

BOARD OF DIRECTORS MEETING

THURSDAY, MAY 28, 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 ➤ May 2026</p> <p>Facility Governing Body Report ➤ NYC Health + Hospitals Jacobi / North Central Bronx</p> <p>2025 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ NYC Health + Hospitals Gouverneur - Gotham Center</p> <p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals South Brooklyn Health ➤ NYC Health + Hospitals Bellevue</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 – April 30, 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 increase the funding by \$71,047,954, which includes a 30% contingency, to its previously negotiated and executed contracts with four supplemental security staffing firms Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management, to support temporary staffing needs. The cumulative not to exceed value for services provided by all such firms shall increase from \$11,600,000 to \$82,647,954 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals. (Presented to Finance Committee on: 05/11/2026) Vendex: Allied Approved, all others Pending EEO: Aron and Allied – Approved and Johnson and Maxxi - Pending</p>	<p>Ms. Wang</p>
<p>7. Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding by \$38,779,153, which includes a 10% contingency, to its previously negotiated and executed contract with DocGo dba Ambulnz NY LLC, to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation. The cumulative not to exceed value for services provided by all such firms shall increase from \$94,762,581 to \$133,541,734 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals. (Presented to the Finance Committee on: 05/11/2026) Vendex: Pending / EEO: Approved</p>	<p>Ms. Wang</p>

8. **AMENDING PREVIOUSLY APPROVED RESOLUTION OF MARCH 26, 2026 TO REFLECT THE CORRECT NAME OF THE CORPORATION AS “H+H MAIMONIDES MIDWOOD CORPORATION” INSTEAD OF “H+H MIDWOOD CORPORATION” IN THE CORPORATION BY-LAWS - 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**

Mr. Pagán

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: 05/28/2026)

Vendex: NA / EEO: NA

9. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) hereby amends the respective **certificates of incorporation of:**
(1) its wholly-owned subsidiary, H+H Maimonides Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Hygiene Law; and

Mr. Pagán

(2) its wholly-owned subsidiary, H+H Maimonides Midwood Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law with the language set forth in Exhibit A attached hereto.

(Presented Directly to the Board: 05/28/2026)

Vendex: NA / EEO: NA

COMMITTEE AND ANNUAL PUBLIC MEETING REPORTS

- Governance Committee
- Community Relations Committee
- Finance Committee
- Equity Diversity and Inclusion Committee
- Bronx Fiscal Year 2026 Annual Public Meeting Minutes

Mr. Pagán
Ms. Rowe Adams
Ms. Wang
Ms. Wang
Ms. Rodriguez

>>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 **30th day of April, 2026** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Corporate Secretary. The following Board of Directors participated in person:

Mr. José A. Pagán
Dr. Mitchell Katz
Dr. Helen Arteaga-Landaverde
Ms. Freda wang
Ms. Erin Dalton - Left at 3:20 p.m.
Ms. Karen St. Hilaire - Joined at 3:20 p.m.
Dr. Vincent Calamia
Dr. Alister Martin
Ms. Anita Kawatra
Ms. Sally Hernandez-Piñero
Dr. Patricia Marthone
Ms. Jackie Rowe-Adams
Ms. Vanessa Rodriguez
Dr. Jorge Petit
Ms. Tricia Taitt - Left at 3:20 p.m.
Mr. Joel Eisdorfer

José Pagán, Chair of the Board, called the meeting to order at 2:03 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán welcomed Dr. Jorge Petit, Executive Deputy commissioner for the Department of Health and Mental Hygiene as a new member of the Board of Directors.

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 3:21 p.m.

Mr. Pagán noted for the record, Karen St. Hilaire is representing Erin Dalton 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. Jorge Petit - as a member of the Community Relations and Equity Diversity and Inclusion Committees.

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 March 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 March 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 April 2026.

The Board received and approved the governing body oral and written reports from NYC Health + Hospitals/Metropolitan.

The Board also received and approved the semi-annual written governing body report for NYC Health + Hospitals/Harlem

The Board also received and approved the 2025 performance improvement and evaluation plan - written submission from NYC Health + Hospitals/East New York - Gotham Center

STAFF APPOINTMENT

During Executive Session, the Board discussed and unanimously approved the Governance Committee's recommendation to appoint Dr. Sewit Teckie as Senior Vice President and Chief Medical Officer of Clinical Affairs and Clinical Business Strategy.

BOARD MEMBER ACKNOWLEDGEMENTS

Mr. Pagán thanked Ms. Taitt for participating in the Joint Commission exit conference at Elmhurst Hospital and noted the positive feedback received from surveyors at both Elmhurst and Woodhull Hospitals, congratulating staff at both facilities on their successful surveys.

He also thanked Ms. Rodriguez for attending the opening of the Outposted Therapeutic Housing Correctional Health Services Unit at Bellevue Hospital. Ms. Rodriguez described the new space as impressive and noted the project's significance and progress for the program.

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:

- Brooklyn: Tuesday, May 19, 2026 at NYC Health + Hospitals/Woodhull
- Staten Island: Tuesday, June 16, 2026 at NYC Health + Hospitals/Sea View

VENDEX APPROVALS

Mr. Pagán noted there were 2 items on the agenda requiring Vendex approval, both have pending approvals. There are 12 items from previous Board meetings pending Vendex approval.

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

ACTION ITEM 6:

Dr. Calamia read the resolution

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)

Dr. Theodore Long, Senior Vice President and Chief Medical Officer for

Clinical Services and Population Health and Dr. Amanda Johnson, Senior Assistant Vice President, presented an overview of the Street Health Outreach and Wellness (SHOW) Program, which began during the COVID-19 pandemic to provide street-based healthcare services to unsheltered New Yorkers. Dr. Johnson highlighted the program's expansion into mobile primary care, behavioral health, harm reduction, and housing outreach services, noting that there were over 50,000 individuals engaged and more than 11,000 clinical encounters since 2023. Dr. Johnson provided an overview of the program's operational structure, city-funded support, and transition to NYC Health + Hospitals staffing. She also shared an overview of the RFP criteria, procurement process and MWBE utilization plan.

In response to questions, Dr. Long explained that the Staten Island outreach had been supported through a temporary subway initiative in 2024 and ended when that funding concluded. He noted that the City's continued support for the SHOW Program in the preliminary budget will allow for expanded outreach and greater mobility of units, creating opportunities to resume services in Staten Island in collaboration with DHS and community-based organizations.

The Board asked whether future SHOW Program units would include both fixed and mobile operations. Dr. Long explained that the current six units remain community-based while additional "hyper-mobile" units proposed in the preliminary budget would allow greater flexibility and expanded outreach Citywide. He noted that the resolution primarily covers the vehicles and drivers, while clinical teams remain staffed by NYC Health + Hospitals. Ms. Wang also praised the SHOW vans and expressed interest in future program data and outcomes.

Following questions, Dr. Long explained that while the programs are separate, the WARM initiative was modeled after the SHOW Program's outreach approach, emphasizing patient-centered engagement and meeting individuals where they are. He noted that the WARM units successfully provided shelter, food, and support during recent cold weather conditions, resulting in more than 13,000 street engagements.

Dr. Katz praised Dr. Johnson for her leadership during the COVID-19 pandemic, particularly her role in providing virtual healthcare services that helped protect New Yorkers from infection. He commended her continued contributions through her work supporting the SHOW Program and acknowledged the significant impact of her service to NYC Health + Hospitals.

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

ACTION ITEM 7:

Mr. Pagán read the resolution

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)

Dr. Long and Chris Keeley, Senior Assistant Vice President of the Critical Response Unit, presented an overview of the Bridge to Home program, designed to support individuals experiencing homelessness and severe mental illness following inpatient psychiatric stabilization. Mr. Keeley described the program's home-like transitional housing model, which provides 24/7 clinical support, medication management, behavioral health services, and assistance securing permanent supportive housing. He explained the program eligibility criteria and staffing model. Mr. Keeley highlighted early successes from the first Bellevue-supported site, including strong patient engagement and successful placements into permanent housing, and presented plans for a second Woodhull-supported site in Brooklyn to expand program capacity. He outlined the lease terms and funding sources, noting OMB funding will cover program expenses, including food, security, laundry, staff, and housing.

Following questions, Mr. Keeley explained that visitors are permitted during designated visiting hours and are limited to common areas only, while resident rooms and upper floors remain restricted to program participants.

In response to questions about expansion, Dr. Long stated that NYC Health + Hospitals plans to expand the Bridge to Home program to additional boroughs due to strong demand and positive early outcomes. He noted that, following the Manhattan and Brooklyn sites, funding has already been identified in the preliminary budget for a third site, with the long-term goal of establishing programs across all boroughs.

Board members discussed eligibility and continuity of care within the Bridge to Home program. Dr. Long clarified that the program currently serves individuals with a primary serious mental illness diagnosis while also supporting participants with co-occurring substance use disorders. Mr. Keeley explained that discharge planning includes connecting participants to long-term community-based services while maintaining continuity with existing providers when appropriate. Dr. Katz noted the need for future residential models focused primarily on substance use disorders. Additional discussion addressed the program's current focus on single adults. Mr. Keeley confirmed that the existing sites do not accommodate families or children.

Dr. Katz and Dr. Long discussed potential future expansion of the Bridge to Home model to support families experiencing homelessness and serious mental illness, noting the importance of continued collaboration among NYC Health + Hospitals, DHS, and DOHMH.

Following questions from the Board, Mr. Keeley discussed the nutritional support services, discharge planning timelines, and supportive housing placement processes, noting that participants typically transition to permanent housing within six to twelve months. Additional discussion emphasized the importance of intensive supportive services, community integration, and sustained investment in housing models designed to reduce homelessness, improve behavioral health outcomes, and prevent repeated hospitalizations.

Dr. Katz emphasized the importance of continued collaboration with DHS and noted that while the City's right-to-shelter system has been successful, efforts to minimize shelter costs have often limited supportive services. He stated that programs like Bridge to Home demonstrate the value of investing in intensive, high-quality supportive housing models that improve stability, reduce repeated hospitalizations, and achieve better long-term outcomes for individuals experiencing homelessness and serious mental illness.

The Board commended Dr. Long and Mr. Keeley on their continued impressive results of care delivery to New Yorkers during their times of crisis whether COVID-19, MPOX, HERRC, Arrival Center, SHOW or now these sites that we have confidence will deliver excellent service and thanked them for their hard work and commitment.

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

ACTION ITEM 8:

Mr. Pagán read the resolution

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)

Manuel Saez, Vice President, Office Facilities Development provided background on the existing state and needs of the sprinkler system at NYC Health + Hospitals/North Central Bronx. Mr. Saez explained that NYC Health + Hospitals/North Central Bronx is undertaking a project to expand the building's sprinkler system to achieve full sprinkler coverage. He noted that the project will bring the facility into compliance with CMS regulations and NYC Department of Buildings codes scheduled to take effect in July 2028, while enhancing fire

safety protections for patients, staff, and visitors. Menji Indar, Assistant Vice President, Office of Facilities Development provided an overview of the procurement process, construction contract and budget. He noted the vendor's commitment to a 31% MWBE goal and the 15% contingency due to anticipated unknown conditions for this project.

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

DEPUTY COUNSEL JEREMY BERMAN RETIRES

Dr. Katz recognized Jeremy Berman for his more than 20 years of service to NYC Health + Hospitals, praising his leadership and critical contributions to complex housing and real estate contracts, including those supporting HERRCs, supportive housing, and Bridge to Home initiatives.

GOVERNOR KATHY HOCHUL ANNOUNCES FUNDING TO EXPAND AND IMPROVE IN-PATIENT PSYCHIATRY UNITS

Dr. Katz also announced that NYC Health + Hospitals received \$1.5 million in State funding to expand recreational space at psychiatric units at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Metropolitan hospitals.

CONTRACT DEVIATIONS

Since the last meeting of the Board of Directors, Dr. Katz authorized an exception to the standard procurement rules:

- Consistent with our operating procedure, Dr. Katz recently approved a deviation from our procurement policy to increase the **not-to-exceed amount to \$22 million for a contract for legal services with Ropes and Gray, LLP**, which supports legal work that is essential to the Maimonides transaction. The costs will be covered by the New York State grant supporting the overall transaction.

REAL ESTATE UPDATE

During the first quarter of 2026, NYC Health + Hospitals executed six license agreements across four facilities – Bellevue, Lincoln, Seaview, and Woodhull – encompassing social services, community arts programming, and retail food operations totaling approximately 12,000 square feet.

- **NYC Health + Hospitals/Bellevue – Mental Health Legal Services** An amendment to an existing five-year license agreement with Mental Health Legal Services took effect February 4, 2026, covering 1,338 square feet on the 19th floor.

The no-fee arrangement supports access to legal counsel for patients with mental health needs.

- **NYC Health + Hospitals/Lincoln – SOMOS Community Care** A new five-year license agreement with SOMOS Community Care, a community-based health organization, was executed for 160 square feet at \$9,600 annually, with an effective date of April 6, 2026. The agreement expands access to social services for NYC Health + Hospitals/Lincoln hospital's patients and was competitively valued against third-party assessments of neighborhood commercial space.
- **NYC Health + Hospitals/Lincoln – Public Health Solutions** Public Health Solutions, a leading NYC public health nonprofit, executed a five-year license for 80 square feet of clinical support space, at no fee, effective March 5, 2026. The arrangement strengthens NYC Health + Hospitals/Lincoln hospital's capacity to connect patients with community health resources and wrap-around social services.
- **NYC Health + Hospitals/Seaview – Staten Island Ballet Theater** the Staten Island Ballet Theater entered into a five-year license for 5,000 square feet in the Laboratory Building, executed March 5, 2026, with no monetary fee. In lieu of rent, the Ballet provides complimentary tickets and on-site performances for NYC Health + Hospitals/Seaview patients and staff.
- **NYC Health + Hospitals/Seaview – Grace Foundation of New York** The Grace Foundation of New York, which provides food access and workforce development programming, executed a five-year license for 2,000 square feet in the cafeteria space, effective March 31, 2026, at no fee. The partnership advances the system's commitment to addressing social determinants of health, providing both nutritious food options and job training opportunities for community members.
- **NYC Health + Hospitals/Woodhull – Healthy Choice Gourmet VI** Healthy Choice Gourmet VI executed a five-year license for 3,747 square feet of lobby restaurant and kiosk space at Woodhull, effective February 24, 2026, generating \$84,000 annually – or \$420,000 over the term – in license revenue for the facility. The agreement was established based on a third-party fair market value assessment of comparable retail food services.

26 NYC HEALTH + HOSPITALS DOCTORS RECOGNIZED FOR OUTSTANDING PATIENT CARE AT ANNUAL DOCTORS' DAY CELEBRATION

Dr. Katz reflected on the Doctors' Day celebration, highlighting the dedication and diverse immigrant backgrounds of many NYC Health + Hospitals physicians and their commitment to serving patients despite lower compensation compared to private institutions.

SYSTEM'S MAINTENANCE AND INFRASTRUCTURE

Dr. Katz emphasized the System's significant deferred maintenance and infrastructure challenges, noting the high cost of critical capital improvements, including fire safety upgrades and aging equipment repairs across hospital facilities.


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 4:29 p.m.



Colicia Hercules
Corporate Secretary



COMMITTEE REPORTS

**Medical and Professional Affairs / Information Technology Committee-
April 13th 2026**

As Reported by Mr.- José Pagán.

Committee Members Present- Deborah Brown representing Dr. Mitchell Katz, in a voting capacity, Dr. Patricia Marthone; Dr. Katz join at 9:49.

Mr. José Pagán, called the meeting to order at 9:02AM.

Mr. Pagán noted for the record Ms. Deborah Brown is representing Dr. Katz in a voting capacity.

Adoption of the minutes of the February 9th, 2026 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved.

Action Item

Theodore Long, MD Senior Vice President Ambulatory Care Operations, and Amanda Johnson, MD, Senior Assistant Vice President, Ambulatory Care Operations presented to the committee:

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.

The SHOW program was started in 2021 as an effort to have a street medicine approach to engage homeless New Yorkers. 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 program has engaged 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.

The Board raised a question; When you do a vendor staff model is the issue connected to coordination or cost, why the switch? Dr. Johnson responded, the team realize through their experience during the Pandemic there are some elements of care delivery was best meant when delivered by Health + Hospitals staff.

METROPLUS HEALTH PLAN, INC.

Dr. Sanjiv Shah, Chief Medical Officer, MetroPlus Health System, provided the following highlights:

MetroPlus /H+H Collaboration Contact Center:

MetroPlus and Health + Hospitals are collaborating to improve timely access to care to care for MetroPlus members, H+H patients contact center. This is a call center where H+H patient can call for appointments and for patient seeking appointment for the first time. The focus is for timely access of care to the individual that were being discharged from a facility outside of the H+H System, but their primary care is at H+H. These are MetroPlus patients receiving Primary care at H+H but admitted somewhere else.

Dr. Shah gave an example of the timeline, for the contact center process, expectation, and results. Since the exchange of unscheduled appointments began, escalated cases have decreased even as call volume has remained steady, showing progress in securing timely visits and reducing the need for follow up intervention.

Improving Oral Pediatric Evaluation:

This is an initiative to deal with timely pediatric access to dental services. The goal was to increase the oral evaluation of children up to the age of 21 by half percent. To engaged the patients, there were automated outreach calls, live calls, then monthly text campaigns, and incentives for making the appointments.

There are some sites that do not have timely pediatric dental access on site. As a result of that, a dental guide was developed which provide the sites that accepted new patient, and provided their contact information. The goal was, at the time of discharge, after-visit summary they would give the patient a dental guide. The outcome should be achieved in pediatric dental care.

Project Edge:

The achievements; 4,9000+ HIV-SNP members our network of providers transitioned to new Health Edge Platforms. CM and UM teams operate within a single integrate system streamlining coordination, 8,700+ care interactions and 13,000+ claims per month are processed using the new platforms.

Program status - wave 2:

Key Accomplishments | Wave 2 (Medicaid and HARP)

- Assembled and onboarded a program team and replaced longstanding partner support under MPH leadership.
- Procured and provisioned new environments to enable execution of Wave 2 conversion and testing activities.
- Developed a test strategy specific to each domain to mitigate the risk of an extended stabilization and errors.
- Developed a program schedule for an August go-live with an extensive testing window (5 months of testing).
- Completed requirement gathering and finalized both configurable and development scope for Wave 2.
- Executed first data conversion load with Wave 2 data.

Dr. Shah gave an overview of the incentive reward when you make a dental appointment.

***The Board raised a question;** how is members usage measured? Dr. Shah responded; when members are onboarded, they are told about the rewards card. When the text message go out regarding dental care the awards incentives is part of that message. Every opportunity they are informed that the rewards are available.*

***Additional question raised;** If there is a bottle neck at the facility will someone on the escalation team reach out? Dr. Shah responded; once there is not an appointment to be made, the message gets sent to the site to try and secure and appointment. The contact center doesn't know, unless MetroPlus check within seven days whether an appointment has been made. This will need to be addressed. The numbers have diminished with this issue.*

CHIEF INFORMATION OFFICER REPORT

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

Dr. Kim Mendez presented an update on the health System's Information Technology projects, noting that a significant number of these prioritized enterprise initiatives now incorporate artificial intelligence. She explained that due to the increasing desire to implement AI within operations, business, and clinical areas, the team is prioritizing a robust governance process to ensure the technology is wrapped in a safe framework. While governance initially began with a simple inquiry in the ServiceNow platform to identify AI use, the increasing complexity and prevalence of these tools have required the development of a more mature enterprise framework.

Ms. Ammu Menon, the interim Data and AI Officer, detailed the transition to a risk-based intake and triage process within ServiceNow. Instead of a single question, the system now requires answers to a number of additional inquiries regarding the tool's clinical or business purpose, the type of model being used, and the nature of the data involved—specifically whether it handles or outputs protected health information (PHI). Based on this assessment, tools are categorized into low, medium, or high-risk levels,

which then dictates the intensity and robustness of the monitoring process as the model is deployed into an active workflow.

Ms. Menon further explained that this tiered approach is designed to increase operational efficiency by fast-tracking lower-risk applications while maintaining close, continuous oversight of high-risk tools that could impact employees, patient data, or regulatory compliance. In response to an inquiry about the maturity of AI tools, Ms. Menon noted that the team evaluates vendor maturity by reviewing how many other companies utilize the tool and by assessing model performance using a subset of the health System's own data. This ensures that the tools are reliable for the specific population served and do not produce erroneous results before they are fully implemented.

Mr. Pagán inquired how the team verifies that AI tools are mature and reliable, noting that the organization is frequently approached with products that may not be well-developed. Ms. Menon explained that maturity is assessed by looking at a vendor's market presence; if only a few companies use a tool, it is likely not mature enough for NYC Health + Hospitals. She added that the team requests vendor performance data and tests models against a subset of system-specific data to ensure accuracy and prevent errors. Dr. Mendez prompted a discussion on monitoring for bias, to which Ms. Menon responded that tools used for clinical decision support undergo the highest level of scrutiny and the process ensures the tools are Section 1557 compliant and safe for high-risk clinical workflows. The committee had no further questions.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

Two new programs have been launched, the first one was nurse leader academy. The Nurse Leader Academy (NLA) was launched in NYC Health + Hospitals/Queens last February 17th to 19th attended by all nurse leaders from Assistant Directors of Nursing (ADNs) all the way to the Chief Nursing Officer (CNO). This three-day intensive, in-person program was designed by the Office of Patient Centered Care (OPCC) to empower both new and experienced nurse leaders with the advanced skills and perspectives required to drive transformation across the health System.

The academy's curriculum was organized around the American Organization for Nursing Leadership (AONL). There were five core pillars: Business Skills and Principles, Communication and Relationship Building, Knowledge of the Healthcare Environment, Professionalism, and Leadership.

The second was, the Emerging Leaders (Succession Planning) Program. This program was launched on February 26th at Queens Hospital. The program is designed to ensure a strong pipeline of nursing leaders prepared to assume management, director, and executive-level roles while fostering leadership growth, retention, and organizational stability. The learning focus

includes: identification of key roles and pathways, talent assessment and readiness levels, development planning, implementation and monitoring, and emerging leader program guardrails.

The 2026 Nursing Professional Governance (PG) Annual Retreat took place on February 9 & 11, 2026, in continued **collaboration with NYSNA**. This program takes place twice a year. This program is attended by 400 frontline staff and leaders where work of all 211 councils report their accomplishments in clinical outcomes.

A systemwide Certified nurse virtual celebration was held on March 19th to honor more than 2,100 certified nurses in the System. There were keynote speakers, MBA, MPH, RN, NEA-BC, CPHQ from the American Nurses Credentialing Center (ANCC, with 190 nurses in attendance.

Updates on the Beacon wards; 18 units within our facilities that have Beacon awards. Highlighting a couple of the facilities, Elmhurst, a Beacon Silver (re-designation) in CCU and MICU, Kings County Beacon Silver in the ICU/SICU and NSICU, and South Brooklyn Health, Beacon Silver (re-designation) - SICU and MICU.

On March 9th, NYC Health + Hospitals/Woodhull received from the Association of periOperative Registered Nurses (AORN's) designation as a Center of Excellence in Surgical Safety, Go-Clear Award and Retained Surgical Instruments.

The Board commended Dr. CNO on emerging leadership academies.

Ambulatory Care Update

Theodore Long, MD Senior Vice President Ambulatory Care Operations, provided the following highlights

Dr. Long shared the physician's opinions on how the clinical councils could better help to support them. The plan is to look at uniform strategies, align clinical standards and best practice, standardize approaches Systemwide, share solutions to common challenges, regular collaboration and Knowledge, and align care delivery across H+H. When clinical councils are operating effectively they will share goals and priorities across sites. They will, establish best practices, identify barriers, share solutions, and standardize resources.

Each clinical council will have a similar composition. The council leaders will be, Chair and CO-Chair for a year initially. The council voting member will be the Chair of each hospital. The councils may include deputies, sub specialty leaders, administrative and nursing leaders. These councils will develop annual work plans with specific goals.

There will be facilitators from Central Office, which will be a doctor that will attend each council meeting. This will be a liaison to Central Office for the councils. There will be administrative support to help schedule the

meetings, roster management, and help them meet their work plan, and have consistency. There will be a steering committee, that will set strategies and priorities. This will be an opportunity for Central Office to have everything aligned. Voting is being completed.

The Committee commended Dr. Long on the work being done to improve these councils.

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

Capital Committee Meeting - April 13, 2026

As reported by: José Pagán

Committee Members Present: Dr. Mitchell Katz, Freda Wang, Karen St. Hilaire: Other member: Tricia Taitt

José Pagán called the meeting to order at 10:06 a.m. and stated for the record that Karen St. Hilaire would be representing Erin Dalton, both in a voting capacity.

Mr. Pagán called for a motion to approve the minutes of the November 3, 2025, Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on November 3, 2025, were unanimously approved.

VICE PRESIDENT REPORT

Mr. Saez provided an updated on essential infrastructure and clinical renovation projects throughout the system:

NYC H+H/Bellevue: Phase 1 of the new ground floor CT project has been completed at Bellevue. The existing CT unit has been in operation for many years, and the growing number of patients created a need for additional CT capacity, which will enable Bellevue to enhance service capacity and provide faster, more efficient care to the community. Phase 1 included installation of an additional unit which is currently in operation. Phase two, which will be complete in Summer 2026, will replace the existing machine and reconstruct additional spaces.

NYC H+H/Woodhull: The generator upgrade project is nearly complete. The new generators will provide Woodhull with more capacity which will allow it to support the needs of the community during periods of high electric demand. The four new generators are onsite and tie-ins are ongoing. In addition, we have received four hypothermia machines, which provides temperature management for patient care. Currently medical staff are being trained on the machines through nursing education.

ACTION ITEMS

Theodore Long, MD read the resolution into the record:

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.

Dr. Long, Senior Vice President, Ambulatory Care and Population Health, presented background and program information, data from the established site, fiscal details, and lease terms. Dr. Long was joined by Chris Keeley, Senior Assistant Vice President, Critical Response Unit.

- Ms. Taitt asked what the population size was of those in need. How long is the waitlist?
 - o Mr. Keeley said there were 20 individuals on the waitlist but there could be more.
 - o Dr. Long said if the site were opened immediately it could be filled very quickly.
- Dr. Katz noted that there are estimates that there are between 1,000-2,000 homeless persons with a serious behavioral issue, in the NYC homeless population. Not all of them would be eligible for this program but a portion would.
- Ms. Taitt asked how the rates are established.
 - o Mr. Keeley said through experience and market research.
- Ms. Taitt asked who is responsible for quality control on whether rooms are filled and whether we should be billed.
 - o Mr. Keeley said the site director, who works closely with the other on-site staff.
 - o Dr. Long noted that during COVID, and through dealing with the recent immigration influx, many lessons had been learned and systems were streamlined.
- Ms. Wang asked if the lease terms covered usage for group activities not just individual rooms.
 - o Dr. Long and Mr. Keeley confirmed, yes, we are maximizing every inch of the building.

After discuss, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution into the record:

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.

Mr. Saez was joined by Mahendranath Indar, Assistant Vice President, Office of Facilities Development. Together they presented an overview of program background, scope and schedule of construction, the procurement, and project budget.

- Ms. Taitt asked why only 1 bidder.
 - o Mr. Saez said there were 2 qualified bidders.

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 10:30 a.m.

AUDIT COMMITTEE MEETING TALKING POINTS - APRIL 13, 2026

As Reported by: José Pagán

Committee Members: *Mitchell Katz, Ms. Freda Wang, Ms. Patricia Marthone, and Ms. Tricia Taitt*

The meeting was called to order by Mr. José Pagán, Committee Chair at 11:04am.

Mr. José Pagán requested a motion to adopt the minutes of the Audit Committee meeting held on December 8, 2025. A motion was made and duly seconded with all in favor to adopt the minutes.

Mr. José Pagán noted that we will now have an audit update from Mr. O'Keefe.

Internal Audit

Mr. O'Keefe shared that an external audit with the City Comptroller's Office is currently underway. The audit is reviewing our contract with RightSourcing which provides temporary staffing services. It began in December 2025 and is expected to take about a year to complete. All requested documents have already been submitted to them, and the Comptroller's Office are now reviewing them.

Ms. Freda Wang asked, did you mean RightSourcing?

Mr. O'Keefe responded, it is.

Mr. O'Keefe also gave an update on the Auxiliary Fiscal Year 2026 Audit Plan. He noted that so far, three audits have been completed, and three

are currently in process. The remaining audits are expected to be finished by the end of the fiscal year. Additionally, three audit reports should be released within the next week or so.

Mr. O'Keefe noted that this is the end of his presentation.

Mr. José Pagán asked if any anyone have any questions before turning the meeting over to Ms. Catherine Patsos.

Corporate Compliance

Ms. Patsos started her presentation by providing an update on the Office of Corporate Compliance (OCC) Activities. She started with the OCC Compliance Survey which was launched last fall to all workforce members. The key take away results are as follows:

- 1,656 workforce members responded
- 16% observed misconduct in the past year
- Majority of those who observed misconduct reported it to their direct manager or another manager in their department
- 29% of respondents who did not report feared retaliation (improved from 72% and 85% from the previous year)
- 99% of managers said they were prepared to respond to employee reports, or that it depended on the issue

Ms. Patsos stated that the response rate was lower than expected.

Ms. Freda Wang asked, if the 16% who observed misconduct had changed from the prior year.

Ms. Patsos responded, these were new questions. She stated that last year they used a survey from Gartner. In previous years, they conducted their own survey and plan to return to that format in 2026, we got better response rate.

Ms. Freda Wang asked, if the 1,656 workforce responses reflected a lower response rate.

Ms. Patsos responded, yes.

Ms. Freda Wang asked, did the length of the survey contributed to the lower response rate.

Ms. Patsos responded, they did not have control over the survey with Gartner and would prefer to return to their own surveys, where they can shorten the questions and improve the results.

Ms. Freda Wang asked, would you keep the observed misconduct question.

Ms. Patsos responded, yes.

Ms. Freda Wang asked, what contributed to the improvement in retaliation concerns.

Ms. Patsos responded, I am unsure and would like to further investigate this in future surveys, noting that many reporters remain anonymous due to fear of retaliation.

Ms. Tricia Taitt asked, what is the total number of workforce members. Ms. Patsos responded, it is approximately 45,000.

Ms. Tricia Taitt asked, how many of those are managers.

Ms. Andrea Cohen responded, approximately 91% of the workforce is unionized, with non-union employees considered management. First level management represents approximately 9-10%.

Ms. Tricia Taitt asked, whether the 99% manager statistic referred to all managers or only those represented in the survey.

Ms. Patsos responded, yes.

Ms. Tricia Taitt commented, what is the relevance of distinguishing managers versus non-managers.

Ms. Patsos responded, many respondents report misconduct to managers, and it is important that those individuals understand the reporting procedures.

Ms. Tricia Taitt asked, if there are efforts to improve response rates. Ms. Patsos responded, initiatives are planned for the coming year.

Ms. Patsos, then reported on the Compliance and HIPAA Training. The completion rates are as follows:

General compliance training: 81%, compared to 71% in 2024

➤ HIPAA training: 88% compared to 87% in 2024

Ms. Patsos then spoke about the FY-2027 Risk Assessment. She noted that a Joint risk assessment was conducted with Internal Audits. The process involved interviewing Central Office Senior Leadership as well as reviewing Federal and State oversight agency work plans. The draft FY-2027 Risk Assessment was presented to the Enterprise Risk and Compliance Committee (ERCC) on February 23, 2026. The final FY-2027 Risk Assessment will be presented to the ERCC on April 23, 2026 and will form the basis of the FY-2027 Corporate Compliance Work Plan.

Ms. Patsos, then spoke about the 'Touch Base' meetings with the CEOs. Throughout the months of January and February, I met with the facilities and programs CEOs to provide them with the OCC's updates including the following:

- The results of the 2025 Coalfire HIPAA Risk Analysis for their facility or program
- Their 2025 compliance and privacy cases metrics
- Results from the Workforce Member Compliance Survey
- Their General Compliance Training and HIPAA Training Compliance rates
- The OCC's Compliance Hot Topic Series.

Ms. Tricia Taitt asked, what are some of the hot topics.

Ms. Patsos responded, social media use, gifting and receiving of gifts. She also mentions that she is in the process of conducting one on medical records snooping.

Ms. Tricia Taitt asked, how is snooping identified.

Ms. Patsos responded that a patient privacy monitoring tool is used to identify those actions.

Ms. Tricia Taitt asked, if access by assigned nurses would be considered snooping.

Ms. Patsos responded yes.

Ms. Patsos then discussed the compliance metrics for Q1 2026. She noted that the start of 2026 has seen a surge in non-privacy compliance activity. Although the quarter is only 91% complete, non-privacy case volume has already exceeded full-quarter totals from both 2024 and 2025.

She noted the following:

- Increase in non-privacy cases (positive reporting indicator)
- Privacy cases was stable
- Increase in anonymous cases

She then discussed comparative metrics for the 4th Quarter showing comparisons across 2023, 2024, and 2025 for non-privacy cases, with a slight increase in 2025.

Ms. Freda Wang asked, what about the increase in-patient care and patient rights issues.

Ms. Patsos responded that these are primarily patients who call into the helpline or report through other means regarding the type of treatment they received, the level of care, or how they perceived they were treated by staff.

Ms. Freda Wang asked if any conclusions could be drawn from the increase in cases.

Ms. Patsos responded that it likely reflects increased awareness of the hotline, which is publicly available as required by the Office of the Medicaid Inspector General.

Ms. Patsos then discuss the privacy case trends and reporting categories. The result is as follows:

- Decline in privacy cases in 2025 vs. prior year
- Slight increase in Q1 2026
- Overall trend lower than 2024
- Privacy cases remain predominant
- Patient care and patient rights are high volume issue types
- Reporting primarily through email and hotline

Ms. Patsos went on to show privacy cases in Q4 for the previous three years. There was a decline in 2025 compared to the prior year. In quarter one of this year, there was a slight increase, though still lower than 2024 overall. She also reviewed comparative analyses of non-privacy and privacy cases by facility.

Ms. Patsos asked if there were any questions. She then reviewed issue types, noting that privacy cases were the predominant category. Patient care and patient rights remain high volume topics. Intake methods show that most reports are submitted via email or hotline.

Ms. Patsos asked if there were any additional questions.

Mr. José Pagán asked what "contact moves" are?

Ms. Patsos responded that contact moves occur when a patient is registered under a different patient record, typically due to insufficient identifying information or patients with similar names and dates of birth. As a result, one patient may receive an after-visit summary containing partial information from another patient, such as name, date of birth, or medical information.

Ms. Patsos noted, that is the end of my presentation,

Mr. José Pagán asked is there any old or new business?

No, new or old business

Meeting adjourned at 11:19am



SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

Board of Directors Meeting Update - Thursday, March 26th, 2026

As Reported By: Dr. Talya Schwartz & Frederick Covino

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Wednesday, June 10th, 2026

Dr. Talya Schwartz, President & CEO, called the meeting to order at 1:10 P.M. The meeting began at 1:10 P.M. for New Business presentations but no official business until 1:54 PM when Hillary Jalon physically reached the office. At that time the Board met the quorum requirements for official business and proceeded to address and vote on meeting minutes and resolutions. In addition, Sally Hernandez-Piñero arrived at 1:41PM and left the meeting at 1:57PM.

INFORMATION ITEM

KPMG Presentation | 2025 Calendar Year Audit Report

Camille Fremon, Partner, discussed the 2025 Calendar Year Audit Report. Camille advised that Financial Statements are due on March 31st and they are currently finalizing their test work to allow KPMG to deliver the Financial Statements to management. Camille began by discussing the Audit Results Overview, Open Items and Significant Accounting Estimates within the financial statements.

NEW BUSINESS

FINANCE COMMITTEE REPORT

Dr. Schwartz asked that we move on to New Business presentations, Lauren Leverich Castaldo began by presenting the Finance Committee Report. Lauren discussed Net Income by Line of Business, All LOB Review, Administrative Expense - Budget vs. Actual.

REGULATORY UPDATES

Raven Ryan Solon, Chief Compliance & Regulatory Officer, presented Regulatory Updates specifically discussing the MCO Tax. Dr. Schwartz asked a question regarding how the MCO Tax is flowing; Raven responded. Raven then went on to discuss CMS Interoperability & Prior Authorization Rule.

Vallencia Lloyd, Board Member, asked a question regarding the alignment of state and CMS times frames; Raven responded.

Kathleen, Shure, Board Member asked a question regarding Provider Contracts; Raven responded.

Juliana Ekong, Board Member, asked a question regarding penalties for not achieving the ask by April 1st; Raven responded. Kathleen Shure provided further clarification, and Raven went on to discuss further.

Vallencia asked a question regarding the States standard notices; Raven responded. Dr. Schwartz went on to discuss the purpose of the new rule.

PROJECT EDGE

Tomasz Kawka, Vice President of Business Transformation went on to share an update on Project Edge. Tomasz began by introducing The Project Edge Journey from Opportunity to Impact, Our Roadmap for Transformation, How Our Roadmap has Evolved, Program States Wave 2, Program Status BPAAS, Risk and Challenges.

Juliana asked a question regarding KPIS identified once Project Edge is complete vs. now; Tomasz explained.

RETENTION

Lila Benayoun, Chief Operating Officer, went on to discuss Retention, specifically covering Recertification Rates 2024 vs. 2025; Dr. Schwartz commented that retention is completed by Sales and Customer Success; she went on to share how Sales intervention helped drive up the retention rate. Lila went on to discuss Disenrollment Rate 2024 vs. 2025 and 2026 Retention Initiatives. Dr. Schwartz advised that we are exploring AI and companies that specialize in recertification as we have to double our effort around recertification. Lila further went on to explain what the teams are faced with handling recertification.

CALL CENTER

Lila Benayoun, Chief Operating Officer, went on to discuss the Call Center. Specifically, the Trend in Call Center Call Volume by Members, Abandonment Rate on the Member side, Trend in Call Center Call Volume by Providers, Abandonment Rate on the Provider side, and NPS & Employee Engagement.

MEMBER REWARDS

Masud Madhi, Deputy Chief Operating Officer, went on to share a Member Rewards Overview, How It Works and Gold Member Rewards.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Thursday, December 11th, 2025 were presented to the Board. On a motion by Dr. Talya Schwartz and duly seconded, the Board adopted the minutes.

ACTION ITEMS

Dr. Talya Schwartz advised that we move on to the Action Items. A **first** resolution was presented by Dr. Talya Schwartz for Board approval.

Appointing Frederick Covino as the Vice-Chairperson of the Board of Directors.

There being no further questions or comments, on a motion by Dr. Talya Schwartz and duly seconded, the resolution was unanimously adopted by the Board.

Frederick Covino Chaired the meeting thereafter.

A **second** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

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.

Steven Stein Cushman, Chief Counsel provided an overview of the Background, Scope of Work, Proposal Criteria, Overview of Procurement and Board Approval Request.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Board.

A **third** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Health Management Systems, Inc. ("HMS") for third party health insurance identification and recovery services, for an amount not to exceed \$15,000,000, for the total 5-year contract period.

Tali Lager, Senior Director of Procurement provided an overview of the Background, Cost Reductions and Board Approval Request.

Vallencia asked a question regarding contract total; Tali responded. Vallencia commented on the OMIG Audit and HMS conflict; Steven Stein Cushman responded. Dr. Schwartz further clarified; Raven discussed as well. A discussion then ensued around Audits and NYS.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Board.

A **fourth** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

*Authorizing the amendment to the best interest contract resolution approved by the MetroPlus Board of Directors on **September 26, 2025 with SourcEdge Solutions, LLC ("SourcEdge") for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including contingency, for an 18-month contract and authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to reallocate the approved spending authority and execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge") for implementation of a solution for converted data testing, in the amount of \$2,300,000 for a one year term.***

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Amendment Request, the New Scope of Service and Board Approval Request.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Board.

A **fifth** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to increase the spending authority for the contract with SourcEdge Solutions, LLC ("SourcEdge") to **implement, integrate and license an enterprise data hub solution, in the amount of \$720,000 for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term.***

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Spending Authority Request and Board Approval Request.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Board.

Executive Session

Frederick Covino called the meeting into Executive Session at 2:27 P.M. so the Board of Directors could receive legal advice from the Chief Counsel and hear presentations on two confidential matters. The Board approved resolutions for both confidential agreements based on motions by Frederick Covino, which were duly seconded, and unanimously adopted by the Board.

The Board of Directors resumed the official meeting at 2:58 P.M.

There being no further business, Frederick Covino adjourned the meeting at 2:58 P.M.

Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

April 30, 2026

DEPUTY COUNSEL JEREMY BERMAN RETIRES

After decades of quietly shaping the legal architecture of New York City's public health care system, Jeremy Berman is retiring as Deputy Counsel. Over the course of his 21-year tenure, Jeremy built one of the most consequential legal records in the System's modern history – leading complex transactional and regulatory work that fundamentally shaped NYC Health + Hospitals' physical and operational footprint. That work includes the acquisition of Henry J. Carter Specialty Hospital and Nursing Facility out of the North General bankruptcy, the acquisition of the Vanderbilt clinic on Staten Island out of the St. Vincent's bankruptcy, and the negotiation of all 20 ground leases for affordable housing and other programs on system-owned land. Jeremy played a central role in establishing Gotham FQHC, Inc., shepherding the corporation's formation, its co-applicant agreement with the public health care system, and HRSA's certification of the joint clinic network as a Federally Qualified Health Center.

Berman was also the System's legal anchor during some of its most consequential crisis moments. He led the legal structuring of NYC Health + Hospitals' response to Superstorm Sandy, including a Letter of Undertaking with FEMA for nearly \$1.8 billion in recovery funds and a successful defense of emergency procurement decisions during Federal audit. He prepared construction and hotel agreements for the COVID-19 response and the HERRC humanitarian relief program, negotiated the functional transfer of Correctional Health Services to the health System, and structured the joint laboratory venture with Northwell Health.

Three cheers for Jeremy's tremendous career. We thank him for his trusted legal guidance that has led NYC Health + Hospitals steadily and deftly through major transactions, emergencies, and inflection points.

**MAYOR MAMDANI ANNOUNCES OPENING OF FIRST-OF-ITS-KIND
OUTPOSTED THERAPEUTIC HOUSING UNIT**

On Monday, April 6, Mayor Mamdani announced the opening of the City's first Outposted Therapeutic Housing Unit at NYC Health + Hospitals/Bellevue – a major step towards the Mamdani Administration's commitment to closing Rikers Island.

The 104-bed unit will serve people in custody with complex medical needs by transferring the most clinically vulnerable detainees from Rikers Island into a therapeutic setting with closer access to specialty care. It is the first of three planned Outposted Therapeutic Housing Units across the city.

The unit provides direct access to a full range of specialty services, including oncology, cardiology and neurology. Correctional Health Services (CHS) clinicians will deliver care on-site, with enhanced monitoring and support in a therapeutic environment designed to improve health outcomes.

CHS will remain the primary provider of clinical care, working in close coordination with Bellevue specialists. The NYC Department of Correction (DOC) will provide security, custody management, programming and other services. The unit meets all standards set by the NYC Board of Correction and the New York State Commission of Correction.

FOR NATIONAL NUTRITION MONTH, NYC HEALTH + HOSPITALS CELEBRATES OVER 2.8 MILLION PLANT-BASED MEALS SERVED TO PATIENTS

On March 31, in recognition of National Nutrition Month, NYC Health + Hospitals in partnership with Sodexo celebrated over 2.8 million plant-based meals served since the program began in March 2022. In 2025 alone, NYC Health + Hospitals served nearly 700,000 plant-based meals to its patients. Scientific research has shown that plant-based eating patterns are linked to significantly lower risk of cardiovascular disease, type 2 diabetes, obesity, and certain cancers. They can also be effective for weight management as well as treatment of hypertension and hyperlipidemia. In addition to the considerable health benefits for patients, the transition to a plant-based menu led to a reduction in carbon emissions of 36% and a cost savings of 59 cents per meal. Patients who ate plant-based meals at NYC Health + Hospitals in 2025 reported a satisfaction rate of 98%.

All meals are made from scratch at the health care System's Culinary Center in Brooklyn. The culinary team includes Food Service Associates at each hospital who take the patient's food order, educate them about the flavor and nutrition of the day's plant-based options, and gather patient feedback about the meal. New recipes are piloted as a "Chef's Recommendation" and only enter the menu rotation if they achieve an 80% patient satisfaction rate or above. Patients who are discharged from the hospital receive a booklet of plant-based recipes to make at home. New plant-based dishes joining the menu this year include Barbeque Mushrooms with Baked Beans; Mac and Cheese with Peas; Mafe Stew with Jollof Rice; Shawarma Roasted Mushrooms with Yellow Rice, Peppers and Onions; Fresh Baked Chocolate Chunk Cherry Cookies; and Fresh Baked Ginger Snap Cookies.

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

26 NYC HEALTH + HOSPITALS DOCTORS RECOGNIZED FOR OUTSTANDING PATIENT CARE AT ANNUAL DOCTORS' DAY CELEBRATION

NYC Health + Hospitals celebrated the public health care System's Doctors' Day and the 26 doctors recognized for their outstanding patient care. The physicians were nominated for their unwavering commitment to compassionate, patient-centered care, and their exceptional leadership in advancing equitable health care in New York City's largest public hospital System. This year's honorees include pediatricians, primary care doctors, emergency department physicians, a dermatologist, an ophthalmologist, OBGYNs, and other providers who have transformed the lives of countless patients. The doctors come from a diverse array of nations such as the Philippines, Nigeria, South Korea, India, Bulgaria, Egypt, Dominican Republic, Pakistan, etc. Biographies of the 26 doctors recognized in this year's event are available [here](#).

A special thanks to NYC Health + Hospitals Chief Medical Officer for Clinical Affairs and Business Strategy, Sewit Teckie, MD, MBA, and her team who worked hard to plan these special honors.

"Our doctors understand that medicine is not just a profession – it is a commitment to human dignity," said Co-CMO Dr. Sewit Teckie. "We honor these doctors' incredible care of their patients and their dedication to our public hospitals."

"The physicians we recognized are incredible," said NYC Health + Hospitals Chief Medical Officer for Clinical Services and Population Health, Ted Long, MD, MHS. "They are diverse, coming from all around the world, but what they have in common is that they all came here, driven by their commitment to our mission at NYC Health + Hospitals to treat healthcare as a fundamental human right."

DR. HOWARD J. FINGER INDUCTED AS 2026 FELLOW BY THE FOUNDATION FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

Howard J. Finger, DO, FPALTC has been inducted into the [60-person inaugural Fellows Class](#) of the Post-Acute and Long-Term Care Medical Association (PALTmed). Dr. Finger was recognized for his exceptional dedication and sustained contributions to both PALTmed and post-acute and long-term care medicine. FPALTC is a prestigious, peer-reviewed credential that publicly acknowledges an individual's ongoing dedication to the field of post-acute and long-term care medicine. PALTmed is the only national organization providing high-quality resources and education to interdisciplinary teams working in post-acute and long-term care settings, including medical directors, attending physicians, nurse practitioners, physician associates, consultant pharmacists, and clinicians with a doctoral degree. PALTmed leads the way in empowering

compassionate and skilled clinicians to deliver person-centered care in the post-acute and long-term care continuum. Dr. Finger has served as a physician at NYC Health + Hospitals for more than 40 years in post-acute and long-term care delivery.

CITY & STATE NEW YORK RECOGNIZES TWO NYC HEALTH + HOSPITALS LEADERS ON 2026 "BRONX POWER 100" LIST

NYC Health + Hospitals announced that two of its hospital CEOs were named to City & State New York's "[Bronx Power 100 List](#)". Each one is recognized for being a key member of their community, providing New Yorkers with access to high-quality, comprehensive health care while also advocating for their social and economic needs. NYC Health + Hospitals/Jacobi | North Central Bronx CEO Christopher Mastromano and NYC Health + Hospitals/Lincoln CEO Cristina Contreras rank 25th on the Bronx Power 100 List.

NYC HEALTH + HOSPITALS/WOODHULL APPOINTS CLIFFORD MILLER AS CHIEF OPERATING OFFICER

NYC Health + Hospitals/Woodhull appointed Clifford Miller as its new Chief Operating Officer (COO). With nearly three decades of experience, Miller brings a proven track record of operational leadership, emergency care innovation, and a deep commitment to serving at-risk communities. He began his new role on March 30, 2026.

Miller has served on Woodhull Hospital's executive leadership team for the past 11 years, most recently as Associate Executive Director of Emergency Services. In this role, he oversaw the day-to-day operations of the Emergency Department, Patient Transportation, Admitting, Social Services, Patient Relations, and the Administrator on Duty Program, while leading hospital-wide capacity management initiatives.

SOCIAL WORKERS HONORED FOR THEIR COMMITMENT TO THEIR PATIENTS

Forty-seven social workers from across the public health care System were honored for their commitment and dedication to their patients. More than 1,300 social workers are employed at the health System performing a variety of roles, including managers, therapists, researchers, discharge planners, and policymakers. In these positions they work closely with family caregivers, friends, neighbors and community-based agencies to help patients resume their life within the community. This year, over 1,000 nominations were submitted from across the system, and the 47 honorees were selected from this pool by their facility's social work recognition committee. The honorees were recognized for their dedication to their patients and their passion for the mission of NYC Health + Hospitals.

In 2024, NYC Health + Hospitals launched a comprehensive effort to strengthen and expand its social work workforce, beginning with a [recruitment campaign](#) that resulted in more than 400 new hires and reduced the vacancy rate from 12% in 2024 to 5% in 2025. That same year,

the System introduced the Social Work Training Academy to standardize training and enhance practice across its more than 1,000 social workers. The Academy supports professionals at all stages of their careers by streamlining clinical internship placements and behavioral health orientation, offering evidence-based practice training, providing continuing education, and helping social workers pursue licensure and advance into leadership roles. Since its launch, the Academy has trained over 950 social workers, strengthening both workforce capacity and patient outcomes.

NYC HEALTH + HOSPITALS LEADERS RECOGNIZED BY CRAIN'S NEW YORK BUSINESS AMONG '2026 NOTABLE LEADERS IN HEALTH CARE'

NYC Health + Hospitals/Bellevue Chief Executive Officer Dr. Eric Wei, NYC Health + Hospitals/Bellevue Department of Anesthesiology, Chief of Service, Dr. Sudheer Jain, NYC Health + Hospitals/Gotham Health Chief Executive Officer Michelle Lewis, and NYC Health + Hospitals System Chief Medical Officer for Clinical Affairs and Business Strategy Dr. Sewit Teckie have been named to the Crain's New York Business '[2026 Notable Leaders in Health Care](#)' recognition list. Dr. Wei, Dr. Jain, Lewis, and Dr. Teckie are recognized for their excellence in the health care sector and for their commitment to supporting underserved communities across New York City. The nominees were put forward for consideration by their peers, companies, and acquaintances, and then selected by Crain's New York Business editors based on their demonstrated accomplishments, professional success, and meaningful contributions to their respective industries. Crain's New York Business connects businesses across the five boroughs by providing analysis and opinion on how to navigate New York's complex business and political landscape.

NORTH CENTRAL BRONX HOSPITAL'S WORKFORCE WELLNESS CHAMPION WINS SYSTEMWIDE HONOR

Alessia Hughes, Licensed Creative Arts Therapist and Associate Director of Health Care, was named the 2025 Amazing Employee of the Year across the entire NYC Health + Hospitals System. Hughes was selected from 53 nominees representing more than 20 facilities systemwide, with North Central Bronx Hospital's grassroots voting effort outpacing larger hospitals that have historically received the award. In 2025 alone, Hughes logged 766 encounters through Helping Healers Heal, facilitated 443 individual and group debriefs, 323 wellness events, and 729 wellness rounds – serving all 50 units on campus at a 100% participation rate.

NYC HEALTH + HOSPITALS/CARTER EXPANDS AWARD-WINNING REHABILITATIVE CARE AS NEW OUTPATIENT SERVICE

NYC Health + Hospitals/Carter, the only Long-Term Acute Care Hospital (LTACH) in New York, announced it will begin offering outpatient services to patients seeking rehabilitative care including Physical therapy, Occupational Therapy, Speech Language Pathology, Audiology, and

FEES (Flexible Endoscopic Evaluation of Swallowing), a diagnostic test for swallowing disorders. Currently, patients from NYC Health + Hospitals/Bellevue, Metropolitan, and Harlem can be referred to Carter's outpatient rehabilitation; later this year, services will be offered systemwide. This service expansion will accommodate more than 13,000 rehabilitation evaluations and care visits each year, promoting broader access and improving scheduling flexibility to meet the high demand. Thanks to the generous donation of \$110,000 from long-time benefactor Henry "Hank" J. Carter and Wheelchair Charities Inc., the Carter rehabilitation unit has received state-of-the-art equipment upgrades to meet the complex care needs of the community.

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

NYC Health + Hospitals/Lincoln has been named a Center of Excellence by GO2 for Lung Cancer (GO2) - a nationally recognized organization that supports lung cancer care and research. This designation recognizes Lincoln Hospital for its ongoing commitment to providing the South Bronx community with patient-centered, evidence-based lung cancer screenings. As a designated GO2 Center of Excellence in lung cancer screening, NYC Health + Hospitals/Lincoln is committed to the principles of patient-centered communication and decision making across the entire care pathway. That means that the hospital implements screening in accordance with current evidence and clinical guidelines developed by professional bodies such as the American College of Radiology (ACR) and the National Comprehensive Cancer Network (NCCN), and coordinate patient follow-up, diagnostics, and transition to treatment through a multidisciplinary clinical process.

NYC HEALTH + HOSPITALS EARNS ANCC PRACTICE TRANSITION ACCREDITATION PROGRAM (PTAP) DESIGNATION FOR NURSING EXCELLENCE

NYC Health + Hospitals' Nursing Residency Program has earned accreditation from the American Nurses Credentialing Center (ANCC) through its Practice Transition Accreditation Program (PTAP). This prestigious designation recognizes the public health care system's commitment to excellence in preparing newly licensed nurses for a successful transition into professional nursing practice. ANCC's PTAP accreditation is widely regarded as the gold standard for nurse residency and fellowship programs. It affirms that NYC Health + Hospitals meets rigorous national standards for nurse transition-to-practice programming and distinguishes the health System as a premier destination for nurses entering or moving to new practice settings - underscoring its dedication to developing a highly skilled, confident, and supported nursing workforce.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

[SUSTAINABILITY AND RESILIENCY EFFORTS HIGHLIGHTED 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. In *Season 3 Episode 6: Inside NYC's Sustainable Health Care Revolution* Dr. Michael Shen speaks with Chief Decarbonization Officer Omer Cabuk and Director of Energy Programs and Project Delivery Tennille Santos to discuss how the public health care system is transforming its hospitals, community health centers, and nursing homes by making them more sustainable, resilient, and efficient. From sweeping energy efficiency upgrades to large-scale rooftop solar projects, NYC Health + Hospitals has reduced operational carbon emissions by 30% since 2006, and plans to cut operational emissions in half by 2030. Tune in to hear more about how reducing energy use, slashing emissions, and preparing for climate disasters saves lives, strengthens hospitals, and creates more resilient, healthy communities.

NYC HEALTH + HOSPITALS/BELLEVUE INSTALLS NEW CT SCANNER IN EMERGENCY DEPARTMENT, ENHANCING SPEED AND PRECISION OF PATIENT CARE

NYC Health + Hospitals/Bellevue announced the installation of the first of two new computed tomography (CT) scanners in its emergency department, part of a nearly \$7 million investment to strengthen rapid diagnosis and improve patient care in one of the country's busiest emergency departments. CT scanners are among the most commonly used diagnostic tools in emergency medicine, providing fast, detailed, cross-sectional images of the body that enable clinicians to quickly identify injuries, strokes, internal bleeding, infections, and other potentially life-threatening conditions. Bellevue Hospital's Emergency Department treats approximately 110,000 patients each year, many of whom require immediate and highly accurate imaging.

NYC HEALTH + HOSPITALS/WOODHULL WELCOMES DR. LESLIE A. HAYES AS CHIEF OF THE DEPARTMENT OF PEDIATRICS

NYC Health + Hospitals/Woodhull announced the appointment of Leslie A. Hayes, MD as its new Chief of the Department of Pediatrics, marking an exciting new chapter in the hospital's continued commitment to delivering high-quality, equitable care to children and families across North Brooklyn.

Dr. Hayes is a nationally respected physician-leader with extensive experience in public health, clinical pediatrics, and adolescent medicine, particularly in underserved communities throughout New York City. Most recently, she served as Deputy Commissioner of the Division of Family and Child Health at the New York City Department of Health and Mental Hygiene, where she led the department's largest division and advanced citywide initiatives to improve health outcomes for children and families.

Prior to her public health leadership role, Dr. Hayes was Chief of Adolescent Medicine at New York-Presbyterian Brooklyn Methodist Hospital, Assistant Professor of Clinical Pediatrics at Weill Cornell Medical College, and Inaugural Faculty Scholar in Health Equity at Cornell University's Center of Excellence. She is board certified in Pediatrics with a subspecialty in Adolescent Medicine.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES \$3.85 MILLION FROM BROOKLYN BOROUGH PRESIDENT ANTONIO REYNOSO TO ENHANCE PATIENT CARE ACROSS BROOKLYN

NYC Health + Hospitals/Gotham Health announced a significant \$3.85 million capital investment from Brooklyn Borough President Antonio Reynoso to support critical infrastructure upgrades and patient experience improvements across three Gotham Health centers in Brooklyn: East New York, Cumberland, and Brownsville. This funding reflects Gotham Health's ongoing commitment to advancing health equity and expanding access to high quality care for all Brooklyn residents.

The largest portion of the allocation will support a major renovation of the Women's Health and Pediatric areas at Gotham Health, East New York. Planned upgrades include a new lactation room, enhanced staff break space, and the integration of WIC (Women, Infants and Children) services directly into the clinical area to streamline support for families. The additional investments will support expanded clinical capacity, modernized equipment, and upgraded infrastructure across Gotham Health's Brooklyn sites. These enhancements will strengthen essential services such as optometry, dental imaging, and climate control, ensuring patients receive high quality, equitable care in environments that are modern, comfortable, and responsive to community needs.

NYC HEALTH + HOSPITALS/BELLEVUE UNVEILS FIVE NEW ORTHOPEDIC SURGICAL TABLES TO ENHANCE PATIENT CARE AND SAFETY

NYC Health + Hospitals/Bellevue unveiled five new orthopedic surgical tables following a \$500,000 internal investment, advancing patient safety, surgical precision, and the overall care experience. The new tables allow surgical teams to position patients more safely and accurately during complex orthopedic procedures, including hip and femur fracture repairs. The upgrade replaces aging equipment that had reached the end of its service life and could no longer be reliably repaired. The specialized tables support a wide range of orthopedic procedures by enabling independent positioning of the legs and improved access to the pelvis and lower body. Their design allows for clear, uninterrupted imaging during surgery, helping clinicians make faster and more informed decisions in the operating room.

BRONX CHILDREN LIGHT UP AS NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX PUTS FREE BOOKS IN THEIR HANDS

When a child at NYC Health + Hospitals/North Central Bronx clutches a brand-new book for the first time and exclaims, "It's mine!" – that moment is exactly what the Reach Out and Read program was designed for. For more than 15 years, the hospital's Pediatric Primary Care Clinic has embedded the nationally recognized literacy initiative into routine well-child visits, distributing free, age-appropriate books to children, and turning a routine checkup into an entry to early childhood learning. In the past two years alone, nearly 80,000 young Bronx children ages 0 to 5 left their appointments with a book to call their own.

**NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX
GIVES PATIENT NEW LEASE ON LIFE**

Ray Santana, a 64-year-old Bronx resident and longtime patient of NYC Health + Hospitals/North Central Bronx, was given just three days to live. Doctors warned that had he not received instant intervention, he would have suffered brain death.

Santana had been a functioning alcoholic for years, unaware that his drinking had quietly destroyed his heart muscle. He was eventually diagnosed with cardiomyopathy – a condition in which prolonged alcohol use weakens the heart's ability to pump blood effectively.

At his worst, Santana could not walk, could not climb stairs, struggled to breathe, and suffered severe leg swelling. He had endured multiple hospitalizations across several facilities – including episodes requiring mechanical ventilation – before a cardiology referral brought him to Nurse Practitioner Blessy Varghese, MS, FNP, AGNP-C, CEN.

Today, he has been sober for over two years – a transformation he credits to the care of Varghese at North Central Bronx Hospital's Cardiology Clinic.

Santana came to North Central Bronx Hospital through the Emergency Room, suffering from a dangerously weak heart. He was admitted, stabilized, and eventually discharged – but his condition required continued care. He was referred back to the Cardiology Clinic and began the treatment journey that would ultimately transform his life.

**NYC HEALTH + HOSPITALS/BELLEVUE RE-CERTIFIED AS A LEVEL I ADULT TRAUMA
CENTER AND A LEVEL II PEDIATRIC TRAUMA CENTER**

NYC Health + Hospitals/Bellevue announced that the American College of Surgeons (ACS) has re-certified the hospital as a Level I Adult Trauma Center and as a Level II Pediatric Trauma Center. Bellevue Hospital is the only Level I Adult Trauma Center and Level II Pediatric Trauma Center in Manhattan south of 68th Street. Level I trauma centers must be capable of providing comprehensive trauma care for all injuries, while Level II trauma centers are expected to provide initial definitive

trauma care for a wide range of injuries and injury severity.

Bellevue Hospital has been a Level I Adult Trauma Center for decades, delivering state-of-the-art trauma care around the clock. In addition to providing acute trauma care, these centers have an important role in local trauma system development, regional disaster planning, increasing capacity, and advancing trauma care through research.

NYC HEALTH + HOSPITALS/BELLEVUE TO BRING COMBINED HEAT AND POWER SYSTEM ONLINE, CUTTING EMISSIONS AND STRENGTHENING RESILIENCE

A new Combined Heat and Power (CHP) system, also known as a cogeneration system, is coming online at NYC Health + Hospitals/Bellevue imminently, substantially reducing the facility's carbon footprint, improving efficiency, and reducing grid dependence. This milestone underscores the public health care system's commitment to building a more sustainable and resilient future for its patients, providers, and communities. The cogeneration system simultaneously generates electricity and captures usable heat from a single fuel source, achieving overall efficiencies exceeding 80%, compared to 40-50% for conventional power generation. It is projected to generate more than 32.5 million kilowatt-hours of electricity annually, enough to power approximately 7,200 homes for a year, while delivering more than \$2 million in annual utility cost savings. These savings will be reinvested into hospital operations to further enhance patient care and services for the communities Bellevue Hospital serves.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, SYDENHAM ANNOUNCES NEW STATE-OF-THE-ART 3D MAMMOGRAM MACHINE

NYC Health + Hospitals/Gotham Health announced that a state-of-the-art 3D mammogram machine, which provides cutting-edge breast cancer detection and a more comfortable experience for patients, is now available at Gotham Health, Sydenham. Breast cancer is one of the most common cancers among women, and early detection is crucial. Gotham Health, Sydenham, now offers 3D mammography, also known as Digital Breast Tomosynthesis (DBT), which provides clearer, layer-by-layer images, allowing for higher cancer detection rates, particularly in patients with dense breast tissue. 3D mammography significantly reduces false positives (unnecessary callbacks) and is more accurate in detecting smaller, early-stage invasive cancers.

NYC HEALTH + HOSPITALS/QUEENS ACHIEVES CONTINUED RECOGNITION FROM THE ADA FOR EXCEPTIONAL DIABETES CARE

NYC Health + Hospitals/Queens announced that its Diabetes Self-Management Education Program has been awarded continued recognition from the American Diabetes Association (ADA) through its Education Recognition Program (ERP). The program was first recognized in June 2004 and continues to provide high-quality education services to the patients

it serves. The ADA Education Recognition effort, initiated in 1986, is a voluntary process that assures approved education programs meet the National Standards for Diabetes Self-Management Education Programs. Programs achieving this recognition status are staffed by knowledgeable health professionals who provide state-of-the-art information about diabetes management that directly benefit community health outcomes.

ARTS IN MEDICINE UPDATE

ART IN HOSPITALS 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. In *Season 3 Episode 5: How Art Provides Healing in NYC Hospitals*, Dr. Michael Shen sits down with Larissa Trinder, Assistant Vice President of NYC Health + Hospitals' [Arts in Medicine](#) department, and renowned Brooklyn-based artist Mickalene Thomas, to explore the powerful intersection of creativity and patient care. Dive into the origins of one of the nation's largest non-museum public art collections, discover how murals and mosaics shape the patient, staff, and family experience across NYC's public hospitals, and learn why art is essential to comfort staff and improve patient care. From the healing intention behind the [new Brooklyn mosaic dedicated to Ruth Bader Ginsburg](#) by artist Mickalene Thomas to global research with the World Health Organization, learn how art boosts trust, equity, belonging, and even combats healthcare worker burnout. This episode highlights ongoing collaborations with local cultural leaders, how arts access is being reimagined, and what it means when art is cared for, protected, and embedded in every corner of a health system.

COMMUNITY MURAL PAINT PARTY AT NYC HEALTH + HOSPITALS/BELLEVUE

Over 100 participants, including staff, patients, and visitors, joined us in Bellevue's South Lobby to make their mark on the latest community mural, "Before There was Asphalt / Gardens are Cities", by artist Emma Kohlmann. The mural will be unveiled to the public in a ribbon cutting ceremony on May 28.

This project was made possible thanks to the funding and partnership of the Laurie M. Tisch Illumination Fund.

HARMONIZING FOR HEALTH: PROGRAM PARTNERS CONVENING

Arts in Medicine, The Juilliard School, Yale School of Public Health, NYC Health + Hospitals/Bellevue, and the Laurie M. Tisch Illumination Fund gathered at The Juilliard School to reflect on what Harmonizing for Health, a pilot program Arts in Medicine facilitated for 6 months this past winter, has shown and to begin imagining what comes next. Early findings demonstrate that staff who participated in artist-led music

sessions reported greater calm, more patience with patients, and effects that lasted well beyond the session itself. 100% of those who attended multiple sessions reported more patience and emotional energy for their patients.

ARTWORK INSTALLED AT NYC HEALTH + HOSPITALS/WOODHULL

Over 39 new works have been installed at four In-Patient Units, psychiatry emergency, and the addiction clinic. Each abstract work was intentionally selected with patients and staff in consideration. The selections include works by a few renowned artists, including Eduardo Ojeda, Domingo López, and Arnold Hoffmann Jr., who are all a part of the Arts in Medicine visual collection.

ARTWORK INSTALLED AT NYC HEALTH + HOSPITALS/JACOBI

Over 15 new works have been installed at the 9th Floor Behavioral Health Unit. These vibrant pieces include the works of a few renowned artists, including Jim Dine, Charles Ford, and Andrew Stasik, who are all a part of the Arts in Medicine visual collection.

METROPLUSHEALTH UPDATE

IMPROVED MPH CAHPS PERFORMANCE DEMONSTRATES VALUE OF INTEGRATED CARE SYSTEM

Across Medicaid and HIV SNP, MetroPlusHealth met or exceeded statewide averages in all nine CAHPS measures. This performance indicates that members' experiences with MetroPlusHealth are now comparable to—or exceed—those of peer plans statewide, reflecting sustained improvements in access to care, provider interactions, and perceptions of the health plan.

MEDICAID

In Medicaid, MetroPlusHealth performed strongly, with notable gains in Rating of Personal Doctor, Rating of Specialist, and Rating of Health Plan. These measures are closely tied to continuity of care, appointment availability, and member trust, and reflect ongoing efforts to improve care navigation and access in alignment with NYC Health + Hospitals' system-wide patient experience priorities.

HIV SPECIAL NEEDS PLAN

In HIV SNP, MetroPlusHealth exceeded statewide averages in five of nine CAHPS measures: Getting Care Quickly, Rating of Health Care, Rating of Specialist, Rating of Health Plan, and Rating of Treatment or Counseling. The strongest gains were observed in access-related measures and overall plan ratings—critical indicators for members with complex, ongoing care needs.

HEALTH AND RECOVERY PLAN (HARP)

In HARP, MetroPlusHealth achieved a perfect CAHPS score – 20 out of 20 points – within the State’s Quality Incentive Program. This result places MetroPlusHealth among the highest-performing plans serving members with complex behavioral health needs, underscoring the effectiveness of its coordinated behavioral health and integrated care management model.

SYSTEM IMPLICATIONS

Strong CAHPS results indicate that members feel supported, can access care when needed, and trust the services provided—factors closely associated with higher engagement and improved health outcomes. Improvements in access reflect sustained collaboration with NYC Health + Hospitals to reduce barriers and strengthen care coordination across clinical settings.

Overall, the Fall 2025 Adult CAHPS results demonstrate how aligned priorities and integrated operations across MetroPlusHealth and NYC Health + Hospitals are improving member experience while supporting long-term system value.

EXTERNAL AFFAIRS UPDATE

CITY

On April 20th, NYC Health + Hospitals was invited to participate in the City Council hearing “Oversight: Examining NYC Health + Hospital’s SHOW Vans Initiative”. Dr. Ted Long, Chief Medical Officer, Clinical Services and Population Health provided testimony and participated in Q&A, and Jason Hansman, Deputy Chief Strategy Officer for the Office of Behavioral Health also participated in Q&A.

STATE

The NYS budget is now over three weeks late as the budget for State Fiscal Year 2026-2027, which began on April 1st, has yet to be finalized. The Legislature has so far passed a series of seven budget extender bills which has enabled the State to keep the government running while negotiations are ongoing. We continue to advocate for our NYC Health + Hospitals priorities until the final budget is enacted.

Our priorities continue to focus on filling problems created by H.R. 1 and related federal cuts. These include, but are not limited to, providing additional Medicaid operating investments for hospitals, nursing homes, and health centers. In addition to advocating for new Medicaid operating funds, we are also advocating for restoration of prior capital cuts for our hospitals and nursing homes.

FEDERAL

We are continuing our advocacy to delay the H.R. 1 provisions that restrict premium tax credit eligibility, while continuing regular advocacy on other issues. While continuing regular advocacy on other issues, including eliminating remaining Medicaid DSH cuts, permanently extending telehealth flexibilities, and preventing Medicare site neutral cuts.

COMMUNITY AFFAIRS

In honor of National Volunteer Month, we highlighted the CABs across our system on social media, showcasing their impact on their community.

The Council of CABs met on April 7th and received a presentation from Arts in Medicine, learning about the program's impact on patients and staff and about social prescribing as a model to support patients.

The Community Affairs Team hosted the 2nd annual Community Affairs Staff Recognition Luncheon on April 22nd. Over 40 individuals gathered to celebrate the Community Affairs staff systemwide. This year's recipient of The Jackie Rowe-Adams Community Affairs Staff of the Year Award was Nyron McLeish. Nyron was also honored with a Proclamation from New York State Senator José Serrano. Deborah Brown, Senior Vice President and Chief External Affairs Officer, received a commendation from New York City Comptroller Mark Levine. Both Nyron McLeish and Deb Brown received proclamations from NYC Public Advocate Jumaane Williams, and the Community Affairs staff received certificates of recognition from their respective Borough Presidents.

NYC CARE

Last week, the NYC Care health care access program won Bronze at [The Hispanic Marketing Council's awards](#) in the content creator & consumer engagement category. This category highlights excellence in the usage of multicultural insights to develop a content/influencer strategy that targets key demographics. NYC Care beat out other major brands in this category including Toyota, Spectrum, and Unilever.

CONTRACT DEVIATIONS REPORT

I approved one deviation this past month.

Consistent with our operating procedure, I recently approved a deviation from our procurement policy to increase the not-to-exceed amount to \$22 million for a contract for legal services with Ropes and Gray, LLP, which supports legal work that is essential to the Maimonides transaction. The costs will be covered by the New York State grant supporting the overall transaction.

REAL ESTATE UPDATE

During the first quarter of 2026, NYC Health + Hospitals executed six license agreements across four facilities – Bellevue, Lincoln, Seaview, and Woodhull – encompassing social services, community arts programming, and retail food operations totaling approximately 12,000 square feet.

NYC Health + Hospitals/Bellevue – Mental Health Legal Services An amendment to an existing five-year license agreement with Mental Health Legal Services took effect February 4, 2026, covering 1,338 square feet on the 19th floor. The no-fee arrangement supports access to legal counsel for patients with mental health needs.

NYC Health + Hospitals/Lincoln – SOMOS Community Care A new five-year license agreement with SOMOS Community Care, a community-based health organization, was executed for 160 square feet at \$9,600 annually, with an effective date of April 6, 2026. The agreement expands access to social services for Lincoln Hospital's patients and was competitively valued against third-party assessments of neighborhood commercial space.

NYC Health + Hospitals/Lincoln – Public Health Solutions Public Health Solutions, a leading NYC public health nonprofit, executed a five-year license for 80 square feet of clinical support space, at no fee, effective March 5, 2026. The arrangement strengthens Lincoln Hospital's capacity to connect patients with community health resources and wrap-around social services.

NYC Health + Hospitals/Seaview – Staten Island Ballet Theater The Staten Island Ballet Theater entered into a five-year license for 5,000 square feet in the Laboratory Building, executed March 5, 2026, with no monetary fee. In lieu of rent, the Ballet provides complimentary tickets and on-site performances for Seaview patients and staff.

NYC Health + Hospitals/Seaview – Grace Foundation of New York The Grace Foundation of New York, which provides food access and workforce development programming, executed a five-year license for 2,000 square feet in the cafeteria space, effective March 31, 2026, at no fee. The partnership advances the system's commitment to addressing social determinants of health, providing both nutritious food options and job training opportunities for community members.

NYC Health + Hospitals/Woodhull – Healthy Choice Gourmet VI Healthy Choice Gourmet VI executed a five-year license for 3,747 square feet of lobby restaurant and kiosk space at Woodhull, effective February 24, 2026, generating \$84,000 annually – or \$420,000 over the term – in license revenue for the facility. The agreement was established based on a third-party fair market value assessment of comparable retail food services.

NEWS FROM AROUND THE SYSTEM

- [The Guardian](#): 'This is as important as your teeth': are you skipping this key part of mouth hygiene?
- [NY1](#): Hospital official shares tips for managing stress
- [New York Post](#): Your hour by hour guide to getting the best night's sleep
- [Becker's Hospital Review](#): NYC Health + Hospitals adds new orthopedic surgery tables
- [Amsterdam News](#): Closing the Gap: Local leaders tackle Black maternal health crisis
- [Yale Climate Connections](#): Hospitals are rethinking laughing gas. Here's why.
- [Becker's Hospital Review](#): 8 dentists stepping into new leadership roles
- [CBS News](#): Mayor Mamdani announces some Rikers Island detainees will be housed in therapeutic unit at Manhattan hospital
- [Martha Stewart](#): What Happens to Your Body When You Swallow Gum
- [Becker's Hospital Review](#): The service more women heart patients need
- [Amsterdam News](#): Two Voices, One Harlem: examining the soul and intimate life of Dr. W.E.B. Du Bois
- [News12 Bronx](#): Families visiting North Central Bronx Hospital will now leave the office with free books
- [Xtelligent Healthcare Media](#): How a safety-net system reached 70% colorectal cancer screening rates
- [Becker's Hospital Review](#): NYC Health + Hospitals rolls out AI tool to boost maternal safety
- [Brooklyn paper](#): Brooklyn honors its best at the Brooklyn Power List
- [New York Art Life](#): Ruonan Joan Du: Shaping the Urban Tapestry
- [Queens Latino](#): Mateo Espinosa: Leader in Health Equity and Innovation
- [Roosevelt Islander](#): 112th Birthday of Carmen Augustin
- [City & State New York](#): The 2026 Bronx Power 100
- [NY1](#): Closer look at colon cancer with Dr. Joan Culpepper-Morgan
- [Brooklyn paper](#): Brooklyn honors its best at the Brooklyn Power List
- [News12](#): NYC Health + Hospitals brings new vascular surgeries to Jacob and North Central Bronx locations
- [QNS](#): Donovan Richards announces \$1 million in funding for Gotham Health Roosevelt in Jackson Heights
- [Queens Gazette](#): Elmhurst Hospital Celebrates Awards
- [Bronx Times](#): New dentistry chair and vice chair appointed at NYC Health + Hospitals/Jacobi | North Central Bronx
- [Health Facilities Management](#): Health system invests millions in high-tech beds (Danielle DiBari, NYC Health + Hospitals mentioned)
- [Brooklyn Daily Eagle](#): Woodhull Hospital earns national recognitions for surgical safety
- [Behavioral Health News](#): Integrating Peer Professionals in Complex Behavioral Health Systems

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to **increase the funding by \$71,047,954, which includes a 30% contingency, to its previously negotiated and executed contracts with four supplemental security staffing firms Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management, to support temporary staffing needs.** The cumulative not to exceed value for services provided by all such firms shall increase from \$11,600,000 to \$82,647,954 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

WHEREAS, New York City Health + Hospitals’ need for supplemental security staffing has significantly increased due to various System-wide policy changes and initiatives; and

WHEREAS, the System requires vendors to provide supplemental security staffing for all System-wide facilities, including Central Office, three (3) Acute facilities, one (1) Post-Acute care facility, and two (2) Gotham facilities; and

WHEREAS, Since these services were procured, expanded revenue cycle business needs including expanded visitation policies and re-opening of access points post-COVID-19, short-term increased security use during labor action responses, and introduction of 24/7 weapon detection systems across all Acute facilities, necessitate the expansion of the vendor’s scope of work; and

WHEREAS, System-wide supplemental security staffing was procured through a competitive RFP process and the procurement was approved by the CRC in February 2022 and by the Board of Directors in March 2022, with a combined 5-year NTE of \$11,600,000, contracts were awarded to the above-referenced four vendors to provide such needed services; and

WHEREAS, Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management continue to be responsive to the System’s needs and have the capacity and expertise to provide these additional services; and

WHEREAS, the Senior Vice President of Ambulatory Care Operations, will be responsible for the management of the proposed contract(s).

NOW THEREFORE, be it RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$71,047,954, which includes a 30% contingency, for its previously negotiated and executed contracts with four supplemental security staffing firms Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management, to support temporary staffing needs. The cumulative not to exceed value for services provided by all such firms shall increase from \$11,600,000 to \$82,647,954 for the remainder of the contract term.

**EXECUTIVE SUMMARY
SUPPLEMENTAL SECURITY STAFFING SERVICES
AGREEMENT(S) WITH
ALLIED UNIVERSAL PROTECTION SERVICES, ARROW SECURITY (D.B.A ARON),
JOHNSON SECURITY BUREAU, AND MAXXI BUILDING SECURITY &
MANAGEMENT.**

OVERVIEW: NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured three contracts by \$71,047,954, which includes a 30% contingency, to provide additional security staffing services.

NEED: NYC Health + Hospitals requires supplemental security staffing services across The System. Additional Revenue Cycle business needs, including expanded visitation policies and re-opening of access points post-COVID-19, short-term increased security use during labor action responses, and introduction of 24/7 weapon detection systems across all Acute facilities, necessitate the expansion of the vendor's scope of work, necessitate an increase to the current NTE.

COSTS: The total not-to-exceed cost for the proposed contract over the contract term of two, one-year renewal options is \$82,647,954.

MWBE: The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation. Johnson Security Bureau is a NYS/NYC certified M/WBE. Both Arrow Security and Allied Universal Protection Services provided a 30% M/WBE utilization plan. Their utilization to date is 17%. Maxxi Building Security is a NYC certified MBE, however they had no spend on this contract.



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

From: Carina P. Zupa
Contract Attorney
Corporate Supply Chain Legal

Zupa, Carina
Digitally signed by Zupa, Carina
Date: 2026.04.21 16:48:57 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Supplemental Security Staffing Services Agreement(S) with Allied Universal Protection Services, Arrow Security (D.B.A Aron), Johnson Security Bureau, And Maxxi Building Security & Management.

Date: April 20, 2026

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>
Aron Security Inc (dba Arrow Security)	Pending	Approved	30%
Johnson Security Bureau, Inc.	Pending	Pending	MWBE
Universal Protection Service, Llc	Approved	Approved	30%
Maxxi Building Security and Management Corporation	Pending	Pending	MWBE

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

**Supplemental Security Staffing Services
Application to Increase an NTE
with Allied Universal Protection Service LLC,
Johnson Security Bureau, Inc., Maxxi Building
Security and Management Corporation, and
Aron Security, Inc.**

**Board of Directors Meeting
May 28, 2026**

**Dr. Theodore Long, Senior Vice President
Dr. David Silvestri, Sr. Assistant Vice President
Juan Checo, Chief Security Officer**

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$71,047,954, which includes a 30% contingency, to its previously negotiated and executed contracts with four supplemental security staffing firms Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management, to support temporary staffing needs.** The cumulative not to exceed value for services provided by all such firms shall increase from \$11,600,000 to \$82,647,954 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

Background & Current State

- Historically, NYC Health + Hospitals has used supplemental security staffing services vendors at Acute, Post-Acute, Gotham, and Central Office facilities as a temporary means to address full-time security staffing shortages or short-term increases in security needs.
- Hospital Police & Security services operate at all NYC H+H facilities and support several critical business and safety functions:
 - Routine Surveillance
 - (e.g., Patrols, Access Control, Weapon Detection System)
 - Incident Response
 - (e.g., De-escalation, Conflict Response, Missing Persons)
 - Property Protection
 - (e.g., Building/Assets, Patient Valuables, Evidence Preservation)
 - Staff & Patient Support
 - (e.g., Patient/Visitor Support, Staff Protection/Escorts)
- Security staffing services have provided the following titles:
 - Security Guard and Security Guard Supervisor
 - Fire Watch Personnel and Fire Safety Officer

Background & Current State

- In 2021, NYC Health + Hospitals conducted a systemwide HP staffing assessment to identify base HP staffing needs at each facility. Simultaneously, strategies to address staffing gaps through recruitment and rehiring were revised.
- In October 2021, as part of this system-wide staffing strategy, NYC Health + Hospitals issued an RFP for systemwide supplemental security staffing services to support temporary staffing needs. The procurement was approved by CRC in February 2022, and by the Board of Directors in March 2022, with a combined five-year NTE of \$11,600,000.
- Four vendors were selected through the competitive RFP process, and signed to three-year contracts with two optional one-year renewals:
 - Allied Universal Protection Services
 - Arrow Security (d.b.a Aron)
 - Johnson Security Bureau
 - Maxxi Building Security & Management

Background & Current State

Recent review suggests the original NTE of \$11,600,000 underrepresented the actual expected spend for a five year system-wide contract:

- Temporary security staff utilization for the 12 months prior to RFP (March 2020 - April 2021) indicates that vendor security spend for a subset of systemwide facilities (Central Office, three Acute facilities, one Post-Acute Care facility, two Gotham facilities) was \$3,092,548 (excluding COVID-related spending).
 - The original NTE was calculated based on a subset of facilities, while the contract was intended and approved for use by all facilities.
- Original NTE did not include any contingency, including for unanticipated increases to staffing need. Since the 2022 procurement, however, several trends for hospital security needs have developed that increase staffing need:
 - Expanded visitation policies and re-opening of access points post-COVID
 - Short-term increases to security use during labor action responses
 - Introduction of 24/7 weapon detection systems across all Acute facilities
 - Mayoral/City initiatives during extreme weather events (e.g., Warming Centers)

Current Spend / NTE Request

- The first three year contract spend for all facilities is \$47,623,349.
 - This exceeds the five year NTE by \$36,023,349
- The expected System-wide spend for the final two contract years, based on recent annual utilization of supplemental security staffing vendors, will be approximately \$13,776,000/yr. This calculation is consistent with pre-RFP historic spend per facility, though now accounts for all facilities.
 - No change to services, scope, or intended use (i.e., system security staffing gaps)
- Additional contingency is needed to support unanticipated security staffing needs, including specifically in relation to major Summer 2026 security events (FIFA World Cup, Sail 250, Code Red / extreme weather events).
- As a result, the NTE will need to be increased to \$82,647,954 through the end of the contract, if all optional renewal terms are exercised.

NTE Request Calculation	Original NTE Amount	\$11,600,000
	Exceeded NTE Value (Current spend to date over NTE)	\$36,023,349
	Projected spend for next 2 years	\$27,552,000
	Contingency (Base) - 10%	\$6,357,535
	Contingency (FIFA WC/Summer 2026 Events) - 20%	\$12,715,070
	Revised Total NTE	\$82,647,954

Optimization Efforts

- Numerous concurrent efforts are underway to reduce use of supplemental security staffing services across all facilities.
 - Recalibration of Hospital Police/Security staffing model:
 - Currently under review with all facilities – target completion: End of CY26
 - Identifying opportunities to improve efficiencies in HP/Security posts
 - Leveraging technology investments (e.g., turnstiles, ID card readers)
 - Narrowing timing of non-primary entry/ exit points
 - Conversion of two+ fixed posts to one patrolling post
 - Any reduction in posts will reduce need for supplemental vendor security staff without impacting recruitment or hiring of full-time staff
 - Improvements to Hospital Police recruitment and retention:
 - Positive benefits from compensation changes (base salary, differentials)
 - Recruitment: Stable/increased size of the HP Academy recruit classes
 - Retention: ~50% reduced Special Officer resignations within one-year of start
 - Central visibility into Supplemental Security Staffing purchase orders
 - A new RFP will be developed during the remaining contract term, which will incorporate many of these efforts.

Vendor Performance

- Four vendors were selected through the competitive RFP process for this pooled contract:
 - Allied Universal Protection Services
 - Arrow Security (d.b.a Aron)
 - Johnson Security Bureau
 - Maxxi Building Security & Management
- As a pooled contract, all vendors are available for use to fill needs.
- Selection of vendors and assignment of work at the facility level is at the discretion of each facility's Hospital Police Chief. Several factors contribute to vendor selection:
 - Historical performance at any NYC Health + Hospitals facility
 - Vendor's ability to meet time-sensitivity and/or volume requirements
 - Negotiated hourly rates for needed titles
 - Communication/responsiveness of vendor
- Maxxi Building Security & Management has not performed work on this contract.

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Allied Universal	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	No
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Unknown
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Not Always
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	
Satisfactory	

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Johnson Security Bureau	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	No
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work?	No
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	
Satisfactory	

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Arrow Security

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing	Yes
Did the vendor maintain adequate records and logs, and did it submit	Yes
Did the vendor submit its proposed subcontractors for approval in advance	No
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the	Yes
Did the vendor adequately supervise the contract and its personnel, and did	Not Always
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in	Yes
Did the vendor adequately identify and promptly notify the agency of any	Yes
Performance and Overall Quality Rating	Good

Vendor Diversity

- The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation.
- Johnson Security Bureau is a NYS/NYC certified M/WBE. Both Arrow Security and Allied Universal Protection Services provided a 30% M/WBE utilization plan.
- Maxxi Building Security is a NYC certified MBE, however they had no spend on this contract.
- MWBE Utilization to date has not yet met the set contract goal, but has improved over the three years of the contract.

Prime Vendor	M/WBE Goal (%)	Utilization to Date (%)
Arrow Security	30%	17%
Allied Universal Protection Services		
Johnson Security Bureau		

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$71,047,954, which includes a 30% contingency, to its previously negotiated and executed contracts with four supplemental security staffing firms Allied Universal Protection Services, Arrow Security (d.b.a Aron), Johnson Security Bureau, and Maxxi Building Security & Management, to support temporary staffing needs.** The cumulative not to exceed value for services provided by all such firms shall increase from \$11,600,000 to \$82,647,954 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$38,779,153, which includes a 10% contingency, to its previously negotiated and executed contract with DocGo dba Ambulnz NY LLC, to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation.** The cumulative not to exceed value for services provided by all such firms shall increase from \$94,762,581 to \$133,541,734 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

WHEREAS, New York City Health + Hospitals’ requires a transportation contract to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation; and

WHEREAS, the System requires a single vendor to provide ambulance and ambulette transportation services as a single vendor facilitates timely transfer of patients between facilities, supports better continuity of care, increases access to specialized services, aides in patient retention efforts, and supports more timely discharges, which reduces length of stay and improves patient and staff satisfaction; and

WHEREAS, Since these services were procured, DocGo dba Ambulnz NY LLC has provided The System with three distinct scopes of work as part of the Patient Transportation Services Contract, including Scope 1: Resources to support emergent inter-facility transfers; Scope 2: All other ambulance and ambulette transportation including non-emergent transfers and routine discharges; and Scope 3: Transfer Center services; and

WHEREAS, Unlike the previous systemwide vendor which had a fee-for-service model, DocGo dba Ambulnz NY LLC operates under a leased hour model where NYC Health + Hospitals is billed at hourly rates based on modality and anticipated demand. This leased hour arrangement was a new model for the system, making it difficult to accurately project the expense of the resources required to meet the System's demand, leading to higher than anticipated spend; and

WHEREAS, System-wide ambulance and ambulette transportation was procured through a competitive RFP process and the procurement was approved by the CRC in December 2022 and the Board of Directors in January 2023, with an NTE of \$94,762,581, one contract was awarded to the above-referenced vendor to provide such needed services; and

WHEREAS, DocGo dba Ambulnz NY LLC continues to be responsive to the System’s needs and has the capacity and expertise to provide these additional services; and

WHEREAS, the Senior Vice President and Chief Medical Officer, Clinical Affairs and Clinical Business Strategy, 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 increase the funding by \$38,779,153, which includes a 10% contingency, for its previously negotiated and executed contracts with DocGo dba Ambulnz NY LLC, to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation. The cumulative not to exceed value for services provided by all such firms shall increase from \$94,762,581 to \$133,541,734 for the remainder of the contract term.

EXECUTIVE SUMMARY
PATIENT TRANSPORTATION SERVICES
AGREEMENT(S) WITH
DocGo dba Ambulnz NY LLC.

- OVERVIEW:** NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured contract by \$38,779,153, which includes a 10% contingency, to provide additional transportation services.
- NEED:** NYC Health + Hospitals requires a single vendor to provide ambulance and ambulette transportation services as a single vendor facilitates timely transfer of patients between facilities, supports better continuity of care, increases access to specialized services, aides in patient retention efforts, and supports more timely discharges, which reduces length of stay and improves patient and staff satisfaction. Unfamiliarity with DocGo dba Ambulnz's NY LLC leased-hour payment structure made it difficult to accurately project the expense of the resources required to meet the System's demand, leading to higher than anticipated spend, especially in the initial contract year. While efforts to optimize resources and improve efficiencies are ongoing, an increase to the current NTE is needed to ensure continuity of this essential service over the remainder of the contract period.
- COSTS:** The total not-to-exceed cost for the proposed contract over the remaining contract term of two, one-year renewal options is \$133,541,734.
- MWBE:** The Vendor Diversity team recommended a 10% diverse vendor component percentage for this solicitation. To date, the utilization has been 3%.



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

From: Carina P. Zupa
Contract Attorney
Corporate Supply Chain Legal

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Patient Transportation Services Agreement(S) with Docgo Dba Ambulnz.

Date: April 20, 2026

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>
DocGo dba Ambulnz NY LLC	Pending	Approved	10%

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.

Patient Transportation Services Application to Increase an NTE with DocGo dba Ambulnz NY LLC

**Board of Directors Meeting
May 28, 2026**

**Dr. Sewit Teckie, Senior Vice President and Chief Medical Officer,
Clinical Affairs and Clinical Business Strategy**

**Nina Rostanski, AVP
Clinical Affairs and Business Strategy**

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding by \$38,779,153, which includes a 10% contingency, to its previously negotiated and executed contract with DocGo dba Ambulnz NY LLC, to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation.** The cumulative not to exceed value for services provided by all such firms shall increase from \$94,762,581 to \$133,541,734 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

Background & Current State

- NYC Health + Hospitals requires a single vendor transportation contract to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation.
 - The first single vendor transportation contract was initiated in April 2019
- Supporting inter-facility transfers within the System has been a priority for the system and a reliable ambulance service is necessary for achieving this goal.
 - The ability to timely transfer patients between facilities helps to support better continuity of care, increased access to specialized services, and patient retention efforts.
 - Systemwide investments in centralized transfer center services, an integrated electronic medical record (EMR), and coordinated planning of clinical services growth across sites, have helped to further strengthen and support these efforts.
- The single vendor transportation contract also supports more timely discharges, reducing length of stay and improving patient and staff satisfaction.

Overview / History of Contract

- This contract was procured through a competitive RFP process in August 2022 and DocGo dba Ambulnz was selected as the highest rated proposer.
- The procurement was approved by the CRC in December 2022 and the Board of Directors in January 2023 with an NTE of \$94,762,581. A three-year contract with two one-year renewal options was executed in March 2023 and a one-year renewal option was exercised in March 2026.
- Since March 2023, Ambulnz NY LLC has provided The System with three distinct scopes of work as part of the Patient Transportation Services Contract:
 - Scope 1: Resources to support emergent inter-facility transfers;
 - Scope 2: All other ambulance and ambulette transportation including non-emergent transfers and routine discharges; and
 - Scope 3: Transfer Center services.

Current Spend/NTE Request

- Current contract cost is approximately \$25,000,000 annually, and spend since inception of the contract is approximately \$80,000,000.
- Based on the current contract spend, we project that we will need an additional \$38,779,153 to carry out the scope of work through the remaining contract years.
- 10% contingency on projected spend reflects the need to account for unknowns in potential resource utilization (e.g. unanticipated increases in transport volume due to level-loading or other surge events, new transfer workflows).

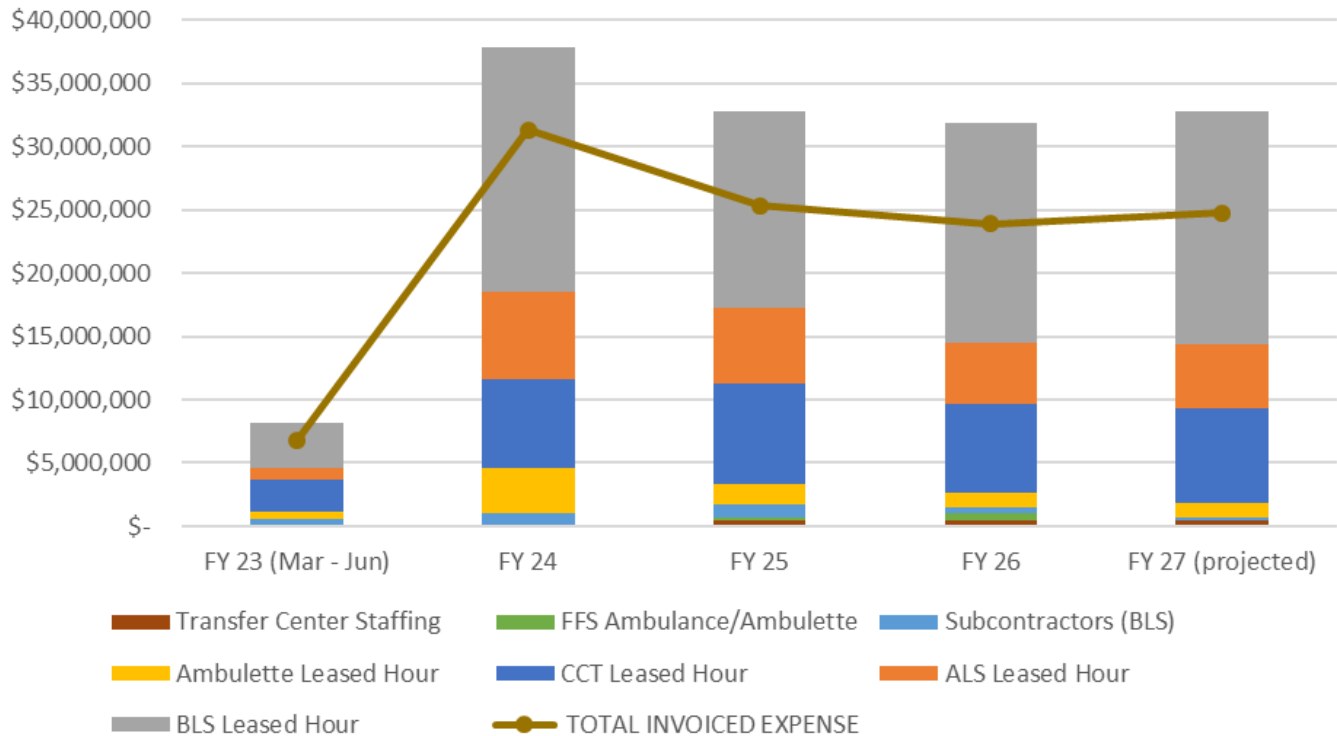
NTE Request	
Original NTE Amount (including 5% contingency)	\$94,762,581
Total Actual Spend	\$78,881,298
Projected Spend (March FY 26 - Feb FY28)	\$49,691,305
5-Year Total Expense	\$128,572,603
Contingency (10%)	\$4,969,131
New Requested Total NTE	\$133,541,734
NTE Increase	\$38,779,153

Spend/Contract Management

- Unlike the previous system wide vendor which had a fee-for-service model, Ambulnz operates under a leased hour model where NYC Health + Hospitals is billed at hourly rates based on modality and anticipated demand:
 - NYC Health + Hospitals is invoiced at the contract hourly rate with credits applied for revenue Ambulnz receives from insurance for ambulance and ambulette transports
 - Under leased hour model, The System pays for “leased” resources regardless of utilization, including for “idle time” between trips
 - Leased hours are reviewed on an ongoing basis to assess current and future demand requirements
- The leased hour arrangement was a new model for the system and it was difficult to accurately project the expense required to meet System needs
 - Initial projections anticipated a blended model of leased hour and on-demand (fee-for-service) resources, which led to an underestimation of costs associated with resource idle time
 - Initial projections assumed a gradual six-month ramp-up; however, due to external circumstances the full transition was completed in six weeks, leading to higher spend in the initial contract period than anticipated

Contract Spend

Yearly Cost by Modality, with Total Invoiced Expense to H+H



Spend shown is the amount H+H was invoiced under contract

Total Invoiced Expense line represents actual expense to H+H after credits applied for revenue vendor receives from insurance reimbursements

- After initial ramp-up period (Mar - June 2023), spend was highest in the first full fiscal year due to the adjustment to the new leased hour model and allocation of resources across the system. Titration of resources, especially ambulette leased hours, led to reduced expenditure in FY25.
- Although volume has trended upward year-over-year during the contract period, expenses have decreased and then remained steady through continued focus on resource optimization and efficiencies, including a 10 percentage point reduction in overall resource idle time across ambulance modalities.

Contract Utilization

- Over the life of this contract (March 2023 - March 2026), there have been a total of 155,266 Ambulance transports and 28,826 Ambulette transports
 - Total Ambulance transports consist of:
 - 131,046 BLS (Basic Life Support) ambulance transports
 - 22,660 ALS (Advanced Life Support) ambulance transports
 - 1,560 CCT (Critical Care Transports) ambulance transports
- Annually Ambulnz completes approximately 10,500 inter-facility transfers and 42,500 routine transports
 - Under the current contract, average ambulance transports in the system are 20% higher annually compared to volume under the previous vendor (10% higher for transfers)
- Since initiating the current contract, NYC Health + Hospitals has seen significantly improved timeliness for both inter-facility transfers and discharges under the leased hour model:
 - Emergent inter-facility transfers: Ambulances have arrived on scene within 30 minutes 85% of the time (contract average), up from 23% under the previous vendor (2022 average)
 - Routine transports (including discharges and non-emergent transfers): Ambulances are meeting timeliness targets approximately 76% of the time (contract average), up from ⁸ 43% (2022 average)

Optimization Efforts

- There have been several key areas of continued focus for performance improvement in collaboration with facilities and the Ambulnz team.
 - Leased hour model:
 - Weekly meetings with Ambulnz leadership to review leased hours, performance, and contract operations
 - Recurring bi-weekly, monthly and quarterly meetings with the vendor and individual facility leadership to review facility-level performance data, operational indicators impacting resource utilization, and billing metrics
 - Billing improvements and optimizations to maximize insurance reimbursements:
 - Focusing on facility billing workflows to reduce no-auth denials by obtaining authorizations prior to transport
 - Integrating transportation ordering platform with Epic system-wide to maximize insurance capture rate
 - Operational improvements:
 - Staggering discharges to ensure efficient utilization of systemwide leased hour ambulance resources and avoid peak-hour clustering
 - Reducing time spent by crews on-scene (“package time”) to improve utilization of resources
 - Reducing overall transportation costs by ensuring requested transport modality matches patient’s clinical needs and shifting to least costly modality where appropriate

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Ambulnz	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work?	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	
Good	

Vendor Diversity

- Utilization Summary

Prime Vendor	M/WBE Goal (%)	Utilization to Date (%)
DocGo dba Ambulnz	10%	3%
Total Utilization		3%

- The Vendor Diversity team recommended a 10% diverse vendor component percentage for this solicitation.
- To date, the utilization has been 3%.
- Based on the latest update from the vendor, M/WBE goals are expected to be met by the end of the contract period for the full contract value.

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to **increase the funding by \$38,779,153, which includes a 10% contingency, to its previously negotiated and executed contract with DocGo dba Ambulnz NY LLC, to ensure reliable access to ambulance and ambulette transportation for inter-facility transfers and routine discharge transportation.** The cumulative not to exceed value for services provided by all such firms shall increase from \$94,762,581 to \$133,541,734 for the remainder of the contract term of two, one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

AMENDED - RESOLUTION - 08

AMENDING PREVIOUSLY APPROVED RESOLUTION OF MARCH 26, 2026 TO REFLECT THE CORRECT NAME OF THE CORPORATION AS “H+H MAIMONIDES MIDWOOD CORPORATION” INSTEAD OF “H+H MIDWOOD CORPORATION” IN THE CORPORATION BY-LAWS - 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”).

WHEREAS, pursuant to the ATA and the authorization given by the NYC Health + Hospitals’ Board at its December, 2025 meeting, NYC Health + Hospitals formed H+H Midwood as a New York public benefit corporation; and

WHEREAS, H+H Midwood currently exists as a shell entity pending an organizational meeting during which NYC Health + Hospitals as the sole member of H+H Midwood can flesh out H+H Midwood with bylaws and the designation of an H+H Midwood Board; and

WHEREAS, the ATA and the NYC Health + Hospitals Board authorizing the formation of H+H Midwood both anticipate the H+H Midwood Board being the same as the NYC Health + Hospitals Board, i.e., a “mirror board.”

NOW THEREFORE, BE IT RESOLVED that NYC Health + Hospitals as the sole member of H+H Midwood hereby adopts the bylaws attached as Exhibit A as the bylaws of H+H Midwood; and

IT IS FURTHER RESOLVED that NYC Health + Hospitals as the sole member of H+H Midwood hereby selects and nominates as the members of the Board 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

IT IS FURTHER RESOLVED that NYC Health + Hospitals as the sole member of H+H Midwood shall 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 shall be deemed to simultaneously 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”).

EXECUTIVE SUMMARY
CORPORATE ORGANIZATION OF H+H MAIMONIDES CORPORATION

BACKGROUND:	Pursuant to the ATA and the authorization given by the NYC Health + Hospitals’ Board at its December, 2025 meeting, NYC Health + Hospitals formed H+H Midwood as a New York public benefit corporation of which NYC Health + Hospitals is the sole member. The purpose of H+H Midwood is to operate the Midwood campus of the Maimonides Health System. H+H Midwood currently exists as only a shell entity pending its organization by its sole member. The proposed resolution acts to adopt bylaws and select and appoint members of the H+H Midwood Board of Directors.
ACTIONS TAKEN:	The actions taken by the proposed resolution adopt the bylaws attached as <u>Schedule A</u> , appoint all members of the NYC Health + Hospitals Board as members of the H+H Midwood Board, specifies that members of the NYC Health + Hospitals shall serve on the H+H Midwood Board in the same capacities as they serve on the NYC Health + Hospitals Board and provides that in the in the future the H+H Midwood Board shall reflect any changes in the NYC Health + Hospitals Board with the object of having the H+H Midwood Board mirror the NYC Health + Hospitals Board.

H+H/Maimonides Integration Planning

**AMENDED - Organizing Resolution for the H+H Maimonides
and H+H Maimonides Midwood Subsidiaries (Including
Bylaws Approval)**

Board of Directors Meeting

May 28, 2026

Joanna Weiner – Deputy General Counsel

Organizing Resolution For Board Consideration (H+H Maimonides Midwood)

- **AMENDING PREVIOUSLY APPROVED RESOLUTION OF MARCH 26, 2026 TO REFLECT THE CORRECT NAME OF THE CORPORATION AS “H+H MAIMONIDES MIDWOOD CORPORATION” INSTEAD OF “H+H MIDWOOD CORPORATION” IN THE CORPORATION BY-LAWS ”** - 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”).

- Members of the NYC Health + Hospitals board will be the same and will serve in the same roles as they do on the NYC Health + Hospitals (member) board. They are selected and removed by being selected for or removed from the NYC Health + Hospitals board.
- Corporate officers of NYC Health + Hospitals will also be the corporate officers of the subsidiaries.

How do the Subsidiary Bylaws differ from the NYC Health + Hospitals Bylaws?

- Reserves powers to the member, *e.g.*, appointment of the hospital CEOs (called “Executive Directors”), the power to amend or repeal the bylaws, the power to approve budgets, and the power to dispose of assets.
- Excludes those powers that NYC Health + Hospitals subsidiaries cannot have, *e.g.*, the power to create subsidiaries, the power to engage in collective bargaining, or the power to issue bonds.
- Provides for only four board committees: Executive, Audit, Quality Assurance/Performance Improvement, and Finance. Other matters generally handled by committee will be handled by the committee of the member (*e.g.*, IT and strategic planning).

Organizing Resolution For Board Approval (H+H Maimonides Midwood)

- **AMENDING PREVIOUSLY APPROVED RESOLUTION OF MARCH 26, 2026 TO REFLECT THE CORRECT NAME OF THE CORPORATION AS “H+H MAIMONIDES MIDWOOD CORPORATION” INSTEAD OF “H+H MIDWOOD CORPORATION” IN THE CORPORATION BY-LAWS ”** - 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**”).

**H+H Maimonides Midwood
Corporation**

BY-LAWS

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ARTICLE I

PREAMBLE

H+H **Maimonides** Midwood Corporation is a public benefit corporation (the “Corporation”) created pursuant to the New York City Health and Hospitals Corporation Act (L. 1969, C. 1016, eff. May 26, 1969) (the “**Act**”) as a subsidiary corporation to New York City Health and Hospitals Corporation, which is its sole member (the “**Member**”). The purposes of this Corporation shall be those set forth in its Certificate of Incorporation.

The Corporation shall operate, consistent with regulatory approvals, H+H **Maimonides** Midwood (the “**Hospital**”)

In order to provide for the orderly operation of the Corporation, the Member adopts the following By-Laws on behalf of the Corporation:

ARTICLE II

OFFICES

Section 1. Principal Office. The principal office of the Corporation shall be located in the City of New York, State of New York.

Section 2. Other Offices. The Corporation may also have offices at such other places within and without the State of New York as the Board may, from time to time, determine or the business of the Corporation may require.

ARTICLE III

MEMBERSHIP

Section 1. Member. The sole Member of the Corporation shall be the New York City Health and Hospitals Corporation, which shall serve as the co-established operator of the Hospital. The Corporation shall be subject to the authority of the Member pursuant to the Act, the Certificate of Incorporation of the Corporation (as amended from time-to-time, the “COI”), these By-Laws, and other applicable law.

Section 2. Powers of the Member. The following actions are reserved to the Member and may not be taken by the Corporation or the Corporation’s Board of Directors (the “**Board**”) without the approval of the Member. The Member may initiate and take any of the following actions, even without the approval of the Board. The Member shall determine how to take each of the foregoing actions, including whether approval of the Member’s Board of Directors is required or whether the action may be performed by an authorized officer of the Member:

- (A) Approving the COI and by-laws of the Corporation and any amendments thereto;
- (B) Appointing and dismissing the Hospital’s Executive Director as well as management-level employees, and medical staff;
- (C) Engaging in collective bargaining or negotiating with any organization representing any of the Corporation’s employees, or to entering into collective bargaining agreements with any such organization;
- (D) Establishing personnel administration policies, practices, procedures and programs, and terms and conditions of employment of the Corporation, including those agreed to in collective bargaining and determined by the comptroller of the City of New York pursuant to section two hundred twenty of the labor law;
- (E) Adopting and enforcing the Corporation’s hospital policies and procedures;
- (F) Disposing of assets and incurring liabilities on behalf of the Corporation;
- (G) Approving certificate of need applications filed by or on behalf of the Corporation;
- (H) Adopting and approving the Corporation’s capital and operating budgets;
- (I) Approving contracts for management or for clinical services;
- (J) Approving settlements for lawsuits or administrative actions involving the Corporation;
- (K) Designating the officers, employees and agents of the Corporation who shall have the power to execute and deliver deeds, contracts, mortgages, debentures, checks, drafts, and other orders for the payment of money and other documents for and in the name of the Corporation and authorizing such officers, employees, and agents to delegate such power (including authority to redelegate) by written instrument to other officers, employees, or agents of the Corporation;
- (L) Designating the banks and trust companies into which the monies of the Corporation shall be deposited;

- (M) Selecting the auditor of or outside advisors to the Corporation; and
- (N) Maintaining and controlling the books and records of the Corporation.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. General Powers. Subject to Article III, the property, business, and affairs of the Corporation shall be managed by the Board. In the management and control of the property, business, and affairs of the Corporation, the Board may exercise all of the powers of the Corporation except such as may be otherwise reserved by the law, including, without limitation, the Act, these By-Laws or the Corporation's Certificate of Incorporation. The Board shall fulfill its responsibilities in a manner consistent with relevant law and regulations, including the Conditions of Participation under the Medicare program, and shall serve as the Governing Body of the licensed facilities operated by the Corporation with the Member serving as the co-established operator.

Section 2. Number and Qualifications of Directors. Those persons who serve as directors of the Board of Directors for the Member shall serve as directors on the Board for the Corporation in the same board capacities as they serve on the Member's Board of Directors.

Section 3. Meetings.

(A) Annual Public Meeting. The Board shall hold an annual public meeting at such date, place, and hour as shall be designated in the notice to the public of the annual public meeting. Such notice shall be given, not later than thirty (30) days before the meeting, in such manner as the Board may, by resolution, determine.

(B) Special Meetings. Special meetings of the Board shall be held whenever called by the Chair of the Board, the President, or by four (4) directors. Any and all business may be transacted at a special meeting which may be transacted at a regular meeting of the Board.

(C) Time and Place of Meeting. The Board may hold its meetings at such time or times and such place or places within or without the State of New York as the Board may, from time to time, by resolution determine or as shall be designated in the respective notices or waivers of notice thereof.

(D) Notice of Meetings. Notices of regular meetings of the Board or of any adjourned meeting need not be given. Notices of special meetings of the Board, or of any meeting of any committee of the Board, except the Executive Committee, which shall meet when deemed necessary, shall be mailed by the Secretary to each director or member of such committee, addressed to them at their residence or usual place of business, at least three (3) days before the day on which such meeting is to be held, or shall be sent by any reasonable means of recorded electronic communications or be delivered personally or by telephone not later than the day before the date on which such meeting is to be held. Such notice shall include the time and place of such meeting. Notice of any such meeting need not be given to any director or member of such committee, however, if waived by the director in writing or by any reasonable means of recorded electronic communications, whether before or after such meeting shall be held, or if he or she shall be present at such meeting and shall not protest the lack of notice to him or her prior thereto or at its commencement.

(E) Quorum and Manner of Acting. A majority of the whole number of directors shall be present in person at any meeting of the Board in order to constitute a quorum for the transaction of business at such meeting, and the vote of a majority of those directors present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Board, except as otherwise expressly required by these By-Laws. In the absence of a quorum for

any such meeting, a majority of the directors present thereat may adjourn such meeting, from time to time, until a quorum shall be present. Robert's Rules of Order shall prevail at all meetings of the Board except as otherwise herein provided.

(F) Order of Business. The order of business of each meeting of the Board shall be as follows:

1. Acceptance of the minutes of the last Regular meeting and all Special meetings;
2. Chair's Report;
3. President's Report;
4. Old and New Business;
5. Committee Reports;
6. Hospital Governing Body / Executive Session
7. Adjournment.

However, it shall be within the discretion of the person acting as chair of the meeting to deviate from the order of business herein provided.

(G) Organization. At each meeting of the Board, one of the following shall act as chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Board; (b) the Vice-Chair of the Board; (C) the President; (d) any director chosen by a majority of the directors present thereat. The Secretary or, in his or her absence, any person whom the Chair shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

(H) Minutes of Meetings. Minutes of all meetings of the Board and its committees, including a record of attendance, shall be kept. Upon approval, such minutes shall be signed by the Secretary and permanently filed and maintained in the principal office of the Corporation and at each of the Corporation's facilities.

ARTICLE V

OFFICERS OF THE BOARD

Section 1. Titles. The officers of the Board shall be a Chair and a Vice-Chair. The Chair shall be the individual who serves as the Chair of the Board of the Member, and the Vice-Chair shall be the individual who serves as the Vice-Chair of the Board of the Member.

Section 2. Duties and Functions.

(A) Chair of the Board. The Chair of the Board shall preside, if present, at meetings of the Board; (2) be an *ex officio* member of all committees except the Audit Committee; (3) appoint committees with the approval of the Board; and (4) perform such duties as from time to time may be assigned by the Board.

(B) Vice-Chair of the Board. The Vice-Chair of the Board shall, if present and if the Chair of the Board is absent or unable to act, preside at all meetings of the Board. The Vice-Chair of the Board shall perform such duties as from time to time may be assigned by the Board.

(C) Other Presiding Officers. In the event that both the Chair and the Vice-Chair of the Board may be absent, or in any other way unable to serve, then the President shall serve as Presiding Officer.

ARTICLE VI

COMMITTEES

Section 1. General Provisions.

(A) Standing and Special Committees. Committees of the Board shall be standing or special. A standing committee is one whose functions are determined by a continuous need. The function and duration of a special committee shall be determined by its specific assignment, as stated in a resolution of the Board creating it.

(B) Composition. Each of the standing committees, except the Audit Committee, shall be composed of the Chair of the Board, the President, and at least three (3) Board members appointed in the manner hereinafter specified.

(C) Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, Board directors to the standing committees.

(D) Committee Chair. The chair of each committee, both standing and special, shall be designated by a majority vote of the Board.

(E) Meetings. Each standing committee shall meet as deemed necessary.

(F) Quorum. A quorum, which shall be at least one-half of all of the members of a committee, standing or special, shall be required for a committee to transact any business unless otherwise stated in these By-Laws.

(G) Committee Action. All actions of a committee, standing or special, shall be taken by a majority vote of the directors in attendance at a committee meeting.

(H) Reports. Each committee shall report to the Board, at its regular meetings, on all business transacted by it since the last regular Board meeting.

(I) Special Committees. The Board may, by resolution passed by a majority of the whole number of directors, designate special committees, each committee to consist of three (3) or more directors, one of whom shall be the Chair of the Board, and each such committee shall have the duties and the functions as shall be provided in such resolution.

Section 2. Standing Committees. The following committees shall be designated as standing committees:

Executive Committee
Audit Committee
Quality Assurance/Performance Improvement Committee
Finance

Section 3. Executive Committee.

(A) Designation and Membership. The Executive Committee shall be composed of the Chair of the Board, who shall be the Chair of the Executive Committee, the President, and other members appointed by the Chair of the Board with the approval of the Board.

(B) Functions and Powers. The Executive Committee, subject to any limitations prescribed by the Board, shall possess and may exercise during the intervals between meetings of the Board, the powers of the Board in the management of the business and affairs of the Corporation. At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board.

(C) Meetings and Quorum. The Executive Committee shall meet as often as may be deemed necessary and expedient at such times and places as shall be determined by the Executive Committee. Five (5) members of the Executive Committee shall constitute a quorum. The Chair of the Board shall preside at meetings of the Executive Committee and, in his or her absence, the President shall preside thereat. All members of the Board shall be duly notified prior to all Executive Committee meetings.

Section 4. Audit Committee. The Audit Committee of the Member shall serve as the Audit Committee of the Corporation.

Section 5. Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee shall act on behalf of the Board for purposes of discharging the governing body's obligations in overseeing the quality assurance process for the Hospital. The Board shall, at least annually, assess the performance of the Quality Assurance/Performance Improvement Committee in fulfilling the governing body's quality assurance responsibilities. Any Board director may attend meetings of the Quality Assurance/Performance Improvement Committee and may refer any quality assurance issue for deliberation or for action by the Quality Assurance/Performance Improvement Committee or by the full Board. Board members may also discuss quality assurance/performance improvement issues or problems concerning the Hospital at any meeting of the Board.

The duties and responsibilities of the Quality Assurance/Performance Improvement Committee shall include the following:

(A) Assuring that the Hospital is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations, and responsiveness to Federal, State, and other regulatory surveillance and enforcement activities. With respect to quality assurance, this shall include oversight of and participation in such functions of the quality assurance/performance improvement committee of the facilities such as: reviewing services in order to improve the quality of medical and dental care of patients and to prevent medical and dental malpractice; overseeing and coordinating malpractice prevention programs; and insuring that information gathered pursuant to the programs is utilized to review and to revise policies and procedures;

(B) Assuring that there is a systematic and effective mechanism for communication among Board directors in their role as members of the governing body, and the administration and medical staff of the Hospital. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;

(C) Monitoring the progress at the Hospital towards meeting appropriate goals and objectives of the Member related to the Member's health care programs;

(D) Reviewing quality assurance activities of the Hospital on at least a quarterly basis;
and

(E) Overseeing performance improvement activities to foster sharing of system-wide and

Hospital-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and spreading performance improvement best practices.

Section 6. Finance Committee. The duties and responsibilities of the Finance Committee shall include the supervision of the preparation of and recommendation to the Board of the annual consolidated revenue and expense budget of the Corporation; receipt of reports of financial performance of the Corporation delivered by management, and monitoring performance of the Corporation against its budgets.

Section 7. Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

ARTICLE VII

OFFICERS OF THE CORPORATION

Section 1. Titles. The officers of the Corporation shall be the President (and Chief Executive Officer), one or more Executive Vice Presidents, one or more Senior Vice Presidents, one or more Vice Presidents, a General Counsel, and a Secretary.

Section 2. Appointment. The individuals serving as the officers of the Corporation shall be the same individuals that serve as such officers of the Member.

Section 3. Duties and Functions.

(A) President. The President shall have general charge of the business and affairs of the Corporation and shall have the direction of all other officers, agents, and employees. They shall, if present and in the absence of the Chair of the Board and the Vice-Chair of the Board, preside at all meetings of the Board. The President may assign such duties to the other officers of the Corporation as they deem appropriate.

(B) Executive Vice President. At the request of the President or if the President shall be unable to act because of absence or disability, the Executive Vice President shall perform all the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions placed on the President. This individual shall have such powers and duties as shall be prescribed by the President subject to approval by the Member.

(C) Senior Vice Presidents; Vice Presidents. Each Senior Vice President or Vice President shall have such powers and duties as shall be prescribed by the President. The senior officer designated to have charge and custody of and be responsible for all funds and securities of the Member shall have charge and custody of and be responsible for all funds and securities of the Corporation.

(D) General Counsel. The General Counsel shall be the principal legal officer for the Corporation. The General Counsel shall advise the Board, President, Vice Presidents of the Corporation, and the Executive Director of the Hospital on all legal matters affecting policy and operations, including contractual agreements, labor law, municipal and State law affecting capital and expense budget administration, personnel administration, medical and hospital law, Federal, State and City legislative matters, as well as perform such other duties as the Board may, from time to time, assign.

(E) Secretary. The Secretary shall keep the records of all meetings of the Board and the Executive Committee. The Secretary shall be the custodian of all contracts, deeds, documents, and all other indicia of title to properties owned by the Corporation and of its other Corporate records (except accounting records).

ARTICLE VIII

EXECUTIVE DIRECTOR

Section 1. Appointment and Term. There shall be an Executive Director of the Hospital, who shall be appointed by the Member and shall serve at the pleasure of the Member.

Section 2. Vacancies. Whenever there shall be a vacancy in the position of the Executive Director due to resignation, death, incapacity, termination, or any other reason, the President shall select an Acting Executive Director to perform the duties of the Executive Director until such time as a replacement shall be appointed by the President, acting on behalf of the Member. When neither an Executive Director nor an Acting Executive Director has been appointed, the Chief Operating Officer of the Hospital shall have such powers and responsibilities as held by the Executive Director until such time as the Executive Director appointment decision is made.

Section 3. Duties and Functions. The Executive Director shall:

(A) Be responsible at all times for directing, coordinating, and supervising the administration of the Hospital and for carrying out the policies of the Corporation and the Member, the Board and the President, and the by-laws, rules, and regulations of the Hospital's medical staff;

(B) Provide liaison between the Board, the medical staff of the Hospital, the departments of the Hospital, and the community;

(C) Organize the administrative functions of the Hospital, delegate duties, and establish formal means of accountability on the part of subordinates;

(D) Make or send reports to the Board, the President, and the medical staff on the overall activities of the appropriate facility, including medical care, the budget, and the plan for the achievement of specific objectives and the periodic review and evaluation of this plan; and

(E) Designate an individual to act for them in their absence.

ARTICLE IX

MEDICAL STAFF

Section 1. Medical Staff By-Laws. The medical staff at the Hospital shall develop by-laws, rules, and regulations which set forth its organization and governance. Proposed by-laws, rules, and regulations shall be recommended by the organized medical staff to the President. Such by-laws, rules, and regulations of the medical staff shall be approved by the President, on behalf of the Board. Such by-laws, rules, and regulations shall be concerned with but not limited to the following areas:

Appointments, reappointments, and other changes in staff status;

Granting of clinical privileges;

Disciplinary actions;

All matters relating to professional competency; and

Such specific matters as may be referred by the Board to the medical staff, or required by applicable Federal and State law.

Section 2. Method of Appointment. Appointments to the medical staff shall be made triennially - or as often as otherwise required by law or by the Joint Commission on Accreditation of Healthcare Organizations -- by the President, acting on behalf of the Member, upon recommendation by the appropriate committee of the organized medical staff.

Section 3. Medical Staff Evaluation. The medical staff shall conduct an on-going review and evaluation of the quality of professional care rendered in the Hospital and shall report such activities and their results to the Board.

ARTICLE X

COMMUNITY ADVISORY BOARD

The President shall establish a Community Advisory Board for the Hospital. The Community Advisory Board shall consider and advise the Corporation on matters concerning the development of any plans or programs of the Hospital or the Corporation. The members of Community Advisory Board shall be representatives of the community served by the Hospital. The Community Advisory Board shall develop by-laws, which shall become effective upon approval by the President.

ARTICLE XI

AUDITS

The Corporation shall have an annual audit of the Corporation performed by an independent certified or registered public accountant. The audit of the Corporation may be undertaken by, and consolidated with, that of the Member.

ARTICLE XII

CONFLICTS OF INTEREST

Chapter 68 of the Charter of the City of New York defines a “code of ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all corporate employees and directors. Chapter 68 embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Member has promulgated a “Code of Ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all members of the Corporation’s community advisory boards, and other personnel who are not covered by Chapter 68. Similar to Chapter 68, the Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Board is committed to recognizing the Corporation’s responsibility to organizational ethics and expects, therefore, every employee and Board member to support and adhere to the principles and policies set forth in Chapter 68 and all members of the community advisory boards and auxiliaries, affiliate staff, and other personnel who are not covered by Chapter 68 to support and adhere to the principles and policies set forth in the Code of Ethics.

ARTICLE XIII

AMENDMENTS

These By-Laws and the COI may be altered or repealed only by the Member.

* * * * *

RESOLUTION - 09

New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **hereby amends the respective certificates of incorporation of:**

(1) its wholly-owned subsidiary, H+H Maimonides Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Hygiene Law; and

(2) its wholly-owned subsidiary, H+H Maimonides Midwood Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law with the language set forth in Exhibit A attached hereto.

WHEREAS, at its December 2025 meeting, NYC Health + Hospitals’ Board of Directors authorized the creation of two subsidiary public benefit corporations under the laws of the State of New York: H+H Maimonides Corporation, and H+H Maimonides Midwood Corporation, and such entities were subsequently duly created and the COI was issued on February 25, 2026 for H+H Maimonides Corporation and February 20, 2026 for Maimonides Midwood Corporation; and

WHEREAS, it has been determined that the certificates of incorporation for such entities require amendment to ensure the securing of appropriate regulatory approvals.

NOW THEREFORE, BE IT RESOLVED New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) hereby amends the respective certificates of incorporation of: (1) its wholly-owned subsidiary, H+H Maimonides Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Health Hygiene; and (2) its wholly-owned subsidiary, H+H Maimonides Midwood Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law with the language set forth in Exhibit A attached hereto.

EXECUTIVE SUMMARY
FORMATION OF SUBSIDIARY PUBLIC BENEFIT CORPORATIONS

BACKGROUND:	<p>With significant support from State of New York through its Safety Net Transformation Fund, and in response to a request from the Maimonides Entities, the System has been exploring the possibility of assuming the healthcare operations of the Maimonides Entities, which include hospitals currently called “Maimonides Medical Center” and “Maimonides Midwood Community Hospital” (collectively, the “Hospitals”). At its November 20, 2025 meeting, the System’s Board of Directors authorized the System to enter into an Affiliation and Asset Transfer Agreement (“ATA”) with the Maimonides Entities and to work to implement the commitments in the ATA, including obtaining required approvals of the System’s Board of Directors and other required approvals with the aim of closing the transaction in the near future. The COI was issued on February 25, 2026 for H+H Maimonides Corporation and February 20, 2026 for H+H Maimonides Midwood Corporation.</p>
NATURE OF SUBSIDIARIES:	<p>Under the HHC Enabling Act, the System is authorized to carry out its purposes through subsidiary public benefit corporations each of which is subject to all the general legal restrictions that apply to the System.</p>
GOVERNANCE STRUCTURE:	<p>The two subsidiary public benefit corporations will be structured as membership corporations with the System to be the sole member. This structure ensures the System’s control of the subsidiaries. The certificates of incorporation and the bylaws of the two subsidiary corporations will provide that the boards of directors of each of the subsidiaries will be the same as the System’s Board of Directors. The President and CEO of the subsidiaries will be the President and CEO of the System, and the executive directors of each Hospital will be selected in the same manner as the other System facility executive directors (sometimes referred to as “Facility CEOs”).</p>

Exhibit A

With respect to H+H Maimonides Corporation the following amendment shall be made to its certificate of incorporation as reflected in the bold green text immediately below:

“to establish, own, operate, build, construct, and maintain health care facilities and health care practices, **including one or more hospitals pursuant to Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Hygiene Law**, within the City of New York for the provision and delivery of comprehensive care and treatment to the ill and infirm, both physical and behavioral, inpatient, outpatient, and ambulatory through, and as a part of, the Member;”

With respect to H+H Maimonides Midwood Corporation the following amendment shall be made to its certificate of incorporation as reflected in the bold green text immediately below:

“to establish, own, operate, build, construct, and maintain health care facilities and health care practices, **including one or more hospitals pursuant to Article 28 of the New York State Public Health Law**, within the City of New York for the provision and delivery of comprehensive care and treatment to the ill and infirm, both physical and behavioral, inpatient, outpatient, and ambulatory through, and as a part of, the Member;”

Technical Amendments to H+H Maimonides and H+H Maimonides Midwood Certificates of Incorporation Documents

Board of Directors Meeting
May 28, 2026

Andrea G. Cohen, SVP and General Counsel

Joanna Weiner, Deputy Counsel

For Board of Director Consideration

- New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **hereby amends the respective certificates of incorporation of:**
- **(1) its wholly-owned subsidiary, H+H Maimonides Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Hygiene Law; and**
- **(2) its wholly-owned subsidiary, H+H Maimonides Midwood Corporation, to include specific language regarding the licensing of the hospital under Article 28 of the New York State Public Health Law with the language set forth in Exhibit A attached hereto.**

Amending the Certificates of Incorporation for H+H Maimonides and H+H Maimonides Midwood

- At its December 2025 meeting, the Board authorized the formation of two wholly-owned subsidiary public benefit corporations: H+H Maimonides Corporation (“H+H Maimonides”), and H+H Maimonides Midwood Corporation (“H+H Maimonides Midwood”), for the purpose of operating Maimonides Medical Center and Maimonides Midwood Community Hospital (the “Maimonides Hospitals”) upon the close of the transaction set forth in the Affiliation and Asset Transfer Agreement between NYC Health + Hospitals and Maimonides Health Resources, Inc. (the “Transaction”).

- The System then took the following steps to prepare to operate the Maimonides Hospitals upon the close of the Transaction:
 - As required by the HHC Enabling Act, it obtained Mayoral approval to create subsidiaries that operate health care facilities .

 - It filed two certificates of incorporation with the NYS Department of State to incorporate the wholly-owned subsidiaries as public benefit corporations; and

 - It applied for and received conditional approval from the New York State Department of Health to operate the Maimonides Hospitals, and applied for and received conditional approval from the New York State Office of Mental Hygiene for H+H Maimonides to operate behavioral health programs.

 - **The COI was issued on February 25, 2026 for H+H Maimonides Corporation and February 20, 2026 for Maimonides Midwood Corporation**

- Several community-based organizations sued the State Department of Health (DOH), Maimonides Medical Center, and Health + Hospitals claiming that the DOH had failed to require certain administrative approvals that are legally required for other types of corporations seeking to operate a hospital in New York State.
- The judge ruled in favor of the plaintiffs, requiring the System to seek approval of the New York State Public Health and Hospital Planning Council (“PHHPC”) to operate the Maimonides Hospitals.
- Because prolonging the close of the Transaction has potentially severe financial consequences, and while the System is exploring other options related to the Court's decision, it is simultaneously assembling the documentation required for PHHPC consideration.

Amending the Operating Certificates To Include

- **PHL Article 28** - NYS Public Health regulations require certain types of corporations seeking to operate a hospital to include a reference to Article 28 of the Public Health Law in the corporation's certificate of incorporation.
 - Public benefit corporations are not listed among those types of corporations
 - However, out of an abundance of caution, we are requesting that the Board amend the bylaws of H+H Maimonides and H+H Maimonides Midwood to specify that they will operate hospitals licensed under Article 28 of the Public Health Law.

- **MHL Article 31** - Similarly, NYS Mental Hygiene regulations require certain types of corporations to include a specific reference to Article 31 of the Mental Hygiene Law in the corporation's certificate of incorporation.
 - Public benefit corporations are not listed among the types of corporations
 - However, out of an abundance of caution, we are requesting that the Board amend the H+H Maimonides certificate of incorporation to specify that it will operate programs licensed under Article 31.

Amending the Operating Certificates To Include

- Exhibit A
- With respect to H+H Maimonides Corporation the following amendment shall be made to its certificate of incorporation as reflected in the bold green text immediately below:

“to establish, own, operate, build, construct, and maintain health care facilities and health care practices, **including one or more hospitals pursuant to Article 28 of the New York State Public Health Law and the operation of programs licensed under Article 31 of the New York State Mental Hygiene Law**, within the City of New York for the provision and delivery of comprehensive care and treatment to the ill and infirm, both physical and behavioral, inpatient, outpatient, and ambulatory through, and as a part of, the Member;
- With respect to H+H Maimonides Midwood Corporation the following amendment shall be made to its certificate of incorporation as reflected in the bold green text immediately below:

“to establish, own, operate, build, construct, and maintain health care facilities and health care practices, **including one or more hospitals pursuant to Article 28 of the New York State Public Health Law**, within the City of New York for the provision and delivery of comprehensive care and treatment to the ill and infirm, both physical and behavioral, inpatient, outpatient, and ambulatory through, and as a part of, the Member;”

Board of Directors Approval Request

- New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **hereby amends the respective certificates of incorporation of:**
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