

BOARD OF DIRECTORS MEETING
THURSDAY, NOVEMBER 20, 2025

A•G•E•N•D•A•

CALL TO ORDER - 1:30 PM

Mr. Pagán

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

Medical Staff Credentialing Initial Appointments, Reappointments and Changes of Privileges

➤ November 2025

Mr. Pagán

Facility Governing Body Report

➤ NYC Health + Hospitals | Harlem

Semi-Annual Governing Body Report (Written Submission Only)

➤ NYC Health + Hospitals | Jacobi – North Central Bronx

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

3. **Adoption of the Board Meeting Minutes – October 30, 2025**

Mr. Pagán

4. **Chair’s Report**

Mr. Pagán

5. **President’s Report**

Dr. Katz

ACTION ITEMS

6. 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. Calamia

(Presented to the Medical and Professional Affairs/Information Technology Committee: 11/03/2025)

Vendex: Approved / EEO: Pending

7. 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. Calamia

(Presented to the Medical and Professional Affairs/Information Technology Committee: 11/03/2025)

Vendex: AC Disaster Consulting and Premier Assist LLC Approved – All others Pending

EEO: AC Disaster Consulting and Premier Assist – Pending, All others Approved

8. 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. Calamia

(Presented to the Medical and Professional Affairs/Information Technology Committee: 11/03/2025)

Vendex: Approved / EEO: Pending

9. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 5-year lease extension with **The Mattone Group Springnexus LLC ("Landlord") for 4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the "Clinic"), operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") extending a lease due to expire May 31, 2030 to expire May 31, 2035** with the base rent remaining unchanged at \$53.05/ft plus an estimated annual common area maintenance ("CAM") charge of \$27,233 and an estimated annual charge for real estate taxes of \$51,613 through May 31, 2030 when base rent will increase by 10% for the 5-years renewal term bringing the rate to \$58.35/ft. provided; there will be no rent for the 1st and 13th months of the extension term
(Presented to the Capital Committee: 11/03/2025)
Vendex: NA / EEO: NA

Mr. Pagán

10. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year lease agreement with **HARVILENE LLC for approximately 600 square feet of ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the "WIC Program") operated by NYC Health + Hospitals/South Brooklyn (the "Facility")** at a cost of \$24.00 per square foot, or \$14,4000 per year, to escalate by 2.25% per year for a total rent amount over the five-year term of \$75,313.72. In addition, there will be a \$200/month utility payment, or \$2400/year, for a total utility cost of \$12,000 over the course of the five-year term, making a total cost of occupancy over five years to be \$87,314.
(Presented to the Capital Committee: 11/03/2025)
Vendex: NA / EEO: NA

Mr. Pagán

11. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **National Environmental Safety Company, Inc. ("NESC") for the Early Demolition & Abatement Package at NYC Health + Hospitals/North Central Bronx Outposted Therapeutic Housing Unit ("OTxHU") Project**, with a contract amount of \$4,956,151, and a 10% contingency of \$495,615, for a total authorization of \$5,451,766 with an anticipated duration of 6 months.
(Presented to the Capital Committee: 11/03/2025)
Vendex: Approved / EEO: Pending

Mr. Pagán

12. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Kinsley Energy Systems, LLC ("Kinsley") for maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital**, with a total not-to-exceed amount of \$4,684,448, and a 20% contingency of \$939,890, for a total authorization of \$5,624,338 with an initial contract duration of three years with the option of two one-year extensions exercisable at the discretion of the System.
(Presented to the Capital Committee: 11/03/2025)
Vendex: Pending / EEO: Pending

Ms. Pagán

13. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a **Best Interest Renewal contract with NorthStar Recovery Services, Inc. ("NorthStar") for the provision of Emergency Incident Recovery Services for NYC Health + Hospitals, extending the term of the existing contract to December 31, 2028**, with all other terms and conditions remaining unchanged
(Presented to the Capital Committee: 11/03/2025)
Vendex: Approved / EEO: Approved

Mr. Pagán

14. **Adopting a Third Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors ("Board") of New York City Health and Hospitals Corporation (the "System") and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy.**
(Presented Directly to the Board: 11/20/2025)
Vendex: NA / EEO: NA

Mr. Pagán

15. Authorizing New York City Health and Hospitals Corporation to negotiate the terms of and enter into an affiliation and asset transfer agreement (the "ATA") with Maimonides Health Resources, Inc. and its subsidiaries and corporate affiliates (the "Maimonides Entities") for the transfer to NYC Health + Hospitals and its subsidiaries (collectively "NYC Health + Hospitals") of specified assets and liabilities of the Maimonides Entities, and for NYC Health + Hospitals to assume control of the health care operations of the Maimonides Entities:

Mr. Pagán

And further authorizing the System to take certain steps necessary to satisfy the terms of the ATA in order to consummate on or about April 1, 2026 and upon the receipt of requisite governmental, third-party, and NYC Health + Hospitals Board approvals, the transaction described in the ATA (the "Transaction") so long as the governing bodies of the Maimonides Entities vote to proceed with the Transaction.

(Presented Directly to the Board: 11/20/2025)

Vendex: NA / EEO: NA

COMMITTEE REPORTS

- Medical and Professional Affairs Committee
- Capital Committee
- Finance Committee
- Community Relations Committee

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

>>Old Business<<

>>New Business<<

Mr. Pagán

>>Adjournment<<

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the 30th day of October, 2025 at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José A. Pagán
Dr. Mitchell Katz
Ms. Erin Kelly
Ms. Molly Wasow-Park - Left at 3:00 p.m.
Ms. Karen St. Hilaire - Joined at 3:06 p.m.
Ms. Freda Wang
Dr. Vincent Calamia
Dr. Toni Eyssallenne - Left at 3:00 p.m.
Ms. Zahira McNatt - Joined at 3:06 p.m.
Ms. Anita Kawatra
Dr. Patricia Marthone
Ms. Jackie Rowe-Adams
Dr. Michael Espiritu
Ms. Vanessa Rodriguez

José Pagán, Chair of the Board, called the meeting to order at 2:07 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, Erin Kelly is representing Deputy Mayor Suzanne Miles-Gustave, and Dr. Tony Eyssallenne is representing Dr. Michelle Morse - both in a voting capacity.

EXECUTIVE SESSION

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding patient medical information relating to a particular patient, matters relating to proposed or actual litigation, and the medical, financial or credit history of a particular person or corporation.

OPEN SESSION

The Board reconvened in public session at 3:06 p.m.

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

Zahira McNatt is representing Dr. Michelle Morse - all in a voting capacity.

ACKNOWLEDGEMENTS

Mr. Pagán Thanked Ms. Rowe-Adams for attending the Gotham Health Sydenham Community Advisory Board Annual Public Meeting on October 10th and the Gouverneur 140th year anniversary celebration on October 22nd.

Mr. Pagan also thanked Ms. Wang, Dr. Eyssallenne and Ms. Rodriguez for their site visit to Lincoln Hospital on October 23rd.

Lastly, he thanked Ms. Kawatra, Ms. Rowe-Adams and Ms. Wang, for attending the NYC Health + Hospitals Philanthropy event on October 23rd.

ACTION ITEM 3 - ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on September 25, 2025 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the **Board of Directors Meeting held on September 25, 2025** copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

GOVERNING BODY

Mr. Pagán advised that during the Executive Session, the Board received and approved NYC Health + Hospitals Medical Staff Credentialing Initial Appointments, Reappointments, and Changes of Privileges for the month of October 2025.

The Board received and approved the governing body oral and written report from NYC Health + Hospitals| South Brooklyn Health.

The Board received and approved the written submission of the NYC Health + Hospitals| Sydenham Diagnostic & Treatment Center - Gotham Center governing body 2024 performance improvement and evaluation plan.

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

VENDEX APPROVALS

Mr. Pagán noted there were nine items on the agenda requiring Vendex approval, five of which are pending approval. There are fifteen items from previous Board meetings pending Vendex approval.

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

ACTION ITEM 6:

Mr. Pagán read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") **to execute contract(s) with HealthPlan Services Inc., ("HPS or "Wipro") a Business Process as a Service (BPaaS) solution, for the Medicare and Exchange (QHP) lines of business,** for a total not to exceed amount of \$30,000,000, including a 20% contingency, for a 5-year term.

(Presented to the MetroPlus Board of Directors: 09/25/2025)

Steven Stein Cushman, Chief Counsel for MetroPlus Health Plan, provided an overview of MetroPlus' plan to transition to Wipro for a Business Process as a Service (BPaaS) solution for its Medicare and Exchange (QHP) lines. The current vendor is unable to meet MetroPlus' requirements due to their transition to a new core operating system. As a result, MetroPlus will enter into a \$30 million, 5-year contract with Wipro starting in 2026. Wipro will provide services including claims processing, billing, benefit administration, and compliance. The vendor selection process was conducted through a Negotiated Acquisition with specific criteria, including the vendor's experience with HealthEdge platform and CMS requirements. The vendor has committed to a 30% MWBE utilization plan for staffing.

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

ACTION ITEM 7:

Mr. Pagán read the resolution

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

(Presented to the Finance Committee: 10/14/2025)

Linda Dehart, Vice President Finance, Corporate Reimbursement Services, provided an overview of the RFP process for procuring consulting services related to Medicare and Medicaid reimbursement, as well as supplemental Medicaid and Consolidated Fiscal Report submissions. The RFP consolidates previously separate

scopes of work, which include services like Medicare reimbursement analysis, Medicaid rate analysis, long-term care reimbursement, and CFR submissions. Ms. Dehart highlighted the current state, noting two existing agreements for Medicare-related consulting services with Third Party Reimbursement LLC and Moss Adams (now Baker Tilly), with a combined contract value of \$6.79 million. Additionally, since FY-21, \$2.79 million has been spent on Medicaid-related consulting services. Ms. Dehart outlined the procurement process, RFP criteria and vendor selection process. Ms. Dehart provided details on the selected vendors for various scopes of work: Third Party Reimbursement Solutions for Medicare reimbursement, Moss Adams (Baker Tilly) for Medicare DSH, Forvis Mazars for Medicaid and long-term care, and Manatt Health Strategies for Medicaid supplemental funding. Vendor diversity was considered, with a 10% diverse vendor component recommended, though some vendors were granted waivers based on self-performance of the work.

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

ACTION ITEM 8:

Ms. Wang read the resolution

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

(Presented to the Finance Committee: 10/14/2025)

Leora Jontef, Senior AVP, Housing + Real Estate, highlighted the connection between housing and health at NYC Health + Hospitals, noting that a large portion of patients are homeless or marginally housed, which leads to higher emergency visits and longer hospital stays. To address this, the System's Housing for Health program connects patients to housing and medical respite services, improving health outcomes and reducing healthcare costs. The program has helped over 3,000 patients, with nearly 1,500 stably housed. Medical respite programs reduce inpatient stays, lower costs, and improve patient outcomes, including fewer ED visits and better housing placement rates. In 2024, the program expanded to 75 beds to meet rising demand, but additional funding is required to sustain this growth. The program is managed by non-profit vendors, with no MWBE goal due to the procurement structure. The vendors' performance and overall quality has been rated excellent.

Ms. Wang mentioned the positive impact of the medical respite program, highlighting its benefits on both patient care outcomes and financial results. She emphasized the importance of tracking and sharing these results to continue

supporting the program's success.

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

ACTION ITEM 9:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **to execute a contract with C.D.E. Air Conditioning Co Inc. (the "Contractor"), to undertake a boiler and Building Management System (BMS) upgrade project of NYC Health + Hospitals/North Central Bronx Hospital** for a contract amount of \$8,781,032, with a 10% project contingency of \$878,103, to bring the total cost not to exceed \$9,659,135.
(Presented Directly to the Board: 10/30/2025)

Manuel Saez, Vice President, Office of Facility Development, discussed the need for significant upgrades at NYC Health + Hospitals| North Central Bronx, including refurbishing and upgrading boilers and installing a centralized Building Management System (BMS). The project will involve replacing burners and controls for four boilers, refurbishing one, and installing a new BMS for efficient operation. Construction is expected to begin in Fall 2025 and be completed by Spring 2027, with minimal impact on patient care. Mr. Saez provided an overview of the procurement process. The project has an \$8.78 million construction budget, with a 30% MWBE goal.

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

ACTION ITEMS 10 AND 11:

Mr. Pagán read the resolutions

10. Amending previously adopted resolution by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on November 18, 2021 authorizing the System to lease from an entity named as Coney Island Associates Retail 2 LLC ("Landlord") in a to-be-constructed building at 1607 Surf Avenue, between W. 17th and 16th Streets approximately 2,500 sq. ft. at a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer's operating costs to house the Ida G. Israel Community Health Clinic **with such amendment correcting an error in the name of the Landlord to correct such name in such resolution to be "Coney Island Associates 2 Retail LLC."**

(Presented Directly to the Board of Director: 10/30/2025)

11. Amending previously adopted resolution by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on March 28, 2024 authorizing the System to lease from an named as Coney Island Associates Retail 2 LLC ("Landlord") in a to-be-constructed building at 2932 West 16th Street between W. 17th and 16th Streets approximately 6,250 square feet for a yearly rent of \$25/sq. ft. to be escalated by 10% after 5 years plus the provision of 10 parking spaces charged at \$150/month for each parking space; and provided further that the System shall hold two 5-year options to renew the lease with the rent during the first renewal term to be at the higher of 95% of fair market value or 10% over the prior rent and with the rent for the second renewal term to be at a 10% increase over the prior rent with the rent over the entire potential 20-year term totaling approximately \$3,985,781 to house the Ida G. Israel Community Chemical Dependency Clinic **with such amendment correcting an error in the name of the Landlord to correct such name in such resolution to be "Coney Island Associates 2 Retail LLC."**

(Presented Directly to the Board: 10/30/2025)

Ms. Jontef explained that The Board of Directors of New York City Health + Hospitals Corporation is being asked to amend two previously approved resolutions to reflect a change in the landlord's name. The landlord entity name will change from Coney Island Associates Retail 2 LLC to Coney Island Associates 2 Retail LLC for both the Ida G. Community Health Clinic (approved on November 18, 2021) and the Ida G. Chemical Dependency Clinic (approved on March 28, 2024). All other terms of the agreements remain unchanged.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the **amended** resolutions 10 and 11.

ACTION ITEMS 12:

Mr. Pagán read the resolution

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on May 29, 2025 authorizing the execution of a contract with Johnson Controls, Inc., (the "Contractor"), to provide Building Management System preventative maintenance and repair services at various NYC Health + Hospitals facilities **with such amendment increasing the contract term from three years with two one-year options to five years with no renewal options at the previously approved not-to exceed amount of \$12,676916 including a 10% contingency of \$548,793.41.**

(Presented Directly to the Board: 10/30/2025)

Mr. Saez discussed the Board's previous approval in April 2025 for a contract with Johnson Controls for Building Management Systems maintenance and repair across the system. He noted that the original contract was set for 3 years with two 1-year renewal options. However, due to pricing due diligence, they are now

requesting an amendment to amend the contract term to 5 years with no renewal options.

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

ACTION ITEM 13:

Mr. Pagán read the resolution

Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors an Implementation Strategy Plan (an "ISP") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals| Henry J. Carter Specialty Hospital ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") which was approved by the Board of Directors in June 2025.

(Presented Directly to the Board: 10/30/2025)

Okenfe Lebarty, Assistant Vice President of Community Affairs, provided an update on the 2025 Community Health Needs Assessment (CHNA), highlighting community input on key health concerns like chronic disease, mental health, and homelessness. Mr. Lebarty discussed how these priorities align with NYC Health + Hospitals' goals, showcasing programs such as NYC Health + Hospitals| Harlem Hospital's housing and chronic disease care initiative, and the lifestyle medicine program. He also emphasized efforts to improve patient experience, nurse job opportunities, and housing through the Bridge to Home project. Additionally, Mr. Lebarty noted the commitment to evaluating the impact of these initiatives, with ongoing community partnerships and resource allocation, including clinical and nonclinical services. The goal is to continuously track and improve the implementation strategy (ISP) based on qualitative feedback and community input.

Following questions, Mr. Lebarty confirmed that all partners are on board with the 2025 CHNA and Implementation Strategy (ISP), with many expressing a desire to actively contribute. He mentioned the weekly digest that keeps partners informed and fosters ongoing collaboration. Ms. Brown emphasized the importance of maintaining continuous engagement with community partners, not just at CHNA events. Mr. Lebarty also noted that other organizations are using the System's ISP for their own reports, highlighting the report's significance.

The Board expressed pride in the collective effort and progress made, especially with the introduction of success measures to track goals.

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

ITEM 5 - PRESIDENT'S REPORT

NYC HEALTH + HOSPITALS SKILLED NURSING FACILITIES NAMED AMONG NEWSWEEK'S BEST NURSING HOMES IN AMERICA

NYC Health + Hospitals' five skilled nursing facilities have been recognized in Newsweek Best Nursing Homes list for 2026. NYC Health + Hospitals' facilities ranked #2, #3, #4, #10, and #11 out of more than 600 nursing homes in New York State.

SIXTEEN NYC HEALTH + HOSPITALS NURSE LEADERS RECOGNIZED FOR ACHIEVING DOCTORAL DISTINCTION

Sixteen nurse leaders who have attained doctoral-level education were recognized at the health System's fourth annual Doctoral Circle of Excellence event. The program supports and promotes mentoring and networking among nurses across the health care System.

NYC HEALTH + HOSPITALS CELEBRATES THE 140-YEAR HISTORY OF GOUVERNEUR AND BRIDGING HEALTH CARE ACCESS TO NEW YORKERS

NYC Health + Hospitals celebrated the 140th anniversary of Gouverneur, the former hospital built in 1885 in lower Manhattan. Originally, Gouverneur Hospital was designed to serve as an emergency hospital and ambulance station for the congested waterfront district, and to address patient overcrowding at Bellevue Hospital, just a few miles north.

MAYOR ADAMS LAUNCHES NYC BABY BOXES TO MAKE LIFE MORE AFFORDABLE FOR NEW MOTHERS AND FAMILIES

Along with New York City Mayor Eric Adams, the System celebrated the launch of "NYC Baby Boxes," a program to welcome the newest New Yorkers and support New York City families by reducing early financial stress for new parents.

NYC HEALTH + HOSPITALS/QUEENS DISCHARGES "MYRACLE" BABY

NYC Health + Hospitals| Queens announced the ceremonial graduation and miraculous discharge of Myracle, a resilient infant born at 22 weeks and weighing just 1 pound, 0.6 ounces. Inspired by another baby's successful treatment at Queens Hospital after being born pre-term, Myracle's family chose Queens Hospital for her care, leading to a remarkable journey from fragility to flourishing health. After five months in the NICU, Myracle was able to go home from the hospital weighing a healthy 8 pounds, 3 ounces.

NYC HEALTH + HOSPITALS/BELLEVUE ANNOUNCES NEW LITERACY PROGRAM FOR NICU FAMILIES

NYC Health + Hospitals| Bellevue announced "Our Story Begins," a first-of-its-kind literacy program in New York that encourages families in the Neonatal Intensive Care Unit (NICU) to read to their babies as part of routine care. The initiative provides families with books and literacy education, supporting bonding and promoting healthy language and cognitive development from the very start of life.

**NYC HEALTH + HOSPITALS FACILITIES PARTICIPATE
IN BREAST CANCER AWARENESS ACTIVITIES**

October is Breast Cancer Awareness month and all NYC Health + Hospitals facilities participated in awareness activities from tabling at their facilities to bake sales to walking in Central Park.

**BRIDGE TO HOME UPDATE- A NEW CARE MODEL FOR NEW YORKERS WITH SEVERE MENTAL
ILLNESS**

NYC Health + Hospitals celebrated the opening of the public health care system's first "Bridge to Home" facility, an innovative support model designed to provide transitional housing with on-site clinical services for New Yorkers with severe mental illness. The program fills a critical gap for patients who are ready to be discharged from our hospitals but do not have a safe place to continue their recovery. Dr. Katz welcomed the Board to a site visit.

COMMITTEE AND SUBSIDIARY REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 3:53 p.m.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

GOVERNANCE COMMITTEE

Meeting Date: Thursday, September 25, 2025

As Reported by José Pagán

Attendees

Committee Members - José Pagán; Michell Katz; Freda Wang; Vincent Calamia; Sally Hernandez-Piñero, Toni Eyssallenne representing Michelle Morse in a voting capacity

Staff - Colicia Hercules

The meeting was called to order at 12:40 p.m. pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on April 24, 2025. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the Executive Session the Committee discussed the President's recommendation to appoint:

- Dr. Sewit Teckie - Vice President of Clinical Services, pending her becoming a NYC Health + Hospitals employee.

The Committee unanimously approved Dr. Katz recommendations to be presented to the Board.

There being no further business, the meeting adjourned at 1:04 p.m.

AUDIT COMMITTEE MEETING TALKING POINTS - October 14, 2025

As Reported by: Sally Hernandez-Piñero

Committee Members Present: Sally Hernandez-Piñero, Jose Pagán, Dr. Ted Long representing Dr. Mitchell Katz in a voting capacity until he joined at 10:18, Ms. Freda Wang and Ms. Tricia Taitt - join at 10:19; Karen St. Hilaire join at 11:00.

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:04am.

Ms. Sally Hernandez-Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on July 16, 2025. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Sally Hernandez-Piñero proposed a motion to convene an executive

session to discuss confidential and privileged matters. A motion was made and seconded with all in favor.

The Committee reconvened in open session at 10:46am.

Ms. Sally Hernandez-Piñero stated next on the agenda is a presentation of the Fiscal Year 2025 audit results by Ms. Maria Tiso from KPMG. Ms. Tiso introduced her team which comprises of Ms. Camille Fremont, Engagement Partner, Mr. Ryan Santonacita, Engagement Managing Director and Ms. Yimiao Chen Engagement Senior Manager.

KPMG Update

Ms. Tiso stated that this was KPMG's second year auditing NYC Health + Hospitals. She noted that the process went very smoothly and thanked the Finance team, especially Mr. David Guzman and Mr. James Linhart for their help and co-operation. She noted that KPMG would issue an audit report on October 17, 2025, which will be an unmodified audit opinion in accordance with Government Auditing Standards, which is the highest level of assurance and that the financial statements are free of material misstatements.

There were no major problems, disagreements, or concerns raised during the review. The only notable event after the fiscal year ended was a supplemental event disclosure - a bond financing of \$243 million that took place in August 2025. KPMG is working with management and the banking institutions. She also mentioned that the information that management has provided to the committee did not have any adjustments from the audit perspective.

Ms. Tiso next spoke about the current and future deliverables. The deliverables that we will issue this year will be consistent to what we issued in the previous year. The audit report will include a Report on Internal Controls over Financial Reporting and on Compliance and Other Matters based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards. In addition, they will issue a debt compliance letter in connection with the Corporations outstanding bond.

The future deliverables will be;

- Management letter to the Audit Committee and management on our recommendations regarding internal controls and other operational matter in progress to be issued in December 2025,
- Auditor's report on the financial statements of HHC ACO, Inc. as of and for year ended June 30, 2025 - expected to be issued December 2025,
- Auditor's report on the statutory financial statements of MetroPlus Health Plan, Inc. as of and for year ended December 31, 2025 - expected to be issued in March 2026,
- HHC Insurance Company, Inc. as of and for the year ended December 2025 and expected - to be issued in 2026

- Auditor's report in connection with cost reports for RHCF-4 (skilled nursing facilities) and AHCF-1 (diagnostic and treatment centers) expected to be issued 2026.

Per Ms. Tiso, KPMG number one goal is to make sure that they provide exceptional client experience to the organization, and they want to make sure that the people that are staffed are engaged in specific health care and government industry experience. They can work with management to identify anything unusual that needs to be addressed throughout the audit. She also mentioned that the team is using the latest technology to make sure that the audit is more efficient and effective. Each year they keep adding new technology as new technology comes into play.

Ms. Tiso turn it over to Mr. Santonacita to explain the new technology KPMG is using which is called transaction scoring. Mr. Santonacita stated that transaction scoring is allocation of a score to each transaction flowing through the entity's ledger. This process was applied to the OTPS financial statement line item. This scoring is focused on vendor-based invoicing. Transaction scoring is a data analysis that surpasses historical sampling methods. It analyzes 100% of transactions and subledger populations which will allow them to conclude in scope accounts. Through that analysis, it runs each transaction through approximately eleven control point and it provides a score for each of those individual transactions based upon the control point hits, it will bucket the transactions into low, medium, and high. If transactions are identified for further consideration, it is more than just a pass/fail type test. The statistical advanced data analysis provides sufficient audit evidence for any transaction that is scored as low. This year we had some high and medium bucket identified, which resulted in testing a sample of eight. The transaction scoring is really to look for more exception-based matters versus just doing a random statistical sample and looking to conclude or in some instances having to continue to expand the sample. Mr. Santonacita mentioned, they utilize it over the OTPS line item, which represents approximately \$3.7 billion dollars of activity for the corporation.

Ms. Sally Hernandez-Piñero asked, do you use this for MetroPlus and the other subsidiaries as well?

Mr. Santonacita responded, so MetroPlus is a different task. The way the corporation works is you have the HHC column and MetroPlus plus the insurance side. It does not work on the insurance component, claims payables are actually tested using statistical sample. The focus for when we were evaluating it, we noted that OTPS in the HHC column, which is primarily vendor-based invoicing could be utilized there.

Ms. Tiso also responded, it just provides a better audit conclusion in the area especially with OTPS is the largest account balance on expenses, there were no major findings which was a good thing using this tool.

Ms. Freda Wang asked, you didn't find that having much more granularity using transaction scoring uncovered more discrepancies or high-risk kind of transactions?

Mr. Santonacita responded, when they are bucketed we look to disaggregate the accounts, for example if there is a repairs and maintenance or a temp services line, we will understand that majority of the transactions are scored within the low bucket again depending upon the output, but they did not find any anomalies, yes they might with certain transactions that in each certain criteria, but upon further review and investigation, those transactions were not identified as errors, but rather just they had met certain statistical criteria.

Ms. Sally Hernandez-Piñero stated, seems that they were more routine in nature.

Ms. Camille Fremont responded, it allows you to visualize where the defenses are falling, and then we can ask more detailed questions about items we would not have known about in the past when you just doing a pure statistical sample. So, it allows us to really embed risk assessment into our testing as well and focus on those areas that.

Ms. Sally Hernandez-Piñero responded, you could be lucky one year and the sample you have could have no errors, right? Just based on the samples so this kind of hones in on the high-risk areas that you should be looking at?

Ms. Tiso responded, every year there is something new and we are trying to make sure that we are incorporating it to make sure that we are providing and adding value to the organization, it is not just finding things but providing recommendations for management, how to improve the certain areas too.

Mr. Santonacita continue the presentation by discussing audit results required communications and other matters. He stated, as Maria mentioned, she did cover a number of required communications so I will try to keep this on the higher level. There were no corrected or uncorrected audit misstatements, at the time of the mailing 10/9/25 we were finalizing the claims expense test work, and we have completed and concluded that there are no uncorrected statements identified.

Yimiao, will discuss some of the significant accounting estimates, to the best of our knowledge, we are not aware of any management's consultation with other accountants and there were no disagreements with management. Significant accounting policies are disclosed in Note 1. There were two new GASB's adopted in the current year, neither of which had a material impact to the financial statements, those are disclosed in note 1. We do know we had one consultation with our department of professional practice to close out a prior year legal matter. There was

no suspected or actual fraud involving management employees or employees with significant roles in internal control.

Our written communications are the engagement letter, the management letter, and the management representation letter. Lastly, with respect to independence, we are not aware of any relationships between KPMG and New York City Health and Hospitals that may reasonably be thought to bear on our independence, we will cover some inquiries of management and on the Board.

Mr. Santonacita stated, we had a change to our audit plan, we had to change our planned audit strategy. As a response to the unfavorable change in estimate specifically related to the Disproportionate Share Hospital Maximization (DSH Max) receivable. The engagement team revised our risk level involved in auditing the receivable from a base risk to an elevated risk. The third-party estimate was included and it was identified as an accounting estimate in our audit plan, and this is just making the committee aware of the change related to the risk assessed.

Additionally, our engagement team engaged a subcontractor, Health Management Solutions, which has specific knowledge of third-party reimbursements, specifically New York State to assist in the review of the current year estimate, the underlying methodology and the assumptions. We continue to finalize and review the financial statements, which includes the partner and our concurring review partner. We actually received the final tax review this morning, and then we continue to finalize the test work in the areas of claims expense. The debt compliance test work has been completed, as well as the statement of cash flows. They will continue to follow up on any remaining PVC items from the client and finalize our documentation. They will evaluate subsequent events through issuance, which is expected to be this Friday, and we will inspect any available minutes and obtain the signed management representation letter. Mr. Santonacita then turned over the presentation to Ms. Fremont.

Ms Fremont stated as a reminder to the committee, MetroPlus are audited through June 30, 2025 for purposes of the corporation's audit and then they have a standalone audit for December 31, 2025 as well. She thanked the management of MetroPlus for all the help they have given through the progression of the audit for June 30, 2025 and also doing work that can be leverage for the December 31, 2025 audit as well.

During our test work over claims expense, we looked at the claims paid and we focused on the period of January 01, 2025 through June 30, 2025 at this point we leveraged work from last year's December 31, 2025 for the period that crosses over into the corporation's year end. In that sample we did find some discrepancies in the amounts of claims that were paid, it was caused by various factors like incorrect contract configuration as well as some manual claims intervention. We are continuing to work with management to identify additional claims that we need to test for

purposes of the December 31, 2025 audit. Ms Fremont acknowledged that there is high level of monitoring procedures in place at MetroPlus including a review of the weekly check runs to discover any potential anomalies if there was a claims processing issue as well as high dollar claims reviews. The totality of what goes on throughout the claims process allows us to conclude that these errors that we found in our samples are a significant deficiency, but it does not rise to the level of the material weakness for purposes of the June 30, 2025 audit. They will come back in December 2025 to present the management letter comment and they will continue to work with management through that process and they will continue to test claims for the standalone MetroPlus December 31, 2025 audit.

Ms. Fremont asked is there any question?

Ms. Sally Hernandez-Piñero commented, I guess when MetroPlus gave us a brief presentation on the issues, it was surprising one of them involved A \$50 error, I guess your system resulted in having it appear at least less insignificant than it does.

Ms. Fremont responded correct, that is why we are continuing to test the claim for the purpose of the December 31, 2025 audit nor would we suggest that management should book to our extrapolation. We just need to continue our testing for this time period plus 2nd half of the year to allow us to conclude on a standalone basis for MetroPlus for that audit.

Ms. Tiso commented, there will be no way for us to be able to go in and test every single claim, it would be an enormous task for both management and for us. So, in that particular instance in order for us to conclude that it is not a material weakness, we need to put a box around it and the way to do that is to extrapolate over the population so that we can have guidance of where this control finding would fall into and really a significant deficiency is just making sure that management and the audit committee is aware of it does not rise to a material weakness.

Ms. Sally Hernandez-Piñero asked are there any other questions?

The presentation was then turned over to Ms. Yimiao Chen who presented on significant and other accounting estimates. She started with the first accounting estimate where an evaluation of patient accounts receivable. They perform an independent look back analysis on the June 30, 2024 account patient receivable using the actual cash collected. They developed an independent estimate using data analytics tool for the June 30, 2025 A/R evaluation based on the test they performed. They concluded that the evaluation of patient accounts was reasonable for June 30, 2024.

The next estimate was the valuation of pension obligation (GASB 68) and

other postemployment obligations (GASB 75) and related disclosures. Management provide the salary component of census data for selected participants to the NYC Office of the Actuary, which combines the information with additional relevant data from NYCERS to project actuarial liability from City of New York. Management obtains and records their determined employer's proportionate share of the collective net pension liability from the City of New York. Management obtains and records their determined total other postemployment benefit liability from the City of New York. They utilized a KPMG actuarial professional to evaluate the actuarial methods and assumptions (discount rate, expected rate of return on assets, salary increases, healthcare costs trend rates, per capita claims cost and mortality rates, etc.) for reasonableness and consistency with respective requirements of GASB 68 and GASB 75. They performed test work procedures on certain relevant data elements maintained by management within the underlying census data used in the actuarial reports. They reviewed the presentation and disclosure of the related pension obligation and post-retirement obligations in the financial statements to help ensure appropriateness with applicable accounting framework. She noted, no indication of management bias, they determined that the valuation of GASB 68 and GASB 75 and related disclosures were appropriate and reasonable in relation to the financial statements taken as a whole.

Ms. Chen, went on to discuss third-party receivable related to the Disproportionate Share Hospital Maximization (DSH Max) program. Management estimates revenue from the DSH Max program based on projected losses incurred from treating uninsured and Medicaid patients, these projections are grounded in the 2021 audited DSH results the most recent years that underwent a formal DSH audit. From this baseline, management subtracts compensating revenue received through other sources, such as Upper Payment Limit (UPL) programs, FEMA reimbursements, and regular DSH payments. The resulting net amount represents the estimated uncompensated care that is expected to be subsidized through the DSH Max Program. They utilized a subcontractor, Healthcare Management Solutions, LLC, to review the methodology and assumptions used in estimating the DSH Max receivable. They performed test work and risk assessment over the underlying relevant data elements. She noted, no indications of management bias, they determined that the methodology and assumptions utilized to determine the DSH Max receivable were reasonable in relation to the financial statement taken as a whole.

Ms. Freda Wang asked so the risk was elevated because management changed the methodology? is that the reason for the risk elevation or did something else change?

Mr. Santonacita responded management had recorded either end of the first quarter or the end of second quarter these estimates are on a lag, so the 2021 DSH audit was completed by the State of New York, which resulted in a \$700 million negative change in estimate, so it was a hit to net patient service revenue, as a result of that future years that

were still open, that were subject to DSH audits, the methodology needed to be revised to ensure that the results of the DSH audit were flown through the previous years based upon the most recently available information. In previous years there were no matters as such. So, with that change in methodology as well as the settlement of the 2021 DSH audit, KPMG took a step back and said maybe we should be revising this to ensure that the methodology is appropriate based upon the latest available audit results reflects it through.

Ms. Freda Wang asked so the audit results gave clarity as to what our receivable should be?

Ms. Tiso responded what our procedures did was just conclude what management had done from an audit perspective.

Mr. Guzman also responded, we had a methodology that Ryan described, it has this flow through component for year-end, we actually modified that methodology to make it more bottom up so that it is more reactive to changes because we felt that methodology built on a lag was not as good as detecting changes, we keep evolving as the entity in real time our business model changed, so we want to make sure that we have this bottom up approach. So, this year we actually modified the methodology, still I would not characterize it purely bottom up It is still hybrid. There are components of it that are more bottom up than they were before. Mr. Guzman stated that KPMG took a look at that.

Ms. Tiso also added We just felt that we needed to dig deeper into the methodology to make sure that we were okay with the assumptions and the changes that management had made for that calculation.

Mr. Santonacita responded to David's point, from 2021 and forward the State of New York has also changed some of the way that they have done reimbursement methodologies specifically with UPL add on and conversion rates. In 2021 and prior those really were not a factor in determining the methodology because they were not in play in terms of a reimbursement method for the corporation and within the State of New York.

Ms. Freda Wang responded, so I guess the elevated risk is just all of these things changing in enhanced the focus for KPMG and then KPMG based on your review of the estimates dug into what management had done and conclude that it is fair.

Ms. Tiso, if you remember back in June when we came to go through the audit plan a lot of these changes were not made yet, so we would not have known that is why we had kept it at a base risk, all these changes had not happened yet. As part of our order procedures, we do monitor the changes that are made from the time we come here to present our report if things need to be changed and then discuss it with the committee.

Ms. Freda Wang state, on the pension stuff we had in the past some pension findings so this makes me feel that we are doing much better.

Ms. Fremont discuss the last estimate MetroPlus Health Plan's valuation of claims payable for incurred but not reported (IBNR) claims. Management utilized a third-party actuary to calculate the liability based on historical paid claims data and determine the reasonableness. They utilized a KPMG actuarial professional to develop an independent estimate using claims data and performed a look back analysis historical IBNR reserves. They performed test work over the paid claims data and membership data utilized in the actuary report. No indications of management bias, they determined that the valuation of Metro Plus claims payable liability was reasonable in relation to the financial statement taken as a whole.

Ms. Tiso presented the last slide required inquiries. They have meetings with various members and management team to determine if there's any noncompliance with laws, investigations, any fraud that we should be aware of and nothing came to their attention. If there is anything that the committee, you know, based on after you read this. To discuss with me, please let me know, but these are just some of the sample questions that we go through with the management team and nothing came to our attention. And then we also had an appendix, it's just a slide on the 2025 board agenda and our US audit quality transparency and impact reports. That is just for the audit committee's review. Early review, if you have any questions, I know you guys were all very busy, but we just wanted to add it there. If you have any questions, you know, definitely reach out to me.

Financial Statement

Mr. Guzman presented Fiscal Year 2025 Draft Financial Statement. He stated that the financial statements are comprised of the statement of net position, aka the balance sheet, statement of revenues, expenses and changes in net position, aka, the income statement, and a statement of cash flows, and the notes to the financial statements. We all focus on a consolidated income statement which encapsulates the System's overall financial performance for fiscal year 2025. The income statement is showing a total operating revenue on a consolidated basis of \$15.75 billion and total operating expenses of \$15.69 billion, which leads to an operating gain of \$63.8 million. Factoring capital contributions there was an improvement in net position of \$404.7 million and a positive ending net position of \$95.7 million on the bottom line.

On the revenue side, we had revenue of \$15.75 billion which represents a decrease year over year of \$105 million of that net patient service revenue of \$7.3 billion increased by \$188.8 million. This includes \$239.6 million of UPL conversion revenue from prior year. Retro's revenue decreased by \$554 million mainly due to the change in estimates that we discussed earlier in this presentation. Offsetting the decline

in retro revenue was an increase in inpatient revenue of \$288.2 million of outpatient revenue of \$307.7 million and an increase in SNF revenue of \$37.9 million.

Appropriation for the City of New York of \$2.88 billion increased by \$30.8 million year over year. The increase is due to unsubsidized tax levy and collective bargaining appropriations. Premium revenue of \$5 billion increased by \$199.6 million, much of that due to favorable premium adjustments. Grants revenue of \$406.5 million decreased by \$510.5 million, much of that relates to the conclusion of the FEMA revenue recognition. An impact of a \$134 billion FEMA estimated this disallowance. Other revenue of a \$163.8 million decrease by \$13.6 million. Some of the reasons why we had a decrease of about \$2 million in ACO revenue. \$4 million in Health First Elmhurst dividend payment as compared to last year.

On the expense side, we had expenses of \$15.69 billion, which increased by \$453.9 million. Starting with the components of that PS expense of \$4.5 billion increased by \$610.8 million, mostly due to collective bargaining and increases in FTEs on the H+H payroll. OTPS of \$6.97 billion decreased by \$273.4 million due to reductions in HERRC and OTPS spending. Fringe benefits of \$1.25 billion increased by \$57 million, most likely due to increases in FTEs. Pension of \$299.6 million decreased by \$141.7 million based on the New York City actuary's report, mostly due to increase in projected earnings on pension plan investments. OPEB's was \$73.9 million decreased by \$42.6 million due to change in discount rate from 4.21% to 5.2%. Affiliation expense of \$1.95 billion increased by \$237 million. Depreciation of \$611 million increased by \$6.2 million. As previously mentioned, there is an operating gain of \$63.8 million, and an improvement of \$404.7 million to the Corporation's net deficit position, which ended the year at a positive of \$95.7 million.

Ms. Sally Hernandez-Piñero called for a motion to approve the Fiscal Year 2025 financial statements as presented. The motion was made, seconded, and approved unanimously.

Ms. Sally Hernandez-Piñero called on Mr. Joseph O'Keefe for a brief update on the Language Access Audit.

Internal Audit

Mr. Joseph O'Keefe stated he received the Language Access Audit draft report August 21, 2025, he replied back on September 26, 2025. We should be getting a final report at some point. There were a couple different findings that came out in the report. One dealt with cost savings which we responded to and another was about audit needs assessment, that was completed and we have also responded back.

Ms. Sally Hernandez-Piñero called on Ms. Catherine Patsos to provided

brief updates Corporate Compliance.

Corporate Compliance

Ms. Patsos started her presentation with the Office of Corporate Compliance Activities. The first slide was on Coalfire 2025 HIPPA Risk Analysis. Coalfire has nearly completed its 2025 HIPPA Risk Analysis, they have completed all of the interview and site visit for the 2025 HIPPA Risk Analysis. In addition, they have completed the reports and workbooks for the SNFs, and the OCC has reviewed the workbooks for the acute care facilities. They are in the process of compiling reports and workbook for Gotham Health, the Enterprise, Correctional Health Services, and the Vendor Risk Management Program. For the supply Chain Risk Management piece, the OCC is assisting Supply Chain with the needed SCRM policies and procedures.

Ms. Patsos, also mentioned they are doing some hot topics so we are pushing out to help educate people according to findings from our survey that people wanted more electronic communications about compliance. They are also going to have Corporate Compliance ethics week from November 3 through 7. We will have compliance officers hosting tables where people can play games and win prizes. she also stated that she will have a Deficit Reduction Policy distribution. The Statewide Common Participation agreement is something that is currently working on, it is a state agreement that all providers have to sign by December 31,2025. Also, the Special Needs Plan Model of Care Training. This is a Medicaid and Medicare managed care plan requirement.

Ms. Sally Hernandez-Piñero asked is there any old or new business?

Hearing no, new or old business - the meeting adjourned at 11:22am

Finance Committee Meeting - October 14, 2025

As Reported By: Freda Wang

Committee Members Present: Mitchell Katz, MD, Freda Wang, José Pagán, Tricia Taitt, Sally Hernandez-Piñero, Karen St. Hilaire - representing Molly Wasow-Park in a voting capacity

NYC Health + Hospitals Employees in Attendance:

Michline Farag, Tasha Philogene, Linda DeHart, John Ulberg, David Guzman, Marji Karlin, Thomas Tran, James Cassidy, Clifford Chen, Mariel McLeod, Ted Long, MD, Leora Jontef, Marjorie Momplaisir-Ellis, Sasha Lagombra, Abigail Estavillo, Rafelina Hernandez, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:29 a.m.

Ms. Wang noted for the record that Karen St. Hilaire is representing Molly Wasow-Park in a voting capacity.

Ms. Wang called for a motion to approve the July 16, 2025 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on July 16, 2025 were adopted.

Executive Session

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

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

The Board reconvened in public session at 12:03 p.m.

ACTION ITEM: Medicare and Medicaid Reimbursement Consulting Services

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

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

Ms. Linda Dehart began by providing the background and current state of Medicaid and Medicare Reimbursement Consulting Services. These essential services are used by healthcare systems to ensure compliance with complex and often changing regulations regarding Medicare and Medicaid reimbursement and reporting. Timely and accurate reporting submissions are required to avoid penalties and secure proper reimbursement for the System. Consultants in this space assist NYC Health + Hospitals in optimizing available reimbursement rates and settlements; and provide advice and assistance regarding supplemental funding streams available to the System. The RFP consolidated several previously separately solicited reimbursement scopes of work incorporating services directly contracted by the Reimbursement Department, as well as additional services related to Supplemental Medicaid and Consolidated Fiscal Report (CFR) submissions that were obtained through other departments. Consulting services procured through this RFP include the following scopes and sub-scopes of work; Medicare Reimbursement and Reporting Consulting, and Medicaid Reimbursement and State Reporting Consulting.

Ms. DeHart continued presenting the current state of Medicaid and Medicare Reimbursement Consulting Services. The Reimbursement Department previously

entered into two agreements for Medicare related consulting services with Third Party Reimbursement, LLC for Medicare general reimbursement and cost reporting, and Moss Adams, now Baker Tilly, for Medicare DSH and Uncompensated Care consulting services. The combined final NTE for these two agreements is \$6,787,417 and spend to date is \$6,056,726. Additionally, since FY-21, \$2,791,590 has been spent on the Medicaid Supplemental payment and CFR consulting services scopes of work, which were obtained through other departments vendor agreements with Manatt Health Strategies, LLC and Forvis Mazars LLP.

An overview of the RFP criteria, procurement process, vendor selection and scopes of work were presented by Ms. DeHart. The System will negotiate contracts with the four top scoring proposers across all sub-scopes. The contracts will specify primary scopes of work for each vendor and will also provide flexibility for the System to assign vendors work in other scopes within their expertise as needed, subject to negotiation. The primary scopes of work for each of the vendors were presented.

The vendor performance evaluations for Third Party Reimbursement Solutions, LLC, Moss Adams LLP, now Baker Tilly Advisory Group, LP, Forvis Mazars, LLP, and Manatt Health Strategies, LLC were also presented and all deemed as excellent.

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

Ms. Wang polled the Committee for questions.

Ms. Hernandez-Piñero inquired on the vendor's scope of work and whether any of the vendors were able to do all the work or if there was an added advantage to having the work parsed out among them.

Ms. DeHart responded that we've combined a number of scopes into this RFP for the first time. Previously, these scopes of work were solicited separately, and it was with the anticipation that potentially, one vendor could take multiple scopes of work which we have as there are seven sub-scopes of work. Some of the vendors have more than one scope of work in this RFP. We received ten proposals and six of the proposals did bid on all sub-scopes. In the end, it was based on the scoring. There were vendors whose expertise stood out amongst other vendors and we wanted the best in class in each of the areas. We will continue to evaluate over time, and that is the reason we wanted to have flexibility in the contracts to parse some piece out and see how vendor do, and potentially in the future, we could further consolidate.

Ms. Hernandez-Piñero thanked the team.

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

ACTION ITEM: Medical Respite Operations and Services NTE Amendment

Ms. Leora Jontef - Senior AVP - Housing + Real Estate, read the resolution into the record and proceeded with the presented:

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

Ms. Leora Jontef began by providing the background of Housing for Health. NYC H+H's Housing for Health connects patients experiencing homelessness with housing supports and opportunities in order to stabilize their lives and improve their health. In 2024, over 80,000 H+H patients experienced homelessness or are marginally housed, and over 50% are also DHS clients. Medical Respite is one of H+H's strategies to provide transitional to permanent housing for its patients. These patients are medically and socially complex and Housing for Health provides an access point to housing from the healthcare System. Expediting this population into stable housing saves lives, improves health outcomes, and reduces expensive emergency health care and in-patient resources. On average, patients experiencing homelessness visited the Emergency Department three times more often than other patients. Patients experiencing homelessness were more likely to have an in-patient visit and stayed four times longer across their admissions. Through FY-25, over 3,000 patients and their families have benefited from Housing for Health's navigation and medical respite programming, and nearly 1,500 patient households have been stably housed.

Ms. Jontef presented the background and current state of Medical Respite Services. Patients experiencing homelessness have greater medical acuity and longer hospital stays. When medically cleared for discharge, they often cannot return to a shelter or street due to their post-surgical, medical and behavioral health needs. After a hospital stay, patients experiencing homelessness are more vulnerable. Medical respite provides a solution, offering a safe place in the community with access to home based clinical services. It is one of the System's initiatives focused on reduction of length of stay. Nationally, there are 240 medical respite programs delivering a range of services with the largest program in California. Almost 40% of H+H medical respite patients had a very high-risk flag, in the top 1% of acute care utilization in our System.

Medical Respite is an interim housing option with 24/7 staffing that allows patients to access additional services in the community to aide in their recuperation. These services include an onsite RN who conducts clinical assessments and monitor care plan, home based services with medication

support and visiting nurse, and connections to longitudinal care, intensive housing case management, and medication support and education. H+H contracts with two vendors for both real estate and service delivery of combined 75 beds. Alongside other continuum of care services to tackle Length of Stay, including SNF placements, complex discharge escalation team and Bridge to Home. Over 400 patients have been served annually and approximately 1,600 patients serviced through September 2025. Lastly, the average Length of Stay at respite is 73 days.

An overview of the Medical Respite system and patient benefits was presented by Ms. Jontef. Medical Respite reduces in-patient Length of Stay for patients who no longer require hospitalization but could otherwise not safely discharge. Patients who are transferred to Medical Respite have an average in-patient LOS of 4 weeks. Medical Respite cost per bed day is many times lower than the cost of an in-patient acute bed and provides a more appropriate setting for patient's recovery. Medical Respite facilitates earlier discharge of patients who would otherwise have no alternative option. In addition, medical respite frees up hospital beds for new patient admissions. Based on a conservative estimate of avoided hospital stays, average of 14 days per respite enrollment, medical respite helps to increase in-patient med-surg throughput. The resulting backfill capacity is valued at approximately \$6 million in annual net patient care revenue, which supports the program's operating costs.

Based on EMR analysis, patients show reductions in acute care utilization and increase in connections to outpatient care one year after respite. With 40% reduction in Emergency Department visits, reduction in med/surg days about 75% and psych in-patient days - nearly 90%, and almost three times increase in out-patient visits with H+H primary and specialty care. There is a high rate of housing placement from respite. Nearly 70% of patients who complete the program and are eligible for housing subsidies are placed into permanent housing. Further evaluation of the impact is ongoing. Reducing acute care utilization for risk-attributed patients, Medical Respite can lower total medical expense, contributing to improved margins and potential shared-savings opportunities. Ongoing collaborations with MetroPlus and actuarial services to evaluate impact of respite and housing on patient outcomes utilizing claims data for our risk-attributed patients.

Ms. Jontef continued presenting Medical Respite Services and Meeting Program Demands. In 2024, the System experienced 4-week long waitlists for medical respite beds. It is critical that respite capacity meets System demand to minimize waitlists, avoidable bed days, worsening of capacity strain and missed revenue. To better address System demand, program capacity was increased from 51 to 75 beds with appropriate services to meet patient's needs. We are closely monitoring impact of expansion to meet System demand to determine right-sizing of medical respite services for H+H. In order to meet System demand for remaining two years of the current 5-year contracts, additional funding is needed.

The vendor performance evaluations for Institute for Community Living, (ICL), and Comunilife were deemed as excellent.

Ms. Jontef continued by providing an overview of the vendor diversity. This procurement was only open to non-profit/community-based organizations. In terms of MWBE, Non-profit community-based organizations are exempt from the MWBE requirement.

Ms. Wang polled the committee for questions.

Ms. Hernandez-Piñero commended the team for the tremendous work in helping this population. We could not have anticipated all of these efforts. The ability to place formerly homeless people into permanent housing to provide needed medical attention We may be able to take this opportunity to look at what has worked for other programs as well and look at different program's audits and see what has been most productive.

Ms. Jontef responded that we are working closely with Finance looking at the actuarial savings, and in terms of operational savings, we keep optimizing ways of being more efficient in taking referrals from the System, where are intake points for housing navigation services and how can we work more closely with people who are in-patient as well as people that are getting referred to us from the out-patient safety net clinics. We continue to fine tune our operations and also continue to work closely with our sister agencies. We work very closely with DSS, HPD, HRA, DHS and those are the kinds of things that we continue to evolve.

Ms. Taitt commended the team for the amazing efforts and inquire on the cost per bed.

Ms. Jontef responded that when we signed the contract in 2022 the cost was a bit under \$200 per day. We anticipated for the last two years that it would be \$250 per bed per day. There have been a couple of things driving that change, real estate costs have been going up over time and we have had patients that are sicker. For which we have had to ask our vendors to add more clinical supports on site. Initially we did not require an onsite RN and things like that have been adding more to the services on site. For the last two years, it should be around \$250 per bed per day. The beds in the first three years were a bit less.

Ms. Taitt continued, the calculation is higher than this at about \$350, do we know where is the differential?

Ms. Jontef responded that we have a calculation at \$250 for the last two years and would have to go back and check as that is what we are anticipating for our budget. Part of it also is that we have not yet spent down the original 2022 contract. We are at a point for December 1st to exercise our two one-year options and the prudent thing to do is come to the board prior to exercising that option to make sure that we are getting the last two years fully funded. So, there is still residual money rolling into it, about 30% of the 4th year but in order to exercise our option, we

needed to properly come to the board and ask for the full amount. We are happy to look at it again after and we can correspond to make sure that the amounts match.

Mr. Ulberg added as a comparison point, that the same person may be in the hospital for \$2,000 a day. So that is the savings we are trying to pick up. In addition, the patient does not really need to be in the hospital so we are just trying to find another safer location to transition for them. That is the actuarial analysis that we are going to do. We are studying this carefully.

Ms. Wang added that the results in backfill capacity is valued at approximately \$6 million and asked if that is a gross approximation of the fees?

Ms. Jontef responded that these fees are on a very conservative approach, anticipating backfill revenue for opening up the beds. It is not even the cost savings from the patients themselves. There also savings in terms of the patient population that we know already that are coming to the ED less frequently. We know that they are having shorter in-patient stays, and so that alone has other savings. Our Finance team is working on that and we just did a very conservative estimate to say that the backfill revenue alone annually should be sufficient to cover annual cost for the program and we feel good with that conservative estimate.

Dr. Katz added that the team is bringing this RFP today with the higher amount, solving the possibility of an NTE problem for a successful program. We are all very happy that they are growing. This RFP was brought ahead of time so that the committee can approve an increase, so this is part of that. The real goal is to be able to demonstrate the reason why for some population Medicaid should pay. We get paid \$2,000 per day, not the \$250. One of the things that is critical on the financial analysis is whose money are we talking about. This is not necessarily saving us money. It is saving the System money. Now, there are exceptions, in case someone does not have a payor, if someone comes in and no longer has an approved day pay, it is all sorts of different levels on which this program works. Someone could be undocumented and, in our hospital, in that case maybe it is a huge savings but the real goal here is to say in the analysis that you are not even necessarily proving that the whole program saves for Medicaid as most Medicaid programs have eligibility. People for whom the program saves money are people in these categories, even if the whole program did not save Medicaid money we could imagine ultimately what we would want to do which is to be able to go to the State and say this is a program to decrease hospital expenses, but we have to be able to show them in the analysis. There is a whole pool analysis.

Also, when we look at the data in a granular way, the real savings comes if the person is over 50 and they have more than three conditions. Imagine how that leads to an eligibility requirement under Medicaid that Medicaid will pay for this. It is incredibly exciting. One of the groups had just

released a very lengthy report about the success of Respite and what we think is the special ingredient is flexibility. That is how respite is in some ways different than a phenomenal program for pregnant women with opioid use. This is a program that works pretty much for everybody, all comers who are stuck at the hospital. It begins with what does the client need and it really meets our patients where they are. That is our success and the success of the team.

Ms. Hernandez-Piñero added that the 70% placement rate is extraordinary, and inquired, do we think that this is because of the treatment while in respite? or do we get patients who are healthier when they come into the program?

Ms. Jontef responded that the 70% of the people who are eligible for supportive housing is quite complex. We have very responsible partners who have housing portfolios, which has helped. Also, good collaboration with our sister agencies. Nobody wants people who have spent four weeks in the hospital who are typically vulnerable, and then 70 more days recovering at respite, so really return to shelter. We have invested so much time and effort, and there is a collective understanding with our colleagues, that this is the right path. We have had very flexible partners, but it is administratively intensive to move someone from any spot into supportive housing and most people are 100% going to supportive housing.

Ms. Wang added that there is a lot of interest from the committee to see the actual study and the reports to the State for coverage and reimbursement or all of those things. It is a wonderful program and clearly the statistics provided are prove that the value, the need and the success, and thanked the team for getting ahead of the NTE, as that is something the board have been very focused on and it is very appreciated.

Mr. Pagán commented on the quality of life side, if we are able to capture quality of life or measures around that, not just a financial calculation, you will make even a stronger case that this is important for this patient population. Mr. Pagán and Ms. Wang thanked the team for the presentation.

Ms. Taitt asked if the total \$28 million, is it increasing the funding for the current amount of the contract or the NTE?

Ms. Wang clarified that we were at risk of violating the prior not to exceed of the contract so we are increasing the current amount of the contract by \$10.896M for a new not to exceed of \$28.856 million.

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

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-25 Year-End Highlights. He conveyed that June closed with \$649.9 million (20 days cash-on-hand). The

budget overperformed by 0.5% and closed June with a positive Net Budget Variance of \$103.3 million.

Mr. Ulberg continued that receipts exceeded budget by \$337 million primarily driven by Patient Care and Risk Revenue. Disbursements exceeded budget by \$234 million, which includes expenses associated with Medical/Surgical supplies, Assets, and PS/Overtime coverage, non-model expense and fringe.

Direct Patient Care Receipts (IP and OP) came in \$959.5 million higher than the same period in FY-24 due to continued increases in IP and OP services in FY-25 (OP visits up 3.0% and IP discharges up 1.4% from FY-24), UPL Conversion, Medicaid rate increases and residual/secondary billing from Change Health Care (CHC) billing delays from prior year.

IP Patient care volume in FY-25 has surpassed FY-20 pre-COVID levels with IP discharges up by 2.5%, and OP visits up by 17%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Compared to last year, Risk Pool performance decreased slightly, however, it continues to perform better than pre-COVID levels - bringing in \$634 million in receipts in FY-25, 76% better than FY-19.

Mr. Ulberg provided an overview of FY-25 Accomplishments and the journey we have been on. Direct Patient Care Revenue surpassed \$5.7 billion - an increase of over \$2.5 billion from FY-19. Durable growth in IP census and unique primary care patients, surpassing pre-COVID levels; Increased MetroPlus membership to current level of 691,000, 175,000 members above pre-pandemic levels. H+H facilities filled up the Top 10 Healthfirst Network for Overall Quality Rating. Earned top clinical quality scores in NYC through value based managed care contracts with MetroPlus and Healthfirst. Increased engagement with patients through our Epic electronic medical records (EMR) system with over 85% patients empaneled to NYC H+H primary care with activations in our MyChart system. Our Strategic Financial initiatives generated over \$1.3 billion against the FY-25 target of \$1.2B. Several areas of strong Q4 performance were noted.

Mr. Ulberg continued by presenting an overview of the FY-26 Keys to success strategies for managing volume and raising revenue targets. FY-26 requires continued revenue generation to meet the commitments we have made to invest in our staff, our facilities, and our communities. Several areas of focus include raising the bar in managed care and revenue cycle targets. While at the same time targeting our patient access to make it more accessible for patients. Expanding our cross-facility partnerships and shared services; further integrating productivity expectations into Physician workforce planning. Managing increasing demand by length of stay reduction investments, and infrastructure investments. MetroPlusHealth membership - Gold enrollment push for City workers, and getting the right plan for the right patient. Continued effort of stabilizing our workforce across the system to provide quality care to our patients by building new staffing

models in areas where they do not yet exist, and developing glidepath solutions for overtime spending.

Mr. Cassidy continued presenting the cash projections for FY-26. The System is estimated to close September with approximately \$535 million (17 days cash-on-hand) and expects to close October with approximately \$500 million (16 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Mr. Ulberg continued presenting the external risks. Several areas of focus include Essential Plan changes, Medicaid Work requirements and other Medicaid enrollment barriers starting in Jan. 2027 which continue to present a financial challenge. The HMO Tax presents a low risk to H+H, and the Government Shutdown impact presenting a minimal immediate impact to Medicare and Medicaid. DSH cuts are technically underway; possible further delay under discussion. Further, the Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark presents an opportunity to H+H as CMS approval received for Year 1 and awaiting information on application for Year 2.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team and noted that due to time constraints a meeting will be set in November to finalize the Finance Committee presentation.

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 12:38 P.M.



SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

Board of Directors Meeting Update - Friday, September 26th, 2025

As Reported By: Sally Hernandez-Piñero

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, December 11th.

Sally Hernandez-Piñero, Chair of the Board called the meeting to order at 11:05 A.M.

Executive Session

Sally Hernandez-Piñero called the meeting into Executive Session at 11:06 A.M. so the Board of Directors could receive legal advice from the Chief Counsel; the Board of Directors resumed the official meeting at 11:40 A.M.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Thursday, June 5th at 11:00AM were presented to the Board. On a motion by Sally Hernandez Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEMS

Sally Hernandez-Piñero advised that we begin the meeting by covering the Action Items. A first resolution was presented by Sally Hernandez-Pinero, Board Chair, for Board Approval.

Approving the appointment of members of the Board of Directors to committees by the chair of the Board of Directors and designating the chair of each committee.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **second** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to execute a best interest contract with **Gallagher Benefit Services, Inc. ("GBS")** to provide pharmacy benefit consulting services for an amount not to exceed \$2,000,000 for a two-year term.*

Dr. Sanjiv Shah presented an overview of the Background, Best Interest Justification, Scope and Board Approval Request.

Frederick Covino, Finance Committee Chair, asked a question regarding budget planning/contingency; Dr. Sanjiv Shah responded.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **third** resolution was presented by Frederick Covino, Chair for the Finance Committee for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge") **for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including 17% contingency, for an 18-month contract.***

Ganesh Ramratan, Chief Information Officer presented an overview of the Background, Best Interest Justification and Board Approval Request.

Sally Hernandez-Piñero asked a question regarding the length of the contract; Ganesh Ramratan responded.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **fourth** resolution was presented by Frederick Covino, Chair for the Finance Committee for Board approval.

*Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Wipro Insurance Solutions ("Wipro") **a Business Process as a Service (BPaaS) solution for the Medicare and Exchange line of business, for an amount not to exceed \$30,000,000 for a total 5-year contract period.***

Ganesh Ramratan provided an overview of the Background, Scope of Services, Solicitation Criteria, Selection process, Vendor Evaluation and Board Approval Request.

Matthew Siegler asked a question regarding HealthEdge scope; Ganesh Ramratan responded.

Sally Hernandez-Piñero followed up with a question regarding if we could bring this service in-house; Ganesh responded, and Dr. Schwartz further explained that volume is an issue.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

NEW BUSINESS

PROJECT EDGE

Sally Hernandez-Piñero, asked that we move on to Project Edge. Tomasz Kawka, Vice President of Business Transformation began by presenting Project Edge Status, Key Risks and Issues and Project Edge - Draft Timeline (All Waves).

Board Members asked questions regarding Project Edge; both Tomasz Kawka and Dr. Schwartz, President & CEO responded.

SALESFORCE EXPANSION

Sally Hernandez-Piñero asked that we move on to discuss the Salesforce Expansion. Tomasz Kawka, Vice President of Business Transformation began by presenting Improving Experience and Streamlining Operations.

Dr. Schwartz commented on the expansion and provided some insight.

GOLD INITIATIVES

Sally Hernandez-Piñero asked that we move on to discuss Gold Initiatives. Lauren Santella-Saccone, Chief Marketing & Brand Officer began by presenting the Objectives, Targets & Tactics, Marketing Seasonality, Timing and Target Audience, Gold Media Plan, MMS Capture Attention and Marketing on the Phone, Family of Golf Sales Collateral, Benefits Manager Emails, GOLD Webinar Promotions, JET Rewards - DC37 Lead Capture, Digital, NYC Agency Outreach - Sales, Enhancing Gold Member Retention and Expanding our Provider Network.

Board members asked questions and made comments regarding our upcoming campaign; Dr. Schwartz, Laura Santella-Saccone and Roger Milliner, Chief Growth Officer, responded.

BIDS

Sally Hernandez-Piñero asked that we move on to discuss BIDs. Alisa Coccozza, Vice President of Product and Dr. Talya Schwartz presented QHP 2026 Rate Request and Medicare 2026 BID.

MEMBERSHIP

Due to time constraints, Dr. Schwartz commented on MetroPlusHealth's membership stability.

There being no further business, Sally Hernandez-Piñero adjourned the meeting at 12:33 P.M.



Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

October 30, 2025

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

NYC HEALTH + HOSPITALS SKILLED NURSING FACILITIES NAMED AMONG NEWSWEEK'S BEST NURSING HOMES IN AMERICA

NYC Health + Hospitals' five skilled nursing facilities have been recognized in [Newsweek Best Nursing Homes list](#) for 2026. NYC Health + Hospitals' facilities ranked #2, #3, #4, #10, and #11 out of more than 600 nursing homes in New York State. NYC Health + Hospitals/Gouverneur, ranking #2 in the State, was the highest ranked nursing home in New York City. For the rankings Newsweek identified the top 1,200 facilities out of more than 15,000 nursing homes nationwide. The rankings are designed to assist patients and their families in making informed decisions about where to receive their long-term and post-acute care. NYC Health + Hospitals/Coler, Gouverneur, McKinney and Sea View earned an overall five-star rating from the Centers for Medicare & Medicaid Services (CMS), which designates them among the top 10 percent of skilled nursing facilities in the country.

With over 600 nursing homes in New York State, the following NYC Health + Hospitals long-term care facilities were recognized among the best nursing homes:

- [NYC Health + Hospitals/Gouverneur](#) (ranked 2nd in the State)
- [NYC Health + Hospitals/Sea View](#) (ranked 3rd in the State)
- [NYC Health + Hospitals/Carter](#) (ranked 4th in the State)
- [NYC Health + Hospitals/Coler](#) (ranked 10th in the State)
- [NYC Health + Hospitals/McKinney](#) (ranked 11th in the State)

FOR THE SECOND YEAR, NYC HEALTH + HOSPITALS RECOGNIZED AS A 2025 WELLBEING FIRST CHAMPION, SUPPORTING HEALTH CARE WORKER WELLBEING

NYC Health + Hospitals has been recognized by [ALL IN: WellBeing First for Healthcare](#) as a 2025 Wellbeing First Champion. This is the second year in a row that NYC Health + Hospitals has been awarded this special recognition for its leadership in removing invasive mental health questions from physician applications for medical licensure, credentialing, and insurance. According to a 2023 survey by the

Physicians Foundation, 4 in 10 physicians were either afraid or knew another physician [fearful of seeking mental health care](#) given questions asked in applications for medical licensure, credentialing, or insurance. As a Wellbeing First Champion, all NYC Health + Hospitals credentialing applications have been verified as continuing to be free of any intrusive and stigmatizing language around mental health care and treatment. Verification is confirmed annually by ALL IN: Wellbeing First for Healthcare, a coalition of leading health care organizations that work to eliminate barriers for health workers to access mental health care.

AMERICAN HEART ASSOCIATION RECOGNIZED THE HEALTH CARE SYSTEM FOR HIGH QUALITY CARE FOR HIGH BLOOD PRESSURE, DIABETES, AND CHOLESTEROL

The American Heart Association recognized several of the health care System's sites with awards for high blood pressure, diabetes, and cholesterol control. Twenty-two of the health care System's primary care sites received the [2025 Target: BP Gold + award](#), the highest possible award, for achieving blood pressure control for at least 70% of their patients. Twenty-three of the health care System's primary care sites also received the [2025 Target: Type 2 Diabetes Gold award](#), the highest possible award, for having met high thresholds for diabetes control and cardiovascular disease risk factors, hypertension, and cholesterol management. The twenty-three primary care sites also received the [2025 Check. Change. Control. Cholesterol Gold award](#), the highest possible award, for having at least 70% of their adult patient population at risk of cardiovascular disease on statin therapy. These three conditions - high blood pressure, type 2 diabetes, and cholesterol - are major risk factors for heart attack and stroke.

SIXTEEN NYC HEALTH + HOSPITALS NURSE LEADERS RECOGNIZED FOR ACHIEVING DOCTORAL DISTINCTION

On Tuesday, October 16th - sixteen nurse leaders who have attained doctoral-level education were recognized at the health System's fourth annual Doctoral Circle of Excellence event. The Circle honors nurses who have earned a Doctor of Nursing Practice (DNP), Doctor of Health Administration (DHA), Doctor of Philosophy (PhD), Doctor of Public Health (DrPH), or Doctor of Education (EdD) in nursing. The program supports and promotes mentoring and networking among nurses across the health care System. It also connects nurse researchers with aligned interests to collaborate across facilities to generate new knowledge and integrate nursing research and evidence-based practices into clinical and operational processes. These 16 nurses join 146 other nurses in the health care System who have achieved this level of distinction. In 2022, 17.4% of the nation's registered nurses held a master's degree and [2.7% held a doctoral degree](#). The current demand for nurses with a master's or doctor's degree who are prepared for advanced practice, clinical specialties, teaching, and research roles far outpaces supply.

NYC HEALTH + HOSPITALS/METROPOLITAN HOSTS INAUGURAL GALA TO COMMEMORATE 150-YEAR LEGACY OF PROVIDING CARE TO NEW YORKERS

NYC Health + Hospitals/Metropolitan hosted its inaugural gala commemorating 150 years of providing care to New Yorkers. Founded in 1875, Metropolitan Hospital is one of the oldest hospitals in New York City and in New York State. The inaugural gala also honored Metropolitan Hospital's historic partnership with New York Medical College, a partnership that represents the nation's oldest municipal hospital-medical school affiliation.

NYC HEALTH + HOSPITALS/WOODHULL AWARDED DESIGNATION AS CENTER OF EXCELLENCE IN LUNG CANCER SCREENING

NYC Health + Hospitals/Woodhull has been named a [Center of Excellence \(COE\) in Lung Cancer Screening](#) by GO2 for Lung Cancer (GO2) for its ongoing commitment to providing the North Brooklyn community with patient-centered, evidence-based lung cancer screening. An estimated 237,000 Americans are diagnosed with lung cancer annually, with most being found at an advanced stage of the disease. As a result, lung cancer has long been the leading cause of cancer deaths in the U.S. By screening individuals at high risk for lung cancer using low-dose computed tomography (LDCT), this disease can now be found early, when it is most treatable and even curable.

NYC HEALTH + HOSPITALS CELEBRATES THE 140-YEAR HISTORY OF GOUVERNEUR AND BRIDGING HEALTH CARE ACCESS TO NEW YORKERS

On October 22, NYC Health + Hospitals celebrated the 140th anniversary of Gouverneur, the former hospital built in 1885 in lower Manhattan. Gouverneur was the first municipal hospital to establish a tuberculosis clinic and the first hospital to have a female physician and ambulance surgeon, Dr. Emily Barringer. Today, Gouverneur serves as a premier community health center and skilled nursing facility in the Lower East Side community, continuing a long-standing legacy of care for all New Yorkers – without exception.

Originally, Gouverneur Hospital was designed to serve as an emergency hospital and ambulance station for the congested waterfront district, and to address patient overcrowding at Bellevue Hospital, just a few miles north. Each day, 150 patients were treated in a facility staffed by one visiting physician and surgeon, one consulting surgeon, and a three-member house staff.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

MAYOR ADAMS LAUNCHES NYC BABY BOXES TO MAKE LIFE MORE AFFORDABLE FOR NEW MOTHERS AND FAMILIES

New York City Mayor Eric Adams CEO Dr. Mitchell Katz celebrated the

launch of “NYC Baby Boxes,” a program to welcome the newest New Yorkers and support New York City families by reducing early financial stress for new parents. Families of newborns at four NYC Health + Hospital locations will be provided with boxes that contain a collection of postpartum and newborn supplies, including diapers and wipes, clothing, games, and several resource guides.

The boxes contain a collection of postpartum and newborn supplies, including diapers and wipes, a “NYC Loves Me” onesie and cap, footie pajamas, a baby carrier, a baby thermometer, baby nail clippers, a nasal aspirator, burp cloths, baby shampoo, diaper rash cream, a Goodnight Moon board book, postpartum pads, nipple cream, and a New York City baby-themed diaper bag.

Additionally, the box includes a “[Mother and New Baby Health Guide](#)” with helpful information about what to expect after childbirth and when to contact a doctor. A “[NYC New Family Resource Guide](#)” will be handed out with the baby box, which includes information on City and community-based maternal and baby health supports.

The Adams administration launched NYC Baby Boxes to address the new and increased expenses that come with a new baby, coupled with the stresses that accompany many parents’ reduced income due to postpartum recovery and family leave. [Households with children have a greater risk of struggling to meet their basic needs](#), and existing benefits available for families – like the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children – do not cover all of the new baby expenses, such as diapers. In a national survey, [nearly half of families reported struggling to afford diapers](#) and more than a quarter said they skipped meals in order to pay for diapers.

MAYOR ADAMS CELEBRATES OPENING OF EIGHT NEW FINANCIAL EMPOWERMENT CENTERS AT SELECT NYC HEALTH + HOSPITALS LOCATIONS TO HELP NEW YORKERS AVOID FUTURE MEDICAL DEBT

Mayor Adams celebrated the opening of eight new ‘[NYC Financial Empowerment Centers](#)’ run by the New York City Department of Consumer and Worker Protection (DCWP) at select NYC Health + Hospitals locations across the health system to help New Yorkers better plan and avoid going into medical debt in the future. This announcement continues to fulfill two more key commitments made during Mayor Adams’ [2024 State of the City address](#), to relieve \$2 billion of New Yorkers’ medical debt and embed additional financial counselors in New York City hospitals – providing more New Yorkers with access to vital personalized financial guidance.

NYC Financial Empowerment Centers provide free one-on-one financial counseling and coaching services to help New Yorkers reach their financial goals. The Financial Empowerment Centers can help New Yorkers learn how to create action plans and take small but meaningful steps to

manage their money, establish or improve their credit, set up a spending plan, open a safe and affordable bank account, contact their lenders about debt, including student loans and medical debt, develop a strategy to reduce debt or lower payments, and more.

NYC HEALTH + HOSPITALS/QUEENS DISCHARGES "MYRACLE" BABY

NYC Health + Hospitals/Queens announced the ceremonial graduation and miraculous discharge of Myracle, a resilient infant born at 22 weeks and weighing just 1 pound, 0.6 ounces. Inspired by another baby's successful treatment at Queens Hospital after being born pre-term, Myracle's family chose Queens Hospital for her care, leading to a remarkable journey from fragility to flourishing health. After five months in the NICU, Myracle was able to go home from the hospital earlier this month weighing a healthy 8 pounds, 3 ounces.

During her graduation ceremony, Myracle received a commemorative certificate featuring her footprint. The family expressed their gratitude with a framed thank-you and special gifts for Dr. Alice Garner, Chief of Newborn Services, and Dr. Paul Gleason, who worked closely with the family to deliver Myracle, cementing the hospital's bond with Myracle and her family. Myracle's remarkable progress was achieved thanks to the seamless collaboration between the Maternal-Fetal Medicine, Obstetrics, Neonatology, and dedicated NICU teams who ensured her healthy development.

NYC HEALTH + HOSPITALS/QUEENS UNVEILS TRUEBEAM LINEAR ACCELERATOR AND STATE-OF-THE-ART INTERVENTIONAL RADIOLOGY SUITE WITH SUPPORT FROM BOROUGH PRESIDENT DONOVAN RICHARDS AND CITY COUNCIL MEMBER JIM GENNARO

NYC Health + Hospitals/Queens celebrated the unveiling of two significant healthcare innovations: the introduction of the TrueBeam Linear Accelerator, a \$5 million investment, and the newly renovated Interventional Radiology Suite. These advancements were made possible through the support of Borough President Donovan Richards and Council Member Jim Gennaro, marking a new chapter in the hospital's commitment to improving patient care in Queens.

The TrueBeam Linear Accelerator, replacing an end-of-life machine, brings state-of-the-art radiotherapy capabilities to a community where cancer rates are disproportionately high. This cutting-edge technology delivers precise, high-dose radiation with unparalleled accuracy, allowing for the use of advanced techniques such as stereotactic body radiation therapy (SBRT) and image-guided radiation therapy (IGRT). These innovative methods enable treatment to be precisely targeted at cancerous cells while sparing surrounding healthy tissues, leading to improved patient outcomes, reduced side effects, and shorter treatment times. The presence of such advanced technology ensures that patients can receive the best possible cancer care right in their own community, without the need for extensive travel.

The \$3.3 million renovation of the Interventional Radiology Suite, supported by \$2.4 million from Borough President Richards and \$900,000 from Council Member Gennaro, equips NYC Health + Hospitals/Queens with the General Electric Allia IGS 7 system. This renovation has expanded the suite by 88 percent to 900 square feet, enhancing the hospital's capabilities in performing complex, minimally invasive procedures.

HEALTH CARE SYSTEM RECOGNIZES NATIONAL HEALTHCARE QUALITY WEEK

Last week NYC Health + Hospitals celebrated Healthcare Quality Week. The week is an annual observance recognizing the work of health care quality professionals and highlighting the importance of safe, effective, and patient-centered care. The health care system's quality team brought together interdisciplinary teams from across the system to honor and recognize those who do this work every day.

NYC HEALTH + HOSPITALS ADVISES NEW YORKERS TO RECEIVE THEIR ANNUAL FLU AND COVID-19 VACCINATIONS

NYC Health + Hospitals announced that the 2025-2026 updated influenza and COVID-19 vaccines are now available for patients at its hospitals and Gotham Health facilities across the City. All New Yorkers 6 months of age and older are strongly encouraged to get vaccinated against influenza and COVID-19. These vaccinations, as well as the RSV vaccine for eligible patients, can be administered at the same time and are a safe, effective way to protect yourself, your loved ones, and your community during respiratory virus season. Vaccinations are available at no cost to established patients at all NYC Health + Hospitals and Gotham Health sites.

NYC HEALTH + HOSPITALS/WOODHULL OPENS NEW MINOR SURGERY SUITE, EXPANDING ACCESS AND ENHANCING PATIENT EXPERIENCE

NYC Health + Hospitals/Woodhull unveiled its new Minor Surgery Suite, a modern and efficient addition designed to enhance patient access, reduce wait-times, and optimize surgical operations across multiple specialties. The new suite provides a comfortable, streamlined environment for same-day procedures, supporting a wide range of services and helping to free up capacity in the hospital's main operating rooms for more complex surgical cases. Built in alignment with Joint Commission and Department of Health standards, the suite reflects the hospital's ongoing commitment to safety, efficiency, and patient-centered care.

NYC HEALTH + HOSPITALS/BELLEVUE ANNOUNCES NEW LITERACY PROGRAM FOR NICU FAMILIES

NYC Health + Hospitals/Bellevue announced Our Story Begins, a first-of-

its-kind literacy program in New York that encourages families in the Neonatal Intensive Care Unit (NICU) to read to their babies as part of routine care. The initiative provides families with books and literacy education, supporting bonding and promoting healthy language and cognitive development from the very start of life. Our Story Begins is distinguished by the parent education provided by nursing and medical staff, in combination with resources that enable families to build personal libraries and continue these reading practices beyond discharge. Encouraging families to read to their babies also helps families feel in control and more involved in their baby's care.

Since its start in May, Our Story Begins has distributed nearly 300 books to families and trained Bellevue Hospital's NICU staff to guide parents on the benefits of reading aloud. All materials are provided in English and Spanish, and families receive books based on the length of their baby's stay, along with coaching from nurses on how a caregiver's voice can comfort, calm, and stimulate development. The program was developed in partnership with Children of Bellevue's Reach Out and Read Program, which supports caregivers in fostering healthy relationships with their young children through shared reading.

NYC HEALTH + HOSPITALS/METROPOLITAN EARNS GOLD SAFE SLEEP HOSPITAL REDESIGNATION, MANHATTAN'S ONLY HOSPITAL WITH THIS DISTINCTION

NYC Health + Hospitals/Metropolitan announced its second consecutive Gold-level [Safe Sleep Hospital Certification](#) from Cribs for Kids, a milestone reflecting the hospital's sustained commitment to infant safety and education in accordance with the highest national standards. Metropolitan Hospital is the only hospital in Manhattan with this designation, which it has maintained since 2018. Hospitals like Metropolitan Hospital, which primarily provide care to underserved communities, play a vital role in reducing risks by providing families with clear guidance on creating safe sleep environments.

As the only hospital in Manhattan to hold Gold-Level status, Metropolitan Hospital demonstrates its commitment to not only safeguarding infants in its care, but also to extending that commitment through community outreach and education. This designation reflects the collaborative efforts of the hospital's multidisciplinary teams and leadership to uphold the highest standards of infant safety.

[NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX AND LEHMAN COLLEGE UNITE TO BOOST THE NUMBER OF STUDENTS PURSUING CAREERS IN HEALTHCARE](#)

NYC Health + Hospitals/North Central Bronx has joined forces with Lehman College in an effort to increase the number of students pursuing health-related careers through the Emergency Department (ED) Ambassador program. The initiative provides students with a comprehensive, months-long experience in the emergency department, where they provide direct support to patients while gaining critical insight into healthcare

delivery. Nearly a dozen ED Ambassadors have participated in the program since its inception two years ago, with new students enrolling each semester. During their internship, ED Ambassadors engage in hands-on care activities that bridge the gap between medical staff and patients, experiencing firsthand the fast-paced reality of emergency medicine.

Under the guidance of care teams, ED Ambassadors gain practical experience in patient care—listening with compassion, helping patients feel comfortable with small but meaningful gestures, such as bringing blankets, water, or snacks, and alerting medical staff to any concerns. They make regular rounds throughout the emergency department, introducing themselves to patients and actively checking on their comfort levels. They also focus on improving the overall patient experience, including assistance with guest WiFi access and using the patient portal, MyChart.

NYC HEALTH + HOSPITALS LEADS SIMULATION FOR MERS, A VIRAL RESPIRATORY ILLNESS

NYC Health + Hospitals recently conducted a simulation exercise to evaluate a portable isolation unit designed for rapid deployment during infectious disease emergencies. The exercise focused on standing up the unit, safely isolating a simulated patient with Middle East Respiratory Syndrome (MERS) and practicing infection control measures for a highly contagious airborne illness.

In the scenario, an adult patient presented to the Emergency Department at NYC Health + Hospitals/South Brooklyn Health with fever, cough, and shortness of breath after recent travel from Riyadh, Saudi Arabia. The patient's history included exposure to known MERS risk factors, including close contact with camels and consumption of unpasteurized camel milk.

The exercise tested the hospital team's ability to quickly deploy and operate a portable isolation unit—on loan from the manufacturer for evaluation purposes. This unit can create a temporary airborne infection isolation room (AIIR) when existing hospital isolation rooms are at capacity. The goal of this exercise was to assess whether this tool could serve as a practical and effective asset for managing patients with special pathogens in real-world settings.

NYC HEALTH + HOSPITALS FACILITIES PARTICIPATE IN BREAST CANCER AWARENESS ACTIVITIES

October is Breast Cancer Awareness month and all NYC Health + Hospitals facilities participated in awareness activities from tabling at their facilities to bake sales to walking in Central Park. Every year 17,000 women in New York state are diagnosed with breast cancer. From October 2023 to September 2025 the health care system completed approximately 135,000 breast cancer screenings. Over 77% of our patients are up-to-

date on their screenings.

As part of the awareness effort, the very large, inflatable pink chair made its way to several events, including one at 50 Water Street run by Community Care. NYC Health + Hospitals facilities raised thousands of dollars for breast cancer awareness, and almost all of them participated in Making Strides, the American Cancer Society-sponsored walk that happens in every borough and Central Park.

BRIDGE TO HOME UPDATE

A NEW CARE MODEL FOR NEW YORKERS WITH SEVERE MENTAL ILLNESS

Last month, NYC Health + Hospitals celebrated the opening of the public health care system's first "*Bridge to Home*" facility, an innovative support model designed to provide transitional housing with on-site clinical services for New Yorkers with severe mental illness. The program fills a critical gap for patients who are ready to be discharged from our hospitals but do not have a safe place to continue their recovery. Bridge to Home offers patients a stable, home-like environment with onsite clinical services and behavioral health care to ensure they can continue their recovery while transitioning to permanent housing.

Located in Midtown West, the 46-bed facility provides guests private rooms and access to psychiatric care, nursing, case management, and housing navigation. By offering patients intensive treatment and comprehensive support, Bridge to Home aims to keep patients on a path toward sustained success, reducing unnecessary emergency room visits and inpatient hospitalizations, decreasing homelessness and reliance on shelters, and lowering interactions with the criminal justice system. The program builds on the city's broader efforts to improve housing outcomes for individuals with severe mental illness, working in tandem with initiatives like our *Housing for Health* program.

Bridge to Home has now completed its fifth full week of operations and welcomed approximately fifteen guests who are receiving services and 24/7 support from a dedicated team of NYC Health + Hospitals psychiatrists, nurses, community health workers, and social workers. The program is actively engaging with the local community through partnerships with the Midtown HUB and local Business Improvement Districts. The *Bridge to Home* Community Advisory Board (CAB) held its first meeting in late October to ensure ongoing community involvement and feedback.

ARTS IN MEDICINE UPDATE

CARNEGIE HALL'S LULLABY PROJECT CONNECTS WITH PARENTS AT NYC HEALTH + HOSPITALS/ELMHURST TO CREATE LULLABIES

NYC Health + Hospitals' Arts in Medicine department and Carnegie Hall's Weill Music Institute today announced a new season of the Lullaby

Project. The program created by Carnegie Hall pairs professional musicians with parents or expecting parents to write a personalized lullaby for their family. The Lullaby Project is available to patients and staff of NYC Health + Hospitals/Elmhurst, and the free workshops will take place at the hospital on most Thursdays from October to April. Research shows that creating and singing lullabies promotes overall family well-being by supporting parental health, early child development, and the connection between parent and child. This year, researchers will also evaluate how this creative process affects hospital staff who help connect families to the project. The evaluation will be led by WolfBrown, known for their work with Carnegie Hall on impact research.

NYC HEALTH + HOSPITALS AND JUILLIARD EXTENSION LAUNCH HARMONIZING FOR HEALTH PROGRAM TO ADDRESS HEALTH CARE PROVIDER BURNOUT

NYC Health + Hospitals' Arts in Medicine department and Juilliard Extension today announced a new collaboration to launch Harmonizing for Health, an observational music program for health care providers to help combat staff burnout and compassion fatigue. Led by faculty and musicians from Juilliard Extension, workshops will offer time for music, dialogue, and personal reflection during the workday. The pilot program will support about fifty hospital employees at NYC Health + Hospitals/Bellevue over several months. Researchers from the Yale School of Public Health will assess whether the intervention effectively addresses staff burnout and could contribute to retention. Harmonizing for Health is funded by the Laurie M. Tisch Illumination Fund. A large body of scientific research has shown that music can have a profound effect on our health. Music [reduces symptoms of depression](#), supports [pain management](#), provides a safe environment to contribute to [healing from trauma](#), and builds resilience while [decreasing anxiety](#) and [blood pressure](#). Music improves our sleep quality, mental alertness, memory, and overall health and well-being.

CREATIVE CARE IN ACTION OPENS AT THE LAURIE M. TISCH ILLUMINATION FUND OFFICES

The exhibition Inside the Hospital Artists-in-Residence Program: Creative Care in Action officially opened at the Laurie M. Tisch Illumination Fund offices to showcase the wonderfully colorful, bright, and inspiring artworks created by hospital workers who have participated in Artist-in-Residence initiative. The program is currently active across six facilities – NYC Health + Hospitals/Elmhurst, Kings County, Lincoln, North Central Bronx, South Brooklyn Health, and Gotham Health, Morrisania—offering weekly moments of creative care for healthcare heroes. Since 2022, more than 6,300 staff have taken part in artmaking sessions. This exhibition was thoughtfully curated by Mónica Mariño from Arts in Medicine and Sheila Fontanive and Liz Rubel from the Creative Center at University Settlement.

METROPLUSHEALTH UPDATE

MEDICARE STAR RATING REFLECTS STRENGTH OF INTEGRATED SYSTEM PARTNERSHIP

MetroPlusHealth's Medicare STAR Rating saw major gains in clinical quality, member experience, and operational performance. This progress reflects the strength of the integrated care model and supports NYC Health + Hospitals' strategic goal to improve patient satisfaction across the MetroPlusHealth-NYC Health + Hospitals partnership.

With nearly 60% of MetroPlusHealth's Medicare beneficiaries receiving care at NYC Health + Hospitals, the health care system's clinical performance is foundational to the plan's STAR Rating success. These results demonstrate the impact of the shared systems, aligned priorities, and a joint commitment to health quality and equity.

The STAR Ratings Program, administered by CMS, evaluates Medicare Advantage plans across 45 measures spanning clinical quality, member experience, drug safety, and operational performance. Plans are rated from 1 to 5 Stars, with higher scores unlocking increased rebates and Quality Bonus Payments (QBP) that support supplemental benefits such as an OTC card to help members pay for eligible over-the-counter items like vitamins, first aid supplies, and personal care products.

Key Drivers of Improvement

MetroPlusHealth's overall rating increase was driven by statistically significant gains in 21 measures, including:

- **Clinical Quality:** Strong performance in Care for Older Adults (Medication Review, Pain Assessment), Diabetes Care (Eye Exam, Blood Sugar Control), and Controlling High Blood Pressure.
- **Care Transitions:** High scores in Notification of Admission, Receipt of Discharge, Patient Engagement, and Medication Reconciliation.
- **Medication Adherence:** Improved adherence across all three-Part D measures—diabetes, hypertension, and cholesterol.
- **Operational Excellence:** Reflecting improved member retention and satisfaction.
- **Patient Experience (CAHPS):** As a core component of the Medicare STAR Ratings, CAHPS measures reflect how members experience their care—including access to care, communication, and service.

MetroPlusHealth's year-over-year gains in CAHPS were driven by targeted and coordinated outreach by the Plan and the Health System, cross-functional training, and system-wide service enhancements.

Notably, MetroPlusHealth earned 5 Stars in the overall rating of our health plan, a reflection of significant improvements in member experience. It saw measurable gains in two key access-related CAHPS measures, Getting Needed Care and Getting Appointments and Care Quickly, each increasing by a full Star. These improvements have had a meaningful impact on the overall rating of the health plan and reflect efforts to

reduce barriers and streamline scheduling. It also highlights the effectiveness of the integrated care model, which enables real-time data sharing, coordinated transitions, and proactive member engagement.

A key driver of this success 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 - NYC Health + Hospitals 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 the overall STAR Rating improvement.

NYC Health + Hospitals' Clinical Performance: A Key Driver

MetroPlusHealth's gains are directly tied to the exceptional clinical performance of NYC Health + Hospitals, particularly in the 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 NYC Health + Hospitals' 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.

A Unified Model for Better Outcomes

This achievement reflects the power of our integrated care model, which removes traditional barriers to care. Through shared systems like Epic, aligned quality goals, real-time admission data exchange, and streamlined operations, we've built a system where coverage and care work hand-in-hand. These improvements directly support NYC Health + Hospitals' strategic goal to enhance satisfaction across the MetroPlusHealth-NYC Health + Hospitals partnership and position it as the leading health insurance plan/provider model for low-income New Yorkers.

Together, we are closing care gaps, improving satisfaction, and advancing health equity—delivering on the promise of our strategic goals and building a stronger, more responsive system for all New Yorkers.

EXTERNAL AFFAIRS UPDATE

City

On October 23rd, NYC Health + Hospitals provided testimony and participated in Q&A for the Committee on Hospitals and Committee on Women & Gender Equity hearing: Improving Maternal Health in NYC at the New York City Council. Dr. Wendy Wilcox, Chief Women's Health Officer provided testimony and participated in Q&A.

State

Earlier this month, Governor Kathy Hochul announced that Health + Hospitals and Maimonides were selected to be a part of the New York

State Health Care Safety Net Transformation Program. This program incentivizes partnerships between safety net hospitals and health care organizations. We continue to work with our partners at the State and Maimonides on advancing this partnership in service of the Brooklyn community and patients.

On the legislative front, of the 854 bills that passed both houses of the New York State Legislature, 517 have been acted upon by the Governor. 30 bills have been vetoed thus far, and the Governor has until the end of the calendar year to consider the remaining bills. Most of the health care bills we are tracking have not been delivered to the Governor yet.

Federal

The federal government shutdown is in its fourth week.

Funding implications:

- Absent a Continuing Resolution, the Medicaid DSH cuts went into effect October 1. However, New York State will be able to pay out DSH funds for the first quarter of FY 26.
- Similarly, in the FY 25 funding agreement, Congress allocated funding for the Medicaid program for the first quarter of FY 26.
- Both of these programs will not see funding cuts as long as the shutdown ends prior to the end of the year.

Community Affairs

The Council of Community Advisory Boards met on October 7th and received a presentation on the Impact of Potential Cuts to Medicaid from Deborah Brown, Senior Vice President and Chief External Affairs Officer. Ms. Brown also shared an update about the government shutdown with the CAB Chairs.

On October 14th, Allie Nudelman, AVP of External and Regulatory Affairs, presented a virtual presentation to all the CAB members about the Impact of Potential Cuts to Medicaid. 57 CAB members from across our system joined the call.

NEWS FROM AROUND THE SYSTEM

- NY1: [NYC Health + Hospitals launches Baby Boxes for new parent](#)
- Becker's Hospital Review: [Inside NYC Health + Hospitals' prevention-first approach to clinician well-being](#)
- City & State: [The 2025 Top Workplaces, Elmhurst Hospital](#)
- McKnights Long-Term Care News: [An evolution in HIV storytelling and the LTC voices that matter](#)
- Epicenter NYC: [Experts answer your top questions about Tylenol, pregnancy, and autism risk](#)

- Becker's: [338 hospitals with the lowest CLABSI rates](#)
- Neoyorkinos.com: [Lincoln Hospital Announces Community Psychiatry Residency Program](#)
- Caribbean Life: [Adams launches signature programs for new mothers, families avoid shelter and poverty](#)
- NY1: [NYC Health + Hospitals' NYC Care Launches Public Awareness Campaign On Health Care Access](#)
- USA Today: [3 scary complications of gonorrhea](#)
- PIX11: [NYC hospital staff trades scrubs for art to honor Snoopy and Peanuts gang](#)
- El Diario: [EL Awards 2025: David Guzmán](#)
- Amsterdam News: [Black New Yorker Dr. Cheryl Smith: An HIV/AIDS physician healing through helping](#)
- McKnight's Long-Term Care News: ['Ready to care?' Nursing homes begin to grapple with nation's aging HIV population](#)
- Bronx Bulletin: [New Program Leverages Bronx Arts and Culture in Psychiatric Care](#)
- Neoyorkinos: [Cristina Contreras, Director of Lincoln-Bronx Hospital, Recognized at the OAS](#)
- Becker's Hospital Review: [Proactive, personalized, equitable: NYC Health + Hospitals/Bellevue chief on the future of cardiac care](#)
- Everyday Health: [What to Know About Elimination Diets for Eosinophilic Esophagitis](#)
- Documented NY: [What should I do if I can't afford to pay for medical bills in New York City?](#)
- Behavioral Health News: [A Harm Reduction Approach to Informed and Compassionate Care](#)
- SiLive: Nursing Professionals Across Five Skilled Nursing Facilities In NYC Honored With Daisy & BEE Award Celebration, Healthcare Access Public Awareness Campaign: NYC H+H
- Queen's Ledger: [Suicide Prevention Month Highlights Urgent Need for Teen Support](#) (Dr. Anne Buchanan, NYC Health + Hospitals/Bellevue mentioned)
- Caribbean Life: [Epic Caribbean artwork to help heal abuse 'a resounding success'](#) (NYC Health + Hospitals/Gotham Health)
- The South Asian Times: [NYC Care program launches citywide public awareness campaign focused on healthcare access](#)
- El Diario: [Campaign Against Fear for More Immigrants to Take Out "NYC Care"](#)
- USA Today: [The most common STI may not be the one you expect](#)
- Norwood News: [Morris Park: 9/11 Victims Honored at Jacobi Medical Center Memorial Service](#)
- World News: [NYC Health + Hospitals Honors Nursing Professionals Across Its Five Skilled Nursing Facilities for the DAISY Award & BEE Award Celebration \(New York City Health and Hospitals Corporation\)](#)

- Primera Linea: [NYC Health + Hospitals Strengthens Community Health with More Than 10,000 Group Visits and 1,300 Patients Served](#)
- Becker's Hospital Review: [NYC Health + Hospitals. Dr. Jiménez discusses the "Lights the Way" campaign](#)
- Becker's Hospital Review: [Dr. Marie Ward of NYC Health + Hospitals/Jacobi discusses breakthroughs in breast cancer research and awareness](#)
- Observer: [A Collector's Guide to Donating Art to Hospitals and Other Nonprofits](#)
- Harlem World Magazine: [GHCC Convenes Top Health Experts To Tackle Disparities At 2025 National Urban Health Conference](#)
- Norwood News: [Morris Park Hosts 48th Annual Bronx Columbus Day Parade](#)
- New York Time: [Manuel Trujillo, Who Helped New Yorkers Heal After 9/11, Dies at 80](#)
- Bronx Times: [Jacobi Hospital doctor shares promising news on breast cancer vaccine trials](#)
- Norwood News: [Hochul Announces \\$6M Investment in Community-Led Public Safety Initiatives in South & West Bronx](#)
- EL Diario: [NYC Community Agenda: Bellas Fashionistas Foundation Leadership Summit and More](#)
- SILive: [Longtime Staten Island volunteer to be recognized at CASC fundraiser](#)
- New York Family: [NYC Introduces Baby Boxes Across Four City Hospitals](#)
- Today.com: [Dr. Manuel Trujillo, Psychiatrist for 9/11 Survivors, Dies at 80](#)
- ABC News: [FDNY firefighter goes into cardiac arrest inside Lower Manhattan firehouse](#)
- Queens Ledger: [Talking Breast Cancer: City Surgeon on Early Detection](#)

RESOLUTION - 06

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.

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 – Increase Funding Request with Natera, Inc.

**Board of Directors Meeting
November 20, 2025**

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

For Board of Directors 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.

Board of Directors Approval Request

- 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 - 07

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%

Awardees

1. Rapid Reliable Care NY by DocGo, LLC
2. AC Disaster Consulting – New Vendor
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: November 17, 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	Pending	Approved	30%
AC Disaster Consulting	Approved	Pending	MWBE
Medrite LLC	Pending	Approved	30%
Premier Assist LLC	Approved	Pending	30%
Cherokee Nation Management & Consulting, LLC	Pending	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**

**Board of Directors Meeting
November 20, 2025**

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

For Board of Directors 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 – **New Vendor**
 - 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 – New Vendor	N/A	NYS/NYC WBE	100%

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

- 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 - 08

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.**

**Board of Directors Meeting
November 20, 2025**

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

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

- 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.

RESOLUTION - 09

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a 5-year lease extension with **The Mattone Group Springnex LLC (“Landlord”)** for **4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the “Clinic”), operated by NYC Health + Hospitals/Gotham Health (“Gotham Health”)** extending a lease due to expire **May 31, 2030 to expire May 31, 2035** with the base rent remaining unchanged at \$53.05/ft plus an estimated annual common area maintenance (“CAM”) charge of \$27,233 and an estimated annual charge for real estate taxes of \$51,613 through May 31, 2030 when base rent will increase by 10% for the 5-years renewal term bringing the rate to \$58.35/ft. provided; there will be no rent for the 1st and 13th months of the extension term.

WHEREAS, the Clinic is a community-based health care center that has been providing primary care, including prenatal care and gynecological services, to the community since 2000; and

WHEREAS, in February 2020, the System’s Board of Directors authorized a 10-year renewal of the lease for the Clinic; and

WHEREAS, the System has \$6.75MM in City capital to improve the Clinic by updating the lobby/reception area, reconfiguring the interior layout to increase the number of exam rooms, replacing the HVAC system and other related work to refresh the Clinic; and

WHEREAS, the City will make such funds available only if there is more than 5 years remaining on the term of the Clinic lease; and

WHEREAS, the Landlord was unwilling to extend the lease term for only one year to satisfy the City’s capital eligibility requirement but would extend the lease for five more years and was willing to offer two months of free rent to make the five-year extension more attractive; and

WHEREAS, continuing the pattern of 10% rent increases every five years is within or at the lower end of the fair market value range of rent increases; and

WHEREAS, responsibility for administering the proposed lease will be with the System’s Sr. Vice President for Ambulatory Care.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign a 5-year lease extension with the Mattone Group Springnex LLC (“**Landlord**”) for 4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the “**Clinic**”), operated by NYC Health + Hospitals/Gotham Health (“**Gotham Health**”) extending a lease due to expire May 31, 2030 such that it will expire May 31, 2035 with the base rent remaining unchanged at \$53.05/ft plus an estimated annual common area maintenance (“CAM”) charge of \$27,223 and an estimated annual charge for real estate taxes of \$51,613 through May 31, 2030 when base rent will increase by 10% for the remaining five years of the lease term bringing the rate for the final five years to \$58.35/ft. provided; however no rent will be due for the first month of the extension term and for the 13th month of the extension term.

**EXECUTIVE SUMMARY
RENEWAL LEASE
WITH THE MATTONE GROUP SPRINGNEX LLC
4,218 SQUARE FEET AT 134-64 SPRINGFIELD BOULEVARD, QUEENS**

- OVERVIEW:** The President seeks authorization from the System’s Board of Directors to execute a 5-year lease extension agreement with The Mattone Group Springnex LLC (“**Landlord**”) for space at 134-64th Street, Queens which houses the Gotham Health Springfield Gardens Clinic (the “**Clinic**”), operated by NYC Health + Hospitals/Gotham Health (“**Gotham Health**”). The extension will push off the current lease expiration of May 31, 2030 to May 31, 2035. The extension will make the Clinic eligible for City capital funds for the improvement of the clinic.
- PROGRAM:** The Springfield Gardens clinic has been providing primary care services to residents of the community since 2000. The clinic is one of seven primary care clinics operated by Gotham Health in Queens. It offers a full range of primary care services including adult medicine, pediatrics and OB/GYN. There remains a need for primary care services in this section of Queens and extending the lease for this site will allow the clinic to continue to serve the community. The clinic is open Monday, Tuesday, Thursday, Friday from 8:30 a.m. to 5:00 p.m., Wednesdays from 11:30 a.m. to 8:00 p.m. and Saturday.
- Gotham Health wishes to refurbish the clinic. The System has \$6.75MM in City capital funding to update the lobby/reception area, reconfigure the interior layout to increase the number of exam rooms, replace the HVAC system, and do other associated work. This City-funded work will be combined with some System-funded work to refresh the entire Clinic. Pursuant to City Comptroller Directive 10, the City cannot use bond funds on infrastructure assets having a useful life of less than five years and rented facilities must therefore be leased for more than five years. The current lease will expire in less than five years. Landlord was reluctant to extend the lease term by only one year but was willing to do so for five years and to also provide two months of free rent.
- TERMS:** The System will continue to occupy approximately 4,218 square feet of ground floor space at 134-64 Springfield Boulevard, Queens. Under the existing lease, the base rent is \$53.05/ft through May 31, 2030 plus an estimated annual common area maintenance (“CAM”) charge of \$27,223 which will increase at approximately 2.5% annually and an estimated annual charge for real estate taxes of \$51,613. Starting June 1, 2030 base rent will increase by 10% to \$58.35/ft. provided; there will be no rent payable for the 1st and 13th months of the extension term.
- The rent for this lease was found to be at the fair market value when it was presented to the Board of Directors in February 2020. The further increase of 10% for the five-year extension is well within the customary market rate of increase. The increase at 2% per year for the five-year term is below the normal rate but having the full 10% increase take effect at the beginning of the extension term brings the increase up to standard rate common in the market.
- As under the current lease, during the renewal term, Landlord will be responsible for structural repairs and maintenance and the repair and maintenance of all common areas including sidewalks, curbs and parking lots. The Tenant will be responsible for interior non-structural repairs and maintenance. The Tenant will be responsible for payment of separately metered utilities.

September 24, 2025

Ms. Deborah H. Morris, AICP
Senior Director, Land Use Planning and Real Estate
NYC Health + Hospitals Corporation
50 Water Street
New York, NY 10004

Re: Updated Fair Market Value of Springfield Medical Center
Located at Springnexus Plaza, 134-64 Springfield Blvd, Springfield Gardens, NY 11413
On behalf of NYC Health & Hospitals Corporation

Dear Ms. Morris:

You have asked that I comment on the value of the referenced premises for a second rental renewal of Springfield Medical Center. The original valuation report dated August 25, 2015 describes the referenced premises and gives a valuation of \$44-\$47 per rentable square foot (RSF) at that time. This shall serve to update the valuation of the premises.

Pursuant to your request, the referenced property was initially inspected in August 2015 in order to assess the Fair Market value (FMV) of the designated office/retails medical offices. This assessment was inclusive of the value of the tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, repairs and maintenance, etc. The tenant is designated as a not-for-profit (501(c) 3), and real estate taxes may not be applicable, however this expense is considered when evaluating the value of the space in order to provide a comprehensive value. This updated valuation will assess the estimated value of the base rent inclusive of the tenant improvements and operating expenses. This evaluation is subject to the following:

- The unit remains occupied and zoned for use as a medical office
- The lease will expire on May 31, 2030 and tenant wishes to further extend for an additional 5-year term
- The current proposal is for a renewal term for an additional 5-year period, with a 10% rent increase at the commencement of this new extension
- The unit is approximately 4,218 RSF
- This evaluation is for the purpose of a new lease extension/renewal

Medical offices in this area are typically situated in stand-alone medical office buildings, strip malls or converted residential houses. Rents for turnkey (ready to use) medical space range from approximately \$55-\$65/RSF. The residential conversions and the more dated (10+ years) spaces garner the lower rents with the larger malls, “strip” centers and medical office buildings with relatively new or newer tenant improvements receiving the higher rents. These properties typically offer more amenities, i.e. on-site property management, parking, security, etc.

Rents in the Springfield Gardens area garner higher retail/commercial rents than in neighboring areas. However, the range of difference between these market areas is a modest \$8-\$15 per RSF. Most of the opportunities for medical office space in these markets are for undeveloped offices in commercial buildings, which will require extensive capital improvements.

Retail transactions typically do not provide for landlord concessions other than rent abatements, which are often considered or applicable in a renewal, although always negotiable.

Most of the opportunities for medical office space in these markets are for undeveloped office in commercial buildings or strip malls where the tenant will be offered few concessions by the landlord despite market conditions. Concessions are minimal. Rents post-Covid in general have been increasing and have shown consistent improvements through 2024-2025 as the economy has improved but has leveled as online retailing has impacted traditional brick and mortar real estate.

This requires that the tenant improvements be provided greater weight as an overall factor in the assessment of the FMV rental due to the cost associated with relocation; relocating would entail an up-front expense of no less than \$175/RSF or approximately \$740,000 for construction. Despite possible lower rent opportunities in the same market area, this expense cannot be appropriately amortized over the proposed extension renewal term of 5 years but can be if inclusive of the 5 years which remained on the existing lease plus this proposed extension.

The referenced medical office is a retail tenant located within an outdoor plaza retail center. The anchor tenant is a supermarket. There are numerous smaller retail units within the plaza. This retail center provides ample parking, and the lot is maintained in good condition. The center is easily accessible off Springfield Boulevard which is a major thoroughfare in the immediate market area. NYCTA buses stop immediately in front of this location.

Anchor and (larger) tenants are provided with signage on the primary mall sign (billboard) visible off Springfield Boulevard and includes this Springfield Medical Tenant's name as well. The tenant also has signage on the main entrance door to the offices, and on the "eyebrow" (upper façade) of the building.

The office is comprised of 4,218 RSF on the ground floor. The front entrance and interior are accessible via wheelchair and compliant with the American Disabilities Act. The office was originally built and consists of the following:

- Four seats at desk
- Waiting room with 35 seats
- Eight exam rooms
- Men's & Women's ADA bathrooms and an additional bathroom in back
- Clean utility and storage
- Soiled utility
- Financial services office
- Administrative office
- Staff room (lounge with kitchen)
- Nurse's office
- Janitor's closet
- Phone room
- Roof mounted HVAC and maintained by tenant
- Fire alarm is through Pathmark Supermarket, and adjacent tenant
- Snow and outdoor maintenance provided by Pathmark
- Monday-Friday 8:30am-5:00pm alternating Saturdays from 9:00am-3:00pm

Rents in the commercial and retail markets within the Springfield Gardens area, which had been flat during Covid, have shown steady improvement. The tenant improvement (T.I., buildout of the space) has not been fully depreciated and should remain in fair to good condition with continued proper maintenance through the five-year extension, however, it will require cosmetic renovation, specifically repainting, lighting, and/or carpeting. The value of the original capital expenditure is estimated at \$90-\$120 per RSF. The current value is almost fully depreciated.

The proposed terms of the extension period are as follows:

- 5-year lease extension to bring lease term to May 31, 2035
- Space is confirmed to be 4,218 RSF
- Current base rent is \$53.05 plus RE taxes of \$51,613 and CAM (Common Area Maintenance) of approximately \$27,223
- Base rent increase of ten percent (10%) beginning the lease extension period, bringing the base rent for the extension period to begin at \$58.35/PSF
- 2 months' rent concession for the extension period

The renewal terms presented by the landlord are commercially fair and reasonable based on this assessment. It is our conclusion that the fair market value of this space with the referenced services and amenities is between \$52-\$55/RSF net currently and expect that this base rent at the new term will be at or below that of the then current market. This takes into consideration comparable commercial/retail rents within the immediate market areas (previously denoted and enclosed) and the subsequent tenant improvements of the space, as well as current availability for similar opportunities.

While the proposed rent fair market rental rates are consistent with the market, it's important to point out that the space subject to the renewal is located in a "strip center" outdoor retail mall. As part of occupancy in these locations, tenants typically are required to pay their proportionate share of real estate taxes and CAM (Common Area Maintenance) which would not be passed through to tenants located outside of these types of locations. The taxes and CAM charges at this location will increase the rent by approximately \$5-\$6/RSF.

It is our professional observation that the terms are fair and reasonable given current conditions and immediate vacancies within the center as well as the surrounding areas.

In the event I can be of any further assistance to you, please do not hesitate to call.

Thank you.

Very Truly Yours,



Michael E. Dubin
Partner

Comps for Springfield Medical Center

Address	Cross Streets	Square Feet	Price Per SF
153-41 Rockaway Blvd.	135 th & 136 th Avenues	4,100	\$52.68
23416 Merrick Blvd.	234 th Street & Laurelton Pkwy	700	\$51.00
153-41 Rockaway Blvd.	135 th & 136 th Avenues	900	\$57.33
23112-23122 Merrick Blvd.	Francis Lewis Blvd. & 231 st Street	800	\$60.00

**Request to Lease with Mattone Group
SpringNEX LLC for 134-64 Springfield
Boulevard, Queens, to house the Gotham Health
Springfield Gardens Clinic**

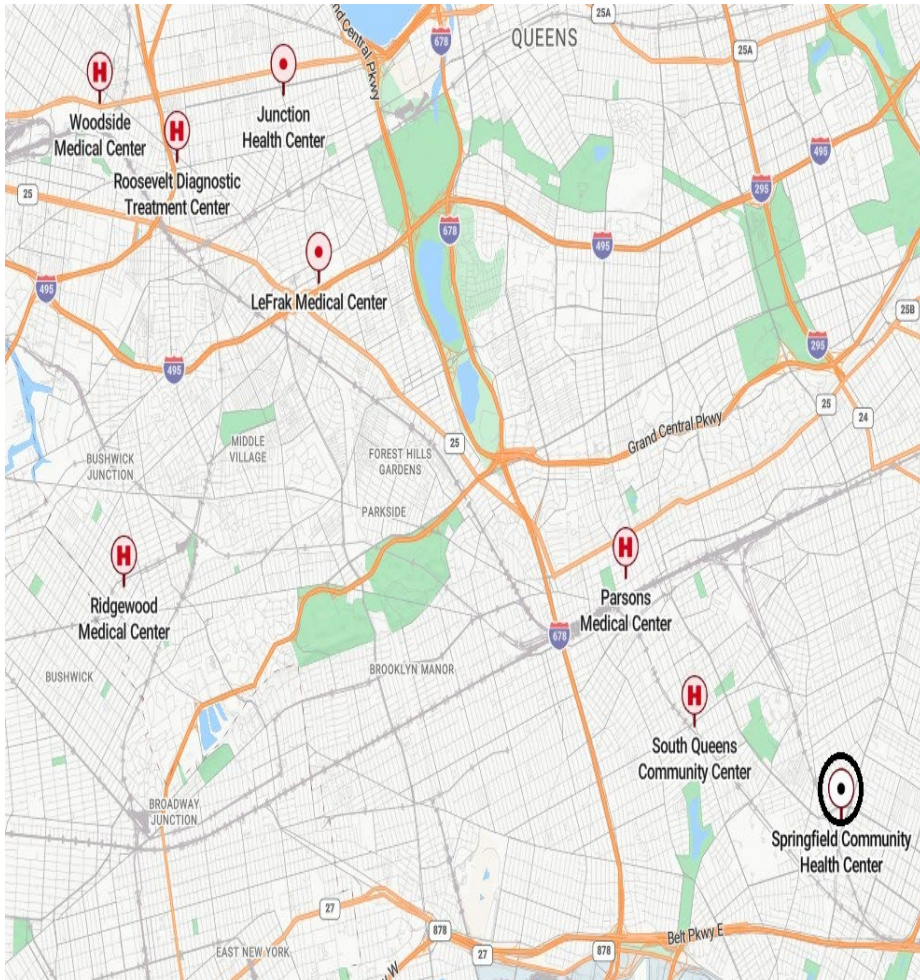
**Board of Directors Meeting
November 20, 2025**

**Ted Long, MD, MHS, SVP, Ambulatory Care and Population Health
Leora Jontef, AVP, Real Estate & Housing
Deborah Morris, AICP, Senior Director, Real Estate & Housing
Jeremy Berman, Deputy General Counsel**

For Board of Directors Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 5-year lease extension with **The Mattone Group Springnex LLC (“Landlord”)** for **4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the “Clinic”), operated by NYC Health + Hospitals/Gotham Health (“Gotham Health”)** extending a lease due to expire **May 31, 2030 to expire May 31, 2035** with the base rent remaining unchanged at \$53.05/ft plus an estimated annual common area maintenance (“CAM”) charge of \$27,233 and an estimated annual charge for real estate taxes of \$51,613 through May 31, 2030 when base rent will increase by 10% for the 5-years renewal term bringing the rate to \$58.35/ft. provided; there will be no rent for the 1st and 13th months of the extension term.

➤ Gotham Health operates 29 locations Citywide and 8 in Queens



- CORONA DISTRICT HEALTH CENTER AKA JUNCTION
 - 34-33 Junction Blvd
- PARSONS MEDICAL CENTER
 - 90-37 Parsons Blvd
- SOUTH QUEENS COMMUNITY CENTER
 - 114-02 Guy Brewer Blvd
- RIDGEWOOD MEDICAL CENTER
 - 769 Onderdonk Avenue
- ROOSEVELT DIAGNOSTIC & TREATMENT 37-50 72nd Street
- SPRINGFIELD COMMUNITY HEALTH CENTER
 - 134-64 Springfield Blvd
- WOMEN'S MEDICAL CENTER AT CORONA (LEFRAK) 59-17 Junction Blvd%9
- WOODSIDE MEDICAL CENTER
 - 50-53 Newtown Rd

Clinical Services: Primary Care, Pediatrics, Women's Health

History

- Springfield has been offering primary care services since 2008
- Springfield/Laurelton is a medically underserved area.
- Springfield Health Center has seen a 20% increase in patient volume since 2022
- The currently lease is in year 6 of 10.

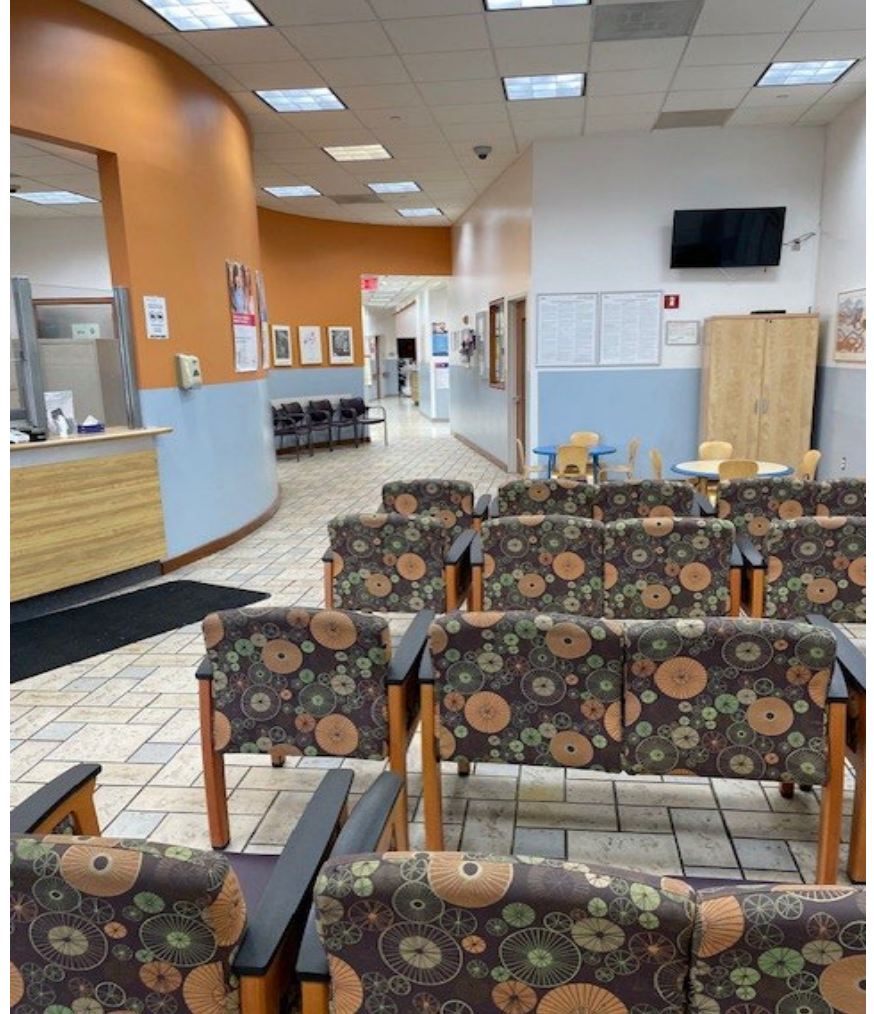
Building Location

- Occupies 4,218 SF within a larger commercial building
- Proximate Laurelton LIRR station

Capital Investment Plan

- H+H Capital investments to replace HVAC, reconfigure layouts, update reception area, and refresh flooring and walls requires longer lease term to satisfy OMB requirements.



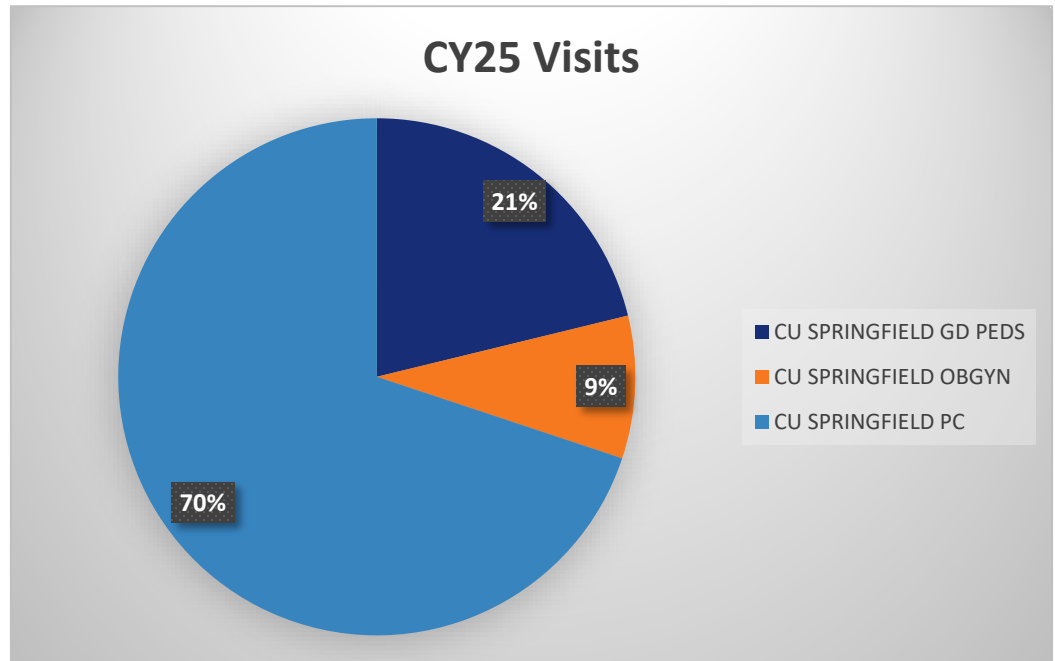


- **Health Resources and Services Administration (HRSA)** has identified Springfield as a **medically underserved area**, with a score of **17 out of 26**, where 26 indicates the highest need for medical services. The community faces numerous health challenges, including:
 - **Poverty Rate:** 17%
 - **Obesity Rates:** 25% of adults, 24% of children
 - **Diabetes Rates:** 16% of the community has diabetes, above the city-wide average of 12%.
 - **Impact of Long COVID:** The community has been particularly affected by long COVID, which exacerbates existing health issues.

Gotham Springfield: 2025 Patient Data

Primary Care Visit Volume Total – 9,167

Operating Unit	CY25 Visits
CU SPRINGFIELD PC	6,407
CU SPRINGFIELD GD PEDS	1,943
CU SPRINGFIELD OBGYN	817
Grand Total	9,167



Lease Terms

- Gotham/Springfield will continue to occupy a 4,218 SF space located within a commercial building located at 134-64 Springfield Blvd, Queens.
- **Term:** Extension of existing 10 year lease, currently in year 6, to a total term of 15 years
- **Base Rent:** Fair Market Value: Unchanged until May 31, 2030, on May 31, 2030 base rent will increase by 10% to 58.35/SF for the new 5-year renewal term.
- **Common Area Maintenance:** Estimated charge of \$27,233 annually
- **Real Estate Taxes:** Estimate to be \$51,613 annually.
- **The Total Occupancy Costs:** Over the potential 10-years will be approximately \$3,096,866

Years	Cost
1-5 Existing term remainder	\$ 1,513,055
New Extension 5-10	\$ 1,583,811
Total	\$ 3,096,866

- Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 5-year lease extension with **The Mattone Group Springnex LLC (“Landlord”)** for **4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the “Clinic”), operated by NYC Health + Hospitals/Gotham Health (“Gotham Health”)** extending a lease due to expire **May 31, 2030 to expire May 31, 2035** with the base rent remaining unchanged at \$53.05/ft plus an estimated annual common area maintenance (“CAM”) charge of \$27,233 and an estimated annual charge for real estate taxes of \$51,613 through May 31, 2030 when base rent will increase by 10% for the 5-years renewal term bringing the rate to \$58.35/ft. provided; there will be no rent for the 1st and 13th months of the extension term.

RESOLUTION - 10

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a five-year lease agreement with HARVILENE LLC for approximately 600 square feet of ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the “WIC Program”) operated by NYC Health + Hospitals/South Brooklyn (the “Facility”) at a cost of \$24.00 per square foot, or \$14,4000 per year, to escalate by 2.25% per year for a total rent amount over the five-year term of \$75,313.72. In addition, there will be a \$200/month utility payment, or \$2400/year, for a total utility cost of \$12,000 over the course of the five-year term, making a total cost of occupancy over five years to be \$87,314.

WHEREAS, such clinics are federally grant funded; and

WHEREAS, the System and the Facility have a need for WIC clinical sites; and

WHEREAS, the System and Facility have been successfully leasing the same space and operating a WIC clinic at such space since 2016; and

WHEREAS, the WIC Program is entirely funded through a NYSDOH grant.

WHEREAS, the negotiation and administration of the proposed lease shall be the responsibility of the Senior Vice President overseeing the NYC Health + Hospitals Central Office Real Estate unit.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a five-year lease agreement with HARVILENE LLC for approximately 600 square feet of ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the “WIC Program”) operated by NYC Health + Hospitals/South Brooklyn (the “Facility”) at a cost of \$24.00 per square foot, or \$12,000 per year, to escalate by 2.25% per year for a total rent amount over the five-year term of \$75,313.72. In addition, there will be a \$200/month utility payment, or \$2400/year, for a total utility cost of \$12,000 over the course of the five-year term, making a total cost of occupancy over five years to be \$87,314.

EXECUTIVE SUMMARY

LEASE AGREEMENT WOMEN, INFANTS AND CHILDREN PROGRAM NYC HEALTH + HOSPITALS/SOUTH BROOKLYN

Overview	Authorization is sought to execute a five-year lease agreement with HARVILENE LLC for ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the “WIC Program”) operated by NYC Health + Hospitals/South Brooklyn.
Need/Program	Pregnant, breastfeeding and postpartum women, infants and children less than five years of age who are determined to be at nutritional risk are eligible for WIC Program services which include monitoring children’s growth rates, nutrition education, breastfeeding support, and high-risk counseling. Most program participants are of low income. The New York State Department of Health has authorized and funded this site since 2016.
Terms	<p>The System occupy approximately 600 square feet of space on the ground floor. The lease will be for a term of five years. The base rent will be \$20.00 per square foot or approximately \$12,000.00 per year. The base rent will escalate 2.25% per year. The lease term will commence upon lease execution. The landlord will provide heat, air conditioning, electricity, water, sewer and housekeeping at its own expense. The landlord will be responsible for payment of real estate taxes.</p> <p>The landlord will be responsible for all interior and exterior structural and non-structural repairs to the premises, including repairs to the roof, infrastructure, mechanical systems, window frames, plumbing, electrical, waste utility lines, common areas, curbs and sidewalks.</p>
Financing	NYSDOH grant (rent and operating expenses are covered by the grant.)

September 24, 2025

Ms. Deborah H. Morris, AICP
Senior Director, Land Use Planning and Real Estate
NYC Health + Hospitals Corporation
50 Water Street
New York, NY 10004

Re: Updated Fair Market Value of 2101 Mermaid Avenue, Brooklyn, NY 11224/Block 7017, Lot 43
On behalf of NYC Health & Hospitals Corporation

Dear Ms. Morris:

You have asked us to provide an FMV rent reasonableness letter to establish, or in this instance, confirm the area's market rent for this location as well as for the intended use. The original valuation report dated October 28, 2015 established a rent of \$16.66 per rentable square foot (RSF) at that time. This shall serve to update the valuation of the referenced premises.

This assessment was inclusive of the value of the tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, repairs and maintenance, etc. The tenant is designated as a not-for-profit (501(c) 3), and real estate taxes may not be applicable, however this expense is considered when evaluating the value of the space in order to provide a comprehensive value. This updated valuation will assess the estimated value of the base rent inclusive of the tenant improvements and operating expenses. This evaluation is subject to the following:

- The unit remains occupied and zoned for its existing use
- The unit is approximately 600 SF
- This evaluation is for the purpose of a lease term extension
- The space is located on the ground floor of the referenced premises

The referenced WIC office(s) sit within a larger medical office of approximately 2700 feet and the benefits from some common area access for its space. The program is operated by Coney Island Hospital. The landlord was initially responsible and required to provide heat, air conditioning, electricity, water (both hot and cold) and housekeeping. The landlord also provides for the payment of real estate taxes on the premises. The location is accessible to the Coney Island Hospitals catchment area to comfortably allow its WIC referrals access to the premises. The proposed lease extension is subject as follows:

- The base rent will be \$1200 per month which is equivalent to \$24/PSF
- Rent escalation is set at 2.25%/year compounded
- Tenant will now be required to pay for electricity equal to \$200, which is equivalent to \$4/PSF

The renewal terms presented by the landlord are commercially fair and reasonable based on this assessment. It is our conclusion that the fair market value of this space with the referenced services and amenities is between \$24-\$32/RSF net currently and expect that this base rent at the new term will be at or below that of the then current market. This takes into consideration comparable commercial/retail rents within the immediate market areas (previously denoted and enclosed) and the subsequent tenant improvements of the space, as well as current availability for similar opportunities.

While the proposed rent is at or below current rental rates within the immediate vicinity the landlord has proposed for this renewal that tenant be responsible for electric service amounting to an additional \$200 for electric service (\$4/PSF). Even considering this electrical service increase, this space remains at or below the market and it is our opinion that the economic terms are appropriate for a renewal.

It is our professional observation that the terms are fair and reasonable given current conditions and immediate vacancies within the center as well as the surrounding areas.

In the event I can be of any further assistance to you, please do not hesitate to call.

Thank you.

Very Truly Yours,



Michael E. Dubin
Partner

Comps for 2101 Mermaid Avenue

Address	Cross Streets	Square Feet	Price Per SF
2726 Mermaid Ave.	West 27 th & West 28 th Sts.	600	\$48.00
2415-2417 Coney Island Ave.	Avenue U & Avenue V Sts.	1,000	\$33.00
2407 E. 23 rd St.	Avenue X & Avenue Y Sts.	1,200	\$25.00

**Request to Lease with
Harvilene LLC**

**2101 Mermaid Avenue, Brooklyn, New York, to
house the Women, Infants and Children Program
(the “WIC Program”) operated by NYC Health +
Hospitals/South Brooklyn (the “Facility”)**

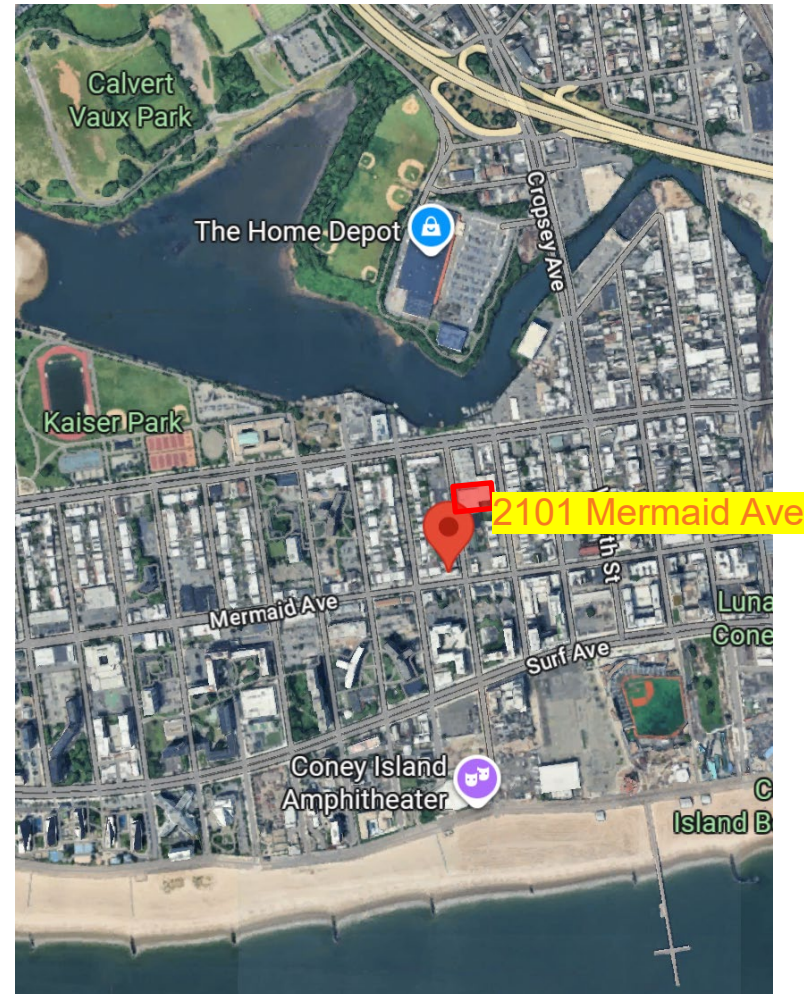
**Board of Directors Meeting
November 20, 2025**

**Svetlana Lipyanskaya, MPA, CEO, NYC H+H/South Brooklyn Health
Leora Jontef, AVP, Real Estate & Housing
Deborah Morris, AICP, Senior Director, Real Estate & Housing**

- Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute a five-year lease agreement with HARVILENE LLC for approximately 600 square feet of ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the “WIC Program”) operated by NYC Health + Hospitals/South Brooklyn (the “Facility”)** at a cost of \$24.00 per square foot, or \$14,4000 per year, to escalate by 2.25% per year for a total rent amount over the five-year term of \$75,313.72. In addition, there will be a \$200/month utility payment, or \$2400/year, for a total utility cost of \$12,000 over the course of the five-year term, making a total cost of occupancy over five years to be \$87,314.

South Brooklyn WIC

- The Women Infant Children Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income.
- The New York State Department of Health awarded a WIC Program grant to South Brooklyn for service within the zip codes 11224
- South Brooklyn is assigned to serve a population of 1900 people through this grant.
- South Brooklyn has successfully operated a WIC program in this space since Jan 2016.
- The New York State Department of Health approved use of this site for the WIC program.



Lease Terms

- NYC Health and Hospitals/South Brooklyn Health will occupy 600 SF at 2101 Mermaid Avenue, Brooklyn, NY
- A 5-year lease term will commence upon execution of the lease.
- Base Rent: \$24/square foot to escalate 2.25% each year and \$200/month in utilities.
 - The System and the Landlord will hold an option to terminate the lease with 90 days notice. To exercise such termination option, the System shall pay a termination fee equal to three months rent.
- The total annual occupancy fee for base rent over the potential 5-year term will be approximately \$87,314.

Years	Occupancy Cost
1	\$16,800
2	\$17,124
3	\$17,455
4	\$17,794
5	\$18,140
Total	\$87,314

- Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute a five-year lease agreement with HARVILENE LLC for approximately 600 square feet of ground floor space at 2101 Mermaid Avenue, Brooklyn, New York, to house the Women, Infants and Children Program (the “WIC Program”) operated by NYC Health + Hospitals/South Brooklyn (the “Facility”)** at a cost of \$24.00 per square foot, or \$14,4000 per year, to escalate by 2.25% per year for a total rent amount over the five-year term of \$75,313.72. In addition, there will be a \$200/month utility payment, or \$2400/year, for a total utility cost of \$12,000 over the course of the five-year term, making a total cost of occupancy over five years to be \$87,314.

RESOLUTION – 11

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with National Environmental Safety Company, Inc. (“NESC”) for the Early Demolition & Abatement Package at NYC Health + Hospitals/North Central Bronx Outposted Therapeutic Housing Unit (“OTxHU”) Project, with a contract amount of \$4,956,151, and a 10% contingency of \$495,615, for a total authorization of \$5,451,766 with an anticipated duration of 6 months.

WHEREAS, the System is undertaking the Outposted Therapeutic Housing Unit (“OTxHU”) Project at NYC Health + Hospitals/North Central Bronx, which will be located on the 13th, 14th, 15th, and 16th floors of the facility, with an anticipated completion date of December 2028; and

WHEREAS, the Early Demolition & Abatement Package (“the Project”) includes the demolition of the partial 13th floor and the 14th, 15th, and 16th floors; abatement work on the 13th and 14th floors; construction of a new bathroom on the 13B side; and construction of a new anteroom for 13B; and

WHEREAS, the Project is scheduled to commence in Winter 2025 and be completed by Summer 2026; and

WHEREAS, the project was posted on the City Record on February 20, 2025 and a site tour was held on May 12 and 13, 2025, attended by ten (10) prospective contractors; and

WHEREAS, bids were received on June 17, 2025, and following a review and determination process completed on September 3, 2025, National Environmental Safety Company, Inc. was determined to be the lowest responsive and responsible bidder; and

WHEREAS, the proposed contract amount is \$4,956,151.00, with a 10% project contingency of \$495,615.10, for a total project authorization of \$5,451,766.10; and

WHEREAS, the contractor has committed to achieving a 32% MWBE participation goal for this contract.

WHEREAS, the and administration of the proposed contract shall be the responsibility of the Vice President overseeing the NYC Health + Hospitals Central Office of Facilities Development.

NOW, THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) is hereby authorized to execute a contract with National Environmental Safety Company, Inc. for the Early Demolition & Abatement Package at the NYC Health + Hospitals/North Central Bronx Outposted Therapeutic Housing Unit (OTxHU) Project, for a total authorization of \$5,451,766.10, including a 10% contingency with an anticipated duration of 6 months.

EXECUTIVE SUMMARY

**EARLY DEMOLITION & ABATEMENT PACKAGE FOR THE OTxHU PROJECT AT NYC
HEALTH + HOSPITALS/NORTH CENTRAL BRONX
NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.**

- CONTRACT SCOPE:** The Project includes demolition of the partial 13th floor and the 14th, 15th, and 16th floors; abatement on the 13th and 14th floors; construction of a new bathroom on the 13B side; and construction of a new anteroom for 13B as part of the OTxHU Project at NYC Health + Hospitals/North Central Bronx.
- NEED:** The Early Demolition & Abatement Package is necessary to prepare the 13th through 16th floors of North Central Bronx Hospital for construction of the Outposted Therapeutic Housing Unit, a critical component of NYC Health + Hospitals' systemwide behavioral health infrastructure initiative.
- PROCUREMENT:** A site tour was conducted on May 12–13, 2025, attended by ten (10) contractors. Two (2) bids were received on June 17, 2025. On September 3, 2025, the System determined National Environmental Safety Company, Inc. to be the lowest responsive and responsible bidder for the Early Demolition & Abatement Package.
- PRIOR EXPERIENCE:** Five rated projects in MOCS, one excellent and four good.
- CONTRACT AMOUNT:** \$4,956,151.00
- PASSPORT APPROVAL:** Approved
- EEO APPROVAL:** Pending
- MWBE STATUS:** Environmental Safety Company, Inc. has committed to a 32% MWBE participation goal for this contract.



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

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

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

Vendor: National Environmental Safety Company, Inc.

Date: October 15, 2025

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

32% goal

**Request to Award Contract to National
Environmental Safety Company, Inc. for
Early Demolition & Abatement Package at NYC
Health + Hospitals/North Central Bronx
Outposted Therapeutic Housing Unit (OTxHU)
Project**

**Board of Directors Meeting
November 20, 2025**

**Manny Saez, PhD., Vice President, OFD
Menji Indar, Assistant Vice President, OFD
Luis Mendes, Senior Director, OFD
Tim O'Leary, Chief Financial Officer, CHS**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute a contract with National Environmental Safety Company, Inc. (“NESC”) for the Early Demolition & Abatement Package at NYC Health + Hospitals/North Central Bronx Outposted Therapeutic Housing Unit (“OTxHU”) Project**, with a contract amount of \$4,956,151, and a 10% contingency of \$495,615, for a total authorization of \$5,451,766 with an anticipated duration of 6 months.

Background & Current State

- On March 4, 2024, the Mayor directed NYC Health + Hospitals to resume the design and construction of the Outposted Therapeutic Housing Units (OTxHU) at Bellevue, Woodhull and North Central Bronx (“NCB”).
- The NCB OTxHU project will be located on the 13th (partial), 14th, 15th and 16th floors. The anticipated substantial completion is December 2028, pending timely finalization of design.
- The NCB project has four components:
 - The first prerequisite component is the renovation of space on other floors at the hospital to accommodate the relocation of EITS, MetroPlus, Hospital Police offices from the 13th floor and Nursing Administration and Training from the 14th floor. That work began in January 2025 and is currently underway.
 - This second prerequisite component to OTxHU construction is demolition and abatement of the future OTxHU space in order to make ready for construction. This project will begin following the relocation of staff in the first prerequisite phase and is being presented today for approval.
 - The third component is design and reconstruction of the ground floor including the emergency department. This component is in design and is expected to be presented to the Capital Committee in Winter 2026.
 - The fourth component is construction of the OTxHU itself. Pending timely finalization of design, we expect to present to Capital Committee in calendar year 2026, with construction expected to begin December 2026 and last 24 months

Project Scope and Schedule

- The project is comprised of the following work in order to reduce construction duration for the OTxHU project:
 - Demolition of floors 13th (partial), 14th, 15th and 16th floors;
 - Abatement on floors 13th (partial) and 14th;
 - Construction of a new bathroom on 13B side in location of existing lab anteroom; and
 - Construction of a new anteroom for 13B.
 - No anticipated impact to patient care during the construction.

- Expected to begin Winter 2025 with completion expected by Summer 2026.

Overview of Procurement

- 5/2/2025 – Bid posted on City Record
- 05/12/2025 - 5/13/2025: Site tour for bidders. A total of 10 contractors attended.
- 06/17/2025: Bid due date, 2 bids received.
- 09/03/2025: Determination of low bid finalized, and National Environmental Safety Company, Inc. was selected as the lowest responsive and responsible bidder.

Construction Contract

- Procurement is sourced via Public Bid.
- Contract amount is **\$4,956,151.00**
- Expected to begin Winter 2025 with completion expected by Summer 2026 (6 months).
- The vendor has not completed work for NYC H+H, but has received five ratings in MOCS – four good (Parks) and one excellent (DDC).
- National Environmental Safety Company, Inc. has committed to a 32% MWBE Goal :

Subcontractor	Supplies/Services	Certification	Utilization %	Utilization \$
Tameer, Inc.	HVAC	MBE	7%	\$365,000.00
Baybrent Construction	Ceramic Tile	WBE	1%	\$25,000.00
Infinite Consulting	Engineering/SSP	MBE	1%	\$50,000.00
TNS Specialties	Carpentry / Painting / Protection	MBE	7%	\$350,000.00
A&F Fire	Sprinkler	MBE	6%	\$300,000.00
Nunez Electric	Electrical	WBE	10%	\$478,000.00
Total			32%	1,568,000.00

Project Budget

NYC Health + Hospitals/North Central Bronx OTxHU Early Demolition and Abatement Project Budget	
Construction	\$4,956,151
Project Contingency (10%)	\$495,615
Total	\$5,451,766

- Full funding for this project has been allocated. The CP has been submitted to OMB and is pending approval.

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute a contract with National Environmental Safety Company, Inc. (“NESC”) for the Early Demolition & Abatement Package at NYC Health + Hospitals/North Central Bronx Outposted Therapeutic Housing Unit (“OTxHU”) Project**, with a contract amount of \$4,956,151, and a 10% contingency of \$495,615, for a total authorization of \$5,451,766 with an anticipated duration of 6 months.

RESOLUTION - 12

Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute a contract with Kinsley Energy Systems, LLC (“Kinsley”) for maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital**, with a total not-to-exceed amount of \$4,684,448, and a 20% contingency of \$939,890, for a total authorization of \$5,624,338 with an initial contract duration of three years with the option of two one-year extensions exercisable at the discretion of the System.

WHEREAS, the System issued a Request for Proposals (“RFP”) for maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital, which includes preventative maintenance, repairs, and consumable supply; and

WHEREAS, on January 28, 2025, the CRC approved the application to issue the RFP, which was subsequently posted on the City Record on February 20, 2025, and distributed to four vendors; and

WHEREAS, a pre-proposal conference was held on February 27, 2025, attended by all four vendors, and two proposals were received by the submission deadline of June 24, 2025; and

WHEREAS, on August 22, 2025, the evaluation committee completed its review and scoring of proposals and determined Kinsley Energy Systems, LLC to be the highest-rated proposer based on technical merit, experience, and cost; and

WHEREAS, the proposed contract value for Kinsley Energy Systems, LLC is \$4,684,448, with an additional 20% contingency of \$939,890, resulting in a total authorization of \$5,624,338; and

WHEREAS, the System’s Office of Vendor Diversity has approved a waiver of the MWBE requirements for Kinsley Energy Systems, LLC, as the vendor will self-perform the full scope of services outlined in the contract.

WHEREAS, the administration of the proposed contract shall be the responsibility of the Vice President overseeing the NYC Health + Hospitals Central Office of Facilities Development.

NOW THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) is hereby authorized to execute a contract with Kinsley Energy Systems, LLC for maintenance and repair services for the 4 MW Combined Heat and Power COGEN system at Bellevue Hospital, with a not-to-exceed amount of \$4,684,448 and a 20% contingency of \$939,890, for a total authorization of \$5,624,338 with a contract duration of three years the option of two one-year extensions exercisable at the discretion of the System.

EXECUTIVE SUMMARY

MAINTENANCE AND REPAIR SERVICES FOR THE 4 MW COMBINED HEAT AND POWER (CHP) COGEN SYSTEM AT BELLEVUE HOSPITAL KINSLEY ENERGY SYSTEMS, LLC

CONTRACT SCOPE: Maintenance and repair of the COGEN system at Bellevue Hospital

NEED: NYC Health + Hospitals facilities needs maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital.

CONTRACT DURATION: Three years with 2 one-year extensions, slated to commence January of 2026.

PROCUREMENT: A request for proposals was posted on the City Record and sent directly to four vendors on 2/20/2025; four vendors attended the pre-proposal on site visit on 2/27/2025, two proposals were submitted on 7/31/2025 and one vendor was invited to participate in vendor presentations. On 8/22/2025 the evaluation committee selected Kinsley Energy Systems, LLC as the top ranked responsible proposer for a contract not to exceed total of \$5,624,338.

PRIOR EXPERIENCE: Kinsley Energy Systems, LLC has performed similar services for Vanguard Renewables, Quantum BioPower, and Renew Energy to good reviews.

CONTRACT AMOUNT: \$4,684,448

PASSPORT APPROVAL: Pending

EEO APPROVAL: Pending

MWBE STATUS: The System's Vendor Diversity Office has approved a waiver of the MWBE requirements since Kinsley Energy Systems, LLC will self-perform the full scope of work under this contract.



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

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

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

Vendor: Kinsley Energy Systems, LLC

Date: October 15, 2025

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

Waiver

Request for Contract for COGEN Maintenance at NYC Health + Hospitals/ Bellevue with Kinsley Power Systems

**Board of Directors Meeting
November 20, 2025**

**Manuel Saez, PhD Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD
Omer Cabuk, Chief Decarbonization Officer**

- Authorizing New York City Health and Hospitals Corporation (the “System”) **to execute a contract with Kinsley Energy Systems, LLC (“Kinsley”) for maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital**, with a total not-to-exceed amount of \$4,684,448, and a 20% contingency of \$939,890, for a total authorization of \$5,624,338 with an initial contract duration of three years with the option of two one-year extensions exercisable at the discretion of the System.

- Combined Heat and Power System (CHP) also known as a COGEN is a machine that produces both electricity and thermal energy from a single energy source (natural gas). The system will be operational year-round 24/7 to produce electricity and hot water for heating.
- Establishing a maintenance contract for our new COGEN system will provide our staff with:
 - Direct control and oversight of performance, scope, and deliverables.
 - Flexibility to tailor maintenance strategies as the system matures allowing our team to adjust maintenance frequencies and scope based on actual needs rather than fixed tasks.
 - Full visibility into pricing, markups (labor, materials), and service schedules which creates transparency to project future costs.

Background / Current State

- Office of Facilities and Development is seeking approval to enter into a contract with Kinsley Energy Systems, LLC for the maintenance and repair services for their newly installed 4 MW Combined Heat and Power COGEN system at Bellevue Hospital. Scope of work covered by the contract includes:
 - Preventative Maintenance
 - Repairs
 - Consumable Supply (e.g urea/oil)

- A maintenance contract ensures the COGEN System is properly maintained, which is essential to:
 - Assure reliable operation and maximize uptime
 - Ensure optimal operational efficiency
 - Extend equipment service life
 - Maintain safety and regulatory compliance
 - Maximize return on investment

Overview of Procurement

- 1/28/25: Application to issue a request for proposals approved by CRC
- 2/20/25: RFP posted on City Record, sent directly to 4 vendors
- 2/27/25: Pre-proposal conference held, 4 vendors attended
- 6/24/25: Proposals due, 2 proposals received
- 7/31/25: Vendor Presentations held, 1 vendor was invited to participate
- 8/22/25: Evaluation committee submitted final scores. Below is the top scoring proposer:
 - Kinsley Energy Systems, LLC

➤ **Minimum Criteria:**

- 5 years in business
- \$500,000 in annual revenue over the last 3 fiscal years
- Minimum of five years of experience providing field service for natural gas generator and/or CHP systems of 1,000 kW or greater within the tristate area
- Provide a list of current manufacturers and distributors that will be used to supply parts and materials to service the equipment

➤ **MWBE certification, utilization plan, or waiver**

- Substantive Criteria
- 45% - Vendor Experience
- 25% - Ability and feasibility to meet Scope of Work
- 20% - Cost
- 10% - MWBE

➤ **Evaluation Committee:**

- Senior Director, Office of Facilities and Development
- Chief Decarbonization Officer, Office of Facilities and Development
- Assistant Director, Office of Facilities and Development
- Director, Engineering, Bellevue Hospital
- Assistant Director, Engineering, Bellevue Hospital
- Director, Capital Budget, Office of Facilities and Development
- Assistant Director, Finance, Central Office

Contract

- The Contract duration will begin January 1, 2026 and last three years with two one year extensions
- Contract value is \$4,684,448
- The vendor has done similar maintenance work for Vanguard Renewables, Quantum BioPower, and Renew Energy to good reviews.
- The Vendor Diversity team has approved a waiver for Kinsley Energy
- Systems, LLC. The vendor will self-perform the full scope of work outlined in the contract award.

Contract Budgets

Kinsley	
Preventative Maintenance	\$4,684,448
Contingency (20%)*	\$939,890
Total	\$5,621,338

- Contingency is 20% to ensure there is enough funds in the contract for repairs, both for labor and parts.

- Authorizing New York City Health and Hospitals Corporation (the “System”) **to execute a contract with Kinsley Energy Systems, LLC (“Kinsley”) for maintenance and repair services for the newly installed 4 MW Combined Heat and Power (CHP) COGEN system at Bellevue Hospital**, with a total not-to-exceed amount of \$4,684,448, and a 20% contingency of \$939,890, for a total authorization of \$5,624,338 with an initial contract duration of three years with the option of two one-year extensions exercisable at the discretion of the System.

RESOLUTION - 13

Authorizing the New York City Health and Hospitals Corporation (the “System”) to **execute a Best Interest Renewal contract with NorthStar Recovery Services, Inc. (“NorthStar”) for the provision of Emergency Incident Recovery Services for NYC Health + Hospitals, extending the term of the existing contract to December 31, 2028**, with all other terms and conditions remaining unchanged.

WHEREAS, the System requires Emergency Incident Recovery Services to ensure a comprehensive response, management, and restoration capability following disruptive events such as natural disasters, fires, or other catastrophic incidents, to stabilize facilities, protect patients and staff, and restore critical operations; and

WHEREAS, these services include, but are not limited to, immediate assessment and mitigation of damage, structural repairs, water and mold remediation, and restoration of electrical and mechanical systems; and

WHEREAS, the System first identified the need for these services following the extensive damage caused by Superstorm Sandy in 2012, and has since maintained an ongoing contract to ensure rapid and compliant emergency recovery capacity; and

WHEREAS, Emergency Incident Recovery Services were initially procured competitively in December 2013 and again in March 2019; and

WHEREAS, following the 2019 solicitation, NorthStar Recovery Services, Inc. was approved for a three-year contract with two one-year renewal options in July 2020, with a contract term set to expire on December 31, 2025; and

WHEREAS, the total System spend under this contract since inception is \$75,552,854; and

WHEREAS, under Operating Procedure 100-05, the System may renew a contract with appropriate vendor and pricing due diligence when it is in the System’s best interest to do so; and

WHEREAS, NorthStar Recovery Services, Inc. is a market leader and the largest environmental remediation and demolition company in the world, with extensive experience providing FEMA-compliant emergency response and reimbursement documentation; and

WHEREAS, NorthStar maintains offices throughout the tri-state area, has supported the System’s Emergency Management operations since 2013, and played a key role in providing surge capacity during the COVID-19 pandemic; and

WHEREAS, the pricing under the renewed contract will remain consistent with current rates, with adjustments only for union labor costs, ensuring cost stability and guaranteed vendor availability during emergencies; and

WHEREAS, this renewal is in the best interest of the System, as NorthStar’s institutional knowledge of System facilities, infrastructure, and emergency response processes would take years to replicate with a new vendor, leaving the System more vulnerable during critical incidents; and

WHEREAS, the Vendor Diversity Office has recommended a 30% diverse vendor participation goal for this contract; and

WHEREAS, this is a contingency-based contract, activated only upon a Declaration of Emergency by the System’s President and CEO and once all other internal and third-party resources have been exhausted; and

WHEREAS, once Declaration of Emergency has been made, notification to the Board of Directors will happen concurrently with monthly reporting of spending related to activation until the emergency has concluded.

WHEREAS, this contract will be managed by the Vice President overseeing the NYC Health + Hospitals Central Office of Facilities Development.

NOW, THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) is hereby authorized to execute a Best Interest Renewal contract with NorthStar Recovery Services, Inc. for Emergency Incident Recovery Services, extending the term of the existing contract to December 31, 2028, with all other terms and conditions remaining unchanged.

EXECUTIVE SUMMARY
BEST INTEREST RENEWAL – EMERGENCY INCIDENT RECOVERY SERVICES
NORTHSTAR RECOVERY SERVICES, INC.

- CONTRACT SCOPE:** Provides comprehensive emergency incident recovery services to restore and stabilize System facilities following catastrophic events, including damage assessment, mitigation, structural repairs, water and mold remediation, and restoration of electrical and mechanical systems.
- NEED:** These services are essential to maintain rapid response capability for the System’s 11 acute care and post-acute facilities, ensuring continuity of operations and patient safety during and after emergency incidents.
- PROCUREMENT:** Originally procured competitively in 2013 and 2019. The current contract with NorthStar was approved in July 2020 for a three-year term with two one-year renewals. Renewal through December 31, 2028, is sought under the System’s Best Interest authority (OP 100-05) based on vendor performance and market due diligence.
- PRIOR EXPERIENCE:** NorthStar has demonstrated consistent responsiveness, technical expertise, and compliance with FEMA documentation requirements. The vendor has supported the System in major emergency incidents, including COVID-19 surge operations.
- CONTRACT AMOUNT:** Pricing to be held consistent with current rates, except for union labor adjustments. Contingency-based activation, requiring CEO Declaration of Emergency.
- PASSPORT APPROVAL:** Pending
- EEO APPROVAL:** Pending
- MWBE STATUS:** NorthStar Recovery Services, Inc. has committed to a 30% diverse vendor participation goal recommended. The utilization to date is 17.4%.



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

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

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

Vendor: NorthStar Recovery Services, Inc.

Date: October 21, 2025

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30%

Request to Enter into Contract Best Interest Renewal for Emergency Incident Recovery Services

**Board of Directors Meeting
November 20, 2025**

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

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute a Best Interest Renewal contract with NorthStar Recovery Services, Inc. (“NorthStar”) for the provision of Emergency Incident Recovery Services for NYC Health + Hospitals**, extending the term of the existing contract to December 31, 2028, with all other terms and conditions remaining unchanged.

- Emergency incident recovery services encompass the comprehensive response, management, and restoration efforts required to stabilize facilities, ensure patient and staff safety, and restore critical operations following a major disruptive event, such as natural disasters, fires, or other catastrophic incidents.
 - Services involve, but are not limited to, immediate assessment and mitigation of damage, including structural repairs, water and mold remediation, electrical and mechanical system restoration, etc.

- NYC Health + Hospitals (“the System”) first identified the need for these services following the extensive damage caused by Superstorm Sandy in 2012.

Overview / History of Contract

- Emergency incident recovery services were procured through a competitive procurement process in December 2013, and then again in March 2019.
- A competitive procurement process was initiated in March 2019 for emergency incident recovery services and Belfor Property Restoration, Inc. (Belfor) was the highest-scoring vendor.
 - Approval to enter into a 3-year contract with two 1-year renewal options was granted by the CRC and by the Board of Directors in June 2019.
 - In August 2019, federal guidelines for managing Category A infectious waste required the System to expand Belfor's scope of services to ensure compliance
 - Belfor was both unwilling and unable to meet the new requirements, prompting us to contract with the second-highest scoring vendor, NorthStar Recovery Services, Inc. (NorthStar)
- Approval to enter into a 3-year contract with two 1-year renewal options with NorthStar was granted by the CRC in June 2020 and the Board of Directors in July 2020.
 - The contract with NorthStar expires December 31, 2025
 - The total spend since the inception of the contract is \$75,552,854

Best Interest Renewal

- Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.

- Vendor Due Diligence:
 - NorthStar is a market leader for emergency incident recovery services
 - NorthStar is the largest environmental remediation and demolition company in the world and has the largest fleet of remediation equipment in North America
 - The vendor has offices in five locations in the tristate area and has significant experience in FEMA-compliant reimbursement documentation
 - Northstar has been providing emergency incident recovery services and Category A waste remediation services for the System since 2013 and Category A Waste Remediation Services since 2020
 - NorthStar's team is familiar with all of the System's Acute Care and Post-Acute Care facilities as well as System processes for Emergency Incident Response and Communicable Disease response
 - The vendor played key role in delivering increased surge capacity for the System during COVID-19

Best Interest Renewal

- Pricing Due Diligence:
 - NorthStar is only activated when the system has exhausted all other procurement channels or there is an immediate need for which only Northstar can respond
 - Since approval of the President and CEO is required to activate the contract, work is only issued on a task order basis
 - The vendor has agreed to hold their pricing, with the exception of union labor costs
 - Securing this contract upfront guarantees cost certainty when emergencies arise

- Best Interest of the System:
 - The institutional knowledge that Northstar has regarding System facilities infrastructure and processes would take years to replicate with another vendor
 - During this time, the System would be more vulnerable in an emergency response situation working with a vendor who would be new to us and not as familiar with our facilities and our processes

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation DCN 2815 - Emergency Incident Recovery Services Northstar Recovery Services 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 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	

Contract

- The contract expiration date will be changed to December 31, 2028.
- All other contract terms remain unchanged.
 - With the exception of union labor, NorthStar will hold prices for equipment as listed in the current contract
 - NorthStar will continue working with the System's Emergency Management to update the Operations Plan, conduct annual all-hazard assessments of facilities and, perform onsite stimulated exercises at Bellevue Hospital to prepare for communicable disease responses
- This contingency-based contract does not obligate System to exclusively use Northstar but ensures the firm's availability on an as-needed basis.
 - The contract can only be activated after the System President & CEO issues a Declaration of Emergency and once all internal and third-party resources (e.g., existing vendor contracts) have been exhausted
 - The Office of Facilities Development and Central Office's Emergency Management manages this contract via established Incident Assessment & Activation Matrix
- Once Declaration of Emergency has been made, notification to the Board of Directors will happen concurrently with monthly reporting of spending related to activation until the emergency has concluded
- Funding source for each task order will be determined based on nature of the incident and the scope of services of the mitigation efforts

Vendor Diversity

➤ Current Utilization

Prime Vendor	M/WBE Goal (%)	Utilization to Date (%)
NorthStar Recovery Services Inc.	30%	17.4%
Total Utilization		17.4%

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

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to execute a Best Interest Renewal contract with NorthStar Recovery Services, Inc. (“NorthStar”) for the provision of Emergency Incident Recovery Services for NYC Health + Hospitals**, extending the term of the existing contract to December 31, 2028, with all other terms and conditions remaining unchanged.

RESOLUTION - 14

Adopting a Third Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors ("Board") of New York City Health and Hospitals Corporation (the "System") and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy

WHEREAS, at its October 26, 2017 meeting, the Board adopted a Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors; and

WHEREAS, the Board wishes to provide for further efficiencies in the System's procurement functions to ensure its financial wellbeing; and

WHEREAS, the Third Revised Statement of Policy maintains the Board's oversight of the System's significant contracting activity, and requires its authorizations for certain procurement transactions before they are concluded; and

WHEREAS, the New York State Law requires that entities such as the System have in place written policies regulating its procurement activities and the Board intends that the adoption of the Third Revised Statement of Policy and Operating Procedure 100-05 be in satisfaction of such requirement.

NOW THEREFORE, be it

RESOLVED, that the Board hereby adopts the Third Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors, in the form attached hereto that shall be binding upon all employees and officers of the System. The Third Revised Statement of Policy shall be effective as of October 30, 2025. The President shall cause a revision of Operating Procedure 100-05 to be adopted.

EXECUTIVE SUMMARY
RESOLUTION TO ADOPT A THIRD REVIESED STATEMENT OF POLICY FOR
THE REVIEW AND AUTHORIZATION OF PROCUREMENT MATTER BY THE
BOARD OF DIRECTORS

BACKGROUND: New York City Health and Hospitals Corporation as part of its efforts to leverage its purchasing ability and promote standardization, has centralized its functions of procurement into a single office, Supply Chain Services, and implemented modern best practices in supply chain management to achieve costs savings while ensuring quality of goods and services and bettering patient experiences and outcomes, while increasing internal controls, accountability and visibility in the procurement process.

In order to meet current-state organization and to further the System's efforts in achieving these goals the prior Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors requires revision to enable further changes in the procurement operating procedure, Operating Procedure 100-05

Revision of Board Procurement Policy Statement and Operating Procedure 100-05

**Board of Directors Meeting
November 20, 2025**

**Andrea Cohen, General Counsel
Danielle DiBari, Senior Vice President Business Operations**

- Adopting a Third Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors ("Board") of New York City Health and Hospitals Corporation (the "System") and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy.

- New York State law requires that public entities such as the System have in place written policies regulating their procurement activities. The Board intends that the adoption of the Third Revised Statement of Policy and a conforming Operating Procedure 100-05 satisfy this requirement.

Supply Chain Services

Supply Chain Services is a strategic business unit that creates a synergy between our internal stakeholders and its suppliers by building collaborative and sustained relationships. Our objective is to align our business needs by evaluating and selecting suppliers that deliver the best value to the organization and leads to improved product quality, enhanced customer service and competitive pricing. This goal is achieved by actively engaging in but is not limited to:

- Cost optimization
 - Perform tactical analytics to identify cost-savings opportunities
 - Negotiate innovative contracts that deliver lower pricing and enhance operational efficiency
- Supplier relationship management
 - Establish and sustain strong partnerships that align with the System's needs
 - Monitor key performance indicators (KPIs) in areas such as pricing, service and value commitments
- Customer service
 - Provide direct and effective support to both internal and external stakeholders
 - Establish a trusted partnership through collaboration and steadfast communication

OP 100-05 – Proposed Revisions

- Notable proposed revisions to the September 2017 version of OP 100-05 include the following:
 - Increased threshold for the approval of for all applicable procurements of services by the Contract Review Committee (CRC) from \$1 million to \$5 million
 - Increased threshold for the approval of procurements of services by the Board from \$5 million to \$10 million
 - Clarified and adjusted responsibilities between the Office of Legal Affairs (OLA) and Supply Chain Services (SCS), including
 - Responsibilities relating to contract negotiations
 - Expanding and reinforcing language for procurements overseen by OLA including Affiliation Agreements and, Clinical Services Agreements
- Enhanced ownership and process for Exception to Policy approval and signoff

Considerations for OP 100-05

- The revisions to the Board Policy Statement will require updating related documents and OPs to reflect the new procedures. These documents include but are not limited to:
 - Revisions to the Supply Chain Manual to reflect the updates to OP 100-05
 - Other OPs that may govern procurements that are excluded from an anticipated revised OP 100-05 (e.g. Clinical Services)

- Adopting a Third Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors ("Board") of New York City Health and Hospitals Corporation (the "System") and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy.

THIRD REVISED
STATEMENT OF POLICY
FOR THE REVIEW AND AUTHORIZATION OF PROCUREMENT
MATTERS BY THE BOARD OF DIRECTORS OF
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

I. POLICY PURPOSES AND GOALS

This Statement of Policy sets forth the requirements of the Board of Directors (the “Board”) of New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “Corporation”) for those procurement matters of NYC Health + Hospitals that must receive prior Board authorization. This statement of policy shall be binding upon all officers and employees of NYC Health + Hospitals.

In adopting this Statement of Policy, the Board wishes to preserve NYC Health + Hospitals’ financial wellbeing while maintaining its efficient operations. The intent of this Statement of Policy is to ensure that the Board is informed of the Corporation’s significant contracting activity and that it reviews and authorizes certain procurement transactions before they are concluded.

II. GENERAL STATEMENT

In general, and subject only to the specific exceptions noted below, any financial commitment by NYC Health + Hospitals in excess of \$10 million for the procurement of services, including affiliation contracts under which NYC Health + Hospitals will pay for others to provide clinical services, requires the Board’s prior authorization regardless of the procurement method used. Further, the following require the Board’s prior approval: (a) all agreements for the disposition or acquisition of real property rights, including all leases and licenses, with the exception of licenses the value of which is less than \$5 million over its term, so long as such license: (i) is at fair market value, (ii) is to a New York City entity, (iii) is to complement NYC Health + Hospitals’ patient services, or (iv) is to provide a valuable service to the community and providing quarterly reports of such action to the Board; and (b) all contracts for the services of auditors engaged to report on any aspect of the conduct of the business of NYC Health + Hospitals.

This Statement of Policy shall not be interpreted to relieve NYC Health + Hospitals from making presentations to the Board and, when appropriate receiving the approval of, or authorization from the Board regarding non-procurement related matters such as those pertaining to strategic planning, medical and professional affairs, etc. consistent with NYC Health + Hospitals’ past practice and existing Operating Procedures. The Board acknowledges that MetroPlus Health Plan, Inc.’s certificate of incorporation imposes certain requirements for the approval by NYC Health + Hospitals’ Board of certain contracts and it is not intended that this Statement of Policy alter in any way such requirements.

In revising this Statement of Policy, the Board intends to improve the current practices of the Corporation in three ways:

1. First, the threshold for the requirement for Board approval for contracts is increased from \$5 million to \$10 million.
2. Second, the structure for reporting on contracts below the threshold for presentation to the Board is strengthened.
3. Third, this Statement of Policy, recognizing the centralization of the procurement function within the Office of Supply Chain Services and the increased professionalism of the operation, leaves to the oversight of the President and the most senior corporate officer responsible for Supply Chain Services the task of adopting suitable rules and procedures for the procurement of those goods and services below the threshold for presentation to the Board rather than directing them here.

III. PROCUREMENT MATTERS NOT REQUIRING ANY APPROVAL OF THE BOARD

The procurement matters not requiring prior authorization by the Board are: (i) grant-funded contracts under which the entity providing the goods or services is specified in the grant by the funder; (ii) purchases of goods (such as medical/surgical supplies, pharmaceuticals, all manner of supplies and equipment and utilities used in the ordinary course of the Corporation's business) regardless of the dollar value of such purchases; and (iii) contracts for the maintenance of NYC Health + Hospitals' medical and information technology equipment or related components when the contract is a renewal or replacement of an existing contract with the same vendor and for a scope of maintenance services substantially the same as in the previous contract.

IV. PROCUREMENT MATTERS REQUIRING ONLY THE BOARD'S PRIOR AUTHORIZATION FOR THE RIGHT TO EXPEND FUNDS BUT NOT FOR THE ACTUAL CONTRACT

The New York State General Municipal Law (GML) provides for a formal bidding process for certain construction vendors where the lowest responsible bidder MUST be selected. Bond-funded capital construction contracts governed by the GML for "Construction Projects" that will cost more than \$10 million require prior authorization of the Board.

For the purposes of this Statement of Policy, a "Construction Project" shall refer to the totality of the work and materials needed to complete a capital improvement or addition to one of the Corporation's facilities and shall include all elements that are planned, budgeted or contracted together. The object of such definition is to afford the Board the opportunity to consider such projects as a single endeavor and determine if the overall effort is worthy and properly funded. That a single entity will oversee or coordinate the entire effort will render the entire effort a single Construction Project. The President shall make such additional related rules regarding Construction Projects as necessary through a revised Operating Procedure 100-5 to be adopted.

Requests to the Board for authorization to expend funds for procurement purposes under this Section IV, shall set forth the spending authority requested, the purpose for which the expenditure is to be made, the procurement method to be used and the source of the funds to be expended. The CRC shall review and approve all applicable contracts valued between \$5m - \$10m

V. CONTRACT REVIEW COMMITTEE

The Contract Review Committee (CRC) shall be a management committee constituted by the President with one voting member appointed by the Chairperson of the Board. The CRC shall review all contracts that require Board authorization prior to the award of a contract except for leases, licenses and other agreements for the disposition or acquisition of real property rights.

VI. OPERATING PROCEDURE

The President shall adopt a revised Operating Procedure 100-5 to provide a consistent method for ensuring compliance with this Statement of Policy and with best practices with regard to procurement contracts and authorizations of the right to expend funds for procurement purposes in cases where the authorization of the Board is not required by this Statement of Policy.

VII. CONTRACT REPORTS

The President shall provide the Board with reports and such reports shall include matters that the President deems appropriate as well as those matters requested by the Board.

The Board may select any contract or vendor for review in the course of its duties regardless of whether such contract is subject to Board approval under this Statement of Policy.

VIII. PRESIDENT'S AUTHORITY

The procedures outlined in this Statement of Policy shall be followed in all but exceptional cases, such as emergencies, where the President, or his/her designee, determines in writing to make an exception from the established procedure. The President shall report any such exception to the Board at a meeting following such exception without undue delay, when the exception concerns a matter that would otherwise have been subject to Board approval under this Statement of Policy. The President may take to the Board for prior authorization or as an informational item, any transaction or expenditure that, irrespective of this Statement of Policy, the President determines merits the attention of the Board.

RESOLUTION - 15

Authorizing New York City Health and Hospitals Corporation to negotiate the terms of and enter into an affiliation and asset transfer agreement (the “ATA”) with Maimonides Health Resources, Inc. and its subsidiaries and corporate affiliates (the “Maimonides Entities”) for the transfer to NYC Health + Hospitals and its subsidiaries (collectively “NYC Health + Hospitals”) of specified assets and liabilities of the Maimonides Entities, and for NYC Health + Hospitals to assume control of the health care operations of the Maimonides Entities:

And further authorizing the System to take certain steps necessary to satisfy the terms of the ATA in order to consummate on or about April 1, 2026 and upon the receipt of requisite governmental, third-party, and NYC Health + Hospitals Board approvals, the transaction described in the ATA (the “Transaction”) so long as the governing bodies of the Maimonides Entities vote to proceed with the Transaction.

WHEREAS, through the Transaction, NYC Health + Hospitals will become the operator of the Maimonides Entities’ healthcare facilities, and thereby: (i) expand its support for the healthcare needs of Brooklyn’s diverse communities by maintaining the scope and quality of clinical care currently provided by the Maimonides Entities, (ii) preserve and enhance the complementary teaching, research, and clinical missions of NYC Health + Hospitals and the Maimonides Entities; and (iii) improve NYC Health + Hospitals’ patients access to specialty care citywide; and

WHEREAS, provided that the Maimonides Entities vote to proceed with the Transaction, pursuant to the terms of the Transaction, as set forth in the ATA and described in the presentation accompanying this Resolution, and provided the conditions to closing set forth therein are satisfied or waived, the **Maimonides Entities** will transfer, convey and deliver certain enumerated assets and liabilities to NYC Health + Hospitals, the Maimonides Entities will assign to NYC Health + Hospitals certain contracts, and NYC Health + Hospitals will enter into certain agreements to obtain the services of a substantial portion of the Maimonides Entities’ current workforce as detailed in the ATA; and

WHEREAS, through its Safety Net Transformation Program, the New York State Department of Health has awarded a grant to NYC Health + Hospitals and Maimonides Medical Center to cover the costs of the Transaction and to supply operating and capital funds to support NYC Health + Hospitals’ plan to integrate Maimonides Entities’ health care operations into those of NYC Health + Hospitals; and

WHEREAS, NYC Health + Hospitals leadership has determined that the Transaction is aligned with NYC Health + Hospitals’ mission and is in the best interest of NYC Health + Hospitals and the communities it serves, and hereby recommends that the Board of Directors authorize NYC Health + Hospitals to enter into the ATA and take certain steps to satisfy its terms; and

WHEREAS, implementation of certain terms of the ATA will be further developed prior to the consummation of the Transaction expected to be on or about April 1, 2026 and such terms will be the subject of additional resolutions to be presented to the NYC Health + Hospitals Board of Directors during the coming months, seeking approval to the extent NYC Health + Hospitals seeks to take the following actions: create a one or more subsidiary corporations or other related legal entities to hold the assets and liabilities assumed through the Transaction; acquire or assume real estate or real estate interests; assume certain commercial and other agreements; enter into agreements for the services of physicians and other clinical and non-clinical

personnel who currently staff the Maimonides Entities to provide services at NYC Health + Hospitals/Maimonides; enter into or modify agreements necessary to extend NYC Health + Hospitals' instance of the Epic electronic health record to those Maimonides Entities that become integrated into NYC Health + Hospitals as a result of the Transaction; finance certain aspects of the Transaction; and take other actions necessary or desirable to close the Transaction and to achieve the goals described above that require the approval of the Board of Directors.

NOW THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby authorized is to negotiate the terms of and enter into an affiliation and asset transfer agreement (the "**ATA**") with Maimonides Health Resources, Inc. and its subsidiaries and corporate affiliates (collectively, the "**Maimonides Entities**") for the transfer to NYC Health + Hospitals and its subsidiaries (collectively, "**NYC Health + Hospitals**") of specified assets and liabilities of the Maimonides Entities and for NYC Health + Hospitals to assume control of the health care operations of the Maimonides Entities and further authorizing NYC Health + Hospitals to take certain steps necessary to satisfy the terms of the ATA in order to consummate on or about April 1, 2026 and upon the receipt of requisite governmental, third-party, and NYC Health + Hospital Board approvals, the transaction described in the ATA (the "**Transaction**") so long as the governing bodies of the Maimonides Entities vote to proceed with the Transaction.

EXECUTIVE SUMMARY
ACQUISITION OF MAIMONIDES ENTITIES

BACKGROUND:	<p>MHRI is the largest healthcare system in Brooklyn, NY serving 320,000 patients annually with 1 million outpatient visits, 1,800 physician partners, two hospital campuses, and dozens of community-based practices and outpatient centers. Its primary activities occur at its main campus in Borough Park with a smaller campus in Midwood and a free-standing emergency department in Bay Ridge. As a safety-net provider highly dependent on Medicaid, MHRI has struggled financially. Expected benefits of the Transaction include (i) extending NYC Health + Hospitals’ instance of Epic (its electronic health record) to the Maimonides Entities’ health care facilities that become part of NYC Health + Hospitals; (ii) reinforcing NYC Health + Hospitals’ commitment to providing high-quality care to Brooklyn communities; and (iii) expanding the availability of specialty care to NYC Health + Hospitals patients at its other facilities.</p>
FUNDING:	<p>Through its Safety Net Transformation Program, the New York State Department of Health has awarded NYC Health + Hospitals and Maimonides Medical Center a grant to fund the costs of the Transaction and the costs of integrating Maimonides Entities’ health care operations into NYC Health + Hospitals.</p>
PROPOSED STRUCTURE:	<p>NYC Health + Hospitals proposes either to create a subsidiary to, or otherwise, hold the Maimonides Entities’ assets and liabilities that transfer to NYC Health + Hospitals as the result of the Transaction. NYC Health + Hospitals will become the operator of the licensed entities once they have transferred.</p> <p>NYC Health + Hospitals will enter into an administrative services agreement to engage the services of non-physician employees. NYC Health + Hospitals will secure the services of substantially all of the physicians employed by the Maimonides Entities through an affiliation agreement with a to-be-formed professional corporation.</p> <p>Initially, NYC Health + Hospitals will assume the majority of MMC contracts for the goods and services needed for the operation of the Maimonides Entities once they transfer.</p> <p>NYC Health + Hospitals will acquire ownership of certain real estate currently owned and used by the Maimonides Entities. Similarly, NYC Health + Hospitals will assume real property leases for properties so used.</p>
BETWEEN CONTRACT AND CLOSING:	<p>Between the signing of the ATA and the closing of the Transaction on or about April 1, 2026, NYC Health + Hospitals will seek third-party and regulatory approvals required to effectuate the Transaction, will work to structure the retirement of certain Maimonides Entities’ debt, and will take steps necessary to implement the proposed structure described above. Throughout this period, NYC Health + Hospitals Board of Directors will be briefed and appropriate resolutions presented for adoption to grant the necessary authority to proceed.</p>

NYC Health + Hospitals & Maimonides Health:
Safety Net Transformation Partnership –
Asset Transfer Agreement

NYC Health + Hospitals Board of Directors
November 20, 2025

**Matthew Siegler, Senior Vice President Strategic Planning and
Patient Growth**

Deborah Brown, Senior Vice President External Affairs

Andrea Cohen, General Counsel

John Ulberg, Chief Financial Officer

For Board of Directors Consideration

- **Authorizing New York City Health and Hospitals Corporation to negotiate the terms of and enter into an affiliation and asset transfer agreement (the “ATA”) with Maimonides Health Resources, Inc. and its subsidiaries and corporate affiliates (the “Maimonides Entities”) for the transfer to NYC Health + Hospitals and its subsidiaries (collectively “NYC Health + Hospitals”) of specified assets and liabilities of the Maimonides Entities, and for NYC Health + Hospitals to assume control of the health care operations of the Maimonides Entities, and further authorizing the System to take certain steps necessary to satisfy the terms of the ATA in order to consummate on or about April 1, 2026 and upon the receipt of requisite governmental, third-party and NYC Health + Hospitals Board approvals, the transaction described in the ATA (the “Transaction”) so long as the governing bodies of the Maimonides Entities vote to proceed with the Transaction.**

Overview

A partnership between NYC Health + Hospitals and Maimonides Health will advance the missions of each institution, ensure high-quality care to our communities, and advance the public health care goals of NYC and NYS.

The following presentation discusses:

1. History and mission
2. The evolution of the potential partnership
3. NYS' Safety Net Transformation Fund award
4. The structure and strategy of the proposed partnership
5. Next steps

- Created by **1969** State statute as a Public Benefit Corporation
 - Overseen by State and Fed regulators, not a City agency
- Our Board includes Mayoral and City Council appointees and *ex officio* City leaders.
 - Board Members represent a diversity of communities and talents
 - CEO serves at the pleasure of our Board
 - Board meetings are public
 - Each facility has a Community Advisory Board, representing the community served.
- We are proud to **Care for NYC. No exceptions.**

NYC Health + Hospitals: *Accomplishments and Growth*
Since 2018, we've reimaged the nation's largest public health care system

- **Our staff, hospitals, long-term care facilities are among the best in New York City**
 - US News & World Report included all 11 acute sites on its Best Hospitals List this year
 - We are honored consistently in our communities and nationwide; our patient volume keeps growing
 - Healthfirst, one of New York's largest not-for-profit health insurers with over 2 million members, named NYC Health + Hospitals its top provider in 2024 by overall quality rankings.
- **We are on stable financial footing**
 - Patient care revenue has grown by over \$2.5B from its FY18 baseline
 - We've innovated with State and Fed partners to enhance our Medicaid rate
- **The NYC Health + Hospitals workforce is the center of our success**
 - We have hired thousands of nurses and patient-focused team members, reducing per diem staff
 - We support our workforce through wellness programming, loan repayment support, career ladders
- **Our system has added new patient care sites across the city**
 - We've opened the RGB Hospital, 3 new clinics, expanded mobile services, created patient housing
- **We are a Double Honor Roll user of the nation's leading electronic health record**
 - Our clinicians share information; patients access their own charts; we bill payers efficiently

Maimonides Health: *History and Mission*

- In **1911**, a group of concerned women opened a dispensary to serve the poor and needy residents of their Brooklyn neighborhood
- **By 1919**, this dispensary grew into Israel Hospital of Brooklyn.
- In **1947**, this hospital merged with another local facility and was renamed to honor **Maimonides**.
- The name comes from Rabbi Moshe Ben Maimon, or **Maimonides**, a brilliant 12th-century philosopher who laid the foundation for the modern medical training of physicians. He was deeply committed to cultural tolerance and humane care, as well as high medical standards.
- *“The physician should not treat the disease, but rather the patient who is suffering from it.”* - Maimonides

- Critical provider for diverse communities in Brooklyn
 - 320,000 patients, 1 million outpatient visits, ~850 beds, 1,800 physician partners, two hospital campuses, dozens of community based practices and outpatient centers.
 - 500+ residents and fellows
 - Essential services:
 - 35 different specialties
 - Brooklyn's only children's hospital and pediatric trauma center
 - Regional perinatal center
 - Dedicated centers for cancer, breast, heart and vascular, stroke, ortho
 - 6,000 newborn deliveries each year: more than any other hospital in Brooklyn.

NYC Health + Hospitals and Maimonides: *How did this partnership emerge?*

- Maimonides is an essential safety net provider serving diverse and underserved communities.
 - Highly dependent on Medicaid, which only covers ~ 70% of the cost of care.
 - Impact of COVID-19, healthcare landscape
 - Limited Medicaid, Medicare, and commercial rates
- Operating with a deficit for the last five years, which has progressively deepened in the years following the pandemic
- State initiatives have provided support but not a long-term solution.
 - Operating costs outpace revenue growth; State payments allow break-even only; structural deficit is large and increasing
- Maimonides seeks a health system partner to invest in critical projects, including transition to Epic.

Safety Net Transformation: *Our Partnership*

- **NYS Safety Net Transformation Program**
 - Safety Net Transformation program created in 2024 state budget: not specific to Maimonides or H+H
 - Maimonides approached H+H to explore partnership
 - Letter of Intent signed May 23; Governor's announcement 10/15
- **High level goals of a partnership:**
 - Maintain (and expand where possible) the scope and quality of clinical care currently being provided by Maimonides Health throughout Brooklyn;
 - Maintain (and expand where possible) the ability of Maimonides Health to meet the needs of the diverse communities it serves; and
 - Maintain (and improve where possible) the financial stability of Maimonides Health.
- **Specific goals of a partnership:**
 - Electronic health record
 - Medicaid rate improvements
 - Increased patient services
 - Respect for community needs
 - Preserve academic/specialty/ cultural identity
- **Benefits to NYC Health + Hospitals, our patients**
 - Ensure care for New Yorkers
 - Improvements in specialty access for H+H and patients city-wide
 - More tertiary and quaternary care in Brooklyn
 - Support broader community health needs of Brooklyn

Partnership: *Process and Strategy*

- Working with outside counsel and consultants

- Leveraging internal H+H expertise

- Partnership structure:

- Assets transfer to H+H or newly formed H+H subsidiaries (“H+H” for purposes of presentation)

- New professional corporation for physicians

- MMC’s employees generally remain at MMC and provide services to H+H; H+H will assume employment for some managerial positions over time

- MMC collectively bargained agreement will remain in place

- Assumption of capital needs

- Transaction should limit disruption on both sides

- Union relationships and collective bargaining agreements covering Maimonides to be maintained

- Transaction should retain and empower physician workforce and key non clinical personnel

- With movement of hospital licenses, the physician workforce currently employed by Maimonides will have to move into an Maimo PC structure

- Manage Maimonides’s complex current structure within H+H while allowing a partnership to make necessary improvements

- Currently multiple subsidiaries, joint ventures, large property portfolio, and different salary structure

- Enforceable commitments to goals in collaboration with Maimonides stakeholders

Partnership: *Structure and Approach*

- The asset transfer structure maximizes benefits
- H+H's use of Epic can only extend to Maimonides if it is formally a part of H+H
- H+H's improved Medicaid rates and supplemental payments can only benefit Maimonides if H+H is the operator of the hospitals
- Friendly PC is essential for physician compensation, following corporate practice of medicine rules, maintaining current physician contracts and valuable joint ventures, and preserving Maimo identity
- Structure allows for improvements in purchasing, medical malpractice coverage, payer contracting and other key areas

Partnership Finances

- State Commitment:
 1. Cover Maimonides deficit and ensure no new costs for H+H/NYC for five years as H+H makes operational and financial improvements
 - SNTF award: ~\$1.5b in operating funding; forgive \$220m in debt; cover transaction costs
 - SNTF award: \$500m in capital for Epic and other projects
 - Anticipate full responsibility by 2031
 2. Support transaction closing through regulatory relief
- Partnership creates opportunities for longer-term improvements, financial growth

Timeline and Next Steps

- Safety Net Transformation Award Letter: 11/10/25
- Definitive agreements to be signed in 2025, assuming Maimonides Board support
- Goal is April 1, 2026 close
- Regulatory approvals needed
- Further Board action may include real estate, contract assignments, employee and leadership approvals, professional corporation affiliation, final closing.

Board of Directors Approval Request

- **Authorizing New York City Health and Hospitals Corporation to negotiate the terms of and enter into an affiliation and asset transfer agreement (the “ATA”) with Maimonides Health Resources, Inc. and its subsidiaries and corporate affiliates (the “Maimonides Entities”) for the transfer to NYC Health + Hospitals and its subsidiaries (collectively “NYC Health + Hospitals”) of specified assets and liabilities of the Maimonides Entities, and for NYC Health + Hospitals to assume control of the health care operations of the Maimonides Entities, and further authorizing the System to take certain steps necessary to satisfy the terms of the ATA in order to consummate on or about April 1, 2026 and upon the receipt of requisite governmental, third-party and NYC Health + Hospital Board approvals, the transaction described in the ATA (the “Transaction”) so long as the governing bodies of the Maimonides Entities vote to proceed with the Transaction.**