



**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

AGENDA

Date: July 10th, 2023

Time: 10:00 AM

Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

DR. KATZ

ADOPTION OF MINUTES - May 8, 2023

ACTION ITEMS:

1) 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.

DR. SILVESTRI

Vendex: Approved

EEO: Pending

INFORMATION ITEM

1) Statement on Antiracism and Nondiscrimination

DR. KATZ/DR. ALLEN

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT (written submission only)

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SHAH

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs Committee - May 8, 2023

As Reported by Dr. Vincent Calamia

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

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

ACTION ITEM:

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

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

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

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

The services covered by SUNY, include Kings County emergency medicine, Psychiatry, and radiology for a total of 36.2 FTEs. The services provided at South Brooklyn Health is surgery for a total of 2.8 FTEs. A slide was provided to show the breakdown by services of the FTE at Kings County, the majority of which are in radiology where we have 17.5 FTEs in radiology.

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

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

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

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

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

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

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

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

In the future state, there will be 4 pillars of biomedical management services, including the existing equipment and maintenance, warehouse and transportation, with the newly added Biomed IT support. Our equipment is not connected to ERP, EMR, and digital archiving systems; The 4th pillar is equipment management; this service will have technicians on the floor wiping down moveable equipment. The current practice to clean the equipment is not standardized nor is the reporting of it. We want to drive a strong inventory system and develop functionality. Biomed is going to manage all the life cycle, inspecting tags and test, when it enters the system connecting it through integration, PMs, and repairs for its life, cleaning and tracking it while it is here, transporting and storing if needed and then ultimately properly relinquishing the asset from inventory.

Scope of services; Equipment maintenance, BioMed EITS, storage/transportation, and equipment management. Each one of these will be driven by a series of KPIs to ensure that the health of the service is appropriate and a reporting function. EITS support is tied to a direct line of reporting to Kim Mendez's team to ensure all of our threats are appropriately mitigated and we are tracking our activity.

The new table of Organization will be in this order: supply chain and facility leadership want to handle the management; the biomedical engineering and equipment management will roll up to supply chain and our facilities C-suite; supply chain services will continue to manage the warehousing and transportation; the biomedical IT resources support will report directly to IT leadership.

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

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

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

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

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

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

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

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

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

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

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

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

The NYC Health + Hospitals (H+H) pharmaceutical wholesaler has been Cardinal Health, Inc. (Cardinal Health) Pharmaceutical Prime Vendor (PPV) since 2011. Cardinal Health purchases all required drugs from pharmaceutical manufacturers, warehouses them and sells them at the H+H/manufacturer

negotiated contract pricing. Cardinal Health distributes medications and supply orders daily to (11) Acute Care, (5) Long Term Care, (5) D&TC's, Correctional Health and (~1700) 340B contracted pharmacies. It is common practice for all hospitals to use a drug distribution company for the receiving of pharmaceuticals.

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

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

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

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

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

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

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

The services Cardinal provides under the pharmacy distribution agreement are self-performed with no subcontractor opportunity. There are no MWBE

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

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

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

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

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

CHIEF MEDICAL OFFICER REPORT

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

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

METROPLUS HEALTH PLAN, INC.

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

Redetermination Resumption - Close to 8 Million Medicaid benefactrices will have to re certify their eligibility for coverage. As well as 1.3 million enrollees in Child Heath Plus and the Essential Plan, must be completed by the end of May 2024 in New York. The State has provided preliminary estimates

regarding members' coverage trends following the lifting of the disenrollment moratorium: The State projections that there is going to be a loss in Medicaid by 16.2 percent, an increase in Child Health Plus by 13 percent, a loss in 11 percent in Essential Plan, and an increase in QHP.

The reason for the increase in Child Health Plus, we have seen during the moratorium that a lot of kids were moved with their parents into the Medicaid line of business. As the parents lose their eligibility, the State expects that children will be moved to child health Plus. The reason QHP is expected to increase is people who will lose their eligibility for Medicaid and the Central Plan are expected to qualify to QHP. The majority of the beneficiaries in the QHP also known as the ACA coverage do get subsidies and do not pay a full premium.

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

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

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

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

Clarity was asked by a Board member; you have to contact the individual and ask them to submit their income information. Dr. Schwartz response; some people know, there is communication from the state. There is a portion of people who will do this spontaneously on their own either, they know how to do it because they have done it before or they read the instructions. Question/comment; the hardest part is that, if the people are well they don't perceive at the moment that they need to do it. right? the people that

have a doctor's appointment is more likely to do it but, the system that is based on per member per month assumes everyone goes, not just the people who need care, there can be a situation where the only people that renew are the people with the highest cost, the other people don't until they get sick.

Dr. Schwartz Response; that is a valid point, it is expected that sicker people will stay and recertify and healthy young people will not. They look at which population is most likely not to recertify and it is, black young men. Question raised by the Board; The estimate by the state was a little surprising, because the thought was that we would see a decline of Medicaid especially not that it is going up to 250 percent, the QHP figure is the most surprising maybe because the income lines are close together and to see the Essential plan declining and QHP increasing so much, it's surprising. Dr. Schwartz response; once you cross the approximately 50,000 dollars income a year, you qualify in QHP. There is a significant population there, unless they are offered coverage from their employer. Question raised by the Board; did they give the assume dropout of the people that are not of the 45,000? what percentage of them will not requalify, and not come into the system?

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

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

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

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

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

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

RESOLUTION

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
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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 - Rapid Reliable Testing LLC d/b/a DocGo, Inc. Medical & Professional Affairs Committee July 10, 2023

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

For Committee 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 City Hall to provide clinical staffing for Special Medical Needs Shelters (SMNS; a clinical evacuation shelter) during a coastal storm.
 - SMNS requirements: 7 sites, 100-150 shelterees, diverse staff (MD, RN, HHA)
 - Population lives independently, referred to SMNS at NYCEM operated Hurricane Shelters due to need for subacute medical assistance
 - Transportation coordinated by NYCEM
- NYC Health + Hospitals may similarly be called to support clinical staffing needs at 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 a disastrous incident City Hall or NYC Office of Emergency Management will activate the deployment of ERACS services
 - Example: Within NYC Coastal Storm Plan, City activates SMNS program
- Activation of this contract 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
- Depending on incident magnitude, may be an emergency declaration by Federal, State, or City govt- triggering emergency funding for said incident
 - NYC has designated funds in the operating budget to enable SMNS and other needs
 - State and Federal funding can be used to offset the dollars needed by the City government
 - Cost structure is pre-determined and based on hourly rate of staff title, response time and contract activation length
 - Vendor responsible for credentialing

- Therefore, no operating costs anticipated to NYC Health + Hospitals beyond those reimbursed through City or Fed/State or approved explicitly by NYC Health + Hospitals President/CEO and Board

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 %
Rapid Reliable Testing, LLC dba DocGo	CFF Consulting	Field Agency Staffing	MBE	Hispanic	30%
	First Match Services	Field Agency Staffing	MBE	Black	

Vendor Performance History

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

M&PA Committee 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 these services are not activated. Expenses will be covered by City Hall or FEMA. NYC Health + Hospitals will receive approval from the President with appropriate notification to the Board
- August 1, 2023 Contract Start Date

The NYC Health + Hospitals Statement on Anti-Racism and Nondiscrimination

Structural racism is an increasingly recognized national problem. NYC Health + Hospitals acknowledges that structural racism is a major barrier to equitable health care, which is a NYC Health + Hospitals core value. In addition, NYC Health + Hospitals recognizes that structural racism—the way in which society fosters racial discrimination through systems of housing, education, employment, criminal justice, and other institutionalized practices has been a significant factor in creating health care disparities seen in the United States, as evidenced among indigenous peoples and populations of color. These disparities include higher death rates, shorter life spans, and poorer outcomes in the face of chronic diseases.

Therefore, NYC Health + Hospitals reaffirms its commitment to identifying opportunities for reducing racism’s impact in clinical care, education and training, professionalism, staff development, staff engagement and in provider and staff recruitment. Additionally, NYC Health + Hospitals commits to actively promote social justice, challenge discrimination, and continuously monitor diversity and inclusion efforts.

NYC Health + Hospitals aims to contribute to a healthcare landscape and workforce environment free of discrimination or bias on the basis of race, color, national origin, alienage or citizenship status; religion/creed; gender identity, disability; age, pregnancy; criminal record, marital status; genetic information; sexual orientation; veteran/military status; status as a victim or witness of domestic violence; weight, height, and/or any other protected class covered by federal, state and/or local antidiscrimination laws. Join us as we continue on a path towards our destination of equity.

Mitchell Katz, MD
President and CEO
NYC Health + Hospitals



Medical & Professional Affairs Chief Medical Officer's Report

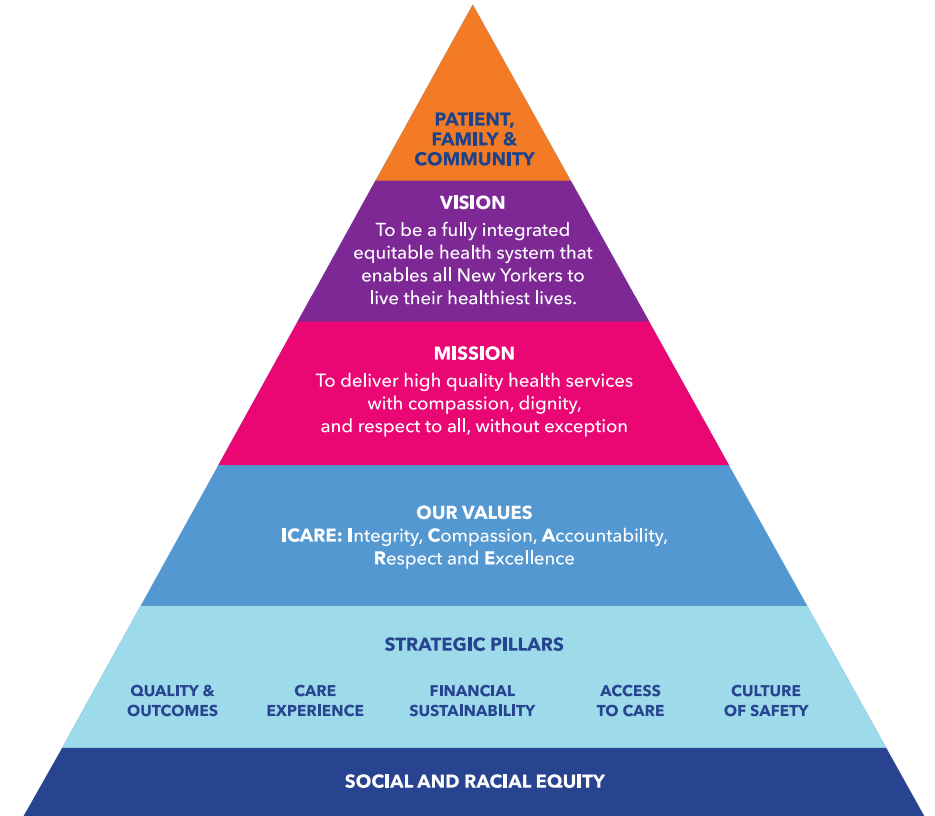
July 10, 2023

Machelle Allen, MD
Senior Vice President



Aligning M&PA Goals and Initiatives

- **Quality & Outcomes**
 - TeleStroke



TeleStroke, VizAI and System TJC Stroke Certification



Why Tele-Stroke?

- Queens Hospital TJC Primary Stroke Center Survey on 11/28/2022 commented on:
 - Two different levels of care for stroke patients
 - Day: In-person Neurology consultation
 - Nights/Weekends: ED care with Neurology phone consultation



TeleNeurology: TeleStroke Implementation 3 month update

- TeleStroke was implemented for nights/weekends/holidays
 - Central Office Initiative – Medical & Professional Affairs Office
 - Start date: March 4, 2023
 - 9 credentialed physicians (subspecialty Vascular and Stroke trained), 2 physicians undergoing credentialing process
- Technology: 2 way Audio-Visual Connection
- Key Performance Indicators:
 - Overall stroke codes at QHC – (January – April): 200 (2023) vs 170 (2022)
 - TeleStroke consults to date (May 15, 2023) : 55
 - TeleStroke IV tPA administrations: 2 + 1 refusal
 - Transfers out by TeleNeurologists: 6



Case Vignettes

- Case #1: Door to tPA: 43' (target: 60' – best time ever). TeleNeurologist worked in tandem with the ED staff reinforcing the importance of BP target.
- Case #2: DIDO (Door in Door Out) ICH (Intra Cranial Hemorrhage): 57' (target: 90' – best time ever).
- Case #3: DIDO (Door in Door Out) LVO (Large Vessel Occlusion): 68' (target: 90' – 2nd best time).
- Case #4: Upon reviewing CT/CTA images on Viz AI, TeleNeurologist noticed ICA stenosis and alerted Program Administrator who reached out to ED MD who worked with TeleNeurologist, and AOD to transfer patient to EHC.
- Case #5: Door to tPA: 77'. Very difficult case, but IV tPA was rapidly administered despite elevated blood pressure with SBP >200 due to parallel processing of blood pressure control with Labetalol and IV tPA preparation.



Why VizAI

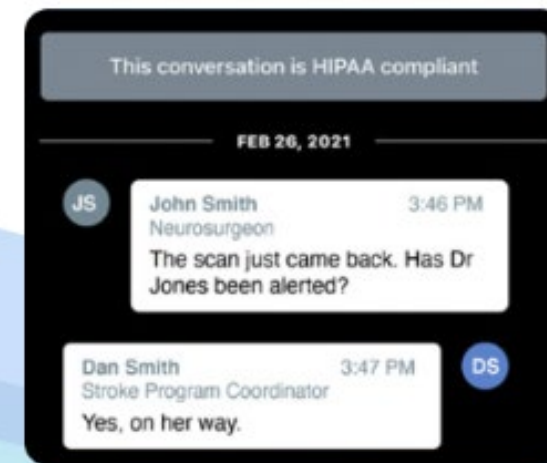
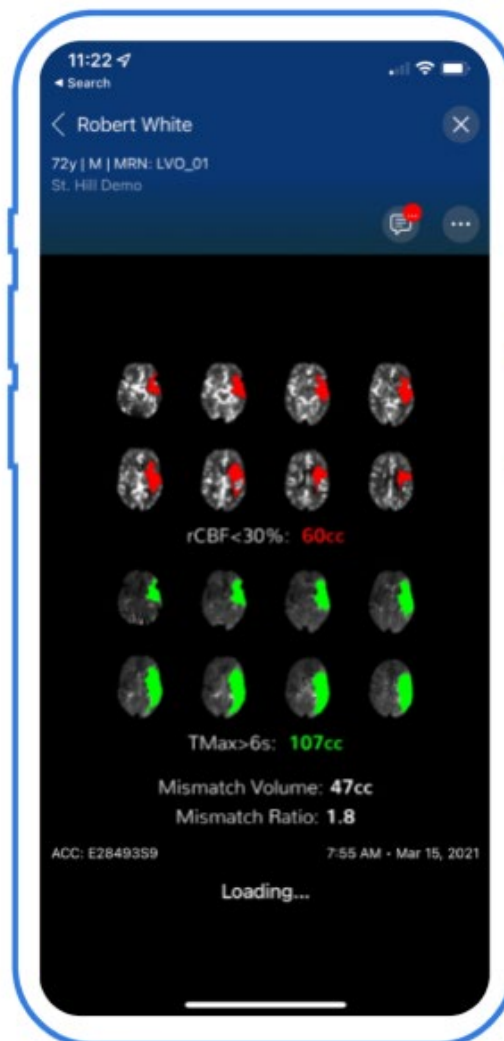
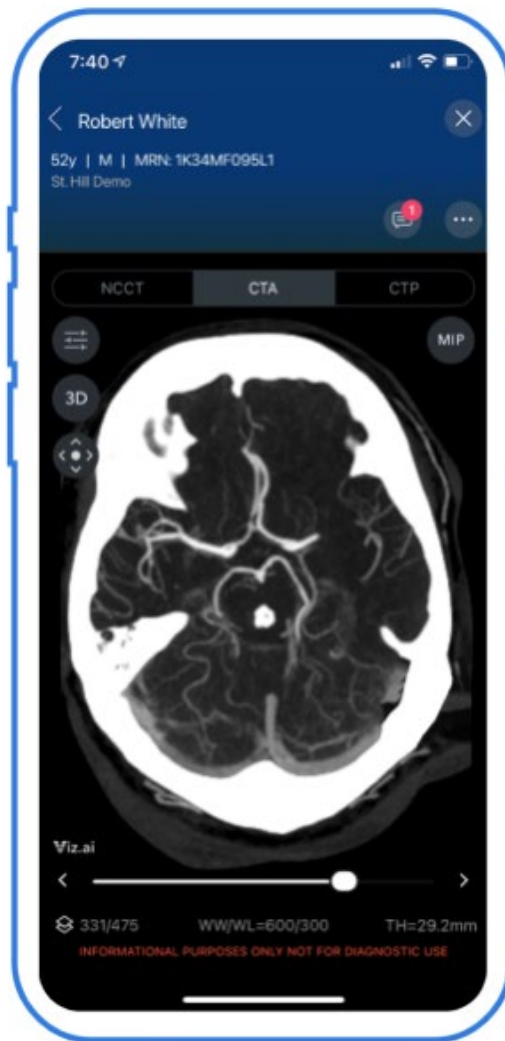
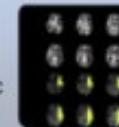
- Time is brain
 - During acute ischemic stroke, up to 4 million neurons may be lost every minute
- Supplement Neuroradiology Expertise
- Mobile Image Viewing
- Facilitate Interdisciplinary Communication and “Systemness”



VIZ.AI SYSTEM
Suspected LVO Identified:
71F @ St Hill Hospital
Your urgent review is requested
Press for more



VIZ.AI SYSTEM
Completed CTP:
71F @ St Hill Hospital
TMax>6s: 98.2cc, CBF<30% 31.8cc
Press for more



*images are for illustrative purposes only—no real patient data used



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Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem



**Introducing the ULTRASEF model for
managing acute stroke in the emergency
department**

The third ULTRASEF critical decision point is fast CT and CTA interpretation with a goal of <60 min door-in-door-out (DIDO) time for transfer to a thrombectomy-capable stroke center (TSC). In July 2022, we adopted the Viz.ai platform (Viz.ai, San Francisco, CA; USA), an AI driven software app on our mobile devices. Viz.ai provides real-time

for patients post-AI implementation [9]. Since we implemented AI-assisted CT interpretation in our ED, we have achieved DIDO times approaching 60 min and consistently <120 min.

Mallory Castillo, MD

*Department of Emergency Medicine, New York City Health + Hospitals/
South Brooklyn Health, Brooklyn, NY, USA*

Jordan Jeong, DO

*Department of Emergency Medicine, New York City Health + Hospitals/
South Brooklyn Health, Brooklyn, NY, USA*

Michael Stavros Radeos, MD, MPH

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Corresponding author.

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13 October 2022

TJC Stroke Certification

RULE MAKING ACTIVITIES

Rule Making Activities

NYS Register/October 17, 2018

PROPOSED RULE MAKING
NO HEARING(S) SCHEDULED

Stroke Services

I.D. No. HLT-42-18-00007-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

Proposed Action: Addition of section 405.34 to Title 10 NYCRR.

Statutory authority: Public Health Law, section 2803

Subject: Stroke Services.

Purpose: NYS criteria for stroke center designation as part of an accrediting process for certification by nationally recognized accrediting agencies.

Text of proposed rule: Pursuant to the authority vested in the Public Health and Health Planning Council and subject to the approval of the Commissioner of Health by Section 2803 of the Public Health Law, a new Section 405.34 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York is hereby added, to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

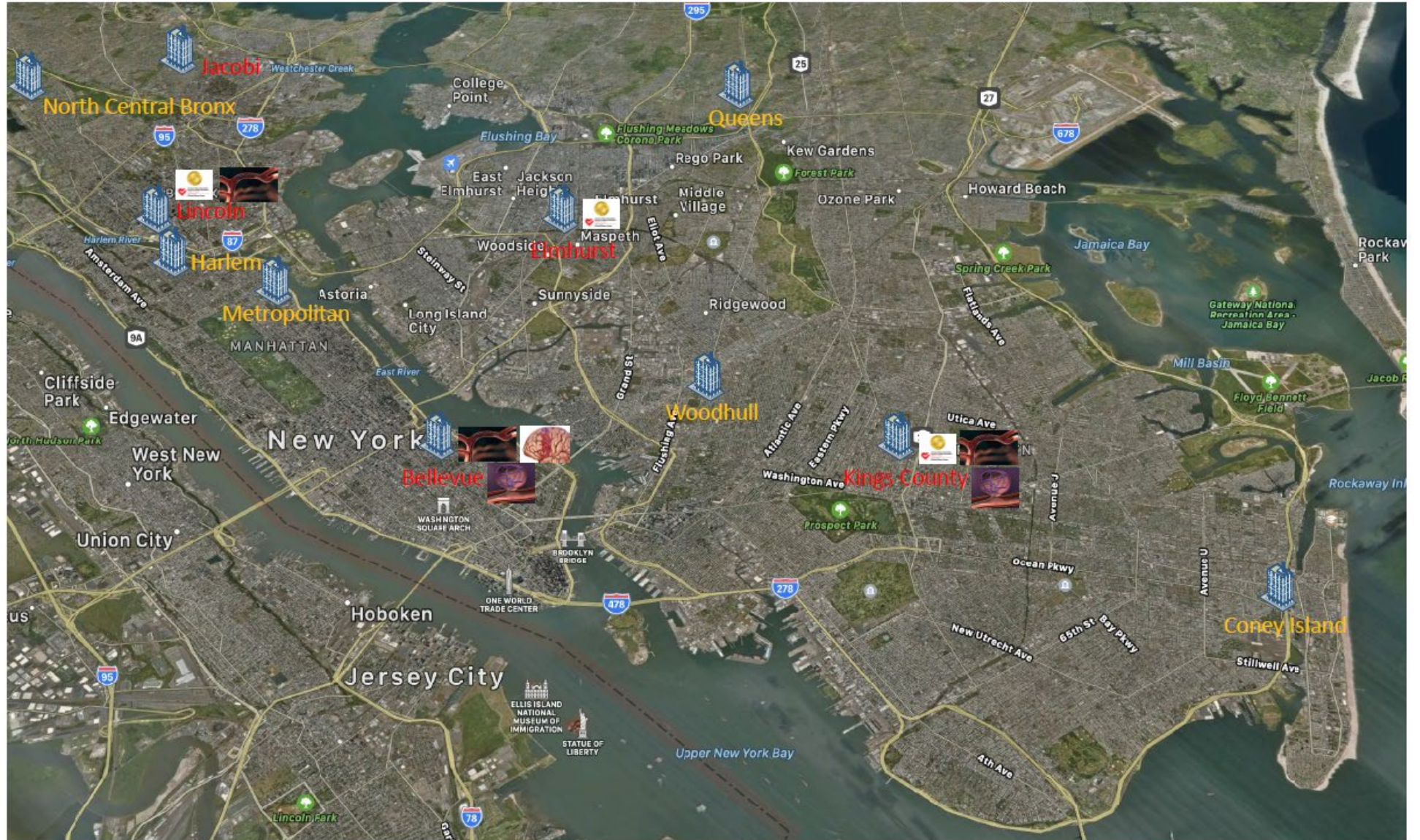
Section 405.34 Stroke services.

(a) *Definitions. The following terms when used in this section shall have the following meanings:*

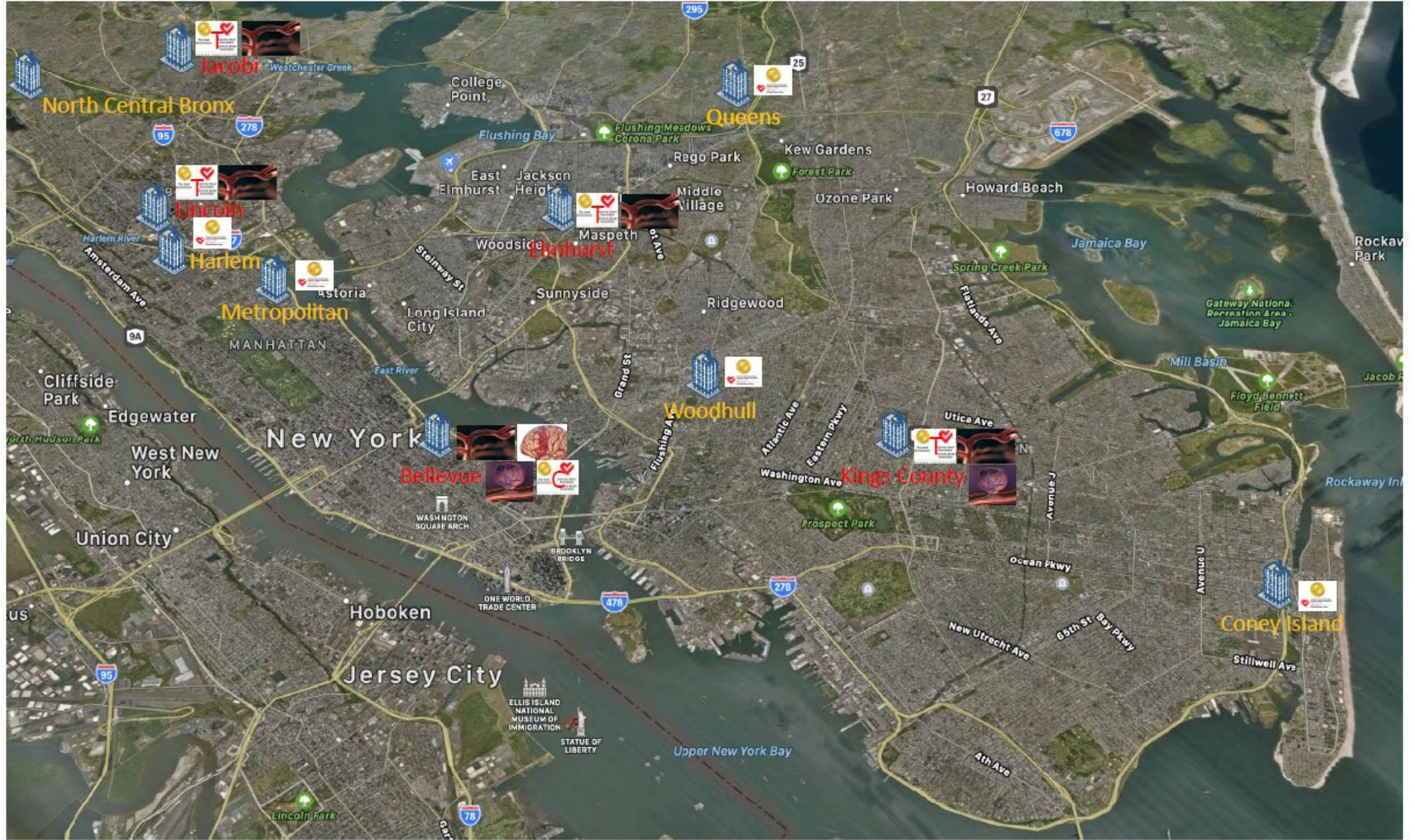
(1) *"Stroke patient" means a patient exhibiting the signs and symptoms of a suspected stroke.*

(2) *"Certifying organization" means an accrediting organization ap-*

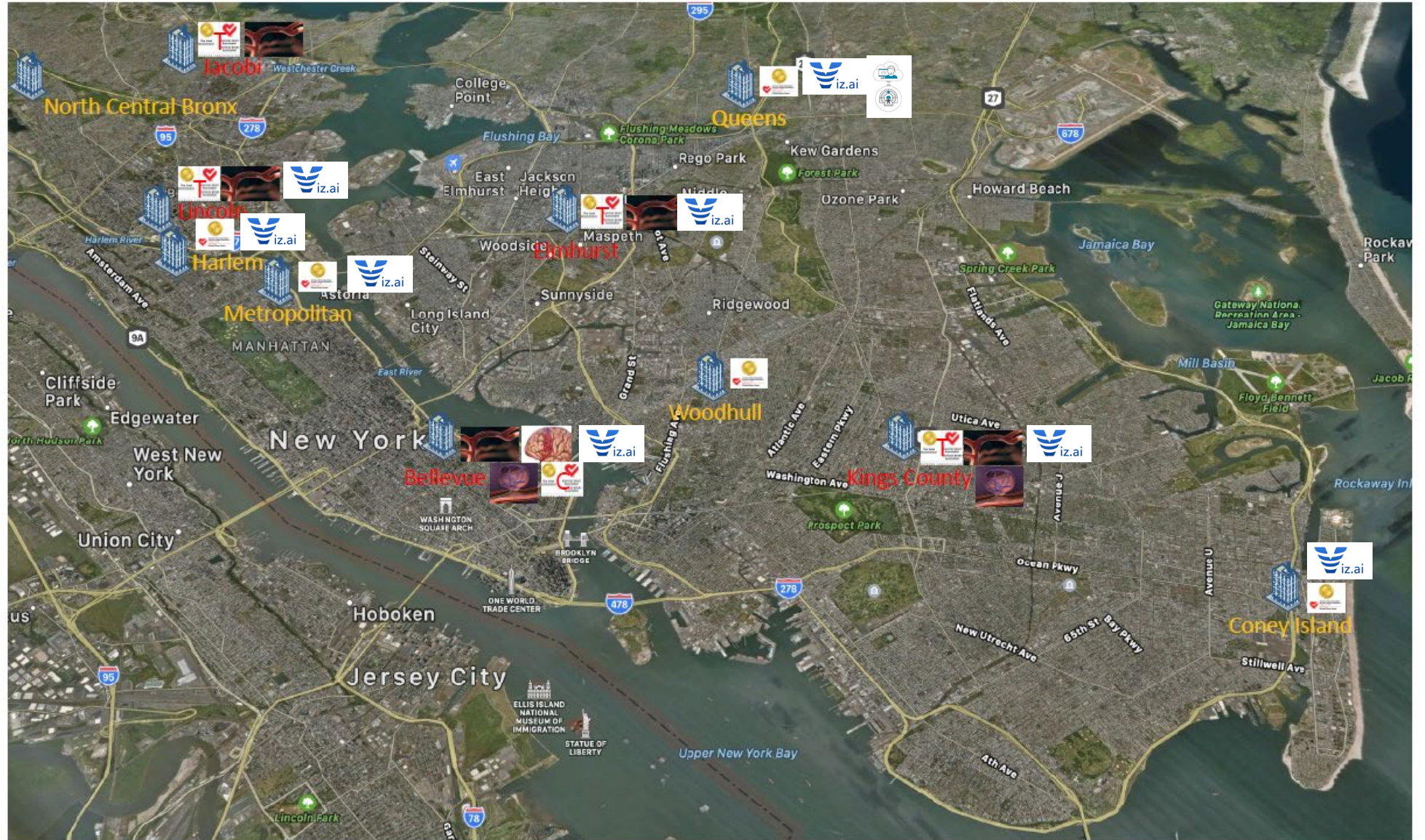
2019 State



2019 Future State



2023 Current State



Future Plans

- TeleStroke roll out to additional NYC H+H Primary Stroke Centers by Q4 2023
- Adoption of additional VizAI modules (brain hemorrhage and aneurysms)
- Stroke Certification at last NYC H+H Acute Hospital by Q1 2024



SYSTEM CHIEF NURSE EXECUTIVE REPORT

Medical & Professional Affairs Committee

NYC Health + Hospitals

May – June 2023



Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: Certification

- **Brief:** Our fourth iteration of a bi-monthly series that Natalia Cineas, DNP, RN, NEA-BC, FAAN has an intimate chat about Certification topic within our Nursing System.

The guest speakers who shared their certification journey from staff to leadership perspectives include: **Kerry Ann Farquharson** (Head Nurse, Ambulatory Surgery, Metropolitan), **Denise Newman-McCloskey** (Staff Nurse-PACU, North Central Bronx), **Keisha Wisdom** (Chief Nursing Officer, Harlem) and **Opeyemi Blessing** (Associate Director, Office of Patient Centered Care).

- **Date & Time:** May 11, 2023 at 2:00 – 3:00 PM
- **Attendance:** >219 people

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: S.H.I.N.E. (Systems Healthcare Innovation for Nursing Education)

- **Brief:** Our fifth iteration of a bi-monthly series that Natalia Cineas, DNP, RN, NEA-BC, FAAN has an intimate chat about S.H.I.N.E. within our Nursing System.

The guest speakers who shared what this learning tool is all about, where, and how to access it include: **Nicole Morris** (Senior Director, Nursing Education, Office of Patient Centered Care) and **Emily Pinter** (Associate Director, Nursing Education, Office of Patient Centered Care)

- **Date & Time:** June 8, 2023 at 1:00 – 2:00 PM
- **Attendance:** >306 people

Office of Patient Centered Care (OPCC) Accomplishments Quality/Excellence/Outcomes – Beacon Awards



The following NYC Health + Hospitals were celebrated on stage at the National Teaching Institute's (NTI) Conference in Philadelphia last May 22-24, 2023.

- NYC Health + Hospitals/Elmhurst – MICU Gold
- NYC Health + Hospitals/South Brooklyn Health – SICU – Silver
- NYC Health + Hospitals/Elmhurst – CCU Silver

NTI is the American Association of Critical-Care Nurses (AACN's) premier conference that offers education, rejuvenation and inspiration for all progressive and critical care nurses

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Pathway to Excellence Designation



NYC Health + Hospitals/Queens is the latest acute care hospital that received the prestigious Pathway to Excellence (PTE) Designated Facility by the American Nurses Credentialing Center (ANCC) last June 23, 2023.

- First acute care hospital to receive PTE designation in 2023
- Third acute care hospital in the health system after NYC Health + Hospitals/Kings County Hospital and South Brooklyn Health, formerly Coney Island Hospital

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Nursing Clinical Ladder Program

- Over 2000 nurses participated in the 2023 Clinical Nursing Ladder Program
- Informational sessions are held at the system level to ensure participants are successful in the program
- Facility based review committees have meetings with each participants to provide guidance
- Submission of project will close on October 1, 2023

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Certification Program

- All acute care hospitals have partnered with ANCC Success Pays program to allow nurses to take certification exams for free
- Systemwide and facility based quarterly celebrations are taking place to recognize nurses who have obtained certifications

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Care Delivery Model and Daily Management System (CD²)

- NYC Health + Hospitals/Lincoln is the second hospital to complete the CD² training and rollout
- The goals included were:
 - Standardized communication huddles from top to bottom in order to provide the best possible outcomes for our patients
 - Improved communication of amongst nurses and nurse leaders
 - Escalated any issues for awareness and additional support as needed
 - Organized and consistent nursing care that is patient centric
 - Reinforced the nursing process and standard of care

Office of Patient Centered Care (OPCC) Accomplishments

Access to Care

Professional Shared Governance

- Completed 7 system wide reports (including 4 annual retreats) and 11 hospital wide report outs
- 87% active councils (n=179 hospital councils)

Nurse Residency Program

- Graduated 21 cohorts (580+ graduates) to date
- 8 Active cohorts – new cohorts launched every 3 months, 4x a year
- 1700+ enrolled residents to date

RN Mentorship Program

- 60 trained NRP Alumni mentors

Office of Patient Centered Care (OPCC) Accomplishments Culture of Safety

Behavioral Health Associate (BHA) Academy

- 360 Behavioral Health Associate have graduated from the BHA Academy since November 2021
- An interdepartmental initiative that includes Nursing, Behavioral Health, and Workforce Development

Clinical Institute Withdrawal Assessment (CIWA) Tool for Alcohol Withdrawal

- This new clinical assessment tool for nursing and medical staff to improve the management of patients experiencing alcohol withdrawal is now being used in all our 11 acute care hospitals

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

New Learning Management System Roll-Out!

We have officially gone live with **SHINE** on May 2023 at all of our facilities. This new learning management system stands for **S**ystems **H**ealthcare **I**nnovation for **N**ursing **E**ducation. The new LMS is designed to provide a personalized learning experience for nursing and nursing staff based on their clinical area of expertise.

SHINE incorporates the use of educational content from the following vendors:

- **EBSCO** provides core nursing competencies, research articles, and journal articles
- **Elsevier** offers additional educational materials for nursing staff working in the Emergency and Post-Anesthesia departments



Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

SHINE incorporates the use of educational content from the following vendors (Continuation):

- **NICHE – (Nurses Improving Care for Healthsystem Elders)** provides adult and geriatric specific content to improve patient outcomes, and increase the amount of GRN (Geriatric Resource Nurse) certification for this specialty.
- **Association of Peri-Operative Registered Nurses (AORN)** is an association that will provide education for nurses working in the Peri-Operative units
- **HealthStream** is a vendor that provides additional educational materials for nursing staff working in Neonatal Intensive Care Units, Labor & Delivery, Pediatric, Mother Baby, and Critical Care units

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Emergency Department Nursing Fellowship

- On May 1st, New York City Health + Hospitals began its first ever Emergency Nursing Fellowship program
- The pilot cohort consisted of new graduate nurses hired to work in emergency departments at Bellevue, Jacobi, and Lincoln Hospitals
- The Emergency Department Nursing Fellowship Program is a 22-week fellowship program designed to build on foundational nursing skills to ensure they are equipped to deliver safe patient care in a fast-paced emergency department
- The program involves the use of patient simulations that mirror real-life emergencies



Questions

Thank you!



MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

Monday, July 10th, 2023

Dr. Talya Schwartz, President & CEO /

Dr. Sanjiv Shah, CMO



MetroPlusHealth

Recertification Updates



Recertification Updates

- Recertification is now live, starting with 6/30 renewals.
- Members receive both an Engagement Letter 90-days prior to their term date and a Reminder Letter 60-days prior to termination that includes information on how to contact MetroPlusHealth for assistance.
- MPH Telephonic Outreach Plan began on 5/16/23.
 - Telephonic Outreach begins 45 days prior to a cohorts termination date to coincide with the opening of the NYSOH recertification window.
- Text & Email campaigns launched in June.
- Recertification Collateral:
 - Banners were delivered to all facilities that requested them.
 - Brochures have been submitted to the state and will be distributed to facilities once approved.



Recertification Updates - Continued

- Completed 19 Provider Townhalls, including 10 H+H acute hospital facilities.
- Partnered with H+H Test & Treat team to host 5-borough specific townhall webinars with CBOs to collaborate with these organizations on recertification events.
- Recertification Dashboard is live and tracking daily recertification progress.
- CSX leadership is continuing to work with H+H facilities/managed care teams to expand our concierge program and be able to assist additional members with recertification on site.
- CSX Booking Tool is live and has seen increased engagement in conjunction with our outreach efforts.



Overall Recertification Rate



MPH Overall Recertification Rate

Recertified	28,016
Total	44,975
Recert %	62.29%

With CAC ID	
Recertified	22,444
Total	33,020
Recert %	67.97%
Without CAC ID	
Recertified	5,572
Total	11,955
Recert %	46.61%

HRA	
Recertified	1,417
Total	3,998
Recert %	35.44%
NYSOH	
Recertified	26,599
Total	40,977
Recert %	64.91%

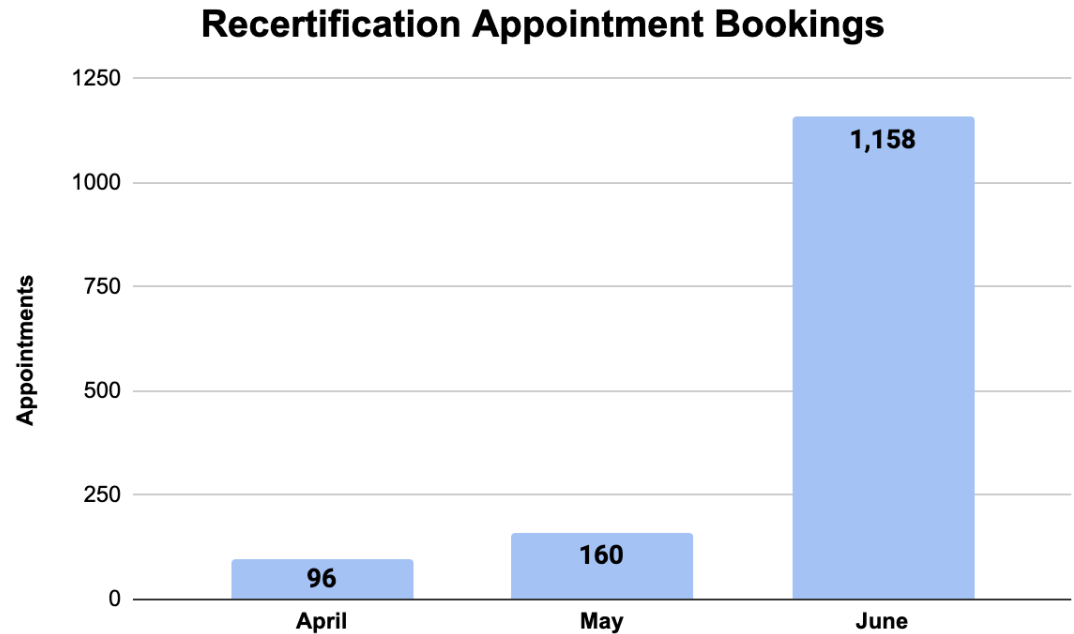
Recertification by Line of Business

	Medicaid	Child Health Plus	Essential Plan	HARP	PIC-SNP
Recertified	20,952	806	6,013	185	60
Total	33,987	1,270	9,235	332	151
Recert %	61.65%	63.46%	65.11%	55.72%	39.74%



Recertification Virtual Appointments

- 624% increase in booked appointments from May to June.
- Increased engagement seen after text message campaign was sent out.
 - 818 appointments scheduled.



*As of 6/22/23.

MPH Concierge Expansion

2022

Q1 2023

Q2 2023

Q3 2023

- Elmhurst
- Metropolitan
- Lincoln
- North Central Bronx
- Jacobi
- Queens
- Morrisania
- Jackson Height Community Office
- Flushing Community Office
- Bronx Community Office

▪ Kings County

- South Brooklyn
- Woodhull
- Bellevue

▪ Harlem



Late Renewal Enhancements

- **Late renewal enhancements will go into effect** for the first cohort of members with a coverage end date of 6/30/2023.
- Members may now renew their coverage through the end of the ***month following*** their original termination date, and be able to maintain coverage without any gaps.
 - If member’s product requires a premium contribution they will need to **make a payment for the retroactive month and upcoming month.**

▪ **Ex:**

30-Day Renewal Window (Timely Renewal)	Coverage End Date	Late Renewal Time Period MCAD/EP/CHP
5/16/2023 -- 6/15/2023	6/30/2023	6/16/2023 -- 7/31/2023

- Members who complete recertification after the original termination date will appear in the system with a future start date, but this will be adjusted within 1-week.



MetroPlusHealth

HIV Quality



HIV SNP Quality Incentive 2021

MetroPlusHealth received the **highest** number of quality points and achieved the **highest** score of the 3 SNPs in NYS for 2021.

MetroPlusHealth also achieved the **highest** rate of viral load suppression (82%), the ultimate goal of HIV care.



Contributors to Success

- Launched **adherence coaching** intervention, using a data-driven approach to identify members, reaching 549 members (34%).
- Refined refill reminder **text messaging** campaign, enrolling 1,245 and achieving a 69% improvement in refill completion.
- Conducted focused outreach to members with **diabetes-related gaps in care**, reaching 187 (40%) and closing 67 diabetes-related gaps in care.
- Enhanced monthly outreach to those **out of care** (grant-funded team), introducing a new checklist to identify new contact information and workflows to focus on **return to care**.



Areas for Improvement | Next Steps

- Suboptimal performance on **substance use and mental health** measures → anticipate improved outcomes with in-house behavioral health care/quality management.
 - Collaboration with behavioral health team has been robust and expanding.
- Lower rating on certain **customer satisfaction** measures → HIV team already implemented after-call survey to generate immediate feedback on member calls that resulted in dissatisfaction.
 - Customer service training/retraining planned for all care management staff.
 - Working with H+H Contact Center on enhancing access to care.



MetroPlusHealth

Housing Update



MetroPlusHealth Homeless Population

- Total members in the Department of Homeless Services shelters: **5,362**
- Demographics of these members:
 - 62% Black or Hispanic
 - 62% Bronx or Brooklyn
 - 58% families with children
 - 33% under 18 years



Housing Task Force | Summary of Housing Opportunities 2023

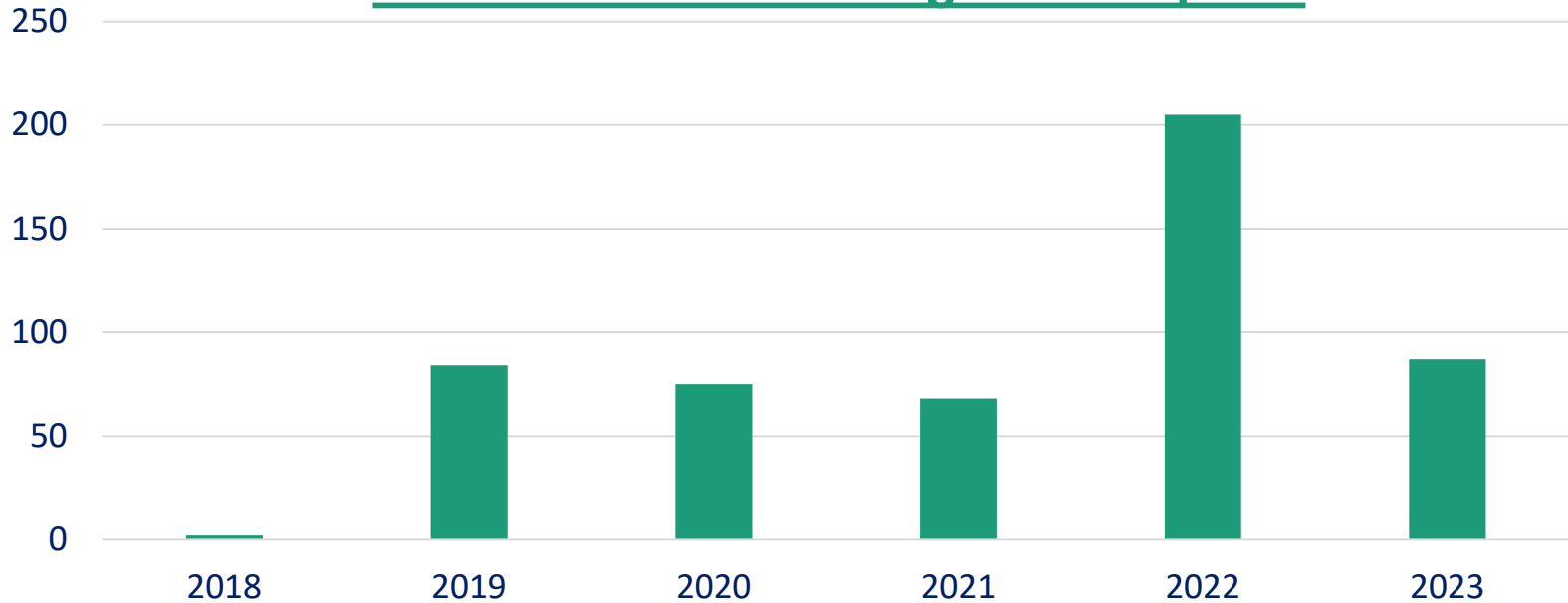
Type of housing	Referrals '23	Units/ vouchers available	Applications '23	Interviews '23	Accepted/ linked to unit	Moved in '23
Supportive housing	71	92	15	36	28	21
Independent housing (subsidy)	129	14	104		43	66
Grand Total	200	106	119	36	71	87

In Q2 2023, we housed our **500th member** since the launch of the MetroPlusHealth Housing Taskforce.



Housing Taskforce | Outcomes

521 Housed since Program Inception



Data as of May 2023

**Our program has grown –
and 2023 is proving to be a productive year to date.**

Housing Success Story

- The AL family is a family of 5: two parents and 3 children.
- Family was previously doubled up with another family in the Bronx in a 2-bedroom apartment.
- Parents undocumented, children were born in the US.
- Youngest child (2 y/o) was identified as medically fragile due to a severe immune deficiency and heart condition, and MetroPlusHealth's Children's Special Services Unit initially provided the child and family with support.
- After being flagged by Children's team, MetroPlusHealth Housing Specialist (HS) assisted family with referral to HOMEBASE and supported their housing search.
- Family received housing voucher from HOMEBASE, and MetroPlusHealth's HS assisted in finding a suitable apartment for family.
- Family moved into newly renovated 2-bedroom unit in the Bronx on 5/8.
- Housing Care Manager is still providing assistance with food security and care/services in new community for the entire family.



MetroPlusHealth

Budget & Legislative Highlights



2023-2024 State Enacted Budget Implementation

- **Quality Pools:** The budget partially restores quality incentive funding for both MMC plans – of ~\$120 million and MLTC plans – of ~\$104 million in each of the next two fiscal years. Importantly, post-budget, the legislature passed a bill codifying the quality incentive program for managed care providers. The bill directs the Commissioner of Health to establish a quality incentive program and to consult with managed care plans and other relevant stakeholders in establishing the criteria for distribution of funds under the Medicaid managed care quality incentive program.
- **Pharmacy Carve-Out:** Pharmacy carve-out has been implemented. There are ongoing conversations with SDOH Aids Institute with respect to the HIV SNP funding.



2023 Legislative Session

The 2023 Legislative Session concluded last week with the Assembly going into special session to take up a handful of outstanding issues. MetroPlusHealth is tracking 100+ bills that were passed by both houses and awaiting action by Governor Hochul.

To date, the Governor has signed 30 bills into law that moved through the Senate and Assembly Health or Insurance Committees.

Highlights:

- **Non-invasive prenatal testing for Medicaid patients** - This bill provides additional flexibility to the NYS DOH if federal health organizations publish updated policy recommendations, health information, or safety communications related to age restrictions for non-invasive prenatal testing. The NYS Medicaid program currently supports the expansion of non-invasive prenatal testing beyond the former coverage of individuals who met the risk criteria and/or were 30 years of age or older.
- **Pharmacy Coverage** - Requires health plans and pharmacy benefit managers to count manufacturers' discounts towards a person's cost-sharing maximum calculation. The changes limit the application of the copay accumulator to brand-name drugs without a generic equivalent; or with a generic equivalent that are accessed through prior authorization or appeals; and all generic drugs. Additional price transparency, by exempting Medicaid from the Patient Rx Information and Choice Expansion Act (PRICE Act), which requires all health plans upon request to furnish cost, benefit, and coverage data of prescription drugs.



2023 Legislative Session Continued

- **Quality Incentive Program:** The purpose of this bill is to direct the Commissioner of Health to establish a quality incentive program and to consult with managed care plans and other relevant stakeholders in establishing the criteria for distribution of funds under the Medicaid managed care quality incentive program.
- **Prescription Drug Transparency:** This bill would require manufacturers to provide at least 60-day notice of their intent to raise wholesale prescription drug costs to the Department of Financial Services if the increase is 10% or more of the total cost of the drug.
- **Actuarial reports for Medicaid Rates:** An act to amend the social services law, in relation to determination and approval of reimbursement rates for managed care providers under Medicaid. To increase transparency and promptness in the annual capitated rate development process for Medicaid managed care plans and allow the plans to preview and request actuarial review of the rates.



2023 Legislative Session Continued

To date, MetroPlusHealth Government Relations is tracking approximately 80 bills that passed both the Senate and Assembly Health or Insurance Committees, but the Governor is yet to take action on. She has until the end of the calendar year to act.

- **Reserves for Non-Profit Managed Care Plans** - Amending the public health law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof.
- **Step Therapy** - To require and establish a notice of adverse determination related to step therapy protocol determination and to provide information on how the patient or prescribing health professional can appeal said determination. Further, legislation was passed to require certain patient protections for plans and utilization review agents to follow when establishing a step therapy.
- **Out of Network Providers** - Authorizes direct payments to ensure that responding ambulance service companies receive direct payment for ambulance service transports upon submission of an invoice to the insurance company without the need for the responding ambulance company to be a preferred provider.
- **Biomarker Testing** - This legislation will require that every state-regulated insurance plan, including Medicaid, provide coverage for biomarker.



MetroPlusHealth

Move Update



Move Update | Executive Summary

To foster further collaboration and efficiencies, all office based MetroPlusHealth employees will be moved to one location at 50 Water Street.

- The entire call center will be moved from Brooklyn to 50 Water Street by October 2nd, 2023.
- Our lease at MetroTech, Brooklyn, which houses our Call Center, will not be renewed.
- Opportunity to restack all floors at our HQ, as the company has grown and changed since the original plans were drafted more than 3 years ago.
- Minimal construction will be undertaken to optimize # of offices, cubes, & hotel stations.
- Construction to be completed one floor at a time; workers on that floor to be temporarily remote.

