FINANCE COMMITTEE AGENDA

Date: July 16, 2025
Time: 11:30 A.M.
Location: 50 Water Street, 17th Floor,
Boardroom – In Person

I. Call to Order *Freda Wang*
Adoption of the April 8, 2025 Minutes

II. Executive Session

III. Action Item: Bond Issuance Financing Approval *Linda Dehart, Tran Thomas, Brenda Schultz*

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.

IV. Action Item: Professional Coding & Billing Services *Marji Karlin, Robert Melican*

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.

VENDEX PENDING:
PhyCARE Holding Group, Inc.

EEO PENDING:
PhyCARE Holding Group, Inc.

V. Action Item: Supplemental Coding Services *Marji Karlin, Lisa Perez*

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.

VENDEX PENDING:
Diskriter, Inc., Eclat Health Solutions, Sutherland Healthcare Solutions

EEO APPROVED:
Eclat Health Solutions

EEO PENDING:
Diskriter, Inc., Sutherland Healthcare Solutions

VI. Action Item: Autonomous Coding Services *Marji Karlin, Lisa Perez*

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.

VENDEX PENDING:
Nym Health Inc.

EEO PENDING:
Nym Health Inc.

VII. Action Item: Disaster Discovery Consulting Services *Michline Farag, Mahendranath Indar*

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.

VENDEX APPROVED:
Hagerty Consulting, Inc.

EEO PENDING:
Hagerty Consulting, Inc.

VIII. Financial Update *John Ulberg*

IX. Old Business Freda Wang

X. New Business

XI. Adjournment

Finance Committee MEETING – April 8, 2025

As Reported By: Freda Wang

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

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals

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

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

Executive Session

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

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

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

ACTION ITEM: Medical Necessity Denial Services
Ms. Marji Karlin – Chief Revenue Officer – Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

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

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

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

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

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

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

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

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

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

ACTION ITEM: Managed Temporary Staffing Services
Ms. Yvette Villanueva - Senior Vice President – Human Resources, read the resolution into the record and proceeded with the presented:

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

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

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

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

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

The System is also currently pursuing close-out of FEMA emergency dollars associated with agency staffing for the pandemic and other emergencies. Changing the vendor at this stage could seriously jeopardize the System’s close-out and reimbursement dollars in the upcoming years. In addition, onboarding a new vendor would present a major disruption to System-wide operations and established processes as well as technology integrations.

Patient care could also be significantly impacted by changing our staffing vendor if our ability to obtain temps to fill vacancies or orientation time are disrupted and curtailed. A new vendor would require costly, disruptive and non-practicable actions. -

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

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

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

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

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

Ms. Wang polled the committee for questions.

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

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

FINANCIAL UPDATE

Ms. DeHart opened the presentation with the FY-2025 Quarter 2 Highlights. She conveyed that February closed with $497M (17 days cash-on-hand). The budget overperformed by 1% and closed Q2 with a positive Net Budget Variance of $133.6M.
Ms. DeHart continued that direct patient care receipts came in $570.4M higher than the same period in FY-24 due to continued increases in IP and OP services in FY-25 (OP visits up 4.2% and IP discharges up 1.4% from FY-24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.
IP Patient care volume in FY-25 has surpassed FY-20 pre-COVID levels with IP discharges up by 3.3%, and OP visits up by 15.4%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Our strategic financial initiatives generated over $502M against the FY-25 target of $1.2B through Q2. Several areas of strong Q2 performance were noted.

Ms. DeHart continued presenting the cash projections for FY-25. The System is estimated to close March with approximately $500 million (17 days cash-on-hand) and expects to close April with approximately $550 million (19 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

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

Ms. Philogene provided the FY-25 thru December performance drivers updates. Cash receipts are 6% ahead of budget. Much of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM and PY reconciliations and the timing of outstanding payments due to Change Healthcare interruption. FY-25 thru December, cash disbursements are over budget by 3% primarily resulting from staffing and timing of payments for other discretionary spending.

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

Dr. Katz noted that these are really powerful clinical outcomes especially given H+H’s year to year decreases. Now for several years we have seen year to year increases in volumes, and especially that visits are up by 4.8%. That is huge for the System. Ms. Wang added including our testing.
Mr. Pagán inquired regarding primary care, how much of that is new versus current patients.

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

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

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

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

Ms. Meagher continued the presentation stating that access remains a critical issue for VBP Performance. For the last several years, NYC H+H has led on quality performance in the MetroPlus and Healthfirst networks. We scored at the 90th percentile for 2/3 of the measures in MetroPlus' 2023 Quality program and held top ranking across network hospitals in the Healthfirst 2023 Quality Program, also outperforming prior year performance. One major area for continued improved for H+H is Access to care. NYS DOH recently released its 2023 Quality Performance Results for Health Plans. On access metrics, MetroPlus and Healthfirst Medicaid plans continue to struggle. Specifically, H+H patient's perception of access to care. NYC H+H is a major contributor as H+H provides a significant portion of MetroPlus's provider network. In addition, Healthfirst's data shows that while H+H was a top overall performer in Healthfirst's 2023 Quality Program, H+H only earned 2 of 5 stars for “Ease of Scheduling Appointments” and 1 of 5 stars for “Wait Time”.

Ms. Meagher continued by presenting the opportunities for expanding access. To address these challenges, NYC H+H has been actively at work on the following initiatives: changing schedule templates this past fall to accommodate 20-minute outpatient visits slots to create more capacity for patients seeking appointments. Completed new patient appointments show a 22% increase in Fall 2024 compared to Fall 2023. H+H piloted with two doctors in December to offer additional sessions to exclusively offer telehealth appointments for existing MetroPlus patients; both filled 100% of their appointment slots with an 81% visit completion rate. NYC H+H will be expanding this initiative with additional doctors in February.
Ms. McLeod provided an overview of the HERRC program and a financial update. NYC Health + Hospitals currently oversees 4 NYC Health + Hospitals HERRC sites serving approximately 8,000 daily guests. At the 24/7 Arrival Center, nearly 180,000 asylum seekers have been served. The System committed $636.6M of HERRC expenses through FY-25 Q1-Q2 on behalf of the City. In the City’s Preliminary plan, NYC Health + Hospitals budget for the HERRC program is $1.5B in FY-24, $1.1B in FY-25, and $0.7B in FY-26. Since July 2024, the asylum seeker census has been declining steadily, largely due to reduced inflow as the result of Federal policy changes, as well as steps the City has taken to help households exit shelter. In the FY-26 Preliminary plan, OMB updated its forecast of the asylum seeker census to reflect these recent trends and the expected continuation of census decline throughout the remainder of FY-25. OMB has provided the System with revenues to cover committed expenses to date through the HERRC MOU with the Mayor’s Office.

INFORMATIONAL ITEM: OVERVIEW OF JANUARY 26 FINANCIAL PLAN

Mr. Cassidy provided an overview of the five-year financial plan, which is done in conjunction with the City of New York and counts as the basis of H+H’s submission to the Public Authority Accountability Board. The plan projects the System have a positive operating margin of $111M in FY-25, an improvement of $48M from H+H’s most recently released cash plan. This performance is due to revenue and expense re-estimates as part of the updated forecast as well as the anticipated receipt of prior-year reimbursements, including Risk Pool.

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

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

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

Ms. Wang asked if we included the full UPL Conversion implementation in these projections, so it assumes that happens but has not happened yet. Mr. Cassidy responded that we have historically received these funds and we are assuming the continuation of it. On our next plan, which will be released in May, there will be offsets and we will consider the delay to October as well as the overlap between inpatient and outpatient UPL Conversion revenue and what opportunity may exist for this.

Ms. Wang added that we are good, and also good relative to the November plan as we had restructuring initiatives in there and the outlook was worse than now. Mr. Cassidy clarified that these changes were from the prior year Exec plan from last May 2024 plan, not the November plan.
Ms. Wang inquired on behalf of Sally in regards to what is causing the $700M loss in FY-27.

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

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

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

Ms. DeHart agreed that there is some general expectation of cost inflation to be baked in, but to the extent that they are likely to exceed the overall inflation rate, those would be newly reflected as we have them.
Dr. Katz continued by adding that there tends to be more deficits than we are able to deal with since we can better bake in the expense increases than we can bake in the revenue increases. From a projection standpoint, we know the increase for the union workers in two years and we do not know the rates for all different lines of business we have in two years. The revenue tends to be flatter and more conservative as we do not have a basis to assume. When analyzing a budget, the observation often is that in the outyears you have deficits. We often show two years we are good and three years out, we are not.

Ms. Wang added that these projections are better probably than ours.
Ms. Wang asked on behalf of Sally, how much of the increase in direct patient care receipts of $570M was due to inpatient and outpatient services in FY-25.

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

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

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

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

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

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

ADJOURNMENT

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

July 2025

RESOLUTION

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

July 2025

EXECUTIVE SUMMARY
Health System Bonds, 2025 Series Resolution

Background: Using the structure created under the General Resolution, as amended and restated, the proposed resolution, the Health System Bonds, 2025 Series Resolution (the "**2025 Series Resolution**") 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.

Purpose: 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.

Terms as to Initial Sale of 2025 Series Health System Bonds: 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 "**Underwriters**") 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.

Bond Structure: 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.

Ancillary Documents: The following related documents are approved by the Board of Directors per the 2025 Series Resolution, which authorizes the following documents:

(1) **Contract of Purchase**: The Contract of Purchase will contain the terms between the Corporation and the underwriters for the sale of the 2025 Series Bonds.

(2) **Tax Regulatory Agreement**: 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.

(3) **Official Statement**: The Official Statement is the marketing and disclosure document for the Corporation's 2025 Series Bonds.

(4) **Continuing Disclosure Agreement**: The Continuing Disclosure Agreement will contain terms and provisions requiring the Corporation to disclose certain financial and operational information.

(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.

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 A

Adopted July 31, 2025

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ARTICLE V

MISCELLANEOUS

NYC HEALTH+ HOSPITALS

2025 Financing Proposal
Finance Committee Presentation

July 16, 2025

Linda DeHart
Vice President, Finance

Thomas Tran
Senior Director, Debt Finance

Brenda Schultz
Senior AVP, Capital Budget

For Finance Committee Consideration

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.

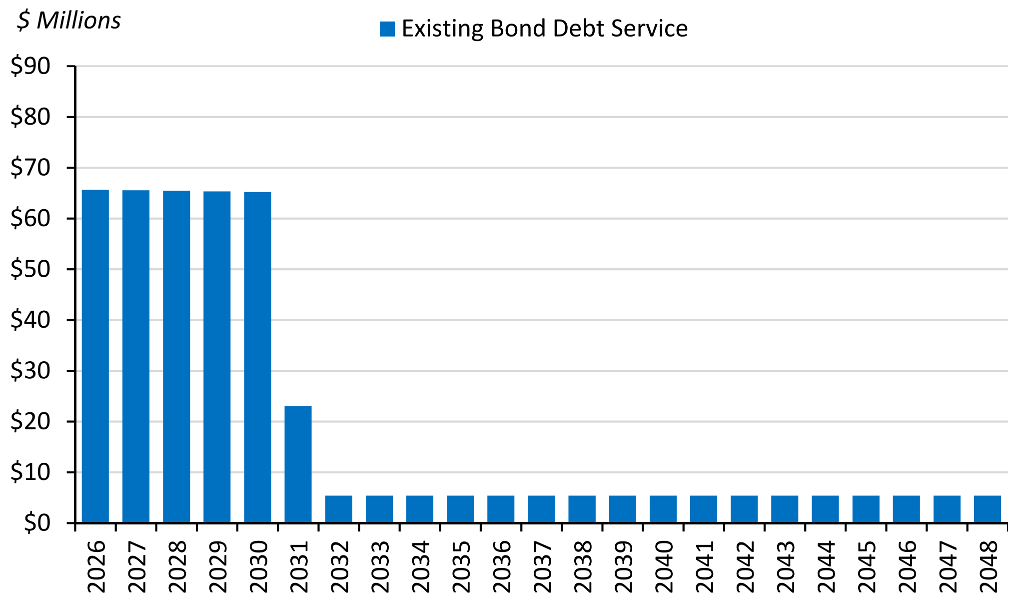
Need for H+H Capital Financing

- 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

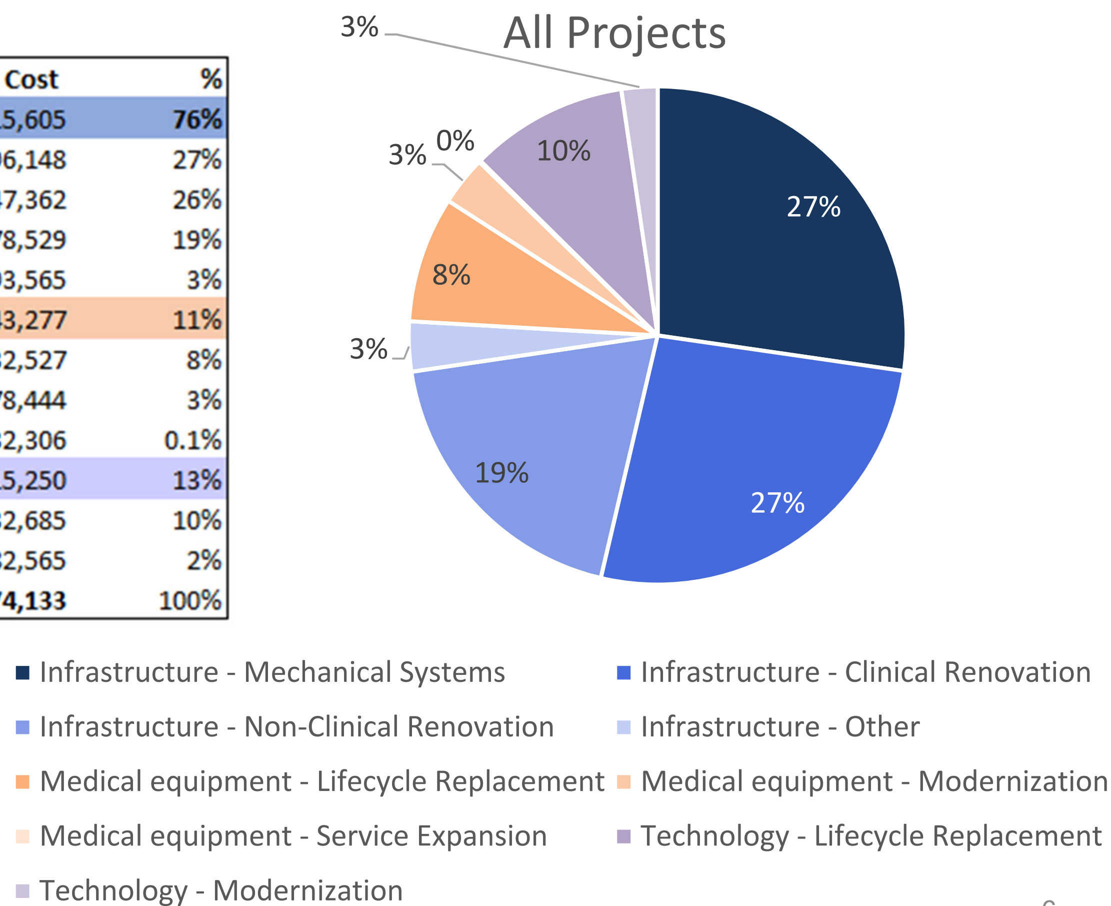
NYC HEALTH+ HOSPITALS

Planned H+H Funded Capital Portfolio

- The System has identified a portfolio of $577 million of priority capital projects for H+H financing.

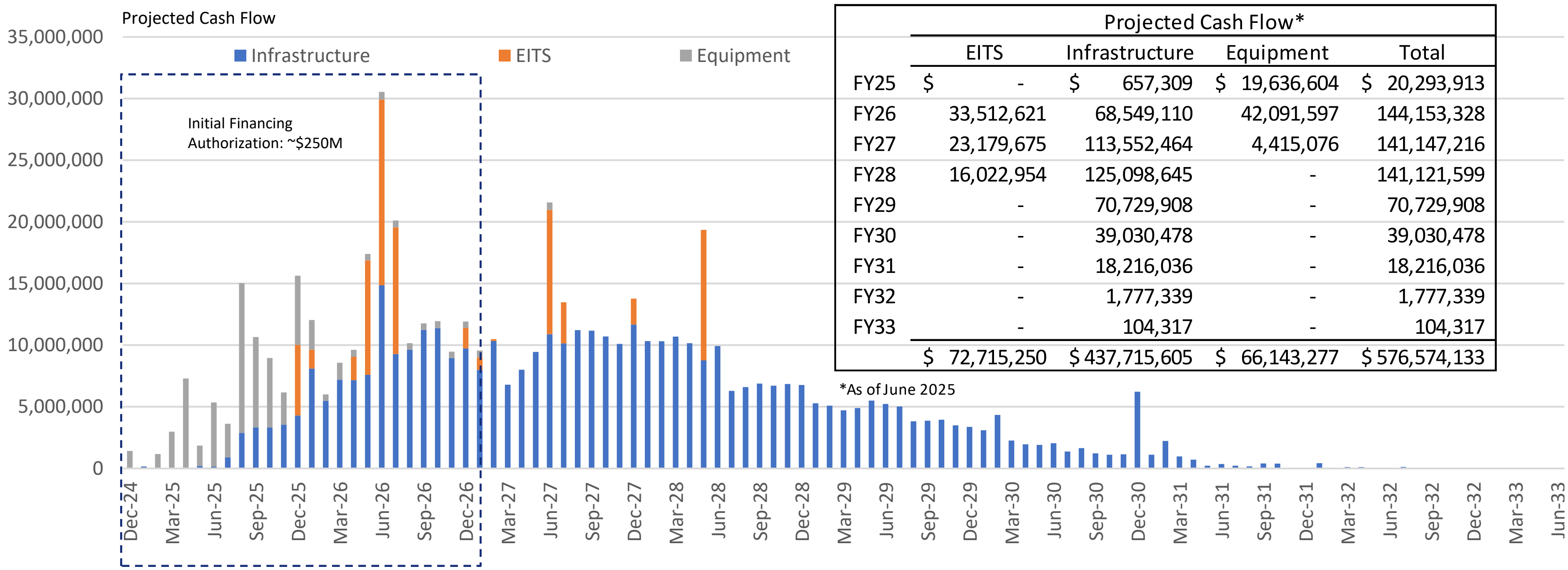
All Projects

Project Type	Project Cost	%
Infrastructure	437,715,605	76%
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%
Medical Equipment	66,143,277	11%
Medical equipment - Lifecycle Replacement	47,132,527	8%
Medical equipment - Modernization	18,378,444	3%
Medical equipment - Service Expansion	632,306	0.1%
Technology	72,715,250	13%
Technology - Lifecycle Replacement	59,232,685	10%
Technology - Modernization	13,482,565	2%
Total	**576,574,133**	100%



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.



Projected Cash Flow*

	EITS	Infrastructure	Equipment	Total
FY25	$ -	$ 657,309	$ 19,636,604	$ 20,293,913
FY26	33,512,621	68,549,110	42,091,597	144,153,328
FY27	23,179,675	113,552,464	4,415,076	141,147,216
FY28	16,022,954	125,098,645	-	141,121,599
FY29	-	70,729,908	-	70,729,908
FY30	-	39,030,478	-	39,030,478
FY31	-	18,216,036	-	18,216,036
FY32	-	1,777,339	-	1,777,339
FY33	-	104,317	-	104,317
	$ 72,715,250	$ 437,715,605	$ 66,143,277	$ 576,574,133

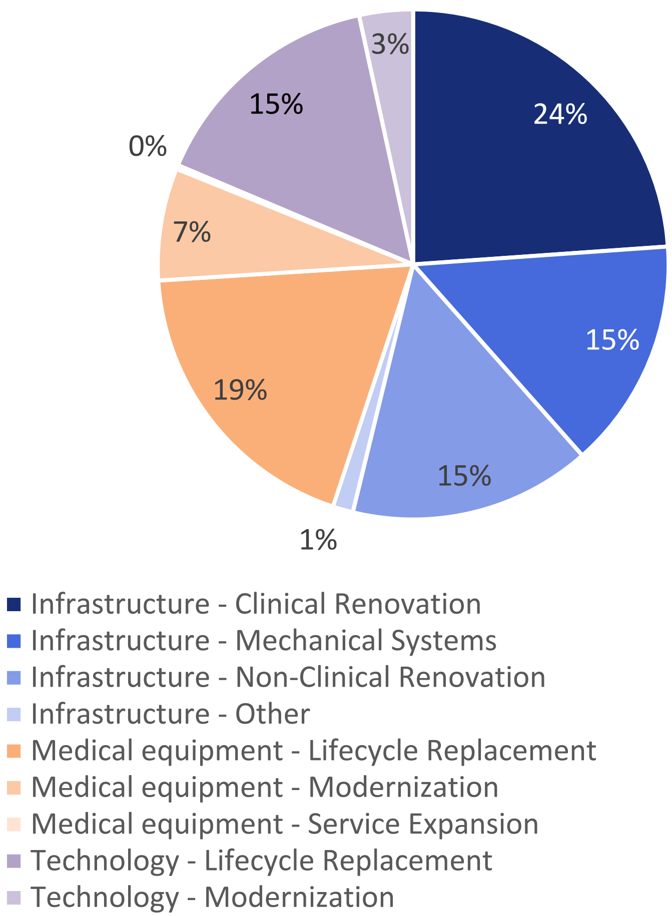
*As of June 2025

Current Financing Authorization

Projected Spending through January 2027

Project Type	Project Cost	%
Infrastructure	137,342,440	55%
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%
Medical Equipment	65,522,823	26%
Medical equipment - Lifecycle Replacement	47,132,527	19%
Medical equipment - Modernization	17,757,989	7%
Medical equipment - Service Expansion	632,306	0%
Technology	46,455,853	19%
Technology - Lifecycle Replacement	37,973,288	15%
Technology - Modernization	8,482,565	3%
Total	**249,321,116**	100%

Projected Spending through Jan 2027



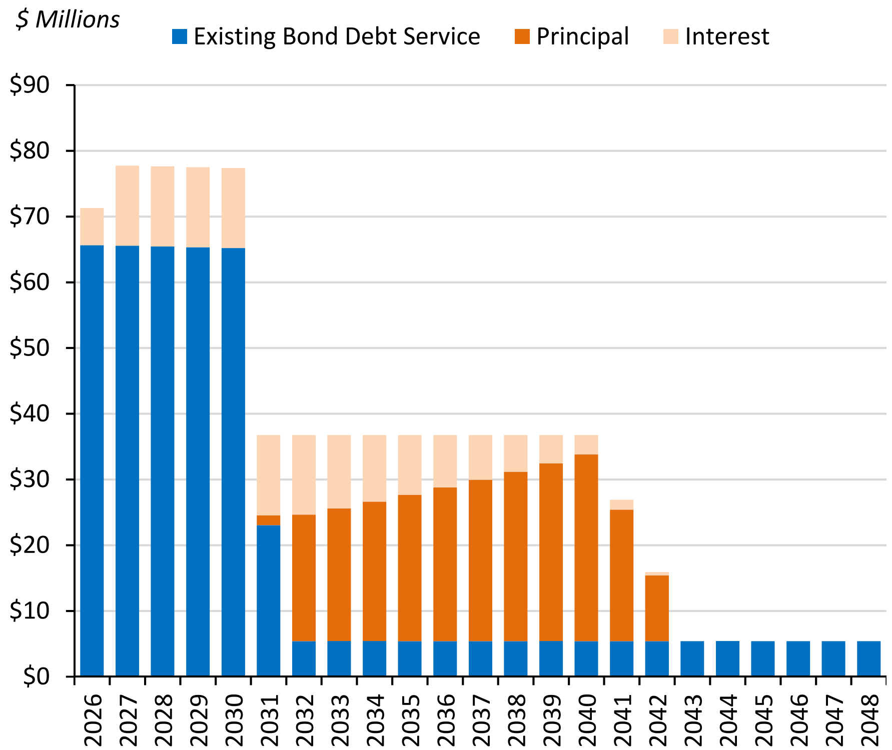
Planned Financing Summary

- 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*			
Assumptions		Financing Statistics ($000s)	
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
Sources ($000s)		Total Debt Service	382,012
Par Amount	243,535	Maximum Annual Debt Service	31,334
Original Issue Premium	17,750	Average Annual Debt Service	23,203
Total Sources	261,285		
Uses ($000s)			
Project Fund	250,000		
Capital Reserve Fund	8,847		
Cost of Issuance	2,437		
Total Uses	261,285		

*Preliminary, subject to change

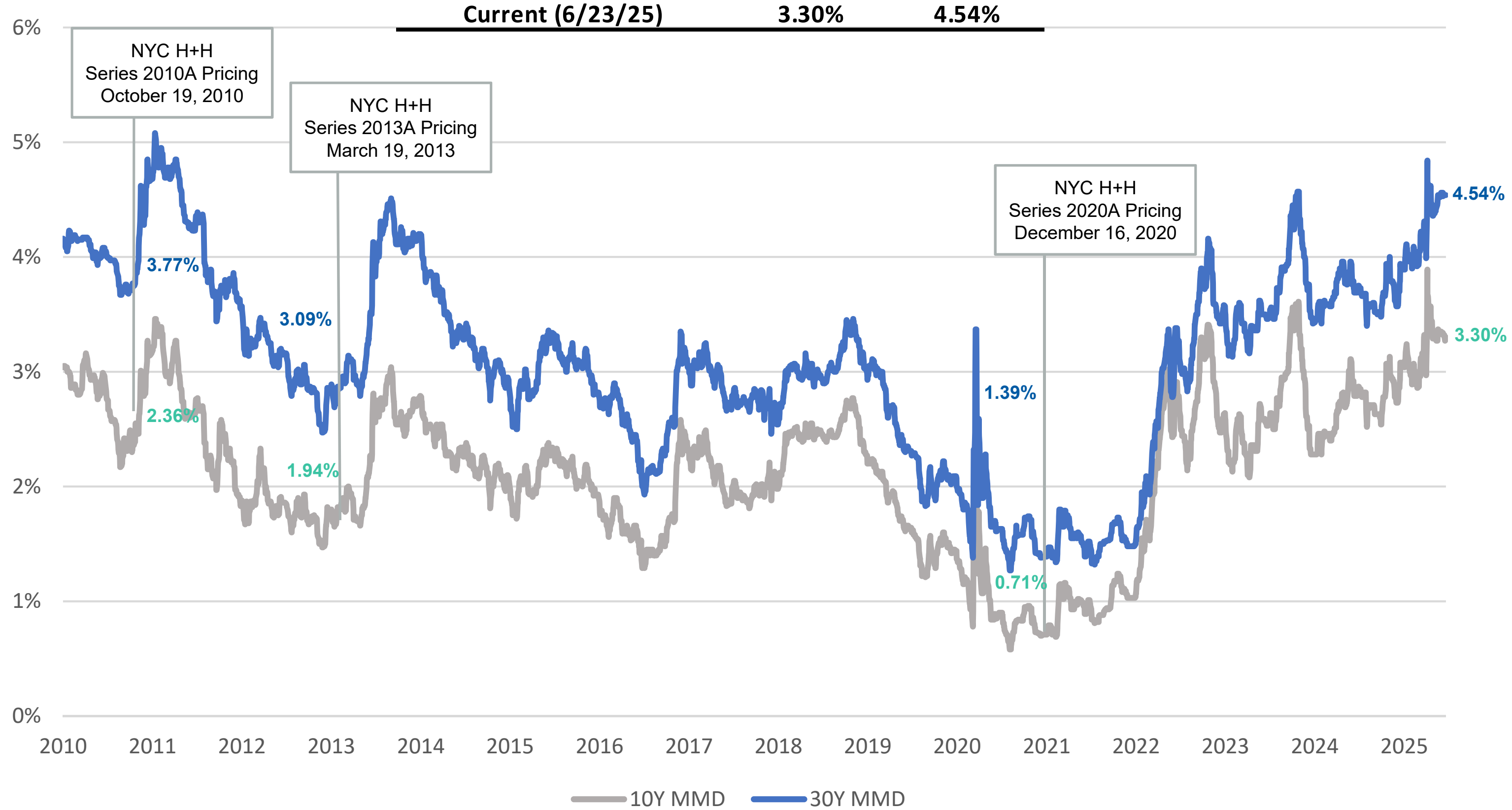


Historical Tax-Exempt Borrowing Rates

MMD Stats Since 2010	10Y	30Y
High	3.89%	5.08%
Low	0.58%	1.27%
Average	2.14%	3.08%
Current (6/23/25)	3.30%	4.54%

10Y and 30Y MMD Rates Since 2010

January 1, 2010 to June 23, 2025



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.

Finance Committee 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

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

____
(Name, Address and Social Security Number or other Identifying Number of Assignee)

____

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

Year	Principal Amount	Interest Rate	Year	Principal Amount	Interest Rate
____	$___________	____%	____	$__________	____%
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____
____	___________	____	____	__________	____

$________________ ___% 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:

Year	Amount	Year	Amount
____	$________	____*	$________
____	________	____	________
____	________	____	________
____	________	____	________
____	________	____	________
____	________	____	________

* 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]

RESOLUTION

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 necessities 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.

NYC HEALTH+ HOSPITALS

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:

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
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.

Finance Committee Meeting
7/16/2025

Marji Karlin, Chief Revenue Officer
Robert Melican, AVP Patient Accounting
Revenue Cycle Services

For Finance Committee 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

Department of Supply Chain	
Vendor Performance Evaluation	
PhyCARE Holdings Group, Inc.	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the 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
Performance and Overall Quality Rating	Excellent

Vendor Diversity

- PhyCARE Holdings Group, Inc. is a Certified NYC WBE firm. The vendor diversity goals are met.

Finance Committee 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

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

NYC HEALTH+ HOSPITALS

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:

Vendor Legal Name	Vendor Responsibility	EEO	MWBE
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

Finance Committee Meeting
7/16/2025

Marji Karlin, Chief Revenue Officer
Lisa Perez, Assistant Vice President
Revenue Cycle Services

For Finance Committee 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

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

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

Vendor Performance

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

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.

Finance Committee Request

- 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

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.

NYC HEALTH+ HOSPITALS

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

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

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
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.

Finance Committee Meeting
July 16, 2025

Marji Karlin, Chief Revenue Officer
Lisa Perez, AVP of Health Information Management
Revenue Cycle Services

For Finance Committee 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.

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 - 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

- 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

- Substantive Criteria
  - 25% - Demonstrated Performance
  - 25% - Clearly Defined Work Protocols
  - 25% - Technology and Reporting
  - 15% - Cost
  - 10% - MWBE

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.

Finance Committee Request

- 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

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.

NYC HEALTH+ HOSPITALS

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:

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
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.

Finance Committee Meeting
July 16, 2025

Michline Farag, Senior Assistant Vice President
Central Finance
Mahendranath Indar, Assistant Vice President
Office of Facilities Development

NYC HEALTH+ HOSPITALS

Finance Committee 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.

Finance Committee 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.

NYC HEALTH + HOSPITALS

NYC Health + Hospitals
Finance Committee Meeting
July 16, 2025

NYC HEALTH+ HOSPITALS

FY25 Quarter 3 Highlights

- The system closed June with $649.9 Million (20 days cash-on-hand).

- Closed YTD April with a **positive Net Budget Variance of $189.7M (1%).**

- Direct Patient Care Receipts (I/P and O/P) came in **$899.2M higher than the same period in FY24 due to** continued increases in IP and OP services in FY25 (OP visits up 3.3% and IP discharges up 1.2% from FY24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.

- FY25 Patient care volume has surpassed FY20 pre-COVID levels with Inpatient discharges up by 2.1%, and Outpatient visits up by 16.7%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base.

- Strategic Financial initiatives generated over $940M against the FY25 target of $1.2B through Q3. Key initiatives with strong performance include:
  - Financial Counseling Enhancements ($186M)
  - Managed Care Negotiations ($220M)
  - Managed Care High Cost Outliers ($103M)

FY25 Cash Projections

- The system is estimated to close July with approximately $600 Million (19 days cash-on-hand).

- The system expects to close August with approximately $500 Million (16 days cash-on-hand).

- We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Managing Risk + Opportunity in Federal Bill (current as of July 8, 2025)

Risks

- Essential Plan (EP) Changes results in loss of coverage or changes in coverage for certain immigrant populations
- Medicaid Work Requirements and Additional Administrative Burdens (e.g. renewals every 6 months, end auto recertifications)
- Enacted State Budget Investments impact to be determined by future State actions
  - H+H currently assessing potential impacts

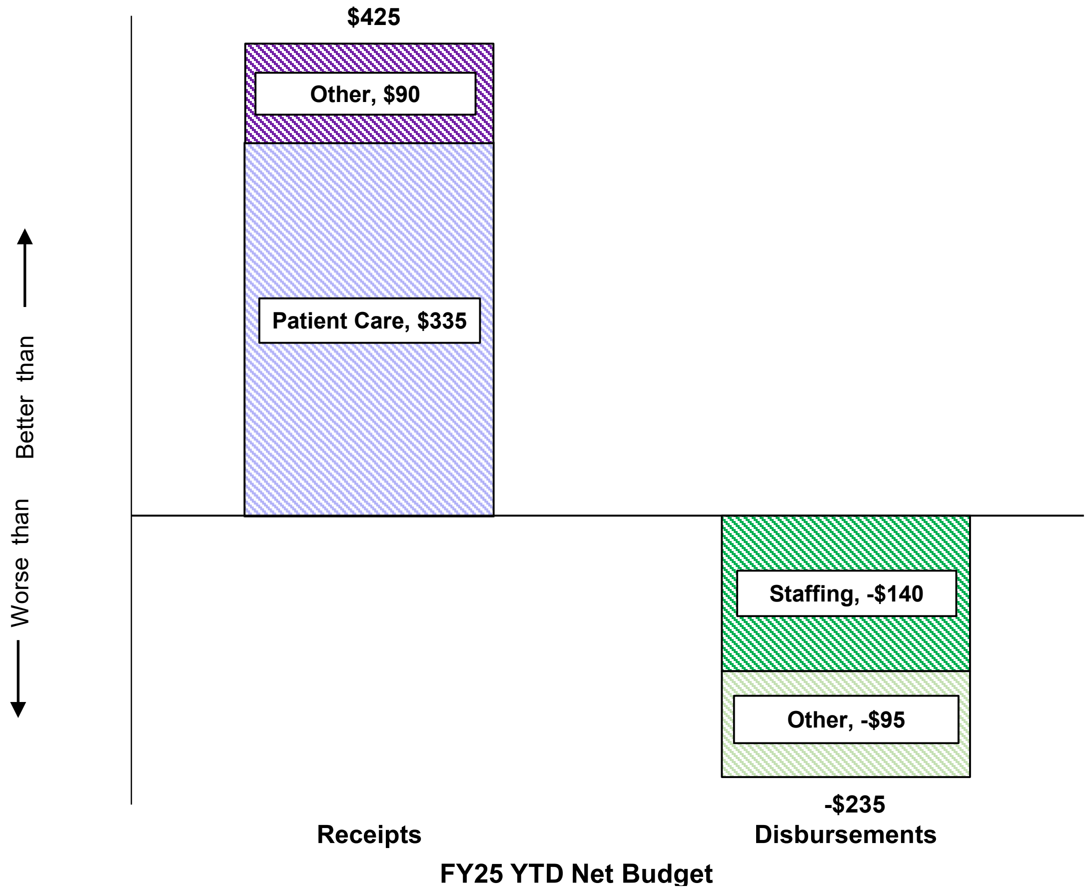
Opportunities

- Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark
  - Initially remains intact via “grandfathering” provision but proposed Senate bill would require 10% annual reductions to a maximum of the Medicare benchmark beginning in 2028

Financial Performance

FY 2025 Apr YTD

FY25 thru Apr
Net Budget Variance



Highlights

Ended April with a net budget variance of $189.7M 1% where

- Receipts exceed budget by $425M Primarily driven by Patient Care and Risk Revenue. Risk is higher due to improved PMPM and other PY reconciliations.
- Disbursements exceed budget by $235M, which includes expenses associated with Medical/surgical supplies, Fixed Assets, Temp coverage, PS/Overtime, and Affiliation costs.

Notes:
1. Test and Trace not included in the Net Budget Variance.

Drivers of Revenue Budget Variance

Cash receipts are 6% ahead of budget. Much of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM and PY reconciliations and the timing of outstanding payments due to the Change Healthcare interruption.

- IP/OP **(+$182.6M) –** FY25 Billing Cash is 4% ahead of budget driven primarily by MetroPlus UPL payment and residual cash from CHC delay.
- Risk Pool Performance and Timing **(+$152.7M)** - ahead of budgeted target by 46% primarily due to CY24 Risk PMPM performance coming in better than planned.
- Other revenue **(+$89.7M) –** FY25 surplus is attributable to collected prior year Medicare and Medicaid appeals for patient care revenue.

Summary Receipts Performance (FY25 YTD APR)	YTD Variance against Budget ($M)
IP/OP Volume, Rates, and Cash Performance	$182.6
Risk Pool	$152.7
Other	$89.7
Grand Total	**$425.0 [+6%]**

Drivers of Expense Budget Variance

Cash disbursements are over budget by 3% primarily from staffing and timing of payments for other discretionary spending

- The System has redirected its attention to full time recruitment & retention of H+H and Affiliate patient care staff in alignment with established staffing models to support our clinal services and overall volume increases. Excess temp spending has reduced and efforts are being made to reduce open payables to non-temp vendors.

- Personnel Services **(-$134.3M)** – Approximately 60% of the variance is driven by FT/PT staffing for non-model areas and volume increases. The remaining variance is driven by OT with associated fringe for non-model staffing and facilities staff (OFD). Roll-out of additional staffing models and processes in both clinical and non-clinical areas, nurse hiring, and updates of newly implemented models are in progress to right size staffing and reduce overtime reliance in those areas.

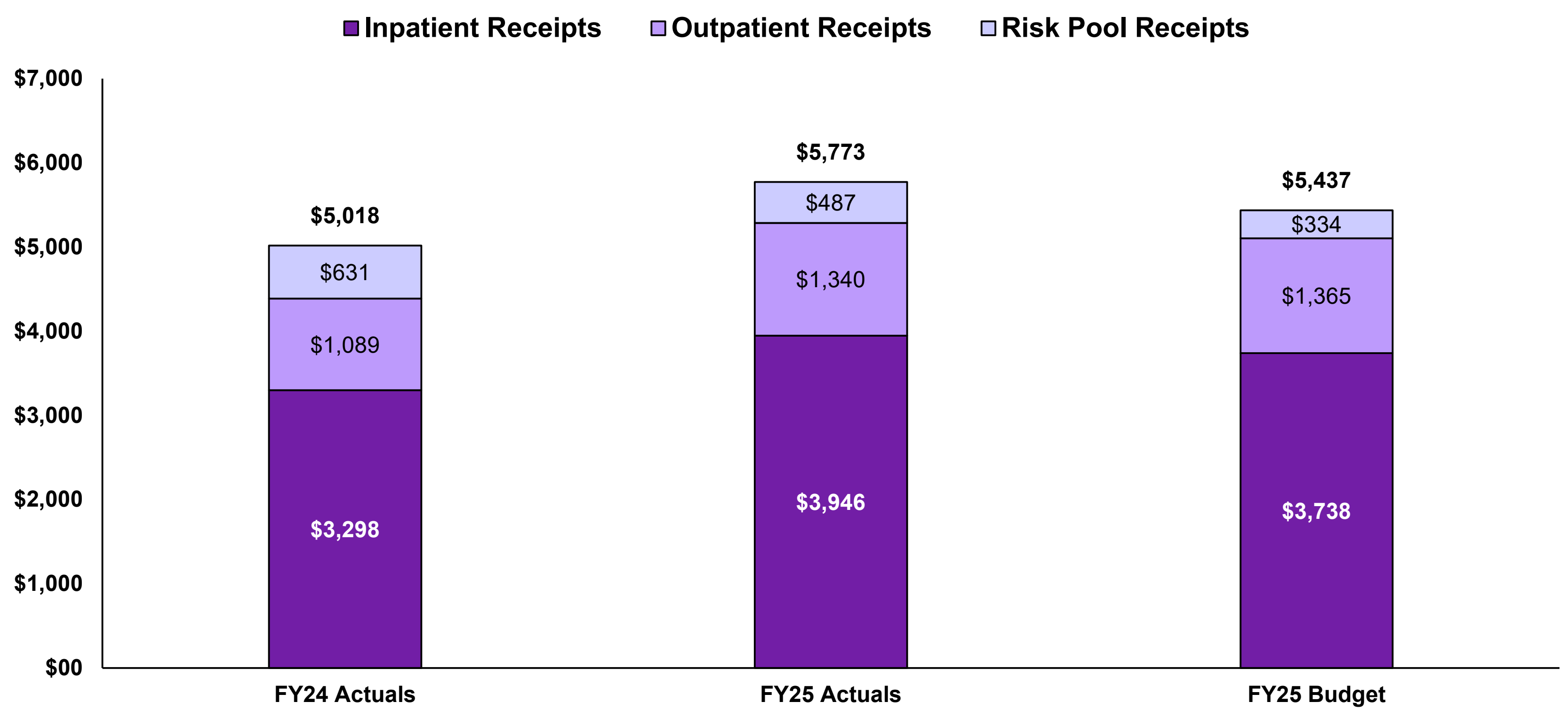
- Temps **(-$27.2M) –** excess temp expenses continue to decrease as outlined in the System's glide path. YoY spending decreased by 51%.

- Other Discretionary spend (**-$68.2M)** – Drivers of cash spend include timing of payments to reduce outstanding balances from prior year and costs associated with aging infrastructure and inflation.

Summary Disbursements Performance (FY25 YTD APR)	YTD Variance against Budget ($M)
Agency Patient Care Temp Staffing Coverage	($27.2)
Affiliations	($5.6)
PS/OT	($134.3)
Other Discretionary Spend	($68.2)
Grand Total	**(-$235.24) [-3%]**

FY25 thru Apr
Revenue Performance

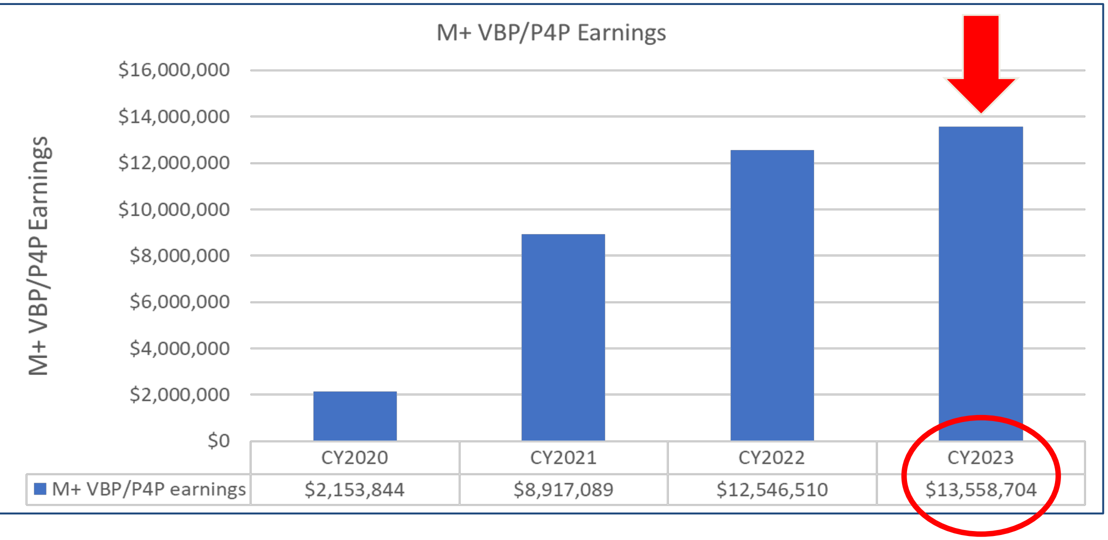
- FY25 direct patient care revenue (I/P & O/P) is $899.2M higher than FY24 actuals. Year over year variances due to continued increases in IP and OP services in FY25.
- Patient revenue increases year over year can be partially attributed to approved State Medicaid increases, and Federal approved Billing UPL, overall increased volume, and cash performance on revenue improvement initiatives, and residual/secondary billing collections from CHC impact.
- Compared to same time last year, discharges are up 1.2%, visits are up 3.3% (excluding testing), and Case Mix Index (CMI) is slightly higher by 4.0%.



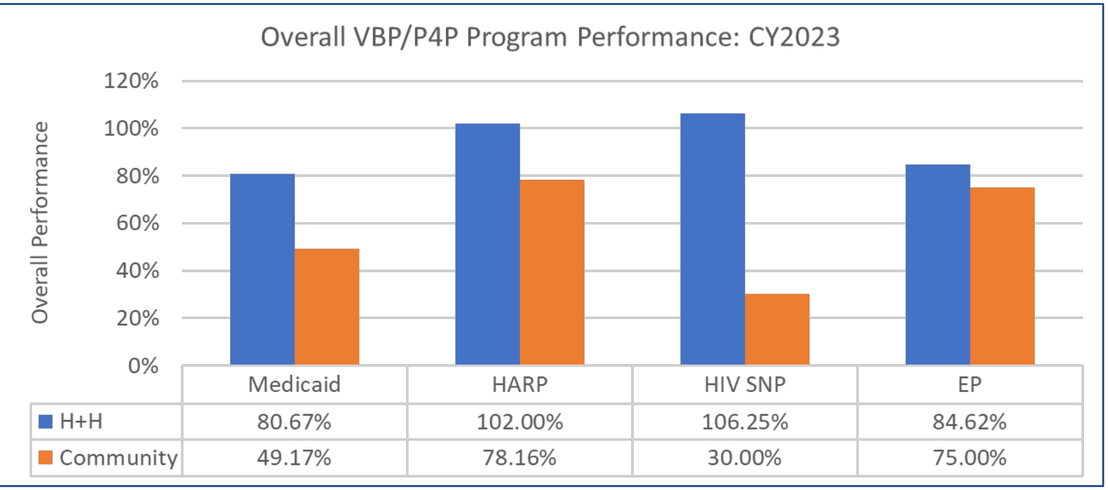
FY25

VBP Update

H+H Performance in 2023 MetroPlus VBP + P4P Programs



- H+H Earns, Best-Ever **$13,558,704**
- Earnings increased while max oppty dropped by $1.38M
- Most measure results for H+H employed PCP attribution achieved the 90th percentile:
  - 60% of Medicaid measures
  - 88% of HIV SNP measures
  - 77% of Essential Plan measures



H+H employed PCPs outperform H+H Community Providers in each Line of Business

H+H Performance Helped MetroPlus Achieve:

- Tied for **#1** ranking in NYS for Medicaid
- Tied for #2 ranking in NYS for Essential Plan

Note. MCO rankings are projected. Earnings are based on combined H+H & Community attribution. Measures reaching 90th percentile only include measures in the VBP/EP program

CY2024 Healthfirst VBP Quality Program Results

Average Facility Improvement by Measure (CY24 vs CY23)

Measure	Avg Impr Medicaid*	Avg Impr Medicare*
Breast Cancer Screen	1.40%	0.5%
Cervical Cancer Screen	1.90%	NA
Chlamydia Screen	-1.90%	NA
Colorectal Canc Screen	2.30%	0.7%
HbA1c Ctrl	3.70%	0.1%
Controlling BP	-3.40%	-2.5%
Followup ED Sub Abuse	-2.20%	NA
Followup ED MH	-9%	NA
Init/Eng SA Tx	3.70%	NA
Depr Screening	2%	NA
Well Visits 30M	2%	NA
Well Child Visits	3%	NA
COA Med Review	NA	0.2%
Med Rec Post Discharge	NA	3.4%
CHOL Med Adherence	NA	1.2%
HTN Med Adherence	NA	1.6%
DIAB Med Adherence	NA	0.9%
Follw-up ED Multiple Conds	NA	11.2%

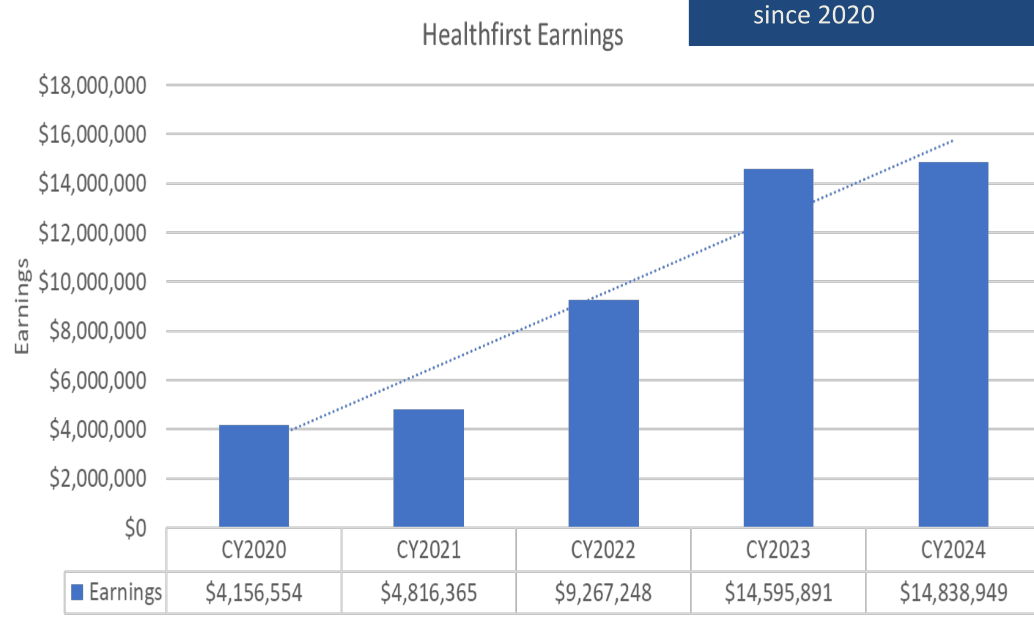
- Almost all measures improved over 2023

Ranking in Healthfirst Network

H+H Facilities in Top 10 of Healthfirst's Network for Overall Quality Rating			
Medicaid		Medicare	
Rank	H+H Facility	Rank	H+H Facility
2	ELMHURST	1	MORRISANIA
5	QUEENS	2	WOODHULL
6	WOODHULL	6	BELVIS
7	KINGS COUNTY	7	GOUVERNEUR
8	METROPOLITAN	10	METROPOLITAN
9	BELVIS		
10	JACOBI		

- 7 of the top 10 Performers in Healthfirst's network for Medicaid were H+H facilities
- 5 of the top 10 Performers in Healthfirst's network for Medicare were H+H facilities

- Highest earnings to date (increased earnings by 251% since 2020



FY26 Budget Development

FY26 Budget Planning Strategy – Phase III

- Raising the bar in Managed Care and Revenue Cycle
- Amb/Care OP Growth
  - Provider template optimization and standardization
  - New patient access innovation
  - E-consult relaunch
  - Primary care staffing model
- Business plans and new cross-facility partnerships
  - Enterprise radiology
  - OR efficiency and expansion
  - Oncology services, therapies and treatment (cost/revenue potential)
- Physician Workforce Plan budgeting and recruitment investments/Continue locum reduction glidepath
- Managing increasing demand
  - Length of stay reduction investments
  - Overtime management
  - Infrastructure investments

City Initiatives:

Humanitarian Emergency Response and Relief Centers (HERRC)

HERRC Financial Overview

- H+H currently oversees 1 H+H HERRC site serving ~3,000 daily guests.
- Over 155K asylum seekers have been served at the 24/7 Arrival Center operated by H+H.
- H+H committed $859.6M of HERRC expenses through FY25 Q1-Q3 on behalf of the City.
- The City has allocated the following to H+H HERRC in the City FY26 Adopt Plan:

Fiscal Year	FY25	FY26
Total	$960.2M	$76.4M

- From January through March 2025, the asylum seeker census declined at a faster pace than projected in the January Plan, allowing the City to accelerate non-DHS shelter closures.
  - In the FY26 Adopt Plan, OMB updated its forecast of the asylum seeker census to reflect recent trends.
- OMB has provided H+H with revenue to cover committed expenses to date through the HERRC MOU with the Mayor's Office.