NYC HEALTH+ HOSPITALS

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS AND INFORMATION TECHNOLOGY COMMITTEE

Date: November 2nd, 2026
Time: 9:00am
Location: 50 Water St. New York, NY 10004 Room 1701

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES – July 13th 2026

ACTION ITEMS:

1) Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria. — **DR. MENDEZ**

2) Authorizing the New York City Health and Hospitals Corporation (the "System") to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years. — **DR. YANG**

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

POPULATION HEALTH REPORT — **DR. LONG**

METROPLUS HEALTH PLAN REPORT — **DR. SCHWARTZ**

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

OLD BUSINESS — **DR. CALAMIA**

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs / Information Technology Committee– July 13th 2026
As Reported by Dr. Calamia
Committee Members Present- José Pagán, Deborah Brown /Sally Hernandez-Piñero, Dr. Michael Espiritu, Dr. Patricia Marthone;

Dr. Calamia, called the meeting to order at 9:02AM.

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

Adoption of the minutes of the April 13th, 2026 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved.

Action Item
Nichola Davis, MD, Vice President, Chief Population Health Officer and Emily Foote, Senior Director, Social Medicine Clinical Service and Population Health, presented to the committee:

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.
New York Legal Assistance Group (NYLAG) is a nonprofit, civil legal services organization and they assist New Yorker across the 5 boroughs. Their Legal Health division, with whom we have partner with since 2002 provides direct legal services at clinics across NYC Health+ Hospitals system, by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.

The overall Medical Legal partnership program in addition to the direct health-related legal assistance provided to patients, also provide ongoing education and support to NYC Health + Hospitals staff. The legal assistance ranges from public benefits, housing, immigration, health insurance, advance planning, income maintenance, and application for green cards or other immigration status, such as naturalization, sponsorships, visa and more. The level of service provided to patients can range from brief advice and counsel to full representation.

The overall goal is to sustain and strengthen medical-legal partnership to address health-harming legal needs of patients.
The objectives are to deliver effective, impactful health related legal services through on-site, in-person, and virtual appointment managed with in NYC Health + Hospitals EMR system. Education will be continued to provide training to Health + Hospitals staff on health harming legal issues, and potential benefits of legal intervention to lead top hire quality referrals.
Current Contract between NYC Health + Hospitals and NYLAG provides: 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

NYC Health + Hospitals Infrastructure investment: EMR architecture, dedicated staffing and data exchange have optimized the Medical Legal Partnership. Clinical staff can place referrals in the EMR, appointments can be managed there as well. There is a dedicated team that manages these appointments. The legal staff at NYLAG have limited EMR access to the chart, only can see demographics of the patient. These changes have provided better access for the legal services. The no show rate is better, it provides update status of the appointment. It has improved to H+H staff and NYLAG across the board.

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. 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. 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. The attorneys are unionized and executed recent collective bargaining agreement.

The Board members questions/comment:

- *interested in seeing the cost benefits analysis. Response from Ms. Foote; they worked with an outside consultant from NYU Population Health, who advised them on the methods. Primarily looked at three*

populations, one was patients that were uninsured prior to their NYLAG intake and who were able to access Medicaid coverage, hospitalized patient with social barriers to discharge, which NYLAG helped to discharge sooner, then the patient who received assistance with social security disabilities. When that happens, it results into a risk attributed to H+H and results in a higher premium coming back to Health + Hospitals.

- *As far as the contingency fee, and are the anticipated concerns driving the 15% contingency fee? Are there any regarding confidentiality? Ms. Foote, an initial dip in referrals as well as patients who had been referred declining to move forward with an intake appointment with NYLAG. Other, hospital systems across the City who also partner with NYLAG also saw this dip. A message Emphasizing to staff who communicate with patients that the services are completely confidential and that patients are not obligated to pursue any Legal course just because they have an initial meeting with an attorney. the referral trends start to stabilize again. In terms of the contingency, it's primarily for two factors. One is we don't currently have an attorney dedicated under the model supporting nursing home patients and the and the landscape there for insurance access is really complex, details haven't been worked out yet. Also, because the staff is unionized and we anticipate further collective bargaining, we want to have a little bit of a buffer there since it's a longer duration.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Anitha Srinivasan, MD Chief Medical Officer, Metropolitan Hospital, presented to the committee:

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.

City orthopedics have been a long-time provider of care for Metropolitan. The ask is to move the contract, which is a subcontract with PAGNY over to Health + Hospitals as a vendor. There are distinct advantages to this. Previously there was a 3 % PAGNY carrying cost or administrative cost that we will be saving on, as well as the professional billing which is the part B billing, for all the doctor's services will now be held by health + hospitals as opposed to PAGNY.

It will be the same positions and the group that will continue to provide care, and have been providing quality care.

This contract moving over will save us the 3 % administration fees, as well as bring in some extra revenue for Health + Hospitals with the part B professional billing services. This will also add quality KPIs, PGANY is aware of this shift and they are in agreement. The benefits, are introducing the KPIs, getting the professional billing revenue in addition, and it also eliminating the administrative fees, which was given to PAGNY for being the contract holder. The same physicians are being maintained in the group that we are very happy with, will continue the stability and the continuity of care, which will be uninterrupted

Metropolitan is entering, the contract at the start of year two, which will be in October and the contract is at 5-year (3-1-1) term year contract. The costs are $3.641,676, one 3.641 base contract and the total contract will be 14 million with a contingency reaching 17. This includes 2047 emergency coverages. It includes elective surgeries and emergencies all the time, and, about 5.5 sessions of clinic or outpatient work per week.

The Board raised a question; *Do we have a sense of with us being in control of the KPIs, how much revenue? They currently, make about 7 million already for us with their services, they're net positive. Adding the professional fee, it will bring us to about 300,000 extra.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Christopher Mastromano, Chief Executive Officer, Jacobi Hospital, and Haseen Sharma-Cooper,MD Vice Chair of Behavioral Health, presented to the committee:

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.

The partial hospitalization program at North Central has been in existence since the early 1990s. It's set to have a census of 34 patients. It's been averaging about ten patients. It provides an added layer of care that people do not need inpatient care, but they certainly a higher level than regular outpatient. Volume over the years

has continued to go down. We've seen about a 175 visits a month. No show rate's pretty consistent about 25 %. The outpatient service faces significant demand with up to a 60-day waitlist. Reassigning staff will increase outpatient census capacity from 700 to 1,000 patients.

Conversation has been had with the Office of Mental health. They support this proposed action. A resolution is needed from the Governing Body to move this forward. The program closure target date is September 8th, and any existing patients needing higher-level care can be absorbed into the intensive outpatient program (IOP) at Jacobi. Approval has been given to use the space because it was underutilized space. They can begin to see outpatient behavioral health patients. Overall there is a net increase in the number of patients that can be treated and will eventually apply for an intensive outpatient program at North Central as well.

The Board members questions/comments:

- *Do you get any argument that says you shouldn't close this? Dr. Sharma responded; That'll be hard because of the of low volume of patients we treat, and most of the patients in the Bronx don't really want that intensity. It's a six-week program Monday through Friday. It's quite difficult on the patients and very few patients actually come every day as they're opposed to. Most of the patients actually come about three times a week and the staff really have to work hard to encourage them to come. Whereas the outpatient services, there's a huge demand for that. We try to refer all our discharges from inpatient to our own outpatient program from the CPent back to them. The requirements are a little more stringent now about giving CPent patients an appointment before they leave the CPent too, it's much easier this way before we discharge them, we can give them an appointment. What this has created, despite our increase in staffing in the OPD, the waitlist has continued to climb up. When you think about the number of patients we could really help more, there is no argument there.*

- *where are you referring them to in case they're in need of this and what you currently have there. Dr Sharma responded; the frequency of visits is lower. Hours is five days a week. Whereas an IOP is between three to four days a week, usually three days a week, and it's about three to 4 hours a day, a half day program.*

- *You talk about future plans in terms of outline for the certification, inpatient, intensive outpatient program. How long does that take? Dr. Sharma-Cooper responded; we have to go back to OMH and apply for it. It doesn't take very long, it takes approximately a month or so, but we'll assess the need for it before we jump into.*

- *Do they take the certification that you already have in Jacobi and apply it to NCB? Mr. Mastromano responded; A satellite can be done, OMH licenses per site as opposed to the facility. Even though it's legally one hospital, there is two different licenses.*

- *What's your anticipation once we bring this program on board in the reduction to have census? Dr. Sharma responded Building up the census will also decrease the wait list. There isn't much of a waitlist for patients being discharged from inpatient and those patients get priority. It's the community referrals that have the waitlist. There will be two additional psychologists to add to the staff staffing model, one social worker, one psychiatrist, that will increase capacity. Right now, it if difficult providing Therapy service, 3 additional staff members will be helpful.*

- *Will there be any physical change? Mr. Mastromano responded; some minor capital work has to be done. The existing space can be used for now, but to make it more efficient, work will need to be done, and most of that work will be done in house with our existing teams.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

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 following highlights: Unprint Initiative: The system is 35% through its five-year Unprint initiative, which has successfully achieved an overall volume and cost reduction of 23% for both black-and-white and color printing.

Dr. Michael Bouton, Chief Health Informatics Officer and Katherine Thayer Chief Application Officer, presented the update regarding the Epic Update and Failover. The upgrade is scheduled for late September, which is slightly off-cycle to align with testing for Brooklyn projects. A data center failover will also take place at this time to build system resiliency.

Ammu Menon, Chief Data and AI Officer, continued the report by discussing the Ambient AI Rollout. The system launched Abridge ambient AI technology in May for primary care physicians. The technology listens to patient encounters, transcribes them, and generates clinical notes. Over 200 physicians are currently using the tool,

generating roughly 10,000 notes, which has improved the rate of same-day note closures from 50% to 77%.

The Board raised a question; *How is the system monitoring the AI to ensure the note content is accurate and free from hallucinations? Ms. Menon responded that physicians must review the notes before signing, the platform evaluates performance on the back end, and patient consent is required verbally for each and every encounter before the tool can be turned on.*

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Natalia Cineas, DNP, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights.

Nurse Residency Program: As of June 2026, 2,035 employees have enrolled in the Nurse Residency Program. The program has maintained a 95% retention rate for 2025 and has saved over $107 million in hiring costs since 2019. The goal has always been to get our nurse residency program PTAP accredited. PTAP stands for Practice Transition Accreditation Program (PTAP). Application was successful submitted to ANCC in June 2025 followed by submission of a self-study in November 2025 and a virtual visit in February 2026. The NCCP accreditation Signifies national recognition, evidence-based standards, organizational commitment to nursing excellence, and distinguishes the institution from competitors when recruiting.

NYC Health + Hospitals now has PTAP accreditation, becoming the 327th health system globally to receive it. Magnet and Excellence Designations: Both Queens and South Brooklyn hospitals successfully submitted their Magnet documents in May 2026, and with survey visits scheduled for the fall. Additionally, Queens Hospital received the PRISM designation for medical-surgical nursing. Nurses week celebrations took place 6 May through 12 May with our nurses' team a lot of great celebratory events across our entire system.

The rolled out of more certified nurse's walls at Woodhall and at Lincoln. The Hall was the 7th facility to unveil the certified nurse's wall. We had over 50 frontline staff and CEOs and physicians in attendance showing support. Also, in discussion a fireside chat on lawn forgiveness to ensure that our nurses know how to submit loan forgiveness applications.

The Board commended *the nursing team on the exceptional 95% retention rate for 2025, noting how difficult it is to retain nurses in the current climate.*

CLINICAL AFFAIRS AND BUSINESS STRATEGY REPORT
Wendy Wilcox, MD, Chief Women's Officer, System Chief Obstetrics & Gynecology provided the following highlights.

The Paragon Vigilance system, is an advanced maternal early warning system both for maternal vital signs as well as it helps our clinical teams make decisions on fetal heart rate tracings in the labor and birthing suites and our postpartum units there are many threats to patient safety. It is an early warning system, it's designed and it notifies the care teams of possible concerning maternal or fetal trends. It can help the care team with situational awareness, and it helps to reorient what is going on with both patients. It provides comprehensive patient data on one screen, and it enhances patient care delivery.

The hub board is located at all work sites, the rooms, nurses' stations, and well-designed spaces around the unit that everyone can see it. The pilot took place at North Central Bronx, now it been deployed to Metropolitan, Jacobi, Lincoln and Harlem, which just went live last week without a hitch. The next, six sites are going to happen shortly. The next step will also be to provide mobile access to providers. This is an example of how we are going to be able to deploy it so that providers can have it on their phones, and that is the next step to add to situational awareness and if someone needs to look at it remotely that they will be able to do so.

Ambulatory Care Update
Theodore Long, MD Senior Vice President Ambulatory Care Operations, provided a written report.

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

Medicare Advantage Stars: Prior to June 17th 2026 Metro Plus was a 3.5 star plan in Medicare advantage. As a result of litigation brought forth by a plan in Georgia for Health that went to CMS and to court to challenge how certain stars were calculated by CMS. Following the litigation that forced CMS to remove certain operational measures, MetroPlus's rating was recalculated, allowing the plan to achieve a four-star rating. This rating will result in an additional $15 million in revenue for 2027, which will be used to expand, membership, over the counter card, vision and dental benefits.

Medicaid Consumer Satisfaction: MetroPlus is currently the second-highest rated plan in New York State for consumer satisfaction. It speaks to both member experience, customer services, and also the

experience our members are having their patients, particularly at New York City Health + hospitals. This ties into the eye care initiative as well. This has been duplicated in the HIV special needs plan. This is a plan that serves people living with HIV. We are significantly outperformed the other two snips in New York State. The Health and Recovery Plan (HARP) achieved a maximum 20 out of 20 points of consumers satisfaction. The proof of this collaboration is the outcomes.

Value-Based Care Collaboration: MetroPlus is closely collaborating with H+H to leverage electronic clinical data—such as continuous glucose monitors and Epic data exchange—to improve quality outcomes across lines of business. Such as work across the health and recovery plan, HIV special needs plan, Medicaid, as well as the essential plan, where these are the four big line. A central driver of their value-based care arrangement is ensuring that members get their initial appointments by live telephone calls, epic chart messaging and a lot of digital access making sure members are getting their appointment.

The Board raised a question; *Are the value-based care arrangements directly connected to money savings? Dr. Shah responded that people that are getting good primary and specialties care by keeping patients out of the hospital, costs go down, which creates a surplus that is reinvested into H+H; however, you cannot achieve that surplus by under providing care. The quality measures keep you where you need to be at. You don't see surplus savings until you reach the quality care targets in the ambulatory care space.*

Board member raised a question; *any issues challenges with the changeover in the enrollments? Dr. Shah responded; be an ongoing challenge, particularly when some of the people seek care in case where there's issues when they present for care, anything that will happen. The goal is to work again collaboratively to ensure that we are collaborating with legal agencies and others to make sure coverage is robust. July 1st 30000 people in the essential plant five had coverage issue. Some of them still don't have coverage, and that is being worked on.*

There being no further business, the meeting was adjourned 10:08.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

WHEREAS, Enterprise Information Technology Services ("EITS") is responsible for all of the System's information systems and technology infrastructure, providing comprehensive information technology ("IT") services and programs to support the System. EITS manages over 1700+ applications, two parallel processing data centers, and infrastructure distributed throughout the organization; and

WHEREAS, EITS also leads hundreds of initiatives annually to advance strategic goals, enhance care, support growth and regulatory change, and prepare the System for the future.

WHEREAS, the System has identified a need for supplemental staffing services from vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis; and

WHEREAS, contracting with IT supplemental staffing vendors enables the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies; and

WHEREAS, the System conducted an open and competitive Request for Proposals ("RFP") process under the supervision, and with the assistance, of Supply Chain Services to select twenty (20) vendors to provide IT Supplemental Staffing services, in which seventy-three (73) firms attended a pre-proposal conference; and

WHEREAS, of the ninety (90) proposals submitted, seventy-two (72) proposals met the minimum requirements for evaluation and the twenty (20) vendors who received the highest ratings have been selected for award; and

WHEREAS, the Senior Vice President, Corporate Chief Information Officer will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845- IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System and that the System may add and/or

remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

EXECUTIVE SUMMARY
RFP 2845- IT SUPPLEMENTAL STAFFING SERVICES
AGREEMENTS WITH
AWARDED VENDORS

OVERVIEW: The purpose of these agreements is to provide RFP 2845- IT Supplemental Staffing services to contract with IT supplemental staffing vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis enabling the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies.

PROCUREMENT: The System conducted an open and competitive RFP to establish a pool of vendors to provide RFP 2845 - IT Supplemental Staffing services to the System on an as-needed basis. The RFP was sent directly to fourteen (14) prospective vendors, and seventy-three (73) prospective vendors attended a pre-proposal conference. A total of ninety (90) firms submitted proposals and, of the proposals submitted, seventy-two (72) proposals met the minimum requirements for evaluation and the Evaluation Committee selected the top twenty (20) rated proposers to provide IT Supplemental Staffing services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five (5) year term is not to exceed $384,000,000 which includes a 15% contingency of $50,000,000.

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

Exhibit A

Awardees

1. 22nd Century Technologies, Inc.
2. 314e Corporation
3. Cogent Infotech Corporation
4. Compunnel Software Group, Inc.
5. ePlus Technology Inc
6. GCOM Software LLC
7. Healthcare IT Leaders LLC
8. InfiCare Health Inc
9. Infojini, Inc.
10. Insight Global, LLC
11. Integrated Resources, Inc.
12. KFORCE
13. LanceSoft Inc
14. Momentum Resource Solutions, LLC
15. Navitas Partners LLC
16. NTT DATA Americas, Inc.
17. Seneca Resources, LLC
18. Tandym Group, LLC
19. TEKsystems
20. Vastek Inc

NYC HEALTH+ HOSPITALS

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

From: Maitry Halder
Senior Contract Attorney
Supply Chain Legal Services



Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for EITS Supplemental Staffing Services

Date: October 15, 2026

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

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
22nd Century Technologies, Inc.	Complete	Pending	MBE
314e Corporation	Pending	Valid	MBE
Cogent Infotech Corporation	Complete	Pending	MBE
Compunnel Software Group, Inc.	Pending	Pending	30%
ePlus Technology Inc	Pending	Pending	30%
GCOM Software LLC	Pending	Valid	30%
Healthcare IT Leaders LLC	Pending	Valid	30%
InfiCare Health Inc	Pending	Pending	30%
Infojini, Inc.	Pending	Pending	MBE
Insight Global, LLC	Pending	Pending	30%
Integrated Resources, Inc.	Pending	Valid	MBE
KFORCE	Pending	Pending	30%
LanceSoft Inc	Pending	Pending	MWBE
Momentum Resource Solutions, LLC	Pending	Pending	MBE

Navitas Partners LLC	Pending	Pending	MWBE
NTT DATA Americas, Inc.	Pending	Pending	30%
Seneca Resources, LLC	Pending	Pending	30%
Tandym Group, LLC	Complete	Pending	30%
TEKsystems	Pending	Pending	Waiver
Vastek Inc	Pending	Pending	30%

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

NYC HEALTH+ HOSPITALS

Information Technology (IT) Supplemental Staffing Services Application to Enter into Contract with

22nd Century Technologies, Inc.; 314e Corporation; Cogent Infotech Corporation; Compunnel Software Group, Inc.; ePlus Technology Inc; GCOM Software LLC; Healthcare IT Leaders LLC; InfiCare Health Inc; Infojini, Inc.; Insight Global, LLC; Integrated Resources, Inc.; KFORCE; LanceSoft Inc; Momentum Resource Solutions, LLC; Navitas Partners LLC; NTT DATA Americas, Inc.; Seneca Resources, LLC; Tandym Group, LLC; TEKsystems Inc; Vastek Inc

M&PA/IT Committee Meeting
11/2/2026

Kim Mendez, Senior Vice President/Corporate Chief Information Officer
Apoorva Karia, Assistant Vice President
Enterprise IT Services (EITS)

NYC HEALTH+ HOSPITALS

For M&PA/IT Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

Background & Current State

- Enterprise IT Services (EITS) is responsible for all of NYC Health + Hospitals' ("the System") information systems and technology infrastructure, providing comprehensive information technology ("IT") services and programs to support the system. EITS manages over 1700+ applications, two parallel processing data centers, and infrastructure distributed throughout the organization.
- EITS also leads hundreds of initiatives annually to advance strategic goals, enhance care, support growth and regulatory change, and prepare the System for the future.
  - To support these initiatives and address growing demands for technical expertise, project delivery, and operational support, EITS requires supplemental staffing services from vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis
  - Contracting with IT supplemental staffing vendors enables the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies

Key Enterprise EITS Projects

The projects below represent a non-exhaustive sample of planned initiatives, illustrating the need for supplemental staffing. Funding for this contract will be derived from approved program/project budgets.

Infrastructure

- Data Center & Network Hardware Refresh
- Contact Center Modernization
- Cloud Migration
- Identity and Application Entitlements
- ServiceNow Implementation and Support

Data & Analytics, Innovations, AI

- Enterprise Legacy Data Archive Platform Implementation
- Implementation of an Enterprise AI platform that will be leveraged to develop all future AI models and applications for the System

Clinical Information Systems

- New Epic modules
- Epic upgrades
- Application Rationalization
- Modernization of EMPI platform

Enterprise Resource Planning

- Oracle Cloud Fusion - HCM, EDM, ERP, Supply Chain, Scheduling, and Payroll
- System-wide Electronic Time Capture devices that will interface into Oracle Cloud Fusion Time and Labor

Technology Integration

- Implementation, Rationalization and Optimization of various IT systems

Background & Current State

- EITS currently has 14 vendors on contract that provide IT supplemental staffing services.
  - A competitive procurement process was conducted in 2021 and was approved by the Board of Directors in January 2022.
  - The contract NTE is $283 million, and approximately $205.4 million has been spent from June 2022 through September 2026.
  - The current contract expires on June 30, 2027 and the new contracts are anticipated to begin on July 1, 2027.

RFP Criteria

- Minimum Criteria:
  - A minimum 5 years in business
  - A minimum combined annual gross revenue of $10 million
  - Ability to fill all the job titles listed, either directly or through subcontracting
  - At least 5 years of providing IT supplemental staffing services to similar organizations
  - MWBE certification, utilization plan, or waiver

- Substantive Criteria:
  - 40% - Organizational Capacity
  - 30% - Vendor Experience
  - 20% - Cost
  - 10% - MWBE

- Evaluation Committee
  - Senior AVP and Chief Technology Officer, Enterprise Infrastructure
  - Chief Application Officer, CIS and Epic
  - Senior AVP, Business Applications and ERP
  - Chief Data and Artificial Intelligence Officer, DNA, Innovations and AI
  - Senior AVP, IT Governance, PMO and Integration
  - Chief Information Security Officer, Enterprise Security
  - AVP, Enterprise Support Services
  - Senior AVP, HR Leaves Administration

Overview of Procurement

- 2/10/26: Application to issue a request for proposals approved by CRC.
- 2/11/26: RFP posted on City Record, sent directly to 14 vendors.
- 2/18/26: Pre-proposal conference held, 73 vendors attended.
- 4/10/26: Proposals due, 90 proposals received.
  - 18 proposals disqualified
  - 72 proposals met the minimum requirements for evaluation
- 7/24/26: Evaluation committee submitted their scores.
- 8/10 - 9/24/26: Reference checks conducted for the top 20 scoring vendors with a score of 6.00 or above.

Proposed Vendors

IT Supplemental Staffing 20 Proposed Vendors	
314e Corporation	Tandym Group, LLC
Momentum Resource Solutions, LLC	Seneca Resources, LLC
TEKsystems	Navitas Partners LLC
22nd Century Technologies, Inc.	Vastek Inc
Infojini, Inc.	InfiCare Health Inc
LanceSoft Inc	GCOM Software LLC
Cogent Infotech Corporation	Integrated Resources, Inc.
Compunnel Software Group, Inc.	Healthcare IT Leaders LLC
KFORCE	NTT DATA Americas, Inc.
ePlus Technology Inc	
Insight Global, LLC	

*Yellow highlight indicates an incumbent vendor

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
314e Corporation

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Momentum Resource Solutions, LLC

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
TEKsystems Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
KFORCE

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
GCOM Software LLC

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Integrated Resources, Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Healthcare IT Leaders LLC	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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 adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Diversity

- Utilization Plan Summary

MWBE Vendor	Certification	Goal %
314e Corporation	NYC/Asian/Male	100%
Momentum Resources Solutions, LLC	NYC/Asian/Male	100%
22nd Century Technologies, Inc	NYC/Asian/Male	100%
Infojini, Inc.	NYC/Asian/Male	100%
Lancesoft, Inc.	NYC/Asian/Female	100%
Cogent Infotech Corporation	NYC/Asian/Male	100%
Navitas Partners LLC	NYC/Asian/Female	100%
Integrated Resources, Inc.	NYC/Asian/Male	100%

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

Vendor Diversity

- Utilization Plan Summary

Prime Vendor	M/WBE Subcontractor	Certification	Goal %
Kforce	Pamten Inc.	NYC/NYS/Asian/Female	30%
Healthcare IT Leaders LLC	Admiral Staffing Inc.	NYC/NYS/Asian/Male	30%
Compunnel software Group	Tech Valley Talent LLC	NYS/Non-Minority/Female	30%
ePlus Technology, Inc.	Eclaro International Inc.	NYC/NYS/Asian/Male	30%
Insight Global, LLC	RCI Technologies	NYC/NYS/Asian/Male	30%
Tandym Group, LLC	Spiral Networks Inc.	NYC/Non-Minority/Female	30%
Seneca Resources, LLC	CNC Consulting Inc.	NYC/NYS/Black/Male	30%
Vastek Inc.	Tech Valley Talent LLC	NYS/Non-Minority/Female	30%
Inficare Health Inc.	Datawize Technologies	NYS/Hispanic/Female	30%
GCOM Software LLC	Innovee	NYC/NYS/Asian/Female	30%
	William W Professional Staffing	NYS/Black/Female	
NTT Data America, Inc.	Protek Information Technology Services	NYS/Black/Female	30%

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

Vendor Diversity

- Utilization Plan Summary

Prime Vendor	M/WBE Subcontractor	Certification	Goal %
TEKsystems Inc.	N/A	N/A	0%

- TEKsystems Inc. provided a waiver request which was approved.

For M&PA/IT Committee Approval

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

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 Community Reentry Assistance Network ("CRAN") agreement with EAC at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years. (the "Renewal"); and

WHEREAS, the existing CRAN agreement has been in place with EAC since July 1, 2022 through June 30, 2025, and the two additional one-year renewal terms were executed and will expire on June 30, 2027; and

WHEREAS, the System has a continued, direct interest in, and goal of, facilitating reentry services for all individuals incarcerated in New York City ("NYC") jails, with specialization in serving Correctional Health Services ("CHS") patients with mental health diagnoses; and

WHEREAS, on average, 1,900 patients engage with CRAN each fiscal year;

WHEREAS, a Request for Proposals ("RFP") for CRAN was put out in 2022, and EAC was selected as the vendor.

WHEREAS, EAC is a critical component of CHS' and NYC's re-entry and transition services, with extensive experience in re-entry services and knowledge of CHS' environment, policies, and procedures and EAC has unique expertise in the intersection of case management services for clients with behavioral health needs and criminal legal involvement; and

WHEREAS, in the 2022 RFP, the EAC proposal included letters of support from various government, community behavioral health treatment providers, and nonprofit organizations working in the criminal legal landscape.

WHEREAS, EAC has met contract metrics for the entirety of the contract term (with the exception of one new metric in the first year of contract) and EAC has consistently rated "excellent" in vendor accountability surveys.

WHEREAS, assessments of performing the work via direct employment model would significantly increase the cost of the CRAN program, and would necessitate significant transition time; and

WHEREAS, it is in the best interest of the System to retain the existing vendor, EAC, to enable CHS to do due diligence on the program evaluation and design, put out an RFP, and transition the CRAN program; and

WHEREAS, the procurement was approved by the CRC on October 13, 2026 with an NTE of $15,918,135; and

WHEREAS, the Senior Assistant Vice President, Correctional Health Services will be responsible for the management of the proposed contract; and

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 EAC Network for services in connection with the System's Community Reentry Assistance Network at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

EXECUTIVE SUMMARY
COMMUNITY REENTRY ASSISTANCE NETWORK SERVICES
AGREEMENT WITH
EAC NETWORK

OVERVIEW: New York City Health and Hospitals Corporation seeks to renew its existing contract with EAC Network for services in connection with the System's Community Reentry Assistance Network at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

NEED: The System has a continued, direct interest in, and goal of, facilitating reentry services for all individuals incarcerated in NYC jails, with specialization in serving CHS patients with mental health diagnoses.

PROCUREMENT: An RFP for CRAN was put out in 2022, and EAC was selected as the vendor. The CRC approved this Renewal on October 13, 2026.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential three (3) year term is not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135. The current total spend to date is $18,531,825. The CRAN program is 100% grant funded via Office of Mental Health.

MWBE: EAC 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

Awardees

1. EAC Network

NYC HEALTH + HOSPITALS

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

From: Maitry Halder
Senior Contract Attorney
Supply Chain Legal Services

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Community Reentry Assistance Network (CRAN)

Date: 10/15/2026

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

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
EAC Network	Completed	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.

Community Reentry Assistance Network (CRAN)
Application to Enter into Contract with EAC Network

M&PA/IT Committee Meeting
11/2/26

Ellie Epstein, SAVP
Samantha Khandakji, Assistant Director

Re-entry and Transition Services
Correctional Health Services

For M&PA/IT 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 EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

Background & Current State

- CRAN provides reentry services for all individuals incarcerated in NYC jails, with specialization in serving CHS patients with mental health diagnoses.
  - Pursuant to the City's responsibilities under the settlement agreement in Brad H. v. City of New York, CRAN offers two program tracks: Transitional Case Management services typically initiated during incarceration, and Post Release Services available in the community.
  - CRAN works closely with clients to facilitate achievement of health and reentry goals.
  - On average, 1,900 patients engage with CRAN each fiscal year.
  - A request for proposals for CRAN was put out in 2022, and EAC Network was selected as the vendor. The request was approved by the CRC in March of 2022 and the Board of Directors in April 2022.
  - The contract initial term was July 1, 2022 – June 30, 2025, and the two additional one-year renewal terms were executed and will expire June 30, 2027. The total not-to-exceed value of the entire agreement was $25 million.
  - This program is 100% grant funded via OMH.

Background & Current State

- Historical spending and budget provided below for the CRAN Program.
- The total spend to date is $18,531,825.

Fiscal Year	Budget	Total Spend
FY23	$5,000,000	$4,435,333
FY24	$5,000,000	$4,620,703
FY25	$5,000,000	$4,761,942
FY26	$5,000,000	$4,713,847
FY27	$5,000,000	To be determined

Best Interest Renewal

- Correctional Health Services seeks a three year best interest renewal to enable the department to have significant lead time to
  - 1) In year one, conduct an in depth needs assessment and to use findings to inform program redesign and scope of work;
  - 2) In year two, put out a new RFP for the CRAN program, select a vendor, and contract with a vendor;
  - 3) In year three, transition the program from the existing scope of services and vendor to the new scope of services and vendor.

Best Interest Renewal

- Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
  - Vendor due diligence
    - The Vendor is a critical component of CHS' and NYC's re-entry and transition services, with extensive experience in re-entry services and knowledge of CHS' environment, policies, and procedures.
    - In the 2022 RFP, EAC Network was the only proposer and received a score of 8.9 out of 10. We have no indication that there are other providers with interest.
    - EAC Network has unique expertise in the intersection of case management services for clients with behavioral health needs and criminal legal involvement. In 2022 RFP, EAC Network proposal included letters of support from various government, community behavioral health treatment providers, and nonprofit organizations working in the criminal legal landscape.
    - EAC Network has met contract metrics for the entirety of the contract term (with the exception of one new metric in the first year of contract). Vendor has consistently rated "excellent" in vendor accountability surveys.

Best Interest Renewal

- Pricing Due Diligence
  - Assessments of performing the work via direct employment model would significantly increase the cost of the program, and would necessitate significant transition time.
- Best Interest of the System
  - Best interest of the system to retain the existing vendor to enable CHS to do due diligence on the program evaluation and design, put out an RFP, and transition the program.

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation EAC Network	
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

Contract Terms

- A best interest renewal with EAC Network will be a three year contract, anticipated to start July 1, 2027.
  - The NTE request is $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135.
- Renewal of the existing scope of work will include:
  - The continuation of the two program tracks: Transitional Case Management services typically initiated during incarceration, and Post Release Services available in the community.
  - CHS will continue to collect annual KPIs from EAC Network including:
    - Conduct at least 6 outreach events per month;
    - Admit at least 75% of all CRAN Case Management referrals made by CHS;
    - Provide at least 85% of clients who connect in the community with at least one meaningful service;
    - Ensure court mandated clients do not account for more than 10% of total CRAN Case Management caseload in the community.

Vendor Diversity

- This procurement was only open to non-profit/community based organizations. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

For M&PA/IT 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 EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

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

November 2, 2026

NYC HEALTH+ HOSPITALS

AWARDS, CERTIFICATION, PROGRAMS and CELEBRATIONS

CARE EXPERIENCE / NURSING EXCELLENCE

AWARDS AND CELEBRATIONS

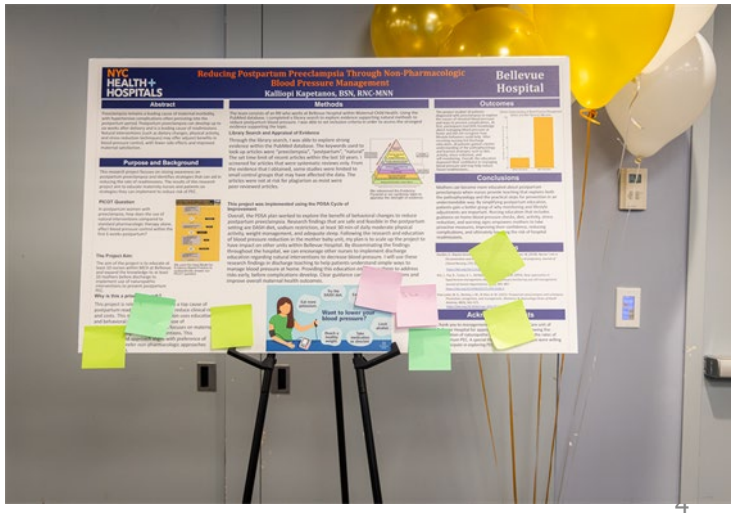
NURSING CLINICAL LADDER PROGRAM & NURSING DOCTORAL CIRCLE OF EXCELLENCE

NURSING CLINICAL LADDER PROGRAM DAY

- The Clinical Ladder Program Day was held on September 10, 2026.
- Nurses from all facilities presented their Tier 1, 2, or 3 Clinical Ladder projects.
- Nurses also presented their experience going through all the tiers, and a Clinical Ladder project that has been implemented throughout their facility.
- Attended by more than 50 people with leadership remarks from **David Conner, MA, RN,** and **Opeyemi Blessing, DNP, RN, CCRN, CPPS.**







Photos of RN staff members who presented their projects and sample poster presented during the Clinical Ladder Program Day.

NYC HEALTH+ HOSPITALS

Nursing Doctoral Circle of Excellence

- **Thirty-Two** NYC Health + Hospitals Nurse Leaders Recognized for **Achieving Doctoral Distinction at the 5th Annual Nursing Doctoral Circle of Excellence** Celebration on September 22, 2026.
- The Circle includes nurses who have earned a **Doctor of Nursing Practice** (DNP), **Doctor of Health Administration** (DHA), **Doctor of Philosophy** (PhD), **Doctor of Public Health** (DrPH), or **Doctor of Education** (EdD) in nursing. The 32 nurses join 162 other nurses in the health system who have achieved this level of distinction.
- Leadership remarks from **Mitchell Katz, MD,** (President and CEO) **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN,** (SVP and CNE) and keynote from **Rebecca M. Patton, DNP, RN, CNOR, FAAN,** Chair, Lucy Jo Atkinson Professorship in Perioperative Nursing, Frances Payne Bolton School of Nursing, Case University.







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

Nurse Residency Program Accredited till 2030 for 18 sites



- The PTAP annual report was submitted October 2026. This is a mandatory requirement to maintain compliance and keep the accreditation active.
- This report captures key data on NYCHH's nursing residency and fellowship programs to support future benchmarking and comparative analysis with similarly sized hospitals at the state, regional, and national levels.
- Significant improvement in retention and turnover since implementation of NRP
  - 2026 Retention Rate – **99.7%**
  - Overall Retention Rate since implementation: **88.5%**
- **Hiring cost savings** since 2019: **$114M+**

NURSE RESIDENCY PROGRAM (NRP)

- As of October 2, 2026: **3,319** employees enrolled into NRP since implementation in 2019 with **305 residents** enrolled in 2026 and **1600+ graduates**
- Current active cohorts: 50/51, 52/53, 54/55 and 56/57. Cohort 58/59 will be launched in December 15, 2026
- **600+ EBP** projects were completed

ANCC PTAP CELEBRATION

- NYC Health + Hospitals proudly celebrated the accreditation of its **Practice Transition Accreditation Program (PTAP)** on October 13, 2026.
- The celebration brought together **Chief Executive Officer (CEO), Chief Nursing Officers (CNOs), facilitators, site coordinators, Practice Setting Coordinators, and Nurse Residency Program (NRP) graduates** to recognize collective dedication, collaboration, and leadership that contributed to this important achievement.



ANCC PTAP CELEBRATION

- The event was honored by the presence of distinguished chief guest, **Maureen Becker, DHSc, MS, Dean of CUNY,** whose participation added special significance to the celebration.
- An appreciation award was given to **Albert Belaro, DNP, RN**, and **NRP team** recognizing his pivotal role in leading the system's PTAP journey, by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN.** In addition, Dr. Belaro was named **Commissioner of ANCC PTAP Commission on Accreditation (COA).**
- **Certificates of Appreciation** were also given to all facilities' facilitators, site coordinators, Practice Setting Coordinators, and the NRP team.













ANCC PTAP Celebration Photos

NYC HEALTH + HOSPITALS

CENTER OF EXCELLENCE IN SURGICAL SAFETY - KINGS

NURSING EXCELLENCE

Center of Excellence in Surgical Safety: Enhanced Recovery After Surgery (ERAS)

- NYC Health + Hospitals/**Kings** received its **Center of Excellence in Surgical Safety: ERAS** designation from the Association of periOperative Registered Nurses (AORN) on August 19, 2026.
- **NYC H+H/Kings** proudly holds all three Center of Excellence in Surgical Safety designations. It recognizes the hospital's commitment to evidence-based practices, interdisciplinary teamwork, and safer, more effective surgical recovery for patients.



Staff from Kings County Hospital Ambulatory Surgery Nursing, PACU Nursing, Anesthesia Department and Nursing Clinical Instructor John Nicolosi

NYC HEALTH + HOSPITALS

HARLEM HOSPITAL

CERTIFIED NURSES WALL CELEBRATION - UNVEILING

Certified Nurses Wall Celebration - Harlem

- Unveiling of the **top 3 units** with nurses who have received an advanced certification at **NYC Health + Hospitals/Harlem.**
- Harlem is the ninth hospital to have their Certified Nurses Wall to go up. They currently have **73 certified nurses**, the goal is to get all nurses certified.
- Attended by ~40 frontline staff and leaders, with leadership remarks from **Georges Leconte, MPA, FAB, RRT**, (CEO); **Esteen Ladson Barnes, DNP, MPA, RN, NEA-BC** (CNO), **Karen Antequera, DNP, RN, MS-BC, NEA-BC**, and **Opeyemi Blessing, DNP, RN, CCRN, CPPS.**







NYC HEALTH+ HOSPITALS

CARE DELIVERY DAILY MANAGEMENT SYSTEM (CD^2) REFRESHER

QUALITY & OUTCOMES

CARE DELIVERY DAILY MANAGEMENT SYSTEM (CD^2) REFRESHERS

NYC HEALTH+ HOSPITALS







CARE DELIVERY DAILY MANAGEMENT SYSTEM (CD^2) REFRESHERS

- **CD^2** is a structured approach that will enhance nurse communication; allow nurses and nurse leaders to share information and expertise; reinforce clinical skills; and strengthen patient safety and the overall care experience.
- A 3-day refresher training is provided to Nursing Leadership upon hiring of new **Chief Nursing Officer (CNO)** at any facility.
- **Refresher training** includes review of **Care Delivery and Professional Practice Model Elements**, **forms and tools** and **standard work** to avoid drift in practice. Last day of training includes reinforcement of the standard work for leaders in a simulation lab.
- Three refresher trainings were held at the following facilities:
  - **South Brooklyn Health**: 8/10, 8/13, 8/14
  - **Lincoln Hospital**: 8/26 – 8/28
  - **Harlem Hospital**: 9/8, 9/9, 9/11

NYC HEALTH+ HOSPITALS

GRANT-FUNDED PROGRAMS

CULTURE OF SAFETY

GRANT-FUNDED PROGRAMS

NURSING CAREER LADDER PROGRAMS

NYC HEALTH+ HOSPITALS

NURSING CAREER LADDER PROGRAMS

BEHAVIORAL HEALTH

- 10 active participants: 2 in nursing school (Queensborough and City Tech) and 8 taking prerequisites this Fall 2026.
- Welcomed the program's second group of behavioral health staff, who began their pre-nursing coursework at City University of New York (CUNY).

MEDICAL-SURGICAL

- Inaugural cohort with 10 active participants
- All taking prerequisites this Fall 2026 at CUNY colleges.

- For both programs, we expanded to all **nine CUNY colleges** that offer an **associate degree in nursing**, so participants can choose the campus that best fits their schedule.
- Opened the 2026 application cycle in September 2026 and held virtual and in-person sessions at Bellevue, Kings County, Jacobi, North Central Bronx, Woodhull, and Elmhurst.

GRANT-FUNDED PROGRAMS

NURSE EDUCATOR FELLOWSHIP PROGRAM

NURSE EDUCATOR FELLOWSHIP PROGRAM

- The second cohort of the **Nurse Educator Fellowship Program** orientation was held last September 1, 2026.
- This online program is an exclusive partnership with **Mercy University** made possible with the grant received from **Mother Cabrini Health Foundation,** allowing the **10 nurse educators** to complete the **Advanced Nurse Educator Certificate Program**, tuition-free while maintaining full-employment.





Photos from left to right: Natalia Cineas, (SVP, CNE), Galina Bukhgalter (SBH); Ozadakhon Almatova (SBH), Catherine Idowu (Harlem), Oluwakami Ojo (Harlem), Moonyean Albarico (Lincoln), Nadeshda Recinos (Lincoln).

Not in picture: Maureen Samuels (Harlem), Christine Davis (Jacobi), Venieka Persaud (Kings), Megan Alyssa Alcia (SBH).

NURSE EDUCATOR FELLOWSHIP APPRECIATION DAY

NURSE EDUCATOR FELLOWSHIP APPRECIATION DAY



- On October 13, 2026, The Office of Patient Centered Care (OPCC) celebrated the Nurse Educators from all facilities who have been part of the Nursing Fellowship Programs.
- The Nursing Fellowship Program is designed to help newly onboarded nurses transition from academics to front-line service. Nurse Educators play a pivotal role in ensuring that nurses receive the proper training and education to deliver the highest quality care to our patients.
- The event included remarks from Kimberly Campbell-Taylor, Director of Simulation, and Roxanne Reid, Director of Nursing, and attended by other nurse leadership supporting the program!

QUESTIONS AND THANK YOU!

NYC HEALTH+ HOSPITALS

Medical & Professional Affairs/Information Technology Committee Meeting
November 2nd , 2026

Ambient AI

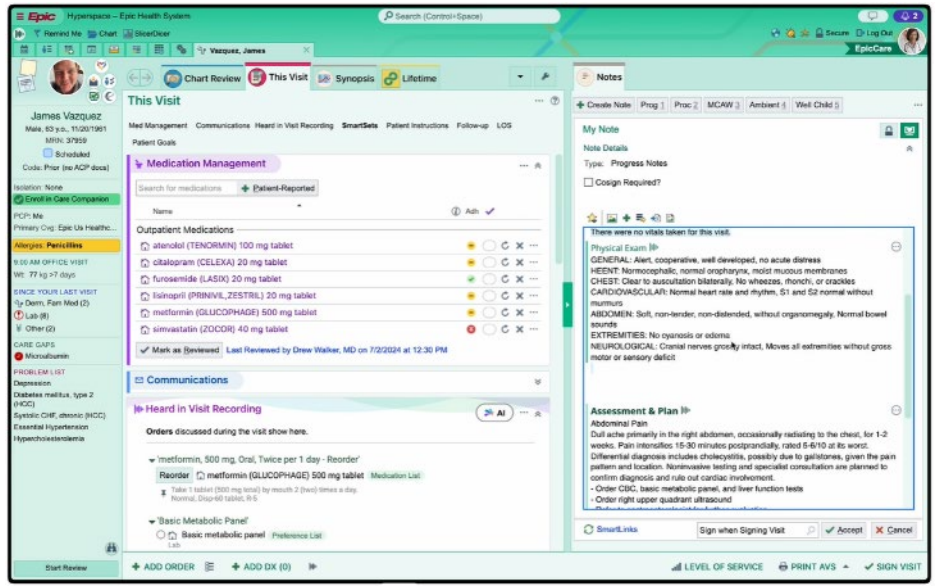
Ted Long, MD, MHS
Chief Medical Officer, Clinical Services and Population Health

NYC HEALTH+ HOSPITALS

What is an ambient AI scribe?







- Software that uses phone/computer microphone to listen in on clinical encounter
- Generates a structured, billable, problem-based clinical note (and AVS) to review and sign
- Has optional conversational/contextual clinical decision support

NYC HEALTH+ HOSPITALS

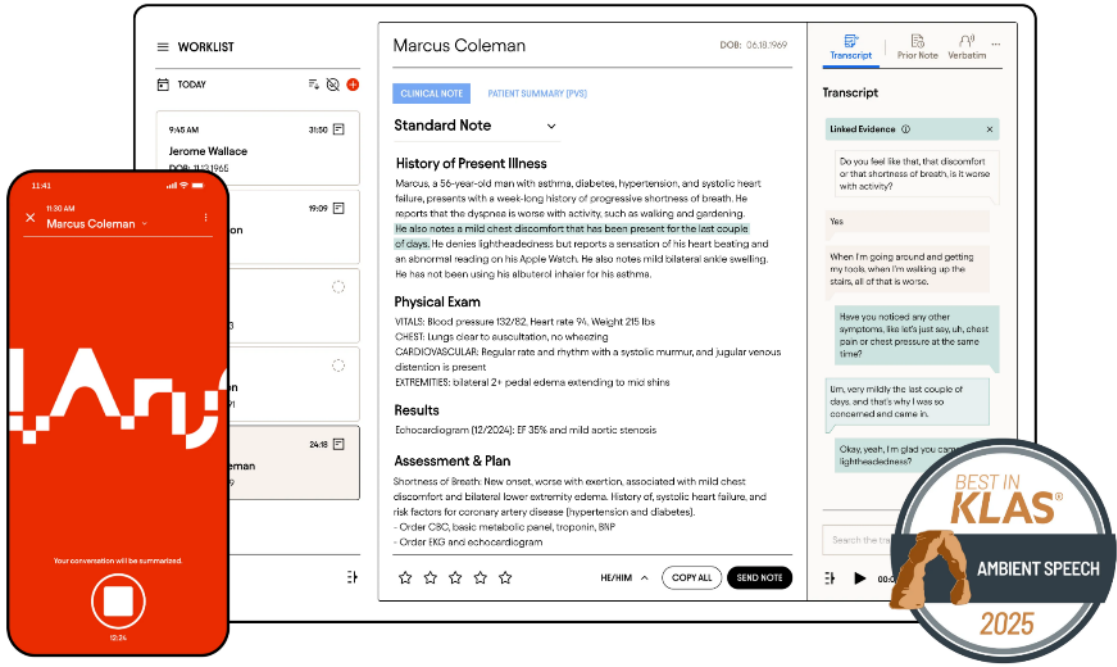
Output

- Clinician still manually adds visit diagnoses and level of service

NYC HEALTH+ HOSPITALS

Abridge

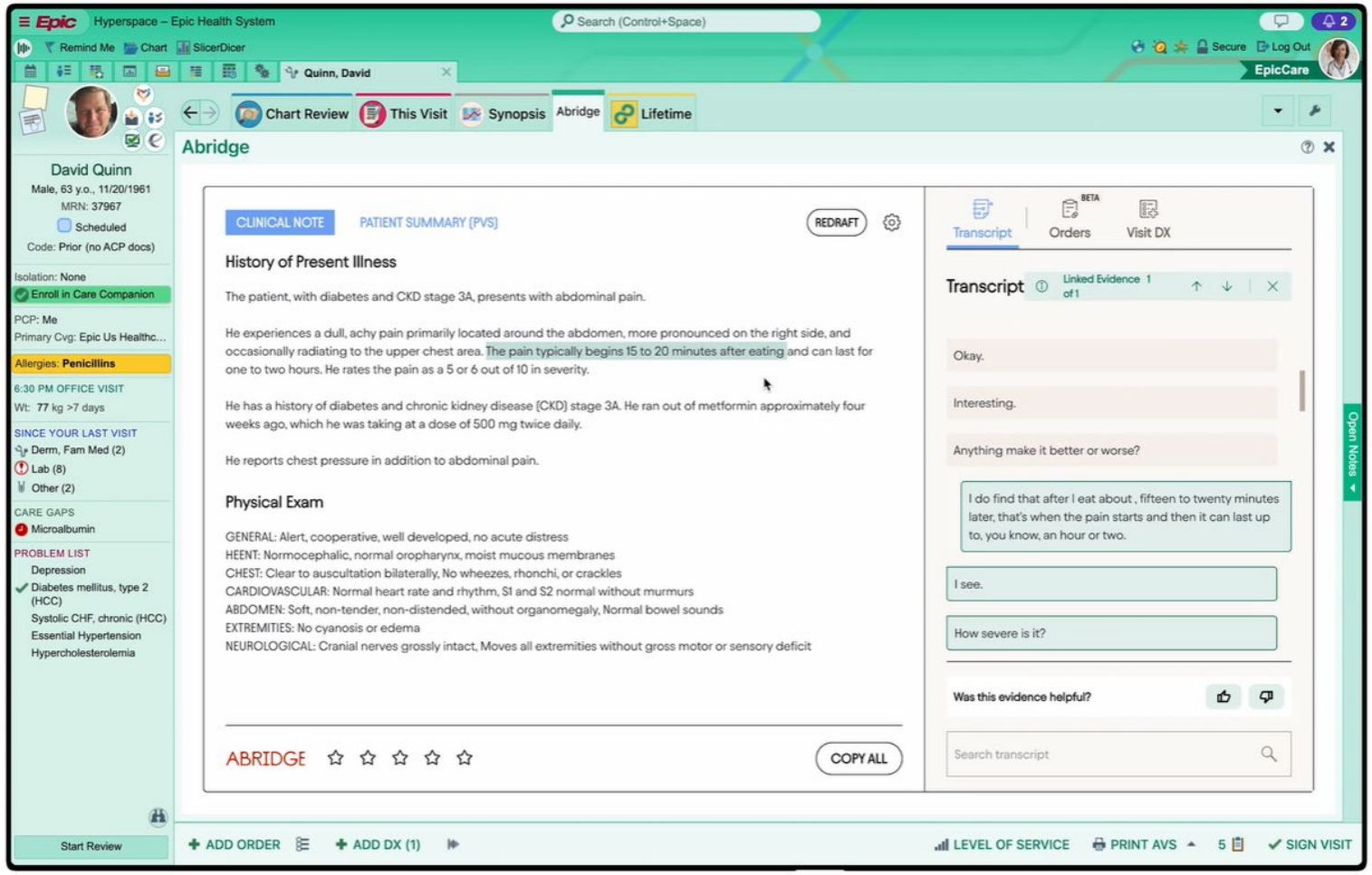
- Leading Ambient AI vendor
  - 150+ enterprise clients including NYU Langone, Northwell Health, MSK
- Successfully led scaled and rapid adoption at large enterprise systems
  - Kaiser Permanente, Sutter Health, Mayo Clinic, Johns Hopkins
- On track to support over 70 million visits/year
- Recognizes nearly 100 languages and medical terms across 50+ specialties



NYC HEALTH+ HOSPITALS

Feature: Linked Evidence

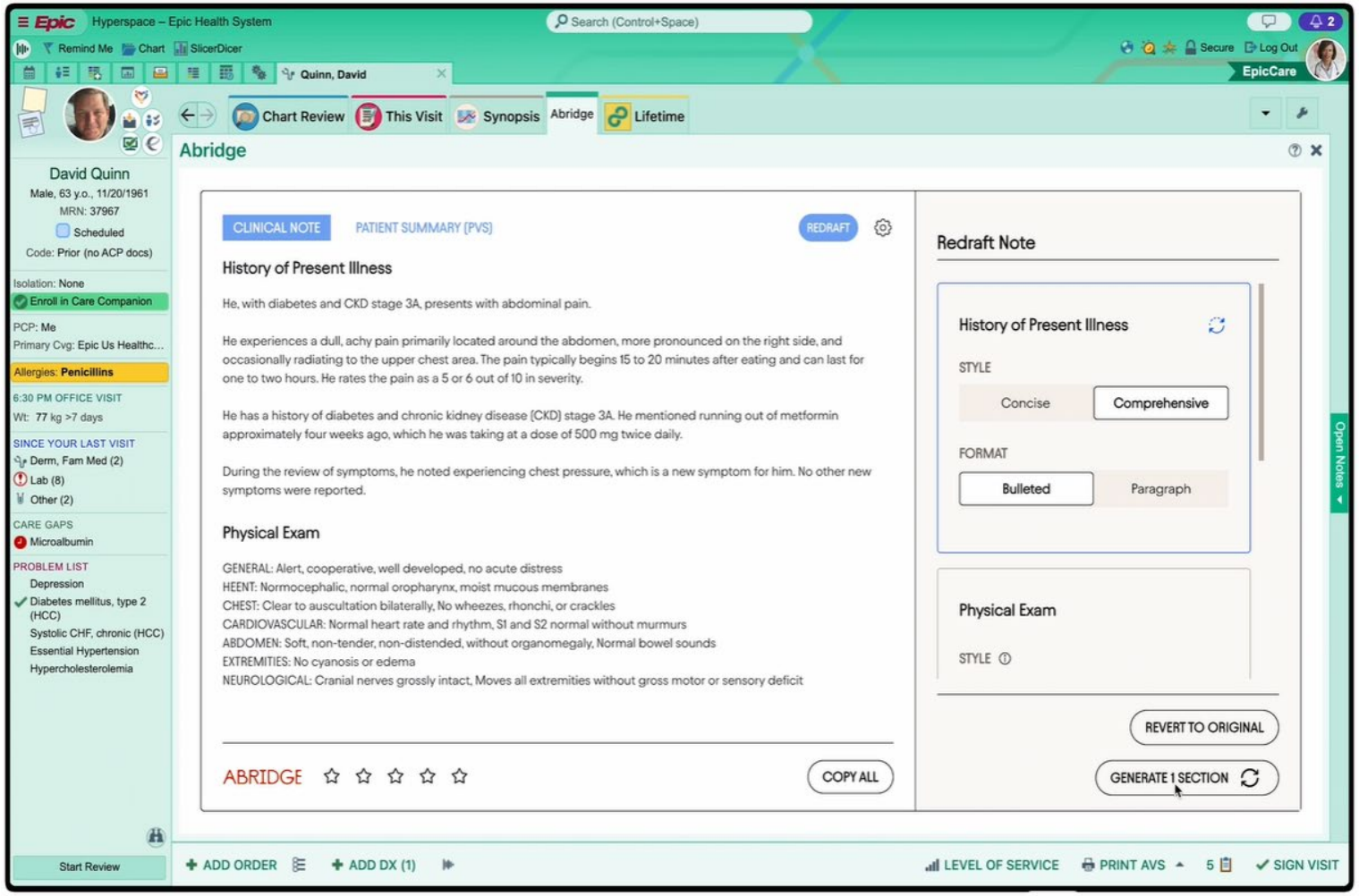
- Reference the conversation transcript when reviewing the note



NYC HEALTH+ HOSPITALS

Feature: Customization

- Set level of detail and format of note
- Pull select generated note elements (e.g. HPI) into existing templates using SmartSection dotphrases



NYC HEALTH+ HOSPITALS

How does it handle different languages?

- Works with an interpreter
- Works if clinician and patient are natively conversing in a language other than English
- Works if participants switch languages mid-conversation or mid-sentence!



- Extensively tested for 28 languages:
  - Spanish, Chinese (Mandarin), Chinese (Cantonese), Japanese, Italian, Tagalog, Vietnamese, Arabic, French, Korean, Russian, German, Haitian Creole, Bulgarian, Catalan, Czech, Danish, Dutch, Finnish, Hindi, Hungarian, Indonesian, Polish, Portuguese, Romanian, Turkish, and Ukrainian
- Supports nearly 100 languages:
  - Including Bengali, Wolof, Albanian, Urdu

NYC HEALTH+ HOSPITALS

What if there are other people (family, staff, trainees) in the room?



- Recognizes the presence of other people in the room and attributes dialogue to each person
- Utilizes content spoken by all parties to generate note
- Information not relevant to the clinical encounter is excluded from the note (e.g. interruptions about other patients, answering a phone call during the visit, etc.)

NYC HEALTH+ HOSPITALS

Will it work for telehealth visits?

- Yes!
- Use your phone (Haiku) as a listening device OR
- Use the non-integrated web version to capture computer audio



NYC HEALTH+ HOSPITALS

Is the recording/transcript stored?

- Yes, for 30 days (duration can be set by H+H)
- Allows for note creation and linked evidence days after the encounter



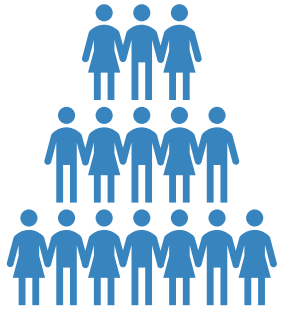
NYC HEALTH+ HOSPITALS

So far…

Abridge is great. […] I am leaving clinic at a reasonable time today with all my notes finished!

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!!





530

Active Users **of 550 Provisioned**



>27,000

Notes Generated in Last Three Months

It was great!! Used for all of my afternoon patients, only one of whom is native English speaker (I talked to most in Spanish + Fulani through interpreter). Handled transcriptions for all of those well for both the HPI and plan. Also super easy to use […]. YAY!!

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/Information Technology Committee Report

November 2nd, 2026

Dr. Talya Schwartz, President & CEO

NYC HEALTH+ HOSPITALS

QUALITY ACCOMPLISHMENTS

Our Quality “Quinfecta”: Five Areas of Excellence

4★ — **Medicare Star rating**
TWO CONSECUTIVE YEARS ACHIEVING 4 STARS

TIER 1 — **Medicaid quality**
Highest tier and #1 Quality Score statewide for Measurement Year 2024, the latest timeframe released by NYS

100% — **HARP withhold**
Two consecutive years earning 100% of state premiums

#1 — **HIV SNP plan**
Four consecutive years as the top ranked plan in the state

TIER 1 — **Essential plan**
Recent NYS incentive payment for Tier 1 performance

NYC HEALTH+ HOSPITALS

Medicare Star Rating

Stars 2027 Performance

MetroPlusHealth achieved an overall 4-Star rating in the Medicare Star Ratings Program for Stars 2027, with 4 Stars in Part C and 4.5 Stars in Part D.

This achievement strengthens the Plan's ability to maintain and enhance member benefits, supporting a competitive Medicare product and future growth.

The rating reflects the collective efforts of teams across the organization to improve quality outcomes, member experience, and operational performance.

Key Drivers of Success

Performance on High-Impact Quality Measures	▪ Improving or Maintaining Physical Health (4★, 3x-weighted). ▪ Improving or Maintaining Mental Health (4★, 3x-weighted). ▪ Controlling High Blood Pressure (5★, 3x-weighted).
Medication Management & Part D Performance	▪ Diabetes Medication Adherence (4★, 3x-weighted). ▪ Hypertension Medication Adherence (4★, 3x-weighted). ▪ Cholesterol Medication Adherence (4★, 3x-weighted).
Strong Operational Performance	▪ Complaints about the Health Plan (5★, 2x-weighted) ▪ Members Choosing to Leave the Plan (4★, 2x-weighted) ▪ Timely Appeals Decisions (4★, 2x-weighted)
Part C/D Quality Improvement	▪ Broad-based improvement across multiple measure domains contributed to **4★ and 5★ Quality Improvement measure performance.** ▪ As the highest-weighted measures in the Star Ratings program (5x), they **amplify the impact of sustained improvement** in quality, member experience, and operational performance.

NYC HEALTH+ HOSPITALS

Medicaid Tier 1

My 2024 QIA Results | Medicaid

Tier	Plan Name	Quality Score (100 points)	Weighted Quality Score (80%)	Satisfaction Score (20 Points)	Sum of Quality and Satisfaction Scores	Compliance Points (Up to -10 Points)	Total Score
TIER 1	Healthfirst PHSP, Inc.	72.98	58.38	9.99	68.37	-4.00	64.37
TIER 1	MetroPlus Health Plan	73.67	58.94	6.66	65.60	-4.00	61.60
TIER 2	Independent Health	62.55	50.04	16.65	66.69	-6.00	60.69
TIER 3	Highmark Western and Northeastern New York, Inc.	51.43	41.14	16.65	57.79	-4.00	53.79
TIER 3	CDPHP	49.35	39.48	16.65	56.13	-5.00	51.13
TIER 3	MVP Health Care	48.65	38.92	9.99	48.91	-4.00	44.91
TIER 3	Excellus BlueCross BlueShield	45.18	36.14	9.99	46.13	-3.00	43.13
TIER 3	HIP (EmblemHealth)	39.62	31.69	13.32	45.01	-6.00	39.01
TIER 3	Molina Healthcare	36.14	28.91	9.99	38.90	-4.00	34.90
TIER 4	Fidelis Care New York, Inc.	35.45	28.36	9.99	38.35	-4.00	34.35
TIER 5	Anthem BlueCross and BlueShield HP	33.36	26.69	6.66	33.35	-4.00	29.35
TIER 5	UnitedHealthcare Community Plan	29.19	23.35	6.66	30.01	-4.00	26.01

METROPLUSHEALTH RESULT

Plan	Tier	Quality	Satisfaction	Compliance	Total
MetroPlus Health Plan	**1**	**73.67**	**6.66**	**-4.00**	**61.60**

The **New York State Department of Health Quality Incentive Program (NYS DOH QIA)** is the state's primary assessment of Medicaid managed care quality performance and determines quality incentive funding awarded to health plans.

MetroPlusHealth 2024 Results (released 9/14/2026)

- **Achieved Tier 1 status, the highest performance tier in the state's quality framework, improving from Tier 3 in the prior year.**
- **Delivered the highest Quality Score among Medicaid managed care plans statewide.**

High Performance on Measures That Matter

- Unlike Pay-for-Reporting measures, P4P measures **reward actual quality outcomes** and member care performance, reflecting excellence in clinical care delivery and outcomes. The Plan earned **top performance rankings (1st or 2nd statewide) on 11 P4P measures**. Areas of distinction include:
  - Breast Cancer Screening; Chlamydia Screening; Diabetes Screening for People Using Antipsychotic Medications; Initiation and Engagement of Substance Use Disorder Treatment; Kidney Health Evaluation; Immunizations for Adolescents; Adherence to Antipsychotic Medications; Follow-up Care for Children Prescribed ADHD Medications; Metabolic Monitoring for Children and Adolescents on Antipsychotics; Postpartum Care; Prenatal Immunization Status.

This achievement reflects the strong collaboration of MetroPlusHealth teams and provider partners in advancing quality outcomes for our members and demonstrates the organization's sustained focus on delivering high-quality care.

NYC HEALTH+ HOSPITALS

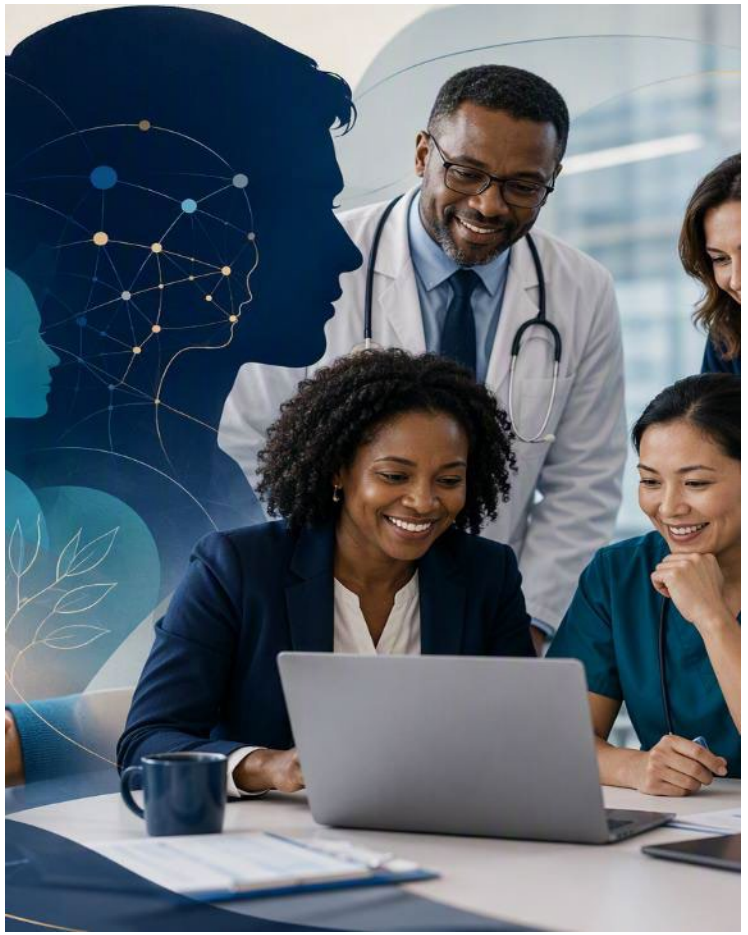


HARP 100%

2024 HARP WITHHOLD RESULTS

Program overview and withhold methodology

- **Program purpose:** Promotes value-based, patient-centered care for members with behavioral health needs and supports integrated physical health, mental health, and addiction services.
- **Funding model:** New York State initially withholds 2% of HARP premium payments; funds are returned based on health plan quality performance.
- **Performance data:** Results are assessed using QARR (Quality Assurance Reporting Requirements) and Medicaid CAHPS (Consumer Assessment of Healthcare Providers and Systems).
- **Achievement standard:** Plans must reach the 50th percentile for each QARR measure or improve the measure rate by 10%.



$6,589,034
2024 WITHHOLD AMOUNT

100% OF THE 2024 WITHHOLD ACHIEVED

Full recovery reflects performance against the applicable HARP quality benchmarks.

2024 QUALITY MEASURES RESULTS

MetroPlus rate comparison | 2023 vs. 2024

Measure	2023 Rate	2024 Rate	Change (pp)
Antidepressant Medication Management: Effective Acute Phase Treatment	52%	60%	+8
Antidepressant Medication Management: Effective Continuation Phase Treatment	37%	45%	+8
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	67%	70%	+3
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	86%	86%	0
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	84%	85%	+1
Diabetes Monitoring for People with Diabetes and Schizophrenia	83%	83%	0
Follow-Up After Hospitalization for Mental Illness: Within 7 Days	47%	56%	+9
Follow-Up After Hospitalization for Mental Illness: Within 30 Days	69%	71%	+2
Follow-Up After Emergency Department Visit for Mental Illness: Within 7 Days	48%	47%	-1
Follow-Up After Emergency Department Visit for Mental Illness: Within 30 Days	64%	62%	-2
Viral Load Suppression	55%	58%	+3

#1 HIV SNP Performance

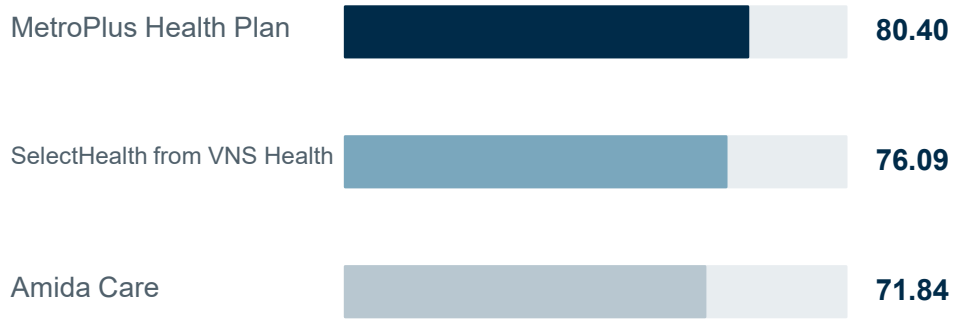
2024 HIV SNP Quality Incentive: #1 Overall

#1
2024 overall rank

91.76
Quality score

80.40
Total score

2024 HIV SNP Quality Incentive total score



How the total score was built

73.41
Weighted quality
80% of quality score (91.76); Highest performance among HIV SNP plans

+ 9.99
Satisfaction
Three measures at statewide average

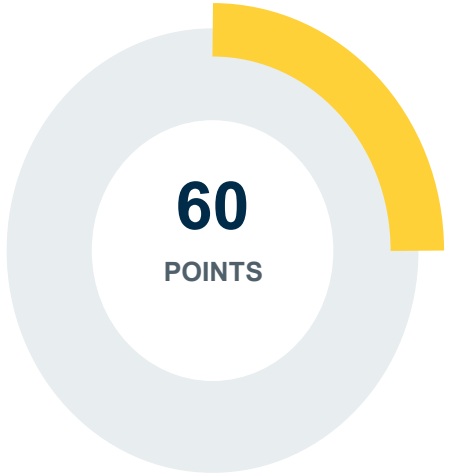
– 3.00
Compliance
Fewest compliance points deducted

= 80.40
Final total
Highest of the three HIV SNP plans

MetroPlus led the 2024 HIV SNP field by 4.31 points in total score.

HIV SNP Performance Drivers

HIV care measures carried 60 of 91.76 earned quality points



Full 45 P4P points earned for Viral Load Suppression, a critical outcome for members living with HIV.

Performance profile

Clinical quality	**91.76 / 100**	Strong overall quality performance across primary care, behavioral health, social needs, and HIV care.
Member experience	**9.99 points**	Rating of Health Plan, Getting Care Needed, and Customer Service each earned 3.33 points.

Our Partnership in Care model continues to deliver strong outcomes for members living with HIV, sustaining the #1 ranking for four consecutive years.

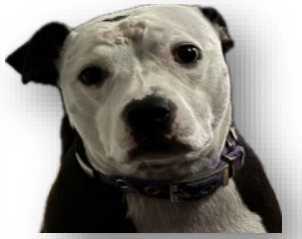
Medicare Enhancements

NYC HEALTH+ HOSPITALS

Medicare 2026 Supplemental Benefits

	ADVANTAGE 2026	ADVANTAGE 2027	ULTRACARE 2026	ULTRACARE 2027	PLATINUM 2026	PLATINUM 2027
FLEX Quarterly	$500	$780	$500	$780	$0	$60 *OTC only
Vision	$450	$500	$500	$500	$500	$500
Podiatry	8 Visits	12 Visits	8 Visits	12 Visits	N/A	N/A
Medical Transportation	48	50	Unlimited	80	N/A	N/A
Hearing Aids	$500	$2,000	$500	$2,000	$500	$2,000
Hearing Exam and Fitting	N/A	Included	N/A	Included	Included	Included
Dietary Benefit	6 Visits	Unlimited	6 Visits	Unlimited	N/A	N/A
Acupuncture	20 Visits	Unlimited	20 Visits	Unlimited	N/A	N/A
Preventative Dental	Included	Included	Included	Included	N/A	Included
Comprehensive Dental	Included	Included	Included	Included	N/A	Included

NYC HEALTH+ HOSPITALS



Medicare 2027

- Most generous supplemental benefit package over our competitors!!!
- Benefit enhancements position plan for improved member satisfaction, retention, and competitive differentiation.
- Advantage and UltraCare plans expand core supplemental benefits, including hearing, vision, transportation, and wellness services.
- Platinum plan adds OTC and comprehensive dental coverage while eliminating member premiums.

2027 Flex Card Offerings Advantage and UltraCare:

- Groceries
- OTC
- Utilities
- Pet Supplies
- Chiropractor visits
- Bathroom Safety Devices
- PERS
- **Rent Assistance- New**

Gold Enhancements

NYC HEALTH+ HOSPITALS

WHAT MAKES GOLD DIFFERENT?

Lower costs. Easier access. More value for NYC employees and families.

$0

PREMIUM + DEDUCTIBLE

$0 PCP visits
$0 specialist visits

Care without the usual cost barriers

EVERYDAY SAVINGS

$0 on 125+ medications

Available through the Gold Drug Discount Program*

SIMPLER ACCESS

No referrals required

See participating in-network specialists without a referral

CARE ACROSS NYC

Extensive provider network

Access participating hospitals, physicians and specialists across New York City

ADDED BENEFITS

$5,000+ in value

Fitness, wellness, rewards and other value-added benefits

MEMBER EXPERIENCE

Coverage built around real needs

Affordable care, navigation support and benefits for employees and families

*This is a drug discount program, not a prescription drug benefit. Plan terms, eligibility and network requirements apply.

NYC HEALTH+ HOSPITALS

WHAT'S NEW

FOR 2027

MetroPlusHealth Gold benefit enhancements

7

NEW WAYS GOLD DELIVERS

More access
More support
More value

FOR NYC EMPLOYEES & THEIR FAMILIES

MATERNAL HEALTH

8 doula visits

At $0 cost sharing

IMMEDIATE CARE

$0 urgent care

Copay reduced from $25

PRESCRIPTION SUPPORT

RX Concierge

Help accessing manufacturer copay assistance

PREVENTIVE CARE

8 podiatry visits

At $0 cost sharing

LOWER PREMIUMS

Reduced Rx Rider rates

For individual and family coverage

FAMILY REWARDS

Up to $250

Eligible dependents can earn member rewards

DIABETES SUPPORT

$0 eligible DME

Expanded access to CGMs and insulin pumps through participating suppliers

NYC HEALTH+ HOSPITALS

REAL-LIFE VALUE

How Gold Helps

Benefits that meet employees and families where they are.

FAMILY SUPPORT

Working Parent

"Support for the whole family, from pregnancy through everyday care."

- Doula Benefit
- 24/7 Telehealth
- Pediatric Network

CHRONIC CARE

Employee Managing Diabetes

"Lower-cost tools and personalized support to help manage care."

- $0 medications*
- CGM Access
- RX Concierge

WELLNESS VALUE

Active Employee

"Benefits that reward healthy choices and help make wellness more affordable."

- Fitness Reimbursement
- Wellness App Reimbursement
- Member Rewards

*Eligible medications are available through the Gold Drug Discount Program. Plan terms and eligibility requirements apply.

NYC HEALTH+ HOSPITALS

Wellness Value That Adds Up

More Than $5,000 in Wellness Value

Seven benefits that support healthier routines, easier access and meaningful savings.

FITNESS REIMBURSEMENT

Up to $1,400/year

$500 member + $500 eligible spouse + $400 for up to two dependents

DIETITIAN BENEFITS

Up to 26 visits

$0 cost
• valued at up to $2,600 per year**

ACUPUNCTURE

Up to 10 visits

$0 cost
• valued at up to $1,000 per year**

WELLNESS APPS

Up to $300/year

Reimbursement for 12 selected wellness apps

MEDICAL TRANSPORTATION

Up to $60/year

Reimbursement for transportation to medical appointments

HEALTHY CHOICES REWARDS

Up to $250

Earned through eligible healthy activities; includes eligible dependents*

ELEKTRA HEALTH

Virtual menopause care

Board-certified clinicians, personalized coaching, education and an online community

MOVE MORE | EAT WELL | FEEL BETTER | SAVE MORE | REWARD HEALTHY CHOICES | LIVE GOLD

NYC HEALTH + HOSPITALS

A STRONG AND GROWING NYC NETWORK

Tens of thousands of participating providers across hospitals, urgent care, labs and radiology.

NYC

NETWORK ACCESS

110+

URGENT CARE SITES

Including all participating CityMD locations

More network expansion announcements forthcoming

LEADING SYSTEMS

Hospital access

NYU Langone • Mount Sinai • Montefiore • Memorial Sloan Kettering • NYC Health + Hospitals

FAMILY CARE

Physicians & pediatrics

Participating physicians and pediatric providers, including Tribeca Pediatrics and AdvantageCare Physicians

CONVENIENT CARE

Urgent care

110+ participating urgent care sites across the city, including CityMD

DIAGNOSTICS

Top labs

Participating labs include Labcorp, Quest Diagnostics and BioReference

IMAGING ACCESS

Radiology

Participating radiology providers include Lenox Hill Radiology, with additional options across the network

ACCESS WHERE NYC EMPLOYEES LIVE, WORK AND GET CARE

NYC HEALTH+ HOSPITALS

HOME DELIVERY AVAILABLE

Pharmacy Network

Convenient access, from neighborhood pharmacies home delivery.

Rx Major retail pharmacies

Broad access across trusted national and regional chains

✓ CVS	Home delivery available
✓ Duane Reade	Convenient neighborhood access
✓ Walgreens	National retail network
✓ Stop & Shop	Pharmacy access while you shop

More ways to fill prescriptions

Flexible options built around member preference and convenience

✓ Independent pharmacies

Several hundred community locations

✓ Amazon Pharmacy

Home delivery, including PillPack

✓ Additional network options

And many more participating pharmacies

TAKEAWAY Choose the pharmacy option that works best for you: in person, local, or delivered to your home.

NYC HEALTH+ HOSPITALS

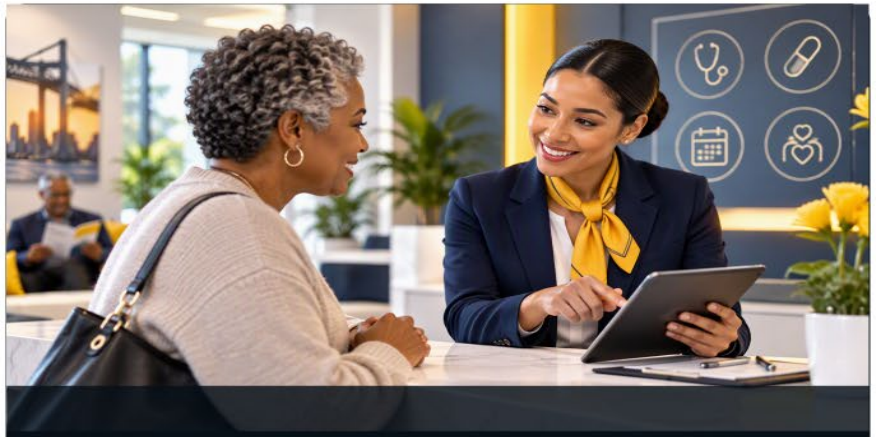
WHITE GLOVE MEMBER SUPPORT

Gold Signature Concierge helps members get more from their coverage

One trusted point of support

Personalized help navigating care, benefits and plan resources

Benefit questions	Clear guidance on plan benefits
Appointment scheduling	Help coordinating member appointments
PCP selection	Support finding and choosing a primary care provider
Pharmacy support	Assistance navigating pharmacy needs
Rewards and portal	Help with rewards programs and online navigation



"We don't just provide coverage. We help members use it."

GOLD SIGNATURE CONCIERGE

MEMBER PROMISE Responsive, personalized support that turns coverage into a simpler member experience.

NYC HEALTH+ HOSPITALS

Rewards Program

Take healthy steps. Earn rewards. Choose how to use them.

UP TO

$250

IN CASH REWARDS

for every member*

✓ MetroPlusHealth REWARDS CARD VISA

*Including eligible dependents

Ways to earn

Complete eligible healthy activities and receive rewards on a Visa card.

✓ ANNUAL PCP VISIT	$50
✓ MAMMOGRAM	$50
✓ MENTAL HEALTH SCREENING	$50
✓ FLU SHOT	$25
✓ DENTAL CHECKUP	$25
✓ 8,000+ STEPS	$25
✓ SUNSCREEN USE	$25

TRACK YOUR REWARDS Visit the MetroPlusHealth Member Portal and select "My Rewards."

NYC HEALTH+ HOSPITALS

Open Enrollment | November 1st-30th

Make health benefit changes in PeopleSoft during the open enrollment window.

Three things to know

1. **WHEN**
   November 1–30
   Open Enrollment is your opportunity to review and update health plan elections.

2. **WHERE**
   PeopleSoft
   Use PeopleSoft to make your benefit changes during the enrollment period.

3. **WHY GOLD**
   Take another look
   Explore whether MetroPlusHealth Gold is the right fit for you and your family.

Questions about Gold?

Connect with a Health Benefits Advisor

877.475.3795, dial 3

MPH_Gold@metroplus.org

"If you're not in Gold, now is the time to take another look."

MetroPlusHealth Gold | Built for NYC's Workforce

For over 40 years, MetroPlusHealth has been serving the City of New York, and Gold is there to support the people who keep this city running — with $0 costs, seamless access, and quality care they deserve.

Together, let's ensure every NYC employee is on the plan designed for them.

NYC HEALTH+ HOSPITALS

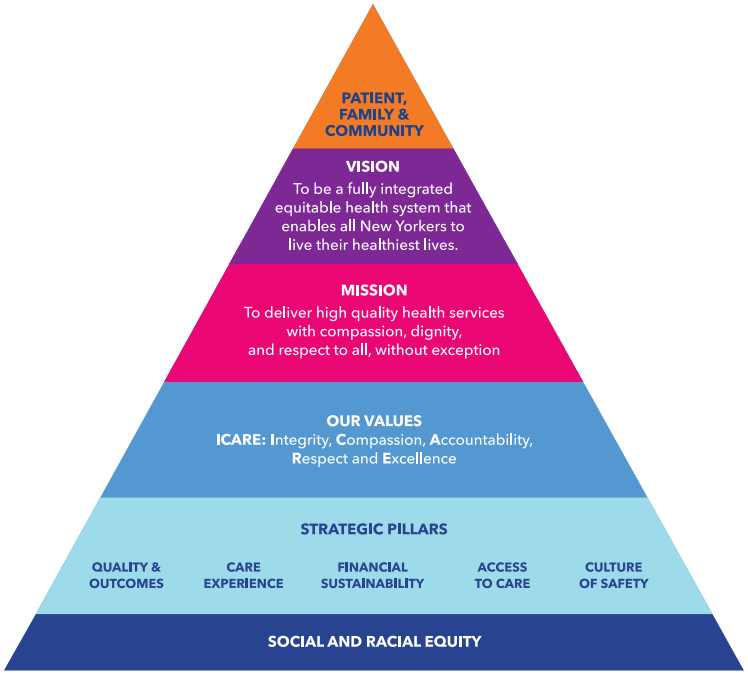
MPA/IT Committee Meeting
EITS BOD Update

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

November 2, 2026

NYC HEALTH+ HOSPITALS

EITS Update Agenda



- Introductions
- Cyber Security Update
- PMO FY 2026
- Cloud Center of Excellence
- Un Print Update
- EITS 2026 STARS of Excellence Awardees
- Q + A

NYC HEALTH+ HOSPITALS

Cyber Security Update



How to keep up with evolving threat landscape



- NYC H + H follows the NIST Cybersecurity Framework 2.0 that aligns with federal, state regulations and automatically aligns to industry best practices
- Cyclical process of the NIST Cybersecurity Framework allows for continuous monitoring and maturation of the System's Cybersecurity Program.
- Reduce overall security expenditure by aligning all security technologies with integrated processes utilized by security professionals with years of industry experience.
- NIST CSF 2.0 is the most recent update and has added the govern pillar to properly embed cybersecurity risks at an enterprise level.
- The updated framework also has added assessment of emerging technologies such as superintelligence

NYC HEALTH+ HOSPITALS

How AI is changing threats via email

Phishing

700% increase since 2020

Over 17% in the last six months



Prevalence of AI

- **84%** of phishing attacks this year are driven by AI
- Over **1000%** increase since ChatGPT launch





Levels of Sophistication

181.9% increase in compromised business accounts since 2020

201% increase of these coming from within your supply chain



Impact on Threat Landscape

- Increased personalization
- Increased speed and ease
- Lowered the barrier of entry into cybercrime

Cybersecurity Awareness Month 2026



Annual General and Role-specific awareness training available and tracked in our Enterprise Learning platform enables our workforce understand cybersecurity concepts and how to report a real or suspected incident.



Security Awareness Campaigns including events, on-site presentations, and communications including *newsletters* and *Tips and Tricks* equips our workforce with the knowledge required to protect the System's IT resources against cyber threats.

Phishing Tests, Reporting capabilities, and Educational training helps our workforce spot and respond to many different types attacks such as phishing, vishing, impersonation, social engineering, and even AI-driven campaigns.

National Cybersecurity Awareness Month

Throughout October 2026, the Security Awareness and Training (SAT) team is hosting a four-part weekly educational webinar series featuring industry experts, technical specialists, and executive leadership.

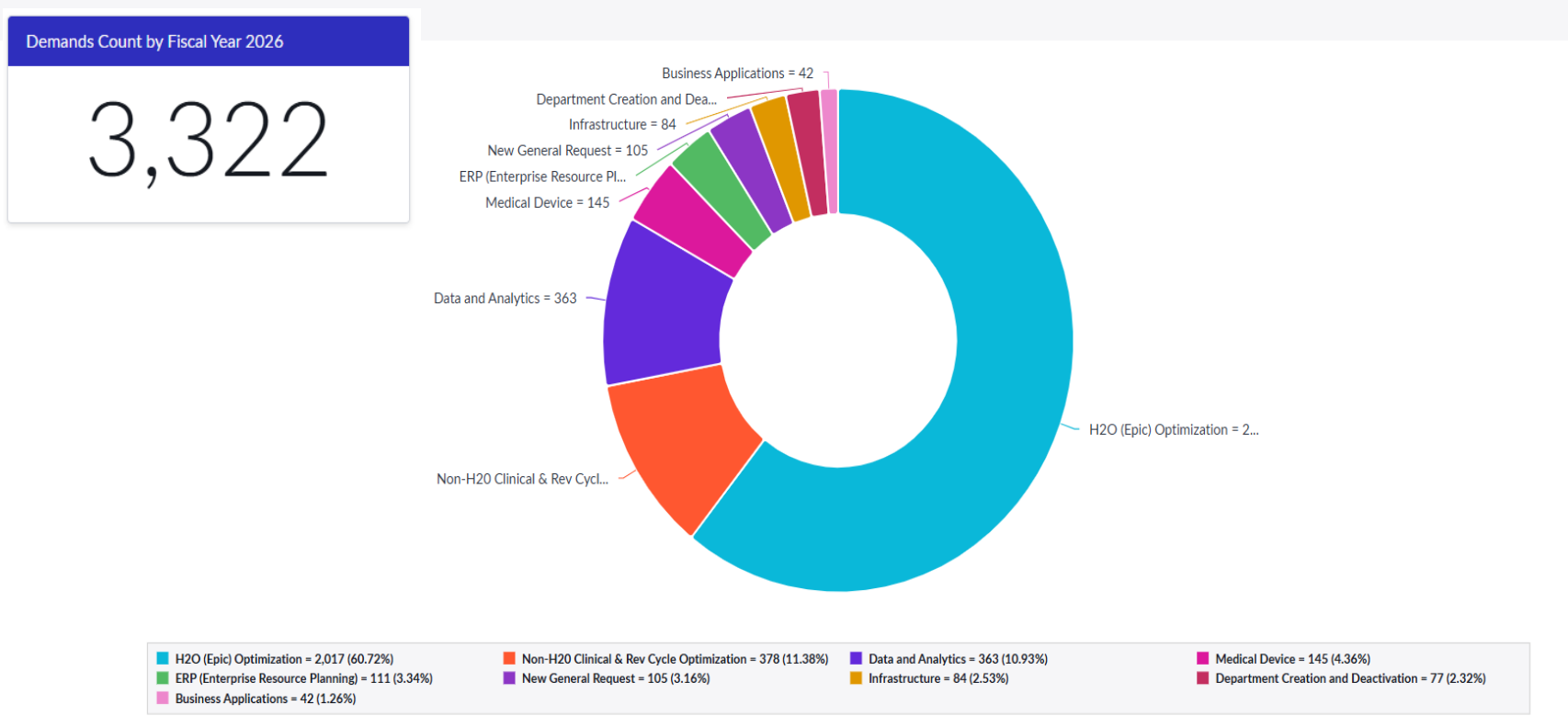
Week 1: Impact of AI on Cyber Attacks
Kickoff by Kim Mendez
Martin Krämer

Week 2: Medical Device Cybersecurity
Catherine White

Week 3: Stay Safe at Work and at Home
Charles Brodsky

Week 4: AI Roundtable Discussion
Nandita Rahman and Ammu Menon
& Closeout by Soma Bhaduri

PMO Update: Demands for Fiscal Year 2026



** Total demands for Fiscal Year 2025 = 2,934*

NYC HEALTH+ HOSPITALS

Digital Innovation Solutions

DIGITAL INNOVATION DIS SOLUTIONS

CY2026 Roadmap

- Large volume of solutions work in progress and also in the queue for the remainder of the calendar year
- Enterprise Legacy Data Archive SOW / Contract Nearing Completion
- Team Growth: 6 open positions
- Maimonides Activities

Strategic Palantir Re-Platforming

- **Appeals Automation:** On track for Sept 1 release
- **BetterDx:** On track for Sept 15 release
- **Payment Variance:** On track for Nov 1 release
- Enhancement work on-going for **One Stop Benefits** and **Charge Capture**

On-Going Strategic Partnerships

- Human Resources
- System Wide Special Pathogens
- Care Experience / Workforce
- Wellness Office Of Behavioral Health
- Population Health
- Housing Placement &
- Services Critical
- Response Unit
- World Trade Center Program

Upcoming Releases:

By mapping each release to our organizational pillars, we ensure that our work delivers maximum value and serves a specific strategic purpose.

Access to Care

Family Court Mental Health Services
Domestic Violence
Employee Flu Vaccination (EVR)
Bridge to Home Expansion
OHS Health Care Worker Monitoring (HCW)
World Trade Center (WTC)

Workforce and Operational Efficiency

Maimonides Affiliate Planning System (MAPS)
WAPS (Kings County)
Payment Accuracy Management Portal
Policy & Resource Hub Optimizations & Onboarding
Research Management

Enterprise Modernization

Provider Careers (Mt. Sinai & NYU)
Civil Service

Culture of Safety

Patient ID & Hand Hygiene Observation

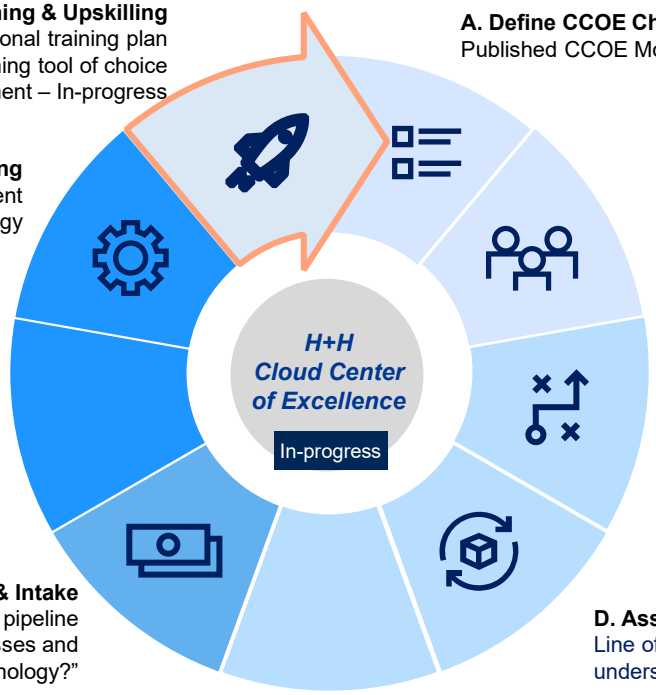
Financial Sustainability

Automation: Charge Capture
Automation: Dental Claims

Care Experience/Work-Force Wellness

Helping Healers Heal (H3) Re-design

Objectives & Goals for Cloud Center of Excellence (CCOE)



In-progress

J. Training & Upskilling
Shared foundational training plan
Established training tool of choice
Skill gap assessment – In-progress

A. Define CCOE Charter Completed
Published CCOE Model and Charter

I. Decision Framework & Planning
Discussed Workload placement strategy
Completed

G. Identify & Integrate Tear Completed
Onboarded CCOE team (Domain Experts)
Defined RACI
Established Steering Committee (CCAC)
FinOps practice Initiated IT cost baseline
Drafted Cloud Policy

H. Migration Methodology
"How do we migrate to cloud – migration approach & strategy?"
Not Started

C. Collect Application Inventory & Assets Completed
Identified domains for data gathering ServiceNow CMDB collected (applications and infrastructure) & SMEs interviewed

F. Demand Management & Intake
"How do we manage demand and pipeline and onboard new people, processes and technology?"
In-Progress

D. Assess Current State Completed
Line of business interviews for data understanding and validation
Understand existing cloud footprint and near term goals
Reviewed and validated respective data

E. Gap Identification & Process Integration
"What are our key gaps and how to integrate with current and new processes to meet target state?"
In-Progress

1. CCOE Initialization
2. Current State Assessment
3. Demand Management & Intake
4. Migration Design
5. Upskilling & Operationalization

H+H CCOE Pillars
1. FinOps
2. Infrastructure/Engineering
3. Operations/Maintenance
4. Governance-Risk Compliance
5. Skills Enablement

CCOE Project Progress Snapshot

Step	Status
CCOE Team Identification and Integration	Completed
Application and Asset Inventory Development	Completed
Current State Assessment	Completed
Cloud Governance documents	
• Cloud Policy	Completed
• Workload Placement Strategy	Completed
• Tagging Policy	Completed
Skill Gap Identification	**Completed**
Training Recommendations	In Progress
Gap Identification & Process Integration	**In Progress**
Cloud Demand & Intake Process	**In Progress**
Landing Zone Reference Architecture Development	**In-progress**

The CCOE establishment is advancing, with governance, resource planning, policy development, and stakeholder engagement progressing well, laying a strong foundation for enterprise cloud adoption and alignment with organizational cloud adoption goals.

Stakeholder Engagement

- Skill survey – Completed, 60% of35 total CCOE members participated
- Skill gap identification – Draft report shared
- Foundational training recommendations shared – a slow response and progress so far
- Intermediate level training path development – In-progress

Policy Development

- Cloud policy development - Completed
- Workload placement strategy – Completed
  Conducted tabletop exercise
- Tagging policy - Completed
- FinOps practice development – In-progress
  IT Cost baseline development – In-progress
  Identifying various costs elements – In-progress

Process & Architecture

- Existing intake process review – Completed
- Identification and validation of intake process augmentation opportunities– In-progress
- Landing zone architecture foundational discussions – In-progress
- Review of existing foundation design – In-progress

NYC HEALTH+ HOSPITALS

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

Q2 2026 UnPrint Update

Deliverables	Delivery Date
Complete Finance Walkthroughs – complete	1/1/2026
Determine a macro high impact Workflow for Finance	3/1/2026
Printing limits across the system with bypass	4/1/2026
Print Policy Exemption Request Form messaging rollout	11/1/2026
Printing limits across the system – No bypass	12/1/2026

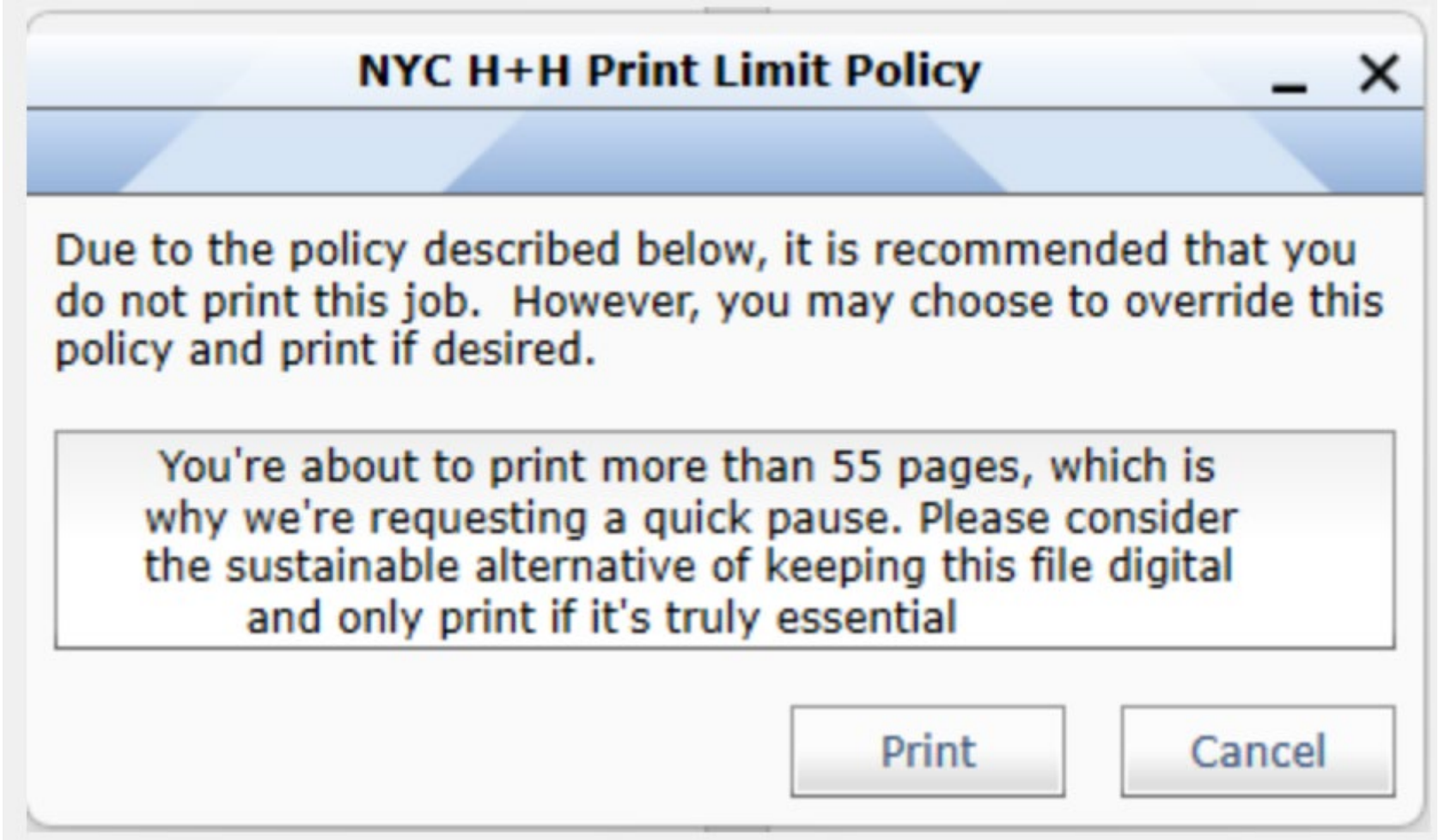
Current Status:

- Monthly meeting with finance champions and sub department leads
- Socializing the UnPrint Pack
  - Policy Exemption Request Form
- Collaborating with project champions to prioritize high-impact workflow transformations.
- Rolling out Printing limits message for volume printing limits
  - Messaging
  - PERF development
  - ServiceNow integration into PERF
  - Insider articles
- Working through HCI projects in Finance



Green indicates current progress to date = 40% completion

Rules Based Printing



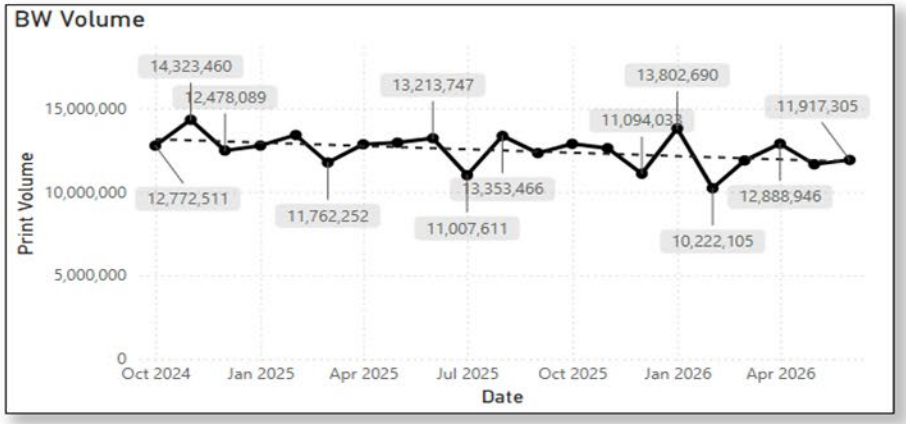
NYC HEALTH+ HOSPITALS

* Excluding Production Devices

NYC H+H Volume

BW Volume % Change from October 2024	Color Volume % Change from October 2024	Total Volume % Change from October 2024
-6.70%	-22.36%	-8.19%





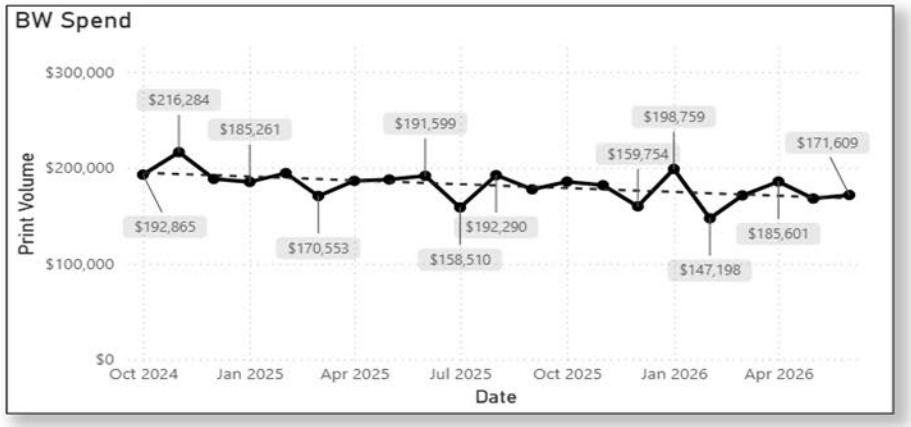


* Excluding Production Devices

NYC H+H Costs

BW Spend % Change from October 2024	Color Spend % Change from October 2024	Total Spend % Change from October 2024
-11.02%	-35.86%	-20.20%







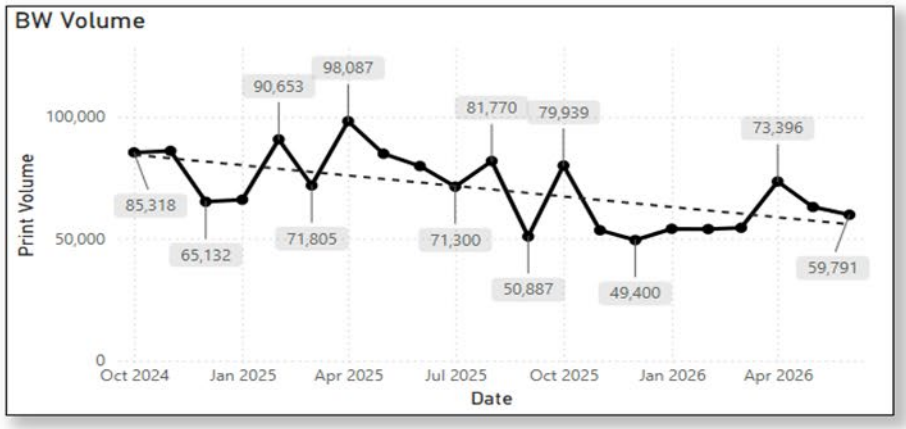
NYC HEALTH+ HOSPITALS

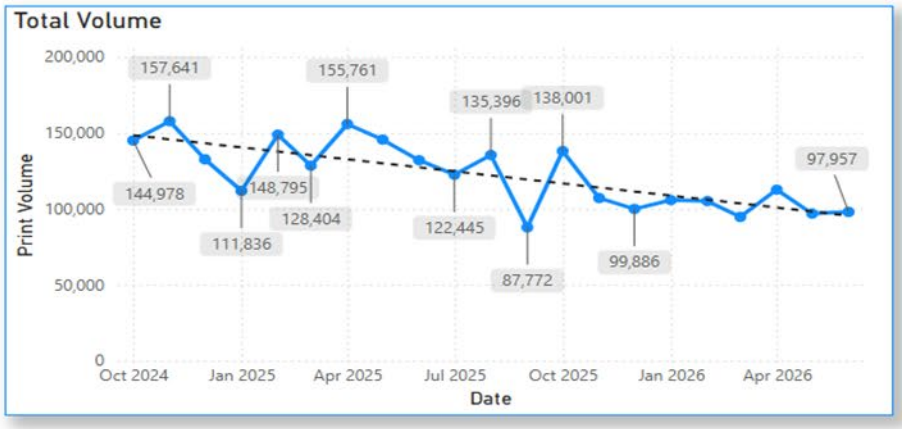
* Excluding Production Devices

Central Office Volume

BW Volume % Change from October 2024	Color Volume % Change from October 2024	Total Volume % Change from October 2024
-29.92%	-36.03%	-32.43%





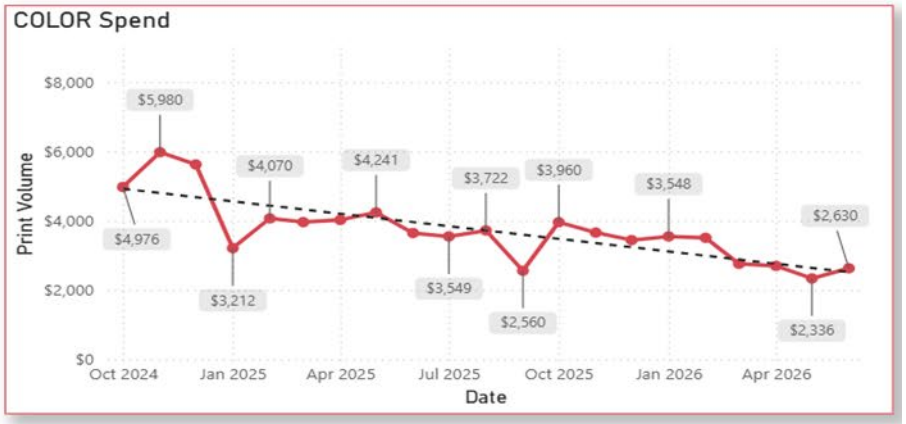


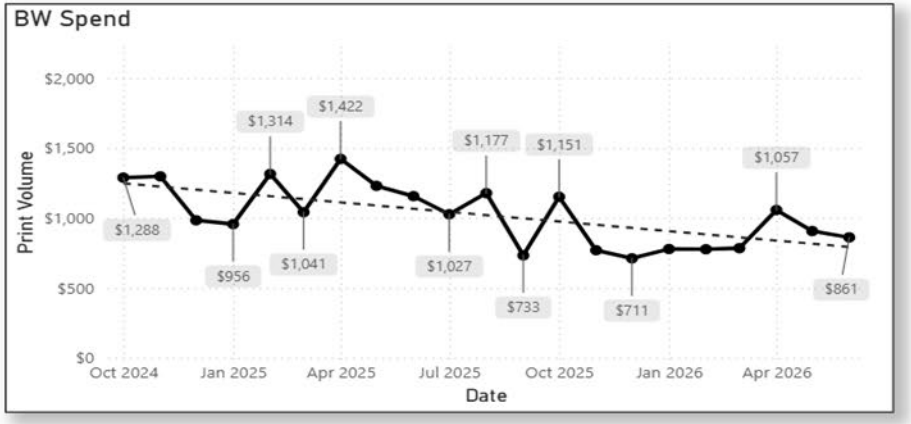
NYC HEALTH+ HOSPITALS

* Excluding Production Devices

Central Office Costs

BW Spend % Change from October 2024	Color Spend % Change from October 2024	Total Spend % Change from October 2024
-33.17%	-47.15%	-44.27%





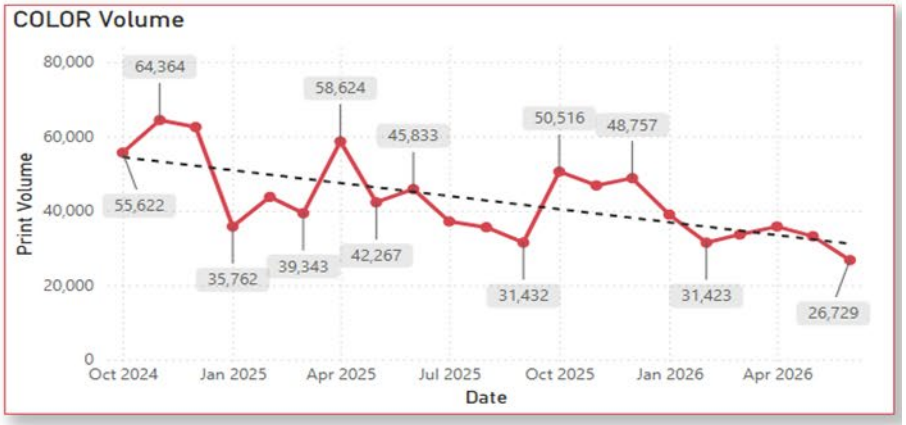


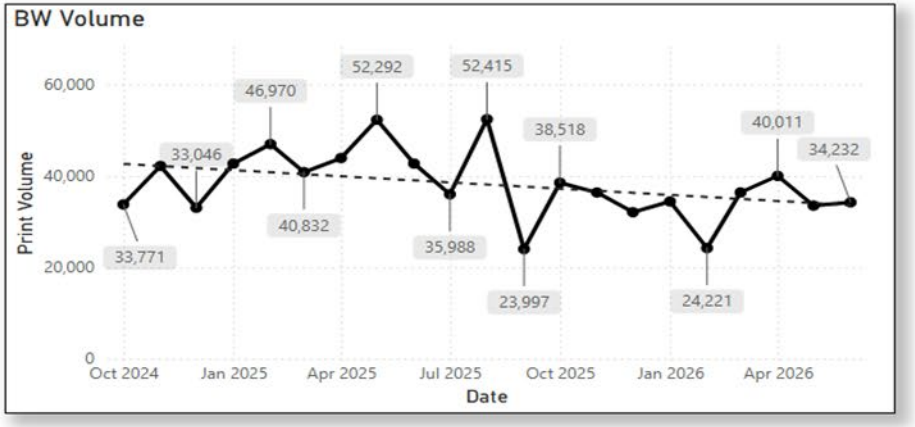
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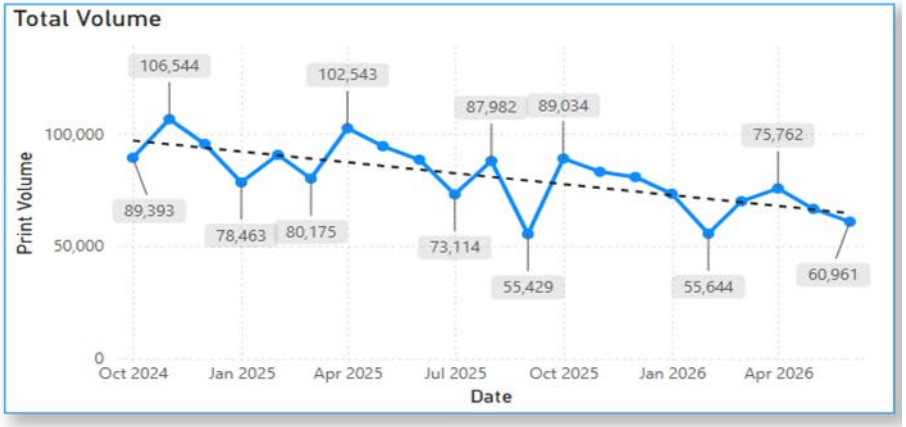
* Excluding Production Devices

C-Suites Volume

BW Volume % Change from October 2024	Color Volume % Change from October 2024	Total Volume % Change from October 2024
1.37%	-51.95%	-31.81%







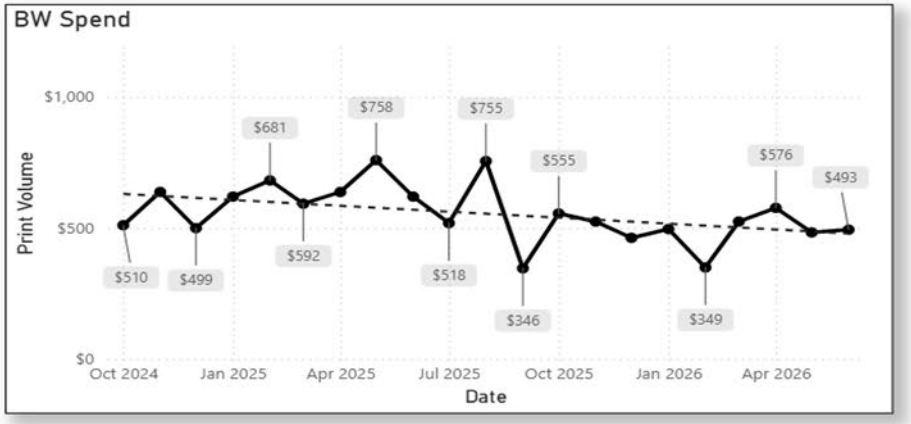
NYC HEALTH+ HOSPITALS

* Excluding Production Devices

C-Suites Costs

BW Spend % Change from October 2024	Color Spend % Change from October 2024	Total Spend % Change from October 2024
-3.33%	-60.30%	-54.66%





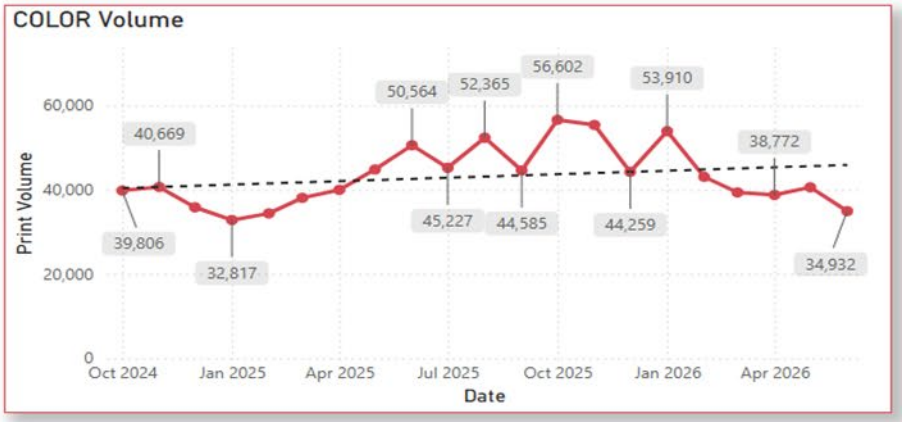


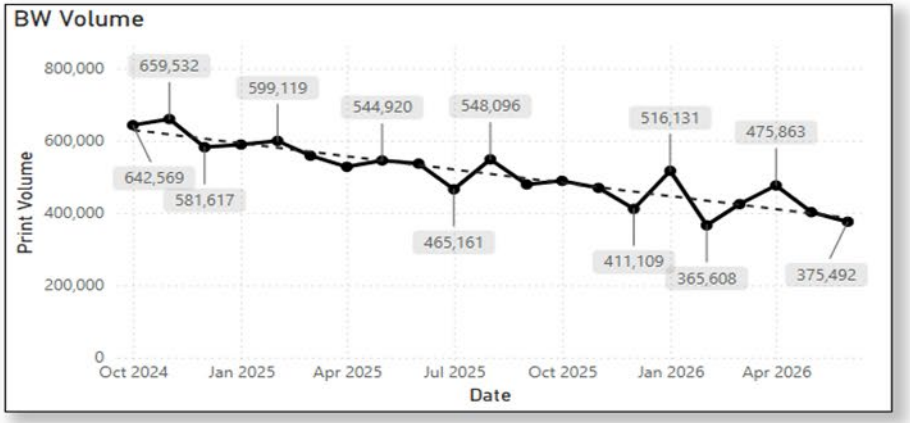
NYC HEALTH+ HOSPITALS

* Excluding Production Devices

Finance Volume

BW Volume % Change from October 2024	Color Volume % Change from October 2024	Total Volume % Change from October 2024
-41.56%	-12.24%	-39.85%







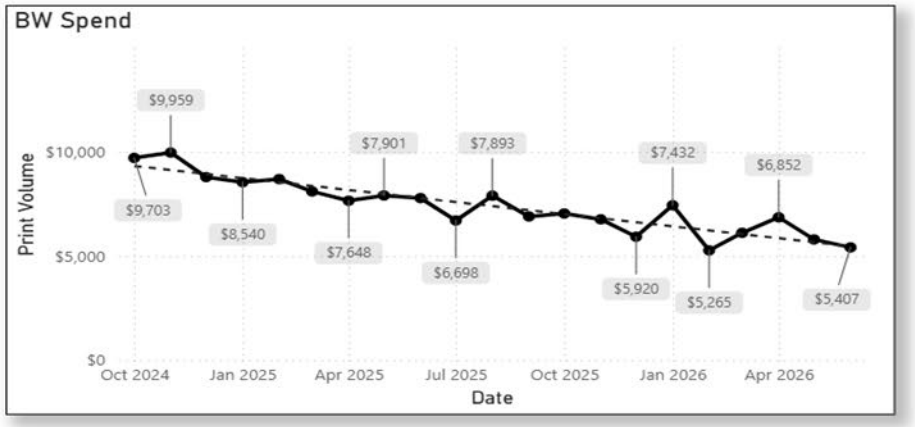
NYC HEALTH+ HOSPITALS

* Excluding Production Devices

Finance Costs

BW Spend % Change from October 2024	Color Spend % Change from October 2024	Total Spend % Change from October 2024
-44.27%	-27.50%	-40.00%







EITS Stars of IT Excellence

EITS Stars of Information Technology Excellence Awards



NYC HEALTH+ HOSPITALS

Q & A

