

BOARD OF DIRECTORS MEETING

THURSDAY, MAY 29, 2025

A•G•E•N•D•A•

<p><b><u>CALL TO ORDER – 2:00 PM</u></b></p>	<p>Mr. Pagán</p>
<p>1. <b><u>Executive Session   Facility Governing Body Report</u></b>  ➤ NYC Health + Hospitals   Jacobi/NCB</p> <p><b>2024 Performance Improvement Plan and Evaluation (Written Submission Only)</b>  ➤ NYC Health + Hospitals   Gouverneur - Gotham Center</p> <p><b>Semi-Annual Governing Body Report (Written Submission Only)</b>  ➤ NYC Health + Hospitals   Lincoln  ➤ NYC Health + Hospitals   South Brooklyn Health</p>	<p>Mr. Pagán</p>
<p>2. <b><u>OPEN PUBLIC SESSION – 3:00 PM</u></b></p>	<p>Mr. Pagán</p>
<p>3. <b>Adoption of the Board of Directors Meeting Minutes – April 24, 2025</b></p>	
<p>4. <b>Chair’s Report</b></p>	<p>Mr. Pagán</p>
<p>5. <b>President’s Report</b></p>	<p>Dr. Katz</p>
<p><b><u>ACTION ITEMS</u></b></p>	
<p>6. Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with <b>Barr &amp; Barr Inc. (the “Contractor”)</b> to undertake the renovation and construction of the <b>RISE (Recovery, Integrated Support, Empowerment) Center at New York City Health + Hospitals/Lincoln</b> for a contract amount of \$11,183,855, with a 10% project contingency of \$1,118,386, to bring the total cost not to exceed \$12,302,241 for a duration of 36 months.  (Presented to the Capital Committee: 05/05/2025)  <b>Vendex: Pending / EEO: Pending</b></p>	<p>Mr. Pagán</p>
<p>7. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to <b>execute a contract with Johnson Controls, Inc., (the “Contractor”), to provide Building Management System preventative maintenance and repair services at various NYC Health + Hospitals facilities</b> for a contract amount of \$12,128,122.89, with a 10% project contingency on preventative maintenance portion of the contract of \$548,793.41, to bring the total cost not to exceed \$12,676,916 for an initial term of 3 years with 2 one-year options to extend.  (Presented to the Capital Committee: 05/05/2025)  <b>Vendex: Pending / EEO: Approved</b></p>	<p>Mr. Pagán</p>
<p>8. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Harlem (“Harlem”) as a Level II Pediatric Trauma center</b>; and</p> <p>Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and</p> <p>Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Harlem through the ACS, Committee on Trauma.  (Presented to the Medical and Professional Affairs/Information Technology Committee: 05/05/2025)  <b>Vendex: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>

## COMMITTEE REPORTS AND FISCAL YEAR ANNUAL PUBLIC MEETING SUMMARY

- Fiscal Year 2025 Annual Public Meeting - Manhattan
- Governance Committee
- Medical and Professional Affairs/Information Technology Committee
- Capital Committee

>>Old Business<<

>>New Business<<

>>Adjournment<<

Dr. Espiritu  
Mr. Pagán  
Dr. Calamia  
Mr. Pagán

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 **24th day of April, 2025** 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 A. Pagán  
Dr. Mitchell Katz  
Ms. Suzanne Miles-Gustave - Left at 3:08 p.m.  
Ms. Elizabeth Lauros - Joined at 3:08 p.m.  
Dr. Vincent Calamia  
Ms. Freda Wang - Left at 3:08  
Ms. Molly Wasow-Park - Left at 3:08 p.m.  
Ms. Karen St. Hilaire - Joined at 3:08 p.m.  
Dr. William Fisher  
Dr. Michelle Morse - Left at 3:08 p.m.  
Dr. Michael Espiritu  
Ms. Vanessa Rodriguez  
Ms. Jackie Rowe-Adams  
Dr. Patricia Marthone  
Ms. Tricia Taitt - Left at 3:08

José Pagán, Chair of the Board, called the meeting to order at 2:10 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, Dr. William Fisher is representing Dr. H. Jean Wright 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 3:20 p.m.

Mr. Pagán noted for the record, Elizabeth Lauros is representing Deputy Mayor Suzanne Miles-Gustave, Karen St. Hilaire is representing Molly Wasow Park and Dr. William Fisher is representing Dr. H. Jean Wright - all in a voting capacity.

### **ACTION ITEM 3 – ADOPTION OF THE MINUTES**

The minutes of the Board of Directors meeting held on March 27, 2025 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 March 27, 2025 copies of which have been presented to the Board be, and hereby are, adopted.

### **ITEM 4 – CHAIR’S REPORT**

#### **GOVERNING BODY**

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

The Board also received and approved the written submission of the NYC Health + Hospitals| Elmhurst semi-annual governing body report.

The Board also received and approved the written submission of the NYC Health + Hospitals| East New York Gotham Center governing body 2024 performance improvement and evaluation plan

#### **CORPORATE OFFICERS APPOINTMENTS AND BOARD STANDING COMMITTEE ASSIGNMENTS**

During the Executive Session the Board received, reviewed and unanimously approved the Governance Committee recommendation to appoint Kenra Ford as Senior Vice President of Clinical Services Operations and Clinical Support Services and Divya Pathak as Vice President/Chief Data and Artificial Intelligence Officer.

According to Article VI section (C) of the By-Laws – Committee Appointment, the Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees. Therefore, Mr. Pagán proposed a motion to make the following appointments:

- Dr. Patricia Marthone as Chair of the Equity Diversity and Inclusion Committee, and as a member of the Community Relations, Finance, and Strategic Committees
- Vanessa Rodriguez – as a member of the Equity Diversity and Inclusion Committee

**Hearing no questions, upon motion duly made and seconded, the Board unanimously approved the proposed committee assignments.**

## **VENDEX APPROVALS**

Mr. Pagán noted there were six items on the agenda requiring Vendex approval, five of which have that approval. There are twenty-two items from previous Board meetings pending Vendex approval.

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

## **FISCAL YEAR 2025 ANNUAL PUBLIC MEETINGS**

Mr. Pagán shared a reminder about the upcoming NYC Health + Hospitals FY-2025 Annual Public Meeting series as follows:

Brooklyn: Tuesday, April 29, 2025 at South Brooklyn Health

The Bronx: Tuesday, May 20, 2025 at Jacobi Hospital

Staten Island: Tuesday, June 17, 2025 at Sea View

### **ACTION ITEM 8:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to name the Infectious Disease (ID) Center at NYC Health + Hospitals| Elmhurst (the "Hospital") "The Dr. Joseph R. Masci Infectious Disease Center."

Further - authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to name a new training and conference support program at NYC Health + Hospitals| Elmhurst (the "Hospital") "The Dr. Joseph R. Masci Fund."

(Presented to the Capital Committee: 04/08/2025)

Helen Arteaga-Landaverde, NYC Health + Hospitals| Elmhurst CEO provided highlights of Dr. Masci's legacy, including his work during the COVID-19 pandemic, his research, mentorship, books, and innovative projects in NYC and globally. His family, who were present, were acknowledged and thanked for their generosity for pledging \$1 million to the Infectious Disease Center and an additional \$500,000 for medicine faculty to participate in training and conferences. Deborah Brown, Senior Vice President of External and Regulatory affairs, provided an overview of the approval process in accordance to the System's Operating Procedure No.100-8.

Dr. Katz stated that Dr. Masci was truly a gentleman and a great scholar who was always available, kind, and helpful. Dr. Katz is pleased that Dr. Masci's legacy will be honored in this meaningful way.

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

**ACTION ITEMS 9 and 10:**

Mr. Pagán read the resolution

9. Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, **Job Order Contracts with Jemco Electrical Contractors ("Jemco") and Mac Fhionnghaile & Sons Electrical ("McF") to provide electrical construction services on an as-needed basis**, each for the amount of \$8,000,000 with a total Not to Exceed of \$16,000,000 for a term of 2 years for both contracts.

(Presented to the Capital Committee: 04/08/2025)

10. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a stand-by, **Job Order Contracts with Volmar Construction Inc. ("Volmar" or "Contractor") to provide HVAC construction services** for an amount not to exceed \$8,000,000 for a term of 2 years.

(Presented to the Capital Committee: 04/08/2025)

Manuel Saez, Vice President of Facilities Development (OFD), provided a brief summary of the background and current state of both contracts. Mahendranath Indar, Assistant Vice President (OFD), gave an overview of the procurement process for the electrical contractors, outlining the schedule of the public bids and selection for both contracts. Mr. Indar explained that Jemco Electrical Contractor has a 31% MWBE utilization plan and Mac Fhionnghaile & Sons is a NYC certified WBE. The project budget and evaluations were also discussed.

Mr. Indar continued with an overview of the procurement process for the HVAC contracts. He explained that the review process for the vendor for a second HVAC contractor is ongoing. OFD will return to the Board for approval of the second contractor once due diligence is complete. Volmar, submitted a 30% MWBE utilization plan and has an excellent performance evaluation. The project budget was also discussed.

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

**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 Vernon Construction & Development LLC (the "Contractor"), to convert unused C Ground space to expand the current emergency department capacity at NYC Health + Hospitals| Kings County Hospital Center ("KCHC")**, for a contract amount of \$6,184,000 with a 15% project contingency of \$927,600 to bring the total cost not to exceed \$7,111,600 with an expected duration of 12 months.

(Presented Directly to the Board: 04/24/2025)

Sheldon McLeod, CEO, NYC Health + Hospitals| Kings County, explained the expansion plans in the Emergency Department in response to high volume of patients. Graham Gulian, Chief Operating Officer, NYC Health + Hospitals| Kings County, presented a summary of the scope of construction of the new fast track and observation bays as well as a rendering of the future space. Mr. Indar provided an overview of the procurement process, construction contract and project budget. Mr. Indar explained the project is funded with the System's expense funds, which will be reimbursed by bond proceeds if a forthcoming request for bond issuance is approved. The contingency is higher than the standard 10% due to anticipated challenges from the space's age and existing conditions.

Dr. Katz commented, that Emergency Department (ED) utilization in New York City has increased across all hospitals, with NYC Health + Hospitals seeing a larger rise than other systems. Despite the widespread availability of urgent care centers, the volume of ED visits continues to grow. This surge is straining ED capacity, especially at facilities like Elmhurst and Metropolitan, where space limitations impact patient privacy and operational efficiency. The challenge is costly to address, particularly in older buildings with complex renovation needs. Space availability is always an issue in urban areas.

Dr. Calamia added, the increase in urgent care visits has added to, rather than alleviated ED volume. Urgent Care centers are seeing more patients due to lower thresholds for care, but often end up referring them to EDs. This has led to a higher overall number of visits without reducing pressure on EDs, which was the original intent of urgent care centers.

After discussion, 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 (the "System") **to execute a contract with Managed Resources, Inc. for medical necessity denial services** at a not to exceed amount of \$60,100,000.00, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.  
(Presented to the Finance Committee: 04/08/2025)

Allison Smith, Assistant Vice President of Revenue Initiatives, provided background information and explained the current state of the contracted denial management and appeal services for clinical denials. Ms. Smith explained that the spend for this contract is contingent on the funds generated. Heather Sewell, Senior Director of Clinical Denials, explained, since the partnership

between the System and the Medical Necessity Denials Vendors, referral rates have surged from 23% in FY-2021 to 70% by FY-2025. Contributing factors include increased patient admissions, expanded scope of work, and higher-than-expected expenses. Despite a 43% overturn rate in FY-2025, the program is projected to collect \$239M, yielding a 738% return on investment. Ms. Sewell provided an overview of the procurement process, RFP criteria, vendor performance and MWBE utilization plan of 30%.

In response to questions from the Board about the strategies to reduce denials, Ms. Sewell, explained that the Utilization Management Council has a number of initiatives to reduce denials, improve documentation and select proper diagnosis.

Dr. Katz commented on how much progress has been made in addressing arbitrary denial practices. New tools in Epic now help guide clinicians by flagging when a symptom like chest pain is used as a diagnosis, prompting them to select a more appropriate diagnosis without being intrusive.

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 (the "System") **to execute a best interest renewal contract with RightSourcing, Inc. for managed temporary staffing services** at a not to exceed amount of \$1,900,000,000, which includes a 20% contingency, for a contract term of three years with two one-year renewal options exercisable at the discretion of the System.

Presented to the Finance Committee: 04/08/2025)

Yvette Villanueva, Senior Vice President of Human Resources, gave background information and explained the current state of the use of a Managed Service Provider (MSP) to manage temporary staffing agency services. Michline Farag, Senior Assistant Vice President of Budget and Fiscal Planning, explained the RightSourcing temp FTE annual trends. The total agency FTE utilization has dropped by 52% since the pandemic peak, with monthly spend decreasing by 68%. FY-2025 is projected to be lower than pre-COVID FY-2019 levels. The upcoming contract renewal will further reduce non-clinical agency use, optimize nurse staffing models, address increased patient volume, and account for post-COVID-19 rate hikes in the temp market. Ms. Villanueva explained the need for an MSP and rationale for a best interest renewal including vendor and price due diligence. She also discussed the contract renewal terms, vendor performance and vendor MWBE utilization plan.

The Board recognized Danielle DiBari, Senior Vice President of Business



Operations, and her team for their excellent work in negotiating the contract. Dr. Katz also commented on the positive transitions of temporary staff to permanent positions in a System with a shared mission.

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

#### **ITEM 5 - EXECUTIVE COMMITTEE REPORT**

Mr. Pagán advised that the Executive Committee met on April 8, 2025 and approved the following resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Cardinal Health 200, Inc. ("Cardinal") for Medical and Surgical Supply Distribution** for a term of five years with a two-year renewal option exercisable at the discretion of the System. In accordance to OP 100-05 Procurement and Contracting Policy, Article II Procurement Table, Not-To-Exceed amounts on Goods Contracts is not applicable. With annual reporting to the Board.

#### **ACTION ITEM 6 - ADOPTION OF THE EXECUTIVE COMMITTEE MEETING MINUTES**

The minutes of the Executive Committee Meeting held on April 8, 2025 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

**RESOLVED, that the minutes of the Executive Committee Meeting held on April 8, 2025 copies of which have been presented to the Board be, and hereby are, adopted.**

#### **ITEM 7 - PRESIDENT REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS WITH FEW VERBAL HIGHLIGHTS:**

##### **NYC HEALTH + HOSPITALS ANNOUNCES NEW HOTSPOTTING PROGRAM TO ENHANCE ADDICTION SERVICES IN THE SOUTH BRONX**

The System announced Hotspotting, a new pilot program at NYC Health + Hospitals| Lincoln to support people living with opioid use disorder and reduce overdose deaths, nonfatal overdoses, and use of the emergency department

##### **NYC HEALTH + HOSPITALS CUTS ANNUAL ANESTHESIA-RELATED CARBON EMISSIONS BY OVER 50% THROUGH DEACTIVATION OF CENTRAL PIPED NITROUS OXIDE SYSTEMS AND REDUCED USE OF ANESTHETIC GASES**

The System has achieved a 52% annual reduction in carbon dioxide equivalent emissions in its anesthesia practices systemwide, an achievement driven by the deactivation of central piped nitrous oxide optimized the use of anesthetic gases. These efforts will continue to reduce the carbon footprint of the System's operating rooms.

**NYC HEALTH + HOSPITALS RECEIVES EPIC HONOR ROLL DISTINCTION FOR THIRD CONSECUTIVE YEAR FOR EXCELLENCE OF ITS ELECTRONIC MEDICAL RECORDS SYSTEM**

The System is on Epic's "Honor Roll" at the Cum Laude level for the third consecutive year for its achievements optimizing its EMR and implementing best practices.

**NYC HEALTH + HOSPITALS | GOTHAM HEALTH INTRODUCES CUTTING-EDGE IMAGING WITH NEW MRI SERVICES IN BROOKLYN**

NYC Health + Hospitals | Gotham Health announced the launch of Magnetic Resonance Imaging (MRI) services at its Broadway clinic. The newly installed MRI suite is equipped with cutting-edge imaging technology, designed to serve a wide range of diagnostic needs.

**NYC HEALTH + HOSPITALS | BELLEVUE CELEBRATES 289TH BIRTHDAY BY DISTRIBUTING ONESIES AND OTHER GIFTS TO NEWBORN BABIES BORN AT BELLEVUE HOSPITAL**

NYC Health + Hospitals | Bellevue, the oldest public hospital in the United States, celebrating its 289th birthday by distributing onesies and other gifts to newborn babies born at the hospital.

**NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS 45 SOCIAL WORKERS HONORED FOR THEIR COMMITMENT TO THEIR PATIENTS**

45 social workers from across the System were honored for their commitment and dedication to their patients.

**NYC HEALTH + HOSPITALS | WOODHULL HOSTS DAISY AWARD CEREMONY TO HONOR EXTRAORDINARY NURSES**

NYC Health + Hospitals | Woodhull proudly recognized its outstanding nursing staff and teams during a special DAISY Award ceremony, honoring those who exemplify the highest standards of compassionate care, clinical expertise, and leadership.

**NYC HEALTH + HOSPITALS | METROPOLITAN ADULT ICU RECOGNIZED WITH AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES GOLD-LEVEL BEACON AWARD FOR EXCELLENCE**

NYC Health + Hospitals | Metropolitan Adult Intensive Care Unit received a gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).

**DR. SUZANNE FORDE OF NYC HEALTH + HOSPITALS | KINGS COUNTY NAMED HONOREE FOR 2025 UNITED HOSPITAL FUND EXCELLENCE IN HEALTH CARE AWARD**

NYC Health + Hospitals | Kings County announced that Suzanne Forde, DMSc, MPH, PA-C, Senior Surgical Physician Assistant and Quality Lead for the Department of Surgery, has been named a 2025 United Hospital Fund Excellence in Health Care Award honoree.

**NYC CARE UPDATE**

NYC Care Executive Director Dr. Jonathan Jiménez hosted a community and ethnic media roundtable alongside Deputy Mayor for Health and Human Services Suzanne Miles-Gustave, the New York City Department of Health and Mental Hygiene Acting Commissioner Dr. Michelle Morse and the Mayor's Office of Immigrant Affairs Commissioner Manuel Castro. The roundtable was focused on immigrant health rights and 'Know Your Rights' efforts, coinciding with the release of a joint 'Open Letter to Immigrant New Yorkers' promoting health care access and the release of the Health Department's 'Health of Immigrants' report.

#### **EXTERNAL AFFAIRS UPDATE**

**State** - The New York State budget for the State fiscal year (SFY) 2025-2026 which began on April 1 has yet to be finalized. Advocacy continues for the System's priorities.

**Federal** - The System continues to advocate to Congressional leaders, in collaboration with the hospital association partners against major cuts.

#### **CONTRACT EXCEPTIONS**

Dr. Katz provided an update on contract exceptions.

Since the last meeting of the Board of Directors, Dr. Katz authorized four exceptions to the standard procurement rules:

- ***Lenox Hill Radiology***

Lenox Hill Radiology and Medical Imaging Associates provides outpatient imaging services throughout New York City. NYC Health + Hospitals originally contracted with Remote Diagnostics Imaging (RDI) in 2018 for patient referrals from Bellevue. In 2020, RadNet (the parent company) folded RDI into the Lenox Hill Radiology ("LHR") brand and continued to honor agreement terms. A subsequent contract with LHR was executed in May 2023 for the same services. That agreement is set to expire on May 31, 2025, at which point Lenox Hill Radiology & Medical Imaging Associates, PC would begin cancelling our patient referral appointments resulting in a critical loss in our ability to provide care to our patients. The System is in the process of finalizing a Request for Proposal for these services. LHR has been selected as the winner of that RFP, but we require the continuation of the current LHR contract until such time as a contract pursuant to that RFP can be signed.

As a result, in order to ensure the proper continuation of care for our patients, I am requesting a deviation from procurement policy to extend the current contract with LHR from June 1, 2025 to April 30, 2026, or until such time as the contract resulting from the RFP can be executed.

- ***Medical Necessity Denials: Cloudmed***

Medical Necessity Denials occur when a payer deems the services or treatment provided as not medically necessary. Medical Necessity Denials vendors manage and appeal denials through final resolution.

This population of denials accounts for the greatest percentage of denied dollars at the health system, accruing an average of \$35M denied monthly. A gap in vendor management would result in lost opportunities to appeal denials timely as well as delays in payment collection at R1-managed facilities (Harlem, Kings County, Metropolitan, Queens, South Brooklyn Health, and Woodhull). The 2025 RFP resulted in one vendor being awarded. During the transition to a single vendor Cloudmed, facilities would not have sufficient coverage in the month of April to address denials. Cloudmed will continue to work the open inventory until accounts are finalized, which could take up to one year. Due to Board of Directors and Committee scheduling, the contract award authorization was delayed, necessitating a deviation for the following vendor.

To address the need for enough Medical Necessity Denials vendors to address capacity, I authorized a contract exception to cover services from April 1, 2025 to May 31, 2025.

- ***Medical Necessity Denials: Managed Resources Inc***

Medical Necessity Denials occur when a payer deems the services or treatment provided as not medically necessary. Medical Necessity Denials vendors manage and appeal denials through final resolution. This population of denials accounts for the greatest percentage of denied dollars at H+H, accruing an average of \$35M denied monthly. A gap in vendor management would result in lost opportunities to appeal denials timely and delays in payment collection at Managed Resources Inc-managed facilities (Bellevue, Elmhurst, Jacobi/NCB, Lincoln).

Due to Board of Directors and Committee scheduling, the contract award authorization was delayed, necessitating a deviation for the following vendor.

To address the need for enough Medical Necessity Denials vendors to address capacity, I authorized a contract exception to cover services from April 1, 2025 to June 15, 2025.

- ***Rightsourcing***

NYC Health + Hospitals had planned on bringing the contract it currently holds with Rightsourcing Inc. for temporary staffing services (the "Rightsourcing Agreement") to the Board of Directors for approval of a best interest renewal pursuant to Operating Procedure 100-05 that will renew the Rightsourcing Agreement for five (5) years. However, due to timing issues, the Board of Directors will not meet until after the Rightsourcing Agreement is expired.

As a result, an extension of the Rightsourcing Agreement is needed to ensure there is no gap in coverage until such time as the Board can approve the best interest renewal and the resulting best interest renewal can be executed.

To prevent an interruption in Rightsourcing's work for NYC Health + Hospitals, I authorized a contract exception to cover services from April 2025 to July 2025.

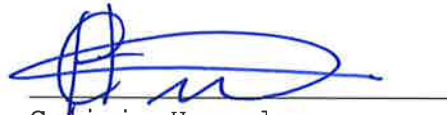
#### **COMMITTEE AND SUBSIDIARY REPORTS**

Mr. Pagán noted that the Committee and subsidiary reports were included in the e-materials for review and are being 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 4:20 p.m.

  
Colicia Hercules  
Corporate Secretary



## COMMITTEE REPORTS

**Executive Committee Meeting - April 8, 2025**

**As Reported by: José Pagán**

A meeting of the **Executive Committee of the Board of Directors of New York City Health and Hospitals Corporation** was held in room 1701 at 50 Water Street, New York, New York 10004 on the **8th day of April, 2025** at 9:00 A.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 A. Pagán  
Dr. Mitchell Katz  
Dr. Vincent Calamia  
Dr. Michelle Morse  
Ms. Freda Wang  
Ms. Erin Kelly  
Ms. Karen St. Hilaire  
Dr. H. Jean Wright II  
Ms. Jackie Rowe Adams  
Ms. Tricia M. Taitt - joined at 9:35  
Ms. Vanessa Rodriguez

José Pagán called the meeting to order at 9:17 a.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record that Erin Kelly is representing Suzanne Miles-Gustave and Karen St. Hilaire is representing Molly Wasow Park - both in a voting capacity.

### **EXECUTIVE SESSION**

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

### **OPEN SESSION**

The Executive Committee reconvened in public session at approximately 9:42 A.M.

### **ACTION ITEM 2:**

Ms. DiBari read the resolution into the record.

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Cardinal Health 200, Inc. ("Cardinal") for Medical and**

**Surgical Supply Distribution for a term of five years with a two-year renewal option exercisable at the discretion of the System.** In accordance to OP 100-05 Procurement and Contracting Policy, Article II Procurement Table, Not-To-Exceed amounts on Goods Contracts is not applicable.

- With annual reporting to the Board.

(Presented Directly to the Executive Committee: 04/08/2025)

Peter Bernacki - Deputy Chief Procurement Officer proceeded with the presentation and discussed the background and current state of warehousing and distribution of medical surgical products by Cardinal across the System. Next, he presented the U.S. medical surgical distribution market limitations of only three viable suppliers, the partnership with Cardinal Health 200, Inc., the best interest renewal justification financial benefits of distribution markups reduction on purchases and increase cost savings and rebate program and continuity of partnership between Cardinal and the System. Operating Procedure 100-05 adherence for best-interest renewal based on appropriate vendor and pricing due diligence was discussed, including the vendor current performance of excellence.

The Committee commended the staff on their foresight to renegotiate the contract ahead of very challenging times and requested a definition for 3PL, Mr. Bernacki explained that is a warehousing logistics program.

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

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

#### **ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Executive Committee, the meeting was adjourned at approximately at 9:55 A.M.

#### **Capital Committee Meeting - April 8, 2025**

**As reported by:** José Pagán

**Committee Members Present:** Mitchell Katz, MD, Freda Wang, Karen St. Hilaire; Erin Kelly; Jackie Rowe Adams; Vanessa Rodriguez; Tricia Taitt

José Pagán called the meeting to order at 10:02 a.m. and stated for the record that Erin Kelly is representing Suzanne Miles-Gustave and Karen St. Hilaire would be representing Molly Wasow Park in a voting capacity. Mr. Pagán called for a motion to approve the minutes of the March 11, 2025 Capital Committee meeting.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on March 11, 2025, were unanimously approved.**

#### **VICE PRESIDENT REPORT**

Mahendranath Indar, Assistant Vice President reported on behalf of Mr. Saez. He provided an update on Essential infrastructure and clinical renovation projects throughout the system:

NYC H+H/Queens: we have begun the construction of the LINAC replacement, with completion expected mid-August. LINAC is a linear accelerator, a device that is used in radiation therapy.

NYC H+H/Harlem: new fluoroscopy x-ray equipment installation has commenced and is expected to be complete in April. Fluoroscopy is a diagnostic tool using x-ray technology to observe a body part and its motion. It enables physicians to look at many body systems, including the skeletal, digestive, urinary, respiratory and reproductive systems.

NYC H+H/South Brooklyn Health: construction has started on the new Outpatient Infusion Center and the project is scheduled to be completed in Summer 2025. An infusion center provides infusion therapy for patients with various conditions such as cancer, blood disorders and immunologic abnormalities. Medication or fluids are administered to the patients directly into the bloodstream through intravenous infusion.

NYC H+H/Jacobi: we have completed phase 1 of 4 of the MRI suite upgrades at Jacobi, with expected project completion in fall 2025. This work includes the renovation of existing spaces to accommodate a new MRI room, new plumbing and HVAC work, new changing rooms, new reception and waiting area, and new patient bathrooms. With the additional MRI, we will be able to minimize wait-times, have access to a high functioning unit when critically needed, and provide additional MRI services for both our inpatients and outpatients population.

#### **ACTION ITEMS**

Deborah Brown, JD, MSW, Senior Vice President, External & Regulatory Affairs, read the resolutions into the record:

**Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to name Infectious Disease (ID) Center at NYC Health + Hospitals/Elmhurst (the "Hospital") "The Dr. Joseph R. Masci Infectious Disease Center."**

**Further authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to name a training and conference support program at NYC Health + Hospitals/Elmhurst (the "Hospital") "The Dr. Joseph R. Masci Fund."**

Ms. Brown was joined by Helen Arteaga Landaverde, PhD, CEO, NYC H+H/Elmhurst. The two presented background information on Mr. Masci and his contributions to the system, details on the proposed locations and requirements and approval process for renaming.

- Dr. Katz noted that he knew Mr. Masci and his family and he supported the renaming.

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

Mr. Indar read the resolutions into the record:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, Job Order Contracts with Jemco Electrical Contractors**



("Jemco") and Mac Fhionnghaile & Sons Electrical ("McF") to provide electrical construction services on an as-needed basis, each for the amount of \$8,000,000 with a total Not to Exceed of \$16,000,000 for a term of 2 years for both contracts.

Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, Job Order Contracts with Volmar Construction Inc. ("Volmar or "Contractor") to provide HVAC construction services for an amount not to exceed \$8,000,000 for a term of 2 years.

Mr. Indar presented details on the background and current state of the contract services, the procurement process was discussed, MWBE plans, vendor evaluations, and anticipated value of contracts.

Hearing no questions - upon motion duly made and seconded the resolutions were approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 10:21 a.m.

**Equity, Diversity and Inclusion Committee Meeting - April 8, 2025**

**As Reported by:** Mitchell Katz

**Committee Members Present:** Mitchell Katz, Jackie Rowe-Adams, Erin Kelly, Karen St. Hilaire, Sally Hernandez-Piñero listening virtually

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:06 a.m.

Dr. Mitchell Katz noted for the record that in accordance with the By-Laws, Jose Pagan has delegated Suzanne Miles-Gustave (represented by Erin Kelly) to vote on his behalf and counted towards quorum.

Additionally, Karen St. Hilaire is representing Molly Wasow Park in a voting capacity.

Upon motion made and duly second the minutes of the January 14, 2025 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 provided an update on education and capacity building and reported that year-to-date there have been 8.4K training completions, with the top two trainings being Sexual Harassment Prevention and Identifying and Managing Unconscious Bias.

Ms. Mendez-Justiniano confirmed that over 8.9 million minutes of interpretation services were provided between 1/1/2025 - 3/21/2025. The top three languages were Spanish (6,762,820 minutes), French (418,426 minutes), and Haitian Creole (297,028 minutes).

Ms. Mendez-Justiniano provided a highlight regarding Veteran support services. She indicated that the 2025 Veteran pop-up dates are being finalized with the facilities and there will be at least one pop-up event at all acute care facilities. With three

events held in 2025 so far, there have been a total of 110 attendees.

In the Disability Awareness space, Ms. Mendez-Justiniano highlighted a blind patient experience simulation where staff (nurses, physicians, security, food service, etc.) experienced the world of healthcare as a blind/low-vision patient. The simulation received extremely positive feedback from all participants.

Ms. Mendez-Justiniano indicated that the year two cohort of the LGBTQ+ Mental Health Training commenced on 2/3/25 with 25 participants. The program offers continuing education credits to behavioral health staff in the following roles: Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Psychologists, and Licensed Creative Art Therapists. The training equips learners with the knowledge, skills, and attitudes necessary to provide effective and culturally responsive care to LGBTQ+ identified patients. Additionally, the System hosted a Trans Health Fest event in honor of Transgender Day of Visibility on 3/31/25, which brought together over 20 community-based organizations which promoted their services; 145 community members attended the event.

Ms. Mendez-Justiniano went on to share that over 500 copies of the 2025 Diversity Calendar were distributed to partners, facilities, and executive leadership. Holidays and Observances which were celebrated so far in 2025 were noted, including Lunar New Year and Black History Month. She also announced the launch of a Women in Leadership series which will feature various women in leadership throughout the System.

Following the presentation there was further discussion around the blind patient experience held at Queens Hospitals providing details of the simulation, which was a pilot program. Ms. Mendez-Justiniano indicated that the goal is to plan similar experiences at all the facilities throughout the year. There was also a clarification on the collaboration with the Lighthouse.

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

Yvette Villanueva, Senior Vice President, Human Resources, initiated the EEO presentation by sharing 2024 workforce demographics.

Ms. Villanueva presented some of the key workforce statistics below:

- 66% of the workforce is female; 33% is male (1% is unknown)
- Roughly 80% of the workforce identifies as minority
  - 39% is Black/African American
  - 22% is Asian
  - 16% is Hispanic/Latino
  - 4% is Multi Race
  - The race/ethnicity values are based on Federal EEO-4 reporting requirements
- Based on EEO-4 Job Groups and their respective gender breakouts, Skilled Craft, Service Maintenance, Protective Services are majority male workers. All other categories (Administrative Support, Professionals, Para-Professionals, etc.) are primarily female workers.
- Most of NYC H+H clinical positions (Nurses, Pharmacists, and Social Workers) are predominantly females, with the exception of the Physicians, who have almost equal gender representation and is inclusive of Affiliate providers.
- Looking at the race/ethnicity breakout, three out of four clinical job groups reflect over 50% minority. The Physician group reflects 41% minority representation and is inclusive of Affiliate providers.
- Out of 589 employees that self-identified as a Veteran, 67% are male and 82% are minority.

- Median age of the NYC H+H workforce is 42 and 50% of the workforce is 30-49 years old; the workforce spans 6 generations with majority falling under Millennials and Generation X.
- 50% of the workforce have 0-4 years of service.
- 80% of the System's workforce resides within the five boroughs of NYC.

Ms. Villanueva also presented high level patient demographics which showed that 75% of the System's patients identify as minorities and there is an even representation of females and males.

The EEO presentation was continued by Blanche Greenfield, Deputy Counsel, Legal Affairs / EEO and Nicole Phillips, Director, EEO. Ms. Greenfield indicated that reasonable accommodations are modifications of job duties that allow people with disabilities to perform their essential job functions; disabilities may include low vision, hearing impaired, etc. In calendar year 2024, 2,817 reasonable accommodation requests were submitted, with majority of them from Nurses (42%) - which is not surprising given the physical demands of Nurse duties and responsibilities.

Ms. Greenfield went on to discuss Internal Complaints in 2024. She explained that all staff members as well as volunteers and other individuals can file a complaint of discrimination with the Office of EEO for any of the protected bases such as sexual harassment, retaliation, race, etc. and the Office of EEO is responsible for investigating the allegations. In 2024, 342 internal complaints were submitted. The complaints are reviewed by an EEO Officer and a determination is made. If the staff member is unhappy with the determination made by the Office of EEO, they can file externally with a civil rights agency, the EEOC, the State Division of Human Rights or the City Commission of Human Rights.

Ms. Greenfield then addressed External Complaints, which are when individuals file complaints externally. In 2024, there were 89 external complaints submitted, which is interesting as the internal complaint number (342) is much higher. This reveals that System workforce members believe that they get a fair review by the Office of EEO and they are less inclined to go outside and seek external review.

Ms. Greenfield concluded her presentation by highlighting that the EEO program is not a punitive program. The purpose of the program is to make sure that every person who walks on NYC H+H premises is treated in a respectful manner and can come to work being able to concentrate on their job without being distracted by unwanted conduct.

Ms. Greenfield provided clarification to questions raised by the Committee on the difference in the handling of internal and external complaints processing. She also indicated that they do track complaints by facilities and units and if a common trend develops, a targeted response is implemented. Of the pending complaints are there negotiations currently in the process, Ms. Greenfield indicated the process does not include negotiations.

Ms. Villanueva also clarified that there are a number of recruitment initiatives currently on the way such as loan forgiveness for nurses in response to a question on targeted Hispanic nurse recruitment.

Dr. Katz asked if there was any old business or new business.

Hearing no old or new business from the Committee members, the meeting was adjourned at 11:40 a.m.

**Finance Committee Meeting - April 8, 2025**

**As Reported By: Freda Wang**

**Committee Members Present:** Mitchell Katz, MD, Freda Wang, José Pagán, Tricia Tait

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

Michline Farag, Tasha Philogene, Marji Karlin, Heather Sewell, Linda DeHart, Mariel McLeod, Ted Long, MD, James Cassidy, Clifford Chen, Megan Meagher, Yvette Villanueva, David Guzman, Danielle DiBari, Rafelina Hernandez, 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 12:08 p.m.

Ms. Wang called for a motion to approve the October 22, 2024 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on October 22, 2024 were adopted.

**Executive Session**

Ms. Wang called for a motion to enter into an executive session to discuss confidential and privileged matters that may be related to proposed or actual litigation.

Upon motion made and duly seconded the board convened an executive session.

The Board reconvened in public session at 12:32 p.m.

**ACTION ITEM: Medical Necessity Denial Services**

Ms. Marji Karlin - Chief Revenue Officer - Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Managed Resources, Inc. for medical necessity denial services at a not to exceed amount of \$60,100,000.00, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.**

Ms. Marji Karlin began by providing the background and current state of Medical Necessity Denial Services. Revenue Cycle Services seeks to engage a vendor to continue denial management and appeal services for clinical denials systemwide. A clinical denial is when the payer deems the services or treatment provided as not medically necessary to treat an illness or injury; and if NYC Health + Hospitals fails to appeal a denial; H+H loses all revenue from that admission regardless of pre-authorization from the payer. Historically, H+H has lacked the bandwidth to address the full scope of medical necessity denials as the

current contract bridges the gap between denials appealed in-house and the total volume of denials received.

The last RFP for these services was conducted in 2019 to identify denials management vendors to manage and appeal clinical denials. Two vendors were issued contracts: R1 being the current vendor, previously known as Revint, and/or Cloudmed, and Managed Resources with a total not-to-exceed amount of \$11.1M. The current contracts are set to expire in March 2025. The vendor appeals are projected to collect \$239M through the end of this contract. The spend of this contract is contingent on the funds generated. The current contract contingency rate is 12% and current spend for this contract is \$26.8M as of January 2025, with a projected spend for the life of the contract \$28.5M.

Ms. Heather Sewell continued providing information on the partnership between H+H and Medical Necessity Denials Vendors which has led to significantly increased referral rates from 23% in FY-2021 to 70% by FY-2025. Revenue Cycle Services initially projected 31k denials referred, however, more than 51k denials have been referred to date. Several contributing factors that reflect the increase in referrals were noted. Further, the increase in referrals led to higher than expected expenses. The Overturn Rate ranged from 34% in FY-2021 to 43% in FY-2025. The increased overturn rate, the increased referral volume, and the increased value per denial resulted in a \$17.4M increase over the not-to-exceed contract value. However, this service is projected to collect \$239M, which represents a 738% return on investment for NYC Health + Hospitals since the contract's inception.

A comparison of the original to current projections was presented by Ms. Sewell. The actuals through January 2025 exceeded the original contract projections in the following categories; NTE/spend, expected revenue, average revenue per case and expected overturn rate, with the exception of the number of cases. Due to the average revenue per case resulting substantially higher than projected, the actual number of cases being slightly lower compared to the original projection did not have an impact on the actual revenue, with a contract spend versus expected revenue ROI of 738% for H+H.

An overview of the RFP Criteria and procurement process was presented by Ms. Sewell. The vendor performance evaluation for Managed Resources Inc was also presented and deemed as excellent.

The MWBE analysis for the proposed vendor was presented by Ms. Sewell. The vendor diversity team recommended a 30% diverse vendor component percentage for this solicitation. The MWBE requirement was successfully satisfied for the prior contract.

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

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

**ACTION ITEM: Managed Temporary Staffing Services**

Ms. Yvette Villanueva – Senior Vice President – Human Resources, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute a best interest renewal contract with RightSourcing, Inc. for managed temporary staffing services at a not to exceed amount of \$1,900,000,000, which includes a 20% contingency, for a contract term of three years with two one-year renewal options exercisable at the discretion of the System.**

Ms. Yvette Villanueva began by providing the background and current state of H+H's temporary staffing agency services. NYC Health + Hospitals, like any other large integrated delivery network (IDN), requires the use of temporary staffing agency services to ensure we are properly and safely staffed at all times to deliver high quality patient care. Rather than directly managing multiple staffing agencies and invoices, the System engages a Managed Service Provider (MSP) to provide a single consolidated invoice, staff onboarding compliance, as well as technology to support the ordering and timekeeping processes. MSPs charge an administrative fee to the staffing agencies. RightSourcing was selected as a result of an RFP in 2019 and the System went live with RightSourcing in September 2020. During the length of the contract, RightSourcing has provided over 22,000 individuals. The current contract expires in April 2025.

Ms. Farag continued by presenting RightSourcing's Temp FTE Annual Trends. Since the peak of the pandemic, the total agency FTE utilization has decreased by about 52%, and monthly spend by 68%. FY-2025 is projected to be slightly lower than our significantly reduced pre-COVID agency utilization in FY-2019. In addition to H+H's overall lower utilization, the contract renewal will account for major reduction in our non-clinical temp agency staff, in addition to the rightsizing of Nurse staffing models, address patient volume increase, and the significant post-COVID rate increases in the temp market. Some key highlights while building on major success achieved pre-COVID, NYC Health + Hospitals has made major progress with continued agency FTE reduction, particularly in non-clinical areas showing an 80% reduction. This is while system-wide volume has gone up since pre-COVID, over 3% in inpatient discharges and over 15% in outpatient visits. The temp staffing cost drivers include intentional rightsizing and focus on clinical resource needs to support nursing models with increasing patient volume, nurse orientation for new RN hires and fill-in for leave; The need to address staff market shortages in certain patient care and clinical support areas; and the national shift in the agency market and hourly costs post-COVID.

Ms. Villanueva continued by providing the Necessity of an MSP that provides consistency around regulatory and compliance standards for staffing models. By having a supplemental staffing mechanism allows us to maintain staffing

coverage while accounting for vacancies, PTO, intermittent FMLA, staffing initiatives and overtime usage. Further, having a System-wide temp staffing infrastructure in place allows for immediate activation of additional staff in the event of unanticipated emergencies. Specific titles and roles are hard to recruit, especially in cases of market scarcity. Some examples of the specific titles and roles were noted. By working with a centralized MSP, the System has additional transparency around staffing rates. An MSP streamlines and consolidates all staffing agency effort, which was previously managed independently across the System.

The Best Interest Renewal for this contract was presented by Ms. Villanueva. Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so. It is in the Best Interest of the System to do so for the following reasons. Continuing with RightSourcing ensures that the System has the best in class services, technology, market insights and pricing. RightSourcing provides a central staffing solution by contracting with staffing agencies, and provides the System with a consolidated invoice, provides compliance for all temp staff onboarding, and ensures all clinical staff are properly credentialed. This vendor is committed to H+H's Vendor Diversity policy and has agreed to meet a 40% goal over the life of the contract. RightSourcing is Joint Commission certified and have successfully supported several of H+H's facilities with Joint Commission surveys and external audits.

The System is also currently pursuing close-out of FEMA emergency dollars associated with agency staffing for the pandemic and other emergencies. Changing the vendor at this stage could seriously jeopardize the System's close-out and reimbursement dollars in the upcoming years. In addition, onboarding a new vendor would present a major disruption to System-wide operations and established processes as well as technology integrations. Patient care could also be significantly impacted by changing our staffing vendor if our ability to obtain temps to fill vacancies or orientation time are disrupted and curtailed. A new vendor would require costly, disruptive and non-practicable actions. -

The vendor due diligence was completed for this contract. RightSourcing remains the premier healthcare MSP offering the highest level of services and the best technology platform. RightSourcing is the only large MSP that is vendor neutral. They do not operate a staffing agency that competes with the contracted staffing agencies. This vendor was able to successfully implement its services and technology during the COVID pandemic and support the System to effectively manage its temporary staff and provide critical market insights. RightSourcing partners with other leading healthcare providers including Children's Hospital of Philadelphia, Hackensack Meridian Health, Mayo Clinic and Mount Sinai Health System. Lastly, RightSourcing has the capacity to provide large-scale and advanced technology required by the System, which is not currently seen in the market.

The pricing due diligence was also completed for this contract. Although RightSourcing does not charge the System any direct staffing fees, it does charge a 6.5% administrative fee to the contracted staffing agencies. The market standard for this fee is around 10%. The vendor also provides national and local market rate intelligence. Further, RightSourcing does not charge the System temp conversion fees and has been a key partner when operationalizing conversions of temps to System employees, filling vacancy lines.

Renewing with RightSourcing, Inc. will ensure seamless continuation of best-in-class service and technology support for the System. Rebate structure will include a \$6 million per year rebate for an annual minimum spend of \$250 million. The rebate adjusts proportionately based on the annual spend. Total estimated rebate is valued at \$30 million over the life of the contract. The proposed new term of the contract is five years with an initial term of three years, with two one-year options to renew exercisable at the System's discretion. The new NTE will be \$1.9 billion, which includes a 20% contingency. This contingency will allow the System to be properly positioned to be able to respond in the event of unexpected emergencies.

The vendor performance evaluation for RightSourcing was presented and deemed as excellent.

The MWBE analysis for the proposed vendor was presented by Ms. Villanueva. RightSourcing was chosen during the original RFP in part due to their success with utilizing and supporting MWBE staffing agencies. This vendor has been a leader in H+H's partnership with the MWBE community. Several areas of the vendor's supporting strategies were presented. The prior vendor was only able to achieve a 20% MWBE utilization. RightSourcing's success is demonstrated by their MWBE utilization trajectory which increased from FY-2021 17% to FY-2024 being 41%. RightSourcing has agreed to a 40% MWBE commitment under the new agreement.

Ms. Wang polled the committee for questions.

Ms. Wang commended the team for the great work, and helpful background. She continued by pointing out the trends and all the work the team has been doing on the staffing models, recognizing the magnitude of this contract and all the good work that has been done despite volume increases, costs increase, and rate increases in terms of both H+H's utilization and spend coming down from the peaks of the pandemic.

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

#### **FINANCIAL UPDATE**



Ms. DeHart opened the presentation with the FY-2025 Quarter 2 Highlights. She conveyed that February closed with \$497M (17 days cash-on-hand). The budget overperformed by 1% and closed Q2 with a positive Net Budget Variance of \$133.6M.

Ms. DeHart continued that direct patient care receipts came in \$570.4M higher than the same period in FY-24 due to continued increases in IP and OP services in FY-25 (OP visits up 4.2% and IP discharges up 1.4% from FY-24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.

IP Patient care volume in FY-25 has surpassed FY-20 pre-COVID levels with IP discharges up by 3.3%, and OP visits up by 15.4%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Our strategic financial initiatives generated over \$502M against the FY-25 target of \$1.2B through Q2. Several areas of strong Q2 performance were noted.

Ms. DeHart continued presenting the cash projections for FY-25. The System is estimated to close March with approximately \$500 million (17 days cash-on-hand) and expects to close April with approximately \$550 million (19 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.

Ms. Philogene presented the financial performance highlights for FY-25 thru December Net Budget Variance. She noted that December ended with a net budget variance of \$133.6M (1%). Receipts exceeded budget by \$290M primarily driven by Risk Revenue. Risk is higher due to improved PMPM and other PY reconciliations. Disbursement exceeded budget by \$156M, which includes expenses associated with Personnel Services including Overtime costs, discretionary spend including surgical supplies, and pharmaceuticals, and temps.

Ms. Philogene provided the FY-25 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 and the timing of outstanding payments due to Change Healthcare interruption. FY-25 thru December, cash disbursements are over budget by 3% primarily resulting from staffing and timing of payments for other discretionary spending.

The revenue performance for FY-25 thru December was presented by Ms. Philogene. FY-25 direct patient care revenue (IP and OP) is \$570.4M higher than FY-24 actuals. Year-over-year variances are partially understated due to Change Healthcare Billing issues. Patient revenue increases year-over-year can be attributed to approved State Medicaid increases, and Federal approved Billing UPL, overall increased volume and cash performance on revenue improvement initiatives, and residual billing collections from CHC impact.

Dr. Katz noted that these are really powerful clinical outcomes especially given H+H's year to year decreases. Now for several years we have seen year to year increases in volumes, and especially that visits are up by 4.8%. That is huge for the System. Ms. Wang added including our testing.

Mr. Pagán inquired regarding primary care, how much of that is new versus current patients.

Dr. Long responded that comparing the same time period last year to the same time period over the last several months, we have seen 22% more new patients in primary care than the number of new patients seen at the same time period the year before. So, a definite increase.

Dr. Katz added that is definitely part of it. Looking across the City, overall NYC is above volume compared to pre-COVID, but H+H is significantly more above volume than the general track. Generally, there seems to be more demand for health care than pre-COVID. In addition, we have definitely been affected by the closure of Beth Israel, which is final tomorrow as it was just announced publicly today, but we have been dealing with it for some time as they have been closing down different services and the same with University hospital, as downstate has had closed several of their services. While the hospital is running, has affected the volumes of Kings County. So, it is both, with fewer other systems and also more demand for health services. Also, we believe people sees H+H differently coming out of COVID than before COVID, in terms of believing in us and the quality of care we provide.

An update on FY-25 Revenue Cycle Initiatives was presented by Ms. Karlin. The initial FY-25 target was \$667M in revenue initiatives compared to \$497M in FY-24. The FY-24 targets were not all achieved due to the Change Healthcare cyberattack. Despite this, the variance target to target was slightly under \$170M. H+H's actual results through February are 4% ahead of target. The allocated target through February was \$429M and H+H is achieving \$444M. The areas of continued improvements include Clinical Documentation Improvement (HIM), and Financial H+H's new initiative Payment Variance which is starting to yield impressive results. The Change Healthcare cyberattack and outage challenges continues to impact progress on Eligibility Denials (Patient Access) and Days in Accounts Receivable (Patient Accounts). H+H's continued focus on "No Claims Left Behind" is yielding reductions in Write offs (Patient Accounts) has generated positive results, though still behind target.

Ms. Meagher provided an update on the VBP Risk Pool performance results for MetroPlus and Healthfirst. Risk Pool performance is down slightly from 2023, as expected, with no major concerns. Membership remains fairly constant with small consistent drop in Medicaid lives due to recertification requirements. Essential plan remains at early 2023 levels and Child Health Plus has nearly doubled since January 2023.

Ms. Meagher continued the presentation stating that access remains a critical issue for VBP Performance. For the last several years, NYC H+H has led on quality performance in the MetroPlus and Healthfirst networks. We scored at the 90<sup>th</sup> percentile for 2/3 of the measures in MetroPlus' 2023 Quality program and held top ranking across network hospitals in the Healthfirst 2023 Quality Program, also outperforming prior year performance. One major area for continued improved for H+H is Access to care. NYS DOH recently released its 2023 Quality Performance Results for Health Plans. On access metrics, MetroPlus and Healthfirst Medicaid plans continue to struggle. Specifically, H+H patient's perception of access to care. NYC H+H is a major contributor as H+H provides a significant portion of MetroPlus's provider network. In addition,

Healthfirst's data shows that while H+H was a top overall performer in Healthfirst's 2023 Quality Program, H+H only earned 2 of 5 stars for "Ease of Scheduling Appointments" and 1 of 5 stars for "Wait Time".

Ms. Meagher continued by presenting the opportunities for expanding access. To address these challenges, NYC H+H has been actively at work on the following initiatives: changing schedule templates this past fall to accommodate 20-minute outpatient visits slots to create more capacity for patients seeking appointments. Completed new patient appointments show a 22% increase in Fall 2024 compared to Fall 2023. H+H piloted with two doctors in December to offer additional sessions to exclusively offer telehealth appointments for existing MetroPlus patients; both filled 100% of their appointment slots with an 81% visit completion rate. NYC H+H will be expanding this initiative with additional doctors in February.

Ms. McLeod provided an overview of the HERRC program and a financial update. NYC Health + Hospitals currently oversees 4 NYC Health + Hospitals HERRC sites serving approximately 8,000 daily guests. At the 24/7 Arrival Center, nearly 180,000 asylum seekers have been served. The System committed \$636.6M of HERRC expenses through FY-25 Q1-Q2 on behalf of the City. In the City's Preliminary plan, NYC Health + Hospitals budget for the HERRC program is \$1.5B in FY-24, \$1.1B in FY-25, and \$0.7B in FY-26. Since July 2024, the asylum seeker census has been declining steadily, largely due to reduced inflow as the result of Federal policy changes, as well as steps the City has taken to help households exit shelter. In the FY-26 Preliminary plan, OMB updated its forecast of the asylum seeker census to reflect these recent trends and the expected continuation of census decline throughout the remainder of FY-25. OMB has provided the System with revenues to cover committed expenses to date through the HERRC MOU with the Mayor's Office.

#### **INFORMATIONAL ITEM: OVERVIEW OF JANUARY 26 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 \$111M in FY-25, an improvement of \$48M from H+H's most recently released cash plan. This performance is due to revenue and expense re-estimates as part of the updated forecast as well as the anticipated receipt of prior-year reimbursements, including Risk Pool.

The System projects a positive operating gain of \$213M in FY-26 and a \$202M loss in FY-27. Each of these years show improvement from the previously released plan while also removing the expense-reducing Restructuring and Personnel strategic initiative. Over each of these three years, the System anticipates stable and relatively consistent ending cash balances between \$693M and \$907M, approximately 25-30 days cash-on-hand. Following the baselining of achieved strategic initiatives, the plan includes strategic initiatives totaling \$1.6B in FY-25, growing to \$2.5B by FY-29. These initiatives include the full implementation of Inpatient and Outpatient UPL Conversion which will help mitigate the negative impacts of the Federal DSH cuts, slated to begin April 1, 2025, at the time this plan was released.

Dr. Katz added that the DSH cuts being delayed to October for the moment may place H+H better than reflected in this plan. Also, the hope is that DSH cuts will continue to get delayed as many States rely on DSH dollars.

Ms. Wang added that these projections assume the DSH cuts happened.

Dr. Katz agreed and added that the Essential plan and decreases to Medicaid would have an impact on revenue but at this moment we are good.

Ms. Wang asked if we included the full UPL Conversion implementation in these projections, so it assumes that happens but has not happened yet.

Mr. Cassidy responded that we have historically received these funds and we are assuming the continuation of it. On our next plan, which will be released in May, there will be offsets and we will consider the delay to October as well as the overlap between inpatient and outpatient UPL Conversion revenue and what opportunity may exist for this.

Ms. Wang added that we are good, and also good relative to the November plan as we had restructuring initiatives in there and the outlook was worse than now. Mr. Cassidy clarified that these changes were from the prior year Exec plan from last May 2024 plan, not the November plan.

Ms. Wang inquired on behalf of Sally in regards to what is causing the \$700M loss in FY-27.

Mr. Cassidy responded that these are merely a reflection of historical increases that we have seen in Medicaid rates, patient care revenue versus our expense increases, and especially our PS and OTPS costs; just the trends. The expense trends outpace the revenue trends, and they currently stand so that yields the small losses in FY-27.

Mr. Pagan asked if the union contracts, is reflected in these projections when looking at the expense numbers.

Dr. Katz responded that the expenses known are projected, but the increase in rates that have not been announced yet have not been considered. However, all the expense increases have been baked in.

Ms. DeHart agreed that there is some general expectation of cost inflation to be baked in, but to the extent that they are likely to exceed the overall inflation rate, those would be newly reflected as we have them.

Dr. Katz continued by adding that there tends to be more deficits than we are able to deal with since we can better bake in the expense increases than we can bake in the revenue increases. From a projection standpoint, we know the increase for the union workers in two years and we do not know the rates for all different lines of business we have in two years. The revenue tends to be flatter and more conservative as we do not have a basis to assume. When analyzing a budget, the observation often is that in the outyears you have deficits. We often show two years we are good and three years out, we are not.

Ms. Wang added that these projections are better probably than ours.

Ms. Wang asked on behalf of Sally, how much of the increase in direct patient care receipts of \$570M was due to inpatient and outpatient services in FY-25.

Ms. Philogene responded that it was all attributed to inpatient and outpatient services.

Ms. Wang inquired on why is Change Healthcare continuing to affect H+H as the understanding was that it was mostly behind us but it is still not.

Ms. Karlin responded that on the last extensive discussion was on our remittance files, the payments that come from insurance carries and when we get these payments they land in the bank, and then we have our electronic files that we post back to Epic. Once we started billing again which was our first priority, we did in fact get payments in the door but we did not have a mechanism to get the electronic files for a longer time. As we started posting this huge backlog of files in August and September, as payers were also impacted, so they also had to generate files. The large backlogs were adjusted by September, but we are still digging in and finding and reconciling with the payers and finding that we have remit files that were not posted to our system, we have to work with payers on either reissuing those files or posting, and are literally pulling EOBs off their websites manually and posting manually and it has taken this long to do all of that reconciliation work, and with those files also come denials. We keep seeing denials that we did not know we had.

Ms. Wang asked if there is a time limit on this that we may not be able to recover on.

Ms. Karlin responded that the time limit was reached with Medicaid Fee-for-Service, as the deadline was through the end of December or a little after. There were Medicaid Fee-for-Service payments that a managed care payer said we are not responsible as this, it is a Medicaid fee for service; and it was just too late to bill Medicaid. For the managed care payers, we are continuing to present it back to them with the explanation and Megan has been a great partner in that. To this point, there have not been any significant inability to collect. We have not been able to project any significant lots. It is just a lot of extra time.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team for a great and thorough presentation.

#### **ADJOURNMENT**

There being no further business to bring before this committee, the meeting adjourned at 1:25 P.M.

## **SUBSIDIARY REPORT**

**MetroPlus Health Plan, Inc.**

Board of Directors Meeting Update - Thursday, March 27<sup>th</sup>, 2025

**As Reported By: Sally Hernandez Piñero**

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, June 5<sup>th</sup>, 2025.

Sally Hernandez Piñero, Chair of the Board called the meeting to order at 10:33 A.M.

### **ADOPTION OF THE MINUTES**

The minutes from the Board of Directors meeting held on Thursday, December 12<sup>th</sup>, 2024 at 11:00AM were presented to the Board. On a motion by Sally Hernandez Piñero and duly seconded, the Board adopted the minutes.

### **ACTION ITEMS**

#### **INFORMATION ITEM**

#### **KPMG Presentation | 2024 Calendar Year Audit Report**

Eric Crossett, Senior Audit Manager and Jocelyn Denalsky, Audit Partner at KPMG briefly discussed MetroPlusHealth's 2024 Calendar Year Audit Report. They presented A Better Audit Experience, an Overview of the Audit Results and Audit Results Required Communications and Other Matters.

Jocelyn Denalsky advised the final Auditor's Report will be issued on Monday, March 31<sup>st</sup>.

Board Members asked questions regarding communication with our past auditors; Jocelyn Denalsky confirmed they were in contact with them while working on the 2024 Audit Report.

### **NEW BUSINESS**

#### **PROJECT EDGE**

Sally Hernandez Piñero, asked that we move on to Project Edge. Tomasz Kawka, Vice President of Business Transformation began by presenting Project Edge Status, Project Edge Wave 1 Watch Items, Where We Are, January 2027 Medicare/QHP Transition Timeline, Critical Component of Project Edge - Integration with 47 Third Party and Vendor Contract and Contingency Spend.

Board Members asked questions regarding Medicare lives threshold, module development and Medicaid Go-Live in Q1 2026.

Tomasz Kawka, Ganesh Ramratan, Chief Information officer and Dr. Talya Schwartz, president & CEO responded.

### **MEMBERSHIP & MARKET SHARE**

Sally Hernandez Piñero asked that we move on to discuss Membership & Market Share. Steven Mitchell, Vice President of Sales presented the 12-Month Membership Performance by lines of business.

#### **FINANCE REPORT**

Sally Hernandez Piñero asked that we move on to discuss the Finance Report. Lauren Leverich Castaldo, Chief Financial Officer presented the Revenue Projection Update - Original vs. Restate, Net Income by Lines of Business, 2024 Q4 MMCOR P&L, OMIG Audit & Recoupment, EIS Encounters Accuracy Estimated Penalties, 2024 Q4 Forecast vs. Actual, Future Rate Changes, Other Anticipated Rate Changes, Federal Chaos, Federal Funding Updates - Essential Plan (Phase 1) and Federal Funding Updates - Proposed MetroPlusHealth FY25 Administrative Savings.

Board Members asked questions regarding the Essential Plan Line of Business, penalty reconciliation and anticipated rate changes.

Lauren Leverich Castaldo and Dr. Talya Schwartz responded.

#### **Geographic Plan Adjustment**

Sally Hernandez Piñero asked that we move on to discuss the Geographic Plan Adjustment. Lila Benayoun, Chief Operating Officer presented the Geographic Expansion Adjustment, Opportunity #1 - Grow Gold Via Network Expansion and Opportunity #2 - Expand Into Existing Service Areas.

Board Members asked questions regarding the number of those who are Medicare eligible that have been identified as uninsured on Long Island.

Dr. Schwartz responded.

#### **H+H LOAN REPAYMENT PROGRAM**

Sally Hernandez Piñero asked that we move on to discuss the H+H Loan Repayment Program. Lauren Leverich Castaldo presented the H+H Loan Repayment Overview and Access to Care Outcomes.

Board Members asked questions regarding program details.

Lauren Leverich Castaldo responded.

#### **SPRING CAMPAIGN**

Sally Hernandez Piñero asked that we move on to discuss MetroPlusHealth's 2025 Spring Campaign. Kenrick Louie, Deputy Chief Marketing & Brand Officer presented The Year of the Phone Call, 2024 In Review, Why We Need to Modulate, What Drives Calls and Distinction, Headline and Payoff - the New Campaign Messaging, RTBS Ranked with Averages and finally, the Spring Campaign.

#### **SCN & FI Update**

Sally Hernandez Piñero asked that we move on to discuss SCN & FI Updates. Raven Ryan Solon, Chief Compliance & Regulatory Officer presented on the Social Care Network (SCN) and Single Statewide Fiscal Intermediary (FI).

Board Members asked questions regarding the FI; Raven Ryan Solon responded.

There being no further business, Sally Hernandez Piñero adjourned the meeting at 11:57 A.M.

**SUMMARY OF MEETING**

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

As Reported by: Matthew Siegler

Members Present: Andrea Cohen, Esq., Dr. Edward Chew, Dr. Joan Curcio, 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 April 07, 2025 at 12:02 p.m. Mathew Siegler, Chief Executive Officer of the ACO called the meeting to give an update on the PY 2023 Distribution and Care Team fund, review the PY 2024 Shared Savings Forecast, review the ACO's Clinical Strategy for 2025, Reducing Avoidable Admissions, and on Work in Development.

Upon motion made and duly seconded the minutes of the December 12, 2024 Board meeting was unanimously approved.

The Board considered the following resolution:

**RESOLUTION 202504-1 - 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.

Among other matters, the Board discussed the following:

- The ACO's Proposed Board Meetings for 2025.

**ADJOURNMENT**

There being no old business, nor new business, the meeting was adjourned at 12:17 pm.





*Mitchell H. Katz, MD*

**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**

**REPORT TO THE BOARD OF DIRECTORS**

**April 24, 2025**

## **HEALTH SYSTEM AND FACILITY ANNOUNCEMENTS**

### **NYC HEALTH + HOSPITALS ANNOUNCES NEW HOTSPOTTING PROGRAM TO ENHANCE ADDICTION SERVICES IN THE SOUTH BRONX**

NYC Health + Hospitals announced Hotspotting, a new pilot program at NYC Health + Hospitals/Lincoln to support people living with opioid use disorder and reduce overdose deaths, nonfatal overdoses, and use of the emergency department. Hotspotting was developed in partnership with the Staten Island Performing Provider System (SIPPS) and is modeled after its program. Under the Hotspotting model, patients in the Lincoln Hospital emergency department for opioid use or nonfatal overdose will be connected to a dedicated team, including community health workers and peer counselors. For up to a year following the discharge from the hospital, the team will reach out to patients biweekly to offer support and connection to addiction services, medical care, as well as community-based resources, public benefits, and housing as needed. The program will offer patients a cell phone and a service contract to help them stay connected to care.

### **NYC HEALTH + HOSPITALS CUTS ANNUAL ANESTHESIA-RELATED CARBON EMISSIONS BY OVER 50% THROUGH DEACTIVATION OF CENTRAL PIPED NITROUS OXIDE SYSTEMS AND REDUCED USE OF ANESTHETIC GASES**

NYC Health + Hospitals announced that the public health System has achieved a 52% annual reduction in carbon dioxide equivalent (CO<sub>2</sub>e) emissions in its anesthesia practices systemwide, an achievement driven by the deactivation of central piped nitrous oxide (N<sub>2</sub>O) and optimized use of anesthetic gases. Four of the public health system's hospital facilities, including NYC Health + Hospitals/Bellevue, Elmhurst, Jacobi, and North Central Bronx, have fully deactivated the use of central N<sub>2</sub>O in their anesthesia practices. Across the public health System, the collective reductions in CO<sub>2</sub>e emissions as a result of deactivating central N<sub>2</sub>O systems and reduced delivery of anesthetic gases amounts to over 5,000 metric tons of carbon dioxide, or the equivalent of taking approximately 1,100 gas-powered cars off the roads. NYC Health + Hospitals' mitigation of CO<sub>2</sub>e emissions in anesthesia can be attributed to ongoing changes in anesthesiologists' clinical practices and the successful engineering controls of its facilities. These efforts will continue to reduce the carbon footprint of the public health system's operating rooms, improve patient and staff safety, and help achieve a 50% reduction in CO<sub>2</sub>e by 2030, a core goal of the system's Climate Resilience Plan.

## **NYC HEALTH + HOSPITALS DETAILS SYSTEMWIDE CLIMATE RESILIENCE AND SUSTAINABILITY ACHIEVEMENTS SINCE EARTH DAY 2024**

NYC Health + Hospitals today announced its systemwide climate resilience and sustainability achievements since Earth Day 2024, including a reduction in the public health system's annual carbon emissions by more than 5,500 metric tons and nearly \$2.5 million in annual energy cost savings. Over the last year, NYC Health + Hospitals completed two critically important climate resilience projects, including the completion of a floodwall protection system at NYC Health + Hospitals/Metropolitan and stormwater drainage upgrades at NYC Health + Hospitals/Jacobi. The public health System continued work to make its hospital facilities more sustainable and efficient, appointing its first Chief Decarbonization Officer, completing its first-ever solar panel installation at NYC Health + Hospitals/Elmhurst, and completing energy efficiency upgrades at NYC Health + Hospitals/Queens and NYC Health + Hospitals/Lincoln. In addition, last week, the public health System announced a 52% annual reduction in carbon emissions in its anesthesia practice as a result of deactivation of central piped nitrous oxide and optimized use of anesthetic gases. Together, these achievements demonstrate significant progress toward meeting the goals the public health System outlined in its Climate Resilience Plan, announced on Earth Day 2024. NYC Health + Hospitals has now achieved a 31% reduction in carbon dioxide emissions since 2006 and is continuing to advance efforts to achieve a 50% reduction by 2030.

### **NYC HEALTH + HOSPITALS RECEIVES EPIC HONOR ROLL DISTINCTION FOR THIRD CONSECUTIVE YEAR FOR EXCELLENCE OF ITS ELECTRONIC MEDICAL RECORDS SYSTEM**

NYC Health + Hospitals announced that Epic, the country's leading provider of electronic medical records (EMR) systems, has named the city's public hospital system to its "Honor Roll" at the Cum Laude level for the third consecutive year for its achievements optimizing its EMR and implementing best practices. Since NYC Health + Hospitals fully transitioned to the Epic EMR in 2020, the public hospital system's performance has continuously improved. In 2024, 17% of all Honor Roll-eligible organizations were named to Epic's Honor Roll Good Maintenance Grant Program. Highlights of NYC Health + Hospitals' Honor Roll distinction include enhanced patient satisfaction and organizational efficiency, including providing earlier and flexible appointment scheduling, improvements to the program's ease of use and customization for nurses and clinicians, and more seamless and secure patient health information exchange. The public hospital System received \$748,000 in grant funding from Epic in recognition of its achievements.

### **NYC HEALTH + HOSPITALS/GOTHAM HEALTH INTRODUCES CUTTING-EDGE IMAGING WITH NEW MRI SERVICES IN BROOKLYN**

NYC Health + Hospitals/Gotham Health announced the launch of Magnetic Resonance Imaging (MRI) services at its Broadway clinic located at 815 Broadway, Brooklyn, NY. The newly installed MRI suite is equipped with cutting-edge imaging technology, designed to serve a wide range of diagnostic needs, including imaging of the brain, spine, chest abdomen, and upper and lower extremities such as knees, hips and hands. These services can be performed with or without contrast, ensuring versatility in diagnosis and treatment planning.

### **NYC HEALTH + HOSPITALS/BELLEVUE AND NATIONAL MEDICAL CENTER OF KOREA ANNOUNCE INTERNATIONAL STRATEGIC PARTNERSHIP TO ENHANCE INFECTIOUS DISEASE PREPAREDNESS**

NYC Health + Hospitals/Bellevue announced a new strategic partnership with the National Medical Center (NMC), an affiliated agency of the Ministry of Health and Welfare of the Republic of Korea, outlining an international agreement to enhance infectious disease preparedness at both institutions. The Memorandum of Understanding (MoU) establishes a structured collaboration between both institutions to address emerging infectious diseases effectively. The MoU outlines protocols for information and resource sharing, as well as clinical and research collaboration. The institutions will partner on special pathogen preparedness strategies, research publications, and clinical and operational protocols, as well as joint research projects on high-consequence infectious diseases, protocol development for emergency response, and shared expertise in patient management and containment strategies. This MoU is Bellevue Hospital Special Pathogens Program's first formalized international partnership.

#### **NYC HEALTH + HOSPITALS/BELLEVUE AND NETEC LEAD REGIONAL TRAINING ON SPECIAL PATHOGENS LAB SKILLS**

NYC Health + Hospitals/Bellevue and the National Emerging Special Pathogens Training and Education Center (NETEC) successfully hosted an in-depth special pathogen skills training for laboratory technicians and directors. This hands-on training provided participants with essential knowledge and practical experience in handling pathogens that cause high consequence infectious diseases safely and effectively. The training featured a virtual morning session attended by 60 online and 30 in person participants that covered key topics such as an overview of the National Special Pathogen System (NSPS), packaging and shipping, diagnostic testing, and waste management. In the afternoon, 30 in-person attendees participated in an immersive hands-on training session, where they practiced personal protective equipment (PPE) donning and doffing, waste handling, lab-specific special pathogen techniques, and spill management.

#### **NYC HEALTH + HOSPITALS/BELLEVUE CELEBRATES 289<sup>TH</sup> BIRTHDAY BY DISTRIBUTING ONESIES AND OTHER GIFTS TO NEWBORN BABIES BORN AT BELLEVUE HOSPITAL**

NYC Health + Hospitals/Bellevue, the oldest public hospital in the United States, celebrating its 289<sup>th</sup> birthday by distributing onesies and other gifts to newborn babies born at the hospital. The Bellevue-branded gift bag includes a matching onesie and cap, a water bottle, and other supplies for mom and baby. Last year, almost 1,700 babies were born at Bellevue.

#### **NYC HEALTH + HOSPITALS LAUNCHES NEW EPISODES OF ITS PODCAST *THE REMEDY***

NYC Health + Hospitals launched two new episodes of its podcast, *The Remedy*, featuring leaders and health care providers from the nation's largest municipal health care system.

*Season 2 Episode 3: Treating Violence* covers the critical work the public health system's Hospital Violence Interruption programs (HVIP) do to prevent violence, save lives, and heal communities. Host Dr. Michael Shen speaks with James Dobbins, Executive Director of Guns Down Life Up, Dr. Robert Gore, Attending ER Physician at NYC Health + Hospitals/Kings and Founder of Kings Against Violence Initiative (KAVI), and Yahsef Johnson, KAVI Kings Hospital Program Coordinator, to discuss the work their programs do to break cycles of

violence and create lasting positive change in the lives of impacted young people and their communities.

*Season 2 Episode 4: The New Ellis Island* covers the historic work of NYC Health + Hospitals' Arrival Center, a central intake facility for all newly arriving asylum seekers run by NYC Health + Hospitals' Humanitarian Emergency Response and Relief Center (HERRC) program. The facility has received over 180,000 people from over 160 countries since it opened in May 2023, offering critical healthcare, medical and behavioral health screenings, and case management services. Host Dr. Michael Shen speaks with Shane Hanlon, Director of the Arrival Center, and Besa Rexmira, Deputy Director of the Arrival Center, to discuss their work providing critical medical, social, and behavioral health services to over 180,000 newly arriving asylum seekers seeking help in New York City.

## **NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS**

### **45 SOCIAL WORKERS HONORED FOR THEIR COMMITMENT TO THEIR PATIENTS**

NYC Health + Hospitals announced 45 social workers from across the health System who were honored for their commitment and dedication to their patients. There are more than 1,000 social workers employed at the health System performing a variety of roles, including managers, therapists, researchers, discharge planners, and policymakers. In these positions they work closely with family caregivers, friends, neighbors and community-based agencies to help patients resume their life within the community. This year over 500 nominations were submitted from across the System, and the 45 honorees were selected from this pool by their facility's individual social work recognition committee. The honorees were recognized for their dedication to their patients and their passion for the mission of NYC Health + Hospitals.

### **NYC HEALTH + HOSPITALS/WOODHULL HOSTS DAISY AWARD CEREMONY TO HONOR EXTRAORDINARY NURSES**

NYC Health + Hospitals/Woodhull proudly recognized its outstanding nursing staff and teams during a special DAISY Award ceremony, honoring those who exemplify the highest standards of compassionate care, clinical expertise, and leadership. Nominations are submitted by staff, patients, and families and reviewed by a DAISY Committee that ensures the selection criteria align with the organization's mission and values. **Dr. Jenny Uguru, DNP, RN, NEA-BC, NPD-BC, AMB-BC, CLC, GRN**, was awarded NYC Health + Hospitals/Woodhull's first **DAISY Award for Nurse Leader**; **Head Nurse Jamie Mei, RN** received the DAISY Award for her professionalism, subject matter expertise in the Operating Room, and her outstanding leadership during a particularly challenging situation; and **Head Nurse Rochelle Brown, RN** received a **DAISY Award** for her excellence in leadership, staff engagement, and her ability to deliver high-quality, compassionate care while balancing the logistical challenges of a busy unit.

### **NYC HEALTH + HOSPITALS/METROPOLITAN ADULT ICU RECOGNIZED WITH AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES GOLD-LEVEL BEACON AWARD FOR EXCELLENCE**

NYC Health + Hospitals/Metropolitan announced that the Adult Intensive Care Unit received a gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The unit achieved a total Beacon

score that exceeded the 2024 national median and is one of three ICUs within the health System to receive a gold-level distinction. A prestigious recognition, the gold-level Beacon Award affirms Metropolitan Hospital's Adult ICU as a unit that fosters an empowering and supportive work environment with strong collaboration between staff and leadership.

**DR. SUZANNE FORDE OF NYC HEALTH + HOSPITALS/KINGS COUNTY NAMED HONOREE FOR 2025 UNITED HOSPITAL FUND EXCELLENCE IN HEALTH CARE AWARD**

NYC Health + Hospitals/Kings County announced that Suzanne Forde, DMSc, MPH, PA-C, Senior Surgical Physician Assistant and Quality Lead for the Department of Surgery, has been named a 2025 United Hospital Fund (UHF) Excellence in Health Care Award honoree. Dr. Forde is the only recipient from the NYC Health + Hospitals System to receive this distinction this year. Dr. Forde was recognized for her exemplary leadership and hands-on dedication to advancing surgical quality, strengthening patient safety, and elevating the overall experience of those entrusted to the care of Kings County Hospital.

**NYC CARE UPDATE**

On Friday, April 18, NYC Care Executive Director Dr. Jonathan Jiménez hosted a community and ethnic media roundtable alongside Deputy Mayor for Health and Human Services Suzanne Miles-Gustave, the New York City Department of Health and Mental Hygiene Acting Commissioner Dr. Michelle Morse and the Mayor's Office of Immigrant Affairs Commissioner Manuel Castro. The roundtable was focused on immigrant health rights and 'Know Your Rights' efforts, coinciding with the release of a joint 'Open Letter to Immigrant New Yorkers' promoting health care access and the release of the Health Department's 'Health of Immigrants' report. The roundtable was well attended by journalists from across the city representing a diverse array of immigrant communities as the speakers encouraged immigrant New Yorkers to continue accessing the City's health care services.

**External Affairs Update**

City

On April 21, NYC Health + Hospitals participated in Q&A for the Committee on Mental Health, Disabilities and Addiction jointly with Hospitals hearing: Evaluating the Current State of Health Care Access for Patients with Disabilities at the New York City Council. Ivelesse Mendez-Justiniano, Chief Diversity, Equity, and Inclusion Officer and Manny Saez, Vice President of Facilities participated in Q&A.

State

The New York State budget for the State fiscal year (SFY) 2025-2026 which began on April 1 has yet to be finalized. The Legislature has so far passed a series of six budget extender bills to keep the government running while negotiations are ongoing. Although the Legislature was scheduled to be on recess, they have been called back to Albany to pass the budget extenders. We continue to advocate for our priorities of increasing Medicaid rates for hospitals, nursing homes, and health centers as well as fighting for the proposed indigent care pool cut.

Federal

On the Federal level, NYC Health + Hospitals continues to advocate to Congressional leaders, in collaboration with our hospital association partners. The top federal advocacy priority is preventing cuts to Medicaid, with additional federal priorities including preventing Medicaid DSH cuts, now slated to go into effect on October 1, maintaining telehealth flexibilities, preventing Site Neutral Medicare cuts, and funding for Graduate Medical Education, safety net hospitals, and health care infrastructure.

We are also currently working with our Congressional delegation to submit Congressional Directed Spending requests for facility capital and infrastructure priorities.

#### Community Affairs

In honor of National Volunteer Month, the Executive Committee of the Council of CABs was spotlighted on social media and among the CABs. The Council of CABs are preparing for their upcoming elections in June.

Final review of the Community Health Needs Assessment is underway. The report will be presented to the Board in June.

The Community Affairs team continues to meet with auxiliaries and assist them with fundraising efforts. The team will also work with auxiliaries to update their webpages on the NYC Health + Hospitals website to further amplify their community presence.

#### **CONTRACT EXCEPTIONS**

Since the last meeting of the Board of Directors, I have authorized four exceptions to our standard procurement rules:

##### Lenox Hill Radiology

Lenox Hill Radiology and Medical Imaging Associates provides outpatient imaging services throughout New York City. NYC Health + Hospitals originally contracted with Remote Diagnostics Imaging (RDI) in 2018 for patient referrals from Bellevue. In 2020, RadNet (the parent company) folded RDI into the Lenox Hill Radiology ("LHR") brand and continued to honor agreement terms. A subsequent contract with LHR was executed in May 2023 for the same services. That agreement is set to expire on May 31, 2025, at which point Lenox Hill Radiology & Medical Imaging Associates, PC would begin cancelling our patient referral appointments resulting in a critical loss in our ability to provide care to our patients. The System is in the process of finalizing a Request for Proposal for these services. LHR has been selected as the winner of that RFP, but we require the continuation of the current LHR contract until such time as a contract pursuant to that RFP can be signed.

As a result, in order to ensure the proper continuation of care for our patients, I am requesting a deviation from procurement policy to extend the current contract with LHR from June 1, 2025 to April 30, 2026, or until such time as the contract resulting from the RFP can be executed.

##### Medical Necessity Denials: Cloudmed

Medical Necessity Denials occur when a payer deems the services or treatment provided as not medically necessary. Medical Necessity Denials vendors manage and appeal denials through final resolution. This population of denials accounts for the greatest percentage of denied dollars at the health system, accruing an average of \$35M denied monthly. A gap in vendor management would result in lost opportunities to appeal denials timely as well as delays in payment collection at R1-managed facilities (Harlem, Kings County, Metropolitan, Queens, South Brooklyn Health, and Woodhull).

The 2025 RFP resulted in one vendor being awarded. During the transition to a single vendor, Cloudmed facilities would not have sufficient coverage in the month of April to address denials. Cloudmed will continue to work the open inventory until accounts are finalized, which could take up to one year. Due to Board of Directors and Committee scheduling, the contract award authorization was delayed, necessitating a deviation for the following vendor.

To address the need for enough Medical Necessity Denials vendors to address capacity, I authorized a contract exception to cover services from April 1, 2025 to May 31, 2025.

#### Medical Necessity Denials: Managed Resources Inc

Medical Necessity Denials occur when a payer deems the services or treatment provided as not medically necessary. Medical Necessity Denials vendors manage and appeal denials through final resolution. This population of denials accounts for the greatest percentage of denied dollars at H+H, accruing an average of \$35M denied monthly. A gap in vendor management would result in lost opportunities to appeal denials timely and delays in payment collection at Managed Resources Inc-managed facilities (Bellevue, Elmhurst, Jacobi/NCB, Lincoln).

Due to Board of Directors and Committee scheduling, the contract award authorization was delayed, necessitating a deviation for the following vendor.

To address the need for enough Medical Necessity Denials vendors to address capacity, I authorized a contract exception to cover services from April 1, 2025 to June 15, 2025.

#### Rightsourcing

NYC Health + Hospitals had planned on bringing the contract it currently holds with Rightsourcing Inc. for temporary staffing services (the "Rightsourcing Agreement") to the Board of Directors for approval of a best interest renewal pursuant to Operating Procedure 100-05 that will renew the Rightsourcing Agreement for five (5) years. However, due to timing issues, the Board of Directors will not meet until after the Rightsourcing Agreement is expired.

As a result, an extension of the Rightsourcing Agreement is needed to ensure there is no gap in coverage until such time as the Board can approve the best interest renewal and the resulting best interest renewal can be executed.

To prevent an interruption in Rightsourcing's work for NYC Health + Hospitals, I authorized a contract exception to cover services from April 2025 to July 2025.

## **NEWS FROM AROUND THE SYSTEM**

- **New York Times:** [Do Healthy Breakfast Cereals Exist?](#)
- **NY Post:** [NYC public hospital system adopts revolutionary 'hotspotting' addiction treatment program for the South Bronx](#)
- **News12:** [Bronx Zoo and Jacobi Medical Center partner for tri-state snake bite treatment center](#)
- **Brooklyn Daily Eagle:** [Improved delivery of anesthesia gas at city's hospitals achieves 52% reduction in emissions](#)
- **Eating Well :** [The Surprising Drink That Could Increase Your Risk of Heart Disease, According to a Cardiologist](#)
- **Prevention:** [Scientists Find Intermittent Fasting May Be Better Than Calorie Counting for Weight Loss](#)
- **The Bump:** [How Postpartum Massage Can Speed Up Recovery, According to Experts](#)
- **Gay City News:** [Joy and resilience take center stage for Trans Day of Visibility](#)
- **News9:** [NYC Health + Hospitals Achieves Prestigious Epic Honor Roll for Third Straight Year: A Commitment to Excellence in Care](#)
- **Everyday Health:** [Is It Allergies or a Cold?](#)



**RESOLUTION - 06**

Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a design-build contract with **Barr & Barr Inc. (the “Contractor”)** to undertake the renovation and construction of the **RISE (Recovery, Integrated Support, Empowerment) Center at New York City Health + Hospitals/Lincoln** for a contract amount of \$11,183,855, with a 10% project contingency of \$1,118,386, to bring the total cost not to exceed \$12,302,241 for a duration of 36 months.

**WHEREAS**, Lincoln Hospital currently operates its Family Recovery Center out of the NYC Health + Hospitals/Belvis location, 1.2 miles from the main campus, creating challenges in patient continuity of care, access to essential medical services, and streamlined patient flow; and

**WHEREAS**, modifications and upgrades are necessary in order to centralize and enhance access to integrated Substance Use Disorder (SUD) services, including rapid opioid treatment induction, maintenance therapies, addiction consult services, and support services for sensitive populations such as pregnant women, children, and adolescents, by co-locating these services within the main Lincoln Hospital campus; and

**WHEREAS**, the project will consist of a full gut renovation of the 6th floor D Wing at Lincoln Hospital, encompassing 12,614 square feet, and will house Family SUD, Lincoln Recovery Center (LRC), Consult for Addiction Treatment and Care in Hospitals (CATCH), and SBIRT programs, and address the lack of essential services such as lab and pharmacy access currently absent from the Belvis site; 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 (RFQ) was posted in the City Record and sent to 22 vendors on July 1, 2024; a pre-proposal conference was held with 18 vendors on July 24, 2024; 5 statements of qualifications were received by the submittal deadline on August 14, 2024, and 3 firms with top scores were shortlisted for the RFP phase; on December 3, 2024, site walkthroughs were conducted; on January 10, 2025, Collaborative Dialogue Meetings (CDMs) were held; proposals were received on February 21, 2025; vendor presentations were conducted on March 28, 2025, and on March 31, 2025, the Contractor received the highest overall score; and

**WHEREAS**, the Contractor has committed to an MWBE subcontracting plan of 41.5%; 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 Barr & Barr Inc. to undertake the renovation and construction of the RISE Center at Lincoln Hospital for a contract amount of \$11,183,855, with a 10% project contingency of \$1,118,386, to bring the total cost not to exceed \$12,302,241 for a duration of 36 months.

**EXECUTIVE SUMMARY**  
**LINCOLN HOSPITAL RISE (Recovery,**  
**Integrated Support, Empowerment) CENTER**  
**BARR & BARR INC.**

**CONTRACT SCOPE:** Design and construction of a new integrated Family Substance Use Disorder (SUD) and Lincoln Recovery Center (LRC) within 12,614 square feet on the 6th Floor D Wing at NYC Health + Hospitals/Lincoln.

**NEED:** NYC Health + Hospitals requires design and construction services to consolidate and improve access to Family SUD, CATCH, SBIRT, and LRC services on the main Lincoln campus, providing enhanced care continuity and critical access to pharmacy, lab services, and integrated behavioral health treatment for a sensitive patient population.

**CONTRACT DURATION:** Three years, commencing July 2025 with anticipated completion in July 2028.

**PROCUREMENT:** An RFQ was approved on March 26, 2024 and posted on July 1, 2024. A pre-proposal conference was held on July 24, 2024. 5 Statements of Qualifications were received by August 14, 2024, with 3 firms shortlisted. An RFP was issued December 3, 2024, and after walkthroughs, CDMs, proposal submissions, and presentations, the evaluation committee determined on March 31, 2025 that Barr & Barr had the highest overall score.

**PRIOR EXPERIENCE:** Barr & Barr demonstrated extensive experience with healthcare facility construction projects exceeding \$10M, fulfilling NYC Health + Hospitals' rigorous technical, design, and operational requirements.

**CONTRACT AMOUNT:** Not to Exceed \$12,302,241.

**PASSPORT APPROVAL:** Pending

**EEO APPROVAL:** Pending

**MWBE STATUS:** Contractor has committed to a 41.5% MWBE contract goal.



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

From: Franco Esposito *Franco Esposito*  
Deputy General Counsel  
Office of Legal Affairs

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

Vendor: Barr & Barr, Inc.

Date: April 18, 2025

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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**

Pending

**EEO**

Pending

**MWBE**

41.5%

**Request to Award Contract to Barr & Barr for RISE  
(Recovery, Integrated Support, Empowerment) Center  
at Lincoln Recovery Center Design-Build at New York  
City Health + Hospitals/Lincoln**

**Board of Directors Meeting  
May 29, 2025**

**Cristina Contreras, CEO, NYC H+H/Lincoln  
Manuel Saez, PhD, VP, Office of Facilities Development  
Mahendranath Indar, AVP Office of Facilities Development**

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to **execute a design-build contract with Barr & Barr Inc. (the “Contractor”) to undertake the renovation and construction of the RISE (Recovery, Integrated Support, Empowerment) Center at New York City Health + Hospitals/Lincoln** for a contract amount of \$11,183,855, with a 10% project contingency of \$1,118,386, to bring the total cost not to exceed \$12,302,241 for a duration of 36 months.

## Background / Current State

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- The RISE Center will co-locate Family Substance Use Disorder (SUD), Lincoln Recovery Center (LRC), Consult for Addiction Treatment and Care in Hospitals (CATCH), and Substance Brief Intervention and Referral for Therapy (SBIRT) in Lincoln Hospital. This will provide access to substance use services for the community, including pregnant women, children and adolescents.
  - The current Lincoln Family Recovery Center (LRC) program operates out of the NYC Health + Hospitals/Belvis location, 1.2 miles away from the main Lincoln campus.
- A continuity of care is critical to this sensitive patients population as they transition from one program to another and will be achieved by housing the LRC and SUD within the main Lincoln campus.
  - A central location improves patient and clinic flow and allows for greater success by cutting down multiple locations for patients to travel.
  - This program will provide 7 days a week treatment services, such as rapid opioid treatment induction services with follow-up care.
  - The Family SUD Project will ensure that NYC H+H/Lincoln can provide services for all patient recovery needs, including Brief Emergency Interventions, active treatment, and maintenance therapies.

# Background / Current State

- Currently, there is no pharmacy or lab located at the NYC Health + Hospitals/Belvis location.
  - Access to a lab is vital as many patients are enrolled in court-mandated programs where regular blood and urine testing is required
  - Access to a pharmacy is also essential as most patients require maintenance medications.
- The RISE Center at Lincoln Recovery Center project scope will consist of a full gut renovation of 6th floor D Wing of NYC Health + Hospitals/Lincoln Hospital main building.
  - The new space will encompass 12,614 square feet.
  - The combining of these essential services will include brand new
    - Exam rooms
    - Consult rooms
    - Child care
    - Waiting rooms
    - Acupuncture rooms
    - Clean and soiled utility rooms
    - A medication room
    - An administrative office
    - A conference room
    - A staff lounge/locker room
    - Pantry and storage rooms
- The current services in 6<sup>th</sup> floor D wing, infection control, patient accounts, community outreach, and medical records will be decanted prior to construction to ensure services are not interrupted.

# Procurement

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- This procurement was carried in two stages, an RFQ and an RFP.
- An RFQ was conducted to identify Design-Build firms with qualifications for Design-Build based on the bridging documents for the design and construction of the Lincoln Family Substance Use Disorder (SUD) Clinic.
- The shortlisted vendors from the RFQ stage demonstrated capability to provide all Architectural, MEP, Fire Protection, Code Compliance, Design services, all required NYC filings, permits, NYS CON application, and construction management in Healthcare Facilities.
- An RFP was conducted to select the most suitable Design-Build firm based on design approach and methodology, detailed technical proposals, cost estimates, timelines, and experience in similar healthcare facility projects.
- The RFP phase included site walkthroughs, collaborative dialogue meetings, and vendor presentations.
- Each round was reviewed and scored by an established Evaluation Committee.



# Overview of Procurement

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- 03/26/24: Application to issue a request for qualifications and request for proposals approved by CRC.
- 07/01/24: RFQ posted on City Record, sent directly to 22 vendors.
- 07/24/24: Pre-proposal conference held, 18 vendors attended.
- 08/14/24: Statements of qualifications due, 5 statements received.
- 09/24/24: Evaluation committee submitted their Round 1 scores.
- 11/15/24: Shortlist of vendors 3 notified and invited to RFP process.
- 12/03/24: Site walkthroughs held with each vendor.
- 01/10/25: CDMs held with each vendor.
- 02/21/25: Proposals due, 3 proposals received.
- 03/28/25: Vendor presentations held with each vendor.
- 03/31/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
  - Barr & Barr

- Minimum criteria:
  - A demonstrated history of satisfactory construction services preferably in healthcare facilities for five (5) similar projects, each over \$10 million
  - Experience holding construction contracts for public owners on similar scope projects
- Substantive Criteria
  - 45% - Firm Experience
  - 30% - Staff Qualifications
  - 15% - Overall Approach and Methodology
  - 10% - MWBE
- Evaluation Committee
  - Senior Regional Director, OFD
  - Director of Planning & Design, OFD
  - Director of Capital, OFD
  - COO, Lincoln (former)
  - CMO Lincoln
  - Senior Director EITS, Bellevue/Lincoln
  - Chief of Behavioral Health, Lincoln
  - Director of Design-Build, OFD
  - Project Manager, OFD
  - Attending Physician, Lincoln
  - Director of Service, Woodhull

- Minimum criteria:
  - In business a minimum of 5 years
  - A demonstrated history of satisfactory construction services preferably in healthcare facilities for five (5) similar projects, each over \$10 Million
  - Experience holding construction contracts for public owners on similar scope projects
  - A minimum of 1 DBIA certified staff member
  - MWBE certification, utilization plan, or waiver
- Substantive Criteria
  - 40% - Qualifications of Consultant & Staffing
  - 30% - Project Specific Approach & Methodology
  - 10% - Firm Experience
  - 10% - Cost
  - 10% - MWBE
- Evaluation Committee
  - Director of Planning & Design, OFD
  - Director of Capital, OFD
  - COO, Lincoln
  - CMO Lincoln
  - CFO Lincoln
  - Senior Director EITS  
Bellevue/Lincoln
  - Chief of Behavioral Health, Lincoln
  - Senior Director, Medical  
Professional Affairs

# Contract Budget

Barr & Barr	
<b>Design-Build</b>	<b>\$11,183,855</b>
<b>Contingency* (10%)</b>	<b>\$1,118,386</b>
<b>Total</b>	<b>\$12,302,241</b>

- The project is fully funded with NYC Health + Hospitals expense, City Capital funding from Borough President Vanessa Gibson, and funding from New York State Assembly Member Amanda Septimo and Speaker Carl Heastie.

# Contract and Vendor Diversity

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- The contract duration will begin July 2025 for a term of 36 months.
- The contract will be for \$11.1M, which does not include a 10% contingency. Contingency will not be a part of the contract and will only be accessed if needed for additional work
- Barr & Barr is new to the NYC H+H System, and has similar experience to the project, serving as the Construction Manager-at-Risk:
  - \$154M Major Modernization project of Maimonides Medical Center
  - \$60M Capital Health HUD Multi-Campus Improvements for Anchor Health Properties
- Barr & Barr MWBE Utilization Plan is 41.5%, details on following page

# Vendor Diversity Cont.

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
A&J Consulting Engineering	MEP/FP Engineering	NYC/NYS-Asian/Male	41.5%
Shen Milsom & Wilke LLC	Acoustic	NYC/NYS-Asian/Male	
Outsource Consultants, Inc.	Expediting Services	NYC/NYS-Hispanic/Male	
Watts Architecture & Engineering DPC	Abatement Services	NYC/NYS-Black/Male	
AMG Demolition	Demolition	NYC/NYS-Non Minority/Female	
Nicholson Corp	Gypsum Assemblies, Ceilings, Flooring & Architectural Woodwork	NYC/NYS-Hispanic/ Female	
Universal Fireproof Door	Doors/Frames/Hardware	NYC/NYS-Hispanic/Male	
FCS Group LLC	Painting	NYC/NYS-Asian/Male	
Benco	Accessories	NYC/NYS-Non Minority/Female	
Cross Island Mechanical	Fire Protection	NYC/NYS-Black/Male	
Bissett & List, Inc.	Plumbing	NYC/NYS-Black/Male	
Raiden Electric LLC	Electric	NYC/NYS-Asian/Male	

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) **to execute a design-build contract with Barr & Barr Inc. (the “Contractor”) to undertake the renovation and construction of the RISE (Recovery, Integrated Support, Empowerment) Center at New York City Health + Hospitals/Lincoln** for a contract amount of \$11,183,855, with a 10% project contingency of \$1,118,386, to bring the total cost not to exceed \$12,302,241 for a duration of 36 months.

**RESOLUTION - 07**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Johnson Controls, Inc., (the “Contractor”), to provide Building Management System preventative maintenance and repair services at various NYC Health + Hospitals facilities** for a contract amount of \$12,128,122.89, with a 10% project contingency on preventative maintenance portion of the contract of \$548,793.41, to bring the total cost not to exceed \$12,676,916 for an initial term of 3 years with 2 one-year options to extend.

**WHEREAS**, Building Management Systems (BMS) are vital to the operation of NYC Health + Hospitals facilities, enabling real-time control and monitoring of heating, ventilation, air conditioning (HVAC), lighting, fire and security systems; and

**WHEREAS**, NYC Health + Hospitals currently has a contract with Contractor to perform such services which is set to expire on June 30, 2025; and

**WHEREAS**, due to the system’s need to continue to provide these services, it was determined that a procurement be undertaken to select a new vendor to perform such services once the current contract expires; and

**WHEREAS**, an application to issue a request for proposals to solicit replacement contractors was approved by the CRC on May 21, 2024; and

**WHEREAS**, in accordance with Operating Procedure 100-5 a solicitation was issued on February 12, 2025; a pre-proposal conference was held on February 19, 2025, attended by 3 vendors; one proposal was submitted by Contractor on March 13, 2025; on March 31, 2025, the evaluation committee completed its scoring and Contractor was deemed to be a responsive and responsible proposer; and

**WHEREAS**, the pursuant to a contract, Contractor will provide preventative maintenance services, ensure ongoing operability of proprietary BMS systems, and support optimization of energy use and system performance; and

**WHEREAS**, Contractor been granted a waiver from the MWBE subcontracting participation goals due to the fact that they will self-perform all work under the contract; 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 Johnson Controls, Inc., for a contract amount of \$12,128,122.89, with a 10% project contingency on preventative maintenance portion of the contract of \$548,793.41, to bring the total cost not to exceed \$12,676,916 for an initial term of 3 years with 2 one-year options to extend.



**EXECUTIVE SUMMARY  
BUILDING MANAGEMENT SYSTEM PREVENTATIVE  
MAINTENANCE AND REPAIR SERVICES  
JOHNSON CONTROLS, INC.**

<b>CONTRACT SCOPE:</b>	Building Management System preventative maintenance and repair services
<b>NEED:</b>	Building Management Systems are critical to facility operations and patient safety, providing real-time control and monitoring of building mechanical and electrical systems. Contractor currently maintains these systems under a contract that expires June 30, 2025. A new agreement is needed to continue these services without disruption. Contractor's proprietary systems are installed at the majority of NYC Health + Hospitals sites, making them uniquely positioned to provide these services.
<b>CONTRACT DURATION:</b>	3 years with 2 one-year renewal options, slated to commence, July, 2025 with anticipated completion of the initial term in June, 2028.
<b>PROCUREMENT:</b>	A request for proposals (RFP) was issued following approval by the CRC on May 21, 2024, and posted publicly on February 12, 2025. A pre-proposal conference was held with three attendees, and only Contractor submitted a proposal by the March 13, 2025 deadline. The proposal was evaluated and scored by an eight-member panel composed of engineering and finance professionals from multiple facilities. Contractor was determined to be responsive and responsible, with the highest evaluation score.
<b>PRIOR EXPERIENCE:</b>	Johnson Controls, Inc. is our current BMS vendor with a good rating.
<b>CONTRACT AMOUNT:</b>	Not to exceed contract value of \$12,676,916 inclusive of a 10% contingency on the preventative maintenance portion of the work.
<b>PASSPORT APPROVAL:</b>	Pending
<b>EEO APPROVAL:</b>	Approved
<b>MWBE STATUS:</b>	Johnson Controls Inc requested and has been approved a waiver due to self-performance of all scopes of work on the contract.



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

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

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

Vendor: Johnson Controls, Inc.

Date: May 20, 2025

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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**

Pending

**EEO**

Approved

**MWBE**

N/A

# **Request for Contract with Johnson Controls Inc. for Building Management System (BMS) Preventative Maintenance**

**Board of Directors Meeting  
May 29, 2025**

**Manuel Saez, PhD, VP, Office of Facilities Development  
Mahendranath Indar, AVP Office of Facilities Development**

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with Johnson Controls, Inc., (the “Contractor”), to provide Building Management System preventative maintenance and repair services at various NYC Health + Hospitals facilities** for a contract amount of \$12,128,122.89, with a 10% project contingency on preventative maintenance portion of the contract of \$548,793.41, to bring the total cost not to exceed \$12,676,916 for an initial term of 3 years with 2 one-year options to extend.

# Background / Current State

- We are looking to procure a vendor for Building Management Systems maintenance and repair throughout the system
- Building Management Systems (BMS) are installed throughout facilities and are used to control and monitor a building mechanical and electrical equipment such as;
  - Heating, Ventilation, Air Conditioning (HVAC)
  - Lighting
  - Power systems
  - Fire systems
  - Security systems
- BMS used to optimize energy usage throughout our facilities and provides real-time notification and status of critical systems, such as
  - Fire Dampers
  - Pressure Relationships
  - Humidity Controls
- JCI has been providing maintenance for BMS systems at 13 facilities. JCI has a proprietary solution in these facilities
- BMS was procured through a competitive RFP process. The procurement was approved by the CRC on 6/25/2019 and the Board of Directors on 12/19/19 for an NTE of \$15,510,315. Current project contract spend between 2019 and 2025 is ~\$13.750M
  - \$2,500,000 annually in PM
- The current maintenance contract originally expired on December 31, 2024 and was extended through 6/30/2025.
  - The extension value was under \$1million, so consistent with OP 100-5, the agreement extension was approved by Supply Chain.

# Overview of Procurement

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- 5/21/24: Application to issue a request for proposals approved by CRC.
- 2/12/25: RFP posted on City Record, sent directly to 1 vendor.
- 2/19/25: Pre-proposal conference held, 3 vendors attended.
- 3/13/25: Proposals due, 1 proposal received.
- 3/31/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
  - Johnson Controls Inc.

# RFP Requirement

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- Minimum criteria:
  - 5 years in business
  - Similar experience in Healthcare
  - Licensed and certified in NY State to perform requested service
  - MWBE certification, utilization plan, or waiver
- Substantive Criteria
  - 40% - Ability and feasibility of meeting the SOW
  - 30% - Cost
  - 20% - Vendor experience
  - 10% - MWBE
- Evaluation Committee
  - Director of Engineering, Harlem
  - Chief Engineer, Queens
  - Chief Engineer, Jacobi
  - Director of Engineering, South Brooklyn Health
  - Director of Engineering, Central Office
  - Chief Engineer, Lincoln
  - Chief Engineer, Woodhull
  - Assistant Director, Finance
  - Senior Director, EITS

# Contract Budget

JCI	
Preventative Maintenance Contract	\$5,487,934.14
Repair & Replacement	\$5,890,188.75
Annual Material Allowance	\$500,000.00
Annual Software Allowance	\$250,000
Contingency* (10% of PM)	\$548,793.41
<b>Total</b>	<b>\$12,676,916</b>



## Contract and Vendor Diversity

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- The contract duration will begin July 2025 for a initial term of 3 years with 2 one year renewal options with NYC Health + Hospitals.
- The contract will be for \$12.1M, not including a 10% contingency. Contingency will not be a part of the contract and will only be accessed if needed for additional work.
- The Vendor Diversity team set a diverse vendor component percentage of 10%.
- JCI previous contract had a 12% goal and they exceeded it with 16.5% utilization
- JCI is our current BMS vendor with a good rating.

# Vendor Performance

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Johnson Controls 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 MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	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	Good

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with Johnson Controls, Inc., (the “Contractor”), to provide Building Management System preventative maintenance and repair services at various NYC Health + Hospitals facilities** for a contract amount of \$12,128,122.89, with a 10% project contingency on preventative maintenance portion of the contract of \$548,793.41, to bring the total cost not to exceed \$12,676,916 for an initial term of 3 years with 2 one-year options to extend.

## **RESOLUTION - 08**

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Harlem (“Harlem”) as a Level II Pediatric Trauma center;** and

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Harlem through the ACS, Committee on Trauma.

**WHEREAS,** the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

**WHEREAS,** the ACS is the verifying authority for trauma centers; and

**WHEREAS,** the System’s Board of Directors (the “Board”) fully supports the continued provision of Level II Pediatric Trauma Center services at Harlem; and

**NOW THEREFORE,** be it

**RESOLVED,** the Board of Directors (the “Board”) of New York City Health and Hospitals Corporation (the “System”) hereby approves of the application for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Harlem (“Harlem”) as a Level II Pediatric Trauma Center; and

**IT IS FURTHER RESOLVED,** that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**IT IS FURTHER RESOLVED,** that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify Harlem as a Level II Pediatric Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Harlem**  
**as a Level II Pediatric Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verified) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS for such verification. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within large medical centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. Pediatric Trauma Centers focus only on pediatric patients. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Harlem will be certified as a Level II Pediatric Trauma Center.

# **American College of Surgeons Committee on Trauma Verification Process for Trauma Centers**

## **Board of Directors Meeting May 29, 2025**

**Kenra Ford, FAEH, FABC, MBA, MT (ASCP)**  
**Vice President**  
**Clinical Services Operations**

**Arthur Cooper, MD – Director, Harlem Hospital, Trauma Services**

# For Board of Directors Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Harlem through the ACS, Committee on Trauma.

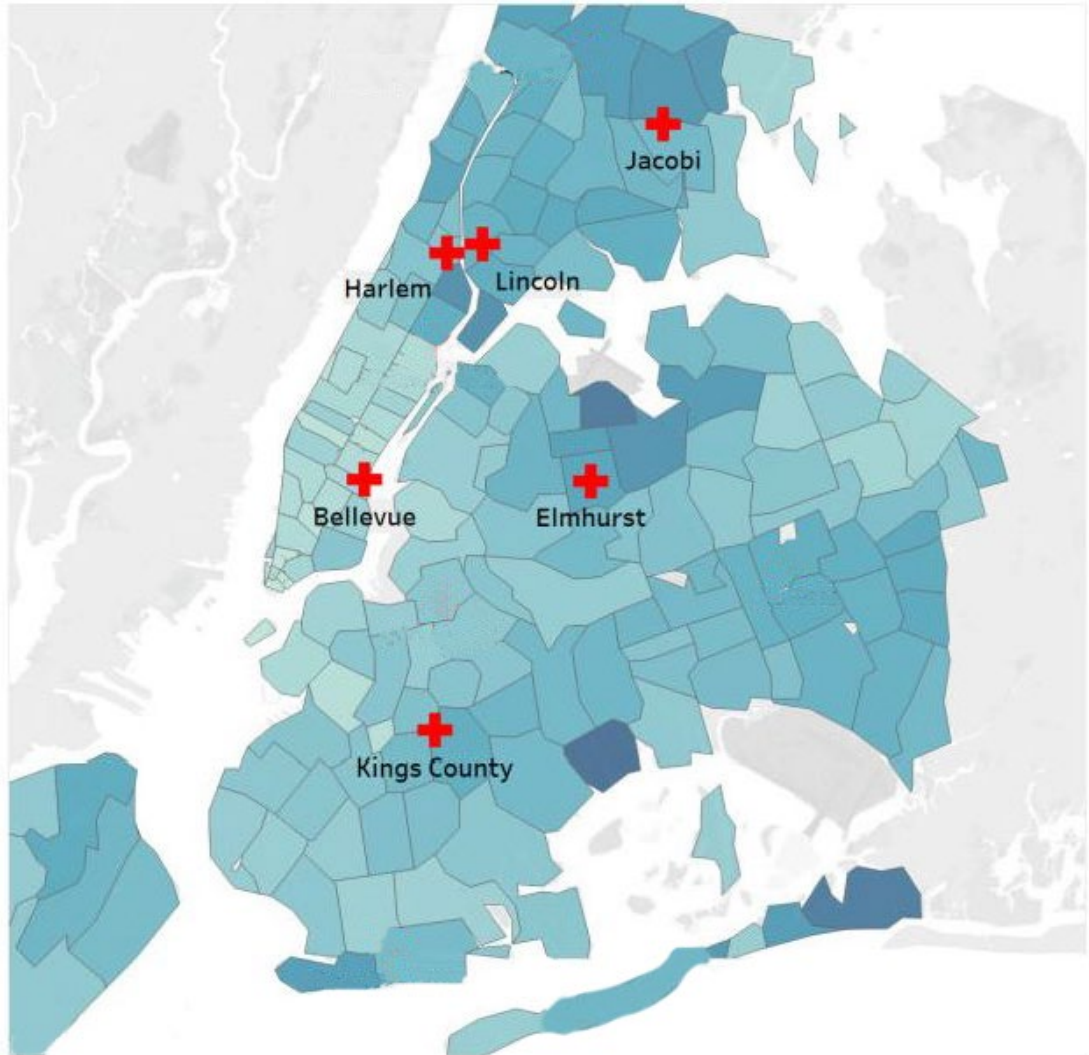
# Current ACS Verified NYC Health + Hospitals Trauma Centers

## Adult

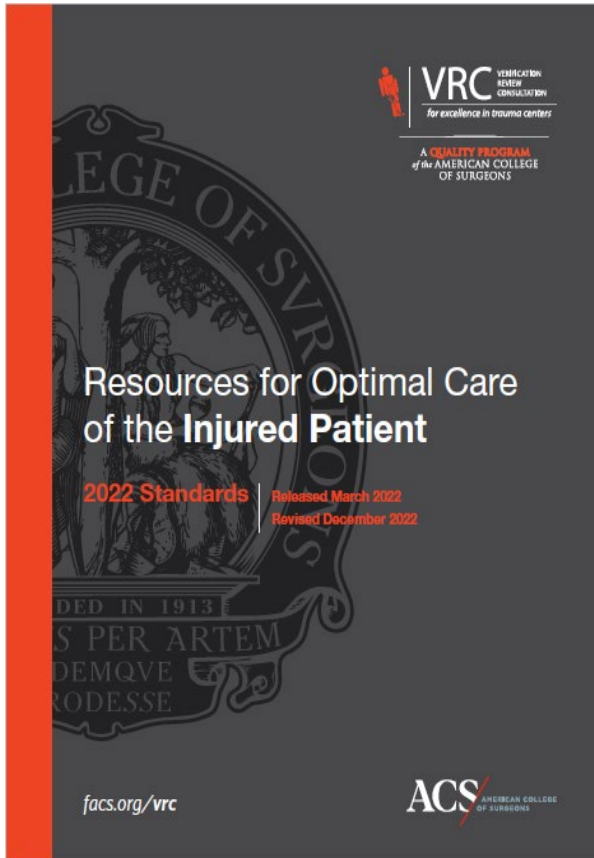
- Level 1
  - Bellevue
  - Elmhurst
  - Jacobi
  - Kings County
  - Lincoln
- Level 2
  - Harlem

## Pediatrics

- Level 1
  - None
- Level 2
  - Bellevue
  - Jacobi
  - Harlem







- The 2022 Resources for Optimal Care of the Injured Patient is being used for trauma center verification as of Fall 2023
- The trauma center survey and verification process remains “remote.” Verification is required every three years
- This is a rigorous process both in pre-visit preparation and during the two day review period
- The Harlem Level II Pediatric Trauma Center was last reviewed in 2022. The upcoming survey is expected to verify Level II Pediatric Trauma Center designation for Harlem Hospital and put it on the same three year cycle as the rest of our trauma centers

- The NYS DOH accepts the American College of Surgeons verification process for a hospital to become a designated trauma center
- This “Optimal Resources” document is codified “by reference” in the NYS 408 health code regulations; the ACS-COT standards updated in 2022 are now being adopted by the State

**New York State Hospitals are not recognized as Trauma Centers  
unless Verified by the  
American College of Surgeons Committee on Trauma  
Verification Review Committee (ACS-COT VRC)**

## 1.1 Administrative Commitment

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

### Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

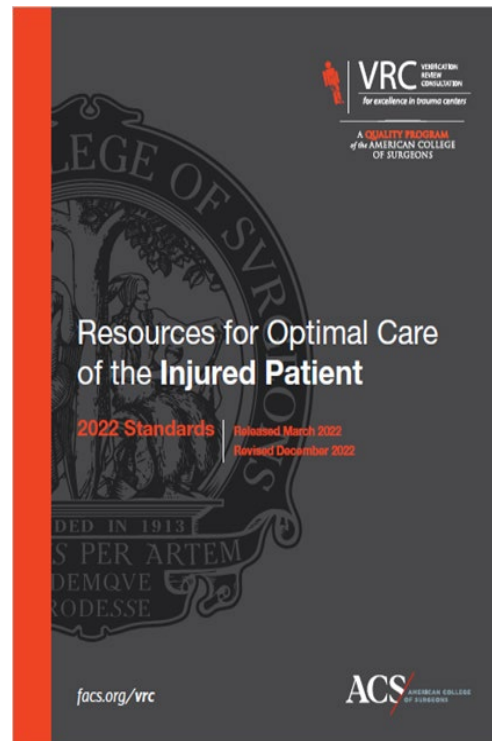
This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

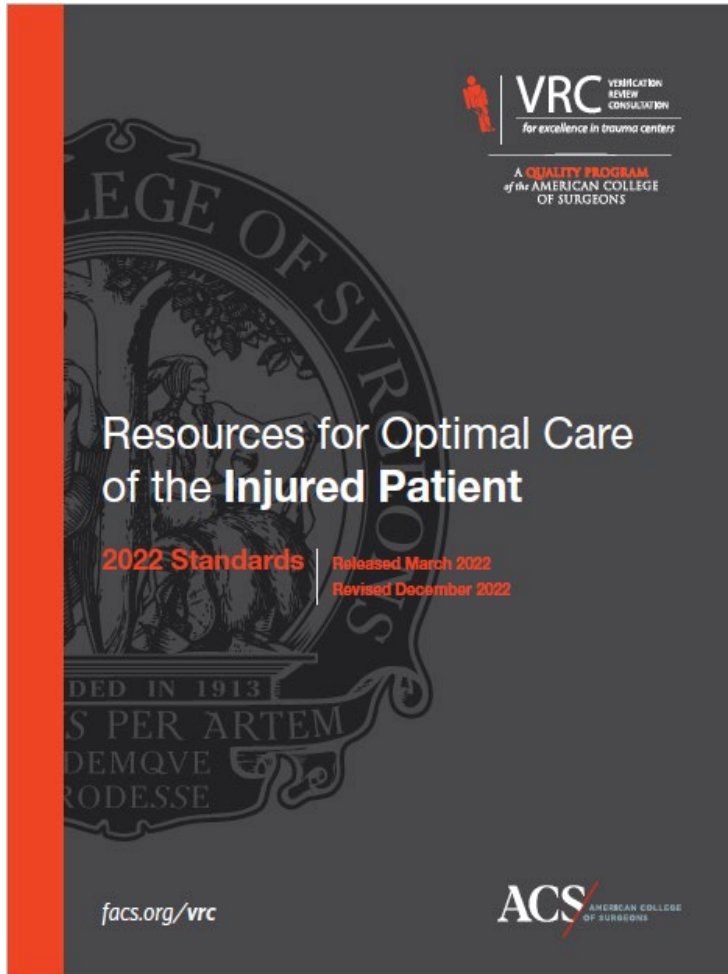
### Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

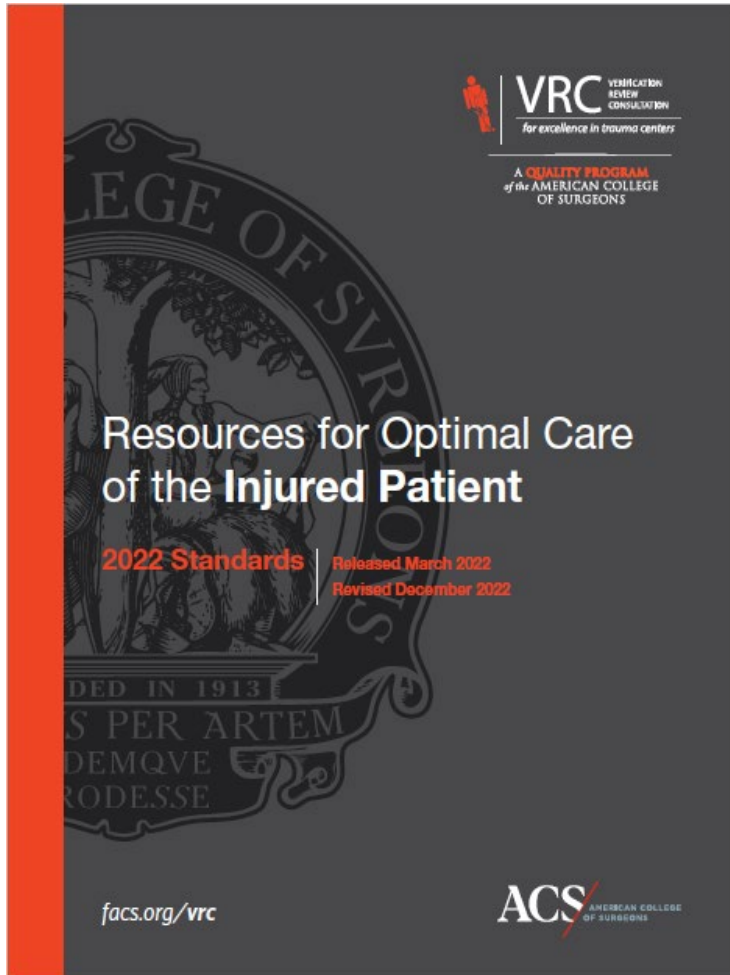
Subtle rule change requiring the *Exact level of Verification to be specified in Governing Board Resolution*





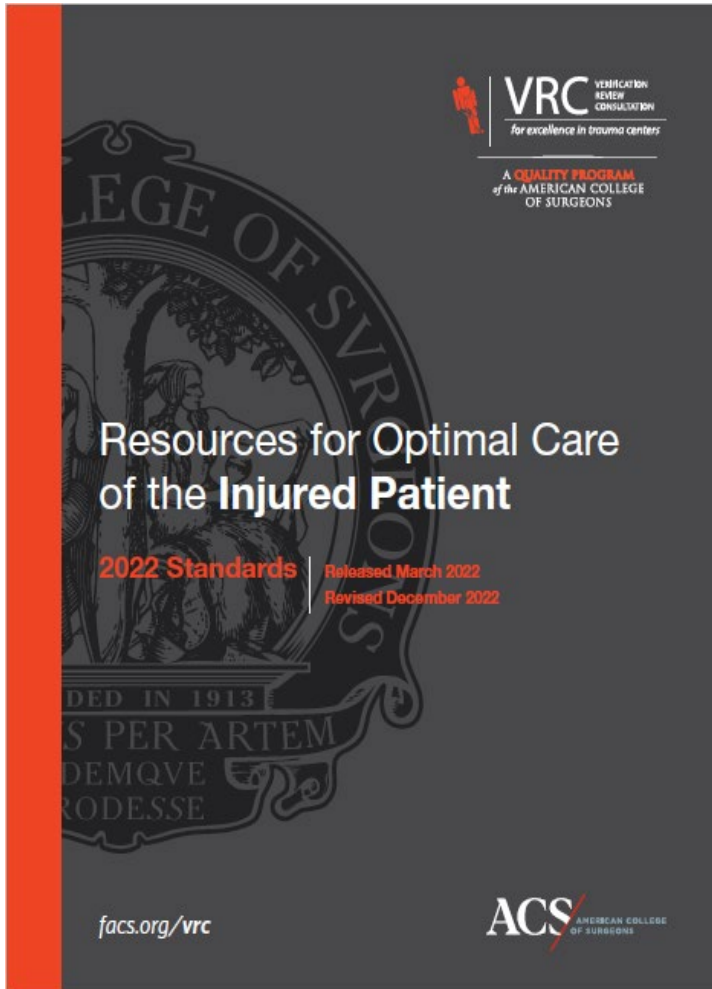
## Research and Scholarly Activities Only for Level I Trauma Centers

- Obligation to innovate and advance trauma care through research and other scholarly activities
- Create Opportunities for the development of future trauma leaders



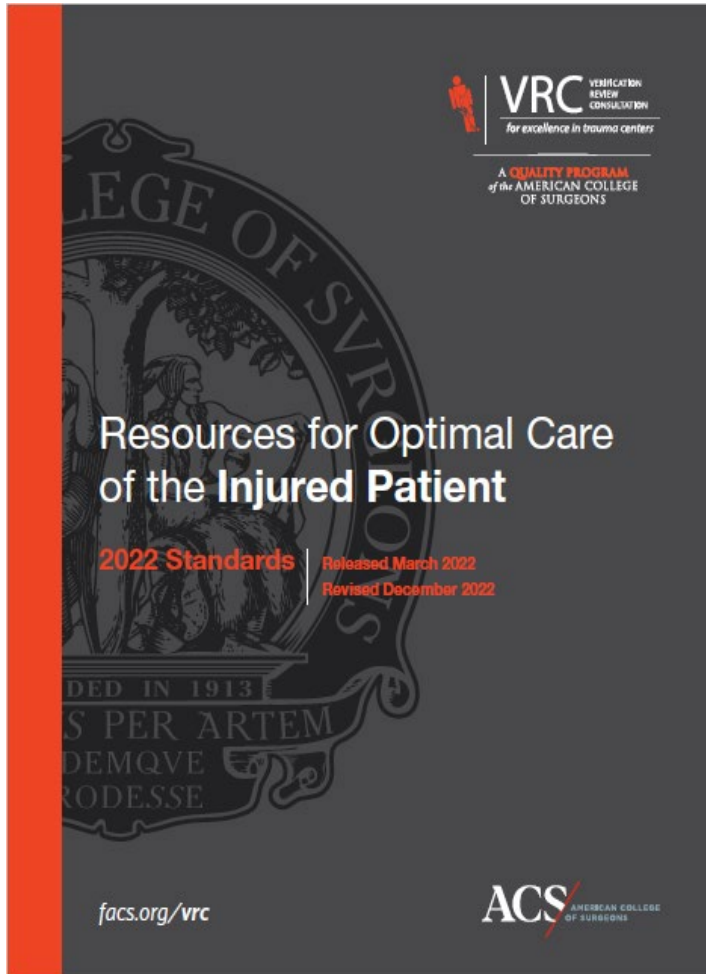
## Education: Professional and Community Outreach

- All trauma centers must participate in public and profession trauma/injury education – *“Stop the Bleed”*
- Level I Adult (and Pediatric) trauma centers must:
  - **Train** the next generation of trauma physicians – EM, Surgery, and subspecialties and others



## Performance Improvement and Patient Safety

- Trauma PIPS program must be independent but report to hospital PI program



## Facilities and Equipment Resources

- **Operating Room-**
  - OR available within 15 minutes and ability to open a second room if needed
  - Orthopedic Trauma or Fracture Room
- **Blood Bank-**all products immediately available
- **Radiology-** MRI within 2 hours; **Interventional** radiology within 1 hour
- **Special Clinical** Equipment/Programs
  - Trauma Registry and Program office

# Board of Directors Approval Request

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Harlem through the ACS, Committee on Trauma.