

AGENDA

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

Date: November 3rd 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 – September 8th, 2025

DR. CALAMIA

ACTION ITEMS:

1) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to increase funding by \$29,922,455, which includes a 10% contingency, to its previously negotiated and executed contract with Natera, Inc. (“Natera”) for prenatal testing services. The cumulative not to exceed value for services provided by Natera shall increase from \$15,000,000 to \$44,922,455 for the remainder of the contract term, which continues until 12/31/2027, including two, one-year renewal options exercisable at the discretion of the System.

DR. TECKIE
DR. WILCOX

Vendex: Approved
EEO: Pending

2) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of \$75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

DR. LONG
MR. KEELEY

Vendex: Approved
EEO:Approved-(pending-AC Disaster Consulting, Premier Assist LLC)

3) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of \$12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

DR. LONG
DR. PULITZER

Vendex: Approved
EEO: Pending

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

PRIMARY CARE UPDATE

DR. LONG

CLINICAL OPERATIONS UPDATE (written submission only)
METROPLUS HEALTH PLAN

DR. TECKIE
DR. SCHWARTZ

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**Medical and Professional Affairs / Information Technology Committee-
September 8th, 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 9:01AM.

Adoption of the minutes of the July 16th, 2025 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved by Dr. Calamia.

Action Item

Svetlana Lipyanskaya, Chief Executive Officer, South Brooklyn Health and Phillip Wadle, Associate Executive Director presented to the committee, two resolutions to enter into contracts with AK City Urology, PLLC and City Orthopedics, PLLC (the "Provider Group").

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.

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.

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 for both is expired, and do not have built-in Quality KPIs, and currently have limited impact on the FPP. PAGNY is aware of this shift and had no push-back to the transition.

Shifting these contracts to H+H will gain several advantages. The system will retain the professional billing revenue associated with the services and enhance 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.

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. The services are 24/7 services.

Comment made by the Board: *PGANY was created to support H+H, and if a contract is needed for us they will assist and provide it, this is not a negative impact on them.*

Board member raised a question: *will the Chairs of that department be within the contract? Ms. Lipyanskaya responded; the chiefs of service will be part of the contract, and will report to the chairs of surgery who are H+H employee.*

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 Juan Lugo, Assistant Vice President presented to the committee, the resolution to enter into a contract with Bioreference Health, LLC, Laboratory Holdings of America, and Quest Diagnostics Incorporated.

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.

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. The primary referral lab is Bioreference. They have been providing Pathology reference lab services pertaining to technical work since 2013. The 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 and are not sure when these services will be provided.

The 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; Which means any lab that receive the specimens has to have a State Department of Health license.
- We aim to improve lab selection and 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.

Board member raised a question: *are there certain providers that are doing certain test, and most are going to that provider, or is it geographically and proximity becomes the issue? How is that broken down into which of the labs to send them to? Juan Lugo responded; the facility sends out the testing to the labs that are best for them, some are close proximity and some are far, this is why we are trying to standardize those services. This is what we are trying to change because this company has a broader amount of services for the scope of work that is needed, especially for turnaround time and billing purposes.*

Board member raised a question: *are we doing any pathology with Northwell currently and have we maxed out on unit pricing? Kenra Ford responded; we are not maxed out, we are looking strategically at the bucket of test to bring in.*

Comment by a board member; *what the likelihood would have been if we would have sent the insurance a bill for pathology test sent for Hopkins. The service we are request would provide a pathway for getting the results.*

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

Matthew Siegler, Senior Vice President, Chief Growth and Strategy Officer presented to the committee, a resolution to enter into an affiliation agreement with Physician Affiliate Group of New York, P.C. and New York Dental Affiliates (collectively, "PGANY")

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.

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. The PGANY agreement has over ~3,310 physician through these agreement in FY25.

Since 2010 PGANY has been the provider at these facilities, the agreements are cost based agreements. The agreements are pass throughs to provide physician compensations. PAGNY is unique amongst H+H facilities because it is not associated with a medical school or another large hospital. PGANY has a major role in H+H teaching, the affiliated hospitals have a 189 GME programs, with 1,858 FTE trainees across various locations. PGANY also, provides healthcare services in the Correctional health Service, which is a separate contract.

There has been significant growth in patient volumes in H+H PGANY facilities. Total FTEs grew by 11 percent, and the inpatient discharges and outpatients grew by 16 and 22 percent. The total number of patients served at PGANY facilities are over a million, which is a 30% growth over the last four years over this contract.

There has been improved transparency and H+H management of affiliation agreements. Pre-2021 there were limited Central Office oversight of affiliate hiring, limited facility leadership involvement in budgeting and budget management authority. Central Office paid the budget, but it was handled opaquely with real time vacancy and spending information limited. Facility leadership had limited visibility on the overall budget and its impact on their operation.

The last four years with all the affiliates, an overarching governance and management structure has been created. There is a unified governance structure established through a standardized joint oversight committee and Central Office to support efficient and well communicated decision making.

There is an increased budget management authority for the affiliates and the facilities CEOs. Since FY-24 PGANY has had consistent leadership.

Governance and management FY-26 and onward, there will be increasing active facility management of hiring, budgeting and contract terms. The goals are to 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. 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, and refine the use of national compensation and productivity benchmarks to guide recruitment and retention strategies.

Financial key accomplishment for FY-21-FY-25; transitioned to workforce plan-budgets which set up for the hires that each facility wants to focus on. These are viewed as revenue generated investments. The major structural change for PGANY is their faculty Practice Plans (FPPs) which are the separate entities that bill for physician services. Investment has been made on compensation to boost recruitment to compete in the market. Also, implemented significant cost-of-living adjustment to enhance compensation and benefits for all physicians through coordination with Doctor's Council.

The goal for continue partnership are to further align total compensation packages across facilities, base pay, bonuses, benefits, and sessional rates. To reduce reliance on fragmented provider services (per-diem, locum tenens, and subcontracts) through strategic recruitment and retention. A major change to the contract will be to align incentives of the Facility Practice Plans more directly with H+H. This contract has a significant change to incentivize the reduction of the number of sessional, locums, and subcontract and has the percentage of earnings that H+H carves out grow as overall FPPs grows and PGANY spend grows.

The Clinical Services and Operations with the joint effort to make centralizing decisions making while partnering with leadership at the facilities has a result of better data at the clinical level, implemented clinical staffing models to help the facilities base-line their workforce hiring plans, set up clinical time requirements for leadership, how much time the CMO, Chairs and others to be practicing.

Going forward, to continue invest in recruitment and make H+H the destination for mission driven physicians around the country is going to be a major focus. Health + Hospitals have loan repayment programs, and fellowships to attract early-career providers. Also, to continue to advance the shared services. This is a large contract and the revenue growth has exceeded the

expense and growth of this contract costs for FY-21-FY-25. There had to be significant investment to keep up with the market to make H+H more marketable and attractive place work to recruit and retain staff. The growth has grown faster than the spend on this contract.

The board commended: *happy to see the growth and the collaboration.*

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

CHIEF INFORMATION OFFICER REPORT

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

Dr. Mendez presented the CIO report which includes updates regarding the PMO department which now includes AI pathways for new projects, progress on two major health IT projects, and a positive trend with regards to the UnPrint program. The main focus of the update was on the risk management and cybersecurity program, presented by the System Chief Information Security Officer (CISO) Soma Bhaduri.

Ms. Bhaduri highlighted the increasing impact of cyber breaches in healthcare (e.g., Change Healthcare) and the critical need to protect all connected devices and data within the Health and Hospitals network, from user IDs to medical devices. She explained that a robust governance structure, established in 2015 and annually reviewed by the Information Security Policy Steering Committee, is crucial. This structure follows the NIST cybersecurity framework, which aligns with regulations like HIPAA and the upcoming New York State cyber regulations. The system is currently assessing against NIST 1.2 and will move to NIST 2.0 (which incorporates AI considerations) in 2025.

The cybersecurity framework is broken down into five pillars: Identify, Protect, Detect, Respond, and Recover. Examples given include governance documents and asset management (Identify), security awareness training and tools (Protect), 24/7 monitoring by the Security Operations Center (Detect), and annual table-top exercises for incident handling (Respond and Recover). Health and Hospitals reported meeting these criteria and often exceeding industry standards.

In response to a question about learning from external incidents, the CISO explained that Health and Hospitals participates in industry groups like Health ISAC to receive daily intelligence on threats. This information is used by their 24/7 operations center to identify and manually block malicious events, although complete prevention is impossible, hence the comprehensive framework.

Regarding the sophistication of AI-powered phishing and attacks, the CISO acknowledged that AI helps both defenders (through automation, which is their goal) and attackers, emphasizing the need for continuous monitoring and adaptation. The updated NIST 2.0 framework and additional governance are

expected to help address these evolving threats. The discussion concluded with an analogy by Dr. Katz comparing cybersecurity to an arms race between improving locks and improving methods of breaking them. The committee unanimously approved the report.

CLINICAL SERVICES OPERATION REPORT

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

Inpatient Flow & Capacity Management: inpatient flow is how a patient get from admission to discharge, and how the service is delivered such as imaging, labs, consults and that the right tools are in place for the most efficient and safe manner and improving overall experience for the patients, also improving access to inpatient beds reporting from the ED, and shave off some operational cost. The main drive of this project is providing tools that serves like a GPS helping clinicians as well as administrators to navigate and anticipate and overcome barriers to flow.

Over the last several years work was done on developing internal HR epic for routine discharge planning and managing flow. This allows the clinician to manual catalog things, like when a patient is going to be discharged and where they are going, this is a great opportunity for intelligent solutions for clinicians in terms of providing them insights for predicting and being accurate with these expected discharge dates or expected disposition and serves as well as for administrators for predicting barriers to discharge and for helping them to prioritize services from the aspect of the greatest impact they can have on operation burden.

As of recent, with AI advancement there are three domains of functions that AI can provide us support in the future of how we deliver on flow and capacity management. They can help boost efficiency and accuracy for routine discharge Planning, it can facilitate and anticipate capacity strain and enacting mitigation protocols to respond, and AI can really help to translate capacity prediction or forecast our capacity, so it can anticipatorily align our resources affectively.

At present the strategy with deploying tools in this space is two pronged. All the work has been done within Epic and that work is rapidly expanding throughout our system. We are exploring AI based solutions that will integrate and synergize the ethic-based work. This work has three potential benefits of reducing length of stay, ultimately approving the experience and safety of the care we deliver for our patients, and gives an alternate lens on how we actually deliver care, which we don't do not currently have if we introduce AI into this realm.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

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: New York City Health + Hospitals Metropolitan, is the first healthcare organization worldwide to earn the pathway to excellence with distinction and that essentially means not only is Metropolitan fostering a positive practice environment for our nurses, but they are also exceeding national benchmarks. Pathway to excellence with distinction was also awarded to Carter, the first long term care facility, nationwide to receive this designation, both will be recognized next month, in October at the Pathway and Magnet conference.

Queens Hospital celebrated the Prism award. This national award signifies a premier recognition in the specialty of Med-Surge. Queens B4East unit is the first to receive it within NYC Health + Hospitals health System. A celebration was giving on July 16th with more than a hundred people in attendance, with most being front line staff.

A mention was given on the Professional Governance Council report to the SCNE. There are over 211 councils, which are led by frontline staff looking at their clinical outcome and are happy to have a voice and make a difference in setting the stage for sexual empowerment at H+H.

Lastly, the Nursing Clinical Ladder Program, continue to thrive, there are 200% applicants into this program which is key for professional development and retention of our nurses.

METROPLUS HEALTH PLAN, INC.

Dr. Sanjiv Shah, MD Chief Medical Officer, MetroPlus Health Plan, provided the following highlights.

MetroPlus is ranked number 1 for three consecutive years for HIV Snip on quality amongst the 3 special needs plans that exist in New York State. The award is based on 3 areas, 80% is based on clinical measures, and 20% is on satisfaction and then they deduct points based on your lack of compliance to various State initiatives.

On the quality side MetroPlus exceeded the other snips by several percentage points. For Quality 45% of the points are derived from viral load suppression, which is the single most important predictor for individual disease progression as well as community transmission, MetroPlus scored 45 out of the 45 points remaining. The remaining 55 points are based on a holistic approach to people living with HIV, including STI screening, mental health, substance use, and social needs and screening intervention. In those areas MetroPlus did well, particularly in the mental health.

Another focus on a special population in Medicaid is the health and recovery plan population. These are people selected by New York State, a State base algorithm on who have severe mental health or substance use issue or both.

The State designates these individuals based on utilization as being HARP eligible and the quality incentive. Award is based on withholding 2% of the HARP premium from each of the health and recovery plans. If they do well in quality parameters, then a portion of the premium is returned to the plan. Please to report for the first time MetroPlus was able to earn the full quality incentive award, a hundred percent back to the plan. There has been a pretty dramatic improvement in quality outcomes, a 28 % increase compared to 2022 in many of the quality parameters.

With this population, the majority of the points are derived from mental health and substance use derived measures, there is also measures that deal with screening, viral load suppression, and asthma medication ratios. There were increase in substance use measures in the mental health measures, particularly after discharge from an inpatient or ED setting. There was also, a 30% increase in the use of controller medication for asthma, emphasizing the holistic approach to people living in the health and recover plan.

The State has encouraged plans to push innovative ways to ensure people have good onboarding journey to each plan, as well as ensuring when they come up for redetermination, making sure they are still eligible for their line of business, and try to get as many people appropriately recertified. MetroPlus made a significant investment about three years ago in Salesforce as the CRM system. MetroPlus is now using Salesforce Marketing Cloud to personalize outbound messages with the redetermination and onboarding process. This assures MetroPlus have tailored messaging as well as the ability to look at outcomes as a result of any outbound messaging that is given.

Initially a pilot was set up for both recertification and onboarding. Current client and future clients were sent a message through Salesforce and compared the current state with the future states and the pilot was both in redetermining people for the essential plan in Medicaid, and the onboarding was for people with Medicaid. There were thirty thousand members in the control group, three thousand in the Salesforce marketing pilot for recertification, and it was noticed that the individuals in the Salesforce had nearly 3% higher redetermination that was statistically significant, and now approached is in full scale production across all lines of business where redetermination is required.

Onboarding Pilot was done to a comparison of current state, which was more decentralized to a more centralized approach with Salesforce Marketing Cloud. A higher retention was seen, and more engagement with primary care visits as the members onboard. One thing that was not seen, was more portal registration for Salesforce, hoping with on going messages that will increase. With improvements in retention, lower call rates to the call center as a result of the messaging through Salesforce Marketing Cloud, and hopefully more portal registration, this is now in full production.

One of the big benefits of all this is, now all the messaging can be seen and visualized in one central CRM system. When a member calls about a message they received, the call center can see what was sent, and help the client without asking multiple questions.

The providers directory must be improved. It is imperative, the State has a huge scrutiny on ghost providers. These are providers that are listed in the directory, and when the State calls, they are not able to access them, that reflects poorly on the plans. MetroPlus partnered with a vendor called "Better Doctors", to create a mechanism to send out information on demographic information and the providers return that information back, both in the primary care realms, specialists labs, freestanding radiology, behavioral health, and all of these sectors need improved addresses, hours of operation, and ability to see new telephone numbers. To date over 41,000 data updates have been made as a result of this. MetroPlus is also doing their own access and availability surveys based on State requirements. Providers who do well in these surveys can earn per member per month additional fees for meeting target compliance rate. Secret shoppers' calls are also being done in the medical, behavioral, and dental spaces in order to ensure that discrepancies are identified and rectified as much as possible in real time.

MetroPlus Gold new updates: This is exclusively for City employees. Effective July 1, they enhanced the benefits with a huge focus on wellness. They reimburse for class pass, which allows people to access various gyms across the city, cover gym membership up to \$1400 dollars, free acupuncture visits up to ten years, you can earn wellness rewards for accustoming to primary care, specialty care appointments, dental access. There is a gold no rider, where you do not have to purchase a pharmacy rider, and still a hundred medications are available free of charge, were able to reduce the rider fee by \$11 dollars.

Board member raised a question: are we expecting impact from the changes in Medicaid are we prepared and are we seeing any issues yet? Dr. Shah responded; I think Medicaid impact will come a little later, but the biggest impact we're now foreseeing is in the offense of the plan and we hope that the Governor create a funding stream for the essential plans to continue, but that the area to watch 1st.

There being no further business, the meeting was adjourned 9:59AM.

Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase funding by \$29,922,455, which includes a 10% contingency, to its previously negotiated and executed contract with Natera, Inc. (“Natera”) for prenatal testing services. The cumulative not to exceed value for services provided by Natera shall increase from \$15,000,000 to \$44,922,455 for the remainder of the contract term, which continues until 12/31/2027, including two, one-year renewal options exercisable at the discretion of the System.

RESOLUTION

WHEREAS, non-invasive genetic prenatal testing (“NIPT”) and carrier screening services are needed for quality care and safe operation of a labor and delivery practice; and

WHEREAS, NIPT and Carrier Screening services were procured through a competitive RFP process, including CRC approval in August 2022, and Board approval in November, 2022; and

WHEREAS, Since these services were procured, the demand for NIPT’s exceeded the original forecast; compared by CY22, the number of births in CY23 and CY24 rose by 4.79% and 5.71% respectively; and

WHEREAS, the original NTE amount only covered the cost for NIPT’s and did not include the cost associated with carrier screening due to the inability to quantify utilization across the health system; and

WHEREAS, the revised NTE shall include the cost of both NIPT and Carrier Screening services; and

WHEREAS, Natera continues to be responsive to the System’s needs and has the capacity to meet these additional requirements; and

WHEREAS, the System’s Vice President of Clinical Operations will be responsible for the management of the agreement.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to increase the funding by \$29,922,455, which includes a 10% contingency, for its previously executed agreement with Natera to provide non-invasive genetic prenatal testing and carrier screening services. The cumulative not to exceed \$15,000,000 shall be increased to \$44,922,455 for services provided for the remainder of the contract.

**EXECUTIVE SUMMARY
PRENATAL GENETIC TESTING SERVICES
AGREEMENT WITH
NATERA, INC.**

OVERVIEW: NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured contract with Natera, Inc. by \$29,922,455, which includes a 10% contingency, to account for an increase in demand for non-invasive prenatal genetic testing and to account for the cost of carrier services which were included in the RFP but not captured in the NTE calculation.

NEED:: Non-Invasive Prenatal Tests (“NIPT”) and Carrier Screening services are needed for the quality care and safe operation of a labor and delivery practice. Prior to this award, the System sent NIPT tests out to the reference labs with which it customarily works but with variable pricing and turnaround time which leads to delayed results and unmet Physician expectations.

COSTS: The total not-to-exceed cost for the proposed contract over the remainder of the three year initial term plus two, one-year renewals is \$44,922,455.

The full contract cost shall be recouped through reimbursement from third-party payers.

MWBE: This contract is exempt from MWBE subcontracting under the System’s rules.



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

From: Rachel Yoskowitz
Associate Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO, and MWBE status for Board review of contract for Non-Invasive Prenatal Testing and Carrier Screening services.

Date: October 16, 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>
Natera, Inc.	Approved	Pending	N/A

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

Non-Invasive Prenatal Testing and Carrier Screening Application to Enter into Contract with Natera, Inc.

**Medical and Professional Affairs/Information Technology
Committee Meeting
November 3, 2025**

**Melissa Hilaire, Assistant Vice President
Dr. Wendy Wilcox, Chief Women's Health Officer
Dr. Sewit Teckie, System Chief, Clinical Affairs
Clinical Services Operations**

Request for Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase funding by \$29,922,455, which includes a 10% contingency, to its previously negotiated and executed contract with Natera, Inc. (“Natera”) for prenatal testing services. The cumulative not to exceed value for services provided by Natera shall increase from \$15,000,000 to \$44,922,455 for the remainder of the contract term, which continues until 12/31/2027, including two, one-year renewal options exercisable at the discretion of the System.

Background & Current State

- Clinical Services Operations is requesting approval to increase the not-to-exceed amount for our prenatal testing contract with our current vendor, Natera, Inc.
- Our prenatal screening program is designed around two core services:
 - Non-Invasive Prenatal Tests (NIPTs): Analysis of fetal DNA to detect common chromosomal abnormalities such as Down Syndrome.
 - Carrier Screens: Testing of the parents' DNA, before or during pregnancy; or to identify hidden genetic mutations that could put a child at risk for a serious condition.
 - NYS Department of Health (DOH) and American College of Obstetricians and Gynecologists (ACOG) consider these tests standard of care and recommend offering carrier screens to anyone who is pregnant or considering pregnancy.

Background & Current State

- NIPT and Carrier Screening services were procured through a competitive RFP process. The procurement was approved by the CRC in August 2022 and approved by the Board in November 2022 with an NTE of \$15 million.
 - The contract includes a 3 year initial term and 2 one year options to renew. The contract will expire on December 31, 2027.
 - The contract spend through August 2025 is \$18.4 million.
- Non-Invasive Prenatal Tests and Carrier Screening are both reimbursable tests by third-party payers.
 - A conservative payment estimate for the top reimbursed carrier screen CPTs totals approximately \$24 million for the period of CY23 – July 25.
 - The full contract cost will be recouped through reimbursement from third-party payers.

NTE Request

- Clinical Services Operations is requesting approval to increase the not-to-exceed amount by \$29,922,455 for prenatal testing services for two primary reasons:
 - The original NTE amount only covered the cost for Non-Invasive Prenatal Tests (NIPTs), and did not include the cost associated with Carrier Screening.
 - The Carrier Screening SOW was included in the RFP and in the executed contract, but was not calculated into the NTE due to our inability, at the time, to quantify utilization across the health system.
 - Demand for NIPTs exceeds original forecast.
 - Compared to CY22, the number of births in CY23 and CY24 rose by 4.79% and 5.71% respectively.

Exceeded NTE Value	\$3,435,115
Projected Spend 7/1/25-12/31/27	\$24,079,400
Contingency 10%	\$2,407,940
Total NTE Increase Request	\$29,922,455
Original NTE	\$15,000,000
Total Contract NTE	\$44,922,455

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Natera, 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	NA
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	NA
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	NA
Did the vendor pay its suppliers and subcontractors, if any, promptly?	NA
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	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	NA
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect	Yes
Performance and Overall Quality Rating	Very Good

Vendor Diversity

- The Vendor Diversity team reviewed the scopes of work and determined that there were no scopes that could be subcontracted under this solicitation, therefore no goal was set.

Request for Committee Approval

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase funding by \$29,922,455, which includes a 10% contingency, to its previously negotiated and executed contract with Natera, Inc. (“Natera”) for prenatal testing services. The cumulative not to exceed value for services provided by Natera shall increase from \$15,000,000 to \$44,922,455 for the remainder of the contract term, which continues until 12/31/2027, including two, one-year renewal options exercisable at the discretion of the System.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of \$75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

WHEREAS, the System has successfully used mobile services to swiftly respond to past Covid-19 and Mpox outbreaks, thereby playing a critical role in supporting the City’s public response to those outbreaks.; and

WHEREAS, the System has identified a need to respond rapidly to the threat posed by infectious diseases by contracting with multiple vendors for citywide mobile testing, treatment, and vaccine services during potential outbreaks to ameliorate the impact of any pandemic and best serve the community; 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 public health rapid response services in which nine firms attended a pre-proposal conference; and

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

WHEREAS, the Office of Ambulatory Care will be responsible for the management of the proposed contracts, and any activation of these services will require written authorization from the President/CEO; and

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of \$75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
PUBLIC HEALTH RAPID RESPONSE SERVICES
AGREEMENTS WITH
RAPID RELIABLE CARE NY BY DOCGO, LLC, AC DISASTER CONSULTING,
PREMIER ASSIST LLC, CHEROKEE NATION MANAGEMENT & CONSULTING,
LLC, AND MEDRITE LLC

OVERVIEW: The purpose of this agreement is to enable the rapid deployment of citywide mobile testing, treatment and vaccine services in response to any infectious disease that may arise.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide public health rapid response services to the System on an as-needed basis. The RFP was sent directly to twelve prospective vendors, and nine prospective vendors attended a pre-proposal conference. A total of five firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top five rated proposers to provide public health rapid response 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 \$75,000,000.

MWBE: An overall MWBE utilization goal of 30% has been established and accepted by the selected vendors that were not otherwise MWBE certified.

Rapid Reliable Care NY by DocGo, LLC: 30% Goal
AC Disaster Consulting: 100%
Medrite LLC: 30% Goal
Premier Assist LLC: 30% Goal
Cherokee National Management & Consulting, LLC: 100%

Exhibit A

Awardees

1. Rapid Reliable Care NY by DocGo, LLC
2. AC Disaster Consulting
3. Medrite LLC
4. Premier Assist LLC
5. Cherokee Nation Management & Consulting , LLC



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

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

Re: Vendor Responsibility, EEO and MWBE status for Board review of contracts for public health rapid response services

Date: October 16, 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>
Rapid Reliable Care NY by DocGo, LLC	Approved	Approved	30%
AC Disaster Consulting	Approved	Pending	MWBE
Medrite LLC	Approved	Approved	30%
Premier Assist LLC	Approved	Pending	30%
Cherokee Nation Management & Consulting, LLC	Approved	Approved	MWBE

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

PUBLIC HEALTH RAPID RESPONSE SERVICES

**Application to Enter into Contract with Rapid
Reliable Care NY by DocGo, LLC, AC Disaster
Consulting, Medrite LLC, Premier Assist LLC,
and Cherokee Nation Management &
Consulting, LLC**

**Medical and Professional Affairs Committee Meeting
November 3, 2025**

**Chris Keeley, Senior Assistant Vice President
Ambulatory Care Operations**

Request for Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of \$75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

Background & Current State

- In order to respond to significant threats that infectious diseases outbreaks may cause to the health and safety of New Yorkers, Ambulatory Care Operations is seeking to contract with multiple vendors for citywide mobile testing, treatment, and vaccine services during possible outbreaks, including COVID-19, Mpox, measles, and tuberculosis. This pooled contract will ensure that vendors are pre-approved for emergency response, avoiding the need for emergency contracting during a crisis.
- The scope of work for these services is modeled on the successful mobile strategy implemented during the COVID-19 and Mpox emergency responses, where NYC Health + Hospitals played a critical role in supporting the City's public health response to those outbreaks. Pricing for these services is primarily based on a per-team-per-day basis.

Background & Current State

- In the event of an activation, vendors will be expected to deploy 5 or more mobile units per day, operating 5-7 days a week, starting immediately after activation.
 - Deployments may last from 2 to 4 weeks for smaller outbreaks or extend to 4 months or more for larger, more widespread concerns
 - Mobile services may include medical care provided from units like Sprinter vans, tents set up on city sidewalks, or at indoor locations that the vendor is responsible for setting up and breaking down
 - Vendors will be responsible for staffing, patient notification, mitigation planning, response logistics, data and reporting, and daily coordination with NYC Health + Hospitals
 - The vendors will be expected to meet performance KPIs, including mobilization time, response time, and provide all reporting as requested

Background & Current State

- Vendors will be managed by existing staff under the Office of Ambulatory Care. No additional internal resources are expected to be required for most small to medium size responses utilizing these contracts. For larger responses, resources would need to be requested and approved prior to activation.
- Vendors will be assigned work based on their expertise and capacity.
- Whatever the response size needed, NYC Health + Hospitals will require written authorization from its President/CEO to activate operation under these agreements. The Health + Hospitals Board and OMB will be informed of the President/CEO approval and OMB will be asked to provide agreement to cover incurred costs, prior to vendors beginning service.
- The NTE was calculated on activations 16 teams/day for 120 days/year for each of the up-to-five years of the contract. Vendors are only paid for activation time (i.e., there is no retainer structure), and there is no minimum work guaranteed under the contract.
- Reference checks were completed for the vendor new to the System.

RFP Criteria

- **Minimum Criteria:**

- A minimum of 5 years in business
- A minimum of \$10 million in annual revenue
- A minimum of 2 years of experience with rapidly deploying health services in an emergency response or similar scenario requiring rapid activation and adjustment
- MWBE certification, utilization plan, or waiver

- **Substantive Criteria:**

- 35% - Vendor Experience
- 35% - Ability and Feasibility to Meet the SOW
- 20% - Cost
- 10% - MWBE

- **Evaluation Committee:**

- Senior Ast VP, Ambulatory Care/Central Office
- Director of Nursing, Ambulatory Care/Central Office
- Senior Director, Corp Budget/Central Office
- Senior Director, Emergency Management/Central Office
- Program Director, HERRC/Central Office

Overview of Procurement

- 07/29/25: Application to issue request for proposals approved by CRC
- 07/30/25: RFP Posted on City Record
- 08/06/25: Pre-proposal conference calls held. 9 vendors attended the call.
- 08/29/25: Proposals due, 9 proposals were submitted
- 09/11/25: Evaluation committee submitted scores. Below are the top scoring proposer(s):
 - Rapid Reliable Care NY by DocGo, LLC
 - AC Disaster Consulting
 - Premier Assist LLC
 - Cherokee Nation Management & Consulting, L.L.C.
 - Medrite LLC

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation RFP 2643 - COVID-19 Test to Treat Rapid Reliable Care NY by DocGo, 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?	No
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 RFP 2643 - COVID-19 Test to Treat Premier Assist 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?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation RFP 2643 - COVID-19 Test to Treat Medrite 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?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation RFP 2723 - HERRC Site Administrative Staffing Cherokee Nation Management & Consulting, L.L.C.	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

Vendor Diversity

Utilization Plan Summary

Prime Vendor Name	Subcontractor	Certification	Goal %
Rapid Reliable Testing LLC	Judit, Inc	NYC WBE	30%
	United Staffing Solutions	NYC WBE	
Medrite LLC	Staffing Boutique	NYS/NYC WBE	30%
	Alliance Supply Inc	NYC/WBE	
Cherokee Nation Management & Consulting LLC	N/A	NYC MBE	100%
Premier Assist LLC	Admiral Staffing	NYS/NYC MBE	30%
AC Disaster Consulting	N/A	NYS/NYC WBE	100%

The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation.

Request for Committee Approval

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of \$75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of \$12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

WHEREAS, New York City Health and Hospitals patient demand for radiology imaging services exceeds the Systems’ capacity to support the demand; and

WHEREAS, the System has identified a need for supplemental outpatient radiology imaging to provide all patient populations a consistent level of access to Radiology PET/CT, Cardiac CT/MRI, and other advanced imaging procedures; 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 provide outpatient radiology imaging services, in which one firm attended a pre-proposal conference; and

WHEREAS, of the one proposal submitted, Lenox Hill Radiology and Medical Imaging Associates, P.C. has been selected for award; and

WHEREAS, the Radiology and Imaging department and Senior Vice President of Ambulatory Care will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of \$12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
OUTPATIENT RADIOLOGY IMAGING SERVICES
AGREEMENT WITH
LENOX HILL RADIOLOGY AND MEDICAL IMAGING ASSOCIATES, P.C

OVERVIEW: The purpose of this agreement is to provide outpatient radiology imaging services to provide outpatient radiology imaging services to provide all patient populations a consistent level of access to Radiology PET/CT, Cardiac CT/MRI, and other advanced imaging procedures, and minimize the potential risk of extended wait times while the health system builds capacity to support these exams.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide outpatient radiology imaging services to the System on an as-needed basis. The RFP was sent directly to eight prospective vendors, and one prospective vendor attended a pre-proposal conference. A total of one firm submitted proposals and, of the proposals submitted, the Evaluation Committee selected the single proposer to provide outpatient radiology imaging 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 \$12,228,746, which includes a 20% contingency.

MWBE: An overall MWBE utilization goal has not been established for the selected vendor.

The outpatient radiology imaging services procured under this proposed contract are clinical services, which are expected to be entirely self-performed by the vendor. Accordingly, per the vendor diversity policy, there was no goal set for this solicitation.



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

From: Kenneth Chang
Associate Counsel
Business Operations *Kenneth Chang*

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract for outpatient radiology imaging services.

Date: October 16, 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>
Lenox Hill Radiology and Medical Imaging Associates, P.C.	Approved	Pending	N/A

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

**Enterprise Radiology Supplementary Patient
Access Services Application to Enter into
Contract with Lenox Hill Radiology and
Medical Imaging Associates, P.C.**

Medical and Professional Affairs/Information Technology
Committee Meeting
November 3, 2025

Dr. Ted Long, SVP, Ambulatory Care Operations
Dr. Steven Pulitzer, Director, Enterprise Radiology

Request for Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of \$12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

Background & Current State

- Enterprise Radiology is seeking to contract with a qualified third party vendor to provide enterprise wide supplementary radiology imaging services.
- The resulting contract will be available to all eligible NYC Health + Hospitals facilities and patient populations. The supplemental radiology imaging services have the following goals:
 - Provide all patient populations a consistent level of access to Radiology PET/CT, Cardiac CT/MRI, and other advanced imaging procedures, and minimize the potential risk of extended wait times while the health system builds capacity to support these exams.
 - Establish a clear governance mechanism to decide when and where the external third party service provider should be engaged for in-scope services.
 - Define a vendor clinical and operational performance standard.
 - Track Radiology services that are referred to the third party service provider.

Background & Current State

- Contracting with a third party imaging service provider will help address long wait times for in-scope advanced imaging procedures resulting from new patient demand growth and capacity limitations at facilities.
 - NYC Health + Hospitals would activate third party referrals when patient wait time extends beyond our target Turnaround-Time (TAT) objectives.
 - The future external referral volume will reflect the actual patient demand.
- The vendor contract is a bridge to NYC Health + Hospitals Enterprise Radiology building the infrastructure to provide the services on site at our acute care hospitals and outpatient imaging centers.
 - Active planning stage for addition of 2 PET/CT scanners at 2 acute sites.
 - Active implementation of Cardiac MRI Imaging program at Gotham Broadway.

Background & Current State

- The current vendor is Lenox Hill Radiology and Medical Imaging Associates, P.C., a RadNet affiliated imaging center.
- Remote Diagnostics Imaging was awarded a contract in February 2018. The original contract expired on December 31, 2024.
 - Per 100-05, a four month extension was approved by Supply Chain in December 2024 extending the contract to April 30, 2025.
 - A deviation memo was signed by Dr. Katz in April 2025 for \$2.4 million extending the contract April 30, 2026.
- The total contract spend from February 2018-September 2025 is \$4.3 million.
 - The projected annual spend for 2025 is \$840k.
 - To date, only Bellevue Hospital has an account with Lenox Hill Radiology and Medical Imaging Associates, P.C. through this contract.

Contract Value Vs. NYC Health + Hospitals Annual Vendor Payments

- Current annual contract value: \$1,774,000
- This includes amount NYC Health + Hospitals pays Lenox Hill Radiology and Medical Imaging Associates, P.C. plus approx. payment by 3rd party/insurance
- Based on \$816,000 representing 46% of patients.
- NYC Health + Hospitals currently pays to Lenox Hill Radiology and Medical Imaging Associates, P.C. annually: \$816,000 (based on CY2024), this includes uninsured and Medicaid patients.

- New York City Health + Hospitals Project Payments

Fiscal Year	Current Spend	Projected Contract Value
2026	\$ 428,148	\$ 899,633
2027	\$ 899,110	\$ 1,889,228
2028	\$ 944,066	\$ 1,983,689
2029	\$ 991,269	\$ 2,082,873
2030	\$ 1,040,833	\$ 2,187,016
2031	\$ 546,437	\$ 1,148,183
-		
-		
-		
Budget Subtotal	\$ 4,849,863	\$ 10,190,622
Contingency		\$ 2,038,124
Contract NTE Value	\$ 4,849,863	\$ 12,228,746

- *FY26 value is half due to contract initiating in January 2026

Vendor Billing Practices for NYC Health + Hospitals Referred Patients

- Uninsured patients:
 - Vendor will bill the New York City Health + Hospitals facility (by account number or patient identifiers) based on the Medicaid fee schedule or negotiated rate. The negotiated rate must be between the applicable Medicaid and Medicare fee schedule for the radiology service provided.
- Insured patients:
 - Upon receiving an NYC Health + Hospitals referral Managed Care insured member, the claim would be billed directly to the member's insurance plan at the Lenox Hill Radiology and Medical Imaging Associates, P.C. contracted rate.
 - Should a patient present a non-participating insurance plan, this would be considered self-pay for all services that will need to be provided.
 - The patient would be notified before the service of the amount expected and requested to sign a waiver of consent before receiving service from Lenox Hill Radiology and Medical Imaging Associates, P.C., ensuring transparency and understanding.
- Delinquency/Collections:
 - The vendor makes every effort to collect or discharge accounts in arrears for NYC Health + Hospitals on a case by case basis.

RFP Criteria

■ Minimum Criteria

- 5 years in business
- \$20 million in annual revenue over the last 3 fiscal years
- Multiple geographic locations throughout New York City
- Must be able to bill directly and to a 3rd party
- MWBE certification, utilization plan, or waiver

■ Substantive Criteria

- 25%- Ability and feasibility to meet the Scope of Work
- 25%- Ability to meet Turnaround Time and other KPI metrics
- 20%- Reporting and System Integration
- 30%- Cost

■ Evaluation Committee

- MD, RDC Co-Chair, Chief of Radiology, Bellevue
- Radiology Administrator, Jacobi
- Radiology Administrative Director, Kings Hospital
- MD, System Deputy Chief Medical Officer
- AVP, Revenue Cycle, Finance
- MD, Chief of Cardiology, Bellevue
- MD, Chief of Radiology, Queens
- MD, Sr. AVP, Clinical Information System, EITS
- MD, System Chief of Clinical Affairs
- MD, RDC Co-Chair, Chief of Radiology, Lincoln

Overview of Procurement

- 7/9/24: Application to issue request for proposals approved by CRC
- 8/7/24: RFP Posted on City Record, sent directly to 8 vendors.
- 8/14/24: Pre-proposal conference calls held. 1 vendor attended the call.
- 9/9/24: Proposals due, 1 proposal was submitted
- 4/3/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
 - Lenox Hill Radiology and Medical Imaging Associates, P.C.

Vendor Decision

- Lenox Hill Radiology and Medical Imaging Associates, P.C. is dedicated to providing a wide range of advanced imaging services to meet the diverse needs of our patients, including PET-CT, Cardiac MRI/CT, and Breast MRI/Biopsies.
 - LHR provides timely access to care. Appointments are available within a reasonable timeframe.
 - Exam interpretations are typically completed in under 48 hours.
 - LHR utilizes open MRI services which enables NYC Health + Hospitals to obtain advanced imaging services for large patients, particularly in cases where standard equipment may not be suitable due to body size.
- Lastly, Lenox Hill Radiology and Medical Imaging Associates, P.C. offers the largest network of outpatient radiology centers in New York City, with 49 locations across all five boroughs.
 - Brooklyn: 14
 - Bronx: 3
 - Manhattan: 13
 - Queens: 17
 - Staten Island: 2

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Lenox Hill Radiology and Medical Imaging Associates, P.C.	
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?	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	Good

Vendor Diversity

- The services procured under this contract are clinical services self-performed by the vendor.
- Accordingly, no goal was set on this solicitation and no diverse-owned facilities providing radiology imaging services were found.

Request for Committee Approval

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of \$12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

System Chief Nurse Executive Report

M&PA/IT Committee Meeting

August 2025 – October 2025

Nurse Educator Fellowship Program



Photos from left to right:

Front: Marylene Tejones-Aragon (Lincoln);
Jane Desepe-da-Silva (Metropolitan)

Back: Natalia Cineas, SVP & CNE; Virginia
Cudia (Elmhurst); Angela Carryl (Elmhurst);
Michelle Felix (Kings); Keisha Bennett
(Jacobi); Carla Sison (OPCC); Mini Paul
(Elmhurst)

Not in Picture: Shirley Austin (Metropolitan);
Nanhee Song (Lincoln); and Angela Katrina
Fonte-Mangubat (Jacobi)

- The inaugural cohort of the **Nurse Educator Fellowship Program** was celebrated during the breakfast event held last September 16th.
- This online program is an exclusive partnership with **Mercy University** made possible with the **grant received** from **Mother Cabrini Health Foundation**, allowing the ten educators to complete the **Advanced Nurse Educator Certificate Program**, **tuition-free** while maintaining their current positions.

Nursing Clinical Ladder Program

- The **Nursing Clinical Ladder** was established to recognize and celebrate the remarkable achievements, innovation, and dedication of our nursing professionals across the system.
- The **2025 event held September 16th**, brought together nurses from all facilities to showcase the impactful projects and clinical initiatives that exemplify the core values of the Nursing Clinical Ladder Program (NCLP).
- These presentations reflected the evidence-based initiatives, and quality improvement efforts undertaken by individuals and teams, demonstrating the skill, creativity, and passion that define our nursing community.

Nursing Clinical Ladder Program



- This year's celebration honored **1,930 participants** from the 2024 program year and featured **13 exceptional NCLP projects** led by nurses representing facilities throughout the system.
- It was attended by ~50 in person, and hundreds virtually.

Nursing Fellowship Programs

- We are proud to launch our first **NICU (Neonatal Intensive Care Unit) Fellowship** cohort on September 22, 2025 at **NYC Health + Hospitals** with four fellows.
- This is a groundbreaking program designed to support newly licensed nurses as they build the specialized skills, confidence, and resilience needed to care for our most fragile patients.
- Through a blend of didactic learning, simulation-based training, and hands-on clinical experience, this fellowship represents our commitment to equity, innovation, and excellence in maternal-child health nursing.

Nursing Fellowship Programs



- The four NICU fellows from Bellevue with Nurse Educators, Phubu Dolker (Elmhurst), Yasmine Llerena (Queens), and Kimberly Campbell-Taylor, Director of Simulation, Office of Patient Centered Care (OPCC).

Pathway to Excellence (PTE) *with Distinction* Celebration



- A staff picnic was held September 30th to celebrate **NYC Health + Hospitals/Metropolitan**, the first health care organization worldwide to receive the **Pathway to Excellence *with Distinction*** designation
- The celebration was attended not only by Metropolitan's leadership and staff but also attended by Nursing leadership from Central Office, led by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**

Magnet & Pathway Conference



- On October 8th, we celebrate two outstanding facilities – **NYC Health + Hospitals/Carter** and **NYC Health + Hospitals/Metropolitan**, both receiving the **Pathway to Excellence with Distinction Award** at the 2025 Magnet Pathway Conference in Atlanta, GA.
- This prestigious recognition from the American Nurses Credentialing Center (ANCC) highlights their unwavering commitment to nursing excellence and quality care.

Magnet & Pathway Conference



- **NYC Health + Hospitals/Carter team** at the 2025 Magnet Pathway Conference in Atlanta, GA as they parade on the stage, witnessed by several hundreds nurses attending the conference. The team was led by **Marian McNamara, CNO of Post-Acute; Meriam Pineda, Director of Nursing at Carter, and other nurse leaders.**

Magnet & Pathway Conference



- **NYC Health + Hospitals/Metropolitan team** at the 2025 Magnet Pathway Conference in Atlanta, GA as they parade on the stage, witnessed by several hundreds of nurses attending the conference. The team was led by **Natalia Cineas, SVP & CNE; Chris Wilson, Metropolitan's CNO, and other nurse leaders.**

Magnet & Pathway Conference



- **NYC Health + Hospitals/Carter** team post-parade as the team celebrates at the 2025 Magnet & Pathway Conference in Atlanta, GA for the prestigious designation of **Pathway to Excellence *with Distinction***.
- The **Carter** team with **Natalia Cineas, SVP & CNE**.

Magnet & Pathway Conference



- **NYC Health + Hospitals/Metropolitan team** post-parade at the 2025 Magnet Pathway Conference in Atlanta, GA.

Magnet & Pathway Conference



- **NYC Health + Hospitals/Harlem** had the distinct honor of presenting two podium presentations at the Magnet & Pathway conference.
 - **Implementing IPASS for Intra-ED Transfers**
 - **Auditory Interventions & Noise Reduction for Preterm Neonates**
- This is a significant achievement for the Harlem nurses who conducted and presented these studies.



Magnet & Pathway Conference



- In addition, several poster presentations were also on display at the conference from a number of our facilities:
 - **Intraoperative Skin-to-Skin Contact for C-Sections (Metropolitan)**
 - **Nurse Driven Initiatives to Decrease CAUTI (South Brooklyn Health)**
 - **Introducing Nursing Grand Rounds in Long-Term Care (PAC)**



Magnet & Pathway Conference



- **NYC Health + Hospitals team at the 2025 Magnet Pathway Conference in Atlanta, GA.**

Nursing Doctoral Circle of Excellence

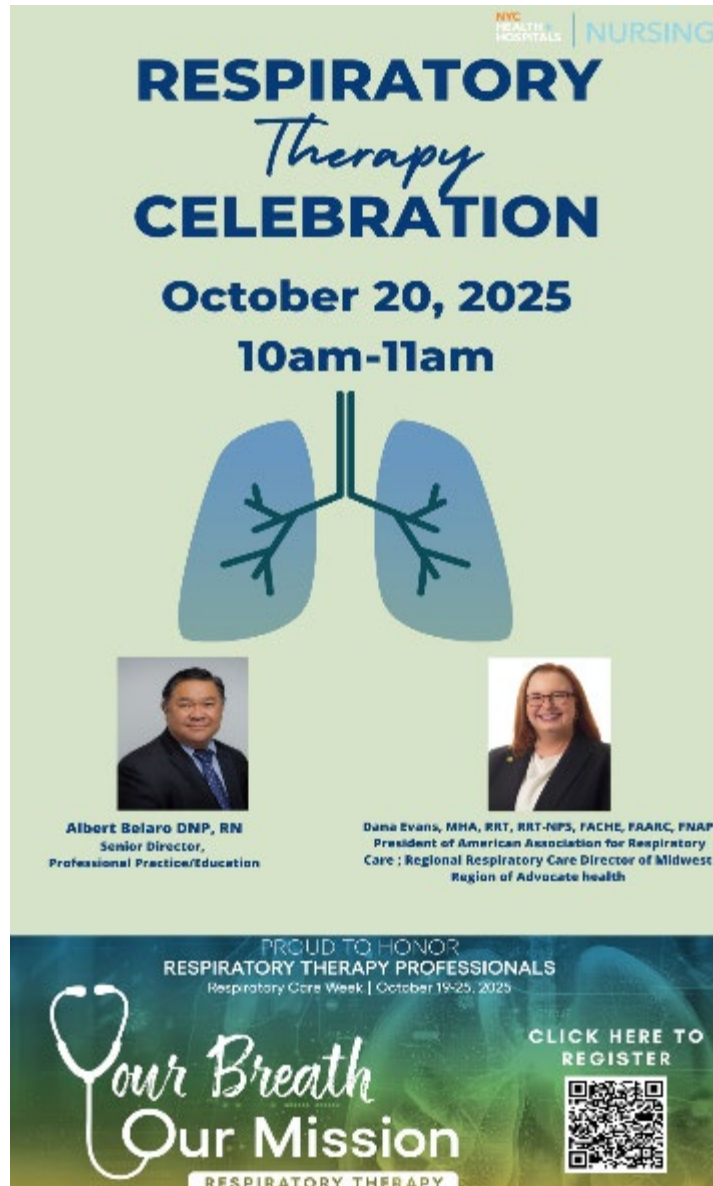
- The **4th Annual Nursing Doctoral Circle**, held on October 14th, recognized 16 nurse leaders who had attained their doctoral-level education.
- The welcome remarks and introduction was made by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**.
- The keynote address was made by **Dr. Mary T. Hickey, Vice Dean of Education and Professor of Nursing** at Columbia University Medical Center (CUMC).
- Graduate speaker includes: **Julissa Cardona (PAC-Coler)**. This was followed by remarks given by **Dr. Mitchell Katz, President and Chief Executive Officer of NYC Health + Hospitals**.

Doctoral Circle of Excellence



- Photo of doctoral awardees and designees with Natalia Cineas, Senior Vice-President & Chief Nurse Executive, and Dr. Mitch Katz, President & CEO, taken on October 14th during the Doctoral Circle of Excellence event in Central Office.
- There were over 100 people who attended the recognition event.

Respiratory Therapy Celebration

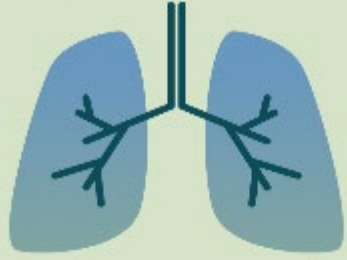


The poster features a light green background with a stylized illustration of human lungs in the center. At the top right, it says 'NYC HEALTH+ HOSPITALS | NURSING'. The main title 'RESPIRATORY Therapy CELEBRATION' is in large, bold, blue letters, with 'Therapy' in a script font. Below the title, the date 'October 20, 2025' and time '10am-11am' are listed. Two headshots are shown: Albert Belaro on the left and Dana Evans on the right. At the bottom, there is a dark green banner with a stethoscope graphic and the text 'Your Breath Our Mission' and 'RESPIRATORY THERAPY'. A QR code and a 'CLICK HERE TO REGISTER' link are also present.

NYC HEALTH+ HOSPITALS | NURSING

RESPIRATORY Therapy CELEBRATION

October 20, 2025
10am-11am




Albert Belaro DNP, RN
Senior Director,
Professional Practice/Education

Dana Evans, MHA, RRT, RRT-NPS, FACHE, FAARC, FNAP
President of American Association for Respiratory
Care : Regional Respiratory Care Director of Midwest
Region of Advocate health

PROUD TO HONOR
RESPIRATORY THERAPY PROFESSIONALS
Respiratory Care Week | October 19-25, 2025

CLICK HERE TO
REGISTER



**Your Breath
Our Mission**

RESPIRATORY THERAPY

- Our 4th Annual virtual celebration for Respiratory Care Week will be on October 20th at 10 A.M. – 11 A.M.
- **Albert Belaro, DNP, RN, and Dana Evans, MHA, RRT, RRT-NPS, FACHE, FAARC, FNAP,** will discuss the importance of Respiratory therapy in healthcare.

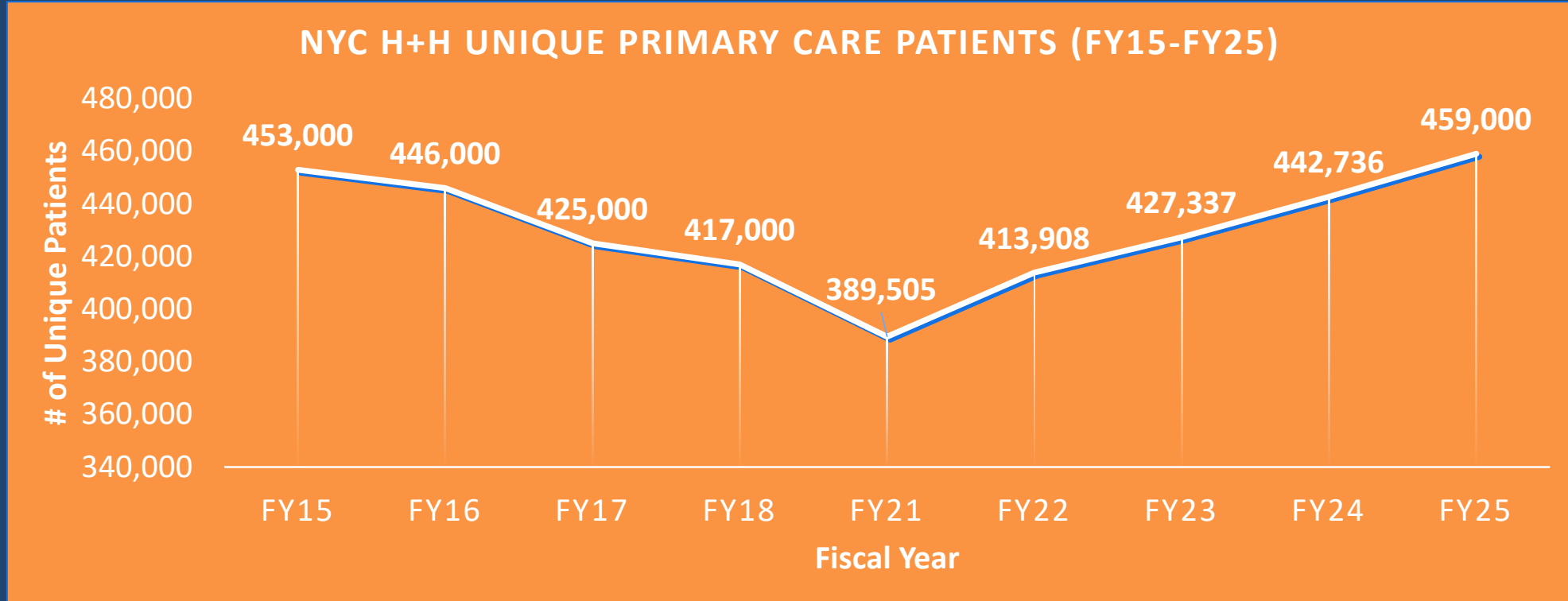
Questions and Thank You!

Primary Care Update

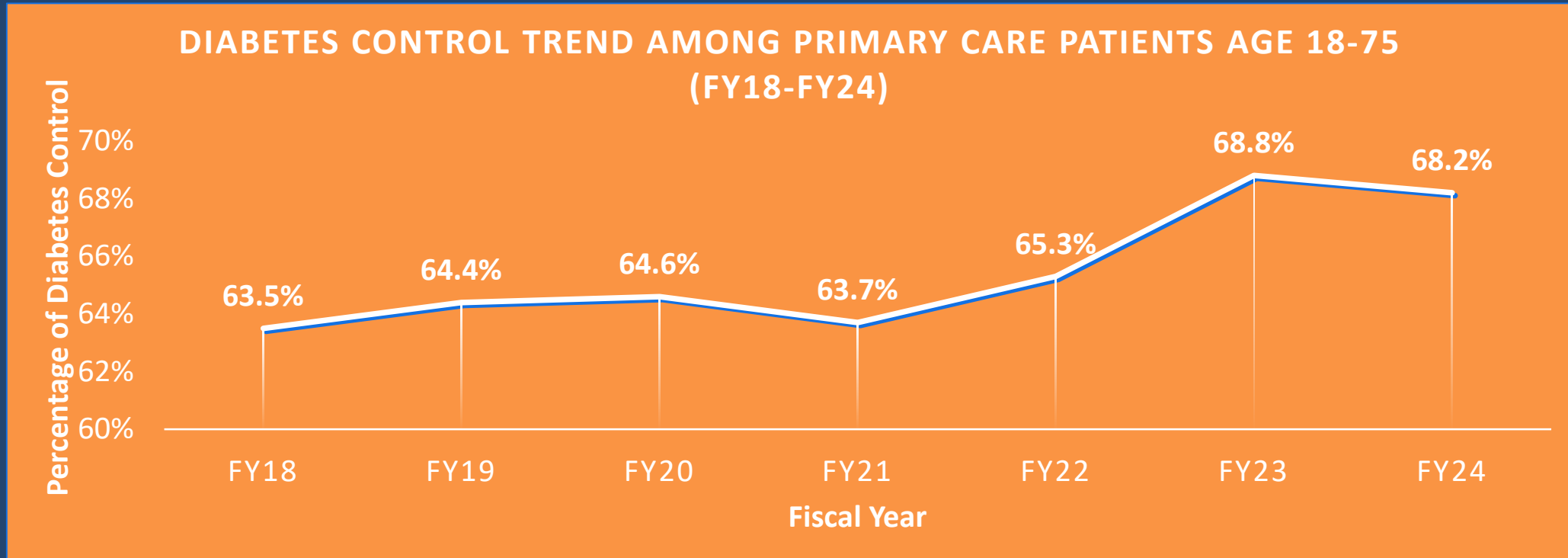
Medical and Professional Affairs /
Information Technology Committee
November 3, 2025

Ted Long, MD, MHS
Senior Vice President
Ambulatory Care & Population Health

Unique Primary Care Patients



Diabetes Control



*Mayor's Management Report: FY 2018, FY 2021, FY 2024. The City of New York; 2018, 2021, 2024. Accessed September 9, 2025.

https://www.nyc.gov/assets/operations/downloads/pdf/mmr2018/2018_mmr.pdf, https://www.nyc.gov/assets/operations/downloads/pdf/mmr2021/2021_mmr.pdf.

https://www.nyc.gov/assets/operations/downloads/pdf/mmr2024/2024_mmr.pdf.



Clinical Operations/Affiliation Finance Update

**Medical and Professional Affairs /
Information Technology Committee
November 3, 2025**

Sewit Teckie, MD, MBA
System Chief
Clinical Operations

- **Affiliates employ most of our physicians, and a significant number of non-physicians (APPs, techs)**

- **Background & Challenges:**
 - Rising Labor Costs
 - Provider Staffing Shortages post-pandemic
 - Disparate Affiliate Budgetary Practices
 - Over-reliance on per-diem and locum staff
 - Lack of future-looking workforce planning

■ Goal: Financial Sustainability + a Reliable, Satisfied Provider Workforce

- How do we get there?
 - Stronger partnership and shared decision-making with Affiliate Partners
 - Greater transparency and close communication with our facility leadership around how compensation decisions are made – Market analyses, budget status, and impact on system
 - Focus on strengthening certain clinical shared services
 - Close coordination with our provider recruitment team, to feed back on high-vacancy specialties and areas of greatest need for more attractive offers
 - Continuous monitoring of measurable KPIs to align spending against provider headcount
 - Productivity
 - Vacancies
 - Sessional and locum spend

- **We have made compensation adjustments following the Doctors Council agreement between Affiliates and DC**

- **We have implemented a consistent decision-making framework around compensation that includes the following factors:**
 - ❖ System-wide vacancy trend data
 - ❖ Core clinical areas
 - ❖ Areas of locum spend
 - ❖ Baselining analysis against current benchmarking (MGMA, RVUs, etc..)
 - ❖ Base salaries in relation total compensation (sessional, bonuses)
 - ❖ salary disparities across specialties within the H+H systems

Physician Compensation Adjustments to date:

–Phased Approach

Phase 0	Phase I (4/2025)	Phase II (6/2025)	Phase III (7/2025)	Phase IV (10/2025)
Psychiatry	Hospitalists	Pathology	Neurology: general	Dental
Anesthesia	Ob-Gyn Generalists	Hematology/ Oncology	Neurology: stroke	Oral Surgery
Radiology		Cardiology: NI	Peds: NICU	Rheumatology
Primary Care		Gastroenterology	Peds: ICU	Infectious Disease
			Nephrology	Physiatry
			Critical Care/ ICU	Dermatology
				Surgery: Colorectal
				Surgery: Plastics

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/

Information Technology Committee Report

November 3rd, 2025

Dr. Talya Schwartz, President & CEO

Medicare Star Ratings | Overview of MetroPlusHealth's 2026 Star Ratings Performance

STARS 2026 Program Highlights

- The Stars 2026 Rating Program included 3 new measures and non-substantive changes to 6 measures:
 - Kidney Health Screening – 1x weight.
 - Improving or Maintaining Physical Health (HOS Survey) – 1x weight for CY 2024; 3x weight for CY 2025.
 - Improving or Maintaining Mental Health (HOS Survey) – 1x weight for CY 2024; 3x weight for CY 2025.
 - Colorectal Cancer Screening – Converted to ECDS; reporting no longer based on hybrid results.
 - Diabetes Care: Blood Sugar Controlled - Measure name changed to Glycemic Status Assessment.
 - Medication Adherence – Changes to denominator methodology (adjustment for time enrolled removed).
 - SUPD-Statin Use/Diabetes – Changes to denominator methodology (adjustment for time enrolled removed).
- Patient experience (CAHPS), complaints, and access measures were all reduced in weight from 4x to 2x.
 - Although a significant drop in weighting, for context, a member reporting **poor access** to check-up or routine care is *still considered 2x more important* (in terms of Star Rating) than a member receiving their needed mammogram.

STARS 2026 Performance

- MetroPlusHealth received **3.5 Stars** in the Medicare Star Ratings Program for Stars 2026, missing 4-Star by 0.05 points.
- With nearly 60% of MetroPlusHealth's Medicare beneficiaries receiving care at NYC Health + Hospitals, H+H's clinical performance is foundational to our STAR Rating success. These results demonstrate the impact of our shared systems, aligned priorities, and a commitment to health quality and equity.

Plan's improvement were seen in the following:

- Quality Improvement: The Plan statistically improved in 21 of 45 measures and declined in 5. This resulted in achieving 5 and 4 Stars in each of the 5x weighted Quality Improvement measures. Statistically improved measures include SNP Care Management, Care of Older Adults, Diabetes Care , Controlling High Blood Pressure, Transitions of Care and Follow-Up After ED Visit.
- The gains are directly tied to the exceptional clinical performance of NYC Health + Hospitals, particularly in Managing Chronic Conditions domain, which carries significant weight in STAR Rating calculations. For those six critical measures, the plan received four and five Stars, solely driven by H+H's performance. Members with hypertension and diabetes receiving care at H+H show markedly better outcomes, to the tune of 2-5-fold, compared to those served by other NYC-based providers.
- Part D: The Plan increased 1 Star in the Adherence to Hypertension Medications measure and statistically improved in all 3 medication adherence measures.
- Operations: Plan achieved 4 Stars in the two 2x-weighted Voluntary Disenrollment measures (1 Star increase per measure).
- Patient Experience (CAHPS): The average CAHPS star rating in Stars 2026 is substantially higher than the last two, showing a significant improvement in member satisfaction. Compared to Stars 2025, we improved by 3 stars in Rating of Health Plan, 2 stars in Rating of Drug Plan and 1 star in Getting Needed Care. Additionally, we saw a 1-star improvement in Getting Appointments and Care Quickly compared to Stars 2024 (no reportable score in Stars 2025).

Summary of STARS 2026 CHAPS Performance

- CHAPS improvements had a meaningful impact on the overall rating of the health plan and reflect our efforts to reduce barriers and streamline scheduling. They also highlight the effectiveness of our integrated care model, which enables real-time data sharing, coordinated transitions, and proactive member engagement.
- A key driver of CHAPS improvement was the close collaboration between MetroPlusHealth's care management and quality teams and the NYC Health + Hospitals Contact Center. Together, they helped members, especially those discharged from non-H+H facilities—secure timely appointments with primary and specialty care providers. This level of coordination not only improved access and continuity of care but also contributed meaningfully to our overall STAR Rating improvement.

Membership & Recertification Trends

MetroPlusHealth | 12 Month Membership Performance by LOB

- Metroplus membership increased by 1.2% from July of 2024 to July of 2025 and stood at 687,210 members.
- Gains were captured in Essential Plan, Commercial, Medicare and Long-Term lines of business. Losses were seen in Medicaid, QHP and CHP.
- Recertification rates remain in the low 80th, with highest recertification rate seen in Medicare duals and CHP. The lowest recertification rates were seen amongst the HARP members (partially due to transfer to Mainstream Medicaid during the process).

MetroPlusHealth | 12 Month Membership Influencers

Child Health Plus (CHP)

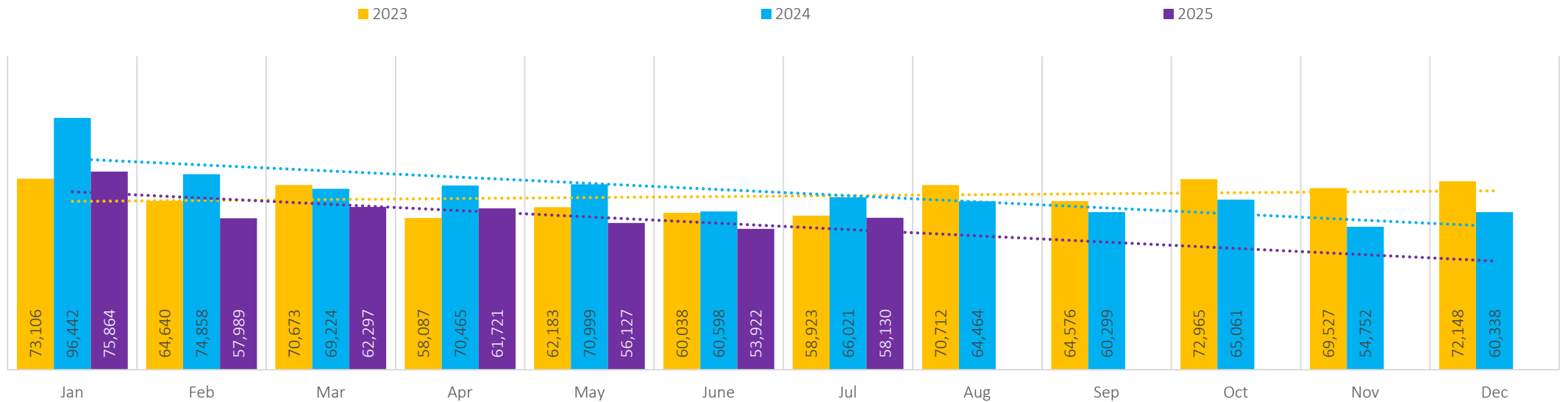
- **Eligibility Changes:** Changes in immigration status and household income have led to transitions from CHP to Medicaid, affecting continuity of care and coverage.
- **Relocation Outside Service Area:** Families relocated out of MetroPlusHealth service areas.
- **Insurance Coverage options:** Many parents are now receiving employer-sponsored health insurance, which has led to changes in coverage and eligibility for public health programs.
- **Continuous Eligibility for CHP Members:** Effective January 1, 2025, children who are fully eligible for Child Health Plus have continuous eligibility through the end of the month in which they turn six years old.

Medicaid Enrollment and Retention Challenges

- **Immigration Policy Changes:** Recent adjustments to immigration guidelines have impacted eligibility and enrollment patterns among Medicaid applicants.
- **Community Hesitancy:** Due to the current political climate, some individuals are reluctant to enroll in Medicaid. Immigration attorneys often advise clients against submitting personal information.
- **Income and Coverage Transitions:** Changes in household income have led some members to become eligible for the Essential Plan (EP) or to transition to employer-sponsored health coverage, resulting in disenrollment from Medicaid.

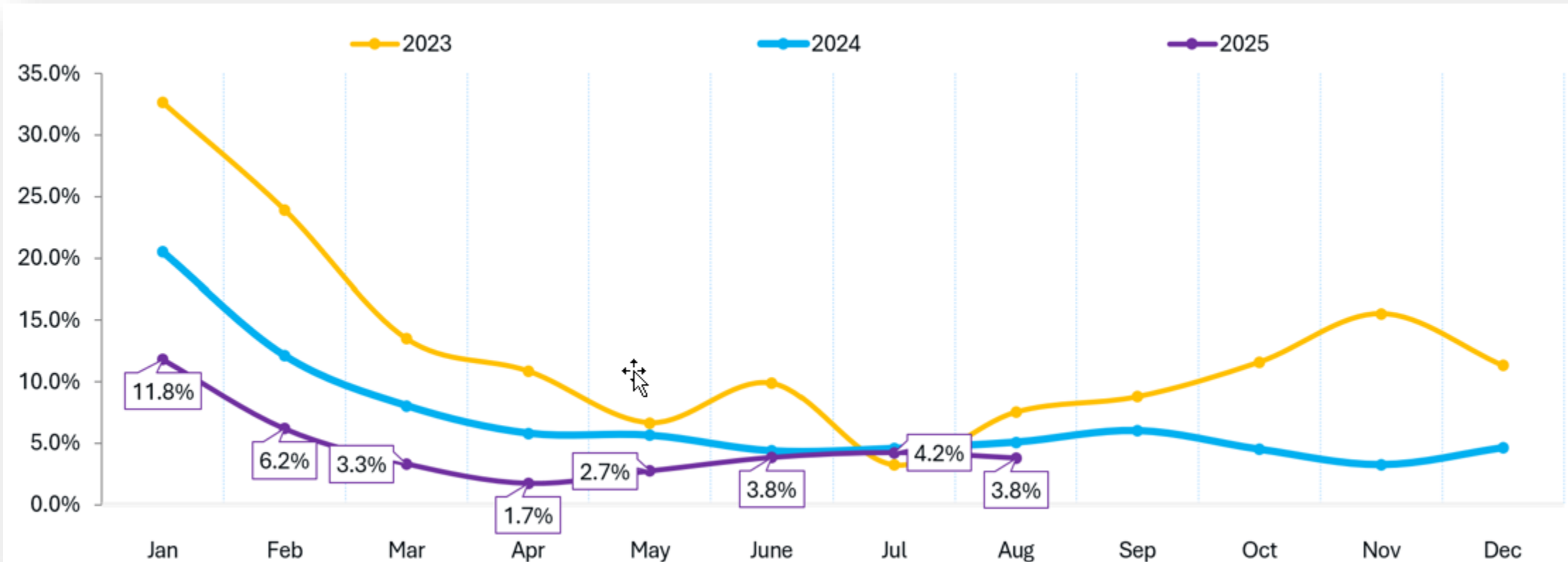
Call Center

Trend in Call Center Call Volume | Members



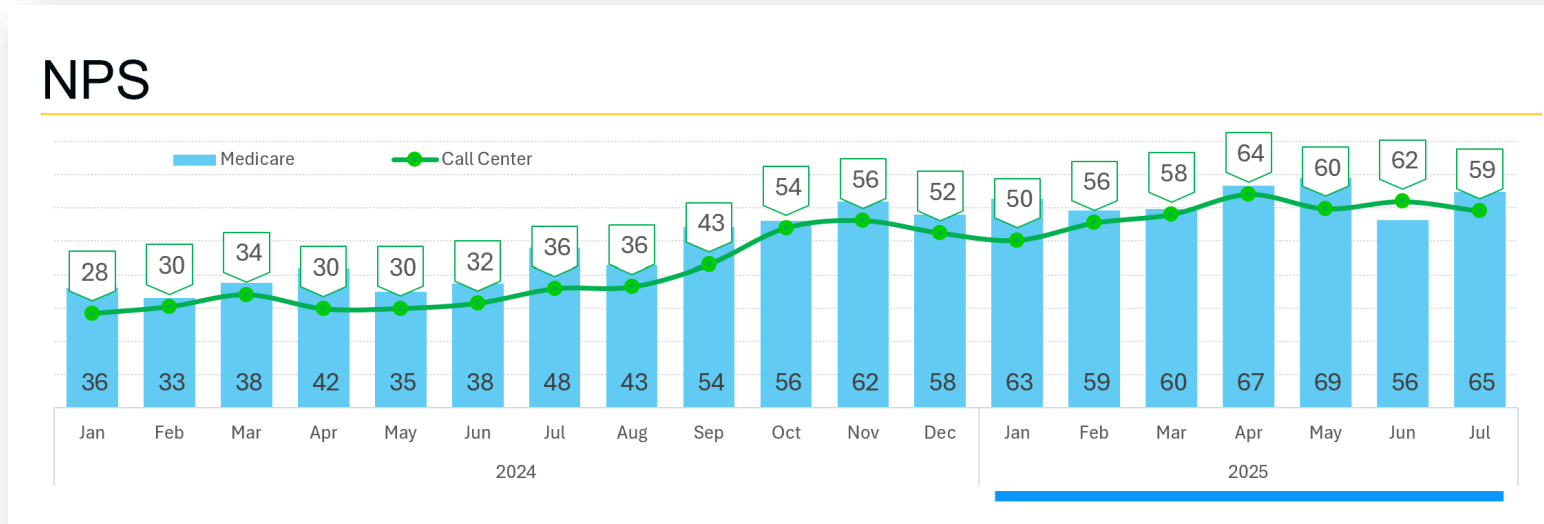
- Member call volume declined compared to the prior year while overall membership remained stable. This can be attributed to operational improvements, stronger member communications and the availability of tools for members to self-serve.

Abandonment Rate | Members



- Member abandonment volume continues to stay well below the 5% goal threshold.
- Abandonment rate is also generally trending lower than prior year.

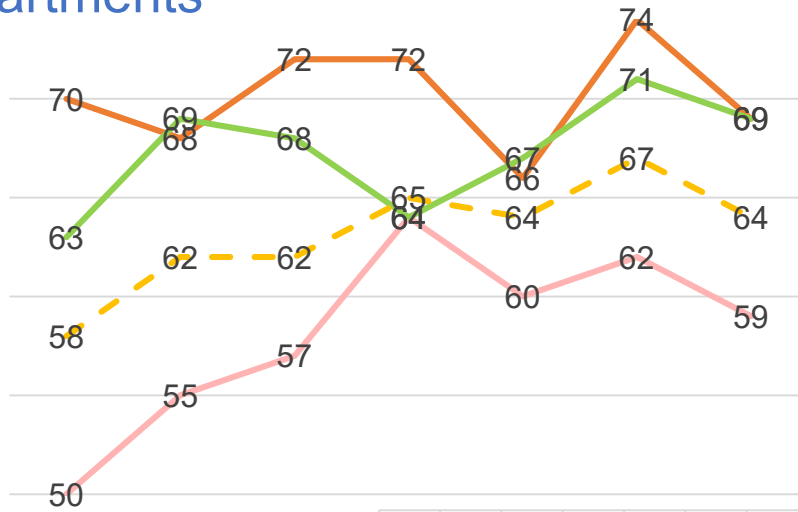
Trend in Call Center Net Promoter Score (NPS)



- Call Center NPS has shown a strong increase year-over-year.
- NPS scores hit all-time highs in the prior quarter.
- CSR rating (by members through survey) continues to stay high as well at 4.75 (out of 5) in July. Overall issue resolution for ~17K respondents was 93%.
- Additional training, AI assisted audit and streamlining workflows contributed to the meaningful improvements.

Trend in Company Wide Net Promoter Score (NPS)

NPS | Departments



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Call Center	50	55	57	64	60	62	59
Customer Success	70	68	72	72	66	74	69
Medical Management	63	69	68	64	67	71	69
Overall	58	62	62	65	64	67	64

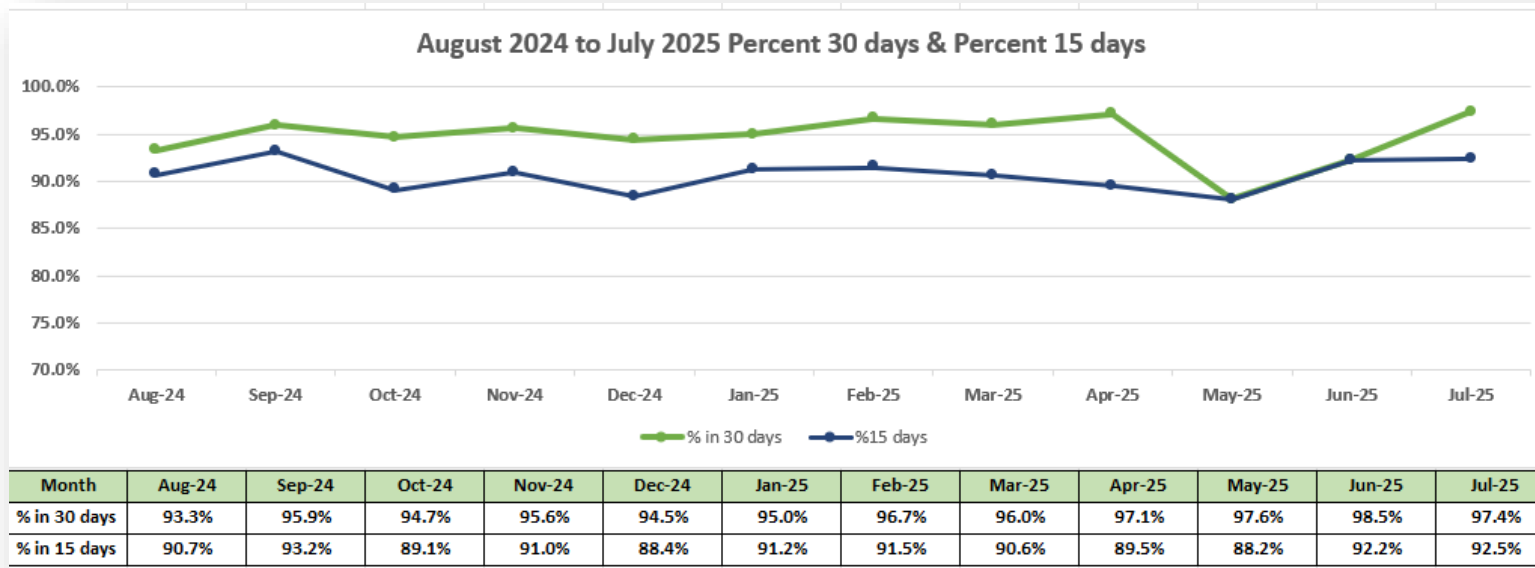
- **Net Promoter Score (NPS):** 75% Promoters, reflects high level customer loyalty.
 - MPH had its highest NPS across all customer facing units in June 2025.
- **Consistent reporting, follow-ups, communication and training across call center, customer success and medical management have driven these improvements.**

Key Strengths:

- **Customer Satisfaction (CSAT):** 4.7/5
68% of respondents finding their experience “delightful.”
- **Effective Wait Times**
54% of respondents reported “short wait time.”
- **Highly rated Employees**
Average employee rating 4.79/5 describing employees as helpful (78%) and respectful (70%).

Claims Adjudication Performance

Claim Processing Timeliness



- Continued improvements within Claims has led to a significant increase within claims turnaround time:
 - **Within 30 days:** Consistently $\geq 97\%$, peaking at 98.5% in June.
 - **Within 15 days:** Consistently $\geq 92\%$ for June and July; May dip attributed to claims from Public Partnerships LLC (PPL) that needed to be pended to correct prior authorization matching.

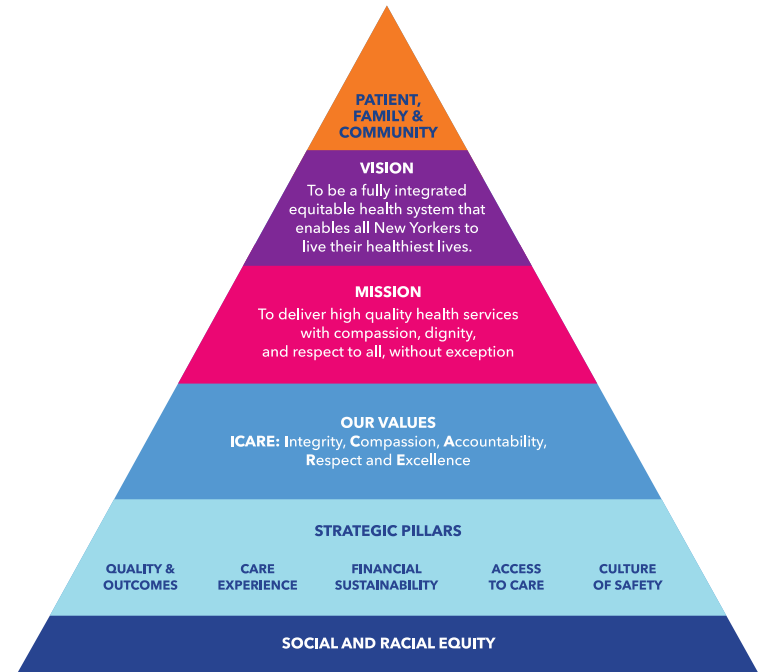
MPA/IT Committee Meeting

EITS BOD Update

Kim K. Mendez, EdD, ANP, RN
Sr. Vice President/ Corporate CIO
November 3, 2025

EITS Update Agenda

- Introductions
- Focused EITS Updates
 - DnA, AI, and DIS Update
 - HIT Prioritized- Oracle Cloud Implementation Project
 - Epic & CIS & Application Learning Update
 - EITS UnPrint Initiative- 3Q 2025 Update
 - 2025 EITS STARS of Excellence Awards
- Q + A



DnA Core Business Updates

Enterprise Digital Solutions

- **Enterprise Policy & Resource Management Platform**
 - High priority strategic goal to modernize, centralize, and streamline policy and resource lifecycle management to enhance operational efficiency, reduce risk, and support scalable growth
 - Locations onboarded to date: Gotham Health, Queens Hospital, Kings County Hospital, and 30 departments across Central Office. All other locations will also be onboarded and are in progress.
- **All-STARs Recognition and Kindness Platform**
 - Peer-to-peer recognition program that helps foster a culture of kindness and psychological safety by celebrating achievements, positivity, and gratitude for each other.
 - 18 Locations onboarded (Acutes, Post-Acutes, Gotham Health, Central Office); expansion continues
 - As of 10/14/2025, over 30,000 recognitions have been submitted with more submissions daily

Enterprise Data Platform Expansion

- Engineered and operationalized data governance controls within Snowflake to ensure the segregation and strict confidentiality of behavioral health patient records, specifically enforcing requirements mandated by the NYS Mental Hygiene Law (§33.13) and federal 42 CFR Part 2 (Substance Use Disorder records).
 - **Phase 1:** Data Democratization 2.0 with six Data Champion teams enabling expanded enterprise data (*Harlem Hospital, Metropolitan Hospital, South Brooklyn Health, Office of Medical & Professional Affairs, Revenue Cycle, and Population Health*), enabling expanded enterprise data access and faster speed to insights

Data Academy

- 570 Data Academy Graduates since inception in 2020
- 261 Data Champions established across 29 Data Champion teams
 - 155 Acute Care Data Champions
 - 106 Central Office Data Champions

Clinical Products

- **Enterprise Overview Dashboard:** Provides facility leadership real-time, on-demand access key operational metrics for effective management of capacity, (details)
- **Perioperative Dashboard:** Enables perioperative leaders to increase the efficiency of OR resource scheduling
- **Maternity Insights Dashboard:** Allows OB team to improve patient care and meet the regulatory requirements established by the New York State Maternity Fact Sheet.

Quality & Revenue Products

- Successfully submitted **Leapfrog Hospital Survey** metrics (PSI-90, BCMA, ICU staffing, CPOE) to support patient safety and regulatory compliance.
- **KPI Vendor Dashboard:** Provides Rev Cycle teams comprehensive visibility into vendor activities, rebill workflows, and collections performance to support operational oversight and strategic decision-making

DnA: Artificial Intelligence (AI)

Governance

- Systemwide AI Governance established in April 2025 to guide procurement, and end to end lifecycle management of AI solutions at NYC Health + Hospitals
- 20 Demands approved to date; 11 under review

Partnerships & Collaboration

- **Clinical Data Science Collaboration with Mt. Sinai:** *Driving innovations across both health systems through bidirectional sharing of AI models, clinical validation, AI literacy and training programs and intellectual property with shared goals of improving patient outcomes, operational efficiencies, research capabilities and overall quality/performance. Confidential Disclosure Agreement signed, business terms and scope in development.*
- **Health Data Innovation Studio with NYC EDC:** *Collaborating with NYC Economic Development Council to unlock the power of diverse longitudinal patient data and accelerate the growth of NYC's life and health sciences ecosystem through transformative Data and AI innovations that uplift all New Yorkers. MOU signed, RFP complete, vendor interviews underway.*
- **NYC H+H/Elmhurst:** *Allocated funds to accelerate dedicated AI build-out projects within their facility and will serve as our initial system-wide testbed for three AI prototypes, providing a live environment for rapid development and validation. Projects will be selected from a senior-executive-approved AI Roadmap, ensuring all work aligns with high-priority organizational strategy.*

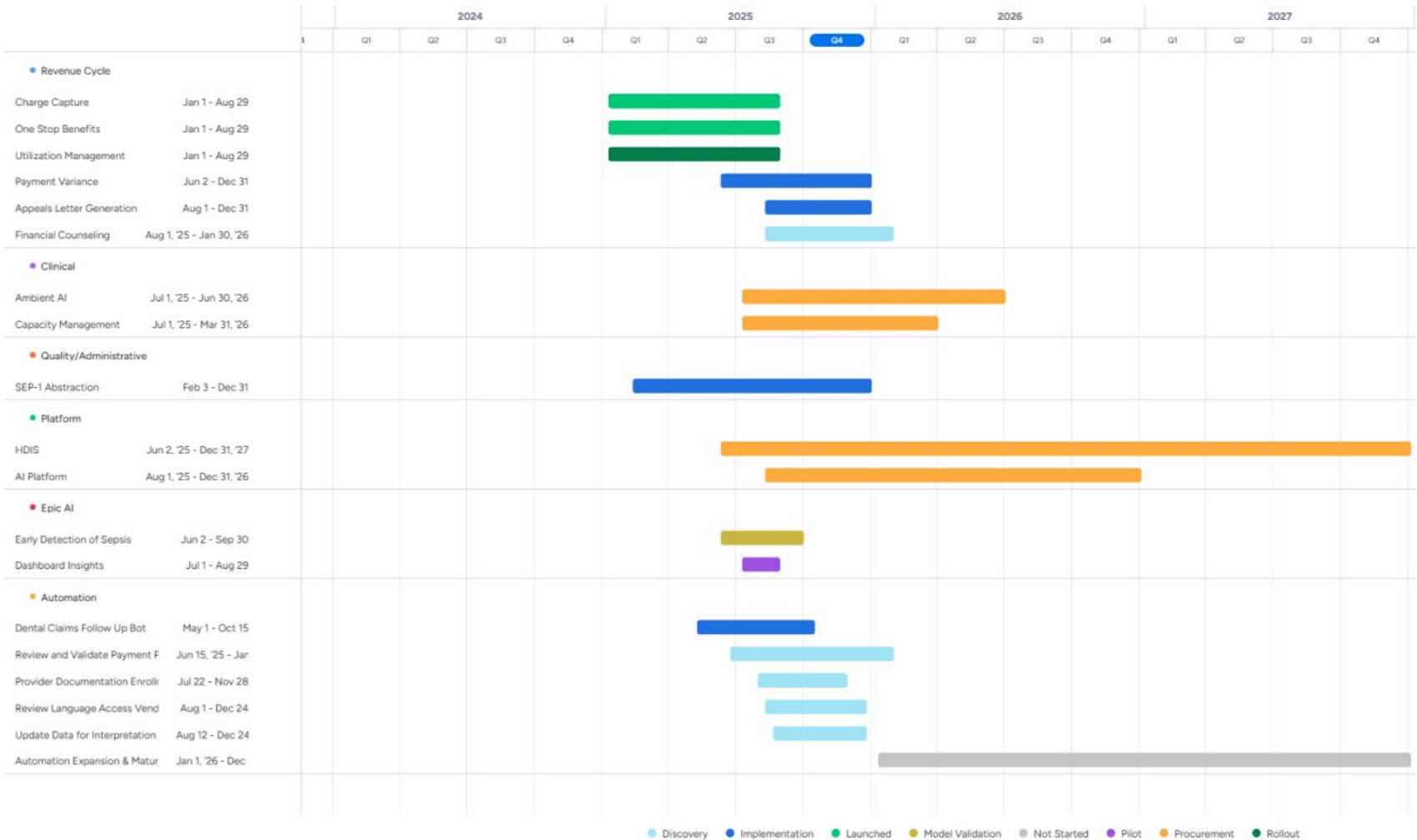
Products

- **Revenue Cycle AI:** Embedded AI tools along Rev Cycle workflows to increase revenue capture and decrease claims denials; resulting in \$1.7m realized payments for corrected claims with an additional \$20m identified opportunity
- **Quality & Patient Safety Sepsis Bundle Extraction:** Partnered with Qualified Health to streamline a complex manual extraction to meet CMS regulatory demand using Large Language Mode (LLM) to automate the data extraction process. Phase 1 will begin with Bellevue Hospital and South Brooklyn Health Q4'2025.
- **Ambient Listening:** Designed to decrease physician documentation burden, allowing for increased patient care. Phase 1: Adult primary & pediatric care physicians with at least 20% clinical service at a NYCH+H site.
- **Capacity Management:** Improving efficiency of inpatient flow and decreasing overall length of stay. Vendor selected, with anticipated go-live TBD

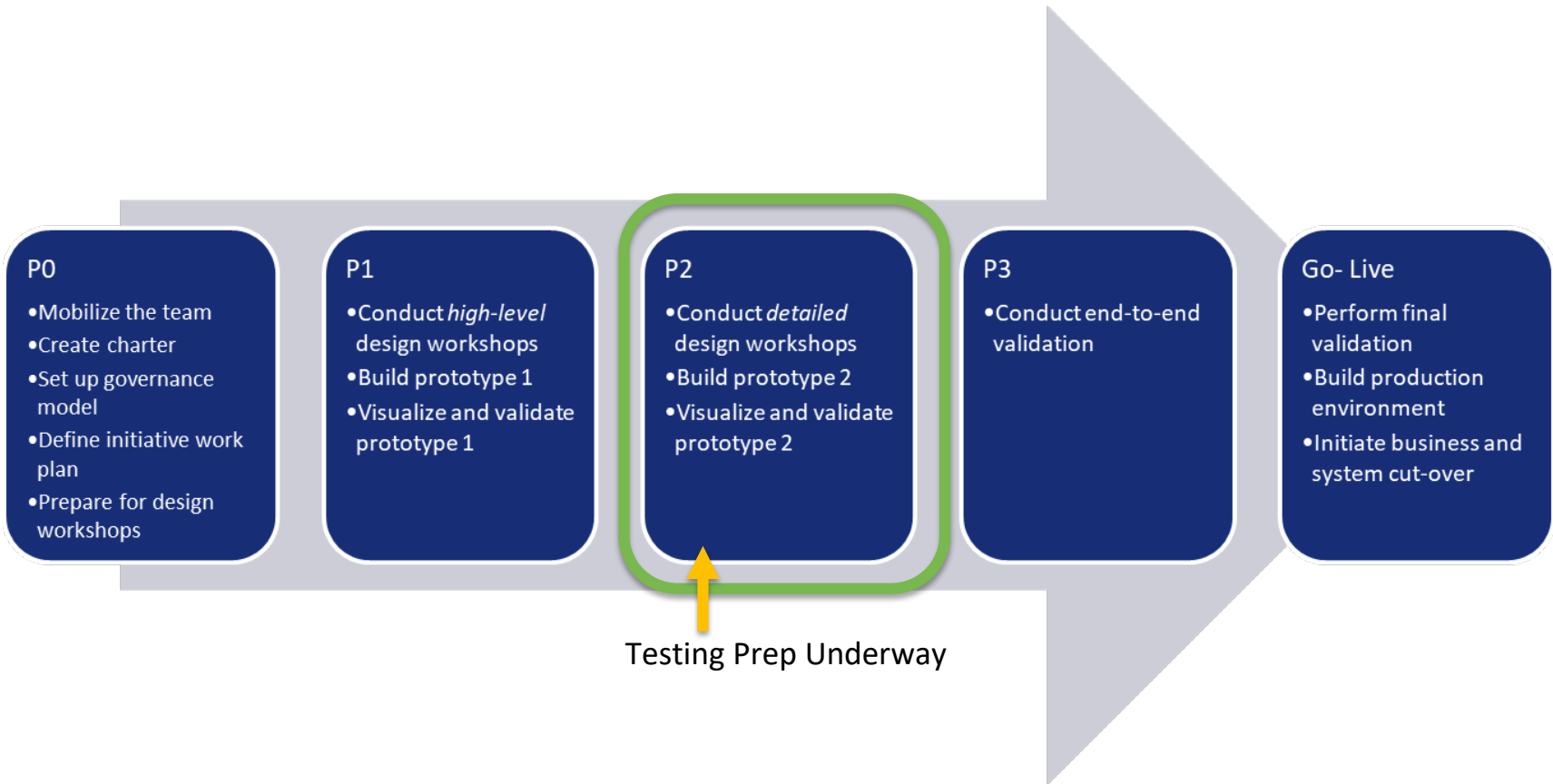
Key Staffing Appointments

- **7/2025: Strategic Operations Director:** *Supporting strategic planning, internal + external partnerships and DnA/AI executive operations.*
- **8/2025: Sr. Director Data & AI Governance:** *Establishing system-wide governance frameworks, policies, and standards focused on protecting patient privacy, strengthening compliance, and guiding responsible development and adoption of data and AI solutions.*
- **10/2025: Recruited Sr. AI/Machine Learning Product Manager** (ETA: 11/2025): *Creates viable, ethical, and market-ready AI products, ensuring strategic investment of data science resources to solve high-value customer problems and achieve measurable business success.*
- **10/20/2025: Onboarding Assistant Vice President of Artificial Intelligence (AVP AI):** *Bridges AI strategy with enterprise execution, establishing the necessary MLOps infrastructure and talent programs to scale AI capabilities from a series of experiments into a reliable, compliant, and revenue-generating engine across the entire organization.*

AI Roadmap



Oracle Cloud Implementation Project



Oracle Cloud Phase P2 Initiated

P2 Integrations under review

OpKey solution live and ready to aid testing

Technical design for all Functional Design Decisions in progress

Refresh of environments scheduled

P2 Kick Off held with working sessions being scheduled

Oracle Cloud- Next Steps

Prototype 2 working sessions scheduled

Data conversion efforts ramping up

Integration items under review and design

OCI in-depth discussions scheduled with technical
resources scheduled

Technical designs for reporting

Epic Clinical + Revenue Cycle Applications

Registry Refinement

ESO Trauma Registry integration with Epic –
Kings/Jacobi/Harlem/Lincoln

- Real-time data exchange between the registry and Epic - reducing manual data entry and ensuring compliance with state trauma reporting standards

METRIQ Cancer Registry 3.7 Upgrade

- Software upgrade to improve system functionality, enhance security compliance, and increase efficiency in data submission to state and national cancer databases

Patient Outreach through Cheers Campaigns

- 3,801 MyChart Activations
- 3,237 patients scheduled a Cervical Cancer Screening appointment (1,903 of these are NYC Cares patients)
- Annual Wellness > 30 months: 1,940 pediatric patients completed their visit; 4,028 additional pediatric patients scheduled an annual wellness appointment

Coming up on November 15, 2025

- Q4 H2O Epic & Oracle Health Lab Information System Upgrade
- What's New (next slide)

What's New? A new way to learn what changed During Upgrade

- Upgrade Reminders at the Right Time
 - What's New detects your organization's planned upgrade date and notifies users two weeks beforehand.
- Data-driven, Tailored Training Content
 - When users open What's New from the notification, the site is tailored to them based on how they use Epic each day

NYC HEALTH+ HOSPITALS | H₂O

H2O / Epic
Q4 Upgrade, November 15, 2025

H₂O LEARNING ACADEMY

Good Day,
My name is Professor Drop. I have joined the Applications Learning Team, and I have some exciting news about the Q4 upgrade, which is scheduled to happen on November 15, 2025. Scan the QR Code or read below...

Scan this QR Code to meet me!
HENT Works best when onsite and on the COSP W-4.

He joins our team to help YOU get ready for a smarter H₂O / Epic upgrade training experience! The Q4 upgrade will deliver personalized training that focuses on the features you'll actually use.

The "What's New" feature will provide you with timely reminders and easy access to all the training resources you will need to get up to speed on the Q4 upgrade enhancements.

The megaphone icon  is a reminder and a tool that is part of the "What's New" feature. It will appear on your Hyperdrive home screen early in November. Click on it to review the training content developed for you.

End-users who are primarily using the WAM client or the remote Home Health client aren't going to get What's New nudges.

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

11
minutes





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

Q2 2025 UnPrint Update

Deliverables	Delivery Date
Finance Resource Page	12/1/2025
Complete Finance Walkthroughs	1/1/2026
Printing limits across the system	1/1/2026

Current Status:

- Monthly meeting with finance champions and sub department leads
- Socializing the UnPrint Essentials/UnPrint Pack
 - RightFax e-Fax
 - Adobe Acrobat Pro w/signature pad
 - Hyland On-Base
 - KiteWorks

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 Finance locations and are in the process of preparing recommendations for device removal and digitization opportunities.



Green indicates current progress to date = 25% completion

Opentext RightFax e-Fax

Fax like email

Adobe Acrobat Pro w/signature pad

Sign, seal, and share—no printing required.

UnPack Your Digital Tools

Hyland On-Base

The smarter alternative to network shares.

KiteWorks

HIPAA-compliant file sharing—secure, simple, paperless.

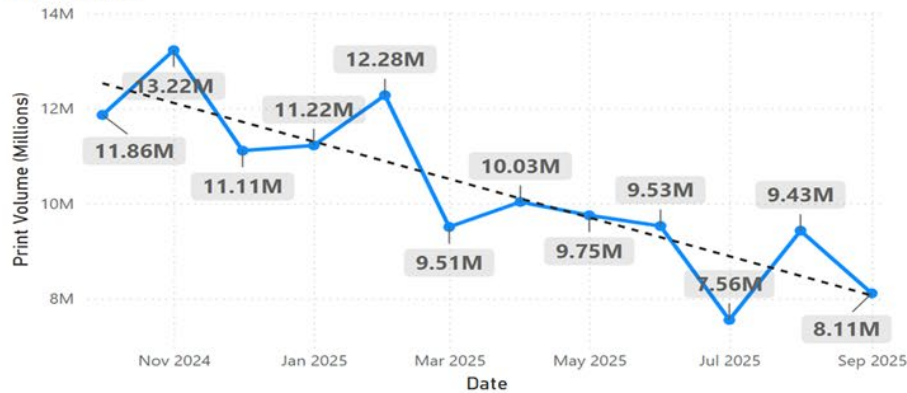


Unprint.
Keep your information
accessible, secure,
and eco-friendly.

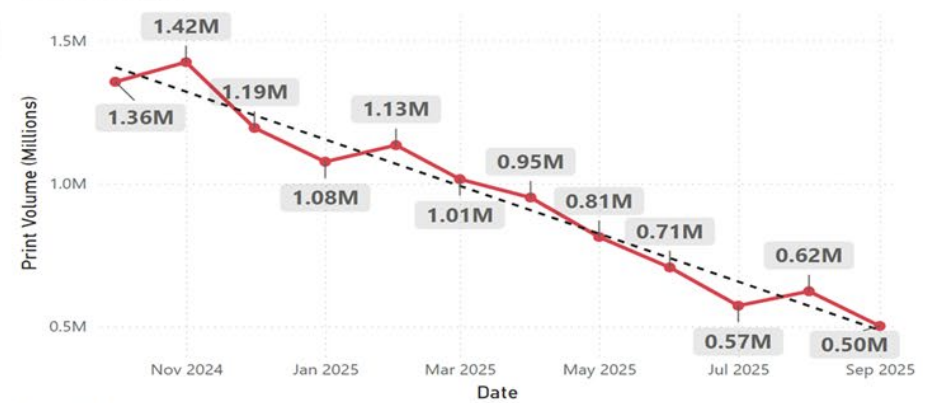
NYC H+H - Volume

BW Volume % Change	CLR Volume % Change	Total Volume % Change
-31.60%	-63.01%	-34.82%

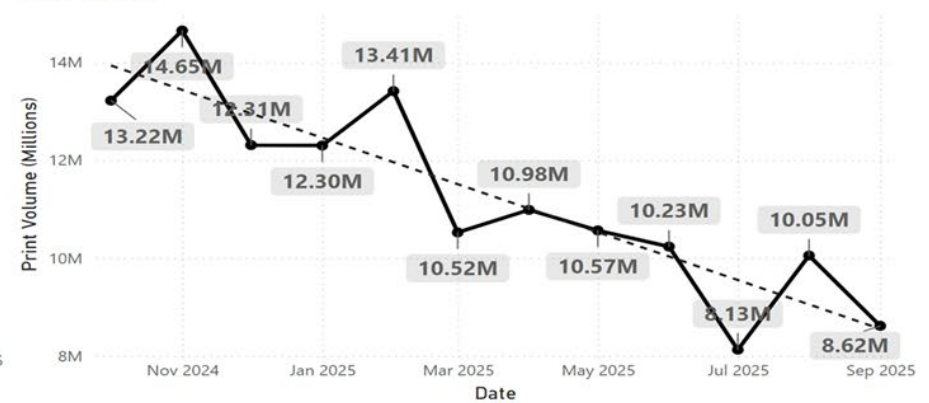
BW Volume



COLOR Volume



Total Volume



NYC H+H - Costs

BW Spend % Change

- 18.80%

CLR Spend % Change

- 63.83%

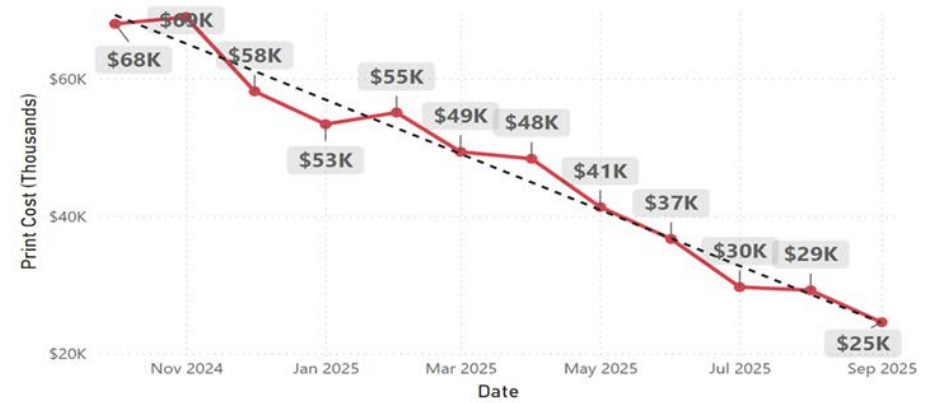
Total Spend % Change

- 32.76%

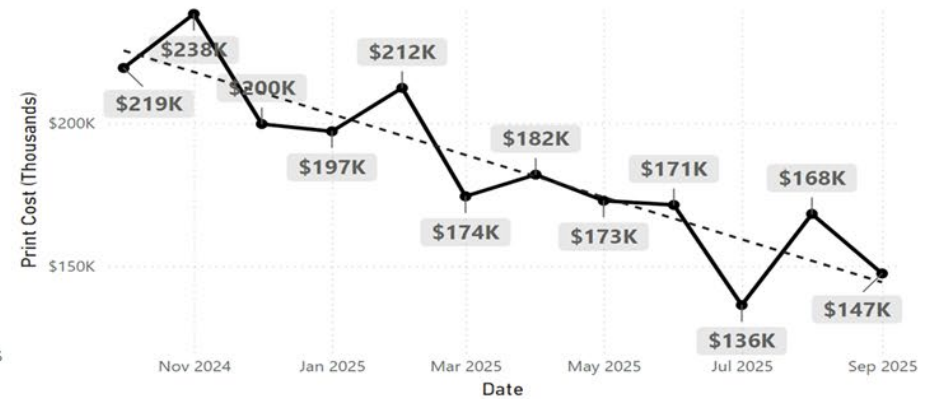
BW Cost



COLOR Cost



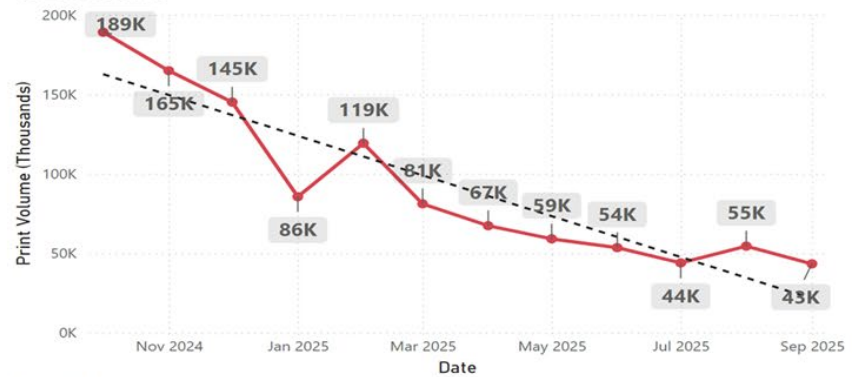
Total Cost



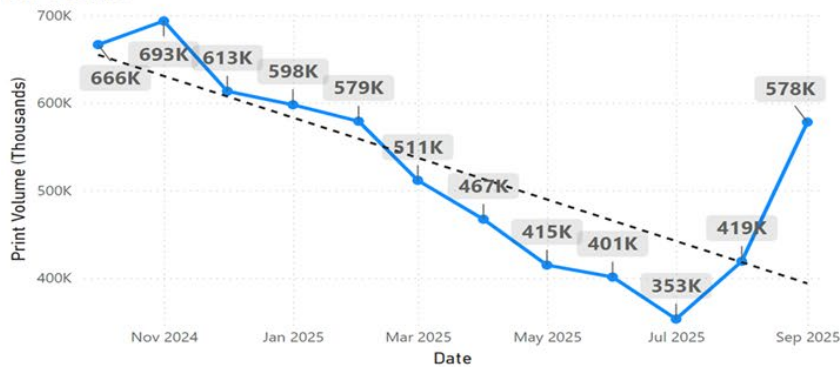
Central Office - Volume

BW Volume % Change	CLR Volume % Change	Total Volume % Change
-13.27%	-77.09%	-27.38%

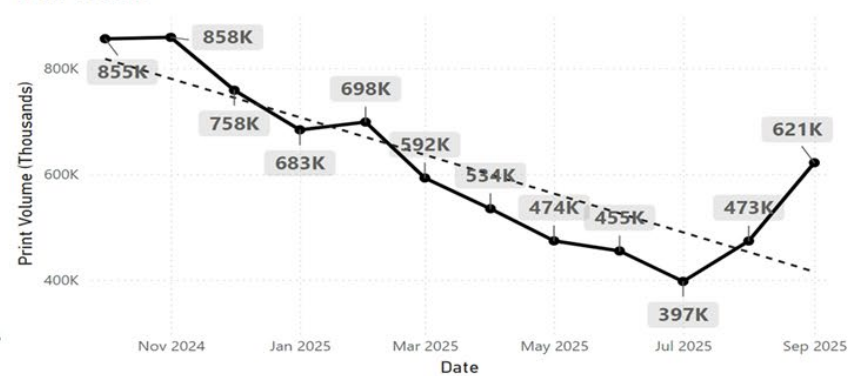
COLOR Volume



BW Volume

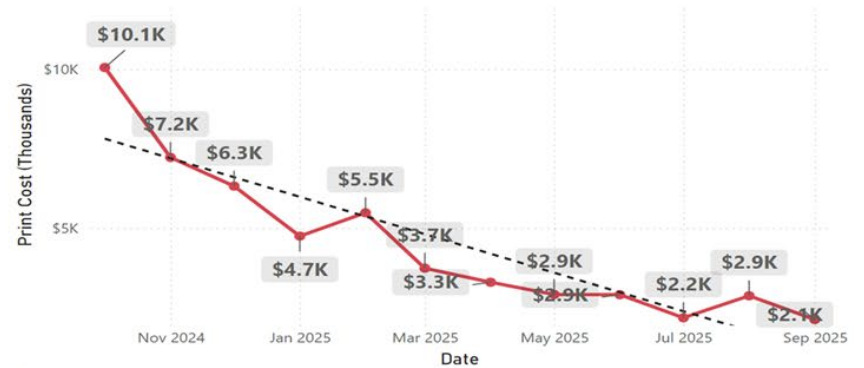


Total Volume



Central Office - Costs

COLOR Cost



BW Spend % Change

14.89%

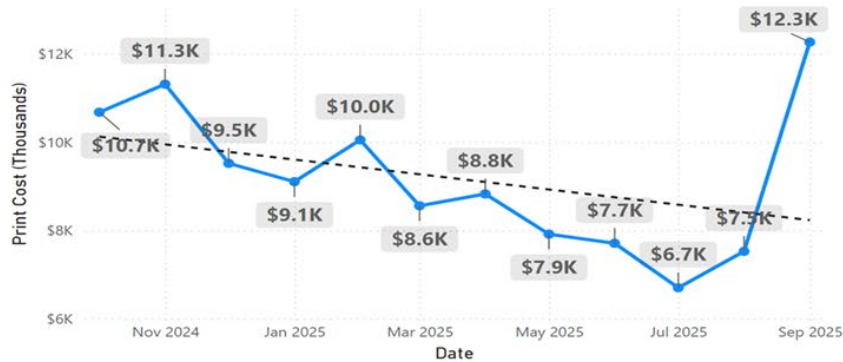
CLR Spend % Change

-78.96%

Total Spend % Change

-30.63%

BW Cost



Total Cost



EITS Employee Recognition Program September 2025 Awardees



Q & A

Thank
you