

BOARD OF DIRECTORS MEETING

THURSDAY, APRIL 25, 2024

A•G•E•N•D•A•

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

Mr. Pagán

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

➤ NYC Health + Hospitals | Queens

**2023 Performance Improvement Plan and Evaluation (Written Submission Only)**

➤ NYC Health + Hospitals | East New York - Gotham Center

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

➤ NYC Health + Hospitals | Elmhurst

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

Mr. Pagán

**3. Adoption of the Board of Directors Meeting Minutes – March 28, 2024**

Mr. Pagán

**4. Chair’s Report**

**5. President’s Report**

Dr. Katz

6. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the following vendors: **Show the Good Consulting, LLC, Malone Creative Group, LLC, D’Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc.** for the provision of Marketing Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System. These agreements shall have a not to exceed amount of \$50,000,000 over the potential five-year term.

Mr. Pagán

(Presented Directly to the Board: 04/25/2024)

**Vendex: All Approved**

**EEO: All Approved**

7. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for **NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A**, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term

Mr. Pagán

(Presented to the Medical and Professional Affair / Information Technology Committee: 04/08/2024)

**Vendex: All Approved except DSI International Inc.**

**EEO: All Pending**

8. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a **best-interest renewal agreement with Canon Solutions America Inc. for the provision of enterprise-wide managed print services** for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

Mr. Pagán

(Presented to the Medical and Professional Affair / Information Technology Committee: 04/08/2024)

**Vendex: Approved / EEO: Pending**

9. Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Gilbane Building Company, (the “Contractor”) to build a new clinic for Gotham Health in Far Rockaway** for a contract amount of \$30,000,000.

Mr. Pagán

(Presented to the Capital Committee: 04/08/2024)

**Vendex: Approved / EEO: Pending**

10. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc. (the “Contractor”), to undertake Essential Electrical System (EES) work at NYC Health + Hospitals/North Central Bronx (“NCB”)** for a contract amount of \$7,625,488, with a 15% project contingency of \$1,143,824, to bring the total cost not to exceed \$8,769,312.  
 (Presented to the Capital Committee: 04/08/2024)  
**Vendex: Approved / EEO: Approved**

Mr. Pagán

11. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment contract (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$5,837,585, including an 10% construction contingency of \$401,249, for a term of 18 months, **for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrades at New York City Health + Hospitals/Coler, (the “Project”).**  
 (Presented to the Capital Committee: 04/08/2024)  
**Vendex: NA / EEO: NA**

Mr. Pagán

12. Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Sweet Group of New York LLC, (the “Contractor”) to undertake a labor and birthing suite renovation at New York City Health + Hospitals/Woodhull** for a contract amount of \$14,816,993, with a 10% project contingency of \$1,481,699, to bring the total cost not to exceed \$16,298,693.  
 (Presented to the Capital Committee: 04/08/2024)  
**Vendex: Approved / EEO: Approved**

Mr. Pagán

13. Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to negotiate and execute a contract with **Deloitte Consulting, LLP (“Deloitte”) to provide MetroPlus with testing resources for the Plan’s new core processing system** for an amount not to exceed \$9,500,000 for a total 26-month contract period.  
 (Presented to the MetroPlus Health Board: 03/28/2024)  
**Vendex: Approved / EEO: Pending**

Dr. Katz

14. Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) **to increase the spending authority for the current renewal period ending December 31, 2024, by \$1,250,000 for its current agreement with Carahsoft, reseller of Salesforce, to cover additional Salesforce license costs and to add Marketing Cloud as a new service,** a comprehensive digital marketing platform to improve engagement with members and providers.

Dr. Katz

Additionally, authorizing the Plan **to execute a five-year best-interest extension at a cost not to exceed \$24,750,000 including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension period.**  
 (Presented to the MetroPlus Health Board: 03/28/2024)  
**Vendex: Approved / EEO: Approved**

**COMMITTEE AND SUBSIDIARY REPORTS**

- Medical and Professional Affairs / Information Technology Committee
- Capital Committee
- MetroPlus Health (Subsidiary)

Mr. Pagán

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

Mr. Pagán  
 Mr. Pagán  
 Ms. Piñero  
 Mr. Pagán

**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 **28th day of March, 2024** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán  
Dr. Mitchell Katz  
Ms. Anne Williams-Isom - Left at 3:00p.m.  
Dr. Vincent Calamia  
Ms. Molly Wasow Park - Left at 3:00p.m.  
Ms. Karen St. Hilaire - Joined at 3:00p.m.  
Dr. William Fisher  
Dr. Shady Chamany - Joined at 2:15p.m.  
Ms. Sally Hernandez-Piñero  
Ms. Anita Kawatra - Left at 4:09  
Ms. Jackie Rowe-Adams  
Ms. Barbara Lowe  
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.

Mr. Pagán noted that Dr. William Fisher is representing Emiko Otsubo, and Dr. Shadi Chamany is representing Ashwin Vasan - both in a voting capacity.

**EXECUTIVE SESSION**

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding patient medical information.

**OPEN SESSION**

The Board reconvened in public session at 3:12 p.m.

Mr. Pagán noted that Dr. William Fisher is representing Emiko Otsubo, Ms. Karen St. Hilaire is representing Molly Wasow Park, and Dr. Shadi Chamany is representing Ashwin Vasan - all in a voting capacity.

**ACTION ITEM 3 - ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on February 29, 2024 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 February 29, 2024, 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/Gouverneur Skilled Nursing Facility and NYC Health + Hospitals/Coler Long Term Care and Rehabilitation Center.

The Board also received and approved the semi-annual governing body written report from NYC Health + Hospitals/Harlem.

**FY 2024 ANNUAL PUBLIC MEETINGS**

Mr. Pagán reminded the Board of the Fiscal Year 2024 Annual public meeting series schedule for each borough and provided information for those who wish register to speak at the meetings.

- Queens - April 2th at NYC Health + Hospitals/Queens
- Manhattan - April 16th at NYC Health + Hospitals/Bellevue
- Brooklyn - May 14th at NYC Health + Hospitals/South  
Brooklyn Health
- Bronx - June 4th at NYC Health + Hospitals/Lincoln
- Staten Island - June 18th at NYC Health + Hospitals/Sea View Nursing  
and Rehabilitation Center

**VENDEX APPROVALS**

Mr. Pagán noted there are eleven items on the agenda requiring Vendex approval, of which ten have that approval. There are no items from previous Board meetings pending Vendex approval.

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

**ACTION ITEM 6:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute contracts **with Rapid Reliable Testing NY LLC dba DocGo Inc., Medrite LLC dba Medrite Urgent Care, Cherokee Nation Management and**

**Consulting, LLC, and Essey Group LLC dba The TempPosition Group of Companies for HERRC site administration staffing services** at a not to exceed amount of \$192,000,000 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: 03/11/2024)

Dr. Theodore Long, Senior Vice President, commenced the presentation with an overview of the Humanitarian Emergency Response and Relief Centers (HERRCs) program and financial update.

Mr. Chris Keeley, Senior Assistant Vice President, provided background and current state of the System's existing and newly contracted site administration staffing services for all HERRC sites operated by NYC Health + Hospitals, noting the rationale for separating the site administrative and clinical staffing contracts. The RFP criteria, overview of the procurement process, vendor performance, vendor background and cost analysis were discussed. Mr. Keeley highlighted that no work is guaranteed under this contract and the assignment of work will be based on numerous factors and needs. All vendors have a 35% MWBE goal.

In response to questions from the Board, Mr. Keely explained that most asylum seekers have a phone or similar device upon arrival. The arrival center and HERRC sites have Wi-Fi accessibility available to guests. Dr. Long added that many services have been adjusted or added after receiving feedback from the guests about their needs, such as the international phone bank which allows for outgoing calls to other countries.

Mr. Keeley also explained the vendor payment process. In most contracts, vendors have 30-days to submit an invoice, followed by an internal review. He also clarified there are no new staff needs, the contract allows for the use of existing staff just under separate contract scopes.

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

**ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute contracts with **Medrite LLC dba Medrite Urgent Care, Rapid Reliable Testing NY LLC dba DocGo Inc., Acuity International, LLC (legacy: Comprehensive Health Services, LLC), and RCM Technologies (USA) Inc. dba RCM Health Care Services for HERRC clinical staffing services** at a not to exceed amount of \$211,300,000 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: 03/11/2024)

Mr. Keeley provided an overview of the scope of clinical services in the current and future state, including an overview of the historical spend. An overview of the RFP criteria, procurement process, vendor performance for which all have an overall satisfactory rating and vendor background information was also presented. The cost analysis, assignment of work rationale, and vendor MWBE goals were also discussed.

In response to questions from the Board, Mr. Keeley and Dr. Long explained that the contracting and negotiation process has been led by a strong team of people in different areas including Procurement and Legal Affairs. Dr. Katz added his own experience with a NYC Care patient who is also an asylum seeker. It showcases the scope of needs and the efforts of a coordinated medical system.

The Board asked about diversity of income among asylum seekers in comparison to the general population in the shelter system. Dr. Long responded that they recently started collecting data about the asylum seekers' income and financial status and will have a better understanding at a later time when more data is available, however, the intake process provides a glimpse into the asylum seekers' professional and personal life in their home country. Many of the asylum seekers leave behind professional careers in their home country.

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

**ACTION ITEM 8:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Gallagher Bassett Services, Inc. for the provision of Medical Malpractice Claims Management Services** on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System. The not-to-exceed amount for the anticipated five-year term is \$35,850,000  
(Presented to the Finance Committee: 03/11/2024)

David Cheung, Deputy Counsel, provided the background and current state of the Medical Malpractice Claims Management Services at NYC Health + Hospitals. The Office of Legal Affairs, Claims and Litigation Unit, manages all the medical malpractice claims against the System. Third-Party Administrator (TPA) contributes to the management of outside counsel and settlement costs. The cost of outside counsel and settlement payouts as well as the TPA annual costs for FY-15 through FY-23 were presented. Mr. Cheung gave an overview of the scope of services and the RFP criteria. An overview of the new vendor background and assignment was discussed. In terms of

vendor diversity, Mr. Cheung explained that following an analysis, the services under this contract will be self-performed. Accordingly, without any MWBEs available to perform any of the subcontracted work, no goal was set on this solicitation.

In response to questions from the Board regarding the transition, Ms. Cohen and Mr. Cheung explained that the vendor has experience with the legacy system and has successfully migrated and implemented the data into the new more modernized system. Overall the team is enthusiastic about their data capabilities.

After further questions, Mr. Cheung stated that there is a lot of diversity in the types of claims brought in, however there has been an effort in the last few years to bring resolutions expeditiously via the fast track program. The plan is to expand the program in collaboration with the vendor for earlier investigation and fast track resolutions. The Board commended the team for their work and the overall management of outside counsel and settlement costs.

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

**ACTION ITEM 9:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10-year lease with **Coney Island Associates Retail 2 LLC ("Developer") for approximately 6,250 sq. ft. on the 1<sup>st</sup> floor of a to-be-constructed building at 2932 West 16<sup>th</sup> Street in Coney Island (the "Premises") to house the Behavioral Health and Chemical Dependency practice (the "Practice") of the Ida G. Israel Community Health Clinic (the "Clinic") operated by NYC Health + Hospitals/South Brooklyn Health (the "Facility")** now operating on an adjacent lot for a yearly rent of \$25/sq. ft. to be escalated by 10% after 5 years plus the provision of 10 parking spaces charged at \$150/month for each parking space; provided that Developer will build out the Premises to the System's specifications within a budget of \$2.5M, with the System paying Developer \$2M of this expense; and provided further that the System shall hold two 5-year options to renew the lease with the rent during the first renewal term to be at the higher of 95% of fair market value or 10% over the prior rent and with the rent for the second renewal term to be at a 10% increase over the prior rent with the rent over the entire potential 20-year term totaling approximately \$3,985,781

(Presented to the Capital Committee: 03/11/2024)

Leora Jontef, Assistant Vice President of Housing and Real State, was joined by Svetlana Lipyanskaya, Chief Executive Officer, NYC Health +

Hospitals/South Brooklyn Health. Ms. Lipyanskaya presented the background information on the Ida G. Israel Community Health Center, phase 2 of the construction and the rationale for the decision to keep the chemical dependency practice in the community instead of moving the practice to the main campus. Ms. Jontef provided an overview of the lease terms.

In response to questions regarding a needs assessment, Ms. Lipyanskaya responded that the community feels strongly about the need for chemical dependency services and is very supportive of the project. Overall, the Ida G. Israel Community Health Clinic is well received by the community and provides full services that are accessible to the community.

Dr. Fisher asked for confirmation regarding the state of the building. Ms. Lipyanskaya responded that the building is built, but the new space will be built out to house the practice. The new build out of the family medicine space is in progress.

The space is estimated to be ready in the next six to eight months.

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

**ACTION ITEM 10:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Holt Construction Corp. (the "Contractor")**, to undertake a gut renovation at NYC Health + Hospitals/Jacobi Medical Center's ("Jacobi") 11E operating rooms, along with dedicated support areas to maximize efficient use of Jacobi and to modernize and meet the needs of an expanding community, for a contract amount of \$8,128,692 with a 15% project contingency of \$1,219,304 to bring the total cost not to exceed \$9,347,996.

(Presented to the Capital Committee: 03/11/2024)

Oscar Gonzalez, Senior Assistant Vice President was joined by Hiba Hadeed, Director of Design and Construction, at NYC Health and Hospitals/Jacobi. Ms. Hadeed provided background information and a description of the current state of the physical space. An overview of project scope and construction schedule, and images of the current and future state were also provided. Mr. Gonzalez gave an overview of the procurement process, solicitation process, including the MWBE utilization plan, the vendor performance and project budget.

After questions from the Board, Mr. Christopher Mastromano, CEO of NYC Health and Hospitals/Jacobi and NYC Health and Hospitals/North Central Bronx clarified that there are currently four operating rooms in building 1- 11E



unit and will decrease to 3 operating rooms with the new construction.

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

**ACTION ITEM 11:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract **with Crescent Contracting Corp. (the "Contractor")**, to undertake a project to install sprinklers and fire alarms in the administrative offices of Building #4 of NYC Health + Hospitals/Jacobi Medical Center for a contract amount of \$8,251,375, with a 15% project contingency of \$1,237,706, to bring the total cost not to exceed \$9,489,081

(Presented to the Capital Committee: 03/11/2024)

Manuel Saez, Vice President, Office of Facilities Development provided background details and current state of the sprinkler system as well as a description of the scope of work and corresponding timeline of project completion. Mr. Gonzalez gave an overview of the procurement process, solicitation process including the MWBE utilization plan, the vendor performance and project budget.

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

**ACTION ITEM 12:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Ark Systems Electrical Corp. (the "Contractor")**, to undertake a fire alarm upgrade of Building #1 of NYC Health + Hospitals/Jacobi Medical Center for a contract amount of \$10,800,000, with a 15% project contingency of \$1,620,000, to bring the total cost not to exceed \$12,420,000

(Presented to the Capital Committee: 03/11/2024)

Mr. Saez provided background details and current state of the fire alarm system as well as a description of the scope of work and corresponding timeline of project completion. Mr. Gonzalez shared an overview of the procurement process, solicitation process including the MWBE utilization plan, the vendor performance and project budget.

The Board commended the team on the impressive number of bidders in the procurement process.

The Board also asked about the factors driving the cost. Mr. Gonzalez explained that in addition to the scope of work, the specialty trades, working in an occupied facility which requires relocating patients, phasing the work to minimize disruption of services which requires increases to the liability insurance and the expedited timeframe are all contributing factors driving the cost to the not to exceed amount presented in the resolution. Staff training on the new system is also included.

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

**ACTION ITEM 13:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Atlantic Specialty, Inc. (the "Contractor")**, to undertake a parking garage renovation project of **the main building of NYC Health + Hospitals/Lincoln** for a contract amount of \$4,708,790, with a 20% project contingency of \$941,758, to bring the total cost not to exceed \$5,650,548

(Presented to the Capital Committee: 03/11/2024)

Mr. Saez provided background information, a description of current state of the parking garage as well as a description of the scope of work and corresponding timeline of the project completion. Mr. Gonzalez gave an overview of the procurement process, solicitation process including the MWBE utilization plan, the vendor performance and project budget.

The Board asked about the availability of parking in the garage during the construction. Mr. Gonzalez confirmed that the work will be done in phases and that 15 spots at a time will be out of commission during the construction.

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

**ITEM 5 - PRESIDENT REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS WITH FEW VERBAL HIGHLIGHTS:**

**WOMEN'S HISTORY, NUTRITION, AND SOCIAL WORK MONTH**

As a part of Women's History, Cristina Contreras, CEO of NYC Health + Hospitals/Metropolitan was recognized as a trailblazer in the Dominican community by ABC7 news and CEO of NYC Health + Hospitals/Elmhurst Helen Arteaga-Landaverde was recognized by NBC News as the first woman and first Hispanic woman to lead Elmhurst Hospital.

**MAYOR ADAMS COMPLETES LIFESTYLE MEDICINE PROGRAM EXPANSION WITH SEVENTH PROGRAM AT NYC HEALTH + HOSPITALS/LINCOLN**

Mayor Adams and NYC Health + Hospitals announced the launch of its nationally recognized Lifestyle Medicine Program at NYC Health + Hospitals/Lincoln, marking the first time the program is available in the South Bronx. The program is now active at seven sites across the five boroughs, with six locations previously launched at: NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Gotham Health, Vanderbilt. Together, the program's seven sites will serve approximately 4,000 patients each year, providing them with the tools and support to prevent and manage common chronic conditions, such as Type 2 diabetes and high blood pressure.

**RECORD 1.2 MILLION PLANT-BASED MEALS SERVED AT NYC HEALTH + HOSPITALS**

NYC Health + Hospitals in partnership with Sodexo celebrated over 1.2 million plant-based meals served since the program began in March 2022. In 2023, NYC Health + Hospitals served over 783,000 plant-based meals to its patients. Scientific research has shown that plant-based eating patterns are linked to significantly lower risk of cardiovascular disease, type 2 diabetes, obesity, and certain cancers. Plant-based meals can also be effective for weight management and treatment of hypertension and hyperlipidemia.

**MAYOR ADAMS ANNOUNCES PLANS TO OPEN SUBSTANCE USE DISORDER CLINIC FOR EXPECTING AND PARENTING FAMILIES**

Mayor Adams and the System announced plans to open an \$8 million health and substance use disorder clinic at NYC Health + Hospitals/Lincoln for pregnant and postpartum women and their families. The clinic will offer pregnant and parenting individuals living with substance use disorder – dependence on alcohol, tobacco, and other drugs – a safe and supportive place to access prenatal and postnatal care, addiction medicine, and behavioral health care. The 6,500 square foot space, expected to open in 2026, will serve approximately 200 families per year.

**'NURSES4NYC' RECRUITMENT CAMPAIGN LAUNCHES**

In mid-March, NYC Health + Hospitals embarked on a major recruitment campaign to help fill nurse positions and expand access to community-based primary care at NYC Health + Hospitals/Harlem, Woodhull, and Lincoln. The recruitment campaign, Nurses4NYC, is intended to encourage more New Yorkers to apply for jobs as nurses with the health System. Currently, there are over 9,600 full and part-time nurses in the System.

**UPDATE ON CHANGE HEALTHCARE**

On February 21, Change Healthcare experienced a cyber incident that affected many businesses across the nation, including NYC Health + Hospitals. No NYC Health + Hospitals patient health information was stolen or released as a result of this incident. The System contacted all the managed care plans seeking administrative waivers in recognition of our inability to submit

claims. The System has taken the following operational steps: stepped up a planned July 1, 2024 go-live with Experian for the same services, implemented some manual work-arounds, and expedited a planned transition to paperless patient statements. We anticipate being live with Experian on Monday, April 1, 2024.

**PATIENT TRANSFER CENTER OPENS AT 50 WATER ST.**

At the end of February, NYC Health + Hospitals opened its own patient transfer center at the 50 Water Street Central Office headquarters. Known as the Transfer, Access and Capacity Center (TACC), NYC Health + Hospitals staff will oversee patient transfers all day, 365 days a year. For the first time, the System will manage moving patients between all of its facilities, streamlining control and standardizing all transfer procedures and protocols. Facilities will be linked together through a team of nurses and support staff who will help provide our patients the best care possible during any transfer process.

**MAYOR ADAMS ADVANCES OUTPOSTED THERAPEUTIC UNITS AT NYC HEALTH + HOSPITALS/WOODHULL AND NORTH CENTRAL BRONX**

In early March, Mayor Adams announced progress on several jail-focused initiatives to provide greater care and enhanced programming for people in custody. As part of this announcement, the Mayor directed NYC Health + Hospitals to move forward with construction of more than 350 outposted therapeutic housing beds that will increase access to specialty health care services for people in custody while moving those who are most clinically vulnerable off of Rikers.

**THE SYSTEM SCREENED MORE THAN 50,000 PATIENTS FOR COLORECTAL CANCER IN 2023 USING FIT TEST, A 20 PERCENT INCREASE OVER 2022**

For National Colorectal Cancer Awareness Month, NYC Health + Hospitals announced that it has screened over 50,000 patients for colorectal cancer in 2023 using the at-home fecal immunochemical test (FIT), a 20% increase over 2022. FIT is an easier, less invasive screening test for colon cancer.

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

The System continues to help lead the City's response to the historic influx of asylum seekers. The 15 humanitarian centers provide vital aid to the approximately 25,000 asylum seekers in our care, with families with children comprising around three-quarters of this demographic. The System will continue to prioritize enhanced case management services to ensure asylum seekers are receiving meaningful assistance towards their goals and the journey ahead.

**NEW MURAL UNVEILED AT NYC HEALTH + HOSPITALS/LINCOLN**

"Legacy" at NYC Health + Hospitals/Lincoln, was unveiled in late March. The mural, developed by artist Dister Rondon, depicts the Young Lords' takeover of Lincoln Hospital in 1970 at a pivotal moment in the fight for improved healthcare and patient advocacy.

### **EXTERNAL AFFAIRS UPDATE**

**State:** The State fiscal year '24-25 budget process is in full swing. Earlier this month, the NYS Assembly and Senate passed their one house budget in response to the Governor's budget. Fortunately, both houses addressed the majority of NYC Health + Hospitals' priorities including, but not limited to, rejecting proposed Medicaid cuts, such as the capital reimbursement cut and undisclosed Medicaid cuts.

**Federal:** This month, Congress passed two major Appropriations packages relevant to NYC Health + Hospitals. The first will eliminate the rest of the FY '24 Medicaid DSH cut and delay the start of the FY '25 DSH cut to January 1, 2025 (instead of October 1, 2024).

The second funded the Department of Health and Human Services and federally funded health programs and included Congressionally Directed Spending (aka earmarks) awards. NYC Health + Hospitals received \$2M with the support of New York Senators Schumer and Gillibrand for the Cardiac Cath Lab project at NYC Health + Hospitals/Elmhurst. Dr. Katz was happy to report New York Senator Schumer's continued support of the System.

### **BOARD DISCUSSION**

In response to questions from the Board regarding the Patient Transfer Center, Dr. Katz provided further details regarding the centralization and standardization of patient transfer services as a multi-layered process which included addressing issues in the ambulance service and the utilization of EPIC to support the centralized team in the transfer process. While there is no expected revenue, there are cost savings and efficiencies from doing the work internally and decreasing the reliance on vendors for this service.

### **COMMITTEE REPORTS**

Mr. Pagán noted that the Committee reports are included in the materials for review and were submitted into the record. Mr. Pagán welcomed questions or comments regarding the reports.

### **OLD BUSINESS/NEW BUSINESS**

### **ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:29 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

**Community Relations Committee IN-PERSON MEETING - March 5 2024**

**As Reported by Ms. Jackie Rowe Adams**

**Committee Members Present: Dr. Mitchell Katz, Jackie Rowe-Adams, Dr. Jose Pagan, Dr. Patricia Marthone  
Sally B. Hernandez-Piñero (virtually so in a listening capacity only),**

Ms. Jackie Rowe-Adams called the meeting of the Community Relations Committee meeting to order at 5:12 p.m.

Quorum was established - the minutes of the Community Relations Committee meeting held on February 6 2024 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Ms. Rowe-Adams informed the Committee that the Board of Director's Annual Public Meetings for Fiscal Year 2024 has been scheduled as follows:

- For Queens: Tuesday, April 2, 2024 at Queens Hospital
- For Manhattan: Tuesday, April 16, 2024 at Bellevue Hospital
- For Brooklyn: Tuesday, May 14, 2024 at Kings County Hospital
- For the Bronx: Tuesday, June 4, 2024 at Lincoln Hospital
- For Staten Island: Tuesday, June 18, 2024 at Sea View Hospital

Speakers are asked to register in advance by calling:

**Ms. Colicia Hercules Secretary to the Corporation at 212-788-3359**

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

1. NYC Health + Hospitals/Bellevue
2. NYC Health + Hospital/Gotham Health, Belvis
3. NYC Health + Hospitals/Gotham Health, Morrisania
4. NYC Health + Hospitals/South Brooklyn Health
5. NYC Health + Hospitals/Seaview written submission into the record.

Ms. Rowe-Adams commended Dr. Katz and his clear vision for H+H during his City Council Budget hearing earlier in the day.

**Dr. Katz shared the President's report:**

- NYC Health + Hospitals/Cumberland has a new state of the art mammogram machine which makes it less uncomfortable for patients.
- NYC Health + Hospitals/Vanderbilt has opened up a new lifestyle medicine program
- Mayor Adams and Health + Hospitals today announced free, in-person and virtual tax preparation services for New Yorkers as part of the New York

City Department of Consumer and Worker Protection's (DCWP) NYC Free Tax Prep initiative.

- NYC Health + Hospitals' NYC Care program announced that outreach flyers are now available in 50 languages, a marked increase from the 10 City-designated languages they are currently available in.
- 1100 people have been served by the medical respite program.
- NYC Health + Hospitals has a new episode of The Remedy podcast.
- NYC Health + Hospitals has received nine awards for the palliative care.
- The Chief Women's health service officer of NYC Health + Hospitals/Harlem and NYC Health + Hospitals/ Lincoln have been recognized as top black doctors.
- Andy Cohen, general counsel was recognized among the 2024 notable general counsel.
- NYC Health + Hospitals/Morrisania was recognized with the prestigious USDA gold breastfeeding award.
- NYC Health + Hospitals announced launching the Artists in Residency program.

**PRESENTERS:**

Ms. Rowe-Adams moved the agenda to the (5) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes.

**NYC Health + Hospitals/Bellevue**

Mr. Michael Smook, Chair of the NYC Health + Hospitals/Bellevue CAB, presented the report to the CRC. Mr. Smook stated that Fiscal year capital awards included upgrade to 3D breast tomosynthesis unit, new crosslinking machine for the ophthalmology department and the opening of the serenity unit in the palliative care unit, to offer supportive care to end of life patients or those needing expert pain management. A cogeneration system will help achieve greater campus resilience and create a path towards energy efficiency and environmental sustainability. A FEMA funded flood wall will provide 500-year flood protection around Bellevue's perimeter. The hospital celebrated the conclusion of the triennial weeklong survey from the Joint Commission and in 2023 earned a silver certification in patient centered care by Planetree International.

Frequent complaint by patients and issues impacting the community was discussed with mitigation efforts.

Ms. Rowe-Adams poll Committee members for their comments or questions.

Dr. Katz commended the facility on maintaining quality care even while increasing in-patients served daily, with a current census of 200 more in-patients than before COVID.

Ms. Rowe-Adams asked is there is additional information to share on the impact of Mt. Sinai closure if having on Bellevue. Mr. Smook indicated that it is a motivation for him to see Bellevue providing the level of care to the community that is needs. Dr. Katz clarified that the increase census at Bellevue can be attributed to the closure.

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

Ms. Claudia Williams, Gotham regional director of the Bronx presented the report to the CRC. Ms. Williams stated some of the accomplishments by the facility including 2023 patient-centered medical home NCQA accreditation, and 2023 American Heart association & American Medical Association Gold Recognition for Diabetes Care. The equipment upgrades due to capital awards has already been purchased or is already being utilized thanks to funding allocated by City Council member Diana Ayala and Bronx Borough President Vanessa Gibson. New equipment requests include eye care expansions, ADA compliant bathrooms, and lobby renovations. Ms. Williams also discussed issues impacting he community and how Belvis is collaborating to address these issues.

The FY-25 equipment and infrastructure request were discussed, along with patient engagement and satisfaction, issues impacting eh community and mitigation efforts were presented.

Ms. Rowe-Adams poll Committee members for their comments or questions.

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

Ms. Lesley Harrison, Vice CAB Chair, NYC Health + Hospitals/Morrisania presented the report to the CRC. Some accomplishments include achieving a FY 2023 surplus of 20.5 million, a certification for excellence in person centered care, Bronze level, and 2023 Center for Disease Control and Prevention (CDC) Million Hearts Hypertension Champion. The facility also celebrated their 50<sup>th</sup> year anniversary with a block party, guest speakers included Dr. Katz and Dr. Long, with 50+ vendors and CBOs.

Equipment and Infrastructure updates includes a new 3D mammography system, new dual energy x ray absorptiometry (DEXA) machine, and two new elevators installed. She also noted the funding allocations by Bronx Borough President Vanessa Gibson and City Council member Althea Stevens

The FY-25 equipment and infrastructure request were discussed, along with patient engagement and satisfaction, issues impacting eh community and mitigation efforts were presented.

Patient engagement includes the launch of Salud Mia fitness activities session and the care partner program in Medicine. Issues impacting the community and Morrisania collaboration to address those issues were also presented.

Ms. Rowe-Adams poll Committee members for their comments or questions.



**NYC Health + Hospitals/South Brooklyn Health**

Ms. Rosanne De Janeiro, Chair of the South Brooklyn Health CAB presented the report to the CRC. The facility completed the construction of the new RBG building and it was opened in May. Access to the new front entrance and completion of the flood wall on Ocean Parkway will be completed in the fall of 2024. The facility received the Gold+ award from the American Heart Association for stroke and the emergency department nurses received the lantern award from the Emergency Nurse’s association.

In August of 2022 the facility received a da Vinci Robot and has completed 875 robotic surgeries and because of that has received a second robot. A new CT for outpatient radiology has also been received. Remodeling of the hematology and oncology infusion center is also set to start soon.

Ms. De Janeiro presented the issues impacting the community: the continuing crime on the streets and subways and she also requested that community request to make South Brooklyn Health a Level 1 Trauma center be revisited, she emphasized the need for the growing community and the distance and Belt Parkway traffic as the rationale for the designation. The pediatric clinic at the new location of the Ida G. Israel clinic has been eliminated and should be revisited.

Ms. Rowe-Adams poll Committee members for their comments or questions.

Dr. Katz agreed that the community is growing and the dynamics of the Belt Parkway and Ocean Parkway. Part of the issue if the requirements for the accreditation for the number of cases.

Hearing no old or new business to come before the Committee.

**ADJOURNMENT:**

Meeting adjourned at 5:54 P.M

**Equity, Diversity and Inclusion Committee Meeting - March 5, 2024**  
**As Reported by:** Patricia Marthone  
**Committee Members Present:** Patricia Marthone, José Pagán, Machelles Allen, Jackie Rowe-Adams, Karen St. Hilaire, Mitchell Katz - joined at 4:24 pm

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals’ Board was called to order at 3:00 p.m.

Dr. Patricia Marthone noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz and Karen St. Hilaire is representing Molly Wasow Park - both in a voting capacity.

Dr. Marthone moved for a motion to adopt the minutes of the April 3, 2023

meeting.

Upon motion made and duly second the minutes of the April 3, 2023 meeting was unanimously approved.

#### **DIVERSITY AND INCLUSION UPDATE**

Ivelesse Mendez-Justiniano, Vice President, Chief Diversity, Equity, & Inclusion Officer, provided an overview of the System's latest diversity and inclusion achievements and activities.

Ms. Mendez-Justiniano first highlighted the Office of Diversity, Equity, and Inclusion's organizational structure and touched upon the various stakeholders, councils, and scope of services offered.

Ms. Mendez-Justiniano reported out on training completions, highlighting that over 48K trainings were completed in 2023. A more detailed breakdown revealed the top five trainings included: Identifying and Managing Unconscious Bias, Culturally Responsive Services at NYC Health + Hospitals LGBTQ Awareness, Achieving Health Equity for LGBTQ+ People, Diversity and Inclusion in a Healthcare Setting, and Let's Talk Disability.

The next update she shared was in the Language Access category, which included the following:

- Translation of 2,023 documents in English into 30+ languages.
- Over 2 million interactions with interpreters provided across the System in 2023, which resulted in over 29 million minutes of interpretation.
- Top five languages interpreted include: Spanish, French, Haitian Creole, Bangla, and Russian.
- Launch of the latest Medical Interpreter Skills Training Program (MIST) which led to 72 staff members across 15 sites program to become qualified medical interpreters across four languages.
- Held four Language Access Council forums in 2023.

Ms. Mendez-Justiniano continued on to highlight a new focus on Veterans Services. With the intent of becoming a military friendly organization, the goals are to create a Veteran Advisory Council to inform Veteran community needs, provide educational opportunities to veterans, increase use of Veteran benefits for employees/families, include Veteran-focused recruitment in the Talent Acquisition Strategy, and launch Veteran Pop Up sites throughout the System (Metropolitan Hospital Pilot).

Ms. Mendez-Justiniano shared that another new focus is the Disability Awareness space. A new training, "Let's Talk Disability" was launched in 2023. The training sessions provided an understanding of what actually constitutes a disability and the appropriate terminology and behaviors for being inclusive of colleagues and patients with disabilities.

Ms. Mendez-Justiniano provided an overview of key System events focused on cultural and heritage outreach.

Ms. Mendez-Justiniano summarized workforce development updates. From a leadership development perspective, programs the System offered included America's Essential Hospitals Fellows, Bloomberg Fellows Program, and Hany's

Healthcare Middle Manager Training. Considering the future workforce, there was an internship and career ladder program which partnered with various colleges and high schools.

She then went on to share that the Loan Repayment Program offered by the Office of Mental Health for eligible licensed mental health professionals included a separate Diversity, Equity and Inclusion set aside fund.

Ms. Mendez-Justiniano then highlighted the various educational and career development opportunities provided by the Food & Nutrition Fund for staff working in the Food & Nutrition Department who are members of various unions.

Lastly, Ms. Mendez-Justiniano discussed updates in the Gender Equity space, which included the following:

- Participation in the Healthcare Equality Index biennial survey and LGBTQ+ Mental Health Training project.
- Awards received.
- Training: Certificate of LGBTQ Health Equity, which Boosts providers' knowledge and skills in delivering equitable, compassionate, and affirming care.

In response to questions from the Board, Ms. Mendez-Justiniano explained that employees who choose to participate in the Medical Interpreter Skills Training (MIST) program volunteer their efforts and provide their interpreter services during regular business hours, while ensuring that regular workflows are not interrupted.

She also clarified that there are several ways to recruit for the variety of trainings offered which include the DEI website, the monthly Learning Academy calendar, the monthly Diversity newsletter, and by socializing with leadership and with staff at townhalls.

#### **EQUITY AND ACCESS COUNCIL UPDATE**

Natalia Cineas, Chief Nurse Executive, and Co-Chair of the Equity and Access Council ("Council") initiated the presentation by providing an overview of the four workgroups under the Equity and Access Council. She indicated that the Equity of Care workgroup would be providing an update today and introduced Dr. Leo Eisenstein, who is the Equity of Care Chair.

Dr. Eisenstein's first update was in regards to Ending Racism in Clinical Algorithms. The goal of the project is to eliminate race-based algorithms in the electronic medical record that may adversely impact health outcomes and create inequities in treatment plans. In terms of progress, NYC Health + Hospitals participated in DOHMH's Coalition to End Racism in Clinical Algorithms (CERCA) which resulted in:

- Implemented changes in two algorithms (Vaginal Birth After C-section and eGFR)
- Pursuing opportunities for CKD awareness-raising with the National Kidney Foundation

- Completed analysis to understand impact of change in kidney function algorithm

Dr. Eisenstein continued on to provide an overview of the clinical algorithms. The data showed that more Black patients were identified as having chronic kidney disease (CKD), which raises concern for previously under-diagnosed CKD, and that increased nephrology referrals was not associated with more timely nephrology evaluations. Among nephrology referrals for Black patients, only about 1/3 are completed within 90 days (includes no-shows). Next steps involve focus on access to transplant. Findings from the United Network of Organ Sharing revealed that the inclusion of a "modifier for patients identified as Black has led to a systemic underestimation of kidney disease severity for many Black patients. Specifically, in organ transplantation, it may have negatively affected the timing of transplant listing, or the date at which candidates qualify to begin waiting time for a transplant." Since NYC Health + Hospitals is not a transplant center, the organization is limited in how it can impact transplant access. However, in partnership with NY Academy of Medicine, NYC Health + Hospitals developed an evaluation plan to understand impact of eGFR change and the status quo of transplant access for their patients. Additionally, NYC Health + Hospitals is separately addressing bias in electronic medical record algorithms. The goal is to investigate bias in five EMR algorithms (unplanned readmission, inpatient falls, asthma hospital admission or ED visit, outpatient no-show, and deterioration index), and then identify strategies to mitigate bias.

Dr. Eisenstein provided a high-level overview of the access to pregnancy/abortion project which intends to increase access to pregnancy care, including abortion, across the System. The Virtual ExpressCare platform started offering virtual on-demand abortion care in 2023.

He then also provided an update regarding the access to care for persons with disabilities (PWD) project. Independence Care Systems secured a grant to further the partnership with NYC Health + Hospitals. As a result, "disability liaisons" have been successfully embedded in Woodhull primary care to observe clinic workflow and offer recommendations.

Lastly, Dr. Eisenstein presented an update on the management of sickle cell disease (SCD). Goals of the project include:

- Optimize quality of care for adult patients with SCD
- Leverage system-wide data to inform and standardize best-practices across H+H
- Create non-ED pathways for pain management

These goals can be achieved by leveraging an existing successful model with the System, at Queens Hospital. Queens had hired a dedicated NP to streamline SCD care. As a result, from 2013 to 2018, there was a reduction in hospitalizations, 30-day readmissions, and length of stay for patients with

SCD. He concluded his presentation by sharing a preview of some of the internal analysis to situate the Queen's model within the larger system. Facilities with devoted sickle cell centers appear to do a better job at keeping patients out of the hospital, which is a System priority, but also reflects a better patient experience.

Dr. Eisenstein's presentation was followed by questions from the Board which he addressed. Dr. Eisenstein noted that when patients with SCD arrive at a facility without an adult SCD center, staff end up having to provide the patients with an external referral. He also indicated that education regarding SCD patients will be a byproduct of having a care plan for each SCD patient that appears in their chart, regardless of which facility the patient visits. He also clarified that similar to NYC Health + Hospitals, there are other systems that also removed the race variable from the eGFR algorithm.

### **VENDOR DIVERSITY PROGRAM UPDATE**

Keith Tallbe, Chief Procurement Counsel, presented an update on the System's vendor diversity program (MWBE). Mr. Tallbe initiated the presentation by providing a background about the H+H MWBE program which dates back to 1998. He indicates that him and his team works to ensure that the System spends a fair share of money with diverse and women-owned businesses. In 2015, the program expanded its scope and aligned more with the city's program and also started to track and report on a broad variety of certifications, not just minority or women owned businesses. In 2017, new tools were added to help increase MWBE utilization, such as MWBE as a quantitative scoring factor in the evaluation of solicitations and MWBE only solicitations.

Mr. Tallbe indicated that standard processes and controls are in place to ensure that every procurement has consideration of MWBE. Since 2018, all contracts are reviewed for MWBE compliance and all RFPs have MWBE goals. Since 2019, all RFPs have MWBE quantitative scoring. Since 2021, all RFPs have review for MWBE goal setting and strategy and all service contracts over \$1 million are reviewed by the Contract Review Committee for MWBE compliance.

Additionally, NYC Health + Hospitals' historical vendor diversity program utilization increased from 5% in 2018 to 35% in 2023 (\$734 million). This is followed by a breakdown of MWBE spend from FY'21 - FY'23. In short, the utilization rate increases from 28% to 32% to 35%, and the number of total vendors increases from 284 to 363 to 413 during this time period.

Mr. Tallbe provided the breakdown of certifications in FY'23. In FY 2023, 37% of spend was with NYC/NYS dual certified vendors, 53% with NYC certified vendors, 6% with NYS certified vendors, and 4% with other certifying bodies.

The FY'23 ethnic/gender breakdown of spend proves to be diverse. Asians seem to be over represented at NYC Health + Hospitals, due largely to the amount of EITS spend the System has and the number of Asian diverse businesses in the certification directory in this field. However, the System is doing very well with black, Hispanic and Asian owned businesses, as well as women owned

businesses.

Facilities and EITS are Supply Chain's biggest internal business partners. In FY'23, OFD spent \$116 million with diverse vendors, achieving an estimated 35% overall utilization rate. In FY23, EITS spent \$205 million with diverse vendors, achieving an estimated 65% overall utilization rate.

Mr. Tallbe highlighted major accomplishments.

Mr. Tallbe went on to share that communication and outreach is an important part of the program as it allows the System to target specific communities and specific areas of need within the organization and work on capacity development.

The System has:

Launched Vendor Diversity Website which informs MWBEs how to do business with us, allows vendors to directly communicate with Vendor Diversity team, provides best practices to MWBEs, and informs public and non-diverse vendors about our program and its success

- Engaged with more than 200 MWBEs at diversity expos and events, including the NYC annual procurement fair
- Joined NMSDC and WBENC, the two largest, private diverse certifying bodies, which will allow us to reach more MWBEs, attend events, and share best practices
- Joined Premier's supplier diversity council.

Lastly, Mr. Tallbe summarized the program objectives which include maintaining 30% system-wide utilization, increasing the number of diverse vendors doing business with us, reducing the disparity within the disparity, and developing our capacity building program.

The Board inquired about what may prevent a business from applying to an RFP. Mr. Tallbe indicated that there could be several factors, including that it is a very formal process with specific rules regarding format of the proposal or that they don't maintain the right form of communications, or that they're unaware of where to look and how to use various City systems such as PASSPort or Checkbook NYC. Mr. Tallbe and team educate businesses on all the processes and provide tips at their outreach events.

### **EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT**

On behalf of Blanche Greenfield, Chief Employment Counsel, and Nicole Phillips, Director of EEO, Stephanie Siaw, Associate Counsel (Legal Affairs) presented an EEO report out.

Ms. Siaw explained that the System's Office of EEO is responsible for maintaining and implementing the System's EEO policy which covers reasonable accommodations and internal complaints alleging

discrimination. She provided an overview of Reasonable Accommodations requested over the course of calendar years 2020-2022, which saw a spike in 2022, with a large number of requests for telecommuting (working remotely). Majority of the 2022 reasonable accommodations (RAs) were requested by Nurses (325), Patient Care Associates (237), and Clericals (222). Requests are often driven by the nature of the job and how physical it is, since often the RAs are tied to medical conditions limiting staff in their ability to fully do their duties.

Ms. Siaw continued on to highlight that the number of internal complaints from CY 2020-2022 saw a slight increase in 2022, which could be a result of employees being back on site fully at the facilities (and less staff working remotely), and therefore leading to increased interactions. In 2022, a large portion of the internal complaints were related to sexual harassment, race, and retaliation.

Employees also have the option of filing external complaints with any of the external civil rights agencies, such as the NYC Commission on Human Rights, the NYS Division of Human Rights, or the Equal Employment Opportunity Commission (EEOC). The data revealed that the number of external complaints from 2020-2022 also saw an increase, with majority of them being associated with retaliation, disability, religion, and race.

Ms. Siaw provided an update on the status of internal complaints that are related to sexual harassment. The data reveals that most of the complaints have no probable cause. Looking at System-wide sexual harassment training data, training completions increased significantly in 2022 and 2023, with almost full compliance. The increase in employee education which brings about awareness, may have led to the increase in the number of both internal and external complaints relating to sexual harassment.

Dr. Marthone asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 4:44 p.m.

**Finance Committee Meeting - March 11, 2024**

**As Reported By: Freda Wang**

**Committee Members Present:** Mitchell Katz, MD, Freda Wang, José Pagán, Sally Hernandez-Piñero (virtual)

**NYC Health + Hospitals Employees in Attendance:**

Michline Farag, Salema Tyler, Marji Karlin, John Ulberg, James Cassidy, Clifford Chen, Mariel McLeod, Ted Long, MD, Chris Keeley, Chris Longo, Andy Cohen, David Cheung, Chris Miller, Madai Saucedo Aragon, Nneka Nwaokorie, Giselle Jett, Pascal Florentino, Colicia Hercules

**CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:04 a.m.

Ms. Wang noted for the record that Sally Hernandez-Piñero is in a listening capacity virtually.

Ms. Wang called for a motion to approve the January 8, 2024 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on January 8, 2024 were adopted.

#### **Overview of HERRC Financial Update**

Dr. Ted Long commenced the presentation with an overview of the HERRC program and a financial update. H+H currently oversees 15 H+H HERRC sites serving approximately 24,000 daily guests. At the 24/7 Arrival Center, over 115,000 asylum seekers have been served to date. H+H committed \$465M of HERRC expenses on behalf of the City in Q2 of FY-24. In January, H+H participated in a Citywide asylum seeker PEG, which achieved \$1.7B Citywide across FY-24 and FY-25. These savings were derived from operational efficiencies at HERRCs, reduced service costs, transfers of costlier shelters to non-profit operators, and revisions to the asylum seeker census forecast. In the City's January Plan, H+H budget for the HERRC program is \$1.7B in FY-24 and \$1.8B in FY-25. OMB has provided H+H with revenue through the HERRC MOU with the Mayor's Office and remains committed to continue covering all HERRC expenses moving forward in FY-24 and FY-25.

Ms. Wang polled the Committee for questions.

Mr. Pagán commended the team for all their hard work. He added, that seeing the operation over the last few months and a couple of years, it is just very impressive.

Dr. Long thanked Mr. Pagán and added, that it makes him proud to be on H+H's mission to provide care in a variety of ways now to all those in need coming to our city.

Ms. Wang clarified that H+H's HERRC January Plan funding summary presented for the FY-24 \$1.7B and FY-25 \$1.8B, represent H+H's portion of the budget for the HERRCs, the team agreed.

#### **ACTION ITEM: HERRC Site Administrative Staffing Services**

Mr. Chris Keeley - Senior Assistant Vice President - Office of Ambulatory Care, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute contracts with Rapid Reliable Testing NY LLC dba DocGo Inc., Medrite LLC dba Medrite Urgent Care, Cherokee Nation Management and Consulting, LLC, and Essey Group LLC dba The TempPosition**



**Group of Companies for HERRC site administration staffing services at a not to exceed amount of \$192,000,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.**

Mr. Chris Keeley began by providing the background and current state of NYC H+H's existing and newly contracted site administration staffing services for all HERRC sites operated by NYC H+H. Site administrative staffing currently provides 24/7 robust operational services across all HERRC sites and the Arrival Center. Some of the specific tasks include badge in and badge out management, line management, mailroom operations, bed assignments, managing lost and found, and short-term initiative supports such as federal work authorization clinics. The vendors hire and manage staff, ultimately reporting to the H+H manager on site, same as other vendors that report to H+H, such as laundry, food, and security.

The System currently holds contracts with two of the proposed HERRC vendors; DocGo and Medrite. The vendors' historical spend at NYC H+H was presented. HERRC has split site administrative staffing and clinical staffing into two contracts to identify additional vendors and improve each vertical's future state scopes of service. An RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work. NYC H+H expenses will be covered by HERRC MOU with the Mayor's Office.

The NTE Cost Analysis, the MWBE analysis for each proposed vendor was presented, the performance evaluation for Rapid Reliable Testing dba DocGo and Medrite was also presented.

Mr. Keeley continued by presenting the vendor background and assignment for the two new vendors. Cherokee Nation Management and Consulting, LLC is a federally licensed Minority Business Enterprise with experience completing over 115 emergency preparedness and response projects. Experienced providing direct site administrative staffing for asylum seekers in the short-term, rapid construction transient settings. Cherokee have active recruitment pipelines across a variety of specialties and the agility to rapidly scale up or down in response to changing needs.

Essey Group LLC dba The TempPosition Group of Companies is highly experienced with HERRC work through their contract with NYC DHS, where they provide site administrative staffing for a cumulative 53 DHC HERRC sites. Essey Group LLC has working experience with NYC H+H's Arrival Center model and workflows including cot/room assignments and centralized intake.

Work will be assigned based on operational need, vendor capacity, and financial competitiveness. The contract terms allow contracts to be sunset at any time with less than 90-day notice, and work can be reassigned from a vendor with 30-day notice. No work is guaranteed under this contract. Lastly, when vendors are introduced to a site, the on-site H+H manager is responsible for operational integration and program leadership ensures strategic

alignment. NYC site administrative staffing expenses will be covered by HERRC MOU with the Mayor's Office.

Ms. Wang polled the committee for questions.

Ms. Wang commented on the cost analysis. It was mentioned that we are seeing cost savings measures, or no net increases, which is a testament to our ability during the emergency to secure services competitively.

Mr. Keeley agreed and added that the previously emergency contracts were built off previously competitively bid contracts. When doing the emergency contracts, the team looks to and leans on prior competitively bid contracts, not that it was precisely the same work, but it was comparable types of administrative services. We were able to look at those and bring competitive bid pricing into those emergency contracts; that is why we are not seeing a big spike or drop in these, that those original ones had relatively competitive pricing.

Ms. Wang added, that getting a new diversified vendor that can help and be more specialized in the specific work breaking these contracts apart, it's terrific. But also goes to show that what we were doing before was also very well managed, which we appreciate. Another point to highlight, which came up a couple of times in your presentation, is having the H+H managers on site and then being able to manage the different needs at different sites and having the variety of contractors and having the flexibility to move them around and change them, that is all very well thought out.

Mr. Keeley added that also leads to one of the cost saving measures that Dr. Long was talking about, by having those managers on site we can help to drive changes in headcount, changes in footprint, efficiencies on how the sites are managed, and that's where we have been able to gain a lot of the measures where we have our folks on site 24/7 so we can identify sort of when there is downtime and how to better gain efficiencies in reducing headcount at certain sites.

Dr. Long added that another example of that too is with food services. With had previously discussed this in great length, but a cost zero strategy of doing surveys to see what types of meals people would want and be able to bring meals that not only people would enjoy, but actually eat, we have reached a 98% food consumption rate. Almost every piece of food that is given out is nutritional and enjoyed eating by all of our guests.

Ms. Wang added that this is terrific and thanked the team.

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

**ACTION ITEM: Clinical Staffing Services**

Mr. Chris Keeley - Senior Assistant Vice President - Office of Ambulatory Care, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute contracts with Medrite LLC dba Medrite Urgent Care,**

**Rapid Reliable Testing NY LLC dba DocGo Inc., Acuity International, LLC (legacy: Comprehensive Health Services, LLC), and RCM Technologies (USA) Inc. dba RCM Health Care Services for HERRC clinical staffing services at a not to exceed amount of \$211,300,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.**

Dr. Ted Long began by providing the clinical services scope for HERRC clinical staffing services. H+H currently operates 15 HERRCs as well as the City's Arrival Center. All clients coming into the Arrival Center receive medical triage and assessments for short and long-term physical and behavioral health needs. Medical teams at the Arrival Center utilize a trauma-focused approach for both physical and behavioral health, provide vaccinations, and set up referrals for clients to the hospital system, when needed. At HERRC sites, H+H provides on-site social workers and medical resources as needed, particularly regarding infectious disease.

Mr. Keeley continued by providing the background and current state of NYC H+H's existing and newly contracted HERRC clinical staffing services. The breadth of scope includes seeking vendors to continue providing these clinical services at the Arrival Center and on an ad hoc basis at HERRC facilities. The System currently holds contracts with two of the proposed HERRC vendors; DocGo and Medrite. The vendors historical spend at NYC H+H was presented. There are no ancillary costs for this contract. An RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work. NYC H+H expenses will be covered by HERRC MOU with the Mayor's Office.

The performance evaluation for Medrite, Rapid Reliable Testing dba DocGo, Acuity International, LLC (legacy: Comprehensive Health Services, LLC) were presented.

The NTE Cost Analysis and the MWBE analysis for each proposed vendor were presented.

Mr. Keeley continued by presenting the vendor background and assignment for the two new vendors. Acuity International, LLC (legacy: Comprehensive Health Services, LLC) has 47 years of experience providing clinical staffing services, including significant experience working with the population and in shelter and transient settings. As was highlighted with their work during the early days of COVID, Acuity can scale at significant rates to meet any reasonable clinical demands.

RCM Technologies (USA) Inc. dba RCM Health Care Services has 45 years of experience providing on-site clinical staffing, including experience providing clinical staffing for NYC H+H. The vendor has experienced with City government, where they provide behavioral health clinical staff to the NYC Department of Education and NYC Administration for Children's Services.

As with other HERRC contracts, these vendors' work will be assigned based on operational need, vendor capacity, and financial competitiveness. The contract terms allow contracts to be sunset at any time with less than 90-day notice,

and work can be reassigned from a vendor with 30-day notice. No work is guaranteed under this contract. Lastly, when new vendors are introduced to a site, the on-site H+H manager is responsible for operational integration and program leadership ensures strategic alignment. NYC site administrative staffing expenses will be covered by HERRC MOU with the Mayor's Office.

Ms. Wang polled the committee for questions.

Ms. Wang inquired regarding the historical spend section for the existing vendors, it was stated that we committed a certain amount to the existing contract, and to clarify and just to make sure that what is not used under that commitment ends with the new contract starting. The team agreed.

Ms. Wang thanked the team.

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

**ACTION ITEM: Medical Malpractice Claims Management Services**

Mr. David C. Y. Cheung - Deputy Counsel - Office of Legal Affairs, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Gallagher Bassett Services, Inc. for the provision of Medical Malpractice Claims Management Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System. The not-to-exceed amount for the anticipated five-year term is \$35,850,000.**

Mr. Cheung began by providing the background and current state of the Medical Malpractice Claims Management Services at NYC H+H. The Office of Legal Affairs, Claims and Litigation Unit, manages all the medical malpractice claims against the System. Between 1500-1600 matters at any given time are handled in-house and by outside counsel. Claims Management Services by a Third-Party Administrator (TPA) are needed to manage the volume of claims and Medical Malpractice costs. The largest components of Medical Malpractice costs include settlements and payouts, and outside counsel legal fees. H+H receives funding from the City for costs related to Medical Malpractice defense as part of a longstanding agreement. TPA contributes to management of outside counsel and settlement costs. The Cost of Outside Counsel and Settlement Payouts as well as the TPA annual costs for FY-15 through FY-23 were presented.

Mr. Cheung continued by providing an overview of the scope of services. H+H has been using the same TPA since 2002. The annual contract cost is \$6.14M with a contract expiration date of August 30, 2024. In April 2023, a Request For Information (RFI) was published in the City Register to determine whether other vendors had capacity to provide requested services. Five TPA vendors submitted responses and based on those responses H+H proceeded with an RFP. The scope of services from the RFP included early investigation, outside counsel supervision, tracking, monitoring, and reporting, electronic database

management, regulatory compliance and reporting and maintaining indemnity and expense reserves.

An overview of the new vendor background and assignment was presented. The RFP selection committee chose Gallagher Bassett out of a pool of 4 vendors that submitted proposals. The annual cost is projected to increase by roughly 15% from the current rate, which remained flat for the last 10 years, at approximately \$7M per year. Several significant advantages of the new vendor were presented. Gallagher Bassett will be staffed with experienced medical malpractice lawyers. The vendor will have a dedicated IT/Technology team to migrate legacy data to the new System. In addition, the vendor will integrate a modern data system which will allow for data analysis and more insights to emerge from our claims data. Lastly, vendor reference checks were completed, and the vendor performed exceptionally well with other Systems.

The vendor diversity team analyzed the availability of MWBEs to perform the scopes of work identified for subcontracting and their capacity to perform at the scale of such scopes of work. The services under this contract will be self-performed by the winning vendors. The only identified subcontracting potential is related to the captive insurance program, which amounts to a very small portion of the overall contract value, approximately 5%. The winning vendor and H+H diversity team were unable to identify any MWBE vendors to provide these services. Accordingly, without any MWBEs available to perform any of the subcontracted work, no goal was set on this solicitation.

Ms. Wang polled the committee for questions.

Mr. Pagán asked if Gallagher Bassett is the current vendor. Mr. Cheung responded that Gallagher is the new vendor.

Mr. Pagán continued, for the current vendor in place since the number of settlement payouts has gone down a lot. When giving out these contracts, do we have a sense of what that would look like with a new vendor.

Mr. Cheung responded that we are hoping to continue the path towards reducing our medical malpractice payouts. The team that is being proposed would lead with providing enhanced services, because it will be a team of medical malpractice defense attorneys who have worked in law firms which is kind of unique to the other vendors including our incumbent. We are hoping to continue that path.

Ms. Cohen added, to clarify and address the question, they are not actually doing the medical malpractice legal work, they are doing a few upfront investigative services, for instance if an event happens that we hear about and they are helping rebill, they review and do some of the administrative kinds of services and they monitor what is happening with the clients. They are all carefully monitored by David's team and underneath the legal work is done by some people on David's team, or outside law firms, they are not the lawyers representing us in this.

Mr. Cheung responded, the in-house legal team determines what the most optimal resolutions would be, and the claims management team is more of the day to

day, whether there is a past work done or completed on-time and whether they were done within what would be a reasonable budget for those tasks.

Ms. Wang added that this TPA may enhance the ability of the redline (annual settlement costs) to keep getting better.

Ms. Cohen agreed and added that there are many factors, but probably they will as they have the body of work even better than what we've had.

Ms. Wang added, it is providing the data that we couldn't have before and then they are attorneys. Ms. Cohen agreed and added that they are attorneys doing the monitoring with the higher level of stuff.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team.

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

### **FINANCIAL UPDATE**

Mr. Ulberg opened the presentation with the FY-24 Quarter 2 Highlights. He conveyed that January closed with \$468M (17 days cash-on-hand). The budget overperformed by 1% and closed Q2 with a positive Net Budget Variance of \$63.9M.

Mr. Ulberg continued that direct patient care receipts came in \$171M higher than the same period in FY-23 due to continued increases in IP and OP services in FY-24, and overall improved cash performance. IP Patient care volume in FY-24 has surpassed pre-COVID levels (1.3%) and OP visits are 9.8% ahead of FY-20 pre-COVID levels. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Overall, our strategic Financial Initiatives are ongoing. YTD Q2 performance generated \$573M against an annual target of \$1.08B. Financial updates through this period are still in progress within areas of Revenue Cycle, Growth and System Efficiencies. Several areas of strong Q2 performance were noted.

Mr. Ulberg presented the cash projections for FY-24. The System is estimated to close February with approximately \$450 million (16 days cash-on-hand) and expects to close March with approximately \$600 million (21 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them, as we continue to closely monitor our cash position.

Mr. Ulberg continued presenting the external risks. Several areas of focus are Staffing Glidepath, temp services and sessional costs which continue to present a financial challenge. Full-time RN hiring is well ahead of target by 405 RNs, beating the glidepath, and temps will go down to target as soon as orientation is complete which ranges from 3 to 6 months, and potentially beating the 18-months glidepath target. A sessional and locum expense reducing glide path has been implemented and is assumed to start in FY-24 Q3, reaching target by the end of FY-25.

Dr. Katz commended Natalia for the great job in terms of hiring and making sure we do not have a temp nurse once we do not need them.

H+H is diligently working to address inflationary pressures which continue to present a strain on and risk to our cost reduction plans as we experience pharmacy and medical/surgical supplies inflationary challenges, pricing increases, higher volume and meeting higher acuity patient needs.

City and State budget challenges remain, and H+H has released its January Plan. H+H is working with OMB on the upcoming Executive Plan and has been informed there will be no PEGs in this plan. H+H has been reviewing the Governor's Executive Budget and 30-day amendments and preparing for the Legislature's one-house budgets.

Medicaid Recertification is currently meeting our budgeted recertification targets and continues to optimize our overall strategies to ensure that we stay on track.

Lastly, Change Healthcare (CHC) Cyberattack presents a new financial challenge to H+H. The incident has national impacts, primarily on health care provider ORGS, retail pharmacies, and payors, which use CHC technologies/services. The expected duration based on similar prior events is weeks to over a month. H+H will await guidance, likely to come from the FBI, on when it is safe to resume connections to CHC.

An overview of H+H's CHC Migration Efforts Underway was presented by Ms. Karlin. In terms of Cash Flow management, H+H is closely working with our City, State, and federal partners to expedite approved funding to H+H and prioritize review and approval of pending initiatives and current year reimbursements. H+H is seeking Federal and State directives to direct insurance plans to provide advances to preserve cash flow, waive prior authorization requirements, waive timely filing requirements, and extend time frames for appeal. Revenue Cycle is accelerating implementation of previously approved Experian clearinghouse for eligibility and claims. Implementing alternative vendor for printing and mailing patient statements. Moved up the planned implementation of paperless billing for those MyChart accounts and addressing the increase in eligibility and self-pay work queues in priority order. Retail Pharmacy impacts roughly 10% of prescriptions; limiting dispensation to 14-day supply, and currently tracking all medication dispensed at risk, to rebill when systems are back online.

Ms. Wang asked if we will not continue with CHC moving forward as we transition to Experian?

Ms. Karlin responded that we are still a little unclear as CHC still has a lot of our remit files. Also, those that have come in since the outage on February 21<sup>st</sup>, we do need to get those from CHC, so we will need to reassess this connection with them. Enrolling with payers for remittances is a little bit more complicated and we will likely turn CHC back on for all our remittance files until we are sure that we can comfortably and completely change over to Experian for that.

As of Thursday/Friday of last week, United was indicating that CHC will be back live for claims and for remits starting to test this Friday and claims

next week or vice versa, and we have a decision to make, and we are getting together with the IT team to decide what we want to do about that and how to approach that. We can turn back to CHC if IT and security is fully comfortable with that and move back to plan A which was take our time with our Experian implementation or we have started the work with Experian to continue.

Ms. Wang asked that for the gap between February 21<sup>st</sup> until April 15<sup>th</sup>, we will have to still reconcile that part with CHC or can Experian step in.

Ms. Karlin responded that for claims we can just change it to Experian even if CHC had it in the queue. We do not know if they are going to be able to reconcile what they did or did not send for the period the outage started. We expect that they are not going to be able to fully reconcile. Similarly with our statements to patients which also run through CHC. We have been in communication with them and there is a little window that they may never be able to know for a small segment. However, any data we are unsure about we will resend. NYS published a directive which is called the circular letter, the Department of Financial Services, for those providers impacted or interrupted due to CHC which we are certainly one of the most impacted, and we had to certify our insurance, we had already sent letters to them. Now we are filing a certification that they are to waive things like eligibility requirements, prior authorization, notice of admission, timing filing requirements and tolling requirements on appeals so that buys us some time. The cash flow mitigation the team has been working on is about us, the time to do this thoughtfully.

Ms. Wang added that we have about 12 weeks to start billing.

Ms. Karlin added we are not planning to wait this long before taking the next steps to start billing, we spoke with other vendors to try to expedite work who may be able to do this faster other than Experian as it was not our choice to go to a third vendor, but this is our best plan to get us live and running in the most comprehensive way.

Ms. Wang inquired regarding CMS potentially advancing any funds.

Mr. Ulberg responded that CMS and DFS, CMS laid out their framework of their expectations signaling to the insured, this would be the preferred behavior, and DFS took that guidance and now has operationalize it, which we received on Friday where there is an attestation process that we would have to go through all the different waivers. Timely filing again.

Ms. Wang added we are moving to a new vendor which is great and how can we protect against these things. We are certainly not alone in this.

Mr. Ulberg added that the capitation relation with Healthfirst and MetroPlus has helped us a lot.

Ms. Wang asked if Healthfirst is direct or just MetroPlus.

Ms. Karlin added MetroPlus is a direct relation.

Ms. Wang thanked the team for the update.

Ms. Tyler presented the financial performance highlights for FY-24 thru December Net Budget Variance. She noted that December ended with a net budget



variance of \$63.9M (1%). Receipts exceeded budget by \$263M primarily driven by Patient Care Risk Revenue. Risk is higher due to improved PMPM and other PY reconciliations. Disbursement exceeded budget by \$199M, which includes expenses associated with Temp coverage, affiliation, and PS/Overtime costs.

Ms. Tyler continued providing FY-24 thru December performance drivers updates. Cash receipts are 6% ahead of budget. Much of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM and PY reconciliations. FY-24 thru December, cash disbursements are over budget by 4% primarily resulting from Temp spending and Agency costs exceeding target.

The revenue performance for FY-24 thru December was presented by Ms. Tyler. FY-24 direct patient care revenue (IP and OP) is \$170.9M higher than FY-23 actuals. Patient revenue increases year-over-year can be attributed to Health Care Worker (HCW) Bonus, approved State Medicaid increases, Federal approved Billing UPL, overall increased volume and cash performance on revenue improvement initiatives.

Ms. Wang inquired on the Health Care Worker bonus.

Ms. Tyler responded that is a Medicaid bonus that came in to pay health care workers and there was an expense on one side and revenue on the other side, but we did not receive it last year. Mr. Ulberg added that it is a State initiative post-COVID.

#### **INFORMATIONAL ITEM: OVERVIEW OF JANUARY 25 FINANCIAL PLAN**

Mr. Cassidy provided an overview of the five-year financial plan, which is done in conjunction with the City of New York and counts as the basis of H+H's submission to the Public Authority Accountability Board. The plan projects the System have a positive operating margin of \$69M in FY-24 due in large part to anticipated Outpatient UPL Conversion revenue, favorable SFY23-24 State Budget changes, and Risk Pool performance.

The System projects a negative operating margin in FY-25 and FY-26 of \$51M and \$49M, respectively, driven by reduced COVID FEMA revenue assumptions and NYSNA Collective Bargaining Costs. Over each of the three years, the System anticipates stable and relatively consistent ending cash balances between \$715M and \$815M, approximately 25-30 days cash-on-hand. The plan includes strategic initiatives totaling \$2.2B in FY-24, growing to \$2.3B by FY-28 in order to partially offset the negative impact of DSH cuts, slated to begin during FFY-2024. Growth in Strategic Initiatives is expected to protect the System in the event that the cuts are not further delayed. Finally, this plan includes expenses and partially offsetting funding from the City associated with the NYSNA Collective Bargaining agreement. H+H will continue to advocate for additional City support to fund the bulk of the agreement.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team.

#### **ADJOURNMENT**

There being no further business before this committee, the meeting adjourned at 12:02 PM.

**Capital Committee Meeting – March 11, 2024**

**As reported by:** José Pagán

**Committee Members Present:** Mitchell Katz, MD, José Pagán, Karen St. Hilaire, Freda Wang

Mr. José Pagán called the meeting to order at 10:10 a.m. and stated for the record that Karen St. Hilaire would be representing Molly Wasow Park in a voting capacity.

Sally Hernandez-Piñero – virtually in a listening capacity only.

Mr. Pagán called for a motion to approve the January 19, 2024 minutes of the Capital Committee meeting.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on January 19, 2024, 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 has been a very busy beginning of 2024 in the Office of Facilities Development.

There has been substantial work on critical infrastructure projects, including the installation of temporary boilers at Harlem, refurbishment of the Lincoln chillers, achieving the 50% project completion milestone of our Bellevue Co-Generation construction, kicking off McKinney's Comprehensive Energy Efficiency Project, and the new Coler generator becoming operational. These projects are supporting our ongoing efforts to modernize our aging infrastructure systems to ensure we can continue providing healthcare services in a modern and safe environment.

Our Design Build Program is progressing well with the three Brooklyn Borough President funded Women's Health initiatives in active solicitation. We are actively exploring utilizing the Design Build delivery method on future projects to bring additional efficiencies to our Capital Program.

Other updates included that a Federal emergency declared for the Storm Ophelia in September, which allows us to request grant funding to support mitigation and repair from damages at Woodhull. The Behavioral Health certified beds all came online by the end of 2023, with our teams working to ensure that we met the State deadline.

We have completed the renovation of the Harlem Labor & Delivery (L&D) project. Final punch list items and clean up occurred this past weekend. The renovation has transformed the L&D into a modern suite. The project included independent humidity and temperature control of each OR suite, new flooring, sinks, mill work, lighting, flooring and painting.

We have a very full agenda this month with 6 items: A lease agreement for additional clinic space for South Brooklyn Health, three projects at Jacobi Hospital – one OR renovation and two infrastructure projects, a parking garage renovation at Lincoln, and a generator replacement at Woodhull.

That concluded Mr. Saez's report.

Dr. Katz commended the staff Ms. Saez, Mr. Indar and Mr. Gonzalez on the successful completion of multiple projects.

Leora Jontef read the first resolution into the record:

**Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10-year lease with Coney Island Associates Retail 2 LLC ("Developer") for approximately 6,250 sq. ft. on the 1st floor of a to-be-constructed building at 2932 West 16th Street in Coney Island (the "Premises") to house the Behavioral Health and Chemical Dependency practice (the "Practice") of the Ida G. Israel Community Health Clinic (the "Clinic") operated by NYC Health + Hospitals/South Brooklyn Health (the "Facility") now operating on an adjacent lot for a yearly rent of \$25/sq. ft. to be escalated by 10% after 5 years plus the provision of 10 parking spaces charged at \$150/month for each parking space; provided that Developer will build out the Premises to the System's specifications within a budget of \$2.5M, with the System paying Developer \$2M of this expense ; and provided further that the System shall hold two 5-year options to renew the lease with the rent during the first renewal term to be at the higher of 95% of fair market value or 10% over the prior rent and with the rent for the second renewal term to be at a 10% increase over the prior rent with the rent over the entire potential 20-year term totaling approximately \$3,985,781.**

Ms. Jontef was joined by Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals/South Brooklyn Health who presented the background information on the Ida G. Israel Community Health Center, phase 2 of the construction and the change to keep the chemical dependency practice in the community instead of moving the practice to the main campus. Ms. Jontef described the lease terms.

- Ms. Wang asked if the \$2 million build out cost was in addition to the \$3.9 million occupancy fee. Ms. Jontef said yes.
- Ms. Wang asked if the requested approval was for both. Jeremy Berman, Deputy Counsel, said yes, approval is for the lease which includes both the occupancy fee and build out. Ms. Lipyanskaya added that the space was fully designed and ready for construction to begin. She added that location was excellent because it was directly across the street from the existing clinic so there would be no disruption for patients.

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

Mr. Saez read the resolution into the record:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Holt Construction Corp. (the "Contractor"), to undertake a gut renovation at NYC Health + Hospitals/Jacobi Medical Center's ("Jacobi") 11E operating rooms, along with dedicated support areas to maximize efficient use of Jacobi and to modernize and meet the needs of an expanding community, for a contract**

**amount of \$8,128,692 with a 15% project contingency of \$1,219,304 to bring the total cost not to exceed \$9,347,996.**

Oscar Gonzalez, Senior Assistant Vice President was joined by Ellen Barliss, Chief Financial Officer, NYC H+H/Jacobi, Erin Egan, Senior Director, and Hiba Hadeed, Director of Design and Construction, Office of Facilities Development, they narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

- Ms. Wang said it sounded like a much-needed project. Dr. Katz agreed.

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

Mr. Saez read the resolution into the record:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Crescent Contracting Corp. (the "Contractor"), to undertake a project to install sprinklers and fire alarms in the administrative offices of Building #4 of NYC Health + Hospitals/Jacobi Medical Center for a contract amount of \$8,251,375, with a 15% project contingency of \$1,237,706, to bring the total cost not to exceed \$9,489,081.**

Oscar Gonzalez, Senior Assistant Vice President was joined by Ellen Barliss, Chief Financial Officer, NYC H+H/Jacobi, Erin Egan, Senior Director, and Hiba Hadeed, Director of Design and Construction, Office of Facilities Development, they narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

- Ms. St. Hilaire asked if any of the bidders that chose not to respond provided reasons for doing so. Mahendranath Indar, Assistant Vice President, Office of Facilities Development, said yes, while the bid was extended they indicated they felt that they needed additional time to obtain subcontractor pricing.
- Ms. Wang asked if there was a rule as to number of bids required. Mr. Gonzalez said no, as long as bids are publicly posted and everyone gets a chance to participate.

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

Mr. Saez read the resolution for consideration:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Ark Systems Electrical Corp. (the "Contractor"), to undertake a fire alarm upgrade of Building #1 of NYC Health + Hospitals/Jacobi Medical Center for a contract amount of \$10,800,000, with a 15% project contingency of \$1,620,000, to bring the total cost not to exceed \$12,420,000.**

Oscar Gonzalez, Senior Assistant Vice President was joined by Ellen Barliss, Chief Financial Officer, NYC H+H/Jacobi, Erin Egan, Senior Director, and Hiba Hadeed, Director of Design and Construction, Office of Facilities Development, they narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

Ms. Wang requested clarification that this project seems more complex than the previous project in building 4. Jacobi staff indicated that that building 1 is much larger than building 4 and this project is intended to touch every single space of the building and included sprinklers and pressurization which adds to the cost. The staff further clarify there is no concerns regarding the pending allocation from OMB since the project is definitely capital eligible.

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

Mr. Saez read the resolution for consideration:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Atlantic Specialty, Inc. (the "Contractor"), to undertake a parking garage renovation project of the main building of NYC Health + Hospitals/Lincoln Hospital for a contract amount of \$4,708,790, with a 20% project contingency of \$941,758, to bring the total cost not to exceed \$5,650,548.**

Oscar Gonzalez, Senior Assistant Vice President was joined by Chris Roker, Chief Executive Officer, NYC H+H/Lincoln, they narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget.

- Ms. Wang asked if there had been flooding. Mr. Roker said yes, there was some water infiltration, and patching had been done but it required some significant work. Mr. Gonzalez added that engineers had determined there was no imminent danger but there is much work to be done, he also clarified that the garage is above ground and exposed to the elements.
- Ms. Wang asked if the garage would remain open during the work. Mr. Roker said yes. The garage is currently at full capacity with a loss of about 15 slots per phased work, a full contingency plan is in place to mitigate interruptions.
- Dr. Katz noted that MWBE commitments across the various contracts being presented was very impressive.

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

There being no further business, the Committee Meeting was adjourned at 11:40 a.m.

## SUBSIDIARY REPORT

**SUMMARY OF MEETING**

**HHC ACO INC. BOARD OF DIRECTORS (VIRTUAL)**

As Reported by: Dr. Mitchell Katz

Members Present: Matthew Siegler, Dr. Gary Kalkut, John Ulberg, Andrea Cohen, Esq., Nicole Jordan-Martin, Dr. Jasmin Moshirpur, Dr. Daniel Napolitano, Hyacinth Peart, Dr. Warren Seigel

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on March 04, 2024 at 2:06 p.m. Dr. Mitchell Katz, Chair of the Board called the meeting to review the PY 2023 Shared Savings Forecast, discuss the upcoming MSSP Agreement Renewal, and review the ACO's clinical plan on Reducing Avoidable Admissions.

Upon motion made and duly seconded the minutes of the December 12, 2023 Board meeting was unanimously approved.

The Board considered the following resolution:

**RESOLUTION 202403-1 - Nominating and electing each of the following persons to serve in the respective office of the ACO set forth opposite their names below, for a term of one year and until such Officer's successor has been elected or appointed and qualified, unless such Officer shall have resigned or been removed in accordance with the laws of the State of New York and the By-Laws of the ACO:**

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

The motion was duly seconded and unanimously approved by the Board.

The Board considered the following resolution:

**RESOLUTION 202403-2 - Authorizing the Chief Executive Officer of HHC ACO Inc. (the "ACO") to submit to the Centers for Medicare & Medicaid Services ("CMS") a renewal application to participate in the Medicare Shared Savings Program ("MSSP") under the ENHANCED Track risk arrangement and, if approved by CMS, execute an agreement with CMS to renew and extend the ACO's participation from January 1, 2025 through December 31, 2029 and to furnish any required repayment mechanism in the form of a letter of credit, a funded escrow account, a surety bond, or in any other form permitted under the MSSP regulations, in a maximum stated principal amount not to exceed \$7,000,000;**

**AND**

**Authorizing the Chief Executive Officer of the ACO to execute and deliver a reimbursement agreement, letter of credit, and any and all other agreements, documents or instruments necessary or desirable in connection with the issuance of the letter of credit or any other form of required repayment mechanism that satisfies CMS requirements, including a funded escrow account or a surety bond;**

**AND**

**Authorizing the Chief Executive Officer of the ACO to execute agreements with current or future ACO Participants and Collaborators to extend or initiate their participation or collaboration in the MSSP during the term of January 1, 2025 through December 31, 2029.**

The motion was duly seconded and unanimously approved by the Board.

Among other matters, the Board discussed the following:

- The ACO's Proposed Board Meetings for 2024.

**ADJOURNMENT**

There being no old business, nor new business, the meeting was adjourned at 2:24 pm.

**NYC HEALTH + HOSPITALS FACILITIES RECOGNIZE  
WOMEN'S HISTORY, NUTRITION, AND SOCIAL WORK MONTH**

As stalwarts of their neighborhoods, our facilities take every opportunity to recognize employees, patients, and the communities they serve through various recognition events. This month, many facilities held Women's History events and panels, nutrition workshops, and cooking demonstrations, and recognized social workers who play such an important role in our continuum of care.

As a part of Women's History, two CEOs were recognized this month: Helen Arteaga Landaverde, CEO of NYC Health + Hospitals/Elmhurst and Cristina Contreras, CEO of NYC Health + Hospitals/Metropolitan. As part of Women's History Month, Contreras was recognized as a trailblazer in the Dominican community by ABC7 news and Landaverde was recognized by NBC News as the first woman and first Hispanic woman to lead Elmhurst Hospital.

**MAYOR ADAMS COMPLETES LIFESTYLE MEDICINE PROGRAM EXPANSION WITH SEVENTH  
PROGRAM AT NYC HEALTH + HOSPITALS/LINCOLN**

Late this month, Mayor Adams and NYC Health + Hospitals announced the launch of its nationally recognized Lifestyle Medicine Program at a new location at NYC Health + Hospitals/Lincoln, marking the first time the program is available in the South Bronx. The program is now active at seven sites across the five boroughs, with six new locations previously launched: NYC Health + Hospitals/Jacobi in the Bronx; NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Kings County in Brooklyn; NYC Health + Hospitals/Elmhurst in Queens; and NYC Health + Hospitals/Gotham Health, Vanderbilt on Staten Island. The pilot program – launched at NYC Health + Hospitals/Bellevue in 2019 with the support of then-Brooklyn Borough President Eric Adams – has already served hundreds of patients. Together, the program's seven sites will serve approximately 4,000 patients each year, providing them with the tools and support to prevent and manage common chronic conditions, such as Type 2 diabetes and high blood pressure.

Prior to the Lincoln Hospital expansion, the program opened at NYC Health + Hospitals/Gotham Health, Vanderbilt in Staten Island, the first time the program is available in Staten Island. The Lifestyle Medicine Program's team supports patients in making evidence-based lifestyle changes, including adopting 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 NYC Health + Hospitals/Gotham Health, Vanderbilt program can accommodate 32 new patients each month, and the care team includes physicians, a nurse practitioner, a dietitian, a health coach, a program coordinator, and an exercise trainer. Current patients of NYC Health + Hospitals can be referred to the program from their provider, and people who



are not yet patients of NYC Health + Hospitals can see if they qualify to enroll.

### **RECORD 1.2 MILLION PLANT-BASED MEALS SERVED AT NYC HEALTH + HOSPITALS**

NYC Health + Hospitals in partnership with Sodexo celebrated over 1.2 million plant-based meals served since the program began in March 2022. In 2023, the first full calendar year of the program, NYC Health + Hospitals served over 783,000 plant-based meals to its patients. Scientific research has shown that plant-based eating patterns are linked to significantly lower risk of cardiovascular disease, type 2 diabetes, obesity, and certain cancers. Plant-based meals can also be effective for weight management and treatment of hypertension and hyperlipidemia. In addition to these considerable health benefits, the plant-based meals served in 2023 led to a 36% reduction in carbon emissions and a cost savings of 59 cents per meal. Patients who ate plant-based meals at NYC Health + Hospitals reported a satisfaction rate over 90%.

All meals are made from scratch at the health System's Culinary Center in Brooklyn. The culinary team includes Food Service Associates at each hospital who take patients' food orders, educate them about the flavor and nutrition of the day's plant-based options, and gather patient feedback about the meal. New recipes are piloted as a "Chef's Recommendation" and only enter the menu rotation if they achieve an 80% patient satisfaction rate or above. Patients who are discharged from the hospital receive a booklet of plant-based recipes to make at home. Non-plant-based options continue to be available at patients' requests and in accordance with their prescribed diet.

### **MAYOR ADAMS ANNOUNCES PLANS TO OPEN SUBSTANCE USE DISORDER CLINIC FOR EXPECTING AND PARENTING FAMILIES**

Mayor Adams and the health System announced plans to open an \$8 million health and substance use disorder clinic at NYC Health + Hospitals/Lincoln for pregnant and postpartum women and their families. The clinic will offer pregnant and parenting individuals living with substance use disorder – dependence on alcohol, tobacco, and other drugs – a safe and supportive place to access prenatal and postnatal care, addiction medicine, and behavioral health care. As the City aims to reduce Black maternal mortality by 10 percent and reduce opioid deaths by 25 percent by 2030, this clinic will support healthy birth outcomes, reduce the likelihood and impact of postpartum relapse, and address the needs of older children living in these families. Funded with an investment through "Women Forward NYC: An Action Plan for Gender Equity" – the Adams administration's \$43 million plan with the ambitious goal of making New York City the most woman-forward City in the country – the clinic will build on the City's cross-sector work to improve the health and well-being of all women.

The 6,500 square foot space, expected to open in 2026, will serve approximately 200 families per year and will be located in the Bronx – the borough with the highest rate of opioid overdose death in New York City. In addition to substance use support, patients will be able to access connections to community-based organizations for other critical services supporting recovery, such as housing, food, and employment. Care teams will be comprised

of medical and behavioral health providers, including social workers, community health workers, and certified peer counselors with lived experience of substance use disorder.

#### **'NURSES4NYC' RECRUITMENT CAMPAIGN LAUNCHES**

In mid-March, NYC Health + Hospitals embarked on a major recruitment campaign to help fill nurse positions and expand access to community-based primary care at NYC Health + Hospitals/Harlem, Woodhull, and Lincoln. The recruitment campaign, Nurses4NYC, is intended to encourage more New Yorkers to apply for jobs as nurses with the health System. In addition to traditional advertising, the campaign is supplemented by targeted social media ads on LinkedIn and Facebook.

Currently, there are over 9,600 full and part-time nurses in the NYC Health + Hospital System. The public health System has an array of benefits, including a pension. New nurses can take advantage of the Nurse Residency Program, nursing fellowships, tuition reimbursement, loan forgiveness, and scholarship programs through NYC Health + Hospitals.

#### **UPDATE ON CHANGE HEALTHCARE**

On February 21, one of our vendors, Change Healthcare, experienced a cyber incident that affected many businesses across the nation and NYC, including NYC Health + Hospitals. Thanks to the vigilance of the company and to our EITS team led by Kim Mendez, to our knowledge, no NYC Health + Hospitals patient health information was stolen or released as a result of this incident.

Change Healthcare is the clearinghouse with which our health System contracts for electronic claim submission, remittance posting, patient statements, and insurance eligibility transactions. The company has been out of commission since the incident, in effect suspending our ability to submit claims to insurance carriers. In response, we have been working with State and Federal partners to expedite funding to NYC Health + Hospitals and to prioritize review and approval of pending initiatives and current-year reimbursements.

We have also contacted all of our managed care plans seeking administrative waivers in recognition of our inability to submit claims. The health System has taken the following operational steps: stepped up a planned July 1, 2024 go-live with Experian for the same services, implemented some manual work-arounds, and expedited a planned transition to paperless patient statements. We anticipate being live with Experian on Monday, April 1, 2024.

#### **PATIENT TRANSFER CENTER OPENS AT 50 WATER ST.**

At the end of February, NYC Health + Hospitals opened its own patient transfer center at our 50 Water Street Central Office headquarters. Known as the Transfer, Access and Capacity Center (TACC), NYC Health + Hospitals staff will oversee patient transfers all day, 365 days a year. For the first time, the health System will manage moving patients between all of its facilities, streamlining control and standardizing all transfer procedures and protocols. Facilities will be linked together through a team of nurses and support staff who will help provide our patients the best care possible during any transfer process.

NYC Health + Hospitals moves approximately 30 patients between facilities every day. Clinical teams at the facilities will be able to order transfers directly through Epic for non-emergent cases. Emergency transfers will be handled by phone. The Transfer Center will use Epic to document all transfers, improving transparency and allowing greater insight into capacity, availability, and services.

**MAYOR ADAMS ADVANCES OUTPOSTED THERAPEUTIC UNITS AT NYC HEALTH + HOSPITALS/WOODHULL AND NORTH CENTRAL BRONX**

In early March, Mayor Adams announced progress on several jails-focused initiatives to provide greater care and enhanced programming for people in custody. As part of this announcement, the Mayor directed NYC Health + Hospitals to move forward with construction of more than 350 outposted therapeutic housing beds that will increase access to specialty health care services for people in custody while moving those who are most clinically vulnerable off of Rikers.

The outposted therapeutic housing units at NYC Health + Hospitals/Woodhull and North Central Bronx are part of the administration's commitment to increasing access to specialty care services for people in custody while moving the most clinically vulnerable people off of Rikers. The units will house patients who have serious medical, mental health, and substance-use needs and would benefit from a more structured, clinical environment. The NYC Department of Correction (DOC) will provide security and custody management in the units, and NYC Health + Hospitals/Correctional Health Services (CHS) will continue to be the primary provider of care, in closer coordination with hospital specialists.

Construction is already underway at NYC Health + Hospitals/Bellevue, the first of the three units, with anticipated completion by spring 2025. Construction of the units at NYC Health + Hospitals/Woodhull and North Central Bronx will be completed in summer 2027, assuming timely completion of design and barring significant unforeseen field conditions. Construction of all units is fully funded, with a total capital investment of \$718 million, and will comprise of approximately 360 beds, depending on final designs. All three hospitals will benefit from an infusion of funds to renovate and repurpose hospital space to create the outposted therapeutic housing units. NYC Health + Hospitals/Woodhull recently relocated and renovated its inpatient pediatrics unit and upgraded other clinical and administrative spaces to prepare for the construction of the outposted unit.

**THE REMEDY, THE NYC HEALTH + HOSPITALS PODCAST,  
RELEASED TWO NEW EPISODES**

On March 5, the health System released the fifth episode of its new podcast, The Remedy. Episode 5: Caring for the Newest New Yorkers covers how the staff at NYC Health + Hospitals are rising to the challenge of caring for the over 180,000 asylum seekers who have come to our City since spring 2022. Host Dr. Michael Shen was joined by Dr. Ted Long, Senior Vice President of Ambulatory Care and Population Health at NYC Health + Hospitals, and Dr. Natalie Davis, Associate Medical Director of Ambulatory Women's Health Services at NYC Health + Hospitals/Bellevue, to discuss NYC Health + Hospitals' humanitarian centers,

providing access to healthcare for asylum seekers, and helping migrants deal with the trauma they have experienced on their journeys.

The sixth episode, *Caring for Homeless Patients*, covers how NYC Health + Hospitals serves its over 70,000 patients who are experiencing homelessness. Dr. Shen was joined by Dr. Amanda Johnson, Assistant Vice President of Ambulatory Care and Population Health at NYC Health + Hospitals, and Leora Jontef, Assistant Vice President of Housing and Real Estate at NYC Health + Hospitals, to delve into New York City's housing crisis, explain how safety net clinics and mobile vans are providing care to patients experiencing homelessness, and why New York City's public health system now has a path connecting hundreds of patients to their own homes.

The Remedy is available on Apple Podcasts, Spotify, iHeartRadio, and other podcast platforms.

### **THE HEALTH SYSTEM SCREENED MORE THAN 50,000 PATIENTS FOR COLORECTAL CANCER IN 2023 USING FIT TEST, A 20 PERCENT INCREASE OVER 2022**

For National Colorectal Cancer Awareness Month, NYC Health + Hospitals announced that it has screened over 50,000 patients for colorectal cancer in 2023 using the at-home fecal immunochemical test (FIT), a 20% increase over 2022. FIT is an easier, less invasive screening test for colon cancer. The health System increased patient engagement by launching a Colorectal Cancer Screening Registry, which captures all patients who are eligible for a colorectal cancer screening and encourages their primary care provider to offer a test during their annual appointment. The System also increased the availability of prepaid envelopes and instructions available in 14 languages to reduce barriers to patients collecting their sample and mailing back their test for processing.

### **NYC HEALTH + HOSPITALS/BELLEVUE OPENS NEW PALLIATIVE CARE SERENITY UNIT**

Earlier this month, NYC Health + Hospitals/Bellevue opened a new Palliative Care Serenity Unit for patients and families. The new unit provides support and services for patients with serious illness who can benefit from extra support and expert symptom management, including patients who are waiting to transfer to hospice or who are nearing the end of life. The Palliative Care Program, which is accredited with Advanced Certification for Palliative Care from The Joint Commission, began in 2006. The program serves a diverse and often vulnerable patient population. The team works with experts in child life, therapeutic arts, legal health, psychiatry, critical care, and community hospices to serve patients and families. The demand for services has increased steadily year by year, and last year the Palliative Care team provided almost 1,000 patient consultations.

The Palliative Care program at Bellevue Hospital consists of physicians, nurse practitioners, nurses, social workers, and a dedicated chaplain, who, along with primary care teams and specialists, take care of patients who have cancer, advanced heart failure, kidney failure, serious lung disease, as well as patients who are very sick in the ICU, with dementia or serious brain injury. The program provides a full array of clinical services for patients and families experiencing the impact of serious illness or injury who are

facing end-of-life care. Services include an inpatient consultation service, an outpatient palliative care clinic, pediatric palliative care consultation, a bereavement program, a volunteer/doula program, and an inpatient end-of-life care unit.

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

The public health System continues to help lead the City's response to the historic influx of asylum seekers. Our network of 15 humanitarian centers provides vital aid to the approximately 25,000 asylum seekers in our care, with families with children comprising around three-quarters of this demographic. At our humanitarian centers, our newest neighbors receive dignified care and the resources they need to find a path towards a more promising future.

At NYC Health + Hospitals, we believe healthcare is a human right. That is why, from the outset of this humanitarian crisis, we created a coordinated system of medical care that begins at the front door of our shelter system and extends to our public hospital system and other federally-qualified health centers. Our staff at the Arrival Center have now cared for over 125,000 new arrivals, providing immediate, centralized access to essential medical services, including screenings for communicable disease, urgent care, screening for depression, vaccinations, and connections to the case management and social services people need to take their next steps forward.

Through every twist and turn of this emergency response, our staff have been driven by our mission to protect asylum seekers' human rights and provide urgent, comprehensive care. As we navigate the months to come, we will continue to prioritize our enhanced case management services to ensure asylum seekers are receiving meaningful assistance towards their goals and the journey ahead.

#### **NYC HEALTH + HOSPITALS NOW USES THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION'S INTERACTIVE SCREENING PROGRAM TO SUPPORT EMPLOYEE WELLNESS**

NYC Health + Hospitals has partnered with the American Foundation for Suicide Prevention (AFSP) to implement the Interactive Screening Program, an online self-screening tool for staff to connect to peer and clinical support before a potential crisis emerges. This partnership builds upon Helping Healers Heal (H3), NYC Health + Hospitals' staff wellness program. The anonymous screening tool is customized for the health System. Employees take a brief stress and depression questionnaire, receive feedback about the mental health programs that are available, and, if desired, schedule a debrief with a H3 Peer Support Champion. The AFSP created ISP in 2001 to lessen mental health stigma in providing mental health help to all who are in need.

As of today, ISP has assisted over 280,000 employees working in over 200 organizations ranging across healthcare, academic institutions, law enforcement agencies and other workplaces. In 2022, the Center for Disease Control and Prevention reported that nearly half of health workers said they felt burned out and recently stated that there is a burgeoning mental health crisis for healthcare workers. The Physicians Foundation found that over 76% of physicians, residents, and medical students agree that physician mental health stigma still exists. According to a recent study by the Journal of the

American Medical Association, healthcare workers in the US are at increased risk of suicide as compared to non-healthcare workers.

**NYC HEALTH + HOSPITALS/ELMHURST PARTNERS  
WITH EHL HOSPITALITY BUSINESS SCHOOL**

NYC Health + Hospitals/Elmhurst has partnered with EHL Hospitality Business School – a leading academic hospitality management institution founded in 1893 and based in Switzerland and Singapore – to share best practices and resources related to the hospitality sector and its intersection with health care. EHL students will gain first-hand experience assisting hospital leadership on hospitality-related projects, training the next generation of care experience leaders. NYC Health + Hospitals/Elmhurst will additionally be the first healthcare institution worldwide to join the school’s EHL Alliance, a global professional network that brings industry and academic leaders together. It specializes in providing education, resources, and services to enhance working environments that are people-centered and welcome all. This inclusive approach is essential to Elmhurst Hospital’s mission, with nearly one million patient visits each year in the City’s most diverse borough. The partnership with the school and collaboration with the Alliance is an investment in the hospital’s strategic plan, called Elmhurst 2.0, which looks to transform the hospital to meet the ever-growing needs of the area’s expanding and thriving community.

**MOTHER CABRINI HEALTH FOUNDATION GRANTS SUPPORT CAREER DEVELOPMENT FOR  
PSYCHIATRIC PHYSICIAN ASSISTANTS AND CARE FOR ASYLYM SEEKERS**

NYC Health + Hospitals received \$550,000 in funding from the Mother Cabrini Health Foundation for two programs. A \$300,000 grant will fund the launch of the Psychiatric Physician Assistant Career Pathways Program, which will include courses at local colleges, guest lectures by behavioral health professionals, clinical placements, fellowships, and tuition repayment. The program is designed to help attract and retain clinicians who care for New Yorkers with mental health or substance use needs. The program will launch later this year.

The second grant of \$250,000 will fund care at NYC Health + Hospitals/Elmhurst for asylum seekers who are survivors of torture. The funding will allow the Libertas Center for Human Rights at Elmhurst Hospital to continue its focus on delivering trauma-informed, culturally responsive mental health care; integrated medical, legal and social case management; and care coordination for survivors of torture and allow it to serve more individuals in response to the recent surge of asylum seekers in New York City.

**NYC HEALTH + HOSPITALS/BELLEVUE ATTAINS NATIONAL ACCREDITATION FROM AMERICAN  
COLLEGE OF SURGEONS COMMISSION ON CANCER**

NYC Health + Hospitals/Bellevue received accreditation as an Academic Comprehensive Cancer Program under the American College of Surgeons (ACS) Commission on Cancer (CoC) Accreditation Program. The accreditation tells cancer patients that they will have access to the highest-quality of cancer diagnosis, care coordination, treatment, and support at the hospital. The accreditation standards supply the structure for providing all patients with a full range of services either on-site or by referral, including community-

based resources. Bellevue Hospital is one of only 14 hospitals in New York State to receive accreditation at this level.

The ACS CoC is a consortium of professional organizations dedicated to improving survival and quality of life for patients with cancer. The American College of Surgeons accreditation is granted to institutions committed to providing high-quality cancer care by demonstrating compliance with CoC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with CoC standards. To maintain accreditation, cancer programs must undergo a site visit every three years.

#### **NEW MURAL UNVEILED AT NYC HEALTH + HOSPITALS/LINCOLN**

"Legacy" at NYC Health + Hospitals/Lincoln, was unveiled in late March. The mural, developed by artist Dister Rondon, was drawn up during a series of focus groups with community members, staff, and patients and brought to life at a paint party where the community painted the mural together. It depicts the Young Lords' takeover of Lincoln Hospital in 1970 at a pivotal moment in the fight for improved healthcare and patient advocacy. Through their activism, they not only challenged the deplorable health conditions for patients and staff, but also confronted racial and class inequalities embedded within the healthcare System.

"Legacy" is one of nine new murals that have been created in the past year, building on the 26 murals created in the first wave of the Community Mural Project. Many of those murals are featured in a new book, "Healing Walls: New York City Health + Hospitals Community Mural Project 2019-2021". The Community Mural Project is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

#### **EXTERNAL AFFAIRS UPDATE**

In late February, the City Council Committee on Hospitals held a hearing on "Addressing the Healthcare Staffing Crisis - Examining Residency Conditions and Worker Concerns," during which Dr. Eric Wei provided testimony. In early March, Dr. Katz also testified at the City Council Preliminary Budget Hearing.

All facilities submitted their FY '25 capital funding requests to Borough Presidents and City Council.

**State:** The State fiscal year '24-25 budget process is in full swing. Earlier this month, the NYS Assembly and Senate passed their one house budget in response to the Governor's budget. Fortunately, both houses address the majority of NYC Health + Hospitals' priorities including, but not limited to, rejecting proposed Medicaid cuts, such as the capital reimbursement cut and undisclosed Medicaid cuts. We were pleased to see both the Senate and Assembly increase Medicaid rates by providing an across-the-board Medicaid rate increase of three percent, and additional increases for inpatient and outpatient hospitals services and nursing home providers. Although both houses rejected the proposed Safety Net Transformation Fund, there is new capital funding, and we are requesting a set-aside for safety net providers.

It is unlikely at this time that the budget will be passed by the April 1st deadline, and we continue to advocate for the needs of the public health System.

**Federal:** This month, Congress passed two major Appropriations packages relevant to NYC Health + Hospitals. The first will eliminate the rest of the FY '24 Medicaid DSH cut and delay the start of the FY '25 DSH cut to January 1, 2025 (instead of October 1, 2024).

The second funded the Department of Health and Human Services and federally funded health programs and included Congressionally Directed Spending (aka earmarks) awards. NYC Health + Hospitals received \$2M with the support of New York Senators Schumer and Gillibrand for the Cardiac Cath Lab project at NYC Health + Hospitals/Elmhurst.

**Community Affairs:** Twelve CABs met with their local State representatives to discuss the impact of the NYS budget on their facilities. Additionally, ten CABs hosted legislative breakfasts/lunches.

The March 5th Council of CABs included a presentation by the Social Determinants of Health team regarding the new Findhelp platform.

We have also been working with Auxiliaries to complete IRS filing and audit processes and to strengthen the relationship between NYC Health + Hospitals and the Auxiliaries.

#### NEWS AROUND THE HEALTH SYSTEM

- **News12 Brooklyn:** [New childbirth tech helping doctors care for birthing women better](#)
- **WNBC:** [Honoring the Lives of Staten Island's "Black Angels"](#)
- **Becker's:** [NYC Health + Hospitals expands lifestyle medicine program](#)
- **News12:** [Correctional Health Outposted Housing Units Move Forward](#)
- **Roosevelt Island News:** [Coler Gets a Warm and Much Deserved Community Embrace](#)
- **Pediatrics Journal:** [A Two-Generation, Early Childhood Advanced Primary Care Model](#)
- **Becker's:** [How NYC Health + Hospitals is reining in travel nurse expenses](#)
- **ABC7:** [Woman makes her mark as East Harlem's Metropolitan Hospital CEO, trailblazer in Dominican community](#)
- **Amsterdam News:** [NYC Health + Hospitals/Gotham Health introduces 3D mammogram technology to enhance breast cancer detection](#)
- **NBC 4:** [Four years since NYC's COVID state of emergency: What has changed?](#)
- **News12 Brooklyn:** [NYC Health + Hospitals marks 2 years of serving patients plant-based foods](#)
- **The Bronx Daily:** [Lifestyle Medicine Program Now Available Across the Five Boroughs](#)



**RESOLUTION - 06**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the following vendors: **Show the Good Consulting, LLC, Malone Creative Group, LLC, D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc.** for the provision of Marketing Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System. These agreements shall have a not to exceed amount of \$50,000,000 over the potential five-year term.

**WHEREAS**, Marketing Vendors will provide creative advertising and marketing, media buying services and market research; and

**WHEREAS**, the Request for Proposals for the provision of Marketing Services was released on January 23, 2023 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by eighty-five vendors; and

**WHEREAS**, of the eighty-five vendors that attended the pre-proposal conference, twenty-six vendors submitted proposals and were evaluated by the evaluation committee. Of the twenty-six vendor proposals, twelve vendor proposals were shortlisted for presentations; and

**WHEREAS**, in conformance with its procurement operating procedure, the System received and evaluated proposals from twenty-six vendors and evaluated such proposals among a diverse evaluation committee; and

**WHEREAS**, the following five vendors were selected to receive contract awards: Show the Good Consulting, LLC, Malone Creative Group, LLC, D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc.; and

**WHEREAS**, the Senior VP, Communications and Marketing + External and Regulatory Affairs will be responsible for the administration of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute agreements with each of the five vendors Show the Good Consulting, LLC, Malone Creative Group, LLC, D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc. for Marketing Services on behalf of the System. The initial term shall be three-years and two one-year renewal options, solely exercisable by the System. These agreements shall have a not to exceed amount of \$50,000,000 over the potential five-year term.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE CONTRACT**  
**WITH**  
**FIVE VENDORS**

<b>OVERVIEW</b>	The purpose of this agreement is to provide Marketing Services.
<b>PROCUREMENT</b>	The System undertook an RFP to procure vendors to provide Marketing Services. Twenty-Six vendors provided proposals. After evaluation, the following five vendors were selected to provide services: Show the Good Consulting, LLC, Malone Creative Group, LLC, D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc.
<b>NEED</b>	Marketing vendors will provide creative advertising and marketing, media buying services and market research; and
<b>TERMS</b>	These agreements shall have a not to exceed amount of \$10,000,000 over the potential five-year term.
<b>MWBE</b>	This was a closed pool MWBE solicitation and was limited to a pool of Diverse (MWBE) Vendors only, consistent with our Procurement and Contracting Policy 100-05 and Vendor Diversity Policy 100-10. All five awarded firms are City or State Certified MWBEs.

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

From: Irmali Rivera-Bazan Associate  
Counsel

Digitally signed by Irmali Rivera-Bazan  
Date: 2024.04.11 11:59:32 -0400

Office of Legal  
Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of Contracts for Marketing  
Services

Date: February 26, 2024

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

<b><u>Vendor Name</u></b>	<b><u>Vendor Responsibility</u></b>	<b><u>EEO</u></b>	<b><u>MWBE</u></b>
Show the Good Consulting, LLC	Approved	Approved	Certified MWBE
Malone Creative Group, LLC	Approved	Approved	Certified MWBE
D'Exposito & Partners, LLC	Approved	Approved	Certified MWBE
Niki Jones Agency, Inc.	Approved	Approved	Certified MWBE
Sherry Matthews, Inc.	Approved	Approved	Certified MWBE

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.

# Communications & Marketing: Marketing & Advertising Vendors

## Application to Award Contracts -

Show the Good Consulting, LLC, Malone Creative Group, LLC,  
D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry  
Matthews, Inc

## Board of Directors Meeting April 25, 2024

**Deborah Brown**, Senior VP, Chief External Affairs Officer  
**Bushra Mollick**, Director of Social Media and Digital Marketing

# For Board Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the following vendors: **Show the Good Consulting, LLC, Malone Creative Group, LLC, D'Exposito & Partners, LLC, Niki Jones Agency, Inc. and Sherry Matthews, Inc.** for the provision of Marketing Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System. The agreements are not to exceed \$50 million, over the potential five-year term.

# Prior state

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- NYC Health + Hospitals' advertising and marketing needs have been supported by numerous smaller, project-based contracts with individual agencies, or by tapping into existing service contracts owned by MetroPlus, DCAS, DOHMH or other city agencies.
- There have been inefficiencies in working with multiple vendors for high-priority projects and in navigating numerous contracts.
  - Prior high-priority projects include the COVID-19 pandemic, MPOX, flu, and staffing needs.
  - Other needs have included recruitment campaigns, public branding, and service campaigns like Long COVID support and PrEP awareness.
- Funding has come from NYC H+H, NYC, and grants.

# Spend and budget

- We have historically spent up to ~\$9M for these services:
  - FY 2021: \$7.6 million
  - FY 2022: \$8.9 million
  - FY 2023: \$500K
  - FY 2024: \$1.5 million
    - There were reductions in spend due to contracting challenges, which this RFP is intended to address.
  
- We are budgeted to spend ~\$7M on NYC Care alone for FY 2025.
  
- Any additional expenditures would be conditioned on available funds.



**Venga a  
BronxWorks y  
Descubra los  
Beneficios de  
NYC Care.**

# System needs

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- NYC Health + Hospitals needs creative agencies to provide a range of advertising and marketing services to support public health awareness campaigns and promote priority programs and services.
  
- In 2023, we released an RFP to identify the vendors needed to support and promote high-priority services and campaigns.
  
- Necessary services include:
  - Creative Concept
  - Writing
  - Design
  - Print and Production
  - Translation
  - Video Production
  - Photography
  - Media Buying - Out of Home, Print, Digital, Radio
  - Email Marketing
  - Direct Mail Marketing
  - Street-based Outreach



# RFP Criteria

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## Minimum criteria:

- 5 years in business with experience doing creative marketing, advertising for ethnic media and social media, language translations, graphics, photography and videography
- Must have greater than \$1,000,000 in annual sales over the last three fiscal years

## Substantive Criteria:

- Management and Organizational Capability 30%
- Relevant and Quality of Exp: 30%
- Cost: 30%
- References: 10%

## Evaluation Committee:

- SVP of Communications & Marketing
- Clinical Chief Ambulatory Care
- Metroplus, Deputy Chief Marketing Officer
- Senior Director, Marketing & Communications
- Director of Community Affairs
- Director of Communications
- Director of Social Media & Digital Marketing

# Overview of Procurement

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- 11/15/22: Application to issue request for proposals approved by CRC
- 01/23/23: Closed MWBE pool; RFP sent directly to 76 MWBE vendors
- 01/31/23: Pre-proposal conference held, 85 vendors attended
- 04/05/23: Proposals due, 26 proposals received
- 04/25/23: Evaluation committee completed first round of scoring; shortlisted 12 vendors for presentations
- 08/10/23 - 08/22/23: All 12 vendors presented to the evaluation committee
- 09/12/23: Evaluation committee debriefed and submitted final round of scores, selecting:
  - Show the Good Consulting, LLC
  - Malone LLC Creative Group
  - D Exposito & Partners LLC
  - Niki Jones Agency, Inc.
  - Sherry Matthews, Inc.

## MWBE: Closed Pool Solicitation

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- Taking into account availability, capacity, and scalability, the Marketing and Advertising RFP was limited to a pool of Diverse (MWBE) Vendors only, consistent with our Procurement and Contracting Policy 100-05 and Vendor Diversity Policy 100-10.
- The Vendor Diversity team identified a pool of 76 MWBE candidates.
- All awarded vendors are City or State Certified MWBEs.

# Awarded Vendors/Past Success

- **Show the Good Consulting, LLC:**
  - NYC Care member benefits
  - ID NYC
  - *Immigrants Are Essential* series for Mayor's Office of Immigrant Affairs
- **D Expósito & Partners, LLC**
  - Nursing recruitment campaign and Long COVID services, NYC Health + Hospitals
  - COVID-19 PSA with the Ad Council



# Awarded Vendors/Past Success

➤ **Malone Creative Group, LLC:**

- B-HEARD and Behavioral Health recruitment campaigns for NYC Health + Hospitals
- Breast and prostate cancer campaigns for pharmaceutical companies

➤ **Niki Jones Agency, Inc.:**

- Cancer research awareness for NJ DOH
- Projects for NYS Office of Mental Health

➤ **Sherry Matthews, Inc:**

- *COVID19 Vaccine for All* for NYC
- *Vision Zero* campaign for NYC
- *May Contain Lead* campaign for DOHMH



# Board Approval Request

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- The Communications and Marketing department is seeking approval enter into contract with the following vendors to provide creative advertising, marketing, media buying services, and market research:
  - Show the Good Consulting, LLC
  - Malone LLC Creative Group
  - D Exposito & Partners LLC
  - Niki Jones Agency, Inc.
  - Sherry Matthews, Inc.
  
- These agreements shall have a not to exceed amount of \$50,000,000. Contracts will not be utilized until funding is identified from the City of New York or NYC Health + Hospitals
  
- Contract term is three base years with two one-year renewal options exercisable at the discretion of NYC Health + Hospitals
  
- Anticipated contract start date is in May 2024

**RESOLUTION - 07**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, **each of the 22 CBOs, and attached hereto as Exhibit A**, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

**WHEREAS**, the NYC Care Vendors are Community Based Organizations (CBOs) will provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City’s diverse immigrant communities learn about access to healthcare; and

**WHEREAS**, the Request for Proposals for the provision of NYC Care was released on January 30, 2024 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by eighty-three vendors; and

**WHEREAS**, of the eighty-three vendors that attended the pre-proposal conference, forty vendors submitted proposals and were evaluated by the evaluation committee.

**WHEREAS**, in conformance with its procurement operating procedure, the System received and evaluated proposals from forty vendors and evaluated such proposals among a diverse evaluation committee; and

**WHEREAS**, twenty-two vendors, as listed in the attached Exhibit A, were selected to receive contract award; and

**WHEREAS**, the Executive Director for NYC Care Department of Ambulatory Care and Population Health will be responsible for the administration of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE CONTRACT**  
**WITH**  
**TWENTY-TWO VENDORS – EXHIBIT A**

**OVERVIEW:** The purpose of this agreement is to provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City’s diverse immigrant communities learn about access to healthcare

**PROCUREMENT:** The System undertook an RFP to procure vendors to provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City’s diverse immigrant communities learn about access to healthcare Marketing Services. Forty vendors provided proposals. After evaluation, twenty-two vendors on the attached Exhibit A were selected to receive a contract award.

**NEED** Each vendor will provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City’s diverse immigrant communities learn about access to healthcare.

**TERMS:** These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

**MWBE:** All vendors are Community Based Organizations (CBOs) and are not subject to the MWBE requirement.



**Exhibit A**

1. Academy of Medical & Public Health Services
2. Adhikaar for Human Rights and Social Justice
3. AIDS Center of Queens County
4. AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)
5. Arab American Family Support Center, Inc.
6. Center for the Independence of the Disabled, NY
7. Center for the Integration & Advancement of New Americans, Inc. (CIANA)
8. Council of Peoples Organization, Inc.
9. DSI International Inc
10. Emerald Isle Immigration Center
11. Jewish Community Council of the Rockaway Peninsula, Inc
12. Korean Community Services of Metropolitan New York, Inc. (KCS)
13. La Jornada Ltd
14. Make the Road NY
15. Mixteca Organization Inc.
16. Metropolitan New York Coordinating Council on Jewish Poverty
17. Project Hospitality, Inc.
18. Sauti Yetu Center for African Women Inc
19. Single Stop USA
20. South Asian Council for Social Services
21. United Sikhs
22. Voces Latinas



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

From: Irmali Rivera-Bazan  
Associate Counsel  
Office of Legal Affairs

Irmali Rivera-Bazan  
Digitally signed by Irmali Rivera-Bazan  
Date: 2024.04.19 14:11:08 -04'00'

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

Contract: RFP No. 2755 - NYC Care

Date: April 19, 2024

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>
Academy of Medical & Public Health Services	Approved	Pending	N/A
Adhikaar for Human Rights and Social Justice	Approved	Pending	N/A
AIDS Center of Queens County	Approved	Pending	N/A
AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)	Approved	Pending	N/A
Arab American Family Support Center, Inc.	Approved	Pending	N/A
Center for the Independence of the Disabled, NY	Approved	Pending	N/A
Center for the Integration & Advancement of New Americans, Inc. (CIANA)	Approved	Pending	N/A
Council of Peoples Organization, Inc.	Approved	Pending	N/A
DSI International Inc	Pending	Pending	N/A
Emerald Isle Immigration Center	Approved	Pending	N/A
Jewish Community Council of the Rockaway Peninsula, Inc	Approved	Pending	N/A
Korean Community Services of Metropolitan New York, Inc. (KCS)	Approved	Pending	N/A
La Jornada Ltd	Approved	Pending	N/A
Make the Road NY	Approved	Pending	N/A
Mixteca Organization Inc.	Approved	Pending	N/A
Metropolitan New York Coordinating Council on Jewish Poverty	Approved	Pending	N/A

Project Hospitality, Inc.	Approved	Pending	N/A
Sauti Yetu Center for African Women Inc	Approved	Pending	N/A
Single Stop USA	Approved	Pending	N/A
South Asian Council for Social Services	Approved	Pending	N/A
UNITED SIKHS	Approved	Pending	N/A
Voces Latinas	Approved	Pending	N/A

# **NYC Care Outreach**

## **Application to Award Contracts:**

**Academy of Medical & Public Health Services; Adhikaar for Human Rights and Social Justice; AIDS Center of Queens County; AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change); Arab American Family Support Center, Inc.; Center for the Independence of the Disabled, NY; Center for the Integration & Advancement of New Americans, Inc. (CIANA); Council of Peoples Organization, Inc.; DSI International Inc.; Emerald Isle Immigration Center; Jewish Community Council of the Rockaway Peninsula, Inc.; Korean Community Services of Metropolitan New York, Inc. (KCS); La Jornada Ltd; Make the Road NY; Mixteca Organization Inc.; Metropolitan New York Coordinating Council on Jewish Poverty; Project Hospitality, Inc.; Sauti Yetu Center for African Women Inc. Single Stop USA; South Asian Council for Social Services; United Sikhs; Voces Latinas**

## **Board of Directors Meeting**

### **April 25, 2024**

**Theodore Long, MD, MHS - Senior Vice President**  
**Department of Ambulatory Care & Population Health**

## For Board Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six month term.

## Background / Current State

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- From the initial launch of NYC Care in 2019, community based organizations (CBOs) have facilitated significant outreach, education, and enrollment assistance. These CBOs have helped ensure NYC Care is understood among NYC's diverse uninsured and underinsured communities. These CBOs are ambassadors in building trust in NYC Care and accessing healthcare through NYC Health + Hospitals.
- All CBO partners have been performing satisfactorily. CBOs have helped bring NYC Care membership to over 135,000 New Yorkers, exceeding the initial target of 100,000. Additionally, the CBOs' success in outreach & enrollment is such that the zip codes they currently serve were not included as priority targets in the new round of funding.
- An RFP process was completed in 2021 for a twelve month contract with the option to extend another year. 22 organizations were funded and then 21 were offered an extension. The 21 contracts expired on October 31, 2023.
  - A deviation memo for a 6-month best interest extension had been submitted to Dr. Katz to avoid discontinuity in services and to allow for time to complete an RFP.
- CBOs are funded proportional to assigned outreach and enrollment assistance goals.
  - Each CBO focuses their contracted work in zip codes specifically identified by NYC Care as priority neighborhoods.
- As nonprofits, all CBO's are exempt from MWBE and ineligible for MWBE certification.

# Historical Spend

<b>Contract Dates</b>	<b>Term</b>	<b>Value</b>
Nov 1, 2021 - Oct 31, 2022	12 months	2,697,200.00
Nov 1, 2022 - Oct 31, 2023	12 months	2,237,400.00
Nov 1, 2023 - Ap 30, 2024	6 months	1,118,700.00
<b>Total</b>	<b>30 months</b>	<b>6,053,300.00</b>

➤ Spend per 12 months has been \$2,421,320

# RFP Criteria

➤ Minimum criteria:

- Applicants must be not-for-profit corporations that are either organizations recognized as tax exempt under IRC501(c)(3) or have a fiscal sponsor that is a 501(c)(3) recognized organization.
- Applicants must have general commercial liability insurance of at least \$1M.
- Applicants and fiscal sponsors (where applicable) must have been in business for at least three years.

➤ Substantive Criteria:

- 40% Organizational experience, capacity, and approach to outreach, particularly within the zip codes/communities targeted as priority by NYC Care
- 30% Prior experience delivering similar health outreach and/or health insurance navigation/ enrollment programs
- 20% Cultural expertise and cultural humility
- 10% If organization employs health insurance enrollment navigators

➤ Evaluation Committee:

- Executive Director, NYC Care
- Director of Community Affairs, NYC Care
- Senior Director, Office of Population Health
- Senior Director, Office of Population Health
- Director of Marketing, Post-Acute Care
- Director of Community Affairs, Office of External Affairs



# Overview of Procurement

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- 11/28/23: CRC approved an application to issue RFP
- 01/30/24: RFP posted on City Record
- 01/30/24: RFP sent directly to wide list of NYC not-for-profit organizations
- 02/06/24: Pre-proposal conference call; 83 vendors attended
- 02/21/24: Proposal deadline, 40 proposals received
- 03/06/24: Evaluation committee completed scoring, 22 CBOs selected

# Additional Context for Vendor Selection

- Vendors were selected based on organizational experience in serving neighborhoods from a pre-set list of NYC Care-selected priority Zip Codes
- Priority Zip Codes are those with higher rates of uninsured residents & lower rates of current NYC Care membership
- Boroughs are allotted vendor slots relative to their general population and rates of uninsured residents and current NYC Care membership
- Selected Vendors had the highest scores, but also represent a diversity of organizational experience.
- Most Selected Vendors are multi-service organizations with the capacity to leverage built-in audiences and existing community trust.
- They also represent additional programmatic areas, including:
  - AIDS/HIV Services & Advocacy
  - Anti-Poverty, Benefits Access, and Social Services
  - Civic Engagement
  - Disability Services & Advocacy
  - Education (Afterschool Programs, Job Training)
  - Housing & Homelessness
  - Immigrant/Refugee Services & Advocacy
  - Food Security (including America’s largest Kosher Food Pantry System)
  - Public Health & Healthcare Access

## NYC Care 2024 Priority Zip Codes

TIER 1 BRONX	TIER 2 BRONX
10453 - Morris Heights	10457 - Bathgate
10460 - West Farms	10461- Westchester Square
10463 – Kingsbridge	10473 - Soundview
10475 - Co-Op City	

TIER 1 BROOKLYN	TIER 2 BROOKLYN
11204 – Bensonhurst	11209 – Bay Ridge
11207 - East New York	11218 – Kensington/Flatbush
11220, 11232 – Sunset Park	11231 – Red Hook
11233 - Ocean Hill/Brownsville	11214 – Bath Beach

TIER 1 MANHATTAN	TIER 2 MANHATTAN
10002, 10013 – Chinatown	10002 – Lower East Side
10038 – Two Bridges	10025 - Harlem
10033, 10039, 10040 – Washington Heights	10037 - Harlem
10034 - Inwood	

TIER 1 QUEENS	TIER 2 QUEENS
11101 – Queensbridge	11369 – East Elmhurst
11358 – Broadway-Flushing	11418, 11419 - Richmond Hill
11416, 11417– Ozone Park	11420 - South Ozone Park
11691 - Far Rockaway	11433, 11434 – Jamaica
11692 - Far Rockaway	

TIER 1 STATEN ISLAND	TIER 2 STATEN ISLAND
10302 – Port Richmond	10301 - Tompkinsville
10303 – Mariner’s Harbor	10306 - New Dorp
10304 – Stapleton	10310 - West Brighton

# Vendor Performance

	Performance and Overall Quality Rating Satisfactory
Arab American Family Support Center	Satisfactory in All Areas
Adhikaar	Satisfactory in All Areas
AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)	Satisfactory in All Areas
Academy of Medical and Public Health Sciences/Raising Health	Satisfactory in All Areas
Center for the Integration & Advancement of New Americans, Inc. (CIANA)	Satisfactory in All Areas
Council of Peoples Organization	Satisfactory in All Areas
Diligently Serving Immigrants International Inc	Satisfactory in All Areas
Emerald Isle Immigration Center	Satisfactory in All Areas
Korean Community Services	Satisfactory in All Areas
Mixteca Organization Inc.	Satisfactory in All Areas
Make the Road New York (MRNY)	Satisfactory in All Areas
Project Hospitality	Satisfactory in All Areas
South Asian Council for Social Services	Satisfactory in All Areas
Sauti Yetu Center for African Women	Satisfactory in All Areas
Single Stop	Satisfactory in All Areas
UNITED SIKHS	Satisfactory in All Areas
Voces Latinas	Satisfactory in All Areas

➤ These are incumbent vendors that will be re-awarded

# Vendor Performance Cont.

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- **All selected incumbent vendors have performed satisfactorily.**
- Performance is based on fulfillment of contract responsibilities.
  - Quantitative Outreach Goals
    - Each Outreach Funding Line targets at least 400 individuals reached per month
    - AND 40 appointments made for insurance eligibility screenings
    - Each Direct Enrollment Funding Line will have a target of 10 enrollments per month.
  - Qualitative
    - Participate in monthly office hours
    - Participate in monthly one-on-one check-ins
    - Participate in NYC Care press and outreach events
    - Share community events and program success stories
    - Train new outreach staff

# Vendor Selection

## Bronx CBOs - 4

AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)

Sauti Yetu Center for African Women

Single Stop

## Manhattan CBOs - 2

AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)

Korean Community Services

## 22 CBOs chosen:

- Track records of serving NYC Care Priority Zip Codes (highest rates of uninsured NYers & lowest rates of NYC Care enrollment)
- Speak 30 different languages

## Brooklyn CBOs - 8

Arab American Family Support Center

Center for the Independence of the Disabled, NY

Council of Peoples Organization

Jewish Community Council of the Rockaway Peninsula

Make the Road NY

Met Council

Mixteca Organization Inc.

Raising Health

## Staten Island CBOs - 1

Project Hospitality

## Queens CBOs - 12

Adhikaar

AIDS Center of Queens County

Center for Independence of the Disabled, NY

Center for the Integration & Advancement of New Americans, Inc.

DSI International

Emerald Isle Immigration Center

La Jornada Ltd.

Make the Road NY

South Asian Council for Social Services

United Sikhs

Voces Latinas

## Board Approval Request

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Office of Ambulatory Care & Population Health is seeking approval to award 22 CBO contracts to provide outreach, education, and NYC Care enrollment services at a not to exceed amount of \$6,652,800

Contracts will start May 1, 2024 for 18-month terms, with option to renew for another 18-months.

Spend per 12 months will decrease from \$2,421,320 to \$2,217,600, saving \$203,720.

**RESOLUTION - 08**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a **best-interest renewal agreement with Canon Solutions America Inc.** for the provision of enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

**WHEREAS**, Canon Solutions America Inc. (“Canon”) was previously awarded a contract as the result of an RFP performed in 2015 and such contract expires in June 2024 to provide enterprise-wide managed print services; and

**WHEREAS**, Canon has met the goals and service-level agreements in the existing agreement and has exceeded the cost savings goals in such agreement; and

**WHEREAS**, the System performed significant market due diligence to determine that the deal structure and model, market and pricing remain competitive and favorable to the System; and

**WHEREAS**, Canon will provide expertise and resources that would be cost prohibitive for the System to deploy; and

**WHEREAS**, it was determined that it is in the System’s best interest to renew the agreement with Canon to receive a best interest renewal contract award; and

**WHEREAS**, the Senior Assistant Vice President for EITS will be responsible for the administration of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute a best-interest renewal agreement with Canon Solutions America Inc. for enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE CONTRACT**  
**WITH**  
**CANON SOLUTIONS AMERICA INC., FOR**  
**MANAGED PRINT SERVICES**

**OVERVIEW**

The purpose of this agreement is to provide enterprise-wide managed print services for all of the system’s printing and printing consumables needs with best-in-class service level agreements. Under the existing agreement we have achieved reduced printing by 58%, reduced printers by 30%, reduced more expensive color printing by 50%, networked almost all printers allowing for “print anywhere” service and timely identification and resolution of troubleshooting issues, and saved \$19.4 million.

**PROCUREMENT**

The System is engaging in a best-interest renewal with Canon. Canon has met the service-level agreements in the existing contract and exceeded the cost savings targets. The System performed significant market due diligence, including engaging expert third-parties, to determine that the deal structure and model, market and pricing remain competitive and favorable to the System and thus determined that it is in the system’s best interest to renew the agreement with Canon rather than to re-procure. The due diligence efforts did not reveal any potential significant cost savings opportunities by switching vendors. The cost of switching vendors for this service would be significant as every printer across the system would need to be replaced and re-networked, which would include IT infrastructure and software changes.

**NEED**

Canon Solutions America Inc. provides the system with managed print services.

**TERMS**

This agreement shall not exceed \$63,572,940 over a seven-year term.

**MWBE**

The MWBE goal was set at 20% for Canon Solutions America Inc., consistent with our Procurement and Contracting Policy 100-05 and Vendor Diversity Policy 100-10.



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

From: Irmali Rivera-Bazan Irmali Rivera-Bazan  
Associate Counsel Rivera-Bazan  
Office of Legal Affairs Bazan

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

Date: March 20, 2024

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Digitally signed  
by Irmali  
Rivera-Bazan  
Date:  
2024.03.20  
10:35:25 -04'00'

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

<u>Vendor Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Canon	Approved	Pending	20%

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.

# **Application for Best Interest Contract Renewal - Canon Solutions America Inc.**

**Board of Directors Meeting  
April 25, 2024**

**Jeffrey Lutz, Senior AVP, EITS  
Ishmael Miller, Director, EITS**



## For Board Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a **best-interest renewal agreement with Canon Solutions America Inc.** for the provision of enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

# Background

- Canon currently provides services supporting printing and printing consumables replacements that support NYC Health + Hospitals printing needs by providing expertise and resources that would be cost prohibitive for NYC Health + Hospitals to deploy.
- Canon was selected as the winning vendor from an RFP performed in 2015 and current contract expires June 2024
- Total contract spend (encumbrance) from FY '18 to '24 is \$79M
- In partnership with Canon, resulted in a reduction of our print environment including:
  - Over 30% of printers - from over 26,000 to currently 17,507
    - **Administrative** : Moving users to Secure Print shared devices; Challenges : users not wanting to relinquish “personal” printers. Require leadership endorsement and awareness efforts throughout our system. Benefits : more printing access, increased security, less waste, more transparency.
    - **Clinical** : Working with clinical leaders to design effective workflows that require less printer hardware, more failover & increase accessibility to printing; requires commitment, time and planning with our clinical leaders. Examples: AVS centralization and Rx Centralization projects at participating facilities.
  - 40% few models to manage (from 392 to 234)
  - 58% overall print volume reduction (from 480 million down to 200 million pages) *A large portion due to unreleased Secure Printing, ....jobs that prior to secure print would have printed and not retrieved and used.*
  - 50% reduction in color print volume (from 48 million to 23.6 million pages)
  - Increase in network connected printers from 35% to 90%
  - Increased the efficiency of our large print centers (from 11 to 5 Print Hubs) allowing for cost savings on everything from hard signage to business cards. Less hardware, more options, less costs & more output.
  - Improved printing security and efficiency through the implementation of Secure Print
  - Achieved a total cost savings of \$19.4 million in excess of the total \$13.3 million originally estimated

# Due Diligence

- Contract Review
  - Reviewed contract and Canon service with Gartner
    - Gartner overall approved of the contract structure and gave a good review of Canon as a provider.
  - Conductiv Review included both contract and pricing
    - Pricing was in alignment with other similar sized contracts
    - Contract Pro's
      - SLA's - meet or exceed Conductiv's recommendations and are considered very competitive
      - Additional resources for quality assurance and continuous improvement
      - Resources both project and operational focused
      - Hard Drive destruction language which follows NYC H+H security policies
    - Recommendations
      - Lease Pausing - pausing leases for devices that are not used, but still under the terms of the lease agreement
      - Price Increases - adding language to specifically prevent price increases
- Conductiv - Industry Leading Purchased Services Tech Stack (GNYHA)
  - 20+ years of analytics + deep market insights including \$700B in categorizes spend and over 4,000 suppliers participating (including Canon)
  - Pricing compared across hospitals of similar size and competitors including Xerox, Staples, Ricoh, and Konica Minolta
- Analytics - Give raw data purpose and direction with market share visualizations, cognitive insights and ROI predictions.
- Contract Intelligence (Benchmarking) - Determine the competitiveness of the contract, validate sourcing activity, and refine savings goals.

# Best Interest Renewal Rational

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- Service Due Diligence
  - After review with Conductiv and given Canon's history with NYC H+H and proposed improved SLA's and added resources with still a lower contract cost, a change to a competitor would not necessarily lead to a significant improvement here as they would have to learn our environment and adapt to our current print support environment.
- Complexity of Transition
  - Due to the size and complexity of the current print environment, a transition to a new vendor would take multiple years and jeopardize current initiatives underway along with the potential cost savings associated with these initiatives.
- Pricing Due Diligence
  - After review with Conductiv, the analysis determined that there would not be a significant financial gain that would offset the costs associated with a transition and increase identified cost savings

# Vendor Performance

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Canon Solutions America Inc.</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
<b>Performance and Overall Quality Rating Satisfactory</b>	<b>Satisfactory</b>

# New Contract

- New York City Health + Hospitals is looking to enter into a new seven year contract with a NTE of \$63,572,940
  - Annual Gain Share / Maximum Spend Pricing Schedule - approximately \$16 million in savings over life of contract
  - Additional resources and right-sizing of on site support personnel, better service and eliminate the need for overtime, plus ability to downsize labor if found to be underutilized
  - New reduced SLA's based on data from ServiceNow and additional resources, including 5% credit if SLA's are not met.
  - Multi-function devices will be on five year leases, which will be reduced by 25% in years six and seven.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
\$9,465,127	\$9,370,476	\$9,276,771	\$9,184,004	\$9,092,164	\$8,635,376	\$8,549,022	\$63,572,940



# Vendor Diversity

## Canon Historical M/WBE Performance

Subcontractor	NYC/NYS Certified	Ethnicity	Gender	Total Paid to Canon	Total Paid to Garic	M/WBE % Achieved
Garic, Inc.	Yes	Black	Male	\$79,635,362	\$11,538,070	14.5%

- Canon’s M/WBE goal was set at 20%.
- They were able to achieve 14.5% with their subcontractor Garic, Inc.
- Garic, Inc is an Equipment Leasing Company.
- The renewal will also carry a 20% goal which Canon expects to achieve through equipment.

# Board Approval Request

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EITS is seeking approval to enter into a seven year contract with Canon Solutions America for Managed Print Services at a not-to-exceed cost of \$63,572,940 to continue providing the following services:

- Support and maintain print flight
- Purchase of printing consumables (ex. toner)
- Provide resources to support printing fleet and establish a more efficient print environment
- Support and drive efficiencies for NYC H+H print hubs

Ability to terminate for convenience

Term: 7 years

**RESOLUTION – 09**

Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Gilbane Building Company, (the “Contractor”)** to build a new clinic for **Gotham Health in Far Rockaway** for a contract amount of \$30,000,000.

**WHEREAS**, the Far Rockaway community is currently underserved in medical care, which has resulted in high instances of diabetes and high blood pressure among other health conditions; and

**WHEREAS**, we are looking to create a comprehensive, community-based health center that is a state-of-art, one stop ambulatory primary care services facility that will become part of the Gotham family and will serve and become a valuable resource for the community; and

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

**WHEREAS**, as approved by the CRC on March 26, 2024, a Request for Qualifications was posted in the City Record and sent directly to 6 vendors, including on December 7, 2023; a pre-proposal conference was held on December 21, 2023, with 29 vendors in attendance; 8 statements of qualifications were received by the submittal deadline of January 29, 2024, and 3 firms with top scores were short-listed for the RFP phase; on February 21, 2024, NYC Health + Hospitals issued a Request for Proposals (RFP) for the engineering design and construction of the project; on March 8, 2024, initial proposals were received from the 3 shortlisted vendors; on March 14, 2024, the three vendors made presentations to the evaluation committee; on March 20, 2024, the Contractor received the highest overall score; and

**WHEREAS**, the Contractor has committed to an MWBE subcontracting plan of 35%; 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 NYC Health + Hospitals be and hereby is authorized to execute a design-build contract with Gilbane Building Company to build out a new clinic in Far Rockaway for a contract amount of \$30,000,000.

**EXECUTIVE SUMMARY**  
**FAR ROCKAWAY CLINIC BUILD-OUT**  
**GILBANE BUILDING COMPANY**

**CONTRACT SCOPE:** Design and construction of a new clinic

**NEED:** The Far Rockaway community is currently underserved with regard to medical services and there is a need for a one stop ambulatory primary care services facility.

**CONTRACT DURATION:** Two years, slated to commence Summer of 2024 with anticipated completion in Summer 2026.

**PROCUREMENT:** A Request for Qualifications was posted in the City Record and sent directly to 6 vendors, including on December 7, 2023; a pre-proposal conference was held on December 21, 2023, with 29 vendors in attendance; 8 statements of qualifications were received by the submittal deadline of January 29, 2024, and 3 firms with top scores were short-listed for the RFP phase; on February 21, 2024, NYC Health + Hospitals issued a Request for Proposals (RFP) for the engineering design and construction of the project; on March 8, 2024, initial proposals were received from the 3 shortlisted vendors; on March 14, 2024, the three vendors made presentations to the evaluation committee; on March 20, 2024, the Contractor received the highest overall score.

**PRIOR EXPERIENCE:** Gilbane has undertaken 7 prior projects for the City of New York and New York City Health + Hospitals and has 3 scores of good, 3 scores of excellent and one of satisfactory;

**CONTRACT AMOUNT:** \$30,000,000.

**PASSPORT APPROVAL:** Approved

**EEO APPROVAL:** Pending

**MWBE STATUS:** Contractor has committed to a 35% MWBE contract goal.



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: Gilbane Building Co.

Date: March 21, 2024

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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**

Pending

**MWBE**

35%

# **Request to Award Contract to Gilbane Building Company for NYC Health + Hospitals/Gotham Far Rockaway Ambulatory Clinic Design-Build**

**Board of Directors Meeting  
April 25, 2024**

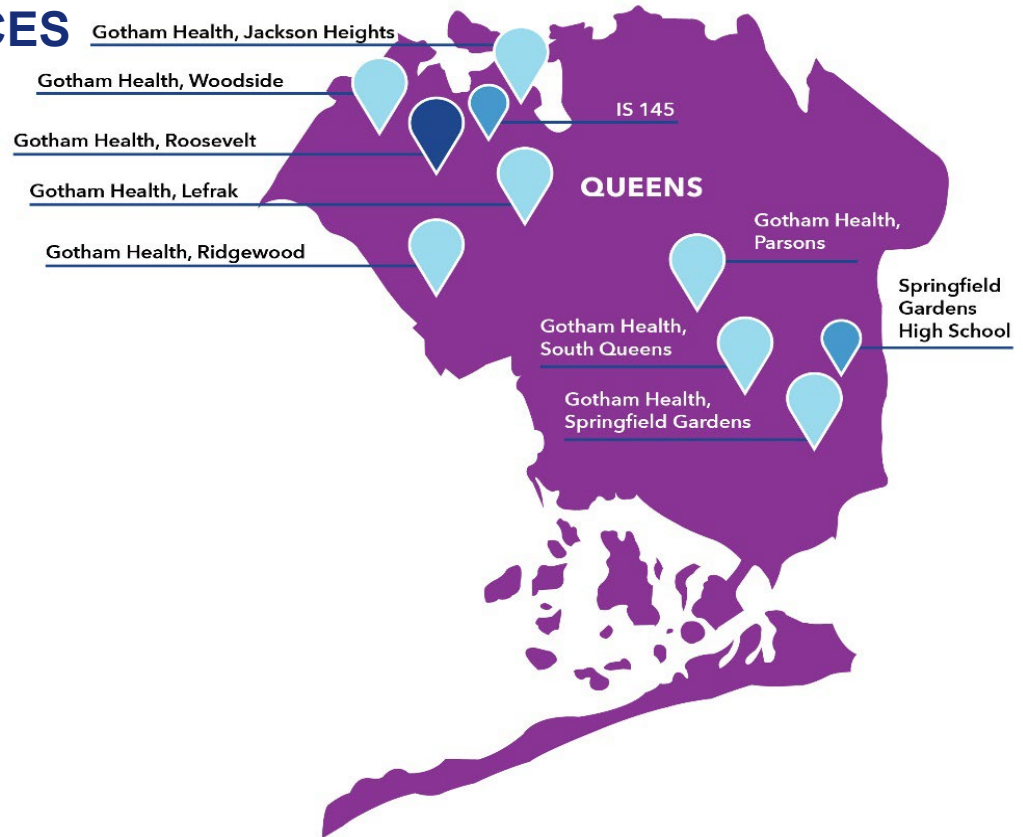
**Theodore Long, MD, SVP, Ambulatory Care and Population Health  
Manuel Saez, PhD, VP, OFD  
Oscar Gonzalez, AVP, OFD  
Tamika Campbell, Director, OFD**

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Gilbane Building Company,** (the “Contractor”) to build a new clinic for Gotham Health in Far Rockaway for a contract amount of \$30,000,000.

**Gotham Health operates 30 locations Citywide and 8 in Queens. 53,734 patient visits in 2022 at Queens sites**

## **GOTHAM QUEENS PRACTICES**

- Junction
- Lefrak
- Ridgewood
- Woodside
- Parsons
- Springfield Gardens
- South Queens
- Roosevelt COE





# Background

- Far Rockaway is a community that needs additional healthcare resources. In the 2022 Community Health Needs assessment conducted by H+H:
  - Queens residents shared that their top poor health outcomes as diabetes, high blood pressure, mental health issues, and obesity.
  - 57% of Queens residents have one or more chronic conditions
  - Cancer and Heart Disease are the leading causes of premature death.
- According to the DOHMH 2018 Community Health Profile of Queens Community District 14:
  - 10% of adults report going without needed medical care in the past 12 months
  - Avoidable hospitalizations among adults are 1,345 per 100k; nearly 1/3 higher than the rate in Queens or the rest of NYC
  - 15% of adults have diabetes and 34% have high blood pressure, both substantially higher than in the rest of Queens or NYC.
  - These are leading risk factors for heart disease and stroke, and are diagnosed and treated in primary care.
- The new Far Rockaway Clinic seeks to fill the void and become a valuable resource for this community.
- The Board of Directors approved a lease agreement for this space in March 2023.

# Proposed Future State

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- Looking to create a comprehensive, community-based health center that is a state-of-art, one stop ambulatory primary care services
- This new clinic will allow Gotham Health to enhance accessibility and provide a single location to meet the health and wellness needs of our patient population.
- The new health center will offer a variety of primary and specialty services:
  - Adult Primary Care
  - Pediatric Care
  - OB/GYN
  - Dental
  - Vision
  - Behavioral Health
  - Radiology/ Imaging
    - CT Scan, X-ray, 3D Mammography, Bone Density, Ultrasound
- Far Rockaway Clinic will be directly located across from the Beach 36th train station and three blocks east of the LIRR
  - 22,819 total square feet including 449 sf lobby and 22,370 clinic

➤ Minimum criteria:

- Satisfactory Design Build Services in Healthcare Facilities for five similar projects each over \$15 Million.
- Experience holding construction contracts for public owners
- M/WBE plan, waiver, or certification

➤ Evaluation Committee:

- Director, OFD
- Assistant Director, OFD
- Director of Engineering, Gotham Health
- Director of Capital, Gotham Health
- Director of Capital (2x), OFD
- Senior Director, OFD
- Deputy Director, Ambulatory Care
- Sr. Director, EITS

## Two Step Selection Process

1. Scoring Criteria (RFQ)

- Overall Approach & Methodology 20%
- Firm Experience 40%
- Staff Qualifications 30%
- MWBE Status or MWBE Utilization Plan 10%

2. Scoring Criteria (RFP)

- Project Specific Approach & Methodology 40%
- Firm experience 10%
- Qualifications of Consultant & Staffing 20%
- Cost Proposals 20%
- MWBE Status or MWBE Utilization Plan 10%



# Overview of Procurement

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- 12/07/23: RFQ Released and posted on City Record, sent directly to 6 vendors
- 12/21/23: Pre-proposal conference held, 29 vendors attended
- 01/29/24: SOQs due, 8 statement of qualification packages received
- 02/05/24: Evaluation Committee debriefed and submitted final scores.
- 02/21/24: Top 3 firms notified of moving into RFP phase. RFP released only to those 3 vendors.
- 02/23/24: Top 3 firms conducted walkthrough of Far Rockaway facility
- 03/08/24: RFP proposals due, 3 proposals received
- 03/14/24: Vendors presentation by all 3 firms to the evaluation committee
- 03/19/24: Evaluation committee debriefed and submitted final scores.
- 03/20/24: The highest rated proposer was Gilbane Building Company

# Design Build Contract

- Contract amount is \$30,000,000
- Gilbane is a current Construction Management Pool Vendor, and has an excellent score from a Woodhull Roof Project. There are 7 scores in MOCS, 3 Good, 3 Excellent, and 1 Satisfactory.
- Project has an expected duration of 2 years, starting in Summer 2024 and completing summer 2026.
- Have committed to a 35% MWBE plan:

MWBE Vendor	Subcontracted SOW	Certification	UP Goal %
<b>Group PMX</b>	Construction Management Support Service	NYC/NYS Hispanic/Male	<b>35%</b>
<b>Legacy Engineers</b>	MEP/FP Engineers	NYC/NYS Black/Male	
<b>Ysrael A. Seinuk PC</b>	Structural Engineer	NYC/NYS Asian/Male	
<b>Cline Bettridge Bernstein Lighting Design</b>	Lighting Designer	NYC/NYS Non-Minority/Female	
<b>Municipal Expediting, Inc.</b>	Expeditor	NYC/NYS Non-Minority/Female	
<b>Shen Milsom &amp; Wilke, LLC</b>	Medical Equipment, Acoustics, IT, AV, Security	NYC Non- Asian/Male	



# Performance Evaluation

Vendor Performance Evaluation	
Gilbane	
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

## Far Rockaway Clinic Design Build

Design Build

\$30,000,000

- Our current lease with the building owner allows for two rent-free years to accommodate the space's buildout, commencing when the landlord completes their scope.
- Seeking contract approval to ensure we can maximize the rent free period to complete construction
- Following Design-Build best practices, we will enter into negotiations with the vendor and if those negotiations result is an increase above the approved \$30M, we will come back to the Board for additional approval.

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Gilbane Building Company**, (the “Contractor”) to build a new clinic for **Gotham Health in Far Rockaway** for a contract amount of \$30,000,000.



**RESOLUTION - 10**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc. (the “Contractor”)**, to undertake **Essential Electrical System (EES) work at NYC Health + Hospitals/North Central Bronx (“NCB”)** for a contract amount of \$7,625,488, with a 15% project contingency of \$1,143,824, to bring the total cost not to exceed \$8,769,312.

**WHEREAS**, NCB has all emergency electrical services on a single emergency distribution system, but the current National Fire Protection Association code requires 3 separate distribution branches for category 1 patient care spaces; and

**WHEREAS**, all emergency circuits on existing distribution panels and downstream panel boards needs to be broken into the three essential branches of life safety, critical systems, and equipment; and

**WHEREAS**, the EES work includes: the construction of a new room to house emergency electrical and associated equipment, tracing all existing emergency circuitry, providing new distribution equipment and Automatic Transfer Switches for major equipment loads, installing new conduit and wiring to relocate emergency circuits into new equipment, transferring existing loads to new equipment with shutdowns sequenced to minimize hospital interruptions, demolishing existing equipment boards once transfers are completed; and

**WHEREAS**, in accordance with Operating Procedure 100-5 a solicitation was issued, pursuant to which bids were received and publicly opened on February 27, 2024, 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 Jemco Electrical Contractors, Inc. for a contract amount of \$7,625,488, with a 15% project contingency of \$1,143,824, to bring the total cost not to exceed \$8,769,312 to undertake the EES work at NCB.

**EXECUTIVE SUMMARY**  
**NORTH CENTRAL BRONX HOSPITAL**  
**TYPE 1 ESSENTIAL ELECTRICAL SYSTEM CONTRACT**  
**JEMCO ELECTRICAL CONTRACTORS INC.**

- CONTRACT SCOPE:** Essential Electrical Services for category/type 1 patient care spaces.
- NEED:** NYC Health + Hospitals/NCB needs electrical services to comply with the current National Fire Protection Association Code.
- CONTRACT DURATION:** 24 months, slated to commence Summer 2024 (or earlier) with anticipated completion by Summer 2026.
- PROCUREMENT:** A competitive sealed bid was issued on 1/30/2024; the pre-bid on site visits were held on 2/6/2024 and 2/7/2024; three contractors submitted bids with the lowest responsible and responsive bidder being Jemco Electrical Contractors Inc. for a contract of \$7,625,488.
- PRIOR EXPERIENCE:** Jemco Electrical Contractors Inc. is a current and prior NYC Health + Hospitals JOCs Electrical Contractor and received a rating of good and excellent. They have also previously worked on projects for City agencies and have received two ratings of excellent and four ratings of good.
- CONTRACT AMOUNT:** \$7,625,488
- PASSPORT APPROVAL:** Approved
- EEO APPROVAL:** Approved
- MWBE STATUS:** The Contractor has committed to a 35% MWBE subcontractor utilization plan.



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: Jemco Electrical Contractors, Inc.

Date: March 21, 2024

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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**

35%

**Request to Award Contract to  
Jemco Electrical Contractors Inc. for  
Type 1 Essential Electrical System(EES) Project  
at NYC Health + Hospitals/North Central Bronx  
Hospital**

**Board of Directors Meeting  
April 25, 2024**

**Christopher Mastromano, CEO, NYC H+H/NCB  
Ellen Barlis, CFO, NYC H+H/NCB  
Manuel Saez, PhD, VP, OFD  
Oscar Gonzalez, SAVP, OFD  
Erin Egan, Senior Director, OFD  
Hiba Hadeed, Director , OFD**

## For Board Consideration

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- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc. (the “Contractor”)**, to undertake **Essential Electrical System (EES) work at NYC Health + Hospitals/North Central Bronx (“NCB”)** for a contract amount of \$7,625,488, with a 15% project contingency of \$1,143,824, to bring the total cost not to exceed \$8,769,312.

## Program Background/ History

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- North Central Bronx Hospital currently has all its emergency electrical services on a single emergency distribution system. Current National Fire Protection Association (NFPA) code requires three (3) separate distribution branches for category 1 patient care spaces.
  
- All emergency circuits on existing distribution panels and downstream panel boards need to be broken into the three essential branches.
  - Life safety
  - Critical systems
  - Equipment
  
- New emergency electrical room and associated equipment will need to be provided to accommodate this change

# Construction Scope & Schedule

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- Type 1 Essential Electrical System (EES) anticipate scope of work:
  - Construction of new electrical room
  - Trace all existing emergency circuitry
  - Provide new distribution equipment and Automatic Transfer Switches (ATS) for major equipment loads
  - Install new conduit and wiring to relocate existing emergency circuits into new equipment
  - Transfer existing loads to new equipment with shutdowns sequenced to minimize hospital interruptions
  - Demolition of existing equipment boards once transfers are completed
  - Expected to begin Summer 2024 (or earlier) with completion expected by Summer 2026 (24 Months)

# Overview of Procurement

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- 2/6 & 2/7 2024: Site tour for bidders; 13 Total contractors attended
- 2/27/2024: Bid due date, (3) Three bids received
- 3/8/2024: Determination of low bid finalized, and Jemco Electrical Contractors Inc. was selected based on the lowest bid amount and responsibility requirements.



# Construction Contract

- Procurement is sourced via public bid
- Contract amount is \$7,625,488
- Jemco is currently one of our JOCs Electrical Contractor (2023-2024) and served as a previous JOCs General Contractor (2018-2020). Evaluations for both contracts were rated 84% and 93% respectively. Additionally, the ratings listed in MOCs included 2 Excellent and 4 Good.
- Expected to begin Summer 2024 (or earlier) with completion expected by Summer 2026 (24 Months)
- Jemco Electrical Contractor Inc. Has committed to a 35% MWBE subcontractor utilization plan presented below

Subcontractor	Certification	Supplies/Services	Utilization Plan %	Utilization \$s
AMG Demolition Inc	MBE	Demolition	2%	\$152,510
Eutscher & Daughter Inc	WBE	Door and Hardware Fabrication	2%	\$152,510
Turtle & Hughes	MBE	Switchgear, Electrical Material (pipe, wire)	21%	\$1,601,352
Park Ave Building & Roofing Supplies	MBE	General Construction Material	5%	\$381,274
LB Consulting Inc	MBE	CPM Scheduling	2%	\$152,510
Tedco Group Inc	MBE	HVAC/Mechanical	3%	\$228,765
<b>Total</b>			<b>35%</b>	<b>\$2,668,921</b>

# Performance Evaluation

Vendor Performance Evaluation  
Jemco Electrical Contractors Inc,

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	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	Good

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



# Project Budget

North Central Bronx - Type 1 Essential Electrical System(EES) Project	
<b>Construction</b>	<b>\$7,625,488</b>
<b>Project Contingency (15%)</b>	<b>\$1,143,824</b>
<b>Total</b>	<b>\$8,769,312</b>

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

## Board Approval Request

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- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc.** (the “Contractor”), to undertake **Essential Electrical System (EES)** work at **NYC Health + Hospitals/North Central Bronx** (“NCB”) for a contract amount of \$7,625,488, with a 15% project contingency of \$1,143,824, to bring the total cost not to exceed \$8,769,312.

**RESOLUTION - 11**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment contract (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$5,837,585, including an 10% construction contingency of \$401,249, for a term of 18 months, **for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrades at New York City Health + Hospitals/Coler**, (the “Project”).

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

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

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

**WHEREAS**, NYC Health + Hospitals has determined that it is necessary to upgrade lighting at New York City Health + Hospitals/Coler by undertaking the Project to improve the lighting systems, as well as increase efficiency of lighting and achieve compliance; and

**WHEREAS**, NYPA undertook the procurement of the Project pursuant to our Encore II agreement; and

**WHEREAS**, the Project cost pursuant to NYPA’s procurement is \$5,837,585 and will be funded with DCAS Capital; and

**WHEREAS**, NYPA has determined that the Project will result in an annual energy savings of 1,444,170 KWh which represent approximately \$360,843 in annual energy savings; and

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

**NOW, THEREFORE, be it**

**RESOLVED**, the New York City Health and Hospitals Corporation to execute a Customer Installation Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$5,837,585, including a 10% construction contingency of \$401,249, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrade at NYC Health + Hospitals/ Coler.

**EXECUTIVE SUMMARY  
NYC HEALTH + HOSPITALS/COLER  
ENERGY EFFICIENCY UPGRADES**

**OVERVIEW:** NYC Health + Hospitals seeks for lighting upgrades at NYC Health + Hospitals/Coler to improve lighting systems, improve energy efficiency and achieve legal compliance. NYPA undertook the procurement of the Project pursuant to our Encore II agreement

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

- ❖ Replace florescent and HID light fixtures with LED
- ❖ Install vacancy, occupancy, and daylight lighting controls as needed

**PROCUREMENT**

**&TERMS:** NYPA has procured the Project (19 proposals were received) and has submitted a final total project cost to NYC Health + Hospitals of \$5,837,585, including 10% construction contingency of \$401,249. The proposed contract will be for 18 months.

**SAVINGS: Electrical:**

Energy Consumption Savings (quantity):	1,444,170 kilowatt-hours (KWh)
Annual Electric Energy Savings (dollars):	\$360,843

**FINANCING:** DCAS Capital.

**SCHEDULE:** Completion by Fall 2025.

# **Request to Award Customer Installation Commitment with New York Power Authority for Lighting Upgrade at NYC Health + Hospitals/Coler**

**Board of Directors Meeting  
April 25, 2024**

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

## For Board Consideration

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- Authorizing the New York City Health + Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment contract (“CIC”) with the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$5,837,585, including an 10% construction contingency of \$401,249, for a term of 18 months, **for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrades at New York City Health + Hospitals/Coler, (the “Project”).**



# Project Background

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- NYC Health + Hospitals / Coler has mostly T8 & T5 lighting fixtures that have inefficient fluorescent light bulbs
- Due to a lack of automated controls, many of the light fixtures in unoccupied areas stay on 24/7
- Fluorescent bulbs need to be replaced every 10,000-15,000 hours
- The fluorescent lamps contain toxic materials since the mercury and phosphorus inside are hazardous

# Project Scope and Benefits

- This project will significantly reduce the system's emissions, with the GHG reductions of 460 metric tons
  - Will support NYC's Local Law 97 GHG reduction goals
- Annual energy savings are projected at 1,444,170 KWh equating to utility cost savings of \$360,843
- The new LED light fixtures 75,000 hour life span than is much longer than the current light fixtures' life span.
- The LED light fixtures will have balanced light levels creating inviting space for both staff and patients.
- The current light bulbs contain mercury, which have to be handled as hazardous waste when thrown away. The new light bulbs do not contain mercury, and are safe to dispose.
- Scope of Work
  - Replace the existing 11,352 T8 & T5 light fixtures containing fluorescent bulbs with energy-efficient LED fixtures
  - Install vacancy, occupancy, and daylight lighting controls as needed
  - Spaces that experience extended periods of vacancy will have automated lighting controls, such as offices, conference rooms, kitchens, lunch rooms, and staircases (with dimming feature).

# Existing and Proposed Lighting Fixtures

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Existing



Proposed



# Existing & Proposed Lighting Controls

Existing



Manual Switches

Proposed



Automated Controls

# Our Relationship with NYPA

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NYPA

ENCORE III AGREEMENT

H+H

CUNY

DCAS

BOE

- Encore III has been executed as of January 1, 2021.
- Turnkey project delivery through NYPA's Direct Install (D-I) Program

- NYPA selected **Macan Deve Engineers**, a WBE, as construction manager for this project; whose service was acquired through public competitive bidding.
- **Macan Deve Engineers** subcontracted lighting installation services through pool of pre-qualified Direct-Install service providers.

## PROJECT LOGISTICS:

- All project logistics will be carefully coordinated with the Facility Management staff, no impact is expected to facility operations as well as patient care during construction.

# MWBE Summary

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- The vendor is an MWBE.
- Total contract amount is \$5,837,585
- MWBE contract amount is \$4,601,739
- Project is expected to last 18 months and expected completion is Fall 2025

# Project Budget

## Coler Lighting Upgrade

NYPA Project Mgmt. & Administrative Services*	\$	1,185,846
Macan Deve Eng. Construction Management & Installation Contract	\$	4,200,490
Contingency (10%)	\$	401,249
Hazardous Waste Disposals	\$	50,000
<b>Total</b>	<b>\$</b>	<b>5,837,585</b>

*\*Administrative services include but not limited to engineering & design oversight, procurement services, management of hazardous waste disposal and related environmental compliance, coordination of special inspections and legal support as needed.*

- Funding for this project is secured through a partnership with DCAS Division of Energy Management using City Capital Funds. DCAS has committed to fully covering the total project cost, amounting to \$5,837,585.



- Authorizing the New York City Health + Hospitals Corporation (“NYC Health + Hospitals”) to execute a **Customer Installation Commitment contract (“CIC”) with the New York Power Authority (“NYPA”) for an amount not-to-exceed \$5,837,585, including an 10% construction contingency of \$401,249, for a term of 18 months, for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrades at New York City Health + Hospitals/Coler, (the “Project”).**

**RESOLUTION - 12**

Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Sweet Group of New York LLC, (the “Contractor”)** to undertake a labor and birthing suite renovation at New York City Health + Hospitals/Woodhull for a contract amount of \$14,816,993, with a 10% project contingency of \$1,481,699, to bring the total cost not to exceed \$16,298,693.

**WHEREAS**, Woodhull Hospital’s labor and birthing suite is extremely busy and needs major modifications to keep up with growing demand and ensure higher levels of collaboration; and

**WHEREAS**, the labor and birthing suite renovation will result in an enlarged OR suite for more equipment and better workflow, improved recovery area and nurse station, family comfort space to support partners and families among other improvements; and

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

**WHEREAS**, as approved by the CRC on March 12, 2024, a Request for Qualifications was posted in the City Record and sent directly to 6 vendors, including on September 29, 2023; a pre-proposal conference was held on October 18, 2023, with 31 vendors in attendance; 6 statements of qualifications were received by the submittal deadline of November 8, 2023, and 4 firms with top scores were short-listed for the RFP phase and one firm withdrew due to staffing bandwidth; on January 19, 2024, NYC Health + Hospitals issued a Request for Proposals (RFP) for the engineering design and construction of the project; on February 9, 2024, initial proposals were received from the 5 shortlisted vendors; during the week of February 12, 2024, the vendors presented their approach to the evaluation committee, and provided presentations on February 15, 2024; on February 22, 2024, the Contractor received the highest overall score; and

**WHEREAS**, the Contractor has committed to an MWBE subcontracting plan of 36%; 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 NYC Health + Hospitals be and hereby is authorized to execute a design-build contract with Sweet Group of New York LLC to undertake the labor and birthing suite renovation at NYC Health + Hospitals/Woodhull for a contract amount of \$14,816,993, with a 10% project contingency of \$1,481,699, to bring the total cost not to exceed \$16,298,693.

**EXECUTIVE SUMMARY**  
**WOODHULL HOSPITAL**  
**LABOR AND BIRTHING SUITE RENOVATION PROJECT**  
**SWEET GROUP OF NEW YORK LLC**

- CONTRACT SCOPE:** Design and construction of the labor and birthing suite
- NEED:** NYC Health + Hospitals facilities needs design and construction services to undertake the renovation of the labor and birthing suite at NYC Health + Hospitals/Woodhull.
- CONTRACT DURATION:** Three years and an additional two one-year renewal terms, slated to commence Summer of 2024 with anticipated completion in Summer 2027.
- PROCUREMENT:** Request for Qualifications was posted in the City Record and sent directly to 6 vendors, including on September 29, 2023; a pre-proposal conference was held on October 18, 2023, with 31 vendors in attendance; 6 statements of qualifications were received by the submittal deadline of November 8, 2023, and 4 firms with top scores were short-listed for the RFP phase and one firm withdrew due to staffing bandwidth; on January 19, 2024, NYC Health + Hospitals issued a Request for Proposals (RFP) for the engineering design and construction of the project; on February 9, 2023, initial proposals were received from the 5 shortlisted vendors; during the week of February 12, 2024, the vendors presented their approach to the evaluation committee, and provided presentations on February 15, 2024; on February 22, 202, the Contractor received the highest overall score.
- PRIOR EXPERIENCE:** Sweet Group of New York LLC has performed two projects for NYC H+H with positive results.
- CONTRACT AMOUNT:** \$14,816,993.
- PASSPORT APPROVAL:** Approved
- EEO APPROVAL:** Approved
- MWBE STATUS:** Contractor has committed to a 36% MWBE contract goal.



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: Sweet Group LLC

Date: March 21, 2024

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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**

36%

# **Request to Award Contract to Sweet of New York LLC for Labor and Birthing Suite Renovation Design-Build at NYC Health + Hospitals/Woodhull**

**Board of Directors Meeting  
April 25, 2024**

**Dr. Lisa Scott-McKenzie, COO, H+H/Woodhull  
Manuel Saez, PhD, VP, OFD  
Oscar Gonzalez, SAVP, OFD  
Anniqua Brown, Senior Regional Director, OFD  
Kristina “Kiki” Blazevski-Charpentier, Director, OFD**

## For Board Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Sweet Group of New York LLC, (the “Contractor”)** to undertake a labor and birthing suite renovation at **New York City Health + Hospitals/Woodhull** for a contract amount of \$14,816,993, with a 10% project contingency of \$1,481,699, to bring the total cost not to exceed \$16,298,693

- The NYC Health + Hospitals/ Woodhull Labor and Birthing suite is very busy, with 1,069 births in 2020, 1,358 births in 2022 and 1,350 births in 2023.
  - 95% of all births at Woodhull have Midwife support
  
- Modifications are needed to improve patient care for both mom and baby and to enhance the family experience.
  
- Labor and Birthing suite is approximately 11,000 SF on the 7<sup>th</sup> floor of Woodhull and includes:
  - 2 operating Rooms
  - 6 Labor, Delivery and Recovery Rooms
  - Support spaces such as Nurse Station, On-call rooms, Clean- Sterile, etc.
  
- Also on the 7<sup>th</sup> floor is birthing Triage and 15 private mom and baby suites.
  
- Currently awaiting final sign off on the renovated NICU, and it is expected to reopen between end of Spring and beginning of Summer 2024.
  
- Woodhull is designated “Baby Friendly USA”, an international standard to encourage bonding and breastfeeding.

# Proposed Future State

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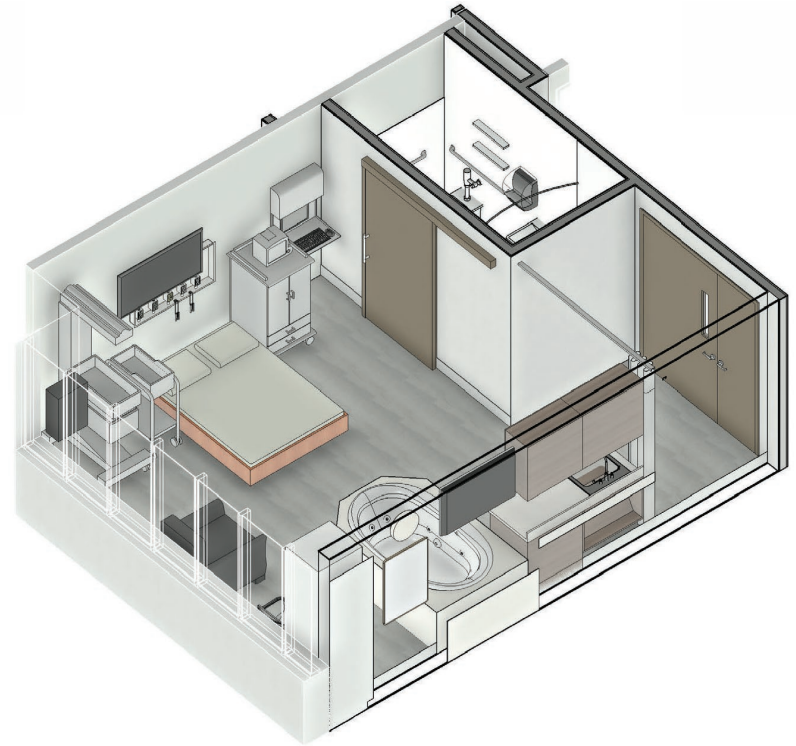
Modernize NYC Health + Hospitals/Woodhull's labor and birthing ("L&B") suite that to focused on the patient and family experience that attains the following benefits:

- Enlarged OR suite for more equipment, better workflow and new partner robing
- Renovated and reorganized recovery area, nurse station and medicine room with better access and visibility for better collaboration with Midwifery, Nursing, and Physicians.
- Upgraded L&B rooms with improved patient-oriented environment
- Addition of birthing center rooms with birthing tubs for hydrotherapy while laboring
- Family comfort space to support mother's partners and families
- More infrastructure to support equipment and controls
- New simulation lab for staff
- Additional scope includes reconfigured and renovated staff break room, locker rooms, staff bathroom and on-call rooms
- Additional scope includes decanting and interim configuration while construction occurs





New Enlarged Operating Room  
Concept Axonometric



New Birthing Center Room  
Concept Axonometric

# RFQ and RFP Criteria

## Minimum criteria:

- Design-build services for five similar projects over \$5 Million, with preferred healthcare and clinical projects
- Experience holding construction contracts for public owners
- M/WBE plan, waiver, or certification

### ➤ Two Step Selection Process

#### 1. Scoring Criteria (RFQ)

- |  |     |
|--|-----|
| ➤ Overall Approach & Methodology       | 20% |
| ➤ Firm Experience                      | 40% |
| ➤ Staff Qualifications                 | 30% |
| ➤ MWBE Status or MWBE Utilization Plan | 10% |

#### 2. Scoring Criteria (RFP)

- |   |     |
|---|-----|
| ➤ Project Specific Approach & Methodology | 40% |
| ➤ Firm experience                         | 10% |
| ➤ Qualifications of Consultant & Staffing | 20% |
| ➤ Cost Proposals                          | 20% |
| ➤ MWBE Status or MWBE Utilization Plan    | 10% |

## Evaluation Committee:

- Director of Capital Budget and Contract Controls, OFD
- Director of Design, OFD
- Assistant Director of Fiscal Affairs, Finance
- Director Information Services, EITS
- Deputy Chief Obstetrics, Woodhull
- Director of Nursing, Woodhull
- Midwife Nurse, Woodhull

# Overview of Procurement

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- 9/29/23: RFQ Released and posted on City Record, sent directly to 6 vendors
- 10/18/23: Pre-proposal conference held, 31 vendors attended
- 11/08/23: SOQs due, 6 statement of qualification packages received
- 12/22/23: Evaluation Committee debriefed and submitted final scores.
- 01/19/24: Top 3 firms notified of moving into RFP phase. RFP released only to those 3 vendors.
- 01/25/24: Top 3 firms conducted walkthrough of Woodhull facility
- 02/12/24: RFP proposals due, 3 proposals received
- 02/15/24: Vendors presentation by all 3 firms to the evaluation committee
- 02/22/24: Evaluation committee debriefed and submitted final scores. The highest rated proposer:
  - Sweet Group of New York, LLC

# Contract

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- Contract amount is \$14,816,993.
- Sweet Group has current contracts with NYC Health + Hospitals:
  - NYC Health + Hospitals/Bellevue New Patient Care Unit 19E as general contractor
  - NYC Health + Hospitals/Queens Hospital N-Building 4th Floor Behavioral Health Renovation
  - Both projects had rated the vendor excellent.
- Expected to begin Summer 2024 with a three-year initial term and two one-year renewal options exercisable at the discretion of NYC Health + Hospitals.
- Sweet Group has committed to a 36% sub-contractor utilization plan presented in the next slide

# Vendor Diversity

MWBE Vendor	Subcontracted SOW	Certification	UP Goal %
Beam Enterprises, Inc.	Demolition	NYC/NYS Black/Male	<b>36%</b>
Cardoza Plumbing Corp	Plumbing	NYC/NYS Hispanic/Male	
Eurotech Construction Corp	Drywall	NYC/NYS Non-Minority/Female	
FCS Group, LLC	Painting	NYC/NYS Asian/Male	
KND Licensed Electrical	Electrical	NYC/NYS Non-Minority/Female	
Pro Tile Distributors	Flooring Materials	NYC Non-Minority/Female	
Dwyer Architectural LLC	Architecture	NYS Non-Minority/Female	
Lakhani & Jordan Engineers	MEP Engineering	NYC/NYS Asian/Male	
Shen Milsom & Wilke	Acoutics &AV/IT	NYC/NYS Asian/Male	
Ysrael A. Seinuk PC	Structural Engineers	NYC/NYS Asian/Male	
Environmental Planning & Management, Inc.	Harzadous Material Consulting	NYC/NYS Non-Minority/Female	
Lumen Architects	Lighting Design	NYC/NYS Black/Male	
JC Ryan Ebco H&G LLC	Hardware Supplies	NYC/NYS Non-Minority/Female	

# Performance Evaluation

Vendor Performance Evaluation	
Sweet Group	
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>Woodhull Labor and Birthing Design Build</b>	
Design Build	\$14,816,993
Contingency (10%)*	\$1,481,699
<b>Total</b>	<b>\$16,298,693</b>

*\*This is NYC Health + Hospitals project contingency based on the design build contract price.*

- Design build proposed price will be negotiated while working towards contract execution.

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Sweet Group of New York LLC, (the “Contractor”)** to undertake a labor and birthing suite renovation at **New York City Health + Hospitals/Woodhull** for a contract amount of \$14,816,993, with a 10% project contingency of \$1,481,699, to bring the total cost not to exceed \$16,298,693



**RESOLUTION - 13**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) **to negotiate and execute a contract with Deloitte Consulting, LLP (“Deloitte”) to provide MetroPlus with testing resources for the Plan’s new core processing system for an amount not to exceed \$9,500,000** 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 provide testing resources for its transition to a new core processing system; and

**WHEREAS**, the Plan seeks a vendor to support this transition by providing services that include test strategies, testing phases and data conversion testing; and

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

**WHEREAS**, Deloitte Consulting, LLP was the vendor selected to provide these services; and

**WHEREAS**, on March 28, 2024, the MetroPlus Board of Directors considered and approved the submission of the resolution to the Board of Directors of the NYC Health + Hospitals, for the proposed contract between MetroPlus and Deloitte Consulting, LLC.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) is hereby authorized to negotiate and execute a contract with Deloitte Consulting, LLP (“Deloitte”) to provide MetroPlus with testing resources for the Plan’s new core processing system for an amount not to exceed \$9,500,000 for a total 26 month contract period.

## EXECUTIVE SUMMARY

- OVERVIEW:** MetroPlus seeks a vendor to provide testing resources for the Plan's transition to a new core processing system. The testing services that support this transition include test strategies, which consist of creating a timeline, building and executing test scenarios, and data conversion testing. The Plan seeks a vendor with a multi-phased approach to enable early detection and resolution of defects to eliminate any high/critical defects to leak into production.
- 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. 6 proposals were received, all 6 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.
- Deloitte Consulting, 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

DocuSigned by:  
*Steven Stein Cushman*  
73B666F913A04A0...

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

Vendor: Deloitte Consulting

Date: Monday, April 8, 2024

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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 | Testing Resources**

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

April 25<sup>th</sup>, 2024

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

**Dr. Talya Schwartz, MetroPlusHealth CEO**

## FOR BOARD OF DIRECTORS CONSIDERATION

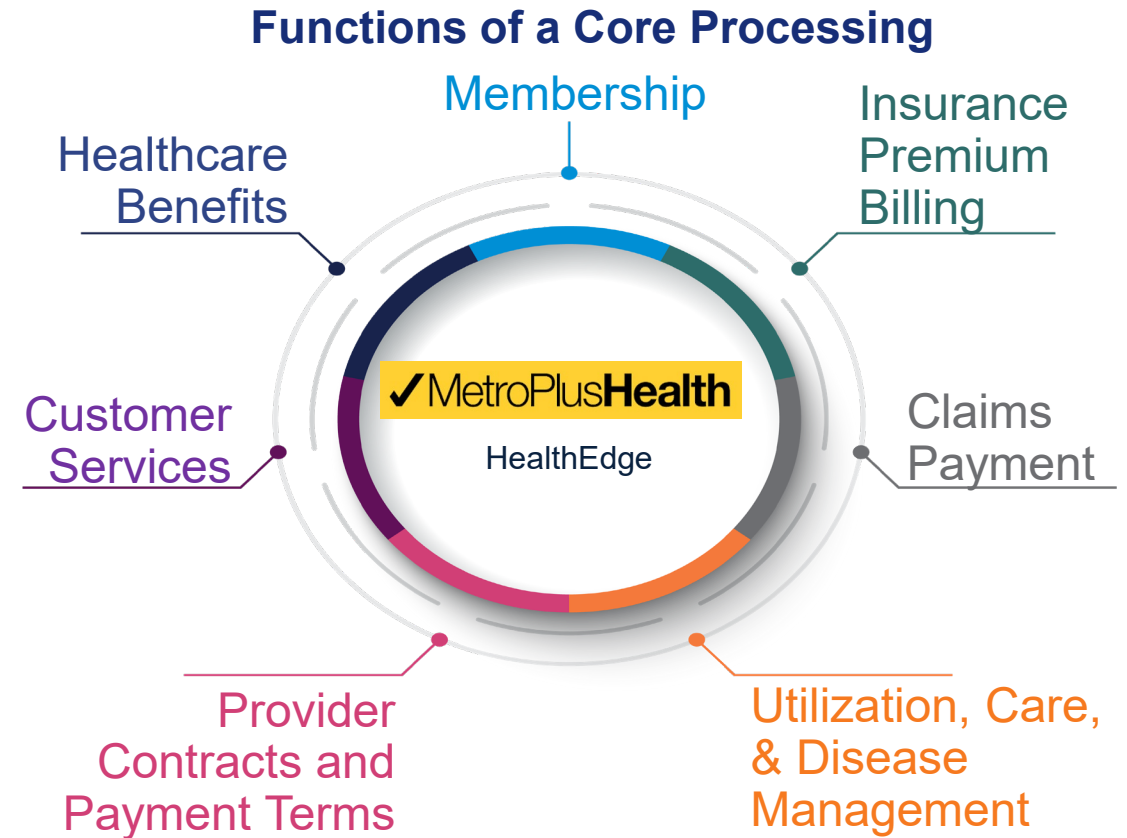
- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to negotiate and execute a contract with **Deloitte Consulting, LLP** (“**Deloitte**”) to provide MetroPlus with testing resources for the Plan’s new core processing system for an amount not to exceed \$9,500,000 for a total 26-month contract period.

# BACKGROUND

- MetroPlusHealth selected a new Core Replacement System – HealthEdge, which was approved by the H+H board.
- The Core System is responsible for all the fundamental operational functions of a health plan. The implementation is a company-wide effort and the anticipated timeline is 26 months. This strategic implementation plan will account for multiple go-live events due to complexity.
- The Plan engaged with a management consulting vendor (Accenture) to oversee this highly complex implementation and now is seeking a vendor to provide testing resources to ensure we achieve a seamless transition from the legacy platform to new HealthEdge’s core admin and clinical platforms.
- Dozens of other applications, which the Plan utilizes, work with or through the Core System, and testing of the products and their integration is intricate and requires significant technical testing skills.
- This component of the Request for Proposals (RFP) seeks testing resources that will support MetroPlusHealth with the following:
  - Test Strategy (Timeline, Build & Execution of Test Scenarios)
  - Testing Planning, Coordination and Reporting
  - Defect Tracking and Management
  - Testing Phases (Development, System Integration, User Acceptance, End-to-End, Parallel Testing & Performance)
  - Data Conversion Testing

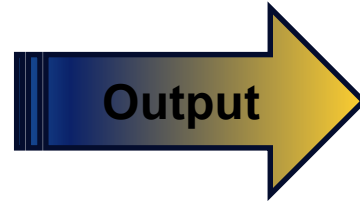
# CORE PROCESSING SYSTEM (CPS) DRIVES ALL ESSENTIAL PLAN FUNCTIONS

CPS is a healthcare payor engine and is used to pay claims and manage the network as well as members' eligibility and access to care.



# CPS OUTPUT

## Integrated Platform





# RFP CRITERIA



## Minimum Criteria

- Experience with implementation of a HealthEdge system solution (HRP and Guiding Care).
- Experience in testing large scale platform transformation projects for a health plan.
- MWBE utilization plan, waiver, or MWBE certification.



## MPH Evaluation Committee

- Deputy Chief Information Officer
- Deputy Executive Director of Core Systems
- VP Claims Operations
- Budget Director
- VP of Business Transformation
- Senior Director of Business Intelligence



## 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 - 10%

## SELECTION PROCESS

- **10/10/2023** | Request for proposals (RFP) posted on City Record, and sent directly to 24 Vendors.
- **10/13/2023** | Pre-proposal conference held.
- **10/30/2023** | Proposal due date, 6 vendors responded to the RFP.
- **2/6/2024-3/4/2024** | Presentations and demonstrations occurred.
- **3/7/2024** | Final scoring for the testing consulting component concluded.
- Deloitte ranked most favorably by the Evaluation Committee.

# PROPOSAL AND DEMONSTRATION HIGHLIGHTS

- Extensive experience in testing large scale transformation initiatives for health plans including HealthEdge implementations.
- Proposal and Deloitte's testing strategy was in alignment with MetroPlusHealth's approach and provided a clear path for executing our testing strategy.
- Deloitte will enable and provide testing best practice, supporting standing up a Testing Center Of Excellence and leveraging industry tools for MetroPlusHealth to use during and after implementation.
- Deloitte was able to scale appropriately to ensure MetroPlusHealth will have the proper amount of resources with the right skill sets.

- **Deloitte has worked with almost all the large health plans across the country including**
  - Elevance/Anthem Highmark, CVS/Aetna, Cigna, Humana, HCSC, Kaiser.
  - Point32Health, BCBS Arizona, BCBS Nebraska, Inland Empire, CareSource and Baylor Scott & White which all have HealthEdge components.
- **NY Health Plans Experience**
  - Anthem, Highmark, MVP Health, Oscar, HealthFirst.
  - Have significant business with New York State Medicaid.
- **Recent HealthEdge implementation experience**
  - 5 HRP Implementations and 3 Guiding Care Implementations.
- **Reference calls with multiple health plans**
  - All had positive experiences working with Deloitte on testing for core replacement.

# MWBE UTILIZATION PLAN

Vendor Name	MWBE Vendor	Subcontractor SOW	Certification	UP Goal %
<b>Deloitte Consulting LLP.</b>	Briljent LLC	Testing Professional services	NYC/NYS WBE	30%
	4Consulting Inc.	Testing Professional Services	NYS MBE/WBE	
	SOHO Square Solutions	Testing Professional Services	NYC/NYS MBE	
	CAYS Inc	Testing Professional Services	NYS MBE	

# BOARD APPROVAL REQUEST

- Authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to negotiate and execute a contract with **Deloitte Consulting, LLP (“Deloitte”)** to provide **MetroPlus with testing resources for the Plan’s new core processing system** for an amount not to exceed \$9,500,000 for a total 26-month contract period.

**RESOLUTION - 14**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) **to increase the spending authority for the current renewal period ending December 31, 2024, by \$1,250,000 for its current agreement with Carahsoft, reseller of Salesforce, to cover additional Salesforce license costs and to add Marketing Cloud as a new service,** a comprehensive digital marketing platform to improve engagement with members and providers.

Additionally, authorizing the Plan **to execute a five-year best-interest extension at a cost not to exceed \$24,750,000 including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension 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,** Salesforce is the Plan’s Customer Relationship Management (CRM) system which assists in consolidating systems and tools required for Customer Service, Sales, Network Relations, and other business areas to elevate employee efficiency and increase member and provider satisfaction; and

**WHEREAS,** in 2020, Salesforce was selected through a Negotiated Acquisition process to be the product for the new CRM system, and Carahsoft is the authorized government reseller of Salesforce products; and

**WHEREAS,** on December 22, 2020, the MetroPlus Board of Directors authorized MetroPlus to enter into a term of three (3) years with two (1 year) options to renew, with Carahsoft, for a total contract cost not to exceed \$9,727,165; and

**WHEREAS,** the original not-to-exceed amount was below the threshold requiring approval of the NYC Health + Hospitals Board of Directors; and

**WHEREAS,** the Plan is currently in a one-year renewal period following the initial three-year term;

**WHEREAS,** the Plan seeks to add additional licenses and also to add Marketing Cloud, a comprehensive digital platform that will allow the Plan to manage marketing efforts across multiple channels and touchpoints by providing tools to create, execute, and analyze personalized and targeted consumer marketing campaigns; and

**WHEREAS**, the Plan seeks to increase its spending authority for the current one-year renewal period ending December 31 2024, by \$1,250,000, for its agreement with Carahsoft, reseller of Salesforce, to provide for the additional licenses and the addition of Marketing Cloud; and

**WHEREAS**, the Plan is seeking a five-year extension in the best interests of the Plan, to allow MetroPlus to benefit from the substantial investment the Plan made in the development of the Salesforce system, which became operational in the first quarter of 2023, and which has many years of useful life going forward, and to continue the successful experience of adding Salesforce functionality to improve MetroPlus processes; and

**WHEREAS**, on March 28, 2024, the MetroPlus Board of Directors considered and approved the submission of the resolution to the Board of Directors of the NYC Health + Hospitals, for the proposed spending authority increase.

**NOW THEREFORE, be it**

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) is hereby authorized to increase the spending authority for the current renewal period ending December 31, 2024, by \$1,250,000 for its current agreement with Carahsoft, authorized reseller of Salesforce, for additional Salesforce license costs and to add Marketing Cloud as an additional service.

Additionally, authorizing the Plan to execute a five-year best-interest extension at a cost not to exceed of \$24,750,000 including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension period.



## **EXECUTIVE SUMMARY**

### **AUTHORIZING METROPLUS HEALTH PLAN, INC. TO INCREASE ITS CURRENT SPENDING AUTHORITY AND NEGOTIATE AND EXECUTE A FIVE-YEAR BEST INTEREST EXTENSION WITH CARAHSOFT TECHNOLOGY CORPORATION FOR THE SALESFORCE CONTRACT**

**BACKGROUND:** 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. The Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the power to approve MetroPlus contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000.

In 2020, Salesforce was selected through a Negotiated Acquisition process to be the new Customer Relationship Management (CRM) system and Carahsoft is the government reseller of Salesforce. On December 22, 2020, the MetroPlus Board of Directors authorized MetroPlus to enter into a contract with Carahsoft to provide licenses for Salesforce for a term of three (3) years with two (1 year) options to renew for a total amount not to exceed \$9,727,165.

**NEED:** MetroPlus requires an extension of the agreement with Carahsoft, the authorized government reseller of Salesforce products, to use Salesforce licenses for the Customer Relationship Management (CRM) system, including Marketing Cloud, to bring together systems and tools for Customer Service, Sales, Network Relations, and other business areas – with the intent to boost employee efficiency and improve member and provider satisfaction. The Plan also requires the extension of the agreement to use Salesforce Licenses, including Marketing Cloud, for a member and provider portal for self-service and online tool for prospective members to choose and enroll in the plan of their choice. The Plan also requires Salesforce Licenses for a comprehensive digital platform that will allow MetroPlus to manage marketing efforts across multiple channels and touchpoints by providing tools to create, execute, and analyze personalized and targeted consumer marketing campaigns.

**PROPOSAL:** Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) to increase the spending authority for the current renewal period ending December 31, 2024, by \$1,250,000 for its current agreement with Carahsoft, reseller of Salesforce, to cover additional Salesforce license costs and to add Marketing Cloud as an additional service, a comprehensive digital marketing platform to improve engagement with members and providers.

Additionally, authorizing the Plan to execute a five-year best-interest extension at a cost not to exceed of \$24,750,000 including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension period.



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

From: Steven Stein Cushman  
Chief Counsel, Legal

DocuSigned by:  
*Steven Stein Cushman*  
73B666F913A04A0...

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

Vendor: Carahsoft Technology Corporation

Date: Monday, April 8, 2024

---

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30% Waiver Approved

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 | Salesforce CRM + Marketing Cloud**

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

April 25<sup>th</sup>, 2024

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

**Dr. Talya Schwartz, MetroPlusHealth CEO**

## FOR BOARD OF DIRECTORS CONSIDERATION

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) to increase the spending authority for the current renewal period ending December 31<sup>st</sup>, 2024, by \$1,250,000 for its current agreement with Carahsoft Technology Corporation (“Carahsoft”), reseller of Salesforce, to cover additional Salesforce license costs and to add Marketing Cloud as a new service - a comprehensive digital marketing platform to improve engagement with members and providers.
- Additionally, authorizing the Plan to execute a five-year best-interest extension at a cost not to exceed \$24,750,000, including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension period.

## BACKGROUND

- MetroPlusHealth required a Customer Relationship Management (CRM) system to bring together systems and tools for Customer Service, Sales, Network Relations, and other business areas – with the intent to boost employee efficiency and improve member and provider satisfaction.
- The Plan also requires a member and provider portals for self service and online tool for prospective members to choose and enroll in the plan of their choice.
- Salesforce offers all 3 solutions.

## Goals of Salesforce / Carahsoft

- Improve member experience and overall retention.
- Seamless data entry and reporting.
- Seamless point of contact (phone, text, email, etc.).
- Integrated sales campaigns.
- Improved analytics and data in the field thus resulting in greater production.
- Increased track territory development and track penetration rate vs. competitors.
- Real time dashboards for staff performance oversight.
- Lead generation, management, and tracking.
- Simplified collaboration with other MetroPlusHealth systems and databases.
- Improved efficiency and time management.
- Real-time updates and communication to mass audience simultaneously.
- Allow alignment across all LOBs on a single platform and view the entire lifecycle of our members.

# Best-Interest Rationale

- The Plan entered into a contract with Carahsoft in December of 2020 and is currently in its first year of the contract extension.
  - At the time, the contract did not require approval of the NYC Health + Hospitals Board.
  - Salesforce went live in February 2023, after 2 years of implementation.
- Original Salesforce contract first year extension (2024) – additional funding of \$1.25M.
  - Capacity expansion
  - Addition of Salesforce Marketing Cloud
    - Integrating Marketing Cloud will enhance member engagement, improve communication effectiveness, and enable the Plan to deliver personalized experiences that resonate with members - driving meaningful interactions.
- Salesforce additional 5-year best interest contract: 1/1/2025-12/31/2029 at \$24.75M.
  - The Plan successfully implemented Salesforce and seeks to continue utilizing and expanding the product to further enhance client experience and it would be cost prohibitive to switch to another vendor after the significant implementation investment.
  - Implementation took place over a two-year period with a substantial commitment of resources and adoption by our members and providers through the respective portals.

*\*MetroPlusHealth has been offsetting \$1.2M per year from our prior member and provider portals, which are included in Salesforce.*



# SPENDING AUTHORITY REQUEST BREAKDOWN

<b>Original Authority</b>	<b>\$9,727,165</b>	
	<b>Total Costs</b>	
<b>Implementation Period 2021-2022</b>	<b>\$3,215,431</b>	<ul style="list-style-type: none"> <li>Ramp up model with minimal licenses.</li> <li><b>Average annual cost - \$1.6M</b></li> </ul>
<b>Operational Period 2023-2024</b>	<b>\$7,732,878</b>	<ul style="list-style-type: none"> <li>Normalized licenses requires additional budget authority.</li> <li>Added resources require additional budget authority.</li> <li>Added professional support.</li> <li><b>Marketing Cloud add on - \$600,000</b></li> <li><b>Average annual cost - \$3.6M</b></li> </ul>
<b>Future Term 2025-2029</b>	<b>\$24,750,000</b>	<ul style="list-style-type: none"> <li>Five-year new contract and addition of Marketing Cloud.</li> <li>Includes future price, license number and usage increases.</li> <li><b>Anticipated future annual cost - \$4.35M</b></li> <li><b>Contingency for price increases, additional functionality and future license increases - ~15%</b></li> </ul>
<b>New Authority Request</b>	<b>\$26,000,000</b>	<b>\$1.25M (operational period increases)</b> <b>\$24.75M (future term)</b>

# MARKETING CLOUD | A VERSATILE ARRAY OF APPLICATIONS AND BENEFITS

**Enhance Provider Engagement**

- Grow member share with provider groups and health systems.

**Improve Quality**

- Improve HEDIS measures with rewards programs and marketing journey mapping.

**Augment Retention**

- Personalized new member campaigns
- Member retention marketing

**Drive Member Acquisition**

- In-store lead capturing and nurturing
- Maximizing re-targeting with first-party data

**Evaluate Campaign Effectiveness**

- Marketing campaign attribution
- ROI measurement with Sales Cloud and Health Cloud

## **BOARD OF DIRECTORS APPROVAL REQUEST**

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) to **increase the spending authority for the current renewal period ending December 31<sup>st</sup>, 2024, by \$1,250,000 for its current agreement with Carahsoft Technology Corporation (“Carahsoft”), reseller of Salesforce, to cover additional Salesforce license costs and to add Marketing Cloud as a new service** - a comprehensive digital marketing platform to improve engagement with members and providers.
- Additionally, authorizing the Plan to **execute a five-year best-interest extension at a cost not to exceed \$24,750,000, including a 15% contingency with Carahsoft, to continue utilizing licenses for Salesforce, at a combined not-to-exceed total of both authorizations of \$26,000,000, for the current one-year renewal period and the five-year best-interest extension period.**