NYC HEALTH+ HOSPITALS

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS AND INFORMATION TECHNOLOGY COMMITTEE

Date: July 13th, 2026
Time: 9:00am
Location: 50 Water St. New York, NY 10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

ADOPTION OF MINUTES – April 13th 2026

ACTION ITEM:

1) 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. — **DR. LONG**

2) 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. — **MR. JOHN**

3) 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. — **MR. MASTROMANO**

CHIEF INFORMATION OFFICER REPORT — **DR. MENDEZ**

CHIEF NURSE EXECUTIVE REPORT — **DR. CINEAS**

CLINICAL AFFAIRS AND BUSINESS STRATEGY REPORT — **DR. WILCOX**

PRIMARY CARE UPDATE (written submission) **DR. LONG**

METROPLUS HEALTH PLAN REPORT **DR. SCHWARTZ**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NYC HEALTH+ HOSPITALS

Medical and Professional Affairs / Information Technology Committee– April 13th 2026
As Reported by Mr.- José Pagán.
Committee Members Present- Deborah Brown sitting in for Dr. Mitchell Katz, in a voting capacity, Dr. Patricia Marthone; Dr. Katz join at 9:49.

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

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

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

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

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

The SHOW program was started in 2021 as an effort to have a street medicine approach to engage homeless New Yorkers. The Street Health Outreach and Wellness (SHOW) program provides essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street.

The program has engaged over 50,000 individuals and conducted more than 11,000 street-based clinical encounters since January 2023. Greater than 50% of SHOW participants have two or more visits. The program currently operates 6 units, each affiliated with an NYC Health + Hospital facility (Bellevue, Elmhurst, Lincoln, Woodhull).

The program is fully supported by City Tax Levy and Opioid Settlement funds with a baseline allocation for six mobile clinics. The SHOW program is entirely funded by City dollars. The SHOW team is partnering with NYU to analyze encounter data to better understand the impact of SHOW on downstream patient utilization and clinical outcomes.

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

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

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

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

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

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

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

Program status – wave 2:

Key Accomplishments | Wave 2 (Medicaid and HARP)

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

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

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

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

CHIEF INFORMATION OFFICER REPORT

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

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

Ms. Ammu Menon, the interim Data and AI Officer, detailed the transition to a risk-based intake and triage process within ServiceNow. Instead of a single question, the system now requires answers to a

number of additional inquiries regarding the tool's clinical or business purpose, the type of model being used, and the nature of the data involved—specifically whether it handles or outputs protected health information (PHI). Based on this assessment, tools are categorized into low, medium, or high-risk levels, which then dictates the intensity and robustness of the monitoring process as the model is deployed into an active workflow.

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

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

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

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

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

The second was, the Emerging Leaders (Succession Planning) Program. This program was launched on February 26th at Queens Hospital. The program is designed to ensure a strong pipeline of nursing leaders prepared to assume management, director, and executive-level roles while fostering leadership growth, retention, and organizational stability. The learning focus includes: identification of key roles and pathways, talent assessment and readiness levels, development planning, implementation and monitoring, and emerging leader program guardrails.

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

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

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

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

The Board commended Dr. CNO on emerging leadership academies.

Ambulatory Care Update

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

Dr. Long shared the physician's opinions on how the clinical councils could better help to support them. The plan is to look at uniform strategies, align clinical standards and best practice, standardize

approaches Systemwide, share solutions to common challenges, regular collaboration and Knowledge, and align care delivery across H+H. When clinical councils are operating effectively they will share goals and priorities across sites. They will, establish best practices, identify barriers, share solutions, and standardize resources.

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

There will be facilitators from Central Office, which will be a doctor that will attend each council meeting. This will be a liaison to Central Office for the councils. There will be administrative support to help schedule the meetings, roster management, and help them meet their work plan, and have consistency. There will be a steering committee, that will set strategies and priorities. This will be an opportunity for Central Office to have everything aligned. Voting is being completed.

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

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

RESOLUTION

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.

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.

Exhibit A

Awardee

1. New York Legal Assistance Group

NYC HEALTH + HOSPITALS

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

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

Zupa, Carina
Digitally signed by Zupa, Carina
Date: 2026.06.23 11:40:19 -04'00'

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

Date: June 23, 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	Completed	Valid	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

M&PA/IT Committee Meeting
7/13/26

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

Request for Committee 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. (The program overview and goals are in the appendix.)

- 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 Contract

- 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.

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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.

Request for Committee Approval

- 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

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
MPA & IT Committee
July 13, 2026

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

Request for Committee 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

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
- 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

Request for Committee 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.

July 2026

RESOLUTION

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.

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

MPA/IT Committee Meeting
July 13, 2026

Christopher Mastromano, CEO
Vincent Stanco, AED

Request for Committee 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.

Request for Committee Approval

- 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

MPA/IT Committee Meeting
EITS BOD Update

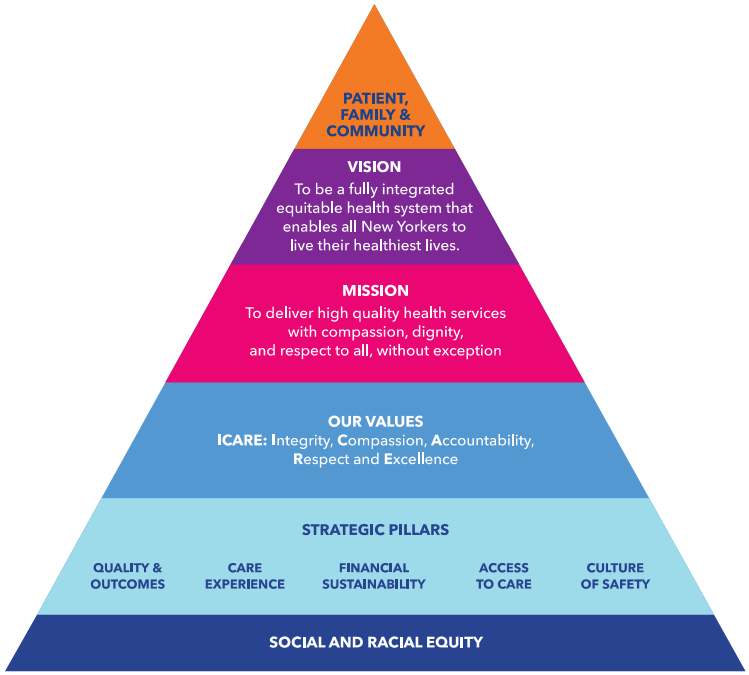
Kim K. Mendez, EdD, ANP, RN
Sr. Vice President/ Corporate CIO

July 13, 2026

(20 slides)

NYC HEALTH+ HOSPITALS

EITS Update Agenda



- Introductions
- Focused Updates:
  - UnPrint
  - Epic Upgrade
  - Ambient Listening
- EITS Acknowledgements & Celebrations
- Q + A

Jan-Mar 2026 UnPrint Update

Deliverables	Delivery Date
Finance Resource Page	12/1/2025
Complete Finance Walkthroughs	1/1/2026
Determine a macro high impact Workflow for Finance	3/1/2026
Printing limits across the system	4/1/2026
UnPrint Pack messaging rollout	5/1/2026
Printing limits across the system – No bypass	9/1/2026

Current Status:

- Monthly meeting with finance champions and sub department leads
- Socializing the UnPrint Essentials/UnPrint Pack
  - RightFax e-Fax
  - Adobe Acrobat Pro w/signature pad
  - Hyland On-Base
  - KiteWorks
- Collaborating with project champions to prioritize high-impact workflow transformations.
- Rolling out Printing limits message for volume printing limits
- Working through HCI projects in Finance

Highlights:

- 7v¡a¡jn#¡Mfi¡†Pnfl£·fijn#katn#£f#ua~«v£¡fl#a¡l#jnalfl#fl#jv′n

Green indicates current progress to date = 35% completion

NYC HEALTH+ HOSPITALS

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

REPORTING CHANGES in Q2 2026

Netaphor SiteAudit :
Canon has upgraded its reporting processes by transitioning from traditional invoicing to Netaphor SiteAudit, an advanced monitoring tool trusted by government agencies and enterprise IT departments to manage print fleets. This switch allows Canon to capture valuable data that was previously being missed.

The new system offers several key advantages over invoicing:

- Real-Time Insights: Shifts reporting from lagging, backward-looking indicators to live information.
- Effortless Data Capture: Automatically pulls comprehensive, up-to-date metrics.
- Deeper Granularity: Provides a much more detailed view of device activity.
- Improved Accuracy: Completely eliminates the risk of human error.

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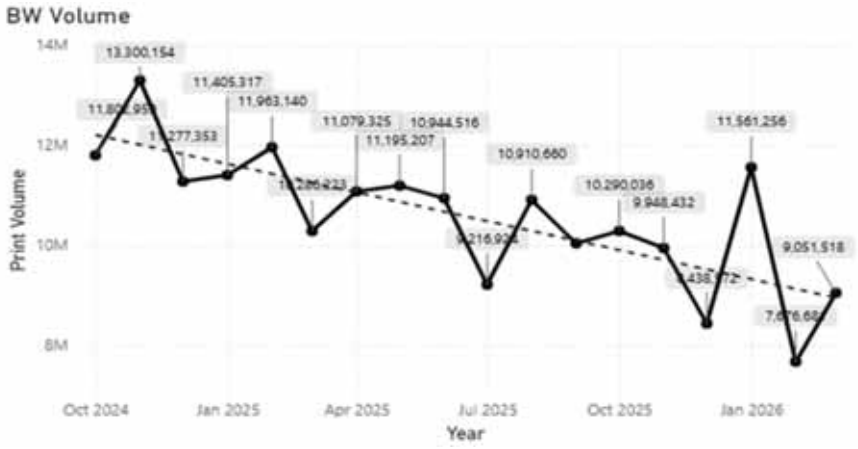
NYC H+H - Volume

BW Volume % Change	CLR Volume % Change	Total Volume % Change
-23.31%	-27.26%	-23.72%



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NYC H+H - Costs

BW Spend % Change	CLR Spend % Change	Total Spend % Change
-23.80%	-18.90%	-22.28%

NYC HEALTH+ HOSPITALS

Q3 EPIC/ H_2O Upgrade & Failover

Kick Off Meeting: June 9, 2026

Upgrade Date: September 26, 2026

Q3 2026 EPIC/H_2O Upgrade Important Milestones

Task Description	Task Owner	Start Date	End Date
2026 Q3 Upgrade Kick-Off	Program Manager	6/9/26	6/9/26
Early Review of Nova Notes	Application Teams	6/8/26	6/26/26
Review Nova Notes	Application Teams	6/29/26	7/31/26
Obtain Council/Leadership Approval For Enhancements	Application Team	6/29/26	8/14/26
Perform Upgrade Design & Build	Application Team	6/29/26	8/21/26
Perform Application Test	Application & Integration Teams	8/10/26	8/21/26
Perform Integrated & Regression Test	QA Team	8/24/26	9/18/26
End Users Training	Application Learning Team	8/31/26	9/25/26
Execute Dry Runs I (verbal), and 2 (RELVAL)	Technical Project Manager	8/31/26	9/21/26
Soft Build Freeze	Environments Team	9/14/26	9/21/26
Hard Build Freeze	Environments Team	**9/21/26**	9/25/26
Production Environments in Transparent Lockdown	Environments Team	9/22/26	9/25/26
2026 Q3 Upgrade	Program Manager	**9/26/26**	**9/26/26**
Provide Post Go Live Support	Program Manager	9/26/26	9/28/26

Q3 2026 EPIC/H_2O Upgrade Next Steps

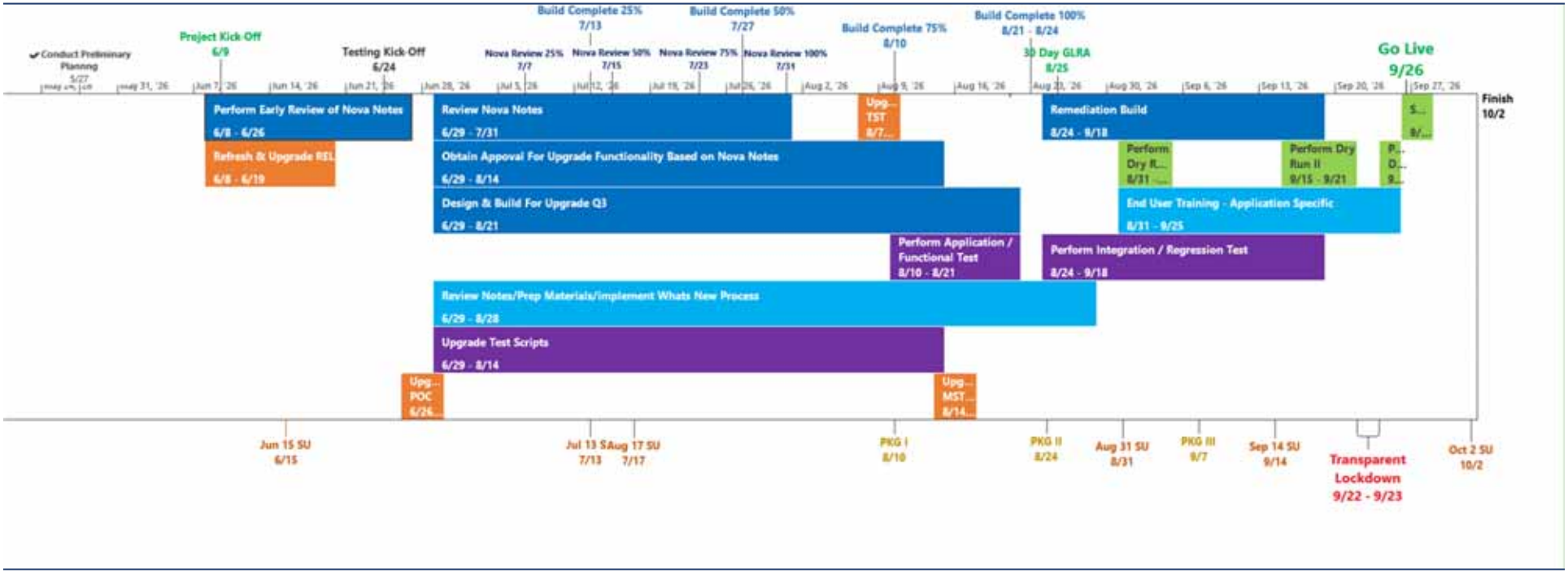
Early Review of Nova Notes: 6/8/26 - 6/26/26 – In Progress

- Weekly email reminders will be sent out by Marc Seta every Monday to check in on Nova Note progress

Present at HIT: 6/11/26
UPPers Kick off: 6/11/26
Present at SLL: 6/12/26
Environments:

- **Refresh REL**: 6/8/26 – 6/19/26 – In Progress
- **Upgrade REL**: 6/22/26 – 6/26/26
- **Upgrade POC**: 6/26/26 – 6/29/26
- Communications will be sent out by Abu Sayem Molla upon completion

Q3 2026 EPIC/H_2O Upgrade Timeline



Abridge + Epic Ambient AI Project Status

Summary
Abridge Ambient Listening AI is a sophisticated generative AI solution that captures and synthesizes clinician-patient encounters in real-time. It securely captures, transcribes, and analyzes the entire interaction to generate high-quality clinical notes before the visit concludes. This project aims to implement Abridge Ambient AI as a seamless background assistant for clinicians, ensuring full integration within our existing Epic H2O ecosystem using Epic Haiku. Phase 1 and initial scope includes approximately 450 clinician licenses across all primary care departments and select subspecialties who opted-into the first cohort.

Accomplishments	Top Risks and Issues
• AI note taker provided by the vendor Abridge is LIVE • Total Adoption: 222 providers on the opt-in list from primary care and select subspecialties • 125 patient visits recorded since go-live • 0 Patient Safety Issues • 0 Open Incidents	

Upcoming Milestones	End Date	Status	Comments/Notes
Super User Pilot Go-Live	5/11/2026	Complete	65 super users (Site Champions and CMIOs) were successfully onboarded
Super User Go-Live Support	5/15/2026	Complete	
End User Training	5/22/2026	Complete	
Enterprise Go-Live	5/26/2026	Complete	~200 primary care and select subspecialties providers who opted-in can now access this AI note taker
Go-Live Support	5/29/2026	Complete	Virtual Command Center/At-the-Elbow support provided by Abridge, Digital Health, Enterprise Service Desk 5/26-5/29 9AM-5PM

NYC HEALTH + HOSPITALS

AMBIENT LISTENING TECHNOLOGY GO-LIVE: AI NOTE TAKER PROVIDED BY THE VENDOR ABRIDGE IS NOW LIVE AT ALL NYC HEALTH + HOSPITALS PATIENT CARE LOCATIONS - TUESDAY, MAY 26

Tuesday, May 26, 9:00 AM, Ambient Listening Technology Go-live: AI note taker provided by the vendor Abridge is now live at all NYC Health + Hospitals Patient Care Locations. With patient consent, the AI note taker will use the microphone on a clinician's phone or computer to capture the clinician-patient encounter and generate a structured, clinical note in real time for their review in Epic. Clinicians on the opt-in list who have completed the required training can now access this AI note taker provided by Abridge via Epic Haiku. As a secondary alternative to Haiku, a desktop shortcut is available for the Abridge web platform.

NYC HEALTH+ HOSPITALS

Ambient AI Launched May 2026

Engagement metrics from May 11, 2026 through June 14, 2026

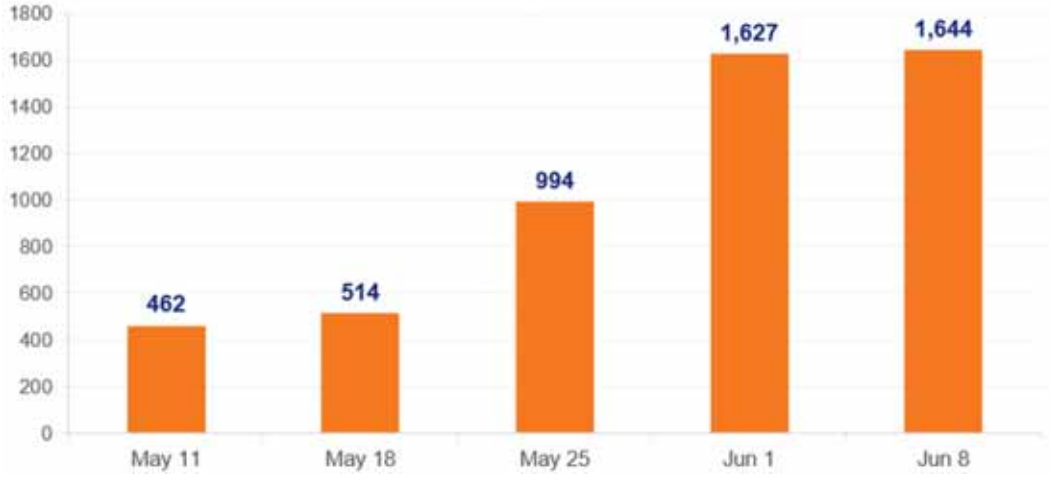
5,241
TOTAL NOTES GENERATED SYSTEM-WIDE

172
ACTIVE CLINICIANS LEVERAGING ABRIDGE

77%
ENCOUNTERS CLOSED WITHIN 24 HOURS v. 50% WITHOUT ABRIDGE

3.80
AVERAGE STAR RATING (OUT OF 5)

Our Collective Progress: Notes Generated Weekly, System-Wide



> *Used it for most of my patients yesterday and it was a GAME CHANGER!!! Thank you for bringing this tool to us – **I can't wait for my next clinic day**!!*
>
> **- Dr. Iman Sharif-Session, Chief, Ambulatory Care Administration, Harlem Hospital**

> *Abridge has allowed me to be present with my patients and decrease multitasking during the encounter. I feel **mentally lighter** and **more connected to my patients**.*
>
> **- Dr. Delia Shen, Senior Director OCSPH**

Currently in a six month pilot phase. Ambient AI will continue to be rolled out in Ambulatory Care

Nominate Your 2026 EITS Stars of IT Excellence by July 3, 2026

The 10 Categories

- ★ Leadership
- ★ Innovation
- ★ Customer Service
- ★ Quality in Practice
- ★ Safety
- ★ Empowerment
- ★ IT Hero
- ★ IT Practice
- ★ Rising Star
  - Promising new talent
- ★ The CIO Award
  - The ultimate distinction

Click the image for the link to the nomination platform

Submit a Nomination

- ★ Click the image for the hyperlink to launch you to the nomination platform
- ★ Use your network username & password to log into the EITS Stars of IT Excellence site
- ★ Select the Category
- ★ Search for the Award Nominee & select
- ★ Write why you are nominating your peer, or another team member from a different department
- ★ Upload a photo
- ★ Click Submit

NYC HEALTH+ HOSPITALS


Program Evaluation
Program Evaluation
Annual Simulation Symposium
NYC HEALTH+ HOSPITALS

NYC HEALTH+ HOSPITALS

Cisco Customer Achievement Awards - AMER 2026

FINALIST: Workplace Innovator Award, Assurance Avenger Award, CX Customer Hero of the Year

WINNER: Workplace Innovator Award - Transforming hybrid work environments, NYC H+H leveraged Cisco technologies to enhance employee engagement and secure remote access.

Cisco Spaces Titans Award

NYC Health + Hospitals was recognized for their commitment to building smarter healthcare environments by maximizing the value of their Cisco infrastructure and improving experiences for both staff and patients.

NYC HEALTH+ HOSPITALS

Q & A

NYC HEALTH+ HOSPITALS

SYSTEM CHIEF NURSE EXECUTIVE (CNE) REPORT

M&PA/IT Committee Meeting

Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN
Senior Vice President, Chief Nursing Executive; Chief Executive Officer & Executive Sponsor, Community Care; and Co-Chair, Equity and Access Council

Office of Patient Centered Care

July 13, 2026

NYC HEALTH+ HOSPITALS

AWARDS, CERTIFICATION AND PROGRAMS

CARE EXPERIENCE / NURSING EXCELLENCE

NURSE RESIDENCY PROGRAM (NRP)

- As of June 2, 2026: 3,135 employees enrolled into NRP since implementation in 2019
- Current active cohorts: 48/49, 50/51, 52/53 and 54/55
- Significant improvement in retention and turnover since implementation
  - 2025 Retention Rate – **95%**
  - Overall Retention Rate since implementation: **88%**
- Hiring cost savings since 2019: **$107M+**
- **Goal**: Get the Nurse Residency Program ANCC PTAP Accredited to align with Nursing Excellence Journey (Magnet and Pathway to Excellence).

THE AMERICAN NURSES CREDENTIALING CENTER (ANCC's) PRACTICE TRANSITION ACCREDITATION PROGRAM (PTAP)

ANCC PTAP JOURNEY

- PTAP application was submitted to ANCC in June 2025, followed by submission of Self Study in November 2025 and Virtual Visit in February 2026.
- ANCC PTAP Accreditation will signify:
  - **Nationally recognized, evidenced-based standards** for nurse transition-to-practice
  - Signals organizational commitment to **nursing excellence** – aligns w/ Magnet and Pathway to Excellence Recognitions
  - Distinguishes the institution from competitors when recruiting new graduates
  - Increase retention and lower turnover rates among new nurses.

NYC HEALTH+ HOSPITALS

FEBRUARY 4, 2026

THE PTAP VIRTUAL VISIT

The PTAP Virtual Visit – February 2026

- The ANCC Practice Transition Accreditation Program (PTAP) sets the global standard for nursing residency and fellowship programs that transition registered nurses to new practice settings.
- The virtual visit was held last **February 4th @ NYC Health + Hospitals/Gouverneur** with about 104 attendees including CNOs, CMOs, facility C-Suites, and Site Coordinators.
- Notable presenters and attendees during the virtual visit include:
  - NYC Health + Hospitals CEOs – ***Sheldon McLeod (Kings), Georges Leconte (Harlem), Christina Contreras (Lincoln)***
  - NYC Health + Hospitals Executive Leadership – ***Natalia Cineas (SVP-CNE), Ivelesse Mendez-Justiniano (CLO)***
  - NYC Health + Hospitals Facility CNOs, CMOs, CQO, Nursing Educators, Learners and Staff

PTAP Virtual Visit

Taken during the PTAP virtual call last February 4th. Photos from L-R: Natalia Cineas (SVP & CNE), Georges Leconte (CEO- Harlem), Top photo: Abbi-Gail Baboolal (CNO-Queens); Bottom Photo: Opal Sinclair-Chung (CNO-Kings), Program Advisor, Ivelesse Mendez-Justiniano (Chief Learning Officer)

PTAP Virtual Visit

Attendees include: CNOs, CEOs (Christina Contreras – Lincoln; Sheldon McLeod-Kings), CMOs, and other Nursing Staff and Administration

NYC HEALTH+ HOSPITALS

APRIL 28, 2026

THE PTAP DECISION CALL

Key Highlights from the Decision Call

- The Decision call was held at NYC Health + Hospitals/ Metropolitan last April 28th, 2026
- **Sheryl (Sheri) Cosme, DNP, RN-BC**, Director, Accreditation Program of PTAP and Nursing Skills Competency Program (NSCP) announced the decision that **NYC Health + Hospitals' 18 Facilities are now PTAP Accredited**
- NYC Health + Hospitals is the **327th health system** around the world that received this accreditation
- Attendees include: CEOs, SVPs, CNE, CNOs, Program Leads, Site Coordinators, Nursing Staff and Administration
- NYC Health + Hospitals' Nursing Residency Program has earned accreditation from the American Nurses Credentialing Center (ANCC) through its Practice Transition Accreditation Program (PTAP)
- This prestigious designation recognizes the public health care system's commitment to excellence in preparing newly licensed nurses for a successful transition into professional nursing practice

PTAP Celebratory Photo

PTAP Decision Call Celebration

Taken during the PTAP call. Photos from L-R: Albert Belaro (Program Director), Natalia Cineas (SVP & CNE), Opal Sinclair-Chung (CNO-Kings, Program Advisor), Yvette Villanueva (SVP-HR, Program Advisor)

NYC HEALTH + HOSPITALS

PTAP Celebration

Group Photos

Top: NYC Health + Hospitals Executive Leadership and Facility Leadership.

Bottom: Metropolitan Nursing Leadership with staff, Natalia Cineas (SVP/CNE) and Chris Wilson (CNO-Bellevue), former Metropolitan's CNO.

NYC HEALTH+ HOSPITALS

Nurse Residency Program

Accredited till 2030

NYC HEALTH+ HOSPITALS
Care for NYC. No Exceptions.

PTAP Accredited

Bellevue

Elmhurst

Harlem

Jacobi

Queens

South Brooklyn

Woodhull

Carter

Coler

Gouverneur

McKinney

Seaview

Gotham

Correctional Health

Kings

Lincoln

Metropolitan

NC Bronx

PTAP Accredited
American Nurses Credentialing Center

18 Sites

Until April 2030

NYC HEALTH+ HOSPITALS

QUEENS HOSPITAL AND SOUTH BROOKLYN HEALTH

ANCC MAGNET JOURNEY

Pursuing ANCC Magnet Recognition

- Awarded by the American Nurses Association (ANA), **Magnet designation** is considered the “gold standard” of nursing excellence.
- It significantly improves patient safety outcomes, helps hospitals attract and retain top-tier talent, and fosters a collaborative work environment – resulting in organizational prestige and improvement in financial performance

NYC Health + Hospitals/Queens

- Submitted Magnet documents on May 28, 2026
- Survey visits will likely be sometime in October/November 2026
- The event was attended by C-Suite Executives and Nursing Leadership.

NYC Health + Hospitals/South Brooklyn Health

- Submitted Magnet documents last May 29, 2026
- Survey visits will likely be sometime in October/November 2026
- The event was well attended by C-Suite Executives, Nursing Leadership and Councilwoman Mercedes Narcisse

PRISM AWARD - QUEENS

NURSING EXCELLENCE

PRISM Award

- NYC Health + Hospitals/**Queens** received the recognition from **the Academy of Medical-Surgical Nurses (AMSN) PRISM Award – 5BE unit** on June 12, 2026.
- **NYC H+H/Queens** proudly joined the elite medical-surgical units for exemplary patient care and nursing teamwork. Only four other hospitals in New York State to receive this prestigious award.

NYC HEALTH + HOSPITALS

MAY 6 – 12, 2026

NURSES WEEK CELEBRATIONS

Facility Nurses Week Celebrations

- **Nurses Week**: May 6 – 12, 2026
- This year's American Nursing Association (ANA) theme was **The Power of Nurses.**
- Nurses Week ends on May 12, honoring the birthday and legacy of Florence Nightingale and the enduring values she instilled in the nursing profession.

LINCOLN AND WOODHULL

CERTIFIED NURSES WALL CELEBRATION - UNVEILING

Certified Nurses Wall Celebration - Woodhull

- Supports Magnet's Emphasis on Professional Development, Demonstrates Nursing Excellence, and Encourages Certification Among Staff.
- Woodhull Hospital became the seventh facility to unveil its Certified Nurses Wall, recognizing and celebrating the top three units with nurses who earned advanced certifications during the June 4, 2026 unveiling ceremony.
- Attended by ~50 frontline staff and leaders, with remarks from Sandra Sneed, MBA, FACHE (CEO); Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN (SVP & SCNE); Althea Senior-Morris (CNO), and other Nurse Leaders.

NYC HEALTH+ HOSPITALS

Certified Nurses Wall Celebration - Lincoln

- Supports Magnet's Emphasis on Professional Development, Demonstrates Nursing Excellence, and Encourages Certification Among Staff.
- Lincoln Hospital became the eight facility to unveil its Certified Nurses Wall, recognizing and celebrating the top three units with nurses who earned advanced certifications during the June 10, 2026 unveiling ceremony.
- Attended by ~50 frontline staff and leaders, with remarks from **Cristina Contreras**, MPA, LMSW, FABC, DHL (CEO); **Natalia Cineas**, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN (SVP & SCNE); **Irene Ondieki**, DNP, RN-BC, NEA-BC (CNO), and **Alyson Stawicki** (ER Nurse)

NYC HEALTH + HOSPITALS

LOAN FORGIVENESS

FIRESIDE CHAT WITH SCNE

Fireside Chat: Loan Forgiveness

- The 21st iteration of Fireside Chat with **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN** has an intimate chat about an important topic within the nursing system.
- The topic was Loan Forgiveness, and the featured guest was **Carlos Martinez**, Director of Workforce Development, who presented and addressed the Q&A session.
- Brought awareness around availability of the different programs, assist employees reduce financial stress, and support workforce retention.
- The event was held on April 8, 2026, with over 108 attendees

QUESTIONS AND THANK YOU!

NYC HEALTH+ HOSPITALS

PeriGen Vigilance Enterprise System

Wendy Wilcox, MD, MPH, MBA
Chief Women's Health Officer
System Chief, Obstetrics & Gynecology

Presentation to MPA/IT Committee
July 13, 2026

NYC HEALTH + HOSPITALS

Innovation Update

PeriWatch Vigilance®
Coming Soon to NYCH+H

As part of an ongoing commitment to enhancing safety and improving outcomes in labor and delivery, NYC Health + Hospitals is partnering with PeriGen to implement PeriWatch Vigilance — an advanced maternal-fetal early warning system currently being deployed to all H+H maternity hospitals in 2026.

Threats to Patient Safety

Culture & Team Dynamics

- Hesitation to escalate
- Hierarchy silencing nurses
- Fear of being labeled 'difficult'

Processes & Systems

- Inconsistent risk stratification
- Delayed response to vitals
- Poor handoffs (triage ↔ L&D ↔ postpartum)

Workforce & Environment

- Staffing gaps, fatigue
- Competing priorities (throughput vs safety)
- Crowded units

Equity & Bias

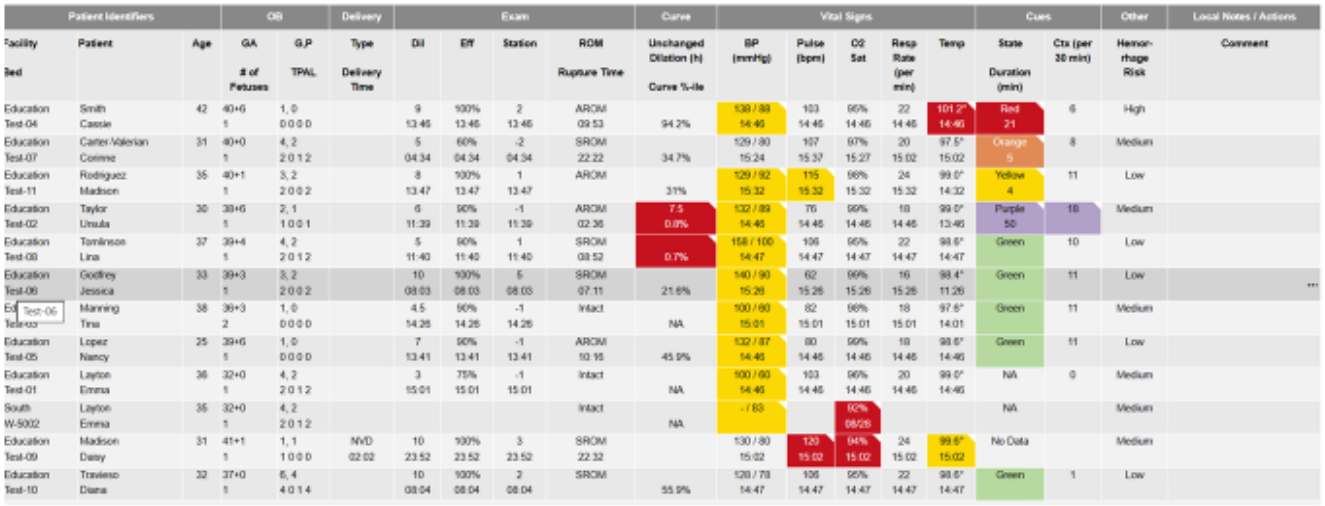
- Symptoms minimized
- Pain and hypertension under-treated
- Language barriers

How does Vigilance work?

Vigilance is a **maternal-fetal early warning system** and **clinical decision support tool** that is designed to:

- Notify the care teams of possible concerning maternal or fetal trends.
- Assist the care team with situational awareness and prioritization.
- Provide comprehensive patient data on one screen.
- Enhance patient care delivery.

Vigilance Hub Board



Patient Identifiers			OB		Delivery	Exam				Curve	Vital Signs					Cues		Other	Local Notes / Actions
Facility Bed	Patient	Age	GA # of Fetuses	G,P TPAL	Type Delivery Time	Dil	Eff	Station	ROM Rupture Time	Unchanged Dilation (h) Curve %-ile	BP (mmHg)	Pulse (bpm)	O2 Sat	Resp Rate (per min)	Temp	State Duration (min)	Ctx (per 30 min)	Hemorrhage Risk	Comment
Education Test-04	Smith Cassie	42	40+6 1	1, 0 0 0 0 0		9 13:46	100% 13:46	2 13:46	AROM 09:53	94.2%	138 / 88 14:46	103 14:46	95% 14:46	22 14:46	101.2° 14:46	Red 21	6	High	
Education Test-07	Carter-Valerian Corinne	31	40+0 1	4, 2 2 0 1 2		5 04:34	60% 04:34	-2 04:34	SROM 22:22	34.7%	129 / 80 15:24	107 15:37	97% 15:27	20 15:02	97.5° 15:02	Orange 5	8	Medium	
Education Test-11	Rodriguez Madison	35	40+1 1	3, 2 2 0 0 2		8 13:47	100% 13:47	1 13:47	AROM	31%	129 / 92 15:32	115 15:32	98% 15:32	24 15:32	99.0° 14:32	Yellow -4	11	Low	
Education Test-02	Taylor Ursula	30	38+6 1	2, 1 1 0 0 1		6 11:39	90% 11:39	-1 11:39	AROM 02:36	7.5 0.0%	132 / 89 14:46	76 14:46	99% 14:46	18 14:46	99.0° 13:46	Purple 50	18	Medium	
Education Test-08	Tomlinson Lina	37	39+4 1	4, 2 2 0 1 2		5 11:40	90% 11:40	1 11:40	SROM 08:52	0.7%	158 / 100 14:47	106 14:47	96% 14:47	22 14:47	98.6° 14:47	Green	10	Low	
Education Test-06	Godfrey Jessica	33	39+3 1	3, 2 2 0 0 2		10 08:03	100% 08:03	5 08:03	SROM 07:11	21.6%	140 / 90 15:26	62 15:26	99% 15:26	16 15:26	98.4° 11:26	Green	11	Low	...
Ed Test-06	Manning Tina	38	36+3 2	1, 0 0 0 0 0		4.5 14:26	90% 14:26	-1 14:26	Intact	NA	100 / 60 15:01	82 15:01	98% 15:01	18 15:01	97.6° 14:01	Green	11	Medium	
Education Test-05	Lopez Nancy	25	39+6 1	1, 0 0 0 0 0		7 13:41	90% 13:41	-1 13:41	AROM 10:16	45.9%	132 / 87 14:46	80 14:46	99% 14:46	18 14:46	98.6° 14:46	Green	11	Low	
Education Test-01	Layton Emma	36	32+0 1	4, 2 2 0 1 2		3 15:01	75% 15:01	-1 15:01	Intact	NA	100 / 60 14:46	103 14:46	96% 14:46	20 14:46	99.0° 14:46	NA	0	Medium	
South W-5002	Layton Emma	35	32+0 1	4, 2 2 0 1 2					Intact	NA	- / 83		92% 08/28			NA		Medium	
Education Test-09	Madison Daisy	31	41+1 1	1, 1 1 0 0 0	NVD 02:02	10 23:52	100% 23:52	3 23:52	SROM 22:32		130 / 80 15:02	120 15:02	94% 15:02	24 15:02	99.6° 15:02	No Data		Medium	
Education Test-10	Travieso Diana	32	37+0 1	6, 4 4 0 1 4		10 08:04	100% 08:04	2 08:04	SROM 08:04	55.9%	120 / 78 14:47	106 14:47	95% 14:47	22 14:47	98.6° 14:47	Green	1	Low	

Vigilance utilizes color coded notifications and sorting which enables early recognition and intervention, if needed.

The care team is able to quickly identify the patients displaying potential concerning trends:

- Vital signs and fetal heart rate patterns which breach NYC H+H customized parameters are identified, color coded, and sorted to the top of the Hub board.
- Notifications can be sent out to identified workstations

Implementation Schedule

- **Project plans and timeline**:
  - North Central Bronx had a successful pilot
  - NCB, Metropolitan and Jacobi are now LIVE!
- Remaining Sites
  - All H+H maternity hospitals will be operational by end of year 2026

NYCH+H Vigilance Project	North Central Bronx	Metropolitan	Lincoln	Kings County	South Brooklyn Health	Queens
		Jacobi	Harlem	Woodhull	Bellevue	Elmhurst
Education	3/10/2026 Completed!	5/12/2026 Completed!	6/15/2026	8/10/2026	9/8/2026	11/8/2026
Go Live	3/26/2026 Completed!	6/11/20206 Completed!	7/9/2026	8/27/206	9/23/2026	12/3/2026

Next Steps…

THANK YOU!

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Ten Years of Population Health

Ten Years Ago

- **Population Health was a simple but bold idea:**
- We could improve health outcomes by being proactive rather than reactive.
- We could address health needs before they became crises.
- We could use data, partnerships, and innovation to improve care for our entire population.

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Ten Years of Population Health: 2016–2025

2016–2019
Building the Foundation

- **Built core infrastructure** — unified data, registries, risk stratification, dashboards, PCMH recognition
- **Piloted new care models** — CHWs, e-Consults, Complex Care, Project ECHO, Collaborative Care
- **Expanded beyond clinical care** — social needs screening, Social Medicine, 3-2-1 Impact launch

★ NOTABLE FIRSTS
Pop Health Dashboard, Complex Care Clinic, HIV cascade, 3-2-1 Impact, High Risk Score

2020–2021
Respond, Adapt & Scale

- **COVID-19 response** — 25 COVID dashboards, research infrastructure, outreach, volunteers
- **Pivoted to virtual care** — remote legal clinics, expanded telehealth, peer support
- **Scaled equity & social care** — Public Health Corps, cash assistance, resource connections

★ NOTABLE FIRSTS
200+ CHWs hired, Philanthropic partnerships funded direct cash assistance

2022–2025
Embedding Equity, Expanding Impact

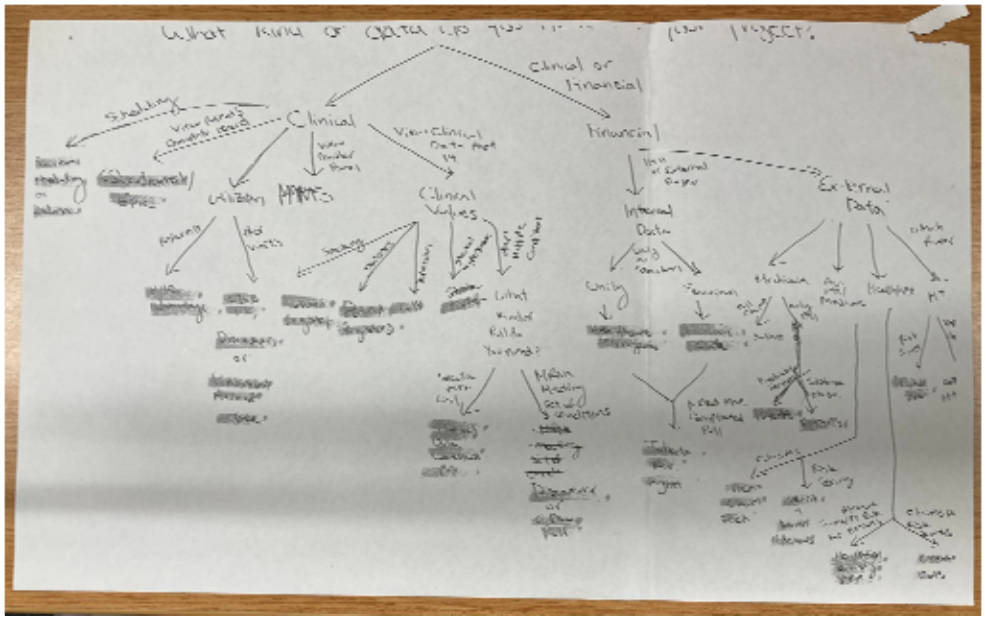
- **Improved outcomes** — gains in HTN/diabetes control, national quality recognition, new cancer/obesity registries
- **Advanced equity through research** algorithmic bias, stigmatizing language
- **Built sustainable social care** — funding models for CHWs and Legal Health, Financial Empowerment Centers

★ NOTABLE FIRSTS
Safety Net Algorithmic Bias Playbook, Equity Compass Dashboard, Financial Empowerment Centers

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

How It Started: A Fragmented Ecosystem of Data

- **8** instances of QuadraMed EHR
  - *Loading 80 patients fried a laptop!*
- **15** overlapping patient IDs
  - *We had to create a pseudo-EMPI*
- **45** disconnected data sources
  - *We had to unify financial, clinical, scheduling, administrative, claims*
- **0** enterprise data tools
  - *We had to implement Tableau, SAS, R, SQL Servers (w/EITS)*



Genuine Data Diagram, 2015-2016

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

How It's Going: Unified Data and Actionable Insights

OPH sets population health priorities for H+H. We curate data, analysis, evaluation & research that support staff in taking action on those priorities

- **118 dashboards**, including the Population Health Dashboard
- **1.5 million+ dashboard views** across NYC Health + Hospitals
- **441 data & analysis requests** to support programs, drive strategy

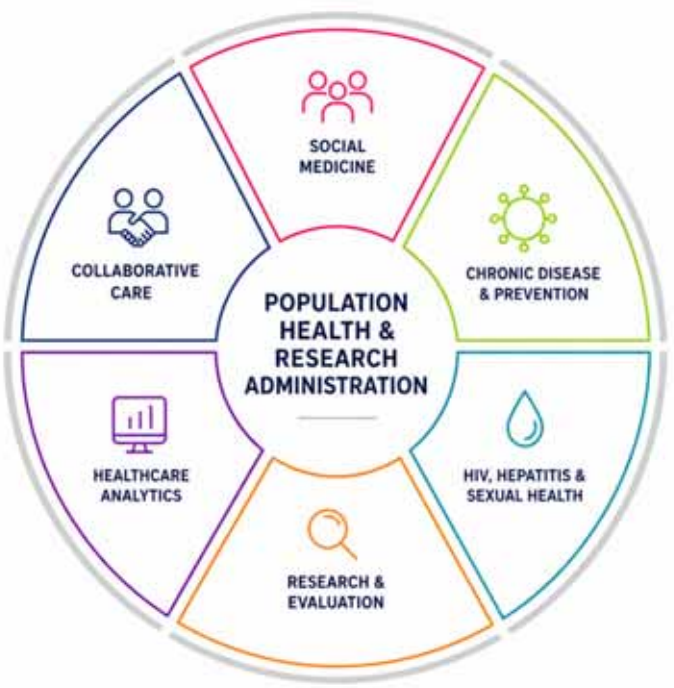
Population Health Dashboard, 2026

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Who Are We Today?

A smart team of clinicians, epidemiologists, and public health gurus who fundamentally believe that we can **prevent avoidable human suffering by:**

- Driving data-informed decision-making
- Advancing health equity
- Anchoring care in prevention
- Dismantling social barriers to health



NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Pop Health Team Highlights

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Chronic Disease and Prevention

- **Colorectal Cancer Screening**
  - ~80% FIT return rate — far above national benchmarks — through workflow redesign and operational metrics
  - Process metrics for abnormal follow-up let frontlines see bottlenecks in real time
- **Tobacco Treatment**
  - Novel treatment-focused algorithm — reaches patients not yet ready to quit, broadening traditional cessation models
- **Asthma & CKD**
  - Asthma Diagnostic Roadmap nearing release: more precise diagnosis, faster pathway to appropriate care
  - CKD Diagnosis and Management algorithm ready; registry and dashboard build underway
- **Food as Medicine**
  - Produce box program distributes food directly to frontline staff for patient distribution — primary and secondary prevention

HIV Prevention

- **HIV PrEP**
  - **Long-Acting Injectable (LAI) PrEP**: Projects include: EquiPrEP, an implementation science study to develop an LAI-PrEP care model that addresses historic inequities in PrEP access
  - **Expanding PrEP Access:** Integrating PrEP into primary care and Gyn clinics.

- **HIV Perinatal Prevention:**
  - **Monitoring and Care Coordination**: Perinatal Prevention Coordinator does intensive care coordination between OB and HIV teams identifying and addressing care gaps.

  - **Healthy Mother, Healthy Baby:** A grant funded initiative implemented at 3 hospitals designed to provide financial support through pregnancy by provide gift cards to pregnant patients when care milestones are met

Sexual Health

- **Mobile Sexual Health Unit:** Provides point-of-care HIV and Syphilis testing and sexual health consultation onsite at nightlife events and clubs – bringing sexual health services to places where people meet for sex.

- **Walk-In Sexual Health Clinic**: The team that staffs the Mobile Sexual Health unit works in the walk-in clinic, allowing individuals engaged on the mobile unit to continue care at Gouverneur with the care team they initially saw on the mobile unit

Collaborative Care: Substance Use Disorders Expansion

Building on 10 Years of Success

Expand on successful model for treating depression and anxiety in primary care to better address the needs of patients with Substance Use Disorders (SUD)

Target Population

Adults with Alcohol Use Disorder (AUD) or Opioid Use Disorder (OUD) and a concurrent depression/anxiety diagnosis

Goal

Support patients with SUD by consolidating treatment under a unified treat-to-target model

Initial Sites

Woodhull, Harlem, Kings

Multidisciplinary Team Approach

PCP

Maintains primary care responsibility, oversees the treatment plan, and prescribes medication for depression or anxiety

Addiction Medicine Primary Care Specialist

Provides SUD consults/medication assistance

Consulting Psychiatrist

Provides consults to care team on patients' mental health treatment

Collaborative Care Social Worker

Delivers brief evidence-based interventions like Motivational Interviewing, Behavioral Activation, Problem Solving Treatment, and CBT

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Social Medicine

- **Community Health Workers**
  - Enrolled over 3,000 patients in Adult Medicine and Asthma/COPD CHW programs in 2025
  - Transitioned CHW training to fully internal; programs now on self-funding model
- **Food & Financial Security**
  - ~4,400 patients connected to food navigation services in FY25
  - Free tax prep: 4,167 filers, average refund $1,280 (including EITC and Child Tax Credit)
  - Financial Empowerment Centers launched at 8 sites for budgeting, debt reduction, and savings coaching
- **Legal Health & Screenings**
  - 4,000+ patients connected to NYLAG LegalHealth appointments in FY25
  - 73% primary care SDOH screening rate (33% positivity); 91% inpatient screening rate
- **Refugee Health**
  - Refugee Health Promotion Program launched at Bellevue and Elmhurst for recently arrived refugee populations

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/

Information Technology Committee

July 13th, 2026

Dr. Talya Schwartz, President & CEO

CMS Star Update

MetroPlus Regains 4 Star Rating!

- CMS just recalculated the 2026 Medicare Advantage Star Ratings (released in Oct. 2025 for performance year 2024). Announcement made on June 17, 2026.
  - This followed legal action by a health plan based in GA that challenged how certain Star measures were calculated by CMS.
- **Excellent news** for MetroPlusHealth as a result: **The Plan ACHIEVED A 4 STAR RATING!**
  - We were already on the cusp of 4 Stars before the recalculation.
- The update represents a realignment of the scoring to focus more on clinical areas and member experience where MetroPlusHealth has demonstrated strong performance.
- Achieving 4 Stars has meaningful implications – for what we can offer and how we can grow and retain our members in Medicare Advantage.

Reaching 4 Stars Matters

- It affirms that our focus on quality and member experience is making a difference.
- It helps us increase the over-the-counter (OTC) card dollar amount, supporting members' ability to pay for essentials such as food, health-related items, and utility bills.
- Translates to approximately $15 million to invest in care management and "extra" benefits (dental and vision coverage) and $s for OTC card.

NYC HEALTH+ HOSPITALS

CAHPS

How does NYS and CMS measure Consumer satisfaction?

CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. It is a standardized survey, conducted via mail, phone, and online, that captures members' experiences with their health plan and the care they receive.

Put simply, CAHPS answers one central question**: "What is it actually like to be a member of this health plan?"**

Unlike internal metrics or clinical outcomes, CAHPS reflects the member's voice.

It helps to think of CAHPS as the member experience scorecard that allows us to compare our members' experience to other health plans statewide and nationally.

Bottom line CAHPS reflects how effectively we advance our mission by delivering access, service, and trust to the members and communities we serve.

Why CAHPS Matters?

Strong CAHPS performance signals that members can access care, navigate services, receive responsive support, and trust their providers.

- CAHPS reflects our culture. *Every interaction across the organization and with providers contributes to CAHPS.* We embrace how we interact with our members through **ICARE** (**Integrity, Compassion, Accountability, Respect, Excellence**).
- We must follow the "Golden Rule", a principle found all over the world: *"Do unto others as you would have them do unto you."* It challenges us to practice empathy and treat everyone with the same courtesy and respect we desire for ourselves.
- It directly impacts the Plan financially.
- It influences growth and retention.

…and what our members ARE telling us?

****For 2025, MetroPlus has delivered its strongest CAHPS results EVER!****

Our members are telling us, like they never have before, that they're **happy** with their **providers**, they're happy with our **services**, and they're happy with **US**!

CAHPS Results | The Numbers Don't Lie

Medicaid

- Exceeded our peers in multiple CAHPS metrics.
- Second-highest Rating of Health Plan score **in the state**, a direct reflection of our tireless work to delight our members.
- Outperformed our city-based competitors across the board.

HIV SNP

(Serving members with HIV)

- Significantly outperformed the other SNPs in **more than half** of CAHPS measures.
- Performance powered by Partnership in Care.
- When eligible members move into the SNP, they are moving into a tailored, high-quality experience.

HARP

(Serving members with serious behavioral health issues)

- Steady growth in a population where improvements in access and overall experience carry added weight.
- Achieved the maximum number of points in the CAHPS component of the state's quality rankings.

Takeaways

These results are critical to the success of the organization:

- Strong Rating of Health Plan reflects the full member experience across services, access, and support.
- **Momentum is building**, demonstrating meaningful improvement and stronger trust with members.
- Strong CAHPS performance positions MetroPlus for higher quality rankings, financial incentives, AND MOST IMPORANTLY, improved satisfaction, **continued growth** AND member retention.

Thank you for your dedication to the members and communities we serve. CAHPS reflects their voice and experience, and it is shaped by the work each of us does every day. Continuing to center that experience is key to delivering on our mission.

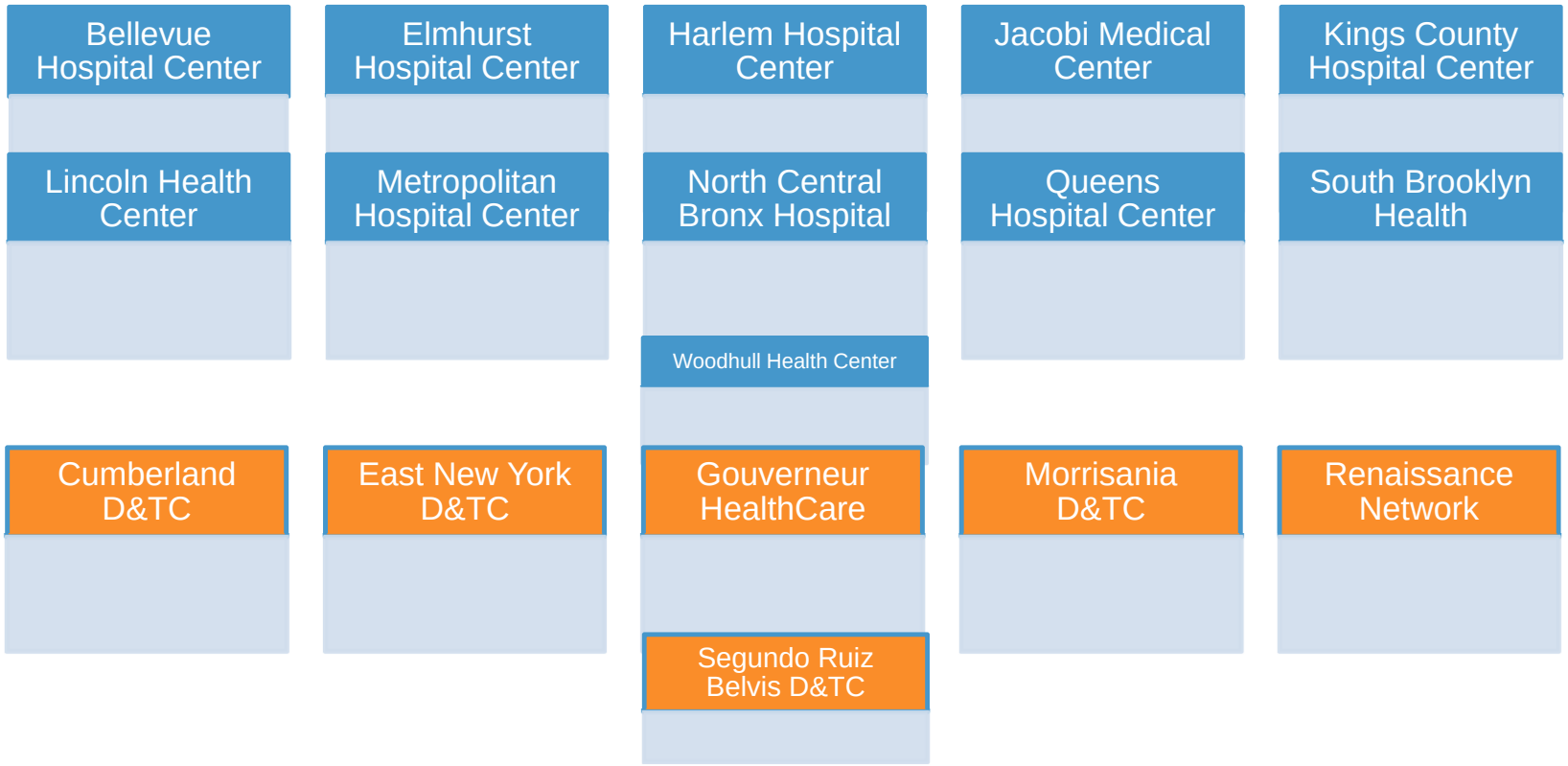
****EVERY MEMBER IS OUR EMPLOYER!****

Overview

MetroPlusHealth Plan & NYC Health + Hospital's (H+H) collaborate on key efforts for improved health outcomes across New York City to:

- Deliver high quality, equitable care to communities.
- Leverage data, technology, and clinical expertise to close health gaps.
- These efforts align with the quality framework developed and monitored by the NYSDOH (Medicaid, Essential, HIV SNP and HARP) and CMS (Medicare).
- The Value-Based Care (VBC) with H+H is a central component of MetroPlusHealth's quality strategy with H+H, creating shared accountability for performance.
- The VBC structure aligns financial incentives with quality outcomes through shared savings and risk arrangements under Total Care for the General Population (TCGP), reinforcing joint ownership of performance across the care continuum.

Value Based CARE Sites | Included in Site Based Reporting



2026 H+H VBC Quality Measures

Population	Index	Measure	Points Assigned
Essential Plan (EP)	1	Breast Cancer Screening (ECDS)	1
	2	Chlamydia Screening in Women	1
	3	Colorectal Cancer Screening (ECDS)	1
	4	Diabetes Care Eye Exam [1]	1
	5	Follow-Up for Emergency Department Mental Health Service Within 7 Days [2]	1
	6	Follow-Up After Hospitalization for Mental Illness Within 7 Days [2]	1
	7	Glycemic Status Assessment for Patients w Diabetes: HbA1c < = 9 [1]	1
	8	Initiation and Engagement of Substance Use Disorder Treatment [2]	1
	8a	Initiation of SUD Treatment	
	8b	Engagement of SUD Treatment	
	9	Kidney Health Evaluation for Patients with Diabetes	1
	10	Non-Users [3]	1
	11	Chronic Fall Out [3]	1

Population	Index	Measure	Points Assigned
Total Care for General Population for **Mainstream Medicaid**	1	Kidney Health Evaluation for Patients with Diabetes	1.036
	2	Breast Cancer Screening (ECDS)	1.036
	3	Chlamydia Screening in Women [3]	1.036
	4	Colorectal Cancer Screening (ECDS)	1.036
	5	Diabetes Care Eye Exam [1,3]	1.036
	6	Follow-Up for Emergency Department Mental Health Service Within 7 Days [2,3]	1.036
	7	Follow-Up After Hospitalization for Mental Illness Within 7 Days [2,3]	1.036
	8	Follow-Up After Emergency Dept. Visit for Alcohol & Other Drug Dependence Within 7 Days [2,3]	1.036
	9	Glycemic Status Assessment for Patients w Diabetes: HbA1c < = 9 [1,3]	1.036
	10	HIV Viral Load Suppression [3]	0.5
	11	Prenatal Care [1,3]	1.036
	12	Well Child and Adolescent Visits [3]	1.036
	13	Well Baby Visits - 30 months [1,3]	1.036
	14	Non-Users [4]	1.036
	15	Chronic Fall Out [4]	1.036

Population	Index	Measure	Points Assigned
Total Care for **HIV SNP Population**	1	Breast Cancer Screening (ECDS)	1
	2	Diabetes Care Eye Exam [1]	1
	3	Follow-Up for Emergency Department Mental Health Service Within 7 Days [2]	1
	4	Follow-Up After Hospitalization for Mental Illness Within 7 Days 2	1
	5	Follow-Up After Emergency Dept. Visit for Alcohol & Other Drug Dependence Within 7 Days [2]	1
	6	Glycemic Status Assessment for Patients w Diabetes: HbA1c < = 9 [1]	1
	7	HIV Viral Load Suppression	1

Population	Index	Measure	Points Assigned
Total Care for **HARP** Subpopulation	1	Breast Cancer Screening (ECDS)	1
	2	Colorectal Cancer Screening (ECDS)	1
	3	Diabetes Care Eye Exam [1]	1
	4	Follow-Up for Emergency Department Mental Health Service Within 7 Days [2]	1.5003
	5	Follow-Up After Hospitalization for Mental Illness Within 7 Days [2]	1.5003
	6	Follow-Up After Emergency Dept. Visit for Alcohol & Other Drug Dependence Within 7 Days [2]	1.5003
	7	Glycemic Status Assessment for Patients w Diabetes: HbA1c < = 9 [1]	1
	8	HIV Viral Load Suppression	0.5
	8	Initiation and Engagement of Substance Use Disorder Treatment [2]	1
	8a	Initiation of SUD Treatment	
	8b	Engagement of SUD Treatment	

MetroPlusHealth + NYC H+H: Partnership in VBC Quality Delivery

- Anchored by the VBC arrangement, the MetroPlusHealth and NYC Health + Hospitals partnership extends beyond contract requirements to drive integrated, data-driven quality improvement.
- Robust supplemental data exchange supports VBC and other priority measures, ensuring a high degree of data capture beyond standard claims and encounter data.
- Ongoing joint working sessions.
- Collaborative development of targeted quality improvement strategies informed by shared data insights.
- MetroPlus has a regular slot to present at the H+H CMO Council.

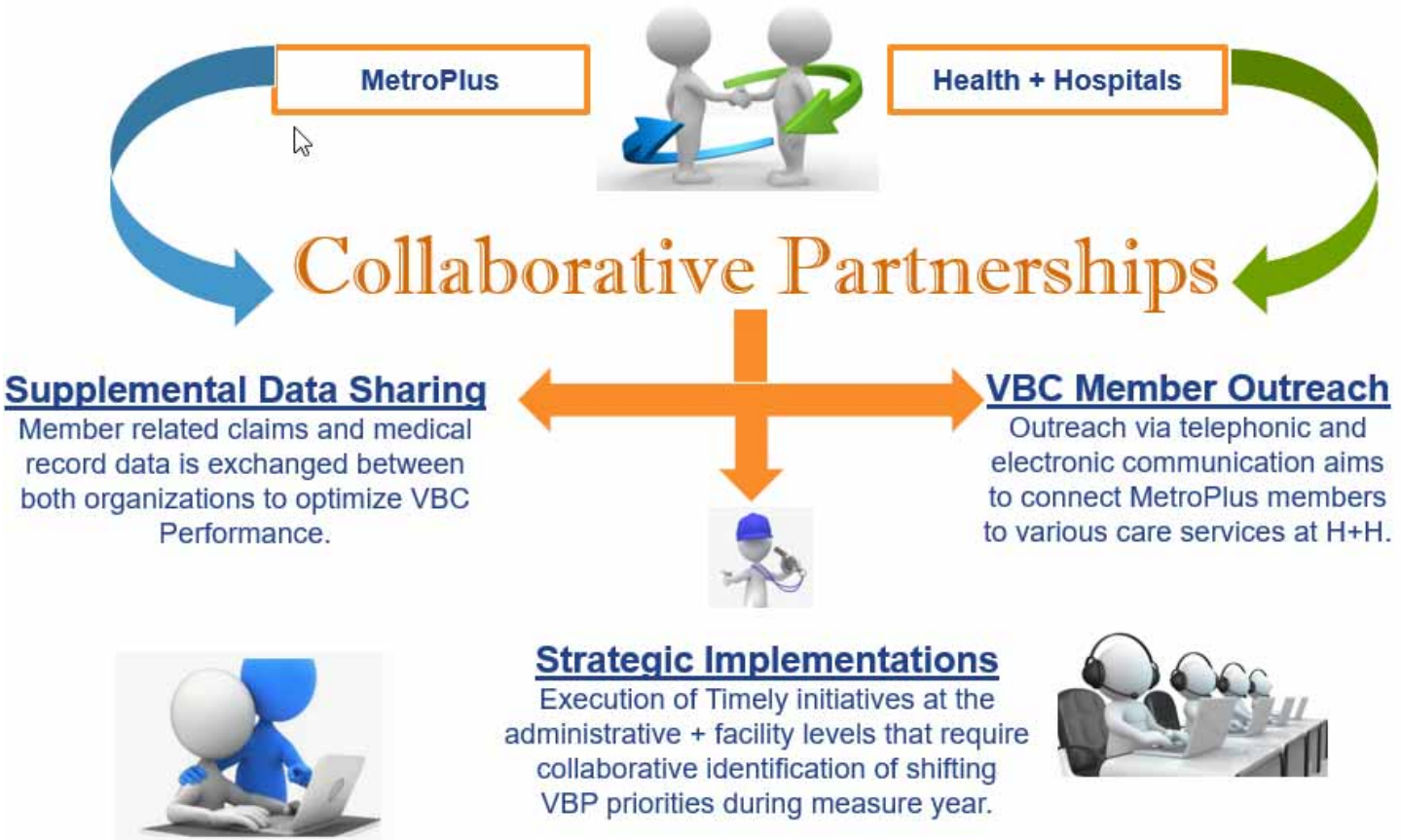
Quality + Engagement Impact on MetroPlus VBC Populations

NYC HEALTH+ HOSPITALS

Value Based Care Programs at H+H

NYC HEALTH+ HOSPITALS

Two Organizations | Shared Goal

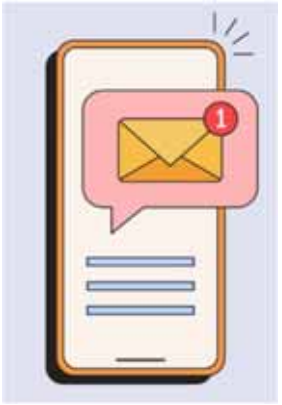


VBC Outreach Efforts
Members Outreached/Reached

Typical Types of VBP Member Outreach

Live Telephone Calls

Our Centralized VBP Outreach team calls Metro Plus Members to offer assistance with connecting to care services.



Epic MyChart Messaging

Outreach Facilitated via email/text message to MetroPlus Members with specific care/service needs.

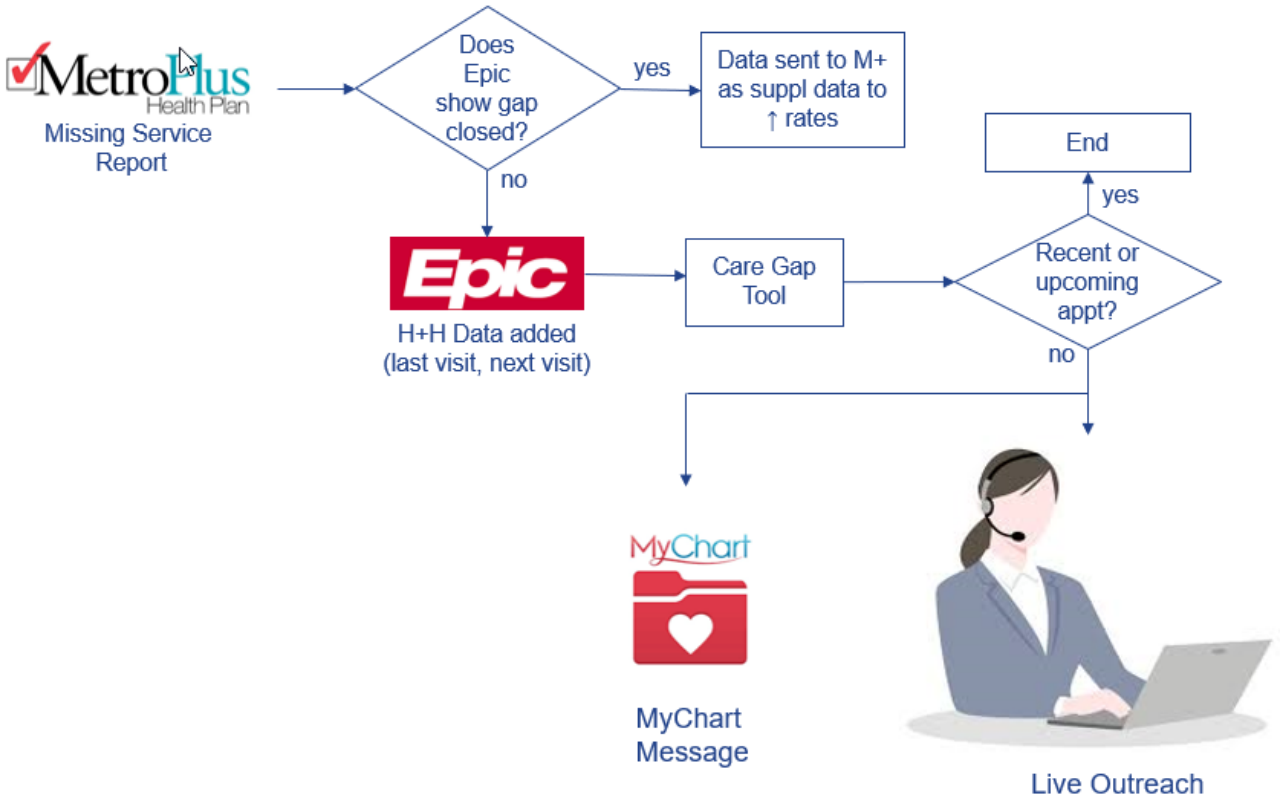
Digital Access

Telehealth and Digital access programs expand care/service access for MetroPlus members.

VBP Outreach Team Focus on Priority MetroPlus Populations

Gaps Addressed by Outreach team, include
Adult Immunization Status
Breast Cancer Screening
Cervical Cancer Screening
Childhood Immunization Status
Chlamydia Screening
Colorectal Cancer Screening
Controlling High Blood Pressure
CRG Chronic Fall Off gap
CRG Non-User
Developmental Screening in Children
Depression Screening
Diabetes Screening
Eye Exam for Patients With Diabetes
Glycemic Status Assessment for Patients With Diabetes
Immunizations for Adolescents
Kidney Health Evaluation for Patients with Diabetes
Oral Evaluation for Dental Services
Postpartum Care
SDOH Screening
Statin Therapy for Patients with Diabetes
Topical Fluoride for Children
Well Child 30 Month Visits
Well-Child and Adolescent Visits

Monthly Outreach Process



VBP Outreach Calls | Impact History

H+H Telephonic Outreach Team Efforts				
Measure Year	**2023**	**2024**	**2025**	**2026 (YTD May)**
Outreached	40,763	50,394	54,167	9,600
Reached	15,755	17,106	18,735	3,392
Appointments	4,976	5,581	6,021	1,262

Note:

- Outreach displayed in Table above does not include My Chart Messaging and other efforts.
- Each year in table excludes majority of 1st Quarter due to data exchange reset for new measure year.

VBP Outreach Efforts | Appointments Scheduled

MetroPlus VBC Member Appointments Scheduled in 2025

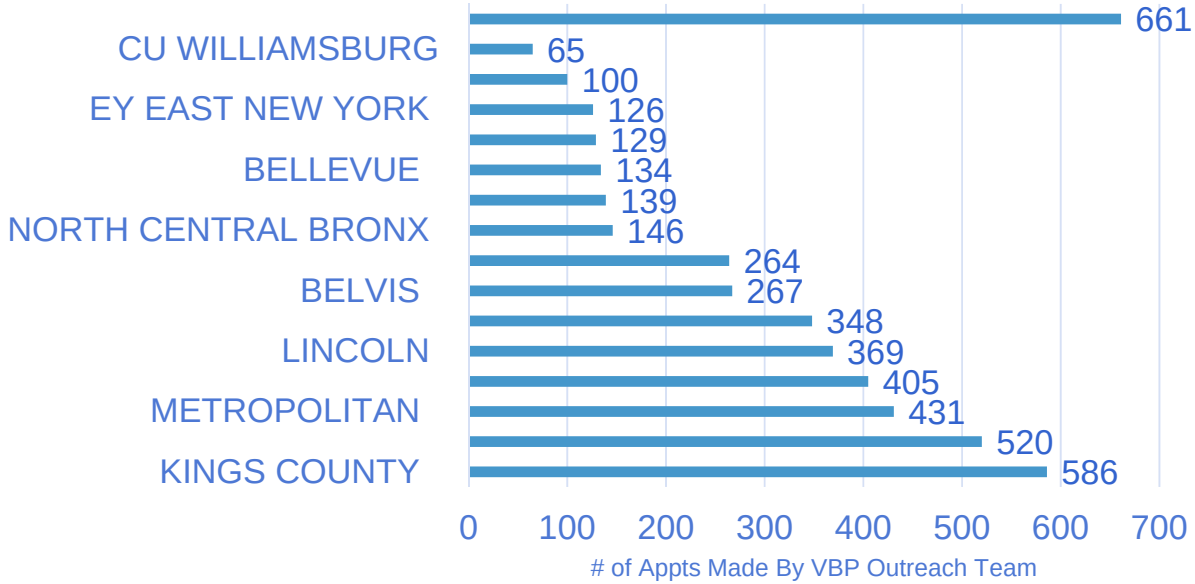
Age Groups	Female	Male	Grand Total
12-23	1149	1475	2624
0-11	725	710	1435
24-35	428	207	635
48-59	344	206	550
36-47	337	169	506
60-71	157	106	263
72-83	4	4	8
Grand Total	**3144**	**2877**	**6021**

Note: Aside from appts indicated above, 919 additional appts were booked for associated family members in 2025.

VBP Outreach Efforts | Appointments Scheduled

Non-User Appointments Scheduled

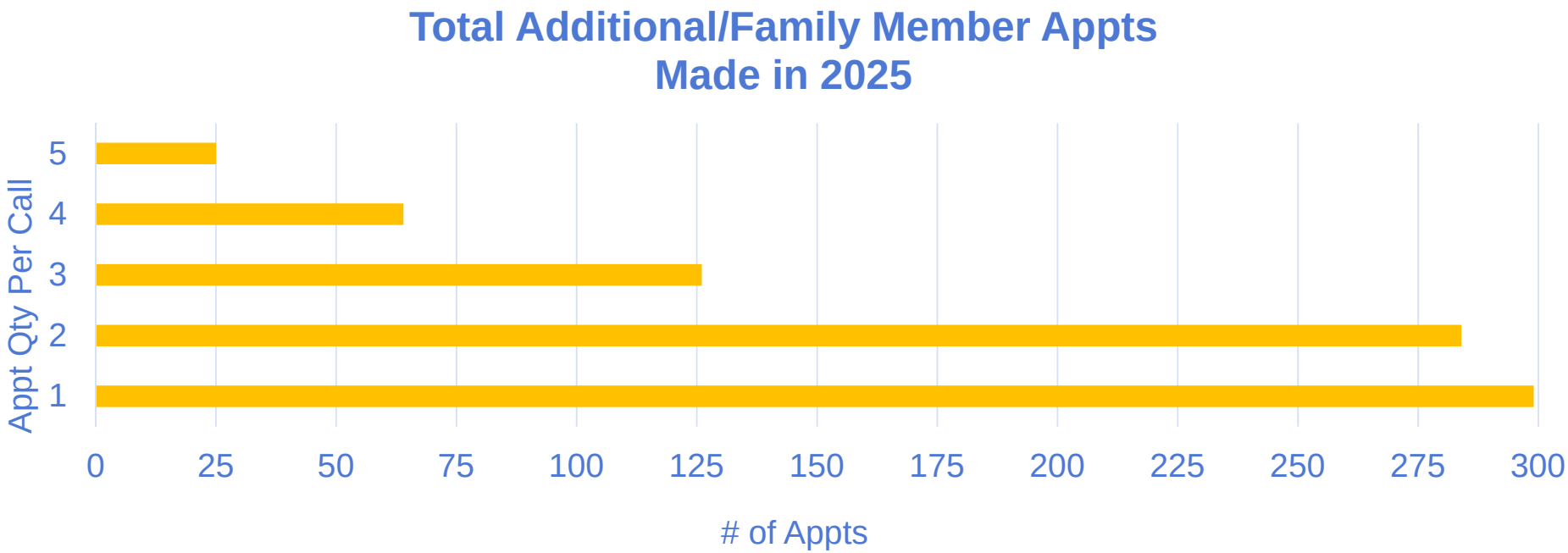
***Appts for MetroPlus Members with CRG Diagnosis Gap**



2025 Non-User rate
is presently 1.52 % points
better than final 2024 rate, i.e., fewer non users

***Note:** Across all Facilities, 3900 of the 4690 Appts booked were for “NonUsers.”

Additional Appointments Scheduled for Child Family Members



***Note:** Across all Facilities 798 additional Appts were booked;
25 appointments made during conversations that resulted in 5 additional appointments per call.

Telehealth Access Programs

4Q 2025 Non-User Telehealth Program

Overview:
MyChart scheduling tickets are sent to M+ members with Non-user gaps offering a telehealth program with a PCP during 4Q.

Highlights:
- 409 appts were completed in the 4Q2025.

YTD 2026 Digital Access Program

Overview: MyChart scheduling tickets are sent to M+ mbrs offering appts with moonlighting PCPs to expand access.

Highlights:
- 786 appts were completed in 2025
- 444 appts were completed in YTD2026
- 90% appt kept rate

Future Outreach Impact

MetroPlus | 2026 Active Pursuits for Outreach Team Impact

Some of the areas our outreach team will focus on contributing towards this year includes:

- Appts for Glycemic Status Assessment for Diabetes members with Continuous Glucose Monitoring Devices.
- Insurance Recertification
- HARP (Health And Recovery Plan) Eligibility
- MAP (Medical Access Program) Eligibility – once reports received from MetroPlus
- Retention Related Messaging Integration.
- Non-Users of primary care: Key area of scrutiny by NYSDOH, particularly for any capitated primary care arrangements.

Measure Performance

H+H Employed PCP Attribution Performance: CY2024 vs CY2022 - Medicaid

Measure - Medicaid	CY2022 Perf	CY2023 Perf	CY24 Perf	Change (22 vs 24)
Antdepr Med Mgmt	38.31%	40.92%	52.45%	+14.14
Asthma Med Ratio	43.07%	73.10%	80.18%	+37.11
Breast Cancer Scr	71.22%	73.48%	72.71%	+1.49
HbA1c <= 9	69.17%	71.96%	73.43%	+4.26
Eye Exam	75.03%	74.57%	73.11%	-1.92
CRG Chronic Fall Off*	5.87%	5.68%	5.1%	-0.77
Chlamydia Scr	76.96%	77.18%	78.74%	+1.78
Colorectal Cancer SCr	51.96%	58.90%	60.53%	+8.57
Follow-up Hosp MH	61.38%	71.38%	75.44%	+14.06
Follow-up ED SA	31.60%	36.61%	46.46%	+14.86
CRG Non-User*	21.15%	23.04%	20.01%	-1.14
Postpartum Care	84.02%	85.09%	82.77%	-1.25
HIV Viral Load	66.67%	68.30%	70.66%	+3.99
Weight Counseling	84.50%	87.10%	85.06%	+0.56
Well Child Visit	66.73%	68.13%	73.46%	+6.73

Medicaid Highlights

- 13 of 15 (87%) measures improved

**Low score is better.*

H+H Employed PCP Attribution Performance: CY2024 vs CY2022 – HARP & HIV SNP

Measure - HARP	CY2022 Perf	CY2023 Perf	CY24 Perf	Change (22 vs 24)
Antidepr Med Mgmt	34.34%	38.79%	45.15%	+10.81%
Asthma Med Ratio	33.65%	67.45%	81.14%	+47.49%
Breast Cancer Scr	59.80%	64.72%	65.65%	+5.85%
HbA1c <= 9	64.34%	72.02%	72.68%	+8.34%
Eye Exam	57.87%	61.48%	58.41%	+0.54%
Colorectal Cancer Scr	43.48%	49.63%	54.90%	+11.42%
Follow-up Hosp MH	42.49%	50.00%	64.36%	+21.87%
Follow-up ED SA	41.33%	48.15%	56.11%	+14.78%
HIV Viral Load	61.72%	51.76%	51.53%	-10.19%

Measure - HIV SNP	CY2022 Perf	CY2023 Perf	CY24 Perf	Change (22 vs 24)
Asthma Med Ratio	22.61%	47.50%	63.92%	+41.31%
Breast Cancer Scr	74.91%	82.84%	86.03%	+11.12%
HbA1c <= 9	80.53%	83.50%	83.70%	+3.17%
Eye Exam	69.06%	67.20%	66.60%	-2.46%
Colorectal Cancer Scr	64.95%	72.11%	80.15%	+15.20%
Follow-up Hosp MH*	41.67%	78.57%	30.77%	-10.9%
Follow-up ED SA	38.46%	66.67%	36.84%	-1.62%
HIV Viral Load	83.07%	86.58%	88.39%	+5.32%

HARP & HIV SNP Highlights

- 8 of 9 (89%) HARP measures improved
- 5 of 8 (63%) HIV SNP measures improved

**Very small denominator.*

H+H Employed PCP Attribution Performance: CY2024 vs CY2022 – Essential Plan

Measure - Essential Plan	CY2022 Perf	CY2023 Perf	CY24 Perf	Change
Antdepr Med Mgmt	45.07%	44.00%	44.26%	-0.81%
Asthma Med Ratio	77.73%	81.40%	85.55%	+7.82%
Breast Cancer Scr	69.40%	75.19%	74.32%	+4.92%
HbA1c <= 9	72.67%	74.44%	73.35%	+0.68%
Eye Exam	77.54%	75.71%	73.17%	-4.37%
CRG Chronic Fall Off*	4.83%	3.59%	3.98%	-0.85%
Chlamydia Scr	71.00%	72.64%	76.96%	+5.96%
Colorectal Cancer SCr	48.53%	56.69%	63.69%	+15.16%
CRG Non User*	38.41%	38.01%	31.17%	-7.24%
Initation SA Tx	36.36%	52.22%	47.67%	11.31%
Engagement SA Tx	6.82%	7.52%	13.42%	6.60%
Kidney Eval Diabetes	59.68%	60.72%	59.57%	-0.11%

Essential Plan Highlights

- 9 of 12 (75%) Essential Plan measures improved

**Low score is better.*

Percentile Performance Results: CY2024

Medicaid

Medicaid	Total Result		H+H Only	
Measure	Result	Percentile	Result	Percentile
Antidepr Med Mgmt	49.70%	<50th	50.82%	<50th
Asthma Med Ratio	78.69%	50th	80.54%	**90th**
Breast Cancer Screening	68.32%	75th	72.58%	**90th**
HbA1c < = 9	73.55%	50th	73.55%	50th
Eye Exam	73.31%	**90th**	73.31%	**90th**
CRG Chronic Fall Off	94.58%	**90th**	94.90%	**90th**
CRG Non-User	82.46%	<50th	79.86%	<50th
Chlamydia Screening	79.34%	75th	78.47%	75th
Colorectal Cancer Screen	60.47%	**90th**	60.47%	**90th**
Follow-up IP MH (FUH)	70.50%	75th	67.74%	50th
Follow-up ED SA (FUA)	46.67%	**90th**	41.14%	**90th**
Postpartum Care	85.48%	50th	85.48%	50th
HIV Viral Load Suppr	70.54%	<50th	70.54%	<50th
Well Child 30M	81.49%	<50th	81.49%	<50th
Well Child Visit	72.50%	<50th	73.45%	50th
Bonus: Cervical Scr: 50th %ile	66.84%	75th	66.88%	75th

HARP

HARP	Total Result		H+H Only	
Measure	Result	Percentile	Result	Percentile
Antidepr Med Mgmt	42.63%	<50th	42.70%	<50th
Asthma Med Ratio	74.16%	50th	77.49%	**90th**
Breast Cancer Screening	51.84%	<50th	65.64%	**90th**
HbA1c < = 9	72.82%	75th	72.82%	75th
Eye Exam	58.39%	75th	58.39%	75th
Colorectal Cancer Screen	54.88%	**90th**	54.88%	**90th**
Follow-up IP MH (FUH)	63.72%	**90th**	63.93%	**90th**
Follow-up ED SA (FUA)	56.68%	**90th**	52.61%	**90th**
HIV Viral Load Suppr	51.55%	<50th	51.55%	<50th
Bonus: Cervical Scr: 50th %ile	54.84%	<50th	55.80%	50th

Percentile Performance Results | CY2024

HIV SNP

HIV SNP	Total Result		H+H Only	
Measure	**Result**	**Percentile**	**Result**	**Percentile**
Asthma Med Ratio	65.20%	<50th	63.40%	<50th
Breast Cancer Screening	82.78%	**90th**	86.19%	**90th**
HbA1c < = 9	83.60%	**90th**	83.60%	**90th**
Eye Exam	66.80%	75th	66.80%	75th
Colorectal Cancer Screen	80.25%	**90th**	80.25%	**90th**
Follow-up IP MH (FUH)	30.77%	<50th	22.22%	<50th
Follow-up ED SA (FUA)	36.11%	75th	47.83%	**90th**
HIV Viral Load Suppr	88.35%	**90th**	88.35%	**90th**
Bonus: Cervical Scr: 50th %ile	81.69%	**90th**	85.16%	**90th**

Essential Plan

Essential Plan	Total Result		H+H Only	
Measure	**Result**	**Percentile**	**Result**	**Percentile**
Antidepr Med Mgmt	39.94%	<50th	44.90%	<50th
Asthma Med Ratio	86.03%	**90th**	85.92%	**90th**
Breast Cancer Screening	69.89%	<50th	74.19%	**90th**
HbA1c < = 9	73.49%	<50th	73.49%	50th
Eye Exam	73.25%	**90th**	73.25%	**90th**
CRG Chronic Fall Off	95.75%	**90th**	96.02%	**90th**
CRG Non User	72.49%	**90th**	68.56%	**90th**
Chlamydia Screening	78.46%	75th	76.72%	75th
Colorectal Cancer Screen	63.60%	**90th**	63.60%	**90th**
Follow-up IP MH (FUH)	85.06%	**90th**	81.40%	**90th**
Initiation of SA Tx (IET-I)	45.49%	**90th**	50.26%	**90th**
Engagement of SA Tx (IET-E)	12.15%	<50th	12.57%	<50th
Kidney Eval Diabetes (KED)	57.85%	**90th**	59.61%	**90th**
Bonus: Cervical Scr: 50th %ile	67.97%	<50th	69.01%	<50th

Puerto Rican Heritage reception at Gracie Mansion, June 12th

Celebrating Puerto Rican Heritage at City Hall | MetroPlusHealth Exclusive Health Plan Sponsor

MetroPlusHealth proudly participated in the Puerto Rican Heritage Reception at New York City Hall, a high-visibility cultural event honoring the contributions of the Puerto Rican community across NYC. This year's reception brought together city leadership, community organizations, and healthcare partners in celebration of heritage, culture, and community impact.

MetroPlusHealth's participation was significant:

- **Exclusive Positioning:** Secured role as the only health plan sponsor.
- **Civic Alignment:** Direct engagement with the Mayor's Office and City Hall leadership.
- **Community Commitment:** Demonstrated authentic investment in Puerto Rican and Hispanic communities.
- **Market Leadership**: Reinforced MetroPlusHealth as a trusted, culturally competent health partner.

Mermaid Parade in Coney Island, June 20th

Celebrating Community at the Coney Island Mermaid Parade | MetroPlusHealth & South Brooklyn Health Partnership

MetroPlusHealth partnered with South Brooklyn Health to sponsor the iconic Coney Island Mermaid Parade—one of Brooklyn's most celebrated cultural events. This partnership brought our brand directly into the heart of the community, engaging over two hundred thousand residents and reinforcing our commitment to accessible, culturally responsive care.

MetroPlusHealth continues to support Brooklyn residents

Accessible, affordable health coverage (Medicaid, Essential Plan, Child Health Plus)
Care that respects all cultures and languages
Strong partnerships with local organizations

We are here in the community—not just as a provider, but as a trusted neighbor and partner in health with our community offices in Brighton Beach and Flatbush.