

BOARD OF DIRECTORS MEETING

THURSDAY, APRIL 30 2026

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<p><u>CALL TO ORDER - 2:00 PM</u></p>	<p>Mr. Pagán</p>
<p>1. <u>Executive Session Facility Governing Body Report</u> Medical Staff Credentialing Initial Appointments, Reappointments and Changes of Privileges ➤ April 2026</p> <p>Facility Governing Body Report ➤ NYC Health + Hospitals Metropolitan</p> <p>2025 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ NYC Health + Hospitals East New York - Gotham Center</p> <p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Harlem</p>	<p>Mr. Pagán</p>
<p>2. <u>OPEN PUBLIC SESSION - 3:00 PM</u></p>	<p>Mr. Pagán</p>
<p>3. Adoption of the Board Meeting Minutes – March 26, 2026</p>	<p>Mr. Pagán</p>
<p>4. Chair’s Report</p>	<p>Dr. Katz</p>
<p>5. President’s Report</p>	
<p><u>ACTION ITEMS</u></p>	
<p>6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Rapid Reliable Care NY by DocGo, LLC for the Ambulatory Care Street Health Outreach and Wellness Program at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System. (Presented to the Medical and Professional Affairs / Information Technology Committee on: 04/13/2026) Vendex: Pending / EEO: Approved</p>	<p>Dr. Calamia</p>
<p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a three year lease, with two one-year options to renew in its sole discretion, with 1462 Maya Hospitality, LLC (“Landlord”) for the use of the entire Mirage Hotel including its 57 rooms and all common areas located at 1464 Atlantic Avenue, Brooklyn (the “Hotel”) for the System’s Bridge to Home program at \$155 per room per night for the first three years, and at \$158 per night for the first option renewal year, and \$163 per night for the second option renewal year for a total rental cost of \$16,352,730 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$16,602,703. (Presented to the Capital Committee on: 04/13/2026) Vendex: NA / EEO: NA</p>	<p>Mr. Pagán</p>

8. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Crescent Contracting Corp. (the “Contractor”), to undertake the Sprinkler Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital, for a contract amount of \$21,979,855.75, with a 15% project contingency of \$3,296,978.36, to bring the total cost not to exceed \$25,276,843.11 for a duration of 2 years.
 (Presented to the Capital Committee on: 04/13/2026)
Vendex: Pending / EEO: Approved

Mr. Pagán

COMMITTEE AND SUBSIDIARY REPORTS

- Medical and Professional Affair/Information Technology Committee
- Capital Committee
- Audit Committee
- MetroPlus Health (Subsidiary)
- Queen Fiscal Year 2026 Annual Public Meeting Minutes
- Manhattan Fiscal Year 2026 Annual Public Meeting Minutes

Mr. Pagán
 Mr. Pagán
 Mr. Pagán
 Ms. Hernandez-Piñero
 Dr. Marthone
 Mr. Pagán

>>Old Business<<
 >>New Business<<
 >>Adjournment<<

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **26th day of March, 2026** at 1:00 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 Corporate Secretary. The following Board of Directors participated in person:

Mr. José A. Pagán
Dr. Mitchell Katz
Mr. Jorge Fanjul - Arrived at 1:29 p.m.
Ms. Freda Wang
Ms. Erin Dalton - Left at 3:02 p.m.
Ms. Karen St. Hilaire - Joined at 3:02 p.m.
Dr. Vincent Calamia - Left at 4:04 p.m.
Dr. Alister Martin - Left at 3:02 p.m.
Ms. Anita Kawatra
Ms. Sally Hernandez-Piñero- Left at 4:24 p.m.
Dr. Patricia Marthone
Ms. Jackie Rowe-Adams - Arrived at 1:40 p.m.
Dr. Michael Espiritu
Ms. Vanessa Rodriguez
Dr. H Jean Wright
Ms. Tricia Taitt - Left at 3:59 p.m.

José Pagán, Chair of the Board, called the meeting to order at 1:09 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, Jorge Fanjul is representing Deputy Mayor Helen Arteaga-Landaverde 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 3:24 p.m.

Mr. Pagán noted for the record, Karen St. Hilaire is representing Erin Dalton and Jorge Fanjul is representing Deputy Mayor Helen Arteaga-Landaverde - both in a voting capacity.

COMMITTEE ASSIGNMENTS

According to Article VI section (C) of the By-Laws - Committee Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees. Therefore, Mr. Pagán proposed a motion to appoint:

- Dr. Alister Martin - as a member of the Executive Committee.
- Erin Dalton as a member of the Executive Committee, Equity, Diversity and Inclusion Committee and Capital Committee.

There being no questions or objections, the motion was unanimously approved.

ACTION ITEM 3 - ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on February 26, 2026 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 February 26, 2026** 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 March 2026.

The Board received and approved Maimonides and Midwood Staff Credentialing initial appointments which shall be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its affiliates and subsidiaries.

The Board received and approved the governing body oral and written reports from NYC Health + Hospitals| Gouverneur Skilled Nursing Facility and NYC Health + Hospitals| Coler Long Term Care and Rehab Facility.

The Board also received and approved the semi-annual written governing body report for NYC Health + Hospitals| Sea View Nursing and Rehabilitation Center.

UPCOMING FY 2026 ANNUAL PUBLIC MEETINGS

Mr. Pagán provided a reminder regarding the Board of Directors' Annual Public Meetings for Fiscal Year 2026. The meetings will commence at 6:00 PM on the following dates and at the respective locations:

- The Bronx: Tuesday, April 21, 2026 at Lincoln
- Brooklyn: Tuesday, May 19, 2026 at Woodhull
- Staten Island: Tuesday, June 16, 2026 at Sea View

VENDEX APPROVALS

Mr. Pagán noted there were 5 items on the agenda requiring Vendex approval, three of which have that approval. There are 11 items from previous Board meetings pending Vendex approval.

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

INFORMATION ITEM 6: JANUARY 2027 FINANCIAL PLAN

James Cassidy, Assistance Vice President, Finance presented the January 2027 Financial Plan, which was released in March, reflecting updated baseline expense and revenue estimates as well as the inclusion of the Average Commercial Rate (ACR) State Directed Payment (SDP) and the impacts of H.R. 1. The System projects a positive operating income of \$341 million in FY-26, representing a \$364 million improvement from the prior cash plan, largely driven by the anticipated ACR SDP, which provides a more favorable supplemental Medicaid revenue stream than the previous UPL Conversion SDP. The ACR SDP delivers significant early financial benefits, with \$11.6 billion in projected revenue replacing \$7.3 billion under the prior program. While FY-27 is also expected to show positive operating income, losses are projected in the outyears; however, overall financial performance through FY-29 has improved by more than \$500 million due to ongoing strategic initiatives. Despite these gains, H.R. 1 is expected to have a significant negative impact over time by reducing Medicaid coverage and reimbursement rates, with patient care losses projected to exceed \$600 million annually by FY28, partially offset by shifts to other payor and

funding sources.

Ms. Wang praised the team's efforts amid HR challenges, noting strong support for ACR and effective cost control; pleased the financial plan remains sustainable.

ACTION ITEM 7:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **to execute a contract with Richards Plumbing (the "Contractor"), to undertake a Fire Pump and Standpipe Replacement at NYC Health + Hospitals| Bellevue to replace aging infrastructure past its useful life, ensure compliance with NYC Building Code and National Fire Protection Association (NFPA)** standards, and enhance facility safety, for a contract amount of \$10,829,338 with a 10% project contingency of \$1,082,933 to bring the total cost not to exceed \$11,912,271 for an anticipated duration of twelve months.

(Presented Directly to the Board: 03/26/2026)

Erfan Karim, Chief Operating Officer at NYC Health + Hospitals| Bellevue provided background information and the scope of work. Mr. Karim explained Bellevue's original fire pump and standpipe are beyond its lifespan, with capacity issues and damage preventing required testing and compliance with NYC code and NFPA standards. The work to replace and relocate to a mezzanine-level pump room with system upgrades is expected from Q3 2026 to Q3 2027. Mr. Saez provided an overview of the procurement process resulting in selection of Richards Plumbing for a \$10,829,338 contract. Mr. Saez noted an excellent past vendor performance, with a 30% MWBE commitment, and project timeline from Q3 2026 to Q3 2027 with a total budget of \$11,912,271.

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

ACTION ITEM 8:

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") **to execute contracts with four (4) law firms to provide legal services on an as-needed basis for MetroPlus. The firms are Greenberg Traurig LLP, Hinman Straub P.C., Sher Tremonte LLP and Tarter Krinsky & Drogin LLP.** The contracts shall be for a term of 3 years with two options to renew for a 1-year term

each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,500,000 for a total 5-year contract period.

(Presented to the MetroPlus Board: 03/26/2026)

Steven Cushman, MetroPlus Health, Chief Counsel, explained the requested authorization for \$2.5M over five years for four outside legal firms selected via RFP to provide specialized managed care legal services including regulatory compliance, contracting, and litigation with Greenberg Traurig as primary counsel and others used as needed. The increase in authorization and expected spend is due to increases in the hourly rates which reflect 2026 rates rather than 2021 rates. MWBE subcontracting was exempt, though diverse vendor participation was encouraged.

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

ACTION ITEM 9:

Ms. Morris read the resolution

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to acquire from Maimonides Health Resources, Inc. together with its subsidiaries and affiliates (the "Maimonides Entities") title to the parcels of real property together with their improvements listed in Schedule A, attached (the "Owned Properties") pursuant to the affiliation and asset transfer agreement with the Maimonides Entities (the "ATA") for such consideration specified in the ATA, with such acquisitions to be effective as of the closing of the ATA; and

Authorizing NYC Health + Hospitals to accept assignments by the Maimonides Entities of the leases to the real properties listed in Schedule B, attached (the "Leased Properties") and to assume from the Maimonides Entities the liabilities under such leases both pursuant to the ATA for such consideration specified in the ATA, such assignments and assumptions to be effective as of the closing of the ATA.

(Presented Directly to the Board: 03/26/2026)

Deborah Morris, Senior Director, Real Estate & Planning, provided an overview of Maimonides' system, including two main campuses (Borough Park and Midwood). The Borough Park Midwood campus is comprised of about 40 owned buildings, as well as a number of leased properties. The Maimonides system overall has approximately 75 leased properties (many partial spaces) supporting more than 50 off-campus clinical sites across Brooklyn as well as key administrative support functions for the Hospitals.

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

ACTION ITEMS 10 & 11:

Mr. Berman read the resolutions

10. New York City Health and Hospitals Corporation ("NYC Health + Hospitals") as the sole member of H+H Maimonides Midwood Corporation ("H+H Midwood") adopts the bylaws attached as Exhibit A as the bylaws of H+H Midwood; and

NYC Health + Hospitals as the sole member of H+H Midwood selects and nominates as the members of the Board Directors of H+H Midwood those individuals who currently serve as members of the NYC Health + Hospitals Board with each such individual to serve on the H+H Midwood Board in the same capacity and with the same board officer title as they serve on the NYC Health + Hospitals Board; and

NYC Health + Hospitals as the sole member of H+H Midwood be deemed in the future to have selected and nominated as the members of the H+H Midwood Board such individuals who may from time to time be added to the NYC Health + Hospitals Board and simultaneously be deemed to have withdrawn from selection and appointment to the H+H Midwood Board such individuals who are no longer members of the NYC Health + Hospitals Board, which actions by NYC Health + Hospitals shall be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides").

(Presented Directly to the Board: 03/26/2026)

11. New York City Health and Hospitals Corporation ("NYC Health + Hospitals") as the sole member of H+H Maimonides Corporation ("H+HMC") adopts the bylaws attached as Exhibit A as the bylaws of H+HMC; and

NYC Health + Hospitals as the sole member of H+HMC selects and nominates as the members of the Board Directors of H+HMC those individuals who currently serve as members of the NYC Health + Hospitals Board with each such individual to serve on the H+HMC Board in the same capacity and with the same board officer title as they serve on the NYC Health + Hospitals Board; and

NYC Health + Hospitals as the sole member of H+HMC be deemed in the future to have selected and nominated as the members of the H+HMC Board such individuals who may from time to time be added to the NYC Health + Hospitals Board and simultaneously be deemed to have withdrawn from selection and appointment to the H+HMC Board such individuals who are no longer members of the NYC Health + Hospitals Board, which actions by NYC Health + Hospitals shall be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals

and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates "Maimonides").

(Presented Directly to the Board: 03/26/2026)

Dr. Katz explained that members of the NYC Health + Hospitals Board would serve as the governing body for both the Midwood and Maimonides hospitals, operating as a mirror board with members holding their same roles on the subsidiary boards. Jeremy Berman, Deputy Counsel, added that any future changes in Board composition would automatically be reflected in the subsidiary boards.

The Board inquired about committee structure and scheduling. Dr. Katz confirmed meetings may be scheduled across entities for maximum convenience under a mirror board structure. Mr. Berman and Ms. Weiner clarified that Audit, QAPI, Finance, and Executive Committees will function as mirror committees, with certain separate meetings required due to legal, regulatory, and distinct financial considerations. Ms. Weiner noted Audit Committees are legally required for each entity (with the same members), and QAPI and Finance must be separate due to operational differences.

Ms. Cohen and Dr. Katz explained that financial audits may review entities individually but are expected to roll up into a single report. They also confirmed that Board membership, roles, and terms remain consistent across entities, with changes automatically reflected therefore if a person is no longer a member of the NYC Health + Hospitals Board of Directors, the person is automatically removed as a member of the subsidiary boards and committees.

After discussion, upon motion duly made and seconded, the Board unanimously approved resolutions 10 and 11.

ACTION ITEM 12:

Ms. Brown read the resolution

New York City Health and Hospitals Corporation ("NYC Health + Hospitals") hereby accepts the role of sole member of Brooklyn Communities Collaborative, Inc., a New York not-for-profit corporation ("BCC") in anticipation that BCC will adopt amended and restated Bylaws and which actions by NYC Health + Hospitals shall be effective only upon the closing of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates("Maimonides"); and

NYC Health + Hospitals in anticipation of BCC's adoption of Amended and Restated Bylaws and only upon the closing of the ATA, NYC Health + Hospitals, as the sole member of BCC, hereby appoints as an additional member of the Board Directors of BCC Deborah Brown; and

NYC Health + Hospitals in anticipation of BCC's adoption of Amended and Restated Bylaws, and only upon the closing of the ATA, NYC Health + Hospitals, as the sole member of BCC, hereby appoints Shari Suchoff to the position of Executive Director of BCC; all such actions by NYC Health + Hospitals shall be effective only upon the closing of the ATA.

(Presented Directly to the Board: 03/26/2026)

Deborah Brown, Vice President and Chief External Officer, Presented Resolution 12 for NYC Health and Hospitals to accept the role of sole corporate member of Brooklyn Community Collaborative (BCC), a 501(c)(3) nonprofit and current Maimonides subsidiary, with Ms. Brown serving on its Board. She highlighted BCC's mission to advance health equity across Brooklyn through research, convening, and cross-sector initiatives, supported by a network of ~100 community-based organizations. She noted her expectation that the current nine-member Board will be retained at close, with future appointments guided by amended bylaws, and emphasized that maintaining BCC will strengthen community partnerships, economic development, and civic engagement.

Ms. Hernandez-Piñero asked whether current BCC Board members would be retained. Ms. Brown confirmed that was the expectation. Ms. Wang inquired about future appointments, and Ms. Brown responded that selection will be governed by amended by-laws, with NYC Health + Hospitals having a role, noting the Board may expand.

Ms. Rowe-Adams asked whether Ms. Brown's appointment required Board approval; Ms. Brown confirmed her appointment to the BCC Board as NYC Health + Hospitals' representative would require approval.

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

ACTION ITEM 13:

Dr. Long read the resolution

New York City Health and Hospitals Corporation ("NYC Health + Hospitals") accepts the role of sole member of Community Care of Brooklyn IPA, Inc., a New York not-for-profit corporation ("CCB IPA") in anticipation that CCB IPA will adopt the amended and restated Certificate of Incorporation in the form attached as Exhibit A (the "COI") and the amended and restated bylaws in the form attached as Exhibit B (the "Bylaws"), both of which actions by NYC Health + Hospitals shall be effective only upon the closure of the Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides"); and

NYC Health + Hospitals, in anticipation of CCB IPA's adoption of the COI and the Bylaws and only upon the closing of the ATA, as the sole member of CCB IPA, appoints Alessandra Calvo-Friedman, M.D. as the member of the Board Directors of CCB IPA; and

NYC Health + Hospitals, in anticipation of CCB IPA's adoption of the COI and the Bylaws and only upon the closing of the ATA as the sole member of CCB IPA, recommends for the position of Chief Executive Officer of CCB IPA Nichola Davis, M.D.; all such actions by NYC Health + Hospitals shall be effective only upon the closure of the ATA.

(Presented Directly to the Board: 03/26/2026)

Dr. Long explained the distinction between an IPA and an ACO, and noted that NYC Health + Hospitals' ACO has achieved shared savings for 12 consecutive years and operates citywide, while the Maimonides-affiliated IPA includes its own Brooklyn-based ACO. He emphasized the two models are complementary and offer opportunities for collaboration. Dr. Nichola Davis, Vice President, Population Health, added that the IPA is a large integrated network serving approximately 78,000 members across hospitals, FQHCs, and providers, with multiple value-based arrangements generating ~\$40M in shared savings, and is expected to complement NYC Health + Hospitals' ACO rather than compete with it.

Ms. Wang asked whether the ACO efforts should be consolidated. Dr. Long responded that both ACOs are currently complementary, driven by shared care delivery across Brooklyn, and that maintaining separate structures could allow each to build on existing partnerships and success. He noted potential future opportunities for integration but emphasized avoiding premature changes that could jeopardize the amazing work they are already doing.

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

ACTION ITEM 14:

Mr. Berman read the resolution

Authorizing the selection and appointment of Theodore Long, Hillary Jalon, Yvette Villanueva, and Linda DeHart to be members of the Board of Directors of MMC Affiliate Services, Inc. ("MMCAS") until the later of the date their terms of appointment shall have expired or until their successors shall have been elected, such action by New York City Health and Hospitals Corporation's ("NYC Health + Hospitals") board to be effective only upon the closure of the Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides").

(Presented Directly to the Board: 03/26/2026)

Mr. Berman explained that, following the transaction, Maimonides Medical Center will be renamed MMC Affiliate Services, Inc. (MMCAS), a separate not-for-profit entity that will employ staff and provide administrative and transitional services to NYC Health + Hospitals in operating the Maimonides system, preserving existing union relationships. He noted NYC Health + Hospitals will appoint 4 of 9 Board members and retain reserved powers over major actions to ensure alignment with its interests. Dr. Katz added that the NYC Health + Hospitals appointees were selected for their expertise in clinical operations, quality, HR, and finance to support effective governance of MMCAS.

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

ACTION ITEMS 15, 16 & 17:

Mr. Yang read the resolutions

15. Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year transitional services agreement (the "TSA") with MMC Affiliate Services Inc. ("MMCAS"), by which MMCAS will continue in effect contracts for goods and services necessary for the operation of NYC Health + Hospitals/Maimonides and NYC Health + Hospitals/Maimonides Midwood (the "Hospitals") that are impractical to immediately assign to NYC Health + Hospitals with the TSA to be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides") which shall not require payments to MMCAS in excess of \$1,500,000,000, including a 10% contingency, over the term and such authorization shall not be effective until the closing of the ATA.

(Presented Directly to the Board: 03/26/2026)

16. Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a ten-year administrative services agreement (the "ASA") with MMC Affiliate Services Inc., a New York not-for-profit corporation ("MMCAS"), by which MMCAS will furnish NYC Health + Hospitals with the non-physician staff needed for the operation of the Maimonides healthcare system and will perform certain administrative tasks necessary in such system's operation to be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides") and which shall not require payments to the MMCAS in excess of \$15,800,000,000, including a 10% contingency, over the term and such authorization shall not be effective until the closing of the ATA.

(Presented Directly to the Board: 03/26/2026)

17. **Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year medical professional services agreement (the "PSA") with NYC Physicians P.C., a New York professional services corporation (the "Affiliate"), by which the Affiliate will furnish general health care and behavioral health services for H+H/Maimonides Hospital and for H+H/Maimonides/Midwood Hospital (the two hospitals being together, the "Hospitals") to be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates ("Maimonides") which shall not require payments to the Affiliate in excess of \$2,600,000,000, including a 10% contingency, over the term and such authorization shall not be effective until the closing of the ATA.**

(Presented Directly to the Board: 03/26/2026)

Ms. Cohen explained that the budget assumes the new physician practice will employ physicians and potentially residents, though discussions on this point are ongoing and their outcome could impact final budgets for the physician practice. Mr. Ulberg outlined the overall transaction structure, including the separation of physicians into a new practice entity, and MMCAS serving as the employer of staff and services provider under contract with NYC Health + Hospitals. He explained key agreements: the PSA (covers physician services), the ASA (covers ongoing services provided by MMCAS services), and the TSA (covers the temporary continuation of contracts for supplies and services by MMCAS), noting large contract values reflect multi-year commitments (up to 10 years) consistent with prior financial projections and a phased transition of contracts to NYC Health + Hospitals over time.

Ms. Wang sought clarification on the TSA terms, noting a discrepancy between the presentation and resolution; Mr. Ulberg and Mr. Yang confirmed the TSA term should be two years and will be updated.

Ms. Wang also asked about early transition of contracts and Mr. Ulberg explained that costs would phase out as contracts are moved or retired, with flexibility to secure better terms. They further clarified that the PSA and the ASA primarily relate to employment related costs – PSA for physicians and ASA for non-physician staff employed by MMCAS.

Prior to her vote, Ms. Wang asked to confirm that the resolution would be updated to reflect a two-year TSA term; Dr. Katz indicated the correction was being handled and Dr. Pagan confirmed the agenda already reflects the correct two-year term.

After discussion, upon motion duly made and seconded, the Board unanimously approved resolutions 15, 16 and 17.

ACTION ITEMS 18 & 19:

Dr. Teckie read the resolutions

18. Approving the appointment of those practitioners identified on Schedule A attached hereto to Maimonides Medical Center's medical staff which approval by NYC Health + Hospitals shall be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its affiliates and subsidiaries ("Maimonides").

(Presented Directly to the Board: 03/26/2026)

19. Approving the appointment of those practitioners identified on Schedule A attached hereto to Maimonides Midwood Community Hospital's medical staff which approval by NYC Health + Hospitals shall be effective only upon the closure of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA" between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its affiliates and subsidiaries ("Maimonides").

(Presented Directly to the Board: 03/26/2026)

Dr. Sewit Teckie, Chief Medical Officer, Clinical Affairs and Business Strategy, explained that upon closing, NYC Health + Hospitals will operate NYC H+H/Maimonides and NYC H+H/Midwood, with the NYC Health + Hospitals Board assuming full governance, including medical staff privileges. To ensure continuity of care and patient safety following the change in operator, all existing practitioners must be reappointed, and the Board is asked to batch approve their credentialing and privileges. Dr. Teckie noted that comprehensive due diligence supported by legal, consulting, and internal experts was conducted to verify compliance, with any remaining process improvements and integration efforts to be addressed after closing.

There being no questions, upon motion duly made and seconded, the Board unanimously approved resolutions 18 and 19.

ACTION ITEM 20:

Ms. Cohen read the resolution

Waiving certain conditions to closing of the transaction (the "Transaction") that is the subject of the Affiliation and Asset Transfer Agreement dated December 18, 2025 (the "ATA") between NYC Health + Hospitals and Maimonides Health Resources, Inc. together with its subsidiaries and affiliates (the "Maimonides Entities") which have not been fulfilled; provided that NYC Health + Hospitals continues to seek to close the Transaction contingent on the satisfaction of other conditions to closing set forth in the ATA.

(Presented Directly to the Board: 03/26/2026)

Ms. Cohen explained the approval request to waive certain closing conditions under the Affiliation and Asset Transfer Agreement (ATA), noting that while these conditions are contractually required to be met prior to closing, NYC Health + Hospitals may proceed with closing upon a determination that they are not essential. She explained that, based on current information and timeframes, items such as execution of state grant agreements, resolution of due diligence matters, unwind of a legacy practice, and assignment of contracts and leases are unlikely to be completed in time for closing, but the Board could determine that they were not critical to closing. Ms. Cohen emphasized that mitigation plans, including transition agreements and post-close actions, will ensure that the conditions can be met post-close, allowing the transaction to proceed in the best interest of NYC Health + Hospitals.

Ms. Wang asked about the rationale and implications of unwinding the M2 Medical Community Practice. Ms. Cohen explained that NYC Health + Hospitals does not use this complex model involving relationships among and between physician practices, management services, and billing providers, and therefore elected not to bring it over. Maimonides will be required to unwind it post-closing, with a formal plan expected. She and Tim McCrystal, partner at the law firm, Ropes and Gray, clarified that some components of the PC will be retained and adapted to align with existing operations. Ms. Cohen further noted that the financial impact of the unwind would likely be borne by NYC Health + Hospitals regardless of timing.

Ms. Wang also raised questions about the Safety Net Transformation Program grant, including potential risks, contract terms, and timing of funding. Dr. Katz emphasized there are no substantive concerns, noting the State's strong commitment, dedicated funding already set aside, and alignment on policy, with only minor wording issues remaining. Ms. Cohen acknowledged that while certain boilerplate provisions (such as termination for convenience clauses) are not ideal, they are typical in State agreements. Dr. Katz confirmed that funds would be accessible once finalized.

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

ACTION ITEM 21:

Phillip Wadle, Deputy Executive Director, South Brooklyn Health, read the resolution

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to accept assignment from Maimonides Health Resources, Inc. or one of its subsidiaries or affiliates (the "Maimonides Entities") certain contracts for the provision of goods and services by third-party vendors that are necessary for the

continued operation of the Maimonides Entities' healthcare operations by NYC Health + Hospitals (the "Maimonides Contracts") pursuant to the Affiliation and Asset Transfer Agreement dated December 18, 2025 between NYC Health + Hospitals and the Maimonides Entities (the "ATA") such assignments to be effective no sooner than the closing of the ATA.

(Presented Directly to the Board: 03/26/2026)

Mr. Wadle explained that under the Affiliation and Asset Transfer Agreement (ATA), NYC Health + Hospitals will assume Maimonides' assets, liabilities, operations, and finances, including numerous contracts across Maimonides, Midwood, and related entities. However, through the Transition Services Agreement (TSA), many of these contracts will temporarily remain with MMCAS to ensure operational continuity while allowing time for further diligence and review. He noted that NYC Health + Hospitals may later choose to assign and take direct responsibility for certain contracts, replace them with existing System contracts, or decline them altogether. He also clarified that the assignment of contracts in the context of the ATA is not considered a procurement action, but any new or expiring contracts will follow standard NYC Health + Hospitals procurement procedures moving forward.

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

ITEM 5 - PRESIDENT'S REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS

CONTRACT DEVIATIONS

Dr. Katz provided an update on contract deviations. Since the last meeting of the Board of Directors, Dr. Katz authorized an exception to the standard procurement rules:

- The first deviations are in regards to emergency procurement for elevator modernization services at NYC Health + Hospitals/Bellevue and Lincoln.
 - The specific elevators at Bellevue Hospital were originally installed in 1968. They have experienced persistent and recurring mechanical and electrical failures, frequently resulting in prolonged outages. Scope of work is currently estimated at \$880,000, inclusive of a 20% contingency.
 - At Lincoln Hospital, two elevators are well past their lifespan: one is inoperable and the requires significant repair. The scope of the work is currently estimate at \$1,231,000, which includes a 10% contingency.

- o The final deviation is an increase in the **Not to Exceed** amount for the health care Systems' EPIC contract. This is necessary as we begin to extend the electronic health record to Maimonides Medical Center and Maimonides Midwood Community Hospital. This requires increase in our NTE contract by \$6 million for a new total NTE of \$308,807,986.

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 4:38 p.m.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

GOVERNANCE COMMITTEE - Meeting Date: Thursday, February 26, 2026

Time: 12:30 p.m.

Committee Members - José Pagán; Freda Wang; Vincent Calamia; Jorge Fanjul (representing Helen Arteaga Landaverde in a voting capacity)

Staff - Colicia Hercules

The meeting was called to order at 12:47 p.m. pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on January 29, 2026. 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 fulfill its responsibility to evaluate the President and CEO 2025 performance.

There being no further business, the meeting adjourned at 1:12 p.m.

Community Relations Committee - March 3, 2026

As Reported by Ms. Jackie Rowe Adams

Committee Members Present: Dr. Mitchell Katz, Dr. Patricia Marthone, Dr. José Pagán

Ms. Jackie Rowe-Adams called the meeting of the Community Relations Committee to order at 5:06 p.m.

Quorum was established. The minutes of the Community Relations Committee meeting held on January 6, 2026, were reviewed. Upon motion made and duly seconded, the minutes were unanimously approved.

Ms. Rowe-Adams established the order of the meeting and welcomed the presentation of the President's report.

Ms. Rowe-Adams informed the Committee that the Board of Director's Annual Public Meetings for Fiscal Year 2026 has been scheduled as follows:

- For Manhattan: Tuesday, March 24, 2026 at Harlem Hospital

- For the Bronx: Tuesday, April 21, 2026 at Lincoln Hospital
- For Brooklyn: Tuesday, May 19, 2026 at Woodhull Hospital
- For Staten Island: Tuesday, June 16, 2026 at Sea View Hospital

Speakers are asked to register in advance by calling:

Ms. Colicia Hercules Secretary to the Corporation at 212-788-3359

- Dr. Mitch Katz shared the President's report:
- Following the several deaths in the 1st cold wave in New York City, H+H sent out ambulettes to seek people who are on the street and in the cold and offer them the chance to go to a warming unit, and if they are unwilling, give them food and a blanket. There have been no further deaths in New York City.
- H+H was named one of the top places to work in healthcare by Becker's.
- Two sisters gave birth simultaneously at NYC Health + Hospitals/North Central Bronx
- The CEO of South Brooklyn Health Svetlana Lipyanskaya, to be named new CEO of Maimonides Health pending the formal approval of the merger partnership of the two-health care system.
- NYC Health + Hospitals/Carter announced it will offer Flexible Endoscopic Evaluation of Swallowing (FEES) to diagnose dysphagia, a swallowing disorder affecting 1 in 25 adults in the United States, according to the American Speech-Language-Hearing Association. NYC Health + Hospitals released a new episode of its podcast, The Remedy, featuring leaders and health care providers from the nation's largest municipal health care system. Season 3 Episode 1: Healing Through Art: Creative Therapies at Rikers Island covers NYC Health + Hospitals/Correctional Health Services' (CHS) Creative Arts Therapy program, the oldest and largest jail-based arts therapy program in the nation. Mayor Mamdani joined the Department of Consumer and Worker Protection (DCWP), NYC Health + Hospitals and MetroPlusHealth to kick off the 2026 tax season by announcing free, in-person and virtual tax preparation services for New Yorkers as part of DCWP's NYC Free Tax Prep initiative. NYC Health + Hospitals/Kings County today announced the launch of the Kings CARES program for survivors of domestic and gender-based violence. Patients who arrive at the hospital with trauma from sexual assault and domestic violence are already treated by a dedicated team in the emergency department, called the Sexual Assault Response Team. NYC Health + Hospitals announced a major expansion of its Graduate Medical Education (GME) programs, securing federal funding for 75 new, permanent residency positions that will help train the next generation of physicians and strengthen care for New Yorkers across the city. NYC Health + Hospitals/Lincoln unveiled their newly redesigned and renovated pediatric playroom today, a project that was made possible by a generous donation from John Poon, in honor of his late wife, Dr. Maria A.L. Jocson, a Medical Resident at the hospital from 1990 to

1993.

- A new community mural was unveiled at Elmhurst Hospital
- A survey of MetroPlus Health showed that among the issues of affordability, New Yorkers also raised the issue of being unable to pay for health care as one of the challenges they face
- NYC Health + Hospitals/Gotham Health announced the launch of its Pharmacy Home Delivery Program, now available at all 29 Gotham Health locations across New York City. In partnership with ScriptDrop, this innovative program offers patients the convenience of having their prescriptions delivered directly to their homes, addressing one of healthcare's most persistent barriers: access to medication. According to ScriptDrop, 89% of patients found that home delivery improved medication adherence.

Ms. Michelle Booker from Harlem Hospital also added the Harlem Hospital had a recent ribbon cutting for their orthopedic center.

Ms. Rowe-Adams noted the Community Advisory Board's annual verbal reports scheduled to be presented at this meeting:

1. NYC Health + Hospital/Gotham Health, Belvis
2. NYC Health + Hospital/Gotham Health, Morrisania
3. NYC Health + Hospital/ Sea View
4. NYC Health + Hospitals/South Brooklyn Health

PRESENTERS:

Ms. Rowe-Adams moved the agenda to the (4) facilities, presenting their verbal annual reports. Each presentation is allotted 5 minutes.

NYC Health + Hospitals/Gotham Health, Belvis

Ms. Josephine Byrne, chair of the NYC Health + Hospitals/Belvis CAB, presented the report to the CRC. Ms. Byrne stated that the facility was able to complete the cosmetic upgrade of the imaging department. The facility will also begin the process to procure a contractor for the façade renovation and begin the process to upgrade the outdated fire alarm system.

Belvis is very active in the community and hosts multiple health and resource fairs throughout the year including bi-monthly diabetes and hypertension education fairs, and annual community resource fairs.

All patients are screened for depression at each visit and there is a comprehensive collaborative care program to connect eligible patients to access social work and other relevant interventions based on unique requirements. The community also needs access to healthier food options, and social services. The facility continues

to partner with local supermarkets, farmers markets, community-based organizations and local police precinct.

Accomplishments this year include Gold recognition from American Heart Association and American Medical Association recognition for diabetes, hypertension, and cholesterol care. The colorectal cancer screening is at 80 percent, the highest in Gotham Health. The facility also received accreditation from NCQA as a patient centered medical home and increased their women's health capacity by 50 percent.

Ms. Rowe-Adams polled Committee members for their comments or questions.

Dr. Patricia Marthone commended the facility on increasing women accessibility to care by 50 percent.

Dr. José Pagán commended the facility for their quality awards and the indicators that are consistent with them.

NYC Health + Hospitals/Gotham Health, Morrisania

Ms. Leslie Harrison, chair of NYC Health + Hospitals/Gotham Health, Morrisania CAB, presented the report to the CRC. This year the facility has recently acquired Hilldibberg OCT advanced spectralis, which is an advanced imaging system designed to diagnose and monitor retinal diseases. The design allows the clinicians to customize their diagnostic work view, allowing them to provide customized care.

Morrisania also completed phase one and two of their relocations and has a new CDC space, administration space, behavioral health space, and pediatric space. The facility also built two new multi stall ADA compliant bathrooms.

The River Commons project is making good progress. The Morrisania Annex Building has been turned over from H+H to L+M developers. The temporary parking lot for staff's city parking was established on Gerard Avenue and E 164th Street by the developers for L+M for the duration of the construction and completion of the new building. Morrisania is also preparing for the demolition of the annex building, and has covered all annex facing windows in the main building and built a temporary wall between the Annex and main building.

Morrisania is focusing on better referral coordination and using iCARE with Kindness values to increase patient satisfaction and Press Ganey scores. There is a new pharmacy home delivery service, eliminating the need for in-person pick up. Patients are also being helped with using MyChart as an easier way to message teams and

manage appointment challenges.

Accomplishments include the expansion of the dental, optometry and behavioral services, the hiring of the adult primary care nurse practitioner and excellence in chronic disease outcomes.

Ms. Rowe-Adams polled Committee members for their comments or questions.

Dr. Pagán asked how the river commons project is affecting the day to day operations at the facility.

Dr. David Caldwell, Deputy Director stated that the project is blocked off and it does not intrude the space where the patients are.

Dr. Katz appreciated the booklet shared by Leslie Harrison about the Community Advisory Board and suggested that each Community Advisory Board have one as a way of showing who they are and what the mission is.

Dr. Marthone asked if there are new providers that joined the team for dental, optometry, and behavioral.

Dr. Caldwell stated that a dental hygienist, a speech pathologist, and a developmental evaluation pediatrician have joined the team recently.

NYC Health + Hospitals/Sea View

Mr. George Wonica, Chair of the NYC Health + Hospitals/Sea View CAB, presented the report to the CRC. Through H+H funding, the planning phase of the shower room improvement and chapel area beautification continues. Sea View is listed as one of the top-ranked nursing homes in New York City by Newsweek Magazine's Best Nursing Homes List, US News and World Report and Centers for Medicare and Medicaid Services. Sea View continues to implement new strategies to improve patient and residential experience. Press Ganey scores remain strong with an overall satisfaction score of 96.33 with top scores in activities, likely to recommend and room quality.

Frequent complaints include missing clothes and room changes, Sea View resident representatives will work with residents to resolve these issues.

Employee wellness includes the hiring of a dedicated Wellness Director and incorporating H3 programming at Sea View.

Seaview is also expanding its SYEP contract with NYCID to the Winter program & Work Ready Programs to introduce careers in Health Care to

the high schools on Staten Island.

Mr. Wonica also stated that the legislative brunch is on Friday March 6 at 11AM-12:30PM and all are invited to attend.

Ms. Rowe-Adams polled Committee members for their comments or questions.

Dr. Katz commended the facility, stating that Sea View has now become the top choice for everyone's loved ones to go if they need that kind of care in the community.

NYC Health + Hospitals/South Brooklyn Health

Ms. Rosanne DeGennaro, chair of the NYC Health + Hospitals/South Brooklyn Health CAB, presented the report to the CRC. The Ida G. Israel Community Health Center opened in March 2025, and there was a ribbon cutting ceremony last week for the renovated oncology & infusion center, the flood wall is also complete, with ribbon cutting in spring 2026.

The executive leadership is committed to improving the culture of safety among staff and is proud to be recognized as a leader in health care. Awards include Lantern Award for Emergency Department Nurses, Silver Beacon Award for Surgical Excellence, Silver Beacon Award for Medical Excellence, and One of the Best Hospitals for Maternity Care from US News and World Report.

Communication and Coordination of Care are the two most common complaint areas received from patients. To address these, there has been ongoing iCARE with Kindness and Communication Safety Skills (CSS) training. There has also been an optimized team approach to reduce diagnostic and appointment delays through active coordination and alternative solutions.

There is a need for South Brooklyn Health to become a Level 1 Trauma center, in order to address the increasing health care needs of a growing community.

Ms. Rowe-Adams polled Committee members for their comments or questions.

Dr. Pagán commended the facility, highlighting the work of nurses in the system and all the awards they win.

Dr. Katz stated that the facility is doing very well and has had tremendous successes. It has completely changed the dialogue about public hospitals in South Brooklyn.

ADJOURNMENT:

Hearing no other old or new business from members to bring before the committee the meeting was adjourned at 5:43 P.M

Finance Committee Meeting – March 9, 2026

As Reported By: Freda Wang

Committee Members Present: Mitchell Katz, MD, Freda Wang, José Pagán, Patricia Marthone

NYC Health + Hospitals Employees in Attendance:

Michline Farag, Tasha Philogene, John Ulberg, David Guzman, Marji Karlin, Megan Meagher, James Cassidy, Linda DeHart, Clifford Chen, Rafelina Hernandez, Janny Jose

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:02 a.m. Ms. Wang called for a motion to approve the January 12, 2026 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on January 12, 2026 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-2026 Quarter 2 Highlights. He conveyed that January closed with \$597M (19 days cash-on-hand). The budget underperformed by less than 1% and closed Year-to-Date November (Nov YTD) with a negative Net Budget Variance of -\$58.7M.

Mr. Ulberg continued that direct patient care receipts decreased by \$63.4M compared to the same period in FY-25, primarily due to a 2.1% decline in IP discharges; the impact of residual or secondary billing from CHC delays carried over from the previous year, which impacted cash payments through November; and timing of UPL conversion payments.

Following Ms. Wang's question, Mr. Ulberg confirmed that the FEMA dollars are not in the plan and added that we would consider those available resources.

Our strategic financial initiatives are on track, with the FY-26 incremental target adjusted to reflect baselined initiatives, demonstrating consistent and reliable performance over time. Through November, we achieved \$148.5M, compared to a financial plan target of \$472M (31%), and we expect to catch up by end of fiscal year. Several areas of strong Nov YTD performance were noted. Additional

areas of opportunity and focus include reducing the average length of stay, achieving revenue cycle best-practice performance metrics, and expanding behavioral health services.

Mr. Ulberg continued presenting the cash projections for FY-26. The System is estimated to close February with approximately \$500 million (16 days cash-on-hand) and expects to close March with approximately \$700 million (22 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.

Ms. Wang inquired on the ACR funds distribution from the plans, will it come to NYC Health + Hospitals in lump sum for the year.

Mr. Cassidy responded that for each plan we have agreements that we will continue to work with them on and since it is a retro period we expect many of them will advance the majority of the dollars in the next month or so.

Ms. Meagher added that it is variable by plan. We do not get one lump sum for each plan as each plan has a divvied-up amount of money which makes it a bit more complicated.

Mr. Ulberg continued that those with the biggest dollar values tend to give us lump sum such as Healthfirst and Metroplus where the bulk of the dollars are. For the remaining plans, we follow a defined process and have requested guidance from the State regarding the direction given to the plans. We encourage the plans to reference this and engage in discussions accordingly. While these transactions are typically resolved, they are unique and require the plans' cooperation, as they also need to reconcile these funds on the backend.

Ms. Wang added that while this will cause a sudden increase in cash flow, it will not have the same impact on an accrual basis.

Mr. Guzman responded that we have accounted for revenue as appropriate for GAAP.

Mr. Ulberg provided an update on Year 2 (2025-26), noting that efforts have been made to create a streamlined plan with the State to ensure a large portion of the funds are disbursed quickly. The goal is to have these funds released by mid-April 2026, understanding the State's busy schedule but emphasizing that we are in the queue and working to expedite the process. For Year 3 (2026-

27), the preprint, developed with Manatt's assistance, has been submitted to the State and is currently under review. The submission was made early in the month, keeping the process on track, and we will continue to monitor its progress until the funds are released. Ms. Wang asked if that timing gets more in line with the current year and we will start to see that more in our regular rates.

Mr. Ulberg agreed and added that this also explains why we were drawing DSH dollars in years where we should have not been drawing DSH dollars as these rates were late and we did not have a choice. We drew on DSH and now we have worked out a plan with the State where as they pay us, we can reconcile the prior draws.

Ms. Wang commented that hopefully we can get into a cadence where it is more in the rates and noted that we have been making a lot of progress.

Mr. Ulberg continued presenting the external risks. Several areas of focus are Essential Plan changes, Medicaid, Potential City/State Budget challenges presenting a financial challenge to NYC Health + Hospitals. The government shutdown averted currently does not present a challenge to NYC Health + Hospitals. Further, the Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark and MCO Tax present an opportunity to NYC Health + Hospitals.

Dr. Katz commented that we may gain more insights into the Essential Plan based on the progress of the SNAP efforts, as both programs share similar requirements, with SNAP starting earlier. DHS has been working to encourage doctors to complete disability paperwork for individuals unable to work. Over the next few months, we will learn more about how many individuals are unreachable, as those who meet SNAP requirements should also qualify for Medicaid.

Mr. Ulberg agreed and added that from the State perspective they would like to have the same requirements and those two systems speak to each other for Medicaid eligibility purposes.

Dr. Katz highlighted that this is beneficial because people consistently need food, while healthcare needs are more sporadic, particularly for those who are otherwise healthy. He added that if individuals are motivated to qualify for SNAP, we can use that to identify and enroll them in Medicaid.

Mr. Ulberg added that we have efforts on the way such as the One Stop Benefits where as we are going through the enrollment process for people's health insurance, we also check to see if they are

eligible for SNAP and WIC. We are trying to bring our two systems together and hopefully this would help.

Dr. Katz commented that there have been a lot of interest in the success of Bridge to Home at City Hall and a lot of gratitude about the Warming Operations, adding that there is a very nice NY Times article on how effective it has been. Further, he added that the issue with Essential Plan changes risk turning green in the chart is that it will turn green but there is about a third of people who would fall off, and asked if that has changed.

Mr. Ulberg responded that it is only the EP-5 group which we do not have a solution for as of yet but there is plenty of people thinking about it. There is about 450,000 Statewide.

Dr. Katz asked if this would mean 250k are City residents
Mr. Ulberg added that it would be more than that.

Ms. Meagher responded that about 3 quarters are City residents.
Dr. Katz added that this means these people would fall off to nothing.

Mr. Ulberg added that these people could revert back if they had employer insurance but when we have looked at the data the way they got enrolled in EP-5 was due to being uninsured to begin with, so we do not think that they necessarily are going to fall back to employer coverage or go to the Exchange. They will likely fall off to be uninsured.

Dr. Katz mentioned that there have been a lot of interest in NYC Care and asked who the EP-5 population is and if they are legally here.

Ms. Meagher responded that these people are legally here and make between 200 and 250% of the federal poverty level. They have been historically been excluded from a lot of New York State benefits programs that are available because they just make too much money.
Dr. Katz added that they would be eligible on the exchange.

Ms. Meagher agreed and mentioned that they always have.

Dr. Katz asked if there is a silver plan that has no copay for the 200 to 250%.

Ms. Meagher explained that part of the problem is that with the subsidies recently being cut there is much less federal funding to enable this and we do not know how affordable the silver plan is.

Mr. Ulberg continued stating that some states have offered to pick up the subsidy when the federal dollars have dropped off. The states

have put together a plan where they would fund the subsidy or a portion of the subsidy. There are probably five or six states that have put forward as an option. There are different proposals that are out there that we are looking at.

Dr. Katz asked if there would be a scenario where it would be financially sensible for us to pay the subsidy and thereby get the insurance.

Mr. Ulberg responded that we would have to run those numbers and we have a variation of them that we have worked with Metroplus. However, that would be cash out of our pockets.

Dr. Katz asked if someone is in that group and have a medical condition therefore coming for visits, if we were doing it we could theoretically create any criteria we want as long as it is equal. We could say that they must be our patient, it must be Metroplus, must have an illness; create a whole set of scenarios that if it is our patient we could target people who are likely to cost money. We understand that we need to look at it around DSH. Do we get DSH on outpatient?

Mr. Ulberg responded that we do get DSH on outpatient. Some of the things we are reviewing is how can we leverage if the Essential Plan or an insurance option or the State does not know to put forth its own subsidy dollars, we could enroll folks on some version of NYC Care. We look at the pharmacy benefit, they will have a doctor clinically call their own, but then for inpatient and outpatient we can leverage DSH. Then the federal government can pay half of the inpatient cost. That is what makes that desirable and maybe even more preferable than the subsidy approach as the subsidy would pick up the full cost of care. We are trying to figure out if there is a way to kind of have a partial insurance package coupled with DSH and these are complicated things.

Dr. Katz added that the current administration would be very interested in a plan if we put together an insurance subsidy for people in the 200 to 250% who met a medical need. We do not usually model medical use, we model all cost. If we are going to do this we have to model medical need and figure out how much are we going to get if they go through DSH, as this is only going to give you half. You will get a better payment through the insurance but of course you would have to pay the premium and we do not know what the premium is. Another issue is that we have to figure out what the premium was.

Mr. Ulberg added that we know from our own EP-5 data or Metroplus EP-5 data that EP-5 tends to be more expensive than 1 through 4. It is an interesting group, they are 200 to 250% of federal poverty level and they tend to be the most expensive cohort of all 5.

Dr. Katz inquired on who would be on the other four groups.

Ms. Meagher responded that there would be a cohort who is income eligible for Medicaid but they are in their proof call status, what we call the ALIESSA population, that is the Essential Plan 3 and 4. Essential plan 1 and 2, are for those thresholds that are slightly more than Medicaid, so they do not qualify for mainstream Medicaid, one group is 138 to 150% and another group is 150 to 200%, so it based on their income and Essential Plan it is only for adults importantly. Kids are all covered and would get CHP.

Dr. Katz continued adding that the most likely reason a group is more expensive is adverse selection. Typically, one group is more expensive because the overall group is not only a smaller percentage of going in and the group going in are sicker. So, what we would have to assume is that in that 200 to 250% group, maybe because they are working or see themselves more as middle class and they are not applying for these benefits, except for the people who are really sick. Usually adverse selection is the answer to why a group is performing, but it fits the theory that if we are going to do this, you would need to do it with a medical indication, not just to recycle the money but really to create a set of criteria where we believe that medical care has a discernible difference and let the other people go to the Eds for their ankle sprains and bad coughs. But people who have diabetes and hypertension where there is really value to every three- or four-month visit as we would have something to offer them and move them into it.

Mr. Ulberg stated that we will look at all options. It is very important that we move quickly as these issues once it happens as it is going to happen fairly quickly. From the DSH perspective, we have set up ourselves nicely as we will be use ACR and a big bolus of DSH dollars available to us so when the effects of H.R.1 happens, depending how it plays out, we will have enough DSH dollars to fall back.

Dr. Katz agreed that the 50% of the DSH is better than the insurance payment minus the subsidy you have to pay. The goal for us should be more about how to turn NYC Care into something that looks more like insurance than it currently is, so we could advertise it as a benefit.

Mr. Ulberg continued, explained, the advocates have put together a very nice paper, Elisabeth Benjamin and her team, everybody is positioning on this issue. A lot will happen, CMS is supposed to decide sometime between now and when the budget is supposed to close in April. They do not have to, they can delay that, but that would certainly provide a lot of continued resources to pick up the 1 through 4 and then that would leave how to deal with the five group.

Dr. Katz inquired for the board's awareness if when the Basic Health Plan reverts to Medicaid the plans takes a huge hit. Do we believe that the Medicaid rate is significantly below cost?

Mr. Ulberg responded no and clarified that is the EP rate is significantly higher than Medicaid. The cut that was taken a couple of months ago was to actually bring the EP rate closer to Medicaid for IP/OP, so they have already made that cut. In part that makes sense as the basic health plan for \$9 billion dollars is a fixed pot of money and it will not grow so the State has to make sure that those dollars will carry them two or three years or as far as it will carry them. New monies are not going to come backfill. They are making sure those dollars last so it makes sense to be a little bit more prudent with the rate setting. As long as we can get access to that basic help plan \$9 billion dollars. There are some estimates that could carry and cover the 1 through 4 group for two and even three years. That would be the first thing and then that would still leave the EP-5 uncovered taking us back to how do we address their needs. It is a very complicated budget. In a matter of weeks, the state and legislation can figure out how best to position themselves here. There is a lot of unknowns really coming from the federal government still and everybody is trying to do the best they can with what they know.

Ms. Philogene presented the financial performance highlights for FY-26 thru November Net Budget Variance. She noted that November ended with a net budget variance of -\$58.7M (less than 1%). Receipts are less than budget by \$0.7M, primarily driven by direct patient care, offset by Risk revenue performing better than target. Disbursement exceeded budget by \$57.9M, driven by NYC Health + Hospitals staffing and overtime costs as we continue to work through establishing staffing models.

Ms. Philogene provided the FY-26 thru November performance drivers updates. Cash receipts are on track to meet budget. Cash disbursements are over budget by 1% primarily due to overtime needs and non-model staffing areas as we continue to right size our staffing models.

Dr. Katz commented that this presentation is not about showing that we are off instead to portray how good our budgeting is. We do not assume when the personnel costs or discretionary spend in above, our first assumption is the budget is wrong as the historic health and hospital budgets were somewhat fictional. It is just under John and his teams where the budgets have actually come to reflect what the actual expenses were. The original budgets were just historical documents and had no meaning in the actuals of what people were spending. Some hospitals would be over budgeted and some hospitals would be under but it had nothing to do with the performance of the people there. It was just whatever the budget was set for whatever

reason and whatever year it was set, and that was the budget and nobody tried to change it. John and his team have been working very hard at trying to have accurate budgets. So, then you could have a meaningful understanding of why is this over. Given the size of our budget these overages are really quite small and way different than before. The goal is to work with the teams on what is a realistic amount of money required to provide the services needed and then the overages become the question of are you using more than you need to use or do we need to correct something in the budget to make it more accurate.

Ms. Wang commented that it is not just the overages but the underrages with the right living is very precise with never more than a small percent.

Mr. Ulberg provided an update on the CFO star report, noting that the margins are currently running negative. The CFOs have been asked to explain the reasons behind this, and the next step is to discuss potential solutions. A conversation with the CFOs is scheduled, where they will work to clarify the issue and collaborate on finding the best solution.

Dr. Katz explained that while managing expenses works well, revenue is more challenging due to the variety of revenue sources and delays in receiving it. For example, it's difficult to hold a hospital CEO accountable for predicting how much DSH funding will come in, as it depends on factors like the previous year's data and how much other institutions have requested. On the expense side, it's easier to assess needs, such as whether additional environmental services are necessary or if overtime needs to be controlled. He pointed out that overtime is often approved because it is essential for employees who rely on it to meet personal needs, such as paying rent. Supervisors, knowing that an employee is struggling, may be more likely to approve overtime if they view the employee as a good worker in need.

Ms. Farag agreed and pointed out that this year as previously promised to the committee, they had rebased the budget for FY-26 so now when looking at these variances, we are actually able to explain more instead of just there is more to be adjusted as we go with modification. As we continue having these conversations, now we are pinning down to where those variances are; and on the revenue side, definitely we are looking at these pots of money like pools and these other components in their own bucket and the part where we are having the discussions with the facilities is more on the inpatient and outpatient revenue as well as their expense against budgets so the conversations are much tighter and more meaningful to them. We continue working on our staffing models which have been extremely important for the facilities to assess where they stand and we have made great improvements on the nursing side and on the temp reductions, on the hiring there is a lot of good stories baked on

these numbers. On the year over year, due to the cash timing driving the negative although the volume is down impacting the negative but our collectability on the rate side and also our CMI is high when adjusting for volume and timing of UPL and CHS we are actually positive. We continue to look at our net margin in the actuals and timing factors. We are holding ourselves accountable in the actuals which is a higher standard.

Dr. Katz revisited the overtime issue, emphasizing its complexity. While managers often view overtime as a negative, many low-income workers depend on it to cover essential costs like rent. While it's not necessarily the role of management to understand personal finances or approve overtime when it's not needed, cutting overtime can create significant challenges. Employees have come to rely on a certain amount of overtime, integrating it into their personal budgets. When managers introduce a new model that eliminates overtime, it can lead to frustration, as employees are left struggling to meet their financial obligations.

Mr. Ulberg added that we try to create enough flexibilities to make that choice. Do they want to fill that vacant position or do you want to do more overtime? Those choices are important. We try to do the same with our physicians. Do they want to convert sessional hours into a full time equivalent or do the doctors just want to work more hours? We try to create those choices for them. Ms. Wang asked what is the right wage, as from a financial management standpoint, you have to have stability, so if we know what the staffing needs are and what the wage is.

Ms. Farag added that one of the major positives we have made is focusing on our own staff and filling in for the non-productive time or orientation and things like that as opposed to temps so that is dollars going into our own staffs.

Dr. Katz added that we do not want temps nor Registry. Ms. Farag continued that it is actually one of the major steps we have taken.

Dr. Marthone added that the CMI increasing is very important to overtime hours and if you notice it is nursing and environmental, which is directly proportional to the care needs of the patients. If that is where the money is going then it is a good thing, it is not a bad thing. As you need more nursing hour care, not just RNs, but all classes to help that patient because the higher the CMI the more issues they have that they need contact; and then environmental because they are going to have to keep cleaning up. The longer the patient is in bed, the more issues they have and people are not caring about where they are throwing things when they are caring for the patient, so it is directly proportional and should not be of much concern considering that the numbers are not.

Mr. Ulberg mentioned that it is a good point and also if we are trying to turn over the beds more efficiently those beds need to be cleaned and those things have to be taken into consideration. We try our best there and the CMI is a very important point if needs are going up.

Ms. Farag added that the facilities have been doing a tremendous job staying within the models even with overtime on inpatient side they are still staying within our models; specifically on the inpatient side, we have level of appropriate nursing coverage and there is not anything on keeping that down in relation to what the needs as the models are driven by our census and definitely on the CMI which is in the context of what types of units are being covered is a big thing.

Mr. Ulberg commented that Natalia wants the CMI adjusted in the model at some point when we can do that. Ms. Farag added that it is something we need to figure out how to.

Dr. Marthone added that it is also very important for the nursing care hours that if we do not account for it we cannot see why the overtime is there.

The revenue performance for FY-26 thru November was presented by Ms. Philogene. FY-26 direct patient care revenue (IP and OP) is \$63.4M lower than FY-25 actuals. Year-over-year variances are due to slightly lower IP discharge volume and timing of cash payment, including CHC cash recoupment in FY-25 and timing of UPL Conversion payments. Compared to budget, YTD November performance is on track for IP/OP as initiatives continue to ramp up in the first half of the year.

Ms. Karlin provided an update on NYC NYC Health + Hospitals Road to Best Practice Revenue Cycle performance and reinforcement of standard workflows. NYC NYC Health + Hospitals identified improvements in standardizing individual facility performance to internal best practices. In FY-26, NYC NYC Health + Hospitals is raising the level of performance for facilities not performing in certain areas as well as other NYC Health + Hospitals facilities. In identifying H+H's best practice, 8 metrics have been selected across the System. These metrics include improving Eligibility Denial Rates, Authorization Denial Rates, PCP Alignment, Financial Counseling Rates, reducing Coding days, reducing DRG Downgrade Denials, reducing Net AR Days and improving Insurance Net Collection Rate. A chart providing the target amounts for each of these metrics was presented. The metrics selected provide NYC Health + Hospitals the opportunity to bring all of our facilities up to H+H's internal best practices and overall industry best practice in all areas. NYC Health + Hospitals ongoing work improving some of these metrics reflect smaller targets. NYC Health + Hospitals has calculated a gap

across the System and identified an opportunity if facilities achieve internal best practice of \$200 million. H+H's largest opportunities are improving overall AR Days and Insurance Net Collection Ratio with \$54 million in the FY-26 budget and the rest in FY-27. NYC Health + Hospitals facilities are implementing standard work and creating initiatives to achieve targets by FY-27. An overview on the facilities performing well through January was presented by Ms. Karlin. Through January, facilities have achieved \$45 million of the \$54 million target. Most of these achievements are due to improvements in Insurance Net Collection rates and AR Days. NYC Health + Hospitals is working on implementing targeted improvement plan themes consistently across facilities including implementing standard workflows such as retraining and reinforcement; Collaboration with interdepartmental teamwork; staffing and reorganization by optimizing internal structure; and root cause analysis by identifying underlying issues. Ms. Wang added that this is consistent with having good eyesight on the expenses and the same with revenue.

Dr. Katz commented that one idea that has been raised and would affect Rev Cycle, is to try to schedule doctors for closing notes. An example of this would be with training. Some doctors complained about the trainings, periodically we send out notes that these trainings are due by end of year. They complain that it should be sent at the beginning of the year in order to assign it to the appropriate staff. It would work best for them if we knew what the trainings were in advance and similarly it would be great to do the same for closing records. Physicians could be assigned an hour to do records and not see patients during this time. There are many doctors with many unclosed charts and they have a back log as they would prioritize seeing patients. Maybe we would get more dollars if we do it this way as even the more inspiring doctors will often have a large unclosed chart since they will always put patients first. It would change the dynamic if they are scheduled an hour to close these records and this is your job for this hour. You would remove the issue of whether or not you should prioritize this.

Ms. Karlin added that they are trying to attack this in multiple ways coming at it from all angles. The good news is that in the last twelves or so month they have reduced the open charts by 60% and the Rev Cycle team has been working with the facilities and talking to doctors in understanding what their barriers are, to be able to work through those issues. In some practices there are many doctors that are very busy where they see lots of patients in a couple of hour

blocks, and in other practices it might not make as much sense to do this as it would not be as busy. We have heard everything from doctors. A lot of times it is not about the time and sometimes it is.

Mr. Ulberg mentioned the affiliates have been pretty good in partnering with us on open charts and trainings. We have created some incentives if they close the open charts they are paid out of the FPP. We have discovered that it is more about wanting to be a good member of the community, that is the domain we have called it. Once you put the name up on the board that you are behind and everyone sees it that creates an effect as no one wants to be on the board.

Dr. Katz added that Dr. Gagliardi sends him all providers a clinician to clinician excel spreadsheet on Fridays with everybody's name and open charts. His name has not been on the list as he closes all his charts.

Ms. Meagher provided an update on VBP Strategy and connecting risk members to the most appropriate insurance plan. NYC Health + Hospitals is connecting eligible patients to facilitated insurance enrollers (whether on-site at the hospital or via telephone) to opt into an insurance product that offers enhanced benefits to meet their needs. This fiscal year, NYC Health + Hospitals is working on telephonic outreach to eligible members by central office staff and facility-based CHWs to guide them on converting; developing Epic tools to identify eligible members at the point of registration and/or care; and training facility staff on workflows to help convert patients' insurance. A chart showing the 2025 conversions and eligible members as well as the change in average surplus PMPM by product was presented.

Dr. Katz asked if we have people sited at the safety net clinics? There is somebody who is physically there as they are high volume homeless.

Ms. Meagher agreed and added that we have been doing a lot of work trying to make those connections, that even having folks make the connection that if the patient is an adult primary care but they would be eligible for the Safety Net Clinic they may be better served there. Not only is it about changing their insurance but trying to make that soft transfer.

Dr. Katz inquired on the SHOW Vans.

Ms. Meagher responded that we also engage the SHOW Vans. One of the limitations we have had is trying that we have been trying to focus this just on the Metroplus population and the SHOW vans and the Safety Net Clinics could be reaching patients that have any kind of insurance. So that has been a little bit of a limitation that Metroplus really wants us to keep it focused on the Metroplus patient population, but we are working through that and we are trying to figure out all the different service areas where we might be encountering homeless individuals that we want them to be trained and understanding that this is an opportunity for the patient. Dr. Katz asked Ms. Meagher if she had had much interaction with counterparts at Maimonides. Ms. Meagher responded that she had, speaking with the managed care lead who handles all contracting, in an effort to understand their terms, as they have not yet seen any of the details of their contract.

Dr. Katz acknowledged that legal constraints make it difficult to share certain information until everything is finalized. Due to signed agreements, certain details cannot be disclosed, such as specific payment amounts to vendors or insurance rates. While it's assumed there is significant overlap with insurers, Dr. Katz asked if Ms. Meagher was aware of any arrangements at Maimonides that might differ from their own.

Ms. Meagher responded that they have an IPA, which is more complicated than a lot of their value-based contracts are through the IPA. Maimonides is a participant in the IPA but many community groups are also providers that are participating in the IPA. They also have the ACO that is separate than the IPA. They have a value-based contract with Fidelis that runs through their IPA as opposed to Maimonides proper.

Dr. Katz asked to be reminded on the advantages of the IPA.

Ms. Meagher answered that it is just a larger universe of primary care physicians to build on the attribution, as opposed to just having it be at one physical hospital location. The idea is that you could coordinate care, if you have specialists, if you have nursing homes in your IPA, you could financially incentivize them. And if you are doing a good job, you can share in those savings.

Dr. Katz added that presumably the plans are contracting with the IPA, the IPA is taking the risks and the IPA is paying out the providers.

Ms. Meagher added that they would pay whatever they might earn in incentive dollars or quality dollars and they would have methodologies to disburse that money.

Dr. Katz added that we do not have an IPA. We have an ACO but our ACO is limited to, as all ACOs, Medicare fee for service declining population. We could be an IPA, but we have not had the need to be an IPA. One of the big differences is that we keep getting into with Maimonides from a financial point of view is that we have always had more patients than we can take care of. They are always focused on how do we get referrals, they are all about trying to increase volume and we are all about trying to meet the need. It is very interesting to try to adjust mechanisms to figure out what makes sense as we go forward together.

Ms. Wang added that we will not get into this today.

Ms. Wang polled the committee for questions.

Ms. Wang thanked the team for the financial update and added that it was a very comprehensive presentation. There a lot of things coming to NYC Health + Hospitals as always. Listening to all of the initiatives, the focus and the efforts are really impressive. Glad for the comments from the committee members bringing out how great this work is.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked and commended the team for the great work.

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 12:06 p.m.

SUBSIDIARY REPORT

HHC ACO INC. ANNUAL SOLE MEMBER MEETING - February 26, 2026 FOR CALENDAR YEAR 2025

As Reported by: Dr. José Pagán

Committee Members Present: Dr. José Pagán, Freda Wang, Dr. Mitchell Katz, Jorge Fanjul, Karen St. Hilaire, Dr. Vincent Calamia, Dr. Jean Wright, Dr. Patricia Marthone - join at 1:21, Anita Kawatra, Dr. Michael Espiritu, Vanessa Rodriguez, Tricia Taitt

The 2025 Annual Sole Member Meeting of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on February 26, 2026 at 1:16 p.m. Dr. José Pagán, Chair of the NYC Health + Hospitals Board of Directors called the meeting to order to discuss historical program performance and governance matters.

Dr. Pagán noted for the record that Jorge Fanjul is representing deputy Mayor Dr. Helen Arteaga Landaverde and Karen St. Hilaire is representing Molly Wasow Park - both in a voting capacity.

Upon motion made and duly seconded the minutes of the December 19, 2024 Annual Sole Member Meeting was unanimously approved.

The Board considered the following resolution:

Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (the "ACO") Board of Directors in accordance with the laws of the State of New York, until such person's successor is duly elected and qualified, subject to such person's earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:

Mitchell Katz, M.D.;
Theodore Long, M.D.;
John Ulberg, Jr., M.P.H.;
Andrea Cohen, Esq.;
Nichola Davis, M.D.;
Hyacinth Peart, a Medicare beneficiary Director;

A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. ("PAGNY");

A Director to be named by PAGNY, as specified in a writing by the PAGNY CEO that is delivered to the Chairman of the ACO;

A Director to be named by NYC Health + Hospitals to represent physicians employed by New York University Grossman School of Medicine and providing services in NYC Health + Hospitals facilities, as specified in a writing by NYC Health + Hospitals that is delivered to the Chairman of the ACO;

A Director to be named by the Icahn School of Medicine at Mount Sinai, doing business as Mt Sinai Elmhurst Faculty Practice (the "Elmhurst FPP"), as specified in a writing by the Elmhurst FPP that is delivered to the Chairman of the ACO; and

A Director to be named by Community Healthcare Network, Inc., Urban Health Plan, Inc., and Union Community Health Center, Inc., (the "Non-Affiliate Participants"), as specified in a writing by such Non-Affiliate Participants that is delivered to the Chairman of the ACO.

The motion was duly made, seconded and unanimously approved by the Board.

Among other matters, the Board discussed the following:

- Megan Meagher, Chief Operating Officer of HHC ACO Inc., reported on Network Development: New ACO Participants for PY 2026, on the ACO's PY 2024 Performance Results, and on PY 2025 Shared Savings Forecast.
- Dr. Anthony Okolo, Medical Director of HHC ACO Inc., reported on the ACO's PY 2024 Quality Performance Results, PY 2024 Reporting Methods Compared, Quality Threshold & Shared Savings, High-Utilizer Workflow, and on the ACO's plan for Reducing Avoidable Admissions by presenting a Driver Diagram.
- The focus of clinical initiatives for 2024 continues to emphasize two key principles: capturing the accurate complexity of patients to reflect risk scores and quality reporting, and decreasing utilization to improve efficiency and cost control.
- **Following concerns raised by the Board:** is the rising financial impact of SNF (Skilled Nursing Facility) patients, particularly those with extended stays: the Staff responded -
 - The goal is to improve communication with external facilities to ensure better patient follow-up and reduce lost connections when patients are discharged.
 - A tailored pilot for ACO patients is being implemented to ensure they receive home care services and timely follow-ups, reducing the risk of lost follow-up care. This is particularly important in terms of managing utilization and cost trends.

- Congestive Heart Failure (CHF) is a major focus, with initiatives aimed at reducing readmissions through better discharge planning, self-management tools, and comprehensive care for patients at risk. This includes using Epic tools and revising care templates to capture critical data elements.
 - The team is also working on improving the diagnosis and management of Chronic Kidney Disease (CKD) to slow progression, particularly through better identification of patients with abnormal lab values and early interventions.
 - Medication management post-discharge remains a critical area, with clinical pharmacists involved in creating workflows to ensure patients receive the correct medications, counseling, and support.
- **Following question from the Board,** the team explained frailty in the elderly is being assessed using the Clinical Frailty Scale to identify high-risk patients who may require extra care to avoid hospitalization.

Leadership Changes & Future Plans

- Dr. Katz announced that Dr. Theodore Long will be recommended to be the new CEO for the ACO.
- Dr. Katz held a discussion around potentially combining two ACOs in the future, as a separate Maimonides ACO exists with a different set of partners. Though this is not an immediate priority, it may become part of the strategic dialogue later in the year. For now, both ACOs are being run independently without overlapping partners, and it is unclear whether they will merge in the future.

FOLLOW-UP ITEMS:

There were no follow-up items.

ADJOURNMENT

There being no old business, nor new business, the meeting was adjourned at 1:56 pm.



Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 26, 2026

NYC HEALTH + HOSPITALS RELEASES SECOND YEAR OF ACHIEVEMENTS UNDER THE BEHAVIORAL HEALTH BLUEPRINT

NYC Health + Hospitals announced the second-year accomplishments of its comprehensive three-year plan to strengthen and expand its behavioral health services. The [2025 Behavioral Health Annual Progress Report](#) details the advancement of initiatives to build capacity and resilience into the City's behavioral health workforce and services. Specifically, the report tracks progress in 2025 across the blueprint's six core strategies: restoring and maximizing inpatient capacity; expanding access to outpatient services; increasing services to special populations; enhancing social work, care management, and peer services; preventing violence and increasing safety; and building the behavioral health workforce. This progress is due in part to philanthropic investment, which has enabled the health care System to launch and expand innovative clinical programs while strengthening recruitment, retention, and career advancement across behavioral health service lines and expand access timely, high-quality behavioral health care.

This builds upon the three-year plan announced in 2024, the [Behavioral Health Blueprint: Turning Crisis into Opportunity](#), and adds to the track record of accomplishments detailed in the [2024 Behavioral Health Annual Progress Report](#).

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

BECKER'S HEALTHCARE RECOGNIZES TWO LEADERS FROM NYC HEALTH + HOSPITALS ON 2026 CHIEF MEDICAL OFFICERS TO KNOW LIST

NYC Health + Hospitals/Metropolitan Chief Medical Officer Dr. Anitha Srinivasan and NYC Health + Hospitals/Bellevue Chief Medical Officer Dr. Amit Uppal were named to Becker's Healthcare [2026 Hospital and Health System Chief Medical Officers to Know](#) list. Becker's list puts a spotlight on 252 physician executives who are instrumental in elevating patient safety, upholding rigorous quality standards, strengthening collaboration between executive leadership and medical staff, and guiding risk management efforts, including high-ranking

elected officials, high-powered health care executives and effective advocates.

NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH'S MEDICAL AND SURGICAL INTENSIVE CARE UNITS RECOGNIZED WITH SILVER BEACON AWARDS FOR EXCELLENCE

NYC Health + Hospitals/South Brooklyn Health announced that its Medical Intensive Care Unit (MICU) and Surgical Intensive Care Unit (SICU) both recently received a Silver Beacon Award for Excellence from the American Association of Critical Care Nurses (AACN). The Beacon Award is a prestigious national recognition awarded to individual hospital units that demonstrate exceptional performance in quality care, patient outcomes, work environment, and nursing workforce standards. A Silver Beacon Award for Excellence reflects exceptional patient care and a healthy work environment. It recognizes unit caregivers who successfully improve patient outcomes and align clinical practices with the AACN's Healthy Work Environment Standards. Units that receive Beacon recognition are recognized as role models in delivering safe, patient-centered care and fostering a healthy work environment that supports collaboration, staff engagement, and continuous improvement.

NYC HEALTH + HOSPITALS/ELMHURST CELEBRATES CRITICAL CARE TEAMS' AACN SILVER BEACON AND DAISY AWARDS FOR NURSING EXCELLENCE

NYC Health + Hospitals/Elmhurst announced it received two distinguished national recognitions honoring its Critical Care and Medical Intensive Care Units. Both units received the Silver Beacon Award from the American Association of Critical-Care Nurses (AACN) and the DAISY Team Award for Nursing Excellence from the DAISY Foundation.

Elmhurst Hospital's Silver Beacon Award from the AACN recognizes the hospital's deep commitment to improving patient outcomes in the CCU and MICU, as well as the promotion of workforce engagement, retention, and wellness initiatives for staff. The award from the DAISY Foundation, an international program that honors nursing teams for extraordinary compassion and clinical skill, recognizes collaborative efforts that elevate patient and family care during complex and often life-threatening medical situations.

NYC HEALTH + HOSPITALS/KINGS COUNTY ADULT INTENSIVE CARE UNITS EARN NATIONAL BEACON AWARDS FOR EXCELLENCE

Two NYC Health + Hospitals/Kings County adult critical care units were nationally recognized by the American Association of Critical-Care Nurses (AACN) through the prestigious Beacon Award for Excellence program. The D3 South Critical Care Unit (CCU)/Medical Intensive Care Unit (MICU) earned the 2024 Gold Beacon Award for

Excellence, and the D3 North Surgical Intensive Care Unit (SICU)/Neonatal Surgical Intensive Care Unit (NSICU) earned the 2025 Silver Beacon Award for Excellence. These honors recognize sustained excellence in patient care, nursing practice, and the creation of healthy work environments grounded in evidence-based practice. Across both units, nursing workforce metrics reflect the depth of clinical expertise supporting these outcomes. Ninety five percent of nurses hold a bachelor's degree or higher, the average tenure on the units is eight years, and the average total nursing experience approaches thirteen years.

NYC HEALTH + HOSPITALS/WOODHULL EARNS NATIONAL RECOGNITION AS CENTER OF EXCELLENCE IN SURGICAL SAFETY

NYC Health + Hospitals/Woodhull received the Center of Excellence in Surgical Safety: Prevention of Retained Surgical Items (RSI) Award and the Go Clear Award by the Association of PeriOperative Registered Nurses (AORN), the leading professional organization for surgical nurses nationwide. This prestigious award recognizes Woodhull Hospital's unwavering commitment to minimizing the risk of surgical errors and enhancing patient safety through advanced education and training of its surgical team in preventing unintentionally retained surgical items and for maintaining a surgical environment free of surgical smoke.

NATIONAL MINORITY QUALITY FORUM NAMES DR. KEVIN CHEN AND MATEO ESPINOSA, MPH TO "40 UNDER 40 LEADERS IN MINORITY HEALTH" LIST

NYC Health + Hospitals' Ambulatory Care Innovation Lab Assistant Vice President Dr. Kevin Chen, and Mateo Espinosa, Assistant Director for Special Projects and Research in Ambulatory Care Services at NYC Health + Hospitals/Elmhurst have been named to the National Minority Quality Forum's 2025 annual ["40 Under 40 Leaders in Minority Health"](#) list.

Each year, the National Minority Quality Forum recognizes 40 outstanding health leaders under the age of 40 from minoritized communities who are driving meaningful change in healthcare. These honorees, ranging from clinicians and patient advocates to researchers and policy leaders, are advancing better patient outcomes while working to create healthier, more sustainable communities. Their work reflects a strong commitment to addressing persistent health disparities and strengthening the healthcare system despite ongoing challenges.

Dr. Chen is a practicing primary care physician at NYC Health + Hospitals/Gotham Health, Cumberland, Assistant Vice President in the Office of Clinical Services and Population Health, and Assistant Clinical Professor at the New York University Grossman School of Medicine. Espinosa began his work at NYC Health + Hospitals/Elmhurst

in 2023 and, since early 2024, has served as Assistant Director for Special Projects and Research in Ambulatory Care Services. In this role, he has led and supported multiple performance improvement initiatives aimed at ensuring accessible, equitable care for diverse communities. His work has focused on expanding language services, increasing lung and colorectal cancer screening rates, and improving influenza vaccination uptake.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

NYC HEALTH + HOSPITALS SURPASSED 70% COLORECTAL CANCER SCREENING RATE AMONG ELIGIBLE PATIENTS FOR THE FIRST TIME

For National Colorectal Cancer Awareness Month, NYC Health + Hospitals announced that, for the first time, over 70% of eligible patients were up to date on colorectal cancer screening in 2025, or over 117,000 patients were screened. Colorectal cancer, also known as colon cancer, is the second-leading cause of cancer death in New York City. NYC Health + Hospitals offers colonoscopies and at-home fecal immunochemical test (FIT) kits to help prevent colon cancer or find it early when it is more treatable. When colon cancer is detected at an early stage, the 5-year relative survival rate is about 90 percent; however, only 4 out of 10 colon cancers are found this early.

The health care System increased its screening rate for colorectal cancer through continued expansion of FIT kits. Patients received prepaid return envelopes to easily mail their FIT kit to the lab for testing. In 2025, nearly 80% of distributed FIT kits were returned to the lab, substantially higher than the [30-60% often reported in the literature](#). Instructions for completing the test were provided in 14 languages to eliminate language barriers. In addition, patients received automated reminders through the electronic health record to return their kits, and frontline teams benefitted from easily accessible registry data and dashboards to encourage patients to start screening after they turn 45.

NYC HEALTH + HOSPITALS ANNOUNCES \$2.75 MILLION INVESTMENT TO ENHANCE OBSTETRIC CARE

NYC Health + Hospitals announced the launch of a \$2.75 million investment to enhance obstetric care with PeriGen's [PeriWatch Vigilance](#) technology, an early warning and clinical decision tool to strengthen maternal-fetal surveillance, support labor and delivery teams, and advance patient safety for mothers and babies. Measuring fetal and maternal heart rate, blood pressure, temperature, pulse, contractions, and labor progression, the system alerts the care team when a pregnant or postpartum patient requires immediate attention. Vigilance will mainly be used in Labor and Birthing units, Obstetric Triage, Postpartum units, Obstetric Post-Anesthesia Care Units, and

the Emergency Department, but can be used anywhere a pregnant patient may present for care. The Vigilance system is now online at NYC Health + Hospitals/North Central Bronx and will be available at all 11 hospitals later this year. One U.S. health care system found that using the PeriGen system [reduced unexpected complications in full-term babies by 12% in two years](#). About 15,000 babies are born at NYC Health + Hospitals each year.

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX BRINGS NOVEL MINIMALLY INVASIVE VASCULAR SURGERY PROCEDURES TO THE BRONX

NYC Health + Hospitals/Jacobi | North Central Bronx announced it has begun offering two types of minimally invasive surgical procedures that were not previously available at NYC Health + Hospitals in the Bronx. The first procedure, [Transcarotid Artery Revascularization](#) (TCAR), helps prevent stroke by removing blockages in the arteries leading to the brain. Compared to open surgery or traditional carotid stenting, TCAR offers a lower risk of complications or stroke. TCAR patients typically spend only one night in the hospital after surgery. The second procedure, [Percutaneous Transmural Arterial Bypass](#) (PTAB), prevents amputation by removing blockages in the arteries leading to the legs and feet. In comparison to alternative procedures, PTAB avoids the need for large incisions, reduces recovery time, and reduces the chances of complications associated with open surgery. Both surgeries are conducted by vascular surgeon Dr. Hayavadhan Thuppal, who brings nine years of experience to his new role at Jacobi Hospital.

BRIDGE TO HOME PROGRAM FEATURED IN NEW EPISODE OF NYC HEALTH + HOSPITALS PODCAST THE REMEDY

NYC Health + Hospitals released a new episode of its podcast, The Remedy, featuring leaders and health care providers from the nation's largest municipal health care system. *Season 3 Episode 4: Redefining Mental Health Support with Bridge to Home* covers how the first-of-its-kind transitional housing initiative supports patients with severe mental illness by providing a stable, home-like environment with onsite clinical and behavioral health care to ensure they can continue their recovery and have a roadmap towards long-term stability. In this episode, host Dr. Michael Shen is joined by Bridge to Home Site Director Melissa Shoupe, Assistant Director of Nursing Dr. Nzinga Zennia, and Medical Director and Psychiatrist Dr. Chris Clayton to discuss how the support they provide Bridge to Home guests closes the revolving door between hospitals and the streets and helps them prepare to live in a permanent home of their own.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES OVER \$1 MILLION FROM QUEENS BOROUGH PRESIDENT DONOVAN RICHARDS JR. TO ENHANCE PATIENT CARE ACROSS QUEENS

NYC Health + Hospitals/Gotham Health announced a significant investment of over \$1 million from Queens Borough President Donovan Richards Jr. to support critical infrastructure upgrades and patient experience improvements across two Gotham Health centers in Queens: Roosevelt and Lefrak. This funding reflects the shared commitment of both Gotham Health and Borough President Richards to advancing health equity and expanding access to high quality care for all Queens residents.

\$1 million of the allocation will support strategic renovations to optimize Roosevelt's layout and better meet the needs of patients and staff, including: converting a storage area into dental and pediatric examination rooms; creating two new offices for the nutritionist and social worker in the waiting area; renovating the west-side waiting area to include two legal offices; upgrading the women's locker room with additional lockers and a bench; enhancing the staff kitchen with counter space, seating, and a full-size refrigerator; creating storage for cleaning supplies and community outreach materials; adding a new secretary workspace; and providing a conference room for staff collaboration and meetings.

PATIENT SAFETY AWARENESS WEEK

NYC Health + Hospitals celebrated National Patient Safety Awareness Week from March 8 through 14 with a series of events including a conference attended by almost 200 colleagues across the System to celebrate patient safety efforts. Awards were given to three sites for incredible improvement efforts focused on culture of safety, and the Gold award went to NYC Health + Hospitals/Lincoln for improving the percentage of discharge prescriptions delivered at bedside for postpartum patients. Additionally, almost 100 colleagues from across the System in multiple disciplines were honored as patient safety champions for their commitment and focus on improving patient safety.

NYC HEALTH + HOSPITAL EMPLOYEE ENGAGEMENT AND WORKFORCE WELLNESS IMPROVES MARKEDLY

Employee engagement across the health care System showed meaningful and sustained improvement in 2025, driven by expanded participation and stronger follow-through on employee feedback. The Employee Feedback Survey achieved a 59% response rate, capturing 35,693 voices—including more than 10,000 additional respondents compared to 2023—after broadening outreach. Overall engagement saw a statistically significant increase and the third consecutive improvement since 2021. Additionally, 69% of staff reported they

would recommend working at the organization. Engagement gains were seen across nearly all sites, many with statistical significance.

Additionally, workforce wellness improved notably between 2023 and 2025, reflecting both enhanced employee well-being outcomes and expanded program engagement. Survey results show a meaningful shift in staff experience, including a 6% increase in employees reporting manageable job stress, modest gains in opportunities to de-stress at work, and declines in high stress, anxiety, and feelings of sadness or depression. Encouragingly, there was also a 6.5% increase in staff reporting no symptoms of burnout.

Awareness and utilization of the Helping Healers Heal (H3) grew substantially, with 94% of staff now aware of the program and willingness to use it rising by 23%. Participation and satisfaction with wellness initiatives also improved. The launch of dedicated Workforce Wellness departments across post-acute sites has strengthened program consistency and impact.

NYC HEALTH + HOSPITALS/GOUVERNEUR RINGS IN LUNAR NEW YEAR WITH CELEBRATION FOR PATIENTS AND RESIDENTS

NYC Health + Hospitals/Gouverneur Skilled Nursing Facility partnered with NYC Health + Hospitals/Gotham Health, Gouverneur, part of the public health System's network of primary care clinics, to celebrate the Lunar New Year, marking the Year of the Fire Horse, which officially began on February 17. This cultural celebration was an interactive experience rooted in traditional martial arts and performance art, signifying the prosperous year ahead.

It was a sea of bright red in the Gouverneur auditorium with vibrant décor and participants wearing red shirts to honor the Lunar New Year. In Chinese culture, red is associated with happiness, energy, and good fortune.

This year, New York Love Song and Dance Troupe, and the Wan Chi Ming Hung Gar Institute returned to Gouverneur to showcase their traditional Tai Chi Fan Dance and the highly anticipated Lion Dance. Performers choreographed the traditional Cai Qing where the lions "consume" lettuce (symbolizing good fortune) and "spit out" the remains to spread wealth and fortune to the audience. Long-term care residents also presented offerings of mandarin oranges (symbolizing gold) and red envelopes called hung bao in Mandarin and lai see in Cantonese, to promote good health and prosperity.

NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH UNVEILS NEWLY RENOVATED AND EXPANDED ONCOLOGY AND INFUSION CENTER

NYC Health + Hospitals/South Brooklyn Health today announced the opening of its newly renovated and expanded Oncology and Infusion

Center, a significant advancement in South Brooklyn Health's commitment to delivering comprehensive, compassionate cancer care. The \$2 million renovation, which expanded the center from five to thirteen exam rooms and from seven to eleven infusion bays, is expected to double the Center's volume while increasing access to cancer care. South Brooklyn Health also added a critical new service to its center, with the addition of Dr. Bindu Bahuleyan, a full-time board-certified plastic and reconstructive surgeon, to advance and enhance oncology support and recovery.

Overall, staff increased from approximately sixteen to twenty-five, a fifty-six percent increase in the service and support team. South Brooklyn Health has broadened the services available within the center to strengthen collaboration across oncology, medicine, and surgery. The Oncology and Infusion Center now brings together breast cancer prevention, infusion therapy, plastic surgery, rheumatology, medical oncology, and survivorship services, offering patients access to a full continuum of care in one coordinated space.

DR. JONATHAN D. MARMUR APPOINTED AS CHAIR OF CARDIOLOGY AT NYC HEALTH + HOSPITALS/ELMHURST

NYC Health + Hospitals/Elmhurst appointed Jonathan D. Marmur, MD as its new Chair of Cardiology. Dr. Marmur is an accomplished interventional cardiologist and academic physician who brings more than two decades of clinical, academic, and leadership experience to Elmhurst Hospital. He joins the hospital following a distinguished tenure at SUNY Downstate Health Sciences University, where he held multiple leadership roles including Professor of Medicine, Chief of Cardiology, Director of the Cardiac Catheterization Laboratory, and Fellowship Director for both general and interventional cardiology.

SIMULATION TRAINING FEATURED IN NEW EPISODE OF NYC HEALTH + HOSPITALS PODCAST THE REMEDY

NYC Health + Hospitals today released a new episode of its podcast, *The Remedy*, featuring leaders and health care providers from the nation's largest municipal health care system. Season 3 Episode 3: Behind the Scenes at the Simulation Center covers how healthcare teams prepare for life-and-death emergencies. In this episode, host Dr. Michael Shen is joined by Dr. Michael Meguerdichian, Dr. Jacqueline Mahal, and Dr. Daniel Lugassy to discuss how simulation—using manikins, live actors, and virtual reality—gives doctors, nurses, and staff the chance to rehearse everything from trauma and cardiac arrest to opioid overdose. The health care System's commitment to simulating real medical scenarios means not just better technical skills, but more equitable, compassionate, and culturally competent care for all. The newest simulation training focuses on Emergency Department providers and how they respond to patients living with opioid use disorder or at

risk of overdose. The health care System also offers simulation training for obstetric emergencies using manikins and virtual reality.

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX CHIEF NURSING OFFICER AND DENTISTRY APPOINTMENTS

NYC Health + Hospitals/Jacobi | North Central Bronx appointed Angela Carter, DNP, NE-BC, CPHQ as Chief of Nursing for the Jacobi and North Central Bronx campuses. Dr. Carter is a dedicated nursing professional who brings more than two decades of experience to her new role. A native of Nashville, Tennessee, she has committed her professional life to patient safety, teamwork and quality improvement. During her tenure at Vanderbilt Health, Dr. Carter oversaw an acute care facility with a comprehensive range of inpatient and outpatient services. She helped lead the hospital's transformation to a nationally recognized institution committed to patient safety, achieving seven consecutive "A" safety grades from the Leapfrog Group, demonstrating excellent patient outcomes. She also helped ensure the facility's four-star rating from CMS, exemplifying nursing excellence in all aspects of evidence-based, multidisciplinary, and patient care and satisfaction.

Additionally, the facility appointed Robert Margolin, DDS as Chair of the Department of Dentistry & Oral Maxillofacial Surgery, and Josephine Sullivan, DDS as Vice Chair. Dr. Margolin succeeds Dr. Victor Badner, and Vice Chair is a new position Dr. Sullivan was elected into. Both appointments became effective on January 16.

BRONX BOROUGH PRESIDENT VANESSA L. GIBSON VISITS NYC HEALTH + HOSPITALS/BELLEVUE FOR WOMEN'S HISTORY MONTH PROGRAM

NYC Health + Hospitals/Bellevue welcomed Bronx Borough President Vanessa L. Gibson today for a Women's History Month program titled "Leading the Change," bringing together healthcare leaders, public officials, and community partners to highlight the role of women in advancing leadership, equity, and access to care across New York City. The program featured a panel discussion with Borough President Gibson, Bellevue Hospital CEO Dr. Eric Wei, and Bellevue Hospital Chief Cultural Officer Channing Thomas, who reflected on the role of women leaders in shaping healthcare systems, strengthening communities, and expanding opportunity across the city.

NYC HEALTH + HOSPITALS HONORS NURSING HOME RESIDENT CENTENARIAN CARMEN AUGUSTIN AT AGE 112

NYC Health + Hospitals/Coler honored Carmen Augustin marking her 112th birthday celebration. Augustin is the oldest long-term care resident across the health System's five skilled nursing facilities, and among the City's oldest living New Yorkers. Born 1914 in Port-

au-Prince, Haiti, Augustin spent most of her early adulthood managing a local market and teaching young children after school. She immigrated to the United States in 1984, joining her sister in Queens, New York.

Augustin has lived through significant historical events from the rise of aviation, the Spanish flu pandemic, World Wars, 19 United States Presidents, the transformative advancements of the phone, computer, artificial intelligence, among many others. In 2010, Augustin was welcomed to NYC Health + Hospitals/Coler and has resided there ever since. She enjoys singing in French and Creole with the residents and staff in its award-winning memory care unit, and spending time with her family.

ARTS IN MEDICINE UPDATE

NYC HEALTH + HOSPITALS RECEIVES SIX SING FOR HOPE PIANOS DESIGNED BY ARTISTS

NYC Health + Hospitals' Arts in Medicine department announced the placement of six artist-designed [Sing for Hope Pianos](#) across the health care system. The program has placed over 700 pianos to schools, hospitals, and community centers around the world. The Sing for Hope Pianos are now in lobbies and waiting rooms and can be played by patients, staff, and visitors. They can be found at NYC Health + Hospitals/Carter; NYC Health + Hospitals/Gotham Health, Gouverneur; NYC Health + Hospitals/Kings County; NYC Health + Hospitals/McKinney; NYC Health + Hospitals/Queens; and NYC Health + Hospitals/South Brooklyn Health. The initiative is supported by the Laurie M. Tisch Illumination Fund.

HARMONIZING FOR HEALTH CLOSING CELEBRATION

Over the course of six months, NYC Health + Hospitals/Arts in Medicine and NYC Health + Hospitals/Bellevue worked collaboratively with Juilliard Extension to provide the Harmonizing for Health program to Bellevue staff. During this final session, both clinical and non-clinical cohorts were led through a sound bath experience and reflected on the pilot program together. Harmonizing for Health was evaluated in partnership with Yale School of Public Health. Arts in Medicine will begin to review findings in order to scale the program systemwide. Hospitals/Queens; and NYC Health + Hospitals/South Brooklyn Health. The initiative is supported by the Laurie M. Tisch Illumination Fund.

AKHILA KHANNA AND KATE MULLIGAN PRESENT AT NYC HEALTH + HOSPITALS LCAT CONFERENCE

This year at NYC Health and Hospital's annual Licensed Creative Arts Therapist Conference, Dr. Kate Mulligan, Scientific Director of the

Canadian Institute for Social Prescribing and Akhila Khanna, an LCAT and researcher with Arts in Medicine, examined and re-imagined the role of a Licensed Creative Arts Therapist as a strategic 'link worker' in Behavioral Health. Kate shared best practices of link workers across the health system and Social Prescribing frameworks both in the US and Canada. Akhila presented learnings from a developing pilot at Jacobi Medical Center in partnership with Arts in Medicine and conducted a survey with the audience to co-create borough-specific cultural asset maps that bridge continuity of care for their patient populations.

UPCOMING INSTALLATION AT NYC HEALTH + HOSPITALS/ELMHURST

Tomorrow, Arts in Medicine is installing 34 artworks from the collection across three spaces at NYC Health + Hospitals/Elmhurst: Oncology, the Surgery floor and a meeting room for staff. This installation is the culmination of months of collaboration with Elmhurst staff to co-curate artworks, including pioneering artists like Ann Gillen and Jan Gelb to reduce stress and create an atmosphere that fosters empathy and connection.

METROPLUSHEALTH UPDATE

HIV CARE THROUGH THE ADVANCED CARE MANAGEMENT MODEL

MetroPlusHealth delivers high-quality, equitable care to individuals living with or at risk for HIV. The Partnership in Care (PIC) HIV Special Needs Plan (HIV SNP) reflects that commitment through a community-rooted, person-centered model designed to meet the complex medical and social needs of members.

That commitment has produced meaningful results. PIC has been recognized as New York State's top-ranked HIV SNP for quality for three consecutive years (2021-2023), with 2024 results expected later this year. A key driver of this sustained performance is our two-decade partnership with New York State Department of Health (NYSDOH) AIDS Institute—an invaluable collaboration that continues to strengthen our ability to deliver comprehensive, coordinated, and outcome-driven care.

In 2023, the AIDS Institute launched the Advanced Care Management (ACM) program, a clinical management framework designed to support HIV SNP members requiring intensive services. Through ACM, MetroPlusHealth has enhanced its ability to identify member needs earlier, improve treatment adherence, and strengthen coordination across medical, behavioral health, housing, and social services.

ACM has also expanded our collaboration with HIV specialty providers and community-based organizations across New York State. Today, MetroPlusHealth partners with eight HIV care facilities and networks that actively share clinical data and participate in

multidisciplinary case reviews. This coordinated approach ensures that members facing challenges such as medication adherence issues, interruptions in care, or social barriers receive comprehensive, timely support that addresses both clinical and social service needs.

Importantly, ACM has strengthened PIC's community and home-based outreach efforts, particularly around housing stability. PIC field navigators and MPH's Housing Taskforce work together to provide targeted assistance to members experiencing housing insecurity. Since ACM's launch, MPH has helped over 75 HIV SNP members secure stable housing, an essential foundation for improved health outcomes.

EXTERNAL AFFAIRS UPDATE

City

On March 2, 2026, NYC Health + Hospitals was invited to participate in the City Council hearing "Oversight: Impacts of the Maimonides Health System and NYC H + H Merger." Dr. Mitch Katz provided testimony and participated in Q&A. On March 16, 2026, NYC Health + Hospitals was invited to participate in the City Council's Preliminary Budget Hearing. Dr. Katz provided testimony and participated in Q&A, and John Ulberg and Dr. Patsy Yang participated in Q&A. On March 24, 2026, Dr. Jonathan Jimenez provided an overview of the NYC Care program to City Council staff, including new Council Member staff, during a virtual webinar. We hope to continue such informative webinars on topics of interest for our City Council colleagues.

State

Earlier this month, the Assembly and Senate each passed their one-house budget in response to the Governor's proposed Executive budget for State FY 27 which starts April 1, 2026.

The Governor proposed up to \$1.5 billion in funds to hospitals and nursing homes and up to \$1 billion annually thereafter, subject to the availability of resources, and \$60 million for health centers. Both the Senate and the Assembly build upon the Governor's proposal related to Medicaid investments. We were pleased to see that both the Senate and Assembly provide additional Medicaid investments for hospitals, nursing homes, and health centers.

The Assembly increases the overall amount of funding available to hospitals and nursing homes by approximately \$800 million in FY-27 and increases funding for health centers to \$80M. Whereas the Senate modifies the Governor's proposal by outlining how the funding should be distributed with \$810 million going to hospitals, \$540 million to nursing homes, and \$150 million to other provider types. In relation to capital reimbursement, we appreciate that both houses of the Legislature address our needs. The Assembly proposes new funding of

\$1 billion for health care providers and the Senate propose \$300 million. In addition, the Assembly addressed our concern about our aging infrastructure and proposes to restore the 20% cut in hospital capital reimbursement. This is important because the Governor's proposal would extend the cut. We are grateful that both houses address the majority of NYC Health + Hospitals priorities.

At this time, it is unlikely the budget will be passed by the April 1st deadline and we continue to advocate for the needs of the NYC Health + Hospitals system.

Late last week CMS approved New York State's application to switch the Essential Plan (EP) 132 waiver back to its original Basic Health Plan (BHP) 1331 waiver. Reverting to the BHP will allow New York to maintain coverage for 1.3 million EP enrollees. NYC Health + Hospitals supported the State's application to maintain coverage. This action is a result of H.R.1 limiting eligibility for ACA Premium Tax Credits, excluding most types of lawfully present immigrants.

Federal

We are continuing advocacy to delay the H.R. 1 provisions that will be problematic for H+H and our patients. Additionally, we are closely monitoring possible efforts on the Hill to do a second reconciliation bill and what that might mean for additional hospital cuts.

Community Affairs

Many of the CABS across our system hosted advocacy meetings with their local NYS elected officials and/or hosted a legislative forum at their facility over the last two months. The Council of CABS met on March 3, 2026, CAB Chairs provided updates about their advocacy efforts. We are grateful to our legislative champions and their staffs for participating in all of these events.

The CAB Chairs from Sea View, South Brooklyn Health, Belvis, and Morrisania presented reports to the Community Relations Committee of the Board of Directors on March 3, 2026.

The Council of Auxiliaries met on March 4th, with 6 Auxiliaries represented, along with Auxiliary liaisons and Central Office staff. The chairs discussed their past fundraising efforts over the last quarter, along with upcoming events and discussed different issues *and solutions, such as recruiting and membership.*

CONTRACT DEVIATIONS REPORT

I approved three deviations this past month.

1. The first deviations are in regards to emergency procurement for elevator modernization services at NYC Health + Hospitals/Bellevue and Lincoln.

The specific elevators at Bellevue Hospital were originally installed in 1968. They have experienced persistent and recurring mechanical and electrical failures, frequently resulting in prolonged outages. Scope of work is currently estimated at \$880,000, inclusive of a 20% contingency.

2. At Lincoln Hospital, two elevators are well past their lifespan: one is inoperable and the requires significant repair. The scope of the work is currently estimate at \$1,231,000, which includes a 10% contingency.
3. The final deviation is an increase in the Not To Exceed amount for the health care systems' EPIC contract. This is necessary as we begin to extend the electronic health record to Maimonides Medical Center and Maimonides Midwood Community Hospital. This requires increase in our NTE contract by \$6 million for a new total NTE of \$308,807,986.

NEWS FROM AROUND THE SYSTEM

- **Becker's Hospital Review:** ['We are not robots': A CEO's take on overtreatment](#)
- **Becker's Hospital Review:** ['I feel so much better': NYC Health + Hospitals expands lifestyle medicine program](#)
- **Becker's Hospital Review:** [The 'equity issue' NYC Health + Hospital's new heart center is solving](#)
- **Flow Space:** [What Happens When Menopause Starts Too Early? Your Heart Pays the Price](#)
- **NY1:** [Closer look at colon cancer with Dr. Joan Culpepper-Morgan](#)
- **City & State NY:** ["The 2026 Queens Power 100"](#)
- **Becker's Hospital Review:** [Top 20 hospitals ranked by community benefit spending: Lown Institute](#)
- **The Guardian:** [Strong Evidence Shows Shingles Vaccine May Lower Dementia Risk](#)
- **Medscape:** [PREVENT Score Alters Hypertension Treatment in Adults Older Than 65 Years](#)
- **The Bronx Times:** [NYC Health + Hospitals / Jacobi Appoints Dr. Robert Margolin As Chair & Dr. Josephine Sullivan As Vice Chair Of Dentistry](#)
- **FOX Good Day New York:** [Dr. Rauno Joks discusses how to best handle your allergies.](#)
- **Daily World Tribune:** [NYC Health + Hospitals Podcast Highlights Public Health System's Role in Serving All New Yorkers](#)

- **BK Reader:** [South Brooklyn Health Opens Expanded \\$2M Oncology And Infusion Center](#)
- **World in Black:** [Staten Island's 'Black Angels': How an Unsung Legion of Black Nurses Defeated Disease and Cared for the Forgotten](#)
- **NY1:** [Colon Cancer Increasing in People under 50](#)
- **New York Times:** [Offering Warmth and Care to the Homeless, and Building a Case for Trust](#)
- **Becker's Hospital Review:** [252 hospital and health system chief medical officers to know](#)
- **Becker's Hospital Review:** [Improving Maternal Heart Health at NYC Health + Hospitals/Kings County with Dr. Suzette B. Graham Hill](#)
- **Doctor Radio:** [Conversation with Larissa Trinder of NYC Health + Hospital](#)
- **Health Care Business:** [North Central Bronx hospital opens \\$2 million MR suite with Canon scanner](#)
- **NY1:** [Spotlighting 2 year-old NICU warrior, who benefited from the Ronald McDonald family room at Elmhurst Hospital](#)
- **Becker's Hospital Review:** [Advancing Equitable Cardiovascular Care with Dr. Norma M. Keller](#)
- **Bronx Times:** [Dr. Chinyere Anyaogu's mission to protect Black mothers in the Bronx](#)
- **ABC 7:** [Bellevue's warming center emerges as a model for humane care during cold, winter weather](#)
- **News 12:** [Sisters Jenny & Wendy Aguilar Welcome Babies Hours Apart At NYC Health + Hospitals / North Central Bronx](#)
- **SiLive:** [First responders honored for continuing Staten Island's proud history of breaking racial barriers](#)

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Rapid Reliable Care NY by DocGo, LLC for the Ambulatory Care Street Health Outreach and Wellness Program at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

WHEREAS, The Ambulatory Care Street Health Outreach and Wellness Program provides essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street; and

WHEREAS, the System has identified a need for a vendor to provide, maintain, and operate the mobile units from which the Ambulatory Care Street Health Outreach and Wellness team operates; and

WHEREAS, the System has been utilizing Rapid Reliable Care NY by DocGo, LLC to provide Street Health Outreach and Wellness services since 2022; 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 Street Health Outreach and Wellness services, in which two firms attended a pre-proposal conference and two subsequently submitted proposals; and

WHEREAS, of the two proposals submitted, the vendor who received the highest rating has been selected for award; and

WHEREAS, the Senior Vice President of Ambulatory Care Operations 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 Rapid Reliable Care NY by DocGo, LLC for Ambulatory Care Street Health Outreach and Wellness Program services at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS PROGRAM
SERVICES
AGREEMENT(S) WITH
RAPID RELIABLE CARE NY BY DOCGO, LLC

OVERVIEW: The purpose of this agreement is to provide Ambulatory Care Street Health Outreach and Wellness Program services to provide essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide Ambulatory Care Street Health Outreach and Wellness Program services to the System on an as-needed basis. The RFP was sent directly to three prospective vendors, and two prospective vendors attended a pre-proposal conference. A total of two firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top-rated proposer to provide Ambulatory Care Street Health Outreach and Wellness Program services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five (5) year term is not to exceed \$28,089,000, which includes a 30% contingency.

The program is fully supported by City Tax Levy and Opioid Settlement funds with a baseline allocation for six mobile clinics.

MWBE: An overall MWBE utilization goal of 30% has been established and accepted by the selected vendor.



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

From: Arman Smigielski, Esq.
Senior Staff Officer
Corporate Supply Chain

Re: Vendor Responsibility, EEO and MWBE status for Board review of contracts for Ambulatory Care Street Health Outreach and Wellness Program

Date: 3/26/26

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%

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.

**Ambulatory Care Street Health Outreach and
Wellness Program Application to Enter into
Contract with Rapid Reliable Care NY by
DocGo, LLC**

Board of Directors Meeting
April 30, 2026

Dr. Theodore Long, Senior Vice President
Dr. Amanda Johnson, Senior Assistant Vice President
Andrew Cook, Deputy Director
Ambulatory Care Operations

- Authorizing the New York city Health and Hospitals Corporation (the “System”) to **execute a contract with Rapid Reliable Care NY by DOCGO, LLC for the Ambulatory care Street Health Outreach and Wellness Program** at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the system.

SHOW Program Initiative

- The Street Health Outreach and Wellness (SHOW) program provides essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street.
 - The SHOW program has engaged with over 50,000 individuals and conducted more than 11,000 street-based clinical encounters since January 2023. Greater than 50% of SHOW participants have two or more visits.
 - The program currently operates 6 units, each affiliated with an NYC Health + Hospital facility (Bellevue, Elmhurst, Lincoln, Woodhull).
 - The program is fully supported by City Tax Levy and Opioid Settlement funds with a baseline allocation for six mobile clinics.
 - The SHOW program is entirely funded by City dollars.
- The SHOW team is partnering with NYU to analyze encounter data to better understand the impact of SHOW on downstream patient utilization and clinical outcomes.

Background

- These services were procured through a competitive RFP process in November 2021. The contract was approved by the Board in December 2021. NYC Health + Hospitals entered into an agreement with DocGo/Ambulnz in August 2022 for a two-year initial term with two one-year renewal options.
 - The current contract expires on August 14, 2026, making it necessary to issue an RFP and award a vendor for continuation of SHOW program operations.
- The City allocates funding each year to NYC Health + Hospitals to run the SHOW program. In recent years, this allocation has been \$13.2M annually.
- The current contract spend with DocGo to implement the NYC Health + Hospitals-staffed version of the program is \$5.35 million starting in January 2023.
 - The SHOW program was initially run as a vendor-staffed model and has transitioned to a NYC Health + Hospitals-staffed model.
 - The scaling of the mobile unit fleet from one to six H+H-staffed SHOW units generated lower spend in the early months of the program.
 - To ensure uninterrupted services during the transition, the SHOW program spent \$25.9 million from 2022 - 2025 on the vendor-staffed version of SHOW.
- Once all six units are operating full-time, spending will be approximately \$4.3 million per year. A 30% contingency is included in the NTE request to account for new city initiatives.

RFP Criteria

- **Minimum Criteria**
 - Three years of prior work experience providing a client with at least 5 mobile medical units.
 - Three years of prior work experience outfitting, maintaining, and operating a fleet of at least 5 mobile medical units (or similar services) for a client.
 - Provide attestation letter that mobile units will be ready to use by August 16, 2026.
 - 5 years in business
 - \$5,000,000 in annual revenue for each of its last three (3) fiscal years.
 - MWBE certification, utilization plan, or waiver
- **Substantive Criteria**
 - 60% - Ability and Feasibility to meet the SOW
 - 15% - Vendor Experience
 - 15% - Cost
 - 10% - MWBE
- **Evaluation Committee**
 - Deputy Director, Operations, SHOW Program
 - PORT Clinic Medical Director
 - Director of Nursing, Ambulatory Care Operations
 - Assistant Director, Quality and Safety
 - Project Manager, Central Office Behavioral Health
 - Sr. Management Consultant, Central Office Finance

Overview of Procurement

- 9/9/25: Application to issue a request for proposals approved by CRC
- 9/19/25: RFP posted on City Record, sent directly to three vendors
- 9/26/25: Pre-proposal conference held, two vendors attended
- 11/5/25: Proposals due, two proposals received
- 1/8/26: Vendor Presentations held, two vendors were invited to participate
- 2/26/26: Evaluation committee submitted final scores. Below is the top scoring proposer:
 - Rapid Reliable Care NY by DocGo, LLC

Vendor Diversity

- Utilization Plan Summary

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Judit, Inc	Driver Staffing	NYC WBE	9%
Alante Security Group, Inc.	Security Staffing	NYC MBE	15%
Blessed Rodah	Security Staffing	NYC/NYS MBE	5%
Hey Girlie	Hygiene Kits	NYC M/WBE	1%
Total Diverse Vendor Component Percentage			30%

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 contract with Rapid Reliable Care NY by DOCGO, LLC for the Ambulatory care Street Health Outreach and Wellness Program** at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the system.

RESOLUTION - 07

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three year lease, with two one-year options to renew in its sole discretion, with 1462 Maya Hospitality, LLC (“**Landlord**”) for the use of the entire Mirage Hotel including its 57 rooms and all common areas located at 1464 Atlantic Avenue, Brooklyn (the “**Hotel**”) for the System’s Bridge to Home program at \$155 per room per night for the first three years, and at \$158 per night for the first option renewal year, and \$163 per night for the second option renewal year for a total rental cost of \$16,352,730 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$16,602,703.

WHEREAS, the System’s Bridge to Home program has been established to provide unhoused individuals suffering from serious mental illness who have been discharged from the System’s facilities with temporary housing to allow such individuals a stable, safe and supportive environment while they prepare themselves for permanent housing; and

WHEREAS, the System and the City of New York routinely use hotels for similar programs as it is economically and programmatically advantageous to do so; and

WHEREAS, the Bridge to Home program has identified the subject hotel as being suitable for the program’s needs, the lease terms satisfactory, and the rates for the room use to be fair and reasonable; and

WHEREAS, the proposed lease calls for the System to buy out the entire hotel and to pay for all rooms whether they are in use or not, provided that if any rooms are unavailable due to the Landlord’s failure to make necessary repairs, the System shall not be charged for such rooms until they are put back into service; and

WHEREAS, the System’s central office department, Critical Operations & Response unit within the Office of Chief Medical Officer for Clinical Services and Population Health, and NYC Health + Hospitals/Woodhull will be responsible for managing the hotel lease; and

WHEREAS, the Landlord shall be responsible for cleaning and maintaining the Hotel, including common areas, hotel rooms, linens and beddings.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a three year lease, with two one-year options to renew in its sole discretion, with 1462 Maya Hospitality, LLC (“**Landlord**”) for the use of the entire Mirage Hotel including its 57 rooms and all common areas located at 1464 Atlantic Avenue, Brooklyn (the “**Hotel**”) for the System’s Bridge to Home program at \$155 per room per night for the first three years, at \$158 per night for the first option renewal year and \$163 per night for the option of the second renewal year, for a total rental cost of \$16,352,730 plus \$250,000 for minor ancillary expenses that might be incurred for a grand total of \$16,602,730.

EXECUTIVE SUMMARY

PROPOSED LEASE WITH 1462 MAYA HOSPITALITY, LLC FOR MIRAGE HOTEL

OVERVIEW	<p>The System’s Bridge to Home program aims to house persons with serious mental illness who are discharged from the System’s facilities. The System has determined that such hotel is of suitable size and location for its programmatic use and seeks to lease the entire hotel including its 57 hotel rooms and all common areas for its program.</p>
PROGRAM	<p>The Bridge to Home program is designed to house homeless individuals who are discharged from the System’s facilities and are likely eligible for a DHS shelter but, because of their serious mental illness, require services additional to what is available in such a shelter. The program will bring the System’s clinicians to treat such individuals with the aim of stabilizing their condition such that they are prepared to live independently in permanent housing.</p>
TERMS	<p>Years 1-3: Room fee of \$155 per night Year 4: Room fee of \$158 per night Year 5: Room fee of \$163 per night No additional fixed fees No payment due for rooms that cannot be used due Landlord’s fault Anticipated start date: September 15, 2026 The System has the right to terminate at its convenience on 180 days’ notice Landlord services include, but are not limited to, provision of cleaning, linen and bedding services</p>
PROCUREMENT	<p>Consistent with the System’s rules a structured competitive procurement process was not used. However, the System performed appropriate diligence to ensure the terms of this transaction are reasonable and at the market price. Landlord and the Hotel had been identified by the City Department of Homeless Services (“DHS”) as suitable for use to house DHS clients or those similarly situated. The System and DHS are the main, and perhaps the only, entities that buy out entire hotels in New York City. The System has had considerable experience in such transactions during COVID and as part of the recent migrant asylum HERRC program. In that connection, the System is very familiar with the market for hotel buy outs and, on that basis, the System is confident that the rental rate for the Hotel is at market. Throughout the HERRC program, the System leased about 12 hotels. The rates paid for such hotel ranged from \$185/room/night to \$210/room/night. Each of such rentals was made with explicit Office of Management and Budget approval. The \$155-163/room/night initial rate under the proposed lease is within the range previously agreed upon.</p>

**Request to Lease with
1462 Maya Hospitality, LLC for
The Mirage Hotel, 1464 Atlantic Ave, Brooklyn for
Bridge to Home Site 2**

**Board of Directors Meeting
April 30, 2026**

**Dr. Theodore Long, Senior Vice President, Ambulatory Care and Population
Health**

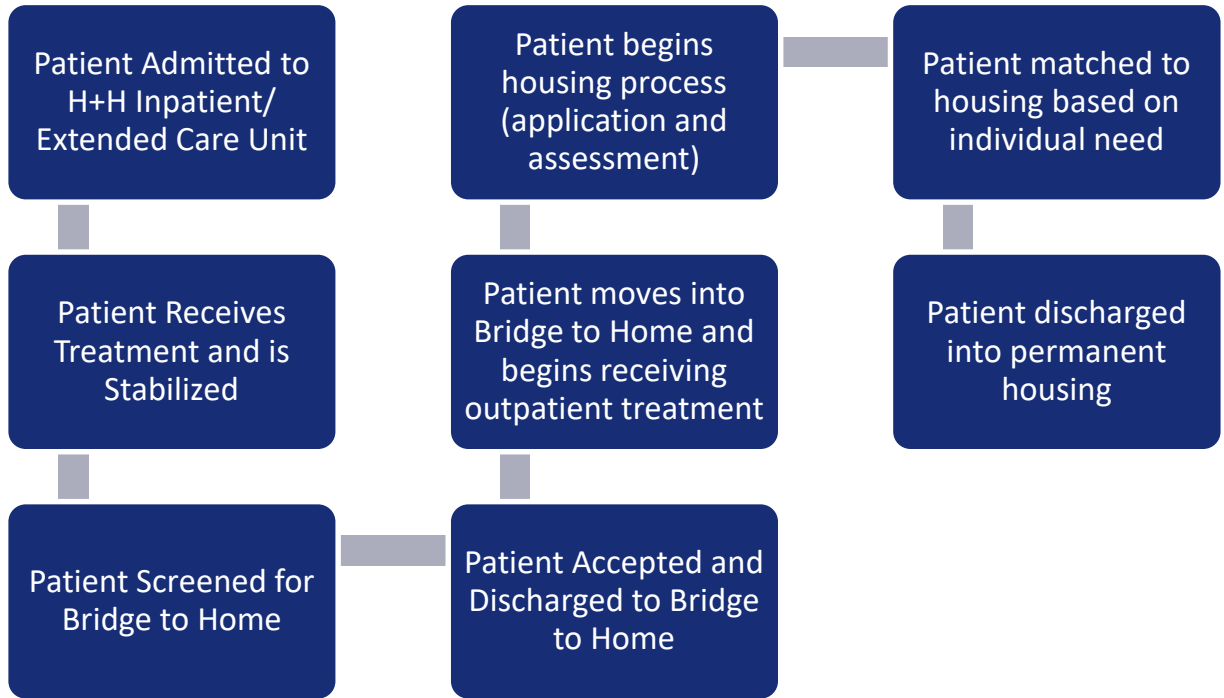
Chris Keeley, Senior Assistant Vice President, Critical Response Unit

- **Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a three year lease, with two one-year options to renew in its sole discretion, with 1462 Maya Hospitality, LLC (“Landlord”) for the use of the entire Mirage Hotel including its 57 rooms and all common areas located at 1464 Atlantic Avenue, Brooklyn (the “Hotel”) for the System’s Bridge to Home program at \$155 per room per night for the first three years, \$158 in the first option year and \$163 in the second option year, for a total rental cost of \$16,352,730 with \$250,000 for potential additional expenses for a total NTE of \$16,602,703.**

***Bridge to Home* eliminates barriers between NYC H+H behavioral health patients and placement in supportive housing.**

- Ensuring that patients can complete the supportive housing process after hospitalization is a major challenge for BH providers; the disruption can lead patients to cycle between ED, shelters, the street, and the criminal justice system.
- *Bridge to Home* offers a new discharge option to NYC H+H providers treating patients with serious mental illness (SMI) who have successfully completed inpatient stabilization and need additional support as they transition to permanent housing.
- *Bridge to Home* guests are offered a home-like environment, including private rooms, meals, wraparound treatment services, and 24/7 on-site staff, until they can be connected to permanent housing, typically within 6-12 months.
- By offering patients on-site treatment and comprehensive support, the program keeps patients on a path toward sustained stabilization, reducing unnecessary emergency room visits, placement in supportive housing, and decreasing street homelessness.

Patient Journey



- NYC Health + Hospitals will create a home-like environment temporary, emergency housing to serve individuals with SMI being discharged from H+H hospitals in with co-located behavioral health services.
- Bridge to Home is staffed 24/7 by NYC Health + Hospitals professionals
- The overall initiative will serve up to 150 individuals in single rooms. This will balance privacy and socialization, through therapeutic groups and other structured recreation opportunities.
- Bridge to Home provides three meals a day, medication management, individual and group therapy, substance use disorder treatment, and around-the-clock support.
- In addition to the co-located behavioral health services, Bridge to Home leverages the entire NYC Health + Hospitals continuum of services, including:
 - Virtual ExpressCare
 - Street Health Outreach and Wellness (SHOW) vans
 - Primary Care Safety Net clinics/Point of Reentry and Transitions (PORT)
 - Housing for Health

Program Eligibility & Outcomes

➤ Eligibility

- Single adult, 18 years old and over
- Completed in-patient stabilization at NYC H+H and referred by NYC H+H behavioral health clinician
- Diagnosed with an SMI
- Is likely to experience homelessness/housing instability at discharge
- Is able to perform basic Activities of Daily Living or ADLs (bathing, continence/toileting, dressing, eating, transferring/mobility)
- Has agreed to participate in Bridge to Home

➤ Outcomes

- Provide a home-like environment for patients
- Increased engagement in outpatient mental health and/or substance use disorder (SUD) treatment
- Decreased unnecessary emergency department visits and hospitalizations
- Reduced shelter entry and street homelessness.

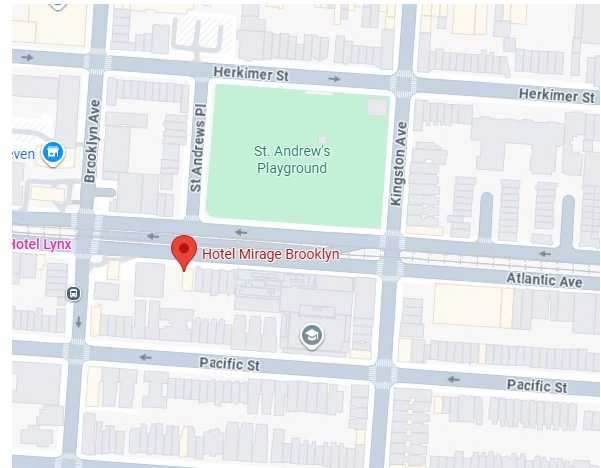
- Bridge to Home includes a multidisciplinary team meant to support patients as they transition from hospital to permanent housing – including:
 - **Psychiatric provider** to support medication, medication management, and crisis intervention
 - **Social workers** to develop a care plan for patients along with direct patient care and connection to support services
 - **Community Health Workers** trusted community members who help navigate the health and social service system
 - **Nurses** to support connections to traditional medical and specialty care to manage health conditions
 - **Occupational therapist** to support community independence and support guests in independent living in housing
 - **Psychiatric technicians and security** for wellness checks, de-escalation and to ensure the safety of patients, staff, and community

The first site opened about 6 months ago licensed under and managed by Bellevue, but we have already seen positive progress.

- **Strengthened connections to care**
 - 87% of guests attend on-site clinical visits at least once per week
- **Increased participation in treatment**
 - Early data shows 65% of guests have received a long-lasting injectable; compared to 59% across H+H clinics.
- **Community integration**
 - Our community inbox has not received any complaints about our guests
 - Ongoing Community Advisory Board meetings have been productive
- **Expedited housing placement**
 - Bridge to Home guests are outpacing average supportive housing application process time.
 - In six months, 81% of guests have started the housing process; 1 guest has successfully been placed in supportive housing; and 6 guests have completed the application and are awaiting placements.
- **Waitlist**
 - We maintain a waitlist for eligible H+H patients
 - Every month, dozens of BH patients could be referred to Bridge to Home if we had more capacity.

Site 2 Details

- Site 2 will provide NYC H+H with more capacity to serve eligible patients in more places and shortens the waitlist for admittance.
- Location for Bridge to Home- Brooklyn:
 - Hotel Mirage, 1464 Atlantic Ave, Brooklyn, NY 11216
- The max capacity will be similar to the first site: ~45-50 guests
- The site will be licensed as a satellite clinic of H+H/Woodhull.
- The site features individual rooms/bathrooms for guests, common areas for socializing, and space for therapeutic activities.



- OMB funding will cover program expenses, including food, security, laundry, staff, and housing
- OMB funded FY26 at \$6M for first site, with funds expanding to \$20.1M thereafter to support this second site and opening of a site 3, which we will return to the Board to discuss in the future
- Insurance reimbursements will further offset and philanthropic dollars will supplement
- The total annual occupancy fee for base rent over the potential 5-year term will be \$16,352,730 with \$250,000 for potential additional expenses for a total NTE of \$16,602,730

Years	Cost
Base Term (Years 1-3)	\$9,674,325
Option Year 4	\$3,287,190
Option Year 5	\$3,391,215
Rental Cost	\$16,352,730
Additional Expenses	\$250,000
Total	\$16,602,730

Lease Terms

- NYC Health + Hospitals/Bridge to Home will occupy the entire Mirage Hotel at 1464 Atlantic Avenue, Brooklyn
- Total occupancy of 57 rooms: 46 guest rooms, 11 for administrative space
- A 3-year base lease term with two additional one-year options available solely at the discretion of NYC Health + Hospitals
- Base Rent: \$155/room/night Years 1-3 to escalate to \$158 in the first option year and \$163 in the second option year
 - The System has the right to terminate at its convenience on 180 days' notice
 - No payment for rooms that cannot be used due to Landlord's fault
 - Landlord will provide cleaning, linen and bedding services
- New hotel not previously used during COVID or HERRC; Site has been vetted by DHS
- Licensed under Woodhull and operational partnership between Central Office and Woodhull

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three year lease, with two one-year options to renew in its sole discretion, with 1462 Maya Hospitality, LLC (“**Landlord**”) for the use of the entire Mirage Hotel including its 57 rooms and all common areas located at 1464 Atlantic Avenue, Brooklyn (the “**Hotel**”) for the **System’s Bridge to Home program** at \$155 per room per night for the first three years, \$158 in the first option year and \$163 in the second option year, for a total rental cost of \$16,352,730 with \$250,000 for potential additional expenses for a total NTE of \$16,602,703.

RESOLUTION - 08

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with Crescent Contracting Corp. (the “Contractor”), to undertake the Sprinkler Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital**, for a contract amount of \$21,979,855.75, with a 15% project contingency of \$3,296,978.36, to bring the total cost not to exceed \$25,276,843.11 for a duration of 2 years.

WHEREAS, North Central Bronx Hospital is currently only partially sprinklered; and

WHEREAS, the purpose of the Sprinkler Upgrade Project is to supplement the existing sprinkler system to achieve 100% sprinkler coverage throughout the facility; and

WHEREAS, the upgraded sprinkler system will comply with all applicable codes and regulations and provide enhanced fire safety protection for the facility, its occupants, and users; and

WHEREAS, the Scope of Work for the Sprinkler Upgrade Project includes the following:

- Installation of a fire sprinkler pump to feed the new sprinkler system riser
- Installation of new backflow prevention devices
- Installation of a new wet-type sprinkler system, including valves with water flow and tamper switches
- Installation of a new 2-inch sprinkler drain riser to serve as a combined fire standpipe/sprinkler riser
- Provision of electrical power for the fire pump, jockey pump, and associated controllers and devices

WHEREAS, in accordance with Operating Procedure 100-5 a solicitation was issued, pursuant to which one bid was received and publicly opened on March 26, 2026, and NYC Health + Hospitals determined that the Contractor submitted the lowest responsible bid; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Vice President, Facilities Development.


NOW, THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Crescent Contracting Corp., in the amount of \$21,979,855.75, for the Sprinkler Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital, with a 15% project contingency of \$3,296,978.36, to bring the total cost not to exceed \$25,276,843.11 for a duration of 2 years.

EXECUTIVE SUMMARY
NORTH CENTRAL BRONX HOSPITAL
SPRINKLER UPGRADE PROJECT
CRESCENT CONTRACTING CORP.

- CONTRACT SCOPE:** Installation and upgrade of fire sprinkler system to achieve 100% coverage
- NEED:** New York City Health + Hospitals North Central Bronx needs general construction services to undertake the Sprinkler Upgrade Project to ensure full code-compliant fire protection and improve life safety conditions at the hospital
- CONTRACT DURATION:** Two years, slated to commence August 2026 with an anticipated completion date of August 2028.
- PROCUREMENT:** A competitive sealed bid was issued on February 24, 2026, and site tours conducted on March 3 and March 4, 2026, attended by six contractors, and one bid received by the March 26, 2026 due date; and Crescent Contracting Corp. was determined the lowest responsible and responsive bidder for a contract not to exceed total of \$25,276,843.11
- PRIOR EXPERIENCE:** Crescent Contracting Corp. has previously worked on numerous government projects and received performance ratings of five (5) Satisfactory, six (6) Good, and one (1) Excellent on Passport, and is currently performing sprinkler installation work at Jacobi Medical Center with good performance; and
- CONTRACT AMOUNT:** \$21,979,855.75
- PASSPORT APPROVAL:** Pending
- EEO APPROVAL:** Approved
- MWBE STATUS:** Contractor has committed to a 31% MWBE contract goal.



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

From: Franco Esposito 
Deputy General Counsel
Office of Legal Affairs

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

Vendor: Crescent Contracting Corporation

Date: April 16, 2026

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

31%

Request to Award Contract to Crescent Contracting Corp. for the Sprinkler Upgrade Project at North Central Bronx Hospital

Board of Directors Meeting
April 30, 2026

Christopher Mastromano, Chief Executive Officer, NYC H+H/Jacobi
Manuel Saez, PhD, Vice President, OFD
Menji Indar, Assistant Vice President, OFD

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with Crescent Contracting Corp. (the “Contractor”), to undertake the Sprinkler Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital, for a contract amount of \$21,979,855.75, with a 15% project contingency of \$3,296,978.36, to bring the total cost not to exceed \$25,276,843.11 for a duration of 2 years.**

- North Central Bronx building is partially sprinklered. The intent of this project is to supplement the existing sprinkler system serving the building with new sprinkler system components as required to provide 100% sprinkler coverage of the building.
- The upgrade of Sprinkler system for entire building will bring the facility into compliance with CMS regulation and NYC DOB codes scheduled to take effect July 2028.
- The installation of sprinkler system will provide fire safety protection the facility and its users and occupants.

- Sprinkler Upgrade at North Central Bronx:
 - Install fire sprinkler pump to feed the new sprinkler system riser
 - Install new backflow devices
 - Installation of new wet type sprinkler that includes valves with water flow and tamper switches
 - Install new 2” sprinkler drain riser on the existing riser to act as a new combined fire standpipe/sprinkler riser.
 - Provide electric power for pump, jockey pump and the associated controllers and devices.

Overview of Procurement

- 02/24/2026: Posted to City Record
- 03/03 & 03/04/2026 : Site tour conducted March 3rd and 4th, 6 contractors attended
- 03/26/2026 : Bid Due Date, with 1 bids received
- In process: Determination of low bid finalized, and Crescent Contracting Corp was selected as the lowest responsive and responsible bidder.

Construction Contract

- Procurement is sourced via Public Bid
- Contract Amount is \$21,979,855.75
- Crescent Contracting Corp has received (5) Satisfactory, (6) Good, (1) Excellent ratings on Passport
- Crescent Contracting Corp is currently performing sprinkler installation at Jacobi Medical Center under a separate contract, with good performance
- Construction is anticipated to start in August 2026 with completion expected by August 2028 (2 years)
- Crescent Contracting Corp has committed to a 31% MWBE Goal:

Subcontractor	Certification	Supplies/Services	Utilization Plan
MacFhionnghail	WBE	Electrical	11%
L'Amore LLC	WBE	Carpentry & Painting	7%
All Source	WBE	Fire protection supply	3%
MacXimum SheetMetal LLC	MBE	Sheetmetal	1%
Ideal Supply Company	WBE	HVAC Equipment	2%
IAR Inc.	WBE	Insulation	.11%
T.J. Piping & Heating, Inc.	MBE	Sprinkler Piping	7%

Project Budget

Construction		\$ 21,979,855.75
Project Contingency (15%*)		\$ 3,296,978.36
Total		\$ 25,276,843.11

*The 15% contingency is required because we anticipate higher than normal unknown conditions for this project

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to execute a contract with Crescent Contracting Corp. (the “Contractor”), to undertake the Sprinkler Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital**, for a contract amount of \$21,979,855.75, with a 15% project contingency of \$3,296,978.36, to bring the total cost not to exceed \$25,276,843.11 for a duration of 2 years.