FINANCE COMMITTEE AGENDA

Date: October 14, 2025
Time: 11:00 A.M.
Location: 50 Water Street, 17th Floor, Boardroom – In Person

I. Call to Order *Freda Wang*
Adoption of the July 16, 2025 Minutes

II. Executive Session

III. Action Item: Medicare and Medicaid Reimbursement Consulting Services *Linda Dehart*

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to execute contracts with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC for Medicare and Medicaid Reimbursement Consulting services at a not to exceed amount of $10,800,000, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

VENDEX APPROVED:
Third Party Reimbursement Solutions, LLC, Manatt Health Strategies, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP

EEO APPROVED:
Third Party Reimbursement Solutions, LLC, Baker Tilly Advisory Group, LP

EEO PENDING:
Manatt Health Strategies, LLC, Forvis Mazars, LLP

IV. Action Item: Medical Respite Operations and Services NTE Amendment *Leora Jontef, Dr. Jonathan Meldrum*

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to increase the funding by $10,896,459 for its previously executed agreements with each of Institute for Community Living, Inc. ("**ICL**") and Comunilife, Inc. ("**Comunilife**") for the provision of medical respite beds and services such that the funding is increased from $17,960,500 to $28,856,959 thereby funding the increasing capacity of the program from 51 beds to 75 beds.

V. Financial Update *John Ulberg*

VI. Old Business Freda Wang

VII. New Business

VIII. Adjournment

Finance Committee MEETING – July 16, 2025

As Reported By: Freda Wang

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

CALL TO ORDER

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

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

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

Executive Session

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

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

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

ACTION ITEM: Bond Issuance Financing Approval

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

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

Ms. Linda Dehart began by providing the background and current state of NYC H+H Bond Financing Program. The System's bond financing program is

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

Ms. DeHart continued providing the need for H+H Capital Financing. H+H has relied heavily on the City of New York to fund the system's capital needs. In recent years, H+H financing has been a more minor source of supplemental capital funding. As H+H has taken steps to improve its capital needs assessment and planning capabilities, as well as its capacity for capital project implementation, the gap between available City capital funding and identified critical capital needs has grown. While the City's capital plan through FY-35, includes $2.68 billion for H+H, the System has identified an additional critical and strategic capital investment need of approximately $1.6 billion, approximately $577 million of which is proposed to be funded by H+H including $250 million to be financed by the 2025 Series bonds. The capital plan, including proposals for H+H financing, will periodically be updated to reflect ongoing evaluation of capital needs, development of more concrete estimates and schedules for already identified capital projects, and assessment of implementation capacity.

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

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

Ms. Schultz continued presenting the Projected Capital Cashflow Needs. Projects included in the planned H+H capital funded portfolio are scheduled

to launch over the next few fiscal years, and have completed sufficient planning to forecast the System's timing needs for new money financing. Through January 2027, the projected spending plan is $249 million. With the majority of the project spending being infrastructure. The Current Financing Authorization and projected spending project types and costs breakdown through January 2027 were also presented by Ms. Schultz.

Mr. Thomas Tran continued the presentation by providing the Planned Financing Summary. Further, structuring tax-exempt new money 2025 Series Bonds to "Wrap Around" existing debt service. Some key highlights included existing bond debt service leveling out starting in 2032 through project-end, and as this is a new money deal with funding the capital project, it also funds the capital reserves requirement under the general resolutions and cost of issuance. The Historical Tax-Exempt Borrowing rates since 2010 showing the different MMD rates between 10Y to 30Y were also presented.

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

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

ACTION ITEM: Professional Coding and Billing Services
Mr. Robert Melican – AVP Patient Accounting – Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

> **Authorizing New York City Health and Hospitals Corporation (the "System") to increase the not to exceed total contract value by $6,660,946, which includes a 10% contingency to its previously negotiated and executed contract with PhyCARE Holdings Group, Inc. to provide hospital and professional coding and billing services. The cumulative not to exceed value for hospital and professional coding and billing services shall increase from $12,495,384 to $19,156,330**

for the remainder of the contract term of two one-year renewal options exercisable at the discretion of New York City Health + Hospitals.

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

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

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

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

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

ACTION ITEM: Supplemental Coding Services
Ms. Lisa Perez – Assistant Vice President – Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

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

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

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

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

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

Ms. Freda Wang clarified that both of these contracts that the Board has approved are for coding, but for different coding needs. Both of them are

revenue generating contracts for H+H and the current higher spend is due to volume increases and more revenue being generated for the System.

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

ACTION ITEM: Autonomous Coding Services
Ms. Lisa Perez – Assistant Vice President – Revenue Cycle Services, read the resolution into the record and proceeded with the presented:

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

Ms. Lisa Perez began by providing the background and current state of H+H's Autonomous coding services. NYC Health + Hospitals requires a vendor that can provide autonomous coding to support increasing demand for coding services. Thus far, increased demand has been fulfilled by contracted vendors and/or overtime for existing staff. There is an ongoing and increasing demand for coding services related to increasing Emergency Department and Inpatient volume, expansion of professional billing and productivity analysis, payer chart reviews and addressing coding related edits and denials. To date, there has been no contract in place specifically for autonomous coding.

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

An overview of the RFP Criteria and procurement process was presented by Ms. Perez. Reference checks were completed for this vendor.
The MWBE analysis for the proposed vendor was also presented by Ms. Perez. The vendor diversity team recommended a 10% diverse vendor component percentage for this solicitation.

Ms. Wang polled the Committee for questions.

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

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

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

Ms. Perez agreed and added that some of the things that are happening today is that we are having a good account with that, so these vendors have everything done. The idea is that this service will cover the simple coding so what we will have is the exceptions, so things that are not able to pass coding or complex, would go to our staff, our resources, reducing the services that are being provided by the vendors. As stated before, the two contracts performed two different things, so professional coding is conducted by PhyCARE, so the expectation is that it would be reduced on our team hospitals initially and for the hospital billing it would be our services.

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

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

Ms. Taitt asked what is the bigger number.

Dr. Katz added that the whole universe would be all of the revenue collection activity that we have and what portion of those activities will become automated by AI. It would seem like a lot. Is not a ton of creativity, or outside information, with coding, you can only code what is on the page; Other things may have been done but you cannot code them, if the practitioner or doctor did not write them down, it did not happen, you cannot code them.

You need to read the record and what has been done and establish the correct code for them. We have coders who in real time are reading the records and putting in the code. We will get back on what the real number is to you. What is our insurance billing revenue number approximately per year?

Mr. Ulberg responded about $6 billion.

Dr. Katz continued stating that $6 billion in some way is the total universe of insurance billing. All of that money is brought in by someone reading a record or seeing a service and figuring out who is the appropriate person to bill. We even broaden it to say in order to have clear expectations for people, and because we are proud to service many people who do not have insurance, now we are also coding the records of people who do not have insurance not for the sake of generating a bill, but because that is the standard of productivity. In some way the universe becomes bigger than the dollar of revenue because it is trying to code all of our records so that we can say this gastroenterologist is doing the scope of work and this gastroenterologist is paying, or getting paid the same but it is only doing this amount of work. It is just never easily been possible because the hospitals and the services vary on the degree to which they are uninsured. For example, Jacobi's uninsured percentage is smaller because it borders Westchester. So, you get more people with insurance than for instance at Metropolitan. We can look at revenue but it is harder to look at productivity unless you start coding the records of the people who we are proud to serve, who cannot pay.

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

Dr. Katz added, will do.

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

ACTION ITEM: Disaster Recovery Consulting Services
Ms. Michline Farag – Senior Assistant Vice President – Central Finance, read the resolution into the record and proceeded with the presented:

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

Ms. Michline Farag began by providing the background and current state of H+H's disaster recovery consulting services. NYC Health + Hospitals requires a disaster recovery consulting firm that can provide support for our fast growing federal and State grants portfolio associated with hazard mitigation, repairs and recovery. In recent years, the System has secured and continues to develop additional FEMA grants for post Hurricane Sandy disasters including Hurricane Ida and Hurricane Ophelia. The System needs strategic advisory as we continue to respond to FEMA's Requests for Information related to the newer disasters' portfolio and advocate for maximum amount of grant funding from various sources. The new disaster recovery consultant is critical in assisting with these ongoing efforts and preparing for future disaster recovery needs.

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

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

Ms. Wang polled the Committee for questions.

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

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

Mr. Ulberg added that the City uses Hagerty Consulting as well.

Ms. Wang inquired about there being no contingency.

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

Ms. Wang thanked the teams for their presentations.

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

FINANCIAL UPDATE

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

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

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

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

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

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

CY-2024 Healthfirst VBP Quality Program Results were presented by Ms. Meagher. NYC H+H facilities in top 10 of Healthfirst's network for overall quality rating in both Medicaid and Medicare programs. With 7 of the top 10 performers in Healthfirst's network for Medicaid and 5 of the top 10 performers in Healthfirst's network for Medicare. H+H average facility improvement by measure for CY-24 versus CY-23, almost all measures improved over CY-23. NYC H+H incentive earnings in CY-24, with highest earnings to date at $14.839M. NYC H+H increased earnings by 251% since 2020.

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

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

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

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

ADJOURNMENT

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

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to execute contracts with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC for Medicare and Medicaid Reimbursement Consulting services at a not to exceed amount of $10,800,000, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

WHEREAS, the System utilizes reimbursement consultants to assist in optimizing available reimbursement rates and settlements; and provide advice and assistance regarding supplemental funding streams available to the System; and

WHEREAS, the System has identified a need for Medicaid and Medicare Reimbursement Consulting Services to ensure compliance with complex and often changing regulations regarding Medicare and Medicaid reimbursement and reporting. Timely and accurate reporting submissions are required to avoid penalties and secure proper reimbursement for the System; and

WHEREAS, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain Services to select vendors to provide Medicare and Medicaid Reimbursement Consulting services, in which 15 firms attended a pre-proposal conference; and

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

WHEREAS, the Vice President of Finance will be responsible for the management of the proposed contract(s).

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC for Medicare and Medicaid Reimbursement Consulting services at a not to exceed amount of $10,800,000, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
MEDICARE AND MEDICAID REIMBURSEMENT CONSULTING SERVICES AGREEMENTS WITH
THIRD PARTY REIMBURSEMENT SOLUTIONS, LLC, FORVIS MAZARS, LLP, BAKER TILLY ADVISORY GROUP, LP (FORMERLY MOSS ADAMS), AND MANATT HEALTH STRATEGIES, LLC.

OVERVIEW: The purpose of this agreement is to provide Medicare and Medicaid Reimbursement Consulting services to assist in optimizing available reimbursement rates and settlements; and provide advice and assistance regarding supplemental funding streams available to the System.

PROCUREMENT: The System conducted an open and competitive Request for Proposals ("RFP") to establish a pool of vendors to provide Medicare and Medicaid Reimbursement Consulting services to the System on an as-needed basis. The RFP was sent directly to 15 prospective vendors, and 15 prospective vendors attended a pre-proposal conference. A total of eight firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top four rated proposers to provide Medicare and Medicaid Reimbursement Consulting services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five-year term is not to exceed $10,800,000, which includes a 20% contingency.

MWBE: The Vendor Diversity team recommended a 10% diverse vendor component percentage for this solicitation and was accepted by Forvis Mazars LLP. Manatt Health Strategies, LLC, Third Party Reimbursement Solutions and Baker Tilly Advisory Group, LP were granted waivers based on self-performance of the scope of work.

Exhibit A

Awardees

1. Third Party Reimbursement Solutions
2. Forvis Mazars, LLP
3. Baker Tilly Advisory Group, LP
4. Manatt Health Strategies, LLC

NYC HEALTH+ HOSPITALS

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

From: Kaylan Kerr
Associate Council
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contracts for Medicare and Medicaid Reimbursement Consulting

Date: September 24, 2025

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

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
Third Party Reimbursement Solutions, LLC	Approved	Approved	Waiver
Manatt Health Strategies, LLC	Approved	Pending	Waiver
Forvis Mazars, LLP	Approved	Pending	10%
Baker Tilly Advisory Group, LP	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.

Kerr, Kaylan

Digitally signed by Kerr, Kaylan
Date: 2025.09.26 11:31:21 -04'00'

Medicare and Medicaid Reimbursement Consulting Services Application to Enter into Contract with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC

Finance Committee Meeting
10/14/25

Linda DeHart, Vice President Finance
Corporate Reimbursement Services

For Finance Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC for Medicare and Medicaid Reimbursement Consulting services at a not to exceed amount of $10,800,000, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

Background & Current State

- Medicaid and Medicare Reimbursement Consulting Services are essential services used by healthcare systems to ensure compliance with complex and often changing regulations regarding Medicare and Medicaid reimbursement and reporting. Timely and accurate reporting submissions are required to avoid penalties and secure proper reimbursement for the System.

- Consultants in this space assist NYC Health + Hospitals in optimizing available reimbursement rates and settlements; and provide advice and assistance regarding supplemental funding streams available to the System.

Background & Current State

- The RFP consolidated several previously separately solicited reimbursement scopes of work incorporating services directly contracted by the Reimbursement Department, as well as additional services related to Supplemental Medicaid and Consolidated Fiscal Report (CFR) submissions that were obtained through other departments.
- Consulting services procured through this RFP include the following scopes and sub-scopes of work:
  - Medicare Reimbursement and Reporting Consulting
    - General Medicare reimbursement analysis and cost reporting support
    - Medicare appeal support
    - Medicare DSH and Uncompensated Care reporting and policy
  - Medicaid Reimbursement and State Reporting Consulting
    - General NYS Medicaid reimbursement, rate analysis and appeals
    - Long Term Care reimbursement issues
    - Supplemental Medicaid funding and innovative payment/policy models
    - Consolidated Fiscal Reporting system submissions

Current State

- The Reimbursement Department previously entered into two agreements for Medicare related consulting services:
  - Third Party Reimbursement, LLC for Medicare general reimbursement and cost reporting. Initially awarded via RFP for a term of 11/11/2019 to 11/10/2024 and an NTE of $2,000,000. Subsequent amendments expanded the scope to include additional resources, and extended the contract expiration date to December 31, 2025 with a total contract value of $4,074,917.
  - Moss Adams (now Baker Tilly) for Medicare DSH and Uncompensated Care consulting services. Initially awarded via RFP for a term of 11/18/2019 to 11/18/2024 and an NTE of $2,200,000. Subsequent amendments extended the contract expiration date to December 31, 2025 with a total value of $2,712,500.
  - The combined final NTE for these two agreements is $6,787,417 and spend to date is $6,056,726.
- Additionally, since FY21, $2,791,590 has been spent on the Medicaid supplemental payment and CFR consulting services scopes of work, which were obtained through other departments' vendor agreements with Manatt Health Strategies, LLC and Forvis Mazars LLP.

RFP Criteria

- Minimum Criteria
  - At least five years in business with experience working with hospitals on healthcare financing and reimbursement-related issues and policies
  - More than 10 employees
  - Annual revenue of $2 million in each of the last three years

- Evaluation Committee
  - Vice President, Finance
  - Senior Director, Reimbursement
  - Director, Reimbursement
  - Director, Reimbursement
  - Ast. Director, Reimbursement
  - AVP, Revenue Cycle Services
  - CFO, Post Acute Care
  - CFO, Woodhull

- Substantive Criteria
  - 25% - Vendor Experience
  - 25% - Technical Qualifications
  - 25% - Ability and Feasibility of meeting the SOW
  - 15% - Cost
  - 10% - MWBE

Overview of Procurement

- 1/14/25: Application to issue a request for proposals approved by CRC
- 2/13/25: RFP posted on City Record, sent directly to 15 vendors
- 2/20/25: Pre-proposal conference held, 15 vendors attended
- 3/20/25: Proposals due, 10 proposals received
- 5/19/25 - 5/28/25: Vendor presentations held, four vendors were invited to participate
- 6/9/25: Evaluation committee submitted final scores.

Vendor Selection

- The System will negotiate contracts with the four top scoring proposers across all sub-scopes
- Subject to negotiation, contracts will specify primary scopes of work for each vendor, but also provide flexibility for the System to assign vendors work in other scopes within their expertise as needed

Vendor	Primary Scope(s)
Third Party Reimbursement Solutions, LLC	Medicare general reimbursement & cost reporting; Medicare appeal support
Moss Adams LLP (now Baker Tilly Advisory Group, LP)	Medicare DSH & Uncompensated Care; Medicare DSH appeal support
Forvis Mazars, LLP	Medicaid general reimbursement; Long Term Care; CFR
Manatt Health Strategies, LLC	Medicaid supplemental funding & innovative payment/policy models

NYC HEALTH+ HOSPITALS

Vendor Performance

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

Vendor Performance

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Forvis Mazars, LLP

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

Vendor Performance

Department of Supply Chain

Vendor Performance Evaluation

Manatt Health Strategies, LLC

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

Vendor Diversity

- Utilization Plan Summary

Vendor	MWBE Subcontractor	Subcontracted Scope of Work	Certification	Goal %
Forvis Mazars LLP	Healthcare Management Solutions LLC	Medicare/Medicaid Reimbursement Consulting	NYS/WBE	10%

- The Vendor Diversity team recommended a 10% diverse vendor component percentage for this solicitation, while noting that most scopes of work under the RFP were likely to be self-performed by the proposing vendors.
- Manatt Health Strategies, Third Party Reimbursements and Moss Adams were granted waivers based on self-performance of the scope of work.

For Finance Committee Approval

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with Third Party Reimbursement Solutions, LLC, Forvis Mazars, LLP, Baker Tilly Advisory Group, LP (formerly Moss Adams), and Manatt Health Strategies, LLC for Medicare and Medicaid Reimbursement Consulting services at a not to exceed amount of $10,800,000, which includes a 20% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

October 2025

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "**System**") to increase the funding by $10,896,459 for its previously executed agreements with each of Institute for Community Living, Inc. ("**ICL**") and Comunilife, Inc. ("**Comunilife**") for the provision of medical respite beds and services such that the funding is increased from $17,960,500 to $28,856,959 thereby funding the increasing capacity of the program from 51 beds to 75 beds.

WHEREAS, in October 2022, pursuant to the System's Board of Directors authorization, copy attached, the System executed agreements with each of ICL and Comunilife with a combined spending limit of $17,960,500 for a term of three years with two option years for short term housing for 51 medical respite beds and services for System patients who no longer require hospitalization but who need more time to recover, sufficient to be able to move to shelter or to permanent housing; and

WHEREAS, in 2024, the System often experienced waits of over four weeks for medical respite beds and services and so the System contracted to add 24 respite beds to the program increasing System capacity to 75 respite beds, thereby reducing patient hospital length of stay and increasing the opportunity to backfill such hospital beds with other patients; and

WHEREAS, the medical respite program serves approximately 400 patients annually and 1600 to date, in an interim housing environment where case managers, peer specialists and social workers provide care coordination, home care services, support with transport to medical appointments, and linkage with primary care, behavioral health and substance use services; and

WHEREAS, the medical respite program has been financially successful because it enables earlier discharge of patients, which in turn frees up inpatient med-surg capacity, and improved access to beds allows the System to generate new revenue; and

WHEREAS, the medical respite program has been clinically successful because access to respite care enabled discharged patients to complete their recovery in the community and because, while in respite care, many such patients were placed in permanent housing, connected to longitudinal care and reduced their acute care utilization; and

WHEREAS; the System has been satisfied with the work of both ICL and Comunilife, both of which are not-for-profit organizations with good reputations and established programs and both of which combine competence in the delivery of respite services with the real estate to be able to furnish both beds and services; and

WHEREAS, the proposed agreements will be managed by the Senior Assistant Vice President of Housing and Real Estate and the Housing for Health business unit.

NOW THEREFORE BE IT RESOLVED, that the New York City Health and Hospitals Corporation (the "**System**") be and hereby is authorized to increase the funding by $10,896,459 for its previously executed agreements with each of Institute for Community Living, Inc. ("**ICL**") and Comunilife, Inc. ("**Comunilife**") for the provision of medical respite beds such that the funding is increased from $17,960,500 to $28,856,959 thereby funding the increasing capacity of the program from 51 beds to 75 beds.

October 2025

EXECUTIVE SUMMARY
INCREASE OF AUTHORIZED FUNDING OF AGREEMENTS WITH INSTITUTE FOR COMMUNITY LIVING, INC. AND COMUNILIFE, INC. FOR RESPITE BEDS AND SERVICES

PROGRAM OVERVIEW:

Patients experiencing homelessness have greater medical acuity and longer hospital stays. When medically cleared for discharge, they often cannot return to a shelter or street due to their post-surgical, medical and/or behavioral health needs. A medical respite program provides a solution. Medical respite is interim housing where case managers, peer specialists and social workers provide care coordination, support with transport to medical appointments, and linkage to primary care, behavioral health and substance use services. The System sees the respite program as both financially and clinically successful having served approximately 1600 patients to date, and approximately 400 patients annually. The cost of respite is substantially lower than the cost of an inpatient acute care bed, and frees up such inpatient capacity for use by other patients, resulting in System revenue. More importantly, the program has been clinically successful in both providing a healing environment, getting patients connected to housing and reducing acute care utilization. By increasing funding as requested, the System will be able to increase its respite capacity with additional beds.

VENDOR OVERVIEW:

The System has contracted with ICL and with Comunilife for respite beds and services since 2019 on separate contracts that were each extended on a best interest basis in 2021 to expire November 30, 2022. New three-year agreements with two-year options were executed on December 1, 2022. Both ICL and Comunilife are not-for-profit organizations with good reputations and established programs. Both combine competence in the delivery of respite services with the real estate to be able to furnish both beds and services.

Medical Respite Operations and Services NTE Amendment

Board Finance Committee
October 14, 2025

Leora Jontef, Senior AVP, Housing + Real Estate
Dr. Jonathan Meldrum, Medical Director, Housing for Health

For Finance Committee Consideration

Authorizing New York City Health and Hospitals Corporation (the "**System**") to increase the funding by $10,896,459 for its previously executed agreements with each of Institute for Community Living, Inc. ("**ICL**") and Comunilife, Inc. ("**Comunilife**") for the provision of medical respite beds and services such that the funding is increased from $17,960,500 to $28,856,959 thereby funding the increasing capacity of the program from 51 to 75 beds.

Background: Housing for Health

Relationship between Housing and Health at H+H

- **In 2024, ~80,000 H+H patients (62,000 adults)** are homeless or marginally housed and over 50% are also DHS clients
- On average, patients experiencing homelessness visited the **ED 3x more often** than other patients
- Patients experiencing homelessness were more likely to have an inpatient visit and **stayed 4x longer** across their admissions

Expediting this population into stable housing saves lives, improves health outcomes, and reduces expensive emergency health care and inpatient resources

H+H's Approach: Housing for Health

Connecting patients experiencing homelessness with housing supports and opportunities

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

Through FY 2025, over 3000 patients and their families have benefited from Housing for Health's navigation and medical respite programming, and nearly 1,500 patient households have been stably housed.

Background: Medical Respite

The Need

- Patients experiencing homelessness have greater medical acuity and longer hospital stays
- When medically cleared for discharge, they often cannot return to shelter because of their post-surgical, medical and behavioral health needs
- Nationally, there are 240 medical respite programs delivering a range of services with the largest program in California
- Almost 40% of H+H medical respite patients had the “very high risk” flag (e.g. in the top 1% of acute care utilization in our system)

The Solution: Medical Respite

- An interim housing option with 24/7 staffing that allows patients to access additional services in the community to aide in their recuperation
  - Onsite RN who conducts clinical assessments, monitors care plan
  - Home based services – PT/OT, visiting nurse, medication support
  - Connections to longitudinal care, intensive housing case management and medication support and education
- H+H contracts with two vendors for both real estate and service delivery of combined 75 beds
  - Alongside other continuum of care services to tackle Length of Stay, including SNF placements, complex discharge escalation team and Bridge to Home
- ~ 400 patients served annually and approximately 1,600 patients served through Sept. 2025
  - Average length of stay at respite is 73 days

Medical Respite System and Patient Benefits

- **Reduces inpatient length of stay for patients who no longer require hospitalization but could otherwise not safely discharge**
  - Patients who are transferred to medical respite have an average inpatient LOS of 4 weeks
  - Medical respite cost per bed day is many times lower than the cost of an inpatient acute bed and provides a more appropriate setting for patient's recovery
  - Medical respite facilitates earlier discharge of patients who would otherwise have no alternative option

- **Frees up hospital beds for new patient admissions**
  - Based on a conservative estimate of avoided hospital days (average of 14 days per respite enrollment), medical respite helps to increase inpatient med-surg throughput
  - The resulting backfill capacity is valued at approximately $6 million in annual net patient care revenue, which supports the program's operating costs

Medical Respite System and Patient Benefits

- **Based on EMR analysis, patients show reductions in acute care utilization and increase in connections to outpatient care one year after respite**
  - 40% reduction in Emergency Department visits
  - Reduction in med/surg days (75%) and psych inpatient days (nearly 90%)
  - Almost 3x increase in outpatient visits with H+H primary and specialty care
- **High rate of housing placement from respite**
  - Nearly 70% of patients who complete the program and are eligible for housing subsidies are placed into permanent housing
- **Further evaluation of impact ongoing**
  - Reducing acute care utilization for risk-attributed patients, medical respite can lower total medical expense, contributing to improved margins and potential shared-savings opportunities
  - Ongoing collaborations with Metroplus and actuarial services to evaluate impact of respite and housing on patient outcomes utilizing claims data for our risk-attributed patients

Meeting Program Demand

- **In 2024, the System experienced 4 week long waitlists for medical respite beds**
  - Critical that respite capacity meets system demand to minimize waitlists, avoidable bed days, worsening of capacity strain and missed revenue
- **To better address system demand, program capacity was increased from 51 to 75 beds with appropriate services to meet patient needs**
  - We are closely monitoring impact of expansion to meet system demand to determine right-sizing of medical respite services for H+H
- **In order to meet system demand for remaining two years of the current 5-year contracts, additional funding is needed**
  - Vendor performance has been excellent

Vendor Diversity

This procurement was only open to non-profit/community based organizations. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

For Finance Committee Approval

Authorizing New York City Health and Hospitals Corporation (the "**System**") to increase the funding by $10,896,459 for its previously executed agreements with each of Institute for Community Living, Inc. ("**ICL**") and Comunilife, Inc. ("**Comunilife**") for the provision of medical respite beds and services such that the funding is increased from $17,960,500 to $28,856,959 thereby funding the increasing capacity of the program from 51 to 75 beds.

Appendix

NYC HEALTH+ HOSPITALS

Vendor Performance

Department of Supply Chain

Vendor Performance Evaluation

2656/2623A Medical Respite Services and Operations

Institute for Community Living (ICL)

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
2656/2623A Medical Respite Services and Operations

Comunilife

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

NYC HEALTH+ HOSPITALS

NYC Health + Hospitals
Finance Committee Meeting
October 14, 2025

FY25 Year-End Highlights

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

- Closed June with a **positive Net Budget Variance of $103.3M (0.5%).**
  - Receipts exceeded budget by $337M Primarily driven by Patient Care and Risk Revenue.
  - Disbursements exceeded budget by $234M, which includes expenses associated with Medical/surgical supplies, Assets, and PS/Overtime coverage, non-model expense and fringe

- Direct Patient Care Receipts (I/P and O/P) came in **$959.5M higher than the same period in FY24 due to** continued increases in IP and OP services in FY25 (OP visits up 3.0% and IP discharges up 1.4% from FY24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.

- FY25 Patient care volume has surpassed FY20 pre-COVID levels with Inpatient discharges up by 2.5%, and Outpatient visits up by 17%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base.

- Compared to last year, Risk Pool performance decreased slightly, however it continues to perform better than pre-COVID levels – bringing in $634M in receipts in FY25, 76% better than FY19.

The Journey We've Been On
– FY25 Accomplishments

- Direct Patient Care Revenue surpassed $5.7B—an increase of over $2.5B from FY19
- Durable growth in inpatient census and unique primary care patients, surpassing pre-COVID levels; Increased MetroPlus membership to current level of 691,000, 175,000 members above pre-pandemic levels
- H+H facilities filled up the Top 10 Healthfirst Network for Overall Quality Rating. Earned top clinical quality scores in NYC through value based managed care contracts with MetroPlus and Healthfirst
- Increased engagement with patients through our Epic electronic medical records (EMR) system with over 85% patients empaneled to NYC H+H primary care with activations in our MyChart system
- Strategic Financial initiatives generated over $1.3B against the FY25 target of $1.2B Key initiatives with strong performance include:
  - Financial Counseling Enhancements ($255M)
  - Managed Care Negotiations ($299M)
  - Managed Care High Cost Outliers ($121M)

FY26 Keys to Success:
– Managing Volume; Raising Revenue Targets

FY26 requires continued revenue generation to meet the commitments we've made to investing in our staff, our facilities, and our communities

- Raising the bar in Managed Care and Revenue Cycle targets
- Patient Access, Patient Access, Patient Access
- Expand cross-facility partnerships and shared services; further integrate productivity expectations into Physician workforce planning
- Managing increasing demand by Length of Stay reduction investments
- MetroPlusHealth membership: Gold enrollment push for city workers; right plan right patient
- Infrastructure investments
- Continued effort of stabilizing our workforce across the system to provide quality care to our patients:
    - Building new staffing models in areas where they do not yet exist and developing glidepath solutions for overtime spending

FY26 Cash Projections

- The system is estimated to close September with approximately $535 Million (17 days cash-on-hand).
- The system expects to close October with approximately $500 Million (16 days cash-on-hand).
- We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

NYC HEALTH+ HOSPITALS

Managing Risks

Federal Risks	Status	Level
Essential Plan Changes ○ EP changes in H.R. 1 would result in loss of coverage or changes in coverage for certain immigrant population as early as January 1st, 2026.	○ State proposed to CMS to revert to Basic Health Plan for people with EP1-4 (up to 200% of poverty). ○ Patients in EP5 (200-250% of poverty) may still lose coverage; State still assessing options for this population.	
Medicaid ○ Medicaid work requirements/ six months recertification and other Medicaid enrollment barriers starting January 2027.	○ Waiting for federal guidance / State implementation strategy.	
Average Commercial Rate (ACR) State Directed Payment (SDP) ○ ACR SDP initially remains intact via "grandfathering" provision but H.R. 1 requires 10% annual reductions to a maximum of the Medicare benchmark beginning in 2028.	○ CMS approval received for Year 1 (July 1st, 2024 – March 31st, 2025) ○ Awaiting information on application for Year 2 (April 1st, 2025 –March 31st, 2026)	
HMO Tax ○ H.R. 1 limits State's use of provider taxes.	○ State asked federal government to use transition period of 3 years. Approval pending.	
Government Shutdown ○ Federal Government shutdown began October 1st, 2025.	○ Minimal immediate impact to Medicare and Medicaid. ○ DSH cuts technically underway; possible further delay under discussion.	

Revenue Cycle

H+H Targeting Best Practice Revenue Cycle

Identified improvement in standardizing individual facility performance to internal best practices

- Selected 8 Metrics, identifying H+H Best Practice
  - AR Days
  - Insurance Net Collection %
  - Eligibility Denial Rate
  - Authorization Denial Rate
  - Financial Counseling Screen Rate
  - Primary Care PCP Alignment Rate
  - Coding Lag
  - DRG Downgrades
- Calculated opportunity if facilities achieve internal best practice; *$54 Million in FY 26 budget growing to $187 Million in FY 27*
- Facilities implementing standard work and creating initiatives to achieve targets

FY26

VBP Update

NYC H+H Medicare Shared Savings ACO

CMS recently announced that our MSSP ACO has achieved twelve consecutive years of shared savings, earning $7.2M in 2024.

	PY 2019 (Jul-Dec)	PY 2020	PY 2021	PY 2022	PY 2023	PY 2024
Savings to Medicare ($)	4,456,171	15,712,618	5,451,716	10,907,994	8,314,840	9,811,908
Quality Score (%)	92.17	96.87	79.54*	74.65*	80.92*	78.06*
Earned Performance Payment ($)	3,080,377	11,415,300	4,007,011	8,017,376	6,111,407	**7,211,752**

Total Savings and Earned Performance Payment since inception (2013-2024):

- Total Savings to Medicare: **$101,798,649**
- Total Earned Performance Payment: **$60,457,412**

* New ACO Quality Scoring Methodology

NYC HEALTH+ HOSPITALS

City Initiatives:

Humanitarian Emergency Response and Relief Centers (HERRC)

HERRC Program Highlights

HERRC Overview

- ❑ Provided temporary shelter and services to 140,000+ asylum seekers, including 40,000 children.
- ❑ At peak, operated 16 humanitarian centers housing 25,000+ people, approximately three quarters of whom were families with children.
- ❑ Delivered over 40 million culturally-relevant, Halal-certified meals.
- ❑ Distributed over 10 million baby wipes, 2.6 million diapers, 700,000 formula bottles & baby food jars.

NYC Arrival Center

- ❑ Provided services to 155,000 individuals from 160+ countries, 60+ languages.
- ❑ Managed more than 300,000 visits from May 2023 to June 2025.
- ❑ Coordinated arrivals of asylum seekers received from 800+ buses and 7 planes.
- ❑ Provided over 100,000 vaccinations (majority to children entering schools).

HERRC Program Highlights

HERRC Case Management Program

- Conducted approximately 1 million case management meetings.
- Reached 99% of humanitarian center guests with ongoing support.
- Helped asylum seekers complete over 111,000 work authorization, TPS, and asylum applications.
- 90%+ of eligible adults applied for or received work authorization.

Case Management Community Advisory Board (CAB)

- Launched in April 2023 with ~30 community organizations.
- Informed case management workflows to better meet asylum seekers' needs.
- Connected asylum seekers to legal services, resource fairs, job fairs.
- Strengthened collaboration with immigrant, refugee, and homeless service orgs.
- Ensured services were responsive, community-informed, and effective.

HERRC Financial Overview

- H+H currently oversees 1 H+H HERRC site serving ~3,000 daily guests.
- H+H committed $868M of HERRC expenses in FY25 Q1-Q4 on behalf of the City.
- The City has allocated the following to H+H HERRC in the City FY26 Adopt Plan:

Fiscal Year	FY25	FY26
Total	$960.2M	$76.4M

- OMB has provided H+H with revenue to cover committed expenses to date through the HERRC MOU with the Mayor's Office.

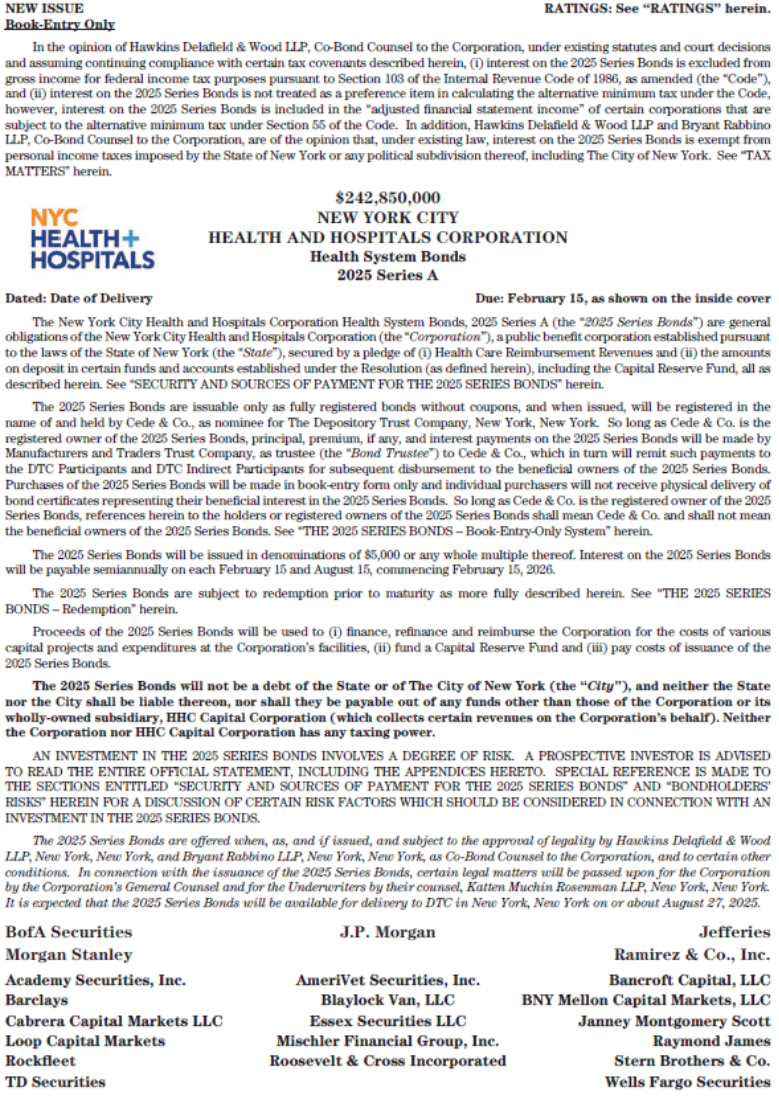
2025 Bond Issuance Update

2025 Series A Bonds Financing Summary

- On August 27, 2025, NYC H+H issued $242.85 million tax-exempt fixed rate Health System Bonds.
- Bond proceeds provided $250 million of capital project fund, with the remainder to finance the capital reserve and costs of issuance. Thus far, $30.2 million has been drawn for various capital projects.
- The 2025A bonds were well received with strong subscription from retail and institutional accounts, 37 accounts participated in the order period, leading to oversubscription in all maturities.

Financing Statistics

2025 Financing			
Assumptions		Financing Statistics ($000s)	
Dated/Delivery Date	8/27/2025	Interest Rate Adjusted for Cost (All-In TIC)	4.296%
Call Date	8/15/2034	Average Life (Yrs)	11.952
Final Maturity	2/15/2042	Weighted Avg Maturity)Yrs)	11.861
Structure	Wrapped		
		Total Interest	145,129
Sources ($000s)		Total Debt Service	387,979
Par Amount	242,850	Maximum Annual Debt Service	29,239
Original Issue Premium	17,877	Average Annual Debt Service	23,561
Total Sources	260,727	Ratings (Moody's/S&P/Fitch)	Aa3 / A+ / AA -
Uses ($000s)			
Project Fund	250,000		
Capital Reserve Fund	8,497		
Cost of Issuance	2,230		
Total Uses	260,727		



NEW ISSUE **RATINGS: See "RATINGS" herein.**

Book-Entry Only

In the opinion of Hawkins Delafield & Wood LLP, Co-Bond Counsel to the Corporation, under existing statutes and court decisions and assuming continuing compliance with certain tax covenants described herein, (i) interest on the 2025 Series Bonds is excluded from gross income for federal income tax purposes pursuant to Section 103 of the Internal Revenue Code of 1986, as amended (the "Code"), and (ii) interest on the 2025 Series Bonds is not treated as a preference item in calculating the alternative minimum tax under the Code, however, interest on the 2025 Series Bonds is included in the "adjusted financial statement income" of certain corporations that are subject to the alternative minimum tax under Section 55 of the Code. In addition, Hawkins Delafield & Wood LLP and Bryant Rabbino LLP, Co-Bond Counsel to the Corporation, are of the opinion that, under existing law, interest on the 2025 Series Bonds is exempt from personal income taxes imposed by the State of New York or any political subdivision thereof, including The City of New York. See "TAX MATTERS" herein.

$242,850,000
NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION
Health System Bonds
2025 Series A

Dated: Date of Delivery **Due: February 15, as shown on the inside cover**

The New York City Health and Hospitals Corporation Health System Bonds, 2025 Series A (the "*2025 Series Bonds*") are general obligations of the New York City Health and Hospitals Corporation (the "*Corporation*"), a public benefit corporation established pursuant to the laws of the State of New York (the "*State*"), secured by a pledge of (i) Health Care Reimbursement Revenues and (ii) the amounts on deposit in certain funds and accounts established under the Resolution (as defined herein), including the Capital Reserve Fund, all as described herein. See "SECURITY AND SOURCES OF PAYMENT FOR THE 2025 SERIES BONDS" herein.

The 2025 Series Bonds are issuable only as fully registered bonds without coupons, and when issued, will be registered in the name of and held by Cede & Co., as nominee for The Depository Trust Company, New York, New York. So long as Cede & Co. is the registered owner of the 2025 Series Bonds, principal, premium, if any, and interest payments on the 2025 Series Bonds will be made by Manufacturers and Traders Trust Company, as trustee (the "*Bond Trustee*") to Cede & Co., which in turn will remit such payments to the DTC Participants and DTC Indirect Participants for subsequent disbursement to the beneficial owners of the 2025 Series Bonds. Purchases of the 2025 Series Bonds will be made in book-entry form only and individual purchasers will not receive physical delivery of bond certificates representing their beneficial interest in the 2025 Series Bonds. So long as Cede & Co. is the registered owner of the 2025 Series Bonds, references herein to the holders or registered owners of the 2025 Series Bonds shall mean Cede & Co. and shall not mean the beneficial owners of the 2025 Series Bonds. See "THE 2025 SERIES BONDS – Book-Entry-Only System" herein.

The 2025 Series Bonds will be issued in denominations of $5,000 or any whole multiple thereof. Interest on the 2025 Series Bonds will be payable semiannually on each February 15 and August 15, commencing February 15, 2026.

The 2025 Series Bonds are subject to redemption prior to maturity as more fully described herein. See "THE 2025 SERIES BONDS – Redemption" herein.

Proceeds of the 2025 Series Bonds will be used to (i) finance, refinance and reimburse the Corporation for the costs of various capital projects and expenditures at the Corporation's facilities, (ii) fund a Capital Reserve Fund and (iii) pay costs of issuance of the 2025 Series Bonds.

The 2025 Series Bonds will not be a debt of the State or of The City of New York (the "*City*"), and neither the State nor the City shall be liable thereon, nor shall they be payable out of any funds other than those of the Corporation or its wholly-owned subsidiary, HHC Capital Corporation (which collects certain revenues on the Corporation's behalf). Neither the Corporation nor HHC Capital Corporation has any taxing power.

AN INVESTMENT IN THE 2025 SERIES BONDS INVOLVES A DEGREE OF RISK. A PROSPECTIVE INVESTOR IS ADVISED TO READ THE ENTIRE OFFICIAL STATEMENT, INCLUDING THE APPENDICES HERETO. SPECIAL REFERENCE IS MADE TO THE SECTIONS ENTITLED "SECURITY AND SOURCES OF PAYMENT FOR THE 2025 SERIES BONDS" AND "BONDHOLDERS' RISKS" HEREIN FOR A DISCUSSION OF CERTAIN RISK FACTORS WHICH SHOULD BE CONSIDERED IN CONNECTION WITH AN INVESTMENT IN THE 2025 SERIES BONDS.

The 2025 Series Bonds are offered when, as, and if issued, and subject to the approval of legality by Hawkins Delafield & Wood LLP, New York, New York, and Bryant Rabbino LLP, New York, New York, as Co-Bond Counsel to the Corporation, and to certain other conditions. In connection with the issuance of the 2025 Series Bonds, certain legal matters will be passed upon for the Corporation by the Corporation's General Counsel and for the Underwriters by their counsel, Katten Muchin Rosenman LLP, New York, New York. It is expected that the 2025 Series Bonds will be available for delivery to DTC in New York, New York on or about August 27, 2025.

BofA Securities **J.P. Morgan** **Jefferies**
Morgan Stanley **Ramirez & Co., Inc.**
Academy Securities, Inc. **AmeriVet Securities, Inc.** **Bancroft Capital, LLC**
Barclays **Blaylock Van, LLC** **BNY Mellon Capital Markets, LLC**
Cabrera Capital Markets LLC **Essex Securities LLC** **Janney Montgomery Scott**
Loop Capital Markets **Mischler Financial Group, Inc.** **Raymond James**
Rockfleet **Roosevelt & Cross Incorporated** **Stern Brothers & Co.**
TD Securities **Wells Fargo Securities**

Dated: August 12, 2025