

<u>CALL TO ORDER - 3:00 PM</u>	Mr. Campbell
1. Adoption of Minutes: March 29, 2018	Mr. Campbell
<u>Acting Chair’s Report</u>	Dr. Katz
<u>President’s Report</u> Legislative Update	Mr. Siegler Dr. Wei
<u>Informational Item:</u> Strategic Planning Update	
>> <u>Action Items</u> <<	
2. RESOLUTION: Authorizing the New York City Health and Hospital Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for which \$160 million is allocated in the City’s Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital Funds, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5. (Information Technology Committee 04/12/18)	Ms. Youssouf
3. RESOLUTION: Authorizing New York City Health and Hospitals Corporation (the “System”) to executive an agreement with Grant Thornton, LLP (“Grant Thornton”) to provide auditing services over a four year term at a total cost throughout the term not to exceed \$4,452,225, including a 15% contingency fee for billable services. (Audit Committee – 04/12/18) Vendex: Approved; EEO: Approved	Ms. Youssouf
4. RESOLUTION: Approving the designation of Sheetal Sood, Senior Executive Compliance Office, as the New York City Health + Hospital (the “System”) Record Management Officer (“RMO”), as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System’s records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the Implementing regulations thereof. Audit Committee – 04/12/18	Ms. Youssouf
<u>Committee Reports</u>	Mr. Campbell Ms. Youssouf Ms. Youssouf Mr. Campbell
<ul style="list-style-type: none"> ➤ Medical and Professional Affairs ➤ Information Technology ➤ Audit ➤ Strategic 	
<u>Executive Session Facility Governing Body Report</u>	Mr. Campbell
<ul style="list-style-type: none"> ➤ NYC Health + Hospitals Metropolitan 	
<u>Semi-Annual Governing Body Report (Written Submission Only)</u>	
<ul style="list-style-type: none"> ➤ NYC Health + Hospitals Coney Island ➤ NYC Health + Hospitals Sea View 	
<u>2017 Performance Improvement Plan and Evaluation (Written Submission Only)</u>	
<ul style="list-style-type: none"> ➤ East New York Diagnostic & Treatment Center – Gotham Health 	
>> Old Business << >> New Business <<	
<u>Adjournment</u>	

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 29nd day of March 2018 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon Campbell
Dr. Mitchell Katz
Ms. Helen Arteaga Landaverde
Mr. Steven Banks
Dr. Mary Bassett
Mrs. Josephine Bolus, R.N.
Dr. Vincent Calamia
Ms. Barbara A. Lowe
Mr. Robert Nolan
Mr. Mark Page
Ms. Emily A. Youssouf

Mr. Gordon Campbell chaired the meeting and Barbara Keller, First Deputy General Counsel, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on February 22, 2018 were presented to the Board. Then on motion made by Ms. Youssouf and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on February 22, 2018, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON' S REPORT

Mr. Campbell thanked Dr. Bassett, Ms. Lowe, and Mrs. Bolus for visiting NYC Health + Hospitals/Carter on March 8th. Dr. Bassett reported that it is a beautiful facility where they had thoughtful interactions with the dedicated staff. Mrs. Bolus and Ms. Lowe agreed that it was a very positive experience.

Mr. Campbell noted that the 2018 Annual Public Meetings have been scheduled as follows: April 11th at NYC Health + Hospitals/Bellevue; April 18th at NYC Health + Hospitals/Queens; May 2nd at NYC Health + Hospitals Sea View; May 16th at NYC Health + Hospitals/Kings County; and May 23rd at NYC Health + Hospitals/Lincoln.

Mr. Campbell reported that there are no new items on today's agenda where the Board is being asked to approve a contract prior to Vendex approval. There are eight items from previous Board meetings pending Vendex approval, and one new Vendex approval was received since the Board last met. Mr. Campbell said the Board would be notified as outstanding Vendex approvals are received.

PRESIDENT' S REPORT

Dr. Katz's remarks were in the Board package and made available on the NYC Health + Hospitals website. A copy is attached hereto and incorporated by reference.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on pending federal, state, and local budget issues.

Mr. Jurenko noted that the federal budget includes money to fight the opioid epidemic. At the state level, we are working on important issues regarding the reserves held by MetroPlus Health Plan. On the local level, Dr. Katz has testified twice before the City council on budget issues and we are working with the new Hospitals Committee of the Council.

Dr. Katz gave updates on two of the major areas he has been addressing. With respect to billing, he noted that we need to encourage patients to enroll in healthcare insurance and not simply use HHC Options. We must encourage coverage, get patients registered correctly, correctly bill insurers and pursue payment of those bills. We also need to do a better job of recruiting providers. We do not save money by holding off on hiring primary care physicians. The Board members discussed the factors which would make primary care locations attractive to patients.

Finally, Dr. Katz informed the Board of a successful negotiation we completed on our pharmaceutical distribution contract with Cardinal Health. After a competitive RFP process, we negotiated a 3-year agreement with two one-year renewal options with Cardinal that will result in more than \$31 million in savings to our health system. Every year, we spend approximately \$200 million on medications for our patients, including patients served by Correctional Health Services. Given the large number of uninsured and underinsured

patients we serve, we are able to purchase a large percentage of our medications at the lowest pricing level, often referred to as 340B pricing. The new arrangement with Cardinal Health offered the best value and will provide additional discounts beyond the 340B program.

ACTION ITEMS

RESOLUTION

2. Reappointing Nella Lewis to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

Mr. Campbell moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

RESOLUTION

3. Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals) to approve a Capital Project for an amount not to exceed \$15,965,345 for pre-construction, design, construct, asbestos abatement, and construction management services necessary for the reconstruction of the exterior façade and the re-roofing of the Martin Luther King (MLK) Pavilion (the "Project") at NYC Health + Hospitals / Harlem (the "Facility").

Mr. Page moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

INFORMATION ITEM

Charles Barron, M.D., Deputy Chief Medical Officer for Behavioral Health, provided an update on the high rates of opioid disorder among NYC Health + Hospitals patients and the measures being taken by the System in response. These include a judicious opioid prescribing taskforce, increasing medication assisted treatment,

standardizing emergency department resources, overdose prevention programs, and new Consult for Addiction Treatment and Care (CATCH) teams with peer support.

Dr. Calamia asked about the impact of these efforts and Ms. Lowe asked about the long-term goals and the results of the overdose prevention efforts at NYC Health + Hospitals/Lincoln. Mr. Campbell requested a follow up report in six months.

SUBSIDIARY AND BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, patient privacy, personnel matters and potential litigation.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that the Board (1) received and approved oral governing body submissions from NYC Health + Hospitals/Coler LTC and Rehab, NYC Health + Hospitals/Carter LTC and Rehab, and NYC Health + Hospitals/Carter Specialty Hospital; and (2) received and approved a semiannual governing body report from NYC Health + Hospitals/Woodhull.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:25 P.M.



Barbara Keller
First Deputy General Counsel

NYC HEALTH + HOSPITALS
March Board Meeting Follow Up Items

- 1. Notification to the Board of outstanding VENDEX approvals.
See 3/29/18 Board Minutes, Page 2.**

NYC Health + Hospitals Chair Gordon Campbell noted that there are eight items from previous Board meetings pending Vendex approval, and that one Vendex approvals was received since the Board last met. Mr. Campbell said the Board would be notified if outstanding VENDEX approvals are received.

- 2. Opioid Update - see 3/29/18 Board Minutes, Page 4**

Information Item - Dr. Calamia asked about the impact of our opioid efforts and Ms. Lowe asked about the long-term goals and the results of the overdose prevention efforts at NYC Health + Hospitals/Lincoln. Mr. Campbell requested a follow up report in six months.

COMMITTEE AND SUBSIDIARY REPORTS

Equal Employment Opportunity Committee – March 13, 2018

As Reported by Robert Nolan

Committee Members Present: Robert F. Nolan; Josephine Bolus, R.N.; Mitchell Katz, MD

A meeting of the Equal Employment Opportunity Committee of the NYC Health + Hospitals' Board of Directors was held on March 13, 2018 in the Board Room at 125 Worth Street, Room 532, New York City, with Committee Chair, Robert F. Nolan, presiding.

Barbara Keller, the First Deputy General Counsel at the Office of Legal Affairs provided an update to members of the Committee about their Equal Employment Opportunity (EEO) activities. Ms. Keller reported that the EEO policy is currently being updated, with assistance from Human Resources, to remain consistent with municipal, state and federal laws. The policy is currently undergoing review, and once the policy becomes final, it will be disseminated to all staff. In addition, to supplement the System's existing sexual harassment awareness training, Legal Affairs also created a new module that will be available online through the PeopleSoft Employee Learning Management (ELM) system. The module is being finalized and will "go live" in the near future. It is expected that all staff will be enrolled to take the training.

Furthermore, revisions to the EEO training module is being made, which will include general guidance on the System's EEO policy and complaint process. Legal Affairs anticipates the module to be completed by the end of March. All new employees will be required to take this training, and the training will also be mandated on an annual basis to all staff.

2018 CONDITIONALLY APPROVED CONTRACTORS UPDATE

CONDITIONAL APPROVAL CONTRACTS

W.B. MASON COMPANY, INC. CONTRACT

W.B. Mason's Material Management (Office Supplies) contract was awarded in November of 2016 with a value of \$8.8 million. NYC Health + Hospitals workforce analysis is specific to its New York City location. This year, the vendor has 8 job groups with workforce underrepresentation for women and/or minorities, as follows: First/Mid-Level Managers Job Group 1C for minorities; Supervisors Job Group 1C for women and minorities; Sales Job Group 4A for minorities; Administrative Support Workers Job Group 5A for minorities; Operatives Job Group 7A for women and minorities; Laborers and Helpers Job Group 8A for women.

Trevis Hinds, Director of Human Resources in New York; Adrienne Rosa, HR representative; Bob Berrian, NYC public engagement representative; Brian Charpendier, regional branch manager for NYC's 5 boroughs; and Jenni Nowicke, NYC Health + Hospitals account manager represented W.B. Mason.

Trevis Hinds, Director of Human Resources for New York, reported a successful year. One year ago, W.B. Mason had identified 14 underrepresented job groups, and this year, there are 8 areas of underrepresentation. He attributes this to their increased engagement in the area of diversity, including a focus on leveraging employee referrals, growing various grassroots programs, and recruiting from diversity web sites. They use an "intimacy model" of business, where each client is supported by a personal driver, customer service representative, and sales representative. They recruit from local schools and neighborhoods that the company serves to fill these three areas of work, as doing so strengthens the worker-client relationship.

W.B. Mason also created an in-house learning and development team in 2017. A learning and development director was hired 9 months ago to increase diversity and inclusion efforts. Learning and Development initiatives in the past year included harassment trainings and leadership development trainings that groom current managers for promotions. Out of 115 of those participants, 40% were minorities or women.

Robert Nolan, EEO Committee Chairperson, asked where W.B. Mason is located. W.B. Mason representatives responded that they have locations in the Bronx, Brooklyn, Manhattan, and Secaucus New Jersey, with Manhattan as its central distribution hub. Secaucus is its largest location.

Mr. Nolan commented that in their corrective action plan, five of the ten external diversity posting sites they list as recruiting from are related to veterans. He asked what those recruitment efforts have yielded for them. Mr. Hinds replied that they have found that veterans have a good mindset for working in the delivery of products. Mr. Nolan asked how many women and minorities W.B.

Mason has hired from those veteran sources. Brian Charpendier, regional branch manager for NYC's 5 boroughs, replied that recruitment within the Operatives job group resulted in the hiring of minorities, but not women. These jobs are mostly truck drivers and delivery operatives who make anywhere from 40 to 75 deliveries every day. Mr. Nolan commented that the Operatives category requires a lot of corrective action, as 25 minority hires are needed to eliminate the underrepresentation.

The Committee members discussed W.B. Mason's consolidation of job groups from March 2017 to March 2018 and how that may have potentially altered the representation of women and minorities. Mr. Charpendier replied that he was unclear about the consolidation across job categories, but will talk with Human Resources and write a letter to clear up any discrepancies.

Also discussed were W.B. Mason's current recruitment activities and future opportunities to recruit locally from area high schools and colleges, as well as leverage resources from the offices of local elected officials and local organizations.

Questions related to their learning and development programs were raised and W.B. Mason representatives discussed their activities currently in progress that included the hiring of a learning and development director and rolling out an HRS online platform.

The meeting was adjourned at 4:20 p.m.

Community Relations Committee – March 13, 2018

As Reported by Josephine Bolus

Committee Members Present: Robert Nolan and Mitchell Katz, M.D. President.

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:35 p.m. Mrs. Bolus, announced that a quorum had been established. She requested a motion for the adoption of the minutes of November 14, 2017. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REMARKS:

Mrs. Bolus opened the meeting with a warm welcome to all and extended a welcome to Dr. Mitchell Katz, the new President and CEO of NYC Health + Hospitals, who was joining the CRC meeting for the first time.

Mrs. Bolus began her report by thanking our members of the Community Advisory Boards (CABs) for advocating on behalf of NYC Health + Hospitals' health care system on CAB's Lobby Day, which was held on February 13th. Mrs. Bolus added that one hundred and nineteen (119) CAB members traveled to Albany and met with seventy-nine (79) Assembly, Senate members and/or their representatives. Mrs. Bolus continued and highlighted notable community related initiatives and accomplishments from across the system as follows:

Announced NYC Health + Hospitals Board of Director's Annual Public Meetings for Fiscal Year 2018. She encouraged CAB members to attend and provide testimony. She noted that these meetings will begin at 6pm on the following dates and locations: Manhattan: Wednesday, April 11, 2018 at Bellevue; For Queens: Wednesday, April 18, 2018 at Queens Hospital; For Staten Island: Wednesday, May 2, 2018 at Sea View; For Brooklyn: Wednesday, May 16, 2018 at Kings County and For the Bronx: Wednesday, May 23, 2018 at Lincoln.

Encouraged CAB members to inform parents within their communities that it is not too late for kids to get a flu shot. She added that New York State had reported a significant increase in pediatric flu cases, with this flu season still expected to last a few more weeks. She noted that while it is best to get the flu vaccine as soon as it becomes available, getting the vaccine now can still be life-saving.

Announced that NYC Health + Hospitals had opened the last unit of 60 new skilled nursing facility beds for seniors and clinically complex patients at Gouverneur. Mrs. Bolus added that these new beds are expected to provide much-needed care in the community to patients and generate \$10 million in new revenue annually for the health system.

Informed members of the Committee, CAB Chairs and invited guests that Lincoln's Primary Stroke Center had earned The Joint Commission Gold Seal of Approval. Mrs. Bolus added that Lincoln is the first in the South Bronx to receive the organization's Advanced Primary Stroke Center certification and that the hospital also received a Gold Plus Award and the Target Plus Honor Elite Award from the American Heart/American Stroke Association's "Get with the Guidelines" – stroke program. She noted that these guidelines help hospitals to improve stroke care by promoting consistent adherence to the latest scientific guidelines. She announced that this is the third consecutive year that the hospital had received the Target award and seventh consecutive year it received the Stroke Gold Plus award.

Announced two (2) more NYC Health + Hospitals has earned the prestigious “Baby-Friendly” designation for promoting the highest level of care for infants through breast feeding and bonding between mother and baby. Mrs. Bolus explained that the recognition is awarded to hospitals all over the world by Baby-Friendly USA, part of an initiative of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). She continued and noted that the health system now has nine (9) hospitals that has earned "Baby-Friendly" status.

Informed members of the Committee, CAB Chairs and invited guests that North Central Bronx was the first hospital in the Bronx to be designated a Gold Safe Sleep Champion by Cribs for Kids, a national safe sleep hospital certification program. She continued and explained that to earn the designation, North Central Bronx demonstrated its commitment to best practices and education supporting infant safe sleep to help reduce the risk of injury and death to infants while sleeping. She added that this certification is a testament to the outstanding work of NYC Health + Hospitals highly skilled and dedicated staff and exemplifies the staff’s commitment to the community, making sure new parents are educated and able to create a safe sleep environment at home for their newborns.

Extended congratulations to Ms. Ruth Clark, CAB Chair for the Gotham Health Sydenham Health Center, who received a “Lifetime Achievement Award” from the Black Fine Art Society on Thursday, February 15th in recognition of her entrepreneurial leadership. Mrs. Bolus added that Ms. Clark is the first Black woman to own and operate a temporary staffing service, Clark Unlimited Personnel (CUP) and is the founding president of the Support Network.

Encouraged CAB members and staff to support the Dr. Susan Smith McKinney Legacy Award 2018 event hosted by the McKinney Auxiliary in recognition of Women’s History Month on March 22, 2018. Ms. Gloria Thomas, CAB and Auxiliary member informed the Committee and invited guests that unfortunately this event was postponed until further notice.

Mrs. Bolus concluded her report by announcing the passing of Mr. Robert (Bobby) Harris, a longstanding and outstanding member of the Sea View CAB on Tuesday, February 11th. Mrs. Bolus added that he was a beloved husband, father and grandfather and a friend to all. She continued and noted that Bob served with the U.S. Coast Guard and then went on to serve the City of New York for twenty years as a decorated NYPD Officer. After he retired, he continued working in many jobs that gave him the most fulfillment and satisfaction including serving on the CAB. Mrs. Bolus asked for a moment of silence to acknowledge Mr. Harris’ contributions.

PRESIDENTS REMARKS:

Mitchell Katz, M.D.

Dr. Katz welcomed Committee Members, CAB Chairs and invited guests and the following was presented:

Informed members of the Committee and CAB Chairs that he’s been back in his hometown of New York City, now for a little over two (2) months. He added that the NYC Health + Hospitals is an amazing organization. Dr. Katz continued and thanked members of the Committee, CAB Chairs and staff for all that they do to make it a great organization. Dr. Katz continued and stated, “What’s most important is that we take great care of the people who come to us; we are a health service organization we don’t make any products, we ourselves are here to serve and take care of others.” Dr. Katz added that the incredible value that the Community Advisory Board provides is to alert us as to what it is that people need, so that we can be responsive.

Dr. Katz reported that he will start his own clinical practice at NYC Health + Hospitals/ Gouverneur. He is in the last phase of the credentialing process. He received his New York State license two weeks ago, passed his physical examine and looking forward to practicing at as many NYC Health + Hospitals’ facilities as possible.

Dr. Katz concluded his remarks by thanking members of the Committee and CAB Chairs for all that they do. Dr. Katz added that he looks forward to working with the CABs over the coming years.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Queens

Mrs. Bolus introduced Mr. Anthony Andrews, Chairperson of NYC Health + Hospitals/ Queens CAB and invited him to present the CAB’s annual report.

Mr. Andrews began his presentation by greeting members of the Committee, CAB Chairs and invited guests. Mr. Andrew highlighted the following key points and accomplishments:

Reported that the most significant health care service needs for the southeastern Queens community is: cancer, diabetes, hypertension, heart disease and behavioral health. Mr. Andrews noted that the facility's leadership addresses the concerns by creating four (4) Centers of Excellence (Behavioral Health, Cancer Care, Diabetes Management and Women's Health).

Mr. Andrews informed members of the Committee, CAB Chairs and invited guests that under the leadership of Christopher Roker, Chief Executive Officer, NYC Health + Hospitals/Queens, the facility had received a number of noteworthy awards: Queens Hospital was recognized by U.S. News and World report for high performance in the area of heart failure, in November 2017, Queens hospital received a Most Improved Performance Award from Northeast Business Group on Health. He continued and noted that also in November 2017, Queens Hospital received a recognition award from Health First healthcare plan for the Most Improved Hospital in New York City in the category of "Most Improved Hospital in Medicare Patients."

Reported on Queens' Hospital top five priorities. Mr. Andrews added that the facility's strategic priorities includes: Quality improvement, operations, patient experience, staff engagement, and financial responsibility. Mr. Andrews noted that the success of the facility will be based on the core values embodied in the acronym I-CARE"; Mr. Andrews explained that I-CARE stood for Integrity, Compassion, Accountability, Respect and Excellence. Mr. Andrew noted the success will be based on the facility's ability to (1) anticipate and then meet the patient's needs (2) engage, the workforce to the extent whereby each employee is both supported and personally accountable (3) provide high quality, safe care in a culturally sensitive and coordinated way (4) expand access to include and serve more patients and (5) increase efficiency through investments in technology.

Informed members of the Committee, CAB Chairs and invited guests that the Queens CAB, working in collaboration with the facility's leadership, were able to create a "health program" at the local YMCA. Mr. Andrews explained that this program is not only for patients leaving the facility but membership is also extended to the staff. Mr. Andrews noted that this initiative brings the community into the hospital in a way that they had not been able to do before.

Mr. Andrews concluded his report by thanking members of the Committee for their continued support of NYC Health + Hospitals/Queens.

NYC Health + Hospitals/Coler

Mrs. Bolus introduced Ms. Gladys Dixon, Chairperson of NYC Health + Hospitals/ Coler CAB and invited her to present the CAB's annual report.

Ms. Dixon began her presentation by thanking members of the Community Relations Committee for the opportunity to present Coler's CAB annual report and acknowledging Robert Hughes, CEO, NYC Health + Hospitals/Coler for his leadership and support. Ms. Dixon continued and added that in the past year she had met with Mr. Hughes once monthly; and at the administration's request CAB members assisted in the facility's ad-hoc committee meetings. She presented the following summary:

Reported the CAB's activities included but was not limited to: attending the monthly Council of CABs meetings, NYC Health + Hospitals Board of Directors Annual Public Meeting, hosted a Legislative Forum, and members of the Coler CAB attended the Council of CABs Conference. Ms. Dixon continued and noted the CAB's participation in Roosevelt Island's Town Hall meetings, Voter's Registration Drive and the Island Senior Citizen Flu Campaign.

Informed members of the Board that the Coler CAB has difficulties recruiting CAB members. Ms. Dixon explained that Roosevelt Island is a community with approximately fourteen (14) thousand residents who do not depend on Coler as their primary source for healthcare. Ms. Dixon continued and added that most of the residents at Coler are physically unable to take an active role and others are simply not interested.

Ms. Dixon concluded her presentation by stating, "As 2017 brought challenges to our Public Health Care System we are conscious that 2018 will have difficulties and challenges as well. As long as we continue to work together, the NYC Health + Hospitals 2020 transformation can be successful."

NYC Health + Hospitals/Carter

Mrs. Bolus introduced Ms. Beverly Alston, Chairperson of NYC Health + Hospitals/ Carter CAB and invited her to present the CAB's annual report.

Ms. Alston extended greetings to members of the Committee, CAB Chairs and invited guests.

Ms. Alston began her presentation by thanking William Jones, former CAB Liaison for his many years of service and welcomed Nyron McLeish, Associate Director and Jenny Rosario, Sr. Associate Director in their new Liaison role. Ms. Alston continued and the following overview was presented:

Reported that the Patient Care Committee meets monthly with various department to focus on patient/resident equipment and programs that would improve a patient's quality of life. Ms. Alston outlined two (2) key initiatives in collaboration with the Auxiliary that had very positive outcomes for the patients and residents. (1) The collaboration with food and nutrition: She explained that a new system was installed and tested that used a convection heating method to re-heat meals. She added that the new process saves production costs while expanding the variety, selection and presentation of meals. (2) The collaboration with Environmental Services: She continued and noted that following several noise complaints, the Committee participated in a pilot program to replace metal trash cans with Rubbermaid plastic cans. Ms. Alston added that residents and families responded positively to the change that resulted in quieter interactions during room cleaning.

Reported that in March 2017, the Board hosted a very successful Annual Legislative Brunch, local and state representatives attended and made a commitment to support the facility and the healthcare system in any future endeavors. She noted that with over 100 community leaders and representative were in attendance. Ms. Alston extended an invitation to everyone present to the CAB's 2018 Legislative Brunch to be held on Friday, March 23rd, beginning at 9:30a.m. Ms. Alston added that this year's theme is Bridging Health Through Diversity.

Informed members of the Committee and CAB Chairs that the Nursing Department had met several times with the CAB and reported on: staff training for the patient experience programs. Ms. Alston noted that Carter's 2017 midpoint patient experience survey was completed and overall indicated an increase in almost every category.

Reported Floyd Long, Chief Executive Officer attends the CAB's monthly meetings and gives reports on the Health + Hospital initiatives, facility's strategic priorities, patient experience status and other issues affecting the facility. Ms. Alston added that the CAB is grateful for the assistance and the relationship with Mr. Long and the CAB Liaisons.

Announced that the Carter CAB were honored to be one of the first NYC Health + Hospital facilities visited by Dr. Katz and members of the Board on Thursday, March 8th. Ms. Alston noted the CAB is excited and looking forward to continued working relationship with the newly appointed leadership.

Ms. Alston concluded her remarks by informing members of the Committee, CAB Chairs and invited guests of the passing of two (2) Carter CAB members in 2017: Virginia Granato, former CAB Chair and Carline Jones, member.

NYC Health + Hospitals/Elmhurst

Mrs. Bolus introduced Ms. Eartha Washington, Chairperson of NYC Health + Hospitals/ Elmhurst CAB, and invited her to present the CAB's annual report.

Ms. Washington began her presentation by informing members of the Committee, CAB Chairs and invited guests that the Elmhurst CAB had a very productive year under her leadership and Israel Rocha's, Chief Executive Officer of NYC Health + Hospitals/Elmhurst. Ms. Washington continued and the following overview was presented:

Reported that at each CAB meeting, information on the Community Health Partnership and programs on implementation were discussed. She noted that the CAB also received regular updates on the progress and accomplishments of the hospital.

Reported that in January 2017, a multidisciplinary team of Elmhurst's clinical staff, CAB, labor, nursing and administrative leaders, came together and developed a strategic plan for the future of Elmhurst. Ms. Washington explained that the plan incorporated a SWOT (Strengths, Weaknesses, Opportunities and Threats) focus group exercise, in which CAB members took part.

Reported that the CAB launched community rounds with the CEO. She explained that CAB members conducted a series of walks with the CEO in the business districts surrounding the hospital in order to introduce themselves and hear directly from community stakeholders about how the hospital can provide better care.

Reported that in 2017 Elmhurst CAB members actively took part in the Hospital's Annual Pediatric Health Fair, New Year's Day Basket Distribution (visited first baby boy and girl of the year), Elmhurst's Green Market, Volunteer Recognition Ceremony, LGBTQ activities, Hispanic Heritage celebration, Red, White & Blue celebration, Community Blood Drive, and various Holiday celebrations.

Continued and listed the five (5) standing CAB committees, noting that the CAB had a busy year. Ms. Washington added that the members monitored ongoing activities as well as initiated several new projects. She highlighted the following committees:

The Community Relations/Legislative Committee, chaired by Aida Gonzalez-Jarrin, hosted a Legislative Lunch in March to discuss how we can continue to provide optimal health care services in the years to come and present FY 18 capital requests. Announced this year the CAB were able to secure \$5 million from our legislative leaders for the purchase of CT-Biplane units for our Stroke Center.

The Patient Care Committee continues to monitor the hospital's efforts in evaluating patient satisfaction and address any issues concerning patients and medical service. This year's focus was EPIC implementation and community health needs assessment.

The Women's Health Committee, chaired by Vivian Dock, worked with the hospital's Labor/Management Women's Issues Committee and a local community advocacy group – Sharing & Caring – to sponsor a successful Women's Health Forum.

The Finance Committee worked with the Chief Financial Officer when major budget issues arose.

The Membership Committee recruits, interviews, and mentors new members to the Board. This year six new members were recruited.

Ms. Washington concluded her report by stating, "As the New Year begins, the CAB is committed to monitoring the quality of services provided to patients, assisting in the assessment of community needs, and ensuring that population health needs are met and reflected in the hospital's programs and activities. We will continue to advise the hospital on the development of plans and new projects and establish and maintain dialog with the community."

Referring to page (4) of the Elmhurst's CAB report, most frequent complaints raised by patients /residents are long waiting time in the Emergency Department (ED). Mr. Robert Nolan, Board member asked if this resulted from the uptick in the number of flu cases during the last quarter of 2017 or a pattern that pre-existed. Mr. Rocha responded that Elmhurst has one of the busiest ED's in the country. However, the staff had been able to cut the wait time in half over the course of a year. He noted that during the Flu season the wait time did go up a little bit. Mr. Rocha added that under the leadership of Dr. Katz a new urgent care model is being explored. Mr. Rocha continued and explained that patients who do not need full emergency medical services will be seen faster.

NYC Health + Hospitals/East New York (ENY)

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of NYC Health + Hospitals/ East New York CAB and invited him to present the CAB's annual report.

Mr. Jones began his presentation with a warm welcome to Dr. Katz and by thanking members of the Committee for the opportunity to present ENY CAB's annual report. The following overview was presented:

Informed members of the Committee, CAB Chairs and invited guests that East New York, a Gotham Health Center is a very unique facility. Mr. Jones explained that this health care facility is centrally located in the eastern region of Brooklyn, and was born out of the struggles and labors of grass roots community leaders of the 1970s who wanted to make a difference in their community and upgrade the quality of Health Care for their neighbors. Mr. Jones continued and added that the facility serves not only as a Health Care and treatment center, but also as a beacon of hope and a lighthouse to the communities of East New York, Brownsville, Bushwick, Cypress Hills, Canarsie, Bedford-Stuyvesant and as far as the border into Queens.

Mr. Jones reported that many of the staff, past and present, are replicas of those persons who live in the communities. Mr. Jones added that ENY serves a diverse community of various ethnicities, cultures and religious beliefs. He noted that this is what makes the facility unique.

Mr. Jones informed members of the committee that over the past two years, ENY had experienced several changes in leadership that resulted in poor staff morale and rumors in the community of impending closure.

Mr. Jones continued and introduced Mr. William Perkinson, Associate Executive Director, East New York, and noted that the CAB members have a good working relationship with Mr. Perkinson and are very confident in his leadership's abilities. Mr. Jones asked Dr. Katz for his support in maintaining leadership stability at ENY.

Mr. Jones paused to thank members of the ENY CAB who were in attendance as well as Ms. Raqiyah Dixon, Associate Director and Cheryl Jones, Interim CAB Liaison, for their continued support.

Mr. Jones concluded his report with a list of vital needs that will enhance the quality and delivery of services to East New York community. Mr. Jones continued and highlighted the need for two (2) new elevators. Mr. Jones noted that the current elevators are more than forty (40) years old. Mr. Jones continued and added the facility is also in need of a new roof, sonographic

equipment, electronic signage for the front of the building and the establishment of Grief Counseling program for the community. Mr. Jones explained that ENY has one of the highest crime rate in New York City.

Capital Committee – March 14, 2018

As Reported by Mark Page

Committee Members Present: Mark Page, Josephine Bolus, and Mitchell Katz.

On motion, the Committee voted to adopt the minutes of the December 7, 2017, Capital Committee meeting.

VICE PRESIDENT’S REPORT

Roslyn Weinstein, Vice President, advised that there was one resolution being presented, for Local Law 11 work at Harlem. She complimented Finance, the Office of Management and Budget, and those responsible for submitting the Certificate to Proceed (CP) documents, for their work related to Local Law 11 funding. She also thanked finance for their contributions to the Electric Power Management Plan presentation, the information item on the agenda.

That concluded her report.

ACTION ITEMS

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to approve a Capital Project for an amount not to exceed \$15,965,345 for pre-construction, design, construction, asbestos abatement, and construction management services necessary for the reconstruction of the exterior façade and the re-roofing of the Martin Luther King (MLK) Pavilion (the “Project”) at NYC Health + Hospitals / Harlem (the “Facility”).

Ebone Carrington, Chief Executive Officer / Chief Operating Officer /, NYC Health + Hospital / Harlem, read the resolution into the record.

Ms. Carrington advised that a sidewalk-shed had been put in place, for protection, until work could be completed.

Mr. Page asked when work would commence. Louis Iglhaut, Assistant Vice President, Office of Facilities Development, said that scaffolding was in place for protection and once the project was approved by the Capital Committee and Board of Directors, then solicitation would begin.

Mr. Page asked how the project estimate, \$15,965,345, had been determined, if bids were not complete. Mr. Iglhaut said contractors had been consulted and Superstructures Engineering + Architecture, LLC, had performed cost estimates. He noted that scaffolding was in place for safety, so that cost was bid out in anticipation of the project.

Mr. Page said the project sounded like it was crucial, and timely, since issues were effecting inpatient units. Ms. Carrington said yes. She stated that water was compromising the Dialysis Unit but the facility was proactively taking action to ensure services were not disrupted. She said that although mitigation efforts were effective, the facility would like to expedite construction.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board’s consideration.

INFORMATION ITEMS

Presentation – Electric Power Management Plan

Roslyn Weinstein, Vice President, Operations, presented the Electric Power Management Plan. Ms. Weinstein was joined by Cyril Toussaint, Director, and Office of Facilities Development.

Ms. Weinstein explained that the presentation was requested by the Capital Committee to outline a vision for being environmentally respectful, and meeting the Paris Agreement and the Mayoral mandate to decrease greenhouse gas emissions. She introduced the Energy team, Cyril Toussaint, Ruby Cruz, Marcus Lewis and Diana Eusse, who had collectively been

acknowledged for their work in the field. She also thanked NYC Health + Hospitals Finance, Colicia Hercules, and Mr. Page, for their contributions.

Ms. Weinstein narrated the power point presentation, which included details on environmental responsibility; reducing emissions by 80% by 2050, and committing to principles and goals of the Mayoral Climate Change Executive Order; Financial Viability, decreasing electric grid consumption by 50% over the next ten years, and increasing efficiency; and, Dependable Service, designing and installing on-site electrical power generation.

Ms. Weinstein provided some background on the system's energy saving efforts. She explained that megawatt measurements are represented by power/force, whereas the megawatt hour is energy expended. She noted that if the organization were to decrease electric power, it would decrease greenhouse emissions. She explained that every facility had generator back-up power in case of emergency.

Ms. Weinstein said that at present NYC Health + Hospitals was dependent on Con Edison and their aging electric grid, which had difficulty in transmitting, and that an increase in residential demand had resulted in Con Edison requesting that the system lessen its draw on the grid.

The closing of the Indian Point Power Plant, which is where a majority of the system's power comes from, provides another good reason to be self-sufficient and not reliant on the grid.

Ms. Weinstein noted the current back-up energy sources, emergency generators, are not always the most effective or efficient back-up power source. They can be expensive and units are run on diesel fuel. They also require funds for purchase of equipment, and general maintenance, upkeep and testing.

Ms. Weinstein explained that the system would like to install electrical power generation systems across NYC Health + Hospitals, so that we could generate our own power, and reduce consumption through retrofitting of the existing infrastructure. The ideal state would be to be independent. That goal would be reached by a combination of efforts, including; co-generation, batteries, solar photovoltaic, and fuel cells.

Outlining what had been done to date, to decrease usage and emissions, Ms. Weinstein said that lighting upgrades had been completed, and installation of occupancy sensors had helped make progress, while upgrading of building management systems and use of building management software to monitor consumption, project in design at various facilities, would make a significant impact on energy efficiency. We will be able see when peaks are happening and address them, she said. We have also replaced control valves and replaced motors in air handling units, and there is discussion about elevator upgrades that would save energy.

Peak Electric Grid Demand in Fiscal Year (FY) 17 was 82.0 megawatts (MW). Ongoing projects had reduced the demand by 10.7 MW of power since 2007, and projections for 2020 show an additional 11.3 MW reduction through ongoing measures, meaning that by 2020 we project that H+H electrical use would be approximately 63 MW of power; the system would still need 63 MW of power to be self-sufficient, and/or that there would remain a 63 MW draw off the grid. There are two options for H+H to move closer to electric power independence: 1) install a 20 MW cogeneration system which will reduce reliance on the Electrical Grid Demand to peak at 43 MW: or 2) install a 63 MW cogeneration system which will eliminate reliance on the Electrical Grid.

Brenda Schultz, Director, Finance, explained the varying scenarios. She noted that there were two options; producing 20 megawatts, using cogeneration, which would require an estimated \$126 million capital investment, for an estimated savings of \$82 million; or, producing 63 megawatts of power, which would require an estimated capital investment of \$400 million, for an estimated savings of \$253 million. Both options would provide a level of savings.

Mr. Page observed that the system was required to have duplicate power sources, for back-up. He stated that his vision of a goal would be to produce enough energy to support ourselves, and have the Con Edison grid as the back-up provider.

Mrs. Bolus asked if the potential for a decrease in Health + Hospitals square-footage had been considered. Ms. Weinstein said it was difficult to project the effect that may have, but the need would decrease as space decreased.

Mr. Page said it was important to note that self-sufficiency would be reached in small increments and each facility would be reviewed at the time of implementation. Mrs. Bolus asked if the co-generation plant at Kings County was large. Mr. Berman said yes, but it would only produce 60% usage needs for the facility. Mr. Iglhaut said that there was an excess of emergency generator

capacity. There is more emergency power at Kings County than is needed. When this project was incepted, the need to right-size generators will be discussed.

Mrs. Bolus asked if car usage had been included in energy discussions. Ms. Weinstein said no.

Ms. Weinstein said that the new building on the Coney Island campus was being designed to take into account all of these factors; usage, demand, etc.

Mr. Iglhaut stated that lighting load was the largest draw on the electrical system, not equipment, so a decrease in system wide square-footage would in turn decrease energy utilization.

Mrs. Weinstein noted that computers within the system remained on, in sleep mode, and turning them off would produce some additional savings.

Ms. Weinstein explained that all efforts were to meet the following goals; reduction of greenhouse gas emissions, enabling security and reliability, utilizing clean and renewable sources of energy, and increasing financial viability.

Mr. Page noted that financial viability coincided with emission reduction. It's a benefit that reduction of emissions is in turn a financial benefit, he said.

Ms. Weinstein noted that \$35 million had been saved since 2007, and an estimated 26% emission reduction. Trending shows a 42% emission reduction by 2022.

Ms. Weinstein said that the Department of Citywide Administrative Services (DCAS) and the New York Power Authority (NYPA) had been partners in these efforts, providing funds and project support.

Mrs. Bolus asked about protection and security for the cogeneration plants. Ms. Weinstein said she would review current security.

Mr. Page said it was dependent on the type of cogeneration but it appeared that it was the most economical form of local production of power, but fuel cells seem to be more easily right-sized.

Mr. Page noted that energy reduction efforts would evolve as the organization evolved. Ms. Weinstein agreed.

There being no further business, the meeting was adjourned at 10:40 A.M.

Finance Committee – March 14, 2018

As Reported by Bernard Rosen

Committee Members Present: Bernard Rosen, Dr. Mitchell Katz, Josephine Bolus, Mark Page

Mr. Bernard Rosen called the meeting to order at 11:07am. The minutes of the January 11, 2018 meeting were approved as submitted.

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. PV Anantharam began his report noting that things were on track, with the cash position being on target. Supplemental payments are flowing nicely, with formal Centers for Medicare and Medicaid Services (CMS) approval expected this month. Health + Hospitals received word from the State that the CMS regional office has signed off on outpatient Upper Payment Limit (UPLs) for 2016 and 2017. Ms. Bolus inquired about the amounts, and Mr. Anantharam noted they would be approximately \$209 million. Mr. Anantharam continued his report and noted that utilization trends continued to show declines. Budget figures through January are looking good, with revenues better than budget as are expenses. Good progress is being made on transformation initiatives with headcount reductions and revenue initiatives performance.

Health + Hospitals is close to finalizing, with the City, the indemnification agreements with the State that will allow \$120 million of Value Based Payments (VBP) and \$133 million of Care Restructuring Enhancement Pilots (CREP) dollars to begin flowing. Discussions with the State occurred on March 13, with the MOU targeted to be signed on March 14, with partial payments beginning in the next weeks. Mr. Mark Page asked what CREP was. Ms. Linda Dehart noted that it is part of a New York State

Department of Health (NYSDOH) Medicaid waiver program designed for public hospital systems in New York State. The program focuses on public hospitals' ability to work with the projected Managed Long Term Care (MLTC) and Behavioral Health- Home and Community Based Services (BH-HCBS) patient populations inside and outside the hospital, as well as during the transition from the hospital setting to either the home (community) or less intense levels of institutional care.

These pilots are intended to enhance the workforce's ability to serve the needs of these populations and to connect individuals with available services, with the end goal of closing gaps in services and ultimately leading to better care for individuals. Mr. Page asked if CREP was part of Medicaid, and Ms. Dehart confirmed it was part of the Medicaid waiver program. Mr. Anantharam noted it was \$400 million over four years. Mr. Anantharam concluded his report by noting that the postponement of the Disproportionate Share Hospital (DSH) cuts on the federal level will provide much needed relief to allow for revenue cycle and other efforts to be fruitful and put Health + Hospitals on good financial footing. With no further questions, the reporting was concluded.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Krista Olson began the utilization report reporting through January 2018. Starting with acute care hospitals, ambulatory care visits are down by 2.4% against last year. There is an active ongoing process to recruit staff across the system, with a particular focus on primary care. Acute Inpatient discharges are down by 2.3%. The largest decline is at Metropolitan, which has seen a commensurate increase in observation stays, which count as outpatient, which directly offsets these declines from a workload perspective. Ms. Olson continued her reporting on the Average Length of Stay which is more than a half-day greater at Health + Hospitals overall, compared to the citywide average, when adjusting for case mix. The expected length of stay is based on New York City SPARCS data using facility specific case mix. The reasons for why Health + Hospitals has a higher length of stay are likely a combination of differences in the patients we serve, documentation and coding differences, and discharge planning processes. Case mix index is up by 2.1% against last year at this time. Diagnostic and Treatment Center visits continue to decline, down by 7.2% compared to this time last year. Long-term care days are down by 2.2% compared with last year, primarily at Coler and Henry J. Carter.

Ms. Bolus asked about the total visits decline of 2.9% as it relates to the Gotham total decline of 7.2% and the ambulatory visits decline of 2.4%. Ms. Olson noted that volume of Gotham visits at 291,000 is muted by the acute ambulatory visits of 2.7 million, which leads to the total visits of 3.0 million and the 2.9% decline from FY17. Mr. Rosen noted that as he drives through Queens, there are ads for Gotham that he sees as well as urgent care centers throughout the borough. Dr. Mitchell Katz added as more doctors are hired that business will go back up. With no further questions, reporting was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT

MICHLINE FARAG

Ms. Michline Farag began her reporting on global full-time equivalents (GFTEs). For Global FTEs, Health + Hospitals is down 974 GFTEs since the start of FY18 through January. This is a total decline of 4,970 reduction since the implementation of FTE controls two years ago. For FY18 through January Budget numbers, receipts came in \$42.8 million better than budgeted, and disbursements are \$14.9 million better than projected.

Ms. Farag continued her report discussing the comparison of FY18 actuals to FY17 actuals through January. For direct patient care receipts, Health + Hospitals is doing better through January compared to last FY. Inpatient receipts are up \$80.3 million and outpatient receipts are \$52.3 million higher. This is due to the impact of the revenue cycle initiatives, which started to roll out in the late fall. Overall receipts in FY18 through January are \$645.4 million lower than last year. This is due to pools timing. Last fiscal year, Health + Hospitals received \$180 million more through January due to a large MetroPlus payment of almost \$175 million. At this time last fiscal year, Health + Hospitals had already received \$294.7 million more than this year in UPL payments and \$322 million in DSH. Mr. Fred Covino noted that although there is no MetroPlus distribution in this time period, it will be received in the next few months. Mr. Rosen noted that Health + Hospitals was doing well in direct patient care receipts.

In terms of total cash disbursements, Health + Hospitals is \$10 million lower than last fiscal year, due to PS and OTPS. Mr. Rosen noted that the system was going nicely on disbursements as well, holding aside City payments. Ms. Farag continued her report for FY18 through January actual receipts and disbursements against budget. Receipts are \$42.8 million better than budgeted, the majority of which is in patient care receipts - \$29.7 million better in inpatient receipts and close to target in outpatient. For cash disbursements, Health + Hospitals is slightly better than the target ending January \$14.9 million lower than the FY to date budget because of PS declines and associated fringe. With no further questions, reporting was concluded.

PAYOR MIX

KRISTA OLSON

Before the payor mix reporting began, Mr. Rosen asked if this would be a six-month report. Ms. Olson confirmed that the payor mix report is through the second quarter of December 2017. All three payor mix reports – Inpatient Discharges, Adult Outpatient Visits and Pediatric Outpatient Visits are showing a decline in the percentage of uninsured. Ms. Olson reported that the inpatient uninsured decline, 4.5% in FY18 from 5.3% in FY17, aligns with an increase in applications for insurance. The inpatient uninsured numbers were a shift primarily in Medicaid as it was in outpatient adults, 24.7% in FY18 from 26.1% in FY17. For outpatient pediatrics, the uninsured declines, 5.7% in FY18 from 6.9% in FY17, were due to an increase in Child Health Plus and in Medicaid plans. Mr. Rosen noted that Health + Hospitals was doing well in pediatric outpatient, and Ms. Olson confirmed that it was due to eligibility requirements for children compared to adults. Dr. Katz flagged Options in the outpatient adult report, with Mr. Rosen noting that Options allowed uninsured patients to pay what they could. Dr. Katz noted that Options needed to stop undermining the Affordable Care Act in which minimal fees were collected under Options for patients who are eligible for insurance. Insurance enrollment needed to be maximized with Options reserved for individuals who are ineligible for insurance.

ADJOURNMENT

BERNARD ROSEN

At the end of the meeting, Mr. Anantharam noted that the facility CFOs were in the audience, and he extended his thanks for their leadership in implementing the revenue cycle initiatives, including coding efforts, that have resulted in improved patient care receipts. There being no further business to discuss, Mr. Rosen adjourned the meeting at 11:26 a.m.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

As reported by Mr. Bernard Rosen

CHAIRPERSON'S REMARKS

Mr. Rosen welcomed everyone to the MetroPlus Board of Director's meeting of February 27th, 2018. Mr. Rosen stated that the meeting would consist of the Executive Directors report presented by Dr. Saperstein, followed by the Medical Directors report presented by Dr. Talya Schwartz. Mr. Rosen stated that there would be one resolution presented for approval.

BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the MetroPlus Board Committees that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Rosen at the Board meeting.

EXECUTIVE DIRECTOR'S REPORT

Mr. Rosen asked Dr. Saperstein, MetroPlus' Chief Executive Officer, to present his report. Dr. Saperstein's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Dr. Saperstein informed the Board that MetroPlus will be adopting New York City Health and Hospitals ("NYC Health + Hospitals") purchasing/contracting policy. However, the threshold will not be changed from 3 million to 5 million to reflect the changes that NYC Health + Hospitals are implementing because the Plan currently has one contract that falls in that range and it is not worth the administrative process to change the bylaws for just one contract. Dr. Saperstein stated that MetroPlus will be adopting the other suggestions in the contracting policy, such as, if there is a contract and the department is satisfied with the services being provided then the department can put in for a renewal with justification instead of having to go through the RFP process again. This will also allow a little flexibility on the purchasing of small amounts without having to go through multiple bids. If a contract has a certain pricing and there are competitors with much lower pricing an extension will not be justified. Mr. Still inquired as to how the Plan will be aware if they are getting the best pricing if an RFP is not done. Dr. Saperstein replied that the department requesting the RFP should have some knowledge of the market pricing. Mr. Still stated that if the Plan continues to extend contracts because of the department's satisfaction with services then it will defeat the purpose of having a procurement process. Mr. Williams stated that another point that Mr. Still was making is how the Plan will know if there is not a reduced cost from another competitor if an RFP is not done.

Dr. Saperstein read from the policy that stated that an expiring contract can be renewed rather than competitively procured if it meets the certain listed requirements. One being a persuasive written justification, the second being a cost benefit analysis, and lastly a pricing analysis to show that the price is fair and reasonable. Mr. Still inquired as to the longest term of a MetroPlus contract. Dr. Saperstein stated that the longest term of a contract for the Plan was DST with a term of 10 years.

Dr. Saperstein stated that the total Plan enrollment as of February 1, 2018 was 512,879. Dr. Saperstein stated that the Plan had the best application period ever. The Plan submitted 1,700 applications in one day, which is more than 2014 when open enrollment started. Dr. Saperstein attributed the strong open enrollment for this year to the Mayor's Office implementation of a program called Get Covered, whose goal was to get as many uninsured New Yorkers health coverage. Dr. Saperstein stated that the Plan has had a wonderful relationship with the Mayor's Office and that the Mayor's Office has made referrals and outreach to individuals who do not have insurance. Mr. Still asked if the program was just for the enrollment season or throughout the year. Dr. Saperstein replied that this was throughout the year. Mr. Roger Milliner, MetroPlus' Deputy Executive Director of Marketing, stated that the assistance from the program was heaviest during the open enrollment period but that the Plan is still working with Get Covered now that the enrollment period is over.

Dr. Saperstein stated that in 2017 the Plan's disenrollment rate was down with a peak of 3.96% and a low of 3.08%. Dr. Saperstein attributed some of the success of retaining the Plan's population to the Finity program. Dr. Saperstein stated that the Finity rewards program is a membership engagement program where the Plan gives rewards to individuals for meeting certain quality and clinical measures. Dr. Saperstein informed the Board that the Plan has capitalized off Finity's website and asked that Finity perform outreach calls for retention. Finity was also asked to conduct surveys on retention to specific providers to gain a sense of whether individuals who leave the Plan are going to specific providers or just leaving the Plan.

Dr. Saperstein stated that the Plan's renewal percentage reached a high of 79.40% for the year. This increase was due to outreach through text messaging and extended hours with renewal staff. Dr. Saperstein stated that a challenge that the Plan faced were the two renewal processes, one being paper based Human Resource Administration (HRA) recertification, the other being recertification through the New York State Health Exchange System. Dr. Saperstein stated that if an individual recertifies through the New York State Exchange System they lose their HRA reenroll and then become an electronic reenrollment. Dr. Saperstein informed the Board that the difference is that members who have enrolled previously through HRA have had a 90% reenrollment rate as opposed to members who had to enroll through the marketplace where there was about a 70% reenrollment rate.

Dr. Saperstein stated that one of the requirements that the State imposed is that all Medicare recipients over 65 must either apply for Medicare or show proof that they applied to Medicare and were denied because they were ineligible. If they do not apply, the individual can be dropped from Medicaid. The Plan currently has 600 members that fall into this category and have aggressively reached out to these individuals to assist them with the enrollment process. The original deadline was January 31st, but it has now been extended to February 7th. On March 1st the Plan will know how many of the 600 members reenroll for Medicare. The Plan has had challenges with a new Centers for Medicare and Medicaid Services (CMS) Mega Rule. Dr. Saperstein stated that if a provider is going to participate in Medicaid Managed Care they now also must be signed up and approved by Medicaid Fee for Services (FFS). Even if they do not perform any Medicaid FFS, to be in the managed care program, they must be in Medicaid. Dr. Saperstein stated that there are a lot of Plan providers that never signed up for Medicaid and the Plan is encouraging these providers to now sign up.

Dr. Saperstein updated the Board on the Deferred Action for Childhood Arrivals (DACA) status. The State has taken immediate action to guarantee these individuals continuing eligibility for health insurance even if Congress does not act. Dr. Saperstein stated that of the 42,000 DACA recipients in New York he is unaware of how many are enrolled in MetroPlus, but the good news is that there is a greater potential of the Plan being able to cover these members. Mr. Williams inquired as to how long the State will cover the DACA recipients. Dr. Saperstein replied that the only mention was that they will continue to cover this DACA population.

MEDICAL DIRECTOR'S REPORT

Mr. Rosen asked Dr. Schwartz, MetroPlus' Chief Medical Officer, to present her report. Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Dr. Schwartz informed the Board that her report was an abbreviated report as the Board had recently met five weeks ago. The Plan is in compliance with the Governor's executive order to adjust its co-pays for anti-viral medication for flu treatment. There are three tiers for flu treatment and for each tier the co-pay is higher. The Plan reduced the highest tier co-pay, which is just brand to the preferred brand. The Plan removed all utilization management requirements so that if any of the Plan's members want anti-viral flu medication they would only have to pay the co-pay. Dr. Saperstein stated that he thinks it is worth mentioning that the co-pay is only for the commercial population, and that there is no co-pay fee for the Medicaid population at all. Dr. Schwartz stated that for care management efforts, the Plan is focusing on educating members on the flu and how to receive treatment for the flu. With the cooperation of the Plan's providers, MetroPlus organized a community event to provide flu vaccination shots to members who had not yet received a shot. Dr. Schwartz referred to a table in her report and stated that although many members of the community showed interest in the event not many of the members attended the event.

Mr. Williams asked if it was correct that out of the 249 members that showed interest in the flu vaccination event, only 17 members showed up. Dr. Schwartz responded yes. Mr. Williams inquired if Queens had the best return as far as attendees and Dr. Schwartz responded yes. Mr. Williams stated that although not a lot of members attended these events it was still a positive for the Plan because of the fact that they did not show up does not mean that the members took no action on their own. Dr. Schwartz stated that this was true. Mr. Still inquired if the offices where the vaccinations were taking place was owned by MetroPlus and if NYC Health + Hospitals staff administered the flu shot. Dr. Schwartz answered that MetroPlus is not allowed to provide any type of care and that NYC Health + Hospitals staff or other providers administer the flu vaccination and that the offices do belong to MetroPlus. Dr. Saperstein stated that a lot of pharmacies ran out of flu vaccinations and that NYC Health + Hospitals has made it possible to make it available in the emergency room for everyone.

Dr. Schwartz discussed the opioid epidemic and how the Plan is addressing the challenges from the epidemic. Dr. Schwartz stated that one tool that the Plan is utilizing is the restriction of utilization management. Dr. Schwartz stated that the Plan is implementing a medical justification for continued short acting opioids. For long acting opioids the Plan requires authorization from day one. In conjunction with Caremark, the Plan has imposed restrictions on opioid dosage so if the provider requests a higher dosage a clinical justification is required, at that point it will be up to the Plan to approve or deny the request. Ms. Gillen inquired if the Plan is ensuring that the primary care providers are certified and asked what is being done on the primary care front. Dr. Schwartz stated that this has been a challenge for the Plan as individuals in the rehabilitation facility rebound within the first 90 days, with a 60% relapse rate. This has been a challenge across the industry. Another tool that the Plan is utilizing is education about opioids through Beacon Health Options, but Dr. Schwartz feels that the results have been insufficient. Ultimately, the Plan is looking to create a value-based purchasing program specifically for that line of business. Mr. Williams asked if Dr. Schwartz will be available to attend the National Urban Health Conference to speak on the opioid epidemic and get direction for the benefit of MetroPlus. Mr. Siegler added that Dr. Allen, NYC Health + Hospitals' Chief Medical Officer, and Charles Barren, Head of Behavioral Health and Substance Abuse are focused on training more primary care providers to be able to administer treatment. Mr. Siegler stated that NYC Health + Hospitals sees the issue as a lack of providers on their end. Dr. Schwartz stated that the Plan is training its clinical staff on how to respond to overdosing. This training is mandatory for all clinical staff to recognize overdosing and learn how to treat overdosing.

Dr. Schwartz stated that the HARP population services are severely underutilized and because of this the State is deciding to put stimulus into it to push the plans into encouraging the members into Health Home. There are two incentives being presented by the State, the first being the MCO Quality Incentive (\$25M), the second being the HCBS Infrastructure (\$50M). Dr. Schwartz stated that the qualifications for both incentives are still not quite clear. Mr. Siegler and Dr. Schwartz agreed to work together to figure out the qualifications.

Dr. Schwartz informed the Board of issues the Plan faced with lab services going out of network. Dr. Schwartz stated the Plan is resolving this issue by identifying frequent offenders of sending patients to out of network labs and redirecting referrals. So far, the Network Relations Department has identified 50 repeat offenders and hope to save money by referring members to in network labs.

Dr. Schwartz stated that since Mr. Siegler joined the Board the Plan is trying to enhance collaboration with Provider Systems and highlighted the collaborative efforts listed in the report attached hereto.

ACTION ITEM

The resolution was introduced by Mr. Bernard Rosen, Chairman of the MetroPlus Board of Directors.

Approving a resolution to be presented to New York City Health and Hospitals ("NYC Health + Hospitals") Board of Directors to appoint Nella Lewis to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

There being no further business Mr. Rosen adjourned the meeting at 3:51 P.M.

FEDERAL REPORT

Last week, Congress passed a \$1.3 trillion spending plan that adds both domestic and military spending in accordance with a broad agreement reached by Congressional leaders at the end of February. After initially threatening to veto the bill, the President signed the omnibus measure which funds the government through the end of this federal fiscal year. NYC Health + Hospitals is very thankful for the support we received from New York's Congressional delegation during the budget process this year. To recap the issues of critical importance to NYC Health + Hospitals, the Bipartisan Budget Act of 2018 that Congress passed last month included a 2 year delay of disproportionate share funding cuts, reauthorized funding for community health centers and further extended the Children's Health Insurance Program. Additional funding to fight the Opioid epidemic was also included in the budget last week. In particular, I'd like to thank Senator Charles Schumer and Congressman Eliot Engel for their leadership on our issues.

STATE REPORT

In Albany, legislative leaders are working towards an agreement for the State Budget and details are not finalized at the time of this writing. Of the issues of importance to NYC Health + Hospitals, we were working to make sure that we had access to the Healthcare Shortfall fund if one is going to be created. The State wants to set funds aside to be used in the event of federal funding reductions. We were also working to secure new funding for an enhanced safety net reimbursement rate increase. Health + Hospitals has been advocating for this increase over the past year. In addition, even though federal Disproportionate Share Funding cuts were delayed by Congress, we've been advocating for a workgroup to further study DSH and other reimbursement issues in the event of future cuts two years from now. I'd like to thank our community advisory board members, our labor partners and healthcare advocates for their advocacy on funding for Health+ Hospitals.

CITY REPORT

Two weeks ago, I testified before the City Council Hospital Systems Committee on our FY Preliminary Budget. In my testimony, I explained my priorities for the system including invigorating and expanding primary care, improving access to specialty care and bringing fiscal solvency to Health + Hospitals. As you can imagine, the Council had dozens of questions for me and was eager to hear the details on how I will achieve these priorities. I highlighted the broad categories for how we will achieve these goals by: reducing administrative expenses, billing insurance for insured patients, more effective coding and documentation, retaining paying patients, making investments into revenue generating positions, providing additional specialty services and converting eligible but uninsured patients into insured patients. I committed to providing more detail on these items when we testify before the Council again later in May on the FY2019 Executive Budget.

ONECITY HEALTH UPDATE

OneCity Health's call for applicants for its \$5M Innovation Fund generated more than 41 applications from 55 organizations. This special fund provides NYC Health + Hospitals and DSRIP community partners to apply for funding beyond targeted DSRIP programs to design and implement an innovative program to reduce avoidable hospitalizations, improve community health outcomes, and address social determinants of health. OneCity Health expects to fund up to ten awards that will be announced in April. The selection committee is comprised of OneCity Health, New York Immigration Coalition, United Hospital Fund, Northern Manhattan Perinatal Partnership and the Greater New York Hospital Association.

OneCity Health continues to implement strategies linking individuals with appropriate social services including screening them for unmet social needs.

Following the launch of NowPow trainings for all NYC Health + Hospitals staff and OneCity Health partners, 115 partner organizations are now using the software that allows users to identify social services resources, refer patients to services, and track engagement.

To date, OneCity Health has held two trainings for NYC Health + Hospitals staff and community partners on addressing the housing needs of patients, attended by 66 people.

To date, 194 staff from NYC Health + Hospitals and community partner organizations have been trained on how to screen and refer for legal needs of clients and patients.

To support partners in the transition from volume-based payments to value-based payments, OneCity Health provided an educational webinar, “Getting Ready for Value-Based Payment: Strategy and Information Management”, in collaboration with the McSilver Institute for Poverty Policy and Research.

NEW APPROACH FOR PURCHASING MEDICATIONS

WILL YIELD \$31.5 MILLION IN SAVINGS

I am pleased to inform the Board of a successful negotiation we completed on our pharmaceutical distribution contract with Cardinal Health. After a competitive RFP process, we negotiated a 3-year agreement with two one-year renewal options with Cardinal that will result in more than \$31 million in savings to our health system. Every year, we spend approximately \$200 million on medications for our patients, including patients served by Correctional Health Services. Given the large number of uninsured and underinsured patients we serve, we are able to purchase a large percentage of our medications at the lowest pricing level, often referred to as 340B pricing. The new arrangement with Cardinal Health offered the best value and will provide additional discounts beyond the 340B program. As you know, contracts for goods and commodities are not required to come before the Board, but I wanted to share the good news. This represents a large and important part of our business and our new approach to maximize our purchasing power to achieve savings and efficiencies.

FEDERAL GRANT HELPS TWO BRONX PUBLIC HOSPITALS

EXTEND PEDIATRIC DENTAL SERVICES

NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx have expanded access to pediatric dental services thanks to a \$2.5 million grant from the federal Health Resources and Services Administration that allowed the hospitals to serve an additional 2,500 children over the past two years. The grant funds were used to employ additional pediatric dental staff experts, purchase equipment, facilitate expanded hours of operation and build community collaborations. Tooth decay is the most prevalent childhood disease, affecting more youngsters than asthma or hay fever. This grant and the great work done by our dental team represent the commitment of our health system to provide world-class outpatient care to all New Yorkers and help more children establish a dental home by their first birthday.

\$22 MILLION EXPANSION OF CITY’S PLAN TO

COMBAT OPIOID EPIDEMIC

Mayor Bill de Blasio and First Lady Chirlane McCray this month announced a \$22 million annual investment to expand HealingNYC, the citywide plan to combat the opioid epidemic. This new investment will create peer intervention programs at more hospitals across the City, increase naloxone distribution and training on how to use this lifesaving drug, and connect more New Yorkers struggling with substance misuse to treatment. With this new investment, the City will spend a total of \$60 million annually to reduce opioid overdose deaths. This new funding will start in Fiscal Year 2019 and be at full ramp up in Fiscal 2020. The additional funds will help New York City Health + Hospitals expand our peer advocate program from three to all 11 emergency departments by the end of 2018, and expand the Consult for Addiction Treatment and Care in Hospitals (CATCH) program from four to six hospitals in our health system. The six included: NYC Health + Hospitals/Bellevue, /Lincoln, /Metropolitan, /Coney Island, /Elmhurst, and /Woodhull. These sites were chosen because their neighborhoods are some of the hardest hit by the opioid epidemic.

NYC HEALTH + HOSPITALS PATIENT CARE SITES CERTIFIED

AS OPIOID OVERDOSE PREVENTION PROGRAMS

NYC Health + Hospitals this month announced that 17 of our patient care sites are now certified Opioid Overdose Prevention Programs. The certification by the New York State Department of Health enables the 11 public hospitals and six large Gotham Health centers to routinely dispense naloxone based on best practices, including overdose prevention training of patients and community members. Simply stated, increasing naloxone availability saves lives. Making naloxone easily accessible to our patients and members of the community who may have friends or family struggling with opioid use is an important part of New York City’s response to the opioid epidemic. And our pursuit of State certification at all these sites underscores how important a priority this is for us.

GETCOVEREDNYC CAMPAIGN SURPASSES HEALTH INSURANCE

ENROLLMENT GROWTH

Mayor de Blasio this month announced that the city's GetCoveredNYC campaign helped enroll 80,000 New Yorkers in new health insurance plans last year, surpassing the goal to enroll 50,000 New Yorkers in quality, affordable health insurance in 2017. The initiative is a partnership between the Mayor's Public Engagement Unit, NYC Health + Hospitals, Department of Health and Mental Hygiene, Human Resources Administration and our MetroPlus Health Plan. GetCoveredNYC outreach specialists proactively engage uninsured New Yorkers, providing free support in over 12 languages to help people understand their eligibility and assist them throughout the enrollment process.

As of the close of Open Enrollment on January 31, 2018, over 2,267,000 New York City residents were insured through the New York State of Health, the health insurance marketplace created under the Affordable Care Act (ACA). This is an increase of more than 263,200 new enrollments, or 13%, over the previous year. Expanding insurance coverage is a critical priority to connect people to primary care and to reduce the incidence of expensive episodic care. Significantly surpassing last year's enrollment target means more than just the numbers; it means improving the quality of more people's lives.

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX

DESIGNATED GOLD SAFE SLEEP CHAMPION

NYC Health + Hospitals/North Central Bronx is the first hospital in the Bronx to be designated a Gold Safe Sleep Champion by Cribs for Kids®, a national safe sleep hospital certification program. To earn the designation, the hospital was required to demonstrate its commitment to best practices in promoting safe sleep guidelines recommended by the American Academy of Pediatrics and educating patients and families about how to reduce the risk of injury and death to infants while sleeping. Our health system now has seven hospitals that have received this national designation: NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Queens.

GLOBAL HEALTH INSTITUTE AT NYC HEALTH + HOSPITALS/ELMHURST

PARTNERS WITH UNITED NATIONS

NYC Health+ Hospitals/Elmhurst launched a webinar series for the United Nations Medical Services Division as part of the agency's Continuous Medical Education program. Hosted by Dr. Joseph Masci, director of the hospital's Global Health Institute and a well-known infectious disease expert, the series will serve more than 300 UN physicians, nurses, paramedics, and other health care workers in countries around the world. The webinars allow UN health care providers in the most remote and resource-poor locations to enhance their clinical skills, promote patient safety, and improve patient outcome. Under Dr. Masci's leadership and expertise, the Global Health Institute at NYC Health + Hospitals/Elmhurst is greatly advancing global understanding of public health issues. The hospital plans additional webinars on malaria, dengue fever and HIV/AIDS.

NYC HEALTH + HOSPITALS/KINGS COUNTY CELEBRATES PARTNERSHIP

WITH RONALD MCDONALD HOUSE

I had the pleasure to join the team at NYC Health + Hospitals/Kings County to celebrate the successful partnership with the Ronald McDonald House. NYC Health + Hospitals/Kings County is the only health care facility in New York that is home to a Ronald McDonald Family Room and has been able to extend the services of Ronald McDonald House to over 1,000 family members in its first year. NYC Health + Hospitals/Kings County is the only public hospital in the country that has a Ronald McDonald Family Room. This sanctuary for families of Neonatal Intensive Care Unit patients provides an extension of the services that have become synonymous with the Ronald McDonald House® brand. Caregivers now have access to a comfortable space with snacks and refreshments, entertainment and laundry, steps away from their admitted child.

A SPECIAL WAY TO RECOGNIZE WOMEN'S HISTORY MONTH

The post-acute care team at NYC Health + Hospitals/McKinney in Central Brooklyn this month honored six female centenarian residents as part of their Women's History Month activities. Each of these residents have reached their 100th birthday — together they celebrated 600 years of life and were joined by their families, staff and local elected officials. The Central Brooklyn post-acute care facility provides high quality short-term rehabilitation, long-term skilled nursing services and specialized care by a dedicated medical team who deliver 24-hour care to facilitate each resident's healing and recovery. This special event was a wonderful demonstration of their true patient-centered approach and the sincere love and compassion they share for the residents under their care.



Strategic Planning Committee Update and System Scorecard

Matt Siegler
SVP Managed Care and Patient Growth

Dr. Eric Wei
Chief Quality Officer

April 26, 2018



Recent City Council Testimony and Key Priorities

Top Three Priorities

- invigorate and expand primary care,
- improve access to needed specialty care
- bring fiscal solvency to Health + Hospitals

Results

- better address community health needs
- improve the patient experience
- maximize opportunities for new revenue



Seven Point Financial Plan

For Health + Hospitals to be viable and to provide the services our community needs, we must take the following seven actions:

- **Reduce administrative expenses**
- **Bill insurance for insured patients and contract effectively with managed care plans**
- **Code and document effectively so that we can receive the payment we deserve**
- **Stop sending away paying patients**
- **Invest resources into hiring positions that are revenue generating**
- **Start providing those specialized services that are well reimbursed**
- **Convert uninsured people who qualify for insurance to be insured**



Strategic Plan and System Scorecard

- Currently developing executive budget submission and updated strategic plan
- Aim is to build on the core vision and mission of Health + Hospitals, while empowering teams across the organization to execute on key goals
- Updated system scorecard reflects key goals and initiatives
- Currently aligning dashboards and metrics across the organization



Updated System Scorecard – FY 2018, April

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				FY 2018				
**	1	Unique primary care patients seen in last 12 months	VP PC	Annually	422,000	N/A	N/A	424,774 446,259
Improve Access to Specialty Care				Q4 2018				
	2	Number of e-consults completed/quarter	CPHO	Quarterly	11,000	6107	4893	3908 3049
Stabilize Budget								
	3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	↑	55%	N/A	60% 52%
	4	# insurance applications submitted/month	CFO + SVP MC	Quarterly	20,100	17,473	-13%	N/A 14,935
	5	% of M+ medical spend at H+H (CY 18)	SVP MC	Quarterly	42%	39%	-3%	37% 36%
*	6	Total AR days per month (excluding in-house)	CFO	Monthly	45	45.5	-1.9	46.9 51.9
Information Technology								
**	7	Epic implementation milestones	CIO	Quarterly	100%	N/A	N/A	N/A N/A
	8	ERP milestones	CIO	Quarterly	100%	100%	0	N/A N/A
Quality and Outcomes				CY 2018				
*	9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	61.88%	-3%	- -
*	10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	-	-	- 62%
	11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	64.4%	-2.2%	63.9% 64.4%
	12	% Left Without Being Seen in EDs	CMO + CQO	Monthly	4%	7%	-3%	5% 6%
Patient Satisfaction				CY 2018				
*	13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4	60.8	-7%	60.4 60.2
*	14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6	82.1	-2%	81.5 80.4
*	15	Post-acute care - likelihood to recommend (mean)	PC	Semi-Annually	84.3	-	-	82.3 82.3
Culture of Safety				CY 2018				
	16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	62%	-14%	59% NA
	17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	72%	-2%	62% NA
	18	Ambulatory (D & TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	39%	-11%	41% NA

* = retained from prior scorecard
** = retained with updated benchmarks



Updated System Scorecard Glossary

Increase Primary Care

1 Unique primary care patients seen in last 12 months New metric Measure of primary care growth and access; measures active patients only, period = FY 17

Improve Access to Specialty Care

2 Number of e-consults completed/quarter New metric Top priority initiative and measure of specialty access

Stabilize Budget

3 Patient Care Revenue/Expenses New metric Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control

4 # insurance applications submitted/month New metric Top priority initiative and measure of efforts to convert self-pay to insured

5 % of M+ medical spend at H+H New metric Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend

6 Total AR days/month (excluding in-house) Retained metric Unity/Soarian. Total AR days, excluding in-house

Information Technology

7 Epic implementation milestones Updated metric Reflects updated deployment schedule: Enterprise validation and build + four acute care + one ambulatory facility live; testing and training at two other acute care and two ambulatory facilities on track.

8 ERP on track New metric Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design

Quality and Outcomes

9 Sepsis 3-hour bundle Retained metric NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score

10 Follow-up appointment kept within 30 days after behavioral health discharge Retained metric Follow-up appointment kept with-in 30 days after behavioral health discharge as reported by the MCO (Emblem & MetroPlus) data for VBP QIP submission

11 HgbA1c control < 8 New metric Population health measure for diabetes control

12 % Left Without Being Seen in EDs New metric Measure of ED efficiency and safety

Patient Satisfaction

13 Inpatient care - overall rating (Top Box) Retained metric Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

14 Ambulatory care (medical practice) - Recommend Provider Office (Top Box) Retained metric Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

15 Post-acute care - likelihood to recommend (mean) Retained metric Press Ganey Survey. Likelihood to recommend (mean)

Culture of Safety

16 Acute Care – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety

17 Post-Acute Care – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety

18 Ambulatory (D & TC) – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for \$160 million which is funded in the City’s Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital funds, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5.

WHEREAS, NYC Health + Hospitals is undertaking a Network and Unified Communication Infrastructure Upgrade (“Network Refresh”) project to upgrade the network infrastructure to accommodate application growth, increase bandwidth for faster application response times, support interoperability and maintain stability, and to migrate to a Unified Communication Voice-Over-Internet-Protocol (VOIP) voice and data communication system; and

WHEREAS, an updated communication system is essential to operate efficiently and to support new technologies for such initiatives as the Epic Electronic Medical Record, Epic Revenue Cycle, DSRIP, and payroll/ time keeping systems; and

WHEREAS, the Network Refresh will provide the ability to share various business, clinical and data applications both within NYC Health + Hospitals and over the Internet, allowing NYC Health + Hospitals to communicate from system to system and/or system to end-user/clinician, our patients and business partners; and

WHEREAS, the Network Refresh project is funded via the City’s Capital Budget in the amount of \$160 million over the next 4 years, to procure all networking and VOIP hardware and equipment components, and all services needed to implement, configure and install the equipment, migrate and cutover to the new infrastructure; and

WHEREAS, of the total amount of \$160 million, at the present time, NYC Health + Hospitals is seeking authority to procure the necessary services, including wireless surveys and staff augmentation, to implement the Network Refresh for an amount not to exceed \$32 million; and

WHEREAS, EITS shall make regular periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of this project.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for \$160 million which is funded in the City’s Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital funds, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5.

EXECUTIVE SUMMARY

Background:

New York City Health + Hospitals is undertaking a Networking and Unified Communications Infrastructure Upgrade (“Network Refresh”) to configure, test, install, and cutover from a Private Branch Exchange (PBX) to a Unified Communication Voice-Over-Internet-Protocol (VOIP) voice and data communication system. The Network Refresh will upgrade and maintain a network infrastructure that will accommodate application growth, increased bandwidth for faster application response times, support interoperability and maintain stability.

The Network Refresh project includes the procurement of all the hardware to connect the facilities to the data center (routers and core switches), the hardware to connect departments to these core switches, the circuits for connectivity between the facilities, the wireless network at each facility, an upgraded phone system running Voice Over IP technology and the associated cabling and wireless services needed to design, install and tune the installations once completed.

There are two primary drivers for this refresh. The first is to replace aging equipment (the average age for the phone systems is 30 years, while the average age for the network equipment is 10 years). The second is to meet the needs of enterprise initiatives including ERP, Epic, BioMed and the Contact Center. The upgraded network infrastructure will support end user devices including desktop computers, mobile devices, biomedical devices, and future needs such as video consultations as part of telehealth and telemedicine.

The implementation of the Voice Over IP (VoIP) technology will allow our calls to flow over our network within the facility and across the facilities and will allow NYC Health + Hospitals to change their long distance and calling services from a pay per minute to paying per call with unlimited minutes similar to a cell phone plan. Currently the only facilities using this technology are Henry J. Carter with current implementations underway at Queens and Elmhurst.

The largest portion of the \$160 million will be used to procure the equipment needed to support the infrastructure, while \$32 million will be spent for services related to design, implementation, wireless surveys, and tuning of the equipment purchased. All of these services will be performed at each facility.

At each facility, the process starts with a wireless survey, to scan the facility and identify any conflicting wireless networks from surrounding buildings, instruments, or other devices that could cause interference with the network. Once the survey is completed, the provider can indicate where the wireless access points need to be placed throughout the facility building(s) in order to provide optimal coverage. Once implementation is completed, the provider will come in and review the performance of the network, to identify any gaps in coverage that were not previously addressed during the installation phase.

Similar services are also performed for the Voice Over IP system, to identify any wiring replacement to the end user devices, or between the networking equipment, required to ensure optimal services. The variance in cost across the facilities depends on the size of the facility and the number of departments and related complexity due to additional needs.

EITS has completed a network refresh at Elmhurst, Queens, and Woodhull, with partial work done at Coney Island, Jacobi, and North Central Bronx, with separate capital funds obtained before the current funding.

Financing:

The program is funded up to \$160 million through the City's Capital Budget, over the next 4 years. Of the total amount of \$160 million, at the present time, NYC Health + Hospitals is seeking authority to procure the necessary services, including wireless surveys and staff augmentation, to implement the Network Refresh for an amount not to exceed \$32 million.

Procurement:

The services required for the proposed implementation will come from many service providers for wireless surveys and staff augmentation. Contracts for such services will greatly range in value from hundreds of thousands of dollars to millions of dollars. All vendors will be procured in accordance with NYC Health + Hospitals' Operating Procedure 100-5. All contracts will be reported to the IT Committee of the Board at regular periodic intervals with such detail and in such format as the Committee requests.



NYC Health + Hospitals Board of Directors Meeting

Resolution to Implement a Network and Unified Communication Infrastructure Upgrade Throughout the System

Kevin Lynch, Senior Vice President and Chief Information Officer
April 26, 2018

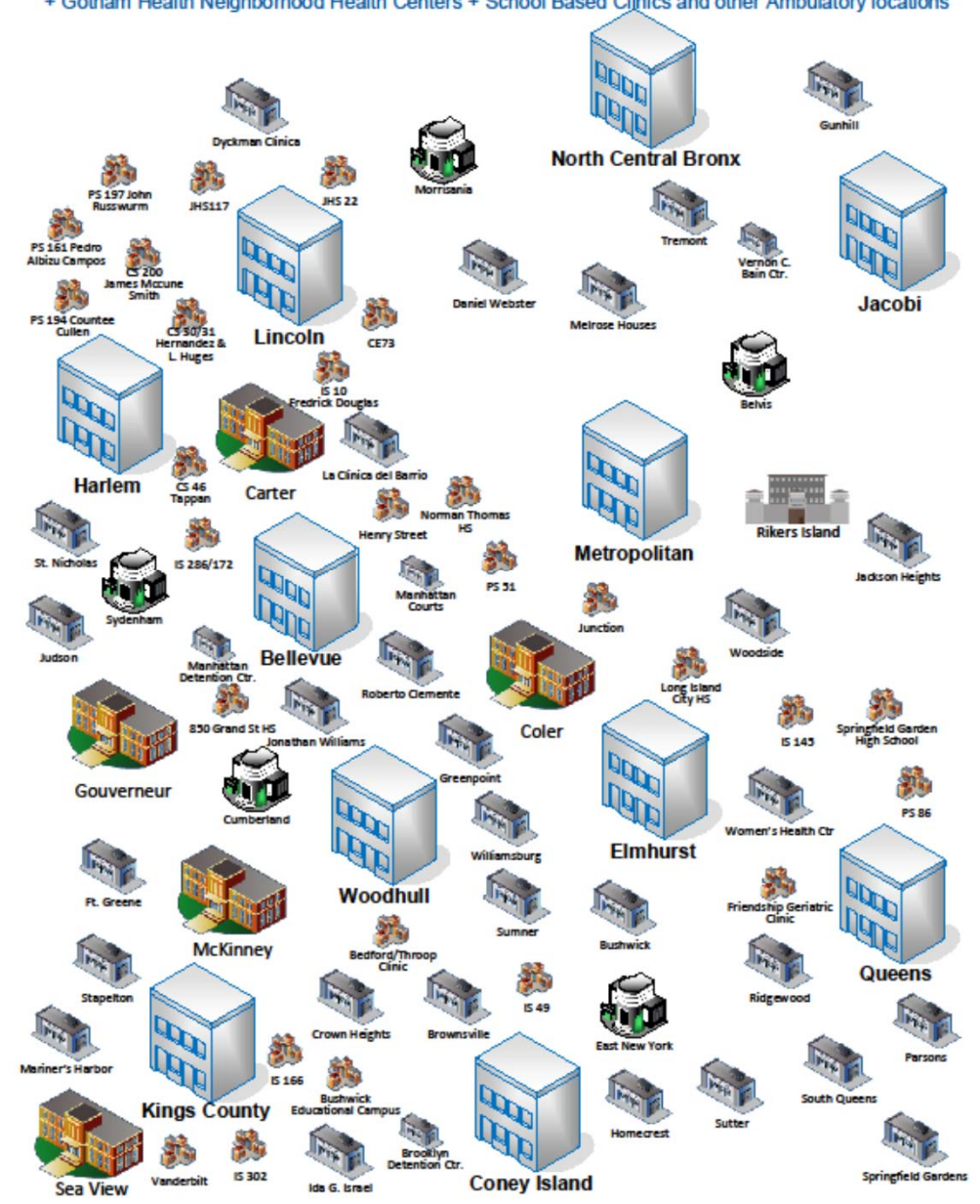


Resolution Review

- At the IT Committee meeting on April 12, 2018, the following resolution was presented. It authorized the expenditure of \$32 million in capital funds for this project.
 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System and to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in capital funds, which is allocated in the City Capital Budget, over the next four years, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.
- Per discussion at the meeting, the Committee revised the Resolution to be presented to the Board of Directors as reflected below:
 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for \$160 million which is funded in the City’s Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital funds, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating



NYC H+H
Acute Facilities + Post Acute Care + Correctional Health Services+ Gotham Health Major Facilities
+ Gotham Health Neighborhood Health Centers + School Based Clinics and other Ambulatory locations



Resolution Review – Additional Information

- The intent of the infrastructure upgrade ensures the appropriate IT equipment is in place to support the needs of an enterprise IT systems specifically Electronic Medical / Health Record System, ERP, and other major IT systems.
- Infrastructure upgrades include our wide area network circuits, local area network switches, network cabling, and legacy telephone systems.
 - \$160M is for hardware & services is funded by the City Capital Budget.
- \$32M (which is included in the above \$160M) is allocated for professional services to conduct LAN/WiFi assessment/surveys and installation of the needed hardware. These services will focus on the evaluation needed for WiFi throughout our buildings to include determining proper placement of access antennas to prevent any dead spots, evaluation of any needed network cabling, and network switches.



Resolution Review – Defintions

- Local Area Network (LAN)
 - The network system that connects the end user devices including computers, printers, WiFi/ mobile devices, along with the needed network switches and network cabling within a building or hospital.
- Wide Area Network (WAN)
 - The telephonic/fiber circuits that connect our 70+ locations together, and to the internet to access I.T. Systems.
- Voice over Internet Protocol (VoIP):
 - Technology that leverages our LAN/WAN for voice and teleconference communications.



Infrastructure Timeline

- Infrastructure upgrades for WAN, LAN & WiFi need to be complete 90 days before each Go Live event.
- VoIP can take place post Go Live Stabilization.
- We expect to start the WiFi assessment in late spring 2018 and should be completed with both assessment and implementation by spring 2020.



Resolution

- Resolution to Implement a Network and Unified Communication Infrastructure Upgrade Throughout the System
 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for \$160 million which is funded in the City’s Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital funds, all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5.



Questions



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Grant Thornton, LLP (“Grant Thornton”) to provide auditing services over a four year term at a total cost throughout the term not to exceed \$4,452,225, including a 15% contingency fee for billable services.

WHEREAS, the System issued a request for proposals for the provision of the necessary auditing services which was approved by the Contract Review Committee by its letter dated January 24, 2018; and

WHEREAS, KPMG has been the System’s auditor for more than 30 years; and

WHEREAS, in response to the request for proposals, six audit firms submitted proposals of which KPMG and Grant Thornton were the two highest-rated and both presented before the Selection Committee; and

WHEREAS, the President exercised his authority acting in the best interest of the System to recommend to the System's Audit Committee and its Board of Directors that the System enter into a contract with one of the two firms highest-rated by the Selection Committee, Grant Thornton, on the basis that a new, highly-qualified auditor will provide a fresh perspective on the System's controls and audit; and

WHEREAS, under the proposed agreement, Grant Thornton will provide auditing services for the System for the next four fiscal years; and

WHEREAS, Grant Thornton will:

- Prepare an audit and render an opinion of the annual financial statements for the System and its Component Units, and if necessary, render a management letter addressing any material weaknesses;
- Issue/present a report to the MetroPlus audit committee;
- Review and if necessary, audit MetroPlus’ Regulatory Schedules;
- Certify/Attest reports for 6 Ambulatory Health Care facility reports and 4 Residential Health Care Facility reports;
- Issue annual debt compliance letters in connection with System bonds; and
- Prepare annual Federal Form 990 for Gotham and any NYS Charities filings required;
- Provide 300 hours of tax advisory services;
- Provide professional staff developmental days (6 up to 150 per year) ;
- Provide reports of CPA hours worked for wage index reporting; and
- Provide additional billable services for debt issuance fees, tax advisory services and Governmental Accounting Standards Board implementations; and

WHEREAS, the proposed agreement for Grant Thornton’s services will be managed by the Deputy Corporate Comptroller for the Office of the Corporate Comptroller.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Grant Thornton to provide auditing services for the System over a term of four years with the total cost of the agreement throughout the term not to exceed \$4,452,225, inclusive of a 15% contingency fee for billable services.

**EXECUTIVE SUMMARY
AUTHORITY TO CONTRACT
WITH GRANT THORNTON, LLP FOR AUDIT SERVICES**

BACKGROUND: The purpose of the proposed agreement is to contract with an independent public accounting firm to perform annual audits of the financial statements for the next four fiscal and calendar years of reporting. This is a requirement of the NYC Health + Hospitals Corporate by-laws as well as the Public Authorities Accountability Act. Also, Federal and State agencies require audit certification/attestation of some of the System's cost reports that are filed. KPMG has been the System's auditor for over 30 years pursuant to a succession of Board authorizations and contracts.

PROCUREMENT: The System issued a Request for Proposals on January 31, 2018. Six proposals were received, evaluated and scored. KPMG and Grant Thornton were the two highest rated proposers and they were invited to present before the Selection Committee. Vendor presentations were held on Friday March 9, 2018. Through this process, the Selection Committee evaluated the proposals and presentations on the basis of the firms' qualifications, staffing levels, and audit team make-up, experience in NY City/State governmental and health care auditing, experience in Federal and NY State reimbursement methodologies and regulations, experience with public bond offerings and related requirements of underwriters and attorneys, understanding of work to be performed, depth of tax consulting, and professional fee. Based on the evaluation criteria, KPMG and Grant Thornton were both determined to be competent to provide the necessary deliverables required by the System.

Pursuant to his authority granted in OP 100-5, the President exercised his authority acting in the best interest of the System to recommend to the System's Audit Committee and its Board of Directors that the System enter into a contract with one of the firms, Grant Thornton, on the basis that a new, highly-qualified auditor will be able to provide a needed fresh perspective on the System's controls and audit. The President took note of the spectrum of opinions from the accounting community regarding the benefit of changing audit firms periodically, considered the particularly long tenure of KPMG with the System, and recognized that Grant Thornton was an RFP finalist with KPMG. The President's view was that a change of audit firms after 30 years will be beneficial to the System.

BUDGET: The cost of the proposed agreement will not exceed \$4,452,225 over the full four year term. This amount includes a 15% contingency for work on related matters. The total amount has been budgeted and signed off by Central Finance.

TERM: The term of the proposed agreement is four years.

Request for Authority to Engage Accounting Firm for Auditing Services

Board of Directors Meeting

April 26, 2018



Overview of Procurement Process

- Contract Review Committee approval granted on January 23, 2018, for issuance of a Request for Proposal (RFP) for audit services
- RFP issued January 31, 2018
- Mandatory pre-bidder's conference held on February 8, 2018
- Responses to RFP received from six audit firms February 26, 2018
- First round scoring occurred on March 5, 2018
- Two highest rated firms, Grant Thornton and KPMG, invited for interviews with Selection Committee on March 12, 2018



RFP Evaluation Criteria and Selection Committee Members

Evaluation Criteria

- Qualifications of staff, staffing levels, and audit team make-up
- Experience in NY City/State governmental and health care auditing
- Experience in Federal and NY State reimbursement methodologies and regulations
- Experience with public bond offerings and related requirements of underwriters and attorneys
- Understanding of work to be performed
- Depth of tax consulting
- Fee

Evaluation Committee:

- Linda Dehart, Asst. Vice President
- Olurotimi Diyaolu, Controller – HCF
- Jozef Dubroja, Director Fiscal Affairs
- Barbara Keller, Deputy Counsel
- James Linhart, Deputy Corporate Comptroller
- Jose Santiago, Controller – MetroPlus
- Tatyana Seta, CFO – OneCity Health
- Manuela Brito, CFO – Post Acute Care



Proposals

- Proposed fees ranged of from \$3.3 million to \$11.3 million
- Of the six firms considered, KPMG and Grant Thornton were both determined to be competent to perform the work
- Grant Thornton's fee proposal is marginally lower than KPMG
- Pursuant to OP 100-5, the President is recommending that the System enter into a contract with Grant Thornton on the basis that a new, highly-qualified auditor will be able to provide a needed fresh perspective on the System's controls and audit.



About Grant Thornton

- Ranked 6th largest accounting firm in the metro New York area
- Auditors for The City of New York since 2016, and The Centers for Medicare and Medicaid Services (CMS)
- Over 600 professionals nationally dedicated to healthcare providers
- 1,280 healthcare clients, including 2 public health systems in New York:
 - Westchester County Health Care Corporation
 - Nassau University Medical Center



Grant Thornton Audit Team

- Tami Radinsky, Partner, Northeast Health Care Leader
 - Will serve as Lead Engagement Partner
 - Big Four firm accounting experience
 - Over 17 years of experience in external and internal audits

- Louis Feuerstein, Managing Director, Health Care Industry
 - Will oversee relationship with New York City Health + Hospitals
 - Prior partner with Ernst & Young
 - Over 35 years experience in health care
 - Managed the Ernst & Young's healthcare consulting practice in New York



Grant Thornton Audit Team (continued)

- Frank Kurre, Partner, Northeast Regional Leader
 - Managing partner for all services provided by Grant Thornton to clients in eight states

- Dana Wilson, Partner, Insurance Industry Audit Practice Leader
 - Serve as engagement audit partner for all insurance related deliverables

- Daniel Romano, National Managing Partner, Not-for-Profit Tax Leader
 - Provide tax consulting and compliance services



RESOLUTION

Approving the designation of Sheetal Sood, Senior Executive Compliance Officer, as the New York City Health + Hospitals (the “System”) Record Management Officer (“RMO”), as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System’s records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the implementing regulations thereof.

WHEREAS, § 57.19 of Article 57-A of the New York State Arts and Cultural Affairs Law (Local Government Records Law), and its implementing regulation found at 8 NYCRR § 185.2(a)(1), require the governing body of each local government to designate a RMO who will be responsible for developing and coordinating the local government’s records management program; and

WHEREAS, the System, as a public benefit corporation created under the laws of the State of New York, meets the definition of a local government under New York State Arts and Cultural Affairs Law § 57.17(1); and

WHEREAS, William Gurin, former Deputy Corporate Compliance Officer within the System’s Office of Corporate Compliance (“OCC”) and former RMO of the System, left the System on March 9, 2018; and

WHEREAS, Mr. Gurin’s departure from the System has created a vacancy in the RMO position; and

WHEREAS, New York State Education Department regulation 8 NYCRR § 185.2(b)(1) requires that whenever a vacancy shall occur in the position of the RMO, a replacement shall be designated within sixty (60) days; and

WHEREAS, Ms. Sood currently holds the functional title of Senior Executive Compliance Officer within the System’s OCC, and is charged with senior compliance oversight of the System’s HIPAA privacy and security compliance functions; and

WHEREAS, the Acting Chief Corporate Compliance Officer within the OCC, with the President and Chief Executive Officer’s concurrence, has selected Ms. Sood to be designated as the System’s RMO; and

WHEREAS, the OCC now respectfully requests that the Audit Committee of the NYC Health + Hospitals Board of Directors (“Audit Committee”) designate Ms. Sood as the System’s RMO; and

WHEREAS, we believe that Ms. Sood is qualified to carry out the functions of the RMO as set forth under applicable law.

NOW, THEREFORE, be it

RESOLVED, that the Audit Committee designates Sheetal Sood, Senior Executive Compliance Officer within the OCC, as the System’s RMO, as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a).

EXECUTIVE SUMMARY

For the Resolution Appointing Records Management Officer

Pursuant to New York Arts and Cultural Affairs Law §§ 57.17(1) and 57.19, and their implementing regulation found at 8 NYCRR § 185.2(a)(1), all local government public benefit corporations (“public benefit corporations”), which include NYC Health + Hospitals (the “System”), are required to designate a Records Management Officer (“RMO”) who will be responsible for developing and coordinating the public benefit corporation’s records management program. Section 57.19 of the Arts and Cultural Affairs Law calls for the chief executive official of each public benefit corporation to designate a records management officer, subject to the approval of the public benefit corporation’s governing body.

There currently being a vacancy in the ROM position, Catherine Patsos, Acting Chief Corporate Compliance Officer (“CCO”) of the Office of Corporate Compliance (“OCC”), has selected Sheetal Sood, Senior Executive Compliance Officer (“SECO”) of the OCC, to serve as the System’s RMO. The System’s President and Chief Executive Officer, Mitchell Katz, M.D., has concurred with Ms. Patsos’ selection and has designated Ms. Sood to serve as the System’s RMO.

As SECO, Ms. Sood currently assists Ms. Patsos, as the System’s Corporate Privacy and Security Officer (“CPSO”), on System-wide privacy and security matters, and provides senior executive compliance oversight of the System’s HIPAA Privacy/Security Program. In this role, Ms. Sood is responsible for information governance, risk and compliance activities related to HIPAA privacy and data security, including conducting annual risk assessments; reviewing and responding to potential compliance issues and complaints; conducting investigations; performing focused reviews; ensuring completion of compliance training for affected employees; and reporting HIPAA compliance activities to the CCO. Ms. Sood also works closely with the Health Information Management (“HIM”) teams throughout the System, and the Office of Legal Affairs (“OLA”) in performing her duties.

Prior to joining NYC Health + Hospitals, Ms. Sood served as the Chief Privacy Officer and Director of IT Audits for the New York City Housing Authority where she was responsible for setting the information privacy strategy including confidentiality of records, and leading the organization-wide data loss protection program. Additionally, she was the point person for all information technology audits for the organization.

In the past, Ms. Sood has worked in various industries, including technology start-ups and Bear Stearns, in Information Security roles in senior leadership capacities. She has also worked with other New York City agencies such as the New York City Department of Transportation and the New York City Office of Emergency Management in senior IT operational roles.

As an information governance executive for more than twenty years, Ms. Sood has extensive experience in information security, audit and investigation of physical and information systems and networks, business continuity, security awareness education, IT operations, risk management and data protection and privacy.

Ms. Sood holds a Bachelor of Science degree in Electronics Engineering. Additionally, she is certified in information security (GSEC, CISSP), risk management (CRISC), information systems audit (CISA), privacy (CIPP/US), and health care compliance (CHC). She also holds numerous other technology product-specific certifications.

Based on Ms. Sood's qualifications provided hereinabove, she is well qualified to carry out the functions of the RMO as set forth under applicable law. With the approval by the Audit Committee of the NYC Health + Hospitals Board of Directors and the subsequent approval by the NYC Health + Hospitals Board of Directors on April 26, 2018, Ms. Sood will be officially designated to serve as the System's RMO.