

**BOARD OF DIRECTORS MEETING**

**THURSDAY, JULY 27 2023**

**A•G•E•N•D•A•**

**CALL TO ORDER - 2:00 PM**

Ms. Wang

**1. Executive Session | Facility Governing Body Report**

- NYC Health + Hospitals | Metropolitan

**Semi-Annual Governing Body Report (Written Submission Only)**

- NYC Health + Hospitals | Woodhull
- NYC Health + Hospitals | Bellevue

**2022 Performance Improvement Plan and Evaluation (Written Submission Only)**

- NYC Health + Hospitals | Segundo Ruiz Belvis Gotham Center

**2. OPEN PUBLIC SESSION - 3:00 PM**

**3. Adoption of the Board of Directors Meeting Minutes – June 29, 2023**

**4. Chair’s Report**

Ms. Wang

**5. President’s Report**

- 6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Rapid Reliable Testing, LLC d/b/a DocGo, Inc. (“DocGo”)** for time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites (“ERACS”) during a period of an emergency response as directed by the System’s President with appropriate notification to the Board. The initial term shall be three years with two one-year options to renew, solely exercisable by the System. The contract shall not have a pre-established not-to-exceed amount.**

(Presented to the Medical and Professional Affairs Committee: 07/10/2023)

**Vendex:** Approved / **EEO:** Pending

Dr. Calamia

- 7. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **OptumInsight, Inc. (“Optum”)** for contact center services for an initial term of five years with two one-year options solely exercisable by the System in an amount not to exceed \$145,593,595 for the entire contract term**

(Presented to the Finance Committee: 07/10/2023)

**Vendex:** Approved / **EEO:** Pending

Ms. Wang

**COMMITTEE REPORTS**

- Medical and Professional Affairs Committee
- Finance Committee

Dr. Calamia  
Ms. Wang

>>Old Business<<

>>New Business<<

>>Adjournment<<

Ms. Wang



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting 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 **29th day of June, 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
- Dr. Vincent Calamia
- Ms. Freda Wang
- Ms. Karen St. Hilaire
- Ms. Deepa Avula - Left at 3:00pm
- Ms. Anita Kawatra
- Ms. Sally Hernandez-Piñero
- Ms. Jackie Rowe-Adams

José Pagán, Chair of the Board, called the meeting to order at 2:10 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 and Karen St. Hilaire is representing Molly Wasow-Park - both in a voting capacity.

**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 regarding patient medical information.

**OPEN SESSION**

The Board reconvened in public session at 3:13 p.m.

Mr. Pagán noted that Erin Kelly is representing Deputy Mayor Anne Williams-Isom and Karen St. Hilaire is representing Molly Wasow-Park - both in a voting capacity.

## ITEM 2 - EXECUTIVE COMMITTEE REPORT

Mr. Pagán stated that according to Section 3 (B) of the By-laws: Functions and Powers. At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board. Below are the actions taken at the May 25, 2023 Executive Committee Report:

1. Authorization 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.
2. Amending the resolution adopted at the February 23, 2023 - to **create an Article 43 subsidiary with a new name, MetroPlus Health Trio, Inc."** and substituting the name "MetroPlus Health Trio, Inc. for the originally approved name, MetroPlus Gold, Inc."
3. Approval to **appoint Frederick Covino, Kayla Silverman, Salvatore Russo and Vallencia M. Lloyd as Board members of the MetroPlus Health Trio, Inc.,** a subsidiary public benefit corporation to be established to hold a license under Article 43 of the New York Insurance Law.
4. Authorization to execute an agreement with **Crothall Facilities Management, Inc.** for biomedical program management for eight years with two one-year renewal options at a total cost not-to-exceed \$504,327,705.
5. Authorization to execute an agreement with **Sodexo Inc.** for laundry processing and linen distribution services for a term of five years with one one-year renewal option at a not-to-exceed cost of \$145,548,888.
6. Authorization to execute a contract with **Health Resources Optimization, Inc.** for coding denials management services for a five-year term with a cost not-to-exceed \$6,820,780
7. Authorization to execute an agreement with **Everytable, PBC** for retail food operations at NYC Health + Hospitals/Metropolitan for \$107,723.63; NYC Health + Hospitals/Jacobi for \$130,101 and NYC

Health + Hospitals/South Brooklyn Health for \$55,516.70 all for a five-year term.

8. Authorization to enter into a contract with **Nalco Company LLC** to provide water management services for a term of three years with two one-year renewal options for a total cost not-to-exceed \$12,474,000.

9. Authorization 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, for an occupancy fee of \$33,695

10. Authorization to further increase the funding by \$1,960,238 for the System's previously executed agreement with **Array Architects, Inc.** ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue, funding is increased from \$16,887,169 to \$18,847,407 to cover program management costs at Bellevue OTxHU only.

11. Authorization to increase the funding for its agreement with **AECOM USA, Inc.** ("AECOM") to provide program management services at NYC Health + Hospitals/Bellevue, Hospital ("Bellevue") funding is increased from \$15,136,567 to \$16,635,305 to cover program management costs at Bellevue OTxHU only

12. Authorization to increase the funding of the System's contract with **Consigli Construction Co., Inc.** (the "CM") to serve as construction manager/builder for the System's Correctional Health Services ("CHS") Outposted Therapeutic Housing Unit ("OTxHU") initiative at NYC Health + Hospitals/Bellevue from \$140,339,695 inclusive of 10% contingency approved by the Board in May, 2022 to \$159,969,414 by adding \$19,629,719

### **ACTION ITEM 3 - ADOPTION OF MINUTES**

The minutes of the Executive Committee meeting held on May 25, 2023 were presented to the Board. Then on motion duly made and seconded, the Board unanimously adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Executive Committee Meeting held on May 25, 2023 copies of which have been

presented to the Board be, and hereby are, adopted.

**ACTION ITEM 6:**

Dr. Calamia read the resolution

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)

Jeffrey Kwong, Sr. Director, Pharmacy Procurement Operations, provided background information, current state and standardization considerations, including the current spend with Cardinal Health for pharmaceutical purchases and a historical description of the current vendor and transition plan. He provided an overview of the RFP criteria, key performance indicators, the supplier diversity, procurement process and vendor performance.

The Board asked about other vendors. Keith Tallbe, Chief Procurement Counsel, responded that other vendors chose not to participate for a number of reasons including adherence to NYC Health + Hospitals transparency policy.

In response to other questions from the Board, Mr. Tallbe explained that Cardinal Health Inc., does not establish the price of the drugs, Cardinal Health purchases all required drugs from pharmaceutical manufacturers, warehouses them and sells them at the NYC Health + Hospitals/manufacturer negotiated contract pricing.

The Board also asked about the prior approval of the Cardinal Health Inc. contract. Andrea Cohen, Senior Vice President of Legal Affairs and General Counsel, explained that historically and according to the Board policy, this contract did not come to the Board for approval because it was viewed as a "goods" contract. However, management determined that the Board would be notified of such contract. Ultimately, due to growing contract complexities, a change of a discretionary decision and interpretation, a decision was made to present such contract to the Board for approval.

Following questions, Mr. Kwong discussed the projected savings through the Patient Assistance Program.

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

**ACTION ITEM 7:**

Mr. Pagán read the resolution

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)

Following questions from the Board, Leora Jontef, Assistant Vice President for Housing and Real Estate, explained that the FDNY will receive the funds for this project over the course of multiple fiscal years and will make the investment of \$20m to revitalize the façade and space.

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

**ACTION ITEM 8:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") 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.

(Presented to the Capital Committee: 06/05/2023)

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

**ACTION ITEM 9:**

Mr. Pagán read the resolution

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)

Staff explained to the Board that the savings of \$230,608 would be realized through electrical efficiencies over a four-year period.

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

**ACTION ITEM 10:**

Mr. Pagán read the resolution

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)

Following questions from the Board, Omer Cabuk, Sr. Director, Office of Facilities Development confirmed that the intent is to track the cost savings, energy savings and emissions reductions benefits to measure and verify the return on the project. Staff also confirmed that this is the first independent use of design build for the System, however the System has used design build with other government agencies.

There are reporting requirements to the City and the State on the use of this program. The timeline for this project is three years with a start date of September 1, 2023 to September 2026.

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

**ITEM 4 - CHAIR'S REPORT**

Mr. Pagán advised that during the Executive Session, the Board received and approved the governing body oral and written reports from NYC Health + Hospitals/Jacobi/North Central Bronx and NYC Health + Hospitals/ Sea View Nursing and Rehabilitation Center.

The Board received and approved the 2022 performance improvement and evaluation plan written submission from NYC Health + Hospitals/Gouverneur and Gotham Health, Morrisania

The Board also received and approved the semi-annual governing body written submission from NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/South Brooklyn Health and NYC Health + Hospitals/McKinney Nursing and Rehabilitation Center.

**ACKNOWLEDGEMENTS**

Mr. Pagán thanked Board members Ms. Rowe-Adams and Ms. Hernandez-Piñero for their site visit to NYC Health and Hospitals/ Carter LTACH and Nursing Facility. Mr. Pagán also acknowledged Ms. Hernandez-Piñero for participating in the Planetree Survey at Jacobi and Kings County.

**VENDEX APPROVALS**

Mr. Pagán noted there are two items on the agenda requiring Vendex approval and that , both have that approval. There are three items from previous Board meetings pending Vendex approval. No Vendex approval has been received since the Board last met.

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

**ITEM 5 - PRESIDENT REPORT**

**RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS**



NYC Health + Hospitals' opened three Humanitarian Emergency Response and Relief Centers ("HERRCs") this month on the Upper West and Upper East Side for single adults and families with children. In total there are 11 HERRCs, these centers have provided accommodations and compassionate care for more than 20,000 asylum seekers, including 12,000 people currently in our care. HERRCs provide 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.

The City's Arrival Center at the Roosevelt Hotel now welcomes about 400 people through its doors each day. The streamlined services available at the center readily connect asylum seekers to intake, medical, legal, and reconnection services, as well as placement, if needed, in a shelter or HERRC.

#### **LABOR RELATIONS UPDATE**

The City and NYC Health + Hospitals have reached agreement on two major collective bargaining agreements covering health system employees - District Council 37 and Teamsters Local 237, the latter of which is still pending ratification by members. These roughly five-year agreements provide for cost of living increases, ratification bonuses, and other benefits to our employees. The City and the System are also in active negotiations with the New York State Nurses Association.

#### **NYC CARE: NEW PATIENT DATA SHOWS STRONG ENGAGEMENT WITH DOCTORS AND PRIMARY CARE**

NYC Health + Hospitals' NYC Care health care access program released key findings from a study demonstrating the program's success in connecting new members to primary and specialty care. The data shows even higher engagement among members who had two or more chronic diseases and spoke English as a second language. Overall, 76.9% of new NYC Care members returned to primary care for an additional visit in their first year, 80.7% received a referral outside of primary care, and 75.4% visited specialty care. For new members with two or more chronic diseases, 86.1% returned to primary care, 87.1% received a referral, and 86% visited specialty care. There was also strong engagement for new members whose primary language is not English, where 86.1% returned to primary care, 80.2% received a referral, and 74.7% visited specialty care.

#### **GOTHAM HEALTH CENTERS EARN PATIENT-CENTERED MEDICAL HOME RECOGNITION**

NYC Health + Hospitals/Gotham Health Bushwick and Greenpoint in Brooklyn, and Gotham Health, Gunhill in the Bronx, earned the National Committee for Quality Assurance's PCMH 2023 recognition for meeting rigorous national standards to make high-quality primary care more accessible to the community.

**IN SUPPORT OF MEDICAID AND CHIP POSTPARTUM COVERAGE EXPANSION**

NYC Health + Hospitals Chief Women's Health Officer Wendy Wilcox, MD, issued a statement on behalf of the System to express its support of the recent Medicaid and Children's Health Insurance Program (CHIP) coverage expansion for postpartum individuals for a full 12 months.

**A MONTH OF PRIDE**

Hundreds of staff participated in Pride community events across the City, marched at the Pride parade on 5<sup>th</sup> Avenue, and demonstrated values of openness, acceptance and tolerance of every individual at facility-based events across the System. Five NYC Health + Hospitals doctors were chosen as Castle Connolly Top LGBTQ+ Doctors 2023. Castle Connolly is a research-led organization that identifies the nation's top doctors.

**IN RECOGNITION OF JUNETEENTH**

The System came together for various events and ceremonies to recognize the Juneteenth holiday. Much has been documented about health challenges plaguing historically Black communities, where chronic diseases such as hypertension, diabetes, obesity and heart disease persist. The System continues to address these racial disparities in health outcomes.

**BEHAVIORAL HEALTH STAFF RECEIVE \$1 MILLION IN DEBT RELIEF IN EXCHANGE FOR THREE-YEAR COMMITMENT TO NYC HEALTH + HOSPITALS**

As part of the Behavioral Health Loan Repayment Program, twenty-seven clinicians will receive between \$30,000 and \$50,000 of student debt relief in exchange for a three-year commitment to serve the System. The recipients are a mix of new and existing employees and include behavioral health licensed clinical social workers, psychiatric nurse practitioners, psychologists and psychiatrists. The loan repayment program was made possible by a \$1 million donation from an anonymous donor and was first announced last summer by Mayor Adams.

**PAINT PARTIES KICK-OFF NEXT ROUND OF COMMUNITY MURALS ACROSS  
NYC HEALTH + HOSPITALS FACILITIES**

The System's Arts in Medicine program kicked off a new season of paint parties, where anyone can be an artist using a "paint by numbers" format, for new murals that will be permanently installed at many System facilities. The murals were designed by 10 artists selected earlier this year and developed through focus groups with patients, staff, and neighborhood residents.

**NYC HEALTH + HOSPITALS FACILITIES HOST FARMERS' MARKETS**

Many of the System's hospitals and community health centers across the City sponsor farmers markets operated by local nonprofit partners. This is an effort to make it easy for staff, patients and members of the community to access fresh, local fruits and vegetables at an affordable price.

**NYC HEALTH + HOSPITALS RECEIVES GAGE AWARD FOR CARE IMPROVEMENT  
INITIATIVE**

America's Essential Hospitals ("AEH"), which represents more than 300 hospitals that care for low-income and other marginalized people, this month awarded NYC Health + Hospitals a 2023 Gage Quality Award Honorable Mention for our Care Improvement Contest initiative. The team was recognized at the AEH's annual VITAL Conference for activities that improve the quality of care or that mitigate threats to patient safety.

**CAPACITY BUILDING FOR QUALITY & SAFETY**

The System graduated the second cohort of Quality Academy participants for the 6-month multidisciplinary quality and safety capacity building program. There were 142 graduates, 105 capstone QI projects submitted, and 79 of those projects had an equity lens.

**EXTERNAL & COMMUNITY AFFAIRS UPDATE**

- City - Adopted budget is expected to be passed this week.
- State - The New York State Legislature concluded its 2023 legislative session with a total of 14,973 bills that were introduced. Nearly 1,800 bills passed either the State Assembly or the State Senate;

896 bills passed both houses and now await the Governor's action between now and the end of the year.

- Federal - Dr. Katz joined the U.S. Department of Health and Human Services Secretary Xavier Becerra in a tour of NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Lincoln and later NY Academy of Medicine roundtable with hospital CEOs on the Inflation Reduction Act. Secretary Becerra is in town to highlight the Biden-Harris Administration's efforts to lower prescription drug costs, bolster the health workforce pipeline, improve mental health, and expand language access programs.
- Community - the System hosted an educational conference for the Community Advisory Board ("CAB") members on June 23rd, focusing on how to run meetings most efficiently and effectively. The System will be hosting the 19th Marjorie Mathews Awards on July 20th at NYC Health + Hospitals/Coler.

#### **COMMITTEE AND SUBSIDIARY REPORTS**

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. Mr. Pagán 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 Board of Directors, the meeting was adjourned at 3:55 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

**AUDIT COMMITTEE MEETING - June 5, 2023**

**As Reported by: Sally Hernandez-Piñero**

**Committee Members Present:** Dr. José Pagán, Feniosky Peña-Mora, Freda Wang, Dr. Mitchell Katz, Sally Hernandez-Piñero

The meeting was called to order by Sally Hernandez-Piñero, at 10:03 a.m.

Ms. Hernandez-Piñero, requested a motion to adopt the minutes of the Audit Committee meeting held on April 3, 2023. A motion was made and duly seconded with all in favor to adopt the minutes.

The Committee proposed to go on to Executive Session at 10:08am.

The Committee reconvened in Open Session at 10:40 a.m.

Ms. Hernandez-Piñero stated that during the Executive Session the Audit Committee reviewed and approved the Fiscal Year 2024 Corporate Compliance Work Plan and the Fiscal Year 2024 Internal Audits Audit Plan.

Presentation:

### Office Internal Audits

#### 2023 Audit Report-External Audits:

Mr. Joseph O'Keefe, presented the Internal Audit report for 2023, for New York City Health + Hospitals.

Mr. O'Keefe reported that an external audit is being conducted by the New York City Comptroller's Office of inmate's access to mental health services through the Department of Corrections. Right now, they are in the data gathering portion of the audit. He will update further as the audit progresses.

#### Nurse Hiring:

Mr. O'Keefe reported that Internal Audits is conducting a System-wide review of agency nurse hiring. Internal Audits is updating the post-COVID period for this audit to see if issues that were found when the audit originally began still exist within the organization. This is being undertaken now, and should be completed shortly.

### **Audit on Patient Valuables:**

Mr. O'Keefe reported that Internal Audit is conducting an audit on how the System handles patients' valuables. They are looking into the procedures that are in place in various facilities as to how patients' valuables are being handled upon admission into the Emergency Room and inpatient units. Work has concluded in Bellevue, and the biggest issue found was that much of the logging of valuables is still being done manually with paper records. Internal Audits is looking into how we can make this process more efficient and expeditious when patients are being admitted. Internal Audits is currently reviewing Jacobi and Kings County; those audits will be moving forward in the next month.

### **Other Activities:**

Mr. O'Keefe reported that Internal Audits is working on their risk assessments for the current year. They are working with the Office of Corporate Compliance to develop a unified risk assessment process for the entire System, where certain parts are done in conjunction with Internal Audits and the Office of Corporate Compliance.

### **Auxiliary Audits:**

Mr. O'Keefe reported that audits are being conducted by the Bonadino Group on all Hospital Auxiliaries. They are currently doing calendar year 2022 audits. There have been delays from some of the facilities due to IRS reasons.

Mr. O'Keefe fielded questions.

Ms. Hernandez-Piñero, acknowledged that these issues are System-wide. This has given us a bad grade because we are not assuring the safety of the patients' valuables. Ms. Hernandez-Piñero asked if we are going to develop an automated System-wide process?

Mr. O'Keefe responded that would probably be the goal, and we have to look at cost effectiveness. We are trying to make sure that we do a unified process. If a facility does not have a very good process and another facility does, we will look at that to see if it would be something that we can carry across the board to gain efficiencies. The challenges with patient valuables are very unique in what qualifies as a patients' valuables. We have everything from bicycles to marijuana, and large amounts of cash. It will be good to look at that process and see what can we do across the System to improve the process.

Ms. Hernandez-Piñero fielded questions.

None.

Mr. O'Keefe stated that Internal Audits is currently looking towards the 2025 fiscal year 2025 risk assessment. The risk assessment is an ongoing process due to the fact that new risks can come up at any point, and we try to maintain that conversation throughout the year so we do not pick up in April and try to set a plan for May. We are looking to start this year's plan in September. We are working with the Office of Corporate Compliance to have a combined process done sometime around July or August. We want to make sure that we are not just getting a snapshot in time, but that we are getting a good idea of what goes on during the year and what risks we are faced with.

Ms. Wang stated whether Internal Audits is looking at this as a more comprehensive plan, and asked if Internal Audits is using an outside consultant?

Mr. O'Keefe stated that yes, we are using an outside consultant to do the next audit plan. The Office of Corporate Compliance does a risk assessment, and Internal Audits does a risk assessment, and we are trying to combine as much as possible. We are trying to make it as efficient as possible without taking too much time away from those involved.

Ms. Wang asked if that would be shared with the Audit Committee.

Mr. O'Keefe responded that it will be.

**Office of Corporate Compliance Reports:**

**Monitoring Excluded Individuals and Vendors**

Ms. Karyn Wilkinson reported that the reporting period was March 14, 2023 through May 17, 2023. There were 4 individuals or entities that appeared on the Office of the Medicaid Inspector General or the federal Office of Inspector General's exclusion lists: One was a potential employee whose offer letter was rescinded prior to employment. The other three individuals were agency employees from RightSourcing whose assignment with the System had ended prior to the sanctions being imposed. Thus, there were no exclusions that resulted in overpayments. There were also no providers who were identified on the Death Master

File or the National Plan and Provider Enumeration System during this reporting period.

**Privacy Incidents and Related Reports:**

The System is required to notify patients of potential breaches of their personal information. During the reporting period of March 14, 2023 through May 17, 2023 there were 52 incidents entered into the case management system. Of those 52, 17 were violations of the System's privacy and security Operating Procedures; 5 were not violations of our Operating Procedures; and 30 are still under investigation.

Ms. Wilkinson reported that of the 17 incidents that were violations, 8 were determined to be breaches. Six of those breaches were the result of registration errors; one was the result of a medication list being given to the wrong patient; and one was the result of a release of information vendor disclosing medical records to the wrong recipient.

Of the 98 privacy incidents that were reported at the April 2023 Audit Committee meeting, 35 of those were still under investigation at that time. Thirty-four of those incidents have been closed; of those 34, 18 were found to be violations and 16 were found not be violations. Of the 18 incidents, 6 were determined to be breaches. Of those breaches, it was determined that three resulted from an after-visit summary given to the wrong patient; one resulted from a workforce member posting protected health information on social media; one was a result of a document being scanned into the wrong medical record; and one was the result of a workforce member handing documents containing protected health information of one patient to another patient without verifying whose information it was.

Ms. Wilkinson reported we received a letter from the Office for Civil Rights (OCR) between the reporting dates. On April 17, 2023 we received a letter in response to the Office of Corporate Compliance's March 20, 2023 data request submission to the OCR regarding a patient complaint. The complaint alleged that a physician disclosed the patient's protected health information to the physician's family member. In the April 17, 2023 letter, the OCR concluded that it was unable to substantiate the allegations and the case was closed.

**Compliance Reports:**

Ms. Wilkinson reported that during the reporting period there were 47 compliance reports entered into the database. The database uses colored



flags to represent severity of the reports. Two of the reports were red flags, 21 were yellow flags and 24 were green flags. One red complaint was initiated but never completed. Thus, there was insufficient information to investigate it. One red report alleged that the patient was mistreated by a workforce member and that was routed to Patient Experience for investigation.

The database also tracks reports by intake and issue types. Ms. Wilkinson directed the committee to look at pages 5 through 8 of the report.

### **Billing and Coding Auditing Services:**

Ms. Wilkinson reported that KPMG has made progress on the billing and coding auditing services since the last Audit Committee meeting. Their risk assessment and work plan are completed and they have kicked off the projects for inpatient, outpatient and emergency room, and vendor coding retrospective audits. Samples have been selected for these audits. KPMG has halfway completed the inpatient audit field work, which should be completed before July 4<sup>th</sup>, and field work for the other audits should be completed by July 21<sup>st</sup>. Findings from the audits will be utilized in the planning and scoping of focused audits in the respective categories. The intent of this audit approach is to focus on high risk areas that are identified in the retrospective audits. The focused audits will likely begin in July and August, and will only use 2023 claims, so that the audits are more contemporaneous with the claims being audited. Based on the results of the retrospective and focused audits, pre-bill audits will be conducted in November and December.

### **HIPAA Risk Analysis and Security Assessment:**

Ms. Wilkinson reported that we have engaged Coalfire Systems to conduct the annual HIPAA enterprise wide risk analysis and security assessment. Coalfire analysis involves onsite visits and remote interviews with key facility and central office personnel. They also conduct in person and virtual walkthroughs of System facilities and clinics. In addition, Coalfire conducts penetration tests on the System's applications to determine their vulnerability to unauthorized access. It also assesses a sample of the System's vendors to determine their compliance with the HIPAA and the security of the System's protected health information. Coalfire has completed their analysis of the skilled nursing facilities and the acute care facilities.

Ms. Wilkinson reported that Coalfire is in the process of gathering documents and conducting interviews for the neighborhood health centers and school-based health centers, and has begun the enterprise-wide review, which is continuing the security and controls of the System vendors that have access to our PHI.

**FY2024 Corporate Compliance Work Plan:**

Ms. Wilkinson reported that on April 18, 2023 the Enterprise Compliance Committee (ECC) met to discuss the draft of the Fiscal Year 2024 Corporate Compliance Work Plan, which was developed from the Fiscal Year 2024 Risk Assessment. The Fiscal Year 2024 Work Plan was subsequently approved by the ECC and includes four items: one of which is an acute care item; one is a post-acute care item; and two are system-wide items. The 2024 Work Plan is presented to the Audit Committee for approval and signature by the President.

Ms. Wilkinson reported that the Office of Corporate Compliance and the Office of Internal Audits are collaborating on the development of an enterprise risk assessment, which will include compliance and operational risks. The collaboration will allow the departments to share resources and leverage each other subject matter expertise. The first enterprise-wide risk assessment will be presented to the Audit Committee for Fiscal Year 2025.

Ms. Wang asked for clarification on the what the billing and coding audit was about with KPMG.

Ms. Wilkinson responded that KPMG is doing a number of reviews, both inpatient and Emergency Department audits. They are looking at a number of different claims.

Ms. Wang asked why was the red flag report was initiated but not completed, and if it is red because of the topic.

Ms. Wilkinson responded that yes, the red indicates what allegation they selected. They selected was workplace violence, but the reporter never chose to disclose who they were. They wanted to stay anonymous and they never really identified the situation, date or location.

Ms. Hernandez-Piñero asked Ms. Wilkinson about the incidents being reported and entered into the different systems, who would be the person reporting them? For example, the HIPAA ones.

Ms. Wilkinson responded that it could be workforce members. It could be patients that have the phone number to call and report. We also open it up to vendors, contractors, etc.

Ms. Hernandez-Piñero asked if the reporter can be anyone.

Ms. Wilkinson responded that the facilities can report it themselves, but yes anyone with the access to the complaint phone number can call.

Ms. Hernandez-Piñero asked the committee members if there were any other questions.

Hearing none.

Ms. Hernandez-Piñero adjourned the meeting at 11:06am.

**Capital Committee Meeting - June 5, 2023**

**As reported by:** Feniosky Peña-Mora

**Committee Members Present:** Dr. Mitchell Katz, José Pagán, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang

Mr. Feniosky Peña-Mora called the meeting to order at 11:16 a.m.

Mr. Peña-Mora called for a motion to approve the May 8, 2023 minutes of the Capital Committee meeting.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on May 8, 2023, were unanimously approved.**

**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 said it had been a busy month at Bellevue, as teams worked closely with our contractor partners to install and operate a new west cooling tower at Bellevue. The groups worked collaboratively and expeditiously to achieve a tremendous team driven accomplishment. In addition, Bellevue successfully completed the Joint Commission Survey.

The team was concluding their first year of ACE mentorship participation. The energetic group of high schoolers designed a state-of-the-art nurse's office as their final project and it was to be

presented to a panel of ACE mentors. The team at OFD had a great time teaching these students the essentials of design, construction, and maintenance in the healthcare industry.

Ruth Bader Ginsburg at South Brooklyn Hospital officially opened and the transitioning of mechanical systems and working through punch lists in order to meet the completion goals of this state-of-the-art facility were underway.

We have four items this month: Boiler Plant Upgrade at Harlem Hospital, Energy Efficient Upgrade at McKinney, a License Agreement with Parks to operate a Lifeguard Trailer at the Former Neponsit Hospital, and a License Agreement with FDNY to convert a Sea View campus building into a training center.

The Boiler Plant Upgrade at Harlem is a first of its kind for OFD - it is the first design build project we are bringing for board approval. Design build is a streamlined capital process that will allow us to efficiently initiate and complete projects by contractually allowing designer and builder to collaborate throughout the project. We are very excited about this and it is the first of many more design build projects to come.

Ms. Wang asked if the students in the mentoring program had designed an actual space. Mr. Saez said they designed a school nurse's office, with specifications for COVID with isolation room, and discharge lounge. They selected a rural setting and got very creative.

Ms. Wang asked how it was determined to use design-build on this specific project at Harlem. Mr. Gonzalez said that there are a few factors, one being the project must have a value of \$10 million or greater, is the project too complex, will the maximum price allow the designer to be creative. They are designing the work. If they design and it does not work, they have to redesign and it is on them. The risk lies with the designer.

So the project leant itself to this process, with clear parameters, asked Ms. Wang. Mr. Gonzalez said yes.

Dr. Katz said it would be interesting to see if more projects would be done using this methodology.

Mr. Peña-Mora said it is dependent on the owner being able to properly articulate specific wants and needs. He noted that there was also a

method called modified design-build or progressive design-build, but he did not believe that method was included under current legislation.

Mr. Peña-Mora noted that changes in legislation could present a need for design changes in projects like this but he was not sure if that was taken into consideration when making determinations on this project.

Dr. Katz said it would be interesting if possible governmental changes could be written into the contracts or accounted for during negotiations. Mr. Peña-Mora said there were opportunities to address those possibilities when drafting contracts.

Ms. Hernandez-Piñero asked if there were savings anticipate to offset the cost of the state-of-the-art replacement. Mr. Cabuk explained that all the equipment will be high efficiency.

Dr. Katz asked if there were projects where over time the savings would pay for the cost of the project. Mr. Cabuk said yes, lighting upgrades usually meet that description but for a project such as the boilers, it would be over 30-40 years.

Mr. Peña-Mora said it would be difficult to estimate that unless looking at lifecycle as a whole.

First on the agenda - Leora Jontef, read the resolution:

**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.**

Leora Jontef, Assistant Vice President, Housing and Real Estate, narrated a presentation providing detailed background information including current relationship, campus space and usage, and lease terms. Ms. Jontef was joined by Matthew Levy, Executive Director, NYC Health + Hospitals / Sea View.

Ms. Hernandez-Piñero asked if there was a master plan for the Sea View campus. Mr. Levy said that the campus is vast and has potential for community support in various ways.

Ms. Wang asked how this agreement came about. Mr. Levy said that FDNY approached the System. Ms. Jontef added that FDNY already had a presence on the campus so the relationship is already established and well fostered.

Mr. Peña-Mora asked if there was any discussion with FDNY about paying for utilities. Ms. Jontef said that discussion on the cost of electric was still ongoing but currently it was unsettled and being presented as if H+H would cover costs. She noted that the FDNY was making a \$20 million investment in the campus. He asked if a note could be added to clarify that the cost was discussed. Ms. Jontef said that while she understood the desire to breakout the cost and back-charge to DCAS it was difficult.

Dr. Katz noted that there were differences between FDNY and NYC H+H in that FDNY was 100% general fund and H+H was not. He understood Mr. Peña-Mora's idea but also that it would be difficult to accomplish.

Ms. Wang said it was important to note that the \$20 million investment in the campus would not have been done by H+H, and maintaining the dilapidated building is a cost. Both of those things offset the small cost of providing utilities.

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

Mr. Saez read the resolution:

**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").**

Mr. Saez was joined by Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, and Omer Cabuk, Senior Director, Office of Facilities Development, who narrated a presentation providing

background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

Ms. Hernandez-Piñero asked what the biggest ticket items were under the construction budget. Mr. Cabuk said the chiller, the lighting upgrade and the controls, and then the solar panels.

Ms. Wang asked if the 11% contingency was higher than normal. Mr. Cabuk explained that the chillers were located in the basement, and they are very large, and the contingency was there to provide for unforeseen conditions. Mr. Gonzalez noted that industry standard was 10%.

Ms. Wang asked if there were solar panels at other NYC H+H facilities. Mr. Cabuk said no. There is one project in the works for the Elmhurst "H" building and discussions underway for a possible project at Jacobi for a solar canopy. Mr. Gonzalez added that design for solar panels at Woodhull was also underway.

Ms. Wang asked if there were financing benefits available for NYC H+H when completing these projects. Mr. Cabuk said these projects are often paid for by DCAS.

Dr. Katz noted that NYC H+H gets such a good rate on electricity that it is sometimes hard to see the fiscal benefits but the environmental benefit is there.

Mr. Peña-Mora commended the 11% construction contingency but asked about contingency for the other parts of the project, like design. Mr. Gonzalez said the contingency could be shifted. Mr. Gonzalez confirmed and noted that NYPA completes similar projects frequently so they did not anticipate surprises and some costs are already included in the standard ENCORE agreement.

Mr. Peña-Mora said he just wanted confirmation that contingency can be shared across the project.

Dr. Katz asked if there were a project that we could not get funding for and we could show that we could yield a 10-15 year savings by completing some capital work, what vehicle would be used. Ms. Wang said there were various financing programs that could be used to do that.

Mr. Peña-Mora said there was a program called green bonds but it was not popular in the City because the borrowing rate is so low the bonds do not offer much benefit.

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

Ms. Jontef read the resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to sign 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.**

Ms. Jontef narrated a presentation providing background information, overview of agreement, details on the negotiation including terms, and status of related project and relationship.

Mr. Peña-Mora said he remember earlier discussion about demolition at the site and was happy things were moving along.

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

Mr. Saez, read the resolution:

**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.**

Mr. Saez was joined by Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, and Omer Cabuk, Senior Director, Office of Facilities Development, who narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

Ms. Hernandez-Piñero asked when the system went out for the final offer pricing. Mr. Gonzalez said that once the proposals are received there



is a lengthy discussion to determine if there are opportunities to streamline or identify opportunities for efficiency and/or savings.

Ms. Hernandez-Piñero asked for clarification on MWBE participation. Mr. Gonzalez said the System post to the City Record and also invites firms. Of those, three were MWBE and none of those firms chose to participate.

Mr. Pagán asked if systems would be functional as the work was complete. Mr. Cabuk said yes.

Mr. Peña-Mora asked where the temporary boilers would be located. Mr. Gonzalez said it was still being debated. Mr. Saez said most likely not in the park, as had been discussed, but probably outside the existing plant.

Mr. Peña-Mora asked if there were discussions with community about noise and sound levels. Mr. Gonzalez said there was specific language in the RFP that required monitoring of sound levels to meet with requirements and limit disruption.

Ms. Wang noted that the contingency on this project was only 7% and asked if that was enough. Mr. Gonzalez said this project was different and it is anticipated that 7% will be adequate.

Ms. Wang said there was a line that indicated there were two one-year renewal options in the Executive Summary. All parties agreed that was an error.

Mr. Peña-Mora asked that the language be corrected.

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

Mr. Peña-Mora said that he would like a report on master plan for the System sometime in the future.

There being no further business, the Committee Meeting was adjourned at 12:42 p.m.

**SUBSIDIARY REPORTS**

**SUMMARY OF MEETING**

**HHC ACO INC. BOARD OF DIRECTORS (Virtual)- May 23, 2023**

**Board members present:** Dr. Mitchell Katz, Matthew Siegler, Andrea Cohen, Nicole Jordan-Martin, Dr. Jasmin Moshirpur, Dr. Daniel Napolitano, Hyacinth Peart, Dr. Warren Seigel

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on May 23, 2023 to elect officers into the Board and to authorize to purchase US Treasury Bills.

The meeting of the Board was called to order by Dr. Mitchell Katz at 3:32 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the December 16, 2022 meeting without correction or modification.

Among other matters, the Board discussed the following:

- PY 2021 Distribution and Care Team Fund;
- PY 2022 Shared Savings Forecast;
- Proposed Investments in Treasury Bills;
- PY 2023 and Beyond Quality Measures and Reducing Avoidable Admissions; and
- The proposed CY 2023 Board Meetings.

The Board approved the following resolutions:

- Authorizing that each of the following persons be elected to serve in the offices of the Corporation set forth opposite their respective names below, subject to such person's resignation or removal, in accordance with the laws of the State of New York and the By-Laws of the Corporation until such person's successor is duly elected and qualified:

<u>Name</u>	<u>Office</u>
Mitchell Katz, MD	Chairman
Matthew Siegler	Chief Executive Officer
Gary Kalkut, MD	Vice President
Andrea Cohen, Esq.	Secretary
John Ulberg	Treasurer

- Authorizing HHC ACO Inc. (the "ACO") to purchase United States Treasury Bills with funds held by the ACO and further authorizing the Chief Executive Officer of the ACO to execute and deliver any and all agreements, documents or instruments necessary in connection with such purchase.

There being no further business, Matthew Siegler adjourned the meeting at 4:08 PM.

**MetroPlus Health Plan, Inc.**

Board of Directors Meeting Update - Thursday, June 8<sup>th</sup>, 2023

**As Reported By: Sally Hernandez-Piñero**

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, September 14<sup>th</sup>, 2023.

Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 11:06 A.M.

**ADOPTION OF THE MINUTES**

The minutes from the Board of Directors meeting held on Thursday, March 30<sup>th</sup>, 2023, were presented to the Board. On a motion by Ms. Hernandez Piñero and duly seconded, the Board adopted the minutes.

**ACTION ITEM**

Sally Hernandez-Piñero advised we begin the meeting by covering the action items.

A **first** resolution was presented by Vallencia Lloyd, Chair for the Customer Experience and Marketing Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or the Plan") **to negotiate and execute a contract with mPulse Mobile, Inc. ("mPulse"), to provide digital communications services for a term of three years with two options to renew for a 1-year term, each solely exercisable by MetroPlus, for an annual amount not to exceed \$1,100,000.***

Kenrick Louie, Vice President of Brand Marketing and Communication, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, Vendor and Proposal Highlights and Board Approval Request.

There being no further questions or comments, on a motion by Vallencia Lloyd and duly seconded, the resolution was unanimously adopted by the Board.

#### **ACTION ITEM**

A **second** resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance and Performance Improvement Committee (QAPI), for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Integra Partners, to provide administration of Durable Medical Equipment (DME) Management services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus, for an amount not to exceed \$11.5 million for the total duration of the contract.*

Dr. Sanjiv Shah, Chief Medical Officer, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, Evaluation Committee Chose Integra, Integra's Performance (January 2022 - March 2023) and Board Approval Request.

Board Members asked questions regarding the proposed Contractor's history; Dr. Shah responded.

Board Members asked questions regarding WMBE requirement; Dr. Shah responded.

There being no further questions or comments, on a motion by Dr. Eric Wei and duly seconded, the resolution was unanimously adopted by the Board.

#### **NEW BUSINESS**

Sally Hernandez-Piñero, Chair of the Board, requested to move on to New Business. Erin Drinkwater, Chief of Government Relations, and Strategic Partnerships presented the Enacted Budgets for 2023. Erin Drinkwater specifically discussed key proposals.

Board Members asked questions regarding the proposals.

Dr. Shah, Dr. Schwartz and Erin Drinkwater responded.

Sally Hernandez-Piñero then asked Lila Benayoun, Chief Operations Officer, to provide the Medicaid Recertification Progress Update.

Lila Benayoun presented an update on actions being taken by MetroPlus related to Medicaid Recertification, including various enhancements in our operations.

Board members asked a question regarding progress; Lila Benayoun responded.

Lila Benayoun then moved on to present an Update on MSO and Article 43 Progress towards implementation.

Dr. Schwartz commented and provided further context on the status of the MSO and Article 43 Timelines.

Sally Hernandez-Piñero requested to move onto Lauren Leverich, Chief Financial Officer's Q1 2023 Finance Update. Lauren Leverich then provided and discussed the Financial Update.

Board members asked a question regarding membership; Lauren Leverich responded.

Sally Hernandez-Piñero requested to move onto Kenesha Bartley, Vice President of Service Operations, Call Center Reps and Salesforce presentation. Kenesha Bartley provided an update on various details on the Salesforce transition.

Board members asked a question and made a comment regarding PCP appointments.

Kenesha Barley and Lila Benayoun responded.

There being no further business, Sally Hernandez-Piñero adjourned the meeting at 12:25 P.M.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS - June 29, 2023**

**RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS**

NYC Health + Hospitals' Humanitarian Emergency Response and Relief Centers (HERRCs) continue to play a vital role in the City's response to the historic asylum seeker crisis. This month we opened three humanitarian centers on the Upper West and Upper East Side, repurposing American Musical and Dramatic Academy and Columbia University dorms not housing students this summer to provide new facilities for single adults and families with children.

Our 11 humanitarian centers are a cornerstone of the City's network of over 175 shelters and respite sites supporting this massive humanitarian effort. HERRC facilities have provided a place to stay and compassionate care for more than 20,000 asylum seekers, including 12,000 people currently in our care.

Humanitarian centers provide 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. We have administered over 15,000 vaccinations to children and enrolled over 12,000 people in health insurance.

The City's Arrival Center at the Roosevelt Hotel – which NYC Health + Hospitals launched in early May to provide a centralized location to efficiently process new arrivals – now welcomes about 400 people through its doors each day. The streamlined services available at the center readily connect asylum seekers to intake, medical, legal, and reconnection services, as well as placement, if needed, in a shelter or humanitarian center.

**LABOR RELATIONS UPDATE**

The City and NYC Health + Hospitals have reached agreement on two major collective bargaining agreements in recent months covering health system employees – District Council 37 and Teamsters Local 237, the latter of which is still pending ratification by members. These roughly five-year agreements provide for cost of living increases, ratification bonuses, and other benefits to our employees. The City and the health system are also in active negotiations with the New York State Nurses Association. We have repeatedly noted the importance of nurses to our

system and our interest in reaching fair compensation that allows us to recruit and retain nurses and to reduce our reliance on temp nursing agencies.

### **NYC CARE: NEW PATIENT DATA SHOWS STRONG ENGAGEMENT WITH DOCTORS AND PRIMARY CARE**

NYC Health + Hospitals' NYC Care health care access program released key findings from a study demonstrating the program's success in connecting new members to primary and specialty care. The data shows even higher engagement among members who had two or more chronic diseases and spoke English as a second language. The results demonstrate our success in engaging undocumented and low-income New Yorkers who don't have access to health insurance, and regardless of language barriers or burden of chronic disease. Overall, 76.9% of new NYC Care members returned to primary care for an additional visit in their first year, 80.7% received a referral outside of primary care, and 75.4% visited specialty care. For new members with two or more chronic diseases, 86.1% returned to primary care, 87.1% received a referral, and 86% visited specialty care. There was also strong engagement for new members whose primary language is not English, where 86.1% returned to primary care, 80.2% received a referral, and 74.7% visited specialty care. This data suggests that NYC Care has spurred patient engagement at rates comparable to Medicaid, and that the data reflects member satisfaction and confidence in the high-quality care they are receiving. The investigation, "Engaging New Primary Care Patients: Access for Uninsured Patients at an Urban Safety Net System," was published for the AcademyHealth Annual Research Meeting by Caroline Cooke, MPH, CHES, Christine Zhang, MPA, NYC Care Executive Director Jonathan Jiménez, MD, MPH, and Remle Newton-Dame, MPH and focused on new NYC Care members initiating primary care at NYC Health + Hospitals from November 1, 2020 - October 31, 2021.

### **GOTHAM HEALTH CENTERS EARN PATIENT-CENTERED MEDICAL HOME RECOGNITION**

Three NYC Health + Hospitals/Gotham Health neighborhood health centers this month received the highest-level Patient-Centered Medical Home (PCMH) designation for our work to improve patient health outcomes and patient satisfaction. The teams at Gotham Health Bushwick and Greenpoint in Brooklyn, and Gotham Health Gunhill in the Bronx, earned the National Committee for Quality Assurance's PCMH 2023 recognition for meeting rigorous national standards to make high-quality primary care more accessible to the community. Primary care clinics receive this special status for their heightened focus on identifying patients with high

needs for care management, integrating behavioral health screenings and treatment into primary care practice, and engaging patients in their own care. This requires a special delivery model of care that ensures access, communication, and shared responsibility across the care team of doctors, nurses, and social workers. NYC Health + Hospitals/Gotham Health has eleven PCMH certified health centers.

## **IN SUPPORT OF MEDICAID AND CHIP POSTPARTUM COVERAGE EXPANSION**

NYC Health + Hospitals Chief Women's Health Officer Wendy Wilcox, MD, issued the following statement on behalf of our health System to express our support of the recent Medicaid and Children's Health Insurance Program (CHIP) coverage expansion for postpartum individuals for a full 12 months:

"We are grateful to the Biden Administration for recognizing that new parents need more than two months to recover after birthing a baby. Maternal health risks linked to childbirth persist throughout the first year postpartum. OB-GYNs are seeing higher rates of cardiovascular disease, behavioral health and substance use disorders among patients late in the postpartum period, especially among people of color. With this one-year extension in Medicaid postpartum coverage, NYC Health + Hospitals and providers across New York State will be able to continue to provide integrated, patient-centered, high-quality, comprehensive care to address the full spectrum of health needs which patients deserve and have come to expect."

## **A MONTH OF PRIDE**

As June comes to an end, so do our diverse, colorful and joyful Pride celebrations both throughout our city, and our health system. Hundreds of our staff participated in Pride community events across the city, marched at the Pride parade on 5<sup>th</sup> Avenue, and demonstrated our values of openness, acceptance and tolerance of every individual at facility-based events across our health system. Embracing Pride is at the heart of the NYC Health + Hospitals mission of equity and equality for all. Needless to say, we are proud of our Pride. We are also proud of the five NYC Health + Hospitals doctors chosen as [Castle Connolly Top LGBTQ+ Doctors 2023](#). Castle Connolly is a research-led organization that identifies the nation's top doctors:

- [Dr. Gregory L. Almond](#), Chair of the emergency department at NYC Health + Hospitals/Metropolitan



- [Dr. Richard E. Greene](#), Director of LGBTQ+ Services at NYC Health + Hospitals/Bellevue
- [Dr. M. Margaret Kemeny](#), Surgery at NYC Health + Hospitals/Queens
- [Dr. Robert A. Pitts](#), Infectious Disease Specialist at NYC Health + Hospitals/Bellevue
- [Dr. Warren M. Seigel](#), Chair of Pediatrics and the Director of Adolescent Medicine at NYC Health + Hospitals/South Brooklyn Health.

## **IN RECOGNITION OF JUNETEENTH**

Our health System came together in various events and ceremonies to recognize the Juneteenth holiday - the date we officially commemorate the end of slavery in the United States. As we reflected on the importance of this history day, we also shared our hope, and our mission, that we will soon see Black communities celebrate another kind of independence: freedom from health care disparities. Much has been documented about health challenges plaguing historically Black communities, where chronic diseases such as hypertension, diabetes, obesity and heart disease persist. These preventable diseases are the legacy of generations of unequal access to health care and the racist values which divide us. This is the devastating result of the long arm of slavery. While NYC Health + Hospitals is addressing these racial disparities in health outcomes - by removing race based clinical algorithms in clinical care, by implementing the maternal home to reduce maternal morbidity and mortality, by screening patients for those social determinants which impact health outcomes, and by implementing unconscious bias training simulations - there's still much work to do. Let's keep fighting for independence, by bringing respectful, equitable care to all those populations which have been marginalized by the structural racism in health care. Let's keep advocating for and providing equal access to the best doctors, clinics, experts and specialists. Let's keep tackling the parallel social determinants of health: like stable housing, education and nutrition that go hand in hand with chronic health problems. In doing all of these things, let's continue to heal the harm done by decades of injustice. I am proud to lead an organization that is continually moving forward on the long march toward freedom and independence.

## **BEHAVIORAL HEALTH STAFF RECEIVE \$1 MILLION IN DEBT RELIEF IN EXCHANGE FOR THREE-YEAR COMMITMENT TO NYC HEALTH + HOSPITALS**

As part of our [Behavioral Health Loan Repayment Program](#), we are distributing \$1 million in student loan repayments to members of our

workforce who practice in behavioral health. Twenty-seven clinicians will receive between \$30,000 and \$50,000 of student debt relief in exchange for a three-year commitment to serve in our public health system. The program is designed to help attract and retain clinicians who care for New Yorkers with mental health or substance use needs, as the U.S. faces a national mental health professional shortage.

Offering student loan debt relief is one way that NYC Health + Hospitals can close the gap between the number of providers and the number of New Yorkers in need. And it's our way to underscore how essential these health care professionals are to our mission. The recipients are a mix of new and existing employees and include behavioral health licensed clinical social workers, psychiatric nurse practitioners, psychologists and psychiatrists. Together, these individuals serve 25,000 patients annually. The loan repayment program was made possible by a \$1 million donation from an anonymous donor and was first [announced last summer by Mayor Adams](#).

On average, early career psychiatrists have \$190,000 of student debt, psychologists have \$80,000 of student debt, social workers have \$68,000 of student debt, and psychiatric nurse practitioners have \$56,000 of student debt. NYC Health + Hospitals recognizes the burden that student debt places on its workforce and is committed to programs that reduce it.

#### **PAINT PARTIES KICK-OFF NEXT ROUND OF COMMUNITY MURALS ACROSS NYC HEALTH + HOSPITALS FACILITIES**

The NYC Health + Hospitals Arts in Medicine program kicked off a new season of paint parties, where anyone can be an artist using a "paint by numbers" format, for new murals that will be permanently installed at many of our health system facilities. The murals were designed by 10 artists selected earlier this year and developed through focus groups with patients, staff, and neighborhood residents. Our Community Mural Project was featured in the latest episode of "That's So New York" on NYC Life (WNYE-TV/Channel 25. Watch the video [here](#). These works of public art bring lots of joy to both our patients and staff, and we are incredibly grateful to our sponsor, the Laurie M. Tisch Illumination Fund.

#### **NYC HEALTH + HOSPITALS FACILITIES HOST FARMER'S MARKETS**

It is Farmer's Market season at NYC Health + Hospitals. Many of our hospitals and community health centers across the city sponsor farmers markets operated by local nonprofit partners. We do this to make it easy for our staff, patients and members of the community to access

fresh, local fruits and vegetables at an affordable price, and expand access to these products in communities that often have limited options. The markets accept various payment options and vouchers from government benefits programs to help New Yorkers take advantage of the healthy, fresh produce. Summer is a great time of year to try new fruits and vegetables, and we encourage everyone to shop locally at these markets and adopt a healthier diet with more plant-based meals.

#### **NYC HEALTH + HOSPITALS RECEIVES GAGE AWARD FOR CARE IMPROVEMENT INITIATIVE**

America's Essential Hospitals (AEH), which represents more than 300 hospitals that care for low-income and other marginalized people, this month awarded NYC Health + Hospitals a 2023 Gage Quality Award Honorable Mention for our Care Improvement Contest initiative. Our team was recognized at the AEH's annual VITAL Conference for activities that improve the quality of care or that mitigate threats to patient safety. NYC Health + Hospitals launched the contest to educate health care workers on patient experience and build their capacity to lead successful quality improvement projects. Eleven teams documented the current state of the inpatient experience; discussed gaps, challenges, and barriers to success; and devised and tested solutions. Projects focused on nurse leader rounding, interdisciplinary provider rounding, empathy skill building and teach-back training, complex discharge planning and post-discharge follow-up, and daily management system boards and whiteboards. In addition to improving patient experience scores in winning units, the contest facilitated a system wide increase in patient experience scores, including communication with physicians and nurses and overall hospital ratings.

#### **CAPACITY BUILDING FOR QUALITY & SAFETY**

Our health System graduated the second cohort of Quality Academy participants for the 6-month multidisciplinary quality and safety capacity building program. There were 142 graduates, 105 capstone QI projects submitted, and 79 of those projects had an equity lens. Our Healthcare Administration Scholars Program across Elmhurst, Queens, Jacobi, NCB, Metropolitan and Kings County hospitals graduated 35 senior residents through the 2-year quality and safety capacity building program geared towards building the next generation of clinical leaders. We completed the inaugural 7-week Risk Management Training Program for over 104 NYC Health + Hospitals staff. And we will graduate our fourth cohort of Clinical Leadership Fellowship this month. That includes six fellows who served across four central office divisions and in NYC

Health + Hospitals/Jacobi who are all staying in our health system for their post fellowship.

#### **EXTERNAL & COMMUNITY AFFAIRS UPDATE**

City - Adopted budget is expected to be passed this week. We thank the Speaker, the Hospital and Health Chairs, and all of our Council champions for their support.

State - The New York State Legislature concluded its 2023 legislative session with a total of 14,973 bills that were introduced. Nearly 1,800 bills passed either the State Assembly or the State Senate; 896 bills passed both houses and now await the Governor's action between now and the end of the year. We were pleased that the Governor sign into law a bill to strengthen access to reproductive health care and protect patients and doctors who require abortion care through telehealth services. In addition, there was legislation that passed that will be helpful for our workforce and patients. These include changes to support clinical laboratory workers, expansion of non-patient specific standing orders, protections for the delivery of gender-affirming care, and making community violence prevention services available, if permitted by federal law, to Medicaid patients. We are hopeful that the Governor will sign each of these.

On June 22, the Governor did not renew Executive Order 4 Declaring a Statewide Disaster Emergency Due to Healthcare Staffing Shortages that has been in effect since 2021. As a result, the regulatory flexibilities extended by State Department of Health and the State Education Department per EO 4 have expired. We thank our system Regulatory leads who supported our facilities over the last few years with advocacy and analysis of this information.

Federal - Earlier today, I joined U.S. Department of Health and Human Services Secretary Xavier Becerra in a tour of NYC Health + Hospitals/Metropolitan and at NY Academy of Medicine roundtable with hospital CEOs on the Inflation Reduction Act. The secretary also toured NYC Health + Hospitals/Lincoln and hosted another roundtable on mental health. Secretary Becerra is in town to highlight the Biden-Harris Administration's efforts to lower prescription drug costs, bolster the health workforce pipeline, improve mental health, and expand language access programs. We continue to advocate to our Congressional delegation about the importance of maintaining existing funding levels and we are grateful for their continued support.

Community - We hosted an educational conference for our Community Advisory Board (CAB) members on June 23<sup>rd</sup>, focusing on how to run

meetings most efficiently and effectively. Thank you to the 50+ CAB members who attended. We will be hosting the 19<sup>th</sup> Majorie Mathews Awards on July 20<sup>th</sup> at NYC Health + Hospitals/Coler. This is a great event to thank our system CAB and Auxiliary members. Board members are welcome to join us.

## **NEWS AROUND THE HEALTH SYSTEM**

- [NYC Care Presents New Patient Data That Shows Strong Engagement With Their Doctors and Primary Care](#)
- [NYC Health + Hospitals President & CEO Dr. Mitchell Katz Named to City & State 'The Power of Diversity: Pride 100' List](#)
- [NYC Health + Hospitals Community Mural Project Launches Community Paint Parties](#)
- [The National Committee for Quality Assurance Recognizes Three NYC Health + Hospitals/Gotham Health Clinics for Their Commitment to Enhanced Patient, Provider Relationships](#)
- [Statement from NYC Health + Hospitals Chief Women's Health Officer Wendy Wilcox, MD, MPH, MBA, FACOG on Expansion of New York's Medicaid and CHIP Postpartum Coverage](#)
- [NYC Health + Hospitals Announces New Season of Farmers Markets Near Patient Care Sites](#)
- [Schneps Media Recognizes Four "Healthcare Heroes" at NYC Health + Hospitals](#)
- [NYC Health + Hospitals SVP and CQO, and Metropolitan Hospital Leadership Recognized by Castle Connolly as '2023 Top AAPI Doctors'](#)
- [Schneps Media Recognizes Two NYC Health + Hospitals Leaders as "Power Women of the Bronx 2023"](#)
- [New Initiative Reduces Wait Times for Mental Health Appointments for Domestic Violence Shelter Residents](#)
- [Four NYC Health + Hospitals, MetroPlusHealth Leaders Recognized as Crain's 'Notable 2023 Leaders in Health Care'](#)
- [Helmsley Charitable Trust Awards Mount Sinai \\$2M to Expand Community-Based Doula Program for Pregnant Patients at NYC Health + Hospitals/Elmhurst and Queens](#)

**RESOLUTION - 06**

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute an agreement **with Rapid Reliable Testing, LLC d/b/a DocGo, Inc. (“DocGo”)** for time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites (“ERACS”) during a period of an emergency response as directed by the System’s President with appropriate notification to the Board. The initial term shall be three years with two one-year options to renew, solely exercisable by the System. The contract shall not have a pre-established not-to-exceed amount.

**WHEREAS**, the System conducted a request for proposals solicitation to select a vendor to support staffing at ERAC site(s) in conformance with its procurement operating procedure and received and evaluated proposals from 10 vendors and evaluated such proposals among a diverse evaluation committee; and

**WHEREAS**, the evaluation committee recommended the award be made to DocGo 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. Assistant Vice President of Emergency Management 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 Rapid Reliable Testing, LLC d/b/a DocGo, Inc. (“**DocGo**”) for time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites (“ERACS”) during a period of an emergency response as directed by the System’s President with appropriate notification to the Board. The initial term shall be three years with two one-year options to renew, solely exercisable by the System. The contract(s) shall not have a pre-established not-to-exceed amount.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE CONTRACT**  
**WITH**  
**RAPID RELIABLE TESTING, LLC d/b/a DOCGO, INC.**

- OVERVIEW** The purpose of this agreement is to provide time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites (“ERACS”) during a period of an emergency response as directed by the System’s President with appropriate notification to the Board.
- PROCUREMENT** The System undertook an RFP to procure a vendor to support staffing at ERAC site(s). Ten vendors provided proposals. After evaluation, Rapid Reliable Testing, LLC d/b/a DocGo, Inc. was selected as the vendor that best met the needs of the System.
- NEED** ERACS are an important element of health sector emergency response operations. Within NYC Health + Hospitals, these can be considered as physical sites temporarily used during the period of an emergency response to provide (a) short-term shelter/residence and (b) on-site skilled nursing and/or ambulatory health care services to individuals/families (patients) who are unable to receive such services elsewhere, including at their typical place of residence. The patient population served at such ERACS generally requires a level of care consistent with home or primary care services, but which are delivered in an atypical residential setting, like a school, event center, or hotel. Examples of ERACS include those activated to provide intensive sub-acute transitional care for patients after hospitalization (e.g., during COVID-19 surges), those activated to support New Yorkers during quarantine and isolation (e.g., for COVID-19), and those activated to provide short-term medical care and residence to New Yorkers with certain special medical needs after evacuation from their communities during environmental emergencies (e.g., Special Medical Needs Shelters), among others.
- TERMS** Proposals were requested to provide hourly rates for the different staffing titles given different speeds of staffing requirement and duration of staffing requirement. Proposals also provided indirect costs not accounted for within the hourly rates specified and differentials required in the event of an overnight stay.
- MWBE** All proposers were required to meet an M/WBE goal of 30%. DocGo proposed meeting the 30% M/WBE goal through use of subcontractors.

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

From: Keith Tallbe  
Chief Procurement Counsel  
Office of Legal Affairs

Rivera-  
Bazan,  
Irmali

Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2023.07.06  
10:57:23 -04'00'

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

Vendor: Rapid Reliable Testing, LLC d/b/a DocGo, Inc.

Contract: Emergency Response Alternative Care Sites

Date: July 6, 2023

---

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

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

30% Utilization Plan

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.



# **Alternate Care Site Clinical Staffing, including SMNS**

## **Application to Award Contract to Rapid Reliable Testing, LLC d/b/a DocGo, Inc.**

### **Board of Directors Meeting July 27, 2023**

**Inga Furuness, Associate Dir, Emergency Mgmt**  
**James Salway, MD, Sr. Director, Emergency Mgmt**  
**David Silvestri, MD, SAVP, Emergency Mgmt**

## For Board Consideration

---

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Rapid Reliable Testing, LLC d/b/a DocGo, Inc. (“DocGo”) for time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites (“ERACS”) during a period of an emergency response as directed by the System’s President with appropriate notification to the Board. The initial term shall be three years with two one-year options to renew, solely exercisable by the System. The contract shall not have a pre-established not-to-exceed amount.

- NYC Health + Hospitals is required by NYC to provide clinical staffing and services for Special Medical Needs Shelters (SMNS; a clinical evacuation shelter) during a coastal storm as part of NYC's Coastal Storm Plan:
  - SMNS program requirements: 7 sites, 100-150 shelterees, diverse staff (MD, RN, HHA)
  - SMNS shelteree population:
    - Lives independently but requires some level of home medical assistance
    - Referred to SMNS at NYCEM-operated Hurricane Shelters due to need for subacute medical care
    - Transportation to SMNS coordinated by NYCEM
  
- NYC Health + Hospitals may similarly be called to support clinical staffing & service needs at similar Alternate Care Sites during other unforeseen short-term emergencies.
  
- Historical challenges fulfilling SMNS staffing requirements with internal staffing resources (Gotham, Ambulatory acute staff).
  
- No current contract to fulfill clinical staffing need at such sites

# Deployment and Funding

---

- In the event of an emergency response need, City Hall or NYC Office of Emergency Management may activate the deployment of ERACS services
  - Example: Within NYC Coastal Storm Plan, City activates SMNS program
  
- Contract activation will occur by NYC Health + Hospitals President/CEO upon City request or after a declared City, State, or Federal emergency or disaster with appropriate board notification, and presupposes either:
  - City funding for contractual costs, AND/OR
  - Anticipated reimbursement through FEMA
  
- No operating costs anticipated to NYC Health + Hospitals beyond those reimbursed through City or Fed/State or approved explicitly by the NYC Health + Hospitals President/CEO and Board

# Deployment and Funding

- Depending on incident magnitude, may be an emergency declaration by Federal, State, or City govt- triggering emergency funding for said incident
- Reimbursement details:
  - NYC has existing designated funds approved to enable staffing for SMNS
  - City funding for other ERACS (non-SMNS) will be detailed in response-specific MOUs
  - State/Federal funding can be used to offset dollars needed by City government
- Cost structure details:
  - Cost structure is pre-determined and not subject to market fluctuations
  - Hourly staff costs will be based on:
    - Staff title
    - Speed of response
    - Contract activation length
  - Contract designed to enable staffing flexibility to meet utilization needs for 24-hour operations, which may vary by type of emergency
- Vendor is responsible for credentialing

# RFP Criteria

## ➤ Minimum criteria:

- Five years in business providing similar services to comparable sized health systems
- Annual revenue in excess of \$5,000,000
- Compliant with FEMA guideline/regs\*

## ➤ Substantive Criteria

- 25% Relevant Experience
- 25% Plan for Timely Deployment
- 20% Diversity of Titles Offered
- 20% Cost
- 10% MWBE

## ➤ Evaluation Committee:

- Emergency Management
- Finance
- Quality and Safety
- Risk Management
- Office of Patient Centered Care
- Community Care
- Ambulatory Care
- M&PA

\* As per the most recent FEMA Public Assistance Program and Policy, necessary documentation include:

- Contractor oversight- daily or weekly logs, in the form of timesheets, with proper employee sign-in/out as well as management approval through sign-off
- Procurement Policy
- Procurement Documents
- Contracts
- Dates Worked

# Overview of Procurement

---

- 04/11/23: Application to issue request for proposals approved by CRC
- 05/02/23: RFP Posted on City Record, sent directly to 13 vendors
- 05/15/23: Pre-proposal conference held, 16 vendors attended
- 06/07/23: Proposals due, 10 proposals received
- 06/14/23: Evaluation committee conducted first round of scoring on proposals. The top three firms were shortlisted
- 06/16/23 - 06/20/23: All three firms conducted virtual presentations to the evaluation committee
- 06/23/23: Evaluation committee debriefed and submitted final scores. Rapid Reliable Testing, LLC dba DocGo was the highest rated proposer

# Vendor Diversity

## Awarded Vendor MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontractor SOW	NYC/NYS	Ethnicity	UP Goal %
<b>Rapid Reliable Testing, LLC dba DocGo</b>	CFF Consulting	Field Agency Staffing	MBE	Hispanic	<b>30%</b>
	First Match Services	Field Agency Staffing	MBE	Black	



# Vendor Performance History

<p><b>NYC HEALTH+ HOSPITALS</b></p> <p><b>Department of Supply Chain</b></p> <p><b>Vendor Performance Evaluation</b></p> <p><b>Rapid Reliable Testing LLC, dba DocGo</b></p>	
<b>DESCRIPTION</b>	<b>ANSWER</b>
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
Performance and Overall Quality Rating Satisfactory	Satisfactory

# Board of Directors Approval Request

---

- Central Office Emergency Management is seeking approval to enter into contract with Rapid Reliable Testing, LLC dba DocGo to provide clinical staffing services at ERACS
- No costs would be incurred if services are not activated. Services will be activated by the NYC Health + Hospitals President/CEO with appropriate notification to the Board. Expenses will be covered by City Hall or FEMA, or approved explicitly by the NYC Health + Hospitals President/CEO and Board.
- August 1, 2023 Contract Start Date

**RESOLUTION - 07**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **OptumInsight, Inc. (“Optum”)** for contact center services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$145,593,595 for the entire contract term of five years.

**WHEREAS**, the System conducted a request for proposals solicitation to select a contact center vendor for operation of the NYC Health + Hospitals’ contact center in conformance with its procurement operating procedure and received and evaluated proposals from nine vendors and evaluated such proposals among a diverse evaluation committee; and

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

**WHEREAS**, the Sr. Vice President of Ambulatory Care 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 OptumInsight, Inc. (“Optum”) for contact center services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$145,593,595.

**EXECUTIVE SUMMARY  
RESOLUTION TO AUTHORIZE CONTRACT  
WITH OPTUM INSIGHT, INC.**

<b>OVERVIEW</b>	The purpose of this agreement is to provide services of contact center operations as it is common practice for health systems to fully outsource or have a combination of outsource and internal staff to operate a centralized patient contact center. Call volume tends to dictate the most efficient and cost effective approach.
<b>PROCUREMENT</b>	The System undertook an RFP to procure contact center operational services. Nine vendors provided proposals and after evaluation, Optum was selected as the vendor that best met the needs of the System.
<b>NEED</b>	All healthcare systems use a combination of external and internal staff to operate a centralized patient contact center. The procurement opportunity allowed the System to add more structure and rigor regarding the vendor's operational performance and quality targets, incorporate technologies that improve patient experience and incorporate a fee structure that is more cost effective than the previous contract.
<b>TERM</b>	An initial term of three years with two one-year options solely exercisable by the System.
<b>COSTS</b>	The total not-to-exceed cost for the entire term is \$145,593,595.
<b>MWBE</b>	This contract meets the 30% MWBE component percentage utilizing three subcontractors for staffing services

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

From: Keith Tallbe Tallbe Digitally signed by Keith Tallbe  
Date: 2023.07.17 14:47:49 -0400  
Chief Procurement Counsel

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

Vendor: OptumInsight, Inc.

Contract: Contact Center

Date: June 28, 2023

---

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

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

30% Utilization Plan

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.

# **Ambulatory Care Contact Center Services Application to Award Contract July 27, 2023**

**Lisa Hendricks  
Senior Assistant Vice President  
Ambulatory Care & Population Health**

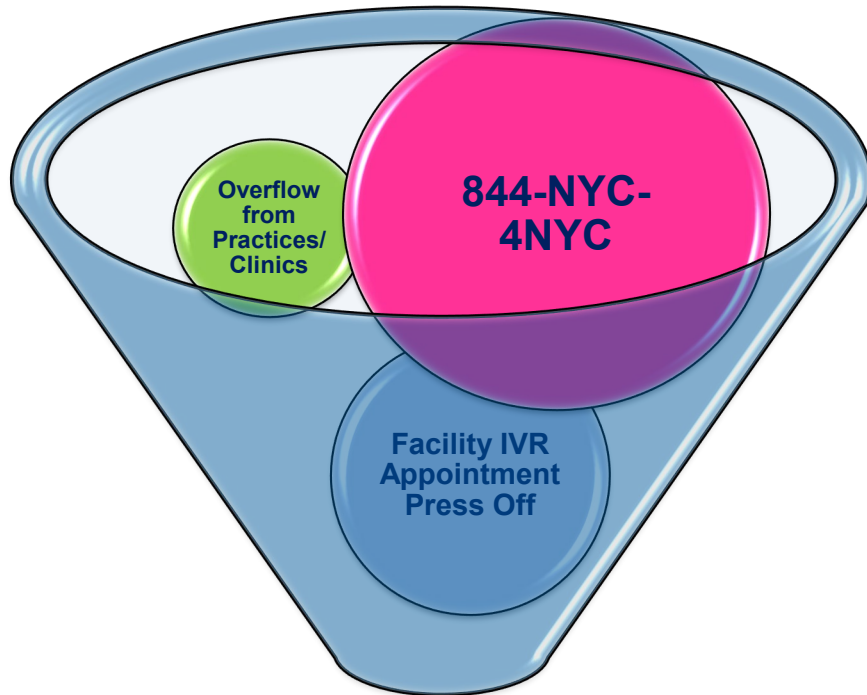


## For Board Consideration

---

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with OptumInsight, Inc. (“Optum”) for contact center services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$145,593,595 for the entire contract term of five years.

# Contact Center Services Current State



## Calls Route to Contact Center



## 24/7/365 Ambulatory Care Contact Center Calls:

- Patient appointments
- Prescription Refills
- Clinical questions
- Afterhours Clinician calls
- General H+H Information: Location, Labs, Hours of Operation

### Additional Service lines that route directly to vendor:

- Lifestyle Medicine
- Foster Family
- Lead Line
- 32BJ
- COVID Center of Excellence
- Long COVID Support



# NYC Care Contact Center

## Dental Appointments

Kings County, Gouverneur,  
Metropolitan & Queens

## World Trade Center Contact Center

### Lincoln

Live Outbound  
Appt Reminder  
Calls

### Jacobi

Robocall/SMS Appt  
Reminders, Resident  
Sat Surveys & On Site  
Pre-Reg Vendor  
Resource

### Jacobi & NCB

Afterhours Service  
for Oncology & HIV  
Clinics

### Community Care

Home Health After  
Hours Calls

# Background/Current State

- It is common practice for health systems to fully outsource, have a combination of outsource and internal staff or use internal staff only for a centralized patient contact center. Call volume tends to dictate the most efficient and cost effective approach.
- With inbound call volume increasing to 2.6M calls in 2022 and expected annual year over year growth as well as more practices requesting appointment scheduling by the contact center, having a cost effective and operationally efficient vendor partner to handle overflow calls is critical to serving our patients, practices and facilities.
- In January 2015, H+H activated a GPO agreement with Change Healthcare.
  - 7 year contract term with authority through September 2023
  - Current fee structure is per minute of agent talk time and transferred calls plus monthly service fee for all services lines and/or services
  - 2020-2023 historically, average annual cost for services across the system was ~\$21 million

2020	2021	2022	2023
\$17.9M	\$17.6M	\$22M	\$24.7M

*Average impacted by lower call volumes in 2020 & 2021 due to COVID-19*

- Projected average annual costs, **with all services remaining the same** and estimating a 3% YoY volume increase is ~\$29 million
- This contract will secure a partnership with a vendor that is experienced and knowledgeable with a successful footprint in healthcare. They are using industry leading technologies, has a robust operational support system, a cost effective fee structure and a proven track record.
- With this RFP and contract , we are looking to add more structure and rigor regarding the vendor’s operational performance, meeting performance and quality targets, incorporate technologies that improve patient experience and a fee structure that is more cost effective than what we have with our previous contract.

# RFP Development & Goals

- The scope was developed based on use cases and current contact center services across the system and using current internal and vendor operational performance, current industry standards and 20+ years of our contact center's senior leadership experience in this space serving as both client and vendor.
- Key scope issues: on time deliverables, service level agreements (SLAs) and key performance indicators (KPIs), reporting, technology platforms, offerings and integration, compatibility, security, robust operational support in place.
- Desired outcome of RFP:
  - Service Level Agreements that meet responsible budget requirements
  - Performance target penalties
  - Inclusive cost effective fee structure of per minute or FTE
  - Robust operational support; contact center forecasting and real time, training delivery and instructional design, quality man
  - Organize all contact center services provided by the vendor under the Contact Center organization
- Vendors typically performing in this space are; Optum, Change Health, TTEC and Teleperformance
- There are no anticipated labor impacts or role changes to our internal contact center staff a result of this RFP.
- We anticipate additional EITS staff support may be needed should we transition to a new vendor in 2023. Over the course of the next two years, our goal is to lessen our dependence on the vendor partner and use our H+H technologies; Cisco platform, Calabrio, etc... for both our internal and outsourced vendor staff.
  - Create a singular experience for the patient and the agent as they leverage one system for answer, tracking and managing calls
  - Allow for better control of onboarding and offboarding vendor resources
  - Ensure that vendor's access and systems leverage H+H security controls and align with our standards
  - Allows the contact center to stay current on technology and leverage new features without having to be reliant on the vendor's technology
  - Technology transition plan with milestones, developed in partnership with EITS, will be implemented

# RFP Criteria

---

- Minimum Criteria

- 10 years in business
- Footprint in Healthcare with proven ability to scale a high volume contact center
- Annual revenue of \$100 million. For MWBE firms, there is no revenue requirement

- Substantive Criteria

- 15% Cost
- 10% M/WBE
- 20% Technology
- 25% Operational Support
- 30% Staffing & Scalability

- Evaluation Committee

- SAVP
- Sr Director
- Sr Director
- Sr Director
- Chief Information Officer
- Deputy Corp Compliance Officer
- Director Unified Comms/VOIP
- AVP Patient Access & Revenue Cycle
- AED Gotham Health Center Operations
- AED Bellevue
- SAVP

# Overview of Procurement

---

- 05/02/23: Application to issue request for proposals approved by CRC
- 05/10/23: RFP Posted on City Record, sent directly to 6 vendors including an MWBE prime candidate
- 05/16/23: Pre-proposal conference held, 25 vendors attended
- 06/08/23: Proposals due, 9 competitive proposals received
- 06/15/23: Evaluation committee conducted first round of scoring on proposals submitted which included an MWBE vendor, top three firms were shortlisted
- 06/20/23 and 06/23/23: All three firms conducted virtual presentations and were interviewed by the evaluation committee
- 06/26/23: Evaluation committee debriefed and submitted final scores. OptumInsight, Inc. was the highest rated proposer

# Optum Background

- Optum has been in business for over 30 years with a focus in technology and staffing. They have served over 127 million consumers across the country and average 300 million support calls annually in healthcare. Some of their clients include:
  - AARP
  - NYU Langone Health
  - Arkansas Department of Human Services
  - Georgia Department of Community Health
  - Indiana Family and Social Services Administration
  - Tennessee Healthcare, Finance and Administrations - TennCare
- Optum had a recent two-year partnership with NYC Health + Hospitals providing services and staff for the NYC Test and Trace Contact Center. With the exception of the surge events, the Optum team consistently met the monthly targeted Trace performance metrics of 95% contact rate of positive cases and close contacts within 24 hours with a 90%+ rate of reaching the intended party. They also consistently met the call quality metrics ensuring a positive experience with the 2+ million New Yorkers the team engaged with.
- Implementation with Optum carries less risk than another vendor. Their acquisition of our incumbent vendor, Change Healthcare, allows for the retention of tenured, high performing staff and the historical knowledge and familiarity with our technological infrastructure and business lines. The system will not need additional EITS resources for Optum migration/integration.
- Optum will enhance services provided by current staff by bring additional expertise, structure and rigor to training, quality, workforce management and operational oversight to drive a higher level of overall performance. They will upgrade the contact center to a more advanced, omnichannel technological platform as well as offer Customer Satisfaction (CSAT) survey and Customer Effort Score (CES) immediately following the patients interaction with the contact center.
- Artificial intelligence will be incorporated in services during life of contract, reducing agent call volume and handle time. To begin, patients with general questions will be able to 'self serve' quickly receiving the information needed without speaking with a contact center agent.
- Optum has a strong partnership with EPIC giving us the ability to explore additional options/integration to improve the patient experience and additional cost saving measures.

# Optum Background

---

- Optum will commit to a monthly penalty percentage, to be determined during contract negotiation, for failure to meet the contact center's monthly Key Performance Indicators (KPIs). An example of some of the KPI's include;
  - Abandon rate, average speed of answer, overall service level
  - Bilingual hiring - minimum 30% of staff to be certified bilingual Spanish speaking and writing
  - AI Call deflection - minimum percentage to be determined of initial call types that do not include caller authentication or EPIC integration
  - Omnichannel statistics - service level requirements for web chat and email
- Meeting the language needs of our patients, in addition to bilingual hiring and staffing targets, Optum will deploy the use of language interpretation services for our contact center team to be able to effectively assist all languages.
- Cost structure to be based on a combination of FTE rates and per-minute rates of proposed staff and AI Call deflection:
  - Call deflection, where applicable with Artificial Intelligence, will be billed at a significant lower per minute rate.
  - We anticipate an initial conservative goal of 30% call deflection (Industry standard call deflection rates can be as high as 50-60%)

# MWBE Component Percentage

Subcontracting Scope	Sufficient Availability?	Total %
Recruiting & Staffing	Yes	20%
Information Systems/Automated Messaging	Yes	5%
Implementation	Yes	5%
<b>Vendor Diversity Component Percentage to be applied</b>		<b>30%</b>

- Staffing is likely to represent the majority of diverse vendor opportunity under this solicitation, however, depending upon the proposers' business models and capabilities, there could be additional potential for smaller scopes of work such as technology applications and implementation services.
- After such review and analysis, and consistent with the data reflected in the table above, it has been determined that an MWBE component percentage of 30% is appropriate for this solicitation.



# Vendor Diversity

## Awarded Vendor MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontractor SOW	UP Goal %
OptumInsight	Pride Technologies, LLC	Call center agents and supervisory staff	36%
	Unique Comp, Inc.	Call center agents and supervisory staff	
	IT Resource Solutions	Call center agents and supervisory staff	

# Board of Directors Approval Request

---

The Office of Ambulatory Care and Population Health is seeking approval to enter into contract with OptumInsight Inc. to provide contact center services at a not to exceed amount of \$145,593,595.

- Anticipated Contract Start Date: October 1, 2023
- Terms of Contract: Three year term with two one year renewal options for a total of five years

## *FY24 Projected Vendor Overflow & Direct Call Volume*

Projected Overflow and Direct Vendor Call Volume	Average Monthly Call Volume	Average Handle Time (mins)	Hours of Operation	FY24 Annual Projected
Main Contact Center Patient Line	194,045	7.14	24/7	2,328,540
NYC Care	23,212	6.56	24/7	278,544
Lifestyle Medicine	226	8.00	8am-6pm M-F	2,712
World Trade Center	3224	5.80	8am-7pm M-F	38,688
Dental	31,230	5.40	8am-5pm M-F	374,760
Home Health After Hours	40	4.00	5pm-9am Sun-Sat	480
<b>Total Call Volume</b>				<b>3,023,724</b>