

BOARD OF DIRECTORS MEETING
THURSDAY, SEPTEMBER 25, 2025

A•G•E•N•D•A•

CALL TO ORDER - 2:00 PM

Mr. Pagán

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

➤ NYC Health + Hospitals | Seaview Nursing and Rehabilitation Center

2024 Performance Improvement Plan and Evaluation (Written Submission Only)

➤ NYC Health + Hospitals | Cumberland Diagnostic & Treatment Center - Gotham Center

Mr. Pagán

Semi-Annual Governing Body Report (Written Submission Only)

➤ NYC Health + Hospitals | Coler Rehabilitation and Skilled Nursing Facility

➤ NYC Health + Hospitals | Gouverneur Skilled Nursing Facility

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

3. **Adoption of the Board Meeting Minutes – July 31, 2025**

Mr. Pagán

4. **Chair's Report**

Mr. Pagán

5. **President's Report**

Dr. Katz

6. **Fiscal Year 2025 Annual Public Meetings Responses**

Ms. Brown

ACTION ITEMS

7. Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for **Fiscal Year 2025 to Office of the State Comptroller's Authorities Budget Office (the "ABO")** as required by the Public Authorities Reform Act of 2009 (the "PARA").
(Presented Directly to the Board: 09/25/2025)
Vendex: NA / EEO: NA

Mr. Pagán

8. Authorizing New York City Health and Hospitals Corporation (the "System") to extend its contract with **Kone Corporation ("Kone") for one year until November 31, 2026, and to increase the not-to-exceed amount by \$12,500,000 from the original \$46,700,000 to a new not-to-exceed amount of \$59,200,000, for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide, 24/7 emergency service and repairs, and a dedicated diagnostics and testing team.**
(Presented to the Capital Committee: 09/08/2025)
Vendex: Approved / EEO: Pending

Mr. Pagán

9. **AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND:**
Authorizing New York City Health and Hospitals Corporation (the "System") to execute a clinical services agreement with **AK City Urology, PLLC (the "Provider Group") to provide urology services at New York City Health + Hospitals / South Brooklyn Health** for a contract amount of \$19,954,000, with a 20% contingency of \$3,990,800, to bring the total cost not to exceed of \$23,944,800 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.
(Presented to the Medical and Professional Affairs / Information Technology Committee: 09/08/2025)
Vendex: Pending / EEO: Pending

Dr. Calamia

<p>10. AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND: Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a clinical services agreement with City Orthopedics, PLLC (the “Provider Group”) to provide orthopedic services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$18,700,000, with a 20% contingency of \$3,740,000, to bring the total cost not to exceed of \$22,440,000 for an initial term of three (3) years with two (2) one-year renewal options to extend.</p> <p>(Presented to the Medical and Professional Affairs / Information Technology Committee: 09/08/2025)</p> <p>Vendex: Pending / EEO: Pending</p>	Dr. Calamia
<p>11. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Bioreference Health, LLC, Laboratory Holdings of America, and Quest Diagnostics for Referred Pathology Lab Testing Services at a not to exceed amount of \$38,650,651 for a contract term of FIVE years and TWO additional ONE-year renewal options exercisable at the discretion of the System.</p> <p>(Presented to the Medical and Professional Affairs / Information Technology Committee: 09/08/2025)</p> <p>Vendex: All Approved / EEO: Only Quest Diagnostics Incorporated Approved – other - Pending</p>	Dr. Calamia
<p>12. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an affiliation agreement (the “Affiliation Agreement”) with Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (collectively, “PAGNY”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/South Brooklyn Health, and NYC Health + Hospitals/Gotham Health Belvis, Cumberland, East New York, Morrisania & Renaissance.</p> <p>Such Affiliation Agreement will run through June 30, 2030 for an amount not to exceed \$7,452,731,569, which includes a 10% contingency.</p> <p>(Presented to the Medical and Professional Affairs / Information Technology Committee: 09/08/2025)</p> <p>Vendex: Approved / EEO: Pending</p>	Dr. Calamia
<p>13. Re-Electing Hillary S. Jalon as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for a five-year term or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus By-Laws.</p> <p>(Presented Directly to the Board: 09/25/2025)</p> <p>Vendex: NA / EEO: NA</p>	Ms. Hernandez-Piñero
<p>14. AMENDING THE JANUARY 30, 2025 RESOLUTION TO CORRECT APPOINTMENT TERM TO REFLECT THE BALANCE OF THE PREDECESSOR TERM INSTEAD OF A FULL FIVE-YEAR TERM - Re-electing Kathleen Shure as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for the remainder of the five-year term of their predecessor through April 27, 2028 or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus By-Laws.</p> <p>(Presented Directly to the Board: 09/25/2025)</p> <p>Vendex: NA / EEO: NA</p>	Ms. Hernandez-Piñero
<p style="text-align: center;">COMMITTEE AND SUBSIDIARY REPORTS</p> <ul style="list-style-type: none"> ➤ Medical & Professional Affairs/Information Technology Committee ➤ Capital Committee ➤ Equity Diversity and Inclusion Committee ➤ Community Relations Committee ➤ HHC Capital Corporation (Subsidiary) <p>>>Old Business<<</p> <p>>>New Business<<</p> <p>>>Adjournment<<</p>	

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

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the 31st day of July, 2025 at 1:30 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José A. Pagán
Dr. Mitchell Katz
Ms. Suzanne Miles-Gustave -Left at 3:00 p.m.
Ms. Erin Kelly - Joined at 3:00 p.m.
Ms. Freda Wang
Ms. Karen St. Hilaire
Dr. H Jean Wright
Dr. Shadi Chamany
Ms. Sally Hernandez-Piñero
Ms. Vanessa Rodriguez
Ms. Jackie Rowe-Adams
Ms. Anita Kawatra
Ms. Tricia Taitt - Left at 3:00 p.m.

José Pagán, Chair of the Board, called the meeting to order at 1:36 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

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

EXECUTIVE SESSION

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

OPEN SESSION

The Board reconvened in public session at 3:01 p.m.

Mr. Pagán noted for the record, Erin Kelly is representing Deputy Mayor Suzanne Miles-Gustave, Karen St. Hilaire is representing Molly Wasow Park and

Dr. Shadi Chamany is representing Dr. Michelle Morse - all in a voting capacity.

ACTION ITEM 3 - ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on June 26, 2025 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the **Board of Directors Meeting held on June 26, 2025** copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

GOVERNING BODY

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

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

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

VENDEX APPROVALS

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

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

ACTION ITEM 6:

Ms. Hernandez-Piñero read the resolution

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

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

Steven Stein Cushman, Chief Counsel, MetroPlusHealth Plan, Inc., noted that the NYC Health + Hospitals Board of Directors holds sole authority to amend the MetroPlus by-laws. He reviewed the current MetroPlus Board composition and explained the proposal to expand to eleven members, citing studies showing the most effective board size is between 9 and 17. He also outlined that the additional members would be designated by the Chair of the NYC Health + Hospitals Board and the President.

In response to questions from the Board, Mr. Cushman explained that one nominee, Karla Silverman, has been selected pending Board approval, while the second seat is still under consideration. Dr. Talya Schwartz, President and CEO of MetroPlus, confirmed that work is ongoing to fill the remaining seat. Mr. Cushman also clarified that the title "Network Senior Vice Presidents" no longer exists and its reference in the by-laws is outdated. Ms. Cohen added that this change is simply a cleanup of old language.

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

ACTION ITEM 7:

Ms. Hernandez-Piñero read the resolution

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

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

Mr. Cushman provided highlights from Ms. Silverman's current and past

work and experience. Mr. Pagán added that Ms. Silverman's knowledge about value-based care and nursing would be a good addition to the MetroPlus Board.

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

ACTION ITEM 8:

Mr. Pagán read the 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.
(Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025)

Dr. Steven Pulitzer, Chief, Enterprise Radiology, explained that over the past decade, NYC Health + Hospitals transitioned from in-house medical physicists to a third-party vendor model, improving quality, compliance, and system-wide coverage. He explained that the contract over-spend resulted from expanded service requests, including coverage at additional non-acute facilities due to staffing changes, COVID-19 response, new imaging modalities, and added Radiation Safety Officer responsibilities. The new procurement will support additional equipment, new imaging centers, expanded radiation safety needs, and education for non-radiologists, leading to an increased contract value. Dr. Pulitzer shared an overview of the procurement process, vendor performance rating and noted that there was no subcontracting opportunity under this solicitation per OP-100-05.

The Board asked about the limited vendor responses in the procurement process, and Dr. Pulitzer explained that other vendors either did not respond or could not meet the System's scope of needs, noting Petrone has been the vendor since 2010 and provides excellent service. Dr. Katz added that this is a highly specialized field with few qualified providers. Ms. Hernandez-Piñero inquired about the \$5M contract growth, and Dr. Pulitzer confirmed it reflects expanded services, new equipment and sites, and a 30% contingency to cover future growth.

Dr. Katz praised Dr. Pulitzer for leading the effort that enabled the System to read its own X-rays in-house, eliminating reliance on contractual

staff, resulting in significant cost savings and improved quality.

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

ACTION ITEM 9:

Mr. Pagán read the 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.

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

Tim O'Leary, Senior Assistant Vice President, provided an overview of CHS's provision of dental services at Rikers Island. CHS is responsible for delivering mandated health services, including dental care, and ensures dental staff meet credentialing requirements such as accredited education, residency, certification, and security clearance. The existing contract with Correctional Dental Associates began in 2016, included three two-year renewal options, and is set to expire at the end of the current year, with annual expenditures averaging \$4.6 million, fully funded by New York City via an MOU. An RFP was issued to continue these services, which include staffing multiple clinics five to six days per week, employing 20-25 dental professionals, and providing varied dental care with monthly expenditure reporting. Mr. O'Leary discussed the RFP criteria, procurement process, vendor performance and noted the vendor is a NYS Certified Minority Business Enterprise.

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

ACTION ITEM 10:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (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.

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

Mr. O'Leary, provided background information. CHS oversees health services in NYC jails and requires continuous emergency medical support from Board-certified physicians, including on-site response, triaging, consultations, emergency room referrals, and quality monitoring. The System contracted Urgent Medical, P.C. from 2016-2019 and renewed a six-year agreement from 2020-2025, with total expenditures of \$12.8M. Mr. O'Leary explained the best interest renewal rationale of the proposed new six-year term starting January 1, 2026, with a not-to-exceed value of \$17.9M (including a 20% contingency) ensures system-wide emergency coverage, continuity of patient care, and cost efficiency. The renewal scope includes in-person and teleconsultation services, quality management participation, and biweekly expense reporting. CHS determined that Urgent Medical is uniquely qualified, has excellent performance ratings, and no comparable vendors are available.

Following questions, Mr. O'Leary clarified that the emergency medical contract involves five providers, with one on-site at Rikers 24/7, 365 days a year. Coverage is needed only at Rikers, not at OTxHU outposted units, whereas dental services cover both locations. Concerns were raised about the high demand for dental care at Rikers and limitations due to correction officer availability. Ms. Patsy Yang confirmed that there are enough providers and specialists, but the main challenge is escorting patients to clinics for appointments.

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

RECUSAL: Mr. Pagán recused himself for the presentation, discussion and vote on action item 11 and turned the chairing of the meeting over to Vice Chair Freda Wang.

ACTION ITEM 11:

Ms. Wang read the 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.
(Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025)

Dr. Sewit Teckie, System Chief of Clinical Affairs, provided an overview of the proposed affiliation agreements with NYU Grossman School of Medicine for the provision of general health care and behavioral health services at Bellevue, Gouverneur, Coler, Carter, Woodhull, and Cumberland. The agreements, set to run through June 30, 2030, will not exceed \$4.45 billion including contingency. She highlighted the long-standing history of affiliation agreements for staffing across the System, graduate medical education programs, and clinical service delivery. Dr. Teckie discussed accomplishments from 2021-2025, including improved governance, integration of affiliate budgeting into system operations, enhanced workforce planning, and revenue growth exceeding contract costs. Looking ahead, the agreements are structured to strengthen facility-level management, drive efficiency, and support proactive workforce planning while ensuring predictable financial growth.

Dr. Sewit Teckie responded to questions from Ms. Hernandez-Piñero regarding the decline in non-provider staff categories despite significant increases in patient volumes. She explained that these positions, which include radiology and lab technicians, clerical, administrative staff, department managers, and some trainees, are being shifted from the affiliation contracts to direct NYC Health + Hospitals employment to focus affiliate resources on physicians and providers. Dr. Katz added that this approach corrects a past workaround when City salaries were not competitive, and affirmed that with recent contracts making salaries more attractive, these roles can now be filled directly by NYC Health + Hospitals' employees.

Ms. Wang commended the presentation and asked about the "strategic growth" component of the contract. Dr. Teckie explained that it involves business plans and investments, such as operating room expansions, which

require long-term affiliate staffing, and that some allocations are left open for future initiatives. Mr. Siegler added that while prior contracts relied on large-scale business planning investments, the current agreement transitions these projections into a more structured, routinized workforce planning process, with the growth projections reflecting anticipated future plans to be developed collaboratively with the affiliate.

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

Mr. Pagán reentered the room and resumed chairing the meeting.

ACTION ITEM 12:

Mr. Pagán read the 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 Health** for a contract amount of \$19,403,000, with a 20% contingency of \$3,880,600, to bring the total cost not to exceed of \$23,283,600 for an initial term of three (3) years with two (2) one-year options to extend. (Presented to Medical and Professional Affairs/Information Technology Committee: 07/16/2025)

Svetlana Lipyanskaya, Chief Executive Officer of NYC Health + Hospitals| South Brooklyn Health, explained that the hospital seeks to enter into a direct contract with Neurosurgery of Brooklyn South, PC to provide neurosurgery services essential to the community. The new group is a continuation of the existing providers. Ms. Lipyanskaya noted that neurosurgery services are currently subcontracted through PAGNY, which adds a 3% administrative fee, holds the subcontract, and collects the professional billing revenue. The existing subcontract has expired, lacks quality KPIs, and has limited impact on performance programs. Ms. Lipyanskaya explained that by contracting directly the System would retain billing revenue, eliminate administrative fees, gain stronger control over service quality and performance, and maintain provider stability while expanding outpatient sessions and operating room days. The proposed contract includes 24/7 neurosurgery coverage, five outpatient sessions per week, and five operating room days per week. It establishes a five-year term (structured 3-1-1), incorporates quality KPIs with incentive components, and sets a total not-to-exceed amount of \$23.28 million.

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

ACTION ITEM 13:

Mr. Pagán read the resolution

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

(Presented to Capital Committee: 07/16/2025)

Deborah Morris, Senior Director of Real Estate & Housing, presented an overview of the WIC programs across the System and at NYC Health + Hospitals| Queens, which serves about 2,500 clients and has operated in Jamaica since 2012. Funded by a State grant that includes rental support, the program provides nutrition services to low-income women, infants, and children. Ms. Morris outlined the lease terms; a new lease for 4,000 square feet at 79-18 164th Street with a five-year term, one five-year renewal option, and a projected occupancy costs of about \$1.9 million over 10 years, with an option to terminate if the grant is not renewed.

Following questions, Ms. Morris explained that this WIC program operates off-site to make it more convenient for the community compared to accessing services within the hospital. Dr. Katz added that limited hospital space is reserved for services that must be provided on-site.

The Board inquired whether any provisions in the current Federal bill might impact the program, particularly regarding lease termination costs. Dr. Katz clarified that WIC funding is not affected by the legislation, noting that protections exist even concerning immigrant provisions.

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

ACTION ITEM 14:

Mr. Pagán read the resolution

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

(Presented to Capital Committee: 07/16/2025)

Ms. Morris presented on the redevelopment of the Old Lincoln Recovery Center, a vacant and deteriorated 22,750 SF building closed since 2012. Following a 2022 RFP, the site will be leased to the Mott Haven-Port Morris Community Land Stewards for renovation into the HEArts Community Center, which will provide diverse programming such as nutrition classes, cooking demonstrations, exercise programs, health screenings, tai chi, arts, workforce development, and cultural events. The \$42.3 million project, will be funded through City Capital and State/Federal grants and tax credits, with no cost to the System for construction or operations. A 49-year ground lease with two 25-year renewal options will be executed at \$1 per year, with the tenant responsible for full rehabilitation, operations, and subleasing to approved community-based entities. The ground lease process includes public notice, hearings, committee review, and approvals with execution anticipated in winter 2025.

Mr. Pagán noted this is a positive project and has received good feedback from the community.

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

ACTION ITEM 15:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **to sign a 99-year ground lease (including tenant options)**

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

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

(Presented to Capital Committee: 07/16/2025)

Leora Jontef, Sr. Assistant Vice President of Real Estate & Housing provided an overview of the Housing for Health initiative, highlighting that in 2024 nearly 80,000 patients were homeless or marginally housed, often with high utilization of emergency and inpatient services. Ms. Jontef described the Gotham-Morrisania redevelopment project, which will transform NYC Health + Hospitals land into a \$252 million mixed-use development with approximately 328 affordable units, including 98 supportive housing units for the System's patients, alongside a 43,000 SF modern clinic, parking garage, community facilities, and public plaza. The project will be financed through City Capital, tax credits, loans, and grants, with no construction cost to the System aside from Gotham clinic fit-out expenses. Ms. Jontef explained the terms provide for a 99-year ground lease at \$1 per year after an initial \$4 million payment, with the System subleasing back the clinic and parking

spaces at cost. Construction is slated to begin in 2026 with completion expected in 2029, ensuring expanded clinical services, supportive housing, and community resources for the Bronx.

The Board inquired about the tenant screening process for both regular and supportive housing residents and prioritization for NYC Health + Hospitals' patients. Ms. Jontef explained that non-supportive housing units will be open to the public through NYC Housing Connect with only income qualifications, while supportive housing units are reserved for eligible NYC Health + Hospitals' patients identified in collaboration with HRA, with clinical reviews ensuring they can live independently. She emphasized a housing-first approach, with on-site case management and supportive services included. Ms. Jontef confirmed that patients do have access, as shown in recent rent-ups, given the significant overlap between the System and DHS clients. It was clarified that priority would go to the System's patients and many mutual clients qualify. Discussion then turned to continuity of clinical services during construction, with Ms. Morris noting that space at 1225 Gerard Avenue had been renovated to relocate programs from the annex, ensuring no disruption. Dr. Long added that services would transition and expand over-time, with the new facility expected to open in 2029.

Finally, the Board asked about community outreach. Ms. Jontef explained that there had been extensive engagement through the Jerome Avenue neighborhood plan and upcoming milestones will trigger further outreach, including posting units on Housing Connect and community-based efforts with BronxWorks and other nonprofit partners. Ms. Morris added that local schools and PTAs had also been engaged in the design process.

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

ACTION ITEM 16: (AMENDED VOTE WITH CORRECT ADDRESS OF 442 WEST 39TH STREET)

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") **to sign a three-year lease, with two one-year options to renew in its sole discretion, with Hudson West Hospitality, LLC ("Landlord") for the use of the entire Hudson River Hotel including its 56 rooms and all common areas located at 442 446 West 36th Street in Manhattan (the "Hotel") for the System's Bridge to Home program** at \$185 per room per night for the first three years, and at \$190 per room per night for the renewal years, for a total rental cost of \$19,111,400

plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$19,361,400.

(Presented to Capital Committee: 07/16/2025)

Dr. Theodore Long, Senior Vice President, presented an overview of the Bridge to Home program and its key components. Dr. Long described the patient journey and the program model which creates temporary emergency housing with co-located behavioral health services, staffed around the clock by NYC Health + Hospitals professionals. Services include three meals daily, medication management, individual and group therapy, substance use treatment, and continuous support. The first site is expected to open in September 2025, initially serving about 50 guests, with capacity expanding to 100 individuals. Bridge to Home is funded by OMB, with \$6 million allocated for FY-26 and \$12.9 million annually from FY-27-FY-29, supplemented by insurance reimbursements and philanthropy. Chris Keeley, Senior Assistant Vice President, presented the staffing model, eligibility, outcomes, and lease terms for the Bridge to Home program.

The Board asked whether a waiting list would be created if many patients opted into Bridge to Home and how long stays might impact turnover. Dr. Long explained that the program would begin with referrals from the Extended Care Unit, which currently has fewer than 50 patients, and noted that high demand would be a positive indicator that could support future expansion.

Following questions about staffing, Mr. Keeley clarified that staff would be dedicated to Bridge to Home, with some initial use of temporary staff until the right mix of roles is determined, after which positions would transition to NYC Health + Hospitals employees. Dr. Long added that the program will be supported clinically by NYC Health + Hospitals | Bellevue and will have a System's staff member on site at all times.

The Board raised concerns about patients who might need longer than 12 months or who leave early. Dr. Long responded that the program will be flexible, and Mr. Keeley noted that rooms could be quickly backfilled if vacated, with outreach and referrals from NYC Health + Hospitals | Bellevue and other System sites.

In response to questions about tracking outcomes, Mr. Keeley explained that the Housing for Health team will monitor patient transitions to supportive housing and their stability over time, with follow-up at intervals. Dr. Long added that clinical data from Epic and other Citywide systems will also be used. The Board would like subsequent reports once data

is available. Dr. Katz emphasized the importance of combining housing with social and therapeutic programming to ensure patients remain engaged and do not cycle back into hospitals, shelters, or the justice system.

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

ACTION ITEM 17:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **to execute a contract with JRM Construction Management (the "Contractor") to undertake a gut renovation at NYC Health + Hospitals/South Brooklyn Health's Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department space**, for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224.

(Presented to Capital Committee: 07/16/2025)

Manuel Saez, Vice President of Office of Facilities Development, provided background information. NYC Health + Hospitals| South Brooklyn Health is shifting focus toward ambulatory care, with plans to relocate, expand, and modernize primary and specialty services into a consolidated first-floor center in the former Emergency Department space. Kelly Burns, Director, NYC Health +Hospitals| South Brooklyn outlined the construction scope, schedule, and discussed the renderings of the future space. Mahendranath Indar, Assistant Vice President, Office of Facilities Development, provided an overview of the procurement process, construction contract and project budget.

In response to questions from the Board, Ms. Lipyanskaya explained that after the ED moved into the new Ruth Bader Ginsburg building, the vacated first-floor space became available and was repurposed as part of the campus master plan. She noted that primary care, orthopedics, podiatry, X-ray, and urology were strategically chosen for relocation to improve access, co-locate services, and support growth, with the moves creating a domino effect that will expand the overall ambulatory care enterprise.

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

ACTION ITEM 18:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, **Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the "Contractor" or collectively "Contractors") to provide General Contracting services** on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts. (Presented to Capital Committee: 07/16/2025)

Mr. Saez provided background information and the current state of the general construction contracts. Mr. Indar gave an overview of the procurement process and the corresponding MWBE utilization plan, noting Volmar has committed to a 30% MWBE spend and BA global is a certified MWBE. The contract budget and performance ratings were also discussed.

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

ACTION ITEM 19:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to extend the contract term by one year with seven Construction Management ("CM") consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, the McCloud Group LLC. (the "Vendors"), to provide professional CM services;** on an as-needed basis at various facilities throughout the System. (Presented to Capital Committee: 07/16/2025)

Mr. Saez explained that the System requires professional construction management services on an as-needed basis across the System, covering contract administration, inspections, testing, and progress monitoring. Existing CM contracts, approved in 2020 and extended in 2022 to create a \$50 million pool, will expire at the end of 2025, with current spend at about \$26.7 million. Mr. Indar noted the request for a one-year extension is to utilize the remaining funds and allow time to complete a new RFP for contracts to begin in January 2027.

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

ACTION ITEM 20:

Ms. Wang read the resolution

Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, **"New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution" providing for the issuance of a series of Health System Bonds (the "2025 Series Bonds")** in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospitals Corporation (the "Corporation"), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not extending beyond February 15, 2055

(Presented to the Finance Committee: 07/16/2025)

Linda DeHart, Vice President, Finance, joined by Thomas Tran, Senior Director, Debt Finance and Brenda Schultz, Senior AVP, Capital Budget, presented an overview of the System's bond financing program, noting that while City Capital remains the System's primary funding source, there is a \$1.6 billion gap in critical and strategic needs. A \$577 million portfolio of priority projects has been identified, with \$249 million now requested to launch initial spending. Projects focus on revenue generation, safety, and end-of-life equipment. The System has capacity for additional debt, with Medicaid reimbursement covering about 60% of debt service. Mr. Tran explained the MWBE designation policy for the upcoming bond sale provides that bonds will be sold on a negotiated basis through the System's approved underwriting group and the City's selling group. A minimum of 30% of the allocation will go collectively to MWBE firms in the underwriting group, with no more than 6% to any single firm.

During discussion, Ms. DeHart clarified that additional financing will be sought in alignment with spending needs. Dr. Katz and Ms. Wang commended the finance team's professionalism and effectiveness in managing bond issuances, securing favorable rates, and ensuring responsible capital planning to address essential infrastructure needs.

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

ACTION ITEM 21:

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services.** The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

(Presented to the Finance Committee: 07/16/2025)

Robert Melican, Assistant Vice President of Patient Accounting, Revenue Cycle Services, explained the request to increase the contract limit with PhyCARE Holdings Group, which provides outpatient coding, professional coding, and professional billing at teaching hospitals including NYC Health + Hospitals| Bellevue, Kings County, Woodhull, and Queens. These services generate significant revenue—about \$80 million annually—and recent expansions in coding responsibilities, including new billing categories and nurse practitioner services, have driven higher volumes. PhyCARE, a certified NYC WBE firm, has performed well and met diversity goals.

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

ACTION ITEM 22:

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services.** The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

(Presented to the Finance Committee: 07/16/2025)

Lisa Perez, Assistant Vice President, explained the request to extend the contract for outpatient hospital billing and inpatient coding/validation services, noting increased demand due to higher volumes, greater coding expertise requirements, and System initiatives aimed at accelerating revenue and improving charge capture. Additional needs have included risk adjustment reviews for Medicare and Medicaid and timely chart reviews for compliance and value-based care. The vendors, procured in 2022, have consistently performed well, met diversity goals, and maintained strong partnerships. The NTE increase will support continued capacity to meet growing coding demands and protect revenue integrity.

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

ACTION ITEM 23:

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Nym Health Inc. for autonomous coding services** at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System.

(Presented to the Finance Committee: 07/16/2025)

Ms. Perez provided background and current information. Rising coding demands can no longer be sustained through vendors and overtime alone. The automation, using AI technology, will improve efficiency, accuracy, and compliance while reducing long-term reliance on external contractors. Following a competitive RFP process, Nym Health Inc. was selected as the highest-scoring vendor, with a 10% MWBE commitment.

The Board asked whether autonomous coding had been used previously, and Ms. Karlin confirmed this would be the first contract, noting only limited built-in functions within Epic have been explored. She explained the software has been vetted through security and AI governance reviews and will undergo further review during contracting. Ms. Karlin emphasized that significant QA is built into the rollout, with initial automation focused on high-volume, predictable services such as ED and radiology coding. Ms. Wang and Mr. Pagán commended the Revenue Cycle team for their innovative work and efforts to

streamline operations.

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

ACTION ITEM 24:

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Hagerty Consulting, Inc. for disaster recovery consulting services** at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.

(Presented to the Finance Committee: 07/16/2025)

Nicole Qing, Senior Director Finance, presented on the selection of a new disaster recovery consulting firm to support the System in securing Federal and State grant funding for mitigation, repair, and recovery efforts tied to recent and future disasters. An RFP was jointly developed by Central Office Finance and Facilities Development, with evaluation focused on technical expertise and grants management experience. Mr. Qing provided an overview of the procurement process noting that reference checks had been conducted and were favorable. The vendor also met the 30% vendor diversity requirement.

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

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

Dr. Katz shared a quarterly report on Real Estate License Agreements not Requiring Board Approval (FY-25 Q4). The below summarizes real estate license transactions less than \$5M over its entire term for the period of April 1, 2025 - June 30, 2025.

- NYC Health + Hospitals| Harlem food services vendor Tasty Picks is licensing 2,133 square feet in the 1st floor of the MLK building for \$84,000 annually with a 3% escalation each year. The term is 5 years for a total of \$445,967. This is based on third-party fair market value assessment of neighborhood and food service market.

- NYC Health + Hospitals| Gotham is leasing space for clinical services in the South Jamaica Multi-Service Center, 114-02 Guy R. Brewer Boulevard, Jamaica, 11434. This is a City-owned building. It is leasing three rooms for a total of 9,900 square feet. The term is for one year for a total of \$277,200. This is at fair or below fair market value.
- NYC Health + Hospitals| Kings County food services vendor Tasty Picks is licensing 370 square feet in the D Building for \$14,800 annually with a 3% escalation each year. The term is 5 years for a total of \$78,575. This is based on third-party fair market value assessment of neighborhood and food service market.

COMMITTEE REPORTS AND PUBLIC HEARING SUMMARY

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 5:05 p.m.

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

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

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

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Mitchell Katz, Dr. Michael Espiritu, Dr. Vincent Calamia.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:07AM.

Adoption of the minutes of the May 5th, 2024 Medical and Professional Affairs/Information Technology Committee.

Upon motion made, seconded and approved by Dr. Calamia the Committee entered into executive session to discussed privilege confidential information.

Action Item

Kenra Ford, Sr. Vice President of Clinical Services Operation and Dr. Steven Pulitzer, Chief Enterprise Radiology presented to the committee, the resolution for to enter into contract with Petrone Associates, LLC.

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. Pulitzer provided the background on the 10-year transition from in-house medical physicists at each acute site to a third-party medical physicist contract. The benefits of this transition include: the 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).

NYC Health + Hospitals facilities that operate imaging equipment currently retain Petrone Associates, LLC to: Perform radiation and performance testing as required by regulatory agencies, with onsite

support, regular updates in anticipation of standard and regulatory changes, educate the facility staff in all aspects of radiologic standards, and respond to any emergency situations. Petrone Associates, LLC has been providing these services to NYC Health + Hospitals since 2010.

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, and 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.

Questions raised by the Board: *is the 30% contingency for services that are expected to happen? Dr. Pulitzer responded; a number of new MRIs, Pet-scans and new sites is planned for the future. With all of those additional cost, it will raise it to approximately 30% of the initial contract ask.*

Continued Question raised by the Board: *who makes the final decision that we are now going into the contingency? Dr. Katz, responded, this is budgeted and you must see revenue in order to add a contingency.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Dr. Patricia Yang, Senior Vice President of Correctional Health Services and Mr. Tim O'Leary, Chief Financial Officer of Correctional Health Services presented to the committee, the resolution for Correctional Dental Associates.

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.

Mr. O'Leary provided the background of the Correctional Health Dental Services. Correctional Health Services is responsible for the

provision of health services, including dental health services to individuals in the NYC Jails. Dental services for all patients in CHS' care is 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.

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.

***Questioned raised by the Board;** is the additional cost, unit cost or for the type or number or location of services that warrant the additional cost. Mr. O'Leary responded; The contingency is for unforeseen circumstances and or increase of patients, as well as the additional sites. The increase of cost is related to annual gross.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Dr. Patricia Yang, Senior Vice President of Correctional Health Services and Mr. Tim O'Leary, Chief Financial Officer of Correctional Health Services presented to the committee, the resolution for Urgent Medical, PC.

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.

Mr. O'Leary provided the background of the Correctional Health emergency triage Services. Correctional Health Services 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.

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. 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.

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. 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.

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Kenra Ford, Sr. Vice President of Clinical Services Operation and Dr. Sewit Teckie, System Chief, Clinical Affairs presented to the committee, the resolution for affiliation agreements.

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.

Dr. Teckie provided an overview of the NYC H+H medial staffing through strategic affiliation agreements. NYC Health + Hospitals currently have affiliate agreements with NYU, Mount Sinai, SUNY, and the PAGNY to staff our facilities with medical providers Systemwide. Approximately 6000 FTE are staffed and over 3000 FTEs are physician, and about 1600 of them are allocated to NYU affiliate sites.

NYU has been our partner for many years. The primary cost-based arrangements include compensation, fringe, and overhead, and this is NYU specially. The last contract was in place between FY-21 through FY-24. There has been a 10% growth in FTEs employed under the NYU affiliate, this is far outpaced by the volume growth at the affiliate during that time. There has been a significant growth of inpatient and outpatient volume. The physician growth has been primarily focused on advance practice providers who needed to be staffed, and they have been performing at high levels.

In addition, there are multiple Graduate Medical Education Programs that are run through NYU affiliate, these are the largest programs and NYC Health + Hospitals. Bellevue has 446 FTEs and Woodhull as 134 FTEs representing multiple programs and very advance care.

There have been many accomplishments from FY-21-FY-24 and ongoing work. There are 3 priority domains for improvement. One being Governance and Management, Financial, and Clinical services and operations. There has been achievement of major goals of stabilizing and professionalizing and how the affiliate is managed, on governance and management, the focus was to improve transparency management and H+H management of the affiliate agreement.

There is more oversight with on hiring, involvement with the budgeting management, and the CEOs are involved with decision making. The

goals for this contract renewal, are to maintain clear and enforceable contract terms that remain flexible to changing needs; strengthen operational and financial reporting transparency.

The affiliate budget has been incorporated into the System strategic and financial operations. Since the last contract there are areas that have been addressed; aligned financial incentives with affiliates and physician; drove culture change by reframing affiliate budgets as revenue-generating investments; developed incentive payments via Faculty Practice Plans (FPP) at Woodhull which was implemented a year ago and recently at Bellevue.

Investment have been made in base compensation across core specialties to stabilize staffing at our sites to compete in the market. At a recent meeting with Doctors Council to came to an agreement to implement significant cost-of-living-adjustment to enhance compensation and benefits to help with recruitment retention.

Moving forward the goals for the contract is to continue to drive performance improvement for efficiency, improve recruitment, and meet strategic revenue goals. The FPPS are going to be fully implemented to drive performance improvement and align the physician incentive with the strategic goals, and continue to ensure the compensation and benefits packages are competitive but also working within the resources.

Over the last 4 years for Clinical Services and Operations, there has been development of a multi-year work force planning and has been engaging the facility leadership and affiliate leadership to think about how to build the workforce for the future at their sites. Key accomplishments: staffing models have been implemented, for Emergency Medicine, Behavioral Health, Primary Care, and Hematology Oncology. This has helped to stabilize these services and drive growth.

For FY-26 and onward, the plan is to incorporate NYU affiliate into a proactive systemwide workforce planning; continue to partner closely with the affiliate on shared services, and continue to establish attractive career opportunities for the current generation.

Revenue growth exceeded contract cost for FY-21-FY-25. NYU Affiliate sites have exceeded the growth significantly. This has increased the amount of the contract cost for the expense of hiring more doctors. The project growth rate over the next five years will be slower than the past years, due to the prior progress achieving market standard salaries and more predictable growth in budgeting.

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Svetlana Lipyanskaya, Chief Executive Officer, South Brooklyn Health and Phillip Wadle, Associate Executive Director presented to the committee, the resolution to enter into a contract with Neurosurgery of Brooklyn South, PC.

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.

South Brooklyn Health has been providing neurosurgery services for many years. This has been done through a sub-contract with PGANY. This will be a transition of these services from the PGANY affiliation contract to a direct NYC Health + Health contract. The same providers will be maintained. These providers are in good standing and continue to receive evaluations, and have been doing excellent work.

The reason for transition of the contract from PGANY to H+H, is that it gives us direct oversight of the contract and the providers. It allows money to be saved on paying a 3% administration fee that is being paid to PGANY. New quality indicators and quality KPIs. Long-term this will have a small effect on PGANY, but a meaningful transition for South Brooklyn Health. PGANY is aware of the transition.

By contracting directly for the clinical services, the System will retain the professional billing revenue, increase the control over the services, and eliminate the administration fees. Also, the amount of services will be expanded. These are dollars that are already being spent, that was part of the PGANY contract. Now they will be transition back to NYC Health + Hospitals to cover the cost directly.

The contract would be a direct system contract, service would be 24/7 coverage, 5 sessions a week of outpatient neurosurgery clinic, 5 OR days, for a base contract of \$3,330,600 with a contingency not exceed \$23,283,600.

Board member raised a question: in regards to the KPIs incentives, is that something that is currently going on or is it new and additional? Ms. Lipyanskaya responded; it was that the contract did not have the KPI Quality incentive, H + H contract will have a KPI incentive.

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

METROPLUS HEALTH PLAN, INC.

Dr. Talya Schwartz, CEO of MetroPlus Health Plan, provided the following highlights.

H+H VBP Quality Performance

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 its quality performance in *all products*, and of note, received the *entirety* of the HIVSNP risk pool. MetroPlus is one of three plans that exist in New York State. Health + Hospitals received 100% of the points, and 90% of the metrics improved from year to year.

Update to the NYS Consumer Directed Personal Assistance Program (CDPAPA).

CDPAP was transitioned to PPL on April 1st. The plans have put great effort into notifying the members of the transition through every possible media channel, assist the members with registering to PPL. Members have been transitioned to the new service but, there were problems with getting their personal assistance registered. PPL is a fiscal intermediary, that handles the financial/administrative aspect of paying personal assistants who provide CDPAP services.

The priority was on the members with the highest number of hours, because they are at the highest risk. About 90% of the members and their personal assistant, were able to be registered. In order to get this accomplished, the case managers were deployed to members' homes. There still were a number of personal assistants that were having problems getting registered. The MetroPlus community offices in the different boroughs were opened to assist the members personal assistant with the registration process to PPL of the 3,500 members that was eligible for this transition, both from the Long-Term Care and Medicaid we are 93% successfully transferred, 7% moved to an agency and chose not to continue with PCS, and 3% are still in progress.

MetroPlus Health Cybersecurity

A third-party assessment was done on MetroPlus cybersecurity, one of the risks that was identified was that MetroPlus was connected to Health + Hospitals, if there was a breach it could impact both parties. Separation of the 2 system is being processed and almost completed. We are isolating the 2 systems, so if there is a breach it's contained.

MetroPlus is doing exceptionally well and continues to advance performance top score you can get is 800, MetroPlus is at 770. MetroPlus is doing better than all of their competition.

MetroPlus is very supportive of their community collaborations. Over 500 community events in 2024, part of this is to advance the business, this is a competitive businesses, there are many health plans out there but because of who MetroPlus is and their belief, and affiliation with Health + Hospitals, and the interaction with the community they know who MetroPlus is and tend to choose their health plan because of the support in the community from MetroPlus.

Questioned raised by the board: Do you see any issues with the separation?
Kim Mendez responded: the most pressing issue was around HR because the two systems share an active directory, which is being resolved

CHIEF INFORMATION OFFICER REPORT

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

Dr. Mendez provided an update regarding the Artificial Intelligence (AI) initiative, the department is actively implementing its comprehensive AI enablement strategy, under the leadership of Divya Pathak, the Vice President and Chief Digital Data and AI Chief. Significant foundational work has been completed, including the establishment of a robust governance platform, and a budget proposal for the first year of the initiative has been successfully secured. To ensure efficiency and strategic alignment, all AI-related requests are now systematically managed through the ServiceNow platform. This centralized approach allows for streamlined allocation of resources, enhanced security measures, and prioritization of projects based on their strategic importance to the enterprise. The department reported substantial progress in this critical area.

Dr. Mendez then provided an update for the "Unprint" initiative that continues to demonstrate notable success in its mission to significantly reduce organizational printing. This program commenced with a targeted awareness campaign at the central office, aiming to decrease both black and white and color printing volumes.

Impressively, overall enterprise printing has seen a substantial reduction from 13.22 million to 10.57 million prints. Specifically, the Central Office volume decreased from 855,000 to 407,000 prints. While administrative offices and suites initially saw a slight uptick in black and white printing, the cumulative volume in these areas still experienced a decline to 62,000 prints. This five-year program, conceived from

concerns about excessive printing costs and environmental impact, is consistently exceeding its goals, leading to both significant financial savings and positive environmental contributions. Dr. Katz highlighted and praised Dr. Mendez on her commitment and progress regarding this initiative.

SYSTEM CHIEF NURSE EXECUTIVE written REPORT was submitted for the record.

CLINICAL SERVICES OPERATION REPORT

Kenra Ford, Sr. Vice President of Clinical Services Operation, and Joshua Moskowitz, MD, Clinical Services Operations, highlighted the following:

Doctor Moskowitz job is to make sure documentation is being entered into the medical record to make sure insurers pay NYC Health + Hospitals for the service provided. Last year we have seen about 100 million dollars through the services. The focus is in an acute unscheduled care arena, where patient show up in our emergency rooms, you see and treat them, admit them, and make sure Health + Hospitals get paid for their services.

Board member commented that this saving information is in the finance board report.

Board member raised a question: how much has the IT system help, are they making sure the proper information is there to be evaluated by the insurance company? response by Dr. Moskowitz, they work closely with IT to make sure the right documentation is on the chart.

There being no further business, the meeting was adjourned 10:29AM.

Capital Committee Meeting - July 16, 2025

As reported by: José Pagán

Committee Members Present: Dr. Theodore Long, MD, Freda Wang - joined at 10:42, Karen St. Hilaire

José Pagán called the meeting to order at 10:39 a.m. and stated for the record Karen St. Hilaire would be representing Molly Wasow Park, in a voting capacity.

Mr. Pagán called for a motion to approve the minutes of the May 5, 2025 Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on May 5, 2025, were unanimously approved.

VICE PRESIDENT REPORT

Mr. Saez provided an update on Essential infrastructure and clinical renovation projects throughout the System:

NYC H+H/Queens: The Interventional Radiology (IR) Suite Renovation project is complete. The project modernized and expanded the IR Suite from 580 SF to 900 SF. The new suite includes a larger procedure room, control room, and equipment closets, while adding a new dressing room, radiographic room, and CT Scan vitals room. The completion of this project will allow for a more efficient patient flow and allow our staff to provide better patient care.

NYC H+H/Lincoln: Phase 1 of the Garage renovation has completed, and Phase 2 has begun. The project is to update and refresh the current garage which is original to NYC H+H/Lincoln Hospital, and has been in service for since 1976. The project was phased to ensure that the parking garage remains open for the staff and visitors and is expected to be complete in Spring 2026.

ACTION ITEMS

Deborah Morris read the resolution into the record:

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

Ms. Morris presented background information, details of WIC services and locations throughout the System and an overview of lease terms.

- Ms. Wang asked how the administrative space fits in. Ms. Morris explained that the space includes the WIC program, which Queens Hospital has occupied since 2012. They leased the whole space for the WIC program and subsequently realized they do not need the whole of the space for the WIC program, so it was subdivided with the landlord so that almost half the rent is billed to the WIC program and 19,000 sf is billed to the administrative program at Queens Hospital. It is still slight majority for the WIC program, but

Queens admin uses the other part, which helps with crowding at the hospital campus.

- Ms. Wang asked how that would affect a need or desire to terminate the lease. Would we apply for case taxation? Jeremy Berman, Deputy Counsel, stated that we mitigate our risk by being permitted to terminate lease if the grant is terminated but having administrative space available should be choose to maintain.
- Mr. Berman noted that there was a similar agreement near Woodhull, where they would be occupying some space for administrative functions and they were pleased to free up clinical space in the facility. If for some reason the grant was terminated they would maintain the administrative space.
- Ms. Wang asked if there were any known targets on the grant. Ms. Morris said they would follow-up.

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

Ms. Morris read the resolution into the record:

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

Ms. Morris presented background information related to the site, overview of the HEArts Center, the HEArts team, project funding sources and summary of the ground lease process and lease terms.

- Ms. Wang said she felt it was a terrific project and great use of land.
- The Committee also commented on the positive public hearing and positive feedback from the community.

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

Leora Jontef read the resolution into the record:

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

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

Ms. Jontef was joined by Matt Siegler, Chief Growth and Strategy Officer. Together they provided details of the Housing for Health program, background on affordable housing located within the systems' campuses, overview of the project and its benefits, the development partners, project timeline, project funding, the ground lease process and terms, and expansion of services under Gotham.

- Ms. Wang again noted that she thought the project was wonderful. She asked what the difference between a beneficial and named tenant. Mr. Berman said that the agreements are complicated for tenants and they all involve a housing development finance corporation an HDFC, which is a particular corporate creature in New York formed under the housing finance law, and that entity is entitled to various breaks and taxes and, and transfer fees and so forth. So, all these developments have an HDFC and they kind of put that out there as the front entity, but then there's where the control and the money usually reside in an LLC that is kind of the real party, so different deals give it different names, but they say that's the beneficial tenant, meaning really where the power is. The HDFC is a nominee and so then all of our obligations and involve both entities and it's really the same entity. The org charts are complex.
- Ms. Wang asked why the sublease structure. Mr. Berman said it was for their internal purposes preferred to have it set up that way. Ms. Jontef added that they would be creating a condominium structure.
- Ms. Wang asked if the 16% cost was based on square footage. Ms. Morris said yes and it's for façade, roof, building insurance, etc.
- Ms. Wang asked if this lease requires to be kept as affordable housing. Ms. Jontef said the ground lease is going to cross the fault with the HPD regulatory agreement. Our ground lease will reference the HPD regulatory agreement, particularly as it relates to the supportive housing units, which we are going to access. So, the project will have a regulatory agreement but almost all the HPD debt, which is close to \$120M will accrue. It's all connected.
- Mr. Berman noted that the lease contains a requirement for affordable housing and patient access.
- Ms. Jontef noted they would have to refinance to modify.
- Ms. Wang asked if the system had priority access. Ms. Jontef said yes.
- Ms. Wang asked if the one-time payment of "at least \$4M" was likely to be higher. Ms. Jontef said it was possible.

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

Theodore Long, MD, read the resolution into the record:

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

Dr. Long was joined by Chris Keeley, Senior Assistant Vice President, they presented overview of program services, patient and staffing models, and lease terms.

- Ms. Wang asked what the hotel was providing. Linens, towels, maintenance, all the infrastructure. Dr. Long added that our experience through COVID was beneficial to managing this type of arrangement.
- Ms. Wang said she appreciated the statistics that were shared and asked how outcomes would be tracked. Dr. Long said the outcomes, like emergency department use, inpatient days, even inpatient days. And this will be tracking those same outcomes, but the additional one on top of that would be the impact we could have on reducing street homelessness.

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

Mr. Saez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, Job Order Contracts with Volmar Construction Inc. and BA Global Construction, Corp. (the "Contractor" or collectively "Contractors") to provide General Contracting services on an as-needed basis, each for an amount not to exceed \$10,000,000 with a total of \$20,000,000 for a term of 2 years for both contracts.

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

- Ms. Wang asked why the multipliers are so different. Mr. Indar explained that some bidders bid on both contracts so they may submit one with a lower number.

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

Mr. Saez read the resolution into the record:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with JRM Construction Management (the "Contractor") to undertake a gut renovation at NYC Health + Hospitals/South Brooklyn Health's Main Building to create a new Ambulatory Care Center by repurposing the former Emergency Department space, for a contract amount of \$16,582,022 with a 10% project contingency of \$1,658,202 to bring the total cost not to exceed \$18,240,224.

Mr. Saez was joined by Mr. Indar and Kelly Burns, Director, Office of Facilities Development. They presented details on the program background, overview of construction scope and schedule, contract terms and procurement, and funding.

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

Mr. Saez read the resolution into the record:

Authorizing the New York City Health and Hospitals Corporation (the "System") to extend the contract term by one year with seven Construction Management ("CM") consulting firms, namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, the McCloud Group LLC. (the "Vendors"), to provide professional CM services; on an as-needed basis at various facilities throughout the System.

Mr. Indar presented details on the background and current state of the contract services, vendor evaluations, and upcoming procurement.

- Ms. Wang asked why McKissack and McKissack had no ratings. Mr. Indar said they had not been awarded work to date.

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

There being no further business, the Committee Meeting was adjourned at 10:55 a.m.

Finance Committee Meeting – July 16, 2025

As Reported By: Freda Wang

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

NYC Health + Hospitals Employees in Attendance:

Michline Farag, Tasha Philogene, Linda DeHart, John Ulberg, Brenda Schultz, Thomas Tran, Robert Melican, Lisa Perez, Nicole Qing, James Cassidy, Megan Meagher, Elizabeth Norman, Mahendranath Indar, Apoorva Karia, Linda Chiu, Ailin Jin, Mariel McLeod, Stephanie Falcon, Paulene Lok, Claudia Chiuaru, Aziz Shafi, Danielle DiBari, Lee Fiebert, Rafaelina Hernandez, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:40 a.m.

Ms. Wang called for a motion to approve the April 8, 2025 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on April 8, 2025 were adopted.

Executive Session

Ms. Wang called for a motion to enter into an executive session to discuss confidential and privileged information, and quality assurance health information relating to particular patients and matters related to proposed or actual litigation.

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

The Board reconvened in public session at 12:15 p.m.

ACTION ITEM: Bond Issuance Financing Approval

Ms. Linda DeHart – Vice President – Finance, read the resolution into the record and proceeded with the presented:

Authorizing and approving the adoption of the resolution presented concurrently with this one entitled, "New York City Health and Hospitals Corporation Health System Bonds, 2025 Series Resolution" providing for the issuance of a series of Health System Bonds (the "2025 Series Bonds") in a principal amount not exceeding \$250 million for new money purposes to finance the costs of various capital projects and expenditures at New York City Health and Hospital Corporation (the "Corporation"), with an issue date no later than December 31, 2025, at a fixed interest rate of not more than 6%, and with the final maturity of the 2025 Series Bonds not exceeding beyond February 15, 2055.

Ms. Linda Dehart began by providing the background and current state of NYC H+H Bond Financing Program. The System's bond financing program is authorized by a General Resolution, first adopted by the Board at the inception of the bond program in 1992, and most recently update was in 2020. A general resolution authorizes and sets parameters for a particular financing program and structure. Under the H+H General Resolution, the System's bonds are secured by a primary pledge of System healthcare revenues, and feature a capital reserve fund backed by the City. Series resolutions under the General Resolution authorize specific financing transactions, typically including a specified amount and more specific parameters, and also authorize execution of certain documents necessary for bond financing transactions.

Ms. DeHart continued providing the need for H+H Capital Financing. H+H has relied heavily on the City of New York to fund the system's capital needs. In recent years, H+H financing has been a more minor source of supplemental capital funding. As H+H has taken steps to improve its capital needs assessment and planning capabilities, as well as its capacity for capital project implementation, the gap between available City capital funding and identified critical capital needs has grown. While the City's capital plan through FY-35, includes

\$2.68 billion for H+H, the System has identified an additional critical and strategic capital investment need of approximately \$1.6 billion, approximately \$577 million of which is proposed to be funded by H+H including \$250 million to be financed by the 2025 Series bonds. The capital plan, including proposals for H+H financing, will periodically be updated to reflect ongoing evaluation of capital needs, development of more concrete estimates and schedules for already identified capital projects, and assessment of implementation capacity.

H+H capacity for increased capital financing was presented by Ms. Dehart. Since inception in 1993, the System has issued eleven bond series with a total par amount of \$3.33 billion including refunding's, which over the life of the program has saved approximately \$145 million. As two of the remaining bond series begin to amortize, existing aggregate debt service shows a drop starting in FY-31 and low-level annual debt service thereafter. The drop in aggregate debt service provides the System new debt capacity to fund its capital program. Further, on average over time an estimated 60 percent of debt service costs will be reimbursed by Medicaid.

Ms. Brenda Schultz presented the Planned H+H Funded Capital Portfolio. The System has identified a portfolio of \$577 million of priority capital projects for H+H financing. The graph showing the spread between infrastructure, Medical Equipment and Technology was presented.

Ms. Schultz continued presenting the Projected Capital Cashflow Needs. Projects included in the planned H+H capital funded portfolio are scheduled to launch over the next few fiscal years, and have completed sufficient planning to forecast the System's timing needs for new money financing. Through January 2027, the projected spending plan is \$249 million. With the majority of the project spending being infrastructure. The Current Financing Authorization and projected spending project types and costs breakdown through January 2027 were also presented by Ms. Schultz.

Mr. Thomas Tran continued the presentation by providing the Planned Financing Summary. Further, structuring tax-exempt new money 2025 Series Bonds to "Wrap Around" existing debt service. Some key

highlights included existing bond debt service leveling out starting in 2032 through project-end, and as this is a new money deal with funding the capital project, it also funds the capital reserves requirement under the general resolutions and cost of issuance. The Historical Tax-Exempt Borrowing rates since 2010 showing the different MMD rates between 10Y to 30Y were also presented.

An overview of the MWBE Designation Policy was presented by Mr. Tran. Bonds will be sold on a negotiated basis using the underwriting group appointed through H+H's most recent underwriter approval process, as well as the selling group used by the City of New York. A "designation policy" will be established to ensure a minimum of 30% is collectively allocated to the MWBE firms appointed to the H+H underwriting group, with no more than 6% allocated to any of the seven firms. The seven firms were noted. Samuel A. Ramirez, as part of the senior managers pool will receive a separate allocation on the transaction. Inclusion of the NYC selling group created the opportunity for additional MWBE firms to participate in retail bond sales.

Ms. Wang polled the Committee for questions. There being no questions, Ms. Wang commended the team for an impressive presentation and the great work. Upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Professional Coding and Billing Services

Mr. Robert Melican - AVP Patient Accounting - Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the not to exceed total contract value by \$6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services. The cumulative not to exceed value for hospital and professional coding and billing services shall increase from \$12,495,384 to \$19,156,330 for the remainder of the contract term of two one-year renewal options exercisable at the discretion of New York City Health + Hospitals.

Mr. Robert Melican began by providing the background and current state of H+H's professional coding and billing services. Revenue Cycle Services requests approval to increase the not-to-exceed value for its hospital and professional coding and billing contract with our current vendor, PhyCARE Holdings Group, Inc. This vendor provides NYC Health + Hospitals with three types of services including outpatient coding across the System, professional coding for the Elective Teaching Amendment hospitals, and professional billing Accounts Receivable services of billing and follow-up on System claims. The System currently generates a significant \$80 million in annual revenue from professional billing.

Mr. Melican continued by presenting the current spend and additional projects. Professional coding and billing services were procured through a competitive RFP process. The procurement was approved by the CRC on December 2021, and by the Board of Directors in March 2022, with an NTE of \$12.4 million. In September 2022, contracts with PhyCARE were issued and are set to expire in 2027 with all optional years exercised. The contract spending of \$8.8 million is expected to reach the Board authorized NTE by January 2026. An expansion of professional billing activities resulted in increased volume for this vendor, requiring an increase to the current NTE. The volume stems from improved professional billing charge capture, coding of global billing services for Bellevue and Woodhull to capture physician productivity, self-pay professional coding, and nurse practitioner coding and charge capture. PhyCARE Holdings Group, Inc. continues to be responsive to our System needs and has the capacity and expertise to provide these expanded services.

The vendor performance evaluation for PhyCARE Holdings Group, Inc. was presented and deemed as excellent.

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

Ms. Wang polled the Committee for questions. There being no questions, Ms. Wang thanked the team. Upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Supplemental Coding Services

Ms. Lisa Perez - Assistant Vice President - Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$4,702,210, which includes a 20% contingency, to its previously negotiated and executed contracts with three supplemental coding firms namely, Diskriter, Inc., Eclat Health Solutions and Sutherland Healthcare Solutions, to provide supplementary coding services. The cumulative not to exceed value for services provided by all such firms shall increase from \$3,061,945 to \$7,764,155 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

Ms. Lisa Perez began by providing the background and current state of the Supplemental Coding services at NYC H+H. Revenue Cycle Services requests approval to increase the not-to-exceed value for its Supplemental Inpatient and Outpatient Coding/Validation contract with the three current vendors; Diskriter, Inc., Eclat Health Solutions, and Sutherland Healthcare Solutions. These vendors were procured to provide supplemental hospital coders for emergency department and inpatient coding. Since these services were procured, the coding support volume has significantly increased and coding expertise is in demand for various System-wide initiatives.

Supplemental Inpatient and Outpatient coding was procured through a competitive RFP process. The procurement was approved by the CRC in June 2022 with an NTE of \$3,061,945. Additional Revenue Cycle business needs resulted in increased volume for supplemental coding services. As a result, overall spending was impacted, necessitating an increase to the current NTE. The services are to support volume changes in several areas such as System revenue improvement initiatives, risk adjustment diagnosis capture, facilitating expedient chart reviews for the capture of Medicare's Hierarchical Comorbid Conditions (HCC) and Medicaid Clinical Risk Groups (CRGs), and Coding assistance with non-coding functions required for billing and compliance.

The NTE Cost Analysis and the MWBE analysis for the proposed vendor was presented by Ms. Perez. The vendor diversity team recommended a 30% diverse vendor component percentage for this solicitation.

The vendor performance evaluation for Diskriter, Inc., Eclat Health Solutions, and Sutherland Healthcare Solutions were presented and all deemed as good.

Ms. Freda Wang clarified that both of these contracts that the Board has approved are for coding, but for different coding needs. Both of them are revenue generating contracts for H+H and the current higher spend is due to volume increases and more revenue being generated for the System.

Ms. Wang polled the Committee for questions. There being no questions, Ms. Wang thanked the team for their presentation. Upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Autonomous Coding Services

Ms. Lisa Perez - Assistant Vice President - Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Nym Health Inc. for autonomous coding services at a not to exceed amount of \$8,110,800, which includes a 20% contingency, for a contract term of three years and two renewal options exercisable at the discretion of the System.

Ms. Lisa Perez began by providing the background and current state of H+H's Autonomous coding services. NYC Health + Hospitals requires a vendor that can provide autonomous coding to support increasing demand for coding services. Thus far, increased demand has been fulfilled by contracted vendors and/or overtime for existing staff. There is an ongoing and increasing demand for coding services related to increasing Emergency Department and Inpatient volume, expansion of professional billing and productivity analysis, payer chart reviews and addressing coding related edits and denials. To

date, there has been no contract in place specifically for autonomous coding.

There are several benefits expected from utilizing autonomous coding services including automate code assignment, coding pattern recognition, real-time feedback for clinicians, integrates with Electronic Health Record, Coding Compliance checks, adaptability to Coding Changes and a decrease in reliance on current coding contracts over time.

An overview of the RFP Criteria and procurement process was presented by Ms. Perez. Reference checks were completed for this vendor.

The MWBE analysis for the proposed vendor was also presented by Ms. Perez. The vendor diversity team recommended a 10% diverse vendor component percentage for this solicitation.

Ms. Wang polled the Committee for questions.

Ms. Wang inquired as this software, how does it interact with the two prior vendors.

Ms. Perez responded that the expectation is that this software would do simple coding for professional and hospital billing. It will begin with ED room, but the option and extension can include other areas as needed from a business needs perspective. So, they will be covering some of the services that right now are not manually done by both.

Ms. Wang added that it might actually streamline and reduce their need as well. Good logical improvements.

Ms. Taitt asked if we foresee needing this kind of excess for other coding services coming down the pipe due to the three resolutions we had today.

Ms. Perez agreed and added that some of the things that are happening today is that we are having a good account with that, so these vendors have everything done. The idea is that this service will cover the simple coding so what we will have is the exceptions, so things that are not able to pass coding or complex, would go to our

staff, our resources, reducing the services that are being provided by the vendors. As stated before, the two contracts performed two different things, so professional coding is conducted by PhyCARE, so the expectation is that it would be reduced on our team hospitals initially and for the hospital billing it would be our services.

Ms. Taitt provided her understanding an automation is always great. However, from a financial perspective, it will be helpful to understand what other potential coding services might need an expanded budget and what that number total number might be.

Dr. Katz added that it is a broader question for John and Marji. However, it is the right question. What is the bigger universe? What is the whole universe? With this contract we are sort of stepping out toes into this world, partially deciding based on the success of this contract, how far we are going to go with AI.

Ms. Taitt asked what is the bigger number.

Dr. Katz added that the whole universe would be all of the revenue collection activity that we have and what portion of those activities will become automated by AI. It would seem like a lot. Is not a ton of creativity, or outside information, with coding, you can only code what is on the page; Other things may have been done but you cannot code them, if the practitioner or doctor did not write them down, it did not happen, you cannot code them. You need to read the record and what has been done and establish the correct code for them. We have coders who in real time are reading the records and putting in the code. We will get back on what the real number is to you. What is our insurance billing revenue number approximately per year? Mr. Ulberg responded about \$6 billion.

Dr. Katz continued stating that \$6 billion in some way is the total universe of insurance billing. All of that money is brought in by someone reading a record or seeing a service and figuring out who is the appropriate person to bill. We even broaden it to say in order to have clear expectations for people, and because we are proud to service many people who do not have insurance, now we are also coding the records of people who do not have insurance not for the sake of generating a bill, but because that is the standard of productivity.

In some way the universe becomes bigger than the dollar of revenue because it is trying to code all of our records so that we can say this gastroenterologist is doing the scope of work and this gastroenterologist is paying, or getting paid the same but it is only doing this amount of work. It is just never easily been possible because the hospitals and the services vary on the degree to which they are uninsured. For example, Jacobi's uninsured percentage is smaller because it borders Westchester. So, you get more people with insurance than for instance at Metropolitan. We can look at revenue but it is harder to look at productivity unless you start coding the records of the people who we are proud to serve, who cannot pay.

Ms. Taitt added that the intention makes sense. It would be good to know the magnitude of the increases.

Dr. Katz added, will do.

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

ACTION ITEM: Disaster Recovery Consulting Services

Ms. Michline Farag - Senior Assistant Vice President - Central Finance, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Hagerty Consulting, Inc. for disaster recovery consulting services at a not to exceed amount of \$8,400,000 for a contract term of five years and two one-year renewal options exercisable at the discretion of the System.

Ms. Michline Farag began by providing the background and current state of H+H's disaster recovery consulting services. NYC Health + Hospitals requires a disaster recovery consulting firm that can provide support for our fast growing federal and State grants portfolio associated with hazard mitigation, repairs and recovery. In recent years, the System has secured and continues to develop additional FEMA grants for post Hurricane Sandy disasters including Hurricane Ida and Hurricane Ophelia. The System needs strategic advisory as we continue to respond to FEMA's Requests for Information

related to the newer disasters' portfolio and advocate for maximum amount of grant funding from various sources. The new disaster recovery consultant is critical in assisting with these ongoing efforts and preparing for future disaster recovery needs.

An overview of the RFP Criteria and procurement process was presented by Ms. Nicole Qing. Reference checks were completed for this vendor.

The MWBE analysis for the proposed vendor was also presented by Ms. Qing. The vendor diversity team recommended a 30% diverse vendor component percentage for this solicitation.

Ms. Wang polled the Committee for questions. Ms. Wang asked regarding this being a new vendor for H+H, we did do reference checks, did they have similar experiences and did any stood out.

Ms. Farag responded that they did stood out in terms of our vendors with the reference checks and the work that Hagerty have done historically which is beneficial to us specifically dealing with the City and the City disasters. Which is really critical for us both for FEMA as a funder and also with the City projects. So those two things are really key when we are securing all these types of vendors.

Mr. Ulberg added that the City uses Hagerty Consulting as well. Ms. Wang inquired about there being no contingency.

Ms. Farag responded that there is no contingency, as it is an estimate of what we would expect.

Ms. Wang thanked the teams for their presentations. Upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-2025 Quarter 3 Highlights. He conveyed that June closed with \$649.9M (20 days cash-on-hand). The budget overperformed by 1% and closed YTD April with a positive Net Budget Variance of \$189.7M.

Mr. Ulberg continued that direct patient care receipts came in \$899.2M higher than the same period in FY-24 due to continued increases in IP and OP services in FY-25 (OP visits up 3.3% and IP discharges up 1.2% from FY-24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.

IP Patient care volume in FY-25 has surpassed FY-20 pre-COVID levels with IP discharges up by 2.1%, and OP visits up by 16.7%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Our strategic financial initiatives generated over \$940M against the FY-25 target of \$1.2B through Q3. Several areas of strong Q3 performance were noted.

Mr. Ulberg continued presenting the cash projections for FY-25. The System is estimated to close July with approximately \$600 million (19 days cash-on-hand) and expects to close August with approximately \$500 million (16 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Mr. Ulberg continued presenting the external risks and opportunities in the Federal Bill. Several areas of focus are Essential Plan changes, Medicaid Work requirements and Additional administrative burdens, and the Enacted State Budget Investment impact presenting a financial challenge to H+H. Further, the Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark presents an opportunity to H+H.

Ms. Meagher provided an update on the VBP Quality Program performance. H+H performance in 2023 MetroPlus VBP and P4P programs, earns Best-Ever performance of \$13.559M. MetroPlus earnings increased while max opportunity dropped by \$1.38M. Most measure results for H+H employed PCP attribution achieved the 90th percentile, showing consistent improvements. H+H performance helped MetroPlus achieve the following rankings; tied for #1 ranking in NYS for Medicaid, and tied for #2 ranking in NYS for Essential Plan. Lastly, H+H employed PCPs outperform H+H Community Providers in each Line of Business.

CY-2024 Healthfirst VBP Quality Program Results were presented by Ms. Meagher. NYC H+H facilities in top 10 of Healthfirst's network for

overall quality rating in both Medicaid and Medicare programs. With 7 of the top 10 performers in Healthfirst's network for Medicaid and 5 of the top 10 performers in Healthfirst's network for Medicare. H+H average facility improvement by measure for CY-24 versus CY-23, almost all measures improved over CY-23. NYC H+H incentive earnings in CY-24, with highest earnings to date at \$14.839M. NYC H+H increased earnings by 251% since 2020.

Mr. Ulberg presented an overview of the FY-26 Budget Development Planning Strategy - Phase III. NYC H+H continues strategizing and raising the bar in Managed Care and Revenue Cycle. Some areas of opportunity on Ambulatory Care OP Growth include provider template optimization and standardization, new patient access innovation, E-consult relaunch and primary care staffing model. Business plans and new cross-facility partnerships emphasis on enterprise radiology, OR efficiency and expansion, and oncology services, therapies and treatment. Continued work on developing physician workforce plan budgeting and recruitment investments and continue locum reduction glidepath. Lastly, other area of focus is managing increased demand including length of stay reduction investments, overtime management and infrastructure investments.

Ms. Philogene provided an overview of the FY-26 Budget Kickoff Meeting Themes. The FY-26 Budget Kickoff meeting main themes across H+H facilities are opportunities in both revenue and expenses, cross facility partnerships, clinical efficiencies, and workforce development plans are some of the areas the facilities will be focusing and strategizing on for the upcoming meeting.

Ms. McLeod provided an overview of the HERRC program and a financial update. NYC Health + Hospitals currently oversees 1 NYC Health + Hospitals HERRC sites serving approximately 3,000 daily guests. At the 24/7 Arrival Center, nearly 155K asylum seekers have been served. The System committed \$859.6M of HERRC expenses through FY-25 Q1-Q3 on behalf of the City. In the City's Adopt plan, NYC Health + Hospitals budget for the HERRC program is \$960.2M in FY-25 and \$76.4M in FY-26. From January through March 2025, the asylum seeker census declined at a faster pace than projected in the January Plan, allowing the City to accelerate non-DHS shelter closures. In the FY-26 Adopt plan, OMB updated its forecast of the asylum seeker census

to reflect these recent trends. OMB has provided the System with revenues to cover committed expenses to date through the HERRC MOU with the Mayor's Office.

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

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 1:15 P.M.

Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

July 31, 2025

NYC HEALTH + HOSPITALS FACILITIES

RECOGNIZE DISABILITY PRIDE MONTH

NYC Health + Hospitals facilities and nursing home sites recognized and participated in Disability Pride Month, which began on Sunday, July 13 with a Disability Unite Festival kickoff at the Central Park Naumburg Bandshell. The theme was "We Belong Here and We're here to Stay." The Office of Diversity, Equity, and Inclusion tabled at the festival, where more than 5,000 people attended in person. The festival was also streamed to a number of the health care System sites, where more than 770 joined virtually, including more than 90 residents and staff from our Post-Acute Care facilities. The event included speakers and live performances from Wheelchair Sports Camp, Sidiki Conde, the Disability Hip Hop Jam Featuring 4 Wheel City & Friends, and Special Performance by Austin Halls. 56 city agencies and organizations had tables at the event, and many NYC Health + Hospitals staff members were on-site to offer educational and informational materials about the high-quality care available at the system's facilities.

HEALTH SYSTEM AND FACILITY ANNOUNCEMENTS

NYC HEALTH + HOSPITALS/WOODHULL'S NEW CEO SANDRA SNEED

ANNOUNCES RECENT CLINICAL LEADERSHIP TEAM APPOINTMENTS

NYC Health + Hospitals/Woodhull CEO Sandra Sneed announced a new era at the hospital with her recent clinical team appointments. Sneed joined the hospital in late March with more than 20 years of senior leadership experience overseeing operations for hospitals across the country. As part of the new leadership team, Wendy Wilcox, MD, MPH, MBA, FACOG, is the new Chief of Obstetrics and Gynecology (OB/GYN) at Woodhull Hospital, and Patrick Milord, MD, MBA is the hospital's new Chief of Anesthesia. In addition to her new role, Dr. Wilcox will continue to serve as the health care System's Chief Women's Health Officer. Ross MacDonald, MD, who joined the hospital in 2023, will remain as Chief Medical Officer; Dr. MacDonald previously served as CMO for the health care system's Correctional Health Services. All of the nearly two dozen recent appointments bring extensive experience, passion and a shared vision for a hospital where high quality care meets compassion. Together, they are driving innovation in clinical

care, expanding access to vital health services, and fostering an environment where staff and patients alike feel empowered.

NYC HEALTH + HOSPITALS EXPANDS BEHAVIORAL HEALTH SERVICES TO 41 DOMESTIC VIOLENCE SHELTERS

Just last week, the health care System announced the expansion of its Domestic Violence Shelter Mental Health Initiative, which increases access to evidence-based mental health services for families residing in the City's domestic violence shelters. Announced in May 2023, the initiative began at 9 domestic violence shelters, building on the success of the NYC Health + Hospitals mental health program operating at the City's five borough-based Family Justice Centers, and is now available at 41 domestic violence shelters. NYC Health + Hospitals' staff conducted over 5,600 behavioral health appointments and served over 700 patients through this initiative since launching in late 2022. Residents of participating domestic violence shelters are now able to see a mental health specialist within one week, compared to previously waiting six months to one year for an appointment.

This \$5.9 million initiative aims to support mental health services to the thousands of adults and children who receive services at the City's domestic violence shelters. Family screenings, individual and group sessions, and medication management are provided directly on-site to adults and children in these domestic violence shelters, significantly decreasing wait-times. Behavioral health services, including therapy and psychiatric medication management is provided at no cost to the resident. The Domestic Violence Shelter Mental Health Initiative is a multi-agency collaboration between NYC Health + Hospitals, the NYC Department of Social Services/Human Resources Administration, the Mayor's Office to End Domestic and Gender-Based Violence, and the Mayor's Office of Community Mental Health.

NYC HEALTH + HOSPITALS/METROPOLITAN RELAUNCHES PRIDE HEALTH CENTER WITH RENEWED COMMITMENT AND ENHANCED CARE FOR NYC'S LGBTQ+ COMMUNITY

NYC Health + Hospitals/Metropolitan relaunched its Pride Health Center, renewing its commitment to compassionate, affirming, and culturally responsive care for New York City's LGBTQ+ community. Founded in 2014, the Pride Health Center at Metropolitan Hospital was the first dedicated health center for LGBTQ+ patients in a New York City municipal hospital, pioneering a standard for community-based, inclusive care. From its inception, the Pride Health Center has been a trusted sanctuary for thousands across the Tri-State area, providing compassionate, affirming, and culturally responsive care. In addition

to clinical care, the Pride Health Center has helped connect its patients to essential resources including food, housing, employment, clothing, and social networks to enhance the resilience of migrants and immigrants.

NYC HEALTH + HOSPITALS FACILITIES RANKED THE TOP PROVIDERS FOR NON-PROFIT HEALTH INSURER HEALTHFIRST

Yesterday, NYC Health + Hospitals announced that its facilities were the top provider in 2024 by overall quality rankings issued by [Healthfirst](#), one of New York's largest not-for-profit health insurers with over 2 million members. In a network of over 80 hospitals, including the City's major for-profit health systems, 7 out of 10 of the Healthfirst's highest ranking Medicaid providers were NYC Health + Hospitals facilities, and 5 out of 10 of Healthfirst's highest ranking Medicare providers were NYC Health + Hospitals facilities. The two top performing facilities in Healthfirst's entire network for Medicare were NYC Health + Hospitals facilities: NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Gotham Health, Morrisania. Three of the health care System's sites made both lists: Woodhull Hospital, NYC Health + Hospitals/Metropolitan, and NYC Health + Hospitals/Gotham Health, Belvis. Key performance measures include screenings for breast cancer, colorectal cancer, and cervical cancer; medication adherence for statins, hypertension, and diabetes; well child visits; and patient satisfaction.

NYC HEALTH + HOSPITALS STREET HEALTH OUTREACH + WELLNESS (SHOW) PROGRAM ENHANCES POINT-OF-CARE MEDICAL SERVICES

NYC Health + Hospitals today announced that its Street Health Outreach + Wellness (SHOW) mobile program has further enhanced its street-based primary care capacities with the addition of point-of-care lab testing (POCT), point-of-care ultrasound (POCUS), and blood draw services onboard its five mobile health units. SHOW clinicians work across New York City to offer medical, social, and behavioral health services to New Yorkers historically disconnected from care and those experiencing homelessness. These new medical services will further improve SHOW teams' ability to evaluate and manage patient needs and reduce their barriers to critically needed care. Since the program launched in April 2021, SHOW teams have provided over 275,000 engagements with New Yorkers, forging relationships with thousands of patients and connecting them to specialty, harm reduction, social services, and primary care at the public hospital System's five Primary Care Safety Net (PCSN) clinics.

**NYC HEALTH + HOSPITALS/KINGS COUNTY COMPLETES
THE FIRST VNOTES HYSTERECTOMY IN NEW YORK STATE**

In another first for the health care System, NYC Health + Hospitals/Kings County announced the successful completion of the first VNOTES (vaginal natural orifice transluminal endoscopic surgery) hysterectomy in New York State. The landmark procedure, performed by Dr. Concepcion Diaz-Arrastia, marks a major advancement in minimally invasive gynecologic care.

This technique combines the benefits of traditional vaginal and laparoscopic surgery by using a specialized access platform to enter the abdominal cavity through the vaginal canal—eliminating the need for any abdominal incisions. Patients benefit from reduced postoperative pain, lower infection risk, quicker recovery, decreased reliance on pain medications, and no visible scarring. From a surgical perspective, VNOTES streamlines operative times and facilitates resident training. The technique is endorsed by leading medical bodies such as the American College of Obstetricians and Gynecologists (ACOG), the American Association of Gynecologic Laparoscopists (AAGL), the Cochrane Collaboration, and the International Society for Gynecologic Endoscopy (ISGE). It is used in a wide range of procedures, including hysterectomy, salpingectomy, oophorectomy, ovarian cystectomy, and selected oncologic cases.

**NYC HEALTH + HOSPITALS/ELMHURST SUCCESSFULLY TREATS BRAIN CANCER WITH
NEW NON-INVASIVE, HIGHLY PRECISE RADIATION, A FIRST FOR THE HEALTH
CARE SYSTEM**

Earlier this month, NYC Health + Hospitals/Elmhurst announced it successfully treated its first patient using a non-invasive, highly precise radiation approach called stereotactic radiosurgery, a first for the health care System. The patient had two brain metastases, or cancers that have spread to the brain, and was treated in June. The treatment uses precise, advanced imaging and radiation beams to target the cancer while minimizing exposure to surrounding healthy tissue, allowing patients to go home the same day with few side effects. Previously, patients would have received whole brain radiotherapy, which treats the entire brain and requires daily treatments for 5 to 10 days. Additionally, the new treatment uses a “frameless” non-invasive device to more comfortably keep the patient’s head in the correct position without using an invasive metal frame. The care team used Elmhurst Hospital’s new TrueBeam linear accelerator. Stereotactic radiosurgery is commonly used to treat benign brain tumors, brain metastases, vascular malformations, and trigeminal neuralgia (a nerve pain condition).

NYC HEALTH + HOSPITALS/LINCOLN LAUNCHES BARIATRIC SURGERY PROGRAM

NYC Health + Hospitals/Lincoln announced that the hospital has launched a new bariatric surgery program designed to provide advanced weight-loss solutions and improve the health and quality of life for individuals managing obesity. The bariatric surgery program at the hospital offers a range of advanced procedures, including minimally invasive laparoscopic sleeve gastrectomy, gastric bypass, robotic-assisted surgeries, and endoscopic options. Endobariatric procedures, such as endoscopic sleeve gastroplasty, intragastric balloon placement, and gastric outlet reduction, provide less invasive options, offering faster recovery, fewer complications, and effective weight loss for patients who may not be candidates for traditional bariatric surgery or prefer alternatives. The program also addresses obesity-related conditions such as type 2 diabetes, hypertension, and sleep apnea, helping patients improve their overall health and well-being.

**NYC HEALTH + HOSPITALS LAUNCHES APPLICATION
FOR CLINICAL LEADERSHIP FELLOWSHIP 2026 – 2027 PROGRAM**

The [Clinical Leadership Fellowship](#), a one-year program to develop the next generation of clinical leaders in health care quality improvement, population health, and health care administration, is accepting applications for the 2026-2027 cohort. The fellowship is open to post-residency physicians and combines both academic and hands-on experience, participation in leadership meetings, and a final project on quality improvement or population health. The fellowship teaches the skills necessary to advance strategic leadership initiatives, and provides a unique opportunity to work with decision makers at the nation's largest municipal health care System. Physicians who have completed or are on track to complete a residency program accredited by the Accreditation Council for Graduate Medical Education prior to July 1, 2026 can apply. The application deadline for next year's fellowship is Friday, September 26, and applications are accepted on a rolling basis.

**NYC HEALTH + HOSPITALS AND DCAS CELEBRATE COMPLETION OF MAJOR ENERGY
EFFICIENCY PROJECT AT NYC HEALTH + HOSPITALS/LINCOLN**

NYC Health + Hospitals, the Department of Citywide Administrative Services (DCAS), and the New York Power Authority (NYPA) announced the completion of a comprehensive, two-phase energy retrofit project at NYC Health + Hospitals/Lincoln. The project marks the latest milestone in the agencies' ongoing efforts to optimize energy use and

decarbonize building operations by implementing technologies that reduce energy consumption and greenhouse gas emissions.

A \$37 million investment, the project is expected to reduce Lincoln Hospital's energy use and save the City nearly \$1.5 million annually. The resulting emissions reduction – 5,300 metric tons of CO₂ each year – is equivalent to taking approximately 1,150 cars off the road.

NYC HEALTH + HOSPITALS/ELMHURST'S GLOBAL HEALTH INSTITUTE ANNOUNCES NEW LEADERSHIP

NYC Health + Hospitals/Elmhurst announced the appointment of Sheela Maru, MD as Director of the hospital's Global Health Institute, and Ben McVane, MD as Assistant Director of the Institute. The Global Health Institute aims to transform care for historically excluded communities by building bridges between the hospital and communities. The institute engages in local and international partnerships, research, and educational activities that facilitate the exchange of best practices and innovative solutions around the world's most critical health issues.

YOUTH SUICIDE PREVENTION PROGRAM NOW AVAILABLE AT NYC HEALTH + HOSPITALS/JACOBI IN THE BRONX

NYC Health + Hospitals and the NYC Health Department today announced that Caring Transitions, a suicide prevention and intervention program for youth, is now available at NYC Health + Hospitals/Jacobi in the Bronx. The \$2.4 million program serves high-risk youth, ages 5-17, who come to the hospital following a suicide attempt or serious suicidal behavior, and it offers comprehensive wraparound support and services for up to 90 days after they leave the hospital. The first-of-its-kind program launched last year at NYC Health + Hospitals/Elmhurst and Queens, expanded earlier this year to NYC Health + Hospitals/Lincoln, and is slated to expand to NYC Health + Hospitals/North Central Bronx later this year. Since the first site launched last summer, Caring Transitions has enrolled over 80 patients and completed over 800 encounters with those youth and their caregivers.

Youth and families who enroll in the program receive a robust array of services tailored to youths with the highest risk of suicide, including peer support from other young people with lived experience of navigating the mental health system, youth support groups, and support for family members; regular sessions with a social worker to develop a safety plan and coping strategies; and assistance with navigating the systems of care, including ongoing treatment after the

program ends and community-based resources. The Caring Transitions program helps youth and caregivers with identifying risk factors and warning signs, such as previous suicide attempts, suicidal ideation, persistent sadness, social isolation, self-harm, trauma and substance abuse, as these are crucial for suicide prevention. The multidisciplinary teams are composed of a medical director, youth peer and family advocates, social workers, and transition coordinators. Care is available regardless of the patient's health insurance status, ability to pay, or immigration status.

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

NYC HEALTH + HOSPITALS/METROPOLITAN IS THE FIRST HEALTH CARE ORGANIZATION WORLDWIDE TO EARN THE PATHWAY TO EXCELLENCE WITH DISTINCTION DESIGNATION

NYC Health + Hospitals/Metropolitan is the first health care organization worldwide to receive the [Pathway to Excellence with Distinction](#) designation by the American Nurses Credentialing Center (ANCC). This global recognition underscores the hospital's commitment to cultivating a positive practice environment that empowers nurses and enhances patient outcomes. With this announcement, Metropolitan Hospital becomes one of just over 200 Pathway to Excellence health care organizations worldwide—an acknowledgment of its leadership in creating a culture of shared decision-making, safety, well-being, and professional development. The new Pathway to Excellence with Distinction designation recognizes the highest performing Pathway organizations around the world and is based on validation from the nursing workforce.

The Pathway to Excellence designation is a rigorous, evidence-based evaluation spanning six standards: leadership, shared decision-making, safety, quality, well-being, and professional development. Metropolitan Hospital's submission included 407 pages of documentation, 27 narratives, and over 100 elements of performance detailing nurse-led initiatives focused on quality of care, patient and nursing safety, and interprofessional relationships that reflect a deep investment in professional nursing practice. Results of the staff-wide Pathway survey confirmed a strong sense of belonging, protection from workplace harm, access to educational opportunities, and a healthy work environment where nurses feel empowered and valued.

NYC HEALTH + HOSPITALS/QUEENS CELEBRATES 'A' SAFETY GRADE WITH EMPLOYEE APPRECIATION EVENT

NYC Health + Hospitals/Queens achieved an 'A' Hospital Safety Grade from The Leapfrog Group. The Leapfrog Hospital Safety Grade, recognized as the gold standard measure of patient safety, uses up to 30 national performance measures from the Centers for Medicare & Medicaid Services (CMS), the Leapfrog Hospital Survey, and other supplemental data sources to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. This methodology has been peer-reviewed and published in the Journal of Patient Safety. This prestigious recognition places NYC Health + Hospitals/Queens among a select group of hospitals in New York City and nationwide, underscoring its unwavering commitment to patient safety and healthcare excellence.

AMNY METRO, POLITICSNY, AND GAY CITY NEWS' "2025 LGBTQ+ POWER PLAYERS" RECOGNIZES MITCHELL KATZ, MD AND KEN LOUIE

NYC Health + Hospitals announced that NYC Health + Hospitals' President and CEO Dr. Mitchell Katz, and MetroPlusHealth's Deputy Chief Marketing & Brand Officer Ken Louie have been named to the PoliticsNY, amNY Metro, and Gay City News "[2025 LGBTQ+ Power Players](#)" recognition list. The honor celebrates both leaders as influential changemakers whose work continues to uplift and inspire the LGBTQ+ community. Dr. Katz is recognized for his pivotal leadership during the COVID-19 pandemic, efforts to expand housing for vulnerable New Yorkers, and initiatives supporting those experiencing homelessness.

Louie, a former social worker turned marketing leader, led MetroPlusHealth through its first major rebrand and remains committed to motivating the next generation to prioritize their health. The 2025 LGBTQ+ Power Players list launched in 2022, and is part of a monthly series by PoliticsNY and amNY Metro on New York's 'Power Players', including business executives, educators, government affairs experts, and nonprofit directors.

NYC HEALTH + HOSPITALS/KINGS COUNTY NUCLEAR CARDIOLOGY LABORATORY EARNS REACCREDITATION

NYC Health + Hospitals/Kings County announced that its Nuclear Cardiology Laboratory received a three-year reaccreditation from the Intersocietal Accreditation Commission (IAC) in Nuclear Cardiology. This recognition affirms the laboratory's continued excellence in providing safe, effective, and high-quality imaging services to patients with or at risk for cardiovascular disease. Accreditation by the IAC requires an intensive application and review process and demonstrates a commitment to quality patient care. The Nuclear Cardiology Laboratory plays an essential role in diagnosing and

managing cardiovascular conditions, particularly in patients undergoing treatments where cardiac function must be carefully monitored. This reaccreditation ensures that patients continue to receive the most advanced diagnostic tools administered by a highly qualified team.

NYC HEALTH + HOSPITALS/ELMHURST NAMES DR. GEORGE HAN AS DIRECTOR OF RESEARCH, A NEW POSITION AT THE HOSPITAL

NYC Health + Hospitals/Elmhurst appointed of George Han, MD, PhD as the hospital's Director of Research. This is a new position at the hospital. A nationally and internationally recognized expert in dermatology, Dr. Han brings deep clinical and academic experience to the role, along with a strong commitment to expanding diversity in clinical trials and advancing equitable access to the latest medical breakthroughs. In his new leadership position, Dr. Han will guide efforts to increase clinical trial representation among communities traditionally underrepresented in research. Elmhurst Hospital has already taken strides in this area by participating in a clinical trial focused on eczema in skin of color, underscoring the importance of inclusive innovation in care. Dr. Han currently serves as an attending at NYC Health + Hospitals/Elmhurst and is an Associate Professor in the Department of Dermatology at the Icahn School of Medicine at Mount Sinai.

NYC HEALTH + HOSPITALS/KINGS COUNTY RECERTIFIED BY THE JOINT COMMISSION AS A THROMBECTOMY-CAPABLE STROKE CENTER

NYC Health + Hospitals/Kings County today announced it has once again achieved [Thrombectomy-Capable Stroke Center](#) certification from The Joint Commission. This prestigious re-certification highlights the hospital's ongoing excellence in performing mechanical thrombectomy and delivering expert post-procedural care to patients experiencing large vessel occlusive ischemic strokes. Thrombectomy-capable status is awarded to hospitals that meet The Joint Commission's rigorous requirements, which include round-the-clock availability of neuro-interventionists and neurosurgical support, documented thresholds for procedure volume, standardized performance metrics, and structured emergency response protocols. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care, focused on advancing patient safety and quality improvement across health systems. Its certification ensures consistent, high-quality treatment and superior patient outcomes.

CITY & STATE NEW YORK RECOGNIZES THREE NYC HEALTH + HOSPITALS CEOS ON 2025 "BROOKLYN POWER 100" LIST

NYC Health + Hospitals announced that NYC Health + Hospitals/Woodhull CEO Sandra Sneed, NYC Health + Hospitals/South Brooklyn Health CEO Svetlana Lipyanskaya, MPA, and NYC Health + Hospitals/Kings County CEO Sheldon McLeod were recognized by City & State New York in their "Brooklyn Power 100" list for 2025. The annual recognition list highlights accomplished leaders across a range of industries with significant political influence who have shaped the lives of New Yorkers in Brooklyn and beyond. Sneed, Lipyanskaya, and McLeod are celebrated as trailblazers who led their respective facilities through multiple crises, all while continuing to deliver quality health care and acting as trusted messengers for their community members. City & State is the premier media organization dedicated to covering New York's local and state politics and policy.

ARTS IN MEDICINE UPDATE

NYC HEALTH + HOSPITALS/BELLEVUE UNVEILS NEW COMMUNITY MURAL

Yesterday, NYC Health + Hospitals unveiled a new mural as part of the [Community Mural Project](#) run by the health system's Arts in Medicine department. The mural, *Light and Compassion* at NYC Health + Hospitals/Bellevue, was developed by artist Josh Sarantitis through a series of focus groups with community members, staff and patients and brought to life at a workshop where the community created cyanotypes together. *Light and Compassion* is one of 3 new murals being created this year, for a total of 45 murals created at NYC Health + Hospitals since 2019.

Light and Compassion channels the search for hope through compassionate care of self and others. The mural is the physical culmination of focused printmaking workshops with NYC Health + Hospitals/Bellevue staff, administrators and the public who experimented with the cyanotype process. Cyanotypes are one of the earliest photographic processes from the 19th century which create dynamic and fantastic blue impressions using the power of iron salts and UV light.

METROPLUSHEALTH UPDATE

METROPLUSHEALTH AND NYC HEALTH + HOSPITALS STRENGTHEN QUALITY AND VALUE-BASED PERFORMANCE

MetroPlusHealth and NYC Health + Hospitals continue to advance their high-impact, NYS-approved Value-Based Contract (VBC) that combines quality care and financial incentives across Medicaid, Child Health

Plus, Essential Plan, HIV SNP, and HARP lines of business. This collaboration is central to driving measurable improvements in care delivery and maximizing New York State's Quality Incentive Awards (QIA) scores.

In 2024, NYC Health + Hospitals sites demonstrated strong performance across several key HEDIS/QARR measures. Year-over-year gains were recorded in Breast Cancer Screening, Child Immunizations, Diabetic Eye Exams, Adolescent Immunizations, and Well-Child Visits—many reaching the 90th percentile. These improvements are especially important given that QIA scoring is heavily weighted toward clinical effectiveness, with the highest-performing plans earning the greatest financial return.

The 2025 VBC arrangement reflects updated clinical priorities, including the adoption of Glycemic Status Assessment (GSD), expansion of Colorectal Cancer Screening and Viral Load Suppression to broader populations, and the inclusion of Follow-Up After ED Visit for Mental Illness (FUM). These changes ensure alignment with evolving state benchmarks and population health needs.

MetroPlusHealth supports this work through actionable data, Epic-based provider prompts, and member engagement tools like the MetroPlus Member Rewards Program. With 80% of QIA dollars tied to clinical performance and 20% to member experience, this partnership continues to strengthen both quality outcomes and financial sustainability for the NYC Health + Hospitals system.

Looking ahead, MetroPlusHealth will continue to collaborate closely with NYC Health + Hospitals Central Office and site leadership to reduce care gaps, improve member experience, and ensure that both organizations remain competitive in statewide quality rankings. This includes a shared focus on new priority areas such as developmental screening, depression screening and follow-up, and prenatal/postpartum care.

METROPLUSHEALTH OPENS COMMUNITY OFFICE IN BRIGHTON BEACH, FURTHER EXPANDING ACCESS TO CARE IN BROOKLYN

MetroPlusHealth opened its second Brooklyn-based community office at 225 Brighton Beach Avenue, further expanding access to culturally competent, people-first care in South Brooklyn. The new site serves as a vital resource hub for the local community, offering insurance enrollment information and support and access to essential health and social services. MetroPlusHealth providers are available to support chronic condition management, preventative care and behavioral health

referrals, helping address disparities driven by limited access to care. Insurance assistance and essential services are offered in collaboration with NYC Health + Hospitals/South Brooklyn Health and other local community partners.

The office will serve as a year-round center for care and connection, offering: Weekly community events and health screenings, monthly food distributions, Facebook Live sessions with health specialists, cultural recognition events, quarterly wellness and spa days for residents aged 65 and older, free tax preparation programs, meet-and-greets with elected officials, and SNAP enrollment partnerships.

External Affairs Update

City

The NYC FY26 Budget has been passed at \$115.9B. As part of the Adopted Budget, the System received a total of \$59.3M in capital funding. The Borough Presidents contributed \$19.2M, the City Council allocated \$22M, and the Mayor's Office provided \$18M to support the NYC Health + Hospitals/Bellevue PICU program. We are grateful for our champions and their support of our system.

State

To respond to the impact of HR 1 on NYS, the Governor recently convened a cabinet meeting and has indicated the state is assessing these impacts, and has directed State agencies to prepare comprehensive strategies to help limit the long-term damage to vital programs facing federal cuts. The Governor reports she will manage the current fiscal year impacts through the statutory power granted to her by this year's state budget.

On the legislative front, of the 854 bills that passed both houses of the NYS Legislature and thus far only 189 have been acted upon by the Governor. No bills have been vetoed thus far, and the Governor has until the end of the calendar year to consider the remaining bills. Most of the health care bills we are tracking have not been delivered to the Governor, and External Affairs is working with our subject matter experts to determine if the System should be asking the Governor to (1) sign, (2) veto, or (3) amend bills impacting the System.

Federal

Earlier this month, H.R. 1 was enacted by Congress and signed into law. This bill makes extensive cuts to Medicaid and severely restricts eligibility for the Essential Plan, including:

- Restrictions on eligibility for Affordable Care Act (ACA) premium tax credits (PTCs) and the basic health plan (in New York, the Essential Plan for many lawfully present immigrants).
- 80-hour/month work requirement and recertification and administrative burdens for Medicaid eligibility, making it more difficult for beneficiaries to keep their coverage.
- Restrictions on new State Directed Payments (SDPs), which allow states to increase Medicaid reimbursement rates, and cuts to existing SDPs.
- A moratorium on new provider taxes and cuts to existing provider tax rates.

Implementation dates vary, and some provisions begin as early as next year. We will continue to advocate with our partners to delay the implementation and soften the impact to our system. Our mission will not change due to these cuts, and we will not back away from serving New York City. We are committed to maintaining stability for our system and our patients. This includes a commitment to maximizing efficiencies within our system while maintaining the high quality of care that our patients deserve. Our system has proven that we can meet challenges head on, over and over again.

Community Affairs

The Community Affairs team hosted 30 students from the Bronx High School of Science on July 15 for a Career Exploration day. The students visited 50 Water Street and met SVP and Chief External Affairs Officer, Deborah Brown. They participated in a fireside chat with Dr. Helen Arteaga, CEO of NYC Health + Hospitals/Elmhurst, and Okenfe Lebarty, AVP of Community Affairs, and a panel discussion which included staff from various departments at Central Office, including Government Affairs, Women's Health, Communications and Marketing, and Faith-Based Initiatives. Each panelist shared their journey and insight into their career paths at NYC Health + Hospitals.

The Community Affairs team also hosted the 21st Annual Marjorie Matthews celebration at NYC Health + Hospitals/Coler on July 17. Over 200 Community Advisory Board Members and Auxiliary members attended from across the system, in addition to staff and the CEOs of some of the facilities. This year, the recipients of the Agnes Abraham Humanitarian Award, which recognizes volunteers who go above and beyond for their community, were Helen Sears, a CAB member at Elmhurst Hospital, and Claudette Pilgrim, an Auxiliary member at Woodhull Hospital.

REAL ESTATE ACTIVITIES

This is the Quarterly Report on Real Estate License Agreements not Requiring Board Approval (FY25 Q4). The below summarizes real estate license transactions less than \$5M over its entire term. This covers April 1, 2025 - June 30, 2025.

- NYC Health + Hospitals/Harlem food services vendor Tasty Picks is licensing 2,133 square feet in the 1st floor of the MLK building for \$84,000 annually with a 3% escalation each year. The term is 5 years for a total of \$445,967. This is based on third-party fair market value assessment of neighborhood and food service market.
- NYC Health + Hospitals/Gotham is leasing space for clinical services in the South Jamaica Multi-Service Center, 114-02 Guy R. Brewer Boulevard, Jamaica, 11434. This is a City-owned building. It is leasing three room for a total of 9,900 square feet. The term is for one year for a total of \$277,200. This is at fair or below fair market value.
- NYC Health + Hospitals/Kings County food services vendor Tasty Picks is licensing 370 square feet in the D Building for \$14,800 annually with a 3% escalation each year. The term is 5 years for a total of \$78,575. This is based on third-party fair market value assessment of neighborhood and food service market.

NEWS FROM AROUND THE SYSTEM

- **Everyday Health:** [The 7 Types of Snacks to Eat if You Have High Cholesterol](#)
- **World News:** [NYC Health + Hospitals/Woodhull's New CEO Announces Recent Clinical Leadership Team Appointments](#)
- **NY1:** [Health officials urge New Yorkers to take summer safety precautions](#)
- **BK Reader:** [Childhood Immunization: Once a Silent Hero of Public Health Has Lost Traction](#)
- **TIME:** [What to Drink to Stay Hydrated—And What to Avoid](#)
- **Becker's Hospital Review:** [NYC Health + Hospitals/Lincoln opens bariatric surgery program](#)
- **Eating Well:** [We Asked 3 Cardiologists the #1 Change to Make for Lower Cholesterol—They All Said the Same Thing](#)
- **HuffPost:** [Mucus v. Phlegm: What's The Difference?](#)
- **Flow Space:** [Is Appendix Cancer a New Thing We Have to Worry About?](#)
- **Health:** [4 Supplements That May Actually Help With Depression, According to a New Review](#)
- **NY1:** [Brooklyn pediatrician reacts to study showing deteriorating health of kids](#)

- **CBS News:** [Measles cases hit highest level in U.S. in over 30 years](#)
- **BK Reader:** [New City Initiative Strengthens LGBTQ+ Health Care in Brooklyn](#)
- **Univision:** [How to Prevent ER visits on July 4th](#)
- **The South Asian Times:** [City & State New York recognizes three NYC Health + Hospitals CEOs in 2025 'Brooklyn Power 100' list](#)
- **Gay City News:** [NYC Health + Hospitals/Metropolitan relaunches Pride Health Center](#)
- **City & State New York:** [The 2025 Who's Who in Insurance](#)
- **KSL TV:** [As measles cases climb, can those opposed to vaccines reduce risks?](#)
- **PIX11:** [Mosquitoes with West Nile virus detected throughout NYC](#)
- **World News:** [NYC Health + Hospitals/Elmhurst Names Dr. George Han as Director of Research, a New Position at the Hospital \(New York City Health and Hospitals Corporation\)](#)
- **Gothamist:** [NYC expands mental health services at domestic violence shelters as number of clients rises](#)
- **Becker's Hospital Review:** [NYC Health + Hospitals/Woodhull taps 2 clinical chiefs](#)
- **The South Asian Times:** [In a first for NYC health care system, new non-invasive radiation technique deployed to treat brain cancer](#)
- **City & State New York:** [Prioritizing New York's older adults](#)
- **Brooklyn Daily Eagle:** [City's public hospital system expands mental health services for domestic violence survivors](#)
- **Harlem World Magazine:** [Elmhurst Hospital Makes History With First Use Of Non-Invasive Radiation To Treat Brain Cancer](#)
- **Gothamist:** [NYC expands mental health services at domestic violence shelters as number of clients rises](#)
- **Telemundo:** [NYC Launches Network of Free Legal Services and Community Support for Immigrants](#)

Fiscal Year 2025 Annual Public Borough Meetings Responses

Board of Directors Meeting

September 25, 2025

Deborah Brown
Senior Vice President
Chief External Affairs Officer

Fiscal Year 2025 Annual Public Meetings

In accordance with §7384(10) of the HHC Enabling Act, the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2025 Annual Public Meetings in all five boroughs of NYC:

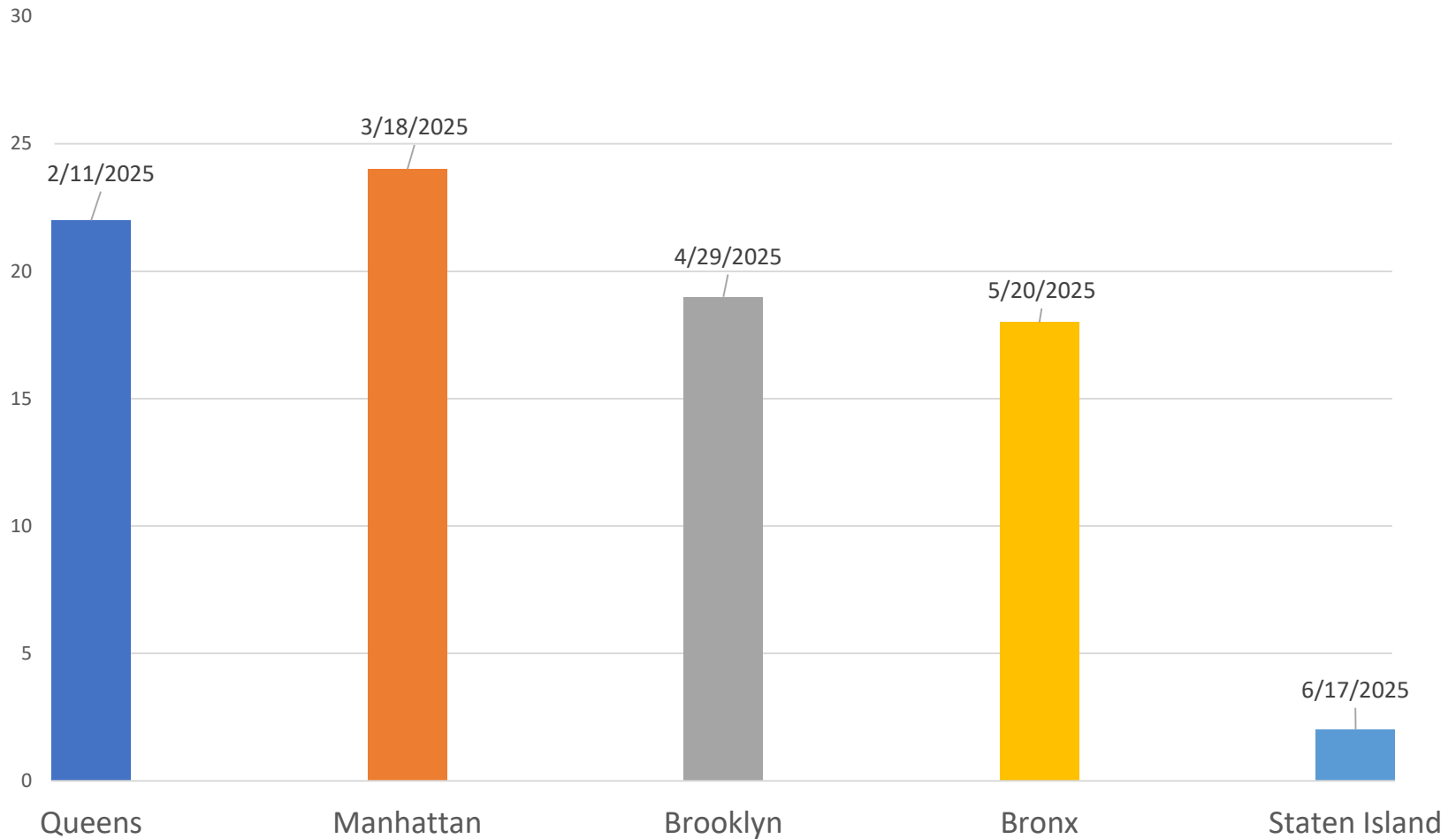
Queens	-	February 11, 2025		NYC Health + Hospitals/Elmhurst
Manhattan	-	March 18, 2025		NYC Health + Hospitals/Bellevue
Brooklyn	-	April 29, 2025		NYC Health + Hospitals/South Brooklyn Health
Bronx	-	May 20, 2025		NYC Health + Hospitals/Jacobi
Staten Island	-	June 17, 2025		NYC Health + Hospitals/Sea View

The President and CEO informed the public on the programs and plans of NYC Health + Hospitals, as well as afforded the public an opportunity to present oral and/or written testimony concerning the performance of NYC Health + Hospitals to the Board of Directors.

Compilation of questions and responses

- NYC Health +Hospitals recorded the individual questions/ concerns from each of the public meetings.
- This deck contains a comprehensive listing of questions/ concerns and responsive information.
- We will provide an overview today.
- The full deck will be posted for public review:
<https://www.nychealthandhospitals.org/public-meetings-notice/>
- Each slide is identified with the name of the borough in which the question/ concern was raised.
- When a specific facility is referenced in the question/ concern, it is also included on the slide.

Total Speakers per Borough



Main Areas of Concern Raised by the Public

Staff Well Being

- Provide opportunities for professional growth
- Provide wellness resources for staff morale
- Contracting and compensation issues

Aging Structure and Infrastructure

- Aging infrastructure and need for capital improvements
- Need for new machinery

Inclusive Care

- Ensure access to care for individuals with disabilities
- Provide services for cancer patients
- Ensure warm meals

Access to Health Care

- Concern of budget cuts on ability of NYC Health + Hospitals to provide equitable care to all New Yorkers
- Concern for patient safety based on their immigration status
- Long wait times for appointments
- Expansion of services

Public Concern:

Some members of the nursing staff called for addressing broad concerns, advocating for:

- better staffing to address understaffing across departments
- more resources for nurses such as lounges, libraries and opportunities for growth
- additional staffing support which will be required with the implementation of Artificial Intelligence in health care

Concerned nurses urged the prioritization of nurse well-being to maintain a strong health care workforce.

Response:

NYC Health + Hospitals is committed to professional development and staff engagement for its nurse well-being, retention and recruitment initiatives. NYC Health + Hospitals' professional development and staff engagement initiatives for nurses have resulted in a turnover rate of just 7.3% in 2025 to date.

Continued on next page

Response continued:

The health care System hired 3,417 nurses in 2024. In addition to the cost savings, the hiring of additional permanent staff nurses is an investment in the health system's workforce, as it ensures patients are served by permanent employees who are committed to the mission, come from the community, and build institutional knowledge.

Key strategies to develop and maintain a strong health care nurse workforce include:

- **Nurse Residency Program** - This 12-month program provides newly-hired nurses with specialized training, education, and mentoring services
- **Professional Shared Governance** - The nurse-led initiative aims to enhance nurse engagement by ensuring that frontline care providers are active participants in the public health care system's decision-making processes.
- **Nursing Clinical Ladder Program** – This program is designed to promote outstanding staff nurses and support their professional growth, helping nurses take their careers to the next level
- **Nursing recognition events** - NYC Health + Hospitals celebrates its nurses and their achievements with numerous special events scheduled throughout the year

Response Continued:

- Focus on well-being and positive practice environments with the implementation of the Care Delivery Daily Management System.
- Collaborative recruitment efforts and hiring fairs
- **System-wide communications strategies include key platforms such as an informational series of bi-monthly Fireside Chats, regularly scheduled Chief Nursing Executive Town Halls, and annual educational symposia** and workshops. Other informational sessions include special virtual and in-person summits spotlighting issues of concern.
- **Specialized nursing fellowships** – NYC Health + Hospitals has established several important nursing fellowship programs to promote professional development among nurses and provide career pathways for ancillary staff to become nurses.
- **Training programs** to onboard new nurses and provide nurses with enhanced professional development opportunities

Public Concern:

Nurses expressed concerns about enforcement of NYC Health + Hospital's unscheduled call out policy and its potential impact on employee use of sick leave.

Response:

Since those concerns have been raised, the System has been engaged in active negotiations with our collective unions, with a goal of updating/modernizing System policies and practices around unscheduled leave.

Public Concern:

Community member emphasized the need for all facilities to modernize and prioritize inclusive care for individuals with disabilities, stressing the importance of treating individuals with disabilities with dignity and ensuring equitable access for all.

Response:

NYC Health + Hospitals is committed to serving all New Yorkers and has launched several educational programs that promote educational opportunities for staff as well as inclusion for individuals with disability.

Some examples include:

- **Let's Talk Disability** - This program increases awareness about how colleagues, patients, and all individuals with visible or non-visible disabilities experience their daily lives while working or being treated in a healthcare environment.
- **The blind/low vision simulation** - Employees participate in a simulated healthcare environment while trying to navigate a medical visit utilizing low vision aids. Participants are provided with different visual lenses that limit their visibility.
- **Adaptive Yoga** – A Virtual Adaptive Yoga session is available to our patients, staff and community. This session is geared to provide opportunities to practice yoga for individuals with limited mobility.

Response continued:

Additionally, NYC Health + Hospitals has a dedicated webpage for employees, "Disability Services", which serves as a resource directory for staff to obtain information on policies, procedures, and resources. The site includes information for services for people with low vision or Blindness, and hearing loss or Deafness.

Public Concern:

Community members shared their opposition and displeasure regarding the housing complex on the NYC Health + Hospital/Gotham Health, Morrisania parking lot.

Response:

We acknowledge some community members' concerns about the proposed housing complex on the NYC Health + Hospitals/Gotham Health, Morrisania parking lot. The development will feature a 328-unit building with a mix of affordable and supportive housing, along with community space and a landscaped plaza. This project aims to improve access to both housing and healthcare for the community, ensuring continuity of care and addressing key needs while respecting local concerns.

Public Concern:

Midwives expressed the need to address pay disparities and ensure fair compensation for midwives working at NYC Health + Hospitals/Jacobi | North Central Bronx. They shared the ongoing understaffing crisis, and stressed the importance of finalizing a new contract, which has been expired for three years. Midwives expressed feeling undervalued and voiced the need for more respect and support from the health system.

Response:

On June 18, 2025, PAGNY and NYSNA reached a new collective bargaining agreement for the Midwives at NYC Health + Hospitals/Jacobi | NCB. The term of the agreement is from July 1, 2023 through June 30, 2028. The deal also created a venue for Labor and Management to meet regularly to address workplace concerns.

Public Concern:

Community member raised concerns about alleged misconduct by a member of the Jacobi team, accusing them of attempting to silence them at a prior meeting. The Community member criticized plans related to the use of 1900 Seminole Avenue, including a lease involving the Fortune Society and the housing of pre-trial detainees or individuals with psychiatric conditions, linking these developments to a potential rise in local crime. They advocated for alternative community uses such as a STEM school and expressed frustration with the decision-making and transparency of the Board.

Response:

It is the mission of NYC Health + Hospitals (H+H) to deliver high-quality health services with compassion, dignity, and respect to all of its patients. H+H also recognizes that stable, affordable housing is critical to the health and well-being of every New Yorker and is proud that Just Home will contribute to this goal.

Since June 2022, NYC Health + Hospitals has held numerous public meetings to brief the Jacobi community about Just Home and to listen to community feedback. In partnership with NYC Housing Preservation & Development (HPD) and the Fortune Society, H+H has briefed the Jacobi Community Advisory Board, the Morris Park Community Association, and Bronx Community Board 11, among others, and listened to public comment at each forum.

Response continued:

H+H held a public meeting at Jacobi in December 2023 to listen to public comment and to solicit written testimony, and in January 2024, the H+H Board of Directors unanimously approved the ground lease and service contract to Fortune Society.

The project is now with the NYC Council, and the next step involves a public Council hearing.

Public Concern:

Community member requested support to address long wait-times and limited access to mental health services due to provider shortages. They also noted broader community concerns like unaffordable housing and lack of healthy foods.

Response:

The recent hiring of the Director of Behavioral Health, who is also seeing patients along with a newly hired social worker, provides Cumberland with greater access to mental health services and enhanced operational efficiencies that ensure individuals can receive care more quickly.

Cumberland is also actively addressing broader community challenges, such as affordable housing and food access, through local partnerships.

Public Concern:

Community member requested more visits from NYC Health + Hospitals leadership to their facility, emphasizing the value of their presence.

Response:

Throughout the year, McKinney hosts numerous social, cultural, and recreational events for staff, residents and their families. Whether in-person or virtual, our health system's executive leadership strongly supports our endeavors to engage the McKinney community.

Given the high demand for scheduling executive leadership across the system, NYC Health + Hospitals CEO, Dr. Katz, is always well-represented by his Senior Vice Presidents and other executive leadership when he is unavailable. We will continue to work closely with Dr. Kat's office to submit timely scheduling requests for our upcoming activities.

Public Concern:

Community member expressed the need for a Level I Trauma Center in South Brooklyn to ensure community members can obtain timely care in crisis. Currently, the closest Level I trauma center from Southern Brooklyn is thirty minutes away.

Response:

South Brooklyn Health is a comprehensive care center that has served the community with emergency care for over 150 years. As we have in the past, we continue to be the first stop for many injuries and crises, stabilizing patients. New York City Health + Hospitals leadership is committed to providing appropriate care to its patients. We continue to review and improve our capabilities as it pertains to trauma care to ensure our team are equipped to serve our patients effectively, including delivering life-saving care.

Public Concern:

Community members shared a pressing need for funding towards a cardiac catheterization laboratory and equipment.

Response:

South Brooklyn Health made requests to our elected delegations at the local, state, and federal level for funding support of cardiac catheterization equipment and lab space on site. We received funding from Assembly Member William Colton in support of this effort and are closer to our goal amount to fund the project fully. We will continue to explore additional funding options to ensure we can move forward with this project as soon as possible to maintain our Percutaneous Coronary Intervention (PCI) and cardiac catheterization service for the community.

Public Concern:

Community members requested continued investment in competitive salaries to retain providers.

Response:

NYC Health + Hospitals remains committed to ensuring provider salaries remain competitive. Woodhull Hospital has been fortunate to have an affiliation with the NYU Grossman School of Medicine as the affiliate employer of most clinical staff.

Earlier This year, the affiliate successfully negotiated salary increases with the Doctors' Council Union, which represents non-managerial physicians. This agreement includes phased salary increases.

Public Concern:

Community members requested the timely removal of construction scaffolding.

Response:

We are grateful for the partnership of our community leaders, residents, and advocates, and also look forward to removing any scaffolding that is no longer necessary.

The facility currently has a roofing project in progress as well as the construction of an Outposted Therapeutic Housing Units Program (OTxHU)

on our upper floors. Therefore, we are mandated by law to retain the scaffolding for the safety of pedestrians. The projects are proceeding well, which will allow us to remove the scaffolding upon completion.

Public Concern:

Community member shared concern about the proposed Federal budget cuts, which would significantly impact Medicaid and Medicare funding. They urged the System to engage more actively in these challenges to reduce the impact on patient care.

Response:

NYC Health + Hospitals continues to perform analysis to anticipate reductions in federal and NYS reimbursement. Our mission remains unchanged, and we will continue to serve all New York City residents. We are committed to maintaining stability and ensuring the safety of our system, patients, and staff. This includes a commitment to maximizing efficiencies within our system while maintaining the high quality of care that our communities deserve. Our system has consistently proven that we can meet challenges head-on, time and again. In coordination with our system leadership, we are developing financial and strategic plans to support our problem-solving efforts, and we will continue to adapt to best serve our patients and communities safely.

Public Concern:

Community member emphasized the need to address healthcare challenges, especially with the closure of Mount Sinai Beth Israel.

Response:

Over the past two years, Bellevue has seen a dramatic increase in admissions to the hospital. Factors have included increased transfers of patients with complex healthcare needs from other hospitals, the gradual closure of Mount Sinai Beth Israel (MSBI), the influx of asylum seekers, and a general upswing in demand for care following the height of the COVID pandemic. Throughout this time, Bellevue has remained steadfast in its mission to care for New Yorkers, while being nimble and creative in order to meet new challenges. When MSBI announced its intentions to close almost two years ago, Bellevue began preparing for the potential impact on our hospital and our community. Working with our partners at the state and local level as well as internally across departments, the hospital has conducted ongoing assessments of needs and worked to improve patient flow in the Emergency Department, where the impact of the MSBI closure was expected to be felt first and most significantly. By the time MSBI shut its doors in early April, the hospital had been able to improve patient flow, triage transfers to ensure the most urgent cases get prioritized, improve referrals to long-term care placement, and increase access to primary care services. Bellevue has been here for the community for centuries and we will continue to be here, prepared to care for all New Yorkers.

Public Concern:

Community member expressed frustration with long wait-times, inadequate coordination among staff, excessive delays and poor handling of medical processes. They advocated for reforms to ensure better treatment for all patients.

Response:

Bellevue has implemented a number processes in order to improve and maintain high patient satisfaction. Our staff are actively engaged in performance improvement projects that emphasize patient satisfaction and efficiency.

- In our outpatient clinics, we have installed kiosks that allow patients to check themselves in on arrival in order to reduce wait times.
- Express Care booths also provide patients with a video visit, prior to getting ordered labs and diagnostic tests.
- Our FastTrack system tracks real-time appointments, so that when one patient cancels their visit, the slot is offered to another patient, reducing wait-times in between appointments.
- In our Emergency Department, we have streamlined the process to move patients requiring admission out of the emergency room and up to inpatient units.
- Two new CT scanners allow for staff to perform X-rays more quickly and accurately.

Throughout the hospital, staff are actively engaged in ongoing trainings and other work to support our health system's culture with a customer service model built on kindness and our ICARE values: integrity, compassion, accountability, respect, and excellence.

Public Concern:

Community member shared concerns about the proposed federal budget cuts, which would significantly impact Medicaid and Medicare funding, crucial for Carter's operations. They appealed for continued support for post-acute care services in budget decisions.

Response:

NYC Health + Hospital/Carter is committed to maintaining stability and ensuring the safety of our patients and staff, which includes a commitment to supporting the high-quality care that our communities deserve. Carter will continue to meet its challenges head-on as we develop financial and strategic plans to support our problem-solving efforts. We will also continue to adapt to ensure our patients and communities are served safely.

Public Concern:

The community expressed a profound need for infrastructure repairs due to the aging infrastructure at Coler including elevators, air conditioning, and fire systems. They also emphasized the ongoing need for flood protection and mentioned the delay in the promised FEMA-funded protection for the hospital.

Response:

The Age and function of the building create significant challenges in terms of resident conveniences, engagement, and safety, along with a safe environment for staff. Many recent improvements have enhanced the quality of care and protection for residents. These include the recent addition of the Coler Café, Staff Wellness, staff break room, and many other common spaces.

In addition to elevator, fire alarm, and air conditioning modernizations, there remain many other projects aimed at improving residents' quality of life and staff efficiency and safety. Examples of these include a greenhouse for residents and a simulation lab for staff. Resident units, including showers and bathrooms, remain our constant attention.

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Response Continued:

As part of Coler's Coastal Flood Resiliency Project, Coler launched a public website to provide community education and awareness regarding historic flooding, existing conditions, project timelines, and a repository of resources accessible to the public including fact sheets and community presentations. Coler also hosted a series of community visioning sessions in-person and virtually for Coler residents and broader Roosevelt Island Community. We also conducted a community input survey to gather ideas and feedback that helps better inform the design elements of the flood mitigation project. We continue to work closely with RIOC and all stakeholders on this inter-agency project. In the interim, Coler has installed a tiger dam solution which provides approximately a 4' barrier around the facility.

Public Concern:

The Community highlighted the issue of difficulty in staff recruitment and staff retention, and transportation challenges to the facility.

Response:

NYC Health + Hospitals/Coler remains a 5-star facility in staffing, which means we are significantly above the State mandatory minimum

In the immediate years following the COVID-19 pandemic, recruitment was challenging. While it has mostly improved, Coler still uses agency nurses when needed.

Recent metrics reveal improvement in many aspects of the recruitment process, which, for good reason, is sometimes protracted. A job fair was also held at Coler this summer with fair results.

We are pleased to announce that Roosevelt Island's Red Bus Service will now stop at our doorstep, eliminating the need to walk from what was previously the last stop at the Octagon.

Public Concern:

Community member emphasized the hospital's ongoing capital needs to maintain and improve services for the Harlem community, urging continued support for capital projects.

Response:

We are grateful for the support that we receive from our community partners and local stakeholders. We have been fortunate to receive capital dollars from our Local, State and Federal governments over the years. Many of these appropriations are a direct result of the community's advocacy on our behalf. Capital needs will continue to exist based on our aging infrastructure. We will continue to work with the community and our elected leaders to find funding solutions to address our capital needs.

Public Concern:

Community member shared the urgent need to upgrade the hospital's outdated Emergency Room.

Response:

Metropolitan Hospital needs an updated emergency department and the facility is currently working with the Corporate Office and elected officials to secure the needed funds that would take the emergency room from the current 15,360 square feet to 30,880 square feet.

Public Concern:

Community member shared the growing need for mental and behavioral health services.

Response:

Metropolitan's goal is to make mental and behavioral health services accessible by creating new access points to receive care, such as expanding access to behavioral health and substance abuse services.

Additionally, we have added evening hours to accommodate working individuals and hired neuropsychologists to join the behavioral health team, supporting families in understanding and learning about the behavioral concerns related to their children.

Public Concern:

Community member expressed the need for immediate repairs at the facility including a leaking roof, need for paint, and HVAC issues. They also highlighted the need to build a new wing at Sydenham's site to accommodate the number of patients.

Response:

NYC Health + Hospitals understands the community's concerns and shares a commitment to maintaining a safe, modern environment. Given the facility's age and ongoing structural challenges, substantial investment is necessary to ensure continued functionality. We are actively collaborating with facilities and capital planning teams to implement targeted interim repairs and service adjustments that address the most urgent needs.

Public Concern:

Community member expressed the need for an expansion of radiology services, and the need for exam beds and work stations.

Response:

Expanding diagnostic services and enhancing clinical workspaces continue to be top priorities for NYC Health + Hospitals/Gotham Health. While space limitations in the current layout present challenges for large-scale expansion, we are exploring equipment upgrades, workflow optimizations, and exam room reconfigurations to improve both patient access and operational efficiency. These enhancements will be carefully aligned with our long-term vision for facility modernization.

Public Concern:

Community member mentioned the impact on the management of medical staff due to a lack of a Medical Director at the facility for nearly a year.

Response:

Dr. Billings has been hired as the new Medical Director and leads the management of medical staff.

Public Concern:

Community member emphasized the importance of the Developmental Evaluation Center (DEC) at St. Nicholas Health Center, and called for improvements to the DEC's facilities and better marketing to raise awareness about the center's services.

Response:

The DEC plays a vital role in providing essential developmental services to the community. In collaboration with NYCHA, we will assess the capital improvements needed to enhance DEC facilities and continue delivering high-quality services.

We are actively promoting developmental services by working with pediatric providers and social workers across our organization to refer children and families to the program. Additionally, we are marketing the program through social media and utilizing our Community Affairs team to promote it at community events.

Continued on next page

Response Continued:

We are also engaging other community-based organizations to direct families in need of support to these services. Our lead physician, Dr. Tyrone Bentley, MD, developmental pediatrician, grew up in the NYCHA housing development and has deep ties to the community. He is highly recognized for his work with families needing support with children having developmental challenges and giving back to the community.

Public Concern:

Community member expressed the need to address pay disparity for health care workers in Queens, especially oncologists, and encouraged better pay and compensation for staff to ensure continued quality care for patients.

Response:

New York City Health + Hospitals is unwavering in its commitment to ensure that our workforce is compensated fairly, equitably, and competitively. Our comprehensive approach includes regular reviews of salary structures and compensation practices to identify and address any disparities, focusing on equity across roles, departments, and demographic groups.

As part of this commitment, we:

- Conduct regular pay equity analyses to ensure compensation is just and comparable across similar roles, promptly addressing any unjustified differences.
- Collaborate actively with our labor unions to guarantee that negotiated agreements reflect fair wages and benefits for all employees, fostering a supportive work environment.
- Benchmark salaries rigorously against industry standards to maintain our competitiveness and our ability to attract and retain top-tier talent.
- Provide structured career pathways and advancement opportunities, empowering employees to increase their earnings through promotions and skill development.

Response Continued:

Through these initiatives, our turnover rate is remarkably low at 6.19%, while our vacancy rate averages only 4%, compared to the average hospital turnover rate of approximately 20%.

We are keenly aware of the sacrifices made by our providers, particularly the extraordinary dedication of those at Queens Hospital. Since January 2025, through collaboration with the Mount Sinai Health System, we have successfully negotiated significant salary increases for physicians across all disciplines.

Public Concern:

Community members expressed the need for clear protocols to be used in case of ICE (Immigration and Customs Enforcement) actions in or near the hospital; and for staff education on immigration rights; and multilingual resources for the community. They also requested clear, transparent communication to the community conveying that the hospital remains open for all, regardless of immigration status.

Response:

NYC Health + Hospitals developed protocols and provided trainings for staff who might come in contact with immigration enforcement officers at the hospital, whether DHS or ICE. In the trainings, NYC Health + Hospitals reiterated the importance of maintaining patient privacy under the law, and of ensuring safety to patients, visitors and staff. NYC Health + Hospitals continues to promote its mission to serve all New Yorkers, without exception.

Public Concern:

Community members advocated for the inclusion of scalp cooling devices at all hospitals offering chemotherapy, following a new law that mandates insurance coverage for this treatment in New York. This initiative would help cancer patients preserve their hair during treatment, supporting their mental and emotional well-being.

Community members also advocated for the provision of hot meals for chemotherapy patients to address food insecurity.

Response:

Scalp Cooling:

The Queens Cancer Center is thrilled with New York State's pioneering legislation requiring insurance coverage for scalp cooling systems. This makes New York the first state to ensure this essential therapy for chemotherapy patients, helping preserve their hair during treatment and safeguarding their sense of identity and emotional well-being. The Queens Cancer Center has begun discussions with patients about scalp cooling and has met with vendors, such as Paxman Scalp Cooling, to integrate this technology into our infusion center. Our commitment is steadfast: to provide all eligible patients access to this innovative treatment, reinforcing our mission to deliver compassionate, whole-person care to our community.

Response continued:

Food Insecurity:

We deeply value our community's concerns about food insecurity among chemotherapy patients. Nutrition is a cornerstone of healing, and we recognize how warm, nourishing meals can significantly impact recovery. Currently, the Cancer Center provides cold meals, but in response to community feedback, we are exploring the feasibility of offering hot meals, reviewing resources and logistics to address this need earnestly.

Public Concern:

Community members highlighted the influence of alcohol advertising and its impact on children, calling for community support to address this issue.

Response:

We recognize the challenges posed by such advertisements and strive to provide counter-messaging and education about the risks associated with alcohol consumption.

Our strategy includes educational campaigns via social media platforms and other communication tools, aiming to raise awareness of the dangers of alcohol, smoking, vaping, and more. We emphasize the importance of equipping children and their caregivers with accurate, comprehensive information for informed health decisions.

Queens hospital and the Cancer Center actively collaborate with local schools to educate both parents and children about these issues. This academic year, we are launching a program targeting 3rd to 5th graders and their families at the Duke Ellington School (P.S. 004), focusing on the dangers of cigarette smoke, vaping, and alcohol consumption.

Our collaborative efforts with community partners are designed to empower the community with knowledge, supporting informed choices for health and well-being and making a meaningful impact.

RESOLUTION - 07

Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for Fiscal Year 2025** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals’ mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller’s Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

**AUTHORIZATION TO MAKE ANNUAL FILING
PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT**

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the “**PARA**”) to adopt and to report to the New York State Office of the State Comptroller’s Authority Budget Office (the “**ABO**”) each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board’s adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. The Mission Statement reflects the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals’ website.

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

- To provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
- To extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;
- To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;
- To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS:

- 1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

Yes.

- 2. Who has the power to appoint the management of the public authority?**

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

- 3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

- 4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

In addition to standing and special committees which have defined subject matter responsibilities and which meet on a regular basis, the Board of Directors meets a minimum of 10 times annually as mandated by our Enabling Act to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

Yes.

AUTHORIZATION TO MAKE ANNUAL FILING PURSUANT TO THE PUBLIC AUTHORITIES REPORT ACT

**Board of Directors Meeting
Thursday, September 25, 2025**

**Jeremy Berman – Deputy General Counsel
Matthew Siegler – Senior Vice President, Managed
Care & Patient Growth**

Board of Directors Consideration

- Adopting the attached **Mission Statement, Performance Measures** and additional information to be submitted on behalf of **New York City Health and Hospitals Corporation (“NYC Health + Hospitals”)** for **Fiscal Year 2025** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

Public Authorities Reform Act of 2009 Requirements

- the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features
- the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission
- the ABO requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO and publicly posted on its website

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD*	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	VP CQO+SVP PAC	Quarterly	1.6	1.9	-.3	2.1	2.2
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	67%	-2%	68.8%	66.3%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	68.1%	-0.9%	69.7%	-
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.5%	0.5%	3.6%	5.1%
CARE EXPERIENCE								
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	66.2%	-0.1%	64.4%	64.4%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	88.4%	.099%	87.8%	86.8%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	86.4%	2.4%	83.9%	79.1%
FINANCIAL SUSTAINABILITY								
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	76.9%	11.9%	78.4%	79.5%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88.0%	-2%	78.0%	71.0%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	37.6%	7.4%	39.4%	46.6%
11	Total AR days per month (Outpatient, Inpatient) [lower better for this measure]	SVP CFO	Quarterly	45	39	5.9	44.5	48.0
12	Post Acute Care Total AR days(12 months) [lower better for this measure]	SVP CFO	Quarterly	50	59	-9.0	54.0	72.0
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	15% complete, which is 100% of deliverable	-85%	10%	-
ACCESS TO CARE								
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	459,305	9,205	457,501	439,564
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	94,772	10,712	97,201	113,503
16	NYC Care	SVP AMB	Quarterly	150,000	141,129	-8,871	146,988	139,819
CULTURE OF SAFETY								
17	Addition of measure% of total staff across NYC H+H completing ICARE with kindness pledge	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	31.73%	-48.27%	21.7%	-
18	Addition of measure: % of total staff across NYC H+H completing ICARE with kindness training	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	25.10%	-54.9%	15.01%	-
19	Total Wellness Encounters (WILL RETIRE)	VP CQO + SVP CNE	Quarterly	1,500	2,550	1,050	2,267	1,904
RACIAL AND SOCIAL EQUITY								
20	# of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag so Apr-Jun 24 reported)	100 (revised target)	124	84	101	214
21	% of New Physician Hires being underrepresented minority (WILL RETIRE)	SVP CMO + SVP HR	Quarterly		See slide 13			-

System Dashboard Glossary

REPORTING PERIOD – Q3 FY25 (January 1 through March 31 | 2025)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account in primary care
FINANCIAL SUSTAINABILITY		
8	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance
10	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
11	Total AR days per month (Outpatient ,inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
13	UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing	Measures milestones achieved in major information technology project to increase printing alternative awareness to reduce printing across the System
ACCESS TO CARE		
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
17	% Occupancy	Total % occupancy for all services and % occupancy specifically in med surg and ICU units
CULTURE OF SAFETY		
18	Total Wellness Encounters (to be retired)	Aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
19	New Metric: % of total staff across NYC H+H completing ICARE with kindness pledge	Total % of staff across NYC H+H completing ICARE with kindness pledge, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
20	New Metric: % of total staff across NYC H+H completing ICARE with kindness training	Total % of staff across NYC H+H completing ICARE with kindness training, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
RACIAL AND SOCIAL EQUITY		
21	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
22	# of Equity Lenses Applied to PI Projects	Total # of performance improvement projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues

AUTHORITY MISSION STATEMENT

- To provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
- To extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;
- To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;
- To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS

1. Have the board members acknowledged that they have read and understood the mission of the public authority?
 - Yes
2. Who has the power to appoint the management of the public authority?
 - Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)
3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?
 - The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.
4. Briefly describe the role of the Board and the role of management in the implementation of the mission.
 - In addition to standing and special committees which have defined subject matter responsibilities and which meet on a regular basis, the Board of Directors meets a minimum of 10 times per year as mandated by the Enabling Act to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.
5. Has the Board acknowledged that they have read and understood the responses to each of these questions?
 - Yes.

Board of Directors Request for Approval

- Adopting the attached **Mission Statement, Performance Measures** and additional information to be submitted on behalf of **New York City Health and Hospitals Corporation (“NYC Health + Hospitals”)** for **Fiscal Year 2025** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

RESOLUTION - 08

Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute a Best Interest Extension to extend its contract with Kone Corporation (“Kone”) for one year until November 31, 2026, and to increase the not-to-exceed amount by \$12,500,000, which includes a 24% contingency of \$3,000,000, from the original \$46,700,000 to a new not-to-exceed amount of \$59,200,000, for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide, 24/7 emergency service and repairs, and a dedicated diagnostics and testing team.**

WHEREAS, the System entered into a contract with Kone Corporation to provide preventative maintenance services and repairs on over 350 elevators and escalators across the System; and

WHEREAS, the contract includes 24/7 emergency service and repairs, and the provision of a dedicated diagnostics and testing team to ensure safe and reliable operation of the System’s elevator and escalator fleet; and

WHEREAS, the current contract term is set to expire November 2025, and the System desires to extend the contract for an additional year until November 31, 2026, in order to ensure continuity of these critical services; and

WHEREAS, the System further seeks to increase the not-to-exceed amount by \$12,500,000, which includes a 24% contingency of \$3,000,000, thereby increasing the total not-to-exceed contract value from \$46,700,000 to \$59,200,000; and

WHEREAS, Kone Corporation was granted an MWBE waiver since all elevator maintenance work is self-performed.

NOW THEREFORE, BE IT RESOLVED, that New York City Health and Hospitals Corporation (the “System”) is hereby authorized to execute a Best Interest Extension to extend its contract with Kone Corporation (“Kone”) for one year until November 31, 2026, and to increase the not-to-exceed amount by \$12,500,000, which includes a 24% contingency of \$3,000,000, from the original \$46,700,000 to a new not-to-exceed amount of \$59,200,000, for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide, 24/7 emergency service and repairs, and a dedicated diagnostics and testing team.

EXECUTIVE SUMMARY**CONTRACT EXTENSION AND FUNDING INCREASE WITH KONE CORPORATION**

BACKGROUND: New York City Health and Hospitals Corporation (“System”) entered into a contract with Kone Corporation (“Kone”) to provide preventative maintenance services and repairs on over 350 elevators and escalators system wide. The contract also provides 24/7 emergency service and repairs, and a dedicated diagnostics and testing team. The original not-to-exceed amount approved by the Board was \$46,700,000.

The System now seeks to extend the contract for one year until November 31, 2026, to ensure uninterrupted continuation of these essential services. The System further seeks to increase the contract by \$12,500,000, which includes a 24% contingency of \$3,000,000, bringing the total not-to-exceed amount to \$59,200,000.

TERMS: The Contract approved by the Board in October 2018 was for five years with two one-year renewal options, all of which will expire by November 2025. The original not-to-exceed value was \$46,700,000. The new term will be extended through November 31, 2026 and there shall be an increase of contract value by \$12,500,000, which includes a 24% contingency of \$3,000,000, for a revised total not-to-exceed value of \$59,200,000.

MWBE: Kone Corporation was granted an MWBE waiver since it self-performs all of the elevator maintenance work.

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

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

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

Vendor: Kone, Inc.

Date: September 22, 2025

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

Vendor Responsibility

Approved

EEO

Pending

MWBE

Waiver

**Elevator Maintenance Services
Request to Increase an NTE by
\$12,500,000 and to Increase Term to
November 31, 2026 – KONE Corporation**

**Board of Directors Meeting
September 25, 2025**

**Manuel Saez, PhD Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD**

For Board of Directors Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) **to execute a Best Interest Extension to extend its contract with Kone Corporation (“Kone”) for one year until November 31, 2026, and to increase the not-to-exceed amount by \$12,500,000**, which includes a 24% contingency of \$3,000,000, from the original \$46,700,000 to a new not-to-exceed amount of \$59,200,000, for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide, 24/7 emergency service and repairs, and a dedicated diagnostics and testing team.

Background / Current State

- The Office of Facilities and Development is requesting approval to increase the not-to-exceed contract value for our elevator maintenance services with our current vendor, Kone Corporation. The scope of work incorporated into this contract currently includes:
 - Preventative maintenance services and repairs on 350+ elevators and escalators system wide
 - 24/7 emergency service and repairs
 - Dedicated diagnostics and testing team
- The entire elevator infrastructure is aging and it is vital that we have continuity of maintenance for our facilities and patients.
- Elevator maintenance and repair services were procured through a competitive RFP process, and was approved by the CRC in September 2018 and the Board of Directors on October 2018 with an NTE of \$46,700,000.
 - Current spend for elevator maintenance and repairs: \$44,560,000
 - The current contract term for elevator maintenance services includes a 5 year initial term with 2 one year options to renew and will expire November 31, 2025.

NTE Increase Request

- The Office of Facilities and Development is requesting approval to increase the no-to-exceed contract value by \$12,500,000 and extend the current agreement for one year until November 31, 2026.
- This additional time will allow us to complete a competitive procurement via RFP for these services.
- OFD is requesting approval to increase the NTE by \$12.5M to allow for
 - \$7M for annual preventative maintenance.
 - \$2.5M for urgent elevator modernization projects at Bellevue and Lincoln.
 - \$3M for contingency for emergency repairs.
 - Majority of our elevators are aged and require frequent repairs
 - Our elevators are integral to ensure we can transport patients and staff to access the services they require on our campuses

Projected Spend 12/1/25-11/31/26	\$ 9,500,000
Contingency	\$ 3,000,000
Total NTE Increase Request	\$ 12,500,000
Original NTE	\$ 46,700,000
Total Contract NTE	\$ 59,200,000

Best Interest Extension

Under OP 100-05, the System can extend 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.

- Vendor due diligence
 - This vendor is an industry leader in the field of elevator maintenance and has a long and positive track record throughout the history of the contract.
 - Vendor performance has been good
- Pricing due diligence
 - The pricing is based on the previous preventative maintenance work that has been agreed upon with the facilities, along with a specific urgent project that is time and materials based.
- Best interest of the System
 - This vendor has been providing quality service to the system and this extension will allow for the vital work to continue while going through the procurement process

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation KONE Corporation	
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?	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?	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?	N/A
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	
Good	

Request for Board of Directors Approval

- Authorizing New York City Health and Hospitals Corporation (the “System”) **to execute a Best Interest Extension to extend its contract with Kone Corporation (“Kone”) for one year until November 31, 2026, and to increase the not-to-exceed amount by \$12,500,000**, which includes a 24% contingency of \$3,000,000, from the original \$46,700,000 to a new not-to-exceed amount of \$59,200,000, for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide, 24/7 emergency service and repairs, and a dedicated diagnostics and testing team.

RESOLUTION - 09

AMENDED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND: Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a clinical services agreement with AK City Urology, PLLC (the “Provider Group”) to provide urology services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$19,954,000, with a 20% contingency of \$3,990,800, to bring the total cost not to exceed of \$23,944,800 for an initial term of three (3) years with two (2) one-year **renewal** 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 urology 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 urology 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 AK City Urology, PLLC (the “Provider Group”) to provide urology services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$19,954,000, with a 20% contingency of \$3,990,800, to bring the total cost not to exceed of \$23,944,800 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.

EXECUTIVE SUMMARY
CLINICAL SERVICES AGREEMENT
WITH AK CITY UROLOGY, PLLC

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 5 years, providers subcontracted with the System’s affiliate, PAGNY, have provided orthopedic services to NYC Health + Hospitals/South Brooklyn Health. AK City Urology, PLLC (the “ Provider Group ”), wish to continue to provide urology services at NYC Health + Hospitals/South Brooklyn Health 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 orthopedic services to NYC Health + Hospitals/South Brooklyn Health 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 \$23,944,800 (which includes a 20% contingency) for an initial term of three (3) years with two (2) one-year options to renew . 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 urology service at NYC Health + Hospitals/South Brooklyn Health.



NYC Health + Hospitals
50 Water Street
New York, NY 10004

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

From: Jeremy Berman
Deputy Counsel *Jeremy Berman*
Office of Legal Affairs

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

Vendor: AK City Urology, PLLC.

Date: August 25, 2025

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

Vendor Responsibility	EEO	MWBE
Pending	Pending	0%

RESOLUTION – 10

AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND: Authorizing New York City Health and Hospitals Corporation (the “**System**”) to **execute a clinical services agreement with City Orthopedics, PLLC (the “Provider Group”) to provide orthopedic services at New York City Health + Hospitals / South Brooklyn Health** for a contract amount of \$18,700,000, with a 20% contingency of \$3,740,000, to bring the total cost not to exceed of \$22,440,000 for an initial term of three (3) years with two (2) one-year **renewal** 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 orthopedic 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 orthopedic services at NYC Health + Hospitals/South Brooklyn Health to support the comprehensive care provided to the community of South Brooklyn Health; 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 City Orthopedics, PLLC (the “**Provider Group**”) to provide orthopedic services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$18,700,000, with a 20% contingency of \$3,740,000, to bring the total cost not to exceed of \$22,440,000 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.

EXECUTIVE SUMMARY
CLINICAL SERVICES AGREEMENT
WITH CITY ORTHOPEDICS, PLLC

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 orthopedic services to NYC Health + Hospitals/South Brooklyn. City Orthopedics, PLLC (the “ Provider Group ”), wish to continue to provide orthopedic services at NYC Health + Hospitals/South Brooklyn Health 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 orthopedic services to NYC Health + Hospitals/South Brooklyn Health 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 \$22,440,000 (which includes a 20% contingency) for an initial term of three (3) years with two (2) one-year options to extend renew
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 orthopedic service at NYC Health + Hospitals/South Brooklyn Health.



NYC Health + Hospitals
50 Water Street
New York, NY 10004

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

From: Jeremy Berman *Jeremy Berman*
Deputy Counsel
Office of Legal Affairs

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

Vendor: City Orthopedics, PLLC

Date: August 25, 2025

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

Vendor Responsibility	EEO	MWBE
Pending	Pending	0%

Clinical Services Contracts Urology (City Urology, PLLC) & Orthopedics (City Orthopedics, PLLC) – South Brooklyn Health

**Board of Directors Meeting
September 25, 2025**

**Svetlana Lipyanskaya, CEO
Phillip Wadle, AED**

For Board of Directors Consideration

- **AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND:** Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) **to execute a clinical services contract with AK City Urology, PLLC (the “Provider Group”) to provide urology services at New York City Health + Hospitals / South Brooklyn Health** for a contract amount of \$\$19,954,000, with a 20% contingency of \$3,990,800, to bring the total cost not to exceed of \$23,944,800 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.

For Board of Directors Consideration

- **AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND:** Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a clinical services contract with City Orthopedics, PLLC (the “Provider Group”) to provide orthopedic services at New York City Health + Hospitals / South Brooklyn Health for a contract amount of \$18,700,000, with a 20% contingency of \$3,740,000, to bring the total cost not to exceed of \$22,440,000 for an initial term of three (3) years with two (2) one-year renewal options ~~to extend~~.

South Brooklyn Health – Clinical Service Contracts

- South Brooklyn Health seeks to enter into contract with AK City Urology, PLLC to provide urology services to continue to support patients and programs vital to the South Brooklyn community
- South Brooklyn Health seeks to enter into contract with City Orthopedics, PLLC to provide orthopedic services to continue to support patients and programs vital to the South Brooklyn community

Background / Current State

- Urology and Orthopedic 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, do not have built-in Quality KPIs, and have 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
Urology	\$3,458,849.76	\$103,765.49	\$3,562,615.25
Orthopedics	\$2,500,000.00	\$75,000.00	\$2,575,000.00

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
 - All providers are physicians in good standing
 - The system increases the expected work product for each service through additional outpatient sessions and OR days
 - Contract cost increases due to expansion of service will be covered by new revenue generation associated with those services.

Contract Terms Overview

- The contracts would be a direct system contracts, include quality KPIs (with an incentive for meeting them), and a standard 5-year (3-1-1) term
- Contract costs include comprehensive complements of specialty physicians and physician associates (PA) required to cover all services listed below.

Service	Coverage	OP Sessions	OR Days	Base Contract	Total Contract	Total NTE
Orthopedics	24/7	8 sessions / week	4 OR days / week 2 OR days / week electives	\$3,740,000	\$18,700,000	\$22,440,000
Urology	24/7	10 sessions / week	4 OR days / week	\$3,990,800	\$19,954,000	\$23,944,800

Board of Directors Approval Request

- **AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND:** Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) **to execute a clinical services contract with AK City Urology, PLLC (the “Provider Group”) to provide urology services at New York City Health + Hospitals / South Brooklyn Health** for a contract amount of \$\$19,954,000, with a 20% contingency of \$3,990,800, to bring the total cost not to exceed of \$23,944,800 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.

Board of Directors Approval Request

- **AMEMED TO CHANGE AUTHORIZATION TO RENEWAL OPTIONS INSTEAD OF OPTIONS TO EXTEND:** Authorizing New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) **to execute a clinical services contract with City Orthopedics, PLLC (the “Provider Group”) to provide orthopedic services at New York City Health + Hospitals / South Brooklyn Health** for a contract amount of \$18,700,000, with a 20% contingency of \$3,740,000, to bring the total cost not to exceed of \$22,440,000 for an initial term of three (3) years with two (2) one-year **renewal** options ~~to extend~~.

RESOLUTION – 11

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Bioreference Health, LLC, Laboratory Holdings of America, and Quest Diagnostics for Referred Pathology Lab Testing Services** at a not to exceed amount of \$38,650,651, which includes a 20% contingency, for a contract term of FIVE years and TWO additional ONE year renewal options exercisable at the discretion of the System.

WHEREAS, the System’s pathology labs routinely refer specimens to multiple outside labs for technical preparation and/or oncology/pathology-related testing when not performed in-house; and

WHEREAS, the System has identified a need for outside labs to perform technical preparation and/or oncology/pathology related testing; and

WHEREAS, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain Services to select a vendor to Referred Pathology Lab Testing Services, in which TWELVE firms attended a pre-proposal conference; and

WHEREAS, of the THREE proposals submitted, the THREE vendors who received the highest ratings have been selected for award; and

WHEREAS, the RFP involved two scopes of work—Technical Preparation and Oncology/Pathology-related Testing; and

WHEREAS, Bioreference Health, LLC was awarded the Technical Preparation scope and the Oncology/Pathology-related Testing scope was awarded to all three proposers; and

WHEREAS, Clinical Services Operations and the Assistant Vice President of Clinical Laboratory Services will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Bioreference Health, LLC, Laboratory Holdings of America, Quest Diagnostics for Referred Pathology Lab Testing Services at a not to exceed amount of \$38,650,651, which includes a 20% contingency, for a contract term of FIVE years and TWO renewal options of ONE year each exercisable at the discretion of the System.

EXECUTIVE SUMMARY
REFERRED PATHOLOGY LAB TESTING SERVICES
AGREEMENTS WITH
BIOREFERENCE HEALTH, LLC, LABORATORY OF AMERICA HOLDINGS, AND
QUEST DIAGNOSTICS INCORPORATED

OVERVIEW: The purpose of this agreement is to provide Referred Pathology Testing Services for technical work and oncology/pathology-related testing that cannot be performed in-house.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide Referred Pathology Lab Testing Services to the System on an as-needed basis. The RFP was sent directly to THIRTY-FIVE prospective vendors, and TWELVE prospective vendors attended a pre-proposal conference. A total of THREE firms submitted qualified proposals and, of the proposals submitted, the Evaluation Committee selected all THREE rated proposers to provide Referred Pathology Testing Services to the System. All three were chosen because none of them could provide all the services necessary and each of them provides some unique services not provided by the other two.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential SEVEN-year term is not to exceed \$38,650,651.

MWBE: An overall MWBE utilization goal of 8% has been established and accepted or otherwise waived, as described below:

Bioreference Health, LLC: 8% Goal
Laboratory of America Holdings: Waiver approved
Quest Diagnostics: Waiver approved

Exhibit A

Awardees

1. Bioreference Health, LLC
2. Laboratory Holdings of America
3. Quest Diagnostics Incorporated



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

From: Rachel Yoskowitz
Associate Counsel
Office of Legal Affairs

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

Re: Vendor Responsibility, EEO and MWBE status for Board review of
contract(s) for referred pathology lab testing services.

Date: August 19, 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>
Bioreference Health, LLC	Approved	Pending	8%
Laboratory Holdings of America	Approved	Pending	Waiver
Quest Diagnostics Incorporated	Approved	Approved	Waiver

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.

**Referred Pathology Lab Testing Services
Application to Enter into Contract with
Bioreference Health, LLC, Laboratory Holdings
of America, and Quest Diagnostics Incorporated**

**Board of Directors Meeting
September 25, 2025**

**Kenra Ford, Senior Vice President
Juan Lugo, Assistant Vice President
Clinical Services Operations**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute contracts with Bioreference Health, LLC, Laboratory Holdings of America and Quest Diagnostics for Referred Pathology Lab Testing Services** at a not to exceed amount of \$38,650,651, which includes a 20% contingency, for a contract term of FIVE years and TWO additional ONE year renewal options exercisable at the discretion of the System.

Background & Current State

- New York City Health + Hospitals pathology labs refer specimens to multiple outside labs for technical preparation and/or oncology/pathology-related testing when not performed in-house.
- Technical work includes immunohistochemistry, special staining, and immunofluorescence.
 - Bioreference has been providing Pathology reference lab services pertaining to technical work since 2013.
- Oncology/pathologist-related testing includes tumor genomics, chromosome analysis, molecular/PCR, and Next Generation Sequencing (NGS).
 - NYC Health + Hospitals utilizes multiple referenced labs for more specialized oncology/pathology related testing.
- Clinical Laboratory of New York (CLNY), the joint venture lab with Northwell, does not currently provide these specialized services but is developing pathology specialty testing capabilities to use in the future.

Background & Current State

- The lab operations team continues to assess and improve the System's pathology testing services, and has identified key opportunities to enhance efficiency, regulatory compliance, and financial performance.
- The following optimizations will improve patient care and strengthen overall lab operations:
 - Develop standardized interfaces will streamline smoother workflows and ensure seamless integration.
 - Create an enterprise-wide strategy for the optimal use of reference labs to maximize value and efficiency.
 - Minimize referrals to non-contracted labs to avoid surprise billing and ensure all tests are conducted with NYS Department of Health approval.
 - Improving lab selection decisions, based on close proximity, to deliver timely specimens and avoid degradation of the specimen's integrity.
 - Creating a billing and order tracking vendor interface will create visibility across System facilities and allow for utilization trends to be identified and shared to clinical teams for action as applicable.

Contract Spend

- A best interest renewal of the BioReference Laboratories, Inc. agreement was approved by the Board in June 2020, with an NTE of \$25 million. The contract expiration was June 30, 2025.
- There was a deviation memo signed effective July 1, 2025 expiring June 30, 2026, increasing the NTE value to \$29,800,000.
- The total current spend with BioReference is \$29.8 million, of which \$10.5 million is attributed to Correctional Health Services (CHS).
 - Excludes any emergency/pandemic expenses.
 - CHS will not be included in the new contract.
- The increased NTE value for this new procurement is due to the aggregation of all spend associated with the scope of work covered by this RFP across all vendors.

RFP Criteria

- Minimum Criteria
 - 5 years in business
 - \$20 million annual gross revenue
 - NYS Department of Health CLEP Permit
 - MWBE certification, utilization plan, or waiver
- Substantive Criteria
 - 30% - Ability and feasibility of meeting the SOW
 - 20% - Reporting and system integration
 - 20% - Logistics and sales support
 - 20% - Cost
 - 10% - MWBE
- Evaluation Committee
 - Pathology Chairperson, Jacobi
 - Pathology Director, Kings County
 - Laboratory Director and Chief of Pathology, Bellevue
 - Laboratory Systems Informaticist and Pathology Vice-Chair, Jacobi and North Central Bronx
 - Senior Director, Laboratory Information Systems
 - Anatomic Pathology Operations Manager, Bellevue
 - Assistant Vice President, Chief Quality Officer, Laboratory Services
 - Assistant Vice President, Revenue Cycle

Overview of Procurement

- 4/16/24: Application to issue a request for proposals approved by CRC.
- 1/22/25: RFP posted on City Record, sent directly to 35 vendors.
- 1/29/25: Pre-proposal conference held, 12 vendors attended.
- 3/5/25: Proposals due, 3 proposals received.
- 5/16/25: Evaluation committee submitted their final scores. Below is the top scoring proposers:
 - Technical Preparation Scope
 - Bioreference Health, LLC*
 - Oncology/Pathology-related Testing Scope
 - Bioreference Health, LLC*
 - Laboratory Holdings of America
 - Quest Diagnostics

* The division of Bioreference Health, LLC awarded through this RFP has been acquired by Laboratory Holdings of America effective 9/15/2025.

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Bioreference Health, Inc.	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	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?	Not always
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Laboratory Holdings of America	
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?	Not always
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Quest Diagnostics Incorporated	
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 extend 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?	Not always
Performance and Overall Quality Rating	Good

Vendor Diversity

- The Vendor Diversity team recommended a 5% diverse vendor component percentage for this solicitation on implementation and courier services.
- BioReference, the selected vendor for the Technical Preparation and Oncology/Pathology related testing scopes submitted the below utilization plan, which exceeds the goal.

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
East West Systems, Inc.	Cybersecurity/Data	NYC	4%
A Plus Tape & Packing	Shipping, office supplies	NYC	2%
Redstream Technology, LLC	Technology Recruitment	NYC/NYS	2%
Total Diverse Vendor Component Percentage			8%

- Quest and Laboratory Holdings of America, submitted waiver requests. Both vendors self-perform all scopes of work, including couriers. The Vendor Diversity team vetted and approved both waiver requests.

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute contracts with Bioreference Health, LLC, Laboratory Holdings of America and Quest Diagnostics for Referred Pathology Lab Testing Services** at a not to exceed amount of \$38,650,651, which includes a 20% contingency, for a contract term of FIVE years and TWO additional ONE year renewal options exercisable at the discretion of the System.

RESOLUTION - 12

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an **affiliation agreement (the “Affiliation Agreement”)** with **Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (collectively, “PAGNY”)** for the **provision of general health care and behavioral health services at: NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/South Brooklyn Health, and NYC Health + Hospitals/Gotham Health Belvis, Cumberland, East New York, Morrisania & Renaissance.** Such Affiliation Agreement will run through June 30, 2030 for an amount not to exceed \$7,452,731,569, 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 provide general care and behavioral health services at System facilities; and

WHEREAS, funding for the current affiliation with the Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (“PAGNY”) through June 30, 2026 was approved by the System’s Board of Directors at its April 2022 meeting; and

WHEREAS, the System wishes to continue its affiliation with PAGNY and seeks to enter into the proposed Affiliation Agreement 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 an affiliation agreement (the “**Affiliation Agreement**”) with New York Dental Affiliates and Physician Affiliate Group of New York, P.C. (collectively, “PAGNY”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/South Brooklyn Health, and NYC Health + Hospitals/Gotham Health Belvis, Cumberland, East New York, Morrisania & Renaissance. Such Affiliation Agreements will run through June 30, 2030 for an amount not to exceed \$7,452,731,569, which includes a 10% contingency.

**EXECUTIVE SUMMARY
MEDICAL AFFILIATION AGREEMENT
WITH PHYSICIAN AFFILIATE GROUP OF NEW YORK AND NEW YORK DENTAL
AFFILIATE**

- BACKGROUND:** Since its inception, the System has obtained medical services through clinical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations including with the Physician Affiliate Group of New York and New York Dental Affiliate (collectively, “PAGNY”). At its March 2022 meeting, the System’s Board of Directors authorized continued funding for the System’s affiliation with PAGNY through June 30, 2026.
- TERMS:** Pursuant to the Affiliation Agreement PAGNY provides health care and dental services at the following System sites: NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/South Brooklyn Health, and NYC Health + Hospitals/Gotham Health Belvis, Cumberland, East New York, Morrisania & Renaissance.
- FUNDING:** The costs of the Affiliation Agreement comes from the System’s general operating funds and the costs of the Affiliation Agreements with PAGNY will not exceed \$7,452,731,569, which includes a 10% contingency.
- STRATEGIC IMPROVEMENTS:** The proposed new Affiliation Agreement will build on current success in implementing improvements to budgeting, recruitment, and alignment of clinical and financial incentives.



NYC Health + Hospitals
50 Water Street
New York, NY 10004

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

From: Jeremy Berman 
Deputy Counsel
Office of Legal Affairs

Vendor: Physician Group of New York P.C.

Date: September 22, 2025

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
0%

Authorizing Affiliation Agreement with Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (PAGNY)

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

Andrea Cohen, Senior Vice President and General Counsel

John Ulberg, Senior Vice President and Chief Financial Officer

Board of Directors Meeting

September 25, 2025

For Board of Directors Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute an affiliation agreement (the “Affiliation Agreement”) with Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (collectively, “PAGNY”) for the provision of general health care and behavioral health services at: NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/South Brooklyn Health, and NYC Health + Hospitals/Gotham Health Belvis, Cumberland, East New York, Morrisania & Renaissance.**

Such Affiliation Agreement will run through June 30, 2030 for an amount not to exceed \$7,452,731,569, which includes a 10% contingency.

Overview

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

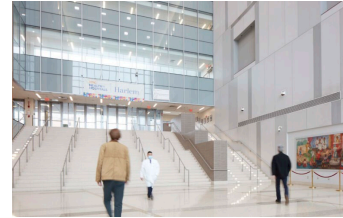
Currently, Health + Hospitals has clinical Affiliate agreements with NYU, Mt. Sinai, SUNY, and the Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (PAGNY) to staff H+H facilities. (PAGNY) to staff H+H facilities.

- Affiliate agreements are generally organized by facility rather than specialty
- Approximately 5,960 total FTEs, including ~3,310 physician FTEs provided professional services at NYC H+H through affiliation agreements in FY25
- ~2,900 of the total FTEs were employed by PAGNY-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, Gouv SNF	NYU
Gotham	NYU PAGNY, Mt. Sinai
Correctional Health	PAGNY (separate agreement)

Overview of H+H Affiliate Arrangements with PAGNY

- Since 2010, PAGNY's staffing partnerships with NYC Health + Hospitals have connected physicians and allied health professionals to seven of New York City's public hospitals, numerous clinics, and other settings.
- Agreements are primarily cost-based arrangements which include compensation, fringe, and overhead
- PAGNY is unique among H+H affiliates – it is not a medical school or affiliated with another health system
- Prior to the current agreement with PAGNY, H+H had Affiliate relationships in place with ten different affiliates to provide patient services – five medical schools, a hospital, and four P.C.'s.
- Since January 1, 2016, PAGNY has also provided healthcare services to detainees in the custody of NYC Department of Corrections under an agreement administered by the System's Division of Correctional Health Services (contract negotiated separately)
- PAGNY-affiliated hospitals host a total of 189 GME programs, with 1,858 FTE trainees across various locations



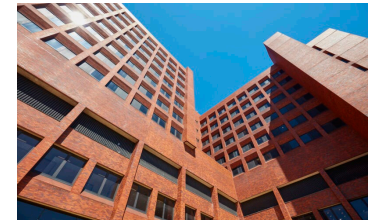
NYC Health + Hospitals
Harlem



NYC Health + Hospitals
Jacobi and NCB



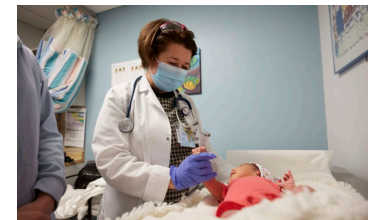
NYC Health + Hospitals
Kings County



NYC Health + Hospitals
Lincoln



NYC Health + Hospitals
Metropolitan



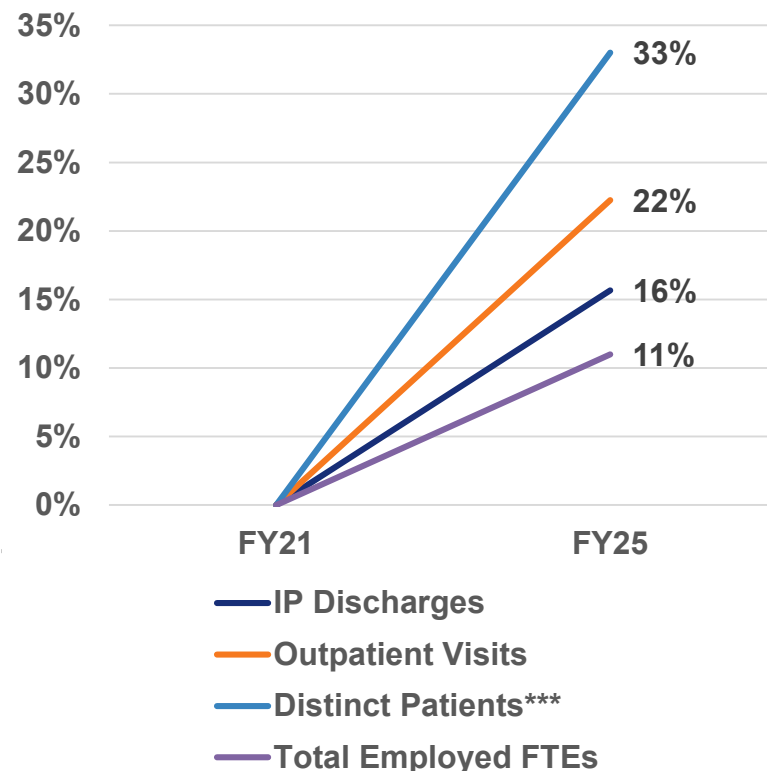
NYC Health + Hospitals
South Brooklyn Health

PAGNY FTE Growth and Patient Volumes

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

PAGNY	FY21	FY25*	Growth FY21 to FY25*
Total employed FTEs**	2,309	2,570	11%
Physicians	1,472	1,613	10%
APPs	389	432	11%
Other (Techs, Clerical, Admin)	448	525	17%
Inpatient Discharges	63,884	73,889	16%
Outpatient Visits	2,239,738	2,738,257	22%

**Growth Rate of FTE vs. Patient Volume
FY21-FY25**



*Note: Sources used: A5 Annex Summary FY 2021 Q4 and A5 Annex Summary FY 2025 Q3.

Q4 Annex for FY 2025 was unavailable

** Excludes Kings County due to skewing of FTE numbers when rollover of Physicians occurred after FY21

*** FY21-FY25 unique patients grew by 240,908 from 728,330 to 969,238, excluding Kings. Kings unique patients grew from 78,010 to 105,574 (35% growth) during the same time period.

Strategic Domains and Guiding Principles for Affiliation Agreements

Key Accomplishments FY21-FY25 and Ongoing Work

- *FY21 proposal focused on 3 priority domains for improvement.*
- *2021-2025 has achieved major goals of stabilizing and professionalizing affiliate management.*
- *FY26 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 affiliation 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

Consistent PAGNY leadership from FY24 onwards.

Governance and Management FY26 and onward

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

Goals for Continued Partnership

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

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

Greater accountability for managing sessional, subcontract, and locums costs.

- Data sharing with chiefs/chairs; management expectations for chiefs/chairs; setting expectation for cross-facility partnership.

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
- Partnered closely with PAGNY to consolidate 5 separate Faculty Practice Plans (FPPs) and launched a standardized distribution model in FY25
- 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 Continued Partnership

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

- Further align total compensation packages across facilities, 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

Align incentives of FPPs to drive performance improvement.

- Reductions in sessional, locums, and subcontract spend will increase FPP earnings
- More direct link between success in value based care and physician compensation – growth in attributed membership and improved patient retention will increase FPP earnings
- Building on standardized distribution model to reward greater productivity and efficiency
- Shared oversight of PAGNY billing vendor and greater data integration on productivity and revenue generation

Clinical Services and Operations

FY21 – FY25

Moved 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
- Implemented clinical time requirements for leadership.

Clinical Services and Operations

FY26 and onward

Incorporate PAGNY into proactive system wide workforce planning.

Goals for Continued Partnership

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

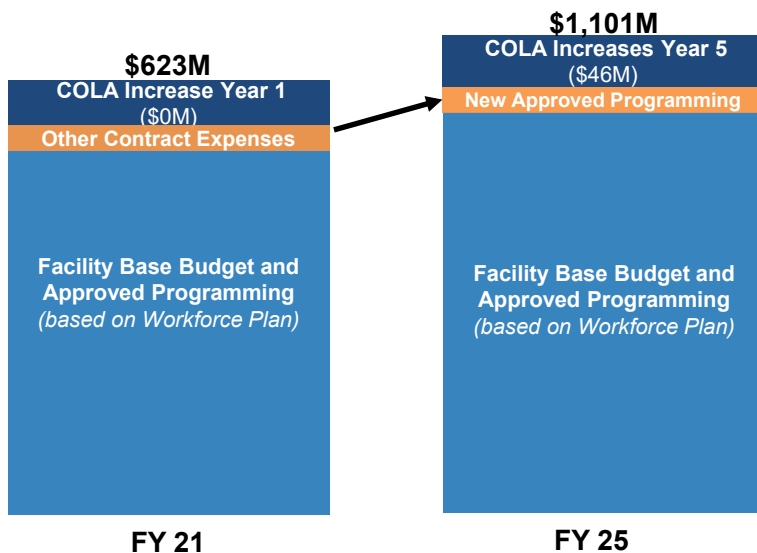
Advance shared services.

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

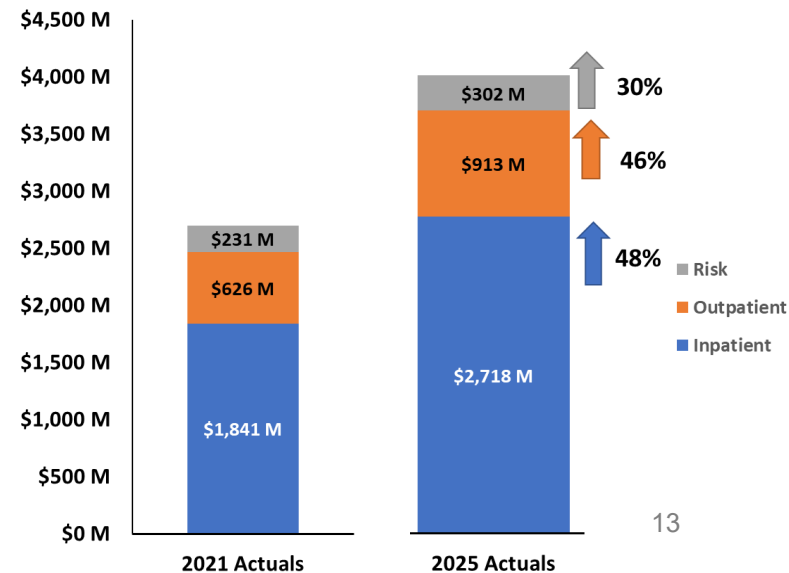
Revenue Growth Exceeded Contract Costs FY21-FY25

- Improvements in staffing ratios, achieving market salaries, and investing in growth drove contract cost increases.
- \$1.235B in revenue growth over this time period exceeded the absolute increase in contract cost.
- PAGNY administrative fee is consistent with management service organizations across the market.

Contract Costs



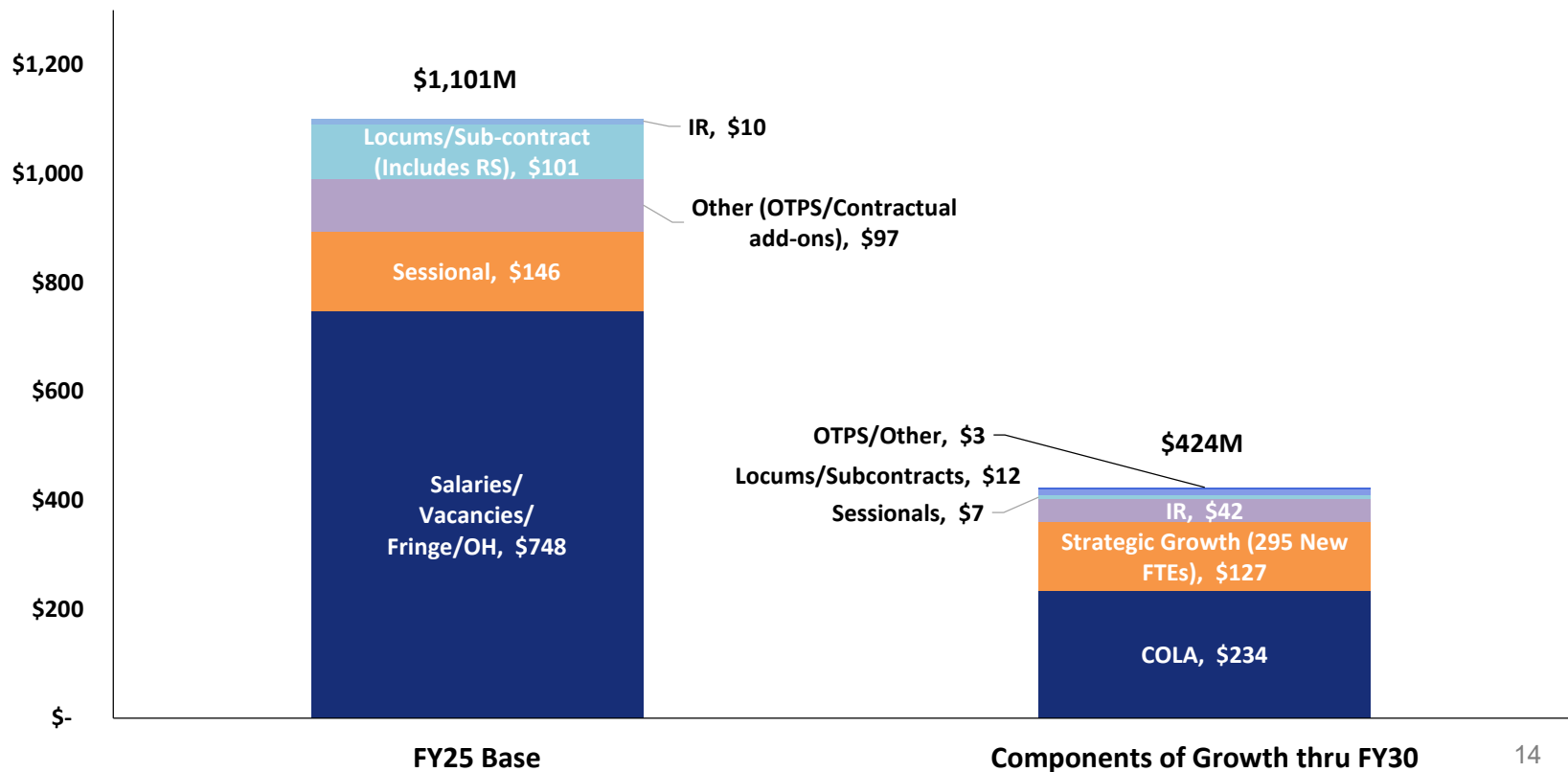
Revenue Growth



Slower Projected Growth Rate Over the Next Five Years (FY26-FY30)

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

**PAGNY Affiliate Contract is Forecasted to Increase by \$424M
Over the Next Five Years Reaching \$1,526M**



Board of Directors Approval Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an affiliation agreement (the “Affiliation Agreement”) with Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (collectively, “PAGNY”) for the provision of general health care and behavioral health services at:

- NYC Health + Hospitals/Harlem,
- NYC Health + Hospitals/Kings County,
- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/North Central Bronx (NCB)
- NYC Health + Hospitals/Metropolitan
- NYC Health + Hospitals/South Brooklyn Health (Coney)
- NYC Health + Hospitals/Gotham Health – Belvis, Cumberland, East New York, Morrisania & Renaissance

Proposed Funding July 1, 2026 – June 30, 2030

Total Contract Value	\$6,775,210,518
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10% Contingency Value	\$677,521,052
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Total Not-to-Exceed Value	\$7,452,731,569
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RESOLUTION - 13

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

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

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

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

WHEREAS, the By-Laws of MetroPlus specify that when a Board member resigns, a new Board member shall be nominated and confirmed in the same manner as the departing director and that a director appointed to fill a vacancy shall be appointed for the unexpired term of his or her predecessor;

WHEREAS, by resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation at the January 30, 2025 meeting, Hilary S. Jalon was elected to one of the seats on the MetroPlus Board of Directors to be filled by a selection of the NYC Health + Hospitals’ Chairperson that was vacant due to the resignation of a prior MetroPlus Board member whose term was set to expire on September 24, 2025; and

WHEREAS, the NYC Health + Hospitals’ Chairperson has nominated Hillary S. Jalon to a new five-year term to begin on September 25, 2025;

NOW, THEREFORE, be it

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

EXECUTIVE SUMMARY

Re-election of Hillary S. Jalon as Director of MetroPlus Health Plan, Inc.

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

The MetroPlus By-Laws assigns to the Chairperson of NYC Health + Hospitals the right to select four members of the MetroPlus Board of Directors, assigns to the NYC Health + Hospitals President the right to select three such members, and assigns to the MetroPlus President the right to select two consumer members. All members of the MetroPlus Board of Directors must be approved by vote of the NYC Health + Hospitals' Board of Directors. José Pagán, as NYC Health + Hospitals Chairperson, has nominated Hillary Jalon.

A resolution adopted by the Board of Directors of NYC Health + Hospitals Corporation on January 30, 2025, elected Hillary Jalon to a five-year term. However, the term of her predecessor was set to expire on September 24, 2025, and according to the By-Laws of MetroPlus, Hillary Jalon should have been elected to serve the remainder of her predecessor's term, which has now expired. Accordingly, a vote is sought on a resolution electing Hillary Jalon to a new five-year term to begin on September 25, 2025.

Hillary S. Jalon is currently Vice President and Chief Quality Officer at NYC Health + Hospitals, with responsibility for overseeing core quality functions, including quality assurance, performance improvement, accreditation, patient safety, risk management, and more recently, with oversight of care experience and wellness. In this role, she is responsible for developing a cohesive strategy for the roll out of quality improvement and capacity building across the continuum of services in NYC Health + Hospitals including the establishment of a Quality Academy, with the goal of building quality leaders and sustaining a culture of improvement across NYC Health + Hospitals. Ms. Jalon is also responsible for overseeing aspects of the Quality Assurance/Performance Improvement Board Committee and the hospital core measures reporting program, as well as developing the performance improvement framework across NYC Health + Hospitals, including to incorporate a health equity lens in improvement efforts, aligning to the five NYC Health + Hospitals' strategic pillars. Ms. Jalon has been in the Office of Quality & Safety at NYC Health + Hospitals since 2018 in progressive leadership positions, and prior to this, she was Associate Executive Director of Quality Improvement at the NYC Health + Hospitals' Community Care division, where she was responsible for developing and implementing the quality program for community-care services with interdisciplinary staff members.

Previously, Ms. Jalon was at the United Hospital Fund (UHF) for over ten years, most recently as Director of Quality Improvement, responsible for providing strategic direction of UHF's quality improvement initiatives. She worked in partnership with the Greater New York Hospital Association (GNYHA) in designing and managing hospital-based quality improvement initiatives across the Greater New York region, including efforts to reduce preventable readmissions and hospital-acquired infections. Prior to joining UHF, Ms. Jalon was employed at New York-Presbyterian Hospital, including as Manager of Service Improvement and Performance Improvement Specialist. There, she was responsible for managing accreditation activities, and designing, testing, and implementing quality improvement initiatives with leadership and frontline staff to improve clinical performance for asthma, diabetes, behavioral health outpatient treatment programs, and perioperative services.

Ms. Jalon serves on the Advisory Board and as faculty for the GNYHA/UHF Clinical Quality Fellowship Program. She is also a member of The Joint Commission's Health System's Corporate Liaisons. Ms. Jalon is an Associate Professor at New York University Wagner School in Health Policy and Management, where she has been for ten years as adjunct faculty, teaching the Continuous Quality Improvement course. In these roles, she mentors students and clinicians on approaches to become impactful leaders in improvement efforts. She also previously served as a volunteer at The Churchill School and Center for five years.

RESOLUTION - 14

AMENDING THE JANUARY 30, 2025 RESOLUTION TO CORRECT APPOINTMENT TERM TO REFLECT THE BALANCE OF THE PREDECESSOR TERM INSTEAD OF A FULL FIVE-YEAR TERM - Re-electing Kathleen Shure as a member

of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“**MetroPlus**”), to serve in such capacity for the remainder of the five-year term of their predecessor through April 27, 2028 or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus By-Laws.

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

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

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

WHEREAS, the By-Laws of MetroPlus specify that when a Board member resigns, a new Board member shall be nominated and confirmed in the same manner as the departing director and that a director appointed to fill a vacancy shall be appointed for the unexpired term of his or her predecessor;

WHEREAS, by resolution adopted by the Board of Directors of NYC Health + Hospitals Corporation at the January 30, 2025 meeting, Kathleen Shure was elected to one of the seats on the MetroPlus Board of Directors to be filled by a selection of the NYC Health + Hospitals’ President that was vacant due to the resignation of a prior MetroPlus Board member whose term was set to expire on April 27, 2028; and

WHEREAS, the Resolution stated that Kathlen Shure would serve a five-year term when it should have indicated that she would serve the remainder of her predecessor’s term;

WHEREAS, the Board of Directors of NYC Health + Hospitals Corporation desires to correct the term to be served by Kathleen Shure;

NOW, THEREFORE, be it

RESOLVED, that the New York City Health + Hospitals Corporations’ Board of Directors hereby elects Kathleen Shure as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity for the remainder of the five-year term of their predecessor through April 27, 2028 or until their successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Health Plan, Inc. By-Laws.

EXECUTIVE SUMMARY
AMENDING THE JANUARY 30, 2025 RESOLUTION TO CORRECT
APPOINTMENT TERM TO REFLECT THE BALANCE OF THE
PREDECESSOR TERM INSTEAD OF A FULL FIVE-YEAR TERM - To
Election of Kathleen Shure as Director of MetroPlus Health Plan, Inc.

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

The MetroPlus By-Laws assigns to the Chairperson of NYC Health + Hospitals the right to select three members of the MetroPlus Board of Directors, assigns to the NYC Health + Hospitals President the right to select two such members, and assigns to the MetroPlus President the right to select two consumer members. All members of the MetroPlus Board of Directors must be approved by vote of the NYC Health + Hospitals' Board of Directors. Dr. Mitchell Katz, as NYC Health + Hospitals' President, has nominated Kathleen Shure as a member of the Board of Directors of MetroPlus. The proposed resolution provides for Kathleen Shure to complete the term of her predecessor, whose term was set to expire on April 27, 2028.

A resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation on January 30, 2025, elected Kathleen Shure to a five-year term. However, the term of her predecessor was set to expire on April 27, 2028, and according to the MetroPlus By-Laws, Kathleen Shure should have been elected to serve the remainder of her predecessor's term. Accordingly, a vote is sought on a resolution electing Kathleen Shure to the remainder of the term of her predecessor through April 27, 2008, or until her successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Health Plan, Inc. By-Laws.

Kathleen Shure began her career with the Health Care Financing Administration working in Medicaid reimbursement. Ms. Shure served as Director of the Office of Managed Care in the New York State Department of Health where she was responsible for regulation of HMOs, implementation and oversight of the State's Medicaid managed care program, and negotiation of Federal waivers. Ms. Shure also held a variety of leadership positions over 11 years with HIP (Emblem) beginning as Medicaid Director and ending as Senior Vice President for Medical and Corporate Affairs with responsibility for managing all government programs as well as provider contract negotiations. Ms. Shure retired in 2023 from the Greater New York Hospital Association ("GNYHA") after serving 14 years as Senior Vice President for Health Finance and Managed Care. In that role, she worked with GNYHA member hospitals, legislators, regulators, and insurers on a broad array of health insurance issues including pandemic response, development and implementation of major health reforms around Medicaid managed care, surprise medical bills, insurance expansion, claims denials and value-based payment.