NYC HEALTH+ HOSPITALS

50 Water Street ▪ New York, NY ▪ 10004

BOARD OF DIRECTORS MEETING
THURSDAY, JULY 30, 2026
A•G•E•N•D•A•

CALL TO ORDER - 2:00 PM	Mr. Pagán
1. **Executive Session | Facility Governing Body Report** **Medical Staff Credentialing Initial Appointments, Reappointments and Changes of Privileges** ➢ July 2026 **Facility Governing Body Report** ➢ NYC Health + Hospitals l Queens **2025 Performance Improvement Plan and Evaluation (Written Submission Only)** ➢ NYC Health + Hospitals | Segundo Ruiz Belvis - Gotham Center **Semi-Annual Governing Body Report (Written Submission Only)** ➢ NYC Health + Hospitals | Henry J. Carter Specialty Hospital ➢ NYC Health + Hospitals | Henry J. Carter Nursing Facility	Mr. Pagán
2. **OPEN PUBLIC SESSION - 3:00 PM**	Mr. Pagán
3. **Adoption of the Board Meeting Minutes – June 25, 2026**	Mr. Pagán
4. **Chair's Report**	Dr. Katz
5. **President's Report**	
ACTION ITEMS	
6. Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program** at a not to exceed amount of $23,711,170, which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals. (Presented to the Medical & Professional Affairs / Informational Technology Committee: 07/13/2026) **Vendex: Approved / EEO: Approved**	Dr. Calamia
7. Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan** for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend. (Presented to the Medical & Professional Affairs / Informational Technology Committee: 7/13/2026) **Vendex: Pending/ EEO: Pending**	Dr. Calamia
8. Authorizing New York City Health and Hospitals Corporation (the "System"), **upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.** (Presented to the Medical & Professional Affairs / Informational Technology Committee: 7/13/2026) **Vendex: NA / EEO: NA**	Dr. Calamia

9. Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a construction contract with JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln"),** for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration 18 months. (Presented to the Capital Committee: 07/13/2026) **Vendex: Approved / EEO: Approved**	Mr. Pagán
10. Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"),** for a contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months. (Presented to the Capital Committee: 07/13/2026) **Vendex: Pending / EEO: Pending**	Mr. Pagán
11. Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System,** for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts. (Presented to the Capital Committee: 07/13/2026) **Vendex: Approved – TDX, Greenway, Hunter Roberts / Pending – Jacobs, STV, AECOM, LiRO** **EEO: All Approved except Hunter and Greenway**	Mr. Pagán
12. Authorizing the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus"), **to exercise best interest extensions for additional two-year term with Bellweather LLC ("Bellweather") and Prager Creative LLC** ("Prager"), for a total combined increased spending authority of $25,000,000, including a 10% contingency, to increase the total spending authority from $35,000,000 to $60,000,000, for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services. (Presented to the MetroPlus Health Board of Directors: 06/10/2026) **Vendex: Prager Pending/ Bellweather - Approved / EEO: Approved**	Ms. Hernandez-Piñero
COMMITTEE AND ANNUAL PUBLIC MEETING REPORTS	
➢ Medical & Professional Affairs / Information Technology Committee ➢ Capital Committee ➢ Finance Committee ➢ Staten Island Fiscal Year 2026 Annual Public Meeting Minutes	Dr. Calamia Mr. Pagán Ms. Wang Dr. Calamia
>>**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 **25th day of June, 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
Mr. Jorge Fanjul
Ms. Freda Wang
Ms. Erin Dalton – Left at 3:21 p.m.
Mr. Jeremy Resnick– Joined at 3:21 p.m.
Dr. Vincent Calamia
Dr. Toni Eyssallenne – Left at 3:21 p.m.
Ms. Zahira McNatt - Joined at 3:21 p.m.
Ms. Anita Kawatra
Ms. Sally Hernandez-Piñero
Dr. Patricia Marthone
Ms. Jackie Rowe-Adams
Ms. Vanessa Rodriguez
Dr. Michael Espiritu
Ms. Tricia Taitt
Mr. Joel Eisdorfer

José Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, that Jorge Fanjul is representing Deputy Mayor, Dr. Helen Arteaga-Landaverde and Dr. Toni Eyssallenne is representing Dr. Alister Martin – both in a voting capacity.

EXECUTIVE SESSION

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

OPEN SESSION

The Board reconvened in public session at 3:21 p.m.

Mr. Pagán noted for the record, Jorge Fanjul is representing Deputy Mayor Helen Arteaga Landaverde, Jeremy Resnick is representing Erin Dalton, and Zahirah McNatt is representing Dr. Alister Martin – all 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:

- Vanessa Rodriguez – as a member of the Community Relations Committee and the Capital 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 May 28, 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 May 28, 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 June 2026.

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

The Board received and approved the semi-annual written governing body report for NYC Health + Hospitals/Lincoln and Susan Smith Mckinney Nursing and Rehabilitation Center.

The Board also received and approved the 2025 performance improvement and evaluation plan- written submission from NYC Health + Hospital/ Morrisania, a Gotham Center.

VENDEX APPROVALS

Mr. Pagán noted there were 3 items on the agenda requiring Vendex approval, two of which have that approval. There are 11 items from previous Board meetings pending Vendex approval.

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

ACTION ITEM 6:

Ms. Hernandez-Piñero read the resolution

> **Electing Ines Delarosa, as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity for a five-year term** or until her successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws.
> (Presented Directly to the Board on: 06/25/2026)

Steven Stein Cushman, Chief Counsel, MetroPlus Health presented the nomination of Ms. Delarosa to fill the vacant MetroPlus member representative seat, noting that the appointment is made in accordance with the MetroPlus bylaws. He highlighted her longstanding membership and community involvement and noted that she would bring a valuable member perspective to the Board.

Following Dr. Katz's inquiry, Ms. Hernandez-Piñero reported that MetroPlus' CMS Star Rating had been reconsidered and upgraded from 4.5 stars to 5 stars.

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

ACTION ITEMS 7 AND 8:

Mr. Pagán read the resolution

> 7. **AMENDING THE RESOLUTION TO REFLECT THE CORRECT NAME OF THE VENDOR**: Authorizing New York City Health and Hospitals Corporation (the "System"**) to further increase the funding by $7,486,830 for its previously executed agreement with Array Architects PC, ~~Inc~~ ("Array") for architectural/engineering services** for the renovation of spaces at NYC Health +Hospitals/Bellevue Hospital ("Bellevue") and NYC Health +

Hospitals/Woodhull Hospital ("Woodhull") that began in June 2020 in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), **which follows the previous funding increases of $8,000,000 in November 2024 increasing the NTE To $30,325,000, such that the funding is increased $7,486,830 which includes a $3,000,000 contingency from $30,325,006 to a total not to exceed sum of $37,811,836 and to extend the contract term to June 2029 for additional architectural/engineering services at Woodhull.**
(Presented to the Capital Committee on: 06/08/2026)

8. Authorizing New York City Health and Hospitals Corporation (the "System") **to further increase the funding by $26,578,401 for its previously executed agreement with AECOM USA, Inc. ("AECOM"), to provide program management** at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") that began in June 2020 in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), **which follows the previous funding increases of $2,400,000 in September 2023 increasing the NTE to $19,036,107, such that the funding is increased by $26,578,401 which includes a $4,500,000 contingency from to a total not to exceed sum of $45,614,508 and to extend the contract term to June 2029 for program management and new construction management services at Woodhull.**
(Presented to the Capital Committee: 06/08/2026)

Tim O'Leary, Senior Assistant Vice President, Correctional Health Services and Mahendranath Indar, Assistant Vice President, Office of Facilities Development, presented an update on the Outposted Therapeutic Housing Unit (OTxHU) project at Woodhull, describing the model of care, project status, and proposed contract amendments for Array and AECOM. The amendments would support additional design and security requirements, program and construction management services, and project delivery. Mr. Indar noted that lessons learned from the Bellevue OTxHU project have informed the Woodhull approach, including a shift to a design-bid-build model to improve procurement, project oversight, and cost efficiency. The project is currently scheduled for completion in 2029. Mr. Indar also reported that both Array and AECOM are meeting or exceeding their MWBE utilization goals under their respective contracts.

Regarding Array Architects PC, Ms. Taitt asked whether the proposed contract increase would be sufficient given the contract's significant growth. Mr. Indar explained that additional costs resulted from evolving State and City Department of Correction requirements and unforeseen design changes, and expressed confidence that the proposed contingency would be adequate to complete the project within budget.

The Board asked about the transition from a guaranteed maximum price (GMP) delivery model to a design-bid-build approach and whether the additional construction management costs would have been included under the

original GMP contract. Mr. Indar explained that construction management costs would have been included under the GMP model but that separating the contracts allows for more competitive bidding and better procurement of specialized medical equipment. He noted that the change was prompted by challenges encountered under the GMP approach, particularly with medical equipment purchasing and pricing.

The Board also asked whether lessons learned from the Bellevue project had been incorporated into the Woodhull design. Mr. Indar responded that management has worked closely with the City Department of Correction to incorporate operational and security requirements into the current design, reducing the likelihood of significant future revisions. He added that the Bellevue project provided valuable lessons that have informed subsequent projects.

Dr. Katz noted that the current City Department of Correction administration strongly supports the OTxHU model and is committed to advancing the project, expressing confidence that the challenges experienced during the Bellevue project will not be repeated.

Following questions regarding the project budget and contingency funding, Mr. Indar explained that while the project budget includes contingency funding, release of those funds remains subject to the City's Certificate to Proceed approval process for specific scopes of work.

Patricia Yang, Senior Vice President of Correctional Health Services confirmed that the current completion target for Woodhull remains 2029 and stated that the team is working to accelerate the schedule. She noted that the North Central Bronx project is progressing on a separate timeline and will be presented to the Board at a later date. Following questions, Ms. Yang confirmed that Bellevue is fully operational. Mr. Indar added that only a minor, previously approved change order remains and that no additional funding is anticipated.

Dr. Katz commented on operational lessons from Bellevue, highlighting parking as a significant challenge. He noted that parking solutions are being explored for Bellevue and that future planning will be particularly important at North Central Bronx, where available parking is more limited than at Woodhull.

After discussion, upon motion duly made and seconded, the Board unanimously approved resolutions 7 and 8.

ACTION ITEM 9:

Mr. Pagán read the resolution

> **AMENDING THE RESOLUTION TO REFLECT THE CORRECT NAME OF THE VENDOR:** Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into a best interest renewal contract with Kone Inc. Corporation ("Kone") for one year until November 31, 2027, and to increase the not-to-exceed amount by $15,582,493, which includes a**

contingency of $1,000,000 and emergency repair and modernization amount of $7,000,000, from the original $59,200,000 to a new not-to-exceed amount of $74,782,493 for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide along, with critical modernization projects and 24/7 emergency service and repairs.
(Presented to the Capital Committee: 06/08/2026)

Mr. Saez presented the request to renew the Systemwide elevator maintenance contract for one year and increase the not-to-exceed amount to support continued maintenance, emergency repairs, and critical elevator modernizations while a new competitive procurement is completed. Mr. Indar explained that the extension would allow the System to engage additional qualified vendors with the goal of diversifying elevator maintenance services, improving response times, and addressing the challenges of maintaining an aging elevator fleet. Mr. Indar noted that modernization is often more cost-effective than repeated repairs for older elevators. KONE Inc. was granted an MWBE waiver since they self-perform all the elevator maintenance work.

The Board asked about the significant increase in the contract value over the past two years and whether future procurements would continue at that level. Mr. Indar explained that the increased funding reflects the growing need for elevator modernization as the System's aging elevators become more difficult and costlier to repair. He added that future contracts with multiple vendors are expected to be comparable in aggregate value and noted that a shortage of qualified elevator mechanics has also increased costs.

The Board asked whether the current level of repair needs was unprecedented and inquired about the expected lifespan of the elevator equipment. Mr. Indar responded that most elevators are original to their buildings and have exceeded their approximately 20-year useful life, with only a small percentage having been modernized. He noted that maintenance needs will continue to increase as the equipment ages. Mr. Indar also confirmed that the 350 elevators referenced represents the full systemwide elevator inventory.

Dr. Katz suggested improving stairway signage and wayfinding to encourage patients, visitors, and staff who are able to use stairs for short trips, helping to reduce elevator demand. Mr. Saez agreed to explore additional wayfinding improvements where feasible while recognizing that individual facilities have different operational and fire safety requirements.

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

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

Dr. Katz highlighted NYC Health + Hospitals' ongoing preparations for the 2026 FIFA World Cup, including Bellevue's role as the System's bio-preparedness hospital and the designation of all NYC Health + Hospitals' facilities as cooling centers during periods of extreme heat.

Dr. Katz also highlighted the success of NYC Health + Hospitals' arts initiative, including the exhibition of the Alice Neel murals, the growing integration of art and music into patient care, and increased philanthropic support for arts programming across the System.

In addition, Dr. Katz recognized recent clinical and operational achievements, including Bellevue's completion of its 200th transcatheter aortic valve replacement (TAVR), the expansion of in-house dialysis services at Gouverneur to improve care for skilled nursing facility residents noting the positive impact of expanding bedside and on-site services. Dr. Katz also highlighted Dr. Ted Long's receipt of the Sloan Public Service Award.

During discussion, the Board commended the expansion of weekend dental services at Jacobi and expressed support for extending similar patient-centered initiatives across the System.

COMMITTEE, SUBSIDIARY AND THE BROOKLYN ANNUAL PUBLIC MEETING REPORTS

Mr. Pagán noted that the Committee, subsidiary and the FY 2026 Brooklyn Annual Public Meeting 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 4:05 p.m.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

GOVERNANCE COMMITTEE - Meeting Date: Thursday, May 28, 2026
As Reported by: José Pagán
Committee Members – José Pagán; Freda Wang; Vincent Calamia; Helen Arteaga Landaverde; Sally Hernandez-Piñero; Mitchell Katz
Staff – Colicia Hercules

The meeting was called to order at 12:38 p.m. pm by José Pagán.
Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on May 30, 2026. The motion was seconded and the minutes were unanimously approved.
On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.
Open Session

During the Executive Session the Committee review and unanimously approved below two recommendations by Dr. Katz be presented to the full Board for consideration:

- Manuel Saez - Senior Vice President, for Facility Development and Capital & Design Management
- Hillary Jalon – Senior Vice President and Chief Quality Officer

There being no further business, the meeting adjourned at 1:13 p.m.

AUDIT COMMITTEE MEETING TALKING POINTS - June 08, 2026
As Reported by: Sally Hernandez-Piñero
Committee Members: Mitchell Katz, Ms. Freda Wang, Ms. Patricia Marthone, José Pagán and Ms. Tricia Taitt

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:05am.

Ms. Sally Hernandez-Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on April 13, 2026. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Sally Hernandez-Piñero proposed a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

The Committee reconvened in open session at 10:47am.

Ms. Sally Hernandez-Piñero noted that during the executive session the Committee reviewed and approved the 2027 Internal Audit and Corporate Compliance Work Plans.

Ms. Sally Hernandez-Piñero then introduced Mr. David Guzman, Corporate Comptroller to present the annual financial audit plan. Mr. Guzman noted that today we have KPMG here to present the audit plan and strategy for the year ending June 30, 2026.

KPMG Update

Ms. Maria Tiso, introduced herself and the audit team. The team comprises of the following; Mr. Ryan Santonacita, Managing Director, and Ms. Yimiao Chen, Senior Manager. Ms. Tiso stated that KPMG would be presenting the Audit Plan and Strategy for the fiscal year ending June 30, 2026.

Ms. Tiso stated that KPMG continues to focus on delivering a high-quality audit through the use of technology, data analytics, ongoing communication, and a risk-based audit methodology. She also noted that KPMG maintains regular communication with management throughout the course of the year.

Ms. Tiso then reviewed the audit deliverables. She stated that there were no significant changes from the prior year. KPMG will issue reports related to New York City Health and Hospitals Corporation, HHC ACO, MetroPlus Health Plan, HHC Insurance Company, debt compliance letter in connection with the Corporations outstanding bonds, report on internal control over financial reporting, and various cost reports.

She also noted that the Maimonides transaction is still going through regulatory approvals, if there's anything that changes, she will work with the management team on any of those deliverables as needed.

Ms. Tiso also discussed the audit timeline and KPMG's efforts to shift audit procedures earlier in the process. She stated that the goal is to complete approximately 35% of audit work before year end fieldwork begins.

Ms. Tiso also noted that the only significant changes on the audit team was the appointment of Martin Dunbar as Engagement Quality Control Reviewer, replacing Steve Reeder who will retired effective September 30, 2026. She then turned over the presentation to Mr. Santonacita.

Mr. Santonacita, introduced himself and then discuss the required communications to those charged with governance. He stated that the audit will be conducted in accordance with Generally Accepted Auditing Standards and Government Auditing Standards. He then discussed materiality and stated that materiality involves both qualitative and quantitative factors and is based on professional judgment and the needs of users of the financial statements.

Mr. Santonacita then reviewed the audit timeline. He stated that the planning and risk assessment are underway (March 2026 – June 2026) and the year-end substantive audit procedures will occur from (August 2026 - October 2026). He noted that other deliverables are expected to be presented between (November 2026 through May 202)7. This includes the management letter for the Corporation and they will perform the following audits for the following entities: MetroPlus Health Plan Inc,

HHC ACO Inc., HHC Insurance Company, Inc., Maimonides entities (if applicable) and plan and perform audit for regulatory reports for AHCF-1 and RHCF-4 for the corporation's entities (timing to be determine based on State of New York).

Mr. Santonacita then discussed the audit risk assessment and noted that management override of controls has been identified as a significant audit risk. He explained that management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and override controls.

Mr. Santonacita then reviewed significant audit areas including; due from/to third party payors, appropriations revenue, lease liabilities, long term debt and debt compliance, valuation of patient accounts receivable, claims payable liabilities, pension obligations (GASB 68), post retirement obligations (GASB 75), and due from/to third party payors.

Mr. Santinacita also discussed information technology and stated that KPMG will obtain an understanding of the Corporation's IT environment and evaluate reports used during the audit process. He also noted that KPMG coordinates with Internal Audit and utilizes actuarial specialists in certain audit areas. He then turns over the presentation to Ms. Yimiao Chen to speak about newly effective accounting standards.

Ms. Yimiao started her presentation by discussing newly effective Governmental Accounting Standards Board (GASB) pronouncements. She noted the two new accounting GASB pronouncements that will be effective for the year ending June 30, 2026. GASB 103, Financial Reporting Model Improvements and GASB 104, Disclosure of Certain Capital Assets. GASB 105, Subsequent Events will be effective for 2027.

Ms. Yimiao reviewed GASB Statement No. 103 and stated that it improves financial reporting and requires changes to the presentation of revenues and expenses. She noted that there is an improvement on the MD&A which is more analytical driven for explaining the financial variances. It also provides a new definition of unusual and infrequent items. She also stated that most importantly for H+H, it requires an improvement of the presentation of proprietary funds statement of revenue expenses and changes in funds net position, which essentially the income statement for H+H will be presented differently under GASB No.103. She discussed GASB No. 103 clarifies what's the definition for operating revenue. Only exchange revenue is considered as operating revenue. H+H serve patients that's why the net patient service revenue is an operating revenue, for MetroPlus because MetroPlus provides insurance coverage for its members, that's why the premium revenue is an operating revenue under GASB No.103. H+H receives appropriations from the City of New York under GASB No.103, the definition essentially categorized the appropriations as a subsidy revenue that will be presented in the new section as noted here as a non-capital subsidy. So that will be a presentation change on the H+H income statement. The appropriation revenue will be separated out from the operating revenue and be presented in this new section. They are working with Mr. David Guzman and his team as well as their national office to evaluate the impact of this change on H+H income statement.

Ms. Sally Hernandez-Piñero asked for clarification regarding MetroPlus Health Plan and how revenues would be categorized.

Ms. Yimiao responded by saying that MetroPlus will stay the same, because it essentially provides member service coverage for its members. So that is why the premium revenue will stay in operating income. She noted that MetroPlus is not going to change.

Ms. Tiso responded by noting that the appropriations and subsidies from the City is what we have to evaluate with management. They have to figure out if it an exchange transaction versus non-exchange. She mentioned maybe they might be hybrid, it is just too preliminary to go through all that. The point of this GASB is for more transparency, so the reader could see the services that are being performed to the patient and then see what is coming from the City for appropriations and subsidies. This will make it clearer to the reader of the financial statement and geographical changes on the panel.

Ms. Yimiao then reviewed GASB Statement No. 104, which establishes requirements for certain types of capital assets to be disclosed separately in the capital asset disclosures required by GASB Statement No. 34, Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments. The statement also establishes requirements for assessing whether capital assets are held for sale and requires additional disclosures for those assets. Ms. Yimiao noted that if the Corporation has assets that meet these criteria, related risk disclosures would be required in the financial statements.

Ms. Tiso then reviewed KPMG's independence requirements, noting that auditor independence is a shared responsibility between KPMG and management. She explained that KPMG monitors any new affiliates, acquisitions, or other relationships to ensure there are no independence concerns. Ms. Tiso stated that KPMG utilizes a monitoring system called Sentinel and that she serves as the lead reviewer for all projects submitted through the system. In that role, she is responsible for confirming that no independence issues exist from KPMG's perspective. She reported that, at this time, there are no independence concerns.

Ms. Tiso then reviewed the respective responsibilities of management, KPMG, and the Audit Committee in connection with the audit process and the issuance of the financial statements. She emphasized the importance of each party understanding and fulfilling its responsibilities throughout the engagement.

Lastly, Ms. Tiso discussed the required audit inquiries. She noted that management override of controls is considered a significant audit risk and as part of the audit process, KPMG conducts inquiries with senior management regarding fraud risks, unusual transactions, and other matters that could impact the financial statements. She explained that these questions are asked throughout the audit and will be revisited at year end. Any matters identified that warrant disclosure will be communicated to the Audit Committee. Ms. Tiso then concluded her presentation.

Ms. Taitt asked, regarding the timeline from November 2026 through May 2027, at what point KPMG would have access to assess the full scope and magnitude of the Maimonides entities being added to the Corporation.

Ms. Tiso responded that KPMG has had access to certain information through the due diligence process; however, full access to all records would not occur until the transaction closes.

Ms. Taitt asked whether, despite efforts to perform work in advance, the full scope and magnitude of the transaction could not be determined until closing.

Ms. Andrea Cohen responded that, upon closing, the Corporation would gain access to all books, records, and other assets related to the transaction. She noted that significant financial due diligence has already been performed and asked for clarification regarding any specific concerns.

Ms. Taitt asked whether the assessments conducted to date were aligned with the other areas under review.

Mr. Santonacita responded that, when the Audit Committee communications were initially drafted, the anticipated closing date for the Maimonides transaction was March 31, 2026. As a result, the transaction was included in the draft communications. He noted that the timeline has continued to shift and that any audit work related to Maimonides would likely fall under the Fiscal Year 2027 audit rather than Fiscal Year 2026. Given the uncertainty surrounding the closing date, the matter was included so the Committee would be aware of the potential impact. He added that, if the transaction closes prior to June 30, 2026, additional reporting considerations may be required.

Mr. Guzman responded that, even if the transaction closes before June 30, 2026, there may be subsequent event disclosures required in the financial statements. He noted that management would work closely with KPMG regarding any necessary disclosures.

Ms. Tiso responded that KPMG typically returns during the third week of October. If the transaction closes between now and October, a subsequent event disclosure would likely be required. She stated that KPMG would work with management, including Andrea Cohen and David Guzman, to determine the appropriate disclosures. She further noted that the required deliverables and regulatory reporting requirements associated with Maimonides would need to be evaluated in coordination with management and would likely impact the June 30, 2027 reporting cycle.

Ms. Wang asked whether Maimonides would be consolidated into the Corporation’s financial statements next year and whether Maimonides operates on a June 30 fiscal year-end.

Ms. Tiso responded that Maimonides currently operates on a December 31 fiscal year-end and that discussions have taken place regarding converting to a June 30 fiscal year-end to align with the Corporation.

Mr. David Guzman confirmed that those discussions are ongoing.

Ms. Wang asked whether the transition would require an extended reporting period or a six-month stub period.

Mr. David Guzman responded that management has requested a stub period as part of the transition process.

Ms. Sally Hernandez-Piñero asked if there were any additional questions before turning the meeting over to Mr. Joseph O'Keefe.

Internal Audit Update

Mr. O'Keefe provided an update on the external audits currently in progress. He reported that the City Comptroller's Office is conducting an audit of the RightSourcing contract and that the audit remains ongoing. He also noted that the Internal Revenue Service is conducting an audit related to IRS Form 941 reporting, which is also in progress.

Mr. O'Keefe then provided an update on the Fiscal Year 2026 Audit Plan, noting the following:

1. Completed Audits: 4
2. Audits in Progress: 2
3. Audits not Started: 0

Mr. O'Keefe noted that this concluded his presentation.

Ms. Sally Hernandez-Piñero asked if anyone have any questions before turning the meeting over to Ms. Catherine Patsos.

Corporate Compliance Update

Ms. Catherine Patsos, Chief Compliance Officer, provided an update on the current compliance activities.

Ms. Patsos stated that the Office of Corporate Compliance continues to work with Coalfire regarding the HIPAA Risk Analysis. She noted that facility reviews have been completed and that interviews and follow up activities are ongoing.

Ms. Patsos also discussed supply chain management related activities and noted that deliverables are being developed as part of those projects.

Ms. Patsos then reviewed the Fiscal Year 2027 Risk Assessment. She stated that the assessment involved interviews with Central Office Leadership and a review of Federal and State oversight agency work plans.

Ms. Patsos noted that the draft risk assessment was presented to the Enterprise Risk and Compliance Committee in April 2026 and that the final risk assessment was presented on June 2, 2026. She stated that the assessment serves as the basis for the Fiscal Year 2027 Corporate Compliance Work Plan.

Ms. Patsos then reviewed compliance metrics and reporting activity. She discussed the volume and types of reports received, including privacy and non-privacy matters.

Ms. Patsos reviewed comparative first quarter metrics from the previous three years and discussed reporting trends by facility.

Ms. Patsos noted that this concluded his presentation.

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

No, new or old business

Meeting adjourned at 11:17 am

Capital Committee Meeting – June 8, 2026
As reported by: José Pagán
Committee Members Present: Dr. Mitchell Katz, Freda Wang, Jeremy Resnick, Sally Hernandez-Piñero. Other member: Anita Kawatra

José Pagán called the meeting to order at 10:16 a.m. and stated for the record that Jeremy Resnick would be representing Erin Dalton, both in a voting capacity.
Mr. Pagán called for a motion to approve the minutes of the April 13, 2026, Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on April 13, 2026, 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: We have completed the OTxHU work fully at Bellevue. The site opened April 8th and currently has the capacity to serve 104 patients.

NYC H+H/Elmhurst: We have completed the first phase of the pneumatic tube upgrade. A pneumatic tube system is a transport system that uses air pressure or vacuum to move small containers (carriers) rapidly through a network of tubes. At Elmhurst, the system is used to transport laboratory specimens, medications, and small medical supplies throughout the facility. Without it, all items would need to be delivered manually, which would significantly slow operations and increase staff workload. All the stations were upgraded to the new system as of May 15. The second phase is underway with the addition of 10 new pneumatic stations and will take six months.

- Ms. Hernandez-Piñero asked if all our facilities have pneumatic tube systems.
    - Mr. Saez said that most of our systems did.

ACTION ITEMS

Mr. Saez read the resolutions into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by $7,486,830 for its previously executed agreement with Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") that began in June 2020 in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), which follows the previous funding increases of $8,000,000 in November 2024 increasing the NTE To $30,325,000, such that the funding is increased $7,486,830 which includes a $3,000,000 contingency from $30,325,006 to a total not to exceed sum of $37,811,836 and to extend the contract term to June 2029 for additional architectural/engineering services at Woodhull.

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by $26,578,401 for its previously executed agreement with AECOM USA, Inc. ("AECOM"), to provide program management at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/Woodhull Hospital ("Woodhull") that began in June 2020 in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU"), which follows the previous funding increases of $2,400,000 in September 2023 increasing the NTE to $19,036,107, such that the funding is increased by $26,578,401 which includes a $4,500,000 contingency from to a total not to exceed sum of $45,614,508 and to extend the contract term to June 2029 for program management and new construction management services at Woodhull.

Mr. Saez was joined by Timothy O'Leary, Assistant Vice President, Correctional Health Services, and Mahendranath Indar, Assistant Vice President, Office of Facilities Development. Together they presented an overview of program background, current status of the project, history of the contracts, and budgets.

- Ms. Hernandez-Piñero noted that a majority of the increases were related to security enhancements and asked why the Bellevue project had not been a better indication of what would be needed.
  - Mr. Indar said that each facility and project is unique and access to space and line of sight can impact things.
- Ms. Hernandez-Piñero asked how many individuals would the unit serve.
  - Mr. O'Leary said 144.
- Ms. Wang noted that this project was originally Guaranteed Maximum Price (GMP) project and asked if the Bellevue project had influenced how this one was being managed.
  - Mr. Indar said yes, we separated out the early work to save time, and construction will be awarded through design, bid, build process.
- Ms. Wang compared to the flowchart being presented and asked if those services would all be procured independently.

    - Mr. Indar said yes, and they would be contracting directly with us and AECOM would be managing.
- Ms. Wang asked why switch from GMP to design, bid, build.
    - Mr. Indar said he believes it provides more competitive pricing, more control of the vendor, and decreases challenges with procurement of Furniture, Fixtures and Equipment (FFE).
- Mr. Indar indicated that there were challenges with the procurement of the medical equipment as a result of the GMP contract being with Consigli.
    - Ms. Wang said she understood and noted that we had learned lessons from the work at Bellevue.
    - Mr. Indar said yes. We had never used that delivery method.
- Ms. Wang asked if AECOM was already on-board.
    - Mr. Indar explained that they were on-board as Program Manager and were preforming multiple functions.

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

Mr. Saez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to renew its contract with Kone Inc. ("Kone") for one year until November 31, 2027, and to increase the not-to-exceed amount by $15,582,493, which includes a contingency of $1,000,000 and emergency repair and modernization amount of $7,000,000, from the original $59,200,000 to a new not-to-exceed amount of $74,782,493 for the provision of preventative maintenance services and repairs on 350+ elevators and escalators system wide along, with critical modernization projects and 24/7 emergency service and repairs.

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. Hernandez-Piñero asked if this would allow for us to perform as needed modernization or repair work or would that be completed separately.
    - Mr. Indar said within the $15.5 million, $7.4 million was for maintenance and the remainder is for emergency repair or urgent modernization.
- Ms. Wang asked if we intend to modernize all the elevators.
    - Mr. Indar said this allowance for modernization would require an exception to policy but Dr. Katz to assign the work directly to Kone. We are modernizing throughout the system using bonds of other Capital but this allows for critical, urgent needs.

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 10:40 a.m.

Strategic Planning Committee Meeting – June 08, 2026
As Reported by: Dr. José Pagán
Committee members present: Dr. José Pagán, Dr. Mitchell Katz, Sally Hernandez-Piñero, Freda Wang, Anita Kawatra, Dr. Patricia Marthone, Tricia Taitt; Jeremy Resnick representing Erin Dalton

Dr. José Pagán, called the June 8th, 2026 meeting of the Strategic Planning Committee (SPC) to order at 12:03 p.m.

For the record Jeremy Resnick is representing Erin Dalton in a voting capacity.

Dr. Pagán called for a motion to approve the December 08, 2025 minutes of the Strategic Planning Committee meeting.

Upon motion made and duly seconded the minutes of the December 08, 2025 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

Deborah Brown, Senior Vice President, Chief External Affairs Officer, presented on the External Affairs Overview.

Federal Update

Ms. Brown reported that the primary Federal focus remains responding to the impacts of H.R. 1, including ongoing analysis, advocacy, and implementation planning. NYC Health + Hospitals is working closely with the City's Department of Social Services (DSS), City Hall, and State partners on new Federal work requirements and related regulations, while also monitoring proposed rules on State-directed Medicaid payments that could significantly affect hospital funding. Leadership emphasized continued advocacy to mitigate negative impacts of H.R. 1 while also advancing longstanding priorities such as disproportionate share hospital funding and telehealth flexibility.

State Update

Ms. Brown reported that the State budget and legislative session have concluded, producing what leadership described as a largely positive outcome for NYC Health + Hospitals. The budget includes approximately $1 billion in additional healthcare funding, including roughly $700 million for hospitals and $400 million for nursing homes, while also addressing a long-standing Medicaid capital funding issue that the organization had advocated to correct. However, significant concern remains about an estimated 400,000–450,000 New Yorkers who may lose health coverage due to changes involving Essential Plan eligibility (referred to as "EP5"), potentially increasing uncompensated care and demand for safety-net services. Although coverage protections were maintained for other Essential Plan groups, leadership expects the EP5 changes to create challenges for both patients and providers.

City Update

Ms. Brown reported that NYC Health + Hospitals recently participated in its executive budget hearing, which leadership characterized as positive,

collaborative, and relatively uneventful, a favorable outcome in the budget process. Discussions focused not only on City funding but also on broader policy issues affecting the System. The organization highlighted strong collaboration with Department of Social Services, the Deputy Mayor's office, and other City agencies to prepare for new Federal SNAP and work requirement rules. One notable accomplishment has been developing a more efficient process for obtaining medical exemptions for eligible patients, allowing providers to conduct reviews at scale rather than case-by-case. Leadership cited this effort as an example of the advantages of NYC Health + Hospitals' close integration with City government and its ability to coordinate across agencies to protect vulnerable New Yorkers from losing benefits.

Dr. Ted Long, Senior Vice President, Chief Medical Officer of Clinical Services and Population Health, and Dr. Sewit Teckie, Senior Vice President, Chief Medical Officer of Clinical Affairs and Clinical Business Strategy, reported on FY-26 Q2 (Period Comparison: Oct-Dec 2025 compared to Jan-Mar 2026) Performance:

Positive Trends:

Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **67.2%** from 65.6% (target: 65%)
4. % Left without being seen in emergency departments (ED): Remained the same both periods at **3%** (target 4.0%)

Access to Care

14. Unique Primary Care Patients: **461,930** from 462,823 (target: 450,000)

Care Experience

7. MyChart Activations: **89.1%** from 87.6% (target: 84%)
6. Ambulatory care – Recommended provider office: **89.1%** from 88.2% (target: 88.39%)

Financial Sustainability

11. Total A/R days per month: **26.7 days** from 27.6 days (target: 30 days)
12. PAC Total AR Days (12 months): **42.3 days** from 44.46 days (target: 50 days)
10. % MetroPlus medical spend at NYC Health + Hospitals: **49.38%** from 49.85% (target: 45%)
13. UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Has achieved **100% of deliverables identified at this preliminary phase, representing overall 35% completion** (achieved target)

Culture of Safety

17. % of Total Staff across NYC H+H Completing ICARE with Kindness Pledge: **63.32%** from 60.32% (Target: 80%)
18. % of Total Staff across NYC H+H Completing ICARE with Kindness Training: **54.95%** from 51.79% (Target: 80%)

Quality and Outcomes

3. Hgb A1c control <8: **69.8%** from 70.8% (target: 69%)

Shifting Trends:

Access to Care

15. # of e-consults: **53,444** from 57,599 (target: 95,100)
16. NYC Care: **122,955** from 126,731 (target: 150,000)-Although a decrease, this is a positive trend due to conversion of patients from NYC Care to Medicaid in 65+ population

Negative Trends: (better than or close to target)

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.9 per 1,000 care days** from 2.1 per 1,000 care days (target: 1.6 per 1,000 care days)

Care Experience

5. Inpatient care - overall rating: **63.74%** from 64.41% (target: 66.3%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance: Remained the same both periods at **86%** (target: 90%)

Equity Measures:

Racial & Social Equity Measures

19. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data (target: 100)
    - FY26 Q2 (October-December 2025): **72**
    - FY26 Q3 (January-March 2026): **50**
20. % of New Physician Hires being underrepresented minority (URM), as follows:

Category	October - December 2025	January - March 2026
Women	47.22%	41.51%
Non-Binary	0%	0%
Asian	25.79%	12.26%
Black or African American	6.75%	4.40%
Hispanic or Latino	3.17%	3.46%
American Indian or Alaska Native	0.40%	0%
Native Hawaiian or Other Pacific Islander	0%	0.31%
Unknown Ethnicity	34.52%	57.86%

Access to Care

Total % Occupancy: Remained about the same at **75.1%** from 75.3%

- **% Occupancy specifically for Med Surg and ICU Units across NYC H+H: Went up** to **89%** from 86.6%

FOLLOW-UP ITEMS:

- Provide a future report on the performance and outcomes of the new patient access scheduling system, including wait time and access improvements.
- Continue monitoring the impact of Federal and State policy changes, including EP5 implementation and Medicaid eligibility changes, and provide updates to the Committee as appropriate.
- Review and update the E-Consult metric methodology to reflect the new referral pathways and present revised reporting at a future meeting.
- Evaluate opportunities to enhance patient engagement and satisfaction survey participation through additional outreach strategies.
- Reassess the current equity lens performance metric, including reporting methodology and potential replacement with a more meaningful measure.
- Provide additional education and guidance to teams regarding the incorporation of equity considerations into performance improvement projects.
- Work with affiliate organizations to improve the completeness and consistency of physician workforce demographic data reporting.
- Conduct a broader review of Strategic Planning dashboard metrics to ensure measures remain meaningful, appropriately benchmarked, and supported by relevant denominator data.
- Continue efforts to improve Hospital capacity management and refine occupancy reporting metrics.
- Continue ongoing physician recruitment and workforce diversity initiatives and provide updates on progress at future meetings.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:54 p.m.

SUBSIDIARY REPORT

METROPLUS HEALTH PLAN MEETING UPDATE

MetroPlus Health Plan, Inc.
Board of Directors Meeting Update – Wednesday, June 10th, 2026
As Reported By: Frederick Covino

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, September 17th, 2026.

Frederick Covino, Vice Chair of the Board of Directors, called the meeting to order at 2:30 P.M.

Angela Minerva, Board Liaison, kept the minutes, thereof.

ACTION ITEMS
Frederick Covino advised that we begin with the Action Items. A **first** resolution was presented by Tali Leger, Senior Director for Procurement for Board approval.

> *Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"),* ***to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlusHealth" or "the Plan") to execute best interest contract extensions with Prager Creative LLC and Bellweather LLC*** *for outsourced strategic creative marketing, media buying, digital marketing, and social media marketing, in the amount of $25,000,000, for a new total contract authority amount of $60,000,000, inclusive of a 10% contingency.*

Tali Leger provided an overview of the Background, Best Interest Justification, Increased Spending Authority Request and Board Approval request.

Board Members asked questions regarding the spend calculations; Tali Leger responded and Dr. Talya Schwartz, President & CEO further explained.

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 **second** resolution was presented by Tali Leger, Senior Director for Procurement for Board approval.

> *Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan")* ***to execute a best interest contract with Sutherland Healthcare Solutions ("Sutherland")*** *to support the Gold signature experience, for a total amount not to exceed $4,500,000 which includes a 10% contingency, for a one-year contract term with two one-year renewal options.*

Tali Leger provided an overview of the Board Authority Request, Best Interest Justification, Scope of Services and Board Approval Requests.

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

INFORMATIONAL ITEM

Lauren Leverich Castaldo, Chief Financial Officer, discussed the Community Sponsor Initiative that MetroPlus will be sponsoring in 2026. $2 million is available for the initiative.

Board Members asked questions regarding how the sponsorship program would be structured and implemented; Lauren Leverich Castaldo responded. Steven Stein Cushman, Chief Counsel and Dr. Talya Schwartz further explained.

NEW Business

Regulatory Update

Frederick Covino asked to move on to New Business presentations. Raven Ryan Solon, Chief Compliance and Regulatory Officer went on to provide Regulatory Update, specifically discussing NY State 2026 Budget Actions.

Finance Committee Report

Lauren Leverich Castaldo began by presenting the Finance Committee Report. Lauren discussed Medicaid Revenue Updates and Risk Score Comparison YOY.

Board Members asked questions regarding year end 2025 and forecast projects; Lauren Leverich Castaldo responded; Dr. Schwartz further explained.

Lauren Leverich Castaldo went on to discuss Risk Score Markek Comparison YOY.

Board Members asked questions regarding the risk score, coding, records and work requirements; Lauren Leverich Castaldo and Dr. Talya Schwartz responded.

Board members made comments regarding observations from the market comparisons.

Lauren Leverich Castaldo continued her presentation on HARP Revenue Updates, SNP Revenue Updates and 2026 Quarter 1 Review.

Dr. Talya Schwartz commented on the Administrative Loss Ratio; Lauren Leverich Castaldo provided additional context.

Lauren Levercih Castaldo went on to discuss Membership Trend 2024-2026. Board Members commented; Dr. Schwartz further discussed.

Retention

Frederick Covino asked that we move on to Retention. Dr. Talya Schwartz began by discussing Regulatory Headwinds Eroding Membership, Budget Impact and Disenrollment Performance.

Board Members asked questions regarding provider outreach, presence and disenrollment goals; Dr. Talya Schwartz responded and Lila Benquoun, Chief Operating Officer further explained.

Dr. Talya Schwartz went onto discuss “What We’re Doing Internally to Turn the Tide.” Lila Benayoun added to Dr. Schwartz’s comments.

Project Edge
Tomasz Kawka, Vice President of Business Transformation presented, Our Journey – From Opportunity to Impact, Wave 2 Scaling Platform 100X is Complex, Our Roadmap – Project Edge and Wave 2 – Where We Are vs. Where We Should Be and Risks and Challenges.

Gold Enhancement
Sudha Chatterji, Senior Director of Customer Experience Strategy & Retention presented, Gold is Critical to Our Growth & Future, We Are Consistently Improving Gold, Gold Offers Our Members More.

Board Members commented on the rewards program; Sudha Chatterji responded. Dr. Schwartz further commented.

There being no further business, Frederick Covino adjourned the meeting at 4:00 P.M.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
June 25, 2026

NYC HEALTH + HOSPITALS PREPARES FOR SUMMER, FOCUSED ON THE WORLD CUP, INFECTIOUS DISEASES, AND CLIMATE-RELATED ILLNESSES

With over one million visitors in New York City for the World Cup and ahead of the summer major events, NYC Health + Hospitals has mobilized across clinical, operational, and emergency management functions to meet the demands of one of the busiest seasons in the City's history. The public health care System has activated an incident command system through July to coordinate a whole-of-government response to emerging threats alongside our City partners, including NYC Emergency Management, the NYC Health Department, and FDNY. For more than a year, in preparation for the World Cup and to maintain system readiness, the Office of Biopreparedness and Emergency Management has led four integrated interdisciplinary workgroups spanning planning and response operations, clinical care and operations, and security, tallying scores of coordination calls, executive briefings, resource workshops, and tabletop exercises.

In preparation for the World Cup, NYC Health + Hospitals also bolstered preparedness efforts to support the identification and care of travelers and others with potential high-consequence infectious diseases. The System's Special Pathogen Response Team has deployed dedicated experts across the System to support care for patients with suspected infections systemwide. In addition, NYC Health + Hospitals/Bellevue — the sole designated Level 1 Regional Emerging Special Pathogen Treatment Center for United States Health and Human Services Region 2 — trained nearly 500 health care professionals in 2025, while three additional NYC Health + Hospitals facilities (NYC Health + Hospitals/Elmhurst, Harlem, and Jacobi) all recently earned prestigious NSPS Level 2 STAND Awards, expanding our regional surge capacity. The system also launched an open-source Special Pathogens Biopreparedness Map providing near-real-time global outbreak data, and has established a virtual reality training program covering PPE protocols and breach response.
As the City's primary safety-net provider for heat-related illness, all eleven acute care facilities will serve as cooling centers during Code Red activations. Our facilities also serve as the front line for

respiratory illness surge during air quality emergencies, including wildfire smoke events. Clinicians are prepared to respond to guidance from DOHMH and NYSDEC when Air Quality Health Advisories are issued.

NYC HEALTH + HOSPITALS APPOINTS HILLARY JALON AND MANNY SAEZ, PH.D. AS SENIOR VICE PRESIDENTS

On Wednesday, June 3 NYC Health + Hospitals appointed Hillary Jalon as Senior Vice President and Chief Quality Officer and Manny Saez, Ph.D., as Senior Vice President of Facilities Development. As Chief Quality Officer, Jalon oversees the public health care system's core quality functions, including quality assurance, performance improvement, accreditation, patient safety, and risk management, as well as care experience and wellness. She also leads NYC Health + Hospitals' continuous improvement efforts, including growing a Quality Academy and Healthcare Administration Scholars Program and serving as faculty for the Clinical Leadership Fellowship Program — initiatives designed to build performance improvement capacity and a culture of excellence and equity across the system.

As Senior Vice President of Facilities Development, Saez oversees an approximately $10 billion portfolio consisting of over 300 projects spanning more than 20 million square feet of real estate across the health system. His portfolio includes opening the recently constructed NYC Health + Hospitals/South Brooklyn Health, upgrading and maintaining critical hospital infrastructure throughout the system, and managing a dedicated team of 100 facilities staff and 700 full-time engineers and tradespeople.

HUMAN RIGHTS CAMPAIGN FOUNDATION RECOGNIZES 18 NYC HEALTH + HOSPITALS FACILITIES AS LGBTQ+ HEALTHCARE EQUALITY LEADERS

Eighteen NYC Health + Hospitals facilities – all 11 hospitals and 7 Gotham Health primary care sites – were named 2026 LGBTQ+ Healthcare Equality Leaders by the Human Rights Campaign Foundation. All 18 sites earned the top score of 100 for their commitment to serving LGBTQ+ patients with best practices for equity and inclusion. NYC Health + Hospitals facilities have consistently received the designation since 2015. The recognition was part of the Foundation's biennial 2026 Healthcare Equality Index, the industry standard benchmarking tool for LGBTQ+ inclusion and equity practices in the health care field. The Human Rights Campaign Foundation is the educational arm of the Human Rights Campaign, the nation's largest lesbian, gay, bisexual, transgender, and queer (LGBTQ+) civil rights organization.

MUSEUM OF THE CITY OF NEW YORK DEBUTS "ANOTHER WONDERLAND: THE ALICE MURALS OF ABRAM CHAMPANIER"

The Museum of the City of New York (MCNY), in collaboration with NYC Health + Hospitals/Arts in Medicine and the Laurie M. Tisch Illumination Fund, debuted *Another Wonderland: Abram Champanier's Alice Murals*, an exhibition spotlighting the rediscovery and restoration of New York's most whimsical and historically significant public mural series.

The murals bring to light a remarkable example of New Deal-era public art, *Alice of Wonderland Visiting New York*, a mural cycle created by Abram Champanier for the children's ward at Gouverneur Hospital between 1938 and 1940. Commissioned through the Works Progress Administration's (WPA) Federal Art Project, Champanier reimagined Lewis Carroll's Alice in Wonderland in 1930s New York City. The result was a sixteen-panel mural—each panel over seven feet tall—blending fantasy and city life to uplift young patients and hospital staff, and adding color, movement, and magic into a space dedicated to healing. The exhibit opened June 6 and runs through September 20.

A DECADE OF POPULATION HEALTH CELEBRATED AT NYC HEALTH + HOSPITALS

In June 2026, NYC Health + Hospitals celebrated the 10th Anniversary of Population Health as a department at NYC Health + Hospitals. Approximately 200 attendees from across clinical and operational teams from across the health care System joined Population Health staff for the conference. The event highlighted a decade of work advancing health equity, improving outcomes for patients with chronic disease, addressing social needs, and building data-driven approaches to population management. A panel of staff leaders shared examples of how Population Health initiatives have improved patient care and strengthened partnerships across the system.

The conference also focused on the future of Population Health. Through interactive visioning sessions, participants identified emerging priorities and opportunities to further advance health equity, improve patient outcomes, and respond to evolving healthcare and policy challenges. The event underscored the important role Population Health continues to play in advancing NYC Health + Hospitals' mission to provide equitable, high-quality care to all New Yorkers.

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

NYC HEALTH + HOSPITALS AND METROPLUSHEALTH RECOGNIZED AMONG NEW YORK'S TOP HEALTHCARE ORGANIZATIONS BY CITY AND STATE NEW YORK

NYC Health + Hospitals and MetroPlusHealth were recognized by City & State as 2026 Top Healthcare Organizations for their role in driving the health care sector forward and making a significant impact on policy,

public health, and the economy across New York State. The inaugural recognition highlights both organizations' commitment to delivering high-quality, equitable care while addressing the evolving needs of New Yorkers. Together, NYC Health + Hospitals and MetroPlusHealth serve as a cornerstone of the City's healthcare infrastructure, providing comprehensive services that improve health outcomes and strengthen communities in every borough.

NYC HEALTH + HOSPITALS SYSTEM CHIEF MEDICAL OFFICER FOR CLINICAL SERVICES AND POPULATION HEALTH DR. TED LONG RECEIVES 2026 SLOAN PUBLIC SERVICE AWARD

The Fund for the City of New York selected Ted Long, MD, MHS, Senior Vice President, System Chief Medical Officer (CMO) for Clinical Services and Population Health and CEO for NYC Health + Hospitals Accountable Care Organization as a recipient of the 2026 Sloan Public Service Award. The award is regarded as one of New York City's highest honors for career public service. Dr. Long is recognized for his transformative leadership expanding health care access and leading some of New York City's most significant health care and humanitarian response efforts in recent history. Over the course of his tenure at NYC Health + Hospitals, he has played a central role in improving primary care access, strengthening population health systems, and developing large-scale crisis response initiatives serving millions of New Yorkers.

NYC HEALTH + HOSPITALS/BELLEVUE DIRECTOR OF CAPITAL DESIGN AND CONSTRUCTION YUNJUNG LEE RECOGNIZED BY CRAIN'S NEW YORK BUSINESS AS A 2026 NOTABLE LEADER IN ARCHITECTURE

Yunjung Lee, Director of Capital Design and Construction at NYC Health + Hospitals/Bellevue, has been named to Crain's New York Business' 2026 Notable Leaders in Architecture, Engineering & Construction list. The recognition honors accomplished professionals who are shaping the built environment through leadership, innovation, and significant contributions to their organizations and the communities they serve. Honorees are selected by Crain's editors based on their professional achievements, industry impact, and commitment to advancing their field.

As Director of Capital Design and Construction at Bellevue Hospital, Lee oversees the planning and execution of healthcare infrastructure projects across the historic campus. Since assuming her leadership role in 2022, she has grown Bellevue Hospital's capital project team from one to seven professionals and manages more than 40 active projects with a combined value exceeding $350 million.

NYC HEALTH + HOSPITALS/ELMHURST EARNS PRESTIGIOUS LUNG CANCER SCREENING CENTER DESIGNATION BY THE AMERICAN COLLEGE OF RADIOLOGY

NYC Health + Hospitals/Elmhurst announced that it has been designated as a Lung Cancer Screening Center by the American College of Radiology (ACR), recognizing the hospital's commitment to providing the highest standards in lung cancer screening, patient safety, and diagnostic excellence. This latest achievement follows Elmhurst's recognition as a GO2 for Lung Cancer Center of Excellence in 2025.

The ACR Lung Cancer Screening Center designation is the only national recognition focused specifically on lung cancer screening imaging. Facilities that earn the designation must meet rigorous standards in clinical care, imaging quality, radiation safety, physician expertise, patient follow-up, and quality assurance. To achieve this designation, facilities must maintain ACR CT accreditation, utilize low-dose CT screening protocols designed to minimize radiation exposure, participate in the ACR Lung Cancer Screening Registry, and ensure that examinations are interpreted by highly-qualified physicians with expertise in chest imaging. Facilities are also required to use the Lung CT Screening Reporting and Data System to support consistent follow-up care and improved patient outcomes.

AMERICA'S ESSENTIAL HOSPITALS RECOGNIZES NYC HEALTH + HOSPITALS/BELLEVUE INPATIENT LEAN TEAM FOR OPERATIONAL EXCELLENCE

NYC Health + Hospitals/Bellevue announced that its Inpatient Lean Team has been recognized by America's Essential Hospitals. The association awarded NYC Health + Hospitals/Bellevue a 2026 Gage Award honorable mention for operational excellence at a June 11 luncheon at the VITAL2026 conference in Minneapolis.
The Inpatient Lean Team is a hospital-wide operational improvement initiative designed to improve patient flow and optimize inpatient capacity in the emergency department (ED). Core objectives include reclaiming unusable inpatient beds, accelerating discharges and room turnover, prioritizing interfacility transfers, and fostering real-time problem solving across clinical and operational teams. Following implementation, Bellevue Hospital achieved sustained, month-over-month reductions, with an 82% decrease in average ED boarding times.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

NEW ENHANCED SERVICES PILOT BRINGS HOME HEALTH AIDES TO NEW YORKERS IN THEIR NEW HOMES

NYC Health + Hospitals' Housing for Health initiative announced Bridge to Care, a pilot program funded by The Leona M. and Harry B. Helmsley Charitable Trust, which aims to bridge service gaps by providing medically vulnerable patients with supplementary, personalized care to support their adjustment to independent living. For the pilot program's launch, Housing for Health partnered with the West Side

Federation for Senior and Supportive Housing (WSFSSH) to place 22 NYC Health + Hospitals patients experiencing homelessness into Fischer Senior Apartments, a newly opened 105-unit senior and supportive housing development in the Bronx. Patients receive home health aides funded by NYC Health + Hospitals during the period between move-in and Medicaid approval, covering a service gap that can typically last 45-90 days and ensuring patients' safe transition into permanent housing. Additional onsite services, including case management, community programming, and a garden, offer residents a supportive environment to call home. Housing for Health will expand the program to support more patients moving into permanent housing as well as evaluate the importance of a care team during the critical period of transition to housing.

Bridge to Care is part of Project ASAP (Accelerated Supportive Housing Application and Placement), a Housing for Health initiative to expedite placements to supportive housing for NYC Health + Hospitals patients. Project ASAP directly supports the health care System's housing navigation work by equipping patients with the health evaluations required for the approvals needed to access supportive housing around the city, including in housing developed on hospital land.

SECOND BRIDGE TO HOME FACILITY TO OPEN IN BROOKLYN, EXPAND TRANSITIONAL HOUSING PROGRAM FOR UNHOUSED NEW YORKERS DIAGNOSED WITH SERIOUS MENTAL ILLNESS

Building on the success of the program's Manhattan site, the Bridge to Home program is expanding to Brooklyn. Bridge to Home aims to break the cycle between street, shelter, and recurring hospital admission for unhoused New Yorkers diagnosed with serious mental illness (SMI) by addressing the gap between inpatient psychiatric treatment and permanent housing placement. The program offers unhoused patients with SMI a stable, home-like environment with onsite clinical services, behavioral health care, and housing application assistance to ensure they can continue their recovery while they transition to permanent housing. Earlier this month, the NYC Health + Hospitals Board of Directors approved a five-year lease to expand the program to Brooklyn. Like its Manhattan counterpart, the Bridge to Home site in Brooklyn will serve up to 50 guests with 24/7 on-site services and stays of up to 12 months, until guests are connected to permanent, supportive housing. Providers from NYC Health + Hospitals/Woodhull will work on-site to ensure guests have access to a full spectrum of health care services, including behavioral health care, medical treatment, social services and housing navigation. The Brooklyn site is expected to welcome its first guests in early fall 2026.

The first Bridge to Home site opened in Midtown Manhattan in September 2025 and in seven months has already demonstrated positive outcomes.

More than 87% of current guests attend weekly clinical visits, approximately two thirds have completed housing applications, four guests have been matched with permanent housing, and three guests have successfully transitioned into permanent supportive housing.

NYC HEALTH + HOSPITALS/BELLEVUE CELEBRATES PRIDE MONTH WITH NYC COUNCIL MEMBER CARL WILSON AND HOSPITAL LEADERS

NYC Health + Hospitals/Bellevue hosted its annual Pride Month celebration, bringing together elected officials, patients, staff, and community partners for Vibing with Pride, a discussion focused on LGBTQ+ health, representation, belonging, coalition building, public service, and the future of health equity in New York City. The event highlighted Bellevue Hospital's longstanding commitment to providing affirming, culturally responsive care for LGBTQ+ New Yorkers and featured a conversation exploring the challenges and opportunities facing LGBTQ+ communities today. Participants discussed the importance of trust in healthcare, representation in leadership, community partnership, and strategies to ensure all New Yorkers have access to high quality care delivered with dignity and respect.

NYC HEALTH + HOSPITALS/COLER ENHANCES BEHAVIORAL HEALTH SERVICES FOR LONG-TERM CARE RESIDENTS

The NYC Health + Hospitals/Coler skilled nursing facility announced two initiatives to serve residents with a behavioral health concern: the opening of a dedicated activity space for residents with behavioral challenges, and the expansion of its Mental Health Assistants program to support their growth and social rehabilitation. Today's announcement builds on years of investment to serve long-term care residents with serious mental illness at Coler, where 90% of residents have a behavioral health diagnosis. Expanding full-time behavioral health staff and engaging in nonpharmaceutical approaches have allowed Coler to achieve a markedly low rate of antipsychotic medications among residents: only 8% of Coler residents receive antipsychotic medications, far below the national average of 14% of nursing home residents receiving antipsychotic medications.
The new activity room creates a space for residents with behavioral health concerns, who often choose to not attend the general therapeutic recreation events and activities in a group setting. The new space allows these residents to safely participate in group activities like interactive games, arts and crafts, group therapy, and trivia to promote engagement and mental stimulation needed to improve social behaviors. It offers a welcoming environment that is calming and familiar, maintaining strong safety standards to protect residents and the staff who support them.

NEW SEASON OF FARMERS MARKETS NEAR PATIENT CARE SITES BEGINS

NYC Health + Hospitals launched a new season of farmers markets hosted at public hospitals and community health centers across the city. The farmers markets, operated by local partners GrowNYC and Harvest Home, make it easy for anyone in the community to access fresh, local fruits and vegetables at an affordable price. Various payment options are available to help New Yorkers take advantage of farmers markets, and Fresh Food Box sites, including EBT/SNAP, Senior Farmers Market Nutrition Program (FMNP) coupons, and Women, Infants and Children (WIC) coupons.

200TH TRANSCATHETER AORTIC VALVE REPLACEMENT MARKED AT NYC HEALTH + HOSPITALS/BELLEVUE

NYC Health + Hospitals/Bellevue announced a major milestone in its cardiovascular program: the completion of its 200th minimally invasive heart valve replacement procedure, also known as Transcatheter Aortic Valve Replacement (TAVR). The achievement underscores the hospital's continued commitment to delivering advanced, life-saving heart care to all New Yorkers regardless of their ability to pay.

TAVR is used to treat patients with aortic stenosis, a condition in which a heart valve is severely narrowed, affecting the heart's ability to pump blood to the body. Unlike traditional open-heart surgery, the minimally invasive procedure allows physicians to deliver a valve via a catheter, resulting in shorter recovery times and improved outcomes for high-risk patients.

DENTAL DEPARTMENT AT NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX LAUNCHES EVENING APPOINTMENTS

NYC Health + Hospitals/Jacobi | North Central Bronx announced its Dental Department will begin offering evening appointments, expanding to serve an additional 60 patients a week. Beginning in August, dental appointments will be available until 6:30 pm Tuesday and Thursdays at both the Jacobi and North Central Bronx campuses, a direct response to the reality that many working Bronx residents cannot access care during standard daytime hours. The expanded schedule will include dedicated pediatric appointments on Tuesday evenings and adult appointments on Thursday evenings. The expansion also includes adding a new portable dental unit into one of the treatment rooms, along with plans to hire additional dental assistants. One of the most important changes is that dental care is now officially available for Women's Health Services patients, and they are being brought directly into the clinic for treatment.

NYC HEALTH + HOSPITALS/GOUVERNEUR OPENS DIALYSIS DEN TO OFFER LIFE-SUSTAINING CARE TO NURSING HOME RESIDENTS LIVING WITH KIDNEY DISEASE

NYC Health + Hospitals/Gouverneur announced the opening of its 2,100 sq. ft state-of-the-art onsite dialysis den, which will become available to residents starting in July. The new space includes four dedicated hemodialysis chairs; an abundance of natural light and flat-screen televisions to maximize comfort; designated rooms for supplies, equipment and charging; new efficient lighting systems; and HVAC systems that meet strict safety standards. With onsite dialysis, Gouverneur residents will no longer need to travel to and from hospital-based and outpatient dialysis centers multiple times each week. The Dialysis Den uses NxStage machines to remove waste and extra fluid from the blood and then return the filtered blood into the body. Treatments usually last about three hours and are done five times per week but may vary based on the individualized care plan. Gouverneur is partnering with Dialyze Direct to manage the home hemodialysis program. The dialysis den offers life-sustaining care to patients and residents living with End Stage Kidney Disease (ESKD). There are currently approximately 550,000 individuals with ESKD who receive dialysis treatments in the U.S. Only 14% of dialysis patients receive their treatments in the home setting, the remainder must travel to dialysis centers for treatment.

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX HOSTS BLOOD DRIVE AS CITYWIDE NEED INCREASES

NYC Health + Hospitals/Jacobi co-hosted a blood drive with the New York Blood Center (NYBC) where over 80 donations were made, which can save up to 243 lives. Those who came to donate blood were given a box of Girl Scout Cookies. Blood donations are urgently needed in the warmer seasons of spring and summer because there is a seasonal rise in accidents and ED visits during these months. One blood donation can save three lives after being divided by red cells, platelets, and plasma. After dividing the donations and distributing to hospitals in the community, the blood is used for patients of accidents, cancer, or those undergoing a surgical procedure.

NYC HEALTH + HOSPITALS/ELMHURST PEDIATRIC RESIDENTS TRAIN NEWTOWN HIGH SCHOOL TRAIN STUDENTS AND TEACHERS TO HANDLE CARDIAC ARREST

NYC Health + Hospitals/Elmhurst pediatric residents trained nearly 200 students and staff at Newtown High School in cardiac arrest awareness and response. The contribution helped Newtown High School become the first school in Queens to earn a Project ADAM designation, a nationally recognized achievement that demonstrates the school's commitment to cardiac emergency preparedness and student safety. Project ADAM (Automated Defibrillators in Adam's Memory) is a national initiative focused on preventing sudden cardiac death in schools through education, planning, access to automated external defibrillators (AEDs), and emergency response training. To receive designation, schools must establish a cardiac emergency response plan,

ensure appropriate AED access, conduct drills, and train staff to respond effectively during an emergency.

NYC HEALTH + HOSPITALS LAUNCHES APPLICATION FOR CLINICAL LEADERSHIP FELLOWSHIP 2027-2028

NYC Health + Hospitals announced the opening of applications for the Clinical Leadership Fellowship, a one-year program to develop the next generation of clinical leaders in health care quality improvement, population health, and administration. The fellowship is open to post-residency physicians and combines both academic and hands-on experience, participation in leadership meetings, and a final project on quality improvement or population health. Fellows gain the skills needed to advance strategic leadership initiatives while working alongside decision-makers at the nation's largest municipal health care System. Applications for next year's fellowship are due by October 20 and will be reviewed on a rolling basis.

NYC CARE UPDATE

NYC CARE RELAUNCHES "LIGHT THE WAY" CITYWIDE PUBLIC AWARENESS CAMPAIGN

NYC Care launched a public awareness marketing campaign to encourage enrollment and re-enrollment for NYC Care-eligible New Yorkers. The campaign highlights the diversity of NYC Care's members, new benefits including low- and no-cost durable medical equipment, and the level of access to high-quality primary, specialty, and preventive care one can attain by using the NYC Care membership card. The campaign will run through July in English, Spanish, Simplified Chinese, Traditional Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, Urdu, French, and Polish. Ads will be placed in print and digital newspapers, out-of-home (transit, billboards, and posters in local businesses), TV, radio, and social media. Placements will also include the "Light the Way" truck, featuring a street team who will drive across the five boroughs to share information about the program and hand out promotional items.

ARTS IN MEDICINE UPDATE

NEW MURAL BY EMMA KOHLMANN UNVEILED AT NYC HEALTH + HOSPITALS/BELLEVUE

NYC Health + Hospitals unveiled a new mural as part of the Community Mural Project run by the health System's Arts in Medicine department. The mural, *Before There was Asphalt / Gardens are Cities*, is located in the South Lobby at NYC Health + Hospitals/Bellevue, and artist Emma Kohlmann developed the mural in collaboration with staff and the community. The mural is one of over 50 murals that have been created at NYC Health + Hospitals since 2019.

Before There was Asphalt / Gardens are Cities portrays overgrown plants as worlds within themselves—apartment buildings for insects, symbols of time, and the changing seasons. Hidden within the leaves are mysteries: small lives unfolding, shadows shifting, and worlds that exist just out of sight. The mural is a city of native New York plants, reimagining Bellevue Hospital as a living ecosystem and bringing the natural world indoors through the language of flora.

HHART OF MEDICINE X BROOKLYN MUSEUM SESSION WITH NYC HEALTH + HOSPITALS/WOODHULL PEDIATRIC RESIDENTS

For the final HHArt of Medicine session with the NYC Health + Hospitals/Woodhull pediatric residents the Brooklyn Museum had participants look closely at a portrait painting by Katie Yamasaki titled "Cristine." Through observing this work the group explored themes of symbolism, representation, freedom, multiculturalism, and perception. The residents were then introduced to the process of printmaking and designed an original print expressing a food, ritual, place, plant, or activity that they have a strong connection with. The session ended with residents sharing the titles of their prints and an important piece of their own identity with their colleagues.

METROPLUSHEALTH UPDATE

SUSTAINING PROGRESS IN HIV CARE FOLLOWING THE ENDING THE EPIDEMIC GRANT

Despite the conclusion of the New York State Department of Health's Ending the Epidemic (ETE) grant program — previously administered through the AIDS Institute — MetroPlusHealth has decided to sustain and expand this critical work through a newly established, internally funded model. This investment ensures continuity of care while accelerating progress toward viral load suppression and long-term health outcomes.

The ETE grant, which provided approximately $600,000 annually, enabled targeted high-touch outreach to members who were disengaged from care or not virally suppressed. Through community-based, inpatient, and home-based interventions, the program delivered measurable impact. Between 2025 and early 2026, 63% of people reached successfully reconnected to HIV primary care. These targeted efforts contributed to sustained improvements in viral load suppression across multiple lines of business and reinforced MetroPlusHealth's continued outperformance of statewide benchmarks within the HIV Special Needs Plan. Notably, viral load suppression in the HIV Special Needs Plan improved by nearly four percentage points from 2020 to 2024, reaching 83.7% of members. Similar gains were seen in Medicaid Managed Care and Health and Recovery Plans (HARP) populations, reflecting meaningful progress among members with complex care needs.

Building on this foundation — and ensuring the momentum is not lost — MetroPlusHealth has launched the CARE Team—Community Access, Retention, and Engagement Team. This dedicated, field-based model advances two critical priorities: improving viral load suppression rates and expanding enrollment in the HIV Special Needs Plan. The CARE Team delivers proactive, in-person outreach, including home and community visits to re-engage members who are disconnected from care. In parallel, the team supports eligible members with enrollment in the HIV Special Needs Plan, expanding access to coordinated, specialty care while addressing both clinical and social drivers of disengagement.

This integrated approach represents a strategic advancement over prior efforts. By embedding staff directly in the field and combining outreach with enrollment support, MetroPlusHealth is:

- Strengthening care continuity
- Accelerating progress toward viral suppression
- Improving retention during redetermination cycles
- Advancing health equity for high-risk populations

Through sustained investment and an enhanced model of care, MetroPlusHealth continues to play a leading role in supporting efforts to end the HIV epidemic while delivering measurable impact for the communities it serves.

METROPLUSHEALTH GUIDES ESSENTIAL PLAN MEMBERS THROUGH UPCOMING HEALTH CARE COVERAGE CHANGES

MetroPlusHealth, New York City's high-quality, affordable health plan, is actively supporting members affected by upcoming Federal funding changes to the Essential Plan 200–250 program. With the transition taking effect on June 30, 2026, MetroPlusHealth is taking proactive steps to ensure members understand their options and maintain continuous health coverage.

These changes will impact New Yorkers with household incomes between **200–250% of the federal poverty level** – approximately **450,000 people statewide**. MetroPlusHealth is committed to providing every affected member with clear information and personalized support. Depending on individual circumstances, members may be eligible for a Qualified Health Plan, Medicaid, or another Essential Plan option.

METROPLUSHEALTH ADDS TRIBECA PEDIATRICS TO ITS EXPANDING PROVIDER NETWORK

Tribeca Pediatrics, one of New York City's most trusted pediatric providers, has officially joined MetroPlusHealth's growing

network. The expansion brings nearly 150 pediatricians across more than 50 locations, significantly increasing access to high-quality pediatric care for families.

The addition of Tribeca Pediatrics reflects MetroPlusHealth's ongoing commitment to expanding access to convenient, compassionate care. Tribeca Pediatrics is now in-network for all MetroPlusHealth members. Tribeca Pediatrics' footprint across Manhattan, Brooklyn, Queens, Staten Island, and the Bronx, ensures that MetroPlusHealth families can access care close to home, school, or work. Members can now access its full range of services, including newborn care, well child visits, vaccinations, same-day sick visits, developmental screenings, and virtual visits. Tribeca Pediatrics also offers mental health screenings and basic services to support patients' emotional well-being, address behavioral concerns, and provide care for the mental health needs of older children and teens. The practice has no waitlist for new patients, and offers easy registration, records transfer, and scheduling.

METROPLUSHEALTH JOINS NEW YORK CITY FC FOR 17 DAYS OF COMMUNITY FOCUSED EXPERIENCES AT THE NYNJ WORLD CUP 26 FAN ZONE QUEENS

MetroPlusHealth, is gearing up for 17 days of football, community, and celebration when it joins New York City FC at the NYNJ World Cup 26 Fan Zone Queens. From June 11 to 27, fans at the USTA Billie Jean King National Tennis Center will experience an exciting mix of world-class soccer energy and accessible health resources designed for all New Yorkers.

Located in Flushing Meadows Corona Park, the Club will have a dedicated fan experience, City Corner, where MetroPlusHealth will be alongside other partners at the NYNJ World Cup 26 Fan Zone Queens. The Fan Zone features daily World Cup match viewings on big screens, interactive games, giveaways, and more. MetroPlusHealth will be on-site with multilingual staff offering information about available health care resources and services.

EXTERNAL AFFAIRS UPDATE

City
The Executive Budget Hearing took place at City Hall on Friday, June 5th, where Dr. Katz, John Ulberg, and Dr. Patsy Yang testified and participated in question and answer from the NYC City Council. On June 15, the City Council held a hearing on the topic of "Access to Reproductive Health Care for New Yorkers with Disabilities", where Dr. Wendy Wilcox, Chief Women's Health Officer and Chief of OB/GYN at Woodhull Hospital, and Ivelesse Mendez-Justiniano, Chief Diversity, Equity, and Inclusion Officer, testified and participated in question and answer.

State
The NYS legislative session concluded earlier this month on June 5th. Nearly 17,000 bills had activity this year; of those bills, 1,832 bills passed one house of the Legislature, and 759 bills passed both houses. This is a lower number than in recent years but the Legislature was impacted by the State budget being two months late.

All the bills that passed both houses will now have to be delivered to and acted on by the Governor before the end of the year. External Affairs is working with our subject matter experts to determine if the System should be asking the Governor to (1) sign, (2) veto, or (3) amend a bill that passed both houses.

Also, External Affairs is reviewing the results of the 2026 primaries which occurred earlier this week, as many of our facility representation at the State and Federal level will be impacted by the outcome of the primary elections.

Federal
The Federal government is taking steps to implement the requirements of H.R.1 via rulemaking. Our areas of priority are proposed restrictions on State Directed Payments and work requirements. NYC Health + Hospitals is continuing to advocate for improvements in both areas, even as we are waiting for the State to publish its rules related to work requirements before July 31. In addition to advocacy, cross-functional teams at NYC Health + Hospitals – including external affairs, finance, revenue cycle, chief medical officers, and others – are working together to prepare for and implement these changes.

We also continue to advocate on our longstanding priorities, including HR1 fixes, eliminating the remaining Medicaid DSH cuts, permanently extending telehealth flexibilities, and preventing Medicare site neutral cuts. External Affairs is also reviewing the results of the 2026 primaries which occurred earlier this week, as many of our facility representation at the State and Federal level will be impacted by the outcome of the primary elections.

Community Affairs
The Council of CABs elected their new Executive Committee for the 2027 term at their June 2nd meeting. The 2027 term runs from September 1st to August 31st. Joyce Rivers-Clark from the Sydenham's CAB will serve as the Council of CABs Chair; Leslie Harrison from Morrisania's CAB will serve as First Vice-Chair; Charmaine Graham from Jacobi's CAB will serve as the Second Vice-Chair; and Debera Tyndall from McKinney's CAB will serve as Secretary. Eight CAB Chairs are terming out as CAB members or have completed their terms as Chairs. We celebrated the CAB Chairs at the June meeting and gave them certificates of appreciation from Dr. Katz and Deborah Brown.

The Council of Auxiliaries met on June 10th, with representation from eight auxiliaries. The auxiliaries discussed upcoming fundraising plans and shared recent updates from their respective organizations.

NEWS FROM AROUND THE SYSTEM

- **New York Times:** "Another Wonderland" opens this weekend at the Museum of the City of New York
- **Primera Linea:** MetroPlusHealth adds Tribeca Pediatrics to its growing provider network
- **NPR:** How Ebola kills -- and what it takes to stop it
- **NY1:** Doctor highlights LGBTQ+ resources at city hospitals for Pride Month
- **Medscape:** Is America Bioprepared for the Next Outbreak?
- **NY1:** Summer Sunscreen Tips As The City Heats Up
- **World News:** 18 NYC Health Hospitals Facilities Recognized as LGBTQ Healthcare Equality Leaders by the Human Rights Campaign Foundation (New York City Health and Hospitals Corporation)
- **Medscape:** Monotherapy Linked to Lower Pulmonary AEs Beyond Interstitial Pneumonitis vs Chemotherapy
- **City & State New York:** Who's who in Zohran Mamdani's administration?
- **Neoyorkinos:** Lincoln Hospital in the Bronx with National Award for Lung Cancer Early Detection Programs
- **Primera Linea:** Bellevue Reaches 200th Transcatheter Aortic Valve Replacement Procedure
- **Hoodline:** From Empty Bronx Lot To Lifeline: Highbridge Senior Tower Opens Its Doors
- **New York Post:** NYC's 'Alice in Wonderland' hospital mural goes on public display
- **Becker's Hospital Review:** NYC Health + Hospitals safety culture scores rose up to 10% as national rates fell
- **AMNY:** Extreme heat warning: NYC urges residents to take precautions to stay cool and healthy as temperatures spike this week

- **World News:** MetroPlusHealth Guides Essential Plan Members Through Upcoming Coverage Changes (New York City Health and Hospitals Corporation)
- **NY1:** 6 public servants receive Sloan Public Service Award from Fund for the City of New York
- **Sing Tao:** Chinese Health Association, South Brooklyn Health and the Joy Home Senior Activity Center held a "Lung Cancer Screening and Prevention Seminar"
- **SI Live:** Hospital's response to deadly explosion on Staten Island earns official 'thank you' from NYC

NYC HEALTH + HOSPITALS

July 2026

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the "**System") to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program** at a not to exceed amount of $23,711,170, which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

WHEREAS, Under the System's Procurement and Contracting Policy, Operating Procedure 100-05 ("OP 100-05"), "an expiring contract may be renewed rather than competitively procured where there is: (1) a written justification (such as the need to maintain continuity of care, avoid the disruption of a change of Vendor, honor an original equipment manufacturer service requirement, satisfaction with the incumbent Vendor's performance, etc.); (2) a cost-benefit analysis; and (3) a pricing analysis showing that the price is fair and reasonable under the circumstances; and these three items together establish that renewal is in the System's best interest[;]" and

WHEREAS, the System seeks to renew the Medical Legal Partnership ("MLP") agreement with NYLAG at a not to exceed amount of $23,711,170 for a contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of the System (the "Renewal"); and

WHEREAS, the existing MLP agreement has been in place with NYLAG since 2023 and it is set to expire on November 30, 2026 and NYLAG has operated the MLP since 2002; and

WHEREAS, the System has a continued, direct interest in, and goal of, eradicating the health-harming legal needs of its patients and the MLP services aid the mitigation of health-harming legal needs by (i) delivering effective, impactful health-related legal services through on-site, in-person and virtual appointments managed within the System's EMR system; (ii) educating System staff on health-harming legal issues (e.g. immigration, benefits denials, housing quality) and the potential benefits of legal intervention; and (iii) collecting robust patient-level data;

WHEREAS, NYLAG is a non-profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis; and

WHEREAS, NYLAG's LegalHealth division provides direct services to patients at clinics across the System. LegalHealth attorneys work to improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources; and

WHEREAS, the current MLP agreement provides for the delivery of health-related legal services to over 3,000 patients annually via onsite attorneys, assistance with new SSI/SSDI applications to up to 200 patients annually, the documentation of appointment status in electronic health record, the provision of annual training (2 per hospital; 8 System-wide) for System staff to strengthen medical-legal referrals and individual consultation as needed, and the submission of regular patient-level reports; and

WHEREAS, in June 2023, the System released a Request for Information ("RFI") to test the market for legal services vendors, during which NYLAG submitted a comprehensive response that addressed every component of the RFI, and the System is not aware of another similarly qualified vendor; and

WHEREAS, the current MLP agreement provides assistance to patients seeking and obtaining Medicaid coverage for certain previously uninsured patients, and the proposed agreement will preserve all existing services with minimal cost increases for up to seven (7) years; and

WHEREAS, the procurement was approved by the CRC on June 16, 2026 with an NTE of $23,711,170; and

WHEREAS, NYLAG continues to be responsive to the System's needs and has the capacity and expertise to continue to provide the MLP services, continuing services with NYLAG will avoid major disruption in services caused by switching vendors; and

WHEREAS, the Chief Population Health Officer will continue to be responsible for the management of the MLP agreement.

WHEREAS, based on the foregoing and the information presented to the Board in connection with this resolution, the System has determined that the requirements for a Contract Renewal under OP 100-05 have been met, and thus, this Renewal is in the best interest of the System as required by OP 100-05.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to renew its existing contract with New York Legal Assistance Group for services in connection with the System's Medical Legal Partnership Program at a not to exceed amount of $23,711,170, which includes a 15% contingency, for a contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

NYC HEALTH + HOSPITALS

July 2026

EXECUTIVE SUMMARY
MEDICAL LEGAL PARTNERSHIP PROGRAM SERVICES
AGREEMENT(S) WITH
NEW YORK LEGAL ASSISTANCE PROGRAM

OVERVIEW: NYC Health + Hospitals seeks a Best Interest Renewal for the Medical Legal Partnership ("MLP") agreement with NYLAG at a not to exceed amount of $23,711,170, which includes a 15% contingency for a contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of the System.

NEED: the System has a continued, direct interest in, and goal of, eradicating the health-harming legal needs of its patients and the MLP services aid the mitigation of health-harming legal needs by (i) delivering effective, impactful health-related legal services through on-site, in-person and virtual appointments managed within the System's EMR system; (ii) educating System staff on health-harming legal issues (e.g. immigration, benefits denials, housing quality) and the potential benefits of legal intervention; and (iii) collecting robust patient-level data.

PROCUREMENT: June 2023 – NYC Health + Hospitals released an RFI to test the market for legal services vendors. NYLAG's submission was comprehensive and addressed every component of RFI. NYC Health + Hospital's not aware of another qualified vendor. The CRC approved the renewal on June 16, 2026.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential seven (7) year term is not to exceed $23,711,170. The current contract spend is $2,590,000.00 per year. The new contract will preserve all existing services with minimal cost increases for up to seven years. Contract costs are largely covering NYLAG's PS costs, with 10% overhead. Attorneys are unionized and executed recent collective bargaining agreement. NYC Health + Hospitals receives financial returns from the MLP services based on establishment of Medicaid coverage for certain previously uninsured patients (e.g. immigrants who are Permanently Residing Under Color of Law (PRUCOL)).

MWBE: NYLAG is a non-profit organization. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

NYC HEALTH + HOSPITALS

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

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

Carina Zupa

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for [Description of contract subject matter]

Date: July 10, 2026

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

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
New York Legal Assistance Group	Approved	Approved	N/A

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

Medical Legal Partnership Program Application to Enter into Contract with New York Legal Assistance Group

Board of Directors Meeting
July 30, 2026

Nichola Davis, MD, VP + Chief Population Health Officer
Emily Foote, Senior Director, Social Medicine
Clinical Services & Population Health

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "**System**") **to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program** at a not to exceed amount of $23,711,170 which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

Background & Current State

- New York Legal Assistance Group (NYLAG) is a non profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis.

- NYLAG's LegalHealth division provides direct services to NYC Health + Hospitals patients at clinics across the system. LegalHealth attorneys work to improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.

- NYC Health + Hospitals has had a Medical Legal Partnership (MLP) agreement in place with NYLAG since 2002. The current contract is managed by the Office of Clinical Services & Population Health and expires on November 30, 2026.

Medical Legal Partnership Program

- The LegalHealth Medical-Legal Partnership at NYC Health + Hospitals provides:
  - Direct health-related legal assistance to patients
  - Ongoing education and support to NYC Health + Hospitals staff managing complex social matters for patients, leading to legal referrals and remedies for patients
  - Health-related legal services include assistance with public benefits, housing, immigration, health insurance, advance planning, income maintenance, applications for green card or other immigration status, naturalization, sponsorship, and more
  - Level of service to patient ranges from advice-and-counsel to full representation
- Overall Program Goal:
  - Sustain and strengthen medical-legal partnership to address health-harming legal needs of patients
- Program Objectives:
  - Delivering effective, impactful health-related legal services through on-site, in-person and virtual appointments managed within NYC Health + Hospitals' EMR system
  - Education for NYC Health + Hospitals staff on health-harming legal issues (e.g. immigration, benefits denials, housing quality) and potential benefits of legal intervention
  - Collection of robust patient-level data

Background & Current State

- Current Contract between NYC Health + Hospitals and NYLAG provides for:
  - Delivery of health related legal services to at least 3K patients annually via onsite attorneys
  - Assistance with new SSI/SSDI applications to up to 200 patients annually
  - Documentation of appointment status in electronic health record
  - Provision of annual training (2 per hospital; 8 systemwide) for H+H staff to strengthen medical-legal referrals + individual consultation as needed
  - Submission of regular patient-level reports
- Current Spend: $7.68M – 3 year contract

Background & Current State

- NYC Health + Hospitals Infrastructure Investment:
  - EMR architecture, dedicated staffing and data exchange have optimized the Medical Legal Partnership.

Seamless Provider Workflow

- **Epic Integration:** MDs, SWs, CHWs submit HIPAA-compliant referrals directly in the patient's chart.
- **Operational Assets:** Hospital-specific referral work queues and customized scheduling templates.
- **Workforce Support:** Dedicated team in Population Health oversees operations, deployment, and ongoing training.

Closed-Loop Integration

- **Secure NYLAG Access:** Provisioned specialized, limited Epic access for non-employee attorneys and paralegals.
- **Pre-Appt Prep:** NYLAG attorneys can safely view necessary patient charts ahead of legal consults.
- **Real-Time Status:** Attorney staff directly document patient arrivals, solving historical pain point.

Advanced Data Capabilities

- **Outcome Optimization:** Newly launched upgrade captures initial appt outcomes right in the system.
- **Detailed Analytics:** Unlocked facility, clinic, and patient-level data to evaluate clinical, financial impacts and population reach.

Best Interest Renewal

- Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
  - Request for Information (RFI) Results:
    - June 2023 – The System released an RFI to test the market for legal services vendors
    - NYLAG's submission was comprehensive and addressed every component of RFI
    - We are not aware of another qualified vendor
  - Intersecting funded services:
    - MOIA – immigration legal services funded by MOIA on site at 3 NYC H+H Facilities
    - Immigrant Health Initiative (IHI) – additional immigration legal services funded by City Council at NYC Health + Hospitals
  - Cost Benefit Analysis:
    - Financial return based on establishment of Medicaid coverage for certain previously uninsured patients – e.g. immigrants who are Permanently Residing Under Color of Law (PRUCOL).
  - Pricing Due Diligence:
    - New contract will preserve all existing services with minimal cost increases for up to seven years
    - Contract costs are largely covering NYLAG's PS costs, with 10% overhead
    - Attorneys are unionized and executed recent collective bargaining agreement.
  - Performance:
    - Vendor performance has been excellent with regards to both in field personnel, performance of contractual obligations, and additional support as requested.

NYC HEALTH+ HOSPITALS

Budget Projection

Projected Contract Value	
FY27	$1,598,480
FY28	$2,792,540
FY29	$2,846,840
FY30	$2,911,762
FY31	$2,978,329
FY32	$3,049,859
FY33	$3,119,520
FY34	$1,321,078
Budget Subtotal	$20,618,409
Contingency* (15%)	$3,092,761
NTE Value	**$23,711,170**

15% contingency provides 1) option to add dedicated attorney to assist patients living in or awaiting placement in skilled nursing facilities and 2) possibility of increased labor costs after collective bargaining

Vendor Performance

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

Vendor Diversity

- NYLAG is a non-profit organization. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program** at a not to exceed amount of $23,711,170, which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

NYC HEALTH+ HOSPITALS

July 2026

RESOLUTION - 07

Authorizing New York City Health and Hospitals Corporation (the "**System**") **to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan** for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.

WHEREAS, since its inception, the System has entered into agreements by which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

WHEREAS, the physicians who comprise the Provider Group provide orthopedic services at NYC Health + Hospitals/Metropolitan through a subcontract with the System's affiliate, PAGNY; and

WHEREAS, it is vital to continue providing orthopedic services at NYC Health + Hospitals/Metropolitan to support the comprehensive care provided to the East Harlem community; and

WHEREAS, the System already contracts with the Provider Group directly for services at NYC Health + Hospitals/South Brooklyn; and

WHEREAS, the System and the Provider Group wish to contract directly with the System for services at NYC Health + Hospitals/Metropolitan as well; and

WHEREAS, in accordance with Operating Procedure 100-5, the System may procure services through negotiated acquisition, where only a limited number of potential vendors are available to meet the System's needs and such vendors can be reasonably identified without advertising; and

WHEREAS, through a negotiated acquisition process the Provider Group has been reasonably identified as being able to meet the System's needs.

WHEREAS, the overall responsibility for the administration of the proposed agreement shall be with the Chief Executive Officer of NYC Health + Hospitals/Metropolitan, with clinical oversight by the Department of Surgery.

NOW, THEREFORE, BE IT RESOLVED, that New York City Health and Hospitals Corporation (the "**System**") is authorized to enter into a clinical services agreement with City Orthopedics, PLLC (the "**Provider Group**") to provide orthopedic services, at New York City Health + Hospitals/Metropolitan for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.

July 2026

EXECUTIVE SUMMARY

CLINICAL SERVICES AGREEMENT WITH CITY ORTHOPEDICS, PLLC

BACKGROUND: Since its inception, the System has obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations. For over 10 years, providers subcontracted with the System's affiliate, PAGNY, have provided orthopedic services to NYC Health + Hospitals/Metropolitan. City Orthopedics, PLLC (the "**Provider Group**"), (the PAGNY subcontractor) entered into an agreement directly with South Brooklyn Health and now the System is seeking to directly engage the Provider Group to provide orthopedic services at NYC Health + Hospitals/Metropolitan.

TERMS: Pursuant to the clinical services agreement, the Provider Group will provide orthopedic services to NYC Health + Hospitals/Metropolitan. Compensation to the group will be based upon a combination of an hourly rate for services and incentives for meeting certain quality metrics. The compensation for these services will not exceed $17,480,038 (which includes a 20% contingency) for an initial term of two (2) years with two (2) one-year options to extend

FUNDING: Funding for this clinical services arrangement will come from the System's general operating funds.

ANTICIPATED IMPROVEMENTS ARISING FROM THE ARRANGEMENT: The System expects that the proposed arrangement will save expenses, increase revenues, and allow for improved control over the orthopedic service at NYC Health + Hospitals/Metropolitan.

NYC HEALTH + HOSPITALS

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

From: Joanna R. Weiner
Deputy Counsel
Office of Legal Affairs

Joanna R. Weiner

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

Vendor: City Orthopedics, PLLC

Date: June 26, 2026

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by NYC Health + Hospitals/Metropolitan and Supply Chain:

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
City Orthopedics, PLLC	Pending	Pending	N/A

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

Clinical Services Contract
Orthopedics (City Orthopedics, PLLC)
Metropolitan Hospital

Board of Directors Meeting
July 30, 2026

Julian John, CEO
Dr. Anitha Srinivasan, CMO
Metropolitan Hospital

Request for Board Consideration

- Authorizing New York City Health and Hospitals Corporation (the "**System**") **to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan** for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.

Background / Current State

Metropolitan Hospital proposes entering into a direct contract with City Orthopedics, PLLC to ensure continued delivery of high-quality orthopedic services essential to the East Harlem community. H+H has an exiting agreement with this provider for services at SBH.

CURRENT STATE

- Orthopedic services are currently subcontracted through our affiliate, PAGNY. This is a long standing pass-through contract where Metropolitan is responsible for the entire cost and indemnifies the providers for their services performed at H+H
- In addition to the base contract fee, PAGNY charges a 3% administration fee for holding the subcontract and collects the professional billing revenue for the services
- The existing subcontract does not have built in Quality KPIs, and has limited impact on the FPP
- PAGNY is aware of this shift and has no push-back to the transition.

Base Contract	PAGNY Fee	Total Annual Cost
$3,573,516	$107,205	$3,680,721

NYC HEALTH+ HOSPITALS

Benefits / Rationale

By contracting directly for these clinical services:

- The system retains the professional billing revenue associated with the services
- The system enhances the control over the service, including quality KPIs and performance management
  - Process Measures (e.g., On-time surgery start > 90%; Time to chart closure < 72 hours,)
  - Outcome Measures (e.g., Surgical site infections < 3%; Length of stay <= 120% of DRG expected LOS, one year return rate to OR for hardware <3%)
- The system eliminates an administrative fee without additional administrative burden and no additional regulatory or malpractice risk, as we already perform partial billing and indemnify the providers
- The system ensures consistency and stability within Metropolitan provider group by maintaining majority of the existing providers
  - All providers are physicians in good standing

Contract Terms Overview

- The contract would be a direct system contract, include quality KPIs (with an incentive for meeting them), and a standard 5-year (3-1-1) term. Metropolitan will join the contract at the start of year two.

- Contract costs include comprehensive complements of specialty physicians and physician assistants (PA) required to cover all services listed below.

Coverage	OP Sessions	OR Days	Base Contract	Total Contract	Total NTE
24/7	5.5 sessions / week	4 weekdays- electives and Emergencies 2 Weekend days Emergencies	$3,641,675	$14,566,699	$17,480,038

Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the "**System**") **to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan** for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.

NYC HEALTH+ HOSPITALS

July 2026

RESOLUTION - 08

Authorizing New York City Health and Hospitals Corporation (the "**System**"), **upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.**

WHEREAS, since the early 1990s, North Central Bronx has operated a partial hospitalization program (the "**PHP**"), a program for adults requiring psychiatric or substance use disorder treatment who require a program that is more intensive than traditional outpatient treatment but less restrictive than inpatient hospitalization; and

WHEREAS, in recent years, the patient census at the PHP has significantly decreased, with the current census at 1/3 of its licensed capacity, while the demand for outpatient treatment through a Mental Health Outpatient Treatment and Rehabilitative Services ("**MHOTRS**") program has grown; and

WHEREAS, NYC Health + Hospitals/North Central Bronx ("**NCB**") leadership has determined its patients and community would be better served by closing its NCB's PHP and dedicating its operational resources and physical space to expanding the MHOTRS program at NCB; and

WHEREAS, NYC Health + Hospitals/Jacobi ("**Jacobi**"), through its intensive outpatient program, has capacity to care for those NCB PHP patients who require more intensive outpatient treatment; and

WHEREAS, NCB is applying to the New York State Office of Mental Health ("**OMH**") for authorization to close NCB's PHP, which will allow NCB to apply to expand its MHOTRS program capacity and reduce wait times for members of the community seeking appointments; and

WHEREAS, the application for final OMH approval requires a resolution by the System's Board of Directors authorizing such action.

NOW, THEREFORE, BE IT RESOLVED, that New York City Health and Hospitals Corporation (the "**System**") is authorized, upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.

NYC HEALTH+ HOSPITALS

July 2026

EXECUTIVE SUMMARY

CLOSURE OF NCB PARTIAL HOSPITALIZATION PLAN

BACKGROUND:

In the early 1990's North Central Bronx Hospital began to operate a partial hospitalization program ("PHP") designed to serve individuals who require psychiatric and substance use disorder treatment in a program that is more intensive than traditional outpatient treatment, but less restrictive than inpatient behavioral health treatment. There has been a steady decline in the patient census over the past ten years, with current patient volume at approximately 1/3 of the licensed capacity. At the same time, there has been a demonstrated community need for increased outpatient treatment capacity through a Mental Health Outpatient Treatment and Rehabilitation Services licensed program. NCB has recently received Office of Mental Health ("OMH") approval to have its outpatient department services co-located in PHP space.

PLANNED ACTION:

NCB is seeking to:

- Close its PHP when the last enrolled patient completes the program.
- Reassign PHP staff.
- Refer discharged inpatients requiring higher level of outpatient care to Jacobi Intensive Outpatient Program.
- Create additional outpatient appointment slots and increase access.
- Provide additional medical services in its MHOTRS program.

ANTICIPATED IMPROVEMENTS ARISING FROM THE PROGRAM CHANGE:

The System expects that the proposed arrangement will improve access to needed outpatient treatment for the community served by NCB, while continuing to serve patients who require more intensive services.

North Central Bronx
Partial Hospitalization Program

Board of Directors Meeting
July 30, 2026

Christopher Mastromano, CEO
Vincent Stanco, AED

NYC HEALTH+ HOSPITALS

For Board of Directors Consideration

- Authorizing New York City Health and Hospitals Corporation (the "**System**"), **upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.**

Background

NYC Health + Hospitals | North Central Bronx

Partial Hospitalization Program

Partial Hospitalization Program (PHP) is a 6-week, 5-day, 9A - 5P program for adults 18 and older requiring psychiatric or substance abuse treatment. The Partial Hospitalization Program is beneficial for those who need a more intensive program than traditional outpatient treatment but is less restrictive than inpatient hospitalization. Treatment is provided utilizing individual therapy, medication management and group modalities.

Services and Therapies include:

- Medication Management
- Psychotherapy
- Psychiatric, Medical and Nursing Assessments
- Social Skills Therapy
- Art Therapy

Services provided by a multidisciplinary team of psychiatrists, psychologists, nurses, social workers and activity therapists

Established in the early 1990's at North Central Bronx

Licensed by Office of Mental Health (OMH)
Operating Certificate Census 34 patients

Current Program Status

Partial Hospitalization Program visits/mo.

- FY12 – 330
- FY15 – 295
- FY19 – 236
- FY20 – 145
- FY24-26 – 175/mo.

Current Average Census – 10 (licensed for 34)

Current No-Show Rate – 25%

Main referral sources – North Central Bronx IP, Jacobi IP, Montefiore
Significant decrease in demand, referrals

Clinical Staffing – 1 RN; 2 Psychologists; 1 Social Worker; 3 Activity Therapists; 1 Psychiatrist

Significant increase in demand for psychiatric outpatient services from community (>300/mo.)
Appointment wait time for community visits – up to 60 days
Mental Health Outpatient Clinic Current Census – 722; 2K visits/mo.

Reassigning Partial Hospitalization Program therapist can increase outpatient census to 1100; additional RN in outpatient will allow more intakes and medical services to be conducted; activity therapists will conduct groups similar to Partial Hospitalization Program; shorten appointment wait time and increase access for community appointments.

Process to Request and Obtain Office of Mental Health Approval to Close a Licensed Program

1. Organization submits a Letter of Intent and the EZ Prior Approval Review Application Prior Consultation Form to the Office of Mental Health Field Office. The Letter of Intent and Consultation Form includes a narrative of a brief description of the proposed action.
2. The proposed action is reviewed and discussed at a consultation meeting between the organization and OMH representatives.
3. If Office of Mental Health supports the proposed action, a signed copy of the EZ Prior Approval Review Application Prior Consultation Form will be provided by Office of Mental Health supporting the proposed action.
4. Organization obtains the Governing Body Resolution Letter approving the program closure.
5. Organization proceeds to complete and submit an EZ Par Application to Office of Mental Health to obtain final approval.

Immediate Plans

- Target date of Sept 8, 2026 to close the Partial Hospitalization Program.
- Stop new referrals upon final approval to close the Partial Hospitalization Program.
- Close the Partial Hospitalization Program when the last enrolled patient successfully completes the program and is transitioned.
- Begin to reassign staff to the Mental Health Outpatient Clinic.
- Create additional outpatient appointment slots and increase access for new patients.
- Discharged psychiatric inpatients requiring higher level of outpatient care will be referred to Jacobi Intensive Outpatient Program (IOP); current outpatient clinics can accept and treat discharged patients requiring higher level of care, as needed.
- Increase use of existing Partial Hospitalization Program space by Mental Health Outpatient; recently received Office of Mental Health approval to have Mental Health Outpatient utilize Partial Hospitalization Program space.

Future Plans

Apply for Intensive Outpatient Program certification at North Central Bronx.
Continue to increase Mental Health Outpatient Clinic census, access; reduce wait time.
Submit plans to Office of Mental Health for approval to relocate the Mental Health Outpatient to existing Partial Hospitalization Program space; capital improvements, as needed

Behavioral Health Chairs and Outpatient Medical Directors at North Central Bronx and Jacobi will work collaboratively with referral sources to ensure continuity of care for patients discharged from inpatient psychiatric units who require a higher level of outpatient services. Patients will continue to be referred to either the Mental Health Outpatient Clinic or the Intensive Outpatient Program, based on their clinical needs. Both programs offer services comparable to those previously provided through the Partial Hospitalization Program and have the capacity to schedule follow-up appointments for discharged psychiatric inpatients within seven days of hospital discharge.

All existing Partial Hospitalization Program patients will be successfully transitioned to the next level of care prior to closing the program.

NYC HEALTH+ HOSPITALS

Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the "**System**"), **upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.**

NYC HEALTH+ HOSPITALS

July 2026

RESOLUTION – 09

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a construction contract with **JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln"),** for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration 18 months.

WHEREAS, Lincoln is a busy Level 1 Trauma Center with exceptionally high volumes of patients requiring specialized diagnostic imaging services, including neurology/stroke, orthopedics, spine injuries, oncology, and abdominal/pelvic imaging; and

WHEREAS, Lincoln's current MRI equipment is past its useful life, and the existing suite layout is highly inefficient, forcing patients to be seen in temporary medical MRI trailers located outside of the hospital building; and

WHEREAS, the implementation of a modern, well laid out in-facility MRI suite will eliminate structural delays in care, optimize technical workflows, accommodate ergonomic spacing for medical technicians, and greatly improve access to critical advanced diagnostics for the community; and

WHEREAS, the System publicly advertised this contract in the City Record on July 15, 2025, conducted on-site contractor tours on July 29 and July 30, 2025, and upon conclusion of the public bidding period on April 23, 2026, the review process determined JRM Construction Management to be the fully qualified, responsive, and responsible bidder; and

WHEREAS, JRM Construction Management has demonstrated successful regional healthcare competence, having completed major medical infrastructure developments including the 25,000 square foot Patient Ambulatory Care Center at South Brooklyn Health; and

WHEREAS, the Contractor has committed to a 37% Minority and Women-owned Business Enterprise (MWBE) subcontractor utilization plan through partnering with certified firms across mechanical, plumbing, structural steel, and architectural scopes; and

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

NOW THEREFORE BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a public bid construction contract with JRM Construction Management for the Magnetic Resonance Imaging (MRI) Suite Project at NYC Health + Hospitals/Lincoln, for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582 to manage higher than normal unknown site conditions, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration 18 months.

NYC HEALTH + HOSPITALS

July 2026

EXECUTIVE SUMMARY

OVERVIEW: The Office of Facilities Development (OFD) is requesting approval to award a construction contract to JRM Construction Management via a competitive public bid process. The project will establish a completely modernized, fully integrated Magnetic Resonance Imaging (MRI) Suite on-site at NYC Health + Hospitals/Lincoln.

NEED: As a designated Level 1 Trauma Center, Lincoln handles high volumes of stroke, oncological, and trauma patients. The current suite layout is inefficient, and its aging MRI equipment has surpassed its useful life cycle, forcing clinical teams to operate out of temporary exterior trailers. Constructing a newly optimized indoor suite reduces diagnostic lead times, eliminates care delays, and supports the ergonomic and baseline technical demands of medical imaging staff.

SCOPE: The project involves extensive general construction including structural demolition, sheetrock partitioning, specialized wall and ceiling equipment mounting blocking, concrete, millwork, architectural doors, upgraded mechanical HVAC infrastructure and ducting, high-voltage electrical distribution upgrades, interior specialized LED lighting controls, and dedicated plumbing/sprinkler network reconfiguration.

PROCUREMENT: The solicitation was posted to the City Record on July 15, 2025. Site walkthroughs were conducted on July 29 and 30, 2025, with roughly 15 contracting firms participating. Sealed competitive public bids were due April 23, 2026 with JRM Construction Management determined as a fully qualified, responsive and responsible bidder.

TERM: Construction is expected to break ground in October 2026, with an estimated project duration of 18 months, leading to project closeout and completion by December 2027.

FUNDING: The total maximum financial allocation authorized for this project is $20,827,130.00, encompassing a fixed base construction value of $18,110,548.00 and a 15% conditional project contingency of $2,716,582.00 to mitigate unknown site/subsurface conditions common in deep-facility diagnostic updates.

MWBE: JRM Construction Management has committed to a comprehensive 37% MWBE subcontractor participation rate, utilizing certified vendors.

NYC HEALTH + HOSPITALS

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

From: Franco Esposito
Deputy Counsel
Office of Legal Affairs

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

Vendor: JRM Construction Management, LLC

Date: June 24, 2026

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

Vendor Responsibility	**EEO**	**MWBE**
Approved	Approved	37%

Request to Award Contract to JRM Construction Management for the Magnetic Resonance Imaging Project at Lincoln Hospital

Board of Directors Meeting
July 30, 2026

Christina Contreras, Chief Executive Officer, NYC H+H/Lincoln
Manuel Saez, PhD, Senior Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD

NYC HEALTH+ HOSPITALS

For Board of Directors Consideration

- **Authorizing** New York City Health and Hospitals Corporation (the "System") **to execute a construction contract with JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln"),** for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration of 18 months.

NYC HEALTH+ HOSPITALS

Background

- As a busy, Level 1 Trauma Center with high volumes of neurology/stroke, orthopedics, spine injuries, oncology, and abdominal/pelvic imaging, a MRI is essential to ensure Lincoln Hospital can continue providing quality healthcare to the community.
- The current MRI equipment at Lincoln Hospital is past useful life and the layout is not optimized for the volume of patients requiring MRI diagnostic services.
- The new MRI suite will allow for more efficient patient flow and will also meet the ergonomic needs of the medical technicians to perform their work.
- A new MRI suite will provide access to the most current diagnostic imaging.

NYC HEALTH+ HOSPITALS

Scope

- General Construction/Carpentry - Demolition, new Ceiling (hard lid and tiles), New Flooring, Sheetrock, Provide "Blocking" for Mounting Equipment, work surfaces;
- Electrical - Upgrade power, disconnect switches, outlets & Lighting Controls. Install LED interior Lighting, Emergency-Off Switch, Low Voltage equipment, pull boxes, dedicated grounding
- HVAC – Install new HVAC units and ductwork as needed
- Plumbing - Install drainage and associated piping to properly support the sinks, toilets within the scheduled rest rooms and lounges within the MRI Suite
- Disconnect / remove existing sprinkler head / provide new sprinkler head w/ assoc.
- Branch piping to accommodate new ceiling.
- Furnish & install new sprinkler head w/ assoc. branch piping, connect to existing sprinkler branch.
- Dock leveler, Scissor Lift and Roll up door installation.

Overview of Procurement

- 07/15/2025: Posted to City Record
- 07/29/2025 & 07/30/2025 : Site tour conducted on July 29 & July 30th of 2025, around 15 contractors were present altogether
- 04/23/2026 : Bid Due Date, with 1 bid received
- In process: Determination of low bid finalized, and JRM was selected as the lowest responsive and responsible bidder.

Construction Contract

- Procurement is sourced via Public Bid
- Contract Amount is $18,110,548.00
- JRM performed as lead contractor for the Patient Ambulatory Care Center at South Brooklyn Health, for a project cost of 17 M; located on the 1st Floor/Main Lobby; 25,000 SF
- JRM has completed 3 relevant projects that have all received positive ratings:
  - St Francis College
  - Biograph New York Clinic
  - Pace University
  - Construction is anticipated to start in October 2026 with completion expected by December 2027 (18 months)
- JRM has committed to a 37% MWBE Goal:

Subcontractor	Certification	Supplies/Services	Utilization Plan
ACS Systems	WBE	HVAC	13%
MacFelder Plumbing	WBE	Plumbing	4%
KMF Construction Corp	WBE	Drywall & Ceilings & Concrete	7%
North American Manufacturing	MBE	Structural Steel	8%
Eli New York Design	WBE	Millwork	2%
GP Solutions Flooring	WBE	Flooring	1%
Baybrent Tile	MBE	Flooring	1%
JR Fordham Painting	MBE	Painting	1%
			37%

Budget

Construction		$ 18,110,548.00
Project Contingency (15%*)		**$ 2,716,582.00**
Total		**$ 20,827,130.00**

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

Board of Directors Approval Request

- **Authorizing** New York City Health and Hospitals Corporation (the "System") **to execute a construction contract with JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln"),** for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration of 18 months.

NYC HEALTH + HOSPITALS

July 2026

RESOLUTION – 10

Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"),** for a contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months.

WHEREAS, the System is advancing its Correctional Health Services ("CHS") initiative to treat more clinically complex patients who require higher levels of care within secured, specialized units located at Bellevue and Woodhull hospitals; and

WHEREAS, since the inception of the program, the scope of the OTxHU initiative has significantly expanded to meet strict programmatic, security operations, and structural containment mandates initiated by the New York City Department of Correction (DOC) and the New York State Commission of Correction (SCOC); and

WHEREAS, to substantially accelerate the progress of the program and compress the total construction timeline, the System has established targeted "Early Release Packages," including a dedicated early works envelope contract to secure the building exterior prior to interior buildouts; and

WHEREAS, the scope of services under this contract involves highly specialized structural and architectural demolition of the existing facade at the 9th and 10th floors, continuous heavy-duty weather protection, and the subsequent installation of a new, high-security glazed curtainwall system spanning the 9th, 10th, and 11th floors designed to visually match Woodhull's existing exterior structure; and

WHEREAS, construction funding for this package was approved by the Office of Management and Budget (OMB) via a Certificate to Proceed (CP) issued on March 14, 2023, and CHS has secured required regulatory approval from the New York State Commission of Correction (SCOC) for these early works scopes; and

WHEREAS, the System publicly advertised a Request for Proposals (RFP) in the City Record on April 15, 2026, conducted pre-bid site walkthroughs on April 29 and April 30, 2026, with twelve (12) vendors participating, and upon conclusion of the competitive public bidding period on June 25, 2026, formalized an evaluation on June 26, 2026, resulting in a selection process focused on securing a fully qualified vendor at the lowest responsive and responsible bid amount; and

WHEREAS, the Contractor has committed to full compliance with the System's Vendor Diversity requirements, meeting or exceeding the established target of a 30% Minority and Women-owned Business Enterprise (MWBE) utilization plan; and

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

NOW THEREFORE BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"), for an contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months.

NYC HEALTH+ HOSPITALS

July 2026

EXECUTIVE SUMMARY

OVERVIEW: The Office of Facilities Development (OFD), in close coordination with Correctional Health Services (CHS), is seeking approval to award a lump-sum general construction contract to a selected General Contractor [TBD] for the Woodhull OTxHU Early Works – Curtainwall Project. This accelerated early works package aims to secure the building exterior and insulate subsequent interior phases of the therapeutic housing units from schedule risks.

NEED: Due to extensive DOC-initiated security measures requiring a structural overhaul of interior spaces and secure perimeters, an experienced curtainwall contractor must implement a heavy-duty containment facade matching Woodhull's existing exterior. Separating this scope as an early release package optimizes construction sequencing, addresses technical feedback from the State Commission of Correction, and speeds up structural delivery.

SCOPE: The General Contractor will be responsible for structural demolition of the facade at the 9th and 10th floors (including building attachments), temporary weather protection, and the installation of a new secure curtainwall system equipped with high-security glazing across the 9th, 10th, and 11th floors.

PROCUREMENT: The RFP was published to the City Record on April 15, 2026. Pre-bid walks were completed on April 29 and April 30, 2026, with twelve (12) vendors participating. Proposals were received on June 25, 2026, and evaluations were finalized on June 26, 2026, selecting the contractor based on the lowest competitive bid amount.

TERM: The contract construction phase will span approximately fourteen (14) months. Mobilization is scheduled for October 2026, with substantial project completion projected for November 2027.

FUNDING: The total anticipated contract value will not exceed an estimated $36,656,595. Funding was pre-approved via an OMB Certificate to Proceed (CP) on March 14, 2023. SCOC regulatory approval has been secured, and NYC Department of Buildings (DOB) approval is currently underway.

MWBE: The selected vendor committed to 28% MWBE component utilization goal.

NYC HEALTH + HOSPITALS

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

From: Franco Esposito
Deputy Counsel
Office of Legal Affairs

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

Vendor: CVM Construction Corp.

Date: July 27, 2026

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

Vendor Responsibility	**EEO**	**MWBE**
Pending	Pending	28%

Board Request to Award Woodhull OTxHU Early Works Curtainwall Contract to CVM Construction Corp

Board of Directors Meeting
July 30, 2026

Manny Saez, PhD., Senior Vice President of Facilities Development
Mahendranath Indar, Assistant Vice President, Facilities Development
Tim O'Leary, Senior Assistant Vice President, Correctional Health Services
Luis Mendes, Senior Director, Facilities Development

For Board of Directors Consideration

- Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull**"), for an contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months.

Current State Early Works

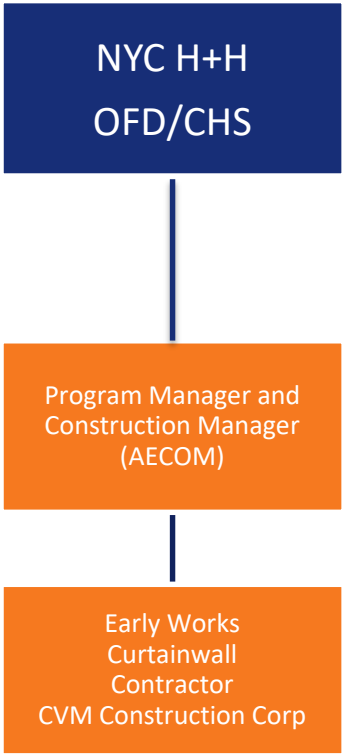
- Outposted Therapeutic Housing Units (OTxHUs) are beds within NYC Health+ Hospitals (H+H) acute care facilities that will be secured clinical units operated by CHS with New York City Department of Correction providing custody management.

- Outposted at Bellevue opened in April 2026. Facilities at Woodhull and NCB are in design and procurement.

- Construction of the OTxHU at Woodhull is divided into several components as part of a construction strategy to reduce the overall construction time.
  - Curtainwall: early works project
  - Cooling tower demolition and elevator sallyport construction: early works project
  - Main OTxHU construction

- The curtainwall project is necessary to create a secure perimeter around the OTxHU to meet DOC and SCOC security standards.

Woodhull OTxHU Early Works Curtainwall Team



NYC HEALTH+ HOSPITALS

Contractor Scope of Services

- The General Contractor will provide the following SOW:
  - Demolish existing façade at 9th and 10th floors
    - Structural demolition including attachments to building
    - Weather protection
  - Install new curtainwall system at 9th, 10th and 11th floors
    - Attach to existing building structure
    - Visually match existing building façade
  - Match existing Woodhull building exterior
  - A curtain wall is a non-structural exterior wall system commonly used in modern commercial and high-rise buildings. It is a continuous wall of glass connected to steel that makes up the façade of the both floors.

Overview of Procurement

- 4/15/26: RFP posted on City Record
- 4/29/26 and 4/30/26: Pre bid walks; 12 vendors attended
- 6/25/26: Proposal deadline, 2 proposal received
- 06/26/26: Evaluation was finalized, and CVM Construction Corp was selected based on the lowest bid amount

Project Budget

- Total anticipated contract value not to exceed an estimated $36,656,595

Description	Amount
Construction Base Contract	$ 31,875,300
Construction Contingency (15%)	$ 4,781,295
Total Project Budget	$ 36,656,595

- Contingency is higher than the standard 10% due the complexity of the exterior work and unforeseen security requirements.
- Construction duration is anticipated to be 14 months.

Construction Contract

- Procurement is sourced via Public Bid
- Contract Amount is $31,875,300
- CVM has completed 3 relevant projects that have all received positive ratings:
  - Bushwick Leaders H.S. Certificate of Occupancy
  - PS005 (X) Exterior Masonry, Roof Replacement, Parapets
  - PS051 (Q) Roofs, Windows, Exterior Masonry
- Construction anticipated to start in October 2026 with completion expected by November 2027 (14 months)
- CVM has committed to 28% MWBE Goal:

Subcontractor	Certification	Supplier Services	Utilization Plan
GPA Environmental Group	MWBE	Abatement Work	25%
ACS System Associates, Inc	MWBE	HVAC	3%
TOTAL			**28%**

Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"),** for an contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months.

NYC HEALTH+ HOSPITALS

July 2026

RESOLUTION – 11

Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System**, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts.

WHEREAS, the System requires professional Construction Management (CM) Services on an as-needed basis to support construction, renovation, and modernization projects across its various healthcare facilities; and

WHEREAS, the required services include construction administration functions, report writing, material reviews, work inspections, progress analysis, contractor evaluations, project scheduling, cost management, value engineering, change order negotiations, and testing coordination; and

WHEREAS, the current pool of seven CM vendors was procured through a competitive process in 2020 with an initial not-to-exceed (NTE) amount of $10,000,000, which was subsequently increased to $50,000,000 in February 2022, and extended in June 2025 to expire on December 31, 2026; and

WHEREAS, to ensure continuous availability of these critical services upon expiration of the current contracts, the System launched a new competitive procurement process via a Request for Proposals (RFP 2767) approved by the Contract Review Committee (CRC) on January 9, 2024; and

WHEREAS, the RFP was publicly posted on the City Record on March 12, 2026, leading to fourteen (14) proposals being received by April 20, 2026, which were subsequently evaluated by a representative selection committee based on defined substantive criteria including proposed approach, firm appropriateness, staff qualifications, cost, and MWBE participation; and

WHEREAS, the seven (7) highest-scoring proposers listed above demonstrated extensive healthcare facility experience, technical competence, logical on-site logistical planning, and robust staff sizing suitable to maintain uninterrupted healthcare operations; and

WHEREAS, the selected Vendors have committed to achieving the 30% Minority and Women-owned Business Enterprise (MWBE) utilization goals set by the Vendor Diversity team, either through approved subcontracting plans or self-performance; and

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

NOW THEREFORE BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C., to provide professional Construction Management Services on an as-needed basis for projects throughout the System, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts.

NYC HEALTH + HOSPITALS

July 2026

EXECUTIVE SUMMARY

OVERVIEW: The Office of Facilities Development (OFD) is seeking approval to enter into contract with seven (7) qualified firms to provide professional Construction Management (CM) Services on an as-needed basis. These contracts replace the existing CM pool expiring on December 31, 2026. A competitive procurement process under RFP 2767 was completed, and the top seven highest-scoring firms were selected to form the new vendor pool.

NEED: NYC Health + Hospitals requires on-call professional CM capabilities to provide construction administration, rigorous schedule/cost controls, value engineering, change order evaluations, and quality control monitoring for facilities development and infrastructure projects across the system without interrupting regular healthcare delivery operations.

PROCUREMENT: RFP 2767 was published in City Record on March 12, 2026. Fourteen (14) vendors submitted proposals on April 20, 2026. Following detailed evaluations and vendor presentations held between April 30 and May 19, 2026, the evaluation committee finalized scores on May 29, 2026. The top seven ranked firms are recommended for contract awards.

TERM: The contracts will have an anticipated start date of January 1, 2027, with an initial term of three (3) years and two (2) subsequent one-year renewal options exercisable at the sole discretion of NYC Health + Hospitals.

FUNDING: Individual assignments under these contracts will be funded on a project-by-project basis using appropriate City Capital, Corporation, or Grant funding sources, with a total collective pool Not-to-Exceed (NTE) amount of $50,000,000.

MWBE: All recommended vendors have complied with the Vendor Diversity team's requirement, establishing comprehensive utilization plans or self-performing goals matching or exceeding the targeted 30% MWBE component percentage.

NYC HEALTH + HOSPITALS

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

From: Franco Esposito
Deputy General Counsel
Office of Legal Affairs

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

Contracts: Construction Management

Date: July 7, 2026

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

Vendor	Vendor Responsibility	EEO	MWBE
LiRo Program and Construction Management, PE P.C.	Pending	Approved	30%
AECOM USA, Inc.	Pending	Approved	30%
Hunter Roberts Construction Group, LLC	Approved	Pending	30%
Greenway USA, LLC	Approved	Pending	30%
TDX Construction Corporation	Approved	Approved	30%
STV Construction, Inc.	Pending	Approved	30%
Jacobs Project Management Co.	Pending	Approved	30%

Construction Management Services
Application to Enter into Contract

Board of Directors Meeting
July 30, 2026

Manuel Saez, Senior Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD

For Board of Directors Consideration

- **Authorizing** New York City Health and Hospitals Corporation (the "System") **to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System**, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts.

Background / Current State

- NYC Health + Hospitals requires professional Construction Management (CM) Services on an as needed basis, for projects throughout the system. Services include:
  - Performing construction administration functions, i.e., report writing, reviewing material, inspecting work, making timely recommendations, record keeping, preparing contractor evaluations in keeping with the Corporation's policies and procedures.
  - Owning project schedule and cost management including value engineering, change order negotiations, performing progress analysis
  - Identifying, scheduling and monitoring various types of testing, including laboratory analysis and reports.

- The current pool includes seven CM firms:
  - AECOM USA
  - Armand
  - Gilbane Building Company
  - Jacobs Project Management
  - TDX
  - The McCloud Group
  - The Mckissack Group

- H+H capital projects portfolio has increased with the issuance of the H+H 2025 Bonds

Overview / History of Contract

- The current pool of CM vendors was procured through a competitive procurement process in 2020.
  - An RFP was conducted and seven firms were selected.
  - Approval to enter into contract was granted by the CRC in October 2020 and by the Board of Directors in November 2020 with an NTE of $10,000,000 for a contract term of three years with two one-year options for renewal.
  - In February 2022, the CRC and the Board of Directors approved an NTE increase of $40,000,000, bringing the total approved NTE value to $50,000,000.
  - In June 2025, the CRC and the Board of Directors approved an amendment to the contract extending it for one year, for a new expiration date of 12/31/2026.
  - The current spend through June 2026 is $30,387,797.

Overview of Procurement

- 1/09/24: Application to issue a request for proposals approved by CRC.
- 3/12/26: RFP posted on City Record, sent directly to 26 vendors.
- 3/23/26: Pre-proposal conference held, 26 vendors attended.
- 4/20/26: Proposals due, 14 proposals received.
- 4/30 - 5/19/26 : Vendor Presentations held, 14 vendors were invited to participate
- 5/29/26: Evaluation committee submitted final scores. Below is the top scoring proposers (7, bold are incumbents):
  - **AECOM USA, Inc.**
  - Hunter Roberts Construction Group, L.L.C.
  - Greenway USA, LLC
  - **TDX Construction Corporation**
  - STV Construction, Inc.
  - **Jacobs Project Management Co.**
  - LiRo Program and Construction Management, PE P.C.

RFP Criteria

- Minimum Criteria:
  - Minimum of five (5) years of satisfactory comparable services in healthcare facilities
  - Licensed professionals must hold New York State licenses in their discipline.
  - MWBE certification, utilization plan, or waiver.
- Substantive Criteria:
  - 25% - Proposed Approach & Methodology
  - 25% - Appropriateness & Quality of Firms
  - 25% - Staff and Sub Consultant Qualifications
  - 15% - Cost
  - 10% - MWBE

- Evaluation Committee:
  - AVP, OFD
  - AVP, OFD
  - Senior Director, OFD
  - Senior Director, EITS
  - Director, Jacobi, OFD
  - Director, South Brooklyn, OFD
  - Assistant Director, Finance

Contract

- We are seeking approval to enter into Construction Management services with:
  - Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C.
- Contract Amount: $50,000,000
- Vendor Performance for incumbents on following slide
- MWBE Information on following slides – all non-MWBE vendors committed to a 30%+ goal
- Anticipated start date of January 1, 2027 for a initial term of three years with two one-year optional renewals at the discretion of NYC Health + Hospitals.

Vendor Performance

Vendor	Performance and Overall Quality Rating
AECOM USA	Good*
Greenway USA	Satisfactory
Hunter Roberts Construction Group, L.L.C.	Satisfactory
Jacobs Project Management	Good*
LiRo Program and Construction Management, PE P.C.	Good
STV Construction, Inc.	Satisfactory
TDX Construction Corporation	Excellent*

* denotes incumbents, all other evaluations obtained from PASSPort

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
AECOM USA, Inc.

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Jacobs Project Management Co.

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

Vendor Performance

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

Vendor Diversity

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

Prime Vendor	MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Jacobs Project Management	A.G Consulting Engineering, P.C	Inspections, MEP	NYS/NYC/Asian/Male	30%
	Infinite Consulting Corp	Inspections,PM	NYS/NYC/Asian/Male	
	A1 Works In Progress	PM. Engineering	NYS/NYC/Non-Minority/ Female	
STV Construction	Velez Organization	SPM, PM MEP Insp.	NYS/NYC/Hispanic/Male	30%
	AEIS LLC	Inspector MEP	NYS/NYC/Asian/Female	
	Constructomics LLC	SPM Superintendent	NYS/NYC/Black/Male	
TDX Construction Corp	Group PMX	Field Staffing	NYS/NYC/Hispanic/Male	30%
	MDS Construction Mgmt	Scheduling Services	NYS/NYC/Black/Male	
	Crescent Consulting	LEED Administrator	NYS/NYC/Hispanic/Male	
	GP Shar Associates	Cost Estimating	NYS/NYC/Hispanic/Male	
	HF Echavez	Cost Estimating	NYS/NYC/Asian/Male	
	Ellana Inc.	Cost Estimating	NYS/NYC/Non-Minority/ Female	
	Deborah Bradley Construction	Field Staffing	NYS/NYC/Non-Minority/ Female	

NYC HEALTH+ HOSPITALS

Vendor Diversity

Prime Vendor	MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Greenway USA	Laland Baptiste	CM Services	NYS/NYC/Black/Female	30%
	PACO Group Inc.	CM Services	NYS/NYC/Hispanic/Male	
Hunter Roberts	Bradford Construction Corp	Construction/Staff	NYS/Non-Minority/Female	30%
	Karp Strategies	Community Liaison	NYS/NYC/Non-Minority/Female	
	Invictus Engineering PC	Scheduling, PM	NYS/NYC/Hispanic/Male	
	Hirani Engineering	Construction/Staff	NYS/NYC/Asian/Male	
Aecom Construction	Group PMX	CM, Project Controls	NYS/NYC/Hispanic/Male	30%
	SRE Engineering DPC	CM, Project Controls	NYS/Hispanic/Female	
	Infinite Consulting Corp	Project Controls	NYS/NYC/Asian/Male	
	M to-Pros Development Inc	CM, Project Controls	NYS/NYC/Hispanic/Female	
	Munoz Engineering and Land	CM, Project Controls	NYC/Hispanic/Male	
	A.G. Consulting Engineering	CM, Project Controls	NYS/NYC/Asian/Male	

Vendor Diversity

Prime Vendor	MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Liro Program and Construction Management	BuiStudio, LLC	CM Services	NYS/NYC/Asian/Female	30%
	DACK Consulting Solutions	Scheduling	NYS/NYC/Black/Female	
	Infinite Consulting Corp.	Project Engineering	NYS/NYC/Asian/Male	
	Works in Progress Assoc	Inspection & PE	NYS/NYC/Non-Minority/ Female	
	Entech Engineering	Inspection & PE	NYS/NYC/Non-Minority/ Female	

NYC HEALTH+ HOSPITALS

Board of Directors Approval Request

- **Authorizing** New York City Health and Hospitals Corporation (the "System") **to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System**, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts.

NYC HEALTH+ HOSPITALS

July 2026

RESOLUTION - 12

Authorizing the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus"), **to exercise best interest extensions for additional two-year term with Bellweather LLC ("Bellweather") and Prager Creative LLC ("Prager"),** for a total combined increased spending authority of $25,000,000, including a 10% contingency, to increase the total spending authority from $35,000,000 to $60,000,000, for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services.

WHEREAS, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York and;

WHEREAS, MetroPlus seeks best interest contract extensions with Prager Creative LLC and Bellweather LLC for strategic creative marketing, media buying, digital marketing, and social media marketing services; and

WHEREAS, MetroPlus has contracted with Prager Creative LLC and Bellweather LLC since 2021; and

WHEREAS, on July 15, 2021, the Board of Directors of MetroPlus approved a resolution for an initial term of three years with two one-year renewal options for a total spending authority of 20,000,000 across all contracts; and

WHEREAS, on December 14, 2023, the Board of Directors of the NYC Health + Hospitals approved an increase of the spending authority in the amount of $15,000,000 for a new total amount not to exceed amount of $35,000,000 for the total 5-year term; and

WHEREAS, MetroPlus is requesting approval of best interest extensions to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives; and

WHEREAS, continuing with these vendors is in the best interest of MetroPlus;

WHEREAS, the Board of MetroPlus approved the resolution approved this resolution on June 10, 2026;

NOW THEREFORE, be it

RESOLVED, the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus"), to exercise best interest extensions for additional two-year term with Bellweather LLC ("Bellweather") and Prager Creative LLC ("Prager"), for a total combined increased spending

authority of $25,000,000, including a 10% contingency, to increase the total spending authority from $35,000,000 to $60,000,000, for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services.

EXECUTIVE SUMMARY
AUTHORIZING METROPLUS HEALTH PLAN, INC. TO EXECUTE BEST INTEREST CONTRACT EXTENSIONS AND INCREASED SPENDING AUTHORITY

OVERVIEW: MetroPlus outsources strategic creative marketing, media buying, digital marketing, and social media marketing services to support member growth, retention, and brand awareness initiatives. MetroPlus is requesting approval for best interest extensions to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives.

NEED: MetroPlus has utilized outsourced marketing and media services since 2007. Since 2021, these services have been provided through two vendors, Bellweather LLC ("Bellweather") and Prager Creative LLC ("Prager"). With current campaigns underway and member retention efforts serving as a primary organizational focus, MetroPlus determined that it was best to maintain ongoing services with our current vendors. MetroPlus evaluated current vendor pricing against market benchmarks and determined that the rates provided by both vendors remain competitive, reasonable and aligned with prevailing market pricing. Both vendors have consistently delivered strong outcomes in driving increased brand consideration, strengthening acquisition performance, and producing measurable results.

PROPOSAL: MetroPlusHealth is requesting an increase in authority in the cumulative amount of $25,000,000 to execute two-year best interest extensions.

MetroPlusHealth

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

From: Steven Stein Cushman
Chief Counsel, Legal

DocuSigned by:
Steven Stein Cushman
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Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Bellweather LLC

Date: June 11, 2026

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

Vendor Responsibility	**EEO**	**MWBE**
Approved	Approved	NYS/NYC Certified

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.

MetroPlusHealth

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

From: Steven Stein Cushman
Chief Counsel, Legal

DocuSigned by:
Steven Stein Cushman
73B666F913A04A0...

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Prager Creative LLC

Date: July 24, 2026

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

Vendor Responsibility	**EEO**	**MWBE**
Pending	Approved	30% Utilization Plan

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.

Application for Best Interest Extension and Increased Spending Authority

Advertising & Marketing, Digital Content & Social Media and Public Relations Services

Laura Santella-Saccone - Chief Marketing and Brand Officer
MetroPlusHealth Plan

Board of Directors Meeting

July 30, 2026

For Board of Directors Consideration

Authorizing the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus"), to exercise best interest extensions for additional two-year terms with **Bellweather LLC** ("Bellweather") and **Prager Creative LLC** ("Prager"), for a total combined increased spending authority of **$25,000,000**, including a 10% contingency, to increase the total spending authority from **$35,000,000 to $60,000,000,** for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services.

Background

- MetroPlus outsources strategic creative marketing, media buying, digital marketing, and social media marketing services to support member growth, retention, and brand awareness initiatives.
- MetroPlus has utilized outsourced marketing and media services since 2007. Since 2021, these services have been provided through two vendors, Bellweather LLC (“Bellweather”) and Prager Creative LLC (“Prager”).
- The original contracts with Bellweather and Prager were competitively procured through an RFP process in 2021. The current contracts expire August 2026.
  - The MetroPlus Board of Directors approved the original resolution in July 2021 for a cumulative $20,000,000 spending authority for a total 5 years.
  - In December 2023, both the MetroPlus Board of Directors and the Board of Directors of NYC Health + Hospitals approved an increase in the cumulative spending authority of $15,000,000 for a new total spending authority of $35,000,000.
- MetroPlus is requesting approval of best interest extensions to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives.
- MetroPlus is requesting an increase in authority in the amount of $25,000,000 to support a two-year best interest extension, inclusive of a 10% contingency.
- **The MetroPlus Board of Directors approved this resolution on Wednesday, June 10, 2026.**

Scope of Services – Bellweather LLC

Driving Growth, Brand Strength, and Member Engagement

- **Market Research & Consumer Insights** – Identifies growth opportunities and informs business strategy.
- **Marketing Strategy & Campaign Planning** – Develops integrated campaigns that drive awareness, acquisition, and retention.
- **Brand Strategy & Governance** – Maintains brand positioning, messaging, and consistency across all channels.
- **Creative Development & Production** – Delivers traditional and out-of-home advertising, digital, content, and member communications that engage consumers and support business goals.

Scope of Services – Prager Creative

Driving Awareness, Reach, and Membership Growth

- **Media Strategy & Planning** – Develops integrated media strategies aligned to brand, membership growth, and business objectives.
- **Media Negotiation & Investment Management** – Secures cost-effective media partnerships and maximizes return on marketing investments.
- **Multi-Channel Media Buying** – Executes campaigns across digital, social, television, radio, print, out-of-home, and multicultural media.
- **Campaign Performance & Optimization** – Monitors, analyzes, and refines media investments to improve reach, engagement, and ROI results.

AUTHORITY INCREASE FOR VENDOR EXTENSION

The Market Requires Continued Investment

- Continuity with contracted vendor partners critical to sustaining enrollment and retention performance during period of significant market change and instability.
  - Following release of a 2025 RFP, MetroPlus made the decision to cancel the RFP and retain the incumbent vendors to preserve proven performance, cost efficiency, and brand continuity amid industry volatility.
- Competition for Medicare, Medicaid and Gold members continues to intensify
- Rising media costs require greater investment to maintain visibility and market presence
- Anticipated Essential Plan (EP4, EP5) membership declines due to HR1 increase the need to grow and retain membership across other lines of business
- Ongoing policy and coverage changes due to HR1 also increase the need for consumer education and outreach
- Marketing overall plays a critical role in connecting vulnerable New Yorkers to coverage, care, and MPH services

PERFORMANCE AND VALUE

Increased Demand

- **Brand Awareness:** 15% ↑ (2025 vs. 2023); #2 rank in market
- **Brand Consideration:** 175% ↑ (2025 vs. 2023); #2 rank in market
- **Website Traffic:** 3.25% ↑ (2026 vs. 2023)

Stronger Acquisition Performance

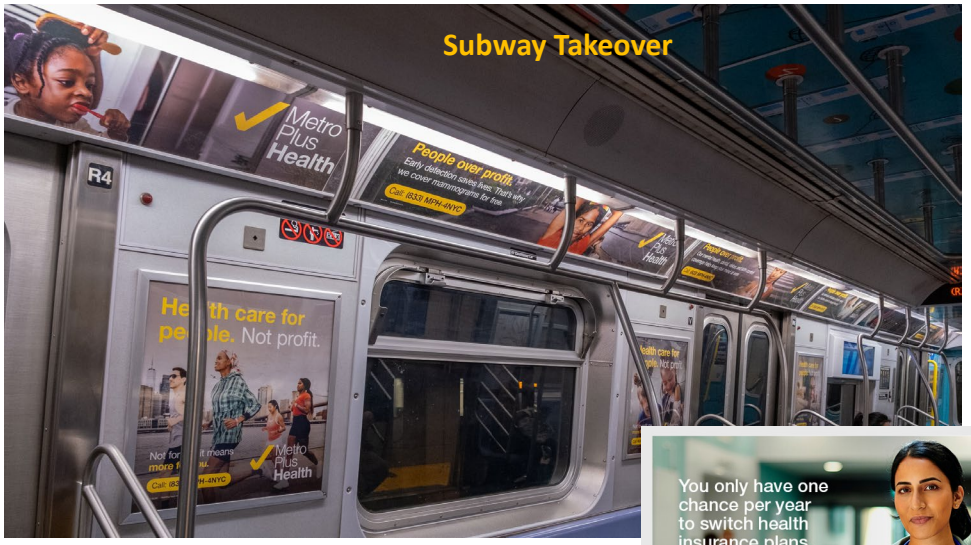
- **Quality Leads:** Over 25.5k Leads (2024 – 2026)
- **Conversion Rate:** 2:1 (Convert 2 new members for every lead)
- **Digital ROI:** 2.65 : 1

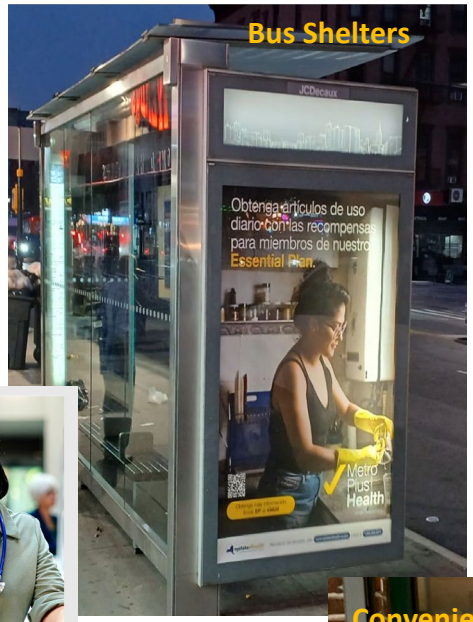
Protected and Grew the Business

- Stable Market Share
- Stable, Growing Retention: +7.5% (2026 vs. 2024)

NYC HEALTH+ HOSPITALS

BRINGING COVERAGE TO COMMUNITIES ACROSS NYC!





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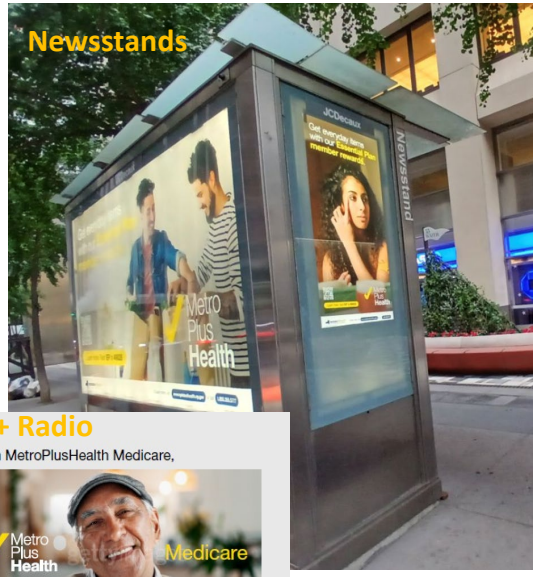
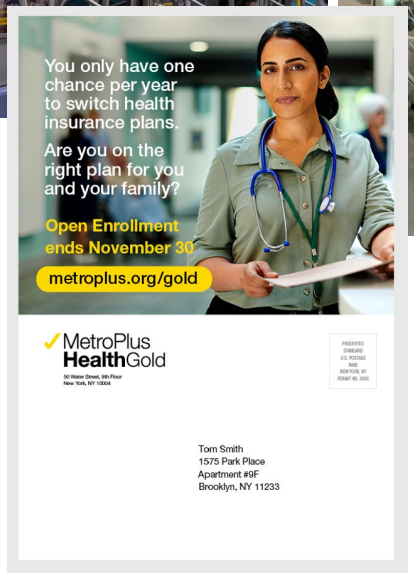
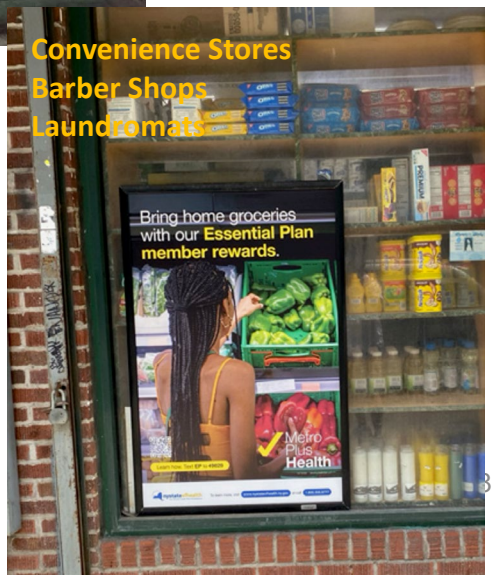




Direct Mail



TV + Radio

With MetroPlusHealth Medicare,

Social Media

Investment Growth Reflects Strategic Progression

Year	Authority	Term	Average Annual Spend	Strategic Focus
2021-2022	$20.0M	5 years (2021-2026)	$5.0M	Rebrand, foundation, channel testing
2022-2024	$35.0M	5 years (2021-2026)	$6.5M	Scale high-performing channels
2024-2026	$35.0M	5 years (2021-2026)	$9M	Medicare, Gold, EP, and multi-cultural growth
2026-2028	**$25.0M**	**2 years (2026-2028)**	**$12.5M**	**Scale proven model and protect market position**

MetroPlus has the second lowest spend in the region for Medicaid.

**data sourced from 2025 Q4 MMCOR Benchmarks, Revenue and Expenses*

Spending Authority Request

Original Contract Authority (2021)	**$20,000,000**
First Increase ($15M) in Contract Authority Request (2023-2026)	**$35,000,000**
Proposed Extension and authority increase (2026-2028)	**$25,000,000** (2-year best interest extension. Includes increased campaign strategy, CPI and 10% contingency.)
New Total Contract Authority (2021-2028)	**$60,000,000**

Vendor Performance Bellweather LLC

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

Vendor Performance Prager Creative LLC

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

Board of Directors Approval Request

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus"), to exercise best interest extensions for additional two-year terms with Bellweather LLC ("Bellweather") and Prager Creative LLC ("Prager"), for a total combined increased spending authority of $25,000,000, including a 10% contingency, to increase the total spending authority from $35,000,000 to $60,000,000, for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services.

Term of Best Interest Extension: 8/1/2026 - 7/31/2028

Additional spending authority requested: $25,000,000

MWBE Requirements: Bellweather is a NYS certified WBE. Prager met their MWBE requirements through subcontracting with Kupcha Marketing Services a NYS M/W/DBE.