

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
AND INFORMATION TECHNOLOGY COMMITTEE**

Date: July 16th, 2025
Time: 9:00 AM
Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – May 5th, 2025

DR. CALAMIA

EXECUTIVE SESSION

DR. CALAMIA

ACTION ITEMS:

MS. FORD

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

DR. YANG

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

DR. YANG

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

MS. FORD

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

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

MS. LIPYANSKAYA

METROPLUS HEALTH PLAN (written submission only)

DR. SCHWARTZ

CHIEF INFORMATION OFFICER REPORT (written submission only)

DR. MENDEZ

CHIEF NURSE EXECUTIVE REPORT (written submission only)

DR. CINEAS

CLINICAL SERVICES OPERATIONS REPORT (written submission only)

MS. FORD

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**Medical and Professional Affairs / Information Technology Committee-
May 5th, 2025**

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Theodore Long, Erin Kelly -
join at 9:09 a.m., , Dr. Vincent Calamia Chairman of the committee.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:01AM. Adoption of the minutes of the November 4th, 2024 Medical and Professional Affairs/Information Technology Committee were on hold.

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

Therefore, Sally Hernandez-Piñero has request that Suzanne Miles-Gustave - represented by Erin Kelly be counted for the purposes of quorum and voting on his behalf. That request was approved.

Also, noted for the record Dr. Theodore Long will be representing Dr. Mitchell Katz in a voting capacity.

Action Item

Kenra Ford, Sr. Vice President of Clinical Services Operation and Arthur Cooper, MD, Chief of Pediatric surgery Harlem Hospital, presented to the committee, the resolution for American College of Surgeons on Trauma Verification Process for Trauma Centers.

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

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

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

Dr. Cooper provided detail on the Harlem level II Pediatric Trauma Center. A map was present to show the System has six trauma centers, 2 are identified as adults as well as pediatric trauma centers, Harlem is seeking pediatric

level II as well. There is a vigorous process that needs to be met; the last review was in 2022. The upcoming survey is to verify level II Pediatric trauma center for the Harlem community.

New York State Department of Health accepts the American College of Surgeons verification process for a hospital to become a designated trauma center. This Optimal Resources is coded by reference" in the NYS 408 health code regulations, and are now accepted by the State. New York State hospitals are not recognized as trauma centers unless verified by the State, which is the reason for this presentation today. There has been a subtle rule change requiring the exact level of verification to be approved by the Governing Board - NYC HHC Board of Directors.

Research and scholarly activities are required only for level I Trauma centers. All trauma centers must participate in a public professional education and train the next generation of residents, EM, surgery and subspecialties and others. All hospitals are required to participate in Trauma performance improvement (PIP) and patient safety must be independent, but report to hospital PI program.

There are a couple of special things that trauma centers need to do and the intense resources that is needed to be in place; The OR has to be available within 15 minutes and have the ability to open up a second room if necessary, the blood bank has to have products immediately, the radiology department, has to have an MRI ready within 2 hours, and interventional in 1 hour. Other special clinical equipment is required for the trauma registry and provides the outcome of each patient.

Hearing no questions, the resolution were duly seconded, and unanimously adopted by the Committee for consideration by the full Board. Upon motion duly made and seconded the minutes of the M&PA / Information Technology Committee meeting held on November 4, 2024 was unanimously adopted.

CLINICAL SERVICES OPERATION REPORT

Kenra Ford, Sr. Vice President of Clinical Services Operation, and Steven Pulitzer, MD, Chief Enterprise Radiology Services, highlighted the following:

Dr. Pulitzer introduced the Enterprise Radiology program, a uniformed system has been created to streamline the process. The first phase was to assure 24/7 hours coverage. The second phase was to establish productivity. The efficiency was to be achieved with the 24-hour coverage. Which has been to move it into tour 2, making each member more productive and work efficiently. In phase 3 more patients were able to be seen. A Daily Metric Dashboard was created to identify where the delays were in the System. Serving the community more efficient is key, over the last ten years with systems that have been put in place, patient outreach, patient navigation, improvement in equipment, and expanding access to patients, the patient is coming in sooner and ending up with good outcome in their results and a better plan of care.

Questions raised by the Board: how far along are we in the progress? Dr. Pulitzer response; in phase 1 we got everyone on one platform and utilized the EITS platform that goes across the System. With that more complete and uniform coverage can be provided. The volume increases in the ED and stat inpatient by about 10%-year end, we were able to meet that volume and add about 4% to the budget. Going forward with the single platform, we are going to staff to volume across the System. We can do this remotely in the afterhours. It is anticipating a decrease in size to the department if we are working together across the System. We have seen success in phase 1 and now are working on phase 2, and is becoming more efficient during the day.

Questions raised by the Board: what does the picture look like at the end point? Dr. Pulitzer response; we have longer access times at the acute sites and when we have open time at the outpatient sites. The goal is to take the patient that are truly outpatient and put them in the proper location and truly get the outpatient experience. This will open up space at the acute site for patient that need certain procedures in 30 days. This allows us to read all the cases on the same platform. The radiologist can sit in one place and read cases at multiple sites. This will get patients seen quicker and get their studies read faster with higher efficiency.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Natalia Cineas, DNP, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights.

A special Fireside Chat was held on October 16th from 11 AM - 12 PM, which was focused on the ancillary staff. The topic of this event was **Career Ladder for Ancillary Staff** - a special program providing pathway for them to become registered nurses.

The sixteenth iteration of our Fireside Chat was held on March 13th, 2025, where **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, had an intimate chat about the important topics within the nursing system. The event had over 374 attendees and the topic were **Medication Administration**. The third annual virtual celebration for **Respiratory Care Week** was held October 21st with over 71 people in attendance, the theme was JourneyTOGETHER. ImpactFOREVER. The keynote speaker was Ricardo Lopez, MD, FACP, FCCP, Director, Division of Pulmonary Medicine and Critical Care, and Director of Medical Intensive Care. The 5-Year Strategic Planning Retreat was a multi-day retreat from November 21-22, December 2, and January 13, 2025. The keynote speaker for the event was Marc A. Bertrand, MSA, M.Ed.

The nursing Strategic planning retreat was head with about 160 people in attendance. Dr's. Machelles Allen, Omar Fattal, and Eric Wei were part of the panel.

The Nursing Excellence Awards ceremony, held at the Central Office on December 17th, honored 35 nurse professionals from across the health system; 25 nurses were recognized for Excellence in Clinical Nursing, and five nurses were recognized systemwide for their efforts in leadership, volunteering, education, and mentorship, home or ambulatory care, and technology and innovation. Five nurses received the DAISY Award for Nurses advancing Health

Equity. Other awards handed out at the special ceremony included the fifth annual Structural Empowerment Award, presented to the nursing leadership and staff at NYC Health + Hospitals/Queens. The fifth annual Josephine Bolus Nursing Champion Award, a prestigious designation bestowed upon supporters of nurses and the nursing profession was given to Sharon H. Pappas, PhD, RN, NEA-BC, FAAN. The first Josephine Bolus Shining Light Award recognized five-units that embody the values of compassion, dedication, and excellence in the nursing profession. The awards were presented by Michael H. Bolus, son of the late Ms. Bolus, to both Dr. Pappas and the five units.

Metropolitan received the Gold Beacon Award for their Adult ICU on January 30, 2025. Celebration was held to honor Metropolitan Hospital on March 11th, 2025 with over 100 people in attendance. Julian John, CEO of Metropolitan gave the welcome remarks.

The 2025 Virtual Systemwide Certified Nurses Day celebration was held on March 17, 2025, with over 255 attendees, Dr. Jennifer Graebe was the keynote speaker. As a result, here are over one thousand and six hundred certified nurses, with hundreds more studying for their certification.

The third and final Fall & Injury Summit was held on March 24th, 2025 with over 100 participants from the 11 acute care hospitals. In this summit, the Behavioral Health Fall Prevention Bundle was introduced. The Behavioral Health (BH) specific Fall Risk Assessment Tool was also introduced on this summit. Queens received last April 4, 2025 recognition from the Academy of Medical-Surgical Nurses (AMSNA) PRISM Award - 4BE unit. **NYC H+H/Queens** proudly joined the other 105 units in the country and three hospitals in New York State to receive this prestigious award. Queens also received the AORN award.

The nursing fellowship programs; Emergency Department (ED) - 389 nurse fellows completed their six-month fellowship program. 179 fellows enrolled in Phase 1. Intensive Care Unit (ICU) - 67 nurse fellows completed their six-month fellowship program; 73 fellows enrolled in Phase 1; peri-Operative - 17 nurse fellows completed their six-month fellowship program. 41 fellows enrolled in Phase 1.

Question on the nursing strategic planning retreat, does it get deep into staffing needs for the next five years when it comes to nursing? Dr. Cineas response; we were blown away with the number of attendees. The previous five years strategic planning retreat were and all goals were completed in spite of COVID. What is done now, on a quarterly basis we review to see are we on track.

CHIEF INFORMATION OFFICER REPORT

Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer, provided the following highlights.

Dr. Mendez presents the updates for EITS which begins with introduction of her team that includes Chief Health and Medical Informatics Officer Dr. Michael Bouton, AVP Apoorva Karia who manages EITS Finance & contracts,

Chief Technology Officer Jeff Lutz, and Chief Information Security Officer Soma Bhaduri. Dr. Mendez also introduces Divya Pathak who was recently named Vice President and Chief Data and AI Officer whose team became a part of EITS in December 2024. Since joining the DnA team in 2023, Dr. Mendez mentions that Ms. Pathak conducted a review and assessment of the DNA program which resulted in a new operating model that includes DNA champions in each facility and the formation of the new Artificial Intelligence Service line. Dr. Mendez also mentions the new policy management system will be an enterprise wide solution, which is managed by Andrew Vegoda's team.

Dr. Bouton then highlights the achievement of Epic's honor roll status for the third year in a row. He states that only about 18% of EPIC customers achieve this in any given year, and having achieved these three times, is a real achievement. The achievement is a result of teamwork and partnership from various groups within the System including but not limited to EITS, Ambulatory Care and partnership with the Peri-operative group. Dr. Bouton also reported the team is preparing for a new EPIC upgrade, ensuring they stay up to date with new platform innovations. He also mentions the EPIC Care Companion is being implemented to ensure appropriate education for patients. The patient portal, MyChart, is being leveraged for messages, reminders, and appointment management and the integration of infusion pumps into EPIC will save time for documentation.

Dr. Mendez briefly discusses plans to transition from PeopleSoft HR to the new payroll system Oracle Cloud. The first phase will focus on payroll and the schedule system within 18 to 24 months, with a multi-year project timeline.

Dr. Mendez continues with the presentation by discussing a strategic initiative started in summer 2024 aims to reduce printing costs across the System. The UnPrint initiative includes awareness campaigns, collaboration with service lines, and focusing on high print areas. The initiative began with understanding people's awareness and putting a new website in place. The goal is to focus on high print areas, starting with administrative offices and moving to HR and HIM offices. The total volume of black and white and color printing has shown a steady decline with detailed percentages shown in graphs as part of the presentation. The initiative will be reported in the strategic committee of the board, providing ongoing updates from each quarter.

Dr. Mendez reports on the status of ServiceNow Virtual Agent, which is being leveraged to handle Enterprise Support Services, reducing the need for live agents. The bot chat has increased, while agent chat has decreased, indicating the success of the virtual agent. The virtual agent helps with easier solutions, reducing the volume of more complex issues. She also discussed that user satisfaction is monitored through surveys, with consistent high ratings for the support desk.

Dr. Mendez concluded her report by highlighting recognition and achievements of member of the EITS team. The EITS radiology support team and Archit

Trivedi from DnA received nominations for NYC Health + Hospitals' 2024 Amazing Employee of the Year and Daniel Mackall was awarded the 2025 OTI Hayes Award. She also highlights the first coat drive for facilities was initiated with Patricia Ruiz and her team leading the effort.

The Committee complimented the Team on achieving the EPIC honor roll for three years in a row.

METROPLUS HEALTH PLAN, INC.

On behalf of Talya Schwartz, CEO of MetroPlus, Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan, provided the following highlights.

Membership

MPH Membership Trend(12M) and Market Share: As of March 31, 2025, MetroPlus had 691,848 members across its plan offerings, representing growth of over 154,000 (28.6%) since January 2020, for annual growth of 1.5 % since April 31st, Medicaid and EP market share remained stable since the unwind. Largest membership percentage growth among H+H facilities was observed in Harlem hospital.

Regulatory Update

Single Fiscal Intermediary: New York State has adopted a single intermediary called Public Partnerships LLC (PPL) for the CDPAP services, as of April 1st 2025. However, due to a Court Order, Members now have until May 15 and Personal Assistants (PAs) until June 8 to complete their registration with PPL.

Quality Performance

Essential Plan - Tier 1: MetroPlus Health's Essential Plan (EP) has over 150,000 members. It is the second largest plan to Medicaid. There are 5 aspects to the Essential Plan, EP 1 through 5. Since 2021 the State introduced a Quality Incentive Award recognizing the rise in membership across the state. From measurement year 2021 The State retrospectively reviewed plans performances. There were 5 scoring tiers, 1 through 5, MetroPlus rate in the middle in Tier 3. Performance improvement strategies were introduced for measurement year 2022, the second tier was achieved, it was announced on March 27th, 2025 by NYSDOH for measurement 2023, MetroPlus is now at Tier 1.

The Quality Measures assessed by NYS align closely with the quality standards monitored by H+H, other health systems and community providers. The QM team has strong working relationship with Quality at H+H Central Office, and key quality contacts at H+H sites and community providers. Although the Plan's Quality scores substantially improved year over year, our Tier 1 ranking was also based on improved Member Satisfaction results, a particular area of focus for the Plan and H+H. Not only is there a huge clinical and reputational impact but this performance is associated with a significant monetary award.

Breast Cancer screening importance; MetroPlus worked closely with H+H radiologist to improve outcomes in breast cancer screening. It is a measure

that has been selected by NYS, along with cervical and colon rectal screening. This is due to many people falling behind in their cancer screenings. Additionally, the NYS DOH Office of Quality instituted a two-year performance improvement project (PIP) for 2024-2025 to improve cancer screening, including Breast Cancer Screening, among Medicaid Managed Care Plans, and HIV Special Needs Plans.

Breast Cancer Screening/Meaningful Improvement

Measurement Year (MY) 2022: MetroPlus achieved the 90th percentile in Medicaid and HIV SNP in the BCS measure, however Essential Plan was below the 50th percentile. Measurement Year 2023: MetroPlus is projecting to maintain the 90th percentile in Medicaid and HIVSNP and surpass the 50th percentile for Essential Plan. Measurement Year 2024: MetroPlus is, on average, 5% higher year-over-year (YOY) with claims through August

Collaboration with H+H Office of Women's Health to identify system-wide and site-based screening barriers and jointly investigate/resolve. Through this forum, identified the need for patient outreach to assist 2 facilities in scheduling mammograms. As a result, these sites are now 11.67 and 5.82 percentage points higher YOY, respectively. Harlem is one the sites, increasing their breast cancer screening to almost 12% and the other site is East New York achieving incremental improvement.

Salesforce Marketing Cloud: In 2024, MetroPlus Health began embarking on a transformative journey to modernize our marketing strategy through Salesforce Marketing Cloud. This digital shift is intended to streamline operations, improve efficiency, and deliver superior results, all while enhancing member engagement and satisfaction. It is cost efficient saving MetroPlus 1.3 million annually, but not compromising on quality. It expands more channels for communication with the members.

Board member raised a concern: On the breast cancer screening in many sites with the differences is interesting. It is a lot of variation data across the system. Trying to do something in a clinic where rates are low is concerning. Dr. Shah response; we understand the local issues, you know where the radiologist is, and people can get to it on the day of the visit. We also made sure that sites that were not doing well got the extra assist in terms of outreach calls, and focused the efforts on messaging the members. The feed back from the members are very helpful.

Board member raised a question: When the data is reviewed for the Essential Plan Tier 1, they look at 2023 and they tell you now? Dr. Shah response; yes, it is extremely delayed, for measurement for 2024, which they are in the mist of reporting now. You have to make sure all the claims data from December come in, then the State wants to make sure any additional registry data, city immunization registry is in corporate and data from electronic health systems that are not link to epic are included. The data from Health Fix and Bronx Rio data is submitted right now. The State then takes 3 to 4 months to immaculate all plans. The CAPS Essential Plan for 2024 is taking place now, and ends the end of May. That data incorporates 20% of the results. Then they

look to see how much money they have when the award is ready. **Board member raised a question:** you do have the formula while you are going through the process? Dr. Shah response; yes, they announce the measures in January 2025, after the year is complete.

There being no further business, the meeting was adjourned 9:58AM.

RESOLUTION

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

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

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

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

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

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

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

NOW THEREFORE, be it

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

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

OVERVIEW: The purpose of this agreement is to provide medical physics consulting services and radiation safety that would include compliance testing, radiation safety, continuing education, applicable consulting, and performance testing for diagnostic imaging and nuclear medicine.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide Medical Physics Consulting Services and Radiation Safety services to the System on an as-needed basis. The RFP was sent directly to three prospective vendors, and three prospective vendors attended a pre-proposal conference. A total of one firm submitted proposals and the Evaluation Committee selected the single proposer to provide Medical Physics Consulting Services and Radiation Safety services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five year term is not to exceed \$14,000,000, which includes a 30% contingency.

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



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

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

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

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

Date: June 22, 2025

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

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

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

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

**Medical & Professional Affairs/ Information Technology
Committee Meeting
July 16, 2025**

Dr. Steven Pulitzer, Chief, Enterprise Radiology

For Medical & Professional Affairs/ Information Technology Committee Consideration

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

Background & Current State

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

Background & Current State

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

Background & Current State

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

RFP Criteria

- Minimum Criteria:

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

- Substantive Criteria:

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

- Evaluation Committee:

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

Overview of Procurement

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

Vendor Performance

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

Vendor Diversity

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

Medical & Professional Affairs/ Information Technology Committee Request

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

RESOLUTION

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

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

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

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

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

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

NOW, THEREFORE, BE IT

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

EXECUTIVE SUMMARY

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

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



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

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

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

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

Vendor: Correctional Dental Associates, P.C.

Date: June 23, 2025

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

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

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

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

**Medical and Professional Affairs/ Information Technology
Committee Meeting
July 16, 2025**

**Tim O'Leary
Chief Financial Officer**

For Medical & Professional Affairs/ Information Technology Committee Consideration

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

Background & Current State

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

Background & Current State

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

Overview of Procurement

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

RFP Criteria

- Minimum Criteria

- Experience in correctional health setting
- Annual gross revenue of at least \$1 million in each of the last 3 fiscal years
- At least 3 years of experience

- Substantive Criteria

- 35% - Capacity to perform services
- 30% - Dental experience in correctional environment
- 25% - Cost
- 10% - MWBE

- Evaluation Committee

- Chief Administrative and Compliance Officer, CHS
- Chief Operations Officer, CHS
- Chief Nursing Officer, CHS
- Chief of Service, Medicine, CHS
- Chief Financial Officer, CHS
- Chair, Dentistry, Jacobi Medical Center
- Program Director, Dentistry, Woodhull Hospital

Overview of Procurement

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

Vendor Performance

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

Vendor Diversity

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

Medical & Professional Affairs/ Information Technology Committee Request

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

RESOLUTION

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

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

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

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

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

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

NOW, THEREFORE, BE IT

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


EXECUTIVE SUMMARY

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

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



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

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

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

Vendor: Urgent Medical, P.C.

Date: June 24, 2025

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

0%

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

**Medical and Professional Affairs/ Information Technology
Committee Meeting
July 16, 2025**

**Tim O'Leary
Chief Financial Officer**

For Medical & Professional Affairs/ Information Technology Committee Consideration

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

Background & Current State

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

Background & Current State

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

Best Interest Renewal

- Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
- Best Interest Renewal elements:
 - Vendor due diligence
 - Vendor is a critical component of CHS' clinical infrastructure, with extensive experience in emergency response in CHS' environment and knowledge of CHS' policies and procedures.
 - Vendor's performance was rated "Excellent" in annual vendor accountability review.
 - CHS Finance reviewed the market and found no other vendors with comparable experience to meet CHS' needs.
 - Pricing due diligence
 - In-sourcing 24/7 on-site Board-certified emergency medicine providers would significantly increase direct and indirect costs.
 - CHS will add biweekly reporting of expenses for work performed under this contract and will reimburse the vendor for costs actually incurred for salaries, fringe benefits, direct costs, and administrative expenses.
 - Best interest of the System
 - Provides stability in patient care.
 - The vendor has unique and extensive experience in emergency situations in jail facilities.

Best Interest Renewal Terms

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

Vendor Performance

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

Vendor Diversity

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

Medical & Professional Affairs/ Information Technology Committee Request

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

RESOLUTION

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

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

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

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

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

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

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

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

Authorizing Affiliation Agreements with NYU Grossman School of Medicine

Dr. Sewit Teckie, System Chief, Clinical Affairs

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

Andrea Cohen, Senior Vice President and General Counsel

John Ulberg, Senior Vice President and Chief Financial Officer

Medical and Professional Affairs / Information Technology Committee
July 16, 2025

For Medical and Professional Affairs/ Information Technology Committee Consideration

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

Overview

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

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

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

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

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



NYU Grossman
School of Medicine

Effective through
June 30, 2025

NYC
HEALTH+
HOSPITALS

Bellevue

NYC
HEALTH+
HOSPITALS

Woodhull

NYC
HEALTH+
HOSPITALS

Carter

NYC
HEALTH+
HOSPITALS

Coler

NYC
HEALTH+
HOSPITALS

Gouverneur

NYC
HEALTH+
HOSPITALS

Gotham Health
Cumberland

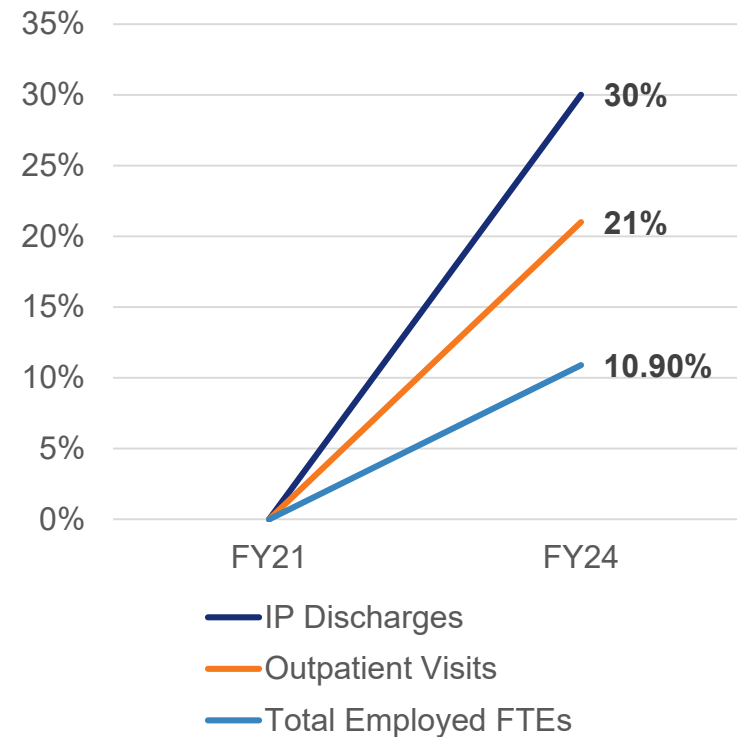
- New York University (“NYU”), founded in 1831, is the country's largest secular private university which supports tertiary and quaternary specializations at H+H
- NYC Health + Hospitals/Bellevue is America’s oldest operating hospital, established in 1736 and is crucial to NYU’s teaching operation
-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

NYU Provider Growth and Patient Volumes

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

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

Growth Rate of FTE vs. Patient Volume FY21-FY24



Snapshot: NYU Provider Count FY24 by Site

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

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

Graduate Medical Education Programs

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

Bellevue

- 84 programs
- 449 FTE trainees

Woodhull

- 5 programs
- 134 FTE trainees

Strategic Domains and Guiding Principles for Affiliate Agreements

Key Accomplishments FY21-FY25 and Ongoing Work

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

Governance and
Management

Financial

Clinical Services
and Operations

Governance and Management

FY21 – FY25

Improved transparency and H+H management of affiliate agreement

Pre-2021

Limited Central Office oversight of affiliate hiring.

Limited facility leadership involvement in budgeting and budget management authority.

Opaque real-time vacancy and spending information.

Key Accomplishments FY21 – FY25

Developed overarching governance and management structure.

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

Governance and Management

FY26 and onward

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

Goals for Contract Renewal

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

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

Strengthen operational and financial reporting transparency.

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

Financial FY21 - FY25

Incorporated affiliate budgeting into system strategic and financial operations.

Pre-2021

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

Limited facility awareness of budget line items.

Opaque budget adjustment/update process for facilities.

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

Key Accomplishments FY21 – FY25

Aligned financial incentives with Affiliates and physicians.

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

Financial

FY26 and onward

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

Goals for Contract Renewal

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

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

Fully implement FPPs to drive performance improvement.

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

Clinical Services and Operations

FY21 - FY25

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

Pre-2021

Ad-hoc hiring of clinical staff.

Limited facility shared services.

Lack of staffing models.

Lack of standardized clinical operations.

Key Accomplishments FY21 – FY25

Enhanced patient care model.

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

Clinical Services and Operations

FY26 and onward

Incorporate NYU affiliate into proactive system wide workforce planning.

Goals for Contract Renewal

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

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

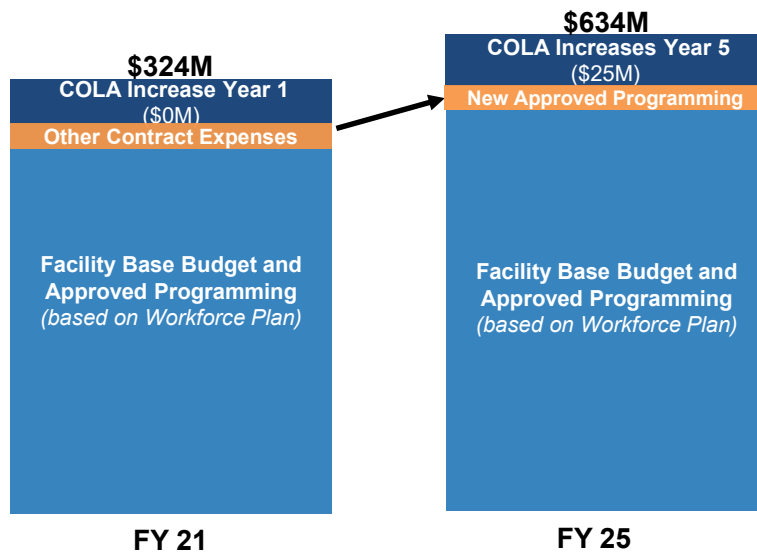
Advance shared services.

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

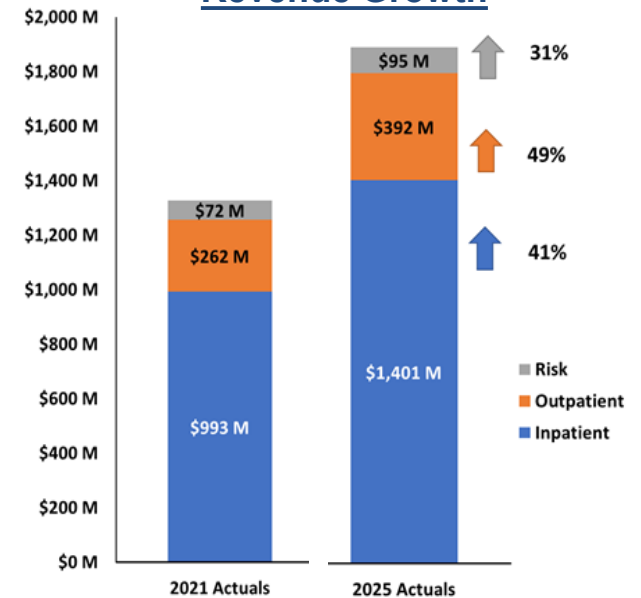
Revenue Growth Exceeded Contract Costs FY21-FY25

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

Contract Costs

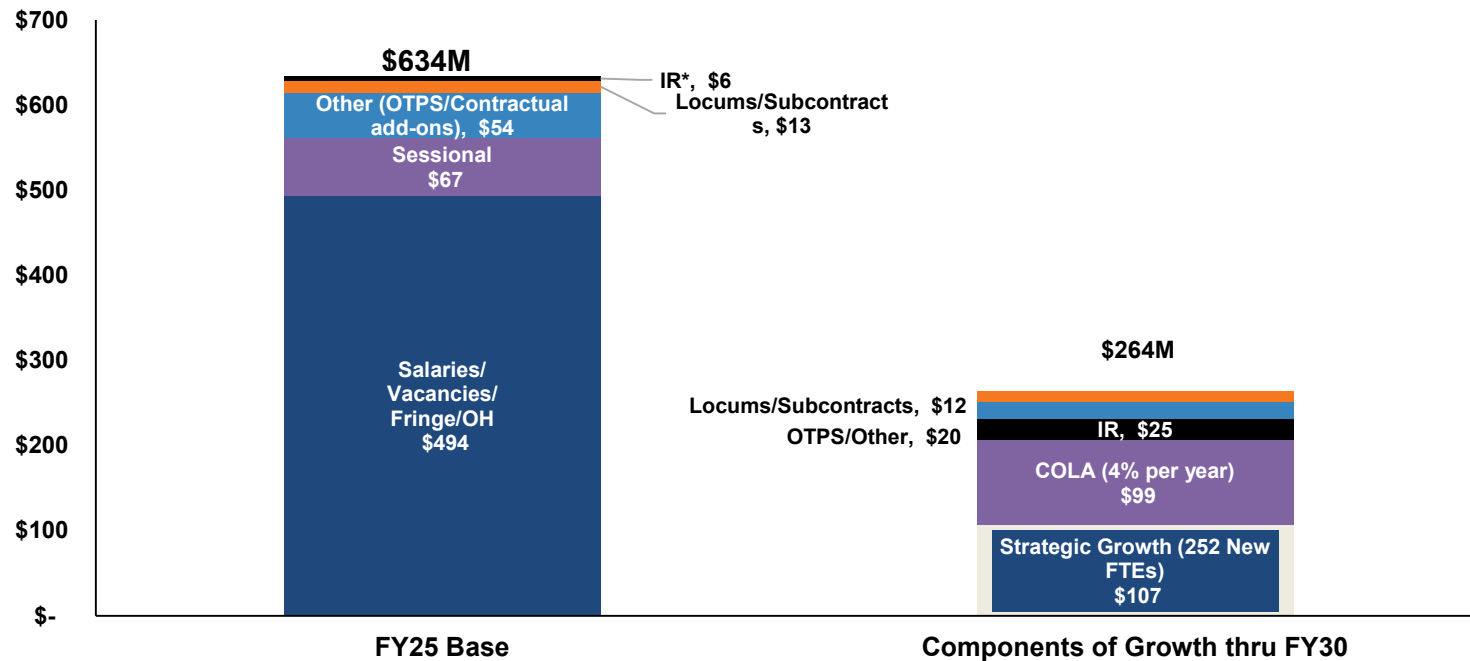


Revenue Growth



Slower Projected Growth Rate Over the Next Five Years

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



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

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

Medical and Professional Affairs / Information Technology Committee Approval Request

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

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

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

Total Contract Value	\$4,042,295,325
----------------------	------------------------

10% Contingency Value	\$404,229,533
-----------------------	----------------------

Total Not-to-Exceed Value	\$4,446,524,858
---------------------------	------------------------

RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

Vendor: Neurosurgery of Brooklyn South, P.C.

Date: July 10, 2025

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

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

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

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

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

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

**Medical and Professional Affairs / Information Technology
Committee**

July 16, 2025

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

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

Background / Current State

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

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

Benefits / Rationale

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

Contract Terms Overview

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

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

Medical and Professional Affairs/Information Technology Committee Approval Request

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

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/IT Committee Report

July 16th, 2025

Dr. Talya Schwartz, President & CEO

VBP Quality Performance

H+H VBP Quality Performance

- We are excited to share that H+H has significantly outperformed its VBP performance for 2023 compared to the year prior, improving by **21%** the VBP Risk Pool that was earned.
- H+H increased the points earned in *all products*, and of note, received the *entirety* of the HIVSNP risk pool.
- Of the 16 unique metrics evaluated across the VBP products, 37 of 41, or 90%, **increased year-over-year**.
- Driving this progress was the incredible work of H+H, with H+H outperforming Community providers in **nearly 70% of the measures**.

H+H VBP Quality Performance - Highlights

- H+H earned max points in the Asthma Medication Ratio measure in 2023. Leading the way was Lincoln Hospital, reporting a system-best for Medicaid. This is driven by their progressive asthma care model that includes robust CHW support and a multi-disciplinary asthma ‘champion’ workgroup.
- H+H has led the way in prescribing appropriate inhalers for both maintenance and reliever therapy for asthma and avoiding use of short acting beta-2 agonist inhalers.
- Improvement has been achieved for colorectal screening with H+H’s adoption of FIT kits.
- Improvement were also reported for breast cancer screening and chlamydia screening due to a comprehensive strategy for the Women’s Health measures.
- H+H continued to demonstrate operational excellence in the use of fundus photography in the primary care setting, with Queens Hospital reporting a system-best rate for Medicaid in the Diabetic Eye Exam measure.

H+H VBP Quality Performance | Highlights

Cont.

- Diabetes Care (HbA1c Control; Kidney Health Evaluation) remained a notable strength for H+H. Metropolitan Hospital was the top performer in both measures.
- Elmhurst Hospital continued to boast high quality care for their pediatric population, earning top points for the Weight Assessment and Counseling – Nutrition and Well-Visit for Children/Adolescent measures.
- MetroPlus and H+H OBH have been working closely on improving access to Behavioral Health Care post-discharge, and the results can already be seen in the 2023 VBP. Kings County led the way, with top-tier performance in the measure.
- Underpinning this progress is the incredible partnership between MetroPlus and the H+H VBP Team.
- These results could not have been attained without their ability to recognize improvement opportunities and strategically mobilize H+H teams into action.

PPL Transition

Update to the NYS Consumer | Directed Personal Assistance Program (CDPAP)

- CDPAP (aka CDPAS) is a Medicaid benefit offered to members with disabilities, chronic conditions, or temporary conditions.
 - Members who receive CDPAP include those in managed long-term care plans as well as those in Medicaid managed care who need ADL/IADL support. These are provider prescribed, and State evaluated personal care services.
- Fiscal Intermediaries (FIs) handle the financial/administrative aspects of paying personal assistants who provide the CDPAP services.
 - Makes it possible for friends/family of the member to receive payment for serving as their personal assistant.
 - Earlier in 2025, there were over 600 FIs around NYS.
- In 2025, New York State DOH mandated that all members who receive CDPAP must change to a single Fiscal Intermediary (FI).
- As of April 1st, New York's single statewide Fiscal Intermediary is Public Partnerships LLC, also known as PPL.

Supporting Members Through the Transition



- Managed care plans played a major role in supporting this transition through:
 - Informing members of the transition through multiple media channels.
 - Helping members register directly on the PPL website.
 - Helping personal assistance to register with PPL.

- All CDPAP members received extensive outreach about the transition by MetroPlusHealth via;
 - Letters
 - Text messages
 - Calls from their respective care management teams.
 - Calls from Sales representatives and H+H outreach.

Supporting Members Through the Transition, Cont.



- Initial outreach focused on members receiving a high number of hours per week of assistance (“high acuity” members).
 - These members were thought to be particularly vulnerable and unable to manage without their personal assistants.
- Select high acuity members who were not reached by phone also received **home visits** by MetroPlusHealth staff.
- All members were outreached numerous times in various manners to assure smooth transition.
- Additionally, personal assistants who had trouble registering with PPL were also supported to register at MetroPlusHealth community offices.

Ongoing Support



MetroPlusHealth is continuing to robustly support members;

- Follow-up with members who did not appear to have started receiving services.
- Assure members receive service as needed.
- Daily work with PPL to address any ad hoc issues.

Summary: Outreach Efforts and Outcomes

Total outreach efforts to impacted members:

- ~1,300 emails
- ~24,000 texts
- **~50,000 calls**

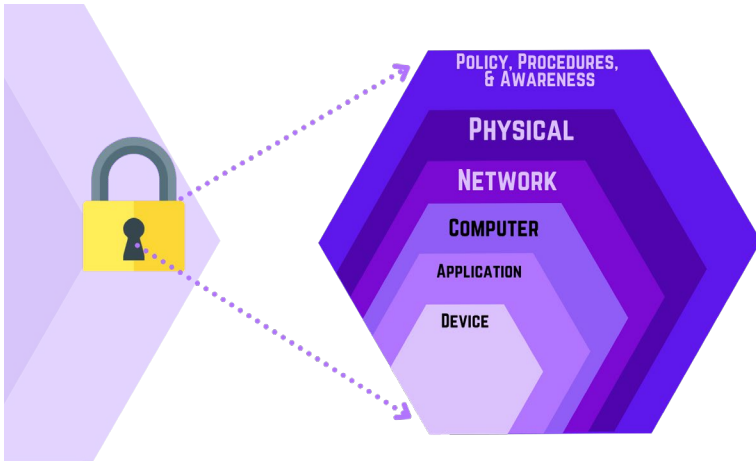
Of 3,506 members initially identified as participating in the CDPAP program:

- 91% successfully transferred to PPL
- 7% successfully transferred to PCS
- 3% registration still in progress*

Cybersecurity Brief

MetroPlusHealth Cybersecurity

“The Program”



Goals

- Protect the Availability, Integrity & Confidentiality of MetroPlus resources.
- Meet federal and state regulatory requirements.
- Awareness of evolving threats.
- Protect business operations by safeguarding data and ensuring system resiliency.

Regulatory

NY DFS Cybersecurity Requirements

- 16 detailed and prescript cybersecurity requirements.
- Annual report to the Board and Certificate of Compliance with NYS.

HIPAA

- Privacy and Security Rules, Policies and Procedures.

PCI Data Security Standards

What We Protect

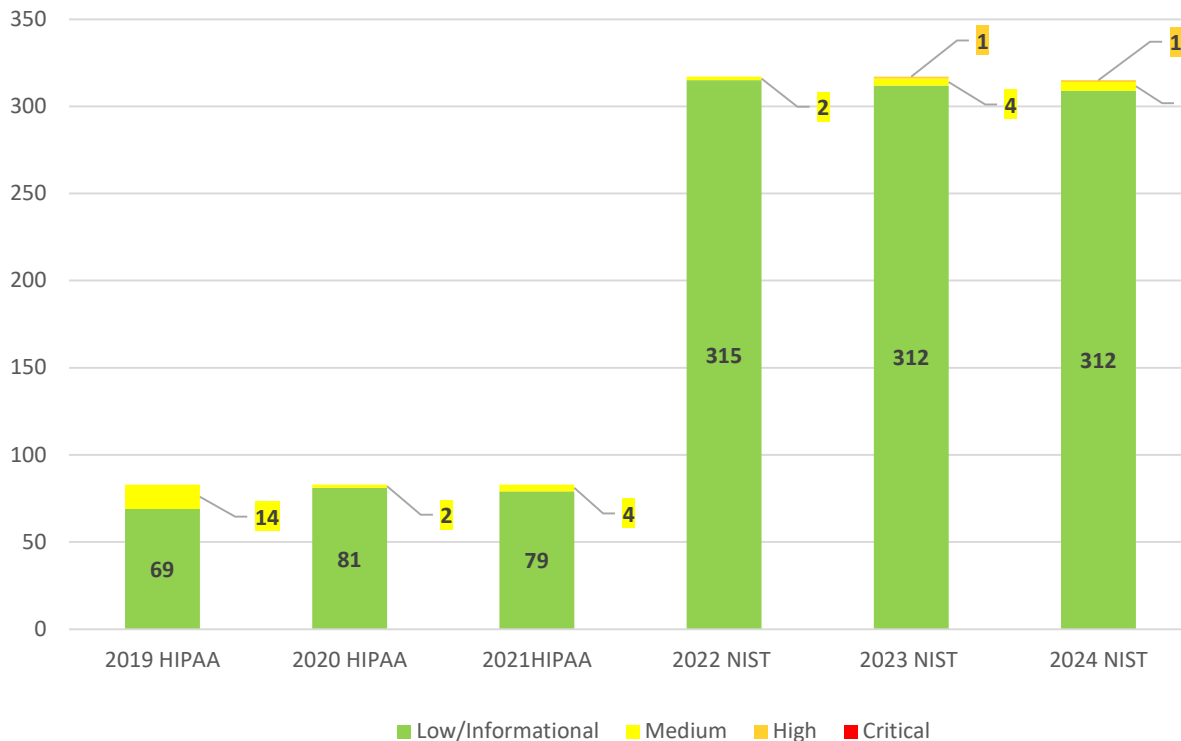
MetroPlus Assets &
Complexity of our Business

- Data – PHI/PII/PCI
- Remote Workforce
- Email
- Mobile Devices
- Corporate Website
- Customer Portals
- eCommerce Systems
- Online Banking
- Network Management
- Business Continuity
- Social Media
- Third-Party Vendor Activity



Annual Security and Privacy Risk Asses

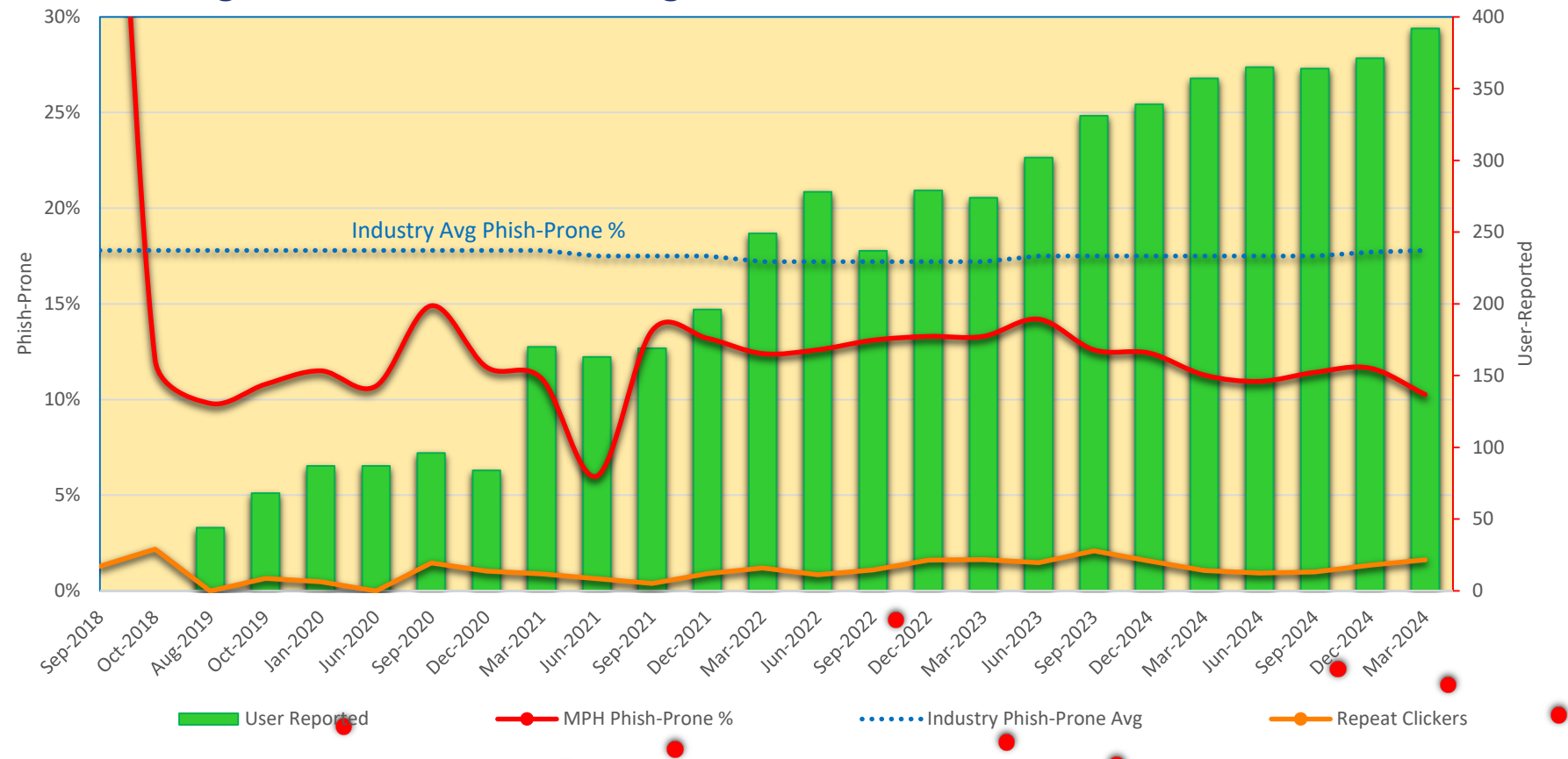
Security/Privacy Annual Risk Assessment



- Assess 317 technical, physical and administrative controls.
- Completed comprehensive privacy, security risk assessment.
- Continued to lowered risk tolerance to surface previously unrealized risk.

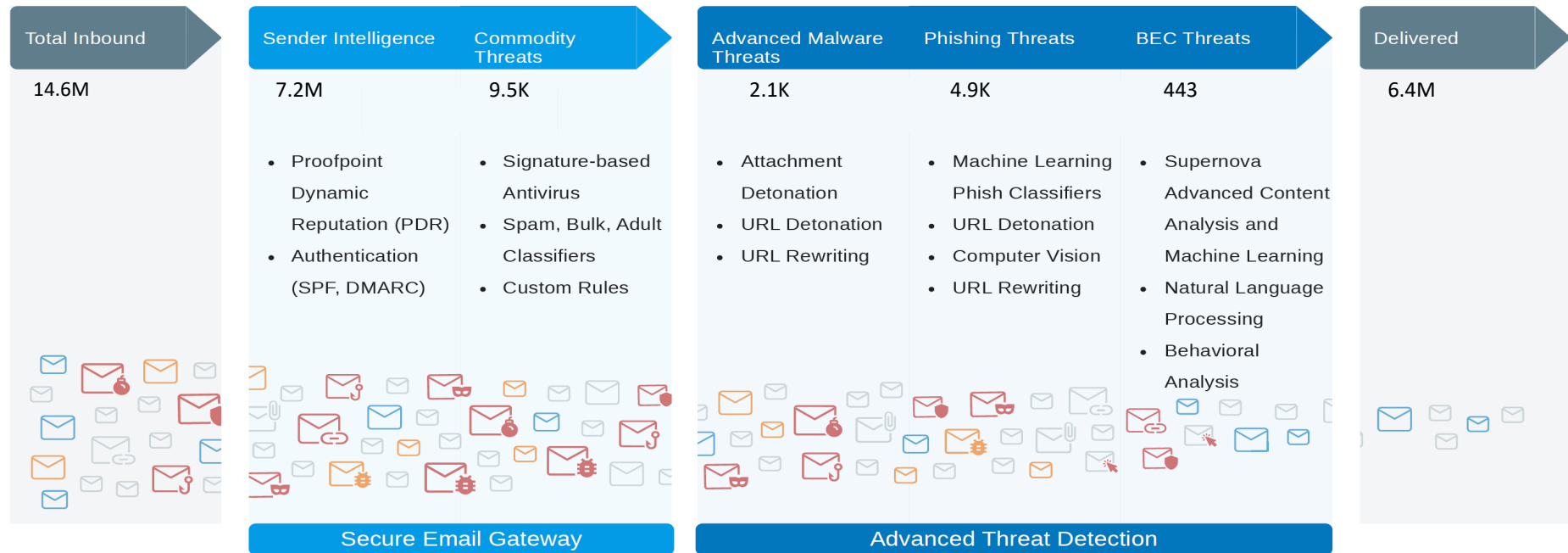
Employee Training/Awareness & Email Defense Effectiveness

Orchestrated Phishing Simulations and Testing



Employee Training/Awareness & Email Defense Effectiveness

Inbound Email Protection Breakdown

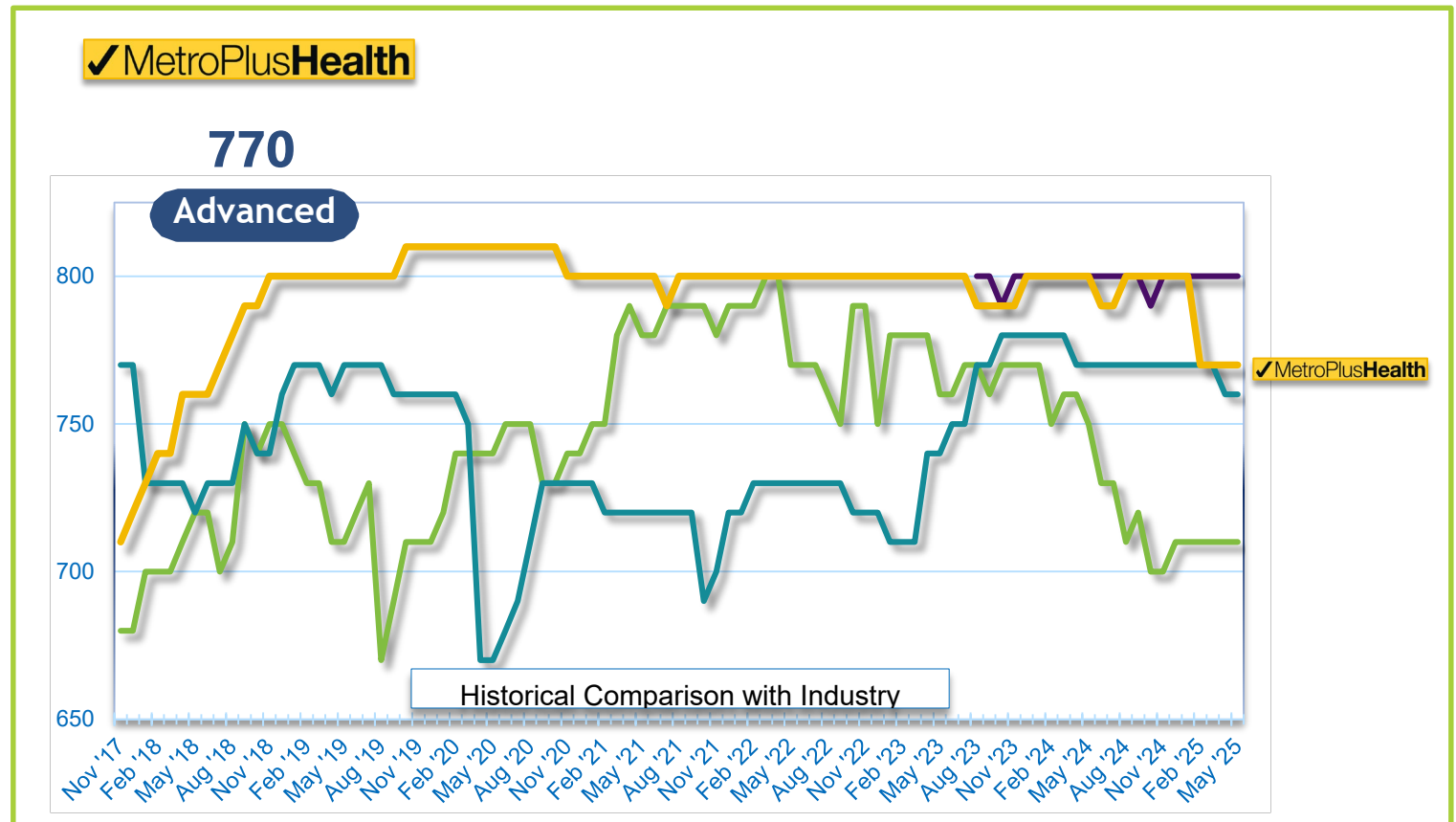


- 56% of inbound mail is quarantined, blocked and/or dropped.

CYBERSECURITY | SECURITY POSTURE FOR LOCAL COMPETITION

BitSight security ratings are based on analysis of externally observable data and reflects a company's cybersecurity performance.

MetroPlusHealth maintains a consistent advanced security posture. A recent expected drop of 30 points is attributed to standing up new infrastructure and testing preparations for Network Segmentation.



MetroPlusHealth in the Community | 2024-2025 Brand Experience Events

Hundreds of Community Collaborations

MetroPlusHealth supported and participated in approximately 500 community events in 2024, showing our commitment to key partners & organizations across all 5 boroughs of NYC. The different types of events we support are as diverse as our beautiful city.

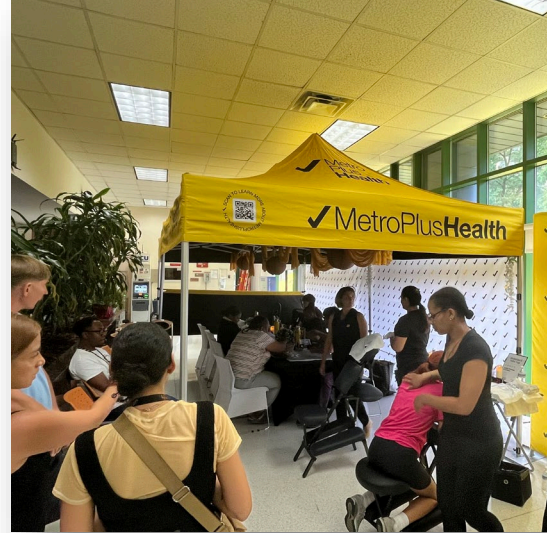
- Resource Fairs (4)
- Parades (11)
- BID Events (16)
- City Agency Events (20)
- Provider-Hosted Events (35)
- Festivals (48)
- Galas (58)
- Government Relations Events (106)
- Community Based Organizations Events (137)

MetroPlusHealth | Unbelievably Good Health Fair

Location: Brooklyn, NY

Date: July 2024

MetroPlusHealth conceptualized and brought to life its very own health fair hosted at NYC H+H/Gotham Health, Cumberland. The Unbelievably Good Health Fair is a health & wellness fair offering free healthcare & community resources (education, senior services, & affordable housing), holistic wellness experiences, and MPH member perks.



First Central Baptist Church | Staten Island Black History Town Hall

Location: Staten Island. NY

Date: February 2025

The 20th annual Staten Island Black History Town Hall brought the community together as over 100 people gathered for the event at First Central Baptist Church in Stapleton. City Council Speaker Adrienne Adams delivered the keynote address. This significant community event aims to promote unity, health, and networking.



Urban Health Plan | Easter Celebration

Location: Corona, Queens, NY

Date: April 2025

The Family Fun Day celebrated Easter with a variety of activities for children and provided healthcare access to the community. The event included fun and engaging activities for children, such as face painting, crafts, and Easter-themed entertainment. Additionally, on-site healthcare services were available to ensure community members received the support they need.



Bronx Borough President's Office | African Nations Soccer Tournament

Location: Bronx, NY

Date: April – May 2025

The Bronx Borough President's Office, through its African Advisory Council, hosted the African Nations Soccer Tournament during Bronx Week 2025, the largest African soccer tournament in the Bronx. The tournament was attended by Bronx Borough President Vanessa Gibson and Mayor Eric Adams.



Cultural Parades | Holi, National Dominican Day & Puerto Rican Day

Location: Queens & Manhattan, NY

Date: Annual Events

These are large cultural moments in New York held annually in vibrant celebration of the many cultures & heritages that make up our city. With the various colorful floats, lively music, traditional dances, and cultural performances, these parades offer an unforgettable experience serving as a platform for unity, education, and empowerment.

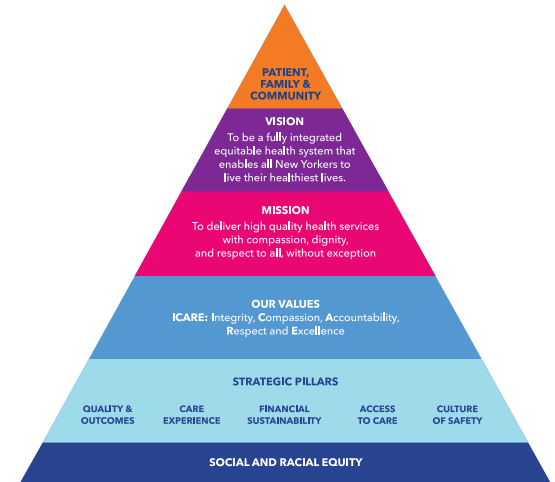


EITS BOD Update

Kim K. Mendez, EdD, ANP, RN
Sr. Vice President/ Corporate CIO
M&PA/IT Committee
July 16, 2025

EITS Update Agenda

- Introductions
- Focused EITS Updates
 - AI Service Line Update
 - HIT Priority Projects
 - EITS Engagement & Wellness Workshop
 - EITS Un Print Initiative
- Q + A



AI Enablement Strategy for NYC H+H

Implement AI to enhance high-quality care, optimize workflows, and ensure equity in healthcare delivery



**Administrative &
Non-Clinical
Operations**



**Patient
Centered Care**



Digital Health



**Quality &
Safety**



Finance



**Community
Health**



Foundational Readiness / Building Blocks



Responsible Governance

Governance frameworks, best practices and ethical guidelines for AI, proactive risk monitoring and mitigation



Data & AI Platform

Hybrid data & AI platform, end-end lifecycle management for development and deployment of AI algorithms and solutions



Infrastructure & Security

Secure, scalable data and technology ecosystem with tools, cloud computing resources, and frameworks for BI, predictive analytics, and AI/ML



Ecosystem of Partnerships

Industry partners, academic institutions, community organizations, and startups to foster and accelerate AI adoption



Talent & Organizational Design

Expertise in data science, AI/ML and operating model to implement AI and scale to enterprise needs, reskilling and upskilling; fostering professional development



Education & Training

Comprehensive programs to enable development of data and AI solutions, safe & ethical adoption, seamless workflow integration, effective use.

AI Governance Objectives

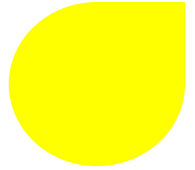
- **Streamline AI Procurement** – Establish a structured framework for AI use case evaluation, routing, and prioritization.
- **Prioritize AI initiatives** - Prioritize AI initiatives based on business impact, urgency, and complexity.
- **Ensure Transparency & Accountability** – Provide oversight, guidance, and enterprise-wide alignment on AI initiatives while maintaining a structured portfolio.
- **Regulatory & Ethical Compliance** – Ensure AI aligns with industry regulations, data privacy laws, and ethical guidelines
- **Establish Best Practices** – Streamline processes and define best practices and enable infrastructure and tools to enable the responsible and safe integration of AI into workflows
- **Scale AI Capabilities** – Manage capacity and demand for technical teams in AI implementation to drive enterprise-wide AI adoption
- **Measure AI Success** – Define and track KPIs to assess AI project effectiveness.
- **Continuous Improvement & Innovation** – Regularly assess AI strategies, emerging technologies, and new use cases to drive transformation.

AI Service Line Update

- **Develop & Launch AI Enablement Strategy**
- **Develop , Propose & Secure AI FY 2026 Budget**
- **Develop & Implement AI Governance**
 - **Streamline AI Procurement** – Establish a structured framework for AI use case evaluation, routing, and prioritization.
 - **Prioritize AI initiatives** – Develop & implement AI project demand intake, review, prioritization and tracking workflow in Service Now. Prioritize AI initiatives based on business impact, urgency, and complexity.
 - **Ensure Transparency & Accountability** – Provide oversight, guidance, and enterprise-wide alignment on AI initiatives while maintaining a structured portfolio.
 - **Regulatory & Ethical Compliance** – Ensure AI aligns with industry regulations, data privacy laws, and ethical guidelines
 - **Establish Best Practices** – Streamline processes and define best practices and enable infrastructure and tools to enable the responsible and safe integration of AI into workflows
 - **Scale AI Capabilities** – Manage capacity and demand for technical teams in AI implementation to drive enterprise-wide AI adoption
 - **Measure AI Success** – Define and track KPIs to assess AI project effectiveness.
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HIT Prioritized Project Status

- Reconfigure Residents and PAs as Non-Authorizing Providers
- Oracle Cloud
- Bridge To Home



Reconfigure Residents/PAs as Non-authorizing Providers

Summary

This project will revert NYCHH customized build to the Epic standard recommendations, removing residents and PAs as authorizing providers, and modifying existing order/result workflows in Epic. The project status is currently on track, as a detailed review of ordering workflows and preliminary testing is underway.

Accomplishments

- IP and ED integrated testing with Cerner, billing and claims teams complete
- All Residents and PAs left prior to June 2024 modified and deactivated properly
- June 2024 graduates were modified to allow capture of any addition gaps in current build, will be deactivated after project completion
- All results are suppressed while patient is admitted, with the exception of Pathology results

Risks, Issues & Next Steps

- **Scope Change:** Physician Assistants have been descoped from the project. Physician Assistants will remain as authorizing providers. The project will proceed with reconfiguring Residents as non-authorizing provider. The Epic recommendation for PA's, will be reviewed and revisited.
- **Risk:** Results are not being routed as expected - The Results Routing scheme is being updated and retested.

Upcoming Milestones

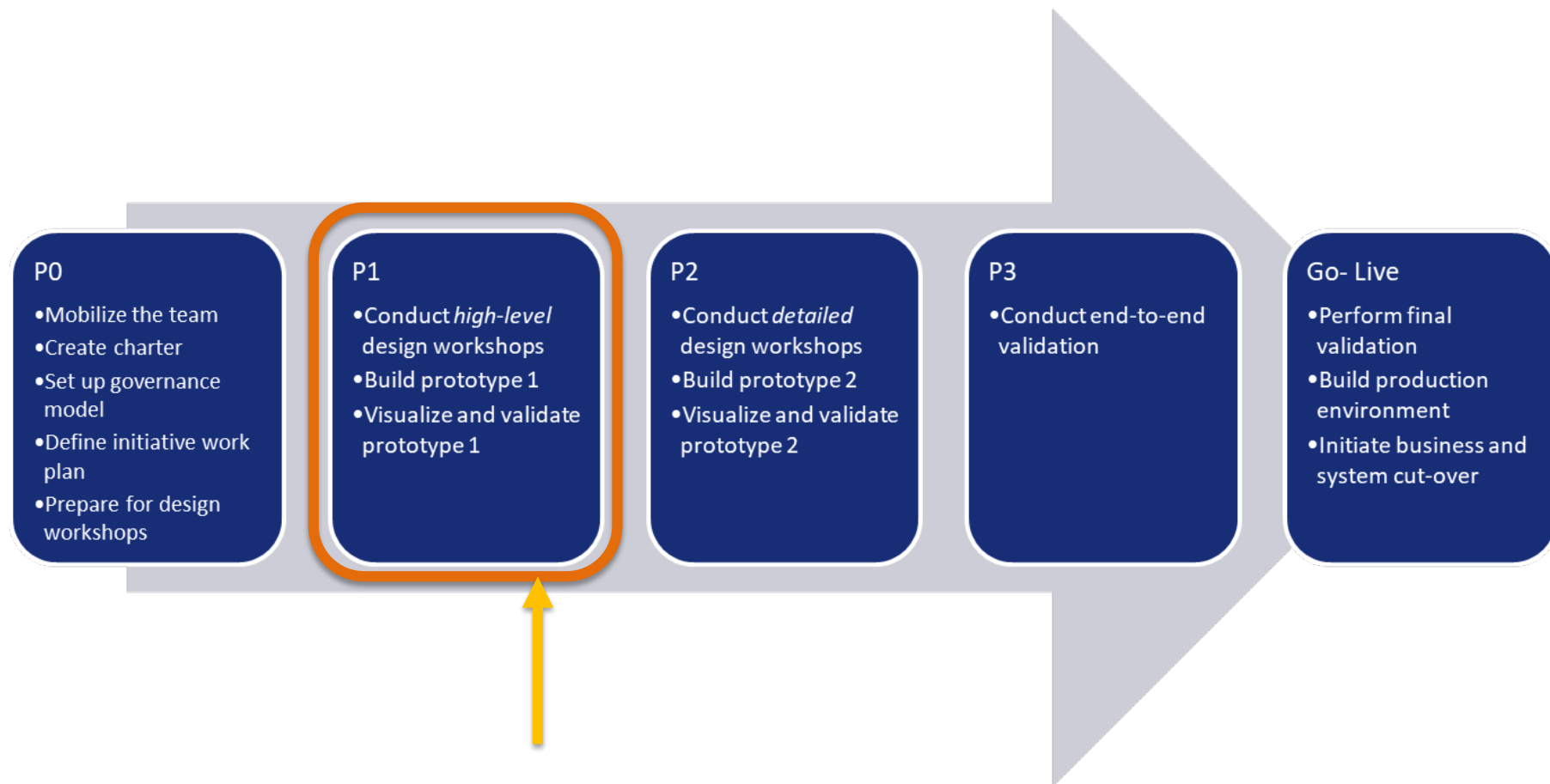
End Date

Status

Notes

Design/Build	4/4/2025		App teams reviewing ordering workflows and reverting to foundation build
Integrated Testing	4/30/2025		IP Admission and Discharge workflow testing complete ED workflow testing complete Results Routing Scheme testing underway
Training	5/9/2025		
Go-Live	5/10/2025		

Oracle Cloud Implementation Project



Phase P1 Underway – Oracle Cloud

- OCI (Oracle Cloud Infrastructure) Design Strategy complete
- Security assessment complete
- SOAR extraction tool installed
- Extracted data reports under review with H+H resources for quality and cleansing efforts
- Landing zone deployment complete
- Network configurations complete

Oracle Cloud- Next Steps

- Data clean up and mapping efforts continue
- Finalize SaaS Security and OCI Configuration
- Integrations review underway
- Functional design workshops to continue

Bridge To Home EITS Project Status



Summary

NYC Health + Hospitals will establish a temporary residence for patients with serious mental illness (SMI) being discharged from hospital focusing on a home-like environment with onsite behavioral health treatment; OBH will be contracting with a NYC Hotel to provide the onsite housing and treatment. EITS will be supporting the effort and will use experience from previous efforts (such as COVID Hotels/HERRC, SHOW Vans, etc.) to fully support this effort with a planned **Go Live on September 2nd**

Accomplishments

- Letter of Intent received on 4/22 to resume GC/Cadence/Fac Org build
- Fac Org and Revenue Cycle teams have completed facility shell build, address confirmed
- Epic Clinical teams continue requirements review with Dr. Izmirly and BTH Team
- EITS Device list finalized for procurement; ongoing discussions for printing, device, interpretation services requirements

Top Issues

- Contract with Hotel to be finalized (Owner: Chris Keely/Amb Care)

Upcoming Milestones

End Date

Status

Comments/Notes

Clinical and Rev Cycle - Requirements and Design Complete

5/2/2025

Contract finalized with Hotel

5/12/2025

Procurement for EITS Equipment (PO Issued)

5/30/2025

Finance and Operations Services Setup in People Soft

5/30/2025

Clinical and Rev Cycle – Build Complete

7/22/2025

In progress with Legal

Pending Cost Center

Administrative setup (HR, Supply Chain, new location in Service Now)

Review, build, and validation activities are ongoing

EITS ENGAGEMENT & WELLNESS WORKSHOP





**“IF YOU WANT TO GO FAST,
GO ALONE.**

**IF YOU WANT TO GO FAR,
GO TOGETHER”**

THE ETS SHIELD



A close-up photograph of a stack of spiral-bound notebooks. The notebooks are white with gold-colored spiral binding. A black binder clip is attached to the right side of the stack. The background is blurred, showing a person's hand and a computer monitor.

HELPING US

**PRINT
LESS**



Q2 2025 UnPrint Update



Unprint.
Keep your information
accessible, secure,
and eco-friendly.

Deliverable	Delivery Date
Service Line assessment: Finance – Champion search	6/15/2025
Introductory UnPrint kick-off meetings with Finance	7/15/2025
Complete reporting for C-suites	4/1/2025

Current Status:

- On track with all milestone dates and deliverables for this five-year project, currently at 20% completion.
- Planning Finance Walkthrough Kick-offs for July, which will include all Finance leadership from our acute facilities.

Highlights:

- Raising Awareness:
 - Our "UnPrint" messaging has successfully reached users, and we're seeing increased engagement with our initiatives..
- Resources and Reporting:
 - Actively providing reports for C-Suite locations and are in the process of preparing recommendations for device removal and digitization opportunities.

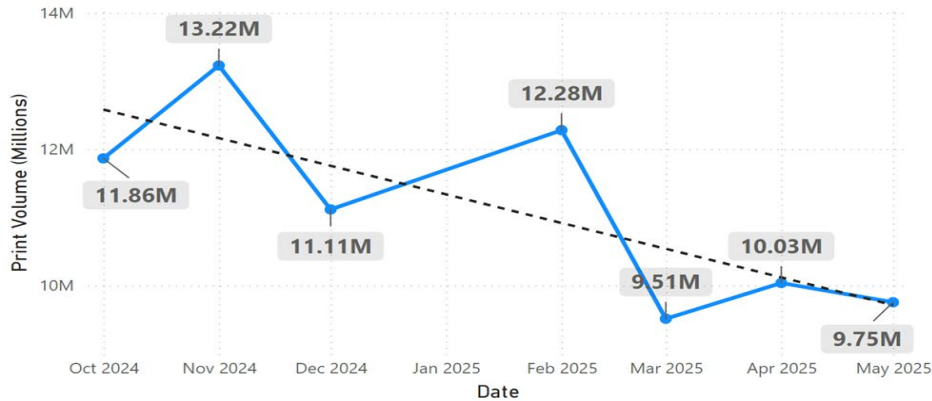


Green indicates current progress to date= 15% completion

Total Volume Q4 2024 – June 2025

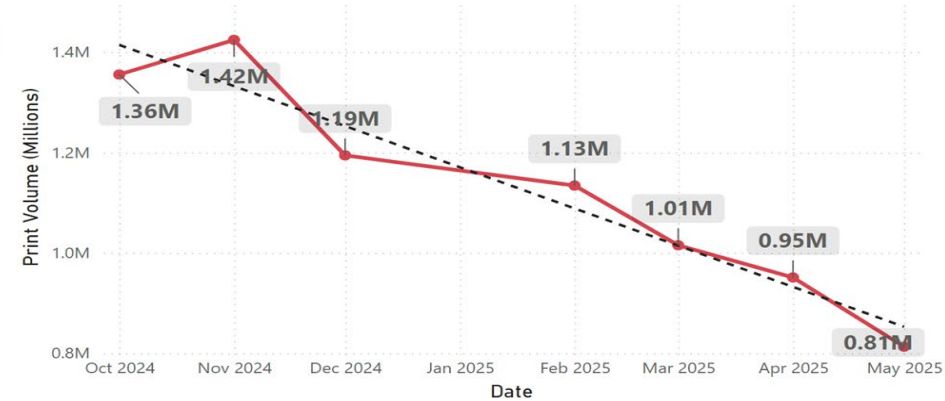
- Data is 8 months from October to the end of May.
- Trending downward making lower highs and steady lows.
- CLR and BW move in tandem with peaks above trend in January through April.
- Our peak was November of 14.65M which is 3.17M less than the previous high of 17.82M from June 2024(not shown).
- The low was 10.52M from March 2025 resulting in a delta of 4.13M

BW Volume

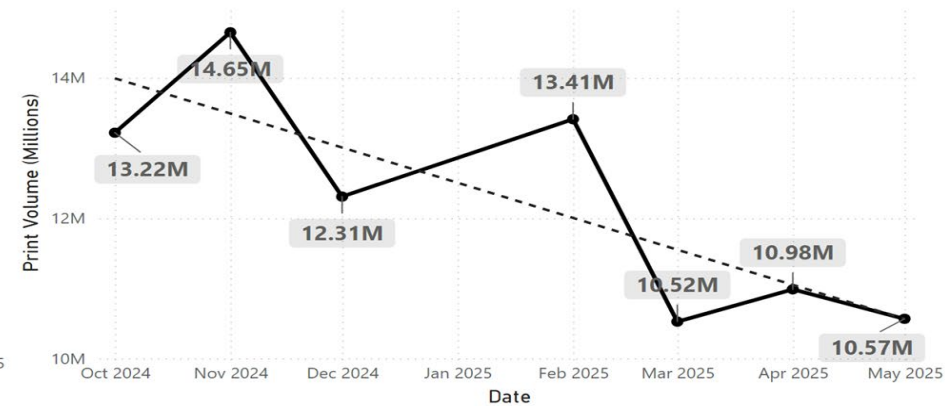


Unprint.
Keep your information
accessible, secure,
and eco-friendly.

COLOR Volume



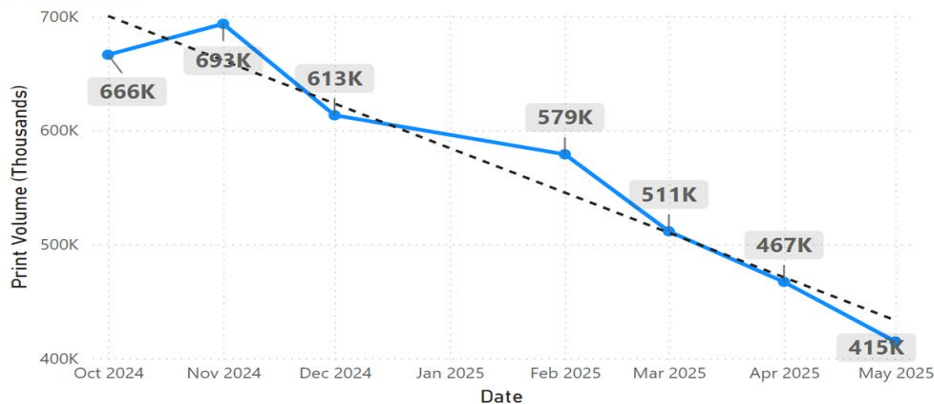
Total Volume



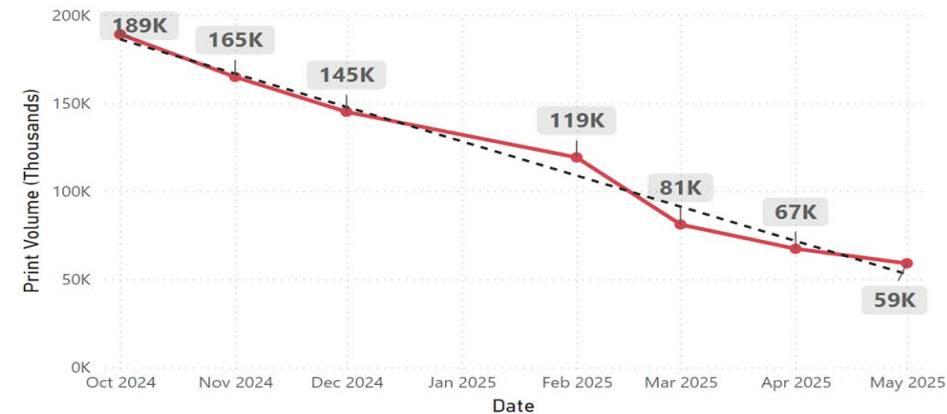
Central Office Q4 2024 - June 2025

- Data is 8 months from October to the end of May.
- Trending downward making lower highs and steady lows.
- Our monthly peak was November of 858K which is 312K less than the previous high of 1.17M from June 2024(not shown).
- The low was 592K from March 2025 resulting in a reduction of 266K from the high.
- The low is also 168K lower than the previous low from December 2024

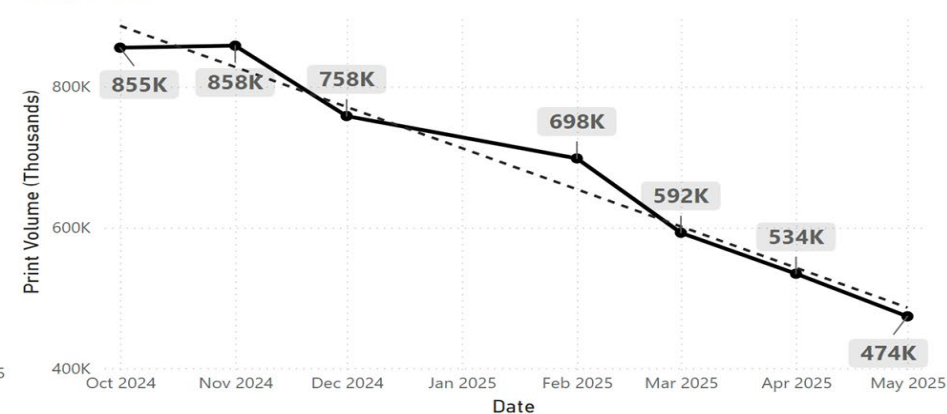
BW Volume



COLOR Volume



Total Volume



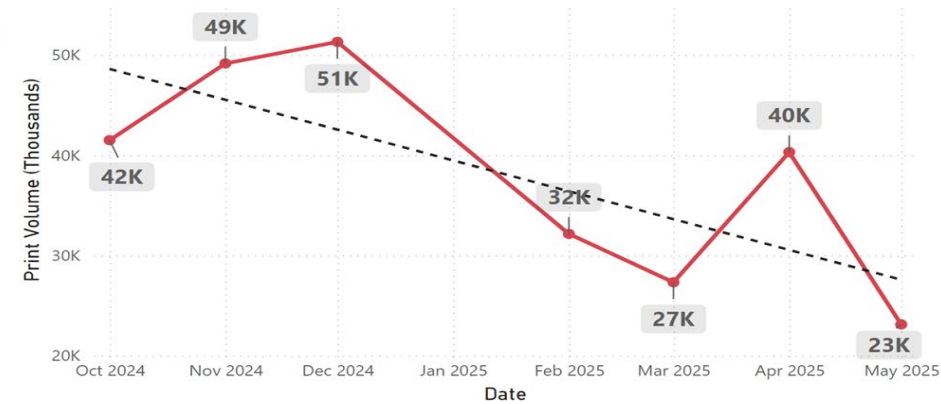
C Suites Q4 2024 - June 2025

- Data is 8 months from October to the end of May.

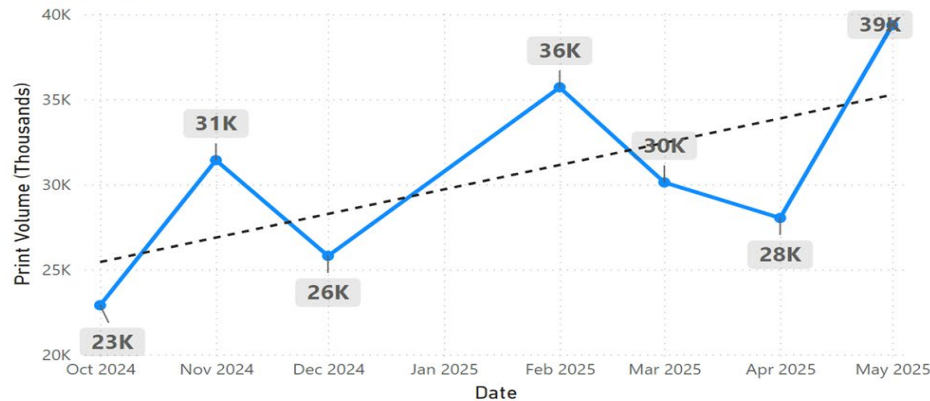


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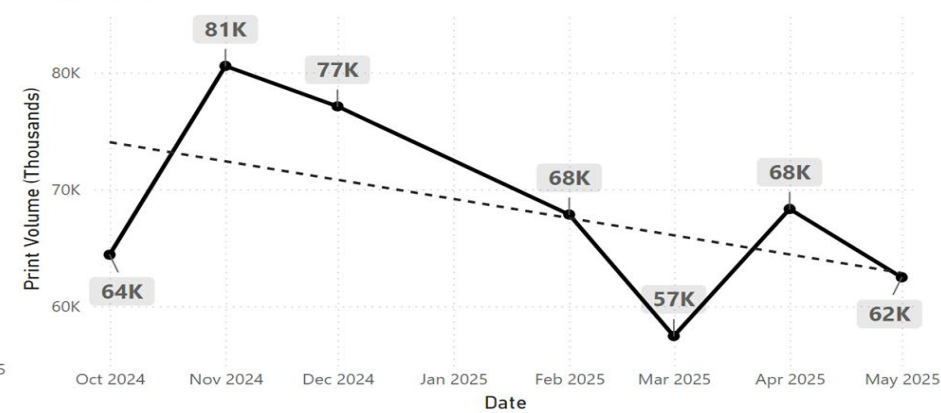
COLOR Volume



BW Volume



Total Volume



System Chief Nurse Executive Report

**M&PA/IT Committee Meeting
July 16, 2025**

April 2025 – June 2025

American Delivery Film Premier



- Celebrating the launch of the documentary, American Delivery, which highlighted the birthing stories of women of color across the U.S. last May 5th at 6 PM at Walter Reade theater at Lincoln Center.
- NYC Health + Hospitals/Woodhull was featured in the film.
- The event was attended by NYC Health + Hospitals Nursing and Women's Health leaders. **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, Senior Vice President and Chief Nursing Executive, **Dr. Wendy Wilcox**, Chief Women's Health Services Officer, and other NYC Health + Hospitals members.

Care Delivery Daily Management System (CD²) Rollout at Kings Country

- Following a successful CD² roll out at eight acute facilities, we implemented the Care Delivery Daily Management System at the ninth Acute Facility – **NYC Health + Hospitals/Kings** in May 2025.
- The initiative creates an evidence-based model that impacts excellence for all levels of nursing, starting with nurse leaders, and creates standardization for nursing processes as well as sets the standard for nursing excellence and accountability.
- There were **45 nurse leaders and educators** from Med/Surg, Behavioral Health, Critical Care, Emergency Medicine, and Maternal Child Health who participated from May 14 – 16, 2025.
- Approximately **1250 nurses** are being trained utilizing the CD² system.

American Heart Association – Heart Walk/Run

- The Annual Wall Street Walk/Run by the American Heart Association (AHA) was held May 17th with thousands of participants from various organizations, including representatives from different **NYC Health + Hospitals** acute and post acute facilities; to support AHA's focused on promoting heart health and preventing heart disease and stroke.



Nursing Clinical Ladder Program

- The application process for the 2025 Nursing Clinical Ladder opened on March 1st and closed on April 30th.
- The **total approved** applicants were **3,938**.
- Systemwide Q&A sessions were conducted for all participants and nursing leadership. These sessions provided an overview of the program's purpose, requirements, submission, and approval processes.
- The **Nursing Clinical Ladder Program Day** is scheduled to be held in September 2025, where participants will have the opportunity to showcase their works and highlight its impact on their facilities.

Nurse Educator Fellowship Program

ADVANCE YOUR CAREER: NURSE EDUCATOR FELLOWSHIP PROGRAM



Elevate Your Impact at NYC Health + Hospitals

As an experienced nurse educator at NYC Health + Hospitals, you now have the opportunity to formalize your career expertise through our exclusive partnership with Mercy University. This tuition-free specialized 18-credit online certificate program allows working H+H nurse educators to enhance their teaching skills while maintaining their current positions.

*** Acceptance of this program's offer will require a three-year service commitment to NYC H+H**

Flexible Schedule

Complete the 18-credit program in 3 semesters with fully online coursework designed for full-time professionals

Career Advancement

Gain specialized credentials in nursing education while continuing your vital work within our healthcare system

Network with Peers

Connect with fellow H+H nurse educators across our network to share best practices and build professional relationships

Eligibility Requirements

- Minimum 2 years as a full-time employee at H+H
- MSN degree from an accredited institution
- Minimum 3.0 GPA in MSN program
- Unencumbered and current RN license
- Seniority will be factored in during the selection process

Application Process

- Complete NYC H+H's online application form
- Submit current resume and MSN transcripts
- Provide a letter of recommendation from H+H supervisor

Key Dates

- Program Start: Fall 2025 (through Fall 2026)
- NYC H+H's Applications Open: **June 6, 2025**
- NYC H+H's Applications Due: **July 4, 2025**
- Mercy University Application Due: **August 15, 2025**
- Info Session Webinar: **see link and QR code below**

Shape the future of nursing education at NYC Health + Hospitals while advancing your own career. This program offers the perfect opportunity to formalize your teaching expertise while continuing to make a difference within our healthcare system. Your experience as a nurse educator is invaluable – now enhance it with specialized certification designed specifically for H+H professionals.

Attend an info session: June 5, 2025 @ 2 PM. Register at the link below
<https://hhc.webex.com/webexlink/register/r727b0314fef8a1c8c9ebf9370704bab8>



Scan QR Code to register for the info session

Questions? Contact Carla Sison, Director, Operations Office of Patient Centered Care
Phone: 646-815-3257 | Cell: 929-504-3966 | Email: sisonc1@nychhc.org

- The **Nurse Educator Fellowship Program** was launched in June 2025.
- This program is in partnership with **Mercy University** and was made possible with the grant received from **Mother Cabrini Health Foundation**.
- It is a **tuition-free specialized 18-credit online certificate program** offered to existing NYC Health + Hospitals Nurse Educators to enhance their teaching skills while maintaining their current positions.
- There will be **10 candidates** who will be selected and will enroll at Mercy University starting Fall 2025.
- Applications are currently open and will close on July 4th, 2025.

Nursing Fellowship Programs

- **Emergency Department (ED) – 493 nurse fellows** completed their six-month fellowship program. **116 fellows** currently in the program.
- **Intensive Care Unit (ICU) – 84 nurse fellows** completed their six-month fellowship program. **103 fellows** currently in the program
- **Peri-Operative – 25 nurse fellows** completed their six-month fellowship program. **59 fellows** currently in the program.
- **Total Nurse Fellows All Programs = 880**

Questions and Thank You!

Clinical Services Operations Report

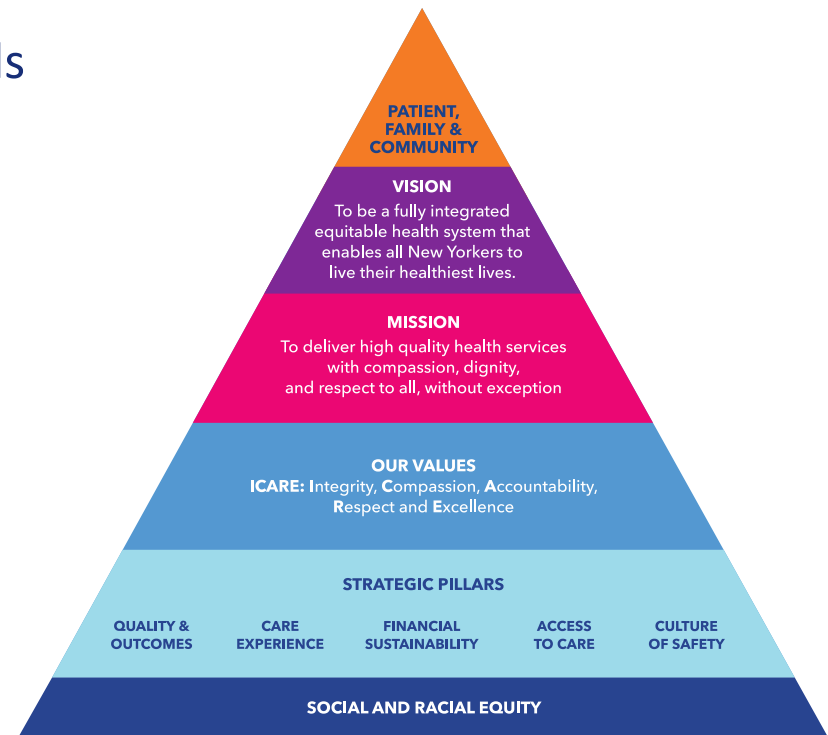
Kenra Ford, Senior Vice President, Clinical Services Operations
Joshua Moskovitz, MD, Clinical Services Operations

Medical and Professional Affairs /
Information Technology Committee
July 16, 2025

Aligning Clinical Services Operations Goals and Initiatives

Utilization Management teams help NYC Health + Hospitals ensure its acute care resources are used:

- Clinically and efficiently appropriately
- In alignment with regulatory standards
- In a manner enabling maximal reimbursement for services rendered



Medical Necessity and Inpatient Care Revenue



Many patients get admitted to the hospital emergently or without the chance to get an insurance company's prior authorization.



Insurance companies review these emergency admissions during and after hospitalization to determine if they are appropriate and “medically necessary”.



If insurance companies think an admission is not necessary, they can deny payment for all of that hospitalization – even though it has already occurred.

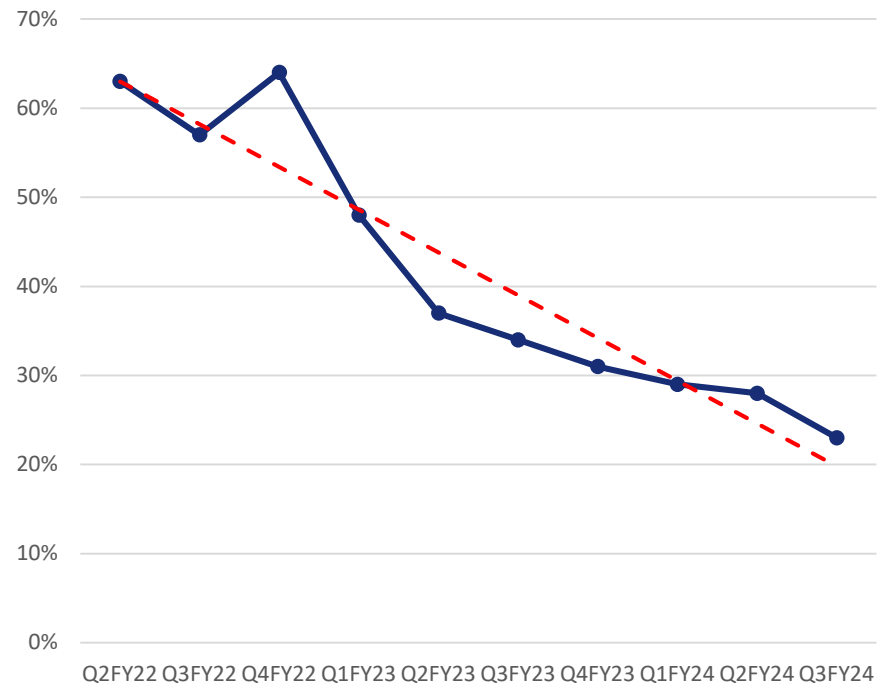
\$52M

**FY24 savings
from preventing medical
necessity denials**

\$48M

**projected FY25 savings
from preventing medical
necessity denials**

**Percent of Denials Attributed to
Medical Decision-Making and Documentation**



ED Physician Documentation Matters!



Helps reduce denials – Provide clinical justification for admission, used to secure up-front payor approval for hospitalization.



Helps win appeals – Help defend our clinical decision to admit (i.e., when payors deny us payment), as part of back-end appeal efforts.



Helps pass audits – Help defend our clinical decision to admit, avoiding risk from regular federal or state audits (i.e., of short-stay admissions).

ED Physician Admission Note Template (AFTER)

INPATIENT ADMISSION MEDICAL DECISION-MAKING:

██████████ is a 91 y.o. female who necessitates inpatient admission with an anticipated duration of at least two midnights.

At this time, working diagnoses include but are not limited to:

1. Hypoxia
2. NSTEMI (non-ST elevated myocardial infarction) (HCC)

Emergency Department work-up and treatment was notable for:

- Select ALL ED Findings Supporting Admission (F2 to Select) ▾

Comorbid conditions contributing to the patient's risk include:

- ***

Additional social determinants contributing to the patient's risk include:

- Select ALL Social Risks Complicating Care (F2 to Select) ▾

Attestation of Inpatient Medical Necessity:

Inpatient care is medically necessary due to: Medical Necessity Concepts (F2 to select) ▾

[Final Assessment and Plan](#)

- ☐ Concerning/abnormal vital signs
- ☐ Concerning/abnormal exam findings
- ☐ Concerning/abnormal ECG/telemetry findings
- ☐ Concerning/abnormal labs
- ☐ Concerning/abnormal imaging findings
- ☐ Persistent risk despite ED management
- ☐ Worsening risk despite ED management
- ☐ Consultant advising inpatient care

- ☐ Problems related to health literacy or education
- ☐ Problems related to social environment or support
- ☐ Problems related to psychosocial circumstances
- ☐ Problems related to housing circumstances
- ☐ Problems related to economic circumstances
- ☐ Problems related to employment
- ☐ Problems including ***
- ☐ None identified during ED visit

- ☐ the acuity and/or severity of the patient's presentation
- ☐ the risk and/or concern for potential clinical deterioration
- ☐ the need for advanced diagnostics and/or extended evaluation
- ☐ the intensity of nursing and/or other hospital resources anticipated
- ☐ the clinical complexity introduced by the patient's comorbidities
- ☐ the patient's social challenges significantly complicating clinical management and risk reduction
- ☐ the failure of available outpatient management approaches

ED Documentation After Changes:
Embedded tools to help physicians capture reasons for admission.

ED Physician Documentation Matters!

From ED Progress Note 5/20/2023 0702

INPATIENT ADMISSION MEDICAL DECISION-MAKING:

At this time, working diagnoses include but are not limited to:

1. COPD exacerbation (HCC)
2. Acute electrocardiogram changes

Emergency Department work-up and treatment was notable for:

- Concerning/abnormal vital signs
- Concerning/abnormal exam findings
- Concerning/abnormal ECG/telemetry findings
- Worsening risk despite ED management
- Consultant advising inpatient care

Comorbid conditions contributing to the patient's risk include:

- New EKG changes/ST elevations laterally

Additional social determinants contributing to the patient's risk include:

- Problems related to health literacy or education
- Problems related to psychosocial circumstances

Attestation of Inpatient Medical Necessity:

Inpatient care is medically necessary due to: *the acuity and/or severity of the patient's presentation, the risk and/or concern for potential clinical deterioration, the need for advanced diagnostics and/or extended evaluation, the intensity of nursing and/or other hospital resources anticipated, the clinical complexity introduced by the patient's comorbidities, the patient's social challenges significantly complicating clinical management and risk reduction, the failure of available outpatient management approaches, and an expected duration of hospital care exceeding two midnights.*

Balance:
\$24,386

**Successfully
Appealed!**

ED Physician Documentation Matters!

Admission Diagnosis Specificity Matters!



Every admission has one or more admission diagnoses. These diagnoses are sent to insurance companies and used to judge medical necessity.




Weaker admission diagnoses may bias insurance companies toward concluding an admission is not justified.



Some types of diagnoses are disproportionately denied...


- Symptom-based (e.g., Chest Pain, Shortness of Breath)
- Injury-based (e.g., Motor vehicle collision, Fall)


Dx Specificity Best Practice Advisory (Ex: Chest Pain)

Quality and Compliance (1) 


You are trying to admit a patient with a symptom-based cardiac ICD-10 “R-code”
When R-Codes are used insurances nearly universally deny payment of services.
Consider using one of the more specific codes below.
N.B. this can be a rule in/rule out impression.
Ideally remove the initial impression and update with the new selection as primary.

Add Visit Diagnosis	Do Not Add	Acute coronary syndrome (HCC)
Add Visit Diagnosis	Do Not Add	Chest pain due to myocardial ischemia
Add Visit Diagnosis	Do Not Add	NSTEMI (HCC)
Add Visit Diagnosis	Do Not Add	Unstable angina (HCC)
Add Visit Diagnosis	Do Not Add	Acute myocardial infarction (HCC)
Add Visit Diagnosis	Do Not Add	Acute ischemic heart disease (HCC)
Add Visit Diagnosis	Do Not Add	Cardiac arrhythmia

 [Go to Impression to flag as primary](#)

 Acknowledge Reason _____

[No alternative impression](#)

 [Accept](#)

BPA fires when ED provider admits patient with one of several R-Code (non-specific) chest pain diagnoses.

Suggests alternative more specific diagnoses.

Admission Diagnosis Specificity Matters!

Level of Care Appropriateness Matters!



Certain procedures are almost always unlikely to require hospitalization longer than 2 midnights (e.g., appendicitis), regardless of the patient.



Inappropriately admitting such patients to an inpatient level of care (i.e., vs outpatient surgery) and billing for inpatient revenue can result in:

- Increased denials (i.e., non-payment) for inpatient revenue
- Missed opportunity for outpatient surgery revenue instead
- Heightened regulatory/audit risk

Level of Care Best Practice Advisory (Ex: Appendicitis)

Disposition ✓

Discharge **Admit** Transfer to Another Facility AMA Expired Send to CPEP/PES Send to L&D Place in Amb Surg Observation

LDE / Left During Evaluation

BestPractice Advisory - Parker, Sandra

ⓘ This diagnosis anticipates a discharge before 2 midnights.
Please remove "Admit to Inpatient" and use "Place in Amb Surg" instead.

Remove the following orders?

Remove **Keep** **Admit to Inpatient**
Patient Class: Inpatient Primary Diagnosis: Appendicitis, unspecified appendicitis type

Apply the following?

Order **Do Not Order** **Place In Amb Surg**

Acknowledge Reason

Admission expected > 2 Midnights.

✓ Accept Dismiss

Impressions

◆ Appendicitis, unspecified appendicitis type [Comment](#) [Add to Problem](#)

Admit Order/Bed Req

Order **Admit to Inpatient**

Order **ED Consult to Utilization Review**

BPA fires when provider admits patient with low-risk appendicitis:

Suggests placing patient in outpatient surgery status instead of inpatient.

Level of Care Appropriateness Matters!

Other Accomplishments & Near-Term Roadmap!

- **Inpatient Documentation Tools** – Implemented and scaling!
- **Care Management Documentation Tools** – Implemented and scaling!
- **ED Utilization Review Care Management** – Implemented!
- **Artificial Intelligence Tools** – Final testing stages!
- **Systemwide Written Appeal Program** – Pilot launch planning!