meet the rep there and provide the documentation and we'll help you certify.

On the legislative session, the quality incentive was restored, and we are very excited about it was proposed that the qualities will be restored at the same level. There are going to be funds to incentivize providers to continue to improve quality for our members.

The Board thanked Dr. Schwartz for all they're work they are doing to insure recertification and everything stays on track.

There being no further business, the meeting was adjourned 10:02 AM.

<p>Strategic Planning Committee Meeting - May 08, 2023 As Reported by: Dr. José Pagán Committee members present: Dr. José Pagán, Sally Hernandez-Piñero, Erin Kelly representing Feniosky Peña-Mora in a voting capacity, Dr. Mitchell Katz</p>
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Dr. José Pagán, called the May 8th, 2023 meeting of the Strategic Planning Committee (SPC) to order at 11:20 am.

Mr. Pagán noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

Feniosky Peña-Mora has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on his behalf. The request was approved.

Mr. Pagán called for a motion to approve the January 9, 2023 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the January 9, 2023 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the Government Affairs Overview updates that are affecting our System's performance.

City Update

Ms. Brown reported that we are amid the city budget process, Dr. Katz and selected members will be going to testify again. Conversations continue in terms of what our budget will look like, and what our relationship to the City looks like. The Pricing Transparency Bill would create an office of healthcare accountability that would look at pricing transparency.

State Update

Ms. Brown reported that the State budget is officially done and is the latest budget since 2010. More information on the State budget will be discussed during the Finance Committee hearing. Almost all of the policy issues that are not finance driven were stripped out of the budget negotiations. We have a very truncated legislative session, which will go on through June.

Federal Update

Ms. Brown reported that Federal budget negotiations are ongoing. Community funded projects have done very well in the last several years. The House has essentially announced that they will not be funding hospital or health care related projects through the earmark process.

The end of the Public Health Emergency (PHE) is coming up on May 11th. We will be spending a lot of time on reauthorization, as we need to get people resigned up for Medicaid.

Dr. Eric Wei, Senior Vice President, Chief Quality Officer and Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO, reported on FY-23 Q2 (October 1 to December 31, 2022) Performance

Positive Trends:

Quality and Outcomes

3. Hgb Alc control <8: **68.7%** from 67.4% (revised target: 67.6%)

Care Experience

7. Ambulatory care experience - recommended provider office: **85.7%** from 84.2% (target: 87.0%)

Culture of Safety

18. Total Wellness Encounters: **1,903 encounters** from 1,664 (target: 600)

Access to Care

17. NYC Care: **108,672** from 106,520 (remains better than target of 100,000)

15. Unique Primary Care Patients: **416,669** from 401,850 (target: 405,000)

Financial Sustainability

9. Patient Care Revenue/Expenses: **74.2%** from 73.3% (target: 65%)

12. Total A/R days per month: **48.8 days** from 49.7 days (target: 45)

14. Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**

- **As of July-September 2022, 79% of 2-year project is complete**
- **FY23 Q2 milestones are 100% complete** (target: 100%)

Steady Trends

Quality and Outcomes

1. Post Acute Care (PAC): All Cause Hospitalization rate: remains mostly consistent at **2.2 per 1,000 care days** from 2.1 per 1,000 care days (target: 1.6 per 1,000 care days)

Financial Sustainability

13. PAC Total AR days: Remains mostly steady at **48 days** from 49 days (remains better than revised target of 50 days)

11. % MetroPlus medical spend at NYC Health + Hospitals: Remains mostly the same at **42.7%** from 42% (is close to target of 45%)

Negative Trends: (better than or close to target)

Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **86%** from 88% (close to target of 90%)

Care Experience

8. MyChart Activations: **61%** from 66% (revised target: 60%)

Access to Care

16. # of e-consults: **99,183** from 105,478 (remains better than target of 95,100)

Negative Trends:

Quality and Outcomes

- 2. Follow-up appointment kept within 30 days after behavioral health discharge: **48%** from 53.4% (target: 50%)
- 4. % Left without being seen in ED: **5%** from 4.2% (target 4.0%)

Care Experience

- 6. Inpatient care experience - overall rating: **60.2%** from 61.7% (target: 66.3%)

Equity Measures:

Racial & Social Equity Measures

- 19. % of New Physician Hires being underrepresented minority (URM), as follows:

Category	Apr-Jun 2022	Apr-Jun 2022	July-Sept 2022
Women	42%	45%	40%
Non-Binary	0.3%	0%	0%
Asian	14.1%	20.5%	27.3%
Black or African American	4.9%	5.2%	8.0%
Hispanic or Latino	2.1%	5.2%	7.2%
American Indian or Alaska Native	0.5%	0.3%	0.3%
Native Hawaiian or Other Pacific Islander	0.3%	0.3%	0%
Unknown	60.8%	48.7%	23.1%

- 20. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data: FY23 Q1 (July-September 2022): **42** (slightly above target of 40), FY23 Q2 (October-December 2022): **16** (Note: this contains partial data only and will be updated in the next reporting quarter)

COVID-19 Metrics:

COVID-19

- 27. % of Occupied Beds: **73%** from 72%
- #. % of COVID-19 Occupied Beds: **7%** from 5%
- #. # of COVID-19 Therapies - Oral Antivirals: **12,263** from 13,478
- #. # of COVID-19 Therapies - Infusion Treatments: **1,472** from 2,040

5 YEAR SYSTEM GOALS

Mr. Siegler reported on the 5-year system goals. The goals and priorities in the Community Health Needs Assessment and our overall system Strategic Pyramid, has produced ten 5-year system goals, which are as follows;

Five Year System Goal
1. Make NYC H+H a friendlier place to get care
2. Improve Metroplus/NYC H+H patient satisfaction scores to make it best plan/provider partnership for low income New Yorkers
3. Increase percentage of nursing staff in permanent positions to pre COVID levels
4. Build pathway for physicians from racial and ethnic groups underrepresented in medicine
5. Improve diabetes and hypertension control for patients experiencing homelessness
6. House 3,000 patients
7. Increase lifestyle medicine encounters
8. Upgrade age of infrastructure and medical equipment make system more resilient, secure, and sustainable
9. Meet HHS 2030 carbon goal by 2028, in part by lowering waste and improving equipment recycling
10. Successful roll out of UKG payroll & scheduling

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into which programs/facilities/insurance plans are having the biggest impacts on quality measures, and if that is something that can be tracked.
- The Committee expressed an interest in comparing metrics pre-COVID to post-COVID.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:04 pm.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
May 25, 2023

RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS

Since the unprecedented asylum seeker crisis began last spring, over 15,000 asylum seekers have found a place to stay and received compassionate care at NYC Health + Hospitals' Humanitarian Emergency Response and Relief Centers (HERRCs). These centers are part of a larger citywide network of shelters and social services that are run by various City government agencies to support this humanitarian effort.

We currently operate nine humanitarian centers providing asylum seekers and their children a one-stop concentration of services, including medical care, nutrition, language access, mental health support, school enrollment, social programs, technology, and reunification resources. These efforts have provided over 12,000 vaccinations to children and enrolled over 11,000 people in health insurance.

In May, NYC Health + Hospitals helped launch the City's new Arrival Center at the Roosevelt Hotel in Midtown. The Arrival Center is open 24/7 and provides a centralized location for all arriving asylum seekers to be connected to a range of legal, medical, and reconnection services, as well as placement, if needed, in a shelter or humanitarian center. The streamlining of these services will help asylum seekers more readily navigate their needs so that they can take their next steps towards a better life in our country.

NYC HEALTH + HOSPITALS/ELMHURST RESIDENT PHYSICIANS END STRIKE

I am pleased to say that the resident physicians at NYC Health + Hospitals were back at work this morning. Approximately 170 resident physicians at NYC Health + Hospitals/Elmhurst who are employed by the Icahn School of Medicine at Mount Sinai under our affiliation agreement went on strike as of Monday of this week. Their union, the Committee of Interns and Residents, and Mount Sinai reached a tentative agreement yesterday, which put an end to the strike. Our team at Elmhurst Hospital planned ahead and was fully prepared for this action to ensure the hospital and outpatient services remained open without interruption. I am grateful to the hospital staff who took on extra shifts, as well as the clinicians from other hospitals in our health System and from Mount Sinai who provided assistance over the three days of the strike. Resident physicians are essential members of our patient care teams and we were glad to welcome them back to work.

NYC HEALTH + HOSPITALS PHYSICIANS RECOGNIZED FOR EXCELLENCE

Our health System celebrated our annual Doctors' Day by recognizing 23 outstanding physicians for their remarkable achievements. From increasing flu and HPV vaccination rates among adolescents, doubling capacity for women's health services at a NYC Health + Hospitals/Gotham Health site to

founding an LGBTQ+ health center at NYC Health + Hospitals/ Bellevue, the doctors we celebrated have made a significant impact on the life and wellness of many New Yorkers. What is impressive about this year's nominees is their diverse backgrounds and experiences. They come from India, China, Venezuela, Iraq, Sri Lanka, Uzbekistan, Aruba, Hong Kong, as well as Brooklyn, the Bronx, and New Jersey. They each bring a unique perspective to patient care. Their rich diversity and passion for patient care embodies our mission of providing equal access to excellent medical care for every person in need, regardless of their immigrant status or ability to pay. You can visit our website to see the list of winners and their bios.

RUTH BADER GINSBERG HOSPITAL OPENS FOR CARE, WELCOMES FIRST PATIENTS

It started at 12:20 am on Sunday, May 8th. More than 100 NYC Health + Hospitals/South Brooklyn Health staff members and volunteers worked through the night, carefully transporting more than 170 patients one by one from the old Coney Island Hospital building, into the new Ruth Bader Ginsburg Hospital building. Emergency Department patients were moved first, followed by patients in medical-surgical beds, and finally behavioral health patients were relocated from the old to the new.

The South Brooklyn Health team did an amazing job. They all worked in sync to transport the patients safely and seamlessly. The entire move took about 10 hours and was a huge operational success. And so, as the sun rose on Sunday May 7, it was the dawn of a new era for NYC Health + Hospitals and the new South Brooklyn Health campus. I invite you to visit our website to see images of the amazing new space, from the shiny and welcoming new lobby and private patient rooms with amazing city views, to our amazing staff making it all happen.

NURSES SHINE DURING NURSE RECOGNITION WEEK AND YEAR-ROUND

As we celebrated our nursing professionals during Nurse Recognition Week, NYC Health + Hospitals launched a couple of new initiatives to support nurses in our health System.

We launched a new fellowship training program specifically for nurses interested in Emergency Medicine. The first cohort begins this month, as we celebrate Nurses Month. The new 22-week program will use content and learning materials designed by the Emergency Nursing Association, and will focus on blended learning: a combination of online modules and in-person training at individual facilities. Nursing fellows will also engage in high-fidelity simulations that mimic real life clinical experiences. This new training program is a smart investment in our nurses and their professional development. Emergency Department care requires a highly specialized level of expertise and ability to work well under pressure, and we want to help our nurses grow and develop and be prepared to handle the most demanding emergency cases that come through our doors. The fellowship is primarily for new graduate nurses just starting their careers with less than a year of experience. But all nurses have been invited to apply.

Under the direction of Chief Nurse Officer Natalia Cineas, we also launched a standardized orientation program and new curriculum to help nurses build knowledge, exchange ideas and excel at their craft. Designed for new

nurses, nursing support staff and transfer nurses, the training features a new, easy to-use on-line learning management system (LMS) called SHINE - Systems Healthcare Innovation for Nursing Education. The LMS offers an interactive and engaging learning experience tailored to the needs of each individual learner and their nursing specialty. We have received a lot of positive feedback from our nurses and are pleased to offer them this great opportunity for learning and development.

ADDRESSING STIGMA DURING MENTAL HEALTH AWARENESS MONTH

In recognition of Mental Health Awareness month, NYC Health + Hospitals hosted a series of workshops focused on eliminating the stigma associated with mental health conditions and with seeking care and support services. National studies show that health care providers are not seeking mental health care despite high rates of burnout and stress. Our activities this month focused on how to bring conversations about mental health care out into the open, and normalizing the need for help, both for our patients and ourselves. There are many ways our health System is fighting stigma. We are changing all language from credentialing applications that could be intrusive or stigmatizing for anyone experiencing mental health challenges. We are training Peer Support Champions to enhance Helping Healers Heal programming and ensure any member of our staff feels safe to share their experiences without negative consequence. And we are hosting system-wide events and trainings including discussions with leaders sharing personal stories of overcoming mental health challenges.

NEW ARTISTS EXPAND INNOVATION, IMAGINATION FOR COMMUNITY MURAL PROJECT

A mosaic artist, an augmented reality creator and a photo muralist are among new artists selected for our growing art collection. The NYC Health + Hospitals Arts in Medicine Program identified 10 new artists who will create healing walls at our facilities as part of their ongoing Community Mural Project which began in 2019. The new murals will add to the 26 that exist today at facilities across the health System. They will become part of our vast art collection of more than 7,000 pieces; the largest public art collection in the city. The Community Mural Project is one of the country's largest public hospital art programs, enabling artists, hospital staff, patients and community members to collaborate on engaging murals that relieve stress, and enhance the physical environment of our facilities. Our murals were recently featured in a new book, Healing Walls: New York City Health + Hospitals Community Mural Project 2019-2021 and our Arts in Medicine program was recently featured on PBS News Hour. The Community Mural Project and several other Arts in Medicine programs at NYC Health + Hospitals are made possible with a grant from the Laurie M. Tisch Illumination Fund.

EXTERNAL & COMMUNITY AFFAIRS UPDATE

Federal - The COVID-19 federal Public Health Emergency ended on May 11, 2023.

Congress continues to debate on whether and how to raise the debt ceiling limit, which is slated to be exceeded on June 1. The House of Representatives passed legislation to increase the debt ceiling, which would have implications for federal health programs, including the

introduction of work requirements for Medicaid and other benefits. Negotiations between Congress and the White House will begin again this week.

The House is deliberating on a range of bills that impact hospitals and health systems. These include matters such as price transparency, site-neutral payment policies, tax-exempt status, and the 340B program. NYC Health + Hospitals is actively advocating to the NYC Congressional delegation and via our hospital association partners to neutralize the risk of any adverse policy changes.

State - The NYS Legislature passed the final budget for State Fiscal Year 23-24 on May 2, and it was signed into law by Governor Kathy Hochul on May 3. The total spending for the period April 1, 2023, through March 31, 2024, is \$229 billion, representing a \$2 billion increase from the Governor's original spending plan proposed in February.

The NYS Legislative session is set to conclude in three weeks and we continue to advocate for workforce provisions that did not get accomplished in the budget negotiations.

City - NYC Health + Hospitals provided testimony before the City Council regarding the Fiscal Year 24 Executive Budget on May 16.

Two bills that potentially impact NYC Health + Hospitals are currently being actively negotiated with the City Council. These bills are set to age on May 31:

- Int. 844: Creating an Office of Health Care Accountability, sponsored by Julie Menin.
- Int. 1006: Providing outreach and education regarding mental health services available through NYC Care and NYC Health + Hospitals, sponsored by Erik Bottcher.

Community Affairs - We will be hosting the Marjorie Mathew's volunteer celebration at NYC Health + Hospitals/Coler on July 20. The External and Regulatory Team will work with the Board Office to ensure that Board members have the information and support they need to attend.

Correctional Health Services - Last week, at the Bronx Fiscal Year 2023 Annual Public Meeting at NYC Health + Hospitals/Jacobi, we heard from local community members about Just Home - an affordable and supportive housing development for formerly incarcerated, medically complex individuals on the Jacobi Hospital campus. We appreciated hearing their thoughts and will continue to engage the community and the local elected officials on this important social justice project.

LEADERSHIP APPOINTMENT

I'm pleased to announce that Hillary Jalon, MS, has been promoted to Vice President of Quality Management for NYC Health + Hospitals. She will oversee quality assurance, performance improvement, accreditation, patient safety, and quality measures reporting. Jalon will also lead a comprehensive strategy for continuous quality improvement system wide. This includes growing key programs for the health system, including the Quality Academy,

Clinical Leadership Fellowship, Healthcare Administration Scholars Program, and creating new programs that foster a culture of excellence and equity in the health system's services. She brings a wealth of experience and expertise in quality improvement from her previous roles at NYC Health + Hospitals/ Community Care, as director of quality improvement at the United Hospital Fund (UHF), through her work with the Greater New York Hospital Association (GNYHA), and earlier in her career at New York-Presbyterian Hospital. Jalon is an Associate Professor at New York University's Wagner School of Health Policy and Management. She earned a BA degree in Sociology from the SUNY Stony Brook and a MS in Health Administration from Russell Sage College.

CONTRACT DEVIATION AUTHORIZATION

Since my last update to you regarding our asylum seeker contracting response, we have the following additional contract actions:

An expansion and one year extension of an existing emergency agreement with Huron Consulting Services, LLC for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues, with a resultant increase in the not-to-exceed amount from \$18,500,000 to \$50,100,000.

A new hotel contract with RHC Operating LLC (The Roosevelt) for a period of 3 years, with a minimum term of 14 months, which can be terminated on 120 days' notice, with a not to exceed amount over the entire term of \$115,195,752.

NEWS AROUND THE HEALTH SYSTEM

- [Hillary Jalon, MS, Promoted to Vice President of Quality Management for NYC Health + Hospitals](#)
- [Housing for Health Initiative Marks Milestone with 600 Patients Placed in Housing](#)
- [NYC Health + Hospitals/Bellevue Certified as a Level II Pediatric Trauma Center and is Re-Certified as a Level I Adult Trauma Center](#)
- [As Mother's Day Approaches, Carnegie Hall's Lullaby Project Connects with NYC Health + Hospitals' Parents to Create Lullabies for Their Newborns](#)
- [As the Federal Covid-19 Emergency Ends, New York City Ensures Covid-19 Care and Services Remain Available](#)
- [To Commemorate Mother's Day, NYC Health + Hospitals/Gotham Health, Vanderbilt Will Offer No or Low-Cost Mammograms to Qualified Walk-In Patients](#)
- [23 NYC Health + Hospitals Doctors Recognized for Their Outstanding Achievements at Annual Doctors' Day Celebration](#)
- [An Historic Day for South Brooklyn: Ruth Bader Ginsburg Hospital Opens for Care, Welcomes First Patients, Opens New Emergency Department](#)
- [Senior Leadership at NYC Health + Hospitals and MetroPlusHealth Named to City & State New York 'The 2023 Power of Diversity: Asian 100' List](#)

- [NYC Health + Hospitals/South Brooklyn Health Celebrates the Opening of the New Ruth Bader Ginsburg Hospital](#)
- [As Part of Housing for Health Initiative, NYC Health + Hospitals, NYC HPD, and Comunilife Break Ground on New \\$41.5m Building with 93 Units of Affordable and Supportive Housing](#)

RESOLUTION - 06

AMENDED TO EXTEND THE TERMS - Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Cardinal Health, Inc.** (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$2,708,915,965 for the entire contract term.

WHEREAS, the System conducted a request for proposals solicitation to select a pharmaceutical prime vendor for distribution of pharmaceuticals, and for patient assistance program for the management of patient pharmaceutical discounts in conformance with its procurement operating procedure and received and evaluated proposals from two vendors and evaluated such proposals among a diverse evaluation committee; and

WHEREAS, the evaluation committee recommended award be made to Cardinal as having the proposal that best meets the interest of the System and such recommendation was approved by the System’s Contract Review Committee; and

WHEREAS, the Sr. Vice President of Business Operations and Chief Pharmacy Officer will be responsible for the administration of the proposed amended agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute an agreement with Cardinal Health, Inc. (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$2,708,915,965 for the entire contract term.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH CARDINAL HEALTH, INC.**

OVERVIEW	The purpose of this agreement is to provide services of pharmaceutical distribution within the System's facilities and its contracted pharmacies with an efficient method of procuring pharmaceutical products, as well as manage pharmaceutical patient discounts which provides significant annual savings to the System.
PROCUREMENT	The System undertook an RFP to procure pharmaceutical prime vendor services and pharmaceutical patient discounts services. Two vendors provided proposals and one declined to participate. After evaluation, Cardinal was selected as the vendor that best meet the needs of the System.
NEED	All healthcare systems use vendors to provide pharmaceuticals to their systems as the scale of such services cannot efficiently or cost-effectively be performed by hospitals themselves. Patient assistance programs obtain the benefit of discounts offered by drug manufacturers resulting in savings to the System and the patient and having third-party expertise ensures the benefit is maximized.
TERM	An initial term of five years with two one-year options solely exercisable by the System. *The terms were amended from the Medical and Professional Affairs Committee meeting approval of May 8, 2023 to better align with business needs.
COSTS	The total not-to-exceed cost for the entire term is \$2,708,915,965.
MWBE	This contract has been exempted from the MWBE program as there are no scopes of work that are being subcontracted for the exclusive benefit of the System.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Cardinal Health, Inc.

Date: April 17, 2023

Digitally signed by
Keith Tallbe
Date: 2023.04.17
08:08:43 -04'00'

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility

Approved

EEO

Approved

MWBE

Exempt

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**AMENDED RESOLUTION - Pharmacy Distribution Award
Contract to Cardinal Health Inc.**

**Board of Directors Meeting
June 29th, 2023**

Jeffrey Kwong, PharmD, MBA
Sr. Director, Pharmacy Procurement Operations

For Board Consideration

AMENDED TO EXTEND THE TERMS - Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Cardinal Health, Inc.** (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an, initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$2,708,915,965 for the entire contract term.

* The terms were amended from the Medical and Professional Affairs Committee meeting approval of May 8, 2023 to better align with business needs.

Background / Current State

- NYC Health + Hospitals pharmaceutical wholesaler has been Cardinal Health, Inc. (Cardinal Health) Pharmaceutical Prime Vendor (PPV) since 2011, and we have had a relationship with the vendor as far back as 2004.
 - Cardinal Health purchases all required drugs from pharmaceutical manufacturers, warehouses them and sells them at the H+H / manufacturer negotiated contract pricing
 - Cardinal Health distributes medications and supply orders daily to (11) Acute Care, (5) Long Term Care, (5) D&TC's, Correctional Health and (~1,700) 340B contracted pharmacies
- It is common practice for all hospitals to use a drug distribution company for the receiving of pharmaceuticals
- The existing contract was awarded to Cardinal Health with an initial three year term and two one-year options to renew
 - The Board was informed of such contract in the April 2018 President's Report and no NTE was assigned
- The annual current spend with Cardinal Health for pharmaceutical purchases is ~\$332M
- The contract with Cardinal Health expires on June 30th, 2023

Background / Standardization

- NYC Health + Hospitals has taken this RFP opportunity to standardize services for:
 - Pharmaceutical Distribution
 - Patient Assistance Program (PAP)
 - Drug Supply Chain Security Act Software (DSCSA)
- In 2017 the Board approved the award of a contract to McKesson Pharmacy Optimization (McKesson RxO) which includes pharmacy patient assistance program (PAP) for acute care facilities and DSCSA software services
 - The Patient Assistance Program allows NYC Health + Hospitals patients who are uninsured or underinsured to qualify for a specific manufacturer program drug that would allow NYC Health + Hospitals to only be responsible for paying 15% of the contracted drug cost to McKesson
 - The PAP on average saves NYC Health + Hospitals ~\$23 million a year
 - Service cost is approximately \$4 million a year
 - DSCSA software is a subscription-based solution designed to support hospitals' compliance with the regulatory requirements of DSCSA. DSCSA software facilitates the monitoring and management of drug safety recalls by linking customers' drug pedigrees with all active recalls emitted by the FDA and/or drug manufacturers
- With the current McKesson RxO contract set to expire on June 30th 2023, a three to six month contract extension is currently in progress, to ensure a seamless vendor transition without disrupting patient care

RFP Criteria

- Minimum Criteria:
 - 10 years experience as pharmacy prime vendor
 - Maintains full-time distribution center within New York Tri-state area
 - Must have one billion dollars in annual pharmaceutical sales
 - Must have experience in online ordering platform and interface capability with EPIC, Peoplesoft, Omnicell, Sentry Split System and Willow Outpatient Pharmacy management software systems
- Substantive Criteria
 - 30% Technological Capability
 - 30% Cost
 - 20% Customer support
 - 15% Resiliency
 - 5% References
- Evaluation Committee:
 - Senior Vice President
 - Chief Operating Officer
 - Corporate Compliance Officer
 - Senior Asst. Vice President
 - Senior Director
 - Director of Pharmacy
 - Assistant Director
 - Senior Director
 - Director of Pharmacy

Key Performance Indicators

Key performance indicators are critical in measuring and evaluating vendor performance over the life of the contract. For our pharmacy wholesaler distributor, the appropriate contract KPIs include:

- On-time daily deliveries at all locations within contracted delivery window
- Guaranteed fill rate and method of calculation information
- Product dating guidelines adherence
- Ordering and reporting system uptime

Supplier Diversity

- The Vendor Diversity Team reviewed all potential scopes of work under this RFP
 - Pharmacy Distribution scopes of work
 - Logistics: Indirect spend, not eligible (less than 1% of total contract)
 - Services: 100% self-performed
 - Pharmaceuticals: no MWBE availability
 - Patient Assistance Program
 - Software and some Professional Services: 100% self-performed
- As a result of there being no MWBE subcontracting opportunity, this solicitation was exempted from the MWBE program
- Proposers were asked to provide information regarding their own MWBE and Environmental Social and Governance (ESG) program information
- Cardinal Health has had a supplier diversity program for 29 years, which focuses on supplier diversity inclusion, outreach, mentoring, and development
- Cardinal Health has a robust ESG program, including internal diversity goals, DE&I training, internal leadership and training programs, pay equity, community investment, donations, climate action targets, and waste reduction and recycling

Overview of Procurement

- 08/16/2022: CRC approved request to issue RFP for Pharmaceutical Distribution Management Services
- 09/20/2022: RFP Posted on City Record, sent directly to three vendors
 - Three vendors, AmerisourceBergen, Cardinal Health, and McKesson dominate the market and only these firms can meet the volume of NYC Health + Hospitals' pharmaceutical needs
- 10/20/2022: Pre-Proposal conference held, three vendors attended
- 12/16/2022: Proposal deadline; two proposals received
- 03/16/2023: Evaluation Committee debriefed on proposals
- 03/29/2023: Evaluation committee completed scoring of proposals; Cardinal Health was the highest rated proposer

Vendor Performance

**Department of Supply Chain
Vendor Performance Evaluation
Cardinal Health, Inc.**

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	n/a
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	n/a
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work?	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Excellent

* Reference checks with Cardinal Health successfully cleared

AMENDED TO EXTEND THE TERMS -Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Cardinal Health, Inc.** (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$2,708,915,965 for the entire contract term.

RESOLUTION - 07

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a license agreement with the **Fire Department of the City of New York (“FDNY”)** for the license of the Staff House which contains approximately 21,700 square feet of space together with its grounds (the “**Staff House**”) on the campus of NYC Health + Hospitals/Sea View (“**Sea View**”) for a term of 40 years provided that either party may terminate the license for its convenience on 30-days’ notice with the occupancy fee waived.

WHEREAS, the Staff House is currently unused and in need of repair and renovation; and

WHEREAS, Sea View’s campus is large and continues to be under-utilized although; there are over a dozen third parties licensing or leasing space on the campus; and

WHEREAS, the unoccupied and deteriorating buildings on Sea View’s campus are a drain on the hospital’s facility management resources and so it is helpful to have third-parties take over the responsibility for repair, maintenance and improvements of such structures; and

WHEREAS, Sea View benefits in a general manner from having more activity on its campus to make it a livelier place that can potentially support staff-oriented services; and

WHEREAS, FDNY needs space for training its employees, many of whom reside on Staten Island; and

WHEREAS, FDNY intends to upgrade the Staff House with exterior and interior improvements and will create a paved parking lot for its staff to use so that Sea View staff will not lose any parking; and

WHEREAS, FDNY will take full responsibility for the operation, repair and maintenance of the Staff House; and

WHEREAS, the Sea View Executive Director will be responsible for the management of the proposed license agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to enter into a license agreement with the Fire Department of the City of New York (“**FDNY**”) for the license of the Staff House which contains approximately 21,700 square feet of space together with its grounds (the “**Staff House**”) on the campus of NYC Health + Hospitals/Sea View (“**Sea View**”) for a term of 40 years provided that either party may terminate the license for its convenience on 30-days’ notice with the occupancy fee waived..

**EXECUTIVE SUMMARY
PROPOSED LICENSE AGREEMENT
WITH FIRE DEPARTMENT OF THE CITY OF NEW YORK
STAFF HOUSE AT NYC HEALTH + HOSPITALS/SEA VIEW**

OVERVIEW: Sea View has unused and deteriorating buildings on its campus. The unoccupied and deteriorating buildings on Sea View's campus are a drain on the hospital's facility management resources and so it is helpful to have third-parties take over the responsibility for repair, maintenance and improvements of such structures. The Staff House is among the unused buildings on the campus. Additionally, View benefits in a general manner from having more activity on its campus to make it a livelier place that can potentially support staff-oriented services.

FDNY needs a training facility for its employees many of whom live on Staten Island.

TERMS: FDNY will get a 40-year license that can be terminated by FDNY or the System without cause. FDNY will upgrade the Staff House with exterior and interior improvements and will create a paved parking lot for its staff to use so that Sea View staff will not lose any parking. FDNY will take full responsibility for the operation, repair and maintenance of the Staff House. FDNY will not pay an occupancy fee to the System.

FUNDING: No System funds will be used in connection with FDNY's renovation of the Staff House nor in its operation.

Request for License NYC Health + Hospitals/Sea View Staff House Building to the New York City Fire Department (FDNY) for Training Center

Board of Directors Meeting
June 29, 2023

Matthew Levy, Executive Director, NYC Health + Hospitals/Sea
View

Leora Jontef, AVP, Housing and Real Estate



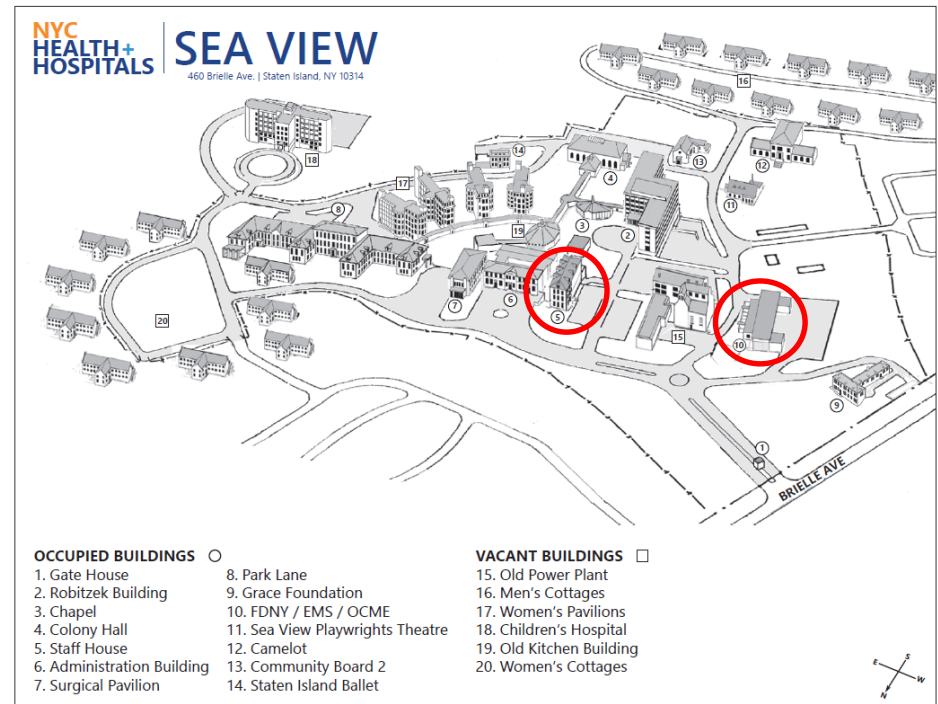
For Board Consideration

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a license agreement with the Fire Department of the City of New York (“**FDNY**”) for the license of the Staff House which contains approximately 21,700 square feet of space together with its grounds (the “**Staff House**”) on the campus of NYC Health + Hospitals/Sea View (“**Sea View**”) for a term of 40 years provided that either party may terminate the license for its convenience on 30-days’ notice with the occupancy fee waived.

Background: Sea View

- Seaview Hospital began functioning as a hospital for tuberculosis in 1905. The complex was built between 1905 and 1938.
 - The first drug trials leading to a cure for tuberculosis were made at Seaview Hospital.
 - Seaview was phased out as a tuberculosis hospital in 1961

- Today, Sea View's large campus operates a wide variety of uses beyond H+H:
 - **Arts:** SI Ballet
 - **Education:** South Richmond High School
 - **Health and Social Services**
 - Richmond County Medical Society
 - Metropolitan Fire Association
 - Volunteer Heart Association
 - Grace Foundation
 - Camelot Drug Treatment
 - Meals on Wheels
 - Senior Housing
 - **Government Operations**
 - FDNY/EMS Station - Building 10
 - OCME
 - **Communications**
 - FBI Communications Equipment
 - American Tower

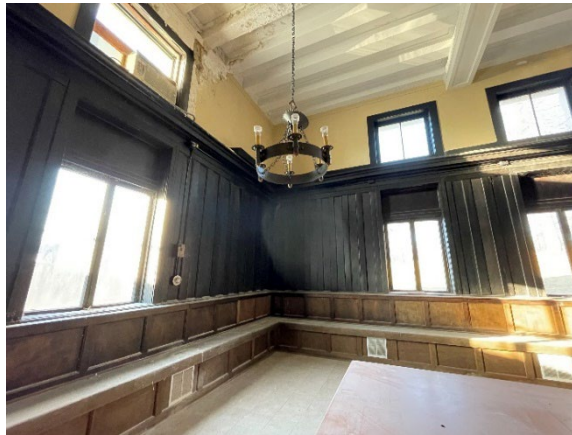


Staff House Building / FDNY Training

- The Staff House is approximately 21,700 square feet distressed and underutilized asset at Sea View.
- The site current cost to H+H includes repairs done by onsite trades, and we pay utilities at a lowered DCAS rate.
- FDNY invest \$20 million to revitalize the Staff House into classroom training space for employees operating 8 am – 5 pm.
- FDNY will make capital investment in the property including interior and exterior work.
- FDNY will also construct adjacent parking lot.



Seaview Staff house building : Exterior and Interior



Occupancy Terms

- FDNY will not pay an occupancy fee.
- FDNY will be solely responsible for the renovation, repairs and maintenance of the property.
- Utilities provided by H+H/Seaview with ongoing discussions with DCAS and FDNY for utility offset.

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a license agreement with the Fire Department of the City of New York (“**FDNY**”) for the license of the Staff House which contains approximately 21,700 square feet of space together with its grounds (the “**Staff House**”) on the campus of NYC Health + Hospitals/Sea View (“**Sea View**”) for a term of 40 years provided that either party may terminate the license for its convenience on 30-days’ notice with the occupancy fee waived.

RESOLUTION - 08

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign license agreement with the **New York City Department of Parks and Recreation (“Parks”)** for Parks to use **approximately 13,000 square feet on the site of the former Neponsit Hospital** in the Rockaways for a lifeguard station for a term of five years with the occupancy fee waived and with each party having a right of termination for its convenience.

WHEREAS, the System operated the Neponsit Hospital in the Rockaways until 1998 when the use was discontinued and the property has been unused and deteriorating since then; and

WHEREAS, since 2015 the System has licensed space to Parks on the Neponsit grounds near Jacob Riis Beach for a trailer for use by Parks’ lifeguards as an office, locker room and shower; and

WHEREAS, in April 2022, the System’s Board of Directors approved an agreement with Titan Industrial Services, Inc. for the demolition of the old Neponsit Hospital and the purchase, and installation of a new trailer for Parks at a different location on the Neponsit property near Riis Beach including grading the new licensed area, bringing utilities to the trailer and setting up the trailer for use; and

WHEREAS, the cost of the work for Parks was included in the allocation of City Capital to the project; and

WHEREAS, the System wishes to renew the license to Parks of space on the Neponsit campus; and

WHEREAS, the Office of Facilities Development is responsible for the demolition of the old hospital and the work for Parks as described above.

NOW, THEREFORE, be it

RESOLVED THAT, New York City Health and Hospitals Corporation (the “System”) is hereby authorized to sign a license agreement with the New York City Department of Parks and Recreation (“Parks”) for Parks to use approximately 13,000 square feet on the site of the former Neponsit Hospital in the Rockaways for a lifeguard station for a term of five years with the occupancy fee waived and with each party having a right of termination for its convenience.

**EXECUTIVE SUMMARY
LICENSE OF LAND AT NEPONSIT HOSPITAL
TO NYC DEPARTMENT OF PARKS AND RECREATION
FOR A LIFEGUARD TRAILER**

BACKGROUND: The System operated the Neponsit Hospital in the Rockaways until 1998 when the use was discontinued and the property has been unused and deteriorating since then. However, since 2015 the System has licensed space to Parks on the Neponsit grounds near the beach for a trailer for use by Parks' lifeguards as an office, locker room and shower. In April 2022, the System's Board of Directors approved an agreement with Titan Industrial Services, Inc. for the demolition of the old Neponsit Hospital and the purchase, and installation of a new trailer for Parks at a different location on the Neponsit property including grading the new licensed area, bringing utilities to the trailer and setting up the trailer for use.

PROPOSAL: Parks continues to assign lifeguards to Jacob Riis Beach and continues to need a trailer on the Neponsit grounds for the lifeguards to use as an office, locker room, and shower. The System wishes to grant Parks a further license to allow Parks to site its trailer on the Neponsit grounds.

FUNDING: As part of the Neponsit project, the System is procuring a new trailer for Parks, is grading its grounds, bringing electric power, telephone service and water and sewer to the trailer and complete all installation necessary. The cost of this work is included in the City Capital allocated to the project.

TERMS: The proposed license will be for five years. Either party will have the right to cancel for its convenience. No occupancy fee by Parks will be payable.

**Request to Enter in License Agreement Renewal with
New York City Department of Parks and Recreation to
operate a Lifeguard Trailer at the former Neponsit
Health Care Center**

**Board of Directors Meeting
June 29, 2023**

**Leora Jontef, AVP, Housing and Real Estate
Oscar Gonzalez, Sr. AVP, Office of Facilities Development
Jeremy Berman, Deputy Counsel**

Request for Board Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a license agreement renewal with the **New York City Department of Parks and Recreation (“Parks”)** for Parks to use approximately 13,000 square feet on the site of the **former Neponsit Hospital in the Rockaways for a lifeguard station** for a term of five years with the occupancy fee waived and with each party having a right of termination for its convenience.

Background

- NYC H+H has had an agreement with NYC Parks Department since 2015 to use a portion of the lot of the former Neponsit Hospital.
- Included in the 2022 Board Resolution for the demolition of Neponsit Hospital was the relocating and replacement of the NYC Parks Lifeguard Trailers by H+H by our contractor.
- This work includes creation of a new foundation, new utilities, and the purchasing of new trailers.
- As of May 25th, 2023, the buildings have been demolished.
- H+H's previous agreement with Parks only included a portion of the lot, a new license agreement is needed to include the portion, new trailers and utilities.
- The trailers are used for both a locker and shower space for lifeguards on duty and administrative space.



Completed Demolition



Site of trailer and future parking lot



Interior new trailer

Terms

- Access to approximately 13,000 square feet located in the North West Corner of the lot.
- H+H will not charge Parks for use of space or utilities.
- The term shall be 5 years.



Future state of site

- Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a license agreement renewal with the **New York City Department of Parks and Recreation (“Parks”)** for Parks to use approximately 13,000 square feet on the site of the **former Neponsit Hospital in the Rockaways for a lifeguard station** for a term of five years with the occupancy fee waived and with each party having a right of termination for its convenience.

RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$12,751,041, including an 11% construction contingency of \$995,591, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for the **Comprehensive Energy Efficiency Upgrades at New York City Health + Hospitals/McKinney, (the “Project”)**.

WHEREAS, effective January 1, 2021, the City of New York (the “City”), through DCAS, NYC Health + Hospitals, the City University of New York, and the Board of Education of the City School District of the City of New York entered into the Energy Efficiency-Clean Energy Technology Program (“ENCORE III”) Agreement with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, in April 2019, the City passed **Local Law 97** where City-owned buildings are mandated to reduce their operational emissions 40 percent by 2025, 50 percent by 2030, and 80 percent by 2050.

WHEREAS, the City, through DCAS, has allocated capital funding under the OneNYC initiative for building infrastructure improvements and upgrades to lower energy costs, increase energy efficiency and reduce energy and greenhouse gas emissions of municipal operations at City-owned buildings to comply with **Local Law 97**.

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed energy efficiency measures at the New York City Health + Hospitals/McKinney (the “Facility”) by undertaking the Project at a not-to-exceed cost of \$12,751,041, (see Exhibit A – Executive Project Summary), to improve the reliability of its systems, as well as enhance the comfort and safety of the building’s occupants; and

WHEREAS, NYPA undertook the procurement of the Project pursuant to the design-build method of project delivery in accordance with the “New York City Public Works Investment Act”; and

WHEREAS, the Project cost pursuant to NYPA’s procurement is \$12,751,041 and will be funded with DCAS OneNYC Capital (\$11,047,964) and NYC Health + Hospitals' City capital funds (\$1,703,077); and

WHEREAS, NYPA has determined that the Project will result in an annual energy reduction of 20,127 MMBtus which represent approximately \$351,219 in annual energy savings and a reduction of 1,244 metric tons of CO₂ emissions; and

WHEREAS, the overall management of the Project will be under the direction of the Vice President – Facility Administration.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation to execute a Customer Installation Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$12,751,041, including a 11% construction contingency of \$995,591, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for the energy efficiency measures upgrade at NYC Health + Hospitals/ McKinney.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/McKinney
ENERGY EFFICIENCY UPGRADES

OVERVIEW: NYC Health + Hospitals seeks for an energy efficiency measures upgrade at NYC Health + Hospitals/McKinney. NYPA has procured the Project under the design/build method of project delivery in accordance with the “New York City Public Works Investment Act” (effective on December 31, 2019).

NEED: During the Comprehensive Energy Efficiency Audit of the Facility as mandated by Local Law 87, it was determined that several energy efficiency measures (EEMs) highlighted in the audit report be addressed. The report identified several EEMs including installation of new Building Management System (BMS), VFDs for distributions pumps and HVAC fans, chillers replacement and controls upgrade, fan coil system upgrades, LED lighting and controls upgrade, PV system implementation. Once implemented, these upgrades will enhance the reliability of the facility systems, as well as increase the comfort and safety of building’s occupants.

SCOPE: The scope of work for the Project includes but is not limited to the following:

- ❖ Building Management System Upgrade
- ❖ Install VFD for Distribution Pump
- ❖ Fan Coil Controls Upgrade
- ❖ Chiller Replacement
- ❖ Lighting Upgrade
- ❖ PV Installation

TERMS: NYPA has procured the Project (6 proposals were received) and has submitted a final total project cost to NYC Health + Hospitals of \$12,751,041, including \$995,591 in construction contingency. NYPA will be fully responsible for the Project.

SAVINGS:

Electrical:

Energy Consumption Savings (quantity):	1,590,400 kilowatt-hours (KWh)
Annual Electric Energy Savings (dollars):	\$230,608

Fuel:

Gas Use Reduction Savings (quantity):	147,446 therms
Gas Savings (dollars):	\$120,905.72

Total Annual Estimated Savings:	\$351,513.72
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FINANCING: PlaNYC Capital - \$11,047,964 (no cost); and NYC General Obligations Bonds - \$1,703,077.

SCHEDULE: Completion by December 2024.

New York Power Authority - NYC Health + Hospitals/McKinney Energy Efficiency Upgrade



Board of Directors Meeting June 29, 2023

Manny Saez, VP, Office of Facilities Development
Oscar Gonzalez, Sr. AVP, Office of Facilities Development

Request for Board Consideration

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$12,751,041, including an 11% construction contingency of \$995,591, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for the **Comprehensive Energy Efficiency Upgrades at New York City Health + Hospitals/McKinney, (the “Project”)**.

Project Background

- NYC Health + Hospitals / McKinney (the Facility) currently has two (2) 350-ton centrifugal chillers and five (5) 30 HP pumps to distribute the Chilled Water loop and the Condenser Water loop. The chillers have reached their useful life of 25 years and are due for replacement.
- The existing Building Automation is Siemens Controls. The system is obsolete and outdated as it is original to the building, built in 1997. The BMS is connected to the Central Plant which includes AC units, HV units, pneumatic actuators and other local systems.
- Existing lighting fixtures throughout the building are fluorescent. The corridor light fixtures are on 24/7, year-round and restrooms light are manually operated by switches.
- As the roof was recently renovated it provides the opportunity to install solar panels as an energy source.

Project Scope

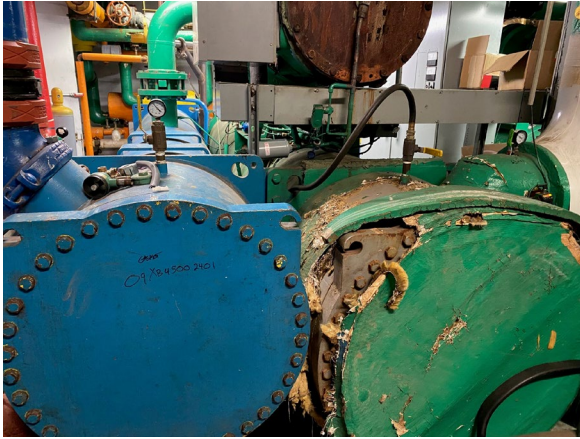
- NYC Health + Hospitals would like to pursue an energy efficiency project to replace outdated/obsolete MEP equipment at McKinney facility, which will improve the reliability of the MEP systems, reduce energy consumption and decrease greenhouse gas emissions.
- Projected annual electrical savings of 1,590,400 KWh which equates to \$230,608.
- Projected annual gas reduction 147,446 therms which equates to \$120,905.

Construction Scope of Work

- Chiller Replacement with Water Sourced Modular Heat Pump Chillers
- Chiller Plant Optimization & VFD Controls Integration
- Fan Coil Controls Upgrade
- Building Automation System Upgrade
- LED lighting replacement of fluorescent fixtures
- LED lighting for exterior
- Lighting controls and vacancy sensors
- Install 80kw Photovoltaic Solar Panels on the roof

NYC HEALTH+ HOSPITALS Existing and Proposed Equipment

Existing



Existing Chillers

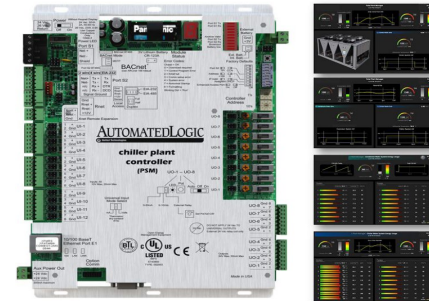
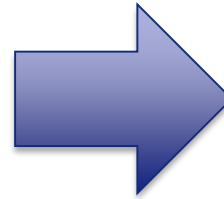


Control Panel

Proposed



Water Source Heat Pump



Building Management System (System)

Our Relationship with NYPA

NYPA

ENCORE III AGREEMENT

H+H

CUNY

DCAS

BOE

- Encore III has been executed as of January 1, 2021.

NYPA Procurement Path

- NYPA has fully bid out the Project under the Design-Build contract as per New York City Public Works Investment Act (effective on December 31, 2019).
- NYPA selected LaBella Associates, as construction manager for this project; whose service was acquired through competitive bidding.
- LaBella oversaw the bid process following NYPA Design-Build Procurement Guidelines.

PROJECT LOGISTICS:

- All project logistics will carefully be coordinated with the Facility Management staff, no impact is expected to facility operations as well as patient care during construction. Although not expected, in the event that the replacement chiller aspect of the project extends into the cooling season temporary chillers can be arranged in order to not disrupt cooling to the facility.

MWBE Summary

MWBE 34 % subcontractor utilization plan presented

M/WBE Subcontractor	Scope of Work	Certification	Total %
EcoStruct	Rigging, insulation, chiller purchase	NYC/NYS	11%
RNW Electric	Electrical Lighting Work	NYC/NYS	9%
AKEL Systems (Spartan)	BMS System	NYC/NYS	7%
Candela Systems	BMS System	NYC/NYS	4%
Emelec Electric Corp	Electrical Work	NYC/NYS	2%
DBE Electric	Electrical PV Work	NYC/NYS	1%
			34%

- Contract amount is \$8,870,405
- MWBE amount is \$3,047,088
- Projected completion is December 2024

Project Budget

McKinney– Energy Efficiency Upgrade	
Design	\$ 143,161
Special Inspections, Permitting, & Expediting	\$ 240,422
Construction	\$ 8,870,405
11% Contingency*	\$ 995,591
Project/Construction Management	\$ 2,501,462
Total	\$ 12,751,041

➤ *Percentage determined due to the unknown field conditions

PROJECT FUNDING

- Funding of this project will be done through a collaboration between H+H & DCAS via City Capital Funds. H+H will contribute \$1,703,077 to the project cost and DCAS will provide, \$11,047,964, the balance of the total project cost.

- Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$12,751,041, including an 11% construction contingency of \$995,591, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for the **Comprehensive Energy Efficiency Upgrades at New York City Health + Hospitals/McKinney, (the “Project”)**.

RESOLUTION - 10

Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a design-build contract with **Fresh Meadow Mechanical Corp, (the “Contractor”)** to provide a boiler plant upgrade at Harlem Hospital over a term of three years with the NYC Health + Hospitals for an amount not to exceed \$36,584,712, including a funding contribution from New York City Department of Citywide Administrative Services (“DCAS”) in the amount of \$13,782,718 with a 7% project contingency of \$2,496,301.

WHEREAS, currently, Harlem Hospital’s three boilers are approximately 60 years old, have exceeded their expected lifespan, and have extensive deterioration of the boiler tubes, piping and control valves; and

WHEREAS, the boiler plant upgrade is critical for the NYC Health + Hospitals as the boilers generate steam, which enables a variety of equipment to perform necessary functions such as building heating, hot water, sterilization of surgical instruments and medical waste, production of cold water in large absorption chillers for air conditioning, air humification, and reheating pre-prepared food; and

WHEREAS, through the funding collaboration of the NYC Health + Hospitals and DCAS, Harlem Hospital will have a new state of the art boiler plant with numerous benefits consisting of a new, more efficient layout, annual energy cost savings of \$367,000 per year, annual repair cost savings of \$200,000 per year, a reduction of 1,922 metric tons of CO2 emissions, and enhanced plant steam and water distribution; and

WHEREAS, temporary boilers will ensure continued Harlem Hospital operations during the construction project; and

WHEREAS, to procure the required services the NYC Health + Hospitals utilized a design-build delivery approach as authorized by state legislation in December, 2019; and

WHEREAS, as approved by the CRC on May 26, 2022, a Request for Qualifications was posted on City Record and sent directly to 20 vendors, including 3 MWBE vendors on July 7, 2022; a pre-proposal conference call was held on July 26, 2022, with 18 vendors in attendance; 9 proposals were received by the proposal deadline of August 19, 2022, and 5 firms with top scores were short-listed for the RFP phase; on November 10, 2022, NYC Health + Hospitals issued a Request for Proposals (RFP) for the engineering design and construction of this boiler plant upgrade project; on February 9, 2023, initial proposals were received from the 5 shortlisted vendors; during the week of February 28, 2023, the vendors presented their approach to the evaluation committee, and given an opportunity to submit best and final proposals by March 20, 2023; on April 6, 2023 the evaluation committee completed the second round of scoring, and on April 12, 2023, the Contractor received the highest overall score.

WHEREAS, the Contractor has committed to an MWBE subcontracting plan of 33% or more; and

WHEREAS, the NYC Health + Hospitals’ Office of Facility Development will be responsible for the management of the proposed agreement.

NOW THEREFORE, be it

RESOLVED, that NYC Health + Hospitals be and hereby is authorized to execute a design-build contract with Fresh Meadow Mechanical Corp. (the “Contractor”) to provide a boiler plant upgrade at Harlem Hospital for a term of three years for a not to exceed value of \$36,584,715, inclusive of a project contingency of \$2,496,301; with DCAS funding \$13,782,718.

EXECUTIVE SUMMARY
HARLEM HOSPITAL BOILER PLANT UPGRADE CONTRACT
FRESH MEADOW MECHANICAL CORP

OVERVIEW: Harlem Hospital's three boilers have exceeded their expected useful life and are in a state of disrepair. A comprehensive boiler plant upgrade will ensure a new state of the art plant, with optimal efficiency and result in cost savings and will achieve energy and carbon emissions reductions. A design-build project delivery approach was used to streamline the contracting process, and reduce procurement and project time as well as overall cost.


PROCUREMENT NYC Health + Hospitals is utilizing a design-build procurement method as authorized by state law in December, 2019. A Request for Qualifications was posted on City Record and sent directly to 20 vendors, including 3 MWBE vendors on July 7, 2022; a pre-proposal conference call was held on July 26, 2022, with 18 vendors in attendance; 9 proposals were received by the proposal deadline of August 19, 2022, and 5 firms with top scores were short-listed for the RFP phase; a Request for Proposals (RFP) for the engineering design and construction of the boiler plant upgrade project issued on November 10, 2022; on February 9, 2023, initial proposals were received from the 5 shortlisted vendors; during the week of February 28, 2023, the vendors presented their approach to the evaluation committee, and given an opportunity to submit best and final proposals by March 20, 2023; on April 6, 2023 the evaluation committee completed the second round of scoring, and on April 12, 2023, the Contractor received the highest overall score.

TERMS: The proposed contract will be for three years with NYC Health + Hospitals for an amount not to exceed \$36,584,715 including a 7% project contingency of \$2,496,301; with DCAS funding \$13,782,718.

FINANCING: The proposed work will be financed with City Capital and DCAS funds.

MWBE: The Contractor has committed to a 33% MWBE subcontracting plan.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Keith Tallbe
Chief Procurement Counsel Tallbe  Digitally signed by
Keith Tallbe
Date: 2023.06.26
10:12:57 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Fresh Meadows Mechanical Corp.

Contract: Harlem Hospital Boiler Upgrade

Date: June 26, 2023

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendex</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Pending	30% Utilization Plan

Request to Award Contract to Fresh Meadow for Hospital Boiler Plant Upgrade at Harlem Hospital

**Board of Directors Meeting
June 29, 2023**

**Manny Saez, VP, Office of Facilities Development
Oscar Gonzalez, Sr. AVP, Office of Facilities Development
Omer Cabuk, Sr. Director, Office of Facilities Development**

Request for Board Consideration

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Fresh Meadow Mechanical Corp, (the “Contractor”)** to provide a **boiler plant upgrade at Harlem Hospital** over a term of three years with the NYC Health + Hospitals for an amount not to exceed \$36,584,712, including a project contingency of \$2,496,301; with New York City Department of Citywide Administrative Services (“DCAS”) funding \$13,782,718.

Background / Current State

- NYC Health + Hospitals' Harlem Hospital currently has three 2,134-hp boilers.
- The existing boilers at the facility are nominally 60 years old and exceeded their expected lifespan.
- Boiler maintenance is critical for the system as they generate steam, which enables a variety of equipment to perform specific functions:
 - Building heating through Air Handlers, Fan Coil Units
 - Hot water for handwashing and bathing
 - Sterilization of surgical instruments
 - Production of cold water in large absorption chillers for air conditioning
 - Sterilization of medical waste in purpose-built autoclaves
 - Humidification of the air
 - Reheating pre-prepared food
- Significant repairs to the boiler plant are being performed each year to ensure reliable operation.
- Currently, there is extensive deterioration of the boiler tubes, distribution piping and control valves
- Purpose of RFQ/RFP was to solicit a vendor to provide boiler plant upgrade services to address the current state of boiler plant condition.

Background / Current State

Through the funding collaboration of H+H & DCAS, Harlem Hospital will have a new state of the art boiler plant with the following benefits:

- **New Layout:**
 - Replace existing boilers with three smaller, right-sized, and more efficient 1,000 HP boilers
 - Install advanced Ultra Low Nox burner with controls that can achieve a turndown ratio of 10:1
 - Furnish a new SCADA control system with real time monitoring and digital displays
- **Project Benefits:**
 - Annual Energy Cost Savings of \$367K/year
 - Annual Repair Cost Savings \$200K/year
 - Reduction of 1,922 metric tons of CO2 emissions
 - Upgrade boiler plant steam/water distribution piping to enhance efficiency, controllability, reliability and safety
- **Project Logistics:**
 - Provisions were made in the contract for temporary boilers so that hot water, low pressure and high pressure steam will still be supplied to the facility, maintaining the mission-critical operations.
 - There a noise mitigation plan to address noise level below code requirement.
 - Staging for the builder and temporary equipment will be presented to H+H in a means and methods plan that will be reviewed and approved for mobilization.
- **Project Timeline:**
 - Contract Terms: Three Years
 - Anticipated Contract Start – September 1, 2023
 - Anticipated Contract Completion - August 30, 2026

Design-Build Delivery Approach

- Gov. Cuomo approved legislation on December 2019 granting the City Agencies the power to streamline capital projects and cut costs through a contracting method known as “design-build”.
- This approach allows city agencies to issue a single request for proposal and contract for the engineering and construction of capital projects.
- The D-B process increases efficiency by enabling the project’s designer and builder to closely collaborate from conception to completion and provides crucial time savings.

➤ **TWO STEP PROCUREMENT PROCESS**

Scoring Criteria (RFQ)

- Similar Proj. Experience & Work examples 30%
- Qualifications of Consultant & Staffing 25%
- DB Management Approach & Methodology 20%
- MWBE Status or MWBE Utilization Plan 15%
- Health and Safety 10%

Minimum criteria:

- Satisfactory HVAC Construction Services preferably in Healthcare Facilities for five similar projects each over \$10 Million.
- Experience holding construction contracts for public owners
- M/WBE plan, waiver, or certification (30% Utilization Goal)

Scoring Criteria (RFP)

- Similar Proj. Experience & Work examples 20%
- Qualifications of Consultant & Staffing 25%
- DB Management Approach & Methodology 30%
- MWBE Status or MWBE Utilization Plan 15%
- Cost Proposals 10%

Evaluation Committee:

- 4 representatives from OFD
- 2 representatives from Harlem
- 1 representative from Gotham



Overview of Procurement Timeline

- 05/26/22: CRC approved an application to issue RFQ
- 07/18/22: RFQ posted on City Record and sent directly to 20 vendors including 3 M/WBE vendors.
- 7/26/22: Pre-proposal conference call; 18 vendors attended
- 8/10/22: RFQ Proposal deadline, 9 proposals received
- 9/1/22: The evaluation committee completed their scoring, and the vendors who received the top 5 scores were short-listed for the RFP Phase.
- 11/10/22: RFP was released to the 5 shortlisted Vendors
- 02/09/23: Initial proposals were received from the shortlisted vendors,
- 02/28/23: During this week, the vendors presented their approach to the Evaluation Committee, after which vendors were given an opportunity to submit a best and final bid.
- 03/20/23: Best and final offer Pricing proposal was due.
- 04/06/23: Evaluation committee completed 2nd round of scoring.
- 04/12/23: Vendor with the highest overall score was: FRESH MEADOW MECHANICAL CORP.

MWBE Analysis

MWBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
MWBE	3	0	N/A	N/A
Non-MWBE	17	9	7	2

Assigned Diverse Vendor Component Percentage: **30%**

Fresh Meadow Mechanical Corp: Utilization Plan

M/WBE Subcontractor	Scope of Work	Certification Type	Total %
On Point HVAC Corp	Piping, boiler install	NYC/NYS	20%
GRB Environmental	Asbestos Abatement	NYC/NYS	4%
IAR(Insulation, Asbestos, Remediation)	Demolition	NYC/NYS	4%
Mate Matura & Sons	Pipe Insulation	NYC/NYS	1%
Multiphase Electrical Services	Electrical	NYC/NYS	4%
			33%

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation FRESH MEADOW	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
	YES
Performance and Overall Quality Rating	Satisfactory

- Fresh Meadows Mechanical Corp has completed repair and maintenance projects for the system, most recently they refurbished the Bellevue Chiller and the facility provided a rating of good for this project
- Thirteen evaluations for Department of Sanitation (DSNY) projects were located in MOCS with an overall rating of satisfactory
- Reached out to DSNY and they communicated a satisfactory rating for Fresh Meadows to date

Project Budget

	Design Build	7% Contingency	Total
H+H	\$21,384,007	\$1,417,987	\$22,801,994
DCAS	\$12,704,404	\$1,078,314	\$13,782,718
Total	\$34,088,411	\$2,496,301	\$36,584,712

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Fresh Meadow Mechanical Corp,** (the “Contractor”) to provide a **boiler plant upgrade at Harlem Hospital** over a term of three years with the NYC Health + Hospitals for an amount not to exceed \$36,584,712, including a project contingency of \$2,496,301; with New York City Department of Citywide Administrative Services (“DCAS”) funding \$13,782,718.