

BOARD OF DIRECTORS MEETING  
THURSDAY, DECEMBER 14, 2023

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| <p><b><u>CALL TO ORDER - 2:00 PM</u></b></p>  | <p>Mr. Pagán</p> |
| <p>1. <b><u>Executive Session   Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Elmhurst</li> <li>➤ NYC Health + Hospitals   Bellevue</li> </ul> <p><b>Semi-Annual Governing Body Report (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Metropolitan</li> <li>➤ NYC Health + Hospitals   Henry J. Carter Specialty Hospital</li> <li>➤ NYC Health + Hospitals   Henry J. Carter Nursing Facility</li> </ul>   |                  |
| <p>2. <b><u>OPEN PUBLIC SESSION - 3:00 PM</u></b></p>   | <p>Mr. Pagán</p> |
| <p>3. <b>Adoption of the Board of Directors Meeting Minutes – November 30, 2023</b></p>   |                  |
| <p>4. <b><u>Chair’s Report</u></b></p>  | <p>Dr. Katz</p>  |
| <p>5. <b><u>President’s Report</u></b></p>  |                  |
| <p>6. Approving the New York City Health and Hospitals Corporation Annual Board Committee Assignments Effective January 1, 2024, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,</p> <p>Further authorizing as set forth in Article V, section 1 – the Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors (Presented Directly to the Board 12/14/2023)</p> <p><b>Vendex: NA / EEO: NA</b></p>   | <p>Mr. Pagán</p> |
| <p>7. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with <b>Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care for HERRC case management services</b> at a not to exceed amount of \$176,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System (Presented to the Finance Committee 12/04/2023)</p> <p><b>Vendex Approved:</b> Rapid Reliable Testing NY LLC dba DocGo Inc. and Medrite LLC dba Medrite Urgent Care<br/><b>Vendex Pending:</b> Cherokee Nation Management and Consulting, LLC; International Rescue Committee Inc. and Horne LLP<br/><b>EEO: Rapid Reliable Testing NY LLC and Medrite Approved/ All Others Pending</b></p> | <p>Ms. Wang</p>  |
| <p>8. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with <b>Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers for HERRC catering services</b> at a not to exceed amount of \$355,000,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System. (Presented to the Finance Committee 12/04/2023)</p> <p><b>Vendex: All Approved / EEO: Rethink Food NYC, Inc. and LIC COM LLC Approved/ All Others Pending</b></p>   | <p>Ms. Wang</p>  |

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| <p>9. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with <b>HappyNest, Inc., Sodexo, Inc., Sun International Trading LLC, Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services for HERRC laundry services</b> at a not to exceed amount of \$33,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.<br/>(Presented to the Finance Committee 12/04/2023)<br/><b>Vendex Approved:</b> Sodexo, Inc. and Sun International Trading LLC<br/><b>Vendex Pending:</b> HappyNest Inc. and Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services<br/><b>EEO:</b> HappyNest, Inc – Approved, All others Pending</p> | <p>Ms. Wang</p>             |
| <p>10. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with <b>BA Global Construction, Corp. (the “Contractor”), to undertake a renovation at NYC Health + Hospitals/Jacobi Medical Center’s (“Jacobi”)</b> Postpartum Department, to upgrade and modernize such Postpartum Department to meet the needs of an expanding community, for a contract amount of \$12,842,955 with an 18% project contingency of \$2,311,732 to bring the total cost not to exceed \$15,154,687.<br/>(Presented to the Capital Committee 12/04/2023)<br/><b>Vendex: Approved / EEO: Approved</b></p>  | <p>Mr. Pagán</p>            |
| <p>11. Authorizing the Executive Director of <b>MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”)</b> to negotiate and execute a contract with <b>Accenture, LLP (“Accenture”)</b> to lead the business implementation efforts for the Plan’s new core processing system for an amount not to exceed \$20,000,000 for a total 26 month contract period.<br/>(Presented to the MetroPlus Board 12/7/2023)<br/><b>Vendex: Approved / EEO: Pending</b></p>  | <p>Ms. Hernandez-Piñero</p> |
| <p>12. Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlusHealth” or “the Plan”) to increase the funding by \$15,000,000 for its previously executed agreements with <b>Prager Creative LLC and Bellweather LLC and to allocate those additional funds for media buying, creative advertising &amp; marketing, digital content &amp; social media, and public relations services</b> to those two contracts for a total amount not to exceed \$35,000,000 for the total 5-year term.<br/>(Presented to the MetroPlus Board 12/7/2023)<br/><b>Vendex: Approved / EEO: Approved</b></p>   | <p>Ms. Hernandez-Piñero</p> |

**COMMITTEE AND SUBSIDIARY REPORTS**

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| <ul style="list-style-type: none"> <li>➤ Audit Committee</li> <li>➤ Capital Committee</li> <li>➤ Finance Committee</li> <li>➤ HHC Insurance Company/Physician Purchasing Group Annual Meeting (Subsidiary)</li> <li>➤ HHC Accountable Care Organization Annual Meeting (Subsidiary)</li> <li>➤ MetroPlus Health (Subsidiary)</li> <li>➤ HHC Accountable Care Organization Board (Subsidiary)</li> </ul> | <p>Mr. Pagán</p> <p>Ms. Hernandez-Piñero</p> <p>Mr. Pagán</p> <p>Ms. Wang</p> <p>Mr. Pagán</p> <p>Mr. Pagán</p> <p>Ms. Hernandez-Piñero</p> <p>Dr. Katz</p> |
| <p>&gt;&gt;Old Business&lt;&lt;<br/>&gt;&gt;New Business&lt;&lt;<br/>&gt;&gt;Adjournment&lt;&lt;</p>  | <p>Mr. Pagán</p>  |

**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 **30th day of November, 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  
Ms. Freda Wang  
Dr. Mitchell Katz  
Ms. Anne Williams-Isom - Left at 3:00p.m.  
Ms. Erin Kelly - Joined at 3:00p.m.  
Ms. Karen St. Hilaire  
Dr. William Fisher  
Dr. Vincent Calamia  
Ms. Sally Hernandez-Piñero  
Ms. Barbara Lowe  
Dr. Michelle Morse  
Ms. Jackie Rowe-Adams  
Dr. Patricia Marthone

José Pagán, Chair of the Board, called the meeting to order at 2:06 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

**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 3:08 p.m.

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

**ACTION ITEM 3 - ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on October 26, 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 Board of Directors Meeting held on October 26, 2023, copies of which have been presented to the Board be, and hereby are, adopted.

**ITEM 4 - CHAIR'S REPORT**

Mr. Pagán advised that during the Executive Session, the Board received and approved the governing body oral and written report from NYC Health + Hospitals/Harlem.

The Board also received and approved the semi-annual governing body written submission from NYC Health + Hospitals/ Jacobi | North Central Bronx

**ACTION ITEM 6:**

Dr. Calamia read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with **Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O'Brien's, LLC, and Indelible Solutions LLC for HERRC project management services** at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

(Presented to the Medical & Professional Affairs and Information Technology Committee 11/20/2023)

Prior to the presentation, Dr. Theodore Long, Senior Assistant Vice President, explained that as the HERRC program continues to grow in support of the City in managing the arrival of asylum seekers, the team will continue with the RFP process to ensure cost effectiveness and transparency at every level of service.

Chris Keeley, Senior Assistant Vice President, proceeded with the presentation by providing background and current information on the needs and services for project management as it relates to HERRC activities. Mr. Keeley shared an overview of the RFP criteria and procurement process. Mr. Keeley explained the trajectory of the work, highlighting that there is no guaranteed work assignment for any vendor. The vendor diversity and MWBE goal as well as the performance history were also discussed.

Mr. Keeley explained that these project management firms has help in a wide variety of ways such as, helping to launch new housing locations and planning for and launching the arrival Center. They will now transition to case management that will help support families into the next phase of their lives.

In response to questions from the Board, Mr. Keeley confirmed that he, along with Dr. Long, will be overseeing the vendors.

Mr. Keeley and Dr. Long explained that project management and case management differ in the type of activities and framework. Project management is focused on project operations, interoperability, workflows and goal setting to ensure the Program is meeting key performance indicators. Case management on the other hand, is focused on short to long-term goals and connecting particular clients to services to support their transition as they leave the Program/City and advance in their resettlement journey.

Following questions, Dr. Long responded that the crisis and the System's approach has evolved over time. There now is a more strategic and structured approach to planning. Case management is a way to plan for the provision of critical services for individual clients' successful transition out of the program.

After comments from the Board, Dr. Long added the System created to manage the arrival of thousands of people and provide services to address their needs in the arrival and humanitarian centers has been remarkable. Dr. Fisher added that this response to immigration will make the City stronger as a whole and it made sense that Health + Hospitals was moving away from responding to the immigration influx as a crisis, because it did not seem likely to be time limited.

The Board asked about the increase in the Not-To-Exceed amount for the project management contract. Mr. Keeley explained that while the work to set up the program has shrunk; the scope of work has grown over time. Mr. Keeley said he is optimistic that the project management utilization has reached its peak and will start to decrease in the coming months. Dr. Katz added that the crisis has been very fluid and adds an element of unpredictability but while it has stabilized, we want to make sure there are contracts in place to address emergent needs and avoid emergency contracting.

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

**ACTION ITEM 7:**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a contract with **New York Legal Assistance Group ("NYLAG") as the sole source vendor under which NYLAG will provide certain free legal services** to the System's patients for three years for an amount not to exceed \$7,862,000.

(Presented to the Medical & Professional Affairs and Information Technology Committee 11/20/2023)

Emily Foote, Senior Director, Social Determinants of Health, Ambulatory Care and Population Health, commenced the presentation with background information on NYLAG's mission and the System's historical partnership with them. Ms. Foote provided an overview on the rationale for the request of a sole source contract, due diligence, the medical legal partnership program and the vendor performance evaluation.

The Board asked about the immigration health referrals to which Ms. Foot responded that often NYLAG looks for PRUCOL eligibility for patients without legal status. NYLAG conducts individual comprehensive assessments to assist such patients with eligibility for Medicaid coverage. There are other reasons why a patient may need immigration services such as visa extensions, green card applications, and different types of asylum categories. Dr. Katz added that serious medical illness is another significant basis for PRUCOL status. Ms. Foote added that there are more complex, higher risk immigration paths where the attorneys work in collaboration with the healthcare team to determine the health benefit to the patients pursuing deferred immigration action.

The Board asked about other ways to match capacity to need. Ms. Foot responded that they are in the process of developing new systems to better triage from a population health perspective and prioritize among the patients who need immigration services. Dr. Davis added that the new scheduling system in EPIC, helps balance the needs across facilities with the referrals and triage the service.

After questions regarding patient readiness for services, Ms. Foot explained that the coordination between the legal and interdisciplinary healthcare team work to assess readiness and motivation help them in managing expectations for the legal services. She also explained that the median time from referral to appointment is 45 days.

The Board asked about the asylum seekers access to immigration services. Dr. Davis explained that asylum seekers who are patients of NYC Health + Hospitals can receive referrals for immigration services via System's partnership with NYLAG.

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

**ACTION ITEMS 8,9,10:**

Mr. Pagán read the resolutions

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Kings ("KCHC")** for a retail food

operation at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305 with such agreement to be terminable by each party on thirty days' notice without cause

(Presented to the Capital Committee 11/20/2023)

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of approximately 468 square feet at NYC Health + Hospitals/Harlem ("Harlem")** for a retail food operation at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775 with such agreement to be terminable by each party on thirty days' notice without cause

(Presented to the Capital Committee 11/20/2023)

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Everytable, PBC ("Everytable") for its use and occupancy of approximately 500 square feet at NYC Health + Hospitals/Queens ("Queens")** for a retail food operation at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days' notice without cause

(Presented to the Capital Committee 11/20/2023)

Leora Jontef, Assistant Vice President started with background information about the current food vendors at NYC Health + Hospitals facilities. Ms. Jontef provided an overview of the vendor selection process. Mercedes Redwood, Assistant Vice President, provided details about Everytable's business structure and mission. This vendor is currently being used at other System facilities and has been well received by the staff. The food options and price range were also discussed. Ms. Jontef provided details about the space usage and rent pricing over the five years for the three facilities.

There being no questions, upon motion duly made and seconded, the Board unanimously approved resolutions 8, 9, and 10.

**ACTION ITEMS 11, 12, 13:**

Mr. Pagán read the resolutions

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$3,477,599 for its previously executed agreement with **Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health +**

**Hospitals/Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"),** which follows previous funding increases of \$1,814,880 authorized in November 2021, \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006  
(Presented to the Capital Committee 11/20/2023)

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$2,400,000 for its previously executed agreement with **AECOM USA, Inc. ("AECOM"), to provide program management services at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"),** which follows a previous funding increases of \$1,498,738 authorized in May 2023 such that the funding is increased from \$16,635,305 to \$19,035,305  
(Presented to the Capital Committee 11/20/2023)

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with **Consigli Construction Co., Inc. ("Consigli") to serve as construction manager/builder under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Unit ("OTxHU") at NYC Health + Hospitals/Bellevue ("Bellevue"),** which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,638,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025  
(Presented to the Capital Committee 11/20/2023)

Oscar Gonzalez, CCM, Senior Assistant Vice President, Facilities Development, provided background information on the previously approved contracts and the reporting structure of the program. Mr. Gonzalez discussed the proposed amendments and justification for increased funding and time for OTxHU NYC Health + Hospitals/Bellevue project, a cost breakdown as well as the MWBE utilization plan and corresponding subcontracted scopes of work.

The Board asked about the estimated cost breakdown for each unit in November 2021 versus now. Mr. Gonzalez explained that they only had NYC



Health + Hospitals/Bellevue at the time and the negotiated price was about \$190 million for the program in 2021 and about \$239 at present.

After questions, Mr. Gonzalez explained that new requirements for security operations resulted in a pause in work and the need to modify existing design and construction scope.

Patricia Yang, Senior Vice president, Correctional Health Services, added that this program is a unique model in which collaboration, security and safety are areas of concern for the Department of Corrections. Re-negotiations arising from the need for State approvals are factors leading to delays.

Ms. Yang also explained that while NYC Health + Hospitals/Woodhull and NYC Health and Hospitals/Jacobi|North Central Bronx are not the primary focus at the moment, the work being done at Bellevue will provide valuable lessons learned.

Mr. Gonzalez confirmed that the Certificate to Proceed (CP) has been submitted to the Office of Management and Budget (OMB). Once authorized, this CP can be submitted for registration with the Comptroller's office.

After discussion, upon motion duly made and seconded, the Board unanimously approved resolutions 11, 12 and 13.

**ACTION ITEM 14:**

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute agreements with each of the vendors: **Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Matrix, LLC and R1 RCM Holdco Inc. (Cloudmed) for the provision of Account Receivable Services** on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$53,200,000 over the potential five-year term  
(Presented Directly to the Board (11/30/2023))

Robert Melican, Assistant Vice President, Revenue Cycle Services provided background information on the types of services the vendors will provide, the five specialty claim types included in the RFP and the current portfolio. Mr. Melican provided an overview of the procurement process, RFP criteria, and MWBE utilization plan.

After questions from the Board, Mr. Melican clarified that the work on No-Fault and Workers Comp is all done by our contracted partners but the bulk of the work on low dollar, self-pay and secondary review is done

internally by the System. In general, the System has spent around \$11 million and has earned \$86 million in debt collection in fiscal year 2023.

Ms. Melican explained that the contract is based on performance and each category has a different contingency rate. The contingency rate is based on the amount of effort the firm has to make to earn the revenue. In terms of bringing more work to be performed in-house, Mr. Melican stated that there is great work and effort in decreasing denial rates to avoid having to outsource the collection process. Ms. Ryan, Director of Revenue Cycle Services, added that denial rates have decreased over time from 40,000 a month in 2018 to approximately 21,000 today.

Dr. Katz noted that there will always be claims to be outsourced due to the complexity of those claims.

Mr. Melican confirmed that he has not seen an increase in denial rates due to Medicaid redeterminations. In terms of bills for self-pay patients, those are predominantly emergency and small amounts due for clinic visits.

The \$80 million collected includes the five lines of business. The collection process and length of collection varies by the type of claim.

FOLLOW-UP: Ms. Wang asked for the historical spend and amount collected in prior years.

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

#### **ITEM 4 - CHAIR'S REPORT - CONTINUED**

Mr. Pagan advised that there is a public hearing scheduled for December 13th at 4:00 p.m. at Jacobi Hospital in the Rotunda Building - 1st Floor Auditorium - concerning the proposed lease by the NYC Health + Hospitals to The Fortune Society, Inc. for the development of "Just Home," which will provide permanent, residential, affordable housing in Building 2 at NYC Health + Hospitals/Jacobi Medical Center for the community and patients who are medically complex and formerly incarcerated. The public is encouraged to register by visiting the NYC Health + Hospitals public website or by calling 212-788-3359.

#### **VENDEX APPROVALS**

Mr. Pagán noted there are thirteen items on the agenda requiring Vendex approval and that, eight have that approval. There are two 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'S REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS WITH A FEW VERBAL HIGHLIGHTS:**

**CELEBRATING THANKSGIVING ACROSS THE HEALTH SYSTEM**

Many of NYC Health + Hospitals facilities celebrated Thanksgiving with turkey giveaways for their patients and community and special meals for our residents at the long-term care facilities.

**TWO NEW CHIEF MEDICAL OFFICER PROMOTIONS**

After serving NYC Health + Hospitals for an incredible 50 years in various positions, including Chief Medical Officer for Elmhurst and Queens Hospital, Dr. Jasmin Moshirpur has retired. Dr. Laura Iavicoli, become the CMO at NYC Health + Hospitals/Elmhurst, and Dr. David Holson will become the CMO at NYC Health + Hospitals/Queens.

**NURSING EXCELLENCE AWARDS RECOGNIZE 35 NURSES FROM ACROSS THE HEALTH SYSTEM**

NYC Health + Hospitals honored 35 nurse professionals from across the System as part of the annual Nursing Excellence Awards. The honorees included nurses from each of the Systems' facilities and clinical service lines.

**NYC HEALTH + HOSPITALS/CARTER CELEBRATES ITS 10<sup>TH</sup> ANNIVERSARY**

On Wednesday, November 29th, NYC Health + Hospitals/Carter celebrated its 10th Anniversary, as Harlem's own Long-term Acute Care Hospital and Nursing Facility. This facility has served New Yorkers with medically complex and highly-specialized needs. The facility bears the name of Wheelchair Charities, Inc. Founder Henry "Hank" J. Carter, who has devoted over 50 years to supporting New Yorkers with disabilities and contributed more than \$20 million to NYC Health + Hospitals.

**MAYOR ADAMS UPDATES NEW YORKERS ON SERIOUS MENTAL ILLNESS PLAN**

Mayor Adams marked the one-year anniversary of his plan to support New Yorkers living with untreated severe mental illness (SMI) experiencing homelessness. Some of the hardest to reach New Yorkers living on City streets believed to have untreated SMI now have a roof over their heads and are stabilizing their lives in hospital or supportive housing settings. This is a 170% increase compared to the year prior.

The update highlighted the System's two Extended Care Units. The Extended Care Unit can house up to 25 patients at a time and offers psychopharmacological treatment, rehabilitative activities including music and art therapy, reading, and various exercises.

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

The 16 humanitarian centers ensure that the over 22,000 individuals in our care, approximately three-quarters of whom are families with children, receive dignified, compassionate care and the on-site resources they need to reach a brighter future. Overall, Staff at the Arrival Center have now registered approximately 75,000 asylum seekers. Since 2022, NYC Health + Hospitals clinicians have completed over 65,000 visits to patients known to be migrants or asylum seekers providing medical and behavioral screenings, on-site vaccinations, health insurance enrollment, case work and reconnects services to all new arrival to New York City.

**LIFESTYLE MEDICINE PROGRAM EXPANDS TO NYC HEALTH + HOSPITALS/WOODHULL AND KINGS COUNTY**

NYC Health + Hospitals' nationally recognized Lifestyle Medicine Program expanded to NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Kings County. These are the second and third of six new sites to make the program available citywide, following the recent launch of the program at NYC Health + Hospitals/Jacobi in the Bronx.

**NEW COMMUNITY MURALS UNVEILED AT NYC HEALTH + HOSPITALS/QUEENS, COLER, AND GOTHAM HEALTH, SYDENHAM**

Three new permanent murals were added to the System this month through the Arts in Medicine Department's Community Mural Program. This program is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

**NYC HEALTH + HOSPITALS/LINCOLN DEBUTS NEW MURAL CREATED WITH INPUT FROM BRONX YOUTH AFFECTED BY GUN VIOLENCE**

At the beginning of November, NYC Health + Hospitals and the NYC Department of Cultural Affairs unveiled a new mural at NYC Health + Hospitals/Lincoln about gun violence by the artist, Fernando "Ski" Romero. He developed the mural with youth who participate in the gun violence interruption initiative, Guns Down, Life Up at Lincoln Hospital.

**NYC HEALTH + HOSPITALS' ARTIST IN RESIDENCE MODESTO "FLAKO" JEMENEX HOLDS CULMINATING SHOWCASE AT CARNEGIE HALL**

Artist Modesto "Flako" Jimenez, the 2022-23 NYC Public Artist in Residence, spent a year with the health system's gun violence prevention programs, shadowing violence interrupters and engaging youth who have experienced gun violence. The residency is a program of the health system's Arts in Medicine Department, and funding for the residency is provided by the NYC Department of Cultural Affairs and the Laurie M. Tisch Illumination Fund.

**DR. THEODORE LONG, SENIOR VICE PRESIDENT FOR AMBULATORY CARE AND POPULATION HEALTH, RECOGNIZED BY CRAIN'S NEW YORK FOR ITS ANNUAL 40 UNDER 40 LIST**

Ted Long, MD, MHS, Senior Vice President for Ambulatory Care and Population Health at NYC Health + Hospitals, was named to Crain's New York 2023 "40 Under 40" list in recognition of his work leading New York City's response to the asylum seeker crisis and COVID-19 pandemic.

## **LUNG CANCER SCREENING PROGRAM EXPANDS TO ALL OF OUR HOSPITALS**

The health System's Lung Cancer Screening program will be available at all of the System's hospitals by the end of this year, with a capacity to serve 5,000 patients a year. In fiscal year 2023, the health system screened over 3,000 patients for lung cancer. Those who meet the criteria and wish to be screened can be referred by their primary care provider.

## **TWO NEW SPECIALIZED MENTAL HEALTH CLINICS OPEN FOR PEOPLE AFFECTED BY DOMESTIC AND GENDER BASED VIOLENCE**

At the end of October, the health System expanded services for people affected by domestic and gender-based violence. Two new mental health clinics for survivors are open at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Lincoln. The clinics will support nearly 3,000 patients each year. Patients can be referred to the clinics by any one of the city's domestic violence shelters or the City's Family Justice Centers.

## **NYC HEALTH + HOSPITALS/BELLEVUE RECEIVES NEW ACCREDITATION FOR OBESITY MEDICATION AND RE-ACCREDITATION AS METABOLIC AND BARIATRIC SURGERY CENTER**

The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) has accredited NYC Health + Hospitals/Bellevue's Obesity Medicine Program and has re-accredited its Bariatric Surgery Program. The hospital has been designated by the program as a "Comprehensive Center with Adolescent and Obesity Medicine Qualifications."

## **EXTERNAL & COMMUNITY AFFAIRS UPDATE**

**State:** External Affairs awaits the outcome of the remaining bills that passed both houses of the NYS Legislature. Of the 896 bills that passed both houses, 165 still need to be considered by the Governor before the end of the year.

**Community:** we hosted our 2<sup>nd</sup> out of 4 CMS Health Insurance Symposiums in partnership with CMS and the NY State of Health. The Symposium at Elmhurst Hospital on October 16 was well attended by 50 people. The next Symposium will be at Bellevue Hospital on October 30 and have 83 registrations thus far. The last one will be held on December 7 at Lincoln Hospital.

## **COMMITTEE AND SUBSIDIARY REPORTS**

Mr. Pagán noted that the Committee and Subsidiary reports are included in the materials for review by Board members 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 4:33 P.M.

A handwritten signature in blue ink, appearing to read 'Colicia Hercules', written over a horizontal line.

Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORT

**Community Relations Committee IN-PERSON MEETING - November 14, 2023**

**As Reported by Dr. Mitch Katz**

**Committee Members Present: Dr. Mitch Katz, Jackie Rowe-Adams, Dr. Patricia Marthone, Karen St. Hilaire**

**Sally B. Hernandez-Piñero - virtually in a listening capacity only,**

Dr. Mitch Katz called the meeting of the Community Relations Committee meeting to order at 5:08 p.m.

Dr. Katz noted for the record: According to the By-Laws - Section 13. Committee Attendance: If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

Please note for the record José Pagán requested that Karen St. Hilaire attend this meeting and be counted as a member for purposes of quorum and voting on his behalf.

And that Sally Hernandez-Piñero is attending virtually in a listening capacity only.

Quorum was established - the minutes of the Community Relations Committee meeting held on September 12, 2023 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Scheduled to present annual verbal reports this evening are the following Community Advisory Boards (CABs).

1. NYC Health + Hospitals/Gouverneur
2. NYC Health + Hospital/Harlem
3. NYC Health + Hospitals/Metropolitan
4. NYC Health + Hospitals/Gotham Health, Sydenham

Dr. Katz shared the President's report, stating that the public awareness campaign was launched to talk about the NYC Care program. NYC Care provides healthcare to those who are uninsured, and NYC health and hospitals is the only place where everyone receives the same care regardless of insurance status.

NYC Health + Hospitals board member Dr. Vincent Calamia is among the influential people recognized for their leadership and services to New Yorkers on the 2023 City and State's 2023 Staten Island Power 100 list.

There is a new mural that has opened at Lincoln Hospital, created with input from Bronx youths, affected by gun violence, and there has been other Mural openings at other hospitals.

The lung cancer screening program was expanded and will grow from 5 to 10 sites.

Services for people impacted by domestic and gender-based violence was also expanded with 2 new specialized mental health clinics that will be able to services 3,000 patients each year.

NYC Health +Hospitals has also received accreditation for obesity medicine and for metabolic and bariatric surgery center at Bellevue.

**PRESENTERS:**

Dr. Katz moved the agenda to the (4) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes.

**NYC Health + Hospitals/Gouverneur**

Ms. Laryssa Shainberg, Chair of NYC Health + Hospitals/Gouverneur Community Advisory Board, presented the report to the CRC. Ms. Shainberg stated that Gouverneur has two sections- the ambulatory side and the skilled nursing facility.

Ms. Shainberg shared that the main site has no significant infrastructure concerns and only the Judson location requires significant renovation to the second floor to make that usable clinical space, which will expand the ability to see patients. The skilled nursing facility has had upgrades to the outdoor garden and currently undergoing refurbishment of dining areas, and there are pending upgrades to the rehabilitation gym equipment. The CAB continues to monitor progress on the ongoing changes at the facilities and continues to advocate for funds and requests regular reports from the administration.

Ms. Shainberg shared that satisfaction on the ambulatory side is on par with the New York state average, as far as 91% for satisfaction and the comments are reviewed by administration and they investigate and find solutions to make improvements based on the feedback that they receive. Ms. Shainberg also shared that the skilled nursing facility is currently at a 90% satisfaction rating for safety for its residents and overall satisfaction rate is at a 72%.

Ms. Shainberg noted that CAB members continue to focus on outreach to patients, patient groups, and the Auxiliary to guide the understanding of the current needs and concerns of patients and relay those to leadership.

Ms. Shainberg stated that there are complaints regarding patient's communication and access and being able to reach their providers. The administration is very aware of these, and they are very responsive. The skilled nursing facility has few complaints, with about 3-4 per quarter. Most of the



complaints are about food, ensuring that the food is culturally appropriate and the quality of the food.

Ms. Shainberg stated that the Lower East Side is historically an immigrant and working-class neighborhood. It began to experience change in the early 2 thousand's becoming more gentrified. It is 1 of the oldest neighborhoods in Manhattan and it has been working class. We are very ethnically diverse that is reflected in the patient population at, and at the skilled nursing facility. and in the sensitivity of the staff toward these differences and cultural needs.

Ms. Shainberg stated that as of 2018, the preterm births and birth to teenage mothers are lower than the city average and the population of residents who are uninsured is also slightly lower than the city rate, which is partly due to the advocacy of hospital staff helping patients get in touch with insurance companies to find appropriate coverage.

Challenges that Gouverneur faces includes the concentration of the fine particular matter in the Lower East Side is slightly higher than the city average and there is a higher rate of smokers on the Lower East side. The ratee for obesity, diabetes and high blood pressure are lower than city averages respectively for each of those numbers however these are still concerning numbers and they can continue to be a focus of the facility.

Ms. Jackie Rowe-Adams asked how many teenage moms participate and how does staff go out and recruit them? Dr. Katz stated that Gouverneur does have an active OB GYN department however there it's not a hospital so patients do not deliver there. Pregnant patients who go to Gouverneur are established patients who've been there for a long time.

#### **NYC Health + Hospitals/Harlem**

Ms. Abena Smith, first vice chair, of the NYC Health + Hospitals/Harlem CAB presented the report to the CRC. Ms. Smith stated there has been a collective of 13 Facilities management and support services, 2022 capital projects that have been completed for a total cost of 45,634,526 dollars.

Ms. Smith stated that the patient safety department was involved in many culture of safety, educational, RCA investigations, proactive risk assessments and performance improvement activities over the last year. The Harlem Patient Safety Committee met monthly to review topics including the good catches, national patient safety goals, Leapfrog survey and patient safety performance improvement initiatives. The good catch program continued to thrive with 105 good catches awarded in 2022 and 205 already in Q1 to Q3 2023. Patient Safety led weekly patient safety rounds that taught a different safety topic to the Harlem staff each week. Patient safety conducted didactics for pediatrics, internal medicine, behavioral health and radiology residency programs and hosted pediatric residents for their 2-week patient safety elective. Two patient safety policies were revised in early 2023: Patient Identification and Suicide Assessment. Additionally, two proactive risk assessments were conducted.

Ms. Smith stated the top categories for grievances are for Attitude, Care, and Communication. Grievances are sent to the Chief of service for review and response (3 days) and regulatory guidelines state we should resolve them by 7 calendar days. Patients receive a response letter in the mail which tells them the finding of our investigation, and/or corrective actions. Some complaints received are appointment issues or prescription issues. An example of an appointment complaint is: A patient needs an appointment with the dentist but are having a hard time reaching someone. We would send an email to the manager of the clinic with the patient's information and request. The manager will follow up and send us a resolution, we will then call the patient and confirm that their complaint has been resolved.

Dr. Katz asked is the staff in the ambulatory area reviewing the prescriptions to see whether they can be refilled without reaching the individual provider?

Mr. Georges Leconte, CEO of Harlem Hospital stated that there is someone else that can look at the prescription and then decide on renewing. Another helpful tool in refilling

prescriptions is myChart, which patients can use to write to providers requesting refilled prescription and get a response within 24-48 hours.

Dr. Katz stated that Harlem staff should look into if there is someone who can look at refilling prescription requests before the provider looks at it because that is a time saving process.

Sally asked if the 4 million on Joint Commission Preparation is a typical expense

Mr. Leconte stated it is not typical but the hospital post COVID had a lot of expense in relation to the preparation.

Ms. Smith stated The Community Advisory Board's Patient Care Committee partners with several departments to support them in their efforts to improve their Press Ganey results and the experiences of patients.

She also shared the highlights of Harlem Hospital, including: 100 Percent of Our Internal Medicine Residents passed their boards this year, One Resident had the second highest score in the nation, Harlem Hospital Center is a Baby-Friendly Institution, LGBTQ+ Designation, Harlem Hospital Center introduced a robust Robotics Program, Get with the Guidelines: Heart Failure -Gold Plus Award, Target: Heart Failure Honor Roll, Target: Diabetes Honor Roll and Get with the Guidelines: Stroke -Gold Plus Award. Challenges that Harlem Hospital faced includes: the aging infrastructure is in constant need of costly repairs and upgrades and recruitment of certain titles such as nursing.

Ms. Rowe-Adams commended the hospital on the work they are doing in providing quality care to patients.

#### **NYC Health + Hospitals/Metropolitan**

Mr. William Smith CAB Chair, NYC Health + Hospitals/Metropolitan, presented the report to the CRC. CEO Cristina Conteras was also present.

Mr. Smith shared that Metropolitan continues on the FEMA Flood Wall Project -in response to Hurricane Sandy, the flood wall will provide 500-year flood protection around Metropolitan's perimeter; expected

to be completed in 2024. The CAB also continue to advocate for \$65 million to renovate our Emergency Department.

Metropolitan opened a dedicated Pride Health Center to address the needs of our LGBTQ+ patients. Metropolitan's breast center was granted a full 3-year full accreditation designation by the national accreditation program for breast centers. This recognition means that our breast center has the highest care standards.

Dr. Katz commended Metropolitan for assisting other hospitals such as Bellevue and Jacobi by allowing rehab patients to be able to relocate to Metropolitan.

#### **NYC Health + Hospitals/Gotham Health, Sydenham**

Ms. Donna Veronica Gill, chair of the Sydenham CAB presented the report to the CRC. There is a center in Dykeman housing and Saint Nicholas. The women's health department has received a new ultrasound machine, and the dental service department has received a new panoramic x ray machine with over 1500 patients that will benefit from the x ray machine. Sites have communicated our specialty services to other Gotham sites and have provided patient incentives. The goal is to ensure patients are aware that their health needs can be accommodated at multiple sites throughout the regions.

Ms. Gill stated that patients expressed their concerns regarding making an appointment via surveys. The team has restructured the directory with the call center to provide patients with ease of contact for scheduling. Residents also had concern with the Ambulette space in front of the clinic being illegally occupied. Hospital Police is enforcing traffic tickets for violating the parking regulation in front of the clinic to ensure the space is always open for any emergency vehicle.

Ms. Gill stated that there was a national health week for the community to come in, with screenings for adults and children. There has also been new signage for the sites. Recognition includes American Heart Association 2023 Gold + for Hypertension Control rates and American Heart Association 2023 Gold for Diabetes Control rates. Sydenham has had a new mural installed on October 21<sup>st</sup>, 2023.

Challenges include recruitment difficulties, and the 340B pharmacy closure. To ensure that patient medications are not impacted by the pharmacy closure, the following actions were implemented: contracting with 3 local CVS pharmacies to provide at home deliveries, clinic to pharmacy pick up and drop off, Harlem Hospital option as a pick-up location and direct line of contact to patients for pharmacy inquiries.

#### **ADJOURNMENT:**

Meeting adjourned at 6:09 P.M

**Medical and Professional Affairs / Information Technology Committee-  
November 20th, 2023**

**As Reported by Dr. Vincent Calamia**

**Committee Members Present-** Dr. Mitchell Katz, José Pagán, Sally Hernandez-Piñero delegated- Erin Kelly, representing Deputy Mayor Anne Williams-Isom in a voting capacity.

Dr. Vincent Calamia, Chairman of the committee, called the meeting to order at 9:04AM.

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

Sally Hernandez-Piñero has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on her behalf. The request was approved.

On motion made and seconded, the Committee adopted the minutes of the July 10th, 2023 Medical and Professional Affairs committee and the September 11, 2023 Information Technology Committee.

**ACTION ITEM:**

Chris Keely, Senior Assistant Vice President, Office of Ambulatory Care presented the resolution to the committee -

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O'Brien's, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.**

This project is to provide project management support during go-lives and steady state operations at HERRC sites operated by NYC Health + Hospitals. Extensive project management support is needed to ensure smooth operations and coverage 24/7, and that is running across a variety of locations. The scope of services includes supplemental planning, strategic support, project management and primarily help with go-lives. Proposed vendors will help as a new site launches, as a new element of program launches, and help through planning and implementations.

One existing contract with Huron Consulting Services LLC is currently being used with a historical spend of committed \$26 million and paid out \$18.8 million through September 2023. The contract prices staff on an

hourly basis. The hourly rate includes all vendor expenses and no ancillary costs.

The RFP was done to competitively bid for these services and identify additional vendors and to discontinue the use of emergency contract. All expenses will be covered by HERRC MOU with the Mayor's Office.

RFP Criteria, overview of the procurement process and evaluation committee was reviewed.

HERRC was originally focused on housing and wraparound services, but now expanded to include the Arrival Center and broader exit planning work. Multiple vendors with various flexibility will allow us to tap different vendors at different times as the needs of the program develop. There is no guaranteed work assignment for any vendor. Over time, these project management services will be scaled down as new go-lives cease.

The Vendor Diversity team set a goal of **35%** on this solicitation. Two of the awarded vendors are MWBEs. The other two awarded vendors each submitted utilization plans meeting the 35% goal. Huron Group is an incumbent vendor with a current **30%** MWBE goal. To date, Huron has met that goal.

*The Board commended the idea of getting off emergency contract and that 2 of the vendors are 100 percent WMBE and 2 are greater than 35 percent and advance planning in response to an evolving and unpredictable situation is also commendable.*

**Questioned raised by the board:** *who gets involved with the job placements etc. Mr. Keely response: That would be the case manager that helps individuals plan their exit from the housing support. They would not be the one sitting down with the individuals having the conversation about what is your situation or how can we help, but they are the ones who would be helping us plan on how do we have those conversations. Like how do we track the data, how do we organize it so that we know which family is currently engaged in planning and which is not. They help build those systems on the front end so that we can have an organized infrastructure. They organize the training materials on the from end so the case management exit planning staff know what resources are available.*

**Questioned raised by the board:** *What constitutes Project management services and those that are provided by you on or before at the onset and what additional services will the other contractors bring. An example was given, if a new hotel site or a new semi congregate site in a couple of weeks is schedule to go-live, Hurons or any of these project management firms going forward would make sure all of the boxes are checked going into it. They have helped build out a universal check list. If it is a family site, making sure all of the supplies for families are there. Making sure that the hospitality and logistics team is bringing in the baby formula and diapers, that the services are lined up with laundry vendors. Working with FDNY to make sure all of the approvals are received in advance. They are going to work with us to keep the*

checklist and project managed while our individual operational teams are doing that execution, they help us organized to make sure none of the checklist boxes are missed. Over time as we get use to opening these sites more and more, we will need them less for some of the go-lives.

**Questioned raised by the board:** what triggers go-lives? The go-lives are driven by the City. When they are looking at it overall, and seeing the numbers of folks coming into the City and the need for housing increase and a new location is needed, it could be for single men, or for families with children. They go out and find a location, make arrangement and drive the go-live and the need for a go-live. There are various agency partners who are doing different bodies of work.

**Questions raised by the board:** Were there other services that the other firms bring that you chose them? Mr. Keely responded; if things continue as they have in recent weeks, hopefully stay quiet, those supplemental supports that we need we might be able to transition into some of those agencies.

After discussion the resolution were duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Nichola Davis, MD Chief Population Health Officer, Office of Population Health presented the resolution to the committee -

**Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a contract with New York Legal Assistance Group ("NYLAG") as the sole source vendor under which NYLAG will provide certain free legal services to the System's patients for three years for an amount not to exceed \$7,862,000.**

Background information on New York Legal Assistance Group (NYLAG) as a nonprofit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis was included. NYC Health + Hospitals has had a Medical Legal Partnership (MLP) agreement in place with NYLAG since 2002. The current contract is managed by the Office of Ambulatory Care and Population Health and expires on November 30, 2023.

NYC Health + Hospitals issued an RFI in June 2023 to test the market for legal services vendors, and NYLAG submitted the strongest proposal and the sole source rationale was provided.

Health + Hospitals conducted due diligence as a result of the RFI that included testing the market, intersecting of funding sources, pricing, MWBE analysis, performance and a cost benefit analysis. As a non-profit, NYLAG is ineligible to qualify for MWBE certification and therefore excluded from the MWBE requirements. A preliminary financial analysis was conducted this fall by the budget team and found a positive return to Health + Hospitals among patients who received legal health intervention. That was largely given the number of patients who are able to enroll in health insurance coverage as a result of the legal health assistance.

Highlight of key aspects of this medical legal partnership program, it's been in place for 2 decades. Our healthcare staff receives training on how to spot potentially health harming legal needs, and how to place referrals. Attorneys are on site at most of our facilities, providing in person appointment and we have virtual appointments available as well. Approximately 4,700 patients were served in 2022. This year we launched an innovative new system to manage referrals and scheduling that lives in our EMR, that allows providers to place a direct referral and it provides population health with previous unavailable patient level data. We now have a sense of the financial return to Health + Hospitals as a result of this program, our new contract does include a provision to develop a more comprehensive ROI within one year of signing. We are improving the data systems to better understand and measure importantly, the program's health impacts for our patient populations.

**Questions raised by the board:** on the analysis Dr. Davis responded; there are several ways we are planning on looking at the ROI, one is the conversion to insurance, then their other things that NYLAG does, like support patients who are seeking disability and being able to appeal those types of cases, and now you have enhanced reimbursement for those who successfully now have SSI disability. We are looking into all the different ways that legal intervention can make our patients more insurable and enhance the reimbursement to H+H, that's some of the foundations to ROI. Dr. Katz mentioned not our ROI but, that these services are very effective with preventing evictions which is the city ROI. There are also, H+H patients who are hospitalized not because they need the level of medical care but because they are not safe for discharge and require a level of service at home that they cannot qualify for without Medicaid. When NYLAG intervenes and gets Medicaid for those patients they can be discharged safely home, resulting in a better quality of life and saving for H+H.

**Questioned raised by the board:** is there such a thing as an emergency or expedited situation? Emily response: one of the benefits for the new referral and scheduling system that was launched this year, for the first time we have access to see these numbers, it's allowing us to better track the needs, and now in place is a foundational system to manage some of these urgent referrals with urgent slots reserved at every clinic. They open up 72 hours prior to the appointment. We are able to access those for some of these more urgent cases and continue to refine the criteria to screen for those most urgent referrals.

**Questioned raised by the board:** immigration services are the bulk of the services that you are providing, yet the securing of temporary visas is difficult, what are kinds of services provided by the lawyers in connection with the immigration plan. Emily response; it depends on what the patient's underlying legal need is. If they are requesting assistance with an immigration need, the first thing that the attorney will do is a comprehensive immigration legal screening to assess what their path to residency to the United States was and what legal remedies may be available. Some of those are short term visas, there are other types of petition that can be filed, family petition, and there is a Medicaid eligibility category called PRUCOL - standing for Permanent Residency under Color of Law. This allows undocumented immigrants qualify for full Medicaid in New York State.

**Questioned raised by the board:** Do we have a large number of bilingual providers? Emily response; NYLAG does have a number of bilingual Spanish speaking attorneys, 1 or 2 Creole speaking, we do rely on our language line to support this contract for translation.

**Questioned raised by the board:** is there any help from CMS? Dr. Davis response; for CMS focus on food, transportation and housing. The ROI has not been as well



*documented nor has the focus from it. We are probably leading their medical legal partnership in other areas. It allows H+H to be leaders in this way where we can look at the health impacts of these legal interventions. We are a unique System in terms of the number of patients that we do take care of the have this legal need.*

After discussion resolution was duly seconded, and unanimously adopted by the Committee 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, and Ashwin Basavaraj, MD, System Chief of Pulmonary Medicine, Bellevue Hospital highlighted the following:

#### **Clinical Services Operations-**

Continuing to collaborate with the Office of Quality and Safety High Value Care to:

1. reduce inappropriate test utilization by developing focused interventions based on defined targets followed by ongoing measuring for improvement and real-time feedback
2. During Nov, launching an enterprise wide patient centric focused patient blood management program, based on improving patient outcomes, continuous quality improvement, and strengthening transfusion data collection which will inform care team practices

Shared/Remote Clinical Services continues to develop with a primary focus of expanding access to subspecialty services while improving quality by leveraging clinical expertise across the system. Utilizing existing IT technology and infrastructure. **Behavioral Health**

1. NYC Health + Hospitals has publicly committed to reopening all of the IP Psych beds converted to medical beds during COVID by the **end of 2023**

#### **Low Dose CT Lung Cancer Screening Program**

From September 2022 through September 2023, 4207 screening LDCT scans were performed at NYC H+H.

#### **Surgery Operational Efficiency:**

Perioperative Services

#### **FY'20 to FY'23:**

#### **Volume increase**

13.7% increase in Main OR weekly volume (from 1129 to 1284. FY'24 target = 1353)  
40% increase in weekly surgery admit cases (from 105 to 148. FY'24 target)

#### **Efficiency improvement**

29.8% increase in First Case on Time starts (from 67% to 87%. FY'24 target > 90%)  
12% increase in room utilization (from 64% to 72%. FY'24 target > 70%)

#### **Robotic Surgery:**

We now have 12 DaVinci surgical robots across the system with a plan to add up to 4 more during FY'24/25.

**V EC abortion (Virtual Express Care - Abortion)**

Virtual Expresscare is expanding to provide telehealth abortion care. Telehealth abortion will help our patients navigate the barriers they face in coming for in-person appointments, like the cost of transportation, childcare and income lost from missing work.

**Oncology**

**Committee on Cancer:**

The following sites underwent successful Committee on Cancer site visits and have attained Cancer Accreditation:

Jacobi Medical Center; Queens Hospital; Kings County Hospital Center; Elmhurst Hospital. Bellevue underwent their site visit in late October. Very positive feedback. Final report pending.

**Dr. Sewit Teckie**

Promotion:

Dr. Teckie, radiation oncologist at KCHC and system chief of oncology services, recently promoted to Clinical Associate Professor in Radiation Oncology at the NYU School of Medicine, continues her system wide Cancer Education Series monthly conferences.

**Lung Cancer Screening Program**

This is an update on our lung cancer program for the system. November is lung cancer awareness month. Lung cancer is the third most common cancer worldwide, and the leading cause of cancer death, it has more cancer death than breast, prostate and colon cancer combined. Bio literature from the National screening trials suggested that, it takes 320 low dose CT to save 1 life for lung cancer, which is actually much more favorable compared to some of our other cancers, and its heavily underutilized nationally. Low dose CT for lung cancer screening in those that are eligible are utilize less than 10 percent. Screening guidelines are for people age 50 to 80 who have smoked at least 20 pack-years and who currently smoke or quit within the past 15 years. Society is actually removing that, which is going to increase the number of eligible participants moving forward. The proposed Business Plan was to enable a system-wide lung cancer screening model to offer the standard of care to all New Yorkers.

The Central Office leadership and key stakeholders across the system are, implemented a lung cancer screening programs at each of the sites. Fiscal year 23 we hired system program manager at 3 pilot sites, we had Nurse Practitioner implemented at 3 sites, Bellevue, Metropolitan, and Woodhull and were the first sites where we hired NPs and they are really working.

LCS Program Performance Report, indicated the percentages of the screening number, biopsies and resection above target the percentages were well above the target numbers. CT Chest Low Dose Initial and Annual screening 66%, Follow up imaging 58%, Lung Biopsy 267%, and Lung resection 39%. LCS

program performance report; a snap shot was shown of a cancer staging based on patients that had lung cancer, there was close to over 3000 low dose CT performance part of the screen program. About 250 biopsies were performed. Close to 100 cancers that were detected and the number of resections were around 70. Stages 1 and 2 are often curable lung resection. Whereas stage 3 and 4 ends up going to chemo and radiation. As the program becomes more robust, we are hoping to see more of the stage 4 cancer become stage 1 and 2 and we can offer earlier detection and cure of long reception to those patients.

Dr. Katz, made clear that the screening program only works if you can find the early cancers, it is not a great service to tell someone they have inoperable lung cancer. When you can find the 1 and 2 if you can resect lung cancer, you usually have a cure. The determination of efficacy of this program is focused on the 1 and 2s, rather than the way most screening test you would focus on the number of positives you get.

**Questioned raised by the board:** *Of the people 50 to 80 that fit into the definition that you explained, how many of them get screening?* Dr. Basavaraj response; *it is up to the provider to offer screening, patients are not coming to the office for a screening, they are coming for their general checkups or because they want to stop smoking. It is up to the provider to recognize what the guidelines suggested and then offer it to the patient. It is more education to the community, to patients, and to the providers.*

**Questions raised by the board:** *isn't better to reach out to patients and to the provider to find out how many people we are reaching out to that should be screened?* Dr. Katz response; *To make clear, so you can understand the landscape, this technology has not been uniformly embraced by primary care in generalist. Part of it is that we have never had data like this. The concern is which totally justified on the case of generalist and primary care doctors, is this really an effective intervention. Some of the candidates have stopped smoking because of this program. Data like this can help people define what the benefits is and whether their generalist and the primary care doctors to agree. We do have high rates of mammogram screening and of colon cancer screening and it reflects that people are ordering them believe in it, but have not been entirely sold on this as of yet.*

**Questioned raised by a board member:** *how does second hand smoke fit into the screening?* Dr. Basavaraj response; *a clinical judgement would be made to getting screening if you have been exposed to second hand smoke.*

**Questioned raised by the board:** *Patient is totally asymptomatic, 25 years actively or recently stopped smoking is he referring to this program?* Dr. Basavaraj response; *this model has been talked about in the pulmonary council. What's the best way to refer, do we want to have a direct system where we refer a patient to the screening program or do we want a hybrid model, where primary care would want to order the scan or give them the*

*option to directly. Primary care wants the pictures, they want to keep these patients because they feel the screening is part of their responsibility. The council approved a hybrid model for the system where, they can order the CT scan themselves if it's abnormal, they can then refer to the screening program. They have the option to directly report. We are leaving it up to the primary care to see which way they want to go. Dr. Katz mentioned the primary care mostly order. It's no harder than ordering a blood test.*

The percentage above target in terms of reimbursement was shared. The lung biopsy was highlighted, they implemented robotic bronchoscopies last year. We were the first public site in the Northeast to have a robotic bronchoscopy at Bellevue. Data from the tobacco registry dashboard was shared. It showed a subset of patients from a lung cancer screening program that tells us who is getting low dose CT in our System and it is diverse. The rate and recent ethnicities are about 23 percent of African American patients have low dose CT, 25 percent Hispanic, 24 percent white, and 26 percent Asian. 19 percent uninsured, 20 percent Medicare and 20 percent Medicaid were part of who received low dose CT, that is what is unique about the program. This is not published in terms of the public health system in cancer screening. This is something that we submitted for publication and American Thoracic Society, and waiting to hear and answer. Our screening rate also was 24 percent after implementation of the nurse practitioners at our 3 pilot sites and is well above the national screen average of 6 percent. That shows us that the utility of having this nurse practitioner model and increasing the amount CT that are being performed. The low dose CT that were ordered increased by 10 percent, the completion rate with having nurse practitioners on-board and doing follow ups on having the orders completed. This is some good initial data from the program and hope to improve moving forward.

There will be an educational campaign for lung cancer screening. There will be a lung cancer force walk for H+H in May of 2024. The goals for 2024 is to continue to create a robust lung cancer screening program, offer education and engagement to the community. We are going to enhance our EMR, we have a Epic model radiant that is going to be coming out, that is going to capture a lot of data. Once we have more Nurse Practitioners in place we will become a designated site for lung cancer screening from the American College of Radiology. We will be putting an application in for that.

**Questioned raised by the board:** *what is the reason for the low rate? Dr. Basavaraj response; There are several reasons, it's a matter of the patient following through with the order. This is when the NP follows up and remind them they are due for your low dose CT. Also, EMR enhancement that was referenced part of that is, the automated reach out to those patients that have a CT order, in addition reaching to the Nurse Practitioner reaching out.*

The Board commended Dr. Basavaraj on the work.

## **SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Mr. Albert Belaro, Director of Nursing, Office of Patient Center Care, presented on behalf of Dr. Natalia Cineas, System Chief Nurse Executive, highlighted the following -

The Nurse residence program celebrated with the Mayor's Office on October 24<sup>th</sup>. It celebrated the new NYC H+H consortium for its residency programs. There were several speakers at the celebration, the speakers included Mayor Eric Adams, Natalia Cineas, DNP, RN, as well as Wendy Zhao, staff nurse and NRP participants.

A doctoral circle of excellence was held on October 31<sup>st</sup> recognizing doctorly prepared nurses and hour their highest academic achievement.

Respiratory Care week celebration was held, the guest speaker was Dr/ Vikramjit Mukherjee from Bellevue.

Care delivery model was successfully implemented at Queens and Metropolitan.

Fireside chats are going on, these are intimate chats with the nurse executives and frontline staff on specific topics. The focus of the last ones was mostly on the new contract with NYSNA.

The magnet conference that they attended October 24<sup>th</sup> in Chicago, H+H was well represented. They had 7 podium presentations and 14 posters presentations.

A nursing excellence award ceremony is being held November 30<sup>th</sup>. There are new pressure injury prevention guideline being rolled out. Shared governance is still active and ongoing, new residency program is continuing and ongoing. The mentorship program is also happening in partnership with Human Resources. We have graduated 440 Behavioral Health Associates. We have a learning management system that was launched recently. An emergency department nursing fellowship has been started. This concluded the Nursing report.

The board commended the nursing department on their work.

## **CHIEF INFORMATION OFFICER REPORT**

Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer was joined by Jeff Lutz, Chief Technology Officer, Dr. Michael Bouton, Chief Health & Medical Information Officer, and Katherine Thayer, Chief Applications Officer to present to the committee.

Dr. Mendez provided an updated table of organization, fiscal year 2024 goals and the leads of the different areas within the EITS department. She then presented a slide with the various governance structures in place such as the Biomedical Device Council and Data and Analytics. The AI (Artificial Intelligence) Councils, in partnership with Data and Analytics has had their initial meeting and a charter is in development.

Dr. Mendez provide an update regarding the data center migration. A complete transition from SunGard to QTS has been completed as of last year September 2022. The current migration from Jacobi Data Center to CyrusOne is on track and on budget to be completed by December 2023. At the next time of the next meeting, the team will be fully engaged in both of our 2 new data centers.

Dr. Mendez then reported on the new audio-visual contract that was approved at the last board meeting. The significance here is that this will actually help with cost savings across the entire enterprise. This is for audio visual equipment such as training rooms, auditoriums, and emergency. By having an enterprise solution that everyone can utilize, helps with cost savings and standardization.

Dr. Mendez then turned the presentation over to Ms. Thayer to provide the update regarding some of the major efficiencies and functionality for Epic and other clinical applications. As one of department goals to better utilize Epic, upgrading the foundation that Epic sits on, called Epic Hyperdrive, will support smoother operations. Dr. Mendez made note as part of business continuity process, downtime is an area that is tested as part of the tabletop exercise for cyber security and is included in training as well. Ms. Thayer then discuss the Biomed device database that the team is actively working on to get up and running to allow for better tracking of the devices and scanning for securities. She also mentions other ongoing implementations such as Omnicell and utilizing Dragon licenses.

Dr. Mendez continues the update by highlighting 3 areas that include EITS customer service, national benchmarking and training. Enterprise Support Services (ESS) receives on average of over 8,000 emails and 55,000 calls, such as password reset requests, each month. The presentation slide shows the customer satisfaction score based upon a survey that is send out after each call. The current average is around 92%, as the national benchmark is 85%, so ESS actually benchmarking against itself at this time. In addition to internal support, ESS helps with MyChart set up for patients if they need assistance.

Dr. Mendez turned the presentation over to Dr. Bouton to give an update regarding Epic Gold Star, the national benchmarking system, as well as the KLAS report. For one of the external benchmarking systems, the system is currently within the top 25 which is the top 3rd percent of the country nationally on Epic features that were adopted. As of this past week for another benchmarking system, Epic Honor Roll, the system was in the top quarter based upon how features are being implemented and the usage. The Arch Collaborative (KLAS) is a group of sites of approximately 300 organizations across the country. Participants have access to a standard question bank to survey the providers and nurses, and show how they rate as a system. Although is an external survey, it allows to benchmark ourselves internally. Overall, the system finished in the 86 percentiles

nationally across all users and of similar size organizations. Dr. Bouton intends on the system to continue with adding gold stars and taking feedback from end user surveys to try to make the system better.

Dr. Mendez proceeded to highlight training, which included efforts during October which was cyber security awareness month. She additionally highlighted the Thrive Program and its opportunity for providers to have in-person training sessions on various applications. As part of the Thrive Program, technology fairs are held on site to assist with personalization or specific application such as Haiku and Dragon.

Three facilities have been completed and there is a plan to move forward with all the other sites throughout the end of this year as well as in 2024.

Dr. Katz confirmed as a user that it would not have been possible to survive transfers during COVID19 without having the foundation of Epic in place. He also mentions that as a provider, it would not have been possible to learn all of Epic functionality in the beginning stages, but as time went on was able to absorb better and easier ways of using Epic. Dr. Bouton then mentions one of the results of the arch collaborative (KLAS) data that went out was that very point. Providers and nurses are actually asking for more training. Virtual training has always been available but the in-person adds a nicer touch. Some people that need help with electronic medical record will do better with in-person if it is for their own personalization.

Dr Mendez closes out the update by highlighting some of the amazing employees of the South Brooklyn team, previously known as the Coney Island team that helped from an EITS perspective launching the new facility.

#### **METROPLUS HEALTH PLAN, INC.**

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

The recertifications goals were set back in June. We were trying to get to 80 percent recertifications. In general, what is being seen across New York State who is the leader in recertifications is between 70 to 83 percent. We fit nicely into the New York State benchmark. We have multiple teams who are working on recertifications and there are teams at H+H as well, and both teams work together. This is the customer success operations, our sales team who initially enrolled those individuals, stay on the dashboard, it is a State dashboard. The sale teams are not just selling and trying to bring in new members, they are also responsible to recertify the members they signed up in the first place. The financial counselors on H+H side are working on the people they signed up.

We have an interplay between all 3 groups, if one group gets tied up the other teams can jump in and help with every determination. They are working closely with the providers, some of the providers have very close relationships with their patients, where there is significant volume of members/patient attached to a provider, we provide them up to date information, the roster if people who need to be determined are available to the provider in the portal. The resources are offered to be deployed into their offices to help outreach to members who have not recertified. Also, are working with CVS reminders on the CVS packets for people who need to redetermine, and working with various CBOs. There are a number of CBOs who have enrollers, it is certainly a very multi-pronged approach to make sure that we are capturing as many eligible individuals as possible. They enroll some of our members, and those members are on their dashboard. We are working with the CBOs to make sure they are successful with redetermination.

We have done well; these numbers showing are not final numbers but represented through November. The numbers are starting to decline, which is expected because in the end we are redetermining 80%, which is high. There are various legitimate reasons why people would not stay covered after the moratorium. There is some decline, it's slow and it's predicted. With all of the effort that was put in place, they will continue over time and after 14 month it will unwind and will yield good results for the system.

**Questioned raised by the board:** *Do we have some since if how many of those that will qualify for Medicaid, are going on the other programs and then can we retain them? Dr. Schwartz response; yes, we have significant movement from Medicaid to the next level, which is the essential plan. The number reflects the entire enterprise, it captures people who move to other lines of business, the 80 percent is people who stayed somewhere in any kind of line of business within the plan.*

We are in the top tier for our MLTC program. Tier 3 is the top tier for MLTC, we are proud that we landed the top tier. Out of the metrics where members reported high level of satisfaction with the quality of their care managers upwards of 96 percent and rated their experience as good or excellent. These people really need close interaction with the care managers to makes sure all of their needs are being met, that the aides are showing up on time, and the other services are being rendered. These people have significant and complex needs, it's important that they get them in a timely fashion.

MetroPlus was ranked number 1 for HIV SNP in New York State. There are Approximately 10,000 people in this program. The most important metric is the 82 percent of HIV positive members had no detected virus in their blood. We really work hard on this, it's a difficult population, some of them are hard to find and a lot are homeless, 82 percent undetectable is something that we are proud of.



Enhancements to the member experience; we are aware that there are issues with transportation, sometimes not showing up on time, not showing up at all, and members are not able to make their appointments, sometimes critical appointments. At this point we have uber health, which is kind of a backup transportation in case there is any kind of delay or no show with our vendors. We also currently have ZocDoc, where we are able to schedule appointment online for our members who are also a contract out with ZocDo. We are working on doing the same for H+H with Epic and this will launch in the next quarter.

We introduced a new AI tool, it's called ElliQ, it was distributed to elderly adults to tackle loneliness and also issues with adhering to their plans of care and interacting in general. You can upload any kind of information you would like, either from a provider or caregiver and ElliQ interact with the patient throughout the day, makes sure they are not lonely, and reminds them of things they need to do, like take your medicine, appointment, and eating and drinking. It's in place, so far so good, and it has been deployed into patients' home and we are hearing positive feedback.

**Board member raised a question:** *can the patient schedule appointment through the system, response was through MYChart, you can schedule many different service lines including primary care and sub specialties. It's not universal on all of them, there has to be agreements on both sides. Continued Question from board: you had to already have a visit through MyChart? Response; you have to sign up for MyChart, and then there are abilities to schedule outside of MyChart, but that is getting ahead of ourselves.*

There being no further business, the meeting was adjourned 10:30AM.

**Capital Committee Meeting - November 20, 2023**

**As reported by:** José Pagán

**Committee Members Present:** Dr. Mitchell Katz, José Pagán, Sally Hernandez-Piñero - virtually in a listening capacity only, Freda Wang

Mr. José Pagán called the meeting to order at 11:44 a.m.

Mr. Pagán noted for the record that Sally Hernandez-Piñero is participating virtually in a listening capacity only.

Mr. Pagán called for a motion to approve the September 11, 2023 minutes of the Capital Committee meeting.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on September 11, 2023, were unanimously approved.**

**VICE PRESIDENT REPORT**

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

Mr. Saez noted that it had been an eventful month for the office. As many knew, there was devastating flooding throughout New York City in October and it impacted several facilities. NYC H+H/Woodhull was severely affected, the flooding causing widespread electrical issues that required an emergency response from the hospital and facilities staff. Emergency generators were put to use and there was an active planning of a full evacuation. Teams worked around the clock to get systems back up running, including boilers, chillers, air handlers, and other repairs. Mr. Saez was very proud of the exhaustive efforts put into the work, including collaborative efforts with external contractors and sister hospitals. While it was a terrible situation for Woodhull, the entire team and organization came together to provide the best outcomes for patients with the least possible disruptions.

Mr. Saez advised that the department would be moving forward with replacing the boilers at Harlem. Looking forward to a 2-year endeavor via Design-Build to overhaul and upgrade our Boiler plant which will utilize new technologies that will provide consistent, reliable and redundant service to our facility while reducing the carbon footprint. Temporary boilers had been installed and steps to ensure that there are sound barriers in place were implemented and currently awaiting inspection.

Last month we celebrated facilities week, where we acknowledged our incredible teams for the difficult and essential work that they do. We celebrated with breakfasts and lunches, and an Insider article. Our teams were thankful for the acknowledgement of the important and hard work each and every team member contributes to our organization

Mr. Saez advised that there would two items, with six resolutions being presented to the Capital Committee; including bringing a new food vendor to Harlem, Kings, and Queens hospitals, and a request to increase funding for the high-profile OTxHU project.

Dr. Katz asked Mr. Saez if he could provide detail on the OB ORs at Harlem. In process of renovation but what is the issue. Mr. Saez said he would follow-up and provide response.

First on the agenda - Leora Jontef read all three resolutions for consideration with one presentation:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of approximately 500 square feet at NYC Health + Hospitals/Queens ("Queens") for a retail food operation at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days' notice without cause.**

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Harlem ("Harlem") for a retail food operation at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775 with such agreement to be terminable by each party on thirty days' notice without cause.

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Everytable, PBC ("Everytable") for its use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Kings ("KCHC") for a retail food operation at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305 with such agreement to be terminable by each party on thirty days' notice without cause.

Leora Jontef, Assistant Vice President, Housing and Real Estate, narrated a presentation providing background of existing services, review of the selection process, an overview of the proposed services, and terms of the license agreements. Ms. Jontef was joined by Mercedes Redwood, Assistant Vice President, Management Services.

Ms. Wang noted that the presentation mentioned Everytable was a Delaware Public Benefit Corporation and asked if that meant they were a governmental entity. Mr. Berman said, no. It is a private, for profit entity with certain social benefits as part of its purpose.

Ms. Wang also noted that there may have been a typo in the rent totals on the individual facility slides. Square footage and per square foot rate totals were not accurate. Ms. Jontef said she would review and correct.

Ms. Wang asked if the rent per square foot was accurate in the resolution. Ms. Jontef said yes and the tables would be corrected to reflect that. The rates at Harlem and Queens are both \$50 per square foot and at Kings it was \$45 per square foot.

Ms. Wang asked whether doing a base rent for these types of agreements had been considered. Mr. Berman said yes. Agreements were drafted in that way previously and it was not beneficial to the Corporation. It was a cumbersome task for the facilities to perform. Dr. Katz confirmed.

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

Mr. Saez read all three resolutions for consideration with one presentation:

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$3,477,599 for its previously executed agreement with Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006.

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$2,400,000 for its previously executed agreement with AECOM USA, Inc. ("AECOM"), to provide program management services at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), which follows previous funding increases of \$6,097,369 IN November 2021 and \$1,498,738 authorized in May 2023 such that the current funding is increased from \$16,635,305 to \$19,035,305.

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with Consigli Construction Co., Inc. ("Consigli") to serve as construction manager/builder under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Unit ("OTxHU") at NYC Health + Hospitals/Bellevue ("Bellevue"), which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,629,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025.

Oscar Gonzalez, Senior Assistant Vice President, narrated a presentation providing background information on the contracts and associated services, prior increases, overview of procurement, summary of proposed amendments, and WMBE utilization plan. Mr. Gonzalez was joined by Cary Cheung, Senior Assistant Vice President,

and Ashely Smith, Assistant Vice President, Correctional Health Services.

Ms. Wang noted that there had been regulatory changes that lead to the first series of amendments and now there were additional changes for Emergency Power and asked where those were coming from and how the process was going, as it seemed different than our typical contracts. Mr. Gonzalez said there is code and interpretation of code and the system, and CHS, were working closely with the State and end users to ensure all security enhancements are needed and that they are met. It is an evolving process. Changes related to the emergency power capacity were requested by the NYC Department of Corrections.

Ms. Smith explained that scope for emergency power currently met code requirements and this would exceed code requirements but NYC Department of Corrections felt it was necessary to ensure that in the event of a power outage at the site the unit would remain fully functional and secure. Dr. Katz added that while varying groups had signed off on the initial plans, the Department of Corrections felt that this change was necessary and they are the experts. He maintained that NYC H+H still believes this will be an excellent program and wants to ensure that all parties are heard and satisfied with what is necessary to maintain appropriate security. Ms. Wang said she understood.

Ms. Wang asked if there were lessons learned as this process evolved, to mitigate similar changes in any possible similar projects, being that this was the first project of this type and was not like our typical contracting process or construction projects. Mr. Gonzalez said there were definitely lessons being learned through the Bellevue project and those would be incorporated in the process for anticipated projects at Woodhull and North Central Bronx. Ms. Smith added that Correction Health Services was working closely with SCOC and the Department of Corrections to mitigate changes.

Ms. Wang asked if the other project were staggered behind so that our learning will translate to those sites. Mr. Gonzalez said we were working closely with the end user to mitigate changes.

Ms. Wang noted that there was reference to conditional approval and asked what that meant. Ms. Smith said that there was a minor finalization pending regarding privacy screens but it was more of a housekeeping issue.

Ms. Wang asked if Array and AECOM were part of the other projects. Mr. Gonzalez said they were contracted at Woodhull but not NCB. She noted that there was no extension to Array and AECOM but confirmed that the increase in cost would cover Woodhull. Mr. Gonzalez said this was just for Bellevue but if there were additional funding needed for Woodhull we would return to the committee and Board for

approval. There was base scope approved for Woodhull but they are not ready at this time to determine if that would be needed. Ms. Wang said she understood. Mr. Gonzalez said the good news was that we can incorporate what we have learned so far so we can make those adjustments and see how that effects things.

Ms. Wang asked if there were increases based on the extension of time. Mr. Gonzalez said yes, to the Consigli contract.

Ms. Wang asked if OMB had approved these changes. Mr. Gonzalez said the original \$49 million was approved and CP packages and supporting documentation had been submitted and were being reviewed.

Ms. Wang asked if increases to this would decrease our other OMB allocations. Mr. Indar said no, this remains separate.

Mrs. Hernandez-Piñero submitted advance written questions to be reviewed on the record: asked what work had been completed to date. Mr. Gonzalez said at Bellevue design had been completed and modified as requested and approximately 75% interior space was complete. The generator is just now being designed but hopefully that would be completed quickly and specs finalized for purchase and manufacturing. At Woodhull design was pretty much finalized and construction has not begun. Design was in schematic phase for NCB.

Mr. Cheung noted that decanting work had been completed at Woodhull. Mr. Gonzalez thanked him and confirmed that the 9<sup>th</sup> and 10<sup>th</sup> floors had been decanted and were ready to be built in.

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

There being no further business, the Committee Meeting was adjourned at 12:26p.m.

**Strategic Planning Committee Meeting - November 20, 2023**

**As Reported by: Dr. José Pagán**

**Committee members present:** Dr. José Pagán, Freda Wang, Erin Kelly representing Sally Hernandez-Piñero, Dr. Machelles Allen representing Dr. Mitchell Katz until her joined at 11:25

Dr. José Pagán, called the November 20<sup>th</sup>, 2023 meeting of the Strategic Planning Committee (SPC) to order at 10:42 am.

Dr. Pagán notified the Board and the public that Sally Hernandez-Piñero is participating virtually and in a listening capacity, and Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Dr. Pagán noted for the record that according to the By-Laws - Section 14, Committee Attendance, if any member of a standing or

special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

Sally Hernandez-Piñero has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on her behalf. The request was approved.

Dr. Pagán called for a motion to approve the May 8, 2023 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the May 8, 2023 Strategic Planning Committee meeting was unanimously approved.

### **INFORMATION ITEMS**

Allie Nudelman, Director, External and Regulatory Affairs presented on the Government Affairs Overview updates that are affecting our System's performance.

#### City Update

Ms. Nudelman reported that election day took place last week, on November 7<sup>th</sup>, and the entire City Council was on the ballot alongside other City-wide officials.

#### State Update

Ms. Nudelman reported that the New York State division of budget issues its mid-year report, and indicated that the State deficit has been reduced from \$9.1 to \$4.3 billion. The Governor does not plan to roll back new investments in school foundation, AIDS support for Hospitals, or in Mental Health to make up for the budget shortfall. As of November 16<sup>th</sup>, there are 165 bills that passed both houses of the State Legislature that still need to be considered by the Governor before the end of the year.

#### Federal Update

Ms. Nudelman reported that last week Congress passed a continuing resolution to keep the Government open into 2024. Medicaid DSH cuts were delayed until January 19<sup>th</sup>, and we will continue to advocate for the DSH cuts to be eliminated.

**Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-23 Q4 (Period Comparison: Apr-June 2023 compared to Jan-Mar 2023) Performance:**

#### **Positive Trends:**

### Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **58.1%** from 51.7% (target: 50%)
3. Hgb A1c control <8: Improved slightly to **68.8%** from 68.5% (revised target: 67.3%)
4. % Left without being seen in emergency departments (ED): Improved slightly to **4.7%** from 4.8% (target 4.0%)
1. Post Acute Care (PAC): All Cause Hospitalization rate: Improved slightly to **2.4 per 1,000 care days** from 2.5 per 1,000 care days (target: 1.6 per 1,000 care days)

### Care Experience

7. Ambulatory care experience - recommended provider office: **86.4%** from 85.9% (target: 87.0%)
6. Inpatient care experience - overall rating: **63.9%** from 62.6% (target: 66.3%)

### Culture of Safety

18. Total Wellness Encounters: **728** from 586 (target: 600)

### Financial Sustainability

9. Patient Care Revenue/Expenses: **77.9%** from 73.8% (target: 65%)
12. Total A/R days per month: **47.4 days** from 48.4 days (target: 45 days)
14. Enterprise Data Center Migration progress
  - **As of June 2023, 93%** of the overall data center initiative is complete
  - **Transition from Sungard to QTS is 100% complete** (1<sup>st</sup> date center) (target: 100%)

### Access to Care

17. NYC Care: **119,000** from 116,360 (remains better than target of 100,000)
15. Unique Primary Care Patients: **427,449** from 424,105 (target: 405,000)

### **Negative Trends: (better than or close to target)**

### Care Experience

8. MyChart Activations: **56%** from 58% (slightly below target of 60%)

### Financial Sustainability

13. PAC Total AR days: **49.5 days** from 48 days (slightly better than target of 50 days)

### Access to Care

16. # of e-consults: **110,830** from 111,445 (better than target of 95,100)

### **Negative Trends:**



Financial Sustainability

- 10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **77%** from 80% (target: 90%)
- 11. % MetroPlus medical spend at NYC Health + Hospitals: **39.9%** from 46.6% (target: 45%)

**Equity Measures:**

Racial & Social Equity Measures

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

| Category                                  | Apr-Jun 2022 | July-Sept 2022 | Oct-Dec 2022 | Jan-Mar 2023 | Apr-Jun 2023 |
|---|--------------|----------------|--------------|--------------|--------------|
| Women                                     | 42%          | 45%            | 40%          | 19.9%        | 24.4%        |
| Non-Binary                                | 0.3%         | 0%             | 0%           | 0%           | 0%           |
| Asian                                     | 14.1%        | 20.5%          | 27.3%        | 11.0%        | 9.3%         |
| Black or African American                 | 4.9%         | 5.2%           | 8.0%         | 4.4%         | 4.1%         |
| Hispanic or Latino                        | 2.1%         | 5.2%           | 7.2%         | 3.8%         | 1.9%         |
| American Indian or Alaska Native          | 0.5%         | 0.3%           | 0.3%         | 0.3%         | 0.3%         |
| Native Hawaiian or Other Pacific Islander | 0.3%         | 0.3%           | 0%           | 0%           | 0%           |
| Unknown                                   | 60.8%        | 48.7%          | 23.1%        | 10.2%        | 24.5%        |

- 20. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data:
  - FY23 Q3 (January-March 2023): **73** (above target of 40)
  - FY23 Q4 (April-June 2023): **70** (Note: this contains partial data only and will be updated in the next reporting quarter)

**COVID-19 Metrics:**

COVID-19

| Metric  | FY23 Q4 (Apr-Jun, 2023) | FY23 Q3 (Jan-Mar, 2023) | FY23 Q2 (Oct-Dec, 2022) |
|---|-------------------------|-------------------------|-------------------------|
| ■ % of Occupied Beds                            | 74%                     | 74%                     | 73%                     |
| ■ % of COVID-19 Occupied Beds                   | 2%                      | 4%                      | 7%                      |
| ■ # of COVID-19 Therapies – Oral Antivirals     | 1,801                   | 6,546                   | 12,263                  |
| ■ # of COVID-19 Therapies – Infusion Treatments | 142                     | 637                     | 1,472                   |

**Dr. Nichola Davis, Vice President, Population Health reported on improvements in Diabetes Control in Health and Hospitals.**

Dr. Davis presented the A1C Control Rate timeline, and reported that A1C control dropped during COVID, and has been increasing every quarter, with now having the highest rate that we've ever had at our institution at 68.7% for Q4 2022. Chronic Disease RNs, Chronic Disease Management Tool (CDMT), Treat to Target (T2T), Outreach buckets, and clinical pharmacists helped to support facility diabetes initiatives.

Dr. Davis reported that the next step is a goal for Diabetes Management of 70%.

**FOLLOW-UP ITEMS:**

- The Committee expressed an interest in seeing the % of new physician hires being underrepresented minority annual data broken down by facility, as well as an annual trend history from 2019 to today.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 11:49 am.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**November 30, 2023**

### **CELEBRATING THANKSGIVING ACROSS THE HEALTH SYSTEM**

The holiday season began in earnest at NYC Health + Hospitals with many of our hospitals celebrating Thanksgiving with turkey giveaways for their patients and community and special meals for our residents at the long-term care facilities. Many hospitals identified patients through their ambulatory care service to offer them turkeys. One hospital teamed up with two elementary schools in Queens to give families, parents, and patients turkeys. Another hospital's Department of Rehabilitation hosted a Thanksgiving lunch in which the patients themselves cooked the meal with the assistance of their Occupational Therapists and volunteers. MetroPlusHealth sponsored several turkey giveaways in conjunction with our hospitals.

Many of the long-term care facilities hosted pre-Thanksgiving luncheons for their residents. At NYC Health + Hospitals/McKinney, the facility hosted a celebration dedicated to the more than 50 long-term care residents who are not connected to family members or typically do not receive visitors. This year, the residents celebrated with those who make them feel most at home during the holidays like their doctors, nurses, therapists, and extended family of food services, security and many others who support them every day. Finally, in addition to a "Friendsgiving" ahead of the holiday, NYC Health + Hospitals/Sea View held dinners on various units on Thanksgiving Day.

### **TWO NEW CHIEF MEDICAL OFFICER PROMOTIONS**

After serving NYC Health + Hospitals for an incredible 50 years in various positions, including Chief Medical Officer for Elmhurst and Queens Hospital, Dr. Jasmin Moshirpur has retired. Effective Friday, December 1 NYC Health + Hospitals/Elmhurst and Queens will have new Chief Medical Officers. Dr. Laura Iavicoli, former Deputy Chief Medical Officer, will become the CMO at NYC Health + Hospitals/Elmhurst, and Dr. David Holson will become the CMO at NYC Health + Hospitals/Queens.

Dr. Holson completed his medical degree at the University of the West Indies at Mona, an internship in Internal Medicine at St. Luke's Roosevelt Hospital and an integrated residency in Emergency Medicine at the Mount Sinai School of Medicine program at Beth Israel Medical Center and Elmhurst. He received a master's degree in Health Services Management from Columbia University. He is a fellow of the American Academy of Emergency Medicine. His professional experience includes serving as an Assistant Professor of Emergency Medicine at the Icahn School of Medicine at Mount Sinai.

Dr. Iavicoli is an experienced and seasoned board-certified emergency medicine physician with expertise in disaster preparedness and pandemic response, and previously served as NYC Health + Hospitals systemwide Assistant Vice President for Emergency Management. She played a pivotal role in guiding Elmhurst Hospital through the first COVID-19 surge, using her background in disaster management to develop new and innovative procedures

and treatment protocols in the hospital. Dr. Iavicoli is an emergency medicine physician and has practiced for over 20 years at the hospital.

#### **NURSING EXCELLENCE AWARDS RECOGNIZE 35 NURSES FROM ACROSS THE HEALTH SYSTEM**

Today NYC Health + Hospitals honored 35 nurse professionals from across the health System as part of our annual Nursing Excellence Awards. The honorees included nurses from each of the Systems' facilities and clinical service lines, including acute care, post-acute, correctional health services, community care, and Gotham Health. 25 nurses were recognized for Excellence in Clinical Nursing, and 5 nurses were recognized Systemwide for their efforts in leadership, volunteering, education and mentorship, home or ambulatory care, and technology and innovation. Another 5 nurses received the DAISY Award for Nurses Advancing Health Equity, created by the DAISY Foundation to honor nurses who go above and beyond in caring for patients and families who are disadvantaged demographically, psycho-socially, or economically. The fourth annual Structural Empowerment Award was presented to the nursing leadership and staff at NYC Health + Hospitals/South Brooklyn Health for their commitment to achieving higher performance levels, including increases in certification rates and other notable metrics. In addition, the Structural Transformation Award was presented to NYC Health + Hospitals/Harlem for being the first acute care facility to implement the Care Delivery Daily Management system, which improves communication for quality and safety and allows the direct care nurses and nurse leaders to have oversight of their units/departments 24/7.

#### **NYC HEALTH + HOSPITALS/CARTER CELEBRATES ITS 10<sup>TH</sup> ANNIVERSARY**

On Wednesday, November 29, NYC Health + Hospitals/Carter celebrated its 10th Anniversary, as Harlem's own Long-term Acute Care Hospital and Nursing Facility. This facility has served New Yorkers with medically complex and highly-specialized needs, including therapeutic support or rehabilitative services to improve their quality of life. The 400,000 square foot facility offers residents and patients the most technologically advanced care available. Carter is designed to provide on-site specialized clinical support around the clock – an offering that distinguishes it from other long-term care settings that often require a patient to transfer to an outside facility when medical needs escalate. The facility bears the name of Wheelchair Charities, Inc. Founder Henry "Hank" J. Carter, who has devoted over 50 years to supporting New Yorkers with disabilities and contributed more than \$20 million to NYC Health + Hospitals.

#### **MAYOR ADAMS UPDATES NEW YORKERS ON SERIOUS MENTAL ILLNESS PLAN**

Yesterday at City Hall, Mayor Adams marked the one-year anniversary of his plan to support New Yorkers living with untreated severe mental illness (SMI) experiencing homelessness. He updated New Yorkers on the City's progress, announcing that more New Yorkers are getting connected to the care they need and have begun stabilizing their lives. With intense coordination between City and State agencies, increased training for first responders, deployment of more clinicians, and additional psychiatric beds being brought online, some of the hardest to reach New Yorkers living on City streets believed to have untreated SMI now have a roof over their heads and are stabilizing their lives in hospital or supportive housing settings. This is a 170% increase compared to the year prior.

The update highlighted our two Extended Care Units, the newest at NYC Health + Hospitals/Kings County. The Extended Care Unit can house up to 25 patients at a time and offers psychopharmacological treatment, rehabilitative activities including music and art therapy, reading, and various exercises. Patients are assigned tasks that support interpersonal communication and skill development, such as doing their own laundry or curating a display of patient artwork.

The Mayor also highlighted improved communication between first responders and our health System. The protocol has reduced the number of people cycling between hospitals and the street. He also spoke to our commitment to reopening all our psychiatric beds that we repurposed during the pandemic.

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

NYC Health + Hospitals remains at the forefront of the City's response to the unprecedented humanitarian crisis, providing life-changing assistance to thousands of asylum seekers in our care.

Our 16 humanitarian centers ensure that the over 22,000 individuals in our care, approximately three-quarters of whom are families with children, receive dignified, compassionate care and the on-site resources they need to reach a brighter future. The Floyd Bennett Field humanitarian center, which opened in late October, continues to receive new families with children, with approximately 500 people currently living there.

From the onset of the asylum seeker crisis, NYC Health + Hospitals has led the city's delivery of medical services. Staff at the Arrival Center have now registered approximately 75,000 asylum seekers, providing medical and behavioral screenings, on-site vaccinations, health insurance enrollment, case work and reconnection services to all new arrivals to New York City. Together, staff at the Arrival Center and our humanitarian centers have administered over 50,000 vaccinations. Since 2022, NYC Health + Hospitals clinicians have now completed over 65,000 visits to patients we know to be migrants or asylum seekers.

Day in, day out, our staff work to ensure our humanitarian centers provide a welcoming environment where guests feel a sense of solace, belonging and opportunity. Their generosity was on full display over Thanksgiving, when staff prepared and served over 22,000 Thanksgiving meals to every asylum seeker in our care. Since our humanitarian centers first opened their doors last October, we have served over 12 million nutritious, culturally-relevant meals to make sure those in our care are well fed and have a taste of home.

#### **LIFESTYLE MEDICINE PROGRAM EXPANDS TO NYC HEALTH + HOSPITALS/WOODHULL AND KINGS COUNTY**

On November 16, NYC Health + Hospitals' nationally recognized Lifestyle Medicine Program expanded to NYC Health + Hospitals/Woodhull, followed by a launch this morning at NYC Health + Hospitals/Kings County. These are the second and third of six new sites to make the program available citywide, following the recent launch of the program at NYC Health + Hospitals/Jacobi in the Bronx. The pilot program, launched at NYC Health + Hospitals/Bellevue in 2019 with the support of then-Borough President Eric Adams, has already

seen hundreds of patients. The Lifestyle Medicine Program's team supports patients in making evidence-based lifestyle changes, including a healthful plant-based diet, increased physical activity, improved sleep habits, stress reduction, avoidance of substance use, and stronger social connections. Adults living with prediabetes, type 2 diabetes, high blood pressure, heart disease, or health concerns related to excess weight are eligible to enroll. The program can accommodate 48 new patients each month, and the care team at each site includes physicians, nurse practitioner(s), certified nurse midwife (Woodhull Hospital only), a dietitian, a health coach, community health workers, a psychologist, a program coordinator, and an exercise trainer.

**NEW COMMUNITY MURALS UNVEILED AT NYC HEALTH + HOSPITALS/QUEENS, COLER, AND GOTHAM HEALTH, SYDENHAM**

Three new permanent murals were added to our System this month through our Arts in Medicine department's Community Mural Program. In late October, NYC Health + Hospitals/Gotham Health, Sydenham celebrated the new mural, *Roses in Harlem*, developed by artist Stephanie Costello that represents the resilient character of the historic Sydenham Hospital, and the Harlem neighborhood that has nurtured its spirit; earlier this month NYC Health + Hospitals/Queens unveiled, *Roots of Medicine*, a new mural by local artist Zeehan Wazed portraying eight flowers used in homeopathic medicine; and today, NYC Health + Hospitals/Coler unveiled *Healing in Community*, by artist Rachel Fawn Alban featuring portraits of 34 members of the Coler community. These are three of the nine new murals coming to the health System this winter, building on the 26 murals created in the first wave of the Community Mural Project. This program is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

**NYC HEALTH + HOSPITALS/LINCOLN DEBUTS NEW MURAL CREATED WITH INPUT FROM BRONX YOUTH AFFECTED BY GUN VIOLENCE**

At the beginning of November, NYC Health + Hospitals and the NYC Department of Cultural Affairs unveiled a new mural at NYC Health + Hospitals/Lincoln about gun violence by the artist, Fernando "Ski" Romero. He developed the mural with youth who participate in the gun violence interruption initiative Guns Down, Life Up at Lincoln Hospital. Participants used disposable cameras to capture their experience living in the South Bronx, and the artist incorporated those images into the final mural using silkscreen and collage. The mural features participants and staff from Guns Down, Life Up and is located along the hallways where the program meets. It includes QR codes linked to videos, poems, and artwork by the participants. The new mural, *United*, is developed through a program of the health system's Arts in Medicine department, and funding provided by the NYC Department of Cultural Affairs and the Laurie M. Tisch Illumination Fund.

**NYC HEALTH + HOSPITALS' ARTIST IN RESIDENCE MODESTO "FLAKO" JEMENEX HOLDS CULMINATING SHOWCASE AT CARNEGIE HALL**

Artist Modesto "Flako" Jimenez, the 2022-23 NYC Public Artist in Residence, spent a year with the health system's gun violence prevention programs, shadowing violence interrupters and engaging youth who have experienced gun

violence. The showcase at Carnegie Hall was a culmination of the residency. It included poetry and mural workshops, a performance of the Romeo and Juliet balcony scene in modern language, a short video documentary of the collaboration, and poetry readings. The NYC Department of Cultural Affairs selected Flako as one of the artists for the its Public Artists in Residence (PAIR) program, which embeds socially engaged artists within City government to propose solutions to civic challenges. The residency is a program of the health system's Arts in Medicine department, and funding for the residency is provided by the NYC Department of Cultural Affairs and the Laurie M. Tisch Illumination Fund.

**DR. TED LONG, SENIOR VICE PRESIDENT FOR AMBULATORY CARE AND POPULATION HEALTH, RECOGNIZED BY CRAIN'S NEW YORK FOR ITS ANNUAL 40 UNDER 40 LIST**

Ted Long, MD, MHS, Senior Vice President for Ambulatory Care and Population Health at NYC Health + Hospitals, was named to Crain's New York 2023 "40 Under 40" list in recognition of his work leading New York City's response to the asylum seeker crisis and COVID-19 pandemic. As the leader of NYC Health + Hospitals' Humanitarian Emergency Response and Relief Centers (HERRCs), Dr. Long created a network of 16 humanitarian centers that currently house 22,000 asylum seekers. He also launched the city's Arrival Center, a central intake to register and provide medical and social services to new arrivals that has welcomed over 70,000 people to date. As the former Executive Director of the NYC Test & Trace Corps (T2), Dr. Long led the City's effort to provide accessible, no-cost COVID-19 testing and vaccinations, and resources for those infected or exposed, enabling them to quarantine or isolate. T2 also partnered with the Department of Education to make NYC the first big city in the country to offer safe in person education, which became a cornerstone of New York's response to the pandemic.

**LUNG CANCER SCREENING PROGRAM EXPANDS TO ALL OF OUR HOSPITALS**

The health System's Lung Cancer Screening program will be available at all of our hospitals by the end of this year, with a capacity to serve 5,000 patients a year. Lung cancer is the leading cause of cancer death for both men and women, and more people die each year from lung cancer than breast, prostate and colon cancers combined. Patients are screened for lung cancer with a low-dose computerized tomography (CT) scan, a diagnostic imaging tool that uses x-rays to create an image of the inside body. It has been proven to dramatically increase survival. NYC Health + Hospitals offers lung cancer screening for people who are between the ages of 50 and 80, have a history of heavy smoking, are currently using tobacco or stopped within the past 15 years, and have no signs or symptoms of underlying lung cancer. In fiscal year 2023, the health system screened over 3,000 patients for lung cancer. Those who meet the criteria and wish to be screened can be referred by their primary care provider.

**TWO NEW SPECIALIZED MENTAL HEALTH CLINICS OPEN FOR PEOPLE AFFECTED BY DOMESTIC AND GENDER BASED VIOLENCE**

At the end of October, the health System expanded services for people affected by domestic and gender-based violence. Two new mental health clinics for survivors are open at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Lincoln. The \$2 million clinics will provide trauma-

informed mental health services, including screenings, individual and group sessions, and medication management. The clinics will support nearly 3,000 patients each year. Patients can be referred to the clinics by any one of the city's domestic violence shelters or the City's Family Justice Centers. The effort builds on a multi-City agency Domestic Violence Shelter Mental Health Initiative announced in May, which will increase access to mental health services for families residing in the city's domestic violence shelters. The \$5.8 million initiative will support more than 10,000 adults and children who receive services at the city's 55 domestic violence shelters.

#### **NYC HEALTH + HOSPITALS/BELLEVUE RECEIVES NEW ACCREDITATION FOR OBESITY MEDICATION AND RE-ACCREDITATION AS METABOLIC AND BARIATRIC SURGERY CENTER**

The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) has accredited NYC Health + Hospitals/Bellevue's Obesity Medicine Program and has re-accredited its Bariatric Surgery Program. The hospital has been designated by the program as a "Comprehensive Center with Adolescent and Obesity Medicine Qualifications." The accreditation process for the surgery program reviews patient safety procedures, clinical data, and other rigorous bariatric surgical standards. All patients undergo several months of screening and preparation before undergoing the surgery, and the interventions offer many patient benefits, including weight loss, potential diabetes remission, and improved blood pressure. The Bellevue Center for Obesity and Weight Management has provided bariatric surgery and medical weight management since its inception in 2008, but this is the first time the accrediting group has offered certification for obesity medicine.

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

**Federal:** Earlier this month, Congress passed a Continuing Resolution to keep the government open into 2024, with one tranche of government funding now running out on January 19 and the other on February 2. The Medicaid DSH cuts were delayed until January 19. We will continue to advocate for the DSH cuts to be eliminated, and there is broad support for doing so.

**State:** External Affairs awaits the outcome of the remaining bills that passed both houses of the NYS Legislature. Of the 896 bills that passed both houses, 165 still need to be considered by the Governor before the end of the year.

**Community:** We hosted our 2nd out of 4 CMS Health Insurance Symposiums in partnership with CMS and the NY State of Health. The Symposium at Elmhurst Hospital on October 16 was well attended, by 50 people. The next Symposium will be at Bellevue Hospital at October 30 and has 83 registrations thus far. The last one will be held on December 7 at Lincoln Hospital.

#### **NEWS AROUND THE HEALTH SYSTEM**

- [Nick News: Migrants, Halloween, Ghost Hunters, Uploads](#)
- [New York Times Celebrates a Hundred People and the City Toasts Elmhurst's Frontline Workers](#)
- [NYC Health + Hospitals/Elmhurst To Receive \\$17.5M For Upgrades](#)
- [New mural unveiled at NYC Health + Hospitals/Lincoln to raise awareness on gun violence](#)



- [NYC Health + Hospitals Expands Lung Cancer Screening Program In Honor Of Lung Cancer Awareness Month](#)
- [NYC Care Program Promotes Guaranteed Health Care For All New Yorkers](#)
- [Elmhurst Hospital celebrates opening of new operating rooms with ribbon-cutting event](#)
- [Award of Merit Health Care: NYC Health + Hospitals: Ruth Bader Ginsberg Hospital](#)
- [63 health systems with strong finances](#)
- ['Adopt-a-Resident' program returns at NYC Health + Hospitals/McKinney Nursing and Rehabilitation Center](#)
- [Every Table expands to NYC Health + Hospitals/Jacobi, offering healthy and affordable food](#)
- [Mayor, Governor announce details of \\$1.6 billion Kips Bay life sciences hub](#)
- [New York City Health + Hospitals hosts migrant families for Thanksgiving](#)
- [Hospital's new murals showcase local history](#)

**RESOLUTION - 06**

Approving the New York City Health and Hospitals Corporation **Annual Board Committee Assignments Effective January 1, 2024**, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,

Further authorizing as set forth in Article V, section 1 – the Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - **approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors**

**WHEREAS**, Article VI. Section 1(c) of the by-laws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board; and

**WHEREAS**, Article V. Section 1 of the by-laws of the New York City Health and Hospitals Corporation - Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

**WHEREAS**, the Chairperson has proposed the appointments set forth in the attachment hereto.

**NOW, THEREFORE**, be it

**RESOLVED** that the New York City Health and Hospitals Corporation Board of Directors hereby approves the appointments of the members to the standing committees and Vice Chair of the Board as reflected in the attachment, which appointments shall be effective from January 1, 2024 until such time as any changes are approved by the Board.

**Standing Committees Committee Assignments**

| <b>STANDING COMMITTEES OF THE BOARD</b>      |   |
|--|---|
| <u>Executive</u>                             | <p>Chair: José Pagán</p> <p>Members: Molly Wasow Park<br/>Vincent Calamia, MD<br/>Mitchell Katz, MD<br/>Anne Williams-Isom<br/>Sally Hernandez-Piñero<br/>Freda Wang<br/>Ashwin Vasan, MD</p> |
| <u>Audit</u>                                 | <p>Chair: Sally Hernandez-Piñero</p> <p>Members: Freda Wang<br/>Anita Kawatra<br/>José Pagán<br/>Mitchell Katz, MD</p>  |
| <u>Capital</u>                               | <p>Chair: José Pagán</p> <p>Members: Sally Hernandez-Piñero<br/>Mitchell Katz, MD<br/>Freda Wang<br/>Robert Nolan</p>   |
| <u>Community Relations</u>                   | <p>Chair: Robert Nolan</p> <p>Members: Sally Hernandez-Piñero<br/>Mitchell Katz, MD<br/>José Pagán<br/>Anita Kawatra<br/>Patricia Marthone<br/>Jackie Rowe-Adams</p>                          |
| <u>Equity, Diversity and Inclusion (EDI)</u> | <p>Chair: Patricia Marthone</p> <p>Members: Sally Hernandez-Piñero<br/>Freda Wang<br/>Mitchell Katz, MD<br/>José Pagán<br/>Ashwin Vasan, MD<br/>Molly Wasow Park<br/>Jackie Rowe-Adams</p>    |
| <u>Finance</u>                               | <p>Chair: Freda Wang</p> <p>Members: Sally Hernandez-Piñero<br/>Mitchell Katz, MD<br/>Barbara A. Lowe, RN<br/>José Pagán<br/>Patricia Marthone</p>  |
| <u>Governance</u>                            | <p>Chair: José Pagán</p> <p>Members: Sally Hernandez-Piñero<br/>Vincent Calamia, MD<br/>Freda Wang<br/>Mitchell Katz, MD<br/>Ashwin Vasan, MD</p>   |

**STANDING COMMITTEES OF THE BOARD (cont'd)**

|  |  |
|--|--|
| <p><b><u>Medical &amp; Professional Affairs and Information Technology (M&amp;PA and IT)</u></b></p> | <p><b>Chair:</b> Vincent Calamia, MD<br/><b>Members:</b> Mitchell Katz, MD<br/>Barbara Lowe, RN<br/>José Pagán<br/>Sally Hernandez-Piñero<br/>Patricia Marthone</p>          |
| <p><b><u>Quality Assurance/Performance Improvement (QAPI)</u></b></p>                                | <p><b>Chair:</b> Mitchell Katz, MD<br/><b>Members:</b> Ashwin Vasan, MD<br/>Barbara Lowe, RN<br/>Sally Hernandez-Piñero<br/>José Pagán<br/>Jackie Rowe-Adams</p>             |
| <p><b><u>Strategic Planning</u></b></p>  | <p><b>Chair:</b> José Pagán<br/><b>Members:</b> Ashwin Vasan, MD<br/>Sally Hernandez-Piñero<br/>Mitchell Katz, MD<br/>Anita Kawatra<br/>Freda Wang<br/>Patricia Marthone</p> |

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## ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

|  |   |
|--|---|
| <p style="text-align: center;"><u><b>José A. Paqán</b></u><br/><u><b>Chair of the Board</b></u></p> <p>Member to All Committees<br/>Chair: Executive – Governance – Capital – Strategic Planning</p> <p>Member: HHC Capital Corporation (subsidiary)</p>   | <p style="text-align: center;"><u><b>Mitchell Katz, MD</b></u><br/><u><b>President and CEO</b></u></p> <p>Ex-officio Member to All subsidiary boards and Committees Except Governance and is a Member of Audit and serves as ex-officio Chair: Quality Assurance<br/>HHC ACO (Accountable Care Organization (Subsidiary))</p> |
| <p style="text-align: center;"><u><b>Sally Hernandez-Piñero</b></u></p> <p>Chair: Audit; MetroPlus Health Plan, Inc. (subsidiary)<br/>Member: Governance<br/>Executive<br/>Quality Assurance/Performance Improvement<br/>Equity, Diversity and Inclusion<br/>Finance<br/>Strategic Planning<br/>Capital<br/>Community Relations Committee<br/>Medical and Professional Affairs and Information Technology<br/>HHC Capital Corporation (subsidiary)</p> | <p style="text-align: center;"><u><b>Molly Wasow Park</b></u></p> <p>Member: Executive<br/>Equity Diversity and Inclusion</p>   |
| <p style="text-align: center;"><u><b>Ashwin Vasan, MD</b></u></p> <p>Member: Executive<br/>Governance<br/>Quality Assurance/Performance Improvement<br/>Strategic Planning<br/>Equity Diversity and Inclusion</p>  | <p style="text-align: center;"><u><b>Deepa Avula</b></u></p> <p>Member: TBD</p>   |
| <p style="text-align: center;"><u><b>Vincent Calamia, M.D.</b></u></p> <p>Chair: Medical &amp; Professional Affairs and Information Technology (Subsidiary)HHC Insurance Company / Physicians Purchasing<br/>Member: Governance<br/>Executive</p>  | <p style="text-align: center;"><u><b>Freda Wang - Vice Chair of the Board</b></u></p> <p>Chair: Finance<br/>HHC Capital Corporation (subsidiary)<br/>Member: Capital<br/>Audit<br/>Strategic Planning<br/>Governance<br/>Executive<br/>Equity, Diversity and Inclusion</p>  |
| <p style="text-align: center;"><u><b>Anita Kawatra</b></u></p> <p>Member: Audit<br/>Strategic Planning<br/>Community Relations</p>   | <p style="text-align: center;"><u><b>Barbara A. Lowe, MS, RN</b></u></p> <p>Member: Finance<br/>Quality Assurance/Performance Improvement<br/>Medical and Professional Affairs and Information Technology</p>   |
| <p style="text-align: center;"><u><b>Jackie Rowe-Adams</b></u></p> <p>Member: Community Relations Committee<br/>Equity Diversity and Inclusion<br/>Quality Assurance / Performance Improvement</p>   | <p style="text-align: center;"><u><b>Robert F. Nolan</b></u></p> <p>Chair: Community Relations<br/>Member: Capital Committee<br/>HHC Capital Corporation (subsidiary)</p>   |

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**Anne William-Isom**

**Member: Executive Committee**

**Patricia Marthone**

**Chair: Equity Diversity and Inclusion  
Member: Community Relations Committee  
Finance  
Medical and Professional Affairs  
and Information Technology  
Strategic Planning**

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## Subsidiary Board Assignments

| <b>SUBSIDIARY BOARD MEMBERS</b>   |   |
|---|---|
| <u>HHC Capital Corporation</u>  | <p>Chair: Freda Wang</p> <p>Members: José Pagán<br/>Dr. Mitchell Katz<br/>Robert Nolan<br/>Sally Hernandez-Piñero</p>   |
| <u>MetroPlus Health Plan, Inc.</u>  | <p>Chair: Sally Hernandez-Piñero</p> <p>Members: Dr. Talya Schwartz<br/>Valencia Lloyd<br/>Sherif Sakr<br/>Dr. Eric Wei<br/>Matthew Siegler<br/>Christopher Roker<br/>Mark Powers<br/>Vacant</p> <p style="font-size: small;">r. 06/24/2021</p>   |
| <u>HHC Insurance Company/Physicians Purchasing Group</u>  | <p>Chair: Dr. Vincent Calamia</p> <p>Members: Dr. Mitchell Katz<br/>Dr. Machel Allen<br/>Mr. John Ulberg<br/>Ms. Andrea Cohen</p>   |
| <u>HHC Accountable Care Organization (HHC / ACO)</u>  | <p>Chair: Dr. Mitchell Katz</p> <p>Members: Matthew Siegler, CEO<br/>John Ulberg, Treasurer<br/>Andrea Cohen, Secretary<br/>Nicole Jordan-Martin<br/>Dr. Gary Kalkut, Vice President<br/>Dr. Jasmine Moshirpur<br/>Dr. Warren Seigel<br/>Dr. Richard Becker<br/>Hyacinth Peart<br/>Dr. Daniel Napolitano</p> <p style="font-size: small;">r. 12/16/2021</p> |
| <u>HHC Assistance Corporation</u><br><u>(Centralized Service Organization – CSO)</u><br><br><u>One-City Health Services</u> | <p>Chair: Matthew Siegler</p> <p>Members: Dr. Mitchell Katz<br/>John Ulberg<br/>Sheldon McLeod<br/>Jeremy Berman<br/>Dr. Michael A. Stocker</p>   |

## RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care for HERRC case management services** at a not to exceed amount of \$176,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**WHEREAS**, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (the “City”); and

**WHEREAS**, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

**WHEREAS**, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women and adult families, or single adult men; and

**WHEREAS**, the System is currently funding general casework services at all HERRC sites, assisting guests with court dates, child care plans, work authorization, resource navigation; and

**WHEREAS**, the System has identified a need for a new scope of HERRC case management services to assist guests with exit planning and supplant some of the existing case work services; and

**WHEREAS**, currently the System has been utilizing DocGo, Inc. and Medrite LLC dba Medrite Urgent Care to provide general HERRC case management services; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to identify additional vendors, in which 61 vendors attended a pre-proposal conference and 13 subsequently submitted proposals; and

**WHEREAS**, of the 13 proposals submitted, the five vendors receiving the highest ratings have been selected for award; and

**WHEREAS**, those awarded vendors will provide services on an as-needed basis without a minimum usage requirement; and

**WHEREAS**, the Office of Ambulatory Care will be responsible for the management of the proposed contracts.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care for HERRC case management services at a not to exceed amount of \$176,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.



**EXECUTIVE SUMMARY  
HERRC CASE MANAGEMENT SERVICES  
AGREEMENTS WITH  
CHEROKEE NATION MANAGEMENT AND CONSULTING, LLC, INTERNATIONAL RESCUE  
COMMITTEE, INC., HORNE LLP, RAPID RELIABLE TESTING NY LLC DBA DOCGO INC., AND  
MEDRITE LLC DBA MEDRITE URGENT CARE**

**OVERVIEW:** The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. These case management services are required in order to support guests with exit planning and supplant existing case work services at all HERRCs. The proposed contracts will expand casework roster, service scope, and bring in specific expertise from organizations that have worked with these populations.

**PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide case management services to the System on an as-needed basis. The RFP was sent directly to 13 prospective vendors, and 61 prospective vendors attended a pre-proposal conference. A total of 13 vendors submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top five rated proposers to provide case management services to the System.

**COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$176,800,000.

Funding for these agreements will be covered by the City through an MOU with the New York City Mayor’s Office.

**MWBE:** An overall MWBE utilization goal of 35% has been established and accepted by Cherokee Nation Management and Consulting, LLC, Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care, through the use of subcontractors.

International Rescue Committee, Inc. is a non-profit organization and is therefore exempt from the MWBE requirement.

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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

Tsismenakis, Georgia  
Digitally signed by Tsismenakis, Georgia  
Date: 2023.12.06 15:53:38 -05'00'

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Contract: RFP No. 2746 HERRC Case Management Services

Date: December 6, 2023

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

| <u>Vendor</u>                                  | <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|--|------------------------------|------------|-------------|
| Cherokee Nation Management and Consulting, LLC | Pending                      | Pending    | 35%         |
| International Rescue Committee, Inc.           | Pending                      | Pending    | MWBE/100%   |
| Horne LLP                                      | Pending                      | Pending    | 35%         |
| Rapid Reliable Testing NY LLC dba DocGo Inc.   | Approved                     | Approved   | 35%         |
| Medrite LLC dba Medrite Urgent Care            | Approved                     | Approved   | 35%         |

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.

# **Humanitarian Emergency Response and Relief Centers (HERRCs) Case Management Services**

## **Application to Award Contracts**

**Cherokee Nation Management and Consulting, LLC, International Rescue  
Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo  
Inc., and Medrite LLC dba Medrite Urgent Care**

## **Board of Directors Meeting**

**December 14, 2023**

**Chris Keeley - Senior Assistant Vice President  
Office of Ambulatory Care**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care for HERRC case management services at a not to exceed amount of \$176,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

## Background / Current State

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- Currently providing general casework services at HERRC sites to assist guests with court dates, child care plans, work authorization, resource navigation, etc.
- Seeking to strengthen and expand casework services for exit planning to support guests moving onto the next chapter of their lives
- NYC Health + Hospitals helping to lead this effort citywide
- Currently using existing contracts with DocGo and Medrite
- Historical spend
  - DocGo: NYC Health + Hospitals has committed \$2.1 million through November 2023, and has paid out \$0 through November 2023
  - Medrite: NYC Health + Hospitals has committed \$596K through November 2023, and has paid out \$0 through November 2023
- RFP sought to expand casework capacity and service scope, as well as bring in national expertise from organizations that have worked with these populations
- Completing multiple reference checks for Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc. and Horne LLP
- NYC Health + Hospitals expenses will be covered by HERRC MOU with the Mayor's Office

# RFP Criteria

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- Minimum criteria:
  - Three years in business performing services at a similar scale
  - MWBE status, Utilization Plan, or Waiver Request
  - \$3 million in annual revenue for each of the last three years
- Substantive Criteria
  - 30% Relevant experience
  - 25% Readiness to deploy
  - 25% Cost
  - 10% Capacity for National Resettlement Services
  - 10% MWBE
- Evaluation Committee:
  - COO, Ambulatory Care
  - Senior Finance Manager, HERRC
  - Reconnections Program Director, HERRC
  - Behavioral Health Lead, HERRC
  - Assistant Director, Population Health

# Overview of Procurement

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- 09/26/23: Application to issue request for proposals approved by CRC
- 10/06/23: RFP Posted on City Record, sent directly to 13 vendors
- 10/18/23: Pre-proposal conference held, 61 vendors attended
- 11/06/23: Proposals due, 13 proposals received
- 11/15/23: Evaluation committee debriefed and submitted final scores. Below are the top 5 proposers:
  - Cherokee Nation Management and Consulting, LLC
  - International Rescue Committee, Inc.
  - Horne LLP
  - Rapid Reliable Testing NY LLC dba DocGo Inc.
  - Medrite LLC dba Medrite Urgent Care

# Vendor Performance

**Department of Supply Chain**  
**Vendor Performance Evaluation**  
**RapidReliableTesting DBA DocGo**

| 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 |



# Vendor Performance

| <b>Department of Supply Chain</b>  |                     |
|--|---------------------|
| <b>Vendor Performance Evaluation</b>   |                     |
| <b>MedRite</b>   |                     |
| <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 extend 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                 |
| <b>Performance and Overall Quality Rating Satisfactory</b>   | <b>Satisfactory</b> |

# Vendor Background & Assignment

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- Cherokee Nation Management and Consulting, LLC
  - Federally licensed Minority Business Enterprise with experience completing over 115 emergency preparedness and response projects
  - Approach to case management aligns with RGY coding and able to provide holistic resettlement and referral services, naming national resettlement as one of their 3 main programmatic pillars when approaching casework services
  - Have active recruitment pipelines across a variety of specialties and the agility to rapidly scale up or down in response to changing needs
  
- International Rescue Committee, Inc.
  - Non-profit industry leaders capable of serving as dynamic thought partners for refugee casework services and national resettlement, having provided asylum seeker casework and reception services to well over 100,000 asylum seekers in the US
  - Approach centers on acknowledging migration-related stressors and systematic barriers
  - Work with clients who come from over 170 countries, many of which are points of origin for HERRC guests

# Vendor Background & Assignment

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- Horne LLP
  - Have worked with State and Federal entities to provide national resettlement services to over 85,000 asylum seekers including work authorization, temporary protective status, and biometrics, as well as caseworker supports for 19,000+ New Yorkers during Hurricane Sandy's emergency response
  - Approach involves conducting cultural assessments of targeted resettlement locations to ensure capacities for successful integration with formal (CBO, State) and informal (community, cultural) supports
  - Able to rapidly staff and deploy
  
- Work will be assigned based on operational need, vendor capacity, and financial competitiveness; Contract can be sunset at any time with less than 90 day notice, and work can be reassigned from a vendor with 30 day notice

# Vendor Diversity

| Vendor Name                                      | MWBE Vendor                     | Subcontracted SOW       | NYC/NYS            | UP Goal % |
|--|---------------------------------|-------------------------|--------------------|-----------|
| <b>Cherokee Nation Management and Consulting</b> | Carter Lard Consulting Services | Staffing and Consulting | M/WBE (Black)      | 35%       |
| <b>International Rescue Committee, Inc.</b>      | Non-Profit (MWBE Exempt)        | N/A                     | N/A                | 0%        |
| <b>Horne, LLP</b>                                | Penda Aiken, Inc.               | Staffing                | MWBE (Black)       | 35%       |
| <b>Rapid Reliable Testing NY LLC dba DOCGO</b>   | Indelible Solutions             | Staffing                | MBE (Black)        | 35%       |
| <b>Medrite LLC dba Medrite Urgent Care</b>       | Staffing Boutique               | Staffing                | WBE (Non-Minority) | 35%       |
|  | Alliance Supply                 | Medical Supplies        | WBE (Non-Minority) |           |

- The Vendor Diversity team set a goal of 35% on this solicitation.
- The awarded vendors have agreed to utilization plans meeting the 35% goal.
- International Rescue Committee, Inc. is a non-profit organization.



# Board of Directors Approval Request

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- Office of Ambulatory Care is seeking approval to enter into contract with Cherokee Nation Management and Consulting, LLC, International Rescue Committee, Inc., Horne LLP, Rapid Reliable Testing NY LLC dba DocGo Inc., and Medrite LLC dba Medrite Urgent Care for HERRC case management services at a not to exceed amount of \$176,800,000
- NTE is based on assumption that caseworkers will be available 16 hours a day and at a minimum available for 3 sessions per month for each HERRC household using historical rates
- Contract Start Date: January 1st, 2024 with a term of one year and two six-month renewal options exercisable at the discretion of the System
- NYC Health + Hospitals case management expenses will be covered by HERRC MOU with the Mayor's Office

## RESOLUTION - 08

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers for HERRC catering services** at a not to exceed amount of \$355,000,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**WHEREAS**, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”); and

**WHEREAS**, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

**WHEREAS**, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women and adult families, or single adult men; and

**WHEREAS**, the System is currently funding 3 culturally competent and nutritious meals a day plus snacks 7 days a week; and

**WHEREAS**, the System has identified a need for the continuation of HERRC catering services for the asylum seeker population, particularly asylum-seeking children and those who may have experienced malnutrition prior to arrival; and

**WHEREAS**, currently the System has been utilizing Rethink Food NYC, Inc. and LIC COM LLC dba Kommissary to provide HERRC catering services; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to identify additional vendors, in which 50 firms attended a pre-proposal conference and 23 subsequently submitted proposals; and

**WHEREAS**, of the 13 proposals submitted, the four who vendors received the highest ratings have been selected for award; and

**WHEREAS**, those awarded vendors will provide services on an as-needed basis without a minimum usage requirement; and

**WHEREAS**, the Office of Ambulatory Care will be responsible for the management of the proposed contracts.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers for HERRC catering services at a not to exceed amount of \$355,000,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY  
HERRC CATERING SERVICES  
AGREEMENTS WITH  
RETHINK FOOD NYC, INC., LIC COM LLC DBA KOMMISSARY, BRIDGING CULTURES  
GROUP, INC., AND R.C. STILLWELL LLC DBA RIVIERA CATERERS**

**OVERVIEW:** The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. Catering services are required in order to provide constant access to nutritious and culturally competent food. The proposed contracts will support the asylum seeker population, particularly asylum-seeking children and those who may have experienced malnutrition prior to their arrival.

**PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide catering services to the System on an as-needed basis. The RFP was sent directly to 11 prospective vendors, and 50 prospective vendors attended a pre-proposal conference. A total of 23 firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top four rated proposers to provide catering services to the System.

**COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$355,000,000.

Funding for these agreements will be covered by the City through a Memorandum of Understanding with the New York City Mayor’s Office.

**MWBE:** An overall MWBE utilization goal of 35% has been established, however, the selected vendors: LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers are MWBEs and Rethink Food NYC, Inc. is a not-for-profit corporation that consequently receives an exemption from the MWBE requirements.



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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

Tsismenakis, Georgia  
Digitally signed by  
Tsismenakis, Georgia  
Date: 2023.12.06  
16:01:41 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board Review of Contract

Contract: RFP No. 2722 HERRC Laundry Services

Date: December 6, 2023

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

| <u>Vendor</u>   | <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|---|------------------------------|------------|-------------|
| HappyNest, Inc.   | Pending                      | Approved   | 30%         |
| Sodexo, Inc.  | Approved                     | Pending    | 16%         |
| Sun International Trading LLC                             | Approved                     | Pending    | MWBE/100%   |
| Burnblu 2081 Flatbush Ave LLC<br>dba Blu Laundry Services | Pending                      | Pending    | 30%         |

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.



**Humanitarian Emergency Response and Relief Centers  
(HERRCs)  
Catering Services**

**Application to Award Contracts**

**with Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging  
Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers**

**Board of Directors Meeting  
December 14, 2023**

**Chris Keeley - Senior Assistant Vice President  
Office of Ambulatory Care**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera Caterers** for HERRC catering services at a not to exceed amount of \$355,000,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

# Background / Current State

- Currently providing 3 culturally competent and nutritious meals per day everyday at HERRCs operated by NYC Health + Hospitals
- Seeking vendors to continue to provide access to nutritious and culturally competent food for these individuals and families
- Two existing contracts
  - ReThink Food
  - LIC Com, LLC
- Historical spend
  - LIC COM: NYC Health + Hospitals has committed \$52.6 million through October 2023, and has paid out \$42.5 million through October 2023
  - ReThink: NYC Health + Hospitals has committed \$31 million through October 2023, and has paid out \$18.3 million through October 2023
  - The contracts price meals on a per meal, per day basis with a cap of \$14.40 per day per guest. The rate includes all vendor expenses such as delivery costs, utensils, condiments, and packaging.
- No ancillary costs
- RFP done to competitively bid for these services and identify additional vendors that may be well-suited to this work
- Completing multiple reference checks for Bridging Cultures Group, Inc. and R.C. Stillwell LLC dba Riviera Caterers

- Soliciting guest feedback
- Operational improvements and efficiencies
- Partnerships for leftovers
- Cost savings

# RFP Criteria

## ➤ Minimum criteria:

- Three years in business performing food services at a similar scale
- M/WBE status, Utilization Plan, or Waiver Request
- \$1 million in annual revenue for each of the last three years

## ➤ Substantive Criteria

- 30% Relevant experience
- 25% Readiness to deploy
- 25% Cost
- 10% Cultural competency
- 10% MWBE

## ➤ Evaluation Committee:

- COO, Ambulatory Care
- Senior Director, HERRC Hospitality & Logistics
- Grants Director, HERRC
- Catering Lead, HERRC Hospitality & Logistics
- Assistant Vice President, Management Services
- Director, Bellevue Plant Based Lifestyle Medicine Program

# Overview of Procurement

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- 07/25/23: Application to issue request for proposals approved by CRC
- 09/08/23: RFP Posted on City Record, sent directly to 11 vendors
- 09/15/23: Pre-proposal conference held, 50 vendors attended
- 10/24/23: Proposals due, 23 proposals received
- 11/08/23: Evaluation committee debriefed and submitted final scores. Below are the top 4 proposers:
  - Rethink Food NYC, Inc.
  - LIC COM LLC dba Kommissary
  - Bridging Cultures Group, Inc.
  - R.C. Stillwell LLC dba Riviera Caterers

# Vendor Performance

| <b>Department of Supply Chain</b>  |                     |
|--|---------------------|
| <b>Vendor Performance Evaluation</b>   |                     |
| <b>ReThink Food</b>  |                     |
| <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                 |
| <b>Performance and Overall Quality Rating Satisfactory</b>   | <b>Satisfactory</b> |

# Vendor Performance

| <b>Department of Supply Chain</b>  |                     |
|--|---------------------|
| <b>Vendor Performance Evaluation</b>   |                     |
| <b>LIC Com DBA Kommissary</b>  |                     |
| <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 extend 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                 |
| <b>Performance and Overall Quality Rating Satisfactory</b>   | <b>Satisfactory</b> |



# Vendor Background & Assignment

- Bridging Cultures Group, Inc.
  - Arab-American Woman-owned MWBE vendor capable of providing full services within 10 days of contracting
  - Menu blueprint meets cultural competency goals of diverse and regionally-appropriate meals that comply with NYC Food standards, with meals designed to scale as needed
  - Long standing community work
  
- R.C. Stillwell LLC dba Riviera Caterers
  - MWBE vendor experienced in providing meal services to asylum seekers and working in a food service capacity with the City
  - Sample menu is encompassing of regional cuisine goals and vendor was a leader on adaptation of NYC Food standards when Executive Order 8 was signed
  - Ability to rapidly deploy following contracting, with marginal capacity to operationalize new sites overnight
  
- Work will be assigned based on operational need, vendor capacity, and financial competitiveness
  
- Contract can be sunset at any time with less than 90 day notice, and work can be reassigned from a vendor with less than 30 day notice

# Vendor Diversity

| Vendor Name             | MWBE Status      | Subcontracting Plan  |
|-------------------------|------------------|--|
| LIC Com dba Kommissary  | Asian MBE        | 20% Hispanic<br>10% Asian-female                                   |
| ReThink Food            | Non-Profit       | 40% Hispanic<br>25% Black<br>5% Asian-female                       |
| Bridging Cultures Group | Non-Minority WBE | Estimated 40-50% subcontracted to MWBEs, with majority to Hispanic |
| Riviera Caterers        | Non-Minority WBE | MWBE subcontracting plan TBD                                       |



# Board of Directors Approval Request

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- Office of Ambulatory Care is seeking approval to enter into contract with **Rethink Food NYC, Inc., LIC COM LLC dba Kommissary, Bridging Cultures Group, Inc., and R.C. Stillwell LLC dba Riviera** Caterers for HERRC catering services at a not to exceed amount of \$355,000,000.
- NTE is based on maximum occupancy at HERRC sites for guests 3 meals a day utilizing historical rates
- Contract Start Date: January 1st, 2024 with a term of one year and two six-month renewal options exercisable at the discretion of the System
- NYC Health + Hospitals catering expenses will be covered by HERRC MOU with the Mayor's Office

**RESOLUTION - 09**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **HappyNest, Inc., Sodexo, Inc., Sun International Trading LLC, Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services** for HERRC laundry services at a not to exceed amount of \$33,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**WHEREAS**, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”); and

**WHEREAS**, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

**WHEREAS**, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women and adult families, or single adult men; and

**WHEREAS**, the System is currently funding site-specific weekly, rotating laundering services at certain HERRC sites operated by NYC Health + Hospitals and

**WHEREAS**, the System has identified a need to continue providing consistent, timely, and smooth laundering services at all HERRC sites for asylum seekers, many of whom arrive with minimal clothing and need reliable access to laundering services; and

**WHEREAS**, currently the System has been utilizing HappyNest, Inc. and Sodexo, Inc., Sun International Trading LLC to provide HERRC laundry services; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to identify additional vendors, in which eight vendors attended a pre-proposal conference and ten subsequently submitted proposals; and

**WHEREAS**, of the ten proposals submitted, the four vendors who received the highest ratings have been selected for award; and

**WHEREAS**, those awarded vendors will provide services on an as-needed basis without a minimum usage requirement; and

**WHEREAS**, the Office of Ambulatory Care will be responsible for the management of the proposed contracts.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with HappyNest, Inc., Sodexo, Inc., Sun International Trading LLC, Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services for HERRC laundry services at a not to exceed amount of \$33,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY  
HERRC LAUNDRY SERVICES  
AGREEMENTS WITH  
HAPPYNEST, INC., SODEXO, INC., SUN INTERNATIONAL TRADING LLC, AND  
BURNBLU 2081 FLATBUSH AVE LLC DBA BLU LAUNDRY SERVICES**

**OVERVIEW:** The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. Laundry services are required in order to continue providing consistent, timely, and smooth laundering services at a significant scale. The proposed contracts will support the asylum seeker population by providing on-site laundering services at all HERRCs.

**PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide laundry services to the System on an as-needed basis. The RFP was sent directly to ten prospective vendors, and eight prospective vendors attended a pre-proposal conference. A total of ten vendors submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top four rated proposers to provide laundry services to the System.

**COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$33,800,000.

Funding for these agreements will be covered by the City through a Memorandum of Understanding with the New York City Mayor’s Office.

**MWBE:** An overall MWBE utilization goal of 30% has been established and accepted with HappyNest, Inc., Sun International Trading LLC, Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services, through the use of subcontractors, with Sodexo, Inc. accepting a 16% goal.



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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

Tsismenakis, Georgia  
Digitally signed by  
Tsismenakis, Georgia  
Date: 2023.12.06  
16:01:41 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board Review of Contract

Contract: RFP No. 2722 HERRC Laundry Services

Date: December 6, 2023

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

| <u>Vendor</u>   | <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|---|------------------------------|------------|-------------|
| HappyNest, Inc.   | Pending                      | Approved   | 30%         |
| Sodexo, Inc.  | Approved                     | Pending    | 16%         |
| Sun International Trading LLC                             | Approved                     | Pending    | MWBE/100%   |
| Burnblu 2081 Flatbush Ave LLC<br>dba Blu Laundry Services | Pending                      | Pending    | 30%         |

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.

**Humanitarian Emergency Response and Relief Centers  
(HERRCs)  
Laundry Services**

**Application to Award Contracts**

**HappyNest, Inc., Sodexo, Inc., Sun International Trading LLC, and Burnblu  
2081 Flatbush Ave LLC dba Blu Laundry Services**

**Board of Directors Meeting  
December 14, 2023**

**Chris Keeley - Senior Assistant Vice President  
Office of Ambulatory Care**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **HappyNest, Inc., Sodexo, Inc., Sun International Trading LLC, and Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services** for HERRC laundry services at a not to exceed amount of \$33,800,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.



## Background / Current State

- Currently providing routine laundering services at all HERRC sites operated by NYC Health + Hospitals
- Seeking vendors to continue providing effective laundering services at significant scale. Many asylum seekers arrive with minimal clothing and need reliable access to laundering services
- Two existing contracts
  - Sodexo, Inc.
  - HappyNest, Inc.
- Historical spend
  - Sodexo: NYC Health + Hospitals has committed \$6.1 million through October 2023 close and has paid out \$3.7 million through October 2023
  - HappyNest: NYC Health + Hospitals has committed \$0.65 million through October 2023 close and has paid out \$0.52 million through October 2023
  - Sodexo: per pound basis, which includes routine operational costs and additional costs such as delivery. Startup costs such as purchasing laundry carts and mesh bags additional
  - HappyNest: per bag basis as a flat all-in cost inclusive of administration fees, labor, delivery
- No ancillary costs
- RFP done to competitively bid for these services and identify additional vendors that may be well-suited to this work
- Completing multiple reference checks for Sun International Trading LLC and Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services
- NYC Health + Hospitals expenses will be covered by HERRC MOU with the Mayor's Office

# RFP Criteria

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## ➤ Minimum Criteria:

- Three years in business performing laundry services at a similar scale
- M/WBE status, Utilization Plan, or Waiver Request
- \$1 million in annual revenue for each of the last three years

## ➤ Substantive Criteria

- 30% Relevant experience
- 25% Readiness to deploy
- 25% Cost
- 10% Cultural competency
- 10% MWBE

## ➤ Evaluation Committee:

- COO, Ambulatory Care
- Senior Director, HERRC Hospitality & Logistics
- Chief Finance Officer, HERRC
- Director of Management Services
- Laundry Lead, HERRC Hospitality & Logistics

# Overview of Procurement

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- 08/29/23: Application to issue request for proposals approved by CRC
- 10/12/23: RFP Posted on City Record, sent directly to 10 vendors
- 10/20/23: Pre-proposal conference held, 8 vendors attended
- 11/08/23: Proposals due, 10 proposals received
- 11/14/23: Evaluation committee debriefed and submitted final scores. Below are the top 4 proposers:
  - HappyNest, Inc.
  - Sodexo, Inc.
  - Sun International Trading LLC
  - Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services

# Vendor Performance

**Department of Supply Chain**  
**Vendor Performance Evaluation**  
**HappyNest**

| 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                 |
| <b>Performance and Overall Quality Rating Satisfactory</b>   | <b>Satisfactory</b> |

# Vendor Performance

| <b>Department of Supply Chain</b><br><b>Vendor Performance Evaluation</b><br><b>Sodexo</b>   |              |
|--|--------------|
| 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 |

# Vendor Background & Assignment

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- Sun International Trading LLC
  - Asian woman-owned MWBE with 10 years' City contract experience, capable of rapidly scaling
  - Facilities conveniently located in multiple boroughs, positioned to strategically serve HERRC facilities with minimal disruption to service
  
- Burnblu 2081 Flatbush Ave LLC
  - Applying for MWBE status directly, in addition to plan for adequate subcontracting
  - Has capacity to deploy immediately
  
- Work will be assigned based on operational need, vendor capacity, and financial competitiveness
  
- Contract can be sunset at any time with less than 90 day notice, and work can be reassigned from a vendor with less than 30 day notice

# Vendor Diversity

| Vendor Names                         | MWBE Vendors             | NYC/NYS                                 | UP Goal % |
|--------------------------------------|--------------------------|---|-----------|
| <b>HappyNest, Inc.</b>               | LTL Laundry Services     | WBE(Non-Minority) certification pending | 30%       |
| <b>Sodexo, Inc.</b>                  | Sigmatex Textile         | MBE(Asian)                              | 16%       |
|                                      | Infinitem LLC            | MBE(Asian)                              |           |
|                                      | Magnus Texx LLC          | MBE(Asian)                              |           |
| <b>Sun International Trading LLC</b> | N/A                      | M/WBE (Asian)                           | 100%      |
| <b>Blu Laundry Services</b>          | Handsomely Done Cleaners | M/WBE (Black)                           | 30%       |

- The vendor diversity team set a goal of 30% on this solicitation.
- The awarded vendors include one MWBE.
- The three non-MWBE vendors have agreed to utilization plans meeting the 30% goal, with the exception of Sodexo, which has submitted a plan of 16% and negotiations are continuing.

- Office of Ambulatory Care is seeking approval to enter into contract with HappyNest, Inc., Sodexo, Inc, Sun International Trading LLC, and Burnblu 2081 Flatbush Ave LLC dba Blu Laundry Services for HERRC laundry services at a not to exceed amount of \$33,800,000
- NTE is based on maximum occupancy at HERRC sites and guests receiving laundering on a weekly basis utilizing historical rates
- Contract Start Date: January 1st, 2024 with a term of one year and two six-month renewal options exercisable at the discretion of the System
- NYC Health + Hospitals laundry expenses will be covered by HERRC MOU with the Mayor's Office



**RESOLUTION - 10**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **BA Global Construction, Corp. (the “Contractor”)**, to **undertake a renovation at NYC Health + Hospitals/Jacobi Medical Center’s (“Jacobi”) Postpartum Department**, to upgrade and modernize such Postpartum Department to meet the needs of an expanding community, for a contract amount of \$12,842,955 with an 18% project contingency of \$2,311,732 to bring the total cost not to exceed \$15,154,687.

**WHEREAS**, Jacobi’s current Postpartum Department is located on the 7<sup>th</sup> floor of Jacobi building 1 and consists of 12 shared patient rooms in the west wing (7w) and a number of offices and on call rooms in the south wing (7S) with a centralized nurse’s station; and

**WHEREAS**, due to the growing needs of an expanding community, and in order to enhance patient experience, it was determined that Jacobi should undertake an upgrade and modernization of the Postpartum Department by utilizing wings 7W and 7S to create a new Postpartum Department that will, when completed, provide 20 private patient rooms with private bathrooms, and a decentralized nurses station; and

**WHEREAS**, in accordance with Operating Procedure 100-5 a solicitation was issued on September 6 pursuant to which bids were received and publicly opened on October 25, 2023, and NYC Health + Hospitals determined that the Contractor submitted the lowest responsible bid; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the administration of the proposed contract shall be with the Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED** that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with BA Construction Corp. in the amount of \$12,842,955 with an 18% project contingency of \$2,311,732 to bring the total cost not to exceed \$15,154,687 to undertake a renovation at NYC Health + Hospitals/Jacobi Medical Center’s Postpartum Department.

**EXECUTIVE  
SUMMARY  
JACOBI MEDICAL CENTER  
POST PARTUM RENOVATION CONTRACT  
BA GLOBAL CONSTRUCTION CORP.**

**CONTRACT SCOPE:** General Construction Work

**NEED:** NYC Health + Hospitals facilities requires general construction services to undertake the postpartum project at Jacobi Medical Center due to the growing needs of an expanding community and to enhance patient experience.

**CONTRACT DURATION:** Eighteen months; slated to commence Spring 2024 with anticipated completion in winter of 2025

**PPROCUREMENT:** A competitive sealed bid was issued on September 6; eleven contractors attended the pre-bid on site tour on 9/18/2023 and 9/19/2023; eleven bids were received by the bid due date of 10/25/2023 with the low, responsible and responsive bidder being BA Global Construction Corp. for a contract not to exceed total of \$12,842,955. BA Global is a prior and current JOCs vendor and has been rated as Good and Excellent for their services.

**FUNDING:** Completely funded by City Capital.

**MWBE:** BA Global is a registered MWBE.



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

From: Franco Esposito *Franco Esposito*  
Senior Counsel  
Office of Legal Affairs

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

Vendor: BA Global Construction Corp.

Date: August 25, 2023

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

MBE Certified

# **Request to Award Contract to BA Global for Postpartum Renovation Project at Jacobi Medical Center**

**Board of Directors Meeting  
December 14, 2023**

**Christopher Mastromano, Chief Executive Officer, NYC H+H/Jacobi  
Manuel Saez, PhD, Vice President, OFD  
Oscar Gonzalez, Senior Assistant Vice President, OFD  
Erin Egan, Senior Director, OFD**

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with BA Global Construction, Corp. (the “Contractor”), to undertake a renovation at NYC Health + Hospitals/Jacobi Medical Center’s (“**Jacobi**”) Postpartum Department, to upgrade and modernize such Postpartum Department to meet the needs of an expanding community, for a contract amount of \$12,842,955 with an 18% project contingency of \$2,311,732 to bring the total cost not to exceed \$15,154,687.

## Program Background/ History

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- Jacobi Medical Center currently services a large community where many families come to give birth. Current Postpartum Unit is on the 7W wing of building #1. 7S wing is mostly offices and on call rooms.
  
- The existing Postpartum Department contains 12 patient rooms in the west wing with a centralized nurse's station.
  - The current patient rooms are double-bedded with a shared bathroom
  
- We are looking to upgrade and modernize the department to meet the needs of the expanding community.
  - Both wings 7W and 7S will be utilized to create the new Postpartum Department.
  
- A complete interior gut renovation to provide 20 private patient rooms and a decentralized nurse's station to enhance the patient experience.

# Construction Scope & Schedule

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- Postpartum Renovation of 7W and 7S Wings:
  - Interior gut of both 7W and 7S wings
  - Convert double patient rooms and bathrooms to single patient rooms and bathrooms
  - Removal of 7S skylight expanding rooms
  - Creating a decentralized nurses station for each wing
  - Nursery in 7S
  - Mechanical/Electrical/Plumbing upgrades
  - Central welcome and waiting area between 7W and 7S
  - Project will be done in phases beginning with 7S
  - Expected to begin Spring 2024 with completion expected by winter 2025





# Overview of Procurement

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- 9/18/2023 & 9/19/23: Site tour for bidders; Total 11 contractors attended
- 10/25/2023: Bid due date, (11) Eleven bids received
- 10/31/2023: Technical meeting held with, BA Global being the lowest responsive and responsible bidder in accordance with general municipal law for construction bids
  - They have fulfilled all minimum project requirements per our contract and specification document.

# Construction Contract

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- BA Global is a registered MWBE contractor.
- Contract amount is **\$12,842,955**
- BA Global is currently one of our JOCs General Contractor (2023-2024) and also served as a previous JOCs General Contractor (2022-2023). Evaluations for both contracts were rated 84% and 93% respectively.
- Expected to begin Spring 2024 (or earlier) with completion expected by Winter 2025

# Performance Evaluation

| Vendor Performance Evaluation  |           |
|--|-----------|
| BA Global  |           |
| 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  | Excellent |

71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# Project Budget

| <b>Jacobi- Postpartum Renovation Project</b> |                     |
|--|---------------------|
| <b>Construction</b>                          | <b>\$12,842,955</b> |
| <b>Project Contingency (18%)*</b>            | <b>\$2,311,732</b>  |
| <b>Total</b>                                 | <b>\$15,154,687</b> |

\*Full funding for this project has been allocated and CP is approved

## Reasons For Higher Contingency

- Higher potential for unforeseen field conditions due to aging quality of building
- Any requests or change to draw from the contingency is evaluated through the change order process

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with BA Global Construction, Corp. (the “Contractor”), to undertake a renovation at NYC Health + Hospitals/Jacobi Medical Center’s (“**Jacobi**”) Postpartum Department, to upgrade and modernize such Postpartum Department to meet the needs of an expanding community, for a contract amount of \$12,842,955 with an 18% project contingency of \$2,311,732 to bring the total cost not to exceed \$15,154,687.

## RESOLUTION - 11

Authorizing the Executive Director of **MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”)** to **negotiate and execute a contract with Accenture, LLP (“Accenture”)** to lead the business implementation efforts for the Plan’s new core processing system for an amount not to exceed \$20,000,000 for a total 26-month contract period.

**WHEREAS**, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York; and

**WHEREAS**, the Plan requires a vendor to lead the business implementation efforts for its new core processing system, which will account for multiple go-live events and will achieve seamless transition from MetroPlus’ legacy platform to HealthEdge’s core admin and clinical platform.; and

**WHEREAS**, an RFP for Consulting Partner services was issued in compliance with MetroPlus’ contracting policies and procedures; and

**WHEREAS**, Accenture was the vendor selected to provide these services; and

**WHEREAS**, on December 7<sup>th</sup>, 2023, the MetroPlus Board of Directors recommended adoption of the resolution for approval by the Board of Directors of the NYC Health + Hospitals, for the proposed contract between MetroPlus and Accenture.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus is hereby authorized to negotiate and execute a contract with Accenture, LLP (“Accenture”) to lead the business implementation efforts for the Plan’s new core processing system for an amount not to exceed \$20,000,000 for a total 26-month contract period.

## EXECUTIVE SUMMARY

**OVERVIEW:** MetroPlus seeks a vendor to lead the implementation for the Plan's new core processing system. The implementation will be a company-wide effort and the anticipated timeline is 26 months. This strategic implementation plan will account for multiple go-live events and will achieve seamless transition from the Plan's legacy platform to HealthEdge's core admin and clinical platform.

**PROCUREMENT:** MetroPlus issued a Request for Proposals on October 10, 2023. A pre-proposal conference was held on October 13, 2023, which 14 prospective vendors attended. 7 proposals were received, all 7 were deemed responsive and they were evaluated, and scored by an Evaluation Committee based on quality of proposed approach and adherence to the scope of work, relevance and quality of experience, management & organizational capability, cost and MWBE utilization plan or MWBE status.


Accenture, LLP was selected on these criteria.

**TERM:** The term of the proposed initial agreement is 26 months.

**MWBE:** 30% MWBE utilization plan has been submitted.



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

From: Steven Stein Cushman  
Chief Counsel, Legal 

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Accenture, LLP

Date: Tuesday, December 5<sup>th</sup>, 2023

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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.



# **MetroPlusHealth | Management Consulting – to Negotiate and Execute a Contract with Accenture, LLP**

**NYC Health + Hospitals Board of Directors Meeting**

December 14<sup>th</sup>, 2023

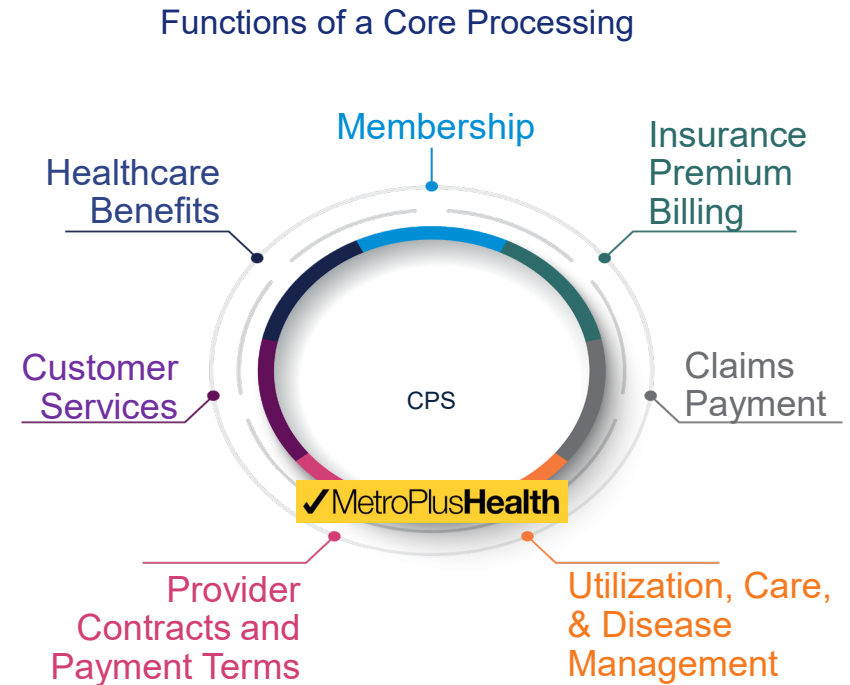
**Dr. Mitchell Katz, NYC H+H CEO**

**Dr. Talya Schwartz, MetroPlusHealth CEO**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to negotiate and execute a contract with Accenture, LLP (“Accenture”) to lead the business implementation efforts for the Plan’s new core processing system for an amount not to exceed \$20,000,000 for a total 26-month contract period.

# CORE PROCESSING SYSTEM (CPS)

- CPS is the engine of every healthcare payor organization.
- Used to pay claims and manage the network as well as members' eligibility and access to care.



## IMPLEMENTATION COMPLEXITY

- We need a partner to help MetroPlusHealth oversee the complex implementation in coordination with HealthEdge.
- 
- Sunsetting our antiquated 30+ year old legacy system.
- New data warehouse.
- 2 years of converted claims and medical data.
- Touching 40+ different systems.
- Multiple go-lives.

# RFP CRITERIA



## Minimum Criteria

- Must have experience with implementation of a HealthEdge system (HRP and Guiding Care) solution.
- Must have experience with implementation of core admin for Medicaid and Medicare lines of business.
- Must have experience in change management/organizational transformation for a large health plan.
- MWBE Utilization Plan, Waiver, or MWBE Certification (see Section VIII.B.10).

## MPH Evaluation Committee

- Chief Compliance and Regulatory Officer
- Deputy Chief Medical Officer
- Deputy Chief Information Officer
- Deputy Executive Director of Core Systems
- VP Claims Operations
- Budget Director

## Evaluation Criteria

- Quality of proposed approach and adherence to SOW - 30%
- Relevance of quality of experience - 20%
- Management and organizational capability - 20%
- Cost - 20%
- MWBE Utilization Plan or MWBE Status- 10%

# SELECTION PROCESS

- **10/10/2023** - Request for proposals (RFP) posted on City Record, sent directly to 24 Vendors.
- **10/13/2023** - Pre-proposal conference held.
- **10/30/2023** - Proposal due, 7 Vendors responded to the RFP.
- **11/16/2023-11/20/2023** - Presentations and demonstrations occurred.
- **12/1/2023** - Final scoring for the Management Consulting component concluded.
- Accenture ranked most favorably by the Evaluation Committee.

# MWBE UTILIZATION PLAN

| Vendor        | MWBE Vendor                 | Subcontracted SOW   | Certification | UP Goal % |
|---------------|-----------------------------|---------------------|---------------|-----------|
| Accenture LLP | Raj Technologies            | IT support services | NYC/NYS MBE   | 30%       |
|               | Genesys Consulting Services | Staffing            | NYC/NYS WBE   |           |



# MANAGEMENT CONSULTING SERVICES FOR METROPLUSHEALTH

Accenture will be providing these services for the successful delivery of MetroPlusHealth's CPS implementation with long term efficiencies



## Resources

- Product Leads
- Functional SMEs for specific workstreams
- Project Managers
- Change Managers
- Support Staff
- Executive Advisors and Sponsors
- Data Converters and Strategists
- Regulatory Leads and Advisors



## Tools and Frameworks

- Playbooks for Implementation
- Planning Tools
- Assessment Tools
- Project Management Tools



## Activities

- Overall Program engagement and execution
- Stand up of a Transformation Office
- Requirements Gathering
- Regulatory Support
- Data Conversion
- Migration Tasks
- Management of activities related to implementation



Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to negotiate and execute a contract with **Accenture, LLP (“Accenture”)** to lead the business implementation efforts for the Plan’s new core processing system for an amount not to exceed \$20,000,000 for a total 26-month contract period.

**RESOLUTION - 12**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlusHealth” or “the Plan”) to increase the funding by \$15,000,000 for its previously executed agreements with **Prager Creative LLC and Bellweather LLC and to allocate those additional funds for media buying, creative advertising & marketing, digital content & social media, and public relations services** to those two contracts for a total amount not to exceed \$35,000,000 for the total 5-year term.

**WHEREAS**, MetroPlusHealth, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York and;

**WHEREAS**, Prager Creative LLC and Bellweather LLC serve as the Plan’s central media buying and creative agencies that help the Plan brand and create product recognition in its markets; and

**WHEREAS**, in 2021, Prager Creative LLC and Bellweather LLC, were two of the firms selected through an RFP process, to provide media buying, creative advertising & marketing, digital content & social media, and public relations services to MetroPlusHealth; and

**WHEREAS**, on July 29, 2021, the Board of Directors of NYC Health + Hospital authorized MetroPlusHealth to enter into a five-year contract with all 3 vendors at an annual cost not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000; and

**WHEREAS**, the Plan seeks to increase its total spending authority of \$20,000,000 to \$35,000,000, an increase of \$15,000,000; and

**WHEREAS**, \$9,000,000 of the increase is reallocation of departmental budget to the agencies due to efficiencies and economies of scale, \$3,000,000 is adjusting for inflation in the industry and \$3,000,000 is an increase to maintain competitiveness in the NY market; and

**WHEREAS**, on December 7<sup>th</sup>, 2023, the MetroPlus Board of Directors recommended adoption of the resolution for approval by the Board of Directors of the NYC Health + Hospitals, for the proposed contract.

**NOW THEREFORE**, be it

**RESOLVED**, that the New York City Health + Hospitals Board of Directors be and hereby authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) executive a contract to increase the funding by \$15,000 for its previously executed agreement for each of the contracts with Prager Creative LLC and Bellweather LLC and to allocate additional funds for media buying, creative advertising & marketing, digital content & social media, and public relations services to those two contracts for a total amount not to exceed \$35,000,000 for the total 5-year term.

## EXECUTIVE SUMMARY

### **AUTHORIZING METROPLUS HEALTH PLAN, INC. TO INCREASE ITS CURRENT SPENDING AUTHORITY WITH PRAGER CREATIVE LLC, BELLWEATHER LLC, MILTON SAMUELS AND ADVERTISING AGENCY, INC. AND TO ALLOCATE ADDITIONAL FUNDS FOR MEDIA BUYING, CREATIVE ADVERTISING & MARKETING, DIGITAL CONTENT & SOCIAL MEDIA, AND PUBLIC RELATIONS SERVICES**

**BACKGROUND:** MetroPlusHealth, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. The Certificate of Incorporation of MetroPlusHealth reserves to NYC Health + Hospitals the power to approve MetroPlusHealth contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000.


In 2021, Prager Creative LLC and Bellweather LLC were two of the firms selected through an RFP process, to provide media buying, creative advertising & marketing, digital content & social media, and public relations services to MetroPlusHealth and on July 29, 2021 the Board of Directors of NYC Health + Hospital authorized MetroPlusHealth to enter into a five year advertising contract with the 3 vendors at an annual cost not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000.

**NEED:** MetroPlus seeks to enhance its competitiveness by attracting new members, retaining existing members, increasing brand awareness and relevance, and to enhance its visibility and reputation in NYC. The Plan's annual approved \$4,000,000 annual spending authority, the Plan would like to increase not-to-exceed to meet its goals.

**PROPOSAL:** MetroPlusHealth seeks authority to increase the annual limit on its spending on the Prager Creative LLC and Bellweather LLC. contracts for the remaining 3 years of the contract term by additional \$5,000,000 per year which will increase the combined total not-to-exceed limit on the contracts from \$20,000,000 to \$35,000,000.



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

From: Steven Stein Cushman  
Chief Counsel, Legal 

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Prager Creative LLC

Date: Friday, December 8, 2023

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

**Vendor Responsibility**

Approved

**EEO**

Approved


**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.



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

From: Steven Stein Cushman <sup>DS</sup>  
Chief Counsel, Legal 

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Bellweather LLC

Date: Friday December 8, 2023

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

NYS /NYC Certified

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.

**MetroPlusHealth | Media Buying, Creative Advertising & Marketing, Digital Content & Social Media and Public Relations Services - Prager Creative LLC and Bellweather LLC**

**NYC Health + Hospitals Board of Directors Meeting**

Thursday, December 14<sup>th</sup>, 2023

**Dr. Mitchell Katz, NYC H+H CEO**

**Dr. Talya Schwartz, MetroPlusHealth CEO**

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlusHealth” or “the Plan”) to increase the funding by \$15,000,000 for its previously executed agreements with **Prager Creative LLC and Bellweather LLC** and to allocate those additional funds for **media buying, creative advertising & marketing, digital content & social media, and public relations services** to those two contracts for a total amount not to exceed \$35,000,000 for the total 5-year term

## The Plan requires a vendor to provide the following:

- Media Buying
- Creative and marketing services
- Digital and social media marketing
- Television and video marketing
- Art direction and production
- Market research

## Contracts with Prager Creative LLC, Bellweather LLC and Milton Samuels Advertising Agency were procured by RFP in 2021

- Contracts expire August 2026.
- Cumulative \$20,000,000 for a total 5 years for all three vendors was approved by the MetroPlus Board in July 2021.
- An increase in the cumulative spending authority to \$35,000,000. This was presented to the MetroPlusHealth Board of Directors for approval on Thursday, December 7<sup>th</sup>, 2023.



# OUR EVOLUTION...

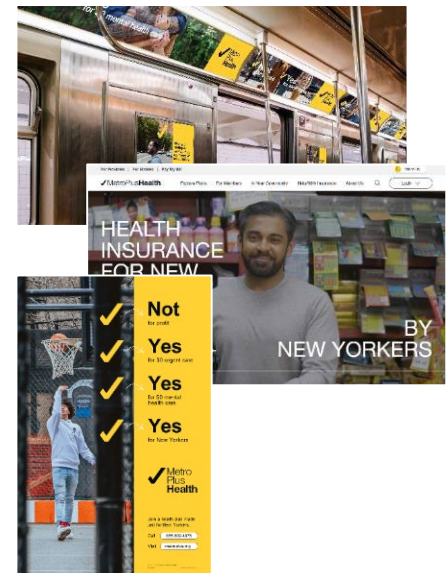
## Fragmented Brand *August 2021*



## Unification & Modernization *February 2022*



## Brand Campaign *July 2022*



# INVESTMENT DRIVING WEBSITE TRAFFIC, AWARENESS & CALL VOLUME

- More than 1 million first time visitors in 2023. This means more than **10% of all New Yorkers visited our website for the first time.**
- We **doubled people directly typing in our brand.** More than 400k visitors typed in metroplus.org in their browser. This means our marketing is driving brand salience and action for website traffic.
- **38% increase in organic search.** A significant jump in organic search signals that people are looking for our content without our brand paying for attention.
- Our consideration has increased by **17%** in a year and a half. Out maneuvering Healthfirst and Fidelis.

# IS IT WORKING?

- Current tracking gap exists between awareness, consideration, interest and conversion to membership.
- MetroPlusHealth is evolving the marketing organization to drive direct enrollments with marketing attribution and overall performance marketing – digital and traditional.
- Highly trackable marketing, such as clicks, leads or sales, will allow MetroPlus to track the performance, optimize for better results and measure return on investment (ROI) with marketing spend. Focusing on digital attribution first as it is easier to track given the power of Google Analytics.

# RATIONALE FOR INCREASE ALLOCATION

- Account for inflation (~\$3M).
- Account for competitive landscape post the PHE unwind (~\$3M).
  - Crowded NYC health insurance market which spends heavily to promote brand awareness and to create competitive differentiation through advertising and marketing.
  - Direct competitors outspend MetroPlus by 4:1 in traditional media and 25:1 in digital media.
  - Stronger competitors puts pressure on need for investment spending.
- Reallocation from fragmented (small vendors) to retained main vendors: Creating efficiencies, capitalizing on economies of scale and continue to ensure outstanding execution as demonstrated by results to date (~\$9M).
- **Better Pricing:** MetroPlusHealth retained agencies offer lower negotiated media buying rates.

## SPENDING AUTHORITY REQUEST

- Original Approval \$20,000,000 over lifetime of agreements.
- Additional Spending Authority Request \$15,000,000 over the remaining 3 years of agreements.
  - \$9,000,000 moving departmental budget to agencies
  - \$6,000,000 increase to budget
- **Revised spending authority request: \$35,000,000 over lifetime of the agreements.**

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlusHealth” or “the Plan”) to increase the funding by \$15,000,000 for its previously executed agreements with **Prager Creative LLC and Bellweather LLC** and to allocate those additional funds for **media buying, creative advertising & marketing, digital content & social media, and public relations services** to those two contracts for a total amount not to exceed \$35,000,000 for the total 5-year term