

BOARD OF DIRECTORS MEETING

THURSDAY, July 31, 2025

A•G•E•N•D•A•

CALL TO ORDER – 1:30 PM

Mr. Pagán

1. Executive Session | Facility Governing Body Report

Mr. Pagán

➤ NYC Health + Hospitals | Metropolitan

**2024 Performance Improvement Plan and Evaluation (Written Submission Only)**

➤ NYC Health + Hospitals | Segundo Ruiz Belvis - Gotham Center

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

➤ NYC Health + Hospitals | Woodhull

➤ NYC Health + Hospitals | Bellevue

2. OPEN PUBLIC SESSION – 3:00 PM

Mr. Pagán

3. **Adoption of the Board of Directors Meeting Minutes – June 26, 2025**

4. **Chair’s Report**

Mr. Pagán

5. **President’s Report**

Dr. Katz

ACTION ITEMS

6. **Amending the By Laws of MetroPlusHealth Plan, Inc. , a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to (i) increase the size of the MetroPlus Board of Directors from nine (9) to eleven (11) members by amending Section 2 of Article V of the MetroPlus By-Laws; and (ii) to remove the reference to a role to be played by “Network Senior Vice Presidents” in the process of electing MetroPlus Board of Directors members as such positions no longer exist as set forth in By-Laws Section 2(B).**

(Presented Directly to the Board: 07/31/2025)

**Vendex: NA / EEO: NA**

Ms. Hernandez-Piñero

7. **Electing Karla Silverman as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for a five-year term or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws.**

(Presented Directly to the Board 07/31/2025)

**Vendex: NA / EEO: NA**

Ms. Hernandez-Piñero

8. **Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Petrone Associates, LLC for Medical Physics Consulting Services and Radiation Safety services at a not to exceed amount of \$14,000,000, which includes a 30% contingency, for a contract term of three years and two renewal option(s) exercisable at the discretion of the System.**

(Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025)

**Vendex: Pending / EEO: Approved**

Dr. Calamia

9. **Authorizing the New York City Health and Hospitals Corporation (the “System”) to negotiate and execute an agreement with Correctional Dental Associates (“CDA”) for the continued provision of dental health services for its correctional health patients (“CHS Patients”) for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.**

(Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025)

**Vendex: Approved / EEO: Approved**

Dr. Calamia

<p>10. Authorizing the New York City Health and Hospitals Corporation (the “System”) <b>to negotiate and execute a best interest renewal agreement with Urgent Medical, P.C. for the continued provision of emergency medical triage services for correctional health patients (“CHS Patients”)</b> for a 6-year term running from January 1, 2026 through December 31, 2031 for an amount not to exceed \$17,914,184, which includes a 20% contingency. (Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025) <b>Vendex: Pending / EEO: Approved</b></p>	Dr. Calamia
<p>11. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute <b>affiliation agreements (the “Affiliation Agreements”) with NYU Grossman School of Medicine (“NYU”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Gotham Health - Gouverneur, NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center, NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility, NYC Health + Hospitals/Woodhull, and NYC Health + Hospitals/Gotham Health – Cumberland.</b> Such Affiliation Agreements will run through June 30, 2030 for an amount not to exceed \$4,446,524,858, which includes a 10% contingency. (Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025) <b>Vendex: Approved / EEO: Pending</b></p>	Dr. Calamia
<p>12. Authorizing New York City Health and Hospitals Corporation (the “System”) <b>to execute a clinical services agreement with Neurosurgery of Brooklyn South, PC (the “Provider Group”) to provide neurosurgical services at New York City Health + Hospitals / South Brooklyn Health</b> for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend. (Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025) <b>Vendex: Pending / EEO: Pending</b></p>	Dr. Calamia
<p>13. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a <b>5-year lease, with a 5-year renewal option, exercisable by the System, with Mikhail Kantius (“Landlord”) for the use of about 4,000 total square feet located on the first floor and basement of the building at 79-18 164th Street, Jamaica, New York (the “Premises”) by NYC Health + Hospitals/Queens (“Queens”) for a WIC clinic and administrative functions</b> at an initial rent of \$37.91/rentable sf and \$4.91/rentable sf operating expenses or \$171,273/yr. which will increase by 2.5% every year for a total over the entire ten-year term of \$1,978,591. (Presented to Capital Committee: 07/16/2025) <b>Vendex: NA / EEO: NA</b></p>	Mr. Pagán
<p>14. Authorizing New York City Health and Hospitals Corporation (the “System”) <b>to sign a 49-year ground lease, with two 25-year renewal options, of a property located at 349 East 140th Street, Block 2303, Lot 58, in the Bronx (the “Property”) to Mott Haven-Port Morris Community Land Stewards, Inc. (“Tenant”)</b> for a sum of one dollar per year to develop the Property providing that specific conditions continue to be met regarding the use of the Property for the benefit of the community as a community center with a preference for programming focused on education, arts, culture and with a required health and wellness element. (Presented to Capital Committee: 07/16/2025) <b>Vendex: NA / EEO: NA</b></p>	Mr. Pagán
<p>15. Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) <b>to sign a 99-year ground lease (including tenant options) with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “Tenant”) to rent approximately 42,000 square feet which is currently part of the parking lot and Annex structure of NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “Facility”)</b> to be the site for the construction of a 17-story 359,000 square foot mixed-use building (the “Building”) with approximately 328 residential units for households earning less than 80% of Area Median Income including approximately 98 supportive units for single adults who are qualified and appropriate for independent living in the community, approximately 230 affordable units, including a residential unit for the Building’s superintendent, with approximately 6,000 square feet to be provided for community facility use, and with approximately 7,500 square feet to be provided for an open space, with Tenant anticipated to pay at least \$4,000,000 at lease signing as a one-time advance rent and an annual administrative fee of \$12,000; and</p>	Mr. Pagán

<p>Further authorizing NYC Health + Hospitals <b>to sign a sub-sublease with RC Health Master Tenant LLC, Tenant's affiliate subtenant ("Sub-Landlord"), for approximately 43,000 square feet on the cellar, first, and second floors of the Building (the "Gotham Expansion Clinic") to be used by NYC Health + Hospitals at the Facility for its clinical operations and a parking facility accommodating approximately 75 parking spaces for the use of the Facility staff and patients (the "Garage")</b> at a rental rate calculated to pass through to NYC Health + Hospitals only its 16.29% share of the cost to operate the Building, which is currently estimated to be approximately \$90,000 per annum. (Presented to Capital Committee: 07/16/2025) <b>Vendex: NA / EEO: NA</b></p>	
<p>16. Authorizing New York City Health and Hospitals Corporation (the "System") <b>to sign a three year lease, with two one-year options to renew in its sole discretion, with Hudson West Hospitality, LLC ("Landlord") for the use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 446 West 36th Street in Manhattan (the "Hotel") for the System's Bridge to Home program</b> at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$19,361,400. (Presented to Capital Committee: 07/16/2025) <b>Vendex: NA / EEO: NA</b></p>	Mr. Pagán
<p>17. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") <b>to execute a contract with JRM Construction Management (the "Contractor") to undertake a gut renovation at NYC Health + Hospitals/South Brooklyn Health's Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department space,</b> for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224. (Presented to Capital Committee: 07/16/2025) <b>Vendex: Pending / EEO: Pending</b></p>	Mr. Pagán
<p>18. Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, <b>Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the "Contractor" or collectively "Contractors") to provide General Contracting services</b> on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts. (Presented to Capital Committee: 07/16/2025) <b>Vendex: Pending / EEO: Approved</b></p>	Mr. Pagán
<p>19. Authorizing the New York City Health and Hospitals Corporation (the "System") <b>to extend the contract term by one year with seven Construction Management ("CM") consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack &amp; McKissack, TDX Construction Corporation, the McCloud Group LLC. (the "Vendors"), to provide professional CM services;</b> on an as-needed basis at various facilities throughout the System. (Presented to Capital Committee: 07/16/2025) <b>Vendex: All Approved / EEO: Approved</b></p>	Mr. Pagán
<p>20. Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, <b>"New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution" providing for the issuance of a series of Health System Bonds (the "2025 Series Bonds")</b> in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospitals Corporation (the "Corporation"), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055 (Presented to the Finance Committee: 07/16/2025) <b>Vendex: NA / EEO: NA</b></p>	Ms. Wang

<p>21. Authorizing the New York City Health and Hospitals Corporation (the “System”) <b>to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services.</b> The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of NYC Health + Hospitals. (Presented to the Finance Committee: 07/16/2025) <b>Vendex: Pending / EEO: Pending</b></p>	<p>Ms. Wang</p>
<p>22. Authorizing the New York City Health and Hospitals Corporation (the “System”) <b>to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services.</b> The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals. (Presented to the Finance Committee: 07/16/2025) <b>Vendex: All Pending / EEO: Eclat health Solutions – Approved – All Others Pending</b></p>	<p>Ms. Wang</p>
<p>23. Authorizing the New York City Health and Hospitals Corporation (the “System”) <b>to execute a contract with Nym Health Inc. for autonomous coding services</b> at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System. (Presented to the Finance Committee: 07/16/2025) <b>Vendex: Pending / EEO: Pending</b></p>	<p>Ms. Wang</p>
<p>24. Authorizing the New York City Health and Hospitals Corporation (the “System”) <b>to execute a contract with Hagerty Consulting, Inc. for disaster recovery consulting services</b> at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System. (Presented to the Finance Committee: 07/16/2025) <b>Vendex: Approval / EEO: Pending</b></p>	<p>Ms. Wang</p>
<p style="text-align: center;"><b>COMMITTEE REPORTS AND PUBLIC HEARINGS SUMMARY</b></p> <p>➤ Morrisania River Commons Public Hearing</p> <p>➤ HEArts Old Lincoln Recovery Center Public Hearing</p> <p>➤ Medical and Professional Affairs/Information Technology Committee</p> <p>➤ Capital Committee</p> <p>➤ Finance Committee</p> <p>&gt;&gt;Old Business&lt;&lt;</p> <p>&gt;&gt;New Business&lt;&lt;</p> <p>&gt;&gt;Adjournment&lt;&lt;</p>	

Mr. Pagán  
Mr. Pagán  
Dr. Calamia  
Ms. Rowe Adams  
Mr. Pagán  
Ms. Wang

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 **26th day of June, 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 3:04 p.m.  
Ms. Erin Kelly - Joined at 3:04 p.m.  
Dr. Vincent Calamia  
Ms. Freda Wang  
Ms. Karen St. Hilaire  
Dr. H Jean Wright  
Dr. Shadi Chamany- Left at 3:04 p.m.  
Ms. Zahira McNatt - Joined at 3:04 p.m.  
Ms. Sally Hernandez-Piñero  
Ms. Vanessa Rodriguez  
Ms. Jackie Rowe-Adams  
Ms. Anita Kawatra - Left at 3:59

José Pagán, Chair of the Board, called the meeting to order at 2:26 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, Karen St. Hilaire is representing Molly Wasow Park and Dr. Shadi Chamany is representing Dr. Michelle Morse - both in a voting capacity.

**EXECUTIVE SESSION**

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

**OPEN SESSION**

The Board reconvened in public session at 3:04 p.m.

Mr. Pagán noted for the record, Erin Kelly is representing Deputy Mayor Suzanne Miles-Gustave, Karen St. Hilaire is representing Molly Wasow Park and Dr. Zahira McNatt is representing Dr. Michelle Morse - all in a voting capacity.

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

The minutes of the Board of Directors meeting held on May 29, 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 May 29, 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| Woodhull.

The Board received and approved the written submission of the NYC Health + Hospitals| Morrisania Gotham Center governing body 2024 performance improvement and evaluation plan.

The Board also received and approved the written submission of the NYC Health + Hospitals| Susan Smith McKinney Nursing and Rehabilitation Center semi-annual governing body report.

#### **VENDEX APPROVALS**

Mr. Pagán noted there were three items on the agenda requiring Vendex approval, two of which are pending approval. There are thirteen items from previous Board meetings pending Vendex approval.

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

### **ACTION ITEM 6:**

Mr. Pagán read the resolution

**AMENDED TO REMOVE HENRY J. CARTER NURSING FACILITY** – Adopting in the name of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) Board of Directors the **2025 twelve Community** Health Needs Assessments (“CHNA”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals **over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Hospital.**

(Presented to the Strategic Planning Committee: 06/16/2025)

Deborah Brown, Senior Vice President External and Regulatory Affairs provided an overview of the Community Health Needs Assessment ("CHNA"), explaining that while it is an IRS requirement for nonprofit healthcare systems, it also serves as a vital opportunity to identify and prioritize community health needs and collaboratively develop solutions through an implementation strategy. Okenfe Lebarty, Assistant Vice President, External and Regulatory Affairs, reminded the group of the key priorities and actions taken based on the 2022 CHNA findings. He outlined the 2025 CHNA process, emphasizing both qualitative and quantitative analysis, which included borough-wide focus groups. Over 6,500 community stakeholders identified the top health risks and causes of poor health and death in their communities. The 2025 CHNA findings focused on two main priorities: advancing inclusive care services and strategies, and bridging health gaps. Ms. Brown stated the key health needs that emerged consistently and highlighted the System's ongoing efforts and initiatives to address these issues, along with the planned next steps.

The Board commended the team for their efforts.

Dr. Katz highlighted the deep challenges patients face beyond medical care, such as unemployment, housing insecurity, and food scarcity. While healthcare services are available and appreciated, they do not address the root social issues, leaving primary care providers limited in their ability to offer holistic support.

Ms. Hernandez-Piñero emphasized the importance of tracking patients who receive new diabetes-related medications, noting their potential to significantly improve outcomes. Given the high prevalence of diabetes, she suggested establishing a system—at the appropriate level—to collect data across hospitals.

The Board shared that the document is readily available on the System's website for public viewing.

In response to questions, Mr. Lebarty clarified the CHNA timeline and confirmed that the data reflects a one-year lookback period.

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

**ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with the New York Power Authority ("NYPA") for the planning, design, procurement, construction, construction management and project management services necessary for lighting upgrades at New York City Health + Hospitals/Jacobi, (the "Project") with a contract amount of \$9,552,820, with a 10% project

contingency of \$ 743,332 to bring the total cost not to exceed \$10,296,152 for a term of 24 months.

(Presented Directly to the Board 06/26/2025)

Omer Cabuk, Chief Decarbonization Officer, Office of Facilities Development outlined NYC Health + Hospitals| /Jacobi's plan to replace outdated fluorescent lighting with energy-efficient LED fixtures. Currently, the facility primarily uses T8 and T12 fluorescent bulbs, which have limited lifespans, lack automated controls, and are costly to maintain. These changes are expected to reduce annual energy consumption by over 2.7 million kWh, lower CO2 emissions by 884 metric tons, and generate nearly \$350,000 in annual cost savings. The project is being delivered through NYPA's ENCORE III agreement. Mr. Cabuk provided an overview of NYPA's procurement selection process. The total project cost is \$10.3 million, fully funded by DCAS, with a 36% M/WBE participation goal. Construction will span 24 months, with completion anticipated in winter 2027.

Ms. Hernandez-Piñero noted that high-quality and proper lighting, makes a significant difference in how the space is perceived and maintained, and expressed strong support for the project.

In response to questions from the Board, Mr. Cabuk explained the projected electrical and cost savings. The project is expected to save approximately \$348,000 annually based on current utility rates, which average 16.5 cents per kWh system-wide. He noted that savings could increase if electricity costs rise.

Mr. Cabuk noted that 40% of facilities have already been upgraded, with plans and funding in place to complete the remaining work within 3 to 3.5 years, including upcoming projects at Metropolitan and Kings County hospitals.

Following questions, Mr. Cabuk discussed the System's progress in reducing carbon emissions, noting a 31.2% reduction since 2006 toward a 50% goal by 2030. Mr. Cabuk explained that savings stem from energy projects and a cleaner electric grid, and estimated current utility costs are \$25-\$30 million lower than in 2010 despite higher electricity prices. Mr. Cabuk also clarified NYPA's project management fees, contract structure, and contingency handling.

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

**ACTION ITEM 8:**

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") **to increase the contract authority for Accenture, LLP ("Accenture")** in the amount of \$3,100,000, which includes \$1,400,000 of contingency, for a new total not to exceed authority amount of \$23,100,000, for the remaining contract term.

(Presented to MetroPlus Board 06/05/2025)

Tomasz Kawka, Vice President of Business Transformation, provided background information. MetroPlus is in the midst of a major system migration from its legacy SS&C platform to the new HealthEdge system, a multi-year effort known as Project Edge, scheduled for completion by December 2026. Accenture, selected in December 2023 as the management consultant for this transition, is providing comprehensive support including implementation planning, technical leadership, and regulatory guidance. Mr. Kawka explained the rationale for the authority increase for resource extension and spending authority. This increase will allow continued engagement of key functional and technical Accenture staff through early 2026 to ensure project success. The vendor performance was also discussed.

Following questions from the Board, Lauren Leverich-Castaldo, Chief Finance Officer, explained that MetroPlus is transitioning from an outdated, homegrown legacy systems to a new integrated platform to improve efficiency, transparency, and compliance. The legacy systems, including one from the 1970s, posed challenges in claims processing and are no longer supported, making the migration necessary. Mr. Kawka added that the transition to a configurable, agile platform will significantly reduce turnaround times for changes, improve operational efficiency through automation, and enhance transparency for providers.

After questions, Ms. Leverich-Castaldo noted that the ten-year HealthEdge system contract is valued at \$110 million and is supported by key implementation partners: Accenture for project management and technical leadership, Deloitte for testing, and Source Edge for data conversion to ensure a smooth go-live. Ms. Leverich-Castaldo also explained the reason for the extension in time, the complexity of transitioning from legacy systems, noting that as requirements are uncovered—particularly for New York State—additional time and technical layers have been needed. The consultants have been supporting the transition.

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

**ACTION ITEM 9:**

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus"), to execute a 9-month contract extension and to increase the contract authority with Deloitte Consulting, LLP ("Deloitte") in the amount of \$3,000,000 which includes \$2,000,000 of contingency, for a new total not to exceed authority amount of \$12,500,000.  
(Presented to MetroPlus Board 06/05/2025)

Mr. Kawka, presented MetroPlusHealth's request to extend Deloitte's contract by nine months and increase its funding by \$3 million, bringing the total to \$12.5 million. Deloitte, originally contracted in March 2024 to provide testing services for Project Edge, is needed through December 2026 due to a revised project timeline. Their work supports all phases of testing for the HealthEdge implementation. The vendor performance was also discussed.

After questions from the Board, Mr. Kawka clarified that the Accenture adjustment involved reallocating resources within the original contract period, while the Deloitte request requires both a contract extension and extended support due to the revised project timeline. As for pricing, Mr. Kawka explained that MetroPlus chose a cost-effective, scope-based fee model for the project, allowing them to engage specialized teams with expertise in specific modules throughout the implementation, rather than using hourly or fixed-scope models.

Ms. Leverich-Castaldo explained that each scope of work is tied to a rate card, allowing clear visibility into team roles and costs. She emphasized the need for an additional \$3 million-\$1 million for identified resource needs and \$2 million in contingency-to support potential issues during testing and stabilization, particularly given the complexity of launching a first-of-its-kind premium billing module for Medicaid and CHIP in New York State.

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

**ACTION ITEM 10:**

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus"), to execute a 9-month contract extension and to increase the contract authority with SourceEdge Solutions LLC ("SourceEdge") in the amount of \$4,030,000, which includes \$2,030,000 of contingency, for a new total not to exceed authority amount of \$10,000,000  
(Presented to MetroPlus Board 06/05/2025)

Mr. Kawka provided background on MetroPlus' major system migration from its legacy SS\&C platform to the new HealthEdge system and rationale on the request to extend SourceEdge's contract by nine months. Ms. Leverich-Castaldo

provided an overview of the rationale to increase its authority by \$4.03 million, bringing the total to \$10 million. SourcEdge, responsible for data migration and conversion to the HealthEdge platform, is needed longer due to the revised Project Edge timeline and increased complexity in data mapping. The additional funding will support extended resource engagement and ensure a smooth implementation and stabilization.

Following questions from the Board, Mr. Kawka stated that the first go-live for Project Edge is scheduled for October 6th and will focus on the smaller HIV SNP population to minimize risk. The second and largest go-live, covering Medicaid, HARP, and CHIP populations, is planned for Q1 2026. Additional phases will follow, including commercial and MA/QHP populations, ensuring a phased, low-impact transition for members and providers.

Dr. Katz expressed full support for the project, emphasizing that a modern health plan cannot operate on outdated systems. He criticized the high administrative costs in American healthcare, noting that significant investments like this often occur without directly improving patient care. He stressed the importance of growing MetroPlus membership to spread infrastructure costs and improve overall efficiency, acknowledging the team's efforts and reaffirming his commitment to supporting their work.

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

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

**NYC HEALTH + HOSPITALS FACILITIES RECOGNIZE JUNETEENTH AND PRIDE**

June 19th and throughout the month, NYC Health + Hospitals facilities recognized Juneteenth. June is also Pride Month, and our facilities were once again marching, educating, and celebrating.

**NYC HEALTH + HOSPITALS UNIFIES ITS HOSPITAL-BASED VIOLENCE INTERRUPTION PROGRAMS TO ADDRESS THE GUN VIOLENCE PUBLIC HEALTH CRISIS**

In recognition of Gun Violence Awareness Month, Wear Orange Day, and New Yorkers affected by gun violence, the System announced that its Hospital-based Violence Interruption Programs ("HVIP") have implemented a unified, multidisciplinary approach to treating victims of violent trauma. The System's HVIP programming – funded in part by the NYC Mayor's Office and the Dept. of Youth and Community Development (DYCD), and working in partnership with the Dept. of Health and Mental Hygiene (DOHMH) – utilizes a three-pronged approach to treat victims of violence at their bedside and ensure their lasting recovery.

**NYC HEALTH + HOSPITALS | ELMHURST SUCCESSFULLY RE-VERIFIED AS LEVEL I TRAUMA CENTER**



NYC Health + Hospitals| Elmhurst announced its successful re-verification as a Level I Trauma Center — the highest level of trauma care designation available. The re-verification by the American College of Surgeons' (ACS) Committee on Trauma included a site survey of the hospital to confirm it meets the highest levels of institutional performance and patient care capability.

#### **NEW CLINICAL LICENSURE TRAINING PROGRAM HELPS SOCIAL WORKERS ADVANCE THEIR CAREERS**

The System launched the Social Work Clinical Licensure Training Program, which provides Licensed Master Social Workers ("LMSW"s) at NYC Health + Hospitals with training and financial support to attain their clinical licensure in exchange for a two-year commitment to the health care system.

#### **NYC HEALTH + HOSPITALS ANNOUNCES NEW SEASONS OF FARMERS MARKETS NEAR PATIENT CARE SITES**

NYC Health + Hospitals launched a new season of farmers markets hosted at public hospitals and community health centers across the City. The farmers markets, operated by local partners GrowNYC, Harvest Home, Mi Ranchito Farm, and Uptown Grand Central, make it easy for anyone in the community to access fresh, local fruits and vegetables at an affordable price.

#### **NYC HEALTH + HOSPITALS/ELMHURST OPENS NEW BUSINESS CENTER, FREEING UP SPACE FOR PATIENT CARE AT THE HOSPITAL**

NYC Health + Hospitals| Elmhurst recently opened an offsite business services center to free up patient care space at the hospital. The space now houses Elmhurst Hospital's Finance, Patient Accounts, Grants, and Human Resources departments.

#### **NYC HEALTH + HOSPITALS| GOUVERNEUR CHIEF EXECUTIVE OFFICER RECEIVES 2025 SENIOR LEVEL HEALTHCARE EXECUTIVE AWARD FROM THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES**

Susan Sales, MPA, FACHE, LNHA, Chief Executive Officer of NYC Health + Hospitals| Gouverneur Skilled Nursing Facility, was recognized as a 2025 Senior Level Healthcare Executives Regent's Award honoree by the American College of Healthcare Executives - Healthcare Leaders of New York.

#### **NYC HEALTH + HOSPITALS' CHIEF DATA AND AI OFFICER DIVYA PATHAK RECOGNIZED AS NATIONAL LEADER IN HEALTH IT AND DATA INNOVATION**

Chief Data and Artificial Intelligence Officer Divya Pathak was recognized in Becker's Hospital Review's "Women in Health IT to Know 2025" and Chief Data Officer Magazine's "Top 100 Data Leaders in North America 2025".

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

Last week, NYC Health + Hospitals officially closed the NYC Arrival Center and Roosevelt Hotel humanitarian center, marking the completion of a pivotal chapter of our emergency response to the asylum seeker



crisis. The Arrival Center, provided comprehensive intake, medical, social, and reconnection services to over 155,000 individuals – approximately two-thirds of the 237,000 asylum seekers who have arrived in New York City since Spring 2022.

#### **METROPLUSHEALTH CELEBRATES 40 YEARS – FOR PEOPLE, NOT PROFIT**

This year MetroPlusHealth proudly marks its 40th anniversary, celebrating four decades of delivering high-quality, affordable health care to nearly 700,000 New Yorkers. Over the past four decades, the company has built a model of care that delivers lasting impact.

#### **EXTERNAL AFFAIRS UPDATE**

##### ***State and Federal***

Dr. Katz noted that the Governor is expected to call the legislature back into session after the federal bill passes, as the current State budget assumes no major losses. If the federal legislation results in significant financial impacts, the State will likely need to reopen the budget to address them, potentially in August.

#### **BOARD DISCUSSION**

Ms. Hernandez-Piñero emphasized the need for a centralized body to monitor the effectiveness and safety of weight loss medications, particularly in relation to diabetes treatment, expressing concern over the lack of coordinated data oversight.

Dr. Katz noted the growing number of weight loss medication options, including new oral agents, which could benefit those unwilling to take injections. He highlighted the potential for reduced costs and better side effect profiles as more drugs enter the market. While some show promise in reducing cravings and helping with substance use, concerns remain about unwanted weight loss, particularly in the limbs.

Dr. Calamia emphasized the importance of education around weight loss medications, noting that without proper guidance, there could be serious health consequences such as muscle loss, osteoporosis, and fractures, especially in older adults. He stressed that while the medications may offer long-term healthcare benefits, they must be prescribed with careful consideration of side effects and long-term use, as many require lifelong adherence.

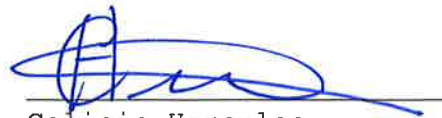
#### **COMMITTEE AND SUBSIDIARY REPORTS**

Mr. Pagán noted that the Committee, subsidiary and fiscal year 2025 Annual Public Meeting reports for Manhattan, Brooklyn, and Staten Island 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 4:23 p.m.

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

Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

**Community Relations Committee IN-PERSON MEETING – June 3, 2025**

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

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

Ms. Jackie Rowe-Adams called the meeting of the Community Relations Committee to order at 5:03 p.m.

Quorum was established. The minutes of the Community Relations Committee meeting held on March 4, 2025, were reviewed. Upon motion made and duly seconded, the minutes were unanimously approved.

Ms. Rowe-Adams informed the Committee that the Board of Directors' Annual Public Meetings for Fiscal Year 2025 have been scheduled as follows:

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

Speakers are asked to register in advance by calling:

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

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

- Elmhurst and Queens Hospital have leased a space for business and administrative services to free up space for patient care
- NYC H+H celebrated \$2 million in investments to nurses
- Dr. Anitha Srinivasan is appointed CMO of Metropolitan Hospital
- Queens and Elmhurst achieved their baby-friendly designation
- NYC H+ H and Mayor's Public Engagement celebrated Immigrant Healthcare Day of Action, making sure that people know that services are available for immigrants
- All five of post-acute care facilities were recognized as LGBTQ long-term care equality leaders
- NYC H+H participated with the Department of Veterans Services to honor our veterans at Gotham
- NYC H+H celebrated Doctor's Day Celebration by commemorating 25 doctors across facilities
- Queens Hospital announced the Claire Shulman Pavilion

Ms. Rowe-Adams noted the Community Advisory Board's annual verbal reports scheduled to be presented at this meeting:

1. NYC Health + Hospitals/Gotham Health, Cumberland
2. NYC Health + Hospital/ Elmhurst
3. NYC Health + Hospital/ Gouverneur
4. NYC Health + Hospitals/Lincoln

**PRESENTERS:**

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

**NYC Health + Hospitals/Gotham Health, Cumberland**

Mr. Derek Fraser, Chair of the NYC Health + Hospitals/Gotham Health, Cumberland CAB, presented the report to the CRC. Mr. Fraser expressed his thanks to Dr. Katz and the Council of CABs, administration and leadership at Gotham Health, and Cumberland staff members for their continued efforts and contributions. The facility received the Million Hearts Champion award and a gold plus award from AHA for hypertension management and gold award for diabetes and cholesterol management. Mr. Fraser stated the facility is working to improve the infrastructure and equipment at the site, including improving the lighting in the parking lot and successfully replace the cooling towers.

The facility is integrating primary care into behavioral health therapy services and will be renovating the radiology room to accommodate a replacement X-Ray machine.

Frequent complaints include communication methods and updates on wait-times for appointments. Patients also requested improved access to services. AIDET training and standardized template are being put in place to aid these issues.

The Committee complimented the CAB for its work. Ms. Rowe-Adams polled Committee members for their comments or questions.

**NYC Health + Hospitals/Elmhurst**

Mr. Raj Punjabi, Chair of NYC Health + Hospitals/Elmhurst CAB, presented the report to the CRC. Mr. Punjabi stated that last year the hospital had over 1 million outpatient and ambulatory care visits and generated 6,000 jobs and \$210 million in tax dollars. The hospital has received recognition from U.S. News and World Report as a best Regional Hospital and as a High-Performing Hospital in six categories. The hospital has also expanded Emergency Department to 24-7 coverage and improved food and nutrition experience in ED and for new moms. Spiritual care and interfaith experience for both patients and staff has expanded and there continues to be patient centered care frameworks to increase family presence.

The hospital is also working to reduce wait times, improve patient flow and improve patience experience in the ED, and improve communication between departments to ensure patients receive communication in timely manner.

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

Dr. Pagan asked is the hospitality work is present in all units of the hospital or just specific areas.

Elmhurst CEO, Ms. Helen Arteaga-Landaverde stated that so far it is in the Emergency Department unit.

Dr. Katz stated that hospitals across the System are facing higher patient volumes than pre-COVID levels, and the facilities are not designed to accommodate the current number of patients. In the future, there will need to be investments in expanding facility space to manage the increased volume.

Ms. Hernandez-Piñero asked if the facility encourages family to stay with patients after hours?

Ms. Arteaga-Landaverde explained that there is 24-hour visiting with a system in place to notify guests when their 24-hour period has expired. Having visitors is beneficial to patient's recovery, and allows staff to teach them how to take care of their loved ones once they return home.

#### **NYC Health + Hospitals/Gouverneur**

Ms. Pauline Lock, Chair of the NYC Health + Hospitals/Gouverneur CAB presented the report to the CRC. Ms. Lock stated the facility is waiting on the Local Law 11 assessment of the building exterior and needs a new CT scanner desperately. The skilled nursing facility will be upgrading the gym equipment thanks to the NYC Council Funding Award that was received. There has been progress in patient satisfaction survey results and was also recognized by AHA and AMA for outstanding clinical outcomes and blood pressure control and cholesterol and diabetes management.

Gouverneur was listed again by US News and World Report 2025 as one of the Best Nursing Facilities, Nursing Homes in both categories of short-term and rehabilitation and long-term care. Patients often complain about communication and accessing their personal providers for follow-up. The department addresses the complaints through training for staff to improve communication with patients and colleagues.

Issues impacting the Lower East Side include social needs such as households with cockroaches, which are a potential asthma trigger. However, there is a higher average life expectancy in the Lower East Side (81.1 years) and lower than average new diagnosis of HIV and Hepatitis C.

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

#### **NYC Health + Hospitals/Lincoln**

Mr. Richard Izquierdo Arroyo, Chair of the NYC Health + Hospitals/Lincoln CAB presented the report to the CRC. This year, the facility has several infrastructure projects in progress, which include rooftop and skylight replacement, parking garage repairs, upgrades, electrical switch gear replacement, and replacement of emergency generators. There are different enhancement projects including passenger elevator modernization, renovating nuclear medicine, the MRI suites and installing new CT scanners and MRI scanner.

Complaints from patients include attitude and loss of property, and the nursing, patient relations, and patient experience departments are working in collaboration to improve the overall patient experience.

Lincoln was recognized as a U.S. News and World Report Best Hospital for Maternity Care and recognized by health grades as a top 100 Best Hospital for Prostate Surgery.

The facility also hosted a town hall meeting for patients and staff and patients were able to provide valuable feedback, with over 200 people in attendance.

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

Dr. Pagan expressed appreciation for the patient safety and satisfaction initiatives, particularly the daily welcome rounds, and inquired about their impact on patient and family experience.

Ms. Christina Contreras, Lincoln CEO noted that the initiative has been well received, featuring a multidisciplinary approach to welcome all the patients every day.

Dr. Katz suggested that the CAB might help address the ongoing property management issues at hospitals, and proposed ideas such as providing safes in hospital rooms to secure patients property or taking photos of patient property for better accountability.

On a large scale, Dr. Katz inquired about the outpatient facility project across the street, highlighting the \$600 million cost. Ms. Contreras mentioned efforts to secure State and Federal support, while Dr. Katz proposed considering cost-reduction strategies such as building in stages and collaborating with other organizations. The goal is to find a feasible way to begin the project without waiting for the full \$600 million.

#### **ADJOURNMENT:**

Hearing no new questions or concerns from the Committee to come before the Committee - the meeting adjourned at 5:56 P.M.

**June 16, 2025**

#### **AUDIT COMMITTEE MEETING TALKING POINTS**

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

**Committee Members Present:** Sally Hernandez-Piñero, Jose Pagán, Dr. Mitchell Katz, Ms. Freda Wang and Ms. Tricia Taitt.

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:07am.

Ms. Sally Hernandez-Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on February 3, 2025. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Sally Hernandez-Piñero proposed a motion to convene an executive session to discuss confidential and privileged matters. A motion was made and seconded with all in favor.

The Committee reconvened in open session at 10:57am.

Ms. Sally Hernandez-Piñero, noted that at the executive session the committee approve the fiscal year 2026 Corporate Compliance work plan and Office of Internal Audits fiscal year 2026 work Plan.

She also noted that because of the time constraint the Office of Internal Audits and Corporate Compliance reports will be accepted into the records a written submission.

Ms. Sally Hernandez-Piñero noted that next we will have a presentation of the 2025 annual financial audit planning process by David Guzman, NYC Health + Hospitals Comptroller and Camille Fremont from KPMG.

#### **KPMG Update**

Ms. Fremont the second audit partner on the account introduced herself and Mr. Ryan Santonacita, Managing Director on the account. She thanked everyone for joining and that she will go over the audit plan for the year ending June 30, 2025.

Ms. Fremont stated that we strive to give a better audit experience that is client-centric and with a focus on a risk-based approach. She also stated that they want to understand the business, the data and the processes and utilize technology in various ways throughout the course of the audit. Also, she noted that deliverables are consistent with the past and to bring our attention to the debt compliance letter in connection with the Corporation's outstanding bond. She also noted that they have accelerated the audit work to drive quality and an exceptional client experience. They will communicate and coordinate with all levels of management and the audit committee, including updates on milestones. Ms. Fremont also mention the continuity of the client service team along with various subject matter experts.

Ms. Fremont also mentioned that she would like to highlight to the committee, the coordination between the Corporation and MetroPlus Health Plan regarding continuity and noted that she will join the MetroPlus audit team. Ms. Fremont stated that if there is no question she will now turn over the presentation to Mr. Santonacita to go over the required communications.

Mr. Santonacita stated we will perform the audit of New York City Health and Hospitals Corporation in accordance with Generally Accepted Auditing Standards and HHC Insurance and Metro Plus in accordance with Government Auditing Standards. He stated that over the next slides he will go over the following; materiality, timeline, risk assessment, involvement of others, new accounting standards, independence and responsibilities.

He also noted that as part of the audit we do consider Internal Controls over Financial Reporting but not for the purposes of forming or expressing an opinion on the effectiveness of internal controls over financial reporting. He also stated that he will cover Materiality in the context of the audit. Misstatements are considered material if they individually or in the aggregate affect the judgment of a reasonable user of the financial statements. Materiality are both qualitative and quantitative.

For the timeline, he mentions that he will communicate the audit plan between June and August 2025 and year end between September and October 2025 and other deliverables between December 2025 and May 2026. During that time, they will perform the remaining substantive procedures.

Mr. Santonacita also discussed the risk assessment procedures as well as the nature and timing and extent of the audit procedures. He noted that they will continue to work through the risk assessment as well as identifying the risk of material misstatements and our planned audit response to them. He noted that they will continue to perform substantive audit procedures and are currently completing procedures related to the bond offering as well as issue the required reports and letters.

Additionally, they will evaluate the audit results and review the financial statement disclosures and present the audit results to those in charge of Governance. They will also perform the audits for MetroPlus Health Plan, the statutory audits for HHC Insurance Company and the HHC ACO and plan to perform an attestation of the regulatory cost reports such as the AHCF and RHCF.

Mr. Santonacita, stated that the significant risk that they have identified during the current year audit is the risk of management override of controls. Management is in a unique position to perpetrate fraud given its ability to manipulate accounting records. Although the level of risk of management overrides vary from entity to entity, it is present at all entities. The risk that they identified is the valuation of patient accounts receivables, claims payable, pension obligation commonly referred to as (GASB 68) and the post retirement obligation (GASB 75). They noted that the valuation of assets uses limited and government securities as well as evaluation of due to and due from third party payers.

Additionally, they obtain information in respect to information technology. the goal is to a better understanding of the IT environment as well as cybersecurity environment and test generated reports utilized during the audit process. The other areas that they cover are cash and cash equivalents, grant revenue, appropriations, leases, debts and legal inquiries.

As to the involvement with others, they will review all the audit reports issued by HHC Internal Audits and assess and evaluate whether there is a planned impact on their audit approach. They will ensure that they have an appropriate level of coordination and discussion with Internal Audits.

With respect to KPMG professionals with specialized skill or knowledge, they will utilize specialist such as actuaries in the areas of pension and post retirement liability and the claims payable liabilities.

Mr. Santonacita stated that they have two new standards that are effective for 2025. GASB 101-Compensated Absences and GASB 102-Certain Risk Disclosures. Effective account standards for those areas are applicable to the year end of June 30, 2025. Compensated absences require that compensated absences be recognized or leave that has not been used and leave that has been used and not yet paid. If this is already rendered, it accumulates and is more likely than not it can be used for time off or otherwise paid in



cash or settled through non-cash means. For example, vacation sick, sick leave PTO, holiday and parental leave. An example that does fall into this category is sabbatical where there are no significant duties performed by the individual. The Corporation currently has an accounting policy for compensated absences.

Ms. Sally Hernandez-Piñero asked, what was the existing standards?

KPMG responded, what is going to happen under GASB 101 is more like the type of leave that Ryan was talking about that perhaps did not have to be recorded under the current GASB will now need to go on the balance sheet, so there was a presumption that if you were not going to pay for something out on termination you did not have to accrue a liability.

For the new Standards, Ms. Fremont also stated that Mr. Guzman and his team is working through them. For the next newly implemented accounting standard, this has to do with certain risk disclosures. So, under that standard, they noted that a concentration or constraint that makes the entity vulnerable to risk of substantial impact, which is going to be twelve months from the issuance of the financial statements. An example of this would be a hospital workforce that may have a single collective bargaining unit and the government is exposed to numerous risks, whether to acquire resources or control spending. If the new contract expired shortly after the balance sheet date and there had been no progress in the negotiations. A hospital would disclose the status and the potential impact if no agreement has been reached.

Mr. Santonacita noted that Independence is a shared responsibility, it is a joint process with management and those responsible for governance. KPMG internally maintains a system of quality controls to ensure compliance with the independent standards. An example of this would be to evaluate employment relationship, monitoring changes in new affiliates as well as directors and officers.

With respect to management's responsibility, management is responsible for the financial statements. KPMG is responsible for timely observations that are significant and relevant for financial reporting. KPMG would inquire if there are any significant or unusual transactions, if there are any instances of possible violations of laws or regulations, any fraud, illegal acts or if compliance with debt or if there is any issue related to compliance with debt covenants. As part of our documentation we are required to document those inquiries within our work papers and if anything arises to the level of significance we do communicate to the committee.

Ms. Sally Hernandez-Piñero asked, what about the pension obligations under our last audit? There was an historical issue with pension obligations. Where do we stand?

KPMG responded, from discussions with management, they had constant ongoing communication throughout the year with the NYC Office of the actuary, and not just pertaining to pension, but the misstatement was corrected in the prior year. KPMG will continue to communicate with management and will have some discussions with the NYC Office of the actuary.

Ms. Tricia Taitt asked, are there any outstanding issues from prior years that have been carried over to this year? And if there are, what is the status?

KPMG responded, at this moment there are no prior outstanding issues. To clarify with respect to deliverables, there are cost reports that are currently in the process of being filed with the State for both the RHCFS and HCFS.

Ms. Tricia Taitt asked, how often do you review like the SOPs that go into the financial operations, how does the data filters into the reporting system.

KPMG responded, management will do certain analysis pull information from the financial system of record or perhaps they have a spreadsheet that pulls information from other source. We look at how that information is generated and then any report that we use to form a basis of our conclusion for the audit and we test those reports for completeness and accuracy. We also take your starting balance, and look at all of your transactions that have gone through the financial system. We roll that file ourselves and then we compare it to the trial balance which gives us completeness of the data.

Ms. Tricia Taitt asked, for every year how do you decide what processes you want to look at.

KPMG responded, we take a risk-based approach and depending on what we think is a risk of material in the statement. David and his team do not know specifically which areas we are going to review. So, evaluation of Patient accounts receivable, we will look on that every year given the magnitude on the financial statements.

Ms. Sally Hernandez-Piñero asked is there any old or new business?

Hearing No, new or old business - the meeting adjourned at 11:17 A.M.

**Strategic Planning Committee Meeting - June 16, 2025**

**As Reported by: Dr. José Pagán**

**Committee members present:** Dr. José Pagán, Dr. Mitchell Katz, Freda Wang, Sally Hernandez-Piñero, Dr. Shadi Chamany representing Dr. Michelle Morse; other member - Tricia Taitt

Dr. José Pagán, called the June 16<sup>th</sup>, 2025 meeting of the Strategic Planning Committee (SPC) to order at 11:25 am.

Dr. Pagán noted for the record that Dr. Shadi Chamany will be representing Dr. Michelle Morse in a voting capacity.

Dr. Pagán called for a motion to approve the December 02, 2024 minutes of the Strategic Planning Committee meeting.

**Upon motion made and duly seconded the minutes of the December 02, 2024 Strategic Planning Committee meeting was unanimously approved.**

**ACTION ITEM**

Resolution to adopt 2025 Community Health Needs Assessment

Deborah Brown, Senior Vice President, External and Regulatory Affairs, presented the following resolution:

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors the twelve 2025 Community Health Needs Assessments ("**CHNA**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Carter Specialty Hospital and Nursing Facility ("**Carter**").

Ms. Brown reported that it is an IRS requirement for non-profit provider systems to perform a Community Health Needs Assessment every three years. This was a component of the Affordable Care Act, and this is something we take very seriously.

Okenfe Lebarty, Assistant Vice President, External and Regulatory Affairs, reported that it is a two-part process, first is the development of the Community Health Needs Assessment, which defines the community itself, and second is the implementation strategy, which will be presented to the Board and made publicly available by November, 2025.

Mr. Lebarty reported that following the 2022 Community Health Needs Assessment, the Implementation Strategy Plan to address the identified needs was adopted by the Board of Directors in November 2022, and all adoptive actions were achieved. There were two priority health needs. The first was Advancing Health Equity and Combatting Chronic Disease, and the second was Enhancing Access to Resources.

Ms. Brown reported we did a qualitative analysis. There were thirty-five expert interviews with leaders, nineteen Community forums, and over 6,589 quantitative surveys from community stakeholders who identified the top priority health needs in their respective communities. These included advancing inclusive care services and strategies to address chronic disease, maternal health, mental health, substance use disorder and patient experience, and bridging health gaps to ensure patients have the resources they need to thrive.

Ms. Brown reported that the 2025 Community Health Needs Assessments' two priorities are, Advancing Inclusive Care Services and Strategies, and Bridging Health Gaps.

Mr. Lebarty reported that the next steps are to disseminate the findings, identify and engage stakeholders for implementation planning, from August to October develop strategies and identify effective solutions, present the implementation plan to the NYC Health + Hospitals Board in November, and finally continue to evaluate and monitor the progress from 2025 to 2028.

The Committee commended the dedication and hard work of staff to reflect on the needs of our communities and have an opportunity to access those needs.

After discussion and upon motion made and duly seconded the Resolution to adopt the 2025 Community Health Needs Assessment was unanimously approved for presentation to the Board.

### **INFORMATION ITEMS**

**Matthew Siegler, Senior Vice President, Managed Care and Chief Executive Officer of the ACO, reported on FY-25 Q3 (Period Comparison: Oct-Dec 2024 compared to Jan-Mar 2025) Performance:**

#### **Positive Trends:**

##### Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.9 per 1,000 care days** from 2.1 per 1,000 care days (target: 1.6 per 1,000 care days)
4. % Left without being seen in emergency departments (ED): Improved slightly to **3.5%** from 3.6% (target 4.0%)

##### Access to Care

14. Unique Primary Care Patients: **459,305** from 457,501 (target: 450,000)
16. NYC Care: **141,129** from 146,988 (target: 150,000)-Although a decrease, this is a positive trend due to conversion of patients from NYC Care to Medicaid in 65+ population

##### Care Experience

5. Inpatient care - overall rating: **66.2%** from 64.4% (target: 66.3%)
6. Ambulatory care experience - Recommended provider office: **88.4%** from 87.8% (target: 88.39%)
7. MyChart Activations: **86.4%** from 83.9% (revised target: 84%)

##### Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 78% (target: 90%)
11. Total A/R days per month: **39 days** from 44.5 days (target: 45 days)
13. UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Has achieved **100% of**

**deliverables identified at this preliminary phase, representing overall 15% completion** (achieved target)

#### Culture of Safety

18. Total Wellness Encounters: **2,550** from 2,267 (target: 1,500)  
**This measure will be retired, new metrics included as follows:**
19. % of Total Staff across NYC H+H Completing ICARE with Kindness Pledge: **31.73%** from 21.74% (Target: 80%)
20. % of Total Staff across NYC H+H Completing ICARE with Kindness Training: **25.10%** from 15.01% (Target: 80%)

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

#### Quality and Outcomes

3. Hgb A1c control <8: Reduced slightly to **68.1%** from 69.7% (remains close to target of 69%)
2. Follow-up appointment kept within 30 days after behavioral health discharge: Reduced slightly to **67%** from 68.8% (remains better than target of 65%)

#### Access to Care

15. # of e-consults: **94,772** from 97,201 (remains close to target of 95,100)

#### Financial Sustainability

8. Patient Care Revenue/Expenses: **76.9%** from 78.4% (remains better than target of 75%)

#### **Negative Trends:**

#### Financial Sustainability

10. % MetroPlus medical spend at NYC Health + Hospitals: **37.6%** from 39.4% (target: 45%)
12. PAC Total AR Days (12 months): **59 days** from 54 days (target: 50 days)

#### **Equity Measures:**

#### Racial & Social Equity Measures

22. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data:
  - FY25 Q2 (October-December 2024): **101** (revised target: 100)
  - FY25 Q3 (January-March 2025): **124** (Note: this contains **partial data** and will be updated in the next reporting quarter)
21. % of New Physician Hires being underrepresented minority (URM), as follows:

Category	April-June 2024	July-September 2024	October-December 2024	January-March 2025
Women	40.8%	46.5%	48.03%	43.35%
Non-Binary	0%	0%	0%	0%
Asian	19%	21.1%	25.33%	19.21%
Black or African American	7.1%	5.2%	6.99%	7.39%
Hispanic or Latino	4.7%	2.9%	3.93%	5.91%
American Indian or Alaska Native	0%	0.2%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%
Unknown Ethnicity	41.7%	47.50%	31%	37.44%

#### Access to Care

17. % Occupancy: Remained about the same at **75.1%** from 74%  
**% Occupancy specifically for Med Surg and ICU Units across NYC**  
**H+H:** Increased substantially to **88.4%** from 81.4%

Mr. Siegler provided an update on the Systems five-year goals. In 2023, Dr. Katz and the Senior Leadership team set ten goals for the System to achieve over the next five years. These ambitious goals are largely on track.

Ms. Brown presented on the Government Affairs Overview updates that are affecting our System's performance.

#### Federal Update

Ms. Brown reported that we are waiting for the Senate bill. The House bill has passed, which is very challenging for us for healthcare, for public health, and a number of other components.

#### State Update

Ms. Brown reported that the State legislative session, the Senate, went out of session on Friday. The assembly is supposed to have one or two more days and then those bills will need to go to the Governor for signature.

#### City Update

Ms. Brown reported that Primary Day is coming.

#### **FOLLOW-UP ITEMS:**

- The Committee had no follow-up items.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:29 pm.

## SUBSIDIARY REPORT - METROPLUS HEALTH PLAN MEETING UPDATE

**MetroPlus Health Plan, Inc.**

Board of Directors Meeting Update - Thursday, June 5<sup>th</sup>, 2025

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

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, September 18<sup>th</sup>, 2025.

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

### **Executive Session**

Sally Hernandez-Piñero called the meeting into Executive Session at 11:07 A.M. so the Board of Directors could receive legal advice from the Chief Counsel; the Board of Directors resumed the official meeting at 11:38 A.M.

### **ADOPTION OF THE MINUTES**

The minutes from the Board of Directors meeting held on Thursday, March 27<sup>th</sup> at 10:30AM were presented to the Board. On a motion by Sally Hernandez-Piñero and duly seconded, the Board adopted the minutes.

### **ACTION ITEMS**

Sally Hernandez-Piñero advised that we begin the meeting by covering the Action Items. A **first** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

*Approving the appointment of Dr. Michael Bouton to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.*

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **second** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

*Approving the appointment of Dr. Radeyah Hack to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.*

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **third** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

*Approving the appointment of Vanessa Rodriguez to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.*

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.



A **fourth** resolution was presented by Steven Stein Cushman, Chief Counsel, for Board Approval.

*Adopting the written procedures set forth in Attachment A for the use of videoconferencing for public meetings of the MetroPlus Board of Directors and its committees.*

Steven Stein Cushman provided an overview of Videoconferencing and Participation Requirements.

Board members asked questions regarding Videoconferencing participation requirements; Steven Stein Cushman responded.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **fifth** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

*Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to **authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to increase the contract authority for Accenture, LLP ("Accenture")** in the amount of \$3,100,000 for a total not to exceed authority amount of \$23,100,000, for the remaining contract term.*

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and the Board Approval Request.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **sixth** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

*Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to **authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with Deloitte Consulting, LLP ("Deloitte")** in the amount of \$3,000,000 for a new total not to exceed authority amount of \$12,500,000.*

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

Board Members made comments regarding the request and Frederick Covino expanded on the background.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **seventh** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

*Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with SourcEdge Solutions LLC ("SourcEdge") in the amount of \$4,030,000 for a new total not to exceed authority amount of \$10,000,000.*

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **seventh and final** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to execute a contract with Wakely Consulting Group, LLC, an HMA Company ("Wakely") to provide Actuarial services for a term of three (3) year with two (2) one-year renewal options, solely exercisable by MetroPlus, for an amount not to exceed \$11,600,000, for the total 5-year term.*

Lauren Leverich Castaldo, Chief Finance Officer, provided a detailed overview of the Background, RFP Criteria, Selection Process, Vendor Evaluation and Board Approval Request.

Board Members asked questions regarding vendor selection; Lauren Leverich Castaldo responded.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

## **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, Where We Are, Project Status, Project Watch Items and Focus on Wave 1 Readiness.

Board Members asked questions regarding Project Edge; Tomasz Kawka responded.

### **FEDERAL & NEW YORK STATE BUDGET**

Sally Hernandez-Piñero asked that we move on to discuss the Federal & New York State Budget. Raven Ryan Solon, Chief Compliance & Regulatory Officer began

by presenting the New York State Federal Risks and the State Budget SFY 2025 Highlights.

Board Members asked questions regarding the budgets; Lauren Leverich Castaldo responded.

#### **SALESFORCE**

Sally Hernandez-Piñero asked that we move on to discuss the Salesforce Update. Tomasz Kawka, Vice President of Business Transformation began by presenting the Strategic Enhancements and 2025 Priorities.

#### **PROVIDER DIRECTORY**

Sally Hernandez-Piñero asked that we move on to discuss the Provider Directory. Lila Benayoun, Chief Operating Officer began by presenting the Provider Directory Accuracy and Improvements and Provider Directory Accuracy and Improvements Continued.

Lauren Santella-Saccone, Chief Marketing and Brand Officer presented the Find a Doc Tool Enhancement Methodology and Journey, and the Search Problem Solved Challenge.

#### **FINANCE REPORT**

Sally Hernandez-Piñero asked that we move on to discuss the Finance Report. Lauren Leverich Castaldo, Chief Financial Officer presented the 2024 Revision Rate Updates for Medicaid and HARP, 2025 Q1 MMCOR P&L Finance Health Check, Q1 Regulatory Reporting to Forecast, Medicaid and HARP Rate Updates and HIV SNP Rate Updates.

Due to time constraints, Roger Milliner, Chief Growth Officer, did not present the Membership, Acquisition & Retention slides. Board Members are always encouraged to read the packet at their leisure and follow-up with any questions.

There being no further business, Sally Hernandez-Piñero adjourned the meeting at 12:28 P.M.



**Mitchell H. Katz, MD**

**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD OF DIRECTORS**

**June 26, 2025**

### **NYC HEALTH + HOSPITALS FACILITIES RECOGNIZE JUNETEENTH AND PRIDE**

On Thursday, June 19 and throughout the month, NYC Health + Hospitals facilities recognized Juneteenth. As an example, NYC Health + Hospitals/Harlem recognized the day on the evening of Tuesday, June 17 with a "Celebration of Health and Wellness." It brought together community leaders, health advocates, and hospital leadership for a panel discussion and performances. At NYC Health + Hospitals/Carter, the facility combined a Juneteenth celebration with an Arts in Medicine Music for the Soul performance.

June is also Pride Month, and our facilities were once again marching, educating, and celebrating. NYC Health + Hospitals had a presence at all the borough marches and will be at the culminating march down Fifth Ave this coming Sunday. NYC Health + Hospitals/Gotham Health plans to have its own float in the march. This effort reinforces NYC Health + Hospitals' commitment to empowering LGBTQ+ New Yorkers to live their healthiest lives possible. The health care System was the first municipal system to open a health care center dedicated to the needs of LGBTQ+ New Yorkers. The health System Pride Health Services in eight facilities across the City offers culturally-sensitive and comprehensive gender-affirming health care services to LGBTQ+ patients.

### **HEALTH SYSTEM AND FACILITY ANNOUNCEMENTS**

#### **NYC HEALTH + HOSPITALS UNIFIES ITS HOSPITAL-BASED VIOLENCE INTERRUPTION PROGRAMS TO ADDRESS THE GUN VIOLENCE PUBLIC HEALTH CRISIS**

In recognition of Gun Violence Awareness Month, Wear Orange Day, and New Yorkers affected by gun violence, NYC Health + Hospitals announced that its Hospital-based Violence Interruption Programs (HVIP) have implemented a unified, multidisciplinary approach to treating victims of violent trauma. The public health System's HVIP programming – funded in part by the NYC Mayor's Office and the Dept. of Youth and Community Development (DYCD), and working in partnership with the Dept. of Health and Mental Hygiene (DOHMH) – utilizes a three-pronged approach to treat victims of violence at their bedside and ensure their lasting recovery. HVIP programs, which are currently established at NYC Health + Hospitals/Harlem, Jacobi, Kings County, Lincoln, and Woodhull, seek to break cycles of violence by providing interruption, prevention, and community engagement services that optimize outcomes.

for patients treated for violent trauma and foster lasting peace and healing in affected communities.

Every year, the public health System's five hospitals with HVIP programs treat over 3,500 patients for violent trauma, about two thirds of whom receive violence interruption, prevention, and community services by HVIP programs. In the coming year, NYC Health + Hospitals will lay the ground work to establish HVIP programming at Bellevue and Elmhurst Hospitals, expanding to all six of the public health System's level-one trauma centers. In addition, in partnership with NYC Health + Hospitals Arts in Medicine Department's Community Mural Project, this summer HVIP programs will begin creating a first- of-its-kind systemwide, collaborative mural with artists Sheena Vaughn and William Bentley to commemorate victims of gun violence and promote peace in impacted communities.

#### **NYC HEALTH + HOSPITALS/ELMHURST SUCCESSFULLY RE-VERIFIED AS LEVEL I TRAUMA CENTER**

NYC Health + Hospitals/Elmhurst announced its successful re- verification as a Level I Trauma Center – the highest level of trauma care designation available. The reverification by the American College of Surgeons' (ACS) Committee on Trauma included a site survey of the hospital to confirm it meets the highest levels of institutional performance and patient care capability. This distinction reinforces the hospital's status as a premier regional resource for the total spectrum of trauma services, from prevention and emergency intervention to recovery and rehabilitation.

#### **NEW CLINICAL LICENSURE TRAINING PROGRAM HELPS SOCIAL WORKERS ADVANCE THEIR CAREERS**

Earlier this month, the health care System launched the Social Work Clinical Licensure Training Program, which provides Licensed Master Social Workers (LMSWs) at NYC Health + Hospitals with training and financial support to attain their clinical licensure in exchange for a two-year commitment to the health care system. Funded by the van Ameringen Foundation, this strategic initiative will help strengthen and expand the behavioral health workforce at NYC Health + Hospitals. Participants will receive free test preparation, which includes study materials and 24 hours of training, as well as reimbursement for the exam registration and licensure fees to prepare them for the Association of Social Work Boards exam and become a New York State Licensed Clinical Social Worker (LCSW). Attaining this licensure will allow them to earn higher salaries and move into supervisory social work positions in the System. The program was developed in response to exit data showing 20% of social workers who left their role at NYC Health + Hospitals did so due to a lack of career advancement opportunities. The Social Work Clinical Licensure Training Program is available to LMSWs who have worked at NYC Health + Hospitals for at least two years.

The Social Work Clinical Licensure Training Program is part of the NYC Health + Hospitals' Social Work Training Academy, which launched in May 2024 to standardize training for the health care system's more than 1,000 social workers, strengthening practice and patient outcomes. The Social Work Training Academy serves social workers at all points along the career spectrum by streamlining clinical internship placement and orientation offerings for behavioral health; offering an evidence-based practice training program for established system social workers; providing ongoing

continuing education; and supporting social workers in earning their licensure and moving into leadership roles.

**LAST EPISODE OF THE SEASON OF NYC HEALTH + HOSPITALS' PODCAST, THE  
REMEDY, IS RELEASED**

The health care System released the seventh episode of season 2 of its podcast, The Remedy, featuring leaders and health care providers from various facilities. Season 2 Episode 7: No Wrong Door: Addiction Care in NYC covers how NYC Health + Hospitals treat substance use disorder with a comprehensive approach – whether someone walks into an emergency room, seeks help at a methadone clinic, or connects through community outreach.

In the episode, host Dr. Michael Shen is joined by Dr. Dan Schatz, Medical Director of Addiction Services for NYC Health + Hospitals, and Sasha Ashton, Director of Addiction Services at NYC Health + Hospitals/Kings County in Brooklyn. They discuss the devastating rise of fentanyl in the drug supply, the role of peer support in recovery, and how stigma continues to prevent many New Yorkers from seeking care. Ashton and Dr. Schatz also talk about the importance of offering flexible, harm reduction-based treatment options, from walk-in care and bridge clinics to sober social spaces that include dance parties. The episode also highlights innovative programs that support pregnant and postpartum patients, and the upcoming RISE Center in the South Bronx, which will offer integrated services for families impacted by addiction.

**NYC HEALTH + HOSPITALS/BELLEVUE AND JAPAN INSTITUTE FOR HEALTH SECURITY  
ANNOUNCE INTERNATIONAL STRATEGIC PARTNERSHIP TO ENHANCE HIGH- CONSEQUENCE  
INFECTIOUS DISEASE PREPAREDNESS**

NYC Health + Hospitals/Bellevue announced a new strategic partnership with the Japan Institute for Health Security (JIHS), a Tokyo-based agency which serves as a world-class Integrated Science Center for Infectious Diseases to protect people from various diseases and health emergencies such as infectious diseases. The international agreement outlines a commitment 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, education and training initiatives, 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.

**NYC HEALTH + HOSPITALS/GOTHAM HEALTH WILL JOIN SIX NYC PARADES THIS SUMMER TO  
PROMOTE COMMUNITY HEALTH AND WELLNESS TO ALL NEW YORKERS**

Reinforcing its ongoing commitment to community engagement, public health, and inclusivity, NYC Health + Hospitals/Gotham Health is participating in six prominent cultural parades throughout New York City this year. Under the theme "Healthcare Heroes Sailing into the Future," Gotham Health will spotlight its mission to deliver high- quality, affordable health care



services to all New Yorkers, regardless of ability to pay or immigration status. This marks the second consecutive year Gotham Health has taken part in the City's largest parades, empowering communities with direct access to health information, resources and services. Gotham Health will join hundreds of other staff and facilities across the health system who participate in the parades each year.

#### **NYC HEALTH + HOSPITALS ANNOUNCES NEW SEASONS OF FARMERS MARKETS NEAR PATIENT CARE SITES**

NYC Health + Hospitals launched a new season of farmers markets hosted at public hospitals and community health centers across the City. The farmers markets, operated by local partners GrowNYC, Harvest Home, Mi Ranchito Farm, and Uptown Grand Central, make it easy for anyone in the community to access fresh, local fruits and vegetables at an affordable price. Various payment options are available to help New Yorkers take advantage of farmers markets, and Fresh Food Box sites, including EBT/SNAP, Senior Farmers Market Nutrition Program (FMNP) coupons, and Women, Infants and Children (WIC) coupons. The sites included this year are NYC Health + Hospitals/Carter, Elmhurst, Gouverneur, Harlem, Jacobi, Lincoln, Metropolitan, North Central Bronx, Queens, South Brooklyn Health, and Woodhull.

#### **NYC HEALTH + HOSPITALS/ELMHURST OPENS NEW BUSINESS CENTER, FREEING UP SPACE FOR PATIENT CARE AT THE HOSPITAL**

NYC Health + Hospitals/Elmhurst recently opened an offsite Business Services Center to free up patient care space at the hospital. The space now houses Elmhurst Hospital's Finance, Patient Accounts, Grants, and Human Resources departments. The relocation of crucial but non-clinical departments to the hospital's Business Services Center will lead to better workflow and better staff engagement for these departments, as well as pave the way for construction to begin on much-needed expansion projects at the hospital.

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

##### **AMERICAN ESSENTIAL HOSPITALS RECOGNIZES NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX WITH GAGE AWARD HONORABLE MENTION FOR QUALITY IMPROVEMENT IN CONTINUING CARE AFTER DEATH**

NYC Health + Hospitals/Jacobi | North Central Bronx announced that the hospital's "Compassion for Community: Continuing Care after Death" program was recognized by America's Essential Hospitals with a Gage Award honorable mention for quality improvement. The program successfully reduced decedent holding time in the aftermath of the COVID-19 pandemic from thirteen days to five days. The Gage Award is named after association founder Larry Gage to honor and share successful and creative member hospital programs that improve patient care and meet community needs. America's Essential Hospitals is the leading association and champion for hospitals and health systems dedicated to high-quality care for all.

##### **NYC HEALTH + HOSPITALS/GOUVERNEUR CHIEF EXECUTIVE OFFICER RECEIVES 2025 SENIOR LEVEL HEALTHCARE EXECUTIVE AWARD FROM THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES**

Susan Sales, MPA, FACHE, LNHA, Chief Executive Officer of NYC Health + Hospitals/Gouverneur Skilled Nursing Facility, was recognized as a 2025 Senior Level Healthcare Executives Regent's Award honoree by the American College of Healthcare Executives – Healthcare Leaders of New York. Sales is the only recipient from the NYC Health + Hospitals System to receive this distinction for 2025. The HLNy's Senior Level Healthcare Executives Regent's Award recognizes ACHE affiliates who are experienced in the field and have significantly contributed toward the advancement of healthcare management excellence and the achievement of the goals of ACHE. Affiliates are evaluated on leadership ability, innovative and creative management, executive capability in developing their own organization and promoting its growth and stature in the community, contributions to the development of others in the healthcare profession, leadership in local, state, or hospital and health association activities in civic/community activities and projects and participation in College activities and interest in assisting the College in achieving its objectives.

#### **CASTLE CONNOLLY RECOGNIZES TOP NYC HEALTH + HOSPITALS AAPI AND LGBTQ+ DOCTORS**

Castle Connolly, a health care directory that helps patients identify trusted providers, selected 11 Asian American and Pacific Islander and seven LGBTQ+ NYC Health + Hospital providers for inclusion in its annual respective lists. Those identified were nominated by their peers and selected by Castle Connolly's physician-led research team based on criteria including professional qualifications, education, leadership, hospital and faculty appointments, interpersonal skills, and contributions to healthcare research.

On the organization's AAPI list: Vani Dandolu, MD; Gladys Ming-Li Lee- Hwang, MD; Pradeep Mally, MD; Vikramjit Mukherjee, MD; Michael S. Shen, MD; Bipin Subedi, MD; Anitha Srinivasan, MD; Ee Tein Tay, MD; Amit Uppal, MD; Ramaswamy Viswanathan, MD; and Eric K. Wei, MD.  
On the LGBTQ+ list: Gregory L. Almond, MD; Richard E. Greene, MD; Robert A. Pitts, MD; Warren Seigel, MD; Bipin Subedi, MD; Elana Sydney, MD; and Andrew B. Wallach, MD.

#### **NYC HEALTH + HOSPITALS/QUEENS MEDICAL-SURGICAL UNIT RECEIVES ACADEMY OF MEDICAL-SURGICAL NURSES PRISM AWARD**

NYC Health + Hospitals/Queens announced that its Medical-Surgical Unit, was honored with the [Academy of Medical-Surgical Nurses \(AMSN\) PRISM Award](#). This prestigious recognition signifies "Premier Recognition in the Specialty of Med-Surg." The AMSN PRISM Award celebrates the collective accomplishments and contributions of the nursing staff within the B4East unit. It exemplifies the qualities that define excellence in medical-surgical nursing and serves as a public symbol of NYC Health + Hospitals/Queens' ongoing commitment to achieving optimal outcomes and exceptional patient care.

#### **NYC HEALTH + HOSPITALS' CHIEF DATA AND AI OFFICER DIVYA PATHAK RECOGNIZED AS NATIONAL LEADER IN HEALTH IT AND DATA INNOVATION**

Chief Data and Artificial Intelligence Officer Divya Pathak was recognized in Becker's Hospital Review's "[Women in Health IT to Know 2025](#)" and Chief Data Officer Magazine's "[Top 100 Data Leaders in North America 2025](#)".



Pathak's dual honors reflect her leadership advancing data, artificial intelligence, and health technology to establish guidelines for safe and responsible use of AI and to drive innovation and equity across the nation's largest public health system.

#### **CITY & STATE NEW YORK RECOGNIZES THREE NYC HEALTH + HOSPITALS LEADERS ON 2025 "BRONX POWER 100" LIST**

NYC Health + Hospitals announced that two of its hospital CEOs and the Associate Director of Public Relations at Jacobi Hospital were named to City & State New York's "[Bronx Power 100 list](#)". Each one is recognized for being a key member of their community, providing New Yorkers with access to high-quality, comprehensive health care while also advocating for their social and economic needs. NYC Health + Hospitals/Jacobi | North Central Bronx CEO Christopher Mastromano and NYC Health + Hospitals/Lincoln CEO Cristina Contreras rank 24th on the Bronx Power 100 list. Associate Director of Public Relations for Jacobi and North Central Bronx Hospitals, John Doyle is 84<sup>th</sup> on the list.

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

Last week, NYC Health + Hospitals officially closed the NYC Arrival Center and Roosevelt Hotel humanitarian center, marking the completion of a pivotal chapter of our emergency response to the asylum seeker crisis. The Arrival Center, which first opened its doors in May 2023, provided comprehensive intake, medical, social, and reconnection services to over 155,000 individuals – approximately two-thirds of the 237,000 asylum seekers who have arrived in New York City since Spring 2022.

Throughout its operation, the Arrival Center was instrumental in offering a dignified welcome to asylum seekers, providing critical services such as food, hygiene products, and medical screenings moments after people arrived. To date, our medical teams at the Arrival Center, humanitarian centers, and hospital facilities have administered over 200,000 vaccinations, the majority given to children seeking enrollment in New York City public schools. In addition, Arrival Center teams conducted over 180,000 depression screenings, providing immediate referrals to mental health services as needed.

The Humanitarian Emergency Response and Relief Center (HERRC) program, which began in September 2022, has been a cornerstone of the City's crisis response, providing shelter and wraparound services to over 140,000 people, including 40,000 children. At the peak of our operations, the public health System managed 16 humanitarian centers that provided shelter for over 25,000 individuals, the majority of whom were families with children. Moving forward, we will continue to manage operations of the Row Hotel humanitarian center, which houses families with children, including those with infants, medical conditions, and pregnant mothers.

The HERRC Case Management program, which also concluded in late June, provided nearly one million meetings, helping 90% of eligible adults obtain or apply for work authorization. Our proactive, community-guided case management efforts have helped 71% of families exit the City shelter system, accelerating their progress towards self-sufficiency.

## **NYC CARE UPDATE**

### **NYC HEALTH + HOSPITALS HOSTS "WE BELONG HERE" ART EXHIBITION CELEBRATING IMMIGRANTS AND PROMOTING HEALTH CARE ACCESS**

On Wednesday, June 4 NYC Health + Hospitals hosted the opening night reception of the "We Belong Here" art exhibition at NYC Health + Hospitals/Gotham Health, Broadway in Bushwick, Brooklyn. Launched in commemoration of June's Immigrant Heritage Month, the exhibition celebrates the immigrant experience and reminds us that belonging is not just a feeling but a fundamental aspect of health. In a health care setting that provides care without barriers, "We Belong Here" affirms that true healing happens when we recognize each other's complete humanity.

The exhibition, up through this year, includes works by eleven artists from ten countries, including recent commissions by New York City-based artists Viktoriya Basina, Carla Torres, and Zeehan Wazed, offering portraits that reflect their own journey navigating immigration and finding belonging. Through a diverse range of materials including fingerprint impressions, aircraft parts, glitter, and road cases, they embrace both literal and conceptual approaches to portraiture, moving beyond political categorizations to reveal infinite facets of immigrant experiences. The exhibition was organized by NYC Health + Hospitals' Arts in Medicine department in partnership with NYC Health + Hospitals' NYC Care health care access program and Gotham Health, with support from the Laurie M. Tisch Illumination Fund.

## **ARTS IN MEDICINE UPDATE**

### **NYC HEALTH + HOSPITALS ANNOUNCES SUMMER CONCERT SERIES IN PARTNERSHIP WITH SING FOR HOPE**

The health care System released its summer schedule of live concerts through the Music for the Soul program in partnership with Sing for Hope. The free concerts are available to the public as well as patients and staff in and around the City's public hospitals. The live concert series began in 2018 and continued with virtual performances in 2020 during COVID in partnership with the Mayor's Office as a way to honor the work of NYC Health + Hospitals frontline staff during the height of the pandemic and support local musicians while music venues were closed. The program has since transitioned back to in-person concerts and includes New York City-based musicians who perform a variety of genres, including jazz, classical, folk, hip hop, and Latin music. Additional concerts in inpatient units will be offered for patients and staff at several facilities as well. Music for the Soul is run by the health System's Arts in Medicine department and funded by the Laurie M. Tisch Illumination Fund. A large body of scientific research has shown that music can have a profound effect on our health. Music reduces symptoms of depression, supports pain management, provides a safe environment to contribute to healing from trauma, and builds resilience while decreasing anxiety and blood pressure. Music improves our sleep quality, mental alertness, memory, and overall health and well-being.

### **'POETRY HEALS' HELD AT NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH**

Poetry Heals is a series of poetry workshops designed to support staff

through creative outlets allowing for freedom of expression. In each session participants explore works of poetry, and then create their own writing with the guidance of a professional writer and expert educator.

#### **HHART OF MEDICINE WORKSHOPS HELD AT NYC HEALTH + HOSPITALS/GOTHAM HEALTH, SYDENHAM**

Arts in Medicine supported four HHArt of Medicine workshops including the first session at NYC Health + Hospitals/Gotham Health, Sydenham. The Whitney Museum of American Art centered the workshop around the Roses in Harlem community mural created by artist Stephanie Costello in collaboration with the staff, patients, and CAB members during the focus groups and paint party in 2023.

#### **ARTIST-IN-RESIDENCE MURAL INSTALLED AT NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX**

A Cibelee Vieira mural was installed at NYC Health + Hospitals/North Central Bronx, which features the work of the Internal Medicine Residents. The design mimics one of a DNA structure. New caterpillars, chrysalids, and butterflies will be added by the incoming residency cohort in the coming months.

#### **METROPLUSHEALTH UPDATE**

##### **METROPLUSHEALTH CELEBRATES 40 YEARS — FOR PEOPLE, NOT PROFIT**

This year MetroPlusHealth proudly marks its 40th anniversary, celebrating four decades of delivering high-quality, affordable health care to nearly 700,000 New Yorkers. Founded in 1985 in partnership with NYC Health + Hospitals, we have remained committed to a singular mission: to provide care that prioritizes people over profit.

Over the past four decades, the company has built a model of care that delivers lasting impact:

- 12 insurance products, including government sponsored, individual commercial, group commercial, ACA, long-term and integrated options
- A citywide network of 34,000 doctors, specialists, and participating clinics— including NYC Health + Hospitals, NYU Langone, Mount Sinai, and more than 110 urgent care sites
- A Housing Task Force that has helped more than 1,000 members secure stable housing
- 800+ partnerships with grassroots organizations to expand reach and access
- Innovative, equity-focused benefits— including wellness cards, doula services, and culturally competent behavioral health support
- A growing member base that includes more than 9,000 NYC Health + Hospitals employees
- 8 community office locations across the five boroughs, with three more opening later this year
- 8 years in top quality tiers across various lines of business
- 25 years of successful risk sharing agreements

- First health plan of its size in New York State to offer food benefits to Medicaid members
- First-of-its-kind loan repayment program to increase provider access

This milestone year is anchored by the 40th Anniversary Impact Report and a dedicated digital campaign platform, ForPeopleNotProfit.org. Both debuted in May and serve as centerpieces of the year-long anniversary campaign.

- The 40th Anniversary Impact Report, titled "40 Years For People. Not Profit.", chronicles MetroPlusHealth's evolution from a small health plan to a lifeline for hundreds of thousands of New Yorkers across all five boroughs and especially in communities historically left behind.
- ForPeopleNotProfit.org serves as the digital platform designed to educate and advocate for the value of nonprofit health care. Visitors can explore the full digital report, learn how nonprofit and for-profit insurance models compare, and hear directly from experts on the critical importance of continuity of care and environmental factors that impact health.

As the Plan continues its 40th anniversary campaign, MetroPlusHealth remains focused on its public mission: expanding access, improving outcomes, and delivering care with dignity – for people, not profit.

### **External Affairs Update**

#### **City**

On June 10th, NYC Health + Hospitals participated in Q&A for the Committee on Hospitals hearing on Language Access in Hospitals at the New York City Council. Ivelisse Mendez-Justiniano, Chief Diversity, Equity, and Inclusion Officer provided testimony and participated in Q&A.

#### **State**

The New York State Legislative session concluded earlier this month on June 18th. The State Senate adjourned on June 13th, while the Assembly stayed longer to finish business and concluded on the 18th. A total of 16,765 bills were introduced this year. The 865 bills that passed both houses will now have to be delivered to and acted on by the Governor before the end of the year.

External Affairs is working with our subject matter experts to determine if the System should be asking the Governor to (1) sign, (2) veto, or (3) amend a bill that passed both houses. One bill of note relates to medical malpractice legislation. It passed again this year and has been vetoed for the past three years. NYC Health + Hospitals opposes this legislation.

#### **Federal**

Last month, the House passed a bill that would make significant cuts and changes to the social safety net, including Medicaid and New York's Essential Plan. The Senate released their draft of a corresponding bill last week which makes additional cuts to Medicaid and hospital funding. Medicaid is the main source of revenue for our system; nearly 70% of our system's inpatient discharges are covered by Medicaid or the Essential Plan. The health care system is advocating in Washington, D.C. to push back on these cuts, particularly with the Republican NY House delegation.

### **Community Affairs**

The Council of CABs elected their new Executive Committee for the 2026 term, which runs from September 1st to August 31st. Robin Hogans from the Queens CAB will serve as the Council of CABs Chair, Joyce M. Rivers from Sydenham CAB will serve as First Vice-Chair, and Pauline Lock from Gouverneur CAB will serve as the Second Vice-Chair. They will elect a Secretary in September. The CAB Chairs from Cumberland, Elmhurst, Gouverneur, and Lincoln also presented their facility reports to the Board of Directors' Community Relations Committee.

The 2025 Community Health Needs Assessment has been completed and will be presented to the Board of Directors for approval on June 26th.

The Central Council of Auxiliaries held its quarterly meeting on June 4. During this meeting, an overview of Auxiliary Operating Procedures was given, and best practices for membership recruitment and fundraising were discussed.

### **NEWS FROM AROUND THE SYSTEM**

**Primera Linea:** [New York Celebrates National Nurses Month with \\$2 Million Investment to Support New Nurses](#)

**Documented NY:** [What to Do If You Can't Pay Your Medical Bill in NYC](#)

**Newsweek:** [Gay Pride Parade for immigrants](#)

**The South Asian Times:** [NYC Health + Hospitals physicians honored as 2025 top AAPI doctors by Castle Connolly](#)

**QNS:** [Queens and Elmhurst hospitals earn Baby-Friendly redesignation for maternal, infant care](#)

**City & State New York:** [The 2025 Bronx Power 100 - City & State New York](#)

**JAMA Network:** [Effect of Medicaid Cuts on the Medical Care Ecosystem](#)

**News12 Bronx:** [NYC Health + Hospitals/Lincoln launches 'Hotspotting' program to help overcome addiction](#)

**Open Minds:** [NYC Health + Hospitals Launches Workforce Development Program For Behavioral Health Nurses](#)

**The Vision Times:** ['From Trauma to Healing': NYC Health + Hospitals Expands Programs to Combat Gun Violence](#)

**USA Today:** [Ear infections are common and painful. Here's what causes them](#)

**Staten Island News:** [NYC Health + Hospitals Hosts "We Belong Here" Art Exhibition Celebrating Local Immigrant Artists, Promoting Health Care Access For All New Yorkers.](#)

**Becker's Hospital Review:** [30 recent hospital, health system executive moves](#)

**Harlem World Magazine:** [NYC Health + Hospitals Announces New Seasons of Farmers Markets Near Patient Care Sites](#)

**Documented NY:** [What to do if you can't pay your medical bill in New York](#)

**CBS NY:** [NYC Health + Hospitals Doctors Interviewed About Extreme Heat](#)  
**Everyday Health:** [Can You Drink Alcohol With Heart Disease?](#)  
**Bloomberg:** [How to Spot Signs of Heatstroke](#)  
**Queens Chronicle:** [NYC H+H offers tips to stay safe in heat](#)  
**Primera Linea:** [NYC Health + Hospitals Doctors Recognized as 2025 Best LGBTQ+ Doctors by Castle Connolly](#)  
**Telemundo 47:** [Immigrant Help Guide in the New York Area](#)  
**Becker's Hospital Review:** [The top focus for 58 healthcare leaders](#)



**RESOLUTION – 06**

**Amending the By Laws of MetroPlusHealth Plan, Inc. , a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to (i) increase the size of the MetroPlus Board of Directors from nine (9) to eleven (11) members by amending Section 2 of Article V of the MetroPlus By-Laws; and (ii) to remove the reference to a role to be played by “Network Senior Vice Presidents” in the process of electing MetroPlus Board of Directors members as such positions no longer exist as set forth in By-Laws Section 2(B).**

**WHEREAS**, a resolution approved by the Board of Directors of New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) on October 29, 1998, authorized the conversion of MetroPlus from a NYC Health + Hospitals operating division to a separately incorporated membership not-for-profit membership corporation with NYC Health + Hospitals as sole member making MetroPlus, in effect, a wholly owned subsidiary of NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power to amend the MetroPlus By-Laws; and

**WHEREAS**, the By-Laws of MetroPlus as amended on December 19, 2019 provides for the NYC Health + Hospitals President (or his or her designee) and the MetroPlus President to serve *ex officio* on the MetroPlus Board of Directors and authorizes the appointment of seven (7) additional members to the MetroPlus Board of Directors as follows: (i) the NYC Health + Hospitals Board Chairperson to select three (3) directors of the MetroPlus Board, one of whom shall serve as Chairperson; (ii) the NYC Health + Hospitals President to select two (2) such directors; and (iii) the MetroPlus President to select two (2) MetroPlus consumers as members of the MetroPlus Board of Directors, all subject to election by the NYC Health + Hospitals’ Board of Directors; and

**WHEREAS**, the MetroPlus By-Laws also provide that the MetroPlus Board of Directors members approved by the NYC Health + Hospitals President be made from among persons nominated by NYC Health + Hospitals’ “Network Senior Vice Presidents; and

**WHEREAS**, the position of “Network Senior Vice President” no longer exists; and

**WHEREAS**, the NYC Health + Hospitals’ Board of Directors wishes to expand the size of the Board of Directors of MetroPlus to enable NYC Health + Hospitals to provide additional stakeholder input to MetroPlus and wishes to remove the reference to “Network Senior Vice Presidents in the MetroPlus By-Laws.

**NOW, THEREFORE, be it**

**RESOLVED**, that the By-Laws of MetroPlus Health Plan, Inc. (“**MetroPlus**”) be and the same hereby is amended at Section 2 of Article V thereof to (i) increase the size of the MetroPlus Board of Directors from nine (9) to eleven (11) members ; and (ii) remove the reference to a role to be played by “Network Senior Vice Presidents” in the process of electing MetroPlus Board of Directors members as such positions no longer exist as set forth in By-Laws Section 2(B).

## ATTACHMENT A

Article V, Section 2 of the By-Laws of MetroPlus Health Plan, Inc. is amended to read as follows:

Section 2. Number and Qualifications of Directors.

- (A) Number. The number of members of the Board of Directors shall be eleven (11) directors, including the two (2) *ex officio* members described below.
- (B) Qualifications. All members of the Board of Directors of the Corporation shall be at least twenty-one (21) years of age and at all times shall include: (a) four (4) directors selected by the Chairperson of the Board of Directors of the Health and Hospitals Corporation, one of whom shall serve as Chairperson of the Corporation's Board of Directors, subject to election by the Board of Directors of the Health and Hospitals Corporation; (b) one (1) director who is a member of the MetroPlus "mainstream" Health Plan and one (1) director who is a member of the MetroPlus "HIV SNP" Health Plan, each nominated by the Executive Director of the Corporation and elected by the Board of Directors of the Health and Hospitals Corporation; and (c) three (3) directors selected by the President of the Health and Hospitals and elected by the Board of Directors of the Health and Hospitals Corporation. The President of the Health and Hospitals Corporation or his or her designee, and the Executive Director of the Corporation, or their successors, shall be directors *ex officio*. Directors shall perform their Board responsibilities in person only and cannot perform such responsibilities by proxy or by agent, except as otherwise provided in these By-Laws.



## **EXECUTIVE SUMMARY**

### **Amendment of By-Laws of MetroPlus Health Plan, Inc. to Increase the Number of Board of Directors from Nine (9) to Eleven (11) and to Remove an Out of-Date reference to NYC Health + Hospitals Network Senior Vice Presidents**

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals, as sole member, has the power to amend the By-Laws of MetroPlus.

The MetroPlus Bylaws assigns to the Chairperson of NYC Health + Hospitals the right to select three members of the MetroPlus Board, to the NYC Health + Hospitals President the right to select two such members, and to the MetroPlus President the right to select two consumer members, all subject to the approval of the NYC Health + Hospitals Board of Directors. In addition, the NYC Health + Hospitals President (or his or her designee) and the MetroPlus President serve *ex officio*.

To provide additional stakeholder input through the expertise brought by additional board members, , approval is sought to amend the MetroPlus By-Laws to increase the number of MetroPlus Board of Directors from nine (9) to eleven (11) by adding one additional member selected by the Chairperson of NYC Health + Hospitals and one additional member selected by the NYC Health + Hospitals President, both to be approved by the NYC Health + Hospitals Board of Directors.

Additionally, the MetroPlus By-Laws contain a reference to NYC Health + Hospitals “Network Senior Vice Presidents.” Because such positions no longer exist, the reference to them should be removed from such By-Laws.

A copy of the MetroPlus By-Laws marked to show the exact changes of wording proposed is attached as Executive Summary Attachment B. Attachment C is the entire text of the By-Laws as amended.

A vote approving the amendment of the MetroPlus By-Laws is sought.

**EXECUTIVE SUMMARY**  
**ATTACHMENT B**

**(text of MetroPlus By-Law Article V, Section 2 marked to show proposed changes)**

Section 2. Number and Qualifications of Directors.

- (A) Number. The number of members of the Board of Directors shall be ~~nine (9)~~ eleven (11) directors, including the two (2) *ex officio* members described below.
- (B) Qualifications. All members of the Board of Directors of the Corporation shall be at least twenty-one (21) years of age and at all times shall include: (a) ~~three (3)~~ four (4) directors selected by the Chairperson of the Board of Directors of the Health and Hospitals Corporation, one of whom shall serve as Chairperson of the Corporation's Board of Directors, subject to election by the Board of Directors of the Health and Hospitals Corporation; (b) one (1) director who is a member of the MetroPlus "mainstream" Health Plan and one (1) director who is a member of the MetroPlus "HIV SNP" Health Plan, each nominated by the Executive Director of the Corporation and elected by the Board of Directors of the Health and Hospitals Corporation; and (c) ~~two (2)~~ three (3) directors selected by the President of the Health and Hospitals Corporation ~~from nominations forwarded to the President of the Health and Hospitals Corporation by the Senior Vice Presidents of the Networks of the Health and Hospitals Corporation~~ and elected by the Board of Directors of the Health and Hospitals Corporation. The President of the Health and Hospitals Corporation or his or her designee, and the Executive Director of the Corporation, or their successors, shall be directors *ex officio*. Directors shall perform their Board responsibilities in person only and cannot perform such responsibilities by proxy or by agent, except as otherwise provided in these By-Laws.

**ATTACHMENT C**

**BYLAWS  
OF  
METROPLUS HEALTH PLAN, INC.**

**As of December 19, 2019**

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## **ARTICLE I**

### **PREAMBLE**

MetroPlus Health Plan, Inc. is a public benefit corporation created pursuant to Chapter 35, NYS Consolidated Laws and the New York City Health and Hospitals Corporation Act (L. 1969 C. 1016).

In order to provide for the orderly operation of the Corporation, the Member of the Corporation adopts the following By-Laws:

## **ARTICLE II**

### **NAME AND PLACE OF BUSINESS**

#### **Section 1. Name.**

The name of the corporation is MetroPlus Health Plan, Inc. (the “Corporation” or “MetroPlus Health Plan”).

#### **Section 2. Location.**

The principal place of business of the Corporation shall be in the City of New York, County of New York, and the State of New York. The Corporation may have offices and places of business at such other places within the State of New York and shall be determined by the Member.

## **ARTICLE III**

### **STATEMENT OF PURPOSES**

The purposes of the Corporation include:

- (A) To provide and deliver high quality, dignified and comprehensive health care and treatment to individuals who are members of the MetroPlus Health Plan;
- (B) To extend equally to all those served, health services of a high quality, in an atmosphere of human care and respect;
- (C) To focus on the need for preventive primary care health services;

- (D) To operate in a manner consistent with the goals and objectives of the New York City Health and Hospitals Corporation and its mission to serve the people of New York City.

## **ARTICLE IV**

### **MEMBERSHIP**

The sole member of the Corporation shall be New York City Health and Hospitals Corporation (the “Member”).

## **ARTICLE V**

### **BOARD OF DIRECTORS**

#### **Section 1. General Powers.**

The property, business and affairs of the Corporation shall be managed by the Board of Directors. In the management and control of the property, business, and affairs of the Corporation, the Board of Directors may exercise all of the powers of the Corporation except such as may be otherwise reserved by the law or these By-Laws or the Corporation’s Certificate of Incorporation.

#### **Section 2. Number and Qualifications of Directors.**

- (C) **Number.** The number of members of the Board of Directors shall be nine (9) directors, including the two (2) *ex officio* members described below.
- (D) **Qualifications.** All members of the Board of Directors of the Corporation shall be at least twenty-one (21) years of age and at all times shall include: (a) three (3) directors selected by the Chairperson of the Board of Directors of the Health and Hospitals Corporation, one of whom shall serve as Chairperson of the Corporation’s Board of Directors, subject to election by the Board of Directors of the Health and Hospitals Corporation; (b) one (1) director who is a member of the MetroPlus “mainstream” Health Plan and one (1) director who is a member of the MetroPlus “HIV SNP” Health Plan, each nominated by the Executive Director of the Corporation and elected by the Board of Directors of the Health and Hospitals

Corporation; and (c) two (2) directors selected by the President of the Health and Hospitals Corporation from nominations forwarded to the President of the Health and Hospitals Corporation by the Senior Vice Presidents of the Networks of the Health and Hospitals Corporation and elected by the Board of Directors of the Health and Hospitals Corporation. The President of the Health and Hospitals Corporation or his or her designee, and the Executive Director of the Corporation, or their successors, shall be directors *ex officio*. Directors shall perform their Board responsibilities in person only and cannot perform such responsibilities by proxy or by agent, except as otherwise provided in these By-Laws.

- (E) Term of Office. The directors of the Corporation, other than the directors who serve *ex officio*, shall be elected by resolution of the Board of Directors of the Health and Hospitals Corporation in accordance with Section 2(B) above and shall serve for staggered terms of five (5) years, subject to earlier removal as provided herein. Notwithstanding the foregoing, the term of the initial directors, other than the directors serving *ex officio*, shall be as reflected in Attachment A to these By-Laws. Directors will continue to serve until a replacement has been appointed.
- (F) Removal. Any Director of the Corporation selected by the President of the Health and Hospitals Corporation may be removed by the President of the Health and Hospitals Corporation, subject to the approval of the Board of Directors of the Health and Hospitals Corporation or the prior delegation of such authority by the Board of Directors of the Health and Hospitals Corporation. The Health and Hospitals Corporation Board of Directors may vote to remove a director for any reason.

### Section 3. Meetings.

- (A) Annual Public Meeting. The Board of Directors shall hold an annual public meeting at such date, place and hour as shall be designated in the notice to the public of the annual public meeting. Such meeting serves as the annual meeting of the Board of Directors mandated by law. Such notice shall be given not later than thirty (30) days before the meeting.
- (B) Regular Meetings. Regular meetings of the Board of Directors shall be held on a schedule determined annually by the Board of Directors. The Board of Directors shall assemble to conduct the business of the Corporation at least four times annually, once in each quarter, and shall for each such assembly provide prior notice to and shall include in each such assembly each enrollee or

consumer representative and/or enrollee advisory council member elected or appointed to represent the Corporation's enrollees.

- (C) Special Meetings. Special Meetings of the Board of Directors shall be held whenever

called by the Chairperson of the Board of Directors, the Executive Director or by four (4) directors. Any and all business may be transacted at a special meeting which may be transacted at a regular meeting of the Board of Directors.

- (D) Time and Place of Meeting. The Board of Directors may hold its meetings at such time or times and such place or places within or without the State of New York as the Board of Directors may, from time to time, by resolution determine or as shall be designated in the respect notices or waivers of notice thereof.

- (E) Notice of Meetings. Notices, beyond those required by law, of regular meetings of the Board or of any adjourned meeting need not be given. Notices of special meetings of the Board of Directors, or of any meeting of any committee of the Board of Directors, except the Executive Committee, which shall meet when deemed necessary, shall be mailed by the Secretary to each director or member of such committee, addressed to him or her at his or her residence or usual place of business, at least three (3) days before the day on which such meeting is to be held, or shall be sent by telegraph, facsimile, cable or other form of recorded communications or be delivered personally or by telephone not later than the day before the date on which such meeting is to be held. Such notice shall include the time and place of such meeting. Notice of any such meeting need not be given to any director or member of the committee, however, if waived by the director in writing or by telegraph, facsimile, cable or other form of recorded communications, whether before or after such meeting shall be held, or if he or she shall be present at such meeting and shall not protest the lack of notice to him or her prior thereto or at its commencement.

- (F) Quorum and Manner or Acting. A majority of the whole number of directors shall be present in person at any meeting of the Board of Directors in order to constitute a quorum for the transaction of business at any such meeting, and the vote of a majority of those directors present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Board of Directors, except as otherwise expressly required by these By-Laws. In the absence of quorum for any such meeting, a majority of



the directors present thereat may adjourn such meeting, from time to time, until quorum shall be present.

(G) Rules. Robert's Rules of Order shall prevail at all meetings of the Board of Directors except as otherwise herein provided.

(H) Order of Business. The order of business of each meeting of the Board of Directors shall be as follows:

1. Acceptance of the minutes of the last Regular meeting and all Special meetings;
2. Chairperson's Report;
3. Executive Director's Report;
4. Old and New Business;
5. Committee Reports;
6. Adjournment.

However, it shall be within the discretion of the person acting as chair of the meeting to deviate from the order of business herein provided.

(I) Organization. At each meeting of the Board of Directors, one of the following shall act as Chairperson of the meeting and preside thereat, in the following order of precedence: (a) the Chairperson of the Board of Directors; (b) the Vice-Chairperson of the Board of Directors; (c) the Executive Director; or (d) any director chosen by a majority of the directors present thereat. The Secretary or, in his or her absence, any person whom the Chairperson shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

(J) Minutes of Meetings. Minutes of all meetings of the Board of Directors and its committees, including a record of attendance, must be kept. Upon approval, such minutes shall be signed by the Secretary and permanently filed and maintained in the principal office of the Corporation.

(K) Action Without a Meeting. Any action required or permitted to be taken by the Board of Directors or any committee thereof may be taken without a meeting if all members of the Board of Directors or such committee consent in writing to the adoption of a resolution authorizing the action.

(L) Video Conference. Any one or more members of the Board of Directors or any

committee thereof may participate in a meeting of such Board or committee by means of a video conference or similar communications equipment allowing all persons participating in the meeting to hear and see each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 4.        Resignation

Any director, other than a director holding office *ex officio*, may resign at any time by giving written notice of resignation, including an effective date thereof, to the Chairperson of the Board of Directors. Any such resignation shall take effect at the time specified therein. If no effective date is specified therein, the resignation shall take effect thirty (30) days from the date or receipt of such notification by the Chairperson of the Board of Directors. Directors representing MetroPlus Health Plan members shall resign within thirty (30) days of their termination of MetroPlus Health Plan membership, whether such termination shall be voluntary or involuntary. A director holding office *ex officio* may only resign as a director upon termination or resignation of their employment by the Corporation.

Section 5.        Vacancies and Removal.

All directors appointed to fill vacancies on the Board of Directors shall be nominated and appointed by the same process described in Section 2(D) as the director to be replaced. Whenever a director resigns or is removed, except for directors serving *ex officio*, the director shall be replaced by the Health and Hospitals Corporation by a director nominated and confirmed in the same manner as applied to the initial appointment of the departing director. A director appointed to fill a vacancy shall be appointed for the unexpired portion of the term of his or her predecessor in office.

## ARTICLE VI

### **OFFICERS OF THE BOARD OF DIRECTORS**

#### Section 1. Titles.

The officers of the Board of Directors shall be a Chairperson of the Board of Directors and a Vice-Chairperson of the Board of Directors. The Chairperson of the Board of Directors shall be nominated by the Chairperson of the Board of Directors of the Health and Hospitals Corporation and confirmed in the manner described in these By-Laws. The Vice-Chairperson shall be chosen by the Board of Directors from among themselves.

#### Section 2. Duties and Functions.

- (A) Chairperson. The Chairperson of the Board of Directors shall: (1) preside at meetings of the Board of Directors; (2) be an *ex officio* member of all committees; (3) appoint committees with the approval of the Board of Directors; and (4) perform such duties as from time to time may be assigned by the Board of Directors.
- (B) Vice-Chairperson. The Vice-Chairperson of the Board of Directors shall, if the Chairperson of the Board of Directors shall be absent or shall be unable to act, preside at all meetings of the Board of Directors. The Vice-Chairperson of the Board of Directors shall perform such duties as from time to time may be assigned by the Board of Directors.
- (C) Other Presiding Officers. In the event that both the Chairperson and the Vice-Chairperson of the Board of Directors may be absent, or in any other way may be unable to serve, then the Executive Director shall serve as Presiding Officer. If he or she is absent or is otherwise unable to serve, the Board shall, by majority vote of those present, pick a member to be Presiding Officer at that meeting.

## ARTICLE VII

### **COMMITTEES**

#### Section 1. General Provisions.

- (A) Standing and Special Committees. Committees of the Board shall be standing or special. A standing committee is one whose functions are determined by a continuous need. The function and duration of a special committee shall be determined by its specific assignment, as stated in a resolution of the Board of Directors creating it.

- (B) Composition. Each of the standing committees shall be composed of the Chairperson of the Board of Directors, the Executive Director, and at least one (1) member of the Board of Directors appointed in the manner hereinafter specified.
- (C) Appointment. The Chairperson of the Board of Directors shall annually appoint, with the approval of a majority of the Board of Directors, members of the Board of Directors to the standing committees.
- (D) Committees Chairperson. The Chairperson of each committee, both standing and special, shall be designated by a majority vote of the Board of Directors.
- (E) Meetings. Each standing committee shall meet as deemed necessary.
- (F) Quorum. A quorum, which shall be at least more than one-half of all the members of a committee, standing or special, shall be required for a committee to transact any business unless otherwise stated in these By-Laws.
- (G) Committee Action. All actions of a committee, standing or special, shall be taken by a majority vote of the members in attendance at a committee meeting.
- (H) Board Committee Reports. Each committee shall report to the Board of Directors, at its regular meetings, on all business transacted by it since the last regular Board of Directors meeting.
- (I) Staff Committee Reports. The Board of Directors shall establish a timetable for review and approval of key plan functions, including, but not limited to, financial reports and quality assurance reports. The schedule and types of reports required shall be sufficient for the Board of Directors to accurately monitor the Corporation's financial and operational performance.
- (J) Special Committees. The Board of Directors may, by resolution passed by a majority of the whole number of directors, designate special committees, each committee to consist of two (2) or more directors, one of whom shall be the Chairperson of the Board of Directors, and each such committee shall have the duties and the functions as shall be provided in such resolution.

Section 2.        Standing Committees.

The following committees shall be designated as standing committees:

Executive Committee

Finance Committee

Quality Assurance/Performance Improvement Committee

Audit & Compliance Committee

Customer Services and Marketing Committee

Section 3. Executive Committee.

- (A) Designation and Membership. The Executive Committee shall be composed of the Chairperson of the Board, who shall be the Chairperson of the Executive Committee; the Executive Director; and three (3) other members appointed by the Chairperson of the Board of Directors with the approval of the Board.
- (B) Functions and Powers. The Executive Committee, subject to any limitations prescribed by the Board of Directors, shall possess and may exercise during the intervals between meetings of the Board of Directors, the powers of the Board of Directors in the management of the business and affairs of the Corporation except for the power to fill vacancies in any committee of the Board of Directors. At each meeting of the Board of Directors, the Executive Committee shall make a report of all actions taken by it since its last report to the Board of Directors.
- (C) Meetings and Quorum. The Executive Committee shall meet as often as deemed necessary and expedient at such times and places as shall be determined by the Executive Committee. Three (3) members of the Executive Committee shall constitute a quorum. The Chairperson of the Board of Directors shall preside at meetings of the Executive Committee and, in his or her absence, the Executive Director shall preside thereat. All members of the Board of Directors shall be duly notified prior to all Executive Committee meetings.

Section 4. Finance Committee.

The Finance Committee shall consist of members designated by the Board of Directors. The Senior Vice President for Finance and Revenue Management of the Health and Hospitals Corporation, or his or her designee, shall serve as an *ex officio* member of the Finance Committee. The duties and responsibilities of the Finance Committee shall be to act on behalf of the Board of Directors for purposes of monitoring the finances of the Corporation, including, without limitation, overseeing preparation of the budget of the Corporation, reviewing periodic financial statements of the Corporation, and monitoring the Corporation's financial performance.

Section 5. Quality Assurance/Performance Improvement Committee.

The Quality Assurance/Performance Improvement Committee shall consist of

individuals nominated by the Executive Director and appointed by the Board of Directors. The Quality Assurance/Performance Improvement Committee shall act on behalf of the Board of Directors for purposes of discharging the governing body's obligations to oversee the quality assurance process for the Corporation. The Board of Directors shall, at least annually, assess the performance of the Quality Assurance/Performance Improvement Committee in fulfilling the governing body's quality assurance responsibilities. Any member of the Board of Directors may attend meetings of the Quality Assurance/Performance Improvement Committee and may refer any quality assurance issue for deliberation or for actions by the Quality Assurance/Performance Improvement Committee. Members of the Board of Directors may also discuss quality assurance issues or problems concerning the Corporation at any meeting of the Board of Directors.

The duties and responsibilities of the Quality Assurance/Performance Improvement Committee shall include the following:

- (A) Assuring that the Corporation is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities. This shall include oversight of efforts to review services in order to improve the quality of medical and dental care of members; and to insure that information gathered pursuant to the programs is utilized to review and to revise policies and procedures;
- (B) Assuring that there is a systematic and effective mechanism for communication among members of the Board of Directors in their role as members of the governing body, and the administration and medical staff serving the Corporation. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;
- (C) Monitoring the progress of contracted facilities; including the provision of services by individual providers, and at the Corporation towards meeting appropriate Corporation goals and objectives related to its health care programs;
- (D) Reviewing quality assurance activities of the Corporation on at least a quarterly basis; and
- (E) Overseeing performance improvement activities to foster sharing of performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.

Section 6.     Audit and Compliance Committee.

The Audit and Compliance Committee shall consist of independent members designated by the Board. The duties and responsibilities of the Audit and Compliance Committee shall be to:

- A)     oversee the Corporation's financial reporting and compliance activities;
- B)     monitor the effectiveness of internal controls and corporate compliance activities;
- C)     review internal and external audit findings and recommendations;
- D)     pre-approve all audit and permissible non-audit services;
- E)     approve selection, retention or termination of independent auditors;
- F)     monitor risk exposures and ensure adequate disclosure;
- G)     oversee of compliance with laws and regulations;
- H)     periodically meet with the Corporation's internal auditor and Compliance Officer;
- I)     Conduct a bi-annual self-assessment to evaluate overall performance of the Committee.

Section 7.     Customer Services and Marketing Committee.

The Customer Services and Marketing Committee shall consist of members designated by the Board of Directors. The duties and responsibilities of the Customer Services and Marketing Committee shall be to act on behalf of the Board of Directors for the purposes of serving as the liaison between the members and MetroPlus.

**ARTICLE VIII**

**OFFICERS OF THE CORPORATION**

Section 1.     Titles.

The officers of the Corporation shall be the Executive Director (and Chief Executive Officer), the Chief Financial Officer, the Chief Medical Officer, the Chief Operating Officer and a Secretary. The General Counsel of the Health and Hospitals Corporation shall act as general counsel to the Corporation.

Section 2.     Appointment.

The Executive Director (and Chief Executive Officer) shall be chosen by the Board

of Directors from persons other than themselves and shall serve at the pleasure of the Board of Directors. The Executive Director shall appoint all other officers of the Corporation. All such other officers are subject to removal by the Executive Director.

Section 3.       Resignation.

Any officer may resign at any time by giving written notice of resignation, which may include an effective date therefor, to the Executive Director. Such resignation shall take effect when accepted by the Executive Director.

Section 4.       Duties and Functions.

(A)   Executive Director. The Executive Director shall have general charge of the business and affairs of the Corporation and shall have the direction of all other officers, agents and employees. He or she shall, in the absence of the Chairperson of the Board of Directors and the Vice-Chairperson of the Board of Directors, preside at all meetings of the Board of Directors. The Executive Director may assign such duties to the other officers of the Corporation as he or she deems appropriate.

(B)   Corporate Management. The Executive Director may appoint a Chief Financial Officer, a Chief Operating Officer and a Medical Director. These individuals shall have such powers and duties as shall be prescribed by the Executive Director subject to approval by the Board of Directors.

(C)   Secretary. The Secretary shall keep the records of all meetings of the Board of Directors and the Executive Committee. He or she shall affix the seal of the Corporation to all deeds, contracts, bonds or other instruments requiring the Corporate seal when the same shall have been signed on behalf of the Corporation by a duly authorized officer. The Secretary shall be the custodian of all contracts, deeds, documents and all other corporate records (except accounting records).

Section 5.       Compensation of Officers.

Officers who are full-time employees of the Corporation shall receive reasonable compensation for their services, the compensation of the Executive Director to be determined by the President of HHC and the compensation of all other officers to be determined by the Executive Director.

**ARTICLE IX**

**CONTRACTS, CHECKS, DRAFTS, BANK ACCOUNTS, ETC.**

Section 1.       Execution of Documents.



The Board of Directors shall designate the officers, employees and agents of the Corporation who shall have the power to execute and deliver deeds, contracts, mortgages, bonds, indentures, checks, drafts and other orders for the payment of money and other documents for and in the name of the Corporation and may authorize such officers, employees and agents to delegate such power (including authority to redelegate) by written instrument to other officers, employees, or agents of the Corporation.

Section 2.        Deposits.

All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation or otherwise in such banks or trust companies organized in New York or national banks doing business in New York City as the Board of Directors shall determine.

## **ARTICLE X**

### **BOOKS AND RECORDS**

The books and records of the Corporation may be kept at such places within the State of New York as the Board of Directors may from time to time determine.

## **ARTICLE XI**

### **SEAL**

The Board of Directors shall provide a corporate seal, which shall be in the form of a circle and shall bear the full name of the Corporation and the words and figures "Corporate Seal 1999 New York."

## **ARTICLE XII**

### **FISCAL YEAR**

The fiscal year of the Corporation shall end on the last day of December in each year.

## **ARTICLE XIII**

### **AUDITS**

The Board of Director shall engage an independent certified or registered public accountant to make an annual audit of the Corporation.

## **ARTICLE XIV**

### **CONFLICTS OF INTEREST**

Chapter 68 of the Charter of the City of New York defines a "code of ethics" which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all employees and directors of the Health and Hospitals Corporation, including those who are working for the Corporation or who are directors of the Corporation. Chapter 68 embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Health and Hospitals Corporation has promulgated its own "Code of Ethics" which outlines the standards of conduct governing the relationship between private interests

and the proper discharge of official duties of all personnel who are not covered by Chapter 68. Similar to Chapter 68, the Health and Hospital's Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited. The Corporation has adopted the Code of Ethics with respect to its personnel and directors who are not subject to Chapter 68.

The Board of Directors is committed to recognizing the Corporation's responsibility to organizational ethics and expects, therefore, every employee and Board member to support and adhere to the principles and policies set forth in Chapter 68 and the Code of Ethics.

## **ARTICLE XV**

### **WAIVER OF NOTICE**

Wherever under the provisions of these By-Laws or of any corporate law of the State of New York, the Corporation, the Health and Hospitals Corporation, the Board of Directors, or any committee thereof is authorized to take any action or hold any meetings after call, notice, the lapse of any prescribed period of time, or any other prerequisite, such action may be taken or such meeting may be held without such call, notice, lapse of time, or other prerequisite if at any time before or after such action be completed, such requirements be waived in writing by every person entitled to notice or to participate in such action.

## **ARTICLE XVI**

### **AMENDMENTS**

These By-Laws may be altered or repeated by the vote of the Board of Directors of the Health and Hospitals Corporation at a regular meeting or at any special meeting.

# **MetroPlusHealth Plan By-Laws Amendment - Expansion of Board of Directors**

**NYC Health + Hospitals Board of Directors Meeting  
Thursday, July 31, 2025**

**Dr. Mitchell Katz, NYC H+H President and CEO  
Dr. Talya Schwartz, MetroPlusHealth President and CEO**

## For Board of Directors Consideration

- **Amending the By Laws of MetroPlusHealth Plan, Inc. , a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to (i) increase the size of the MetroPlus Board of Directors from nine (9) to eleven (11) members by amending Section 2 of Article V of the MetroPlus By-Laws; and (ii) to remove the reference to a role to be played by “Network Senior Vice Presidents” in the process of electing MetroPlus Board of Directors members as such positions no longer exist as set forth in By-Laws Section 2(B).**

- Pursuant to the MetroPlus Articles of Incorporation the NYC Health + Hospitals Board of Directors retains sole authority to amend the MetroPlus by-laws.

# Current MetroPlus Board Composition

- The current MetroPlus Board is composed of the following:
  - Two ex officio members (President of H+H or his or her designee and the President of MetroPlus;
  - Three members selected by the chairperson of the H+H Board of Directors;
  - Two members selected by the President of H+H; and
  - Two MetroPlus consumers selected as members by the MetroPlus President.
- All members other than the ex officio members are subject to election by the H+H Board of Directors.

## Justification for Increased Board

- MetroPlus, with eleven different lines of business, currently benefits from important stakeholder input from its existing board members and would benefit from the increased stakeholder input that additional board members can provide.
- An eleven-member Board is consistent with studies that have found that the most effective board size is 9-17.



## **Selection of Additional Board Members**

- The selection of the additional Board members by the Chair of the NYC Health + Hospitals Board of Directors and the President of NYC Health + Hospitals follows the current structure of Board members being appointed by those two officers, subject to election by the NYC Health + Hospitals Board of Directors.

## Board of Directors Approval Request

- **Amending the By Laws of MetroPlusHealth Plan, Inc. , a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to (i) increase the size of the MetroPlus Board of Directors from nine (9) to eleven (11) members by amending Section 2 of Article V of the MetroPlus By-Laws; and (ii) to remove the reference to a role to be played by “Network Senior Vice Presidents” in the process of electing MetroPlus Board of Directors members as such positions no longer exist as set forth in By-Laws Section 2(B).**

**RESOLUTION - 07**

**Electing Karla Silverman as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for a five-year term or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws.**

**WHEREAS**, a resolution approved by the Board of Directors of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) on October 29, 1998, authorized the conversion of MetroPlus from an operating division to separately incorporated membership not-for-profit membership corporation with NYC Health + Hospitals as sole member making MetroPlus, in effect, a wholly owned subsidiary of NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to appointing members of the Board of Directors of MetroPlus; and

**WHEREAS**, the Bylaws of MetroPlus, as newly amended, authorize (i) the NYC Health + Hospitals Board Chairperson to select four directors of the MetroPlus Board, one of whom shall serve as Chairperson; (ii) the NYC Health + Hospitals President to select three directors; and (iii) the MetroPlus President to select two MetroPlus consumers as directors, all subject to election by the NYC Health + Hospitals’ Board of Directors; and

**WHEREAS**, the NYC Health + Hospitals’ Chairperson has selected Karla Silverman to fill the vacancy for the newly authorized selection by the NYC Health + Hospitals’ Chairperson; and

**WHEREAS**, the NYC Health + Hospitals’ Board of Directors has considered the qualifications of Karla Simpson and determined that she would be a good member of the MetroPlus Board of Directors.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporations’ Board of Directors hereby elects Karla Silverman as member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity for five-year terms or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Health Plan, Inc. Bylaws.

**EXECUTIVE SUMMARY****Election of Karla Silverman as Director of MetroPlus Health Plan, Inc.**

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals as sole member has the power to designate the members of the Board of Directors of MetroPlus.

The MetroPlus Bylaws assigns to the Chairperson of NYC Health + Hospitals the right to select four members of the MetroPlus Board, assigns to the NYC Health + Hospitals President the right to select three such members, and assigns to the MetroPlus President the right to select two consumer members. All members of the MetroPlus Board of Directors must be elected by vote of the NYC Health + Hospitals' Board of Directors. José Pagán, as NYC Health + Hospitals Chairperson, has selected Karla Silverman. The proposed resolution approves Karla Silverman to fill the seat newly created by the amendment of the MetroPlus By-Laws.

A vote approving the appointment of Karla Silverman as Director to the MetroPlus Board of Directors is sought.

Karla Silverman is a former Medicaid provider with deep policy, care transformation, consulting, and training experience. She has spent her career supporting and building the capacity of safety-net health systems to provide care that is equitable and reduces health inequities. She has extensive experience working collaboratively with state Medicaid agencies, provider systems, payers, and community-based organizations.

## **Karla Silverman BIO**

**Karla Silverman, MPA, MS, RN, CNM** is the associate director of women's health and clinical innovation at the Center for Health Care Strategies (CHCS), a policy design and implementation partner working to improve health outcomes for people on Medicaid. She leads CHCS's maternal health portfolio; has expertise in team-based and complex care models, Medicaid, workforce issues; and has run numerous learning collaboratives and peer-to-peer convenings. Recent work includes supporting CMMI on the Transforming Maternal Health (TMaH) and Innovative Behavioral Health Model (IBH); performing case studies for MACPAC on doula coverage under Medicaid; leading a learning collaborative for MassHealth supporting care planning in their Medicaid ACOs, and running a national, multi-year learning collaborative that helps eight health systems implement integrated care models, including the integration of community health workers into primary care.

Karla began her career as a certified nurse-midwife at Community Healthcare Network, a federally qualified health center in New York City. Later, she served as clinical director at Planned Parenthood Hudson Peconic where she oversaw clinical operations and training for twelve health centers. Then, at Primary Care Development Corporation, she led a team that created a nationally respected training and technical assistance program in care coordination and care management. She is currently an adjunct professor at the New York University School of Global Public Health where she teaches a graduate course on value-based healthcare. Ms. Silverman is a graduate of the NYU Wagner Graduate School of Public Service, the Columbia University School of Nursing, and Brown University.

**RESOLUTION - 08**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract **with Petrone Associates, LLC for Medical Physics Consulting Services and Radiation Safety services** at a not to exceed amount of \$14,000,000, which includes a 30% contingency, for a contract term of three years and two renewal option(s) exercisable at the discretion of the System.

**WHEREAS**, New York City Health + Hospitals is mandated to adhere to insure safety and quality measures for its radiology equipment and services; and

**WHEREAS**, the System has identified a need to provide medical physics consulting and radiation safety services that would include compliance testing, radiation safety, continuing education, applicable consulting, and performance testing for diagnostic imaging and nuclear medicine; and

**WHEREAS**, currently the System has been utilizing Petrone Associate, LLC to provide Medical Physics Consulting Services and Radiation Safety services; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to select (a) vendor to provide Medical Physics Consulting Services and Radiation Safety services, in which three (3) firms attended a pre-proposal conference and one firm subsequently submitted proposals; and

**WHEREAS**, only one proposal was submitted, that proposal satisfied the specified requirements, and that proposal was selected for award; and

**WHEREAS**, the Radiology and Imaging Department, and Senior Vice President of Clinical Services Operations will be responsible for the management of the proposed contract(s).

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute (a) contract(s) with Petrone Associates, LLC for Medical Physics Consulting Services and Radiation Safety services at a not to exceed amount of \$14,000,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal option(s) exercisable at the discretion of the System.

**EXECUTIVE SUMMARY**  
**MEDICAL PHYSICS CONSULTING SERVICES AND RADIATION SAFETY**  
**SERVICES**  
**AGREEMENT WITH**  
**PETRONE ASSOCIATE, LLC**

- OVERVIEW:** The purpose of this agreement is to provide medical physics consulting services and radiation safety that would include compliance testing, radiation safety, continuing education, applicable consulting, and performance testing for diagnostic imaging and nuclear medicine.
- PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide Medical Physics Consulting Services and Radiation Safety services to the System on an as-needed basis. The RFP was sent directly to three prospective vendors, and three prospective vendors attended a pre-proposal conference. A total of one firm submitted proposals and the Evaluation Committee selected the single proposer to provide Medical Physics Consulting Services and Radiation Safety services to the System.
- COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential five-year term is not to exceed \$14,000,000, which includes a 30% contingency.
- MWBE:** The vendor diversity team reviewed the scopes of work and determined there was no subcontracting opportunity under this solicitation.



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

From: Rachel S. Yoskowitz  
Associate Counsel  
Office of Legal Affairs

A handwritten signature in black ink, appearing to read "R. Yoskowitz".

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Medical Physics Consulting Services and Radiation Safety Services

Date: June 22, 2025

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

<b><u>Vendor Legal Name</u></b>	<b><u>Vendor Responsibility</u></b>	<b><u>EEO</u></b>	<b><u>MWBE</u></b>
Petrone Associates, LLC	Pending	Approved	No

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



# **Medical Physics Consulting and Radiation Safety Services Application to Enter into Contract with Petrone Associates, LLC.**

**Board of Directors Meeting  
July 31, 2025**

**Dr. Steven Pulitzer, Chief, Enterprise Radiology**

## **For Board of Directors Consideration**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute (a) contract with Petrone Associates, LLC for Medical Physics Consulting Services and Radiation Safety services at a not to exceed amount of \$14,000,000, which includes a 30% contingency, for a contract term of three years and two renewal option(s) exercisable at the discretion of the System.

# Background & Current State

- Radiology and Imaging Services is seeking a vendor to provide medical physics consulting and radiation safety services that would include compliance testing, radiation safety, continuing education to non-radiologist physicians, performance testing for diagnostic imaging and nuclear medicine and applicable consulting.
- Over the past 10 years NYC Health + Hospitals has transitioned from in-house medical physicists at each acute site to a third party medical physicist vendor contract.
- The benefits of this transition include:
  - Ability to provide medical physicist services at all clinical sites
  - Improved accuracy of record keeping necessary for accreditation
  - Improved quality of medical physicist services across all sites
  - Increased scope of radiation safety services at all sites
  - Rapid expansion of medical physicist services at all sites when needed (i.e., new equipment, radiation safety education for non-radiologists (GI, Ortho and Neurosurgery))

# Background & Current State

- NYC Health + Hospitals facilities that operate imaging equipment currently retain Petrone Associates, LLC to:
  - Perform radiation and performance testing as required by regulatory agencies
  - Provide onsite support
  - Provide regular updates in anticipation of standard and regulatory changes
  - Educate the facility staff in all aspects of radiologic standards
  - Respond to any emergency situations
- Petrone Associates, LLC has been providing these services to NYC Health + Hospitals since 2010.

# Background & Current State

- Petrone Associates, LLC was procured through a competitive RFP and the Contract Award was approved by the CRC in May 2020 and by the Board in June 2020. The approved NTE was \$8.8 million.
- The current contract expires August 17, 2025. The current contract spend is \$9.1 million.
- The contract overspend was due to requests for medical physics services at additional non-acute facilities as a result of:
  - Internal staffing changes
  - COVID-19 related services, such as Billie Jean King stadium
  - Introduction of new modalities
  - Radiation Safety Officer responsibilities being added to multiple facilities
- The result of a new procurement will allow for additional equipment to be added to the fleet, new System imaging centers to go online, new radiation safety needs and expand medical physics education to non-radiologists. As a result, the contract value will increase.

# RFP Criteria

- Minimum Criteria:

- Services must be provided by American Board of Radiology (ABR) certified Medical Physicists, Quality Control Engineers, and Medical Health Physicists specializing in Nuclear Medicine/MRI/Regulatory Compliance.
- Must have a minimum of 5 years prior experience in providing physicist consulting services and radiation safety officer services for a multi-hospital health system.
- Firm must be able to provide New York City based on-site staff to support NYC Health + Hospitals locations.
- MWBE certification, utilization plan, or waiver

- Substantive Criteria:

- 60% - Ability and Feasibility of Meeting the SOW
- 30% - Cost
- 10% - MWBE

- Evaluation Committee:

- Enterprise Radiology; Chief of Service, Kings County Hospital
- Chief of Service, Bellevue Hospital
- Chief of Service, Lincoln Hospital
- Director of Radiology, Elmhurst Hospital
- AED, Lincoln Hospital
- Radiology Administrator, Kings County Hospital
- Sr. Director, Clinical Operations, M&PA
- Sr. AVP, EITS
- COO, Enterprise Radiology

# Overview of Procurement

- 1/14/25: Application to issue a request for proposals approved by CRC.
- 3/4/25: RFP posted on City Record, sent directly to 3 vendors.
- 3/11/25: Pre-proposal conference held, 1 vendor attended.
- 4/1/25: Proposals due, 1 proposal received.
- 4/9/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
  - Petrone Associates, LLC

# Vendor Performance

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Petrone Associates</b>	
<b>DESCRIPTION</b>	<b>ANSWER</b>
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	N/A
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
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?	N/A
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
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	Excellent



# Vendor Diversity

- The vendor diversity team reviewed the scopes of work and determined there was no subcontracting opportunity under this solicitation.

## **Board of Directors Approval Request**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute (a) contract with Petrone Associates, LLC for Medical Physics Consulting Services and Radiation Safety services at a not to exceed amount of \$14,000,000, which includes a 30% contingency, for a contract term of three years and two renewal option(s) exercisable at the discretion of the System.

**RESOLUTION - 09**

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to negotiate and execute an agreement with Correctional Dental Associates (“CDA”) for the continued provision of dental health services for its correctional health patients (“CHS Patients”)** for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.

**WHEREAS**, the System, through its Correctional Health Services division, is responsible for the provision of health services including dental health services to CHS Patients; and

**WHEREAS**, Correctional Dental Associates, (“CDA”), a New York State licensed professional service corporation, through its licensed providers, has successfully provided dental health services to CHS Patients over the previous 15 years including, most recently pursuant to an agreement dated January 1, 2016, which is set to expire on December 31, 2025; and

**WHEREAS**, in response to an RFP, the System selected CDA to continue to serve as the dental health services provider for CHS Patients and CDA is willing to, and capable of, continuing to provide such services; and

**WHEREAS**, the System, in the exercise of its powers and fulfillment of its corporate purposes, desires that CDA continue to provide dental health services to CHS Patients and CDA is prepared to do so.

**WHEREAS**, Correctional Health Services and Senior Vice President of Correctional Health Services will be responsible for the management of the proposed contract(s).

**NOW, THEREFORE, BE IT**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Correctional Dental Associates (“CDA”) for the provision of dental health services for its correctional health patients (“CHS Patients”) for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.

**EXECUTIVE SUMMARY****RESOLUTION AUTHORIZING A CONTRACT WITH  
CORRECTIONAL DENTAL ASSOCIATES  
TO PROVIDE DENTAL SERVICES TO CHS PATIENTS**

- NEED:** Through its Correctional Health Services Division, the System provides health care and dental services to individuals in the custody of the NYC Department of Correction. Since assuming responsibility for these services in 2015, the System has contracted with Correctional Dental Associates (“CDA”), a professional corporation, to provide dental services. The current contract will expire December 31, 2025. The System seeks authority for a new contract with CDA beginning January 1, 2026.
- VENDOR:** CDA has provided dental services to CHS Patients for the past 15 years, including, most recently, pursuant to a contract dated January 1, 2016, which will expire on December 31, 2025. Through an RFP process, the System selected CDA to continue to provide such dental services. CDA holds contracts to provide similar services for inmate populations in Maryland, New Jersey and Pennsylvania. CDA has brought a welcome level of mission-driven professionalism to its work for incarcerated individuals and has received favorable satisfaction scores from CHS Patients. CDA is unique in its ability to provide high quality dental care to CHS Patients.
- PROGRAM:** Under the proposed contract, CDA will continue to provide dental services to CHS Patients. CDA will be required to satisfy all the legal requirements applicable to healthcare in correctional facilities including those imposed by virtue of the consent decrees entered into by the City of New York to settle litigations brought over the operation of the DOC facilities.
- ECONOMIC TERMS:** The System will reimburse CDA for its costs to employ the dentist and other dental professionals as well as for various itemized administrative and supervisory services. The System is seeking authority to enter into an agreement for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.
- FUNDING** Pursuant to the MOU with the City for correctional health services, the City will reimburse the System for the costs of the CDA agreement.



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

From: Joanna R. Weiner  
Deputy Counsel  
Office of Legal Affairs

A handwritten signature in cursive script that reads "Joanna R. Weiner".

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

Vendor: Correctional Dental Associates, P.C.

Date: June 23, 2025

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by Correctional Health Services and Supply Chain:

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Correctional Dental Associates, P.C.	Approved	Approved	Certified MWBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Correctional Health Services Application to Enter into Contract with Correctional Dental Associates, PC**

**Board of Directors Meeting  
July 31, 2025**

**Tim O'Leary - Chief Financial Officer**

## **For Board of Directors Consideration**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to negotiate and execute an agreement with Correctional Dental Associates (“CDA”) for the continued provision of dental health services for its correctional health patients (“CHS Patients”) for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.

# Background & Current State

- Correctional Health Services (CHS) is responsible for the provision of health services, including dental health services, to individuals admitted into the New York City jail system. Dental services for all patients in CHS' care are mandated by the New York State Commission of Correction (SCOC) and the New York City Board of Correction (BOC), as required by NY Correction Law §140 and subject to the regulations of the Department of Health.
- Dental staff employed by dental vendors must meet specific recruitment and onboarding criteria from CHS, NYC Health + Hospitals and the NYC Department of Correction, including but are not limited to:
  - Graduation from an approved accredited school of dentistry
  - Successful completion of an American Dental Association-approved residency program
  - Valid certification from the American Board of General Dentistry
  - Security clearance and credentialing from NYC DOC, NYC Health + Hospitals and CHS



# Background & Current State

- NYC Health + Hospitals entered into an agreement with Correctional Dental Associates (CDA) for dental services for an original term of 1/1/16 to 12/31/19.
  - This resolution was approved by the Board of Directors in October 2015 with a not-to-exceed amount of \$13,413,150.
- The contract also included 3 renewal options, each for two-year terms. The System approved these renewals for a total of six years.
  - Total expenditures on CDA during the life of the 2019-2025 contract renewal period averaged \$4.6m each fiscal year for a total of \$28m over the six-year period.
- CHS receives monthly reporting of time records for work performed by CDA and reimburses CDA for costs actually incurred for salaries, fringe benefits, direct costs, and administrative expenses.
- CHS is fully funded by the MOU with the City of New York for costs of this contract.

# Overview of Procurement

- An RFP was conducted to assess the market and ensure the System is securing the best value and services. The selected dental vendor is expected to:
  - Employ certified and licensed professionals, including dentists, oral surgeons, hygienists, dental assistants, and administrative staff
  - Staff multiple clinics 5-6 days a week at CHS facilities on Rikers Island and OTxHUs, depending on need, with estimated staffing of 20-25 full-time personnel adjusted to meet the need as approved by CHS
  - Provide preventive dental care including cleanings, dentistry, oral surgery, consultations, and referrals; and coordinate with CHS staff for follow up
  - Provide monthly reporting of expenditures for staff, fringe, and other direct costs, and quarterly reporting to ensure funding provided aligns with costs incurred

# RFP Criteria

- Minimum Criteria
  - Experience in correctional health setting
  - Annual gross revenue of at least \$1 million in each of the last 3 fiscal years
  - At least 3 years of experience
- Substantive Criteria
  - 35% - Capacity to perform services
  - 30% - Dental experience in correctional environment
  - 25% - Cost
  - 10% - MWBE
- Evaluation Committee
  - Chief Administrative and Compliance Officer, CHS
  - Chief Operations Officer, CHS
  - Chief Nursing Officer, CHS
  - Chief of Service, Medicine, CHS
  - Chief Financial Officer, CHS
  - Chair, Dentistry, Jacobi Medical Center
  - Program Director, Dentistry, Woodhull Hospital

# Overview of Procurement

- 12/17/24: Application to issue a request for proposals approved by CRC
- 01/24/25: RFP posted on City Record, sent directly to 8 vendors
- 01/30/25: Pre-proposal conference held, 5 vendors attended
- 02/28/25: Proposals due, 4 proposals received
- 04/07/25: Evaluation committee submitted their scores. Below is the top scoring proposer:
  - Correctional Dental Associates (CDA)

# Vendor Performance

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Correctional Dental Associates</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?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

## Vendor Diversity

- Correctional Dental Associates (CDA) is a NYS Certified Minority Business Enterprise.

## **Board of Directors Approval Request**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to negotiate and execute an agreement with Correctional Dental Associates (“CDA”) for the continued provision of dental health services for its correctional health patients (“CHS Patients”) for three years, starting January 1, 2026 for an amount not to exceed \$42,266,557, which includes an option to renew for three additional one-year terms and a 20% contingency.

**RESOLUTION - 10**

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to negotiate and execute a best interest renewal agreement with Urgent Medical, P.C. for the continued provision of emergency medical triage services for correctional health patients (“CHS Patients”)** for a 6-year term running from January 1, 2026 through December 31, 2031 for an amount not to exceed \$17,914,184, which includes a 20% contingency.

**WHEREAS**, the New York City Health + Hospitals Corporation (the “System”), through its Correctional Health Services division (“CHS”), is responsible for the provision of health services to individuals in the custody of the New York City Department of Correction (“CHS Patients”); and

**WHEREAS**, Urgent Medical, P.C., a New York State licensed professional service corporation, through its licensed providers, has successfully provided high-quality emergency medical triage services to CHS Patients pursuant to a contract with the System for the past 10 years including, most recently, pursuant to an agreement dated January 1, 2020, which is set to expire on December 31, 2025; and

**WHEREAS**, the System in the exercise of its powers and fulfillment of its corporate purposes has determined that it is in its best interests for Urgent Medical, P.C. to continue to provide emergency medical triage services provider for CHS Patients and Urgent Medical, P.C. is willing to, and capable of, continuing to provide such services; and

**WHEREAS**, the System’s Contract Review Committee considered the merits of the arrangement and voted to approve a best interest renewal of the proposed agreement;

**WHEREAS**, Correctional Health Services and Senior Vice President of Correctional Health Services will be responsible for the management of the proposed contract(s).

**NOW, THEREFORE, BE IT**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a best interest agreement with Urgent Medical, P.C. for the continued provision of emergency medical triage services for correctional health patients (“CHS Patients”) for a 6-year term running from January 1, 2026 through December 31, 2031 for an amount not to exceed \$17,914,184, which includes a 20% contingency.



## **EXECUTIVE SUMMARY**

### **RESOLUTION AUTHORIZING A CONTRACT WITH Urgent Medical, P.C. TO PROVIDE URGENT MEDICAL SERVICES TO CHS PATIENTS**

- NEED:** Through its Correctional Health Services Division, the System provides health care services to individuals in the custody of the NYC Department of Correction. Since assuming responsibility for these services in 2015, the System has contracted with Urgent Medical, P.C., a professional corporation, to provide emergency medical triage services for conditions that require urgent treatment, but not hospitalization. The current contract will expire December 31, 2025, and the System has determined that it is in its best interests to continue to engage Urgent Medical, P.C. to provide these services. The System therefore seeks authority for a new contract with Urgent Medical, P.C. beginning January 1, 2026.
- VENDOR:** Urgent Medical, P.C. has provided emergency medical triage services to CHS Patients for the past 10 years, including, most recently, pursuant to a contract dated January 1, 2020, which will expire on December 31, 2025. The System determined that it is in its best interests to continue to engage Urgent Medical, P.C. to provide such emergency triage services.
- PROGRAM:** Under the proposed contract, Urgent Medical, P.C. will continue to operate out of a clinic at the Rikers Island Jail complex and other locations where CHS provides services. When Urgent Medical, P.C. determines that a CHS Patient requires a level of care provided at an acute-care facility, the CHS Patient will be to a hospital. CHS Patients who require immediate care, but do not require an acute-care setting, are treated by Urgent Medical, P.C. on site. Urgent Medical, P.C. will be required to satisfy all legal requirements applicable to healthcare in correctional settings, including those imposed by virtue of the consent decrees entered into by the City of New York to settle litigations brought over the operation of NYC Department of Correction facilities.
- ECONOMIC TERMS:** The System will reimburse Urgent Medical, P.C. a fixed amount to provide the services of physicians who are board certified in emergency medicine. The System is seeking authority to enter into an agreement for six years, starting January 1, 2026 for an amount not to exceed \$17,914,184, which includes a 20% contingency.
- FUNDING** Pursuant to the MOU with the City for correctional health services, the City will reimburse the System for the costs of the Urgent Medical, P.C. agreement.



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

From: Joanna R. Weiner  
Deputy Counsel  
Office of Legal Affairs *Joanna Weiner*

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

Vendor: Urgent Medical, P.C.

Date: June 24, 2025

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by Correctional Health Services and Supply Chain:

**Vendor Responsibility**

Pending

**EEO**

Pending

**MWBE**

0%

# **Correctional Health Services Application to Enter into Contract with Urgent Medical, PC**

**Board of Directors Meeting  
July 31, 2025**

**Tim O'Leary - Chief Financial Officer**

## For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to negotiate and execute a best interest renewal agreement with Urgent Medical, P.C. for the continued provision of emergency medical triage services for correctional health patients (“CHS Patients”)** for a 6-year term running from January 1, 2026 through December 31, 2031 for an amount not to exceed \$17,914,184, which includes a 20% contingency.

# Background & Current State

- Correctional Health Services (CHS) is responsible for the provision of health services to individuals in New York City jails.
- CHS requires a vendor to provide continuous and constant support by Board certified emergency medicine physicians for on-site emergency medical response, urgent and emergency consultation, triaging, and emergency room referrals at all times. Services required include:
  - In-person immediate response to all medical emergency situations anywhere within the NYC jails
  - Provision of emergency medical supervision of overall care
  - Provision of telephonic/tele-video consultation to CHS primary providers to evaluate urgent medical conditions and provide recommendations, including emergency room referrals as clinically necessary
  - Provision of emergency and urgent medical guidance and technical assistance to CHS
  - Monitor and evaluate all medical emergency activities for timeliness, quality and appropriateness as part of CHS' overall quality management process

# Background & Current State

- NYC Health + Hospitals entered into an agreement with Urgicare Medical Associates, P.C., subsequently renamed Urgent Medical, P.C., for an original term of 1/1/2016 to 12/31/2019 with no renewal options.
  - A resolution was approved by the Board of Directors in December 2015 with a not-to-exceed of \$1,828,591 per year with annual increases of not greater than 6%.
- In December 2019, the System approved a new agreement with Urgent Medical for a term of six years, 1/1/2020 to 12/31/2025 with no renewal options.
  - The agreement operated with a not-to-exceed annual value of \$2,029,458 in the first year and allowed for a 2% year over year increase.
  - Total expenditures on Urgent Medical, P.C. during the life of the agreement is \$12.8M.
- CHS is fully funded by the MOU with the City of New York for the cost of this contract.

# Best Interest Renewal

- 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.
- Best Interest Renewal elements:
  - Vendor due diligence
    - Vendor is a critical component of CHS' clinical infrastructure, with extensive experience in emergency response in CHS' environment and knowledge of CHS' policies and procedures.
    - Vendor's performance was rated "Excellent" in annual vendor accountability review.
    - CHS Finance reviewed the market and found no other vendors with comparable experience to meet CHS' needs.
  - Pricing due diligence
    - In-sourcing 24/7 on-site Board-certified emergency medicine providers would significantly increase direct and indirect costs.
    - CHS will add biweekly reporting of expenses for work performed under this contract and will reimburse the vendor for costs actually incurred for salaries, fringe benefits, direct costs, and administrative expenses.
  - Best interest of the System
    - Provides stability in patient care.
    - The vendor has unique and extensive experience in emergency situations in jail facilities.

# Best Interest Renewal Terms

- A best interest renewal with Urgent Medical, P.C. will be a six year contract, with an anticipated start date of January 1, 2026.
- The NTE request is \$17,914,184, which includes a 20% contingency.
  - This contingency will allow the System to be properly positioned to be able to respond in the event of unforeseen circumstances.
  - The estimated spend for 2026 is \$2.3 million, followed by a 3% annual increase thereafter.
- Renewal of scope of work will include:
  - In-person response to all medical emergencies systemwide
  - In-person and telephonic/tele-video consultation with CHS primary providers to triage patients, evaluate medical problems and provide medical decisions, make recommendations and referrals as necessary
  - Participation in CHS quality management activities and coordination across all CHS departments
  - Documentation, monitoring, and evaluation of all emergency medical activities for timeliness, quality and appropriateness
  - Submission of biweekly expense reports for appropriate reimbursement based on work performed.



# Vendor Performance

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Urgent Medical Associates PC</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?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
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	
Excellent	

# Vendor Diversity

- The Vendor Diversity Unit has analyzed the availability of MWBEs to perform the work required under this solicitation and found none.

## Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to negotiate and execute a best interest renewal agreement with Urgent Medical, P.C. for the continued provision of emergency medical triage services for correctional health patients (“CHS Patients”)** for a 6-year term running from January 1, 2026 through December 31, 2031 for an amount not to exceed \$17,914,184, which includes a 20% contingency.

**RESOLUTION - 11**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute **affiliation agreements (the “Affiliation Agreements”)** with NYU Grossman School of Medicine (“NYU”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Gotham Health - Gouverneur, NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center, NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility, NYC Health + Hospitals/Woodhull, and NYC Health + Hospitals/Gotham Health – Cumberland. Such Affiliation Agreements will run through June 30, 2030 for an amount not to exceed \$4,446,524,858, which includes a 10% contingency.

**WHEREAS**, since its inception, the System has entered into agreements by which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

**WHEREAS**, funding for the current affiliation agreements with the NYU Grossman School of Medicine (“NYU”) were approved by the System’s Board of Directors at its March 2021 meeting; and

**WHEREAS**, the System wishes to continue its affiliation with NYU and seeks to enter into the proposed Affiliation Agreements to continue implementing the improvements to budget processes, recruitment, retention, and workforce planning that began under the current affiliation agreement.

**WHEREAS**, the overall responsibility for the administration of the proposed agreement shall be with the System Chief for Clinical Affairs in the Enterprise Clinical Services Operations Department.

**NOW, THEREFORE, BE IT RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) is authorized to execute affiliation agreements (the “**Affiliation Agreements**”) with NYU Grossman School of Medicine (“NYU”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Gotham Health - Gouverneur, NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center, NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility, NYC Health + Hospitals/Woodhull, and NYC Health + Hospitals/Gotham Health – Cumberland. Such Affiliation Agreements will run through June 30, 2030 for an amount not to exceed \$4,446,524,858, which includes a 10% contingency.

**EXECUTIVE SUMMARY  
MEDICAL AFFILIATION AGREEMENTS  
WITH NYU GROSSMAN SCHOOL OF MEDICINE**

<b>BACKGROUND:</b>	Since its inception, the System has obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations including with the entity now called the NYU Grossman School of Medicine (“NYU”). At its March 2021 meeting, the System’s Board of Directors authorized the System to enter into its current contract with NYU.
<b>TERMS:</b>	Pursuant to the Affiliation Agreements NYU provides services at the following System sites: NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Gotham Health - Gouverneur, NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center, NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility, NYC Health + Hospitals/Woodhull, and NYC Health + Hospitals/Gotham Health – Cumberland.
<b>FUNDING:</b>	The costs of the Affiliation Agreements come from the System’s general operating funds and the costs of the Affiliation Agreements with NYU will not exceed \$4,446,524,858, which includes a 10% contingency.
<b>STRATEGIC IMPROVEMENTS:</b>	The proposed new Affiliation Agreements will build on current success in implementing improvements to budgeting, recruitment, retention, and workforce planning.



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

From: Joanna R. Weiner *Joanna R. Weiner*  
Deputy Counsel  
Office of Legal Affairs

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

Vendor: NYU Grossman School of Medicine

Date: July 18, 2025

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by Medical and Professional Affairs and Supply Chain:

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

Exempt

# **Authorizing Affiliation Agreements with NYU Grossman School of Medicine**

**Dr. Sewit Teckie, System Chief, Clinical Affairs**

**Matthew Siegler, Senior Vice President and Chief Growth and Strategy  
Officer**

**Andrea Cohen, Senior Vice President and General Counsel**

**John Ulberg, Senior Vice President and Chief Financial Officer**

**Board of Directors Meeting  
July 31, 2025**

## **For Board of Directors Consideration**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute affiliation agreements (the “Affiliation Agreements”) with NYU Grossman School of Medicine (“NYU”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Gotham Health - Gouverneur, NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center, NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility, NYC Health + Hospitals/Woodhull, and NYC Health + Hospitals/Gotham Health – Cumberland. Such Affiliation Agreements will run through June 30, 2030 for an amount not to exceed \$4,446,524,858, which includes a 10% contingency.



# Overview

Since 1970, NYC Health + Hospitals Has Maintained Medical Staffing Through Strategic Affiliation Agreements.

Currently, Health + Hospitals has clinical Affiliate agreements with NYU, Mt. Sinai, SUNY, and the Physician Affiliate Group of New York (PAGNY) to staff H+H facilities.

- Affiliate agreements are organized by facility rather than specialty
- Approximately 5,900 total FTEs—including ~3,140 physician FTEs—were employed under affiliation agreements in FY24
- ~1,616 FTEs were allocated to NYU-affiliated sites

<i>Affiliate by Facility/Site</i>	
Inpatient Facility	Affiliate
Bellevue	NYU
Woodhull	NYU
Queens	Mt. Sinai
Elmhurst	Mt. Sinai
Kings County	PAGNY / SUNY
Jacobi/North Central Bronx	PAGNY
South Brooklyn	PAGNY
Harlem	PAGNY
Lincoln	PAGNY
Metropolitan	PAGNY
Other Sites	Affiliate
Coler and Carter	NYU
Gotham	NYU PAGNY, Mt. Sinai
Correctional Health	PAGNY

## Overview of H+H Affiliate Arrangements with NYU Grossman School of Medicine



NYU Grossman  
School of Medicine

Effective through  
June 30, 2025

NYC  
HEALTH+  
HOSPITALS

Bellevue

NYC  
HEALTH+  
HOSPITALS

Woodhull

NYC  
HEALTH+  
HOSPITALS

Carter

NYC  
HEALTH+  
HOSPITALS

Coler

NYC  
HEALTH+  
HOSPITALS

Gouverneur

NYC  
HEALTH+  
HOSPITALS

Gotham Health  
Cumberland

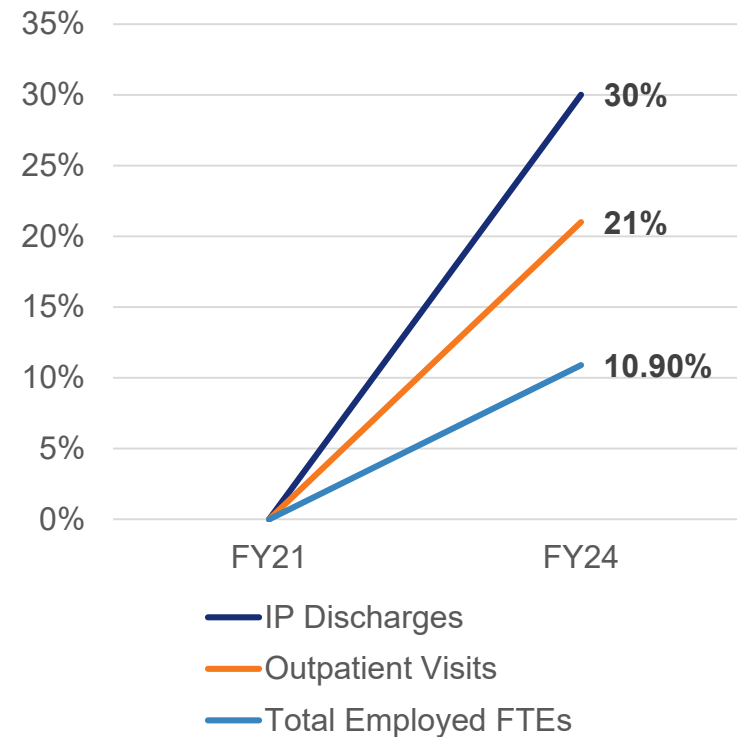
- New York University (“NYU”), founded in 1831, is the country's largest secular private university which supports tertiary and quaternary specializations at H+H
- NYC Health + Hospitals/Bellevue is America’s oldest operating hospital, established in 1736 and is crucial to NYU’s teaching operation
- This partnership represents a strategic public–private alliance between two of New York City’s most prominent institutions, jointly advancing the health and well-being of New Yorkers
- Arrangements cover professional services (physicians, advanced practice providers, and technical staff)
- **Primarily cost-based arrangements which include compensation, fringe, and overhead**

## NYU Provider Growth and Patient Volumes

*Growth in IP Discharges and OP Visits has outpaced growth in employed FTEs over the current contract period*

All NYU Affiliates	FY21	FY24	Growth FY21 to FY24
<b>Total employed FTEs</b>	1,457	1,616	<b>10.9 %</b>
Physicians	703	746	6.1%
APPs	268	404	50.8%
Other (Techs, Clerical, Admin, Residents)	486	465	(4.3%)
<b>Inpatient Discharges</b>	26,982	35,070	<b>30%</b>
<b>Outpatient Visits</b>	1,196,670	1,445,257	<b>21%</b>

Growth Rate of FTE vs. Patient Volume FY21-FY24



# Snapshot: NYU Provider Count FY24 by Site

*NYU is system's 2<sup>nd</sup> largest affiliate employer;  
strategic shift to Advanced Practice Providers (APPs)*

FY24 only	Bellevue	Woodhull	Gotham	PAC	Total
Total employed FTEs	1,062	433	39	82	1,616
Physicians	459	223	22	43	747
APPs	314	82	8	N/A	404
Other (Techs, Clerical, Admin, Residents)	288	129	9	39	465

# Graduate Medical Education Programs

- *NYU-affiliated hospitals are largest GME teaching programs in our system and in NYC*
- *NYU training programs are significantly larger than the national average U.S. teaching hospital in program variety and number of resident trainees*

## Bellevue

- 84 programs
- 449 FTE trainees

## Woodhull

- 5 programs
- 134 FTE trainees

# Strategic Domains and Guiding Principles for Affiliate Agreements

## Key Accomplishments FY21-FY25 and Ongoing Work

- *2021 agreement focused on 3 priority domains for improvement.*
- *2021-2025 has achieved major goals of stabilizing and professionalizing affiliate management.*
- *2025 contract builds on previous successes.*

Governance and  
Management

Financial

Clinical Services  
and Operations

# Governance and Management

## FY21 – FY25

*Improved transparency and H+H management of affiliate agreement*

### Pre-2021

Limited Central Office oversight of affiliate hiring.

Limited facility leadership involvement in budgeting and budget management authority.

Opaque real-time vacancy and spending information.

### Key Accomplishments FY21 – FY25

**Developed overarching governance and management structure.**

- Established unified governance structure through local Joint Oversight Committee (JOC) and Central Office to support efficient, well-communicated decision-making.
- Increased budget management authority for Affiliates and CEOs

# **Governance and Management**

## **FY26 and onward**

*Increasingly active facility management of hiring, budgeting, and contract terms.*

### **Goals for Contract Renewal**

**Maintain clear and enforceable contract terms that remain flexible to innovation and changing care needs.**

- Update language in the Affiliate agreements to reflect current practices, clarify roles and responsibilities between parties, and clarify key concepts

**Strengthen operational and financial reporting transparency.**

- Transition to flexible, multi-year budgets to support patient care investment and planning certainty
- Deliver quarterly financial analyses to Chief Financial Officers, Chief Medical Officers, and Affiliates
- Refine the use of national compensation and productivity benchmarks to guide recruitment and retention strategies



# Financial FY21 - FY25

*Incorporated affiliate budgeting into system strategic and financial operations.*

## Pre-2021

Budgets built on historical spending, rather than forward-looking strategic planning.

Limited facility awareness of budget line items.

Opaque budget adjustment/update process for facilities.

Affiliate budgets disconnected from business planning, revenue cycle, and other H+H strategic financial initiatives.

## Key Accomplishments FY21 – FY25

### **Aligned financial incentives with Affiliates and physicians.**

- Transitioned to workforce plan-based budget approach starting in FY23 in collaboration with local CFOs and CMOs.
- Drove culture change by reframing Affiliate budgets as revenue-generating investments
- Developed incentive payments via Faculty Practice Plans (FPP) at Woodhull (FY24) and Bellevue (FY25) focused on performance, quality, and citizenship
- Made investments in base compensation across core specialties (e.g., Primary Care, Behavioral Health, OB/GYN, Radiology) to compete in market
- Implemented significant cost-of-living-adjustments to enhance compensation and benefits for all physicians across affiliates through successful coordinated bargaining with Doctor's Council

# Financial

## FY26 and onward

*Ongoing performance improvement to drive efficiency, improve recruitment, and meet strategic revenue goals.*

### Goals for Contract Renewal

**Maintain sustainable compensation and benefit packages in consideration of H+H service expectations and resource constraints.**

- Further align total compensation packages across affiliations, including base pay, bonuses, benefits, and sessional rates
- Reduced reliance on fragmented provider services (e.g., per-diems, locum tenens, subcontracted services) through strategic recruitment and retention

**Fully implement FPPs to drive performance improvement.**

- Leverage the use of incentive payments to improve physician involvement in meeting strategic revenue goals.

# Clinical Services and Operations

## FY21 - FY25

*Moving from ad hoc clinical services development to multi-year workforce planning.*

### Pre-2021

Ad-hoc hiring of clinical staff.

Limited facility shared services.

Lack of staffing models.

Lack of standardized clinical operations.

### Key Accomplishments FY21 – FY25

#### **Enhanced patient care model.**

- Developed dashboards for Ambulatory Care Third Next Available Appointments (TNAA), Relative Value Units (RVUs), and CMO performance to track progress toward clinical and operational goals
- Implemented clinical staffing models for Emergency Medicine, Behavioral Health, Primary Care, and Hematology Oncology

# **Clinical Services and Operations**

## **FY26 and onward**

*Incorporate NYU affiliate into proactive system wide workforce planning.*

### **Goals for Contract Renewal**

**Establish attractive career opportunities for current generation of providers that is responsive to current market.**

- Continue to partner closely with affiliates to address vacancy drivers and support coordinated recruitment efforts
- Expand the use of loan repayment, forgiveness programs, and fellowships to attract early-career providers
- Retain high-performing graduating fellows within the system by developing career opportunities to lead key Central initiatives in addition to performance of clinical duties

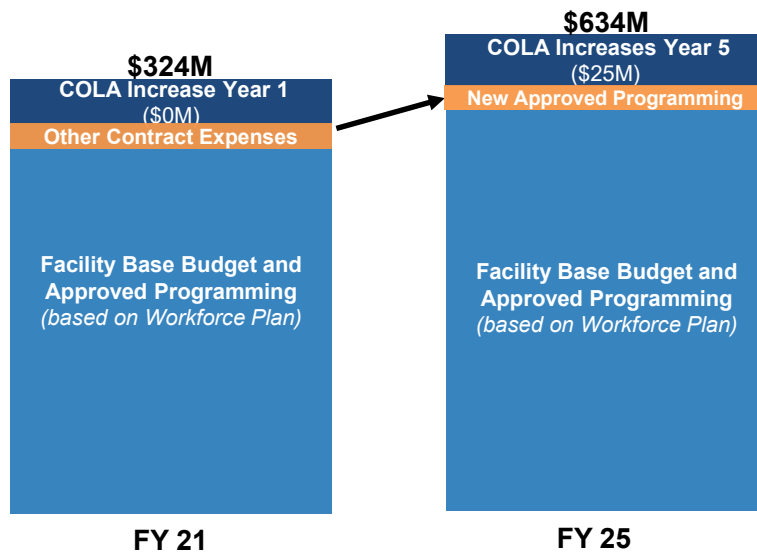
**Advance shared services.**

- Leverage workforce and clinical services planning process to establish shared services in identified specialties.

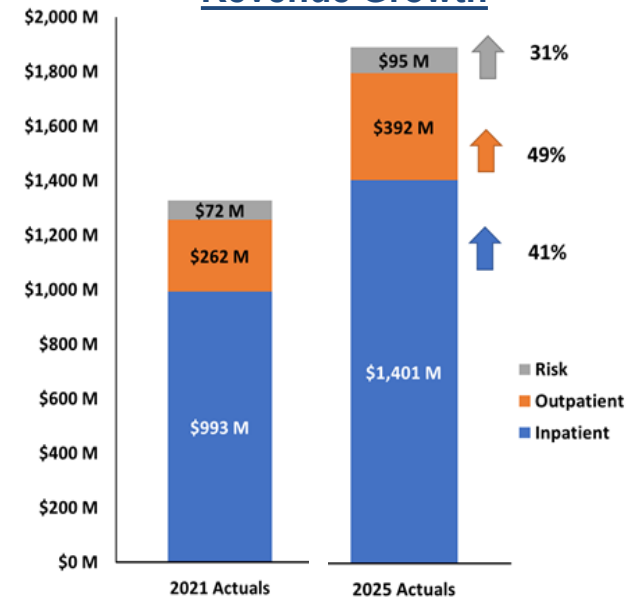
## Revenue Growth Exceeded Contract Costs FY21-FY25

- Improvements in staffing ratios, achieving market salaries, and investing in growth drove contract cost increases.
- \$500M+ in revenue growth over this time period exceeded the absolute increase in contract cost.
- NYU administrative fee is consistent with payroll processors, and modest for management service organizations across the market.

### Contract Costs

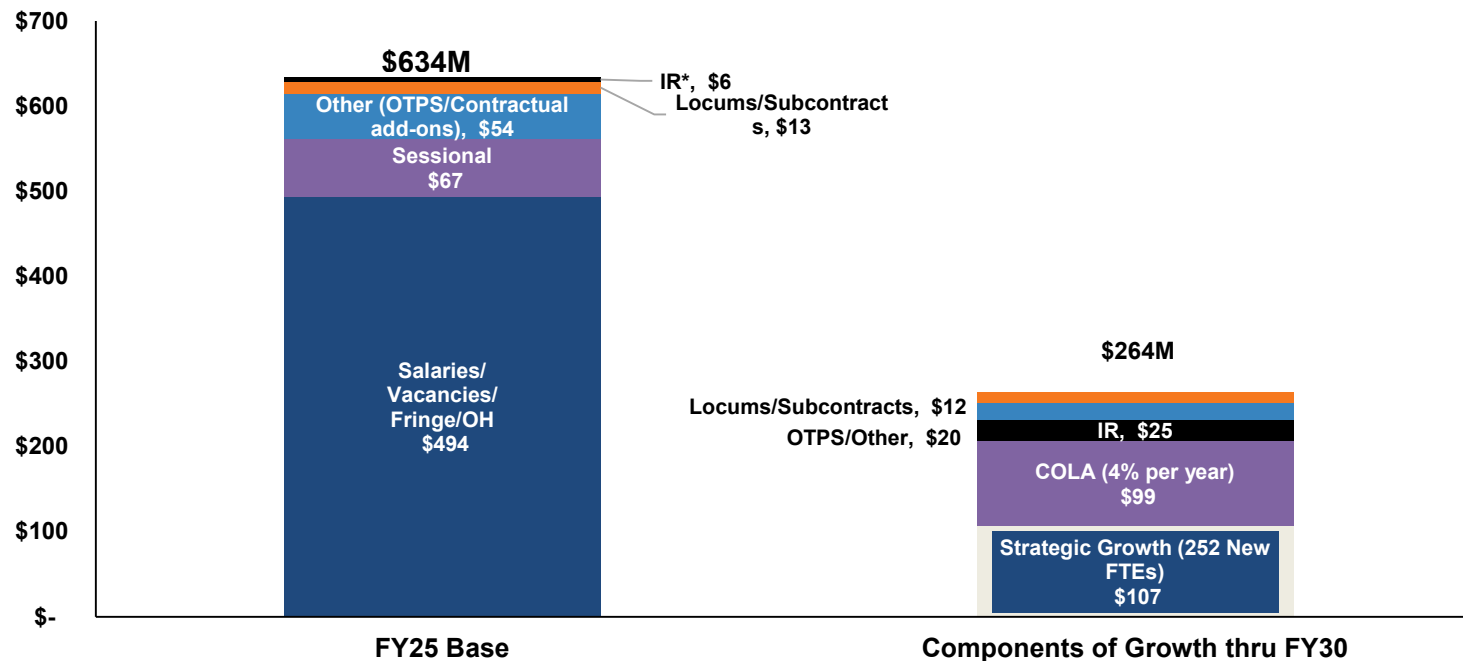


### Revenue Growth



## Slower Projected Growth Rate Over the Next Five Years

*Due to prior progress in achieving market standard salaries and  
more predictable growth in budgeting*



\*IR: Innovation Reserve is a pool of discretionary funds that the facilities and affiliate can use to increase base salary/recruitment bonuses.

\*\*\$160M associated revenue growth to offset FTE growth.

## Board of Directors Approval Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute affiliation agreements (the “Affiliation Agreements”) with NYU Grossman School of Medicine (“NYU”) for the provision of general health care and behavioral health services at:

- NYC Health + Hospitals/Bellevue,
- NYC Health + Hospitals/Gotham Health - Gouverneur,
- NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center,
- NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Nursing Facility,
- NYC Health + Hospitals/Woodhull, and
- NYC Health + Hospitals/Gotham Health – Cumberland.

### ***Proposed Funding July 1, 2026 – June 30, 2030***

Total Contract Value	<b>\$4,042,295,325</b>
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10% Contingency Value	<b>\$404,229,533</b>
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Total Not-to-Exceed Value	<b>\$4,446,524,858</b>
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**RESOLUTION - 12**

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a clinical services agreement with Neurosurgery of Brooklyn South, PC (the “**Provider Group**”) to provide neurosurgical services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend.

**WHEREAS**, since its inception, the System has entered into agreements by which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

**WHEREAS**, the physicians who comprise the Provider Group provide neurosurgery services at NYC Health + Hospitals/South Brooklyn Health through a subcontract with the System’s affiliate, PAGNY; and

**WHEREAS**, it is vital to continue providing neurosurgery services at NYC Health + Hospitals/South Brooklyn Health to support the comprehensive care provided to the community of South Brooklyn; and

**WHEREAS**, the System wishes to contract with the Provider Group directly; and

**WHEREAS**, the Provider Group wishes to contract directly with the System; and

**WHEREAS**, in accordance with Operating Procedure 100-5, the System may procure services through negotiated acquisition, where only a limited number of potential vendors are available to meet the System’s needs and such vendors can be reasonably identified without advertising; and

**WHEREAS**, through a negotiated acquisition process the Provider Group has been reasonably identified as being able to meet the System’s needs.

**WHEREAS**, the overall responsibility for the administration of the proposed agreement shall be with the Chief Executive Officer of NYC Health + Hospitals/South Brooklyn Health, with clinical oversight by the Department of Surgery.

**NOW, THEREFORE, BE IT RESOLVED**, that New York City Health and Hospitals Corporation (the “**System**”) is authorized to execute a clinical services agreement with Neurosurgery of Brooklyn South, PC (the “**Provider Group**”) to provide neurosurgical services at New York City Health + Hospitals / South Brooklyn for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend.



**EXECUTIVE SUMMARY  
CLINICAL SERVICES AGREEMENT  
WITH NEUROSURGERY OF BROOKLYN SOUTH, PC**

<b>BACKGROUND:</b>	Since its inception, the System has obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations. For over 10 years, providers subcontracted with the System's affiliate, PAGNY, have provided neurosurgery services to NYC Health + Hospitals/South Brooklyn. These same providers, who have now formed Neurosurgery of Brooklyn South, PC (the " <b>Provider Group</b> "), wish to continue to provide neurosurgery services at NYC Health + Hospitals/South Brooklyn through a direct contract, and the System wishes to directly contract with the Provider Group for these services.
<b>TERMS:</b>	Pursuant to the clinical services agreement, the Provider Group will provide neurosurgery services to NYC Health + Hospitals/South Brooklyn through a direct contract with the System. Compensation to the group will be based upon a combination of an hourly rate for services and incentives for meeting certain quality metrics. The compensation for these services will not exceed \$23,283,600 (which includes a 20% contingency) for an initial term of three (3) years with two (2) one-year options to extend
<b>FUNDING:</b>	Funding for this clinical services arrangement will come from the System's general operating funds.
<b>ANTICIPATED IMPROVEMENTS ARISING FROM THE ARRANGEMENT:</b>	The System expects that the proposed arrangement will save expenses, increase revenues, and allow for improved control over the neurosurgical service at NYC Health + Hospitals/South Brooklyn Health.



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

From: Joanna R. Weiner  
Deputy Counsel  
Office of Legal Affairs

A handwritten signature in black ink that reads "Joanna R. Weiner".

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

Vendor: Neurosurgery of Brooklyn South, P.C.

Date: July 10, 2025

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by NYC Health + Hospitals/South Brooklyn Health and Supply Chain:

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Neurosurgery of Brooklyn South, P.C.	Pending	Pending	N/A

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**South Brooklyn Health Seeks to Enter into Contract with  
Neurosurgery of Brooklyn South, PC to Provide  
Neurosurgery Services**

**Svetlana Lipyanskaya – Chief Executive Officer  
– South Brooklyn Health**

**Phillip Wadle, Associate Executive Director –  
South Brooklyn Health**

**Board of Directors Meeting  
July 31, 2025**

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a clinical services contract with Neurosurgery of Brooklyn South, PC (the “Provider Group”) to provide neurosurgical services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend.

- South Brooklyn Health seeks to enter into contract with Neurosurgery of Brooklyn South, PC to provide neurosurgery services to continue to support patients and programs vital to the South Brooklyn community
- The current provider group is in transition to become Neurosurgery of Brooklyn South, PC and will maintain many of the same providers (previous group is dissolving and reforming) for continuity

# Background / Current State

- Neurosurgery services are currently subcontracted through our affiliate, PAGNY. These are pass-through contracts where SBH is responsible for the entire cost and indemnifies the providers for their services performed at H+H.
- In addition to the base contract fee, PAGNY charges a 3% administration fee for holding the subcontract and collects the professional billing revenue for the services
- The existing subcontract are expired, does not have built-in Quality KPIs, and has limited impact on the FPP
- PAGNY is aware of this shift and had no push-back to the transition

Service	Base Contract	PAGNY Fee	Total Annual Cost
Neurosurgery	\$3,230,000.00	\$96,900.00	\$3,326,900.00

# Benefits / Rationale

- By contracting directly for these clinical services:
  - The system retains the professional billing revenue associated with the services
  - The system enhances the control over the service, including quality KPIs and performance management
  - The system eliminates an administrative fee without additional administrative burden and no additional regulatory or malpractice risk, as we already perform partial billing and indemnify the providers
  - The system ensures consistency and stability within SBH provider group by maintaining majority of the existing providers
  - The system increases the expected work product for each service through additional outpatient sessions and OR days

# Contract Terms Overview

- The contract would be a direct system contract, include quality KPIs (with an incentive for meeting them), and a standard 5-year (3-1-1) term

Service	Coverage	OP Sessions	OR Days	Base Contract	Total Contract	Total NTE
Neurosurgery	24/7	5 sessions / week	5 OR days / week	\$3,880,600	\$19,403,000	\$23,283,600



## Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a clinical services contract with Neurosurgery of Brooklyn South, PC (the “Provider Group”) to provide neurosurgical services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend.

**RESOLUTION - 13**

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a **5-year lease, with a 5-year renewal option, exercisable by the System, with Mikhail Kantius (“Landlord”) for the use of about 4,000 total square feet located on the first floor and basement of the building at 79-18 164<sup>th</sup> Street, Jamaica, New York (the “Premises”) by NYC Health + Hospitals/Queens (“Queens”) for a WIC clinic and administrative functions** at an initial rent of \$37.91/rentable sf and \$4.91/rentable sf operating expenses or \$171,273/yr. which will increase by 2.5% every year for a total over the entire ten-year term of \$1,978,591.

**WHEREAS**, The Women Infant Children (“WIC”) Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income; and

**WHEREAS**, such clinics are federally grant funded; and

**WHEREAS**, the System and Queens have a need for WIC clinical sites; and

**WHEREAS**, the System and Queens have been successfully operating a WIC clinic at such space since 2012; and

**WHEREAS**, the Queens WIC program has determined that its program can operate comfortably on only the first floor of the Premises and Queens has determine that it has a need for additional administrative space that can be fulfilled with the basement portion of the Premises; and

**WHEREAS**, the Queens WIC program and Queens executed a Memorandum of Understanding by which the use of the Premises is divided between them as described and the costs of occupying the Premises are apportioned between the two accordingly; and

**WHEREAS**, the negotiation and administration of the proposed lease shall be the responsibility of the Senior Vice President overseeing the NYC Health + Hospitals Central Office Real Estate unit; and

**WHEREAS**, the proposed lease permits the sharing of the Premises as proposed; and

**WHEREAS**, Queens desires to continue the operation of such WIC clinic in the smaller space for the benefit of the community and its patients; and

**WHEREAS**, the Premises does not require any work to be performed within the space as it is already in use as a WIC clinic.

**RESOLVED**, New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign a **5-year lease, with a 5-year renewal option, exercisable by the System, with Mikhail Kantius (“Landlord”) for the use of about 4,000 total square feet located on the first floor and basement of the building at 79-18 164<sup>th</sup> Street, Jamaica, New York (the “Premises”) by NYC Health + Hospitals/Queens (“Queens”) for a WIC clinic and administrative functions** at an initial rent of \$37.91/rentable sf and \$4.91/rentable sf operating expenses or \$171,273/yr which will increase by 2.5% every year for a total over the entire ten-year term of \$1,978,591.

**EXECUTIVE SUMMARY**  
**PROPOSED LEASE**  
**WITH MIKHAIL KANTIUS FOR A WIC PROGRAM**

**OVERVIEW**

The Women Infant Children (“WIC”) Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income. Its is a federally funded program. NYC Health + Hospitals/Queens has been operating a WIC clinic at the Premises since 2012.

**SITE SELECTION**

NYC Health + Hospitals/Queens desires to continue operation of the clinic.

**PROGRAM:**

The use of the Premises will be divided with the WIC program getting the first floor of the Premises and Queens administrative functions will take the basement portion of the Premises with the cost of the Premises to be apportioned between the two functions.

**FINANCING**

The WIC Program is grant funded by the U.S. Department of Agriculture through the NYS Department of Health. With the new shared structure of the occupancy, the WIC program will pay roughly half of the rent and other occupancy costs and Queens will pick up the other half using its general funds.

**TERMS**  
**RENT**

Year	Base Rent \$ per SF	Operating \$ per SF	Total
1	\$37.91	\$4.91	\$171,272.77
2	\$38.85	\$5.03	\$175,554.97
3	\$39.93	\$ 5.02	\$179,943.44
4	\$40.82	\$5.29	\$184,441.50
5	\$41.84	\$5.42	\$189,053.47
Years 6-10			\$1,041,111.36
<b>Total</b>			<b>\$1,978,591.21</b>

June 13, 2025

Mr. Dion Wilson  
Director of Real Estate  
NYC Health + Hospitals Corporation  
55 Water Street, 25<sup>th</sup> Floor  
New York, NY 10041

Re: Updated Fair Market Value Report  
H+H WIC program  
79-18 164<sup>th</sup> Street, Queens NY 11432-1115

Dear Dion:

You have requested that I update a previous report dated October 12, 2020, on the value of the referenced property for an additional rental renewal. This previous valuation report describes the referenced premises as an H+H WIC program and gives the current rent valuation of \$33.51 per rentable square foot (RSF), plus operating expenses of approximately 12% of base rent and Real Estate Taxes, bringing the cost to \$43.64. This shall serve to comment on the unit's rent valuation going forward. We are updating that report and advise that the current base rent has increased to approximately \$44.00 per RSF plus the outlined additional cost of approximately \$10-12 per foot to \$56-57 RSF.

This letter confirms that I've reviewed the proposal of the economic terms, as presented, of the lease by and between Landlord and NYC Health + Hospitals Corporation intended response as Tenant comprising the following:

- The unit is currently occupied and zoned for use as medical offices appropriate for the WIC sponsored program.
- The lease is up for renewal effective January 1, 2026, in accordance with a five-year renewal option.
- The Landlord has proposed renewal terms.
- The Tenant has responded with the terms provided herein.
- The unit collectively totals approximately 4,000 SF of the Ground Floor and Lower Level of the referenced premises.
- This evaluation is for the purpose of a lease renewal.

Landlord and Tenant agree to a proposal of starting base rent inclusive of an increase of 2.5% from the current term's final year's rate of approximately \$43.96/SF. The Tenant is also responsible for operating expenses plus Real Estate Taxes. The annual rent reflects those charges. The lease would be considered a Modified Gross Lease or Net Lease structure. The lease renewal calls for a 2.5% compounded yearly base rent increase, plus operating expenses charges and Real Estate Taxes. operating expenses charges are also calculated at a 2.5% per year increase while Real Estate Taxes are projected to have increased consistently with commercial tax rates as proposed by New York City building guidelines.

Landlord might continue to claim rents to be greater than Tenant is currently paying but given current market conditions we are skeptical. Further, there must be consideration given to a Tenant when renewing its lease. The renewing Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy, little or no Tenant Improvement Allowance, no gap in marketing a vacant space and the time it takes to do so, and any free rent which would be given to a new Tenant. In addition, ancillary costs such as architects and engineering, commissions, and hard and soft legal fees are also avoided.

(Please see space comparables.)

Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rent at a range of \$44.00-49.00/RSF plus operating expenses plus Real Estate Taxes, which will bring the starting rent to \$47.50 per foot, is consistent with the market. Further, the 2.5% asking rent increase is average for percentage rent escalations and remains consistent with current market conditions.

In the event that I can be of any further assistance to you, please do not hesitate to call.

If you have any further questions, please let me know.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", with a stylized, cursive script.

Michael E. Dubin  
Partner

**Comps for H+H WIC Program**

<b>Address</b>	<b>Cross Streets</b>	<b>Square Feet</b>	<b>Price Per SF</b>
15916 Union Tpke.	159 <sup>th</sup> St. & 160 <sup>th</sup> St.	2,500	\$40.00
178-02 Hillside Ave.	168 <sup>th</sup> Pl. & 169 <sup>th</sup> St.	3,500	\$45.00
18502-18510 Union Tpke.	Chevy Chase St. & 188 <sup>th</sup> St.	410	<b>*\$58.53</b>
86-47 Highland Ave.	164 <sup>th</sup> St. & 165 <sup>th</sup> St.	400	\$42.00
17520 Hillside Ave.	175 <sup>th</sup> St. & 178 <sup>th</sup> St.	2,000	\$36.00
8315 Parsons Blvd.	Grand Central Pkwy & 84 <sup>th</sup> Ave.	3,267	\$46.00
162-16 Union Tpke.	162 <sup>nd</sup> St. & 164 <sup>th</sup> St.	300	\$55.00
12510 Queens Blvd.	82 <sup>nd</sup> Rd. & 83 <sup>rd</sup> Ave.	1,539	\$37.82

**\*Asking Rent**

**Request to Lease with Mikhail Kantius for New  
York City Health + Hospitals /Queens WIC and  
Administrative Space  
79-18 164<sup>th</sup> Street, Jamaica 11432**

**Board of Directors Meeting  
July 31, 2025**

**Michael Geldert, COO, NYC H+H/Queens  
Leora Jontef, Sr. AVP, Real Estate & Housing  
Deborah Morris, AICP, Senior Director, Real Estate & Housing**

## For Board of Directors Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a 5-year lease, with a 5-year renewal option, exercisable by the System, with **Mikhail Kantius (“Landlord”)** for the use of about **4,000 total square feet located on the first floor and basement of the building at 79-18 164<sup>th</sup> Street, Jamaica, New York (the “Premises”)** by **NYC Health + Hospitals/Queens (“Queens”)** for a **WIC clinic and administrative functions** at an initial rent of \$37.91/rentable sf and \$4.91/rentable sf operating expenses or \$171,273/yr. which will increase by 2.5% every year for a total over the entire ten-year term of \$1,978,591.



# WIC programs at H+H

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- The Women Infant Children (“WIC”) Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income.
- WIC is a Federally funded, State-run program.
- H+H has WIC program offices at the following locations:

## **On Campus**

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Coney Island
- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/Metropolitan
- NYC Health + Hospitals/Queens
- NYC Health + Hospitals/Woodhull
- Gotham Health/East New York
- Gotham Health/Cumberland
- Gotham Health/Morrisania
- Gotham/South East Queens
- Gotham/Hillcrest
- Gotham Health/Williamsburg

## **Off Campus**

- 212 Canal Street, Manhattan
- 2101 Mermaid Avenue, Brooklyn
- 1902 Flatbush Avenue, Brooklyn
- 850 Longwood Avenue, Bronx
- 81-06 Baxter Avenue, Queens
- 49-02 Queens Blvd, Queens

# Queens WIC

- The Women Infant Children Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income.
- The New York State Department of Health awarded and funded a WIC Program grant to Queens for service within the zip codes 11365, 11367, 11375, 11412, 11413, 11418, 11432, 11433, 11434, 11435, 11436 in 2023. The WIC grant includes a rental allowance to cover the cost of space.
- These communities served at two locations NYC H+H/Queens.
- The NYC H+H/Queens location currently has a case load of 2500 clients.
- This WIC program has operated in this location since 2012.
- Queens Hospital also uses a 1900 SF portion of the space for administrative purposes.



# Lease Terms

- NYC Health and Hospitals/Queen will occupy 4000 SF at 79-18 164<sup>th</sup> Street, Jamaica, NY.
- A 5-year lease term will commence upon execution of the lease with one 5-year option.
- Base Rent: \$37.91/square foot to escalate 2.5% each year.
- Operating Expenses: \$4.91/square foot to escalate 2.5% each year.
- Utilities billed as used.
  - The System will hold an option to terminate the lease at the end of the 5<sup>th</sup> year if the DOH WIC Program grant is not continued. To exercise such termination option, the System shall pay a termination fee equal to three months rent.
- The total annual occupancy fee for base rent over the potential 10-year term will be approximately \$1.9 million

Year	Rent \$ per SF	Operating \$ per SF	Total
1	\$ 37.91	\$ 4.91	\$ 171,272.77
2	\$ 38.85	\$ 5.03	\$ 175,554.97
3	\$ 39.93	\$ 5.02	\$ 179,943.44
4	\$ 40.82	\$ 5.29	\$ 184,441.50
5	\$ 41.84	\$ 5.42	\$ 189,053.47
Years 6-10			\$ 1,041,111.36
Total			\$ 1,978,591.21

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a 5-year lease, with a 5-year renewal option, exercisable by the System, with **Mikhail Kantius (“Landlord”)** for the use of about **4,000 total square feet located on the first floor and basement of the building at 79-18 164<sup>th</sup> Street, Jamaica, New York (the “Premises”)** by **NYC Health + Hospitals/Queens (“Queens”)** for a **WIC clinic and administrative** functions at an initial rent of \$37.91/rentable sf and \$4.91/rentable sf operating expenses or \$171,273/yr. which will increase by 2.5% every year for a total over the entire ten-year term of \$1,978,591.

## **RESOLUTION - 14**

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a **49-year ground lease, with two 25-year renewal options, of a property located at 349 East 140<sup>th</sup> Street, Block 2303, Lot 58, in the Bronx (the “Property”) to Mott Haven-Port Morris Community Land Stewards, Inc. (“Tenant”)** for a sum of one dollar per year to develop the Property providing that specific conditions continue to be met regarding the use of the Property for the benefit of the community as a community center with a preference for programming focused on education, arts, culture and with a required health and wellness element.

**WHEREAS**, the Property is within the System’s portfolio, was previously used for outpatient substance abuse programs until 2013 after which, the Property has been vacant and unused and the Property’s condition has seriously deteriorated; and

**WHEREAS**, the unoccupied and severely deteriorated state of the Property exposes the System to potential maintenance costs and liability; and

**WHEREAS**, the Property is situated adjacent to a playground and near PS 49 elementary school and is amenable for public use and community programming; and

**WHEREAS**, local elected officials and community groups have for many years requested that the System relinquish the Property to local community groups for use as a community center; and

**WHEREAS**, at the System’s request, the New York City Economic Development Corporation conducted a public, competitive solicitation to select an entity to develop the Property for the public’s benefit; and

**WHEREAS**, Tenant submitted a proposal in response to the competitive solicitation and the proposal was found to be satisfactory in that the Mott Haven-Port Morris Community Land Stewards partnered with Alembic Community Development, which together have a proven development record leading community engagement and land stewardship for the purpose of community building, and the demonstrated professional and financial strength to do so at the Property; and

**WHEREAS**, Tenant will lease the Property “as-is” and will be solely responsible for renovating the Property to prepare it for its intended use; and

**WHEREAS**, the proposed lease will require Tenant to renovate the Property and operate it as a community center that will offer programming focused on education, arts, and culture with a health and wellness element; and

**WHEREAS**, the System will not pay any part of the costs of renovating or operating the Property although the City of New York will provide \$15.25 Million to assist Tenant in the development of the Property; and

**WHEREAS**, a public hearing was held following due notice on July 10, 2025 in the auditorium of NYC Health + Hospitals/Lincoln pursuant to Section 7385(6) of the System’s enabling act; and

**WHEREAS**, prior to lease execution, the proposed lease is subject to the approval of the City Council and the Office of the Mayor.

**WHEREAS**, the negotiation and administration of the proposed lease shall be the responsibility of the Senior Vice President overseeing the NYC Health + Hospitals Central Office Real Estate unit.

**Now therefore, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized **to sign a 49-year ground lease, with two 25-year renewal options, of a property located at 349 East 140th Street, Block 2303, Lot 58, in the Bronx (the “Property”) to Mott Haven-Port Morris Community Land Stewards, Inc. (“Tenant”)**, for a sum of one dollar per year to develop the Property providing that specific conditions continue to be met regarding the use of the Property for the benefit of the community as a community center with a preference for programming focused on education, arts, culture and with a required health and wellness element.

**EXECUTIVE SUMMARY**  
**Proposed Ground Lease**  
**to Mott Haven-Port Morris Community Land Stewards, Inc.**  
**349 East 140th Street, Bronx, NY**

<b>Overview</b>	The System has a property located at 349 East 140th Street, Block 2303, Lot 58, in the Bronx (the “ <b>Property</b> ”), pursuant to its operating agreement with the City of New York. The Property, known as the Lincoln Recovery Center, has not been used by the System since 2013 resulting in the Property’s deterioration, creating an unsightly condition in its neighborhood and exposing the System to potential maintenance costs and liability. The System, in conjunction with the New York City Economic Development Corporation, issued an RFP seeking proposals for development of the Property to benefit the community. Only one proposal was received and such proposal met all the criteria of the RFP.
<b>Use</b>	Mott Haven-Port Morris Community Land Stewards, Inc. (“ <b>Tenant</b> ”) plans on developing a flexible, multi-generational community center that accommodates a broad-spectrum of neighborhood uses and needs; including health and wellness-oriented programs and events, such as, for example, active living, preventative and holistic health, and healthy aging, as well as programming focused on arts and culture, education, and youth initiatives; encouraging active street life and creatively integrating the property into the local context and surrounding area, including with the abutting Willis Playground and Alexander’s Alley; and preserving the existing Property’s architectural details all while promoting sustainability and energy efficiency. Tenant will operate its own programs in the Property but it also plans to sublease parts of the Property to other not-for-profit community-based organizations whose programming will account for part of the planned activity at the Property and whose rent will help to cover the operating expenses of the Property.
<b>Anticipated Closing Date</b>	It is anticipated that the proposed lease will be executed with an effective date in the early Winter, 2025.
<b>Anticipated Completion</b>	It is anticipated that the Property will be ready for use 24 months from the closing date.
<b>Terms</b>	The System proposes to provide to Tenant a 49-year ground lease, with two 25-year renewal options for an annual sum of one dollar. The lease will require that the Mott Haven-Port Morris Community Land Stewards, Inc. use the Property for a community facility center with a preference for programming focused on education, arts, and culture, and with a required health and wellness element.
<b>Funding</b>	The System will not provide any funding for the renovation or the operation of the Property. The City of New York is providing \$15.25 million in capital dollars to support the Project, as well as a zero-dollar Payment in Lieu of Taxes so long as Tenant meets the community benefit requirements of the lease. Tenant will also benefit from Historic Tax Credits, New Markets Tax Credits, grant funding, as well as private financing.



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

This public hearing concerned the proposed lease by NYC Health + Hospitals to The Mott Haven-Port Morris Community Land Stewards, Inc., building and land known as the Lincoln Recovery Center at 349 E. 140th Street, Bronx, NY (Borough: Bronx, Block 2303, Lot 58). The property, 22,750 square feet, 3-story structure, had been formerly used as a community health facility but the building has been vacant for many years. The hearing was held on the 10<sup>th</sup> day of July, 2025, at 6 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 Board members and panelists were present:

Mr. José Pagán, Chairman of the Board of Directors  
Dr. Mitchell Katz, President and CEO, NYC Health + Hospitals  
Ms. Freda Wang, Vice Chair of the Board of Directors and Chair of Finance Committee  
Ms. Vanesa Rodriguez, City Council designee for the borough of the Bronx  
Dr. Michael Espiritu, City Council designee for the borough of Manhattan  
Ms. Andrea Cohen, Senior Vice President and General Counsel  
Ms. Colicia Hercules, Secretary to the Corporation

**CHAIR'S REMARKS**

Mr. Pagán, called the meeting to order at 6:29 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán, advised all attendees that Spanish interpretation was available upon request and the registration to address the panel/speak would end promptly at 6:30 p.m.

Mr. Pagán explained that the public hearing was to present the proposed lease by NYC Health + Hospitals to The Mott Haven-Port Morris Community Land Stewards, Inc., building and land known as the Lincoln Recovery Center at 349 E. 140th Street, Bronx, NY (Borough: Bronx, Block 2303, Lot 58). The property, 22,750 square feet, 3-story structure, had been formerly used as a community health facility but the building has been vacant for many years. The proposal is for a comprehensive renovation of the vacant property to create a Health Education and Arts Community Center ("HEArts"). HEArts will serve the local community with health education, workforce development training, and music and art events. The Mott Haven-Port Morris Community Land Stewards, Inc. will operate its own programs and will also manage the mission-aligned programming of other community-based groups.



Mr. Pagán noted that additional approvals by the Office of the Mayor and the City Council must be obtained pursuant to New York City Health + Hospital's enabling act.

**MOTT HAVEN-PORT MORRIS COMMUNITY LAND STEWARDS & ALEMBIC COMMUNITY DEVELOPMENT PRESENTATION**

Mychal Johnson, Treasurer, Mott Haven-Port Morris Community Land Stewards, joined by Dr. Monxo Lopez, secretary, Mott Haven-Port Morris Community Land Stewards, and Jonathan Leit, Principal, Alembic Community Development, outlined the redevelopment of the former Lincoln Recovery Center in Mott Haven, Bronx, into the HEArts Center, a \$42 million community-driven project led by Mott Haven-Port Morris Community Land Stewards and Alembic Community Development. The site, vacant since 2013 and in need of significant remediation, will be transformed into a vibrant hub for health and wellness, education, and arts and culture through reuse and expansion. Dr. Lopez highlighted the significant cultural and historic importance of the building in the community.

Since 2013, the community has advocated for repurposing the building, and the vision has been shaped through collaborative efforts with local organizations and institutions. The project includes space for nonprofit offices, community gatherings, youth programming, and performance areas. The initiative is projected to generate over 80 full-time jobs and serve more than 4,000 residents annually through accessible programs and services. Key partners such as Green City Force, UpBeat NYC, and South Bronx Unite will lead programming in workforce development, arts education, and health and wellness.

Construction is expected to begin in early 2026 and conclude by late 2027. The development is supported by a mix of City, State, and Federal funding, including grants and tax credits, many of which have already been secured. The HEArts Center represents a significant step toward addressing systemic inequities in health access, education opportunities, and affordable space in the South Bronx.

**MODERATOR**

Ms. Cohen reminded all of the purpose of the public hearing and advised all speakers of the logistics of the hearing. The hearing is not a question/answer forum but rather a forum where members of the Board of Directors would listen to community's comments and concerns for the allotted

time. Ms. Cohen, reminded the attendees that Spanish interpreters are available upon request. Ms. Cohen also provided instructions for the submission of written remarks.

Ms. Cohen proceeded to call on the registered speaker.

**SPEAKER(S)**

1. **Hon. Vanessa L. Gibson, Bronx Borough President.** Ms. Gibson voiced strong support for the HEArts Center project, calling it a transformative investment in health, education, and community development in the South Bronx. Ms. Gibson highlighted her \$1 million capital funding allocation for the HEArt Center and an additional \$6 million in collaboration with other elected officials for a new opioid recovery and bridge clinic at Lincoln Hospital. Ms. Gibson praised South Bronx Unite for its leadership and persistent advocacy. The redevelopment will revitalize the long-vacant Lincoln Recovery Center, create over 80 jobs, and serve local youth, reflecting a broader commitment to equity, healing, and neighborhood revitalization.
2. **Romina Enea, Deputy Chief of Staff, Representing Congressman Ritchie Torres, NY-15 Congressional District.** Ms. Enea, on behalf of Congressman Torres, expressed strong support for the HEArts Center, describing it as a vital investment in public health, arts, education, and community organizing in the South Bronx. She emphasized the project's broad community backing and urged its approval as a reflection of dignity and empowerment.
3. **Stephanie Herrera, Deputy Chief of Staff, Representing Councilwoman Diana Ayala, 8th District.** Ms. Herrera expressed, on behalf of Councilwoman Ayala, strong support for the HEArts Center, noting the transformation of a long-vacant building into a hub for health, education, culture, and empowerment. She emphasized the Councilwoman's early and ongoing commitment, including over \$14 million in capital funding, and described the center as a safe, welcoming space for healing and connection in the South Bronx.
4. **Richard Izquierdo, Chairperson of the NYC Health + Hospitals /Lincoln Community Advisory Board.** Mr. Izquierdo voiced strong support for the HEArts Center project, highlighting the transformation of a long-vacant, deteriorated building into a vital community hub. He emphasized the project's cultural, educational, and health benefits for the South Bronx and praised Mychal Johnson's unwavering vision and leadership.

He urged the NYC Health + Hospitals' Board of Directors to approve the lease agreement, noting the proposal's strong community backing and alignment with City goals.

5. **Dr. Melissa Barber, President of the Mott Haven Community Board District 7**, expressed support for the HEArts Center, calling it a reflection of the South Bronx community's resilience, vision, and a 13-year effort. She emphasized the project's deep community roots, inclusive planning, and commitment to holistic healthcare, education, and empowerment. Dr. Barber underscored the community's determination to see this dream realized and vowed continued advocacy until it becomes a permanent fixture in the neighborhood.
6. **Brenda Irizarry, Private Citizen, as a resident of the Bronx, Ms. Irizarry** urged NYC Health + Hospitals to grant a 99-year lease for the HEArts Center, emphasizing its role in transforming a long-vacant property into a much-needed space focused on health, education, and the arts. She highlighted the project's commitment to public good, community empowerment, and accessible, no-cost services, stressing the importance of keeping public land in public hands.
7. **Rey Allen, Executive Artistic Director, Theatre International/Community Board 1**. Mr. Allen, as a theater arts specialist and longtime South Bronx resident, expressed strong support for the HEArts Center, emphasizing the vital role of arts and culture in community healing and identity. Reflecting on his personal journey and commitment to the Bronx since 1968, he described the project as a long-overdue opportunity to restore and uplift the neighborhood through creative expression and community engagement. He pledged continued support to help make the HEArts Center a reality.
8. **Rev. Michael Strong, Pastor/ Vice Chair of Theatre International**. Rev. Allen shared his vision for community empowerment through entrepreneurship, education, and sports, including starting businesses, learning creative skills like screenwriting, and introducing tennis to local youth. He expressed strong support for the HEArts Center and praised the leadership of Mychal Johnson and others, believing the project will grow significantly and help transform the Bronx into a vibrant, thriving community.

9. **David Rosales, South Bronx Unite.** Mr. Rosales highlighted that the HEArts Center's work is already underway, with community programming happening regularly—even outdoors on rainy days. He shared a personal experience of wellness at a recent event, emphasizing the connection between arts and health. He encouraged others to attend future events to see firsthand the positive impact and preventive care the center will provide.
10. **Steven Perryman, Private Citizen.** Mr. Perryman spoke in support of the HEArts Center. The center will be a dedicated space which will provide much needed access to new programs in education and health in the community.
11. **Matthew Shore, Senior Organizer, South Bronx Unite.** Mr. Shore expressed strong support for the 99-year lease for the HEArts Center, sharing personal and community stories that reflect the building's legacy of care and accessibility. He highlighted the center's ongoing impact through wellness and arts programming, its central location near public housing, and its potential to offer green jobs and workforce development. He praised the community-led development model, emphasizing its long-term benefits and alignment with equity and inclusion.
12. **Melissa Basley, South Bronx United.** Ms. Basley shared her personal journey of reconnecting with her neighborhood through her thesis work, which led her to the HEArts Center project. She emphasized the theme of connection—how the project has brought together diverse individuals and strengthened community bonds. Expressing full support, she noted how rare and meaningful it is to be part of such a unifying and community-driven effort.
13. **Ejiro Ojeni, Bronx Unite.** Ms. Ojeni expressed strong support for the HEArts Center, sharing her personal experiences of having to leave the Bronx for quality healthcare, education, and arts access. She emphasized that the HEART Center represents a unique, long-overdue opportunity to shift the narrative of disinvestment in the Bronx and provide residents with the high-quality resources they deserve. She urged approval of the lease as a step toward community empowerment and equity.

14. **Kaila Paulino, Community Member and Musician.** Ms. Paulino, a harm reduction detox specialist passionately supported the HEArts Center, highlighting its deep connection to community healing, love, and resilience. She reflected on the Bronx's history of struggle and survival, emphasizing the importance of creating inclusive, culturally rooted spaces where people feel seen, valued, and empowered. She described the HEArts Center as a place of education, arts, healing, and violence prevention—essential for addressing ongoing health crises, trauma, and social inequities in the community.

**WRITTEN REMARKS**

1. **Amanda Septimo, Assembly Member, Assembly District 84,** strongly supports the proposed lease of the long-vacant Lincoln Recovery Center to the Mott Haven Port Morris Community Land Stewards. This initiative aims to transform the center into the HEArts Center, a community hub focused on health, education, the arts, and economic opportunity. Ms. Septimo emphasizes that the project empowers local residents to lead and create spaces that reflect their needs and dreams. She views the lease as an investment in the community's future and urges the City to back the partnership, highlighting the South Bronx as a model of resilience and creativity.
2. **Heather Guerino, Co-Founder, Foster Children/Parent Advocate, Crusaders for Children's Rights.** Ms. Guerino suggests creating a Foster Parent Ombudsman Advocacy Center in the Bronx to support foster parents by offering legal assistance, mediation with foster agencies, and a designated play area for children. The center would address the shortage of good foster parents, which she believes is due to the lack of proper protections and services. Community organizations in the Bronx are willing to provide space for the initiative, eliminating the need to wait for government action.

**MEETING ADJOURNMENT**

There being no other registered speaker Ms. Cohen thanked the presenters and the public hearing concluded at 7:43 P.M.



Colicia Hercules  
Corporate Secretary

# **Request to Ground Lease Old Lincoln Recovery Center to Mott Haven-Port Morris Community Land Stewards, Inc.**

## **Board of Directors Meeting**

**July 31, 2025**

**Leora Jontef, Sr. AVP, Real Estate & Housing**  
**Deborah Morris, AICP, Senior Director, Real Estate & Housing**  
**Jeremy Berman, Deputy General Counsel**

## For Board of Directors Consideration

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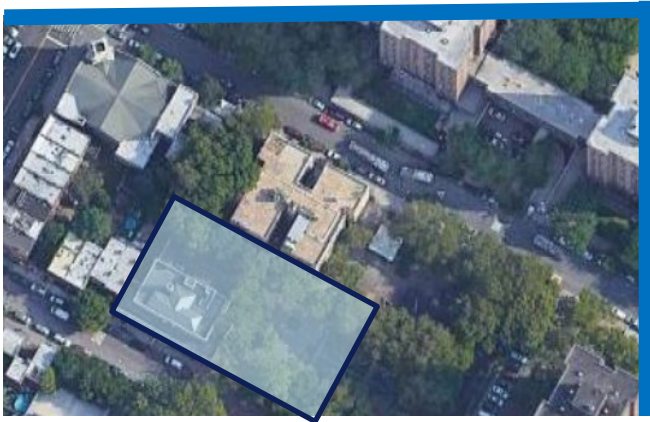
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a **49-year ground lease, with two 25-year renewal options, of a property located at 349 East 140<sup>th</sup> Street, Block 2303, Lot 58, in the Bronx (the “Property”)** to **Mott Haven-Port Morris Community Land Stewards, Inc. (“Tenant”)** for a sum of one dollar per year to develop the Property providing that specific conditions continue to be met regarding the use of the Property for the benefit of the community as a community center with a preference for programming focused on education, arts, culture and with a required health and wellness element.



# Old Lincoln Recovery Center

## Bronx

Lincoln Recovery Center  
Block: 2303, Lot: 58  
349 E. 140th Street



**Present Use:** Vacant

**Proposed Use:** Community Center



# Old Lincoln Recovery/HEArts Center



- The Old Lincoln Recovery Center operated as a drug rehabilitation clinic from the 1970s until it closed in 2012.
- It is a vacant, 22,750 SF three-story structure. It is in poor condition and is costly to maintain.
- EDC issued an RFP in 2022 and selected Mott Haven Port Morris Community Land Stewards' proposal - a comprehensive renovation of the space into the HEArts Community Center: (H)ealth, (E)ducation, and the (A)rts.

## Project Team

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- The Mott Haven-Port Morris Community Land Stewards were established in 2015 by South Bronx residents as a Community Land Trust.
  - It maintains land permanently for public use, community self-determination, and homeownership.
- Alembic was founded in 2004 in NYC to partner with nonprofit organizations to develop affordable housing and community facilities in underserved communities.
  - Developed properties totaling more than 2,500 affordable and supportive housing units; 300,000 square feet of commercial and community facility space; and \$1.2 billion of development costs

# Old Lincoln Recovery/HEArts Center



- The HEArts Community Center will serve a diverse population with health and wellness programming – from arts, education, workforce development, music, and events.
- Programming will include nutrition classes, cooking demos, exercise classes, health screenings, and Tai Chi.
- The project has significant community and elected official support. The program and design were developed through a multi-year engagement process including the project architects.

# Project Funding Sources

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- Total cost for building rehabilitation is \$42.3 million
- System will not contribute to cost of construction or operations
- \$15.25 million in City Capital committed by City Council, Borough President and Mayoral Funds
- \$27 million in State and Federal Tax Credit Equity and Grants



# Ground Lease Process

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- **Public Notice:** June 18, 2025
- **Public Hearing:** July 10, 2025
- **Capital Committee:** July 16, 2025
- **H+H Board Meeting:** July 31, 2025
- **City Council:** Fall 2025
- **Ground Lease Execution:** Winter 2025

# Lease Terms

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- The Mott Haven-Port Morris Community Land Stewards will renovate and occupy the Lincoln Recovery Center located at 349 E. 140th Street, a 22,750 SF three-story structure.
- **Term:** a 49-year ground lease, with two 25-year renewal options term will commence upon execution.
- **Requirements:**
  - Tenant will substantially improve existing building through \$43 million rehabilitation.
  - Tenant will operate the building as the HEArts Community Center: (H)ealth, (E)ducation, and the (A)rts.
  - Tenant will sub-lease space to other community based entities with H+H approval. Subtenants will provide community-based programming complimentary to the programming of Mott Haven-Port Morris Community Land Stewards.
- **Base Rent:** \$1/year

## Board of Directors Approval Request

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- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a **49-year ground lease, with two 25-year renewal options, of a property located at 349 East 140<sup>th</sup> Street, Block 2303, Lot 58, in the Bronx (the “Property”)** to **Mott Haven-Port Morris Community Land Stewards, Inc. (“Tenant”)** for a sum of one dollar per year to develop the Property providing that specific conditions continue to be met regarding the use of the Property for the benefit of the community as a community center with a preference for programming focused on education, arts, culture and with a required health and wellness element.

## RESOLUTION - 15

Authorizing New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) to sign a **99-year ground lease (including tenant options) with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “Tenant”) to rent approximately 42,000 square feet which is currently part of the parking lot and Annex structure of NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “Facility”)** to be the site for the construction of a 17-story 359,000 square foot mixed-use building (the “**Building**”) with approximately 328 residential units for households earning less than 80% of Area Median Income including approximately 98 supportive units for single adults who are qualified and appropriate for independent living in the community, approximately 230 affordable units, including a residential unit for the Building’s superintendent, with approximately 6,000 square feet to be provided for community facility use, and with approximately 7,500 square feet to be provided for an open space, with Tenant anticipated to pay at least \$4,000,000 at lease signing as a one-time advance rent and an annual administrative fee of \$12,000; and

Further authorizing NYC Health + Hospitals to sign a sub-sublease with **RC Health Master Tenant LLC, Tenant’s affiliate subtenant (“Sub-Landlord”), for approximately 43,000 square feet on the cellar, first, and second floors of the Building (the “Gotham Expansion Clinic”)** to be used by NYC Health + Hospitals at the Facility for its clinical operations and a parking facility accommodating approximately 75 parking spaces for the use of the Facility staff and patients (the “**Garage**”) at a rental rate calculated to pass through to NYC Health + Hospitals only its 16.29% share of the cost to operate the Building, which is currently estimated to be approximately \$90,000 per annum.

**WHEREAS**, the New York City Department of Housing Preservation and Development (“**HPD**”) designated Tenant as the developer of the subject property following an RFP conducted in conjunction with the 2017 Jerome Avenue Neighborhood Plan; and

**WHEREAS**, Tenant’s members are leaders in the development of affordable, moderate/middle income and supportive housing including mixed income and mixed-use projects and are experienced in the construction and operations of such projects; and

**WHEREAS**, the Facility is the busiest diagnostic and treatment center operated in the NYC Health + Hospitals/Gotham network; and

**WHEREAS**, the Facility was first constructed in 1968 facing Gerard Avenue with a 15,000 square foot annex added in the 1980’s (the “**Annex**”); and

**WHEREAS**, as part of the development plan, Tenant will demolish the Annex to make room for the Building; and

**WHEREAS**, as part of NYC Health + Hospitals’ sublease of the Gotham Expansion Clinic and the Garage, Tenant will complete the fit-out of the space at NYC Health + Hospitals’ expense pursuant to plans and specifications not yet finalized;



**WHEREAS**, once the plans and specifications of the Gotham Expansion Clinic are finalized, authorization from the Board for the expenditure of the funds necessary for the construction shall be requested; and

**WHEREAS**, pursuant to a New York City Human Resources Administration (“HRA”) Congregate Supportive Housing Request-for-Proposals, the Tenant shall provide on-site supportive services for qualifying adults living with mental illness or substance use disorder; and

**WHEREAS**, NYC Health + Hospitals and Tenant shall, consistent with applicable regulations, establish protocols allowing for the referral to Tenant of NYC Health + Hospitals’ patients who qualify for residence in the supportive housing units in the Building; and

**WHEREAS**, the individuals who are to live in such supportive units shall be screened to ensure that they are suitable for independent living in the community; and

**WHEREAS**, the negotiation and administration of the proposed lease shall be the responsibility of the Senior Vice President overseeing the NYC Health + Hospitals Central Office Real Estate unit; and

**WHEREAS**, a Public Hearing was held on July 1, 2025 in accordance with the requirements of the NYC Health + Hospital’s Enabling Act; and

**WHEREAS**, prior to lease execution, the proposed lease is subject to the approval of the City Council and the Office of the Mayor.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) be and hereby is authorized to sign a **99-year ground lease (including tenant renewal options) with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “Tenant”) to rent approximately 42,000 square feet which is currently part of the parking lot and Annex structure of NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “Facility”)** to be the site for the construction of a 17-story 359,000 SF mixed use building (the “**Building**”) with approximately 328 residential units including approximately 98 supportive units for single adults who are qualified and appropriate for independent living in the community, approximately 230 affordable units, including a unit for the Building super, with approximately 6,000 square feet to be provided for a community facility use, with Tenant anticipated to pay at least \$4,000,000 at lease signing as a one-time advance rent and an annual administrative fee of \$12,000; and

**IT IS FURTHER RESOLVED**, that NYC Health + Hospitals is authorized to **sign a sub-sublease with RC Health Master Tenant LLC, Tenant’s affiliate subtenant (“Sub-Landlord”), for approximately 43,000 square feet on the cellar, first, and second floors of the Building (the “Gotham Expansion Clinic”) to be used by the Facility for its clinical operations and a 75 car garage for the exclusive use of the Facility staff and patients (the “Garage”)** at a rental rate calculated to pass through to NYC Health + Hospitals only its 16.29% share of the cost to operate the Building, which is currently estimated to be approximately \$90,000.

## EXECUTIVE SUMMARY

### SUBLEASE AGREEMENT

#### NYC HEALTH + HOSPITALS/GOTHAM/MORRISANIA RIVER COMMONS HOUSING DEVELOPMENT FUND COMPANY INC. AND RIVER COMMONS OWNERS LLC

<b>OVERVIEW:</b>	<p>NYC Health + Hospitals seeks authorization from its Board of Directors to execute a lease with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “<b>Tenant</b>”) to rent about 42,000 square feet of the parking lot and a portion of which is now the site of the 15,000 square foot Annex at NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “<b>Facility</b>”). The development project involves a sequence of actions as follows: Tenant will demolish the Facility Annex and will erect a new exterior wall to close up the Facility; Tenant will construct a new 17-story 359,000 square foot apartment building (the “<b>Building</b>”); Tenant will sublease an approximately 43,000 square foot portion of the Building to RC Health Master Tenant LLC, Tenant’s controlled subtenant (“<b>Sub-Landlord</b>”); Sub-Landlord will sub-sublease to NYC Health + Hospitals approximately 43,000 square feet on the cellar, first, and second floors of the Building (the “<b>Sub-sublease</b>”) for the Facility’s clinical operations (the “<b>Gotham Expansion Clinic</b>”) and a 75 car garage for the Facility’s exclusive use (the “<b>Garage</b>”); and pursuant to the Sub-sublease, Sub-sublandlord will construct the interior fit-out of the Gotham Expansion Clinic at NYC Health + Hospitals’ cost.</p>
<b>TENANT:</b>	<p>The named tenant, River Commons Housing Development Fund Company Inc. is an affiliate of BronxWorks, Inc., a not-for-profit social services provider based in the Bronx (“<b>BronxWorks</b>”). The beneficial tenant will be River Commons Owners LLC of which the indirect members are Type A Projects LLC, a woman owned affordable housing developer, and L&amp;M Development Partners, one of the most experienced developers of affordable housing in the City with a robust construction arm.</p>
<b>NEED/ PROGRAM:</b>	<p>The City of New York continues to suffer from an acute shortage of affordable housing with a particular need for supportive housing. Tenant is a leader in the development of affordable, moderate/middle income and supportive housing.</p> <p>Tenant shall develop approximately 328 residential units including approximately 98 supportive units and approximately 230 affordable units, including a unit for the Building superintendent, affordable to households earning less than 80% AMI</p> <p>NYC Health + Hospitals shall establish protocols, consistent with applicable regulations for the referral to the Tenant of its patients who are appropriate for independent living in the community and qualify for occupancy of the supportive housing units.</p>
<b>CLINICAL:</b>	<p>The Facility footprint will initially be reduced by 15,000 square feet by way of demolition of the Annex. This will make way for the Building including the 43,000 square foot Gotham Expansion Clinic. In this way, the Facility will become larger with</p>

new space designed to the Facility's specifications that provides the Facility opportunity to expand. The Building and the Gotham Expansion Clinic will front on River Avenue, which is a busy commercial thoroughfare. Coincidentally, the MTA is obtaining the right to construct an elevator and stair adjacent to the Building right next to an MTA Subway station which will further increase foot traffic near the Gotham Expansion Clinic thereby even further increasing the Gotham Expansion Clinic's visibility creating an opportunity to attract additional patients.

**COMMUNITY:  
FACILITY** In addition to the Gotham Expansion Clinic, the Building will also have about 6,000 square feet of community facility space to be occupied by a BronxWorks "Empowerment Center" and the African Resource Center.

**OPEN SPACE:** In addition to the Building, the Tenant shall build and maintain a 7,500 landscaped open space that will be accessible to the public.

**TERMS:**

**Lease:** Tenant anticipated to pay at least \$4,000,000 at lease signing as a one-time advance rent and an annual administrative fee of \$12,000. Thereafter no further rent will be payable by Tenant. NYC Health + Hospitals will not pay any part of the cost to demolish the Annex, to repair the Facility or to construct the Building.

**Sublease:** Tenant will sub-lease a 43,000 square foot portion of Building to RC Health Master Tenant LLC, Tenant's controlled subtenant ("**Sub-Landlord**"), which will sub-sublease the Gotham Expansion Clinic and the Garage to NYC Health + Hospitals. Under the terms of the proposed sub-sublease, NYC Health + Hospitals will pay Sub-Landlord rent in an amount calculated to cover only its proportionate share, 16.29%, of the cost of operating the Building exclusive of any amortization or finance costs. This is estimated to be approximately \$90,000 initially. NYC Health + Hospitals will pay the local utility for its electric consumption and will be responsible for its own cleaning and interior maintenance. Additionally, NYC Health + Hospitals will be responsible for all of the costs of operating the Garage.

**Fit Out;  
Funding:** Sub-Landlord will deliver the Garage to NYC Health + Hospitals in ready to use condition equipped with stackers for parked cars

Sub-Landlord will construct the core and shell of the Building and will deliver the Gotham Expansion Clinic as a vanilla box. Sub-Landlord will complete the design and internal fit-out of the Gotham Expansion Clinic in accordance with NYC Health + Hospitals' plans and specifications at NYC Health + Hospitals' cost. A projected fit out cost estimate cannot be given until the full design is complete. Management will return to the Board for authority to commit to the Tenant fit-out once reliable estimates can be generated. The cost of the fit-out and its design is to be funded by City Capital. Sub-Landlord is required to bid out the work to be performed to complete the tenant fit-out. NYC Health + Hospitals will be able to add contractors to the list of bidders and to observe the bidding process. In this way, NYC Health + Hospitals can ensure that the construction budget will be fair and reasonable.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

This public hearing concerned the proposed lease by the NYC Health + Hospitals Corporation to River Commons Owners LLC for the development of "River Commons," a new mixed-use building on a 42,000 square foot parcel at NYC Health + Hospitals/Gotham Morrisania located at 1225 Gerard Avenue in the Bronx. The hearing was held on the 1<sup>th</sup> day of July, 2025, at 6 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 Board members and panelists were present:

Mr. José Pagán, Chairman of the Board of Directors  
Dr. Mitchell Katz, President and CEO, NYC Health + Hospitals  
Ms. Freda Wang, Vice Chair of the Board of Directors and Chair of Finance Committee  
Ms. Sally Hernandez-Piñero, Chair of Audit Committee and MetroPlus Chair (Subsidiary)  
Ms. Vanesa Rodriguez, City Council designee for the borough of the Bronx  
Dr. H Jean Wright  
Ms. Andrea Cohen, Senior Vice President and General Counsel  
Ms. Colicia Hercules, Secretary to the Corporation

**CHAIR'S REMARKS**

Mr. Pagán, called the meeting to order at 6:09 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán, advised all attendees that a Spanish interpreter was available upon request and the registration to address the panel/speak would end promptly at 6:30 p.m.

Following the introduction of the members in attendance, Mr. Pagán explained that the public hearing was to present the proposed by the NYC Health + Hospitals Corporation to River Commons Owners LLC for the development of "River Commons," a new mixed-use building on a 42,000 square foot parcel at NYC Health + Hospitals/Gotham Morrisania located at 1225 Gerard Avenue in the Bronx. The new building will include approximately 328 units of affordable and supportive residential housing for both the community and patients, as well as a live-in super's unit, community facility space, approximately 41,000 square foot healthcare facility, a 75-car parking garage for use by NYC Health + Hospitals, and a public plaza.

Mr. Pagán noted that additional approvals by the Office of the Mayor and the City Council must be obtained pursuant to New York City Health + Hospital's enabling act.

**TYPE A PARTNER PRESENTATION**

Annie Tirschwell, Principal at Type A Projects, led the presentation, which outlined the details of this major initiative in partnership with NYC Health + Hospitals and other community-based organizations. Ms. Tirschwell noted the shared mission to deliver affordable, community-centered housing solutions and Type A Projects' role, its services, and its Bronx-based portfolio.

Ms. Tirschwell shared an overview of the existing state and the proposed development. River Commons will bring 328 affordable apartments to the Bronx, including 98 supportive housing units specifically targeted to serve individuals through NYC Health + Hospitals' Housing for Health initiative. In addition to housing, the development will include a 43,000 square foot expansion clinic for NYC Health + Hospitals| Morrisania Gotham Health and 75 space parking garage for Health + Hospitals staff.

The project also features several community-oriented components. These include approximately 2,900 square feet for the African Resource Center, 3,300 square feet for the BronxWorks Empowerment Center, and a 7,500 square foot publicly accessible community green space. There is also a future plan to coordinate with the MTA for elevator and stairs. The building features a sustainable design and will rise to 17 stories.

The construction of the new building is slated to begin in January 2026 and conclude in April 2029, followed by lease-up and full occupancy by December 2029. These dates are contingent on funding from NYC Housing Development Corporation (HDC) and the Department of Housing Preservation and Development (HPD).

At least 25% of HPD/HDC-supported costs will be directed to certified Minority and Women-Owned Business Enterprises (MWBEs). Type A Projects, the lead developer, is a certified WBE. The development team has committed to engaging MWBE firms throughout the design and construction phases.

**MODERATOR**

Ms. Cohen reminded all of the purpose of the public hearing. The proposed lease by the NYC Health + Hospitals corporation to River Commons Owners LLC,

for the development of "River Commons," a new mixed-use building on a 42,000 square foot parcel at NYC Health + Hospitals| Morrisania Gotham Center. The new building will include approximately 328 units of affordable and supportive residential housing for both the community and patients, as well as a live-in super's unit, community facility space, approximately 41,000 square foot healthcare facility, a 75-car parking garage for use by NYC Health + Hospitals, and a public plaza.

Ms. Cohen advised all speakers of the logistics of the hearing. The hearing is not a question/answer forum but rather a forum where members of the Board of Directors would listen to community's comments and concerns for the allotted time. Ms. Cohen, reminded the attendees that Spanish interpreters are available upon request. Ms. Cohen also provided instructions for the submission of written remarks.

Ms. Cohen proceeded to call on the registered speaker.

**SPEAKER(S)**

1. John Morales, Member, Builders Benchmark Design. Mr. Morales emphasized the importance of inclusive development strategies that actively engage long-standing local and minority-led organizations. He noted that while his firm has over 30 years of experience in housing development—often in collaboration with major community organizations like the Acacia Network—there was minimal notice or outreach prior to the public hearing for this project. Mr. Morales expressed concern over the lack of participation opportunities for local minority professionals, particularly in the Bronx, where access to capital and integration into the City's development pipeline has historically been limited. He stressed that despite the project appearing fully planned, there should have been greater effort to involve qualified local talent in the process.

**MEETING ADJOURNMENT**

There being no other registered speaker Ms. Cohen thanked the presenters and the public hearing concluded at 6:48 P.M.



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Colicia Hercules  
Corporate Secretary



# **Request to Ground Lease for Housing Gotham/Morrisania to River Commons Owners LLC**

**Board of Directors Meeting**  
**July 31, 2025**

**Matt Siegler, Chief Growth and Strategy Officer**  
**Leora Jontef, Sr. AVP, Real Estate & Housing**  
**Jeremy Berman, Deputy General Counsel**  
**Deborah Morris, AICP, Senior Director, Real Estate & Housing**

## For Board of Directors Consideration

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- Authorizing New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) to sign a **99-year ground lease (including tenant options) with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “Tenant”) to rent approximately 42,000 square feet which is currently part of the parking lot and Annex structure of NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “Facility”)** to be the site for the construction of a 17-story 359,000 square foot mixed-use building (the “**Building**”) with approximately 328 residential units for households earning less than 80% of Area Median Income including approximately 98 supportive units for single adults who are qualified and appropriate for independent living in the community, approximately 230 affordable units, including a residential unit for the Building’s superintendent, with approximately 6,000 square feet to be provided for community facility use, and with approximately 7,500 square feet to be provided for an open space, with Tenant anticipated to pay at least \$4,000,000 at lease signing as a one time advance rent and an annual administrative fee of \$12,000; and
- Further authorizing NYC Health + Hospitals to sign a **sub-sublease with RC Health Master Tenant LLC, Tenant’s affiliate subtenant (“Sub-Landlord”), for approximately 43,000 square feet on the cellar, first, and second floors of the Building (the “Gotham Expansion Clinic”) to be used by NYC Health + Hospitals at the Facility for its clinical operations and a parking facility accommodating approximately 75 parking spaces for the use of the Facility staff and patients (the “Garage”)** at a rental rate calculated to pass through to NYC Health + Hospitals only its 16.29% share of the cost to operate the Building, which is currently estimated to be approximately \$90,000 per annum.



# Housing for Health

## Relationship between Housing and Health at H+H

- In 2024, ~80,000 H+H patients are homeless or marginally housed and over 50% are also DHS clients
- On average, patients experiencing homelessness visited the **ED 3x more often** than other patients
- Patients experiencing homelessness were more likely to have an inpatient visit and **stayed 4x longer** across their admissions

## H+H Approach: Housing for Health

### Connecting patients experiencing homelessness with housing supports and opportunities

- Provide Housing Navigation Services
- Operate Medical Respite Beds
- Fund Case Management Services in Affordable Housing
- Dedicate NYC H+H Land for Affordable and Supportive Housing

**Housing for Health has stably housed nearly 1500 patient households**

**Expediting this population into stable housing saves lives, improves health outcomes, and reduces the expensive emergency health care and in patient resources.**

# H+H Land for Affordable and Supportive Housing

**10 buildings on 5 campuses with  
1600 units of senior, supportive and  
low income housing**

- Buildings owned/operated by private developers with an H+H ground lease
- Connections to care with local H+H facilities
- Projects with supportive housing work closely with Housing for Health and HRA for referrals
- Most recent project is Comunilife 2 at Woodhull Hospital



# Morrisania-River Commons

## Bronx

Gotham/Morrisania

Block: 2489, Lot: 60

1225 Gerard Avenue



**Present Use:** Healthcare + Parking

**Proposed Use:** Affordable Housing + Gotham Expansion Clinic + Community Facility

# Project Overview and Benefits

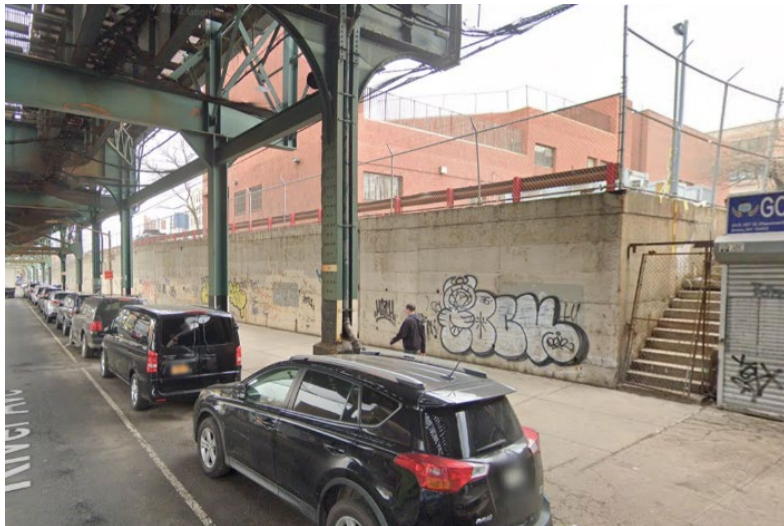


- Approximately 328-Unit entirely affordable residential building
  - 98 supportive units for eligible H+H patients in collaboration and the community
- Building will include a 43,000 SF modern clinical space and a 75-car parking facility
- 6,000 SF Community Facility space for African Resource Center and Bronx Works Empowerment Center
- 7,500 SF community green space/plaza
- Fulfills Mayor's Housing Blueprint and promotes Housing for Health



# Project Overview

## Existing Conditions



## Proposed



## Type A Projects

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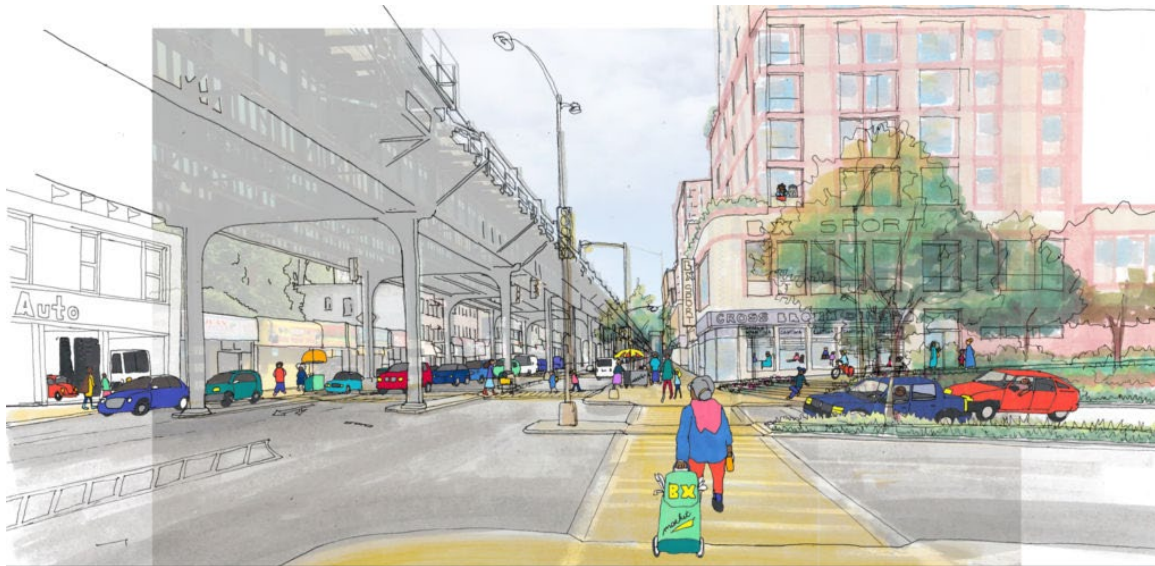


- Women-owned affordable housing developer focused on community-driven development
- 1,000+ affordable apartments completed/in development
- Community based not-for-profit
- 50 years providing Bronx families housing, health services, and opportunities to improve economic well-being
- Annually serves 64,000 Bronx residents at 50+locations
- Impact-driven developer, builder, and manager of multi-family, mixed use and affordable housing
- Built or preserved nearly 40,000 residential units and 1.2 square feet of retail and community facility space



# Project Timeline

- **Jerome Avenue Neighborhood Plan and Rezoning: 2018**
- **Jerome-Anthony RFP: 2019**
- **HPD Designation: 2020**
- **Design Process: 2021-2024**
- **Ground Lease Process: Fall 2025**
- **Construction Start: 2026**
- **Anticipated Project Completion: 2029**



# Ground Lease Process

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- **Public Notice:** June 5, 2025
- **Public Hearing:** July 1, 2025
- **Capital Committee:** July 16, 2025
- **H+H Board Meeting:** July 31, 2025
- **City Council:** Fall 2025
- **Ground Lease Execution:** December 2025

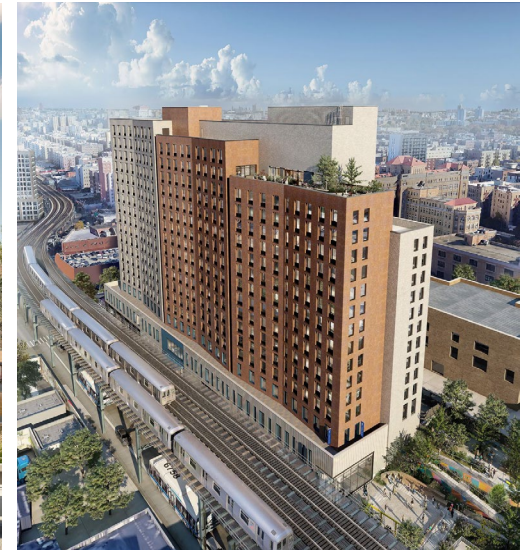


# Unit Mix + Tenant Amenities

Units	#	%
STUDIO	117	36%
1 BEDROOM	106	32%
2 BEDROOM	69	21%
3 BEDROOM	36	11%
<b>TOTAL</b>	<b>328</b>	<b>100%</b>

- 24/7 security
- Fitness Center, Playroom, and Community Room
- 15<sup>th</sup> floor landscaped terrace
- On-site management office
- On-site supportive service office
- Supportive Housing for eligible H+H patients

Affordability		%
30 – 80% AMI		70%
Supportive*		30%



# Expanded Gotham/Morrisania



- 43,000 SF new clinical space and 75-car garage
- No disruption in clinical services: Administrative spaces in the main building on Gerard Avenue were renovated in order to accommodate relocated services from Annex, which will be demolished



- Complete continuity of care during construction:
  - **Clinic currently serves 50,000 patients annually**
- Convenient staff parking will be provided nearby off-site during construction



# Project Funding

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- **Housing Development Project Cost: \$252 million**
  - \$ 96.3 M funded by Low Income Housing Tax Credits
  - \$ 92.5 M HPD City Capital subsidy loan
  - \$ 20 M HDC Subsidy Loan
  - \$ 24.4 M amortizing bank loan
  - \$ 13.6 M deferred HPD interest
  - \$ 5.2 M developer contribution
  - Includes the cost of constructing Gotham/Morrisania core, shell, and replacement parking
  - Project governed by 60-year HPD Regulatory Agreement and Mortgage
  
- **Supportive Housing Social Services**
  - \$2M annual NYC HRA contract to provide robust on-site case management services
  
- **Gotham Expansion Clinic Cost to H+H**
  - Fit Out: In Design: will return to Board for authorization for Not to Exceed Value.
    - Clinic fit out to meet H+H wage, bidding, and design specifications

# Lease Terms

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- **Term:** 99 Years including tenant options
- **Tenant Requirements:**
  - Ground lease a 42,000 SF area that includes space that is presently occupied by surface parking and the 15,000 SF Annex building of the Gotham/Morrisania clinic.
  - Finance and construct a 359,000 SF mixed-use building including approximately 328 apartments with affordability pursuant to HPD requirements, including 98-supportive units which includes:
    - a 43,000 SF healthcare facility and 75-car parking garage
    - a 6,000 SF of community facility space
    - a 7,000 SF public plaza
- **Ground Lease Fee:** a one-time payment of at least \$4,000,000 at lease signing
- **Ground Lease Rent:** \$1/year after initial payment. After Year 15, excess cash flow allow for potential limited payments to H+H.
- **Ground Lease Administrative Fee:** \$12,000/year

# Sub lease Terms: Clinic + Parking

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- **Term:** 99 Years
- **Requirements:**
  - H+H will sublease back from developer for H+H's use approximately 43,000 SF space on the cellar, first, and second floors to operate expanded services for Gotham/Morrisania.
  - Sublease back from Developer shall also include a 75-parking garage for use as staff parking.
  - Landlord will design and build space to tenant specifications
- **Sublease Rent:** Sublease rent payable by H+H to owner will be a pass through of H+H's prorated share (16%) of the building's operating expenses , approximately \$90,000 annually, exclusive of capital investment or financing costs.
- **Gotham Expansion Clinic Fit Out Costs:** In Design: will return to Board with Not to Exceed Value.

# Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) to sign a **99-year ground lease (including tenant options) with River Commons Housing Development Fund Company Inc. as named tenant and River Commons Owners LLC as the beneficial tenant (together “Tenant”) to rent approximately 42,000 square feet which is currently part of the parking lot and Annex structure of NYC Health + Hospitals/Gotham/Morrisania at 1225 Gerard Avenue, Bronx, New York (the “Facility”) to be the site for the construction of a 17-story 359,000 square foot mixed-use building (the “Building”) with approximately 328 residential units for households earning less than 80% of Area Median Income including approximately 98 supportive units for single adults who are qualified and appropriate for independent living in the community, approximately 230 affordable units, including a residential unit for the Building’s superintendent, with approximately 6,000 square feet to be provided for community facility use, and with approximately 7,500 square feet to be provided for an open space, with Tenant anticipated to pay at least \$4,000,000 at lease signing as a one time advance rent and an annual administrative fee of \$12,000; and**
- Further authorizing NYC Health + Hospitals to sign a **sub-sublease with RC Health Master Tenant LLC, Tenant’s affiliate subtenant (“Sub-Landlord”), for approximately 43,000 square feet on the cellar, first, and second floors of the Building (the “Gotham Expansion Clinic”) to be used by NYC Health + Hospitals at the Facility for its clinical operations and a parking facility accommodating approximately 75 parking spaces for the use of the Facility staff and patients (the “Garage”) at a rental rate calculated to pass through to NYC Health + Hospitals only its 16.29% share of the cost to operate the Building, which is currently estimated to be approximately \$90,000 per annum.**

**RESOLUTION - 16**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a three year lease, with two one-year options to renew in its sole discretion, with Hudson West Hospitality, LLC (“Landlord”) for the use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 446 West 36th Street in Manhattan (the “Hotel”) for the System’s Bridge to Home program at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$19,361,400.

**WHEREAS**, the System’s Bridge to Home program has been established to provide unhoused individuals suffering from serious mental illness who have been discharged from the System’s facilities with temporary housing to allow such individuals a stable, safe and supportive environment while they prepare themselves for permanent housing; and

**WHEREAS**, the System and the City of New York routinely use hotels for similar programs as it is economically and programmatically advantageous to do so; and

**WHEREAS**, the Bridge to Home program has identified the subject hotel as being suitable for the program’s needs, the lease terms satisfactory, and the rates for the room use to be fair and reasonable; and

**WHEREAS**, the proposed lease calls for the System to buy out the entire hotel and to pay for all rooms whether they are in use or not, provided that if any rooms are unavailable due to the Landlord’s failure to make necessary repairs, the System shall not be charged for such rooms until they are put back into service; and

**WHEREAS**, the System’s central office unit, Ambulatory Care, and NYC Health + Hospitals/Bellevue will be responsible for managing the hotel lease; and

**WHEREAS**, the Landlord shall be responsible for cleaning and maintaining the Hotel, including common areas, hotel rooms, linens and beddings.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a three year lease, with two one-year options to renew in its sole discretion, with Hudson West Hospitality, LLC (“Landlord”) for the use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 446 West 36th Street in Manhattan (the “Hotel”) for the System’s Bridge to Home program at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$19,361,400.

**EXECUTIVE SUMMARY**  
**PROPOSED LEASE**  
**WITH HUDSON WEST HOSPITALITY, LLC**  
**FOR HUDSON RIVER HOTEL**

<b>OVERVIEW</b>	<p>The System’s Bridge to Home program aims to house persons with serious mental illness who are discharged from the System’s facilities. The New York City Department of Homeless Services (“DHS”) has previously identified the Hudson River Hotel as suitable for its homeless shelter clients. The System has determined that such hotel is of suitable size and location for its programmatic use and seeks to lease the entire hotel including its 56 hotel rooms and all common areas for its program.</p>
<b>PROGRAM</b>	<p>The Bridge to Home program is designed to house homeless individuals who are discharged from the System’s facilities and are likely eligible for a DHS shelter but, because of their serious mental illness, require services additional to what is available in such a shelter. The program will bring the System’s clinicians to treat such individuals with the aim of stabilizing their condition such that they are prepared to live independently in permanent housing.</p>
<b>TERMS</b>	<p>Years 1-3: Room fee of \$185 per night  Years 4-5: Room fee of \$190/night  No additional fixed fees  No payment due for rooms that cannot be used due Landlord’s fault  Anticipated start date: September 3, 2025  The System has the right to terminate at its convenience on 180 days’ notice  Landlord services include, but are not limited to, provision of cleaning, linen and bedding services</p>
<b>PROCUREMENT</b>	<p>Consistent with the System’s rules a structured competitive procurement process was not used. However, the System performed appropriate diligence to ensure the terms of this transaction are reasonable and at the market price. Landlord and the Hotel had been identified by the City Department of Homeless Services (“DHS”) as suitable for use to house DHS clients or those similarly situated. The System and DHS are the main, and perhaps the only, entities that buy out entire hotels in New York City. The System has had considerable experience in such transactions during COVID and as part of the recent migrant asylum HERRC program. In that connection, the System is very familiar with the market for hotel buy outs and, on that basis, the System is confident that the rental rate for the Hotel is at market. Throughout the HERRC program., the System leased about 12 hotels. The rates paid for such hotel ranged from \$185/room/night to \$210/room/night. Each of such rentals was made with explicit Office of Management and Budget approval. The \$185/room/night initial rate under the proposed lease is within the range previously agreed upon.</p>



**Proposed Lease with  
Hudson West Hospitality LLC  
Hudson River Hotel, 442 West 36th Street  
Bridge to Home Program**

**Board of Directors Meeting  
July 31, 2025**

**Dr. Theodore Long, Senior Vice President  
Chris Keeley, Senior Assistant Vice President  
Jeremy Berman, Deputy General Counsel**

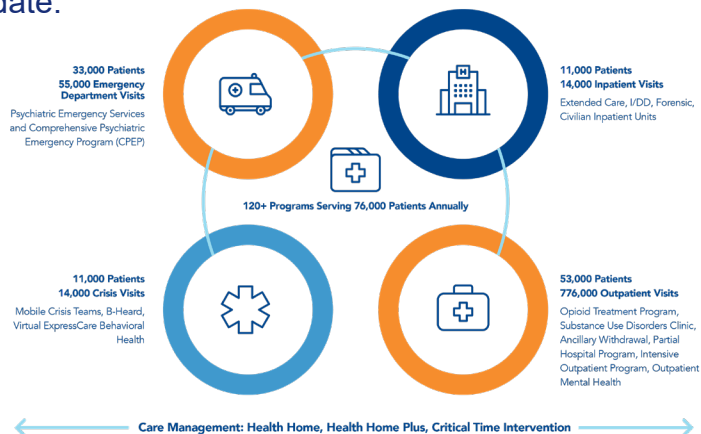
## For Board of Directors Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three year lease, with two one-year options to renew in its sole discretion, with **Hudson West Hospitality, LLC (“Landlord”)** for the **use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 442 West 36th Street in Manhattan (the “Hotel”)** for the **System’s Bridge to Home program** at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400 with \$250,000 for potential additional expenses for a total NTE of \$19,361,400.

# Overview

- Bridge to Home offers a home-like environment to NYC Health + Hospitals patients with serious mental illnesses (SMIs) who have successfully completed in-patient treatment and can be permanently housed after additional out-patient care.
- Bridge to Home is for patients who have a behavioral health diagnosis, have recently completed treatment in the Extended Care Unit (ECU) or inpatient setting and are at a high risk for housing instability, homelessness, and street homelessness.
- Bridge to Home will partner with and build on successes already achieved by the Housing for Health effort, which has successfully housed almost 1,500 patient households to date.



# Bridge to Home: Key Components

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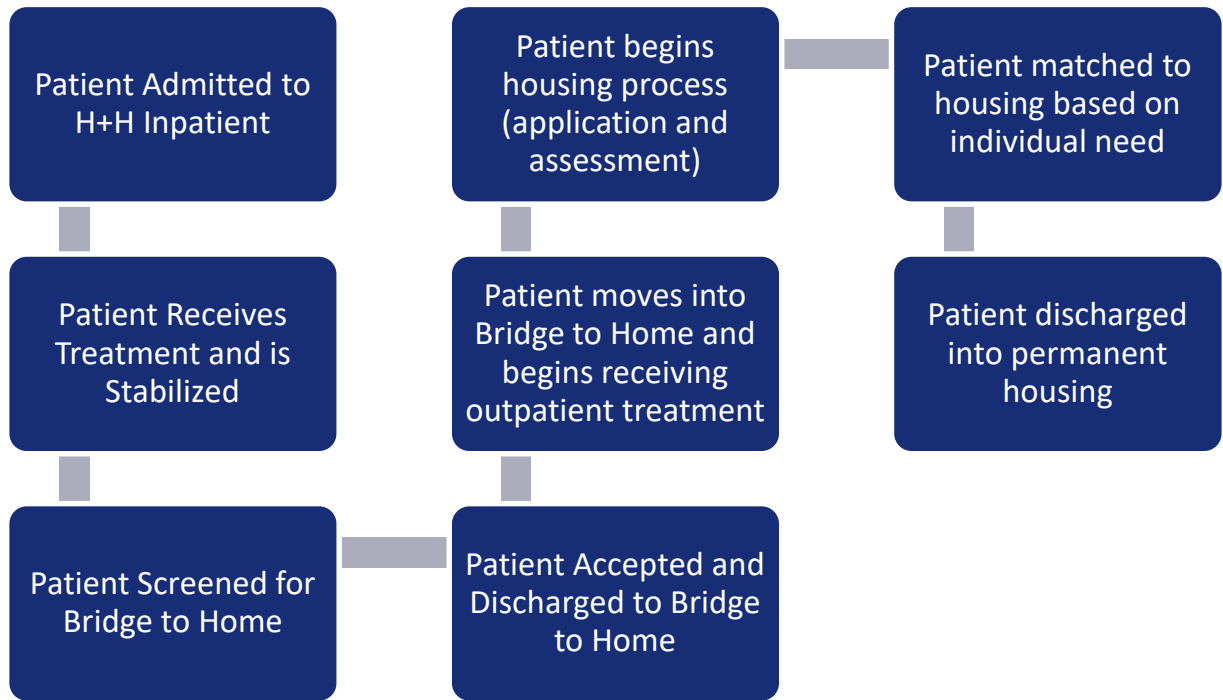
A new voluntary hospital discharge option for individuals diagnosed with SMI and at a high-risk for experiencing homelessness

For patients who have psychiatric challenges, have undergone stabilization, and need ongoing support while awaiting permanent housing

Provides 24/7 care in a home-like environment for people with SMI. Leverages the full H+H continuum of services.

Guests are planned to stay and receive treatment for up to 12 months until they can be connected to permanent housing

# Patient Journey



# Program Model

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- H+H will create a home-like environment temporary, emergency housing to serve individuals with SMI being discharged from H+H hospitals in with co-located behavioral health services.
- Bridge to Home will be staffed 24/7 by NYC Health + Hospitals professionals
- The overall initiative will serve up to 100 individuals in single rooms, starting with the first site housing about 50 guests in September 2025. This will balance privacy and socialization, through therapeutic groups and other structured recreation opportunities. Guests may stay up to 12 months.
- Bridge to Home will provide three meals a day, medication management, individual and group therapy, substance use disorder treatment, and around-the-clock support.
- OMB-funded program will cover program expenses, including food, security, laundry, staff, and housing; OMB funded FY26 budget at \$6M and FY27, FY28, and FY29 at \$12.9M; Insurance reimbursements will further offset and philanthropic dollars will supplement
- In addition to the co-located behavioral health services, this initiative will also leverage the entire NYC Health + Hospitals continuum of services, including:
  - Virtual ExpressCare
  - Street Health Outreach and Wellness (SHOW) vans
  - Primary Care Safety Net clinics
  - Mobile crisis/treatment services
  - Critical Time Intervention teams
  - Housing for Health

# Staffing Model

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- Bridge to Home includes a multidisciplinary team meant to support patients as they transition from hospital to permanent housing – including:
  - **Psychiatric provider** to support medication, medication management, and crisis intervention
  - **Social workers** to develop a care plan for patients along with direct patient care and connection to support services
  - **Peers** who have lived experience in mental health, to provide support to patients in their care plan
  - **Nurses** to support connections to traditional medical and specialty care to manage health conditions
  - **Occupational therapist** to support community independence and support guests in independent living in housing
  - **Psychiatric technicians and security** for wellness checks, de-escalation and to ensure the safety of patients, staff, and community

# Program Eligibility & Outcomes

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## ➤ Eligibility

- Single adult, 18 years old and over; and
- Identify as male; and
- Completed in-patient stabilization at NYC Health + Hospitals within the last year; and
- Diagnosed with an SMI; and
- Has been referred by an NYC Health + Hospitals behavioral health clinician; and
- Is likely to experience homelessness/housing instability at discharge; and
- May have had multiple engagements with outpatient treatment and social services following hospital discharge but still could not be placed in permanent housing; and
- Be able to perform basic Activities of Daily Living or ADLs (bathing, continence/toileting, dressing, eating, transferring/mobility); and
- Have agreed to participate in Bridge to Home

## ➤ Outcomes

- Provide a home-like environment for patients;
- Increased engagement in outpatient mental health and/or substance use disorder (SUD) treatment;
- Decreased unnecessary emergency department visits and hospitalizations;
- Reduced shelter entry and street homelessness.



# Lease Terms

- NYC Health and Hospitals/Bridge to Home will occupy the entire Hudson River Hotel at 442 West 36th Street in Manhattan
- A 3-year base lease term will commence upon execution of the lease with two additional one-year options years available solely at the discretion of H+H
- Base Rent: \$185/room/night Years 1-3 to escalate to \$190/room in the option years
  - The System has the right to terminate at its convenience on 180 days' notice
  - No payment for rooms that cannot be used due to Landlord's fault
  - Landlord will provide cleaning, linen and bedding services
- New hotel not previously used during COVID or HERRC; Site has been vetted by DHS
- Licensed under Bellevue and operational partnership between Central Office and Bellevue
- Total occupancy of 56 rooms: 46 guest rooms, 10 for administrative space
- The total annual occupancy fee for base rent over the potential 5-year term will be \$19,111,400 with \$250,000 for potential additional expenses for a total NTE of \$19,361,400

Years	Cost
Base Term	\$ 11,344,200
Option Years	\$ 7,767,200
Rental Cost	\$ 19,111,400
Additional Expenses	\$ 250,000
Total	\$ 19,361,400

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three year lease, with two one-year options to renew in its sole discretion, with **Hudson West Hospitality, LLC (“Landlord”)** for the **use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 442 West 36th Street in Manhattan (the “Hotel”)** for the **System’s Bridge to Home program** at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400 with \$250,000 for potential additional expenses for a total NTE of \$19,361,400.

**RESOLUTION - 17**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with JRM Construction Management (the “Contractor”) to undertake a gut renovation at NYC Health + Hospitals/South Brooklyn Health’s Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department space**, for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224.

**WHEREAS**, NYC Health + Hospitals/South Brooklyn Health seeks to consolidate, modernize, and expand ambulatory care services currently scattered across the hospital campus to improve efficiency, increase access, and support the system-wide shift toward ambulatory and primary care services; and

**WHEREAS**, this project will involve a full gut renovation of approximately 25,000 square feet on the first floor of South Brooklyn Health’s Main Building, previously occupied by the Emergency Department, which was relocated to the Ruth Bader Ginsburg Building; and

**WHEREAS**, the scope of work includes demolition and replacement of all HVAC systems, electrical distribution, and plumbing, and installation of new interior finishes including walls, ceilings, floors, doors, and fixtures; and

**WHEREAS**, the renovated space will provide 48 exam rooms shared by primary care, orthopedics, urology, and podiatry services, along with support spaces including treatment rooms, x-ray rooms, a cast room, consultation rooms, clean and soiled utility rooms, staff workstations, centralized storage, and secured medication dispensers; and

**WHEREAS**, in accordance with Operating Procedure 100-5, a public solicitation was posted to the City Record on April 3, 2025, site tours were held on April 14 and April 15, 2025, and twelve bids were received by the June 4, 2025 deadline, with JRM Construction selected as the lowest responsive and responsible bidder on June 16, 2025; 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, Office of 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 JRM Construction Management in the amount of \$16,582,022, plus a contingency of \$1,658,202, for a total amount not to exceed \$18,240,224, to renovate the former Emergency Department space at NYC Health + Hospitals/South Brooklyn Health into a new Ambulatory Care Center.

**EXECUTIVE SUMMARY**  
**SOUTH BROOKLYN HEALTH – AMBULATORY CARE**  
**CENTER RENOVATION CONTRACT**  
**JRM CONSTRUCTION MANAGEMENT**

**CONTRACT SCOPE:** General Construction Work

**NEED:** NYC Health + Hospitals/South Brooklyn Health requires general construction services to undertake a full gut renovation of the vacated Emergency Department space on the first floor of the Main Building in order to consolidate, modernize, and expand the hospital's ambulatory care services. The project will co-locate primary care, orthopedics, urology, and podiatry into a single, efficient, modernized setting in alignment with NYC Health + Hospitals' system-wide goals of expanding access to ambulatory and preventative care.

**CONTRACT DURATION:** Eighteen months; construction is slated to begin in Fall 2025 with anticipated completion by Spring 2027.

**PROCUREMENT:** A competitive sealed bid was posted to the City Record on April 3, 2025. Site tours were conducted on April 14 and April 15, 2025, with twenty-one contractors in attendance. Twelve bids were received by the bid due date of June 4, 2025. JRM Construction Management was selected as the lowest responsive and responsible bidder, for a contract not to exceed a total of \$18,240,224. JRM Construction has prior experience delivering capital construction projects and is a recognized, qualified vendor.

**MWBE:** JRM Construction Management has committed to achieving a 32% MWBE participation goal.

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: JRM Construction Management

Date: June 23, 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**

32%

**Application to Award Contract to JRM Construction  
Management for Emergency Department to Ambulatory  
Care project at NYC Health + Hospitals/ South Brooklyn  
Health**

**Board of Directors Meeting  
July 31, 2025**

**Svetlana Lipyanskaya, CEO, NYC Health + Hospitals/South Brooklyn**  
**Manuel Saez, PhD, VP, Office of Facilities Development**  
**Mahendranath Indar, AVP, Office of Facilities Development**  
**Kelly Burns, Director, NYC Health +Hospitals/South Brooklyn**

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with JRM Construction Management(the “Contractor”), to undertake a gut renovation at NYC Health + Hospitals/ South Brooklyn Health’s Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department Space,** for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224 with an expected duration of 18 months.

# Program Background / History

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- Healthcare is rapidly changing its focus to Ambulatory Care particularly on growth within Primary Care.
- NYC H+H/SBH currently offers primary care, orthopedic, podiatry, X-Ray and urology services at locations scattered throughout the hospital campus
- Renovation of the 1<sup>st</sup> floor of the Main Building will be to relocate, expand, modernize and consolidate ambulatory care services into a single location on campus.
- The proposed ambulatory care center will be housed on the first floor in a space previously occupied by the Emergency Department, which was relocated to the Ruth Bader Ginsburg building, to ensure continuity of patient care services during construction.
- This will be a full gut renovation of the area, including the replacement of all existing HVAC systems, electrical distribution and plumbing, to ensure the new space is compliant with the current code.



# Construction Scope and Schedule

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## New Ambulatory Care Center

- Demolition of the vacant space on 1<sup>st</sup> Floor of the Main building.
- Renovation of approximately 25,000 sq. ft. and replacement of all Mechanical, Plumbing, Electrical and interior finishes, including new walls, ceilings, floors, doors, and fixtures;
- New layout to create 48 exam rooms which will be shared among the primary care, orthopedics, urology and podiatry services, 2 treatment rooms for urodynamics, 2 x-ray rooms and a cast room.
- All services will share the following support spaces: consultation rooms, equipment rooms, clean supply and soiled utility rooms, care stations that will be spread throughout the floor, staff workstations, centralized storage and secured medication dispensers.
- New Ambulatory Care center will have direct access from the street to make drop off easier



# Future Waiting Areas



# Future Care Stations & Corridors



# Overview of Procurement

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- 04/03/2025: Posted to City Record
- 04/14/2025 and 4/15/2025: Site tour conducted, 21 contractors attended
- 06/04/2025: Bid Due Date, with 12 bids received
- 06/16/2025: Determination of low bid finalized, and JRM Construction Management was selected as the lowest responsive and responsible bidder.

# Construction Contract

- Procurement is sourced via Public Bid
- Contract Amount is \$16,582,022
- JRM Construction Management has completed 3 relevant projects that have all received positive ratings:
  - St Francis College- Contract amount \$31,500,000
  - Biograph New York Clinic- Contract amount \$13,085,000
  - Pace University- Contract amount \$31,000,000
- Construction is anticipated to start in the Fall 2025 with completion expected by Spring 2027 (18 months)
- JRM has committed to a 32% MWBE Goal:

Subcontractor	Certification	Supplies/Services	Utilization Plan
Tristate Air Conditioning Incorporated	NYS MBE	HVAC	23%
KMF Construction Corp	NYS WBE	Drywall	9%
			32%

# Project Budget

South Brooklyn Health- Emergency Department to Ambulatory Care Center		
Construction		\$16,582,022
Project Contingency (10%)		\$1,658,202
<b>Total</b>		<b>\$18,240,224</b>



- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with JRM Construction Management(the “Contractor”), to undertake a gut renovation at NYC Health + Hospitals/ South Brooklyn Health’s Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department Space,** for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224 with an expected duration of 18 months.



**RESOLUTION - 18**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, **Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the “Contractor” or collectively “Contractors”)** to provide **General Contracting services** on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts.

**WHEREAS**, the System uses stand-by or Job Order Contracts (“JOCS”) which provide specialized services, such as those of General Contracting contractors, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments; and

**WHEREAS**, the current contracts for General Contracting JOCS contractors used by the System are due to expire December 31, 2025; and

**WHEREAS**, the System issued competitive sealed bid solicitations for General Contracting contractors on June 3, 2024; 10 firms bid on the GC1 and 9 firms bid on the GC2 contract; Volmar Construction Inc. submitted the lowest responsive and responsible bid for the GC1 contract, and BA Global Construction Corp. submitted the lowest responsive and responsible bid for the GC2 contract; and

**WHEREAS**, Volmar Construction Inc. is currently performing work for the System as a JOCS HVAC contractor with a System performance rating of Good (ranking 89%); and

**WHEREAS**, BA Global Construction Corp. is currently performing work for the System as a JOCS general contractor with a System performance rating of Good (ranking nearly 90%); and

**WHEREAS**, the Volmar Construction Inc. has committed to a 30% MWBE subcontracting plan and BA Global Construction Corp. is a certified MWBE vendor; and

**WHEREAS**, the System’s Office of Facility Development will be responsible for the management of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute stand-by, Job Order Contracts with each, Volmar Construction Inc., and with BA Global Construction Corp., respectively, to provide General Contracting services on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts.

**EXECUTIVE SUMMARY  
JOCS CONTRACTS  
VOLMAR CONSTRUCTION INC.  
BA GLOBAL CONSTRUCTION INC  
FOR GENERAL CONTRACTING SERVICES**

<b>OVERVIEW:</b>	The System uses stand-by or Job Order Contracts (“JOCS”) which provide specialized services, such as those of General Contracting contractors, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments. The current contracts for General Contracting JOCS contractors used by the System are due to expire December 31, 2025.
<b>PROCUREMENT</b>	The System issued competitive sealed bid solicitations for General Contracting contractors on June 3, 2024; 10 firms bid on the GC1 and 9 firms bid on the GC2 contract; Volmar Construction Inc. submitted the lowest responsive and responsible bid for the GC1 contract, and BA Global Construction Corp. submitted the lowest responsive and responsible bid for the GC2 contract; the Contractors submitted the lowest responsive and responsible bids, respectively.
<b>TERMS:</b>	The proposed contracts will each be for two years. The contracts will each be for an amount not to exceed \$10,000,000.
<b>FINANCING:</b>	The financing of the work to be performed under the proposed contracts will vary depending on the nature of the work and the project.
<b>MWBE:</b>	Volmar Construction Inc. has committed to a 30% MWBE subcontracting plan and BA Global Construction Corp. is a certified MWBE vendor.

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: BA Global Construction Corp.

Date: June 23, 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**

100%



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: Volmar Construction, Inc.

Date: June 23, 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**

Approved

**EEO**

Approved

**MWBE**

30%

# **General Contracting Job Order Contracts Request for Approval**

**Board of Directors Meeting  
July 31, 2025**

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

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, **Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the “Contractor” or collectively “Contractors”)** to provide **General Contracting services** on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts.

## Background / Current State

- Job Order Contracting (JOCs) are Construction Contracts that are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
- Current General Contracting contracts began January 2024 and expire at the end of this year

Vendor	Start Date	End Date	# of WOs	Contract Value	Award to Date
BA Global Construction Corporation	1/1/2024	12/31/2025	17	\$10,000,000	\$ 3,995,693
Jemco	1/1/2024	12/31/2025	25	\$10,000,000	\$ 7,038,732
Total			42	\$20,000,000	\$ 11,034,425

# Procurement

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- Public bids opened on June 3rd, 2025 for two contracts, each for \$10M, to provide general construction services. The contracts will be for a two year term.
  
- Volmar Construction Inc was the lowest responsible bidder for GC1.
  - Lowest multiplier submitted by Volmar Construction Inc – 0.8296
  - Previous GC1 low bid multiplier was 0.7020 (Jemco)
  - Volmar user rating ~89% rating. Volmar is the current JOC contractor for HVAC and the rating is for work provided throughout the system. Volmar also provided GC services for the contract term before the previous term. (1 facility with 1 evaluation)
  
- BA Global Construction Corporation (“BA Global”) was the lowest responsible bidder for GC2
  - Lowest multiplier submitted by BA Global – 1.0390
  - Previous GC2 low bid multiplier was 0.6702 (BA Global)
  - BA Global user rating - ~90% rating. Currently one of our JOC General Contractors. (1 facility with 1 evaluation)



# GC MWBE Utilization Plans

- Volmar has committed to a 30% MWBE spend:


Subcontractor	Certification	Supplies/Services	Utilization Plan %
Eastern Plumbing	WBE	Plumbing	11%
ANR Mechanical Corp	MBE	HVAC	15%
Park Avenue Building and Roofing Supplies	MBE	Material Supplier	4%
<b>Total</b>			<b>30%</b>

- BA Global is certified MWBE vendor so 100% of spend will be MWBE

# Budget

HVAC JOC Contractors		
Volmar Construction		\$10,000,000
BA Global		\$10,000,000
<b>Total</b>		<b>\$20,000,000</b>

# Volmar Vendor Evaluations

<div>  <div> Vendor Performance Evaluation Volmar </div> </div>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	NO
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating Satisfactory	Good

<70% ----- Not satisfactory  
 71% - 80% ----- Satisfactory  
 81% - 90% ----- Good  
 91% - 100% ----- Excellent

# BA Global Vendor Evaluations

<div> <div> <b>NYC</b> <b>HEALTH+</b> <b>HOSPITALS</b> </div> <div> Vendor Performance Evaluation BA Global </div> </div>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	NO
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating Satisfactory	Good

<70% ----- Not satisfactory  
 71% - 80% ----- Satisfactory  
 81% - 90% ----- Good  
 91% - 100% ----- Excellent

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, **Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the “Contractor” or collectively “Contractors”)** to provide **General Contracting services** on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts.

**RESOLUTION - 19**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to extend the contract term by one year with seven Construction Management (“CM”) consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, the McCloud Group LLC. (the “Vendors”), to provide professional CM services; on an as-needed basis at various facilities throughout the System.

**WHEREAS**, in November 2020, following an RFP, the System’s Board of Directors approved contracts with the 7 Vendors to provide professional construction management services on an as-needed basis at a cost not-to-exceed \$10 Million over a five-year period including two one-year options exercisable at the sole discretion of the System; and

**WHEREAS**, in March 2022, the System’s Board of Directors approved a \$40 Million increase in the Not-To-Exceed (NTE) for the contracts with the Vendors bringing the total NTE to \$50 Million; and

**WHEREAS**, of the \$50 Million approved, currently \$23.3 Million remains uncommitted with six months of the allowed term of the Vendor contracts remaining; and

**WHEREAS**, the there is a desire to extend the term of the contracts while the Office of Facilities Development undertakes a procurement to select new vendors to perform construction management services, a process that should take approximately one year; and

**WHEREAS**, the performance of the Vendors has been satisfactory which is demonstrated by the volume of projects successfully progressing; and

**WHEREAS**, the Vendors have committed to MWBE participation of at least 30% detailed in the November 2020 Resolution and have adhered to their plans and three of the seven firms are MWBE; and

**WHEREAS**, the Vice President – Office of Facilities Development is responsible for the administration of the agreements.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to extend the contract term by one year with seven CM firms namely, AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, and the McCloud Group LLC., to provide professional CM services on an as-needed basis at various facilities throughout the Corporation with no increase to the not to exceed value of the contracts.

**EXECUTIVE SUMMARY  
INCREASE IN TIME FOR  
SEVEN CONSTRUCTION MANAGEMENT COMPANIES**

- BACK-GROUND:** In November 2020 the System conducted an RFP for professional construction management firms. The System supplements its own forces with requirements contractors in various fields to provide the manpower and expertise that the System cannot economically sustain at the level needed for large projects. In November 2020, the System’s Board of Directors approved contracts with seven Construction Management (“CM”) consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, and the McCloud Group LLC., to provide professional CM services on an as-needed basis at various facilities throughout the System. The not-to-exceed cost of the contracts was set at \$10 Million over the 3-year term plus 2 one-year System options. In March of 2022 the Board of Directors approved an increase of \$40M to the previously approved NTE of \$10M for a total NTE of \$50M.
- TERMS:** The terms of the previously authorized contracts will increase by one year to a total of six years
- MWBE:** All the Vendors are meeting the M/WBE goals set forth in their utilization plans.

**Increase in time for Construction Management (CM)  
Pool for Professional Services  
namely AECOM USA Inc, Armand Corporation,  
Gilbane Building Company, JACOBS Project  
Management Co., McKissack & McKissack, TDX  
Construction Corporation, the McCloud Group LLC**

**Board of Directors Meeting  
July 31, 2025**

Manuel Saez, PhD., Vice President, Office of Facilities Development  
Mahendranath Indar, Assistant Vice President, Office of Facilities Development



## For Board of Directors Consideration

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- Authorizing the New York City Health and Hospitals Corporation (the “System”) to extend the contract term by one year with seven Construction Management (“CM”) consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, the McCloud Group LLC. (the “Vendors”), to provide professional CM services; on an as-needed basis at various facilities throughout the System.

# Background

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- H+H requires professional construction management services on an as needed basis, for projects throughout the system. Services include:
  - Perform construction administration functions, i.e., report writing, scheduling, reviewing material, inspecting work, making timely recommendations, performing progress analysis, record keeping, investigating and preparing contractor evaluations in keeping with the Corporation's policies and procedures.
  - Provide and monitor various types of testing, including laboratory analysis and reports.
  - Provide CM Services during the construction period by qualified inspectors.
- The current contracts in place for CM services expire December 31<sup>st</sup>, 2025.
  - Board approved contracts in November 2020
  - Board approved increase in NTE from \$10M to \$50M in March 2022
- Pool value is \$50,000,000
- Current spend for CM services: \$26,698,911
- Term of contracts: Five years (three base year, two one-year options to renew)

# Current Vendor Pool

- We are seeking approval for a one year time extension on the current contracts for Construction Management services
- The one year extension will allow us to continue to spend down the remaining value on this pool of contracts while we work to complete a new procurement

Vendor	Current Rating	Current Spend
AECOM USA	Good	\$ 2,574,790.76
Armand*	Excellent	\$ 3,082,432.30
Gilbane Building Company	Excellent	\$ 4,499,628.67
Jacobs Project Management	Good	\$ 9,098,630.23
McKissack & McKissack*		
TDX Construction Company	Good	\$ 6,134,627.75
The McCloud Group LLC*	Good	\$ 1,578,801.03
<b>TOTAL</b>		<b>\$ 26,968,910.74</b>

\* MWBE Vendor

# Board of Directors Approval Request

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- Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to **extend the contract term by one year with seven Construction Management (“CM”) consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, the McCloud Group LLC. (the “Vendors”), to provide professional CM services; on an as-needed basis at various facilities throughout the System.**

**RESOLUTION - 20**

Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, “**New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution**” providing for the issuance of a series of Health System Bonds (the “**2025 Series Bonds**”) in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospitals Corporation (the “**Corporation**”), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055

**WHEREAS**, the Corporation adopted a resolution entitled, “General Resolution” on November 19, 1992, as amended by resolution adopted December 19, 1996, and as amended and restated and adopted on October 29, 2020, effective on January 5, 2021 (the “**General Resolution**”), which authorizes the Corporation’s issuance from time to time of Health System Bonds in one or more series pursuant to a “Series Resolution” authorizing such series; and

**WHEREAS**, on June 15, 1993, the Corporation issued its Health System Bonds, 1993 Series A, pursuant to the General Resolution in the aggregate principal amount of \$550,000,000 (the “**1993 Series Bonds**”); and

**WHEREAS**, on April 10, 1997, the Corporation issued its Health System Bonds, 1997 Series A, B, C and D pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds in the aggregate principal amount of \$320,000,000 (the “**1997 Series Bonds**”); and

**WHEREAS**, on March 18, 1999, the Corporation issued its Health System Bonds, 1999 Series A pursuant to the General Resolution as Additional Bonds on a parity with the 1993 Series Bonds and the 1997 Series Bonds in the aggregate principal amount of \$235,700,000 (the “**1999 Series Bonds**”); and

**WHEREAS**, on July 25, 2002, the Corporation issued its Health System Bonds, 2002 Series A-H pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds and the 1999 Series Bonds in the aggregate principal amount of \$590,500,000 (the “**2002 Series Bonds**”); and

**WHEREAS**, on January 15, 2003, the Corporation issued its Health System Bonds, 2003 Series A, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds and the 2002 Series Bonds in the aggregate principal amount of \$245,180,000 (the “**2003 Series Bonds**”); and

**WHEREAS**, on August 21, 2008, the Corporation issued its Health System Bonds, 2008 Series A, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds and the 2003 Series Bonds in the aggregate principal amount of \$268,915,000 (the “**2008 Series A Bonds**”); and

**WHEREAS**, on September 4, 2008, the Corporation issued its Health System Bonds, 2008 Series B, C, D and E, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds and the 2008 Series A Bonds in the aggregate principal amount of \$189,000,000 (the “**2008 Series B, C, D and E Bonds**”), and, together with the 2008 Series A Bonds, the “**2008 Series Bonds**”); and

**WHEREAS**, on October 26, 2010, the Corporation issued its Health System Bonds, 2010 Series A, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, and the 2008 Series Bonds in the aggregate principal amount of \$510,460,000 (the “**2010 Series Bonds**”); and

**WHEREAS**, on March 28, 2013, the Corporation issued its Health System Bonds, 2013 Series A, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, and the 2010 Series Bonds in the aggregate principal amount of \$112,045,000 (the “**2013 Series Bonds**”); and

**WHEREAS**, on January 5, 2021, the Corporation issued its Health System Bonds, 2020 Series A, pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the Series 2008 Series Bonds, the 2010 Series Bonds and the 2013 Series Bonds in the aggregate principal amount of \$310,195,000 (the “**2020 Series Bonds**”); and

**WHEREAS**, the General Resolution permits the issuance by the Corporation of “Additional Bonds” on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, the 2010 Series Bonds, the 2013 Series Bonds and the 2020 Series Bonds; and

**WHEREAS**, the Board of Directors of the Corporation has determined that it is necessary and desirable to authorize and issue, pursuant to the General Resolution, one or more series of bonds, from time to time, as “Additional Bonds” under the General Resolution, on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, the 2010 Series Bonds, the 2013 Series Bonds, and the 2020 Series Bonds, to be designated “Health System Bonds, 2025 Series A” (the “**2025 Series Bonds**”), to provide funds (i) to finance, refinance and reimburse the Corporation for the costs of various capital projects and expenditures at the Corporation’s facilities, (ii) to fund the Capital Reserve Fund, if necessary, and (iii) to pay costs of the issuance of the 2025 Series Bonds, all to carry out the purposes permitted in the General Resolution and set forth herein.

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors of New York City Health and Hospitals Corporation (the “**Corporation**”) hereby authorizes the adoption of the resolution, presented concurrently with this one, entitled “**New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution**” providing for the issuance of a series of Health System Bonds in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at the Corporation”), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055

**EXECUTIVE SUMMARY**  
**Health System Bonds, 2025 Series Resolution**

<b>Background:</b>	Using the structure created under the General Resolution, as amended and restated, the proposed resolution, the Health System Bonds, 2025 Series Resolution (the “ <b>2025 Series Resolution</b> ”) will authorize the Corporation to issue bonds not exceeding \$250 million for new money purposes to finance, refinance, and reimburse the Corporation for the costs of various projects and expenditures at the Corporation’s facilities.
<b>Purpose:</b>	The bond proceeds will provide approximately \$250 million of capital funds to finance the Corporation’s capital projects, with the remainder to finance the capital reserve fund, and the cost of issuance.
<b>Terms as to Initial Sale of 2025 Series Health System Bonds:</b>	Approval is sought with the 2025 Series Resolution to appoint BofA Securities, Inc. as senior managing underwriter, acting as representative of underwriting group including J.P. Morgan Securities LLC, Jefferies LLC, Morgan Stanley & Co. LLC and Samuel A Ramirez & Company, Inc. as co-senior managing underwriters and Academy Securities, AmeriVet Securities, Bancroft Capital, Barclays Capital, Blaylock Van, BNY Mellon Capital Markets, Cabrera Capital Markets, Essex Securities, Janney Montgomery Scott, Loop Capital Markets, Mischler Financial Group, Raymond James, Rockfleet Financial Services, Roosevelt & Cross, Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters (collectively the “ <b>Underwriters</b> ”) for the 2025 Series Bonds. The underwriters shall sell the bonds at the price stated in the Certificate of Determination, and the terms of the Purchase Contract.
<b>Bond Structure:</b>	The Corporation is considering the option of issuing up to \$250M as tax-exempt fixed rate bonds at not more than 6% with the final maturity of the 2025 Series bonds not to extend beyond February 15, 2055.
<b>Ancillary Documents:</b>	<p>The following related documents are approved by the Board of Directors per the 2025 Series Resolution, which authorizes the following documents:</p> <ol style="list-style-type: none"> <li>(1) <b>Contract of Purchase:</b> The Contract of Purchase will contain the terms between the Corporation and the underwriters for the sale of the 2025 Series Bonds.</li> <li>(2) <b>Tax Regulatory Agreement:</b> The Tax Regulatory Agreement contains the terms between the Corporation and the Trustee and addresses tax code compliance with the Internal Revenue Code of 1986.</li> <li>(3) <b>Official Statement:</b> The Official Statement is the marketing and disclosure document for the Corporation’s 2025 Series Bonds.</li> <li>(4) <b>Continuing Disclosure Agreement:</b> The Continuing Disclosure Agreement will contain terms and provisions requiring the Corporation to disclose certain financial and operational information.</li> <li>(5) Other agreements related to the issuance of the 2025 Series Bonds prepared in accordance with industry practice and on the advice of the Managers and the Corporation’s bond counsel.</li> </ol>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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SERIES RESOLUTION

Authorizing the Issuance of

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
HEALTH SYSTEM BONDS,  
2025 SERIES A

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Adopted July 31, 2025



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A SERIES RESOLUTION AUTHORIZING THE ISSUANCE  
OF NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
HEALTH SYSTEM BONDS, 2025 SERIES A

WHEREAS, the New York City Health and Hospitals Corporation (the “Corporation”) has adopted a resolution entitled “General Resolution” on November 19, 1992, as amended by resolution adopted on December 19, 1996, and as amended and restated and adopted on October 29, 2020, and effective on January 5, 2021 (hereinafter referred to as the “General Resolution”), which authorizes the issuance from time to time of Health System Bonds of the Corporation in one or more series pursuant to a Series Resolution authorizing such series; and

WHEREAS, on June 15, 1993, the Corporation issued \$550,000,000 in aggregate principal amount of its Health System Bonds, 1993 Series A (the “1993 Series Bonds”), pursuant to the General Resolution; and

WHEREAS, on April 10, 1997, the Corporation issued \$320,000,000 in aggregate principal amount of its Health System Bonds, 1997 Series A, B, C and D (the “1997 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds; and

WHEREAS, on March 18, 1999, the Corporation issued \$235,700,000 in aggregate principal amount of its Health System Bonds, 1999 Series A (the “1999 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds and the 1997 Series Bonds; and

WHEREAS, on July 25, 2002, the Corporation issued \$590,500,000 in aggregate principal amount of its Health System Bonds, 2002 Series A-H (the “2002 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds and the 1999 Series Bonds; and

WHEREAS, on January 15, 2003, the Corporation issued \$245,180,000 in aggregate principal amount of its Health System Bonds, 2003 Series A (the “2003 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds and the 2002 Series Bonds; and

WHEREAS, on August 21, 2008, the Corporation issued \$268,915,000 in aggregate principal amount of its Health System Bonds, 2008 Series A (the “2008 Series A Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds and the 2003 Series Bonds; and

WHEREAS, on September 4, 2008, the Corporation issued \$189,000,000 in aggregate principal amount of its Health System Bonds, 2008 Series B, C, D and E (the “2008 Series B, C, D and E Bonds”, and, together with the 2008 Series A Bonds, the “2008 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds and the 2008 Series A Bonds; and

WHEREAS, on October 26, 2010, the Corporation issued \$510,460,000 in aggregate principal amount of its Health System Bonds, 2010 Series A (the “2010 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, and the 2008 Series Bonds; and

WHEREAS, on March 28, 2013, the Corporation issued \$112,045,000 in aggregate principal amount of its Health System Bonds, 2013 Series A (the “2013 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, and the 2010 Series Bonds; and

WHEREAS, on January 5, 2021, the Corporation issued \$310,195,000 in aggregate principal amount of its Health System Bonds, 2020 Series A (the “2020 Series Bonds”), pursuant to the General Resolution, as Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the Series 2008 Series Bonds, the 2010 Series Bonds and the 2013 Series Bonds; and

WHEREAS, the General Resolution permits the issuance by the Corporation of Additional Bonds on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, the 2010 Series Bonds, the 2013 Series Bonds and the 2020 Series Bonds; and

WHEREAS, the Board of Directors of the Corporation has determined that it is necessary and desirable to authorize and issue, pursuant to the General Resolution, one or more series of bonds, from time to time, as Additional Bonds under the General Resolution, on a parity with the 1993 Series Bonds, the 1997 Series Bonds, the 1999 Series Bonds, the 2002 Series Bonds, the 2003 Series Bonds, the 2008 Series Bonds, the 2010 Series Bonds, the 2013 Series Bonds, and the 2020 Series Bonds, to be designated “Health System Bonds, 2025 Series A” (the “2025 Series Bonds”), to provide funds (i) to finance, refinance and reimburse the Corporation for the costs of various capital projects and expenditures at the Corporation’s facilities, (ii) to fund the Capital Reserve Fund, if necessary, and (iii) to pay costs of issuance of the 2025 Series Bonds, all to carry out the purposes permitted in the General Resolution and set forth herein; now, therefore,

BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION AS FOLLOWS:

## ARTICLE I

### AUTHORITY AND DEFINITIONS

**Section 101. Series Resolution.** This Series Resolution is adopted in accordance with Sections 201, 202, 203, 901(1) and 903 of the General Resolution and pursuant to the authority contained in the Act (as defined in the General Resolution). This Series Resolution may be modified as determined by an Authorized Officer subsequent to the date of its adoption and prior to the date of issuance of the 2025 Series Bonds as may be necessary or appropriate to reflect the actual provisions hereof that shall apply to the 2025 Series Bonds; provided, however, that the maximum principal amount set forth in Section 201, the final maturity and maximum interest rate prescribed by Section 203, and the final sale date prescribed by Section 208 shall not be so modified.

**Section 102. Definitions.** All terms which are defined in Section 103 of the General Resolution shall have the same meanings, respectively, in this Series Resolution. In addition, for the purposes of this Series Resolution, the following terms shall have the meanings set forth below:

“Continuing Disclosure Agreement” shall mean the Continuing Disclosure Agreement, by and between the Corporation and the Trustee, relating to the 2025 Series Bonds.

“Contract of Purchase” shall mean the Bond Purchase Agreement with respect to the 2025 Series Bonds, by and between the Corporation and BofA Securities, Inc., as senior managing underwriter.

“Official Statement” shall mean the Corporation’s Official Statement with respect to the 2025 Series Bonds.

“Rating Agency” shall mean each and any of Fitch, Inc., Moody’s Investors Service, Inc. and S&P Global Ratings, a Division of The McGraw-Hill Companies, that has a rating in effect for the 2025 Series Bonds.

“Record Date” shall mean with respect to the 2025 Series Bonds the first day of each February and August, or as otherwise provided in the 2025 Series Certificate of Determination.

“Tax Regulatory Agreement” shall mean the Tax Regulatory Agreement, dated the date of delivery of the 2025 Series Bonds, by and between the Corporation and the Trustee, as it may be amended or supplemented.

“2025 Series Bonds” shall mean the 2025 Series Bonds issued by the Corporation and authorized pursuant to the provisions of this Series Resolution.

“2025 Series Certificate of Determination” shall mean the 2025 Series Certificate of Determination authorized pursuant to Section 210 hereof and in the appropriate form to establish, determine and reflect the terms and provisions of the 2025 Series Bonds, substantially

in the form of Exhibit A hereto, with such changes, omissions and insertions as may be approved by the Authorized Officer executing such certificate.

“2025 Series Closing Certificate” shall mean the certificate of the Corporation delivered on the date of initial issuance of the 2025 Series Bonds, which shall set forth the specific application of proceeds of the 2025 Series Bonds as contemplated by Article III of this Series Resolution.

“2025 Series Project” shall mean the capital projects, improvements, renovations, acquisitions, construction, equipping, installation and related expenditures at the Corporation’s Health Facilities as described in the 2025 Series Closing Certificate and in the Tax Regulatory Agreement to be financed with proceeds of the 2025 Series Bonds.

**Section 103. Incorporation of 2025 Series Certificate of Determination.** All terms and conditions of the 2025 Series Certificate of Determination are hereby incorporated by reference into this Series Resolution.

## ARTICLE II

### AUTHORIZATION OF 2025 SERIES BONDS

**Section 201. Principal Amount, Designation and Form.** Pursuant to the provisions of the General Resolution, a Series of Bonds entitled to the benefit, protection and security of such provisions is hereby authorized in the aggregate principal amount of not exceeding \$250,000,000 for the purpose of financing, refinancing and reimbursing the Corporation for the costs of various capital projects and expenditures at the Corporation's facilities, comprising the 2025 Series Project, as such aggregate principal amount is determined in the 2025 Series Certificate of Determination. Such Bonds shall be designated as, and shall be distinguished from the Bonds of all other Series by the title, "New York City Health and Hospitals Corporation Health System Bonds, 2025 Series A." The 2025 Series Bonds are issued in fully registered form without coupons, as provided in Section 401 hereof.

**Section 202. Purposes.** The purposes for which the 2025 Series Bonds are being issued are in accordance with the Act and are to provide proceeds of the sale thereof for credit, as provided in Section 401(2) of the General Resolution, to the Bond Proceeds Fund, for transfer (i) to the Construction Fund for (a) transfer to the 2025 Series Construction Account within the Construction Fund to pay Project Costs of the 2025 Series Project, (b) transfer to the 2025 Series Capitalized Interest Account within the Construction Fund to pay a portion of the interest on the 2025 Series Bonds, and (c) transfer to the 2025 Series Cost of Issuance Account within the Construction Fund to pay Costs of Issuance of the 2025 Series Bonds, and (ii) to the Capital Reserve Fund in an amount such that the amount on deposit therein on the date of issuance of the 2025 Series Bonds shall at least equal the Capital Reserve Fund Requirement, after giving effect to the issuance of the 2025 Series Bonds. Accrued interest, if any, on the 2025 Series Bonds shall be deposited into the Debt Service Fund.

**Section 203. Date, Maturities and Interest Rates.** The 2025 Series Bonds shall be dated, shall mature on the dates and in the principal amounts and shall bear interest at the rates per annum, at an average interest rate not in excess of six percent (6%) per annum, all as is determined pursuant to this Article II and in the 2025 Series Certificate of Determination; provided, however, that the final maturity of the 2025 Series Bonds shall not extend beyond February 15, 2055.

**Section 204. Interest Payments.** The 2025 Series Bonds shall bear interest from their date payable as determined pursuant to this Article II and in the 2025 Series Certificate of Determination, commencing on the first interest payment date therefor identified in the 2025 Series Certificate of Determination. The Record Dates for the 2025 Series Bonds shall be the first day of each February and August, or as otherwise provided in the 2025 Series Certificate of Determination.

**Section 205. Denominations, Numbers and Letters.** The 2025 Series Bonds shall be issued initially in the denomination of \$5,000 or any integral multiple thereof or as otherwise established in the 2025 Series Certificate of Determination. The 2025 Series Bonds shall be lettered R- and shall be numbered from one (1) consecutively upwards.

As provided in Section 206 of the General Resolution, CUSIP identification numbers shall be imprinted on the 2025 Series Bonds, but such numbers shall not constitute a part of the contract evidenced by the 2025 Series Bonds and any error or omission with respect thereto shall not constitute cause for refusal of any purchaser to accept delivery of and pay for the 2025 Series Bonds. In addition, failure on the part of the Corporation to use such CUSIP numbers in any notice to Owners of the 2025 Series Bonds shall not constitute an event of default or any similar violation of the Corporation's contract with such Owners.

As provided in Section 215 of the General Resolution, the 2025 Series Bonds shall be issued in "Book-Entry Only" form, and each maturity of the 2025 Series Bonds shall be evidenced by the issuance of one 2025 Series Bond registered in the name of Cede & Co., as nominee of The Depository Trust Company.

**Section 206. Places of Payment.** The principal and Redemption Price of and interest on the 2025 Series Bonds shall be payable at the corporate trust office of Manufacturers and Traders Trust Company, of Buffalo, New York, as Trustee. The interest on the 2025 Series Bonds shall be payable to the Owner by check or draft mailed or sent by wire transfer to such Owner's address last appearing on the registration books of the Corporation held and maintained by the Trustee. The place and medium of payment for the 2025 Series Bonds shall be as provided in Section 205 of the General Resolution.

**Section 207. Redemption Prices and Terms.** The 2025 Series Bonds shall be subject to redemption at the Redemption Prices and times as provided in the 2025 Series Certificate of Determination.

**Section 208. Sale of 2025 Series Bonds.** The 2025 Series Bonds shall be sold at such time and at such price as shall be determined in the 2025 Series Certificate of Determination. BofA Securities, Inc. is hereby appointed as senior managing underwriter for the 2025 Series Bonds (the "Manager"). The preparation, publication and distribution of the Official Statement (in substantially the form previously utilized by the Corporation, with such changes, omissions, insertions and revisions as the Chief Financial Officer of the Corporation shall have deemed necessary or advisable) is hereby approved. The 2025 Series Bonds shall be sold by the Corporation to a group of underwriters designated in the Contract of Purchase and represented by the Manager, who is acting as representative on behalf of such underwriters including itself, pursuant to the Contract of Purchase, to be executed by the Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation, if at all, on or prior to December 31, 2025, at the purchase price set forth in the 2025 Series Certificate of Determination and on the terms and conditions set forth in the Contract of Purchase and upon the basis of the representations set forth therein. The Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation is hereby authorized and directed to deliver the 2025 Series Bonds to the Trustee for authentication and to instruct the Trustee to deliver the 2025 Series Bonds to said underwriters upon receipt of the aforesaid purchase price, and to execute and deliver all documents and instruments required in connection therewith.

The Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation each is hereby authorized on behalf of the Corporation to execute a Contract of Purchase substantially in the form previously utilized by the Corporation, with the Manager, as



representative of the underwriters, providing for the sale to said group of underwriters of the 2025 Series Bonds and said Authorized Officers of the Corporation are hereby authorized and directed to carry out or cause to be carried out all obligations of the Corporation under said Contract of Purchase, when executed. The execution by the Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation of the Official Statement relating to the 2025 Series Bonds substantially in the form previously utilized by the Corporation, with such changes, insertions, or deletions therein as the Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation may approve, and the delivery of said Official Statement to said underwriters, are hereby authorized and the Corporation hereby authorizes said Official Statement and the information contained therein to be used in connection with the sale of the 2025 Series Bonds. The delivery of a Preliminary Official Statement with respect to the 2025 Series Bonds is hereby authorized.

The private sale of the 2025 Series Bonds shall be subject to the prior written approval of the City Comptroller as to the terms and conditions of the 2025 Series Bonds, and the approval of the Mayor of the City, as and if required under the Act, as to the issuance of the 2025 Series Bonds and the use of the proceeds thereof.

The proceeds of any good faith deposit received by the Corporation from the Manager under the terms of the Contract of Purchase for the 2025 Series Bonds shall be deposited by the Corporation with a bank or trust company in a special account established by the President or any other Authorized Officer of the Corporation. Pending the application of the monies so deposited in said special account, such monies, or so much thereof as may be practicable, may be invested in Investment Obligations. The income or interest earned by, or increment to, such special account due to the investment thereof shall be transferred to and deposited in the Revenue Fund.

**Section 209. Authorization of Related Documents.** The form, terms and provisions of the Contract of Purchase, between the Corporation and the underwriters, substantially in the form previously utilized by the Corporation, providing for the sale of the 2025 Series Bonds by the Corporation to the underwriters, are in all respects approved. The form, terms and provisions of the Continuing Disclosure Agreement, between the Corporation and the Trustee, substantially in the form previously utilized by the Corporation, providing for the undertaking by the Corporation to provide ongoing continuing secondary market disclosure, are in all respects approved. The form, terms and provisions of the Tax Regulatory Agreement, between the Corporation and the Trustee, substantially in the form previously utilized by the Corporation, providing for compliance with the Code, are in all respects approved. The Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation is authorized and empowered for and on behalf of the Corporation to execute, acknowledge and deliver the Contract of Purchase, the Continuing Disclosure Agreement and the Tax Regulatory Agreement, and the Secretary or any other Authorized Officer of the Corporation is hereby authorized and empowered to attest the same for and on behalf of the Corporation in substantially the forms presented to this meeting, with such changes therein as such Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation executing the same may deem necessary or desirable, his or her execution of the Contract of Purchase, the Continuing Disclosure Agreement and the Tax Regulatory Agreement to be conclusive evidence of his or her approval of such changes.

The Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation are each hereby authorized to take any action, execute any document, or give any consent which may from time to time be required by the Corporation under the General Resolution, this Series Resolution, the Contract of Purchase, the Continuing Disclosure Agreement or the Tax Regulatory Agreement. Any such action taken or document executed or consent given by such officer in his or her capacity of an officer of the Corporation shall be deemed to be an act by the Corporation.

**Section 210. Certificate of Determination.** The Chairman, Vice Chairman or President or any other Authorized Officer of the Corporation shall have the power and authority to execute and deliver the 2025 Series Certificate of Determination, which may include, without limitation, provisions (i) fixing the aggregate principal amount of 2025 Series Bonds to be issued, not to exceed \$250,000,000 for the purpose of (i) financing, refinancing and reimbursing the Corporation for the costs of various capital projects and expenditures at the Corporation's facilities, being the 2025 Series Project, (ii) fixing the maturity schedule for the 2025 Series Bonds, including amounts of serial bonds and term bonds, with a final maturity not beyond February 15, 2055, (iii) fixing the interest rate or interest rates for the 2025 Series Bonds, or the manner of determining such interest rates, the average of such interest rates shall not exceed six percent (6%) per annum, (iv) fixing the amounts and times of sinking fund installments on the 2025 Series Bonds, (v) fixing other redemption provisions, including but not limited to purchase in lieu of optional redemption provisions, for the 2025 Series Bonds, including times and redemption prices, (vi) fixing the purchase price for the 2025 Series Bonds, which may include an underwriting discount and an original issue discount or premium, and (vii) modifying or otherwise completing and finalizing the provisions of the Series Resolution or implementing the terms of the Contract of Purchase.

In addition to any specific authorizations set forth in this Series Resolution, and notwithstanding any other provision of this Series Resolution, pursuant to and as established in the 2025 Series Certificate of Determination, the Corporation may provide a surety bond, insurance policy or other reserve fund credit facility for credit to the Capital Reserve Fund in satisfaction of the Capital Reserve Fund Requirement, and in connection therewith the Corporation is hereby authorized to execute, deliver and perform any necessary, appropriate or convenient agreements, instruments or contracts.

## ARTICLE III

### DISPOSITION OF 2025 SERIES BOND PROCEEDS

**Section 301. Bond Proceeds Fund.** Pursuant to paragraph (2) of Section 401 of the General Resolution, the Corporation, upon delivery of the 2025 Series Bonds, shall pay over and transfer to the Trustee for deposit into the Bond Proceeds Fund or have credited by the Trustee to the Bond Proceeds Fund, the net proceeds of the 2025 Series Bonds. Monies so deposited or credited to such Bond Proceeds Fund shall be applied as provided in Section 202 hereof, and in accordance with Article IV of the General Resolution, as described in this Article III.

**Section 302. Construction Account.** There is hereby established, pursuant to Section 401(3) of the General Resolution, the 2025 Series Construction Account within the Construction Fund. Upon receipt of the proceeds of sale of the 2025 Series Bonds, the Corporation shall cause the payment therefrom, through the Bond Proceeds Fund as provided in Section 401(2) of the General Resolution, to the Trustee for deposit into the 2025 Series Construction Account, or have credited by the Trustee to the 2025 Series Construction Account, the sum indicated therefor, if any, in the Corporation's 2025 Series Closing Certificate. If no such sum is indicated, there shall be no deposit of such proceeds into such Account.

**Section 303. Capitalized Interest Account.** There is hereby established, pursuant to Section 401(4) of the General Resolution, the 2025 Series Capitalized Interest Account within the Construction Fund. Upon receipt of the proceeds of sale of the 2025 Series Bonds, the Corporation shall cause the payment therefrom, through the Bond Proceeds Fund as provided in Section 401(2) of the General Resolution, to the Trustee for deposit into the 2025 Series Capitalized Interest Account, or have credited by the Trustee to the 2025 Series Capitalized Interest Account, the sum indicated therefor, if any, in the Corporation's 2025 Series Closing Certificate. If no such sum is indicated, there shall be no deposit of such proceeds into such Account.

**Section 304. Working Capital Account.** There is hereby established, pursuant to Sections 813(1)(v) and 814 of the General Resolution, the 2025 Series Working Capital Account within the Construction Fund. Upon receipt of the proceeds of sale of the 2025 Series Bonds, the Corporation shall cause the payment therefrom, through the Bond Proceeds Fund as provided in Section 401(2) of the General Resolution, to the Trustee for deposit into the 2025 Series Working Capital Account, or have credited by the Trustee to the 2025 Series Working Capital Account, the sum indicated therefor, if any, in the Corporation's 2025 Series Closing Certificate. If no such sum is indicated, there shall be no deposit of such proceeds into such Account.

**Section 305. Cost of Issuance Account.** There is hereby established, pursuant to Section 401(5) of the General Resolution, the 2025 Series Cost of Issuance Account within the Construction Fund. Upon receipt of the proceeds of sale of the 2025 Series Bonds, the Corporation shall cause the payment therefrom, through the Bond Proceeds Fund as provided in Section 401(2) of the General Resolution, to the Trustee for deposit into the 2025 Series Cost of Issuance Account, or have credited by the Trustee to the 2025 Series Cost of Issuance Account, the sum indicated therefor in the Corporation's 2025 Series Closing Certificate.

**Section 306. Capital Reserve Fund.** Upon receipt of the proceeds of sale of the 2025 Series Bonds, the Corporation shall cause the payment therefrom, through the Bond Proceeds Fund as provided in Section 401(2) of the General Resolution, to the Trustee for deposit into the Capital Reserve Fund, or have credited by the Trustee to the Capital Reserve Fund, the sum indicated therefor in the Corporation's 2025 Series Closing Certificate, which sum shall be an amount such that the amount on deposit in the Capital Reserve Fund on the date of issuance of the 2025 Series Bonds shall at least equal the Capital Reserve Fund Requirement, after giving effect to the issuance of the 2025 Series Bonds.

**Section 307. Interest Income.** Income or interest earned by, or increment to, each 2025 Series Account within the Construction Fund shall be retained in said Account, until the Trustee is otherwise directed in writing by the Corporation, at which time such income or interest earnings shall be transferred by the Trustee to the Revenue Fund.

## ARTICLE IV

### FORM OF 2025 SERIES BONDS

**Section 401. Form of 2025 Series Bonds.** Subject to the provisions of the General Resolution, this Series Resolution, and the 2025 Series Certificate of Determination, the 2025 Series Bonds in registered form shall be of substantially the following form and tenor:

[Form of 2025 Series Bonds]

NO. R-

#### NEW YORK CITY HEALTH AND HOSPITALS CORPORATION HEALTH SYSTEM BONDS, 2025 SERIES A

Registered Owner:      Cede & Co.

Dated Date:              August \_\_, 2025

Maturity Date:          February 15, \_\_\_\_

Principal Sum:          \$ \_\_\_\_\_

Interest Rate:            \_\_\_\_\_%

CUSIP No.:              \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS that the NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (the “Corporation”), a body corporate and politic, constituting a public benefit corporation organized and existing under and by virtue of the laws of the State of New York, acknowledges itself indebted to, and for value received, hereby promises to pay to the Registered Owner (stated above), or registered assigns, the Principal Sum (stated above) on the Maturity Date (stated above), unless redeemed prior thereto as hereinafter provided, upon presentation and surrender hereof at the corporate trust office of Manufacturers and Traders Trust Company, Buffalo, New York, as Trustee under the General Resolution, duly adopted on November 19, 1992, by the Corporation, as amended by resolution adopted on December 19, 1996, and as amended and restated and adopted on October 29, 2020, and effective on January 5, 2021 (the “General Resolution”), or its successors as Trustee (the “Trustee”), and to pay to the Registered Owner hereof interest on the unpaid principal balance hereof from the Dated Date (stated above) to the Maturity Date or earlier redemption of this Bond at the Interest Rate stated above per annum, payable on February 15 and August 15, commencing on February 15, 2026. The interest on this Bond, when due and payable, shall be paid to the Registered Owner hereof by check or draft, mailed or sent by wire transfer to such person at his address last appearing on the registration books of the Corporation held by the Trustee. Both principal and interest and redemption premium, if any, on this Bond are payable in any coin or currency of the United States

of America which, on the respective dates of payment thereof, shall be legal tender for the payment of public and private debts.

This Bond is a general obligation of the Corporation and is one of a duly authorized issue of bonds of the Corporation designated “New York City Health and Hospitals Corporation Health System Bonds” (herein called the “Bonds”), issued and to be issued in various series under and pursuant to the New York City Health and Hospitals Corporation Act, McKinney’s Unconsolidated Laws, Sections 7381 to 7406, inclusive, as amended (the “Act”), and under and pursuant to the General Resolution, and a series resolution authorizing each such series. This Bond is one of a Series of Bonds designated New York City Health and Hospitals Corporation Health System Bonds, 2025 Series A (the “2025 Series Bonds”), issued in the aggregate principal amount of \$ \_\_\_\_\_ under the General Resolution and a Series Resolution of the Corporation adopted July 31, 2025, and entitled “NEW YORK CITY HEALTH AND HOSPITALS CORPORATION SERIES RESOLUTION AUTHORIZING THE ISSUANCE OF NEW YORK CITY HEALTH AND HOSPITALS CORPORATION HEALTH SYSTEM BONDS, 2025 SERIES” (the “Series Resolution”, the General Resolution and the Series Resolution being herein collectively referred to as the “Resolutions”). The aggregate principal amount of Bonds which may be issued under the General Resolution is not limited except as provided in the General Resolution and all Bonds issued under the General Resolution are equally secured by the pledges and covenants made therein. Capitalized terms used in this Bond but not defined herein shall have the meanings ascribed to them in the General Resolution.

Copies of the Resolutions are on file at the office of the Corporation and at the corporate trust office of the Trustee, and reference to the Resolutions and any and all supplements thereto and modifications and amendments thereof and to the Act is made for a description of the pledges and covenants securing the 2025 Series Bonds, the nature, extent and manner of enforcement of such pledges and covenants, the rights and remedies of the Owners of the 2025 Series Bonds with respect thereto and the terms and conditions upon which the 2025 Series Bonds are issued and may be issued thereunder. To the extent and in the manner permitted by the terms of the Resolutions, the provisions of the Resolutions or any resolution amendatory thereof or supplemental thereto, may be modified or amended.

This Bond is transferable, as provided in the Resolutions, only upon the books of the Corporation kept for that purpose at the corporate trust office of the Trustee by the Registered Owner hereof in person, or by his attorney duly authorized in writing, upon the surrender of this Bond together with a written instrument of transfer satisfactory to the Trustee duly executed by the Registered Owner or his attorney duly authorized in writing, and thereupon a new registered 2025 Series Bond or Bonds, without coupons, and in the same aggregate principal amount, and of the same maturity, shall be issued to the transferee in exchange therefor as provided in the Resolutions, and upon the payment of the charges, if any, therein prescribed.

The 2025 Series Bonds are issuable in the form of registered bonds, without coupons, in the denomination of \$5,000 or any integral multiple thereof. In the manner, subject to the conditions and upon the payment of the charges, if any, provided in the Resolutions, the 2025 Series Bonds, upon surrender thereof at the corporate trust office of the Trustee with a written instrument of transfer satisfactory to the Trustee, duly executed by the Registered Owner or his attorney duly authorized in writing, may, at the option of the Registered Owner thereof, be

exchanged for an equal aggregate principal amount of 2025 Series Bonds, without coupons, of any other authorized denominations of the same maturity.

The 2025 Series Bonds are subject to redemption prior to maturity as provided in the Series Resolution.

Notice of such redemption when required to be given pursuant to the Resolutions shall be mailed, postage prepaid, within the time requirements of the Resolutions, to the Owners of any 2025 Series Bonds or portions thereof to be redeemed, provided, however, that the failure of any Owner to receive notice shall not affect the validity of the proceedings for the redemption of the 2025 Series Bonds or portions of the 2025 Series Bonds owned by any Owners to whom notice has been given in accordance with the provisions of the Resolutions. Notice of redemption having been given, as aforesaid, the 2025 Series Bonds or portions thereof so called for redemption shall become due and payable at the applicable redemption price provided in the Resolutions, and interest on the 2025 Series Bonds or portions thereof so called for redemption shall cease to accrue and become payable from and after the date so fixed for redemption; provided sufficient monies or Government Obligations (as defined in the General Resolution) have been deposited with the Bond Trustee to pay the redemption price of and interest on such 2025 Series Bonds.

The principal of the 2025 Series Bonds may be declared due and payable before the maturity thereof as provided in the Resolutions and the Act.

THE 2025 SERIES BONDS SHALL NOT BE A DEBT OF THE STATE OR OF THE CITY, AND NEITHER THE STATE NOR THE CITY SHALL BE LIABLE THEREON NOR SHALL THEY BE PAYABLE OUT OF ANY FUNDS OTHER THAN THOSE OF THE CORPORATION OR HHC CAPITAL CORPORATION. NEITHER THE CORPORATION NOR HHC CAPITAL CORPORATION HAS ANY TAXING POWER.

IT IS HEREBY CERTIFIED, RECITED AND DECLARED that all acts, conditions and things required by the Constitution and statutes of the State and the City and by the Act, the bylaws, rules and regulations of the Corporation to happen, to exist, to have happened and to have been performed precedent to and in connection with the issuance of this Bond, and the adoption of the Resolutions, have happened, exist and have been performed in due time, form and manner as so required.

IN WITNESS WHEREOF, the New York City Health and Hospitals Corporation has caused this Bond to be executed in its name by the manual or facsimile signature of its President or another Authorized Officer, and attested by the manual or facsimile signature of the Secretary or another Authorized Officer to the Corporation; and this Bond shall be authenticated by the manual or facsimile signature of an authorized officer of the Trustee, without which authentication this Bond shall not be valid nor entitled to the benefits of the Resolutions, all as of the Dated Date stated above.

**NEW YORK CITY HEALTH AND  
HOSPITALS CORPORATION**

Attest:

By: \_\_\_\_\_  
Name: John Ulberg  
Title: Senior Vice President and  
Chief Financial Officer

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**CERTIFICATE OF AUTHENTICATION**

The undersigned hereby certifies that this Bond is one of the Bonds described in the within-mentioned Resolutions.

**MANUFACTURERS AND TRADERS  
TRUST COMPANY, as Trustee**

By: \_\_\_\_\_  
Authorized Officer

Date of Authentication:

August \_\_, 2025



## ASSIGNMENT

For value received the undersigned sells, assigns and transfers this bond to

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(Name, Address and Social Security Number or other Identifying Number of Assignee)

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and irrevocably appoints \_\_\_\_\_ attorney-in-fact to transfer it on the books kept for registration of the bond, with full power of substitution.

NOTE: The signature to this assignment must correspond with the name written on the face of the bond without alteration, enlargement or other change.

Dated:

Signature Guaranteed:

---

Participant in a Recognized Signature  
Guarantee Medallion Program

By: \_\_\_\_\_  
Authorized Signature

(End of Form of 2025 Series Bond)

**Section 402. Attestation of 2025 Series Bonds.** Any Authorized Officer of the Corporation, other than the Authorized Officer executing the 2025 Series Bonds, is hereby authorized and directed to attest manually or by facsimile the execution of the 2025 Series Bonds in accordance with the provisions of Section 207 of the General Resolution.

## ARTICLE V

### MISCELLANEOUS

**Section 501. Arbitrage Covenant.** The Corporation hereby covenants that it shall comply with each requirement of the Internal Revenue Code of 1986, as amended, necessary to maintain the exclusion of interest on the 2025 Series Bonds which are intended to be exempt from gross income for purposes of federal income taxation. The Corporation further covenants that it shall make any and all payments required to be made to the Treasury Department of the United States of America in connection with the 2025 Series Bonds that are tax-exempt pursuant to Section 148(f) of the Code from amounts on deposit in the Funds and Accounts established under the General Resolution or from other monies available to the Corporation. In addition the Corporation hereby agrees not to take any action or fail to take any action which would cause the 2025 Series Bonds to be “arbitrage” bonds within the meaning of Section 148 of the Code.

In furtherance of the covenants contained above, the Corporation hereby agrees to comply with the provisions of the Tax Regulatory Agreement to be executed by the Corporation on the date of the initial issuance and delivery of the 2025 Series Bonds as such Tax Regulatory Agreement may be amended from time to time, as a source of guidance for achieving compliance with the Code.

**Section 502. Continuing Disclosure.** The Corporation covenants that in accordance with the continuing disclosure requirements set forth in Rule 15c2-12 of the Securities and Exchange Commission (the “Rule”) the Corporation shall, to the extent permitted by law, undertake to provide such information with respect to the Corporation as is required by the Rule. The Corporation covenants with the holders from time to time of the 2025 Series Bonds that it will, and hereby authorizes the appropriate officers and employees of the Corporation to take all action necessary or appropriate to, comply with and carry out all of the provisions of the Continuing Disclosure Agreement as amended from time to time. Notwithstanding any other provision of the General Resolution, failure of the Corporation or the Trustee to perform in accordance with the Continuing Disclosure Agreement shall not constitute a default or an Event of Default under the General Resolution, and the rights and remedies provided by the General Resolution upon the occurrence of such a default or an Event of Default shall not apply to any such failure, but the Continuing Disclosure Agreement may be enforced only as provided therein.

**Section 503. Effective Date.** This Series Resolution shall take effect immediately.

**FORM OF 2025 SERIES CERTIFICATE OF DETERMINATION**

Pursuant to the provisions of Section 210 of the Series Resolution adopted by the Board of Directors of the New York City Health and Hospitals Corporation on July 31, 2025, I, John Ulberg, Senior Vice President and Chief Financial Officer of such Corporation, hereby certify and determine, using terms as defined in said Series Resolution and as defined herein, as follows:

1. The aggregate principal amount of the Corporation's Health System Bonds, 2025 2025 A (the "2025 Series Bonds") to be issued and delivered shall be \$ \_\_\_\_\_. The dated date of the 2025 Series Bonds shall be their date of issuance. The first Interest Payment Date for the 2025 Series Bonds shall be February 15, 2026. The 2025 Series Bonds shall mature on February 15 of the years and in the principal amounts and bear interest, as set forth in the 2025 Series Bonds Term Chart below.

**2025 Series Bonds Term Chart**

\$ \_\_\_\_\_ 2025 Series Serial Bonds

<u>Year</u>	<u>Principal Amount</u>	<u>Interest Rate</u>	<u>Year</u>	<u>Principal Amount</u>	<u>Interest Rate</u>
_____	\$ _____	____%	_____	\$ _____	____%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\$ \_\_\_\_\_ % 2025 Series Term Bonds due February 15, \_\_\_\_

2. The 2025 Series Bonds shall be subject to redemption as follows: (a) Optional Redemption. The 2025 Series Bonds maturing after February 15, \_\_\_\_ will be subject to redemption at the option of the Corporation, on or after February 15, \_\_\_\_, in whole or in part, by lot within each maturity, on any date upon 30 days' written notice to Bondholders at a redemption price of 100%, plus accrued interest to the date of redemption. The Corporation may select amounts and maturities of such 2025 Series Bonds for redemption in its sole discretion.

(b) Mandatory Redemption. The 2025 Series Bonds maturing in \_\_\_\_ are subject to mandatory redemption prior to maturity, through Sinking Fund Payments on February 15 of the years and in the respective principal amounts as set forth below (the particular 2025 Series Bonds or portions thereof to be selected by the Trustee as provided in the General Resolution), in each case at a Redemption Price equal to the principal amount of said 2025 Series Bonds or portions thereof to be redeemed, plus accrued interest to the date of redemption.

In accordance with the Series Resolution, Sinking Fund Payments for the 2025 Series Bonds maturing in \_\_\_\_ are hereby established as follows:

<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>
_____	\$ _____	_____*	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Final Maturity

[(c) Redemption at Direction of the City. Upon the furnishing by the City of sufficient funds therefor, the 2025 Series Bonds are subject to redemption prior to maturity by the Corporation at the direction of the City, as a whole on any interest payment date not less than twenty years after the original issuance date of the 2025 Series Bonds, at the then applicable optional Redemption Price for the 2025 Series Bonds, plus accrued interest to the date of redemption. Notice of any such redemption shall be published in at least two newspapers published and circulating in the City of New York at least twice, the first publication to be at least thirty (30 ) days before the redemption date.]

3. The purchase price for the 2025 Series Bonds shall be \$ \_\_\_\_\_ (being the principal amount thereof of \$ \_\_\_\_\_, [plus/less] \$ \_\_\_\_\_ [net] original issue [premium/discount], and less \$ \_\_\_\_\_ underwriters' discount).

4. All proceeds of the sale of the 2025 Series Bonds shall be paid to the Trustee as provided in the Series Resolution and in the 2025 Series A Closing Certificate, against receipt therefor. Such proceeds and moneys shall be deposited by the Trustee as provided in the Series Resolution and in the 2025 Series Closing Certificate. Moneys on deposit in the Construction Account may, at the option of the Corporation, be used to pay interest on the 2025 Series Bonds prior to, during and for one year after completion of the 2025 Series Project, as provided for 2025 Series Project costs under the General Resolution, and moneys in the Capitalized Interest Account may, at the option of the Corporation, be used to pay 2025 Series Project costs, in addition to interest on the 2025 Series Bonds, all as provided in Section 401(3) and (4) of the General Resolution.

5. All words and phrases defined in the General Resolution or in the Series Resolution (collectively, the "Resolution") shall have the same meaning herein, unless the context otherwise requires.

IN WITNESS WHEREOF, I have hereunto set my hand this August \_\_, 2025.

**NEW YORK CITY HEALTH AND  
HOSPITALS CORPORATION**

By \_\_\_\_\_  
Name: John Ulberg  
Title: Senior Vice President  
and Chief Financial Officer

[2025 SERIES CERTIFICATE OF DETERMINATION OF THE CORPORATION]

## **2025 Financing Proposal**

### **Board of Directors Meeting July 31, 2025**

Linda DeHart  
Vice President, Finance

Thomas Tran  
Senior Director, Debt Finance

Brenda Schultz  
Senior AVP, Capital Budget

### **Requesting approval to issue 2025 Series Bonds to finance H+H critical capital needs:**

- Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, “New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution” providing for the issuance of a series of Health System Bonds (the “2025 Series Bonds”) in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospitals Corporation (the “Corporation”), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055

## NYC H+H Bond Financing Program

- The System's bond financing program is authorized by a General Resolution, first adopted by the Board at the inception of the bond program in 1992, and most recently updated in 2020.
- A general resolution authorizes and sets parameters for a particular financing program and structure.
- Under the H+H General Resolution, the System's bonds are secured by a primary pledge of System healthcare revenues, and feature a capital reserve fund backed by the City.
- Series resolutions under the General Resolution authorize specific financing transactions, typically including a specified amount and more specific parameters, and also authorize execution of certain documents necessary for bond financing transactions.



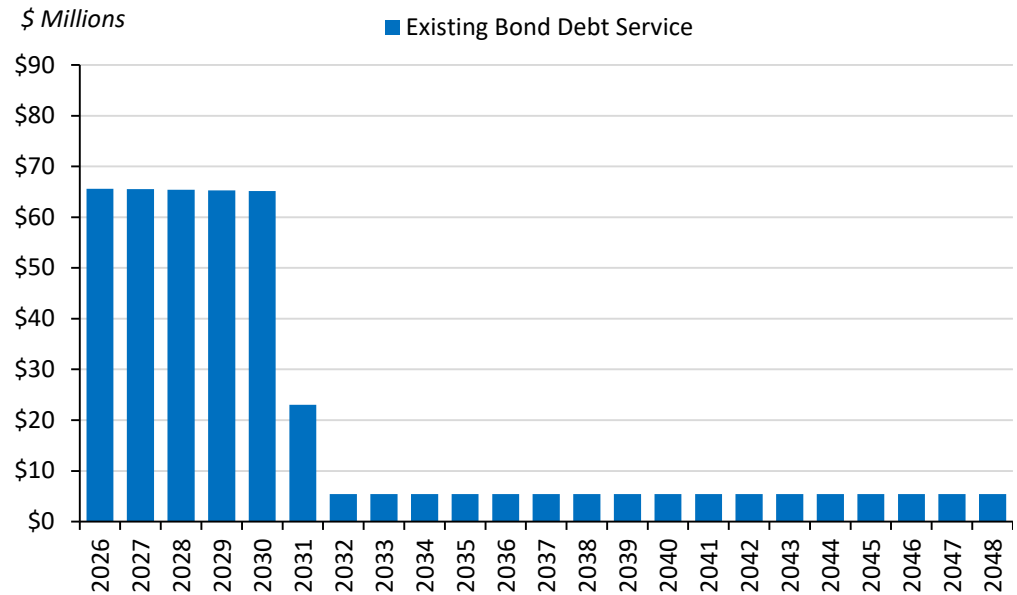
## Need for H+H Capital Financing

- H+H has relied heavily on the City of New York to fund the System's capital needs. In recent years, H+H financing has been a more minor source of supplemental capital funding.
- As H+H has taken steps to improve its capital needs assessment and planning capabilities, as well as its capacity for capital project implementation, the gap between available City capital funding and identified critical capital needs has grown.
- While the City Capital plan through FY35, includes \$2.68 billion for H+H, the System has identified an additional critical and strategic capital investment need of approximately \$1.6 billion, approximately \$577 million of which is proposed to be funded by H+H (\$250 million to be financed by the 2025 Series bonds).
- The capital plan, including proposals for H+H financing, will periodically be updated to reflect ongoing evaluation of capital needs, development of more concrete estimates and schedules for already identified capital projects, and assessment of implementation capacity.

# H+H has Capacity for Increased Capital Financing

- Since 1993, the System has issued eleven bond series with a total par amount of \$3.33 billion including refundings, which over the life of the program has saved approximately \$145 million.
- As two remaining outstanding bond series begin to amortize, existing aggregate debt service shows a drop starting in FY2031 and low level annual debt service thereafter.
- The drop in aggregate debt service provides the System new debt capacity to fund its capital program.
- Further, on average over time an estimated 60 percent of debt service costs will be reimbursed by Medicaid.

(in \$ millions)	Number of Issuances	Total Par	New Money	Refunding
1993-2002	4	\$1,696	\$1,163	\$533
2003-2012	3	1,214	300	914
2013-2023	2	422	82	341



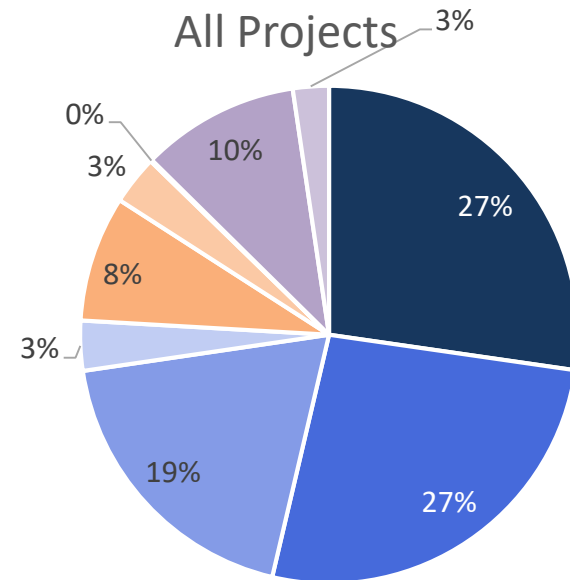
\*Assumed 2.97% interest rate for variable rates bonds until maturity

## Planned H+H Funded Capital Portfolio

- The System has identified a portfolio of \$577 million of priority capital projects for H+H financing.

*All Projects*

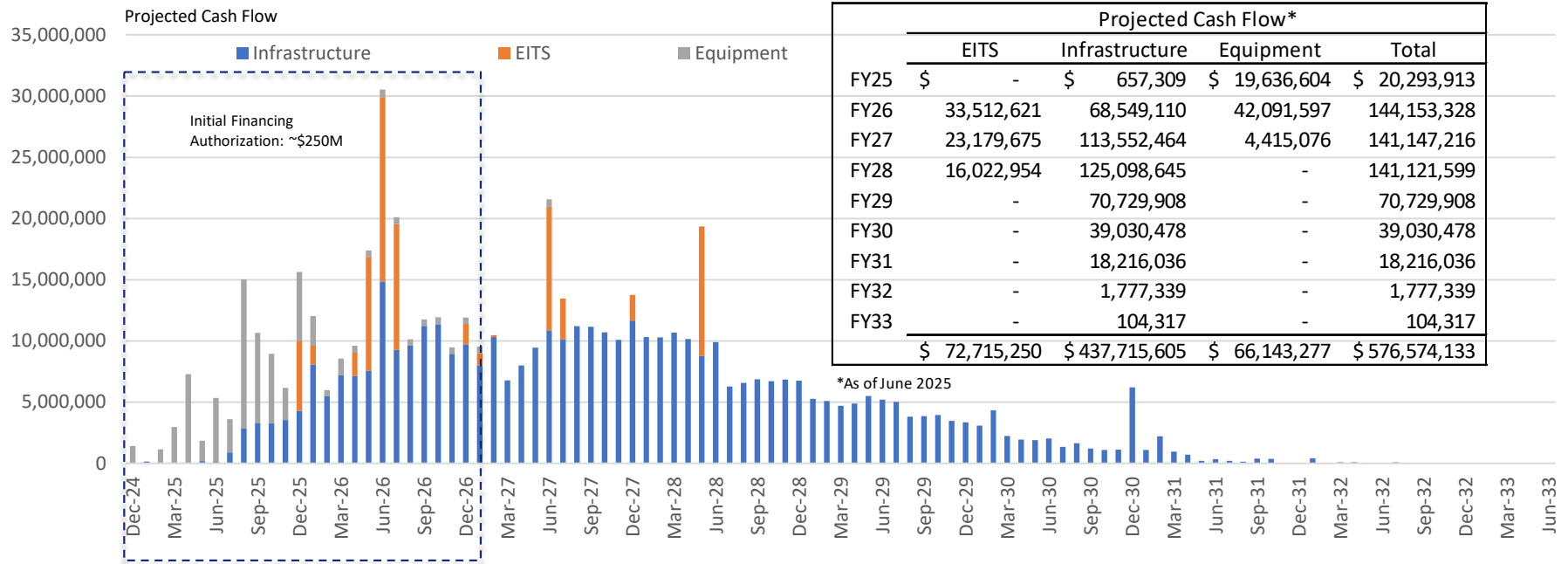
Project Type	Project Cost	%
<b>Infrastructure</b>	<b>437,715,605</b>	<b>76%</b>
Infrastructure - Mechanical Systems	157,296,148	27%
Infrastructure - Clinical Renovation	152,147,362	26%
Infrastructure - Non-Clinical Renovation	109,578,529	19%
Infrastructure - Other	18,693,565	3%
<b>Medical Equipment</b>	<b>66,143,277</b>	<b>11%</b>
Medical equipment - Lifecycle Replacement	47,132,527	8%
Medical equipment - Modernization	18,378,444	3%
Medical equipment - Service Expansion	632,306	0.1%
<b>Technology</b>	<b>72,715,250</b>	<b>13%</b>
Technology - Lifecycle Replacement	59,232,685	10%
Technology - Modernization	13,482,565	2%
<b>Total</b>	<b>576,574,133</b>	<b>100%</b>



- Infrastructure - Mechanical Systems
- Infrastructure - Clinical Renovation
- Infrastructure - Non-Clinical Renovation
- Infrastructure - Other
- Medical equipment - Lifecycle Replacement
- Medical equipment - Modernization
- Medical equipment - Service Expansion
- Technology - Lifecycle Replacement
- Technology - Modernization

## Projected Capital Cashflow Needs

- Projects included in the planned H+H capital funded portfolio are scheduled to launch over the next few fiscal years, and have completed sufficient planning to forecast the System's timing needs for new money financing.
- \$249 million is the projected spending plan through January 2027.

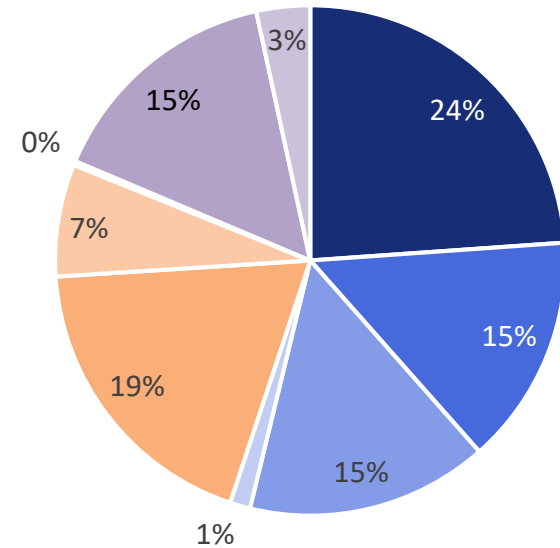


## Current Financing Authorization

*Projected Spending through January 2027*

Project Type	Project Cost	%
<b>Infrastructure</b>	<b>137,342,440</b>	<b>55%</b>
Infrastructure - Clinical Renovation	59,551,365	24%
Infrastructure - Mechanical Systems	36,373,343	15%
Infrastructure - Non-Clinical Renovation	38,210,013	15%
Infrastructure - Other	3,207,720	1%
<b>Medical Equipment</b>	<b>65,522,823</b>	<b>26%</b>
Medical equipment - Lifecycle Replacement	47,132,527	19%
Medical equipment - Modernization	17,757,989	7%
Medical equipment - Service Expansion	632,306	0%
<b>Technology</b>	<b>46,455,853</b>	<b>19%</b>
Technology - Lifecycle Replacement	37,973,288	15%
Technology - Modernization	8,482,565	3%
<b>Total</b>	<b>249,321,116</b>	<b>100%</b>

Projected Spending through Jan 2027



- Infrastructure - Clinical Renovation
- Infrastructure - Mechanical Systems
- Infrastructure - Non-Clinical Renovation
- Infrastructure - Other
- Medical equipment - Lifecycle Replacement
- Medical equipment - Modernization
- Medical equipment - Service Expansion
- Technology - Lifecycle Replacement
- Technology - Modernization

# Planned Financing Summary

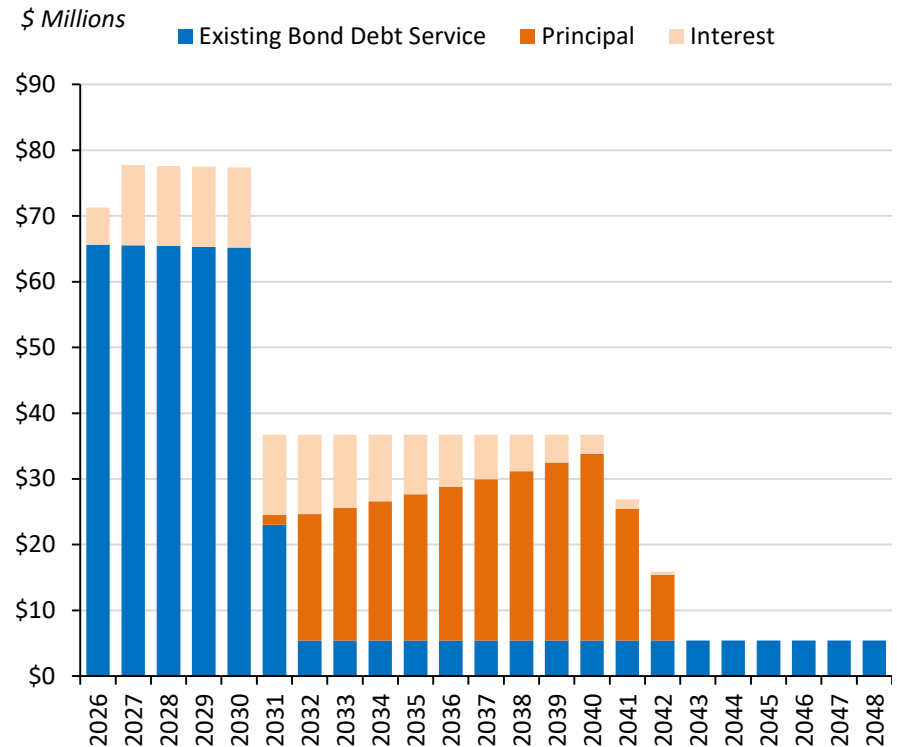
- Structuring Tax-Exempt New Money 2025 Series Bonds to “Wrap Around” Existing Debt Service

## Estimated Financing Statistics

Market Conditions as of June 6, 2025

2025 Financing*			
<b>Assumptions</b>		<b>Financing Statistics (\$000s)</b>	
Dated/Delivery Date	8/28/2025	Interest Rate Adjusted for Cost (All-In TIC)	4.287%
Call Date	2/15/2035	Average Life (Yrs)	11.372
Final Maturity	2/15/2042	Weighted Avg Maturity (Yrs)	11.312
Structure	Wrapped		
		Total Interest	138,477
		Total Debt Service	382,012
		Maximum Annual Debt Service	31,334
		Average Annual Debt Service	23,203
<b>Sources (\$000s)</b>			
Par Amount	243,535		
Original Issue Premium	17,750		
Total Sources	261,285		
<b>Uses (\$000s)</b>			
Project Fund	250,000		
Capital Reserve Fund	8,847		
Cost of Issuance	2,437		
Total Uses	261,285		

\*Preliminary, subject to change



## MWBE Designation Policy

- Bonds will be sold on a negotiated basis using the underwriting group appointed through H+H's most recent underwriter approval process, as well as the selling group used by the City of New York.
- A “designation policy” will be established to ensure a minimum of 30% is collectively allocated to the MWBE firms appointed to the H+H underwriting group, with no more than 6% allocated to any one of the seven firms.
  - Blaylock Van LLC
  - Cabrera Capital Markets
  - Essex Securities
  - Loop Capital Markets LLC
  - Mischler Financial Group
  - Rockfleet Financial Services
  - Stern Brothers & Company
- Samuel A. Ramirez, as part of the senior managers pool will receive a separate allocation on the transaction.
- Inclusion of the NYC selling group creates the opportunity for additional MWBE firms to participate in retail bond sales.

## **Board of Directors Approval Request**

- Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, “New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution” providing for the issuance of a series of Health System Bonds (the “2025 Series Bonds”) in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospitals Corporation (the “Corporation”), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055



**RESOLUTION - 21**

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services.** The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

**WHEREAS,** NYC Health + Hospitals requires outpatient coding across the System, professional coding for Elective Teaching Amendment hospitals and professional billing accounts receivable services of billing and follow-up on NYC Health + Hospital claims; and

**WHEREAS,** New York City Health + Hospitals has identified a need for professional coding and billing services; and

**WHEREAS,** professional coding and billing services were procured through a competitive RFP process and the procurement was approved by the CRC in December 2021 and by the Board of Directors in March of 2022 with an NTE of \$12,495,384; and

**WHEREAS,** additional workflows were added to PhyCARE Holdings Group, Inc.’s current contracted scope of work, which has increased the vendor’s workload and requires an increase request to the current NTE; and

**WHEREAS,** PhyCARE Holdings Group, Inc. continues to be responsive to the System’s needs and has the capacity and expertise to provide these additional services; and

**WHEREAS,** the Chief Revenue Officer, will be responsible for the management of the proposed contract(s).

**NOW THEREFORE, be it**

**RESOLVED,** that New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$6,660,946, which includes a 10% contingency, for its previously executed agreement with PhyCARE Holdings Group, Inc. for hospital and professional coding and billing services. The cumulative amount not to exceed shall be increased from \$12,495,384 to \$19,156,330 for the remainder of the contract term.

**EXECUTIVE SUMMARY**  
**HOSPITAL AND PROFESSIONAL CODING AND BILLING SERVICES**  
**AGREEMENT WITH**  
**PHYCARE HOLDINGS GROUP, INC.**

- OVERVIEW:** NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured Hospital and Professional Coding and Billing contract by \$6,660,946, which includes a 10% contingency, to provide additional services. The purpose of this agreement is to provide hospital and professional coding and billing services to be responsive to the System's needs including expanded global billing, self-pay professional coding and nurse practitioner coding.
- NEED:** NYC Health + Hospitals requires outpatient coding across the System, professional coding for Elective Teaching Amendment hospitals and professional billing accounts receivable services of billing and follow-up on NYC Health + Hospital claims. the System generates \$80,000,000 in annual revenue from professional billing. Additional workflows were added to the current contracted scope of work which necessitates an increase request to the current not to exceed value.
- COSTS:** The total not-to-exceed cost for the proposed contract over the contract term of two, one-year renewal options is \$19,156,330.
- MWBE:** PhyCARE Holdings Group, Inc. is a Certified NYC WBE firm. The vendor diversity goals are met.



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

From: Kaylan Kerr  
Associate Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Professional & Hospital Outpatient Coding and Professional Billing Services - NTE Increase

Date: June 23, 2025

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
PhyCARE Holding Group, Inc.	Pending	Pending	Certified MWBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Kerr, Kaylan

Digitally signed by Kerr,  
Kaylan  
Date: 2025.07.01  
11:25:10 -04'00'

**Hospital & Professional Coding and  
Professional Billing Services  
Request to Increase an NTE  
with PhyCARE Holdings Group, Inc.**

Board of Directors Meeting  
July 31, 2025

Marji Karlin, Chief Revenue Officer  
Robert Melican, AVP Patient Accounting  
Revenue Cycle Services

## **For Board of Directors Consideration**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services.** The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

# Background & Current State

- Revenue Cycle Services requests approval to increase the not-to-exceed value for its hospital and professional coding and billing contract with our current vendor, PhyCARE Holdings Group, Inc.
- PhyCARE Holdings Group, Inc. provides NYC Health + Hospitals with three types of services:
  - Outpatient coding across the System
  - Professional coding for the Elective Teaching Amendment hospitals
  - Professional billing Accounts Receivable services of billing and follow-up on System claims
- The System currently generates \$80 million in annual revenue from professional billing.

# Current Spend and Additional Projects

- Professional coding and billing services was procured through a competitive RFP process. The procurement was approved by the CRC December 2021, and by the Board of Directors in March 2022, with an NTE of \$12.4 million.
  - Contracts were issued in September of 2022 and expire in 2027 with all optional years exercised
  - Contract spending of \$8.8 million, and the contract is expect to reach our Board authorized NTE by January 2026.
- An expansion of professional billing activities resulted in increased volume for this vendor, requiring an increase to the current NTE. The volume stems from:
  - Improved professional billing charge capture,
  - Coding of global billing services for Bellevue and Woodhull to capture physician productivity,
  - Self-pay professional coding, and
  - Nurse Practitioner coding and charge capture
- PhyCARE Holdings Group, Inc. continues to be responsive to our System needs and has the capacity and expertise to provide these expanded services.

# Vendor Performance

<b>Department of Supply Chain</b>	
<b>Vendor Performance Evaluation</b>	
<b>PhyCARE Holdings Group, Inc.</b>	
<b>DESCRIPTION</b>	<b>ANSWER</b>
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	n/a
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?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
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?	n/a
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
<b>Performance and Overall Quality Rating</b>	
<b>Excellent</b>	



# Vendor Diversity

- PhyCARE Holdings Group, Inc. is a Certified NYC WBE firm. The vendor diversity goals are met.

## Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services.** The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

**RESOLUTION - 22**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services. The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

**WHEREAS**, New York City Health + Hospitals’ coding support volume has significantly increased and coding expertise is in demand for various System-wide initiatives; and

**WHEREAS**, the System requires vendors to provide supplemental hospital coders for emergency department and inpatient coding; and

**WHEREAS**, Since these services were procured, expanded revenue cycle business needs including system revenue improvements, risk adjustment diagnosis capture, chart reviews for the capture of Medicare’s Hierarchical Comorbid Conditions and Medicaid Clinical Risk Groups, necessitate the expansion of the vendor’s scope of work; and

**WHEREAS**, Supplemental inpatient and outpatient coding was procured through a competitive RFP process and the procurement was approved by the CRC in June 2022 with an NTE of \$3,061,945, contracts were awarded to the above-referenced three vendors to provide such needed services; and

**WHEREAS**, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions. continue to be responsive to the System’s needs and have the capacity and expertise to provide these additional services; and

**WHEREAS**, the Chief Revenue Officer, will be responsible for the management of the proposed contract(s).

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$4,702,210, which includes a 20% contingency, for its previously executed agreements with three supplementary coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions., to provide supplemental coding services related to emergency department and inpatient coding. The cumulative amount not to exceed \$3,061,945 shall be increased to \$7,764,155 for services provided by all such firms for the remainder of the contract term.

**EXECUTIVE SUMMARY  
SUPPLEMENTAL INPATIENT & OUTPATIENT CODING/VALIDATION SERVICES  
AGREEMENT(S) WITH  
DISKRITER, INC., ECLAT HEALTH SOLUTIONS AND SUTHERLAND HEALTHCARE  
SOLUTIONS.**

- OVERVIEW:** NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured three contracts by \$4,702,210, which includes a 20% contingency, to provide additional services related to emergency department and inpatient coding.
- NEED:** **NYC Health + Hospitals** requires supplemental inpatient and outpatient coding and validation services across The System. Additional Revenue Cycle business needs including system revenue improvements, risk adjustment diagnosis capture, chart reviews for the capture of Medicare’s Hierarchical Comorbid Conditions and Medicaid Clinical Risk Groups, necessitate an increase to the current NTE.
- COSTS:** The total not-to-exceed cost for the proposed contract over the contract term of two, one-year renewal options is \$7,764,155.
- MWBE:** The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation. The vendor pool has met the diverse vendor component percentage set for this solicitation.

**Exhibit A**

Awardees

1.

1. Diskreiter, Inc.
2. Eclat Health Solutions
3. Sutherland Healthcare Solutions



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

From: Kaylan Kerr  
Associate Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Supplemental Inpatient & Outpatient Coding/Validation – NTE Increase

Date: June 23, 2025

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Diskriter, Inc.	Pending	Pending	Waiver
Eclat Health Solutions	Pending	Approved	30%
Sutherland Healthcare Solutions.	Pending	Pending	Certified MWBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Kerr, Kaylan

Digitally signed by Kerr,  
Kaylan  
Date: 2025.07.01 11:24:15  
-04'00'

**Supplemental Inpatient & Outpatient  
Coding/Validation  
Request to Increase an NTE  
with Diskriter, Inc., Eclat Health Solutions, and  
Sutherland Healthcare Solutions**

**Board of Directors Meeting  
July 31, 2025**

**Marji Karlin, Chief Revenue Officer  
Lisa Perez, Assistant Vice President  
Revenue Cycle Services**

## **For Board of Directors Consideration**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services.** The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

# Background & Current State

- Revenue Cycle Services requesting approval to increase the not to exceed value for its Supplemental Inpatient & Outpatient Coding/Validation contract with our current vendors:
  - Diskriter, Inc.,
  - Eclat Health Solutions
  - Sutherland Healthcare Solutions.
- These vendors were procured to provide supplemental hospital coders for emergency department and inpatient coding.
- Since these services were procured, the coding support volume has significantly increased and coding expertise is in demand for various System-wide initiatives.



# Background & Current State

- Supplemental inpatient & outpatient coding was procured through a competitive RFP process. The procurement was approved by the CRC in June 2022 with an NTE of \$3,061,945.
  - Contracts were issued in August and December of 2022 and will expire in 2027
  - We have spent \$3,639,369 as through June 2025
- Additional Revenue Cycle business needs resulted in increased volume for supplemental coding services. As a result, overall spending was impacted, necessitating an increase to our current NTE. The services are to support volume changes in:
  - System revenue improvement initiatives (i.e. AR Days improvement and charge capture enhancements)
  - Risk adjustment diagnosis capture
  - Facilitating expedient chart reviews for the capture of Medicare's Hierarchical Comorbid Conditions (HCC) and Medicaid Clinical Risk Groups (CRGs)
  - Coding assistance with non-coding functions required for billing and compliance

# NTE Request

- Based on the current contract spend, we project that we will need an additional \$4,702,210 to successfully fulfill the expanded scope of work.
  - The 20% contingency was included to allow for modified business need and increased coding volume.

	Incremental Need
Remainder 2025	\$594,244
FY 26	\$1,479,312
FY 27	\$1,844,952
Sub-total	\$3,918,508
Contingency	\$783,702
Total	\$4,702,210

# Vendor Performance

<b>Department of Supply Chain</b>	
<b>Vendor Performance Evaluation</b>	
<b>Diskriter, Inc.</b>	
<b>DESCRIPTION</b>	<b>ANSWER</b>
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
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?	N/A
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
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?	N/A
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
<b>Performance and Overall Quality Rating</b>	
<b>Good</b>	

# Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Eclat Health Solutions	
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?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
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
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Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
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?	N/A
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	

# Vendor Performance

<b>Department of Supply Chain</b>	
<b>Vendor Performance Evaluation</b>	
<b>Sutherland Healthcare Solutions</b>	
<b>DESCRIPTION</b>	<b>ANSWER</b>
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
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?	N/A
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
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?	N/A
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
<b>Performance and Overall Quality Rating</b>	<b>Good</b>

# Vendor Diversity

- Utilization Plan Summary

Vendor	M/WBE Achieved	Pool MWBE Achieved%
Sutherland Healthcare Solutions	100%	65%
Eclat Health Solutions	23%	
Diskriter, Inc	Waiver Granted	

- The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation.

## For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services.** The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.



**RESOLUTION - 23**

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute a contract with Nym Health Inc. for autonomous coding services** at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System.

**WHEREAS**, on average, the System spends \$5,000,000 annually in coding vendor services across multiple vendors and an additional \$450,000+ in overtime for NYC Health + Hospitals staff; and

**WHEREAS**, the System has identified a need for a vendor that can provide autonomous coding to support increasing demand for coding services; and

**WHEREAS**, to date, there has been no contract in place specifically for autonomous coding; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to select a vendor to provide autonomous coding services, in which 16 firms attended a pre-proposal conference and 10 subsequently submitted proposals; and

**WHEREAS**, of the 10 proposals submitted, the one vendor who received the highest rating has been selected for award; and

**WHEREAS**, the Health Information Management Revenue Cycle Services Department will be responsible for the management of the proposed contracts.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Nym Health Inc. for autonomous coding services at a not to exceed amount of \$8,110,800, which includes a 20% contingency for a contract term of three years and two renewal options exercisable at the discretion of the System.



**EXECUTIVE SUMMARY  
AUTONOMOUS CODING SERVICES  
AGREEMENT WITH  
NYM HEALTH INC.**

- OVERVIEW:** The purpose of this agreement is to provide autonomous coding services to reduce overhead costs related to increasing Emergency Department and inpatient volume, expansion of professional billing and productivity analysis, payer chart reviews, and addressing coding related edits and denials.
- PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide autonomous coding services to the System on an as-needed basis. The RFP was sent directly to four prospective vendors, and 16 prospective vendors attended a pre-proposal conference. A total of 10 firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top-rated proposer to provide autonomous coding services to the System.
- COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential five-year term is not to exceed \$8,110,800, which includes a 20% contingency.
- MWBE:** An overall MWBE utilization goal of 10% has been established and accepted by the selected vendor.



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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

Georgia Tsismenakis

Digitally signed by  
Georgia Tsismenakis  
Date: 2025.06.27  
14:59:52 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of  
contracts for Autonomous Coding services

Date: June 27, 2025

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Nym Health Inc.	Pending	Pending	10%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**Autonomous Coding for Outpatient  
Departments  
Application to Enter into Contract with  
Nym Health Inc.**

**Board of Directors Meeting  
July 31, 2025**

**Marji Karlin, Chief Revenue Officer  
Lisa Perez, AVP of Health Information Management  
Revenue Cycle Services**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Nym Health Inc. for autonomous coding services** at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System.

# Background & Current State

- NYC Health + Hospitals requires a vendor that can provide autonomous coding to support increasing demand for coding services.
  - Up to this point, increased demand has been fulfilled by contracted vendors and/or overtime for existing staff.
- There is an ongoing and increasing demand for coding services related to:
  - Increasing Emergency Department and Inpatient volume
  - Expansion of professional billing and productivity analysis
  - Payer chart reviews
  - Addressing coding related edits and denials
- To date, there has been no contract in place specifically for autonomous coding.

# Background & Current State

- The benefits expected from utilizing autonomous coding services include:
  - Automate code assignment using Artificial Intelligence (AI) - increases coding efficiency, reduces manual errors and accelerates the revenue cycle.
  - Coding pattern recognition - helps ensure accuracy and compliance with coding standards, reducing the risk of coding-related errors and improving coding consistency.
  - Real-time feedback for clinicians - supports clinicians in maintaining coding accuracy, facilitates compliance and streamlines the coding workflow.
  - Integrates with the Electronic Health Record - enhances interoperability, reduces duplication of efforts and supports a more streamlined healthcare information exchange.
  - Coding Compliance checks - reduces the risk of audits and denials, improving the overall accuracy and compliance of medical coding.
  - Adaptability to Coding Changes - provides healthcare organizations with flexibility and agility in responding to changes, ensuring ongoing compliance with the latest coding practices.
  - Decrease in reliance on current coding contracts over time.

# RFP Criteria

- **Minimum Criteria**

- At least 5 years of experience working with AI including medical coding
- Demonstrated high accuracy rate as industry standard is 95%
- Demonstrated evaluation process for checking coding quality and accuracy
- Experience working with at least one multi-hospital system
- Integration with major systems like EPIC
- MWBE certification, utilization plan, or waiver

- **Substantive Criteria**

- 25% - Demonstrated Performance
- 25% - Clearly Defined Work Protocols
- 25% - Technology and Reporting
- 15% - Cost
- 10% - MWBE

- **Evaluation Committee**

- Chief Revenue Officer
- Assistant Vice President, Health Information Management
- Exec Compliance & Privacy Officer, Office of Corporate Compliance
- Director of Information Systems HIM H2O team
- Facility Director HIM, Jacobi
- Facility Director HIM, Lincoln
- MD, Chief of Service, Metropolitan

# Overview of Procurement

- 7/9/24: Application to issue a request for proposals approved by CRC.
- 9/20/24: RFP posted on City Record, sent directly to 4 vendors.
- 9/27/24: Pre-proposal conference held, 16 vendors attended.
- 11/26/24: Proposals due, 10 proposals received.
- 3/3/25 - 3/12/25: Vendor Presentations held.
- 4/3/25 - 4/11/25: Reference checks conducted.
- 4/23/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
  - Nym Health Inc.



# Vendor Diversity

- Utilization Plan Summary

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
QualCode, Inc	Auditing	NYC/NYS Black/Female	10%
Total Diverse Vendor Component Percentage			10%

The Vendor Diversity team recommended a 10% diverse vendor component percentage for this solicitation.

## For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Nym Health Inc. for autonomous coding services** at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System.

**RESOLUTION - 24**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Hagerty Consulting, Inc. for disaster recovery consulting services** at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.

**WHEREAS**, the System has secured and continues to develop additional Federal Emergency Management Agency (“**FEMA**”) grants for post Hurricane Sandy disasters including Hurricane Ida and Hurricane Ophelia; and

**WHEREAS**, the System has identified a need for disaster recovery consulting services to support the management of NYC Health + Hospitals’ FEMA portfolio and requires strategic, technical, and policy support to effectively respond to FEMA’s Requests for Information related to its fast growing federal and state grants portfolio and to advocate for maximizing grant funding; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to select a vendor to provide disaster recovering consulting services, in which 26 firms attended a pre-proposal conference and eight subsequently submitted proposals; and

**WHEREAS**, of the eight proposals submitted, the vendor who received the highest rating has been selected for award; and

**WHEREAS**, the Office of Facilities Development will be responsible for the management of the proposed contract.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Hagerty Consulting, Inc. for disaster recovery consulting services at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY**  
**DISASTER RECOVERY CONSULTING SERVICES**  
**AGREEMENT WITH**  
**HAGERTY CONSULTING, INC.**

- OVERVIEW:** The purpose of this agreement is to provide disaster recovery consulting services to provide strategic, technical, and policy support for the System’s fast growing federal and state grants portfolio associated with hazard mitigation, repairs and recovery.
- PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide disaster recovery consulting services to the System on an as-needed basis. The RFP was sent directly to 14 prospective vendors, and 26 prospective vendors attended a pre-proposal conference. A total of eight firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top-rated proposer to provide disaster recovery consulting services to the System.
- COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential seven-year term is not to exceed \$8,400,000.
- This will be funded through Federal Emergency Management Agency Public Assistance programs and other future approved funding sources.
- MWBE:** An overall MWBE utilization goal of 30% has been established and accepted by the selected vendor.



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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

Georgia Tsismenakis

Digitally signed by Georgia Tsismenakis  
Date: 2025.06.27 15:02:30 -04'00'

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

Date: June 27, 2025

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Hagerty Consulting, Inc.	Approved	Pending	30%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Disaster Recovery Consulting Firms Application to Enter into Contract with Hagerty Consulting, Inc.**

**Board of Directors Meeting  
July 31, 2025**

**Michline Farag, Senior Assistant Vice President  
Central Finance**

**Mahendranath Indar, Assistant Vice President  
Office of Facilities Development**

## For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Hagerty Consulting, Inc. for disaster recovery consulting services** at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.

# Background & Current State

- NYC Health + Hospitals requires a disaster recovery consulting firm that can provide support for our fast growing federal and state grants portfolio associated with hazard mitigation, repairs and recovery.
- In recent years, the System has secured and continues to develop additional FEMA grants for post Hurricane Sandy disasters including Hurricane Ida and Hurricane Ophelia.
- The System needs strategic advisory as we continue to respond to FEMA's Requests for Information related to the newer disasters' portfolio and advocate for maximum amount of grant funding from various sources.
  - The new disaster recovery consultant is critical in assisting with these ongoing efforts and preparing for future disaster recovery needs.



# RFP Criteria

## ■ Minimum Criteria

- At least 10 years of experience with FEMA grants management
- At least 5 years of experience with federal hazard mitigation grants applications and Benefit Cost Analysis (BCA) optimization
- At least 5 years of previous experience in working with state and local municipalities and non-profits.
- Past experience in managing both small (\$1M-\$10M) to medium sized (\$10M-\$100M) as well as large federally funded construction projects portfolio (\$100M+).
- MWBE certification, utilization plan, or waiver

## ■ Evaluation Committee

- Senior Assistant Vice President, Finance Capital
- Senior Director, Finance Grants
- Senior Director, Finance Grants FEMA
- Senior Director, OFD
- Project Manager, OFD

## ■ Substantive Criteria

- 25% - Vendor experience & staff qualifications
- 25% - Ability & feasibility of meeting the SOW
- 25% - Multi-disciplinary expertise
- 15% - Cost
- 10% - MWBE

# Overview of Procurement

- 10/22/24: Application to issue a request for proposals approved by CRC.
- 11/13/24: RFP posted on City Record, sent directly to 14 vendors.
- 11/19/24: Pre-proposal conference held, 26 vendors attended.
- 12/19/24: Proposals due, 8 proposals received.
- 4/7/25 - 4/11/25: Vendor Presentations held
- 5/6/25: Reference checks conducted. Evaluation committee submitted final scores. Below is the top scoring proposer:
  - Hagerty Consulting, Inc.

# Vendor Diversity

## ■ Utilization Plan Summary

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Toscano Clements Taylor (TCT), LLC	Cost Management	NYC/NYS - WBE	5%
H2Bravo, LLC	Grants and Financial Management	NYC - WBE	10%
CSA Group NY Architects & Engineers PC	Engineering Support	NYC/NYS - MBE	15%
Total Diverse Vendor Component Percentage			30%

- The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation.

## Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Hagerty Consulting, Inc. for disaster recovery consulting services** at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.