

AGENDA

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

Date: Sept 8th, 2025
Time: 9:00 AM
Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – July 16th, 2025

DR. CALAMIA

ACTION ITEMS:

1) 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 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 options to extend.

MS. LIPYANSKAYA

Vendex: Pending
EEO: Pending

2) 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 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 options to extend.

MS. LIPYANSKAYA

Vendex: Pending
EEO: Pending

3) 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.

MS. FORD

Vendex: Approved
EEO: Pending (quest Diagnostic Inc. approved)

4) 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.

MS. FORD

Vendex: Pending

EEO: Pending

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

CLINICAL SERVICES OPERATIONS REPORT

MS. FORD

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

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 have 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.

RESOLUTION

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 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 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 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 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. AK City Urology, PLLC (the " Provider Group "), wish to continue to provide urology services at NYC Health + Hospitals/South Brooklyn through a direct contract, and the System wishes to directly contract with the Provider Group for these services.
TERMS:	Pursuant to the clinical services agreement, the Provider Group will provide orthopedic services to NYC Health + Hospitals/South Brooklyn through a direct contract with the System. Compensation to the group will be based upon a combination of an hourly rate for services and incentives for meeting certain quality metrics. The compensation for these services will not exceed \$23,944,800 (which includes a 20% contingency) for an initial term of three (3) years with two (2) one-year options to extend
FUNDING:	Funding for this clinical services arrangement will come from the System's general operating funds.
ANTICIPATED IMPROVEMENTS ARISING FROM THE ARRANGEMENT:	The System expects that the proposed arrangement will save expenses, increase revenues, and allow for improved control over the urology service at NYC Health + Hospitals/South Brooklyn Health.

RESOLUTION

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 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 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; and

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

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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 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 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 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 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
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
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%



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 & Orthopedics

**MPA & IT Committee
September 8, 2025**

**South Brooklyn Health
Svetlana Lipyanskaya, CEO
Phillip Wadle, AED**

Request for Committee Consideration

- 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 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 options to extend.

Request for Committee Consideration

- 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 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 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

Request for Committee Approval

- 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 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 options to extend.

Request for Committee Approval

- 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 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 options to extend.

RESOLUTION

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 "R. Yoskowitz".

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**

**Medical & Professional Affairs/ Information Technology
Committee Meeting
September 8, 2025**

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

Request for Committee Consideration

- 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 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 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.

Request for Committee Approval

- 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

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 *Jeremy Berman*
Deputy Counsel
Office of Legal Affairs

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

Vendor: Physician Affiliate Group of New York, P.C.

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%

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

Medical and Professional Affairs / Information Technology Committee

September 8, 2025

Request for Committee 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.

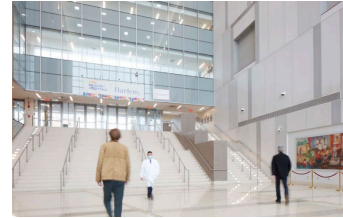
Currently, Health + Hospitals has clinical Affiliate agreements with NYU, Mt. Sinai, SUNY, and the Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (PAGNY) to staff H+H facilities. (PAGNY) to staff H+H facilities.

- 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



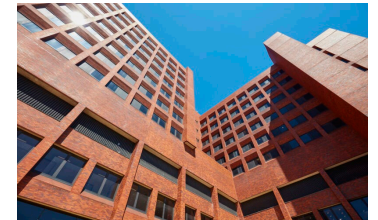
NYC Health + Hospitals
Harlem



NYC Health + Hospitals
Jacobi and NCB



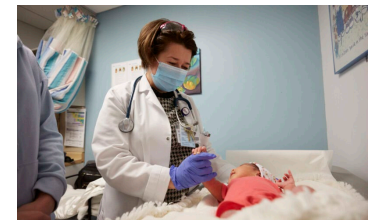
NYC Health + Hospitals
Kings County



NYC Health + Hospitals
Lincoln



NYC Health + Hospitals
Metropolitan



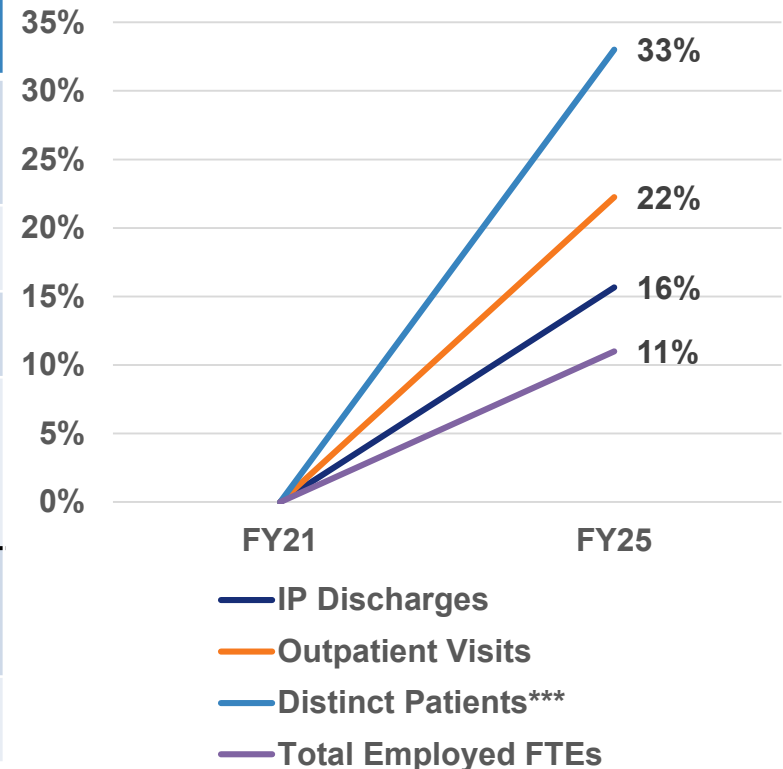
NYC Health + Hospitals
South Brooklyn Health

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

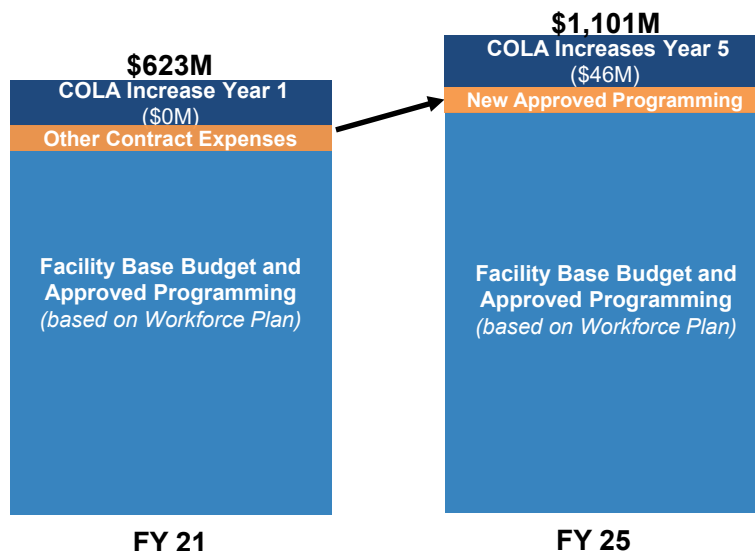
Advance shared services.

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

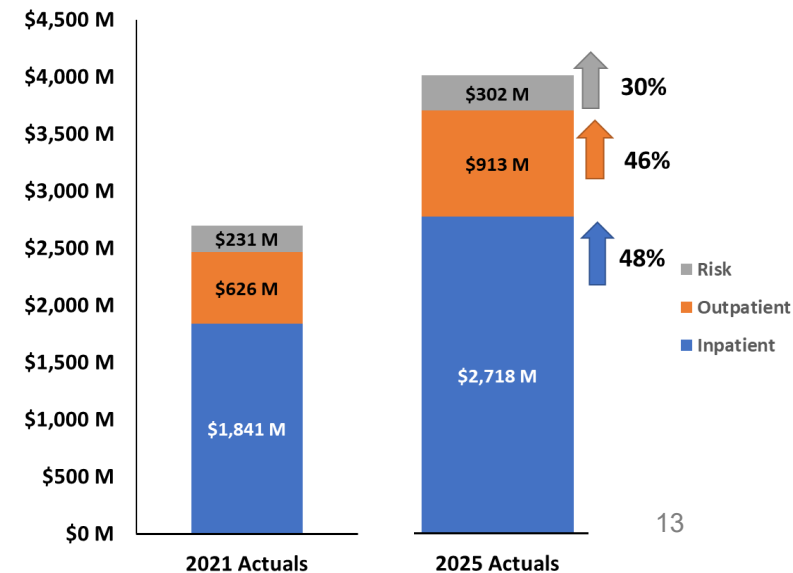
Revenue Growth Exceeded Contract Costs FY21-FY25

- 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



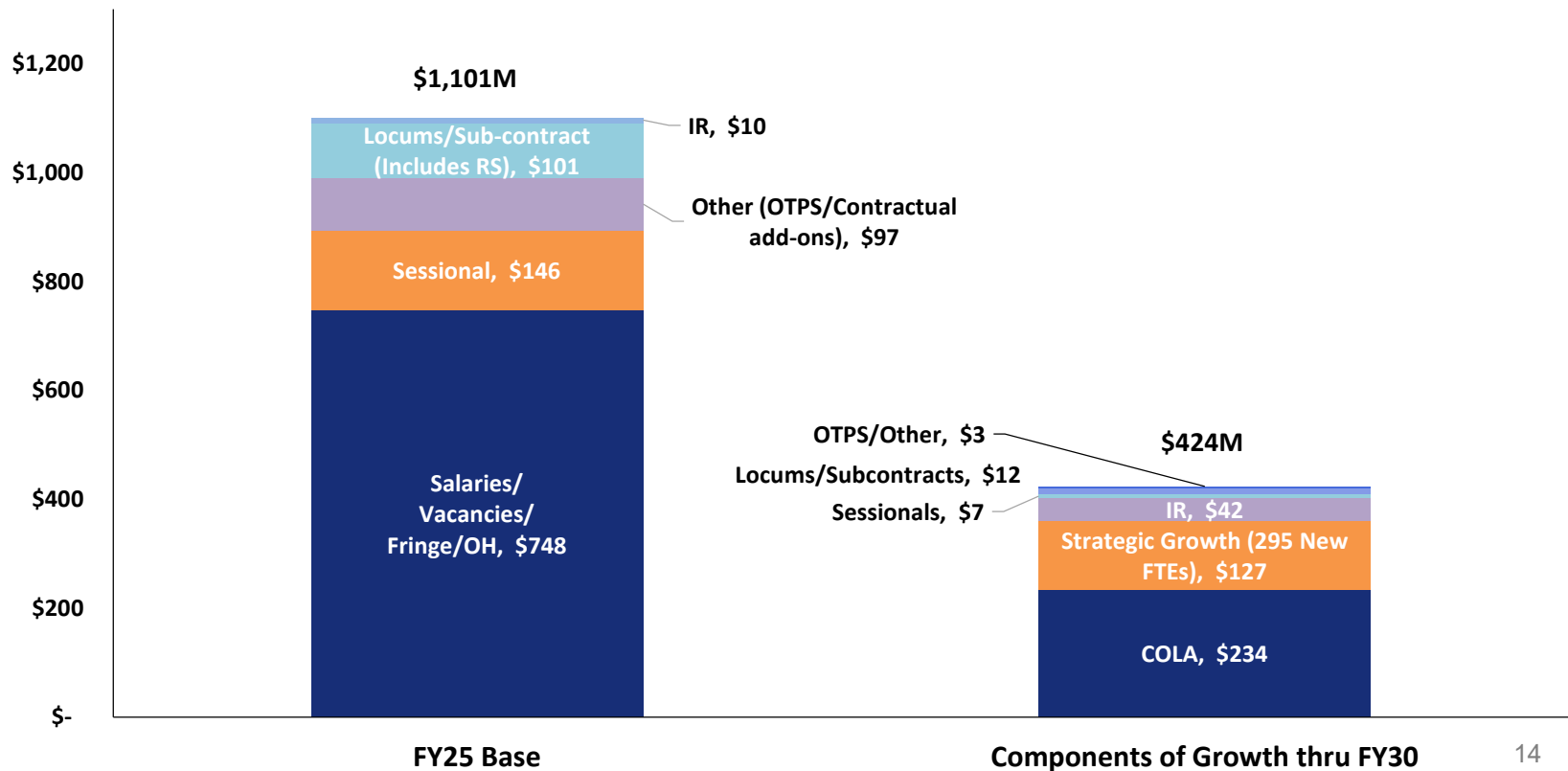
Revenue Growth



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**



Request for Committee Approval

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*

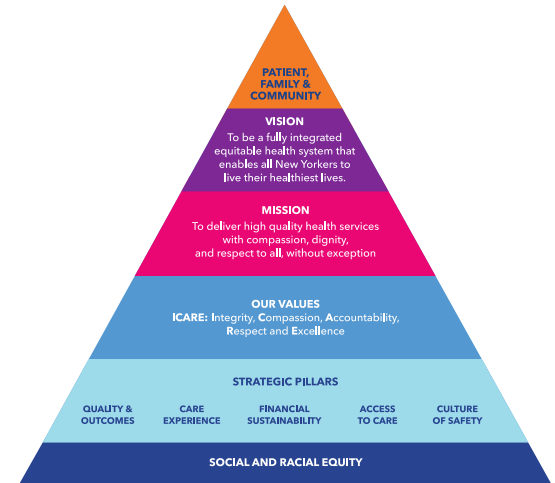
Total Contract Value	\$6,775,210,518
10% Contingency Value	\$677,521,052
Total Not-to-Exceed Value	\$7,452,731,569

EITS BOD Update

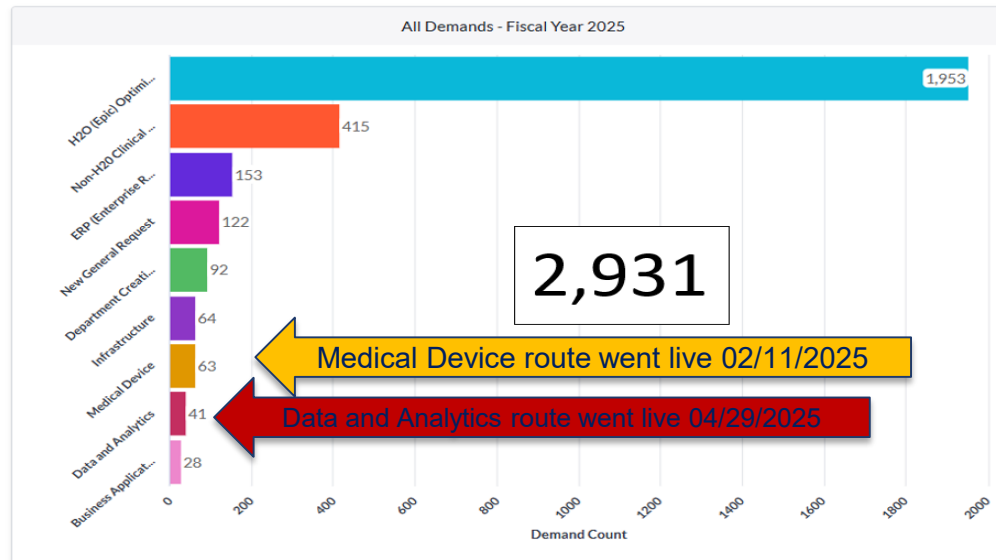
Kim K. Mendez, EdD, ANP, RN
Sr. Vice President/ Corporate CIO
September 8, 2025

EITS Update Agenda

- Introductions
- Focused EITS Updates
 - FY 2025 PMO
 - HIT Priority Projects
 - Cybersecurity Program
 - EITS Un Print Initiative
- Q + A



Project Management Office, Governance & Data Interoperability



A demand is required, through ServiceNow, for all EITS-related requests pertaining to biomedical devices, information systems and applications, including optimizations, that comprise the NYC Health + Hospitals network and all the electronic information (data) and communication contained within the network. This pertains to net new or existing solutions.

This Fiscal Year, 2,931 demands went through intake, spanning 9 different routes

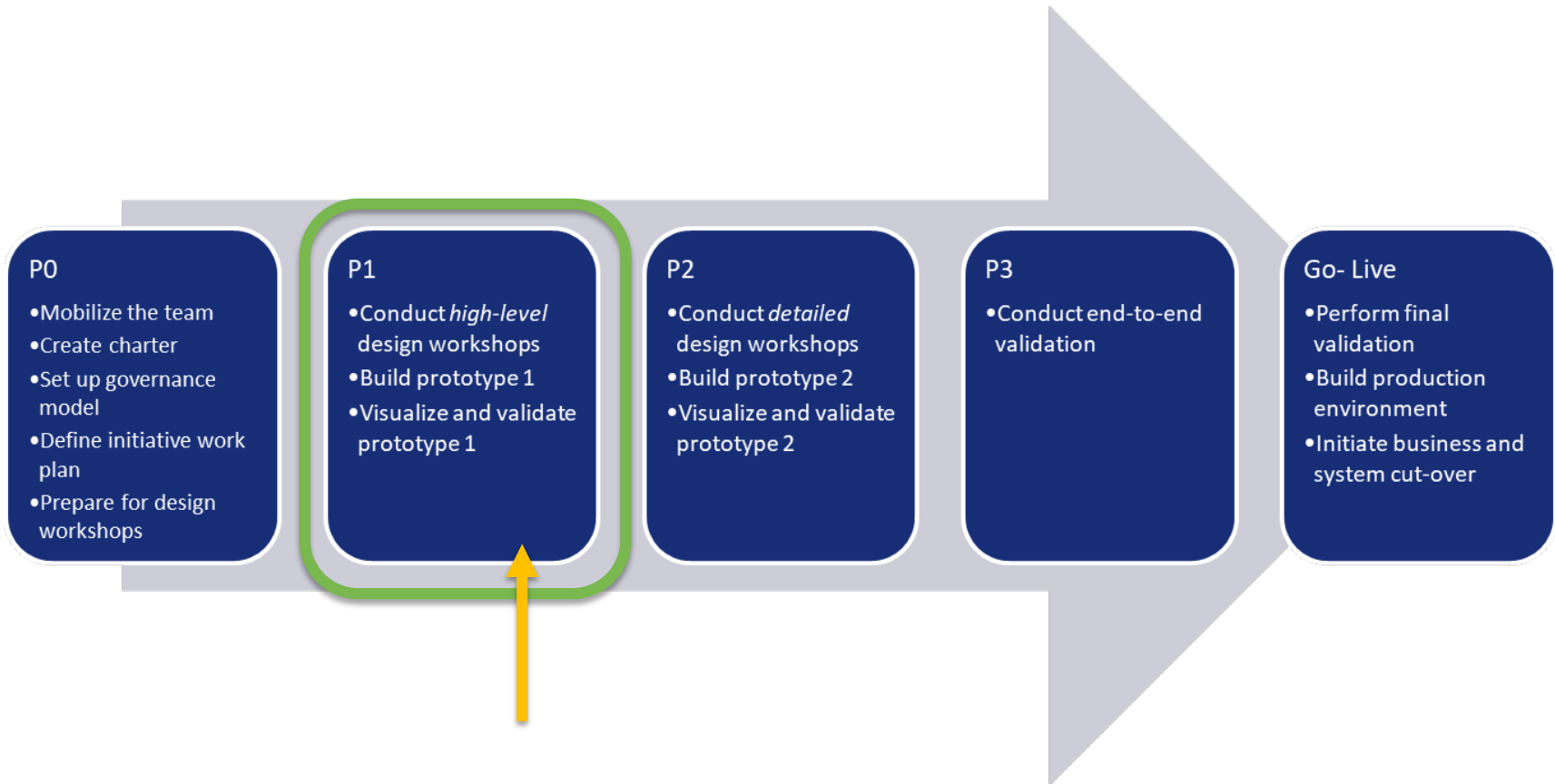
In November 2024, the "AI Capabilities" checkbox was introduced to all demand routes, to help track demand requests that may employ artificial intelligence.

Since the checkbox was introduced, there have been 64 demands with AI capabilities submitted

HIT Prioritized Project Status

- Oracle Cloud
- Bridge To Home

Oracle Cloud Implementation Project



Phase P1 Underway

- Deep Dive Sessions & Design in progress
- 158 Key Design Decisions resolved, only 2 remain.
- Solutioning for Labor Relations Orders and Longevity will complete this week
- EDM high level Design Workshops have kicked off 06/25
- Testing Strategy submitted

Oracle Cloud- Next Steps

- P1 Design Workshops for HCM will begin 09/30
- P1 Kickoff Meeting
- Group 11 Time Capture Demonstration
- Data validation exercises to commence in P1

Bridge To Home (BTH) EITS Project Status



Summary

NYC Health + Hospitals will establish a temporary residence for patients with serious mental illness (SMI) being discharged from hospital focusing on a home-like environment with onsite behavioral health treatment; OBH will be contracting with a NYC Hotel to provide the onsite housing and treatment. EITS will be supporting the effort and will use experience from previous efforts (such as COVID Hotels/HERRC, SHOW Vans, etc.) to fully support this effort with a planned **Go Live on September 3rd**

Accomplishments			Top Issues
<ul style="list-style-type: none"> Epic Clinical teams continue requirements review with Dr. Izmirly and BTH Team Complete Finance and Operations Services Setup in PeopleSoft (HR, SC, Cost Centers, ELM, Clairivia, Security, BTH location in SN) Epic-CBORD-Sodexo integration – workflow validated POCT – Teams continue requirements coordination with Clinical LAB Operations Transfer Center Services – out of scope, future optimization 			<ul style="list-style-type: none"> Contract with Hotel to be finalized (Owner: Chris Keely/AMB Care)
Upcoming Milestones	End Date	Status	Comments/Notes
Procurement for EITS Equipment (PO Issued)	6/30/2025		Pending Cost Center finalization (EITS and CO Finance teams working to resolve)
Clinical and Rev Cycle – Build Complete	7/22/2025		Ongoing review, build, and validation activities
Contract finalized with Hotel	8/15/2025		In progress with Legal, pending Board Approval
Testing Complete	8/26/2025		Integrated testing script development is underway
Training Complete	8/29/2025		Training planning and coordination are underway

Cybersecurity Program Update



Why Are We at Risk?

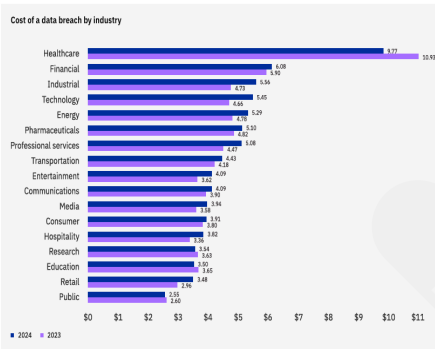


Figure 3. Measured in USD millions

“Healthcare topped industry costs, again”... “a spot it's held since 2011.” – IBM Ponemon Data Breach Report 2024

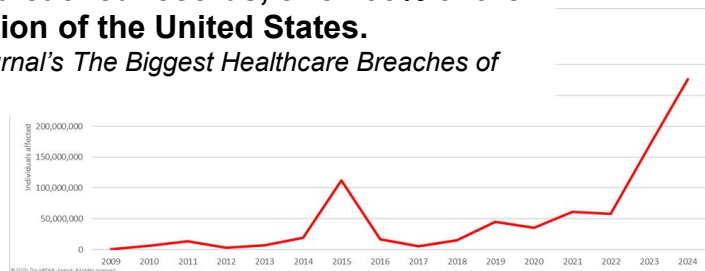


CHANGE
HEALTHCARE

“UnitedHealth CEO Andrew Witty testified in May that the breach may impact a third of the US population, about 112 million citizens.” – CSO Online, “Change Healthcare Data Breach Exposed ‘Only’ 100 million US Health Records”

“2024 was the worst-ever year in terms of breached healthcare records, which jumped by 64.1% from last year’s record-breaking total to 276,775,457 breached records, or 81.38% of the 2024 population of the United States.

– the HIPAA Journal’s *The Biggest Healthcare Breaches of 2024*



“The proposed revamp of security rules covered by the Health Insurance Portability and Accountability Act (HIPAA) is designed to address the increased risk from cyberattacks such as ransomware against healthcare environments.” – CSO Online, “US Takes Aim at Healthcare Cybersecurity with Proposed HIPAA Changes”



What Do We Protect?

ALL of NYC Health + Hospitals IT Resources:

User IDs



Patient
Records



Data



Mobile
Devices



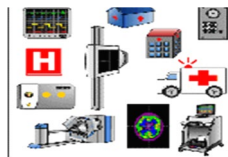
Applications



Endpoints



Medical Devices*

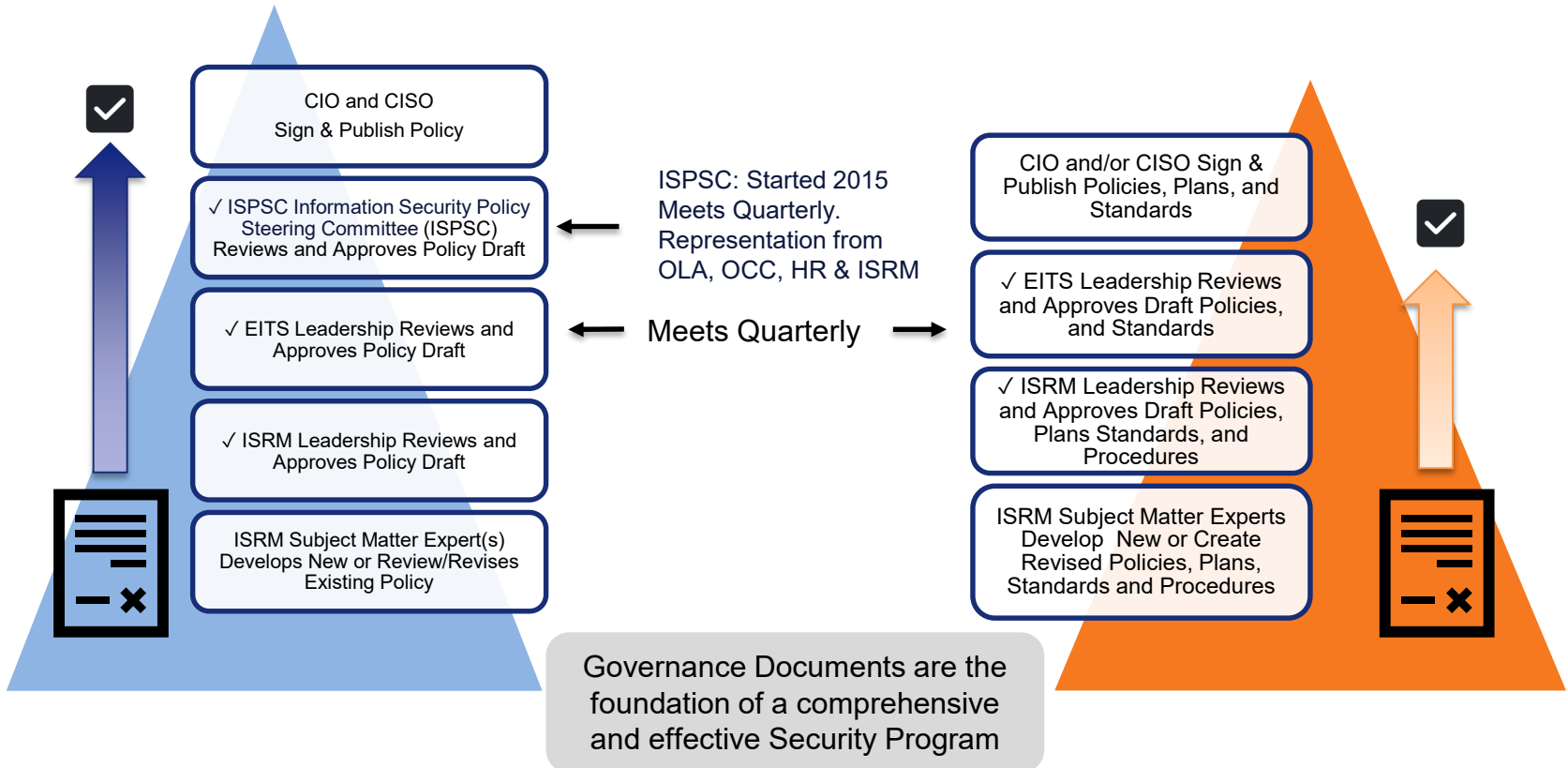


Servers



**Medical Devices that create, receive, contain, or transmit restricted data*

Governance Documents



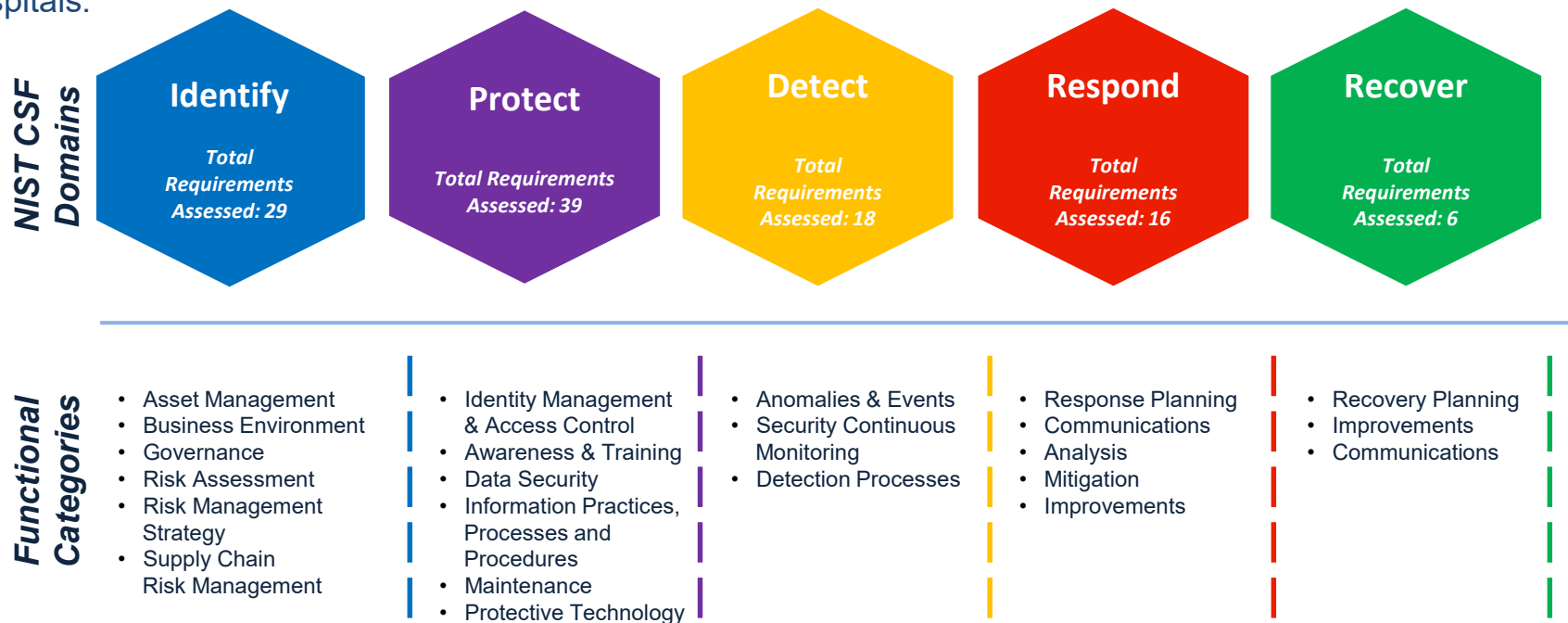
How Do We Do This?



- We follow the NIST Cybersecurity Framework that aligns with the HIPAA Security Rule and with the recent NYS DOH cyber regulations that all New York hospitals must abide by.
- Cyclical process of the NIST Cybersecurity Framework allows for continuous monitoring and maturation of our security program.
- Reduce overall security expenditure by aligning all security technologies with integrated processes utilized by security professionals with years of industry experience.
- Regulatory compliance & enhanced security posture while reducing security expenditures.
- Moving from NIST CSF 1.2 to NIST CSF version 2 in 2025

NIST Cybersecurity Framework Breakdown

The following is a representation of the NIST CSF per number of requirements by domain and functional categories by domain. This framework allows application of our layered defense approach at NYC Health + Hospitals.



*The
average
utility lifespan
of a
printed
document
is...*

11
minutes



Agenda

- Highlights
- Q4 2024 to Q2 2025
 - All Facilities volume
 - All Facilities costs
 - Central Office volume
 - Central Office costs
 - Facility C-suites volume
 - Facility C-suites costs
- C-suite analysis



Q2 2025 UnPrint Update

Deliverables	Delivery Date
Complete reporting for Facility C-suites	4/1/2025
Service Line assessment: Facility Finance – Champion search	6/15/2025
Introductory UnPrint kick-off meetings with Finance	7/15/2025
Strategic Print Pauses for targeted Departments	9/1/2025

Current Status:

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

Highlights:

- Raising Awareness:
 - Our "UnPrint" messaging is reaching users, and we're seeing increased engagement with our initiatives. We're also collaborating with the e-Consent project team.
- Sustainability Website:
 - We're actively providing reports for C-Suite locations and are in the process of preparing recommendations for device removal and digitization opportunities.



Green indicates current progress to date = 20% completion

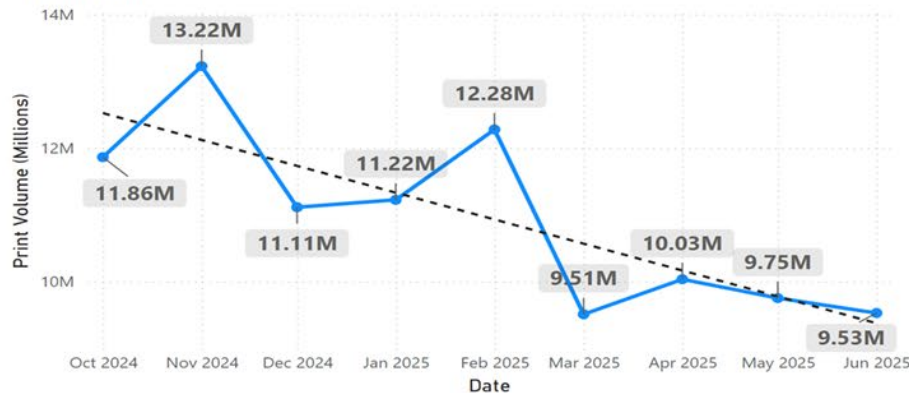
NYC H+H - Volume

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

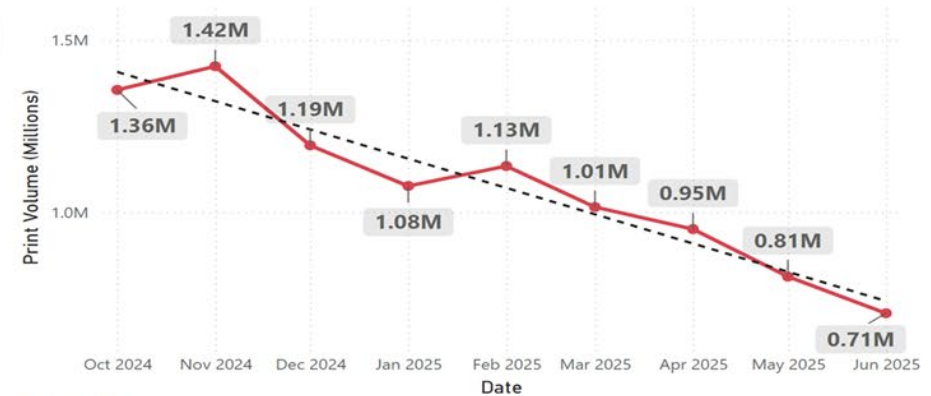
BW Volume % Change CLR Volume % Change Total Volume % Change

-19.68% -47.89% -22.58%

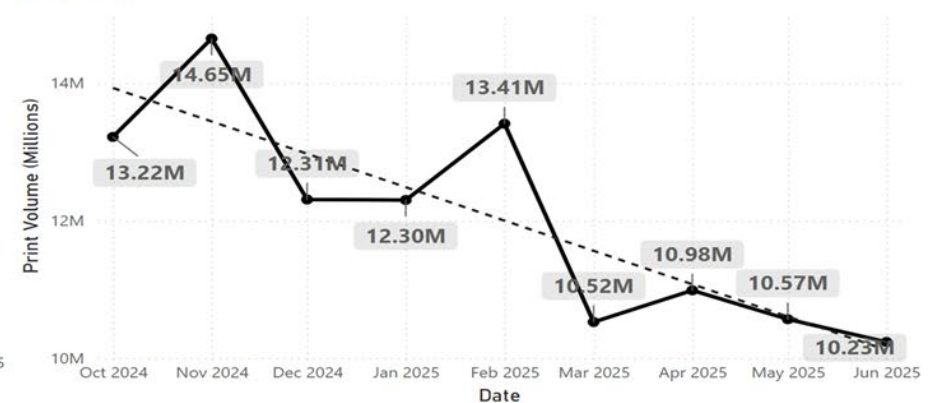
BW Volume



COLOR Volume



Total Volume



NYC H+H - Costs

- Trending downward making lower highs and steady lows.
- NYC H+H successfully reduced its overall printing costs by over 21% between October 2024 and June 2025. This was primarily driven by a significant reduction in Color printing costs, alongside a more modest decrease in Black & White printing costs.

BW Spend % Change	CLR Spend % Change	Total Spend % Change
-10.98%	-46.02%	-21.85%

BW Cost



COLOR Cost



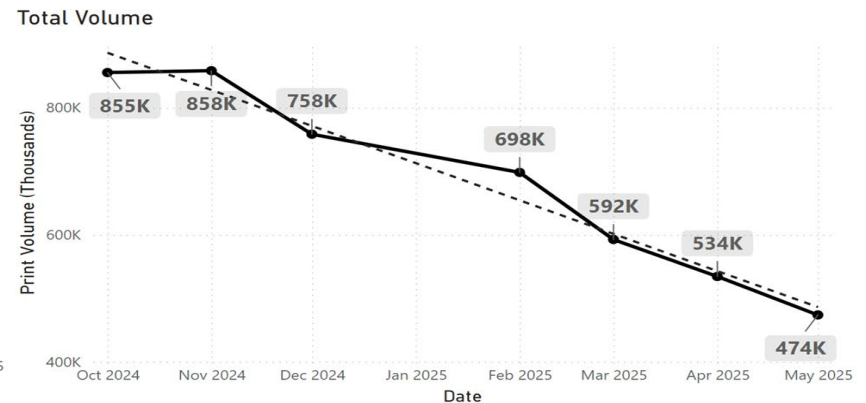
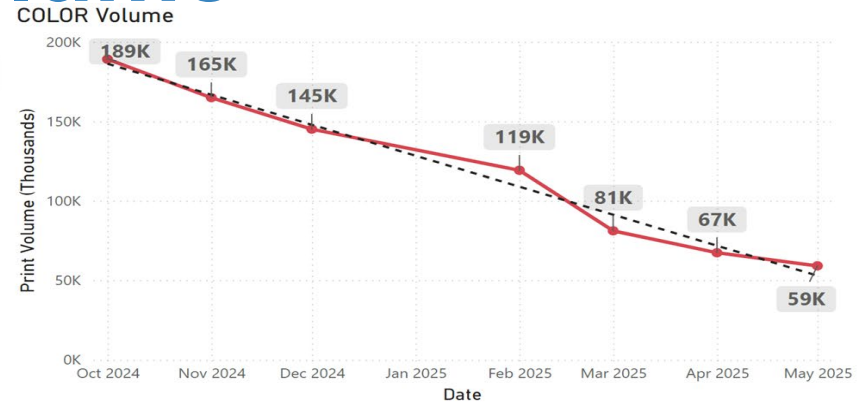
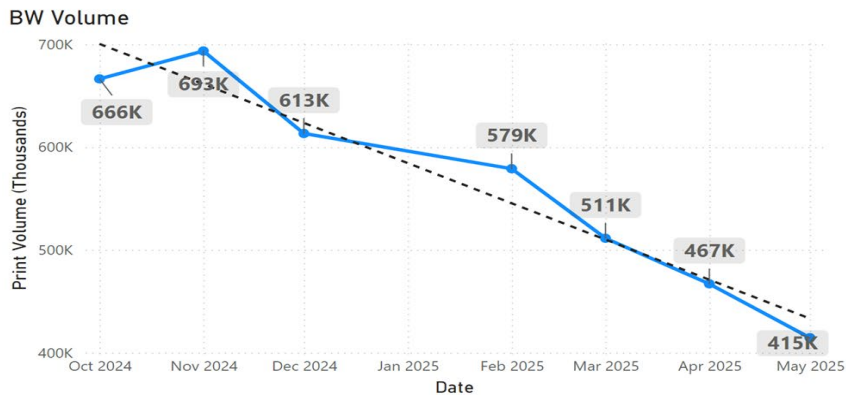
Total Cost



Central Office - Volume

- Volume data is Q4 2024 to Q2 2025.
- Trending downward making lower highs and steady lows.
- Our monthly peak was November of 858K which is 312K less than the previous high of 1.17M from June 2024(not shown).
- The low was 474K from March 2025 resulting in a reduction of 384K from the high.
- The low is also 284K lower than the previous low from December 2024

BW Volume % Change	CLR Volume % Change	Total Volume % Change
-37.78%	-68.76%	-44.63%



Central Office - Costs

COLOR Cost

- BW print costs started at \$10.7K in October 2024 and generally decreased to \$7.7K by June 2025. There was a peak of \$11.3K in November 2024 and a subsequent dip to \$9.5K in December 2024. Another peak occurred in February 2025 at \$10.0K. The overall BW spend change shows a decrease of 27.81%.
- Color print costs began at \$10.1K in October 2024 and significantly decreased to \$2.9K by June 2025. There was an initial increase to \$7.2K in November 2024 before a steep decline. The CLR spend change shows a substantial decrease of 71.18%.
- Total print costs started at \$20.7K in October 2024 and decreased to \$10.6K by June 2025. The overall total spend change indicates a significant reduction of 48.85%.

BW Spend % Change

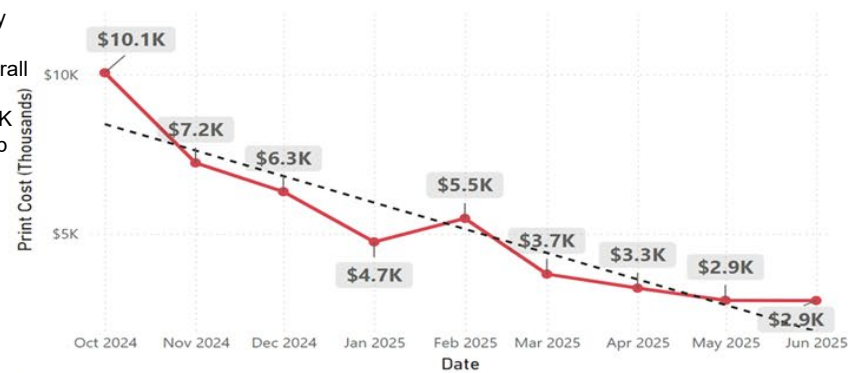
CLR Spend % Change

Total Spend % Change

-27.81%

-71.18%

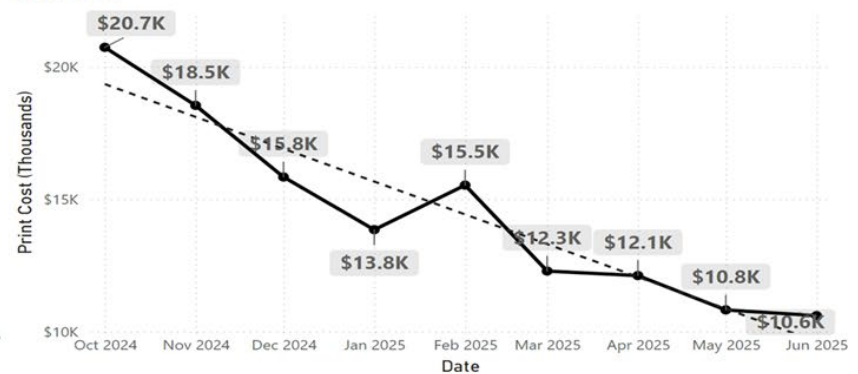
-48.85%



BW Cost



Total Cost



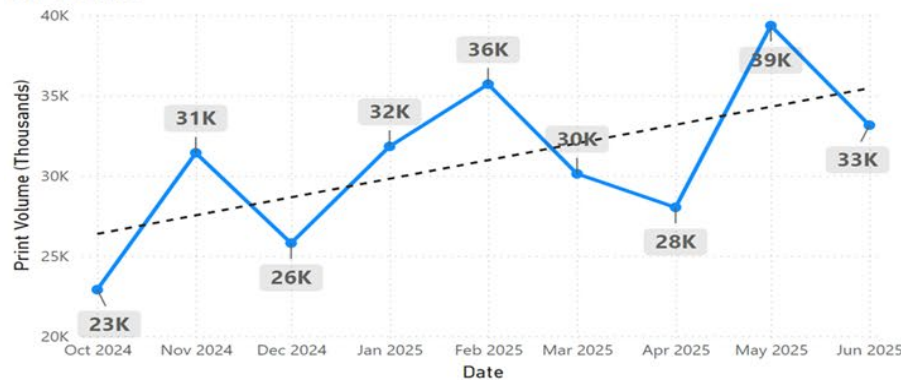
Facility C-suites - Volume

Executive printers at NYC Health + Hospitals exhibited mixed and dynamic printing trends between October 2024 and June 2025. While Black & White (BW) print volume saw a substantial increase of +44.74%, indicating a growing reliance on monochrome printing, Color print volume experienced a notable decline of -21.60%. The combined effect of these contrasting trends resulted in only a marginal overall increase in total print volume of +1.98%. This suggests a shift in printing behavior within executive offices, with a move away from color printing largely being counteracted by an increased demand for black and white documents, leading to a near-stable total print output.

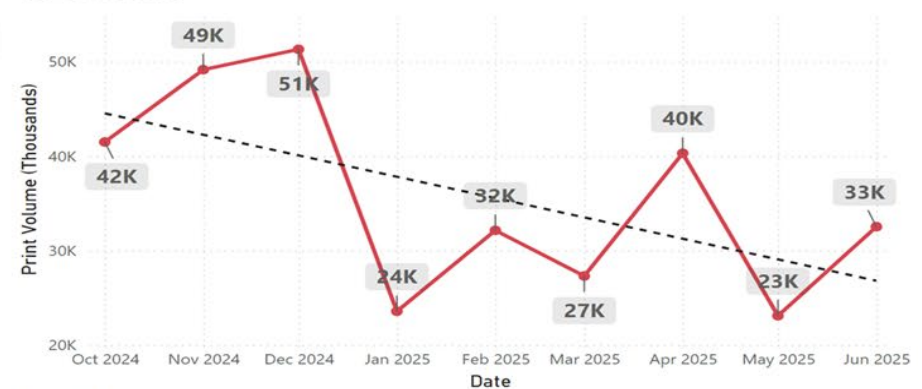
For users of executive printers, this analysis highlights a critical divergence: while the Central Office achieved substantial print reductions, executive printers maintained total output due to increased BW printing largely negating color reductions. This counter-trend in BW usage warrants investigation to identify drivers and opportunities for further print optimization and paper-light transformation within these critical offices.

BW Volume % Change	CLR Volume % Change	Total Volume % Change
44.74%	-21.60%	1.98%

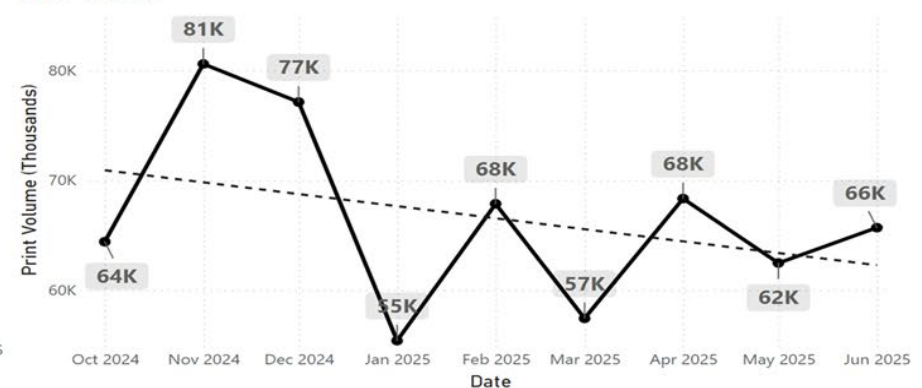
BW Volume



COLOR Volume



Total Volume

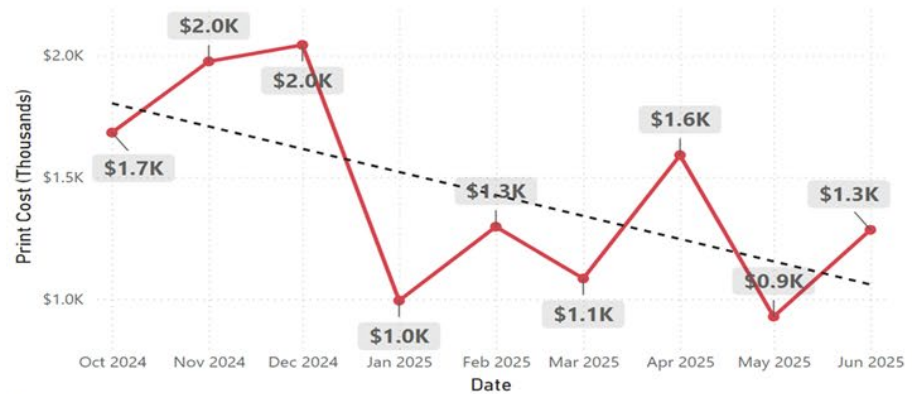


Facility C-suites - Costs

Executive Printers show a **positive trend in cost savings for color printing (-23.74%)**, indicating effective measures in that area. However, this is partially offset by a **significant increase in Black & White printing costs (+32.31%)**. Despite the rise in BW costs, the overall **Total Print Spend for Executive Printers still registered a reduction of -18.80%**, suggesting that the savings achieved in color printing, combined with potentially lower per-page costs for BW, led to a net cost benefit. This highlights a need to investigate the drivers behind the increased BW usage to identify further optimization opportunities.

BW Spend % Change	CLR Spend % Change	Total Spend % Change
32.31%	-23.74%	-18.80%

COLOR Cost



BW Cost



Total Cost



Q & A

Thank
you

Clinical Services Operations Report

Kenra Ford, Senior Vice President, Clinical Services Operations
David Silvestri, MD, Senior Assistant Vice President, Clinical Service Operations
Kaushal Khambhati, MD, Clinical Services Operations

**Medical and Professional Affairs /
Information Technology Committee
September 8, 2025**

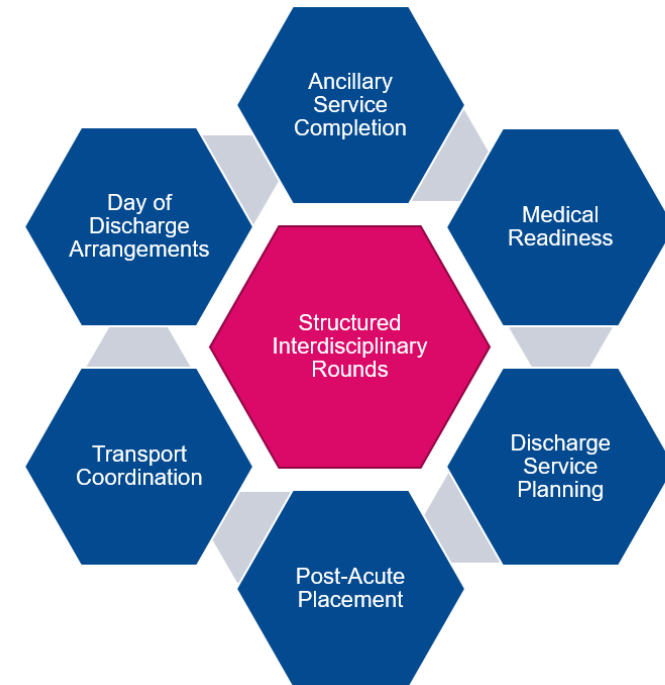
Aligning Clinical Services Operations Goals and Initiatives

Inpatient Flow & Capacity Management – AI-Empowered Solution

- **Quality & Outcomes:** AI solutions can streamline inpatient flow and care delivery by prediction of critical insights needed for efficient patient throughput and prioritization of high-impact services, mitigating throughput bottlenecks and delayed inpatient discharges.
- **Care Experience:** AI solutions can reduce inpatient dwell times and anticipate care disruptions, creating a more stable and predictable inpatient care timeline, smoothing the overall patient experience.
- **Financial Sustainability:** AI solutions facilitate the shortening of extended inpatient stays, thereby decreasing operational costs, ensuring financial health and maintaining quality care.
- **Access to Care:** AI solutions support the prevention of and response to capacity strains at the facility and enterprise levels, allowing more patients to receive timely care in both routine and peak demand situations.
- **Culture of Safety:** AI solutions predict capacity and align resources so that patients may safely progress from admission to discharge in a resource-matched environment.



Sometimes patient flow *still* feels like this...

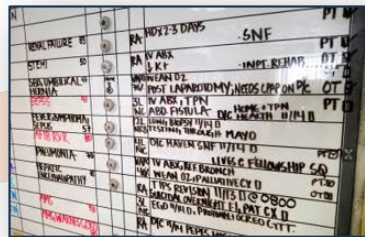


...but with the right tools, coordination, and operational alignment, many barriers to flow can be anticipated and overcome.

Evolution of Tools for Inpatient Flow & Capacity Management

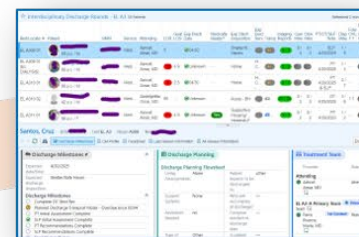
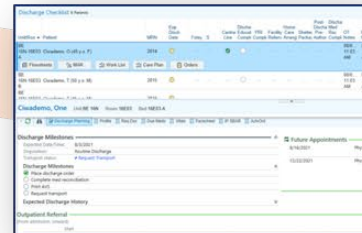
Where We Started (2022-2024)

- Custom build of basic Epic tools
- Systematic but manual tracking of:
 - DC planning dates
 - Expected disposition
 - Limited DC planning milestones
 - Internal barriers impeding DC
- Limited impact on clinical/ancillary workflows
- Limited roll-up for hospital leadership



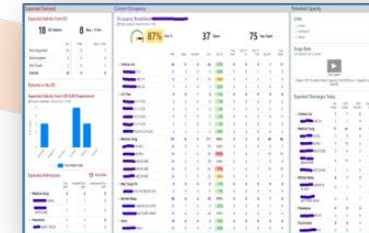
Legacy Systems (pre-2022)

- Manual tools outside EMR
- Unsystematic tracking of:
 - DC planning dates
 - DC planning milestones/tasks
- No impact on clinical/ancillary workflows
- No roll-up for hospital leadership



Where We Are Now (2025)

- Custom build of advanced Epic tools
- Systematic and semi-automated tracking of:
 - DC planning dates
 - Expected disposition & DC needs
 - Expansive DC planning milestones
 - Internal barriers impeding DC
- Limited impact on clinical/ancillary workflows
- Basic roll-up tools for hospital leadership



Goals For Near Future (Late 2025)

- Refine timing & accuracy of DC expectations:
 - DC planning dates
 - Expected disposition & DC needs
 - Internal barriers impeding discharge
- Align service operations and prioritization based on projected likelihood to free capacity
- Improve capacity predictions and matching of hospital operations and resources

AI Advancements to Inpatient Flow & Capacity Management

Boost Efficiency and Accuracy of Routine Discharge Planning

Supplements & synergizes with Epic IDR and DC planning tools by:

- Providing care teams with predictions to inform Epic IDRs & DC planning
 - Predicted EDD
 - Predicted Disposition
 - Predicted discharge barriers
 - Prioritized discharges
- Providing hospital leadership with insights to support prioritization of discharges

Anticipate Capacity Strain & Aid in Proactive Response

Adds additional insights and utility not available within Epic by:

- Providing hospital leadership with insights on predicted strain across levels of care
- Suggesting mitigation protocols to alleviate strain in advance of its occurrence
 - Bed Holds
 - ED Diversion
 - OR schedules

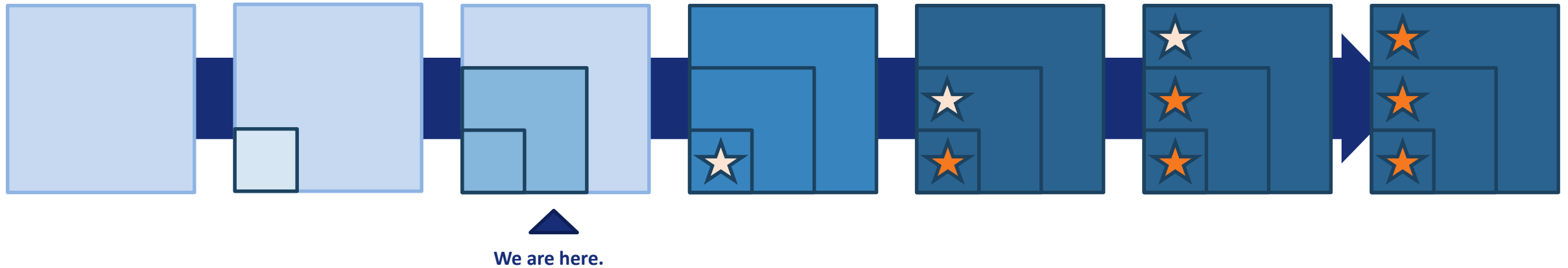
Translate Capacity Predictions into Efficient Resource Planning

Adds additional insights and utility not available within Epic by:

- Converting predicted capacity demands into staffing recommendations by unit
- Smooths demand-supply mismatch and associated operational & financial inefficiency

Accelerated Scaling for Inpatient Flow & Capacity Management

Scaling in Parallel: Enhancing Epic, Augmenting Tools, Expanding Sites



Progression of IP Flow AI Augmentation

- ☐ Launch at Few Hospitals
- ☐ Initial Expansion to Some Hospitals
- ☐ Completed Expansion Systemwide

Progression of IP Flow Epic Tools

- ☐ Release of IDR Tools
- ☐ Basic Enhancement to IDR Tools
- ☐ Advanced Enhancements to IDR Tools
- ☐ Enhancements to Downstream Workflows

Progression of IP Flow AI Augmentation

- ☐ No AI Augmentation
- ☒ Release of AI Augmentation
- ☒ AI-Empowered Operations

System Chief Nurse Executive Report

M&PA/IT Committee Meeting

June 2025 – August 2025

CUNY DNP/PhD Virtual Info Session

Doctor of Nursing Practice (DNP)

Post-Baccalaureate and Post-Master's Degree Options



Lead change. Transform care. Advance your impact with a Doctor of Nursing Practice (DNP) at Hunter College.

Designed for experienced RNs and NPs, the DNP program equips you to deliver advanced, evidence-based care to diverse, urban populations—whether in clinics, communities, or hospitals.

The Role of the DNP
Today's healthcare systems demand clinical leaders—nurses trained to make high-stakes decisions, improve systems, and drive outcomes. The DNP curriculum builds on clinical master's programs, deepening expertise in evidence-based practice, quality improvement, and systems leadership to improve outcomes in complex healthcare environments.

Application Deadlines:
March 1
For more information, visit www.hunter.cuny.edu/nursing



HUNTER | **HUNTER-BELLEVUE**
The City University of New York | SCHOOL OF NURSING

Nurse Practitioner Specializations

- Adult-Gerontology Primary Care NP
- Psychiatric-Mental Health NP
- Family NP (for master's-prepared FNPs)

Program Highlights

Students with a bachelor's in nursing complete 90 credits in nursing science, policy, research, leadership, and 1,000 supervised clinical hours. Students with a master's in nursing may qualify for up to 42 credits of advanced standing, plus clinical hour credit from their previous program.

Courses taught by expert faculty in:

- **Advanced Clinical Science:** Pathophysiology, Pharmacotherapeutics, Health Assessment
- **Leadership & Systems:** Quality Improvement, Finance & Management, Healthcare Systems and Policy, Informatics
- **Population Health:** Epidemiology & Biostatistics, Clinical Genetics, Global Health and Populations
- **Evidence-Based Practice:** Nursing Research, Capstone Project
- **Specialization Advanced Practice Courses**

Eligibility

- Bachelor's or master's in nursing from an accredited program
- Minimum GPA: 3.5
- Undergraduate-level courses in statistics and nursing research
- Active New York State RN license
- Two years of full-time RN experience

HUNTER COLLEGE PHD IN NURSING



This post-Master's PhD degree in Nursing prepares nurse scientists to conduct research that supports health equity by addressing the health of diverse, urban individuals, families, and communities.

This mission advances the Hunter College Center for Nursing Research's goal of urban health equity. Our faculty are experts in health promotion, community-engaged research, and disease prevention.

Based on an apprenticeship model of research, the doctoral program combines rigorous coursework and a residency with experienced research mentors. Graduates are well-equipped with the research skills needed to obtain academic positions and to become nurse scientists in health care institutions.

Application Deadline:
December 16
For more information, please visit our website: www.hunter.cuny.edu/nursing



HUNTER
The City University of New York

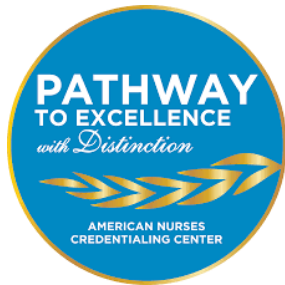
Program Features:

- 50-credit program can be completed in 3 years
- Courses are offered part time (2-3 courses per semester—all on the same day, 12 months/year, including winter intercession and summer session). This allows for a rich scholarly experience that also works well for many working professionals.
- All students complete a 360-hour research residency during the first 2 years of the program with an individual research mentor.
- Students have the option of taking two courses in Nursing Education, including a teaching residency.
- All courses are taught by Hunter College nursing faculty with active programs of research, together with colleagues from other CUNY departments and the Well-Cornell Clinical and Translational Science Center. Our highly-qualified faculty also serve as dedicated and exemplary research mentors for doctoral students.

Eligibility:

Eligible applicants are licensed as an RN in NYS; have graduated from an accredited Master's program with a cumulative undergraduate and graduate GPA of 3.5 (4.0 scale); have taken a graduate-level biostatistics course; and completed an online application that includes a personal statement, CV, writing sample, and three letters of recommendation.

- The **CUNY DNP/PhD Virtual Info Session** was held on June 18th, 2025.
- This program is in partnership with **CUNY's Hunter College**.
- **Elsie Jolade, DNP, RN, FNP-BC, ACNS, CCRN**, presented on the DNP program and **Elizabeth Capezuti, PhD, RN, FAAN**, presented on the PhD program. Both are from Hunter-Bellevue School of Nursing.
- There were over 140 people who attended this virtual event.



Pathway to Excellence (PTE) *with Distinction* - METROPOLITAN



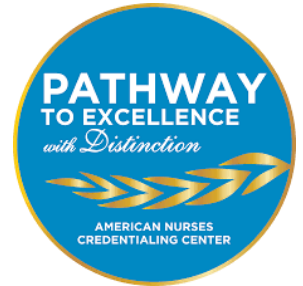
- **NYC Health + Hospitals/Metropolitan** is the first health care organization worldwide to earn the **Pathway to Excellence *with Distinction*** designation.
- The new designation, received on July 14th from the American Nurses Credentialing Center (ANCC), recognizes the highest achievements in providing a positive practice environment and a culture of excellence.

Pathway to Excellence (PTE) *with Distinction*



- Taken on July 14th when the American Nurses Credentialing Center (ANCC) announced that NYC Health + Hospitals/Metropolitan received their Pathway to Excellence with Distinction Designation. Over 75 people were in attendance during this announcement.

Pathway to Excellence (PTE) *with Distinction* - CARTER



- **NYC Health + Hospitals/Carter** is the first Long Term Care facility to receive the **Pathway to Excellence *with Distinction*** designation.
- The prestigious designation was received on July 14th, from the American Nurses Credentialing Center (ANCC). It recognizes the highest achievements in providing a positive practice environment and a culture of excellence.

Pathway to Excellence (PTE) *with Distinction* - Celebration



- Taken on August 8th during the celebration at NYC Health + Hospitals/Carter where over 75 leaders and staff were in attendance during this celebratory lunch.
- **Floyd R. Long** – (Carter’s CEO); **Marian McNamara** – (Post Acute Care (PAC’s) - CNO); **Khoi Luong, MD** (SVP of PAC); **Natalia Cineas** (SVP & CNE); **Meriam Pineda**, (Carter’s DON) and several health system leaders along with the Post-Acute leaders and staff were in attendance to celebrate with Carter for this distinguished award.

Queens PRISM Award



- Celebration was held to honor **NYC Health + Hospitals/Queens' B4 East** unit for receiving the **PRISM Award** from the **Academy of Medical-Surgical Nurses (AMSN)**.
- This national award signifies “**Premier Recognition in the Specialty of Med-Surg**” and Queens' B4East unit is the **first** to receive it within the NYC Health + Hospitals health system.
- The event was held on July 16th and was attended by more than 100 people.

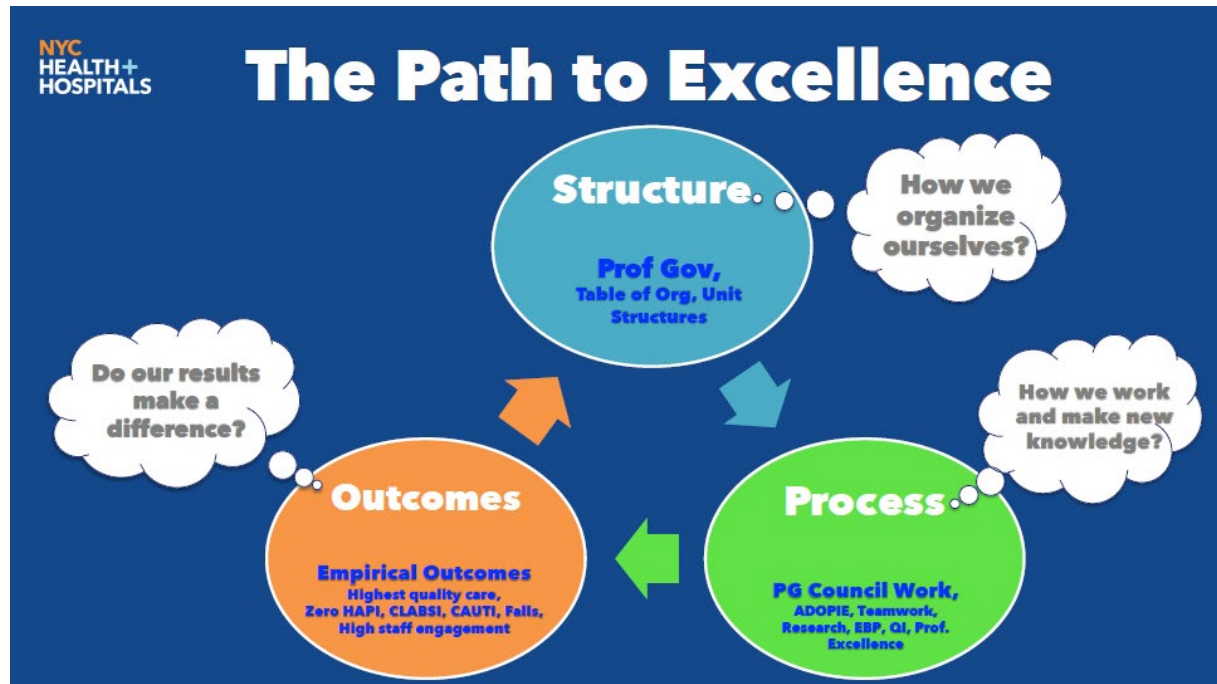
Queens Magnet Launch



- **NYC Health + Hospitals/Queens** celebrated the beginning of their **Magnet Journey** on July 16th.
- Hospital leaders **Neil Moore** – CEO; **David Holson, MD** – CMO; **Abbi-Gail Baboolal** – CNO; System Chief Nurse Executive, **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**; and other leaders were presented with special awards for their contributions to this important journey.
- The celebration was attended by over 150 hospital leaders and staff with dancing, food trucks, and festivities for the entire hospital.

Professional Governance (PG) Report to the SCNE

- **Professional Governance (PG)** is a structured framework that empowers nurses to have a voice and actively participate in decision-making regarding their practice environment and patient care outcomes.
- The event was held last August 12th with all the facilities in the health system participated in the report out.



Professional Governance (PG) Report to the SCNE

- **Correctional Health** has 7 PG Councils
- **Post Acute Care** has 12 PG Councils
- **Gotham Health** has 12 PG Councils
- **Community Care** has 9 PG Councils
- **Acute Care (Hospitals)** have 165 PG Councils



Photos from the Report Out



Nursing Clinical Ladder Program

- The **total approved** applicants were **3,889**.
- Weekly systemwide Q&A sessions were conducted for all participants and nursing leadership. These sessions provided an overview of the program's purpose, requirements, submission, and approval processes.
- The **Nursing Clinical Ladder Program Day** is scheduled to be held on September 16th, 2025.
 - This event will provide participants from all tiers across the health system an opportunity to present their work and demonstrate its impact within their respective facilities.

Questions and Thank You!

MetroPlusHealth

NYC Health + Hospitals
M&PA/IT Committee Report
September 8th, 2025

Dr. Talya Schwartz, President & CEO

Quality Results

MetroPlusHealth HIV SNP #1 in Quality

Plan Name	Quality Score (100 pts)	Weighted Quality Score (80%)	Satisfaction Score (20 pts)	Sum of Quality + Satisfaction	Compliance Points (Up to -10)	Total Score
MetroPlus	84.7	67.76	9.99	77.75	0	77.75
SelectHealth	75.29	60.23	9.99	70.22	0	70.22
Amida Care	66.31	53.05	9.99	63.04	0	63.04

- Ranked **#1 for three consecutive years** (2021, 2022, 2023). 2023 is the latest year released by NYSDOH/AIDS Institute.
- Perfect score in **Viral Load Suppression**.
- Strong performance in **Primary Care & Mental Health** measures: Emphasizing the Plan’s holistic approach to HIV care as the overall population living with HIV gets older.
- No compliance deductions** across all reporting & operations.
- Strategic Focus:** close gaps in STI screening, member experience, and substance use care.

Accomplishments

- **HIV Care (HIV Viral Load Suppression):** Full 45/45 points – most weighted measure; most important measure in HIV care for both individual disease progression and community transmission.
- **Primary Care:** Adult Immunization, Cervical Cancer & Colorectal Cancer Screening, Diabetes HbA1c Control, Tobacco Cessation.
- **Mental Health:** Adherence to Antipsychotics, Depression Screening & Follow Up, Diabetes Screening for People with Schizophrenia/Bipolar.
- **Social Needs:** Screening & Intervention.

MetroPlusHealth HARP Quality Incentive Award

- HARP plans are subject to a 2% premium withhold, which can be fully earned back through demonstrated performance in the quality improvement program.
- MetroPlusHealth's (MPH) 2023 HARP Quality Incentive Program performance has resulted in receiving the full Quality Incentive Award.
 - MPH HARP increased quality score by 28% in 2023.
- MetroPlusHealth earned all available points for the Mental Health and Substance Use Disorder measures.

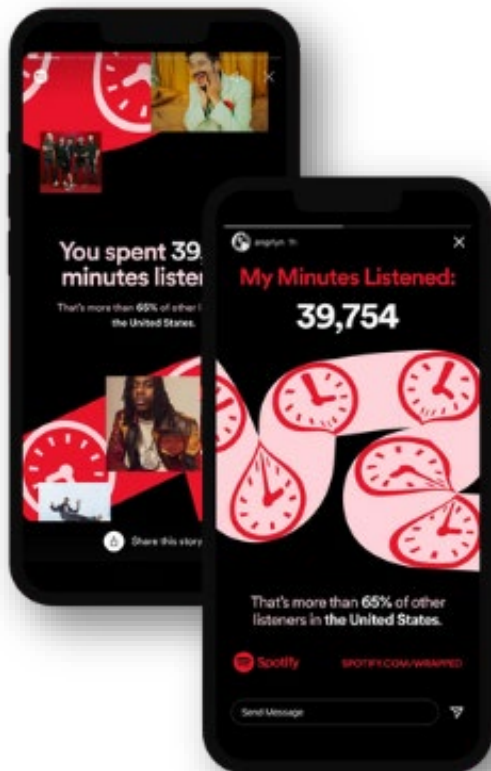
Accomplishments

- 3% Increase in FUH (Follow-up after hospitalization for mental illness).
- 5% Increase in SAA (Adherence to Antipsychotic medications for individuals with Schizophrenia).
- 4% Increase in SSD (Diabetes screening for People with Schizophrenia or Bipolar who are using Antipsychotic Medications).
- 8% increase in FUM (Follow-up after Emergency Department for Mental Illness).
- 3% increase in POD (Pharmacotherapy for Opioid Use Disorder).
- 30% Increase in AMR (Asthma Medication Ratio).

Marketing Cloud

Marketing Communications is About Personalization

Spotify Wrapped
Retention



Nike
Acquisition



From Decentralize to Centralize | Key Benefits

Current Solution

Current Decentralized Model:

- Enterprise performance not measured
- Long development time:
4wks for email or text campaign
- Potential outdated campaigns
- Risk with opt-ins



Centralized Model / Benefits of SFMC:

- Cost savings
- “Cleaned house”
- Personalization
- Analytics and measurement
- Centralized communication database

Retention and Onboarding Automation Pilots

NEW

Recertification / Renew

Goal: Improve recertification rates via frequent and early communication.

Pilot: 3,174 members (EP & Medicaid).



NEW

Welcome / Onboarding

Goal: Improve new member retention in the first 90 days of enrollment via frequent and tailored communication.

Pilot: 3,338 Medicaid members randomly selected. Stratified based age, gender, & county.





Recertification Pilot Summary

The Pilot

Control:

30,579 members

Pilot (SFMC Enhanced):

3,174 members

Triple number of touches and
length of outreach



Results

Nearly **3%**

Lift from enhanced journey



**Now in full
scale
production**

*Methodology: EP & Medicaid members due to recertify in March received communication (SMS, Email)
Dec 31 - March 31 including post recertification (ending in June).



Onboarding Pilot Summary

The Pilot

Control: 1,628 members

PILOT (SFMC):
1,711 members

- Double the number of touch points



Results?

- Higher retention ~1%
- ~2% lower calls
- Higher PCP visits
- No significant impact to portal registration



**Now in full
scale
production**

All Member Communications In One Place

"When a member calls saying they received a text or email, I can look up exactly what they got in Salesforce."

This helps me service members. I wasn't able to do that before."



1

2

SMS Name	JourneyName	SendDate
MPH-CE-Journey-Onboarding	CE Onboarding	11/23/2024, 6:57 AM

3

Status
Delivered

MessageBody
Welcome to MetroPlusHealth! We're pleased to have you as a plan member. You can expect to get your member ID card in the next two weeks. In the meantime, here are some resources to get started: <https://metroplus.org/plans/individual-family/medicaid-managed-care/>

Provider Directory

Provider Directory Accuracy Improvements

Several initiatives were implemented to further increase data accuracy of our Provider Directory.

Better Doctor's Partnership

- Campaign launched July '24, educating providers to submit quarterly rosters, and/or attest to demographics, to Better Doctor's for data validation.
- Providers participating in P4P program are incentivized for participating
- MPH continues to increase participation rate, below are current rate by key specialties.
 - PCPs – 72%
 - Specialists – 47%
 - Labs – 36%
 - Free Standing Radiology – 60%
 - Behavioral Health (Prof) – 47%
- To date, over 41,000 data updates have been made.

Provider Directory Accuracy Improvements | Continued

Access and Availability P4P incentive – 2025

- All providers in MetroPlus P4P with 200+ members (as of Feb 2025) are eligible.
- Deficient providers and/or groups undergo specialized training.
- Providers earn additional PMPM for meeting target compliance rates.

Note: *We continue to perform existing quarterly A+A surveys to network, inclusive of BH and educate deficient providers.*

Monthly Secret Shopper

- Medical, BH and Specialists randomly selected from the provider directory and an attempt is made to make an appointment, confirm demographics and panel status.
- Any discrepancies identified are validated and outreach made to provider. ¹⁶

MetroPlus Gold | Exclusive City Employees Plan



MetroPlus Gold | Exciting New Updates

- MetroPlus Gold is our Plan for City workers, spouses and dependents.
- We are excited to offer even more great benefits with a focus on **wellness**.
- **Here's what's new effective 7/1/2025:**

New Wellness Apps added!	Fitness Center Reimbursement Updated	Free Acupuncture Visits	New Gold Wellness Rewards - 8/1/25	Lower Drug Costs!
<p>ClassPass & Equinox+: MetroPlus is the only plan offering Wellness Apps reimbursement!</p> <p>Reimbursed up to \$300!</p>	<p>Now covers annual gym membership /initiation fees!</p> <p>Reimbursed up to \$1,400!</p>	<p>10 visits per year for FREE!</p>	<p>Earn rewards just for staying healthy!</p> <p>Earn up to \$250!</p>	<p>100+ of the most common drugs for free – while still paying \$0!</p> <p>Rider price decrease by ~\$11</p>