

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Jacobi
- NYC Health + Hospitals | North Central Bronx

2020 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Gouverneur Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Harlem

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: April 29, 2021

Chair's Report

Mr. Pagán

President's Report

Dr. Katz

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a six month lease extension with **Cheyenne Realty LLC** (the "Landlord") for the use of approximately 1,600 square feet of space at 4302 Church Avenue, Borough of Brooklyn to **operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Kings County Hospital Center** (the "Facility") at a base rent of \$61,437.24 per year, or \$38.40 per square foot, for a total of \$30,718.62 for the six month extension; provided the System will hold an option to extend for an additional five years with the rent for the six month extension and five year option totaling \$356,894.90
(Presented to the Capital Committees: 05/10/2021)
VENDEX: Approved: NA / EEO: NA

Mr. Peña-Mora

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five successive one year revocable license agreements with the **New York City Department of Housing Preservation and Development** ("HPD") for the System's continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn **for the operation of the Ida G. Israel Community Health Center (the "Center") managed by NYC Health + Hospitals/Coney Island Hospital Center** (the "Facility") at no occupancy fee payable.
(Presented to the Capital Committee: 05/10/2021)
VENDEX: NA / EEO: NA

Mr. Peña-Mora

4. **AMENDED FROM COMMITTEE APPROVAL TO CHANGE ENTITY FROM T-MOBILE NORTHEAST LLC TO T-MOBILE USA, INC.**
Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three month revocable license agreement with **T-Mobile USA, INC.** (the "Licensee") to **operate a mobile cellular communications system** on an approximately 1,600 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$125 per square foot.
(Presented to the Capital Committees: 05/10/2021)
VENDEX: Approved / EEO: NA

Mr. Peña-Mora

5. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a one-year extension of its agreement with **CBRE, Inc.** ("CBRE") for **various facility management support services** for an amount not to exceed \$17,750,000.

(Presented to the Capital Committees: 05/10/2021)

VENDEX: Approved / EEO: Pending

Mr. Peña-Mora

6. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one-year agreements with each of **Venus Media Group LLC** ("Venus"), **Sherry Mathews Group** ("Mathews"), **Barfield Public Relations, Inc.** ("Barfield") and **D Expósito & Partners, LLC** ("Expósito") for the four firms (together, the "Vendors") to perform assignments given by the System to **purchase media placements for the promotion of COVID-19 testing and vaccination** for a total amount not to exceed \$25M

(Presented Directly to the Board: 05/27/2021)

VENDEX: All Approved / EEO: All Approved

Ms. Wang

Committee Reports

- Governance Committee
- Community Relations Committee
- Audit Committee
- Finance Committee
- Capital Committee

Mr. Pagán

Mr. Pagán

Mr. Nolan

Mr. Peña-Mora

Ms. Wang

Mr. Peña-Mora

Mr. Pagán

>>Old Business<<

>>New Business<<

>>Adjournment<<

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 29th day of April, 2021, at 1:30 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz - joined at 1:38
Dr. Vincent Calamia - left at 3:26
Dr. Myla Harrison
Dr. Michelle Morse - joined at 3:00
Mr. Phillip Wadle
Mr. Scott French - left at 2:27
Ms. Barbara Lowe - joined at 1:39
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang - joined at 2:27
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra

Mr. Pagán, Chair of the Board, called the meeting to order at 1:32 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog - both in a voting capacity during the executive session.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information involving personnel, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:06

Mr. Pagán gave notice that Mr. French would be representing Mr. Banks; Dr. Michelle Morse would be representing Dr. Chokshi and Mr. Wadle would be representing Deputy Mayor Hartzog for this portion of the meeting, all in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors meeting held on March 25, 2021 were presented to the Board. Then on motion made and duly seconded, the Board adopted the minutes, with one abstention.

RESOLVED, that the minutes of the meeting of the Board of Directors held on March 25, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán gave notice that during the Executive Session, the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Metropolitan.

The Board received and approved the 2020 Performance Improvement and Evaluation written governing body reports from NYC Health + Hospitals/East New York Diagnostic and Treatment Center - Gotham.

The Board also received and approved semi-annual written governing body reports from NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center.

Mr. Pagán advised that the second of five 2021 Annual Public meetings for each Borough was held virtually on Tuesday, April 20, 2021 for Manhattan. The remaining scheduled meetings are noted below subject to a determination be posted on the public web site in the future whether they will be convened virtually or in-person.

Queens	-	Tuesday, May 25
Bronx	-	Tuesday, June 8
Brooklyn	-	Tuesday, June 15

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approval. There are 10 new items on the agenda requiring Vendex approval, of which eight have already received such approvals. There are five items from previous Board meetings pending Vendex approval. Since the last Board meeting, two Vendex approvals were received. The Board will be notified as outstanding Vendex approvals are received.

In the interest of time the meeting advanced to the presentation of the action items.

ACTION ITEM 2:

Dr. Vincent Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to amend six agreements for **neighborhood canvassing as part of the System's response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc.** (the "Vendors") previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

(Presented to the Joint Medical and Professional Affairs and Information Technology Committees: 04/12/2021)

Dr. Theodore Long, Executive Director - Test and Trace and Jonathan Viguers, Director - Campaign Test and Trace presented the background and current state of Test and Trace, rationale for the request being presented, financial considerations, key metrics and performance of current vendors, an overview of the procurement process, MWBE participation plan, and terms and assignment of work process. Dr. Long noted that Mosaic Sales Solutions had an MWBE waiver in the previous contract, however in this new agreement they have committed to a 30% sub-contracting plan.

Dr. Long responded to the Board questions regarding cash flow to the vendors, indicating that they are paid within one week of submission to accounts payable. The Board commended the team for their work, their accomplishments, focus on services to the vulnerable population during COVID, and diligence on securing MWBE commitments from all applicable vendors and contracting process.

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

ACTION ITEM 3:

Feniosky Peña-Mora read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute **Job Order Contracts ("JOCs") with three firms: Volmar Construction Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc**, (the "Contractors"), that were selected through the System's public bid process, to provide general construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.

(Presented to the Capital Committee: 04/12/2021)

Christine Flaherty, Senior Vice President - Office of Facilities Development presented the background and current state of these services, a list of current general contracts Jobs Orders Contracts, the procurement process, and MWBE utilization plan for each proposed vendor.

Ms. Flaherty responded to questions on how the facilities prioritize projects depending on different funding lines. The funding source varies based on the project and is not authorized until full funding is secure and signed off by Finance.

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

RECUSAL: Dr. Calamia left the meeting and Mr. Pagán noted for the record that he is recused for the balance of the meeting

ACTION ITEM 4:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a three-year best interest renewal contract **with Change Healthcare Inc (the "Vendor") for an enterprise-wide radiology diagnostic management solution** with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

(Presented to the Joint Medical and Professional Affairs and Information Technology Committees: 04/12/2021)

Dr. Machelles Allen, Senior Vice President and Chief Medical Officer, Dr. Michael Ambrosino, Co-Chair of Radiology Directors Council, David Shi, Senior Assistant Vice President of Radiology, Alfred Garofalo, Senior Assistant Vice President EITS and Keith Tallbe from the Office of Supply Chain Services presented the background and current state of services, justification for the best interest renewal request, a landscape of the current market place, Health + Hospitals accomplishments over the past five years, the transformation progression, MWBE plan, Change Healthcare workforce diversity and corporate social responsibility initiatives, vendor evaluation and continuous development process.

The Board requested clarification on the future plans of engagement with this vendor and creating real competition in five years and was assured that the decision would be based on the market place conditions available at that time. The Board also acknowledge Dr. Allen's work on providing a better understanding of the vendor MWBE committee and the value placed on staff diversity. The Board also requested demographics on the racial and ethnic diversity at the executive level for Change Healthcare. Dr. Allen confirmed that she will provide that information as a follow up to the Board meeting.

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

Member Vote: In consultation with the General Counsel and confirmation that he did review the materials - Mr. Robert Nolan noted his support for Action Item 3 - since he stepped out of the room during the vote.

PRESIDENT'S REPORT

Dr. Katz commenced his remarks by noting that his written report was included in the materials, however he highlighted the following points:

NYC Health + Hospitals this week deployed three mobile units across New York City to offer COVID-19 testing and vaccines, as well as other health care services to homeless individuals. The Street Health Outreach and Wellness (SHOW) mobile unit medical teams will be in Midtown, the Upper West Side, and Washington Heights, where they will administer Johnson & Johnson

vaccines and ensure homeless New Yorkers have the same, equal chance to get vaccinated. They will also offer critical whole person care, such as wound care, mental health support, naloxone kits, and basic material necessities, like meal packages, hygiene kits, and socks. The mobile units are an extension of the existing services our health System offers homeless populations, understanding primary care looks different for everyone.

NEARLY 2,000 NURSES TO PARTICIPATE IN NYC HEALTH + HOSPITALS NURSING CLINICAL LADDER PROGRAM - NYC Health + Hospitals is invested in the advancement of each of our 9,000 nursing professionals that keep our system going and provides exceptional care to all New Yorkers. We are pleased to announce that nearly 2,000 NYC Health + Hospitals nurses were selected to participate in the health system's Nursing Clinical Ladder Program. The program provides nurses career advancement while remaining in the clinical setting, and recognizes and rewards professional development, nursing expertise, and contributions to the nursing profession.

NYC HEALTH + HOSPITALS/JACOBI RECEIVES INNOVATION AWARD FOR STAFF WELLNESS PROGRAM - NYC Health + Hospitals/Jacobi this week received the Beryl Institute 2021 Organizational Innovation award for its Summer of Hope Program -- an extension of our health system's Helping Healers Heal program that offers respite and comfort to front line health care staff.

NYC HEALTH + HOSPITALS/MCKINNEY TO EXPAND PALLIATIVE CARE FOR OLDER ADULTS - The Fan Fox and Leslie R. Samuels Foundation has awarded NYC Health + Hospitals a \$152,000 grant to support expanding palliative care for older adults in the post-acute safety net setting at NYC Health + Hospitals/McKinney in Brooklyn.

NYC HEALTH + HOSPITALS RECEIVES \$305K IN GRANTS TO SUPPORT STAFF WELLNESS - The Aronson Family Foundation awarded NYC Health + Hospitals a \$300K grant to support health care heroes and their continued resilience, and the Centerbridge Foundation provided an additional \$5K for the same work. Both grants will be used to improve the infrastructure of the health System's Wellness Rooms, created in response to the COVID-19 pandemic to support employee wellness and address the trauma, anxiety and burnout among the workforce.

ADDRESSING UNCONSCIOUS BIAS - The Fourth Annual NYC Health + Hospitals Simulation Symposium was held virtually on April 21, 2021. More than 220 staff participated - from facility CEO's to frontline health care workers - along with other external participants. The theme of the meeting was Impacting Culture with Conversation and specifically using **debriefing to address unconscious bias**.

EXTERNAL AFFAIRS UPDATE - The NYS State budget process concluded successfully for NYC Health + Hospitals. Our system is in a far better position than initially feared when the Governor's original executive budget was proposed. The Governor's plan had included significant cuts to Medicaid funding and public hospital support, which would have had a roughly \$250M

negative impact on our system. And we continue to partner with our champions in the Mayor's Office and the City Council as the City budget takes shape.

Emergency Contracts Declaration - I issued a Declaration of Emergency dated March 1, 2020, which was subsequently updated and reissued through February 28, 2021. There is currently no Declaration of Emergency in effect. The health System has entered into 39 emergency extension agreements with Community Based Organizations (CBOs) at a total cost among the pool not to exceed \$15 million. These costs are being reimbursed by the City of New York. In July 2020, 41 CBOs were selected as an outcome of a solicitation to do COVID related outreach in high incidence neighborhoods. Based on the continuing pandemic and the need to continue community outreach in these neighborhoods, the contracts have been extended through June 30, 2021 for 39 of these CBOs. All 39 CBOs were reviewed and are performing satisfactorily prior to extending their agreements.

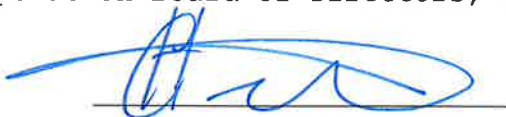
Committee and Subsidiary Reports

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:05 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Governance Committee Virtual Meeting - Thursday, March 25, 2021

As Reported by - José Pagán

Committee Members Present - José Pagán; Vincent Calamia; Freda Wang; Sally Hernandez-Piñero; Mitchell Katz joined at 1:43;

Staff Present - Colicia Hercules - Corporate Secretary

The meeting was called to order at 1:02 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on May 30, 2020. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all, the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the Executive Session, the Governance Committee considered the President's recommendations to appoint and unanimously approved the following recommendations to be presented to Board of Directors for consideration.

Yvette Villanueva - Senior Vice President for Human Resources

There being no further business, the meeting adjourned at 1:55 p.m.

Equity, Diversity and Inclusion Committee Virtual Meeting - April 12, 2021

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Kata, Freda Wang, and Sally Hernandez-Piñero

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:20 a.m.

Upon motion made and duly second the minutes of the January 11, 2021 meeting was unanimously approved.

WORKFORCE DATA FOR FISCAL YEAR 2020

Matilde Roman, Chief Diversity and Inclusion Officer, shared a side-by-side comparison of the global fiscal year 2020 affiliate workforce data and employee workforce data, shared previously in the January 2021 Equity, Diversity and Inclusion meeting.

Ms. Roman shared that eighty percent (%80) of the employee workforce and sixty percent (60%) of the affiliate workforce identified as either Black/African American, Hispanic/Latinx, or Asian.

Freda Wang, NYC Health + Hospitals' Board Member, inquired whether the affiliate workforce data comprised of all physicians. Ms. Roman replied that the data comprised of Physicians, Allied Health Professionals, Chiefs, and Administrators. Dr. Katz, NYC Health + Hospitals' CEO and President, replied that the data strongly represented physicians and made up approximately two-thirds of the 6,500 affiliate workforce.

Ms. Wang asked about any goals or metrics developed related to workforce diversity that can be tied to City or patient demographics, or other healthcare Systems to serve as benchmarks. Ms. Roman replied that there are efforts underway to develop metrics and mentioned efforts being led by Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council, and Dr. Machelles Allen, Senior Vice President of Medical and Professional Affairs, related to physician diversity. Also mentioned workforce diversity is a focal point for Human Resources, which is being led by our Senior Vice President for Human Resources Yvette Villanueva.

Sally Hernandez-Piñero, NYC Health + Hospitals Board Member, expressed an interest in building out the racial and ethnic breakdown for nurses, where eight percent (8%) identify as Hispanic/Latino, Asian thirty-seven percent(37%), and African American forty-three percent (43%). Ms. Hernandez-Piñero wondered whether it was possible to do a deeper dive to look at what factors contribute to the small percentage of Hispanic/Latino nurses relative to the City's demographics. She acknowledged that there are variables that need to be considered when looking at Latino participation, but wanted to see if this can be an area of focus and investigation.

Natalia Cineas, Senior Vice President, Chief Nurse Executive and Co-Chair of the Equity and Access Council, stated that there is an opportunity to focus on recruitment of Hispanic nurses. Ms. Cineas mentioned that when we look at data across the board, the percentage of Hispanic nurses are lower, but there is opportunity to do more in New York City. Natalia Cineas shared the partnership with the Hispanic Nurses Association and CUNY that has fourteen percent (14%) of Hispanics in their nursing program, as well as creating pipelines for those interested in becoming nurses.

Feniosky Peña-Mora expressed the importance of data as an opportunity to share how well the System is doing with respect to diversity and the value diversity brings to our system and support to our communities, and if possible, explore other outlets where this information can be disseminated.

Follow up: Additional workforce analysis that provides further breakdown based on job categories and/or titles, and share specific initiatives affiliate organizations are doing to increase workforce

diversity.

EQUITY AND ACCESS COUNCIL REPORT OUT

The Co-Chairs of the Equity and Access Council ("Council"), Dr. Nichola Davis and Natalia Cineas, reported out to the Committee on the progress made. Natalia Cineas, shared the progress made over the last few months to set up the infrastructure, and went over the Council's purpose and the four areas of focus. Ms. Cineas shared that the projects will be driven by the Equity Work Groups (EWG), made up of 5-7 members, and guided by 2 project leads to drive goals and outcomes in each area. The EWGs will develop work plans, metrics, and timeline for each approved project. She shared the process milestones that includes recruiting workgroup members that will comprise of different stakeholders throughout the System to drive the projects. She also shared the completion of workgroup profiles, and conducting facility surveys to learn about current facility work and identifying members for the EWGs.

Dr. Nichola Davis, walked the Committee through some of the drivers being considered that include a robust data infrastructure to create disease-specific queries that incorporate social identity categories, improving the collection of race, ethnicity and other demographic values, establishing Inclusion Groups, and evaluating, and where appropriate, replacing race-based algorithms in medical care. Dr. Davis then shared some of the Council's accomplishments and milestones that include a Vaccine Communication Workgroup that is tasked with improving communication to increase vaccination rates, and then turned it over to Dr. Louis Hart, Director of Equity, Quality and Safety and member of the Equity and Access Council, to discuss the work he is leading to remove race-based algorithms from medical care.

Dr. Hart shared the initiative started by the Office of Quality and Safety, in close collaboration with the Council, titled Medical Racism aimed at ending race based calculations to estimate a person's glomerular filtration rate or eGFR related to kidney function. This work was inspired by a New England Journal of Medicine article titled, Hidden in Plain Sight-Reconsidering the Use of Race Correction in Clinical Algorithms (August 27, 2020) that highlights reconsidering the use of race-based algorithms. The literature outlines 13 commonly used clinical algorithms that use race as an objective measure in biomedical equations that provide different results or calculations on the subjective measure of race, and which results in different care based on those inputs. The initiative standardizes all eGFR calculations where results will be reported without race adjustments (or using a race-blind approach) that will serve as a more accurate and objective measure for all patients being treated for kidney disease. NYC Health + Hospitals is one of a few health care organizations across the country that have removed this particular race-based algorithm.

Freda Wang asked about getting this change into the broader dialogue and practice, and whether we have been able to track the shift in removing the race-based algorithm to understand and determine the effect in treatment, outcomes, and improvement in equity of care?

Dr. Hart replied that the ultimate process or outcome measure of not using race-based eGFR will be the utilization of the new equations that uses a different biomarker for kidney filtration that has been well validated across racial groups as a universal constant. However, it will take time to trend its effect, and cited using the test 118 times in a 6-month look back compared to the 240,000 times the System used eGFR that is a commonly ordered metabolic panel.

José Pagán, NYC Health + Hospitals Board Chair, shared that he was impressed on how this work is changing norms not only at NYC Health + Hospitals but nationally.

The next clinical target involved the counseling obstetricians provide their pregnant patients, who previously had C-sections to determine whether to go through a vaginal birth or C-section for the second delivery. There are 3 major clinical equations identified, of which one is a patient's race or ethnicity as a clinical input that would determine a women's likelihood of having a successful vaginal delivery after C-section, and indicates a decrease in the estimated success for black and Hispanic women. The indicator's unintended consequence is that it insinuates black and Hispanic women's bodies are biologically different from a "normal body" or non-white body, which leads to different levels of care. The Women's Health Council changed the risk tool related to Vaginal Birth After Cesarean-section (VBAC) calculators to eliminate the race-based algorithm, and also eliminated the use of race/ethnicity as a clinical equation in practice.

Dr. Davis then shared other Council milestones and accomplishments that include the "Black Men in White Coats" community screening and panel discussion, and efforts to improve the diversity of the physician workforce. Dr. Davis cited a survey done by Modern Healthcare that shows that forty-six percent (46%) of NYC Health + Hospitals senior management were from ethnic racial minority groups, which was higher than most other hospital systems.

Dr. Davis also mentioned work that has already begun to create Inclusion Workgroups, and shared that the Black Female Physician Group will meet this month, and also shared the work underway to streamline how REaLD/SOGI data is collected and analyzed. Next steps are to convene the EWGs, develop the work plans, and establish success metrics.

Mr. Peña-Mora asked if there was old business or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff and

board members for their time and adjourned the meeting at 12:08 a.m.

Strategic Planning Committee Virtual Meeting - April 12, 2021

As Reported by: Feniosky Peña-Mora

Committee members present: Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, José Pagán, Dr. Mitchell Katz

Mr. Feniosky Peña-Mora, called the April 12th meeting of the Strategic Planning Committee (SPC) to order at 12:13 pm.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on January 11, 2021.

Upon motion made and duly seconded the minutes of the January 11, 2021 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

The meeting was then turned over to Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO to present the second quarter of fiscal year 2021, October 1st through December 31st, 2020 Performance and Strategic Planning Update. Mr. Siegler reported that this period covers a timeframe, including part of the second surge in the pandemic. The decline in patient volumes following the spring surge period has significant impact on key strategic measures. Some updates in FY21 priority measures correspond with strategic and operational priorities, based on Committee input. The Q2-FY21 results show both improvements and areas for opportunity, given the next phase of the pandemic. Federal, state, and city external factors remain a major factor in full year FY21 performance and FY22 Strategy. Mr. Siegler stated that today's meeting goals are: to give an update on external policy environment and to review key metrics and performance.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external factors, Federal, State and City that are affecting our system's FY-21 performance and going into FY-22.

Federal Update

Ms. Brown reported that since our last meeting there was a passage of President Biden's American Rescue Plan. While this rescue plan did not include direct funding for hospitals, it did include State and local government funding. A cascade of federal money going to the State, going to the City with a potentially to come to Health + Hospitals.

The next big consideration is the infrastructure package that President Biden and many others have been speaking about. Many of Health + Hospitals' colleagues around the country including individual hospitals as well as associations are really pushing for the inclusion of hospital needs as a component of infrastructure. Importantly, this pandemic has shown us the need for ongoing, strong, resilient buildings and that is very much the focus of current federal advocacy.

Lastly, Ms. Brown stated that we are fortunate to have great representation from the House of Representatives, such as Majority Leader Schumer and Senator Gillibrand, who represent our hospitals. Especially important is Congresswoman Yvette Clark, who sits on the Energy and Commerce Committee. As health policy roles in the Biden Administration get filled, we will have a chance to delve into some of the policy regulatory issues that have a significant impact on our work strategically and financially.

State Update

Ms. Brown reported that the New York State Fiscal Year 2022 budget has officially passed the legislature. Health + Hospitals, as well as many hospital colleagues, were successful in deterring significant cuts, which would have had about a \$250 million impact in our system. Ms. Brown acknowledged Michelle DiBacco, Assistant Vice President, the system's lobbyist residing in Albany, New York, as well as other members of her team for organizing the system's strategic advocacy starting back to last summer.

Albany session is now post-budget and until the end of the session, a series of programmatic and policy bills are being introduced. Many allies in chamber, at the Department of Health and in the legislature are working with the system in creative ways.

City

Ms. Brown reported that the initial preliminary budget hearing with Dr. Katz, President and CEO, John Ulberg, Senior Vice President, Finance and a number of other staff members went well. As we are awaiting mayoral changes, it is important to track the health platforms of many of the mayoral candidates who are largely sympathetic, supportive of the system, understand the need for a public hospital system, and the issues of equity that we work through every day. Ms. Brown acknowledged both the community advisory boards (CABs) and the Auxiliaries for their advocacy at the State level budget. As our community work gets bigger, stronger and tougher, Health + Hospitals looks forward to serving all of these community needs.

Ms. Brown responded to requested clarification on the presentation indication regarding nursing home focus from Albany, of provisions and mandates in the State budget. There is continued industry push back on this mandates.

Additional, clarification was requested on "advancing H+H strengthening" - which includes continues work with advocates for a better understanding the role of H+H, and how many proposed cuts impact the System.

Mr. Siegler reported on FY-21 Q2 (October 1 to December 31, 2020)
Performance: Positive Trends:

Quality and Outcomes

4. %Left without being seen: **1.8%** from 3.3% (target: 4.0%)
- Increased staffing levels, improvements in patient tracking and flow, and facility management in EDs have improved performance in this measure. Overall ED utilization decreased during this time period, similar to last quarter, in part due to the pandemic. There have been concomitant decreases in the % of patients who left the emergency departments without being seen.

Care Experience

5. Inpatient care: overall rating: **66.65%** from 65.31% (target: 65.4%)
7. MyChart Activations: **55%** from 36% (target: 30%)
- An essential goal has been to increase activations through this portal, allowing patients access to pertinent medical information while improving ultimately patients' experience with their care teams and access to health information in a simple, secure manner.

Financial Sustainability

8. Patient care revenue/expenses: **72.6%** from 65.3% (target: 60%)
- Ratio improved, mostly due to a one-time receipt of CARES funds from the federal government and an increase in patient service revenue. This is mostly due driven by increase in cash collections and an increase in the case mix index that is COVID-19 related.
13. ERP Milestones: **85%** from 80% (target: 100%)

Access to Care

15. # of e-consults: **71,793** from 65,933 (target: 46,000)
- Continues to be a top priority initiative and measure of specialty access. Visits have recovered from the pandemic, starting in July, and continued through this reporting period. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.
16. NYC Care enrollment: **46,460** from 35,483 (target: 30,000)
- Enrollment continues to grow, due to conscientious efforts to improve primary care capacity and continuity, providing low - or

no-cost access to New Yorkers who do not qualify or cannot afford health insurance.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020)
Performance: Negative Trends:

Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge:

37.97% from 46.5% (target: 66%)

- The data capture method for this metric changed; starting in April 2020, this metric began to be captured via Epic, rather than through a homegrown database. The denominator now includes a larger number of patients because of this. Additionally, staff are currently being trained on the workflow for documenting these follow-up appointments in Epic, and this training was delayed due to the pandemic, resulting in documentation of less follow-up appointments than are actually made. Finally, telephonic encounters are not captured in this metric, contributing to rate decreases.

3. HgbA1c control <8: **61%** from 62.0% (target 66.6%)

- Since the pandemic, there are more telehealth visits and fewer in-person clinic visits, with fewer in-person visits to check A1c labs, contributing to continued decreases in control rate. This remains a top priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self-management skills, and leveraging technology solutions and peer mentors to support patients in managing diabetes between clinic visits. These continue to be critical strategies during the pandemic.

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.55 per 1,000 care**

days from 1.32 per 1,000 care days (**new measure as of FY21 Q1**)

- Hospitalizations from post-acute facilities at NYC Health + Hospitals were higher during this reporting period, at 1.55, compared to 1.32 per 1,000 care days in the prior period. Post-acute facilities consistently review all reasons for why residents are hospitalized, drill down on the root causes, and implement strategies to continue to enhance clinical capabilities in the post-acute facilities.

Care Experience

6. Ambulatory care - recommend provider office **82.88%** from 84.34% (target: 83.6%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial

assistance (**new measure as of FY21 Q1**); **58%** vs. 61.4% (target: 76%)

- Performance is below the target and also below the previous quarter due to ongoing ramp up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient settings are approaching or exceeding the target.

10. % MetroPlus medical spend at NYC Health + Hospitals: **39.1%** vs. 42.34%

(target: 45%)

- % has continued to increase due to costs decreasing because of the COVID-19 pandemic, though Health + Hospitals continues to obtain payment from MetroPlus from risk arrangements.

11. Total AR days per month: **62.6** from 59.2 (target: 45)

- Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure). The target for this current fiscal year (21) is 45 days, representing a move toward best practice. The days are moving in the right direction as compared to last year at this time, though still inflated with significant self-pay balances related to the pandemic.

Access to Care

14. Unique Primary Care Patients seen in last 12 months: **408,793** from 412,309 (target: 418,000)

- The 408,793 total includes the following: 283,777 in-person office visits and 125,016 Telehealth visits (last quarter: 381,177 in-person office visits and 31,132 Telehealth visits).

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020)

Performance: Steady Trends:

Financial Sustainability

12. Post-Acute Care Total AR Days (12 months): remaining relatively steady, **51**

vs. 50 days (target: 55)

Culture of Safety

17. Total Wellness Encounters (**new measure as of FY21 Q2**): 737

- This number includes the following, in aggregate: Number of 1:1 Debriefs: 227; Number of Group Debriefs: 466; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 26; and Number of Wellness Events: 18.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020)

Performance: COVID-19 Metrics

COVID-19

18. Total # of COVID-19 Test Administered: **1,010,840**

- Includes PCR tests administered.

19. Total # of COVID-19 Positive Tests: **54,049**

- Includes PCR tests administered.

- 20. Post-Acute Care COVID-19 Infection Rate
 - Rate is expressed per 1,000 residents within the post-acute facilities at NYC Health + Hospitals. The rate increased due to a surge in November 2020. However, the post-acute rate remains lower than the NYS COVID-19 average infection rate from the same time period of which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.
- 21. COVID-19 Vaccine: #1 1st Dose: **199,882**
- 22. COVID-19 Vaccine: # 2nd Dose: **100,363**
Occupied Average Beds: **2,552**
Active Beds: **4,690**
- 23. % of Occupied Beds: **54%**

RECOMMENDATIONS

Before making any changes to the "Follow-up appointment kept within 30 days after behavioral health discharge" target of 66%, which is very difficult to reach, Mr. Peña-Mora made the recommendation to show the benchmarking against similar hospital systems to see how they are meeting their target. He also recommended to establish a target for the two new measures, "Post-acute Care All Cause Hospitalization Rate" and "Total Wellness Encounters" and to include them before this month's full Board meeting.

Mr. Siegler turned the meeting over to Dr. Nichola Davis, Vice President, Population Health, and invited her to walk the Committee through some of the Equity and Access Council's work and how we are considering adding new metrics to look at our Social and Racial Equity base of our strategic pyramid.

Dr. Davis stated that the goal of the Equity and Access Council is to provide strategic direction for the development of programs and initiatives aimed at eliminating barriers, institutional and structural inequities, and improve the health and well-being of vulnerable and marginalized communities. The Equity and Access Council work is organized into four workgroups:

1. The evaluation and monitoring workgroup uses data to measure the program efficacy.
2. The workforce workgroup uses initiatives to enhance talent diversity.
3. The workplace workgroup looks at strategies to promote inclusive practice
4. The Equity of Care workgroup looks at strategies to eliminate racial and social inequities.

To drive the Equity and Access Council work forward, considerations for Equity and Access Metrics include:

1. Build a robust data infrastructure to create disease-specific queries that incorporate race, ethnicity, and other social identity categories to identify disparities.
2. Establish Inclusion Groups to connect, collaborate and support career growth for physicians from underrepresented groups.
3. Evaluate and, where appropriate, replace race-based algorithms in medical care.
4. Improve the accuracy and reliability of the collection of race, ethnicity, language, sexual orientation, gender identity, and disability demographic values in support of the System's ongoing efforts to improve health care delivery and health care outcomes.

Mr. Siegler invited Jeremy Segall - the System's Chief Wellness Officer to provide an overview of MyChart - Patient Portal and also present on the successes of MyChart as well as future projects. He stated that My Chart is a patient engagement tool to provide easy, seamless experience for our patient populations. It aligns to all five of our Strategic Pillars and is a pipeline to patient growth, but more importantly enhanced population health outcomes.

Ms. Rebecca McLean, Office of Inventory Care and Population Health on MyChart, described MyChart as New York City Health + Hospitals' patient portal which gives patients access to their health information 24/7. Using MyChart, patients can receive test results, request and view appointments, track their medications, send messages to their doctors' office, pay their bills and more. To track MyChart engagement and activation success throughout 2020, the MyChart steering committee established three core metrics:

1. The percentage of patients that are active in MyChart;
2. The number of MyChart users; and
3. The number of times users of MyChart log into their accounts.

She referred to the MyChart - Our Patient Portal slide for the overall data for 2020, as well as where we stood as of late March at the end of Q1 for 2021. The MyChart Executive Steering Committee has also added additional metrics to track in 2021. Reporting and components are currently being built to track these metrics and embed them into our reporting processes to inform our systemwide initiatives as well as our site-specific projects.

Ms. McLean shared with the Committee a snapshot of MyChart projects completed in 2020 around staff and provider education as well as patient engagement. A few of the most impactful 2020 projects include: working with the Office of Diversity and Inclusion colleagues to ensure of patient-facing MyChart guides for the patient are translated into the top 13 languages; operationalizing MyChart video visits across the system during the ongoing pandemic; and establishing a dedicated MyChart helpline for patients to use if they have questions about MyChart or if they need a little bit of technical support. A few of the upcoming and in-progress projects include:

- Launching our facility-based MyChart Steering Committees to assist in improvement efforts
- Working to identify and implement performance and project
- Continuing to leverage MyChart to directly link patients to Virtual Express Care, should they need, within the app
- Using MyChart surveys to address VBP care gaps, Gotham Adolescent Engagement Campaign
- Updating sites in in-patient spaces with new MyChart engagement posters

Mr. Segall reported there are currently two separate workgroups created to continue to improve upon MyChart activations, as well as user ability for both patients but also the workforce:

1. A Patient Engagement Workgroup made up of a variety of different departments and disciplines at every touchpoint that a patient touches and might be able to engage in MyChart.
2. A Workforce Engagement Workgroup composed of different providers of care, various levels of the organization, to help us understand how we can optimize user ability on their end as well.

In addition, the plan is to revamp and restructure the enterprise-wide MyChart Executive Steering Committee made up of high officials across the System, as well as various department heads and disciplines, so as to have a unified and uniform approach and strategy for the System. The core MyChart Planning Committee is to ensure that all communication is not only robust, but that we are all on the same page for our goals, missions and initiatives.

Upcoming projects in the coming weeks include: site-specific committees that are made up at the site level, to ensure that the Care Experience Officers, as well as other stakeholders and champions of MyChart, can work together. MyChart is extraordinary for providing incredible data that can drill down to a service, a department, and then to a provider. MyChart provides a lot of opportunities to do some PDSA cycles and improvement efforts to engage patients better and to make sure that it is an efficient and effective tool for all.

Ms. McLean responded in the affirmation to question if the increase in MyChart included the entire System including Gotham. Other questions were on whether the increase is a reflective of COVID one-time users - Ms. McLean assured the Committee that the numbers in primary care is being tracked and astounding, with some sites numbers are actually very high.

Mr. Siegler concluded the presentation by informing the Committee that the targets will be added to the new measures as requested by the Chair

and that an update of some of the targets will be presented at the next Committee meeting in July.

Mr. Peña-Mora thanked Matt, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 12:59 pm.

Capital Committee Meeting - April 12, 2021

As reported by Feniosky Peña-Mora/José Pagán

Committee Members Present: José Pagán, Feniosky Peña-Mora, Sally Piñero-Hernandez, Robert Nolan

Mr. Peña-Mora called the meeting to order at 1:05 p.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on February 8, 2021 were unanimously approved.

Senior Vice President's Report

Christine Flaherty, Senior Vice President, Office of Facilities Development presented her report.

Mrs. Flaherty acknowledged that the Office of Facilities Development remained engaged in capital development, facility management, real estate and housing work and advised that the May meeting would have a robust agenda covering all aspects of the office.

She noted that design activity was underway on approximately 40 projects supporting the system and that work funded by the new bonds was well underway and that a more thorough overview of those projects would be provided at the May briefing.

Given that Earth Day happens in April, Mrs. Flaherty wanted to acknowledge our partnerships with the Department of Citywide Administrative Services (DCAS), New York Power Authority (NYPA) and ConEd (Consolidated Edison) to combat climate change by reducing energy usage and the systems carbon footprint.

She advised that there would be new system wide energy projects beginning over the course of the year and additional funding was forthcoming from DCAS for two specific projects at Harlem and NCB.

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute Job Order Contracts ("JOCs") with three firms: Volmar Construction Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc, (the "Contractors"), that were selected through the System's public bid process, to provide general construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.

Mrs. Flaherty narrated a power point presentation that reviewed background and current state of the existing contracts, the 2019-2020 existing pool of firms, the procurement process, and the MWBE utilization plans.

Sally Piñero-Hernandez asked whether the team was confident in the MWBE firms' ability to meet the Systems needs without being overextended and preventing any delays. Mrs. Flaherty said that there had been no delays on their recent or current projects and the system had been working closely with them to mentor and provide technical support. She noted that a user rating of 87% was still quite strong.

Mrs. Piñero-Hernandez said she understood and was only concerned about the potential for the System to push the vendor beyond their limits. Mrs. Flaherty explained that the System would be cautions not to overload the vendor and noted that there were multiple contracts for the same services being presented for approval so that there would be two other vendors available for the same services, for use System-wide.

Mr. Nolan thanked Christine for her presentation and stated his appreciation for showing an H+H user rating in the power point.

Mr. Peña-Mora commented on whether there was a way that the materials could reflect the rating along with an explanation if the rating may lead to questions as was the case with Carefree Improvements.

Mrs. Piñero-Hernandez asked for the amount awarded to Carefree under their existing contract. Mrs. Flaherty referred to slide 3 of the presentation, which showed an award of \$3,899,849 to Carefree at the time the presentation was finalized.

FOLLOW UP: The committee requested that a plan of action for technical support for Carefree to balance the rating and the historical spend for each contractor where applicable be added to the presentation for the Board presentation.

There being no further business, the Committee Meeting was adjourned at 1:21 p.m.

Virtual - Joint Medical and Professional Affairs and Information Technology Committees - April 12, 2021
As Reported by Dr. Vincent Calamia
Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Mitchell Katz - left at 10:23, Barbara Lowe, Scott French sitting in for Steven Banks - left at 10:25, Feniosky Pena-Mora

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:12 AM. On motion made and seconded, the Committee adopted the minutes of the February 8th, 2021 Medical and Professional Affairs committee.

On motion made and seconded, as proposed by Mr. Pena-Mora, Chair of the Information Technology committee the minutes of February 8th, 2021 meeting was adopted.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee full report is included in the materials, she highlighted the following.

Nursing Finance: Deployed over 1,694 of RN Staff for COVID-19 Wave 2.

Systems Corporate Nursing Education: The vaccination program on-boarded 134 nurses. Through a partnership with CUNY 1000 students help with the vaccine efforts. The CUNY partnership also provided 6 community grants to help with our cancer prevention and education for our patients.

System Safe Patient Handling and Mobility Initiative (SPHM): April is safe patient handling awareness month with a launch of our first virtual System wide Safe Patient Handling event.

Nursing Clinical Ladder Program: 2062 nurses have applied for the program, which is a significant increase from last year.

Care Experience: iCARE Module was launched on 3/31/2021. Hourly Rounding simulation will begin this month. This will be evidence based to improve our care experience scores.

RN Residency Program: the 5th Cohorts from the residency program recently graduated, resulting in a 91% retention rate increase from 46% two years ago.

NP Fellowship: The fellowship program has started with the Weitzman Institute as of April 1, 2021. There was a certification event on March 20th, 2021, 275 nurses were in attendance.

Virtual Nursing Education Fair

The virtual nursing education fair is being held today (April 12, 2021) with CUNY. Two hundred nurses will take part in understanding the different programs for education within CUNY, to create educational pathways for our nurses.

CHIEF MEDICAL OFFICER REPORT

Dr. Machel Allen, SVP/System Chief Medical Officer, Medical and Professional Affairs full report is included in the materials, she highlighted the following:

A summary of all accomplishments for 2020 were submitted including services in Laboratory, Radiology, the SIM Lab, Women Health, Clinical Service lines, including Critical Care, Nephrology, Behavioral Health, Credentialing, Occupational Health and Research administration.

Dr. Allen highlight three areas, Laboratory, Women Health and Dental services. Dr. Allen made reference to the Committee that Kenra Ford, Vice President of Clinical Operations and Laboratory Services has set up a process in the lab for surveilling new mutations for the COVID-19 virus.

Kenra Ford provided an update that for the past week 3 ½ there has been surveillance of monitoring for variances for COVID- 19. A very diverse team is working on this, our system level ID Docs, our data analytics team, and as

a system we are reviewing weekly. As of last week, we have submitted close to 1000 samples. This program is for all our ED patients. We are participating in the City's surveillance through our samples going to Pearl Laboratory performing the gene frequency, we will continue to ramp up as capacity allows.

Dr. Allen reminded the committee that in 2020 of the pandemic, we were sending our specimens, to the City lab, then to the State lab, and then to Atlanta Georgia. Kenra Ford, was responsible for bringing all the processes in house, collaborating with Northwell initially and commercial labs, and now we are doing those test ourselves. Dr. Calamia raised the question, what is the turnaround time and how are we using the data to address the variants. This is intensive testing and the turnaround time is about 3 and 4 days. Everything possible is being done to shave of hours in the overall turnaround time. By time the testing is completed and we transform the data into something informative, it is at about 5 days. We have not identified anything differently then what we have at the City level. We are currently working on overlaying with our vaccination information so that we can start to focus where appropriate.

Maternal Health

Dr. Windy Wilcox, spoke on Maternal Medical Home. Maternal Medical Home is centered on caring for the patient outside of the hospital. It is based on a Primary Care Patient-Centered Medical home. It combines 2 staff models, Socio-Ecological, which is based on building trust and lasting relationships between patient and their healthcare team and Sociocultural Environmental, which is focused on making sure patients are connected with resources and services that they need. Patients are tiered by their amount of risk. Patients in Tier 3 criteria are eligible and comprehensive services. There are different ways they can be categorized as a tier 3, they can be Medical conditions or diagnoses, and or morbidities; some are Psychosocial, like depression or domestic violence, substance abuse and needing financial help with housing. Thirty six percent of the patients seen meet tier 3 criteria. In 2020, the maternal medical home coordinators, and social workers, placed over 2700 referrals for our patients. The medical support includes nutrition and dental services. The Psychosocial support bulk was for mental health and for WIC.

SIMULATION LABS

June 2018 thru December 2019 there was a huge training event that mainly focused on skilled labs estimate blood lost and OB life support simulation drills to save a life of a mother if she has a cardiac arrest while she is pregnant. Due to COVID-19 training was limited. The focus is to have most of our providers trained in the newer version of Obstetrics hemorrhage and rolling out the severe hyper tension in pregnancy simulation course in the fall. The OB life support has documented, saving the lives of 3 rapidly deteriorating mothers. They came into our facilities and were having cardiac events, due to the simulation training the teams reacted immediately. The mothers delivered, the critical care team came in to help assist with the cardiac status, all 3 mothers returned home with their healthy babies. In 2020, the training continued around OB life support, postpartum hemorrhage, and skills stations on various clinical skills. In 2021, the training will continue with focus on hemorrhage and Eclampsia.

Dr. Calamia, complemented Dr. Wilcox on the cutting-edge work that is being done and hopes to see this in literature.

INFORMATION ITEM

Dr. Victor Badner, Chief of Dental Services, Jacobi, System Chief of Oral Health Clinical Services Line presented to the committee on the following:

- **General description of clinical spaces and equipment and Health + Hospitals for Dentistry**
 - **Dental Clinic Visit Data**
- **Clinic hours and staff**
- **Highlights, issues and quality improvement initiative**
- **Initiatives/grants to improve oral health of patients at Health + Hospitals**

Two sites have imbedded dental providers in Pediatric clinics (anticipated to grow to more sites by end of the fiscal year). One site has imbedded evaluation of Pregnant women in the Women's Health Center.

Grants: HRSA, NIH and WITH Foundation to improve access to care for: HIV infected patients; those with developmental disabilities; Pediatric patients; Pregnant women and those with medical conditions- diabetics andTo educate providers to reduce Opioid prescribing in the dental setting.

Publications: Multiple varied Journals: Demonstrating the relationship of oral health to general health; Methods to reduce non-traumatic dental visits to Emergency Departement; to utilize Oral health Personnel during times of crisis (COVID-19)

There is an Accredited Craniofacial Center- at Jacobi Medical to treat cleft lip and palate.

Dr. Badner responded to questions from the Committee regarding dental services at the Gotham centers, which varies by facility.

Access to dental/specialized care was also a concern and what is the average wait-time. While the System was amazing on infection prevention during COVID in the dental clinic, specialized care does have a long wait-time and is being evaluated.

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Office, MetroPlus Health Plan report is included in the materials, he highlighted the following:

Regulatory Highlights

Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) continue through June 2021. Enrollees with April 2021 recertification dates have been extended through April 2022. Medicaid disenrollment for people with Third Party Health Insurance (TPHI) resumed February 28th, 2021 and plans have begun receiving disenrollment files from NYS. Open enrollment has been extended through December 31st, 2021.

Cost-sharing bans for COVID-19 testing and all telemedicine were extended to April 4th, 2021. The cost-sharing ban for immunizations is extended through May 4th, 2021. The cost-sharing ban on mental health services for essential workers has been extended to April 26th, 2021.

The Federal American Rescue Plan Act created the following changes for health insurance and NYS is currently in the process of implementing these items for the NYS Exchange. These changes will increase the number of people who can afford health insurance coverage:

- Available tax credits for individuals getting their health insurance through the NYS Exchange products (Qualified Health Plans) has been extended to people earning up to 400% of the Federal Poverty Level, beginning April 2021 through December 2022.
- Total premiums paid will be limited to 8.5% of household income through 2022.
- Individuals who had been enrolled in a QHP but are now receiving unemployment can qualify for cost-sharing support.

NYS Department of Financial Services will begin requiring health insurers to report data on the diversity of their Board of Directors and Executive staff.

Special Investigative Unit (SIU)

The Special Investigations Unit is responsible for performing targeted provider fraud investigations; evaluating and validating information alleging fraud, waste, and abuse (FWA); identifying suspicious billing patterns and trends through data analysis and claims examination; and conducting/resolving any ensuing investigations. Its goals are to mitigate and report suspected FWA to regulatory agencies and recover funds for the Plan. Since 2019, the SIU has obtained settlement agreements and achieved cost savings of over \$2.5M. The SIU works closely with many MetroPlus departments to obtain and analyze additional billing and utilization data and the SIU will, where necessary, make recommendations for coding changes, modifications or the implementation of limitations.

Many resources are used to identify possible instances and patterns of FWA: data mining using proprietary software, referrals from MetroPlus staff, and member tips and complaints. Targeted data mining is also used when a possible vulnerability has been identified, such as modifier misuse or spikes in utilization. The criteria for elevating detected outlying providers to case review status includes peer to peer comparisons, severity of the aberration(s) discovered, financial exposure, and current and future Plan risk. The SIU focuses on a variety of cases, including providers who have unexplained monthly billing spikes and laboratory, pathology, durable medical equipment (DME) spend disproportionate to services rendered and not aligned with providers' scope of practice. The SIU facilitates implementation of Plan changes and refers cases to the Office of Medicaid Inspector General (OMIG) under certain circumstances. Although the primary focus of the SIU is overutilization of services inconsistent with the medical needs of impacted members, the Plan also examines underutilization of services to ensure that providers.

MetroPlusHealth App launch

In a series of member interviews that were conducted in 2020 to understand member needs, one request that most members had was for a MetroPlusHealth app. Our members can now have access to their MetroPlusHealth member information right at their fingertips with the MetroPlusHealth app. This app was built in conjunction with HealthX and provides most of the functionality of the Plan's member portal. Here members can access their member ID card, personal account info and select or change their PCP right on their phone. Available in both Google and the iOS app store. An important step in helping MetroPlusHealth customers access their information more efficiently, this app will continue the Plan's focus on improving the customer experience.

Employee Mentorship Program

MetroPlusHealth is now offering development opportunity for both senior leaders and top performers within the organization. The purpose of MetroPlusHealth's Mentorship Program is to retain talent, increase employee satisfaction and allow high performers the chance to meet and develop professional relationships with the senior leaders of the organization. The program allows employees an opportunity to take control of their personal and professional development. The current cohort consists of 24 leaders and 31 mentees, selected via application process. Based on their areas of interests, mentor-mentee pairs were selected in Fall 2020 and the first round of the program will be completed in Spring 2021. Plans are under way for cohort #2 scheduled to launch in June 2021 since there is high level of satisfaction of the program in the first round.

CHIEF INFORMATION OFFICERS REPORT

Kim Mendez, Senior Vice President, Chief Information Officer, joined by Dr. Michael Bouton, Chief Medical Information Officer, and Dr. Alfred Garofalo, Senior Assistant Vice President full report is included in the materials, she highlighted the following:

Dr. Mendez provided a summary of EITS updates for the first quarter of calendar year 2021. The summary includes EITS goals for 2021, strategic dashboards metrics and how they align with System's comparatives. Dr. Mendez highlighted EITS projects and support during second surge of COVID. Starting at the end of December 2020 and continuing into the January 2021, a number a few EITS clinical staff, nurses, pharmacists and project managers were realigned to support efforts including vaccination clinics at Elmhurst.

Dr. Mendez also discussed the high-level status of the 10 prioritized HIIT projects of which 2 have been completed. The first, in conjunction with MPA, was the MD Staff credentialing program and the second was the merger of NCB and Jacobi. At the conclusion of report, 2 key areas of continuous quality improvements were highlighted. Managed Print Services is focusing on efficiency, effectiveness and security. EPIC training, known as the "Thrive Program", the team has developed a Joint Commission overview which provide overview of surveys and help navigate individuals during the survey.

The presentation transitioned to Dr. Bouton who highlighted dashboard updates regarding the Biomed Integration and MyChart. Dr. Bouton began his

presentation by addressing the biomedical device integration and how it will bring in vital sign information into electronic medical records system. Previously, information was recorded and transcribed manually by medical staff which creates errors and not efficient use of staff's time and resources. Using dialysis information during COVID as an example, Dr. Bouton highlighted the need for efficiency. The goal is increase the number of integrated devices from 47% to 70% by the end of 2021. Dr. Bouton referred to the PowerPoint graph outlining the devices. He also presents a chart showing current progress to date including monthly cumulative goal of 294 devices and year to date 304 devices completed.

Dr. Bouton continued his presentation the progress of the EPIC My Chart activation rates. My Chart is the EPIC patient portal where patients engage their health information. The current activation has above the EPIC customer average and the current system 2020 stretch goal of 50%. The original stretch goal was initially at 30% and was increased after successfully meeting that goal. A year ago, the EPIC customer average was 37 % for the top 20% of Epic customers which then increased to 48%. Our organization increased from 15% to 66. This increase has been influenced by both COVID-19 and making the portal more readily available to patients.

Dr. Calamia asked Dr. Bouton to explain how to remedy the large disparity between the highest utilized and lowest utilized facilities as per his activation rates chart. Dr. Bouton explained the facilities at the lower end were actually at the national average. Based upon additional review of data, it was shown that sites with emergency rooms, such as Harlem and Woodhull, would naturally be lower numbers verses sites that focus on primary care, such as East NY and Cumberland. In addition, the facilities are discussing best practices amongst themselves in efforts to improve utilization rates. Lastly, with technology being the same across the board, staff engagement, communicating and reinforcing the value to patients is key.

Dr. Mendez mentioned that denominator would vary. For example, at an acute-care facility, the patients include both acute and ambulatory are included in the denominator as opposed to sites like Cumberland and East NY which only include ambulatory & primary care provider.

ACTION ITEMS:

Theodore Long, MD Senior Vice President, Ambulatory Care and Johnathan Viguers, Director Campaign, T2 presented the resolution to the committee:

Authorizing New York City Health and Hospitals Corporation (the "**System**") to amend six agreements for neighborhood canvassing as part of the System's response to the COVID-19 pandemic with: **AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc.** (the "**Vendors**") previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

Dr. Long presented the background/current state of the canvassing initiative, justification for the NTE increase amount, funding consideration, program details, an overview of the procurement, terms, criteria for distribution of

work across the vendors, recap of the procurement process and MWBE participation plan.

The Committee expressed concerns on the MWBE waiver for Mosaic.

Follow Up: The Committee requested for the presentation to the Board meeting information on the WMBE spending breakdown, the hiring pattern in the hardest hit communities, a revisit of Mosaic full waiver from MWBE participation and the performance of the current vendors.

The resolution was duly seconded, discussed and adopted by the Committee contingent on the above follow-ups for consideration by the full board, with one abstention.

Recusal: Dr. Calamia recuse from the balance of the meeting, Feniosky Peña-Mora chaired the balance of the meeting.

Machelle Allen, MD, SVP/System Chief Medical Officer, Medical and Professional Affairs introduced the resolution. David Shi, Senior Vice President, Radiology and Alfred Garofalo, MD Senior AVP EITS present to the board on the following:

Authorizing New York City Health and Hospitals Corporation (the "**System**") to sign a three-year best interest renewal contract with **Change Healthcare Inc** (the "**Vendor**") for an enterprise-wide radiology diagnostic management solution with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

The presenters presented the Committee with a background/current state of the services currently being provided, justification for the best interest renewal, the current market landscape, accomplishments over the past five years, transformation progression, MWBE plan, vendor workforce diversity, vendor performance evaluation, and improvement process for the needs improvement indication in the evaluation.

The Committee requested clarification on the statement "bringing services in house". Bringing services in house, refers to the additional support services that will be originally contracted. Over a period of 6 to 18 months we will be able to bring that same skill set internally to NYC H+H and be a more sustainable enterprise.

The Committee expressed concerns on the MWBE implementation plan.

Follow-Up: the Committee requested in preparation for the board meeting the following be presented:

- An official written statement that they do not sub-contract maintenance with any other company anywhere.
- to provide the demographic for the entire company

- how they plan to address the under representation at the executive level for minorities and information technology for women

The resolution was duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

There being no further business, the meeting was adjourned 11:10 AM.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.
Board of Directors Meeting - Tuesday, March 30th, 2021
As Reported By: Ms. Sally Hernandez-Piñero

Ms. Hernandez-Piñero called the meeting to order at 2:04 PM

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held **February 2nd, 2021** were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

Ms. Hernandez-Piñero announced the appointment of Mr. Matt Siegler to be a member of the Customer Experience & Marketing Committee.

There being further no questions or comments, Ms. Hernandez-Piñero turned the meeting over to Mr. Sherif Sakr, Chair of the Audit & Compliance Committee, to introduce the Grant Thornton audit presentation.

INFORMATION ITEM

Mr. Sakr introduced Mr. Bryce Decker, Lead Managing Director at Grant Thornton (GT), explaining that he is in attendance on behalf of Mr. Dana Wilson, Managing Partner at GT. Mr. Sakr noted that Mr. Wilson attended the Audit & Compliance Committee meeting where the MetroPlus 2020 Annual Audit was first presented.

Mr. Sakr explained that on March 24th, 2021 the Audit & Compliance Committee did a full detailed review of the financial statements with GT and the scope of the audit. The audit covered five primary areas including the audit scope, significant risk areas according to GT's risk assessment performance part of the audit, quality of the accounting practices, internal control aspects, and a review of the financial statement line items. The Audit & Compliance Committee approved the financial statements of the audit.

Mr. Sakr opened the floor up to the Board for any questions regarding the GT MetroPlus 2020 Annual Audit.

There being no further questions or comments, Mr. Sakr thanked the GT team for all the work that was done and for joining the Board meeting. Mr. Sakr turned the meeting back over to Ms. Hernandez-Piñero.

ACTION ITEMS

The **first** resolution was introduced by Ms. Hernandez-Piñero.

Approving a resolution honoring the extraordinary leadership and service of retiring member of the MetroPlus Board of Directors, Ms. Nella Lewis.

Ms. Hernandez-Piñero thanked Ms. Lewis for her years of service and noted that a couple of items were presented to Ms. Lewis as a token of the Board's appreciation.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The **second** resolution was introduced by Dr. Eric Wei, Chair of the Quality Assurance & Performance Improvement Committee.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with AArete LLC ("AArete") to provide benchmarking and pricing validation services for a term of three years with two 1-year options, solely exercisable by MetroPlus, for an amount not to exceed \$2,000,000 for the total 5-year term.

Dr. Sanjiv Shah, Chief Medical Officer, explained that the Plan was in need of a vendor that would perform a focused review of contracts in order to determine if pricing is appropriate and competitive when compared to historical market data. The vendor would provide services that may include contract optimization, unit cost reduction, utilization management, payment integrity, revenue enhancement, member satisfaction, and quality metrics. Historically, the Plan has not contracted with a vendor for this type of service.

Dr. Shah read through the minimum criteria that were issued in the request for proposal (RFP) and the senior level staff that were part of the evaluation committee. There were four vendors that submitted proposals for the evaluation committee to review and score, with AArete scoring the highest.

Dr. Shah noted that AArete has experience with over ninety (90) payer organizations in the United States with over 5 million lives under its management and 3.4 million managed Medicaid lives (1.7 million lives in the 5 New York City boroughs).

Various Board Members asked questions regarding whether the vendor's data would inform the contracting for new contracts as well as renewals and whether the vendor would monitor the standards that the Plan uses and how the standards are applied. Dr. Shah confirmed that the vendor's services could inform new, renewing and extended contract discussions. Dr. Shah also confirmed that the vendor could inform whether services, such as endoscopies are being provided in the most efficient setting when clinically appropriate. Board members also asked whether the vendor would have access to protected health information about specific Members.

Dr. Shah responded that the vendor's focus will be on contract optimization to ensure that the Plan is competitively priced compared to the market.

Dr. Schwartz added that the Plan is not delegating the contract negotiating to AArete. The Plan will continue to conduct the negotiation and AArete will provide the analytics and market intelligence to the Plan. Board Members

asked if the Vendor could assist with moving towards value-based payment (VBP) arrangements.

Dr. Shah responded that AArete would focus on vendor and provider contract reimbursement to ensure the Plan is competitively priced in the market.

Dr. Schwartz added that there is not a lot of good benchmarking data available and as part of the Plan's negotiating process AArete will provide a market view of what is happening in the market and provide guidance on what would be considered reasonable contract terms. Dr. Shah provided a detailed, hypothetical example of how AArete's services would benefit the Plan in a contract negotiation.

In response to Board questions, Dr. Shah added that AArete is an adjunct to the Plan's work and will not suspend the Plan's intelligence and the approach to the work at hand.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The **third** resolution was introduced by Dr. Wei.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with Change Healthcare ("Change") to provide a claims payment software solution, for a term of seven years, for an amount not to exceed \$8,207,952 for the total 7-year term.

Dr. Shah explained that the Plan currently uses ClaimCheck, a claim editing software, which is purchased through Security Software & Consulting Technologies (SS&C) who processes the Plan's claims. ClaimCheck is 'manufactured' by Change Healthcare and is set to sunset in July 2022, thereafter, ClaimCheck will no longer be available, and the Plan will have to utilize a different claim editing software. The current annual cost of ClaimCheck includes licensing and hosting. Implementation of new claim editing software is estimated at 12-15 months regardless of the selected replacement.

Of the four vendors identified, two were automatically eliminated because they do not support NYS Medicaid rules. Even though the third vendor does operate in the NYS Medicaid market it does not currently support integration with the Plan's current claims system, PowerSTEPP, which is a critical element in transitioning to a new product within the 12-15 months' timeframe. It would be too risky for the Plan to leverage Optum's services. Thus, the Plan is recommending to the Board to approve the selection of Change Health's next generation claim editing software, ClaimsXten.

Dr. Shah noted that most of Change Health's clients have already fully transitioned from ClaimCheck to ClaimsXten. ClaimsXten has substantial experience with over 80% of Health Plans with members in NYS using ClaimsXten for claim editing.

Dr. Shah noted that the Plan opted for the 7-year software licensing term instead of the 5-year term, because ClaimsXten offers a discount for the 7-year term.

Dr. Shah reported that Change Healthcare has submitted a 30% MWBE waiver and read a statement provided by Change Healthcare:

Change Healthcare has ongoing diversity and inclusion initiatives to support its efforts. These include Business Resource Groups, Supplier Diversity Programs (including joining the National Minority Supplier Development Council (NMSDC), and vendor relationships that help Change identify core diversity and inclusion training for rollout across the organization.

Dr. Shah read through Change Healthcare's staff diversity and inclusion statistics and their business resource groups.

A Board member asked if this was a sole source contract and Dr. Shah confirmed, adding that Change is the only vendor in the NY market that can integrate with PowerSTEPP, provide national guidance on claim editing, and has experience with NYS Medicaid. This claim editing software is utilized pre-payment before adjudication. A step-by-step example of how a claim would be processed leveraging ClaimsXten was explained.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The **fourth** resolution was introduced by Ms. Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with Silverline to provide Salesforce system integrator services for a term of two years with two 1-year options, solely exercisable by MetroPlus, for an amount not to exceed \$6,900,000 for the total 4-year term.

Mr. Ganesh Ramratan, Chief Information Officer responded to the resolution. In December 2020, the Board approved the use of the Salesforce platform as the Customer Relationship Management (CRM) system which will be used across multiple business areas and will elevate employee efficiency and increase member and provider satisfaction. Salesforce will combine disparate information from multiple systems into a "single pane of glass", rather than having an employee toggle between logging into multiple applications in order to get a holistic view of a member's information. The Plan requires a System Integrator (SI) to bring together the component subsystems into one and ensure that those subsystems function together. The Contract Review Committee approved an application to issue an RFP for a SI in November 2020.

Mr. Ramratan read through the minimum criteria outlined in the RFP, participants of the evaluation committee and the various evaluation criteria categories that the vendors were being scored on. There were five proposals received and Silverline scored the highest. Silverline has successfully implemented over 200 projects and recently created a consulting practice solely focused on the payer industry. Silverline's team of certified

professionals includes three certified technical architects, for which there are only 100 of these certified professionals in the United States. Silverline's success places them in a very small and elite group of consulting organizations that can bring this level of expertise to this project.

Mr. Ramratan explained the five phases of the implementation plan. Mr. Ramratan noted that Silverline submitted a 31.86% MWBE utilization plan.

Ms. Hernandez-Piñero asked to confirm the date of implementation completion.

Mr. Ramratan stated that the implementation is scheduled to be completed in June 2022.

Ms. Hernandez-Piñero expressed how exciting and important of a step forward this is for MetroPlus.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The **fifth** resolution was introduced by Ms. Lloyd.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate a lease with BNN FULTON FLUSHING OWNER LLC (the "Landlord") for the use and occupancy of 136-13 Roosevelt Avenue, Flushing, New York, for a term of ten years at a rent of \$324,000.00 per year to be escalated by 2% per year for a total of \$3,548,510.60.

Mr. Roger Milliner, Chief Growth Officer, read through the PowerPoint presentation.

Mr. Milliner explained that MetroPlus is implementing a strategic growth plan to increase member retention in an area with high rates of uninsured and immigrant populations in north Queens. The plan is to compete within a crowded NYC market by positioning and operationalizing new acquisition channels (e.g., community office) and integrate into current marketing mix.

Mr. Milliner stated that the Plan currently has low penetration within target zip codes, lack of professional "business" space, deep competitor market share and market nurturing. The desired future state is to implement multi-tiered media & communication strategy, establish a physical location and dedicate resources to launch and sustain growth within targeted zip codes. The benefits of this new community office include enhancing the Plan's professional image, generating a new channel of growth, and demonstrating commitment to Flushing and the surrounding community.

Mr. Milliner described the target zip codes and audiences based on demographic age range, industry, and key partnerships. Mr. Milliner outlined the lease agreement and other comparable office spaces that were considered. Enrollment and membership growth projections due to the use of this new office space were presented.

Board members noted MetroPlus' presence was needed in the community to successfully connect with the target audience for membership growth and agreed it is a worthwhile endeavor as long as it is properly utilized, where the staff would hold events to draw in consumers.

Dr. Schwartz added that due to its prominent location in Queens it will also serve as a marketing tool for the Plan in this area. The Plan negotiated hard to include termination rights along with subleasing in the lease so that after 2-3 years, if the Plan is not making the desired traction, then there is the option to sublease.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

Ms. Hernandez-Piñero turned the meeting over to Dr. Schwartz.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Dr. Schwartz stated that Ms. Lauren Leverich-Castaldo has been appointed the position of Chief Financial Officer (CFO), noting that Ms. Leverich-Castaldo had been serving as the Interim CFO when the previous CFO retired in 2020.

Dr. Schwartz reported that the Board meeting was taking place in the MetroPlus Board Room at 50 Water Street. It took a few weeks to move into the new location and everyone is looking forward to being in the same building with more of NYC Health + Hospitals (H+H).

Ms. Raven Ryan-Solon, Chief Regulatory & Compliance Officer, presented the regulatory updates to the Board.

Ms. Ryan-Solon reported that all NYS COVID-19 related Executive Orders were currently extended through March 2021. The extensions are given thirty (30) days at a time and it is expected that more of the rules will be extended, including cost-sharing rules expected to be extended beyond April 4, 2021. Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) are expected to be continued through at least June 2021. Medicaid disenrollment for members with Third Party Health Insurance (TPHI) resumed February 28, 2021. MetroPlus has already started receiving the files from the State determining who is no longer eligible for Medicaid.

Ms. Ryan-Solon reported that open enrollment was extended through the end of 2021. Pharmacy carve-out was postponed one month to May 1, 2021. This is still being discussed, so the Plan is proceeding as if this is moving forward until the Plan hears otherwise. Managed Long-Term Care (MLTC) Independent Assessor Program is on hold due to pending approval from the Centers for Medicare and Medicaid Services (CMS) and Office of the State Comptroller (OSC) and promulgation of regulations. CMS and OSC stated they start as soon after April 1, 2021 as possible. One-year wait time to qualify for fertility coverage is waived for same-sex couples.

Ms. Ryan-Solon stated the federal government passed the American Rescue Plan Act (ARPA). The Plan impact is that for the Qualified Health Plan (QHP) individual's eligibility for tax subsidies, which the Plan refers to as APTC for tax credits has been expanded to people making up to 400% of the federal poverty level. That means a lot more people will be eligible for QHP coverage and a lot more people are going to be able to afford QHP coverage with this expansion and the assistance of these tax credits. This is good news for the Plan and even more efforts will be put into place to ensure that more people obtain access to coverage. The State has notified all plans that, in addition to the other budget cuts, they are instituting a 2% withhold on the Health and Recovery Plan (HARP) line of business. Meaning the State withholds the Plan's funds up front and the premium and capitation payments that the Plan would otherwise be entitled to receiving. The Plan then must prove to the State that it has met a series of quality metrics in order to earn back the premium that the Plan would have received up front.

Dr. Schwartz added that there is a consensus across the board that the quality incentive will be restored, more details to come. The HARP withhold was very unexpected. With the COVID-19 adjust, across-the-board (ATB) cuts, claims withhold and now the HARP quality withhold, it potentially forces the Plan to operate in a deficit because the Plan's margins are not so significant that it can experience all of the withholds without any issues. Although the COVID-19 adjustment is temporary, the ATB cuts are uncertain until the rates going forward are released, which determine whether or not the Plan has no choice but to operate at a deficit.

Ms. Hernandez-Piñero asked that the Plan would be potentially operating at a deficit as of what date.

Ms. Lauren Leverich-Castaldo responded that the Plan should know within the next thirty (30) days.

There being no further questions or comments on the regulatory updates, Ms. Ryan-Solon turned the meeting over to Dr. Schwartz.

Ms. Lauren Leverich-Castaldo, Chief Financial Officer, presented the updates on membership and utilization as reflected in the included slides. Trends are largely positive with the Plan membership at 609,030 through February which is on target with the Plan's current forecast. The percent of medical spend at Health + Hospitals has been affected over the last couple quarters due to increase in utilization outside of the Health + Hospitals system, in addition to the rate cuts surrounding COVID-19. Behavioral Health in-sourcing continues to make steady progress.

Ms. Leverich-Castaldo noted that membership in January and February in the NYC region had a jolt of enrollment due to the TPPI sweeps that the State has restarted. The Sales team is doing outreach to ensure that all membership identified as having TPPI does actually have TPPI, or the Plan is working with the State to rectify.

Ms. Leverich-Castaldo reported that based on COVID-19 vaccination administration claims data through provider billing, the Plan knows this is only a small percent of the population that is receiving the vaccination. This is due to people not being required to show their health insurance card

to receive the vaccination. This is similar to what was seen towards the beginning of COVID-19 with the COVID-19 testing.

Dr. Schwartz explained the additional effort that the Plan is putting towards using other sources to identify more members that have received the vaccine. This way there can be more targeted efforts toward the populations that have not received the vaccination, possibly due to vaccine hesitancy.

Ms. Leverich-Castaldo presented the financial performance updates as reflected in the provided slides. A brief review was provided of the summary of the year end findings and year end regulatory reporting that had been covered in the GT presentation. A reduction of -4.5% in total medical expenditures per member per month (PMPM) in 2020 as compared to 2019. The main contributor being a decrease of outpatient services during the COVID-19 lock down period. Urgent care visit PMPM increased by \$1.8 PMPM (+57.1%) in 2020 as compared to 2019. This also correlated to COVID-19 testing at urgent care sites.

There being no further questions or comments, Ms. Leverich-Castaldo turned the meeting over to Dr. Sanjiv Shah, Chief Medical Officer.

Dr. Shah presented the Utilization Management Article 44 update as reflected in the provided slides. Dr. Shah reported that a previous Article 44 review led to a corrective action plan (CAP) being issued to the Plan. Since then, an internal audit had been conducted to show the Plan had successfully implemented over 90% of the plan of correction (POC), before submitting the POC to NYS Department of Health (NYSDOH). Utilization Management department has implemented all action items in the currently accepted POC.

Dr. Shah reported that the main areas where corrections were implemented were in staff training, workflow modifications, system updates, daily queue reviews, and monthly audits. All to ensure that all reviews were completed timely, and both the members and provider received timely notification on completed reviews. Prior authorization timeliness rate improved from 78.8% in April 2019 to 96.9% in January 2021. Concurrent review timeliness (24-hour turnaround time) improved from 50% in April of 2019 to 93% in December 2020 and 90.9% in January 2021.

Dr. Shah reviewed the ongoing performance improvement that is taking place.

There being no further questions or comments, Dr. Shah moved on to present the Behavioral Health (BH) transition update as reflected in the provided slides.

Dr. Shah reported that 63% of contracts have been returned and credentialed providers is at 32% of target. Claims configuration is 70% complete. Testing to begin in April. NYSDOH desk review documentation successfully submitted at the end of March. The Plan is required to have a separate call center for Behavioral Health. Contracting with Vibrant Emotional Health on 24 hours a day/ 7 day a week/ 365 days a year telephonic crisis intervention and support services.

A Board member asked how much money the Plan has spent thus far on the Behavioral Health transition. Dr. Shah advised that most of the spend has

gone toward hiring the needed staff, including temporary staff hired to assist in credentialing the Behavioral Health providers.

A Board member asked about highlights of the feedback that the Plan had received from the State on March 1st, 2021.

Dr. Shah responded that feedback was received from a targeted survey of the Plan's claim denials as a result of Beacon's work. The State has telephonically implied that even though this is Beacon's work, the Plan's oversight is important. As a result, since the Plan will be taking over the work from Beacon, the oversight and scrutiny by the State will continue.

There being no further questions or comments, Dr. Shah turned the floor over to Mr. Colin Laughlin, Head of Product.

Mr. Laughlin presented the report on the Open Enrollment Results stating that the Plan retained a significant proportion of QHP membership in 2020 and achieved an increased renewal rate due to focused outreach. There was a significant increase in members switching to other lines of business primarily due to the economic impact of the pandemic and the availability of our plans with lower income thresholds. GoldCare showed stable growth of 3%, which is consistent with prior years.

Mr. Laughlin reported that the Gold line of business experienced a small enrollment decline from 2019. Health + Hospitals staff comprise the largest proportion of enrollment in the Gold product.

Mr. Laughlin reported that the Medicare Lind Of Business had a 78% increase in new enrollments over last year.

Dr. Schwartz reported that MetroPlus is considering introducing a broker channel for the next open enrollment. MetroPlus is the only Medicare Plan that does not use brokers and that puts the Plan at a severe disadvantage.

A Board member asked reasons for the disenrollment rate and the staff discussed various possible reasons.

A Board member asked whether various products were the subject of strategy discussions singly or combined.

There being no further questions or comments, Mr. Laughlin turned the floor over to Mr. Paul Angeli, Senior Director of Procurement and Vendor Management.

Mr. Angeli presented the report on the updated Procurement and Vendor Management process. Procurement, Vendor Management, and Purchasing have been three distinct MetroPlusHealth departments for many years. The Plan's recent reorganization created the department of Procurement and Vendor Management reporting to the Chief Operating Officer for improved continuity, coordination, and effectiveness. The process flow achievements include service procurement, contract negotiation, contract execution, and management of vendor/contracted relationships. Steps toward organizational performance improvement are being achieved through staff education, knowledge and experience synergies, and best practice implementation.

Mr. Angeli explained that a Contract Review Committee was established and will review the contracts first, before moving forward. Mr. Angeli also highlighted accomplishments with implementing a Minority and Women-owned Business Enterprise (MWBE) policy consistent with MetroPlusHealth goals and standardizing the vendor management role and responsibilities. This covers both delegated and non-delegated vendors.

There being no further questions or comments, Mr. Angeli turned the floor over to Mr. Ryan Harris, Chief Human Resource Officer.

Mr. Harris presented a report on employee engagement and that it cannot be ignored that there was a physiological and psychological burden that COVID-19 pandemic has had on the MetroPlusHealth staff. The Plan wanted to be intentional in connecting and engaging the staff through a series of virtual events on different topics and issues of interest. The first event of the series was Broadway from Home in December 2020. There were live virtual performances by Broadway actors and actresses singing songs from some of the most popular Broadway shows while also recognizing some of the staff that were awarded Employee of the Year.

Mr. Harris described the series of Black History Month newsletters. To celebrate Women's History Month, the Plan created a montage of the women that had a lasting impact on MetroPlusHealth employees, highlighting mothers, woman family members, mentors, teachers, etc.

Mr. Harris highlighted the mentorship program with the first cohort that started in October 2020 and ran through March 2021. Mr. Harris explained how staff were selected to participate, how they were paired up with their mentor, the events that took place, participation expectations, and the overall goals that the program was trying to achieve. The next cohort to launch in June 2021.

Dr. Schwartz added this was the first time the Plan launched its own mentorship program, where senior and executive level staff are mentoring employees. The Plan did not know how this would be received since this was planned under pre-pandemic circumstances, but the feedback has been very positive.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:34 PM.

CORONAVIRUS UPDATE

Vaccines - The CDC and FDA have made the one-dose Johnson & Johnson/Janssen vaccine available for use again, following an expert panel's recommendation. During a pause in the vaccine's use that started on April 13, the [Advisory Committee on Immunization Practices](#) investigated a small number of reported U.S. cases of a rare blood clot following vaccine administration. The thorough investigation concluded that the benefits of the vaccine outweigh any potential risks of developing a blood clot. The vaccine pause and subsequent CDC investigation were a result of the federal safety system that was put in place to track and respond to serious adverse reactions to the COVID-19 vaccine in real-time as they are reported. To-date, the Johnson & Johnson/Janssen vaccine has been administered to about 8 million people in the U.S. The [FDA Fact Sheet on the Johnson & Johnson/Janssen](#) (PDF) vaccine has been updated to note the rare blood clot cases. More details here: [CDC: Announcement to Lift Pause of Johnson & Johnson/Janssen COVID-19 Vaccine.](#)

Depending on available supply, NYC Health + Hospitals will prioritize the use of J&J vaccine to patients being discharged to long-term care facilities from our hospitals, as well as to other patients being discharged who are 18 years and older.

NYC Health + Hospitals continues to offer vaccinations to all eligible New Yorkers by appointment only, based on available supply. Our hospitals, health centers, Test & Trace vaccine sites have administered more than 700,000 vaccines so far. A select number of city-run sites - all sites run by the city's Department of Health and our Test & Trace sites -- are offering [walk-up vaccinations](#) for New Yorkers, along with mental health services. No appointment needed at those sites. Our hospitals are accommodating walk ups as possible but we are focusing on getting all our patients vaccinated via appointments.

NYC Test & Trace - As a City, we continue to do a substantial amount of testing. On a single day last week, we did more than 100,000 tests. In terms of contact tracing, in our last reporting period ending April 24, we reached 97% of all cases Citywide in the prior two weeks. We completed interviews with 85% of all cases. And since June, our hotels program has supported 19,527 unique guests.

NYC HEALTH + HOSPITALS ROLLS OUT "SHOW" MOBILE UNITS TO OFFER COVID-19 VACCINE,

OTHER HEALTH SERVICES TO HOMELESS NEW YORKERS

NYC Health + Hospitals this week deployed three mobile units across New York City to offer COVID-19 testing and vaccines, as well as other health care services to homeless individuals. The Street Health Outreach and Wellness (SHOW) mobile unit medical teams will be in Midtown, the Upper West Side, and Washington Heights, where they will administer Johnson & Johnson vaccines and ensure homeless New Yorkers have the same, equal chance to get vaccinated. They will also offer critical whole person care, such as wound care, mental health support, naloxone kits, and basic material necessities, like meal packages, hygiene kits, and socks. The mobile units are an extension of the existing services our health System offers homeless populations, understanding primary care looks different for everyone. **NYC Health + Hospitals has a long, proven track record of extending necessary health care services and other wraparound services and resources to the City's homeless population. The COVID-19 pandemic only intensified the need of such crucial resources.**

We will be working closely with the city's Department of Homeless Services, community groups and advocates to conduct the appropriate outreach and ensure street homeless individuals learn about these services. Homeless New Yorkers will be invited in for care and COVID-19 services, no appointments necessary. Each mobile unit can vaccinate up to 150 people a day.

Our first day was a great success: the SHOW team administered about 50 vaccines, 50 COVID-19 tests, distributed 10 Narcan kits, and provided antibiotics and wound dressings to several patients. Our SHOW minibuses will remain in these three neighborhoods indefinitely, from Tuesday to Saturday, 11 a.m. to 7 p.m. And we will consider moving or expanding the program to other neighborhoods and boroughs as needed.

NEARLY 2,000 NURSES TO PARTICIPATE IN NYC HEALTH + HOSPITALS NURSING CLINICAL LADDER PROGRAM

NYC Health + Hospitals is invested in the advancement of each of our 9,000 nursing professionals that keep our system going and provide exceptional care to all New Yorkers. We are pleased to announce that nearly 2,000 NYC Health + Hospitals nurses were selected to participate in the health system's Nursing Clinical Ladder Program. The program provides nurses career advancement while remaining in the clinical setting, and recognizes and rewards professional development, nursing expertise, and contributions to the nursing profession. It is a great way to support retention of our nursing talent, enhance employee satisfaction, help with recruitment, promote the vision of nursing at NYC Health + Hospitals, and enhance nursing care and patient outcomes. Through the program, nurses are able to engage in a number of initiatives and projects, including leading their own

research, engaging in volunteer work, participating in shared governance meetings, and more to help enhance their experience. This is the program's second year and is open to all staff nurses within the system, regardless of tenure or level.

**NYC HEALTH + HOSPITALS/JACOBI RECEIVES INNOVATION AWARD
FOR STAFF WELLNESS PROGRAM**

NYC Health + Hospitals/Jacobi this week received the Beryl Institute 2021 Organizational Innovation award for their Summer of Hope Program -- an extension of our health system's Helping Healers Heal program that offers respite and comfort to front line health care staff. The hospital's Summer of Hope Coalition grew out of the need to support our health care heroes and help the healing process amid the untold challenges they faced through the COVID-19 pandemic. The members of the coalition worked together on the herculean task of ensuring that all the staff had an opportunity to begin to heal in a way that was meaningful to them. They developed a host of ways to spread hope and healing, including standing debriefs, art and music therapy, creative writing, gardening and crafts. Congratulations to the team at Jacobi and to Dr. Eric Wei for his guidance in making the Helping Healers Heal program available to all staff at NYC Health + Hospitals. Here's a link to the video recognition for the team at Jacobi:
<https://vimeo.com/user19038396/review/538810866/d2b5f192a5>.

**NYC HEALTH + HOSPITALS/MCKINNEY TO EXPAND PALLIATIVE CARE FOR OLDER
ADULTS**

The Fan Fox and Leslie R. Samuels foundation has awarded NYC Health + Hospitals a \$152,000 grant to support expanding palliative care for older adults in the post-acute safety net setting at NYC Health + Hospitals/McKinney in Brooklyn. The COVID-19 pandemic highlighted the central importance of palliative care across all settings, and especially in the post-acute care setting. This initiative is a natural next step following the lessons learned from the tele-palliative care program that was launched in April of 2020. The grant funding is meant to support expert-level symptom management and skilled communication about goals of care for our post-acute residents and their families. Our goals with this initiative: 1) raise awareness and education about palliative care among staff and the community; 2) reinforce the importance of advanced directives; 3) increase the number of hospice eligible residents that access hospice benefits.

**NYC HEALTH + HOSPITALS RECEIVES \$305K IN GRANTS TO SUPPORT STAFF
WELLNESS**

The Aronson Family Foundation awarded NYC Health + Hospitals a \$300K grant to support health care heroes and their continued resilience,

and the Centerbridge Foundation provided an additional \$5K for the same work. Both grants will be used to improve the infrastructure of the health System's Wellness Rooms, created in response to the COVID-19 pandemic to support employee wellness and address the trauma, anxiety and burnout among the workforce. The rooms provide respite from the daily stressors of the work, and are used for a variety of support services as part of our Helping Healers Heal program, including group debrief sessions, yoga and dance classes. The new grants will be used to improve the design and outfit the Wellness Rooms with added relaxing seating areas, appropriate lighting, floor and wall coverings, and other calming elements for the space. We see this as an opportunity to cater to the growing mental health needs of our employees, as well as a device to reduce stigma surrounding the utilization of support resources. We want our workforce to feel seen, heard, appreciated and valued for all of their work saving the lives of the patient populations that we serve.

ADDRESSING UNCONSCIOUS BIAS

The Fourth Annual NYC Health + Hospitals Simulation Symposium was held virtually on April 21, 2021. More than 220 staff participated - from facility CEO's to frontline health care workers - along with other external participants. The theme of the meeting was Impacting Culture with Conversation and specifically using **debriefing to address unconscious bias**. The speakers were very interactive and sparked deep conversation on this important topic. Speakers included; Lou Hart, NYC Health + Hospitals Director of Equity, Quality & Safety; Kellie Bryant, Columbia School of Nursing; Jenny Rudolph, Center for Medical Simulation, Boston (Harvard affiliated); Janice Palaganos, MGH and Dimitri Papanagnou, Jefferson University; Michael Meguerdichian MD; Suzi Bentley MD.

EXTERNAL AFFAIRS UPDATE

NYC Health + Hospitals is working with Federal partners to advance our priorities. In particular, we are advocating to have hospital needs included in the major infrastructure package that continues to develop in DC. Our health system is grateful to our Congressional delegations' leadership, both in terms of the infrastructure package and in their review of additional funding requests we have made for capital project support. We will continue to build our Federal relationships on the administrative side as President Biden's team comes into place, seeking support for public and safety net hospitals, person-centered value-based care, and health equity among other priorities.

The NYS State budget process concluded successfully for NYC Health + Hospitals. Our system is in a far better position than initially feared when the Governor's original executive budget was proposed. The Governor's plan had included significant cuts to Medicaid funding and public hospital support, which would have had a roughly \$250M negative impact on our system. Thanks to a combination of Federal relief

funding, the unusual Albany dynamics, and our unrelenting and strategic advocacy, almost none of these threats were actualized.

Working with an inclusive set of advocacy partners, we were able to avert a threatened 1% across-the-board Medicaid cut and elimination of the Indigent Care Pool supporting public hospitals, and to delay a significant 340B cut for two years. We also limited significant mandates that were proposed for nursing homes and expanded telehealth coverage, we will continue to advocate for the full parity we and many partners are seeking. The final budget also includes new funding for increases in the Essential Plan reimbursements and develops a post-partum insurance program for people whose Medicaid coverage ends with their pregnancy. Unfortunately, the final budget does include a capital rate cut that we and many peers opposed, though it is a relatively minimal financial impact. More specific analyses will follow. And we continue to partner with our champions in the Mayor's Office and the City Council as the City budget takes shape.

FINANCE UPDATE

NYC Health + Hospitals closed March with approximately \$350M cash-on-hand. The health System has been able to mitigate and eliminate many major external risks over the past month.

The final NY State budget agreement restored all major Medicaid cuts that could have impacted the health system and also includes new financial opportunities as it relates to the Essential Plan, where new monies will be added for a base rate as well as the creation of the a quality pool. The NY City Executive Budget also included good news as it included \$349M in new capital funds in addition to the more than \$300M included in the preliminary budget.

The State has initiated the transaction to reimburse the remaining \$400M of the \$511M that was owed. In addition, we are having discussions with HHS regarding the timing of DSH funds related to the DSH eFMAP glitch that was corrected in the American Rescue Plan.

NYC Health + Hospitals and the City's Office of Management and Budget continue to have discussions with FEMA regional and central office staff on a process and methodology to secure COVID reimbursement. Additional updates will be provided as we make progress.

We remain on track with the FY-22 budget development timeline, which will be presented at the May Finance Committee meeting.

CONTRACTS, PURCHASE ORDERS AND WORK ORDERS

I issued a Declaration of Emergency dated March 1, 2020, which was subsequently updated and reissued through February 28, 2021. There is currently no Declaration of Emergency in effect. The health system has

entered into 39 emergency extension agreements with Community Based Organizations (CBOs) at a total cost among the pool not to exceed \$15 million. These costs are being reimbursed by the City of New York. In July 2020, 41 CBOs were selected as an outcome of a solicitation to do COVID related outreach in high incidence neighborhoods. Based on the continuing pandemic and the need to continue community outreach in these neighborhoods, the contracts have been extended through June 30, 2021 for 39 of these CBOs. All 39 CBOs were reviewed and are performing satisfactorily prior to extending their agreements.

OTHER HEALTH SYSTEM NEWS

- [Local Businessman Donates \\$1M to NYC Health + Hospitals/Queens](#)
 - [NYC Test & Trace Corps Now Connecting Patients at Highest Risk With Life-Saving Monoclonal Antibody COVID-19 Treatment](#)
 - [NYC Health + Hospitals Earns More Than \\$1.4M for Green Projects](#)
 - [NYC Test & Trace Corps Now Offering At-Home Testing for All Contacts of COVID-19 Case](#)
 - [Philip DeMaiolo Appointed as New Corporate Chef](#)
 - [Test & Trace Corps Launches AfterCare to Support New Yorkers Living with Long COVID](#)
 - [NYC Launches New Mobile Vaccination Effort and Expands Walk-In for Seniors](#)
 - [NYC Health + Hospitals Marks One Year of COVID-19 Pandemic](#)
 - [Vaccine For All: Walk-Up Vaccinations Now Available For New Yorkers Age 75 and Older Plus One Eligible Escort at Brooklyn Army Terminal, Bathgate, and Citi Field Mass Vaccination Sites](#)
 - [Doctors Council SEIU and NYC Health + Hospitals Commemorate National Doctors' Day](#)
 - [9 New Facilities Participate in Murals Project with Patients, Staff and Community](#)
-

RESOLUTION - 02

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a six month lease extension with **Cheyenne Realty LLC** (the “Landlord”) for the use of approximately 1,600 square feet of space at 4302 Church Avenue, Borough of Brooklyn to operate a **Supplemental Food Program for Women, Infants and Children (the “WIC Program”)** managed by NYC Health + Hospitals/Kings County Hospital Center (the “Facility”) at a base rent of \$61,437.24 per year, or \$38.40 per square foot, for a total of \$30,718.62 for the six month extension; provided the System will hold an option to extend for an additional five years with the rent for the six month extension and five year option totaling \$356,894.90.

WHEREAS, the Facility has operated a WIC Program at this location since 2010; and

WHEREAS, the System operates 17 WIC sites throughout the City located in a combination of rented properties and System controlled space; and

WHEREAS, like other WIC programs, the Facility’s WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income; and

WHEREAS, WIC Programs are funded by New York State Department of Health (“**NYSDOH**”) grants and this program will continue to be operated and managed by the Facility; and

WHEREAS, like the System’s other WIC Programs, this one receives funding on a cycle which, in this case expires in six months with its continuation dependent on NYSDOH grant; and

WHEREAS, while the System is optimistic a new grant will be made, the proposed lease extension is structured to extend only through the current funding cycle with an option exercisable solely by the System if the funding is continued.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a six month lease extension with **Cheyenne Realty LLC** (the “Landlord”) for approximately 1,600 square feet of space at 4302 Church Avenue, Borough of Brooklyn to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”) managed by NYC Health + Hospitals/Kings County Hospital Center (the “Facility”) at a base rent of \$61,437.24 per year, or \$38.40 per square foot, for a total of \$30,782.62 for the six month extension; provided the System will hold an option to renew the lease for an additional five years with the rent for the six month extension and five year option totaling \$356,834.90.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/KINGS COUNTY HOSPITAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN 4302 CHURCH AVENUE, BOROUGH OF BROOKLYN

- OVERVIEW:** New York City Health and Hospitals Corporation (the “System”) seeks authorization from its Board of Directors to sign a six-month lease extension with Cheyenne Realty LLC (the “Landlord”) for the use of space at 4302 Church Avenue, Borough of Brooklyn, to operate a Women, Infants and Children Program (the “WIC Program”), managed by NYC Health + Hospitals/Kings County Hospital Center (“Kings County”). Like the System’s other WIC Programs, this one receives funding on a cycle which, in this case expires in six months with its continuation dependent on a New York State Department of Health (“NYSDOH”) grant. While the System is optimistic a new grant will be made, the proposed lease extension is structured to extend only through the current funding cycle with an option exercisable solely by the System if the funding is continued.
- NEED/PROGRAM:** Kings County has operated a WIC Program at this location since 2010. The System operates WIC sites throughout the City located in a combination of rented properties and System controlled space. Like other WIC programs, this Kings County WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income. WIC Programs are funded by NYSDOH grants.
- UTILIZATION:** The WIC Program’s caseload is approximately 1,500 clients.
- TERMS:** The System will occupy approximately 1,600 square feet of space, and will pay a base rent of \$61,437.24 per year, or \$38.40 per square. The base rent represents a 2.0% increase over the rent payable during the last year of the prior term. The six-month lease extension will commence July 1, 2021 and end December 31, 2021. The System will hold an option to renew the lease for an additional five years. The first year of the option term will commence January 1, 2022. The base rent for the option term will commence at a rate 2% above the December 2021 rent. Electricity, gas, and water will be separately metered and will be the responsibility of the System.
- The landlord will be responsible for all interior and exterior maintenance and structural repairs on the premises. The System will be responsible for non-structural maintenance and repairs.
- REAL ESTATE TAXES:** The system will pay its share of real estate tax increases above the 2021/22 base year
- FINANCING:** NYSDOH funds both rent and operating expenses at WIC sites.

SAVITT PARTNERS

April 26, 2021

Mr. Dion Wilson
Legal Affairs – Office of the General Counsel
NYC Health + Hospitals Corporation
125 Worth Street
New York, 10013

Re: Fair Market Value Report
H+H WIC Program
4302 Church Avenue, Brooklyn NY 11203

Dear Dion:

You have requested that I comment on the value of the referenced property for the rental renewal. The referenced premises is an H+H WIC program which is currently paying rent of \$37.65 per RSF. This shall serve to comment on the unit's rent valuation going forward.

This letter confirms that I've reviewed the proposal of the economic rent terms, as presented, of the lease by and between Landlord and NYC Health + Hospitals Corporation intended response as Tenant comprising the following:

- The unit is currently occupied and zoned for use as medical offices appropriate for the WIC sponsored program.
- The lease is up for renewal effective July 1, 2021 in accordance with a five-year renewal option after affixed six month, one-time lease extension.
- The Landlord has proposed renewal terms.
- The Tenant has responded with the terms provided herein.
- The unit collectively totals approximately 1,600 SF on the Ground Floor of the referenced premises.
- This evaluation is for the purpose of a lease renewal.

Landlord and Tenant agree to a proposed starting base rent at \$38.40 RSF, which represents a 2% rental increase from the \$37.65 RSF currently being paid. The lease renewal calls for a 2.0% compounded yearly base rent increase, plus electric which is separately metered.

The renewing Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy, little or no Tenant Improvement Allowance, no gap in marketing a vacant space and the time it takes to do so, and any free rent which would be given to a new Tenant. In addition, ancillary costs such as architects and engineering, commissions, and hard and soft legal fees are also avoided.

(Please see space comparables.)

Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rents in the general vicinity of this location at a range of \$32.00-40.00/RSF. The agreed to rent proposed of \$38.40 per RSF plus electric is consistent with the market. Further, the 2.0% rent increase is average for percentage rent escalations and remains consistent with current market conditions.

In the event that I can be of any further assistance to you, please do not hesitate to call.

If you have any further questions, please let me know.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", written in a cursive style.

Michael E. Dubin
Partner

Schedule A – Comparables

Address	Cross Streets	Square Feet	Price Per SF
4905 Church Avenue	Church Avenue & 49 th Street	1,800	\$40.00
387 Linden Boulevard*	Linden Boulevard & 35 th Street	1,700	\$24.70
805-807A Utica Avenue	Utica Avenue & Linden Boulevard	1,400	\$38.57
811 Utica Avenue*	Utica Avenue & Linden Boulevard	1,800	\$47.14
387 Linden Boulevard	Linden Boulevard & 35 th Street	1,500	\$32.00
1092 Utica Avenue*	Utica Avenue & Beverley Road	1,600	\$24.37
3504-3506 Church Avenue	Church Avenue & 35 th Street	1,700	\$38.00
4311 Church Avenue	Church Avenue & 43 rd Street	1,400	\$27.50
830-834 Clarkson Avenue	Clarkson Avenue & Utica Avenue	1,500	\$32.00
4611 Church Avenue*	Church Avenue & 46 th Street	1,600	\$23.35
880-888 Utica Avenue	Church Avenue & Utica Avenue	1,500	\$36.00
837 Utica Avenue*	Utica Avenue & Linden Boulevard	1,400	\$60.00

*While these are available as comps, the rates are inconsistent with the type of premises.

**Cheyenne Realty LLC
NYC Health + Hospitals/Kings
County Hospital Center
Women Infants and Children (WIC)
4302 Church Ave.
Brooklyn, New York**

Board of Directors Meeting
May 27, 2021

Sheldon McLeod, Executive Director, NYC Health + Hospitals/Kings
Vincent Mulvihill, Deputy Executive Director, NYC Health + Hospitals/Kings
Christine Flaherty, Senior Vice President, Office of Facilities Development



Background

- NYC H+H/Kings has operated a WIC program at this location since 2010. The program occupies 1,600 square foot on the ground floor.
- Pregnant, breastfeeding and postpartum women, infants and children less than five years of age who are determined to be a nutritional risk are eligible for WIC program services which include monitoring children's growth rates, nutrition education, breastfeeding support and high risk counseling.
- Kings also operates two other sites: one on Nostrand Ave, and one at the facility. There is a strong relationship with departments at Kings.



- This site serves 1,500 participants.

Lease Terms

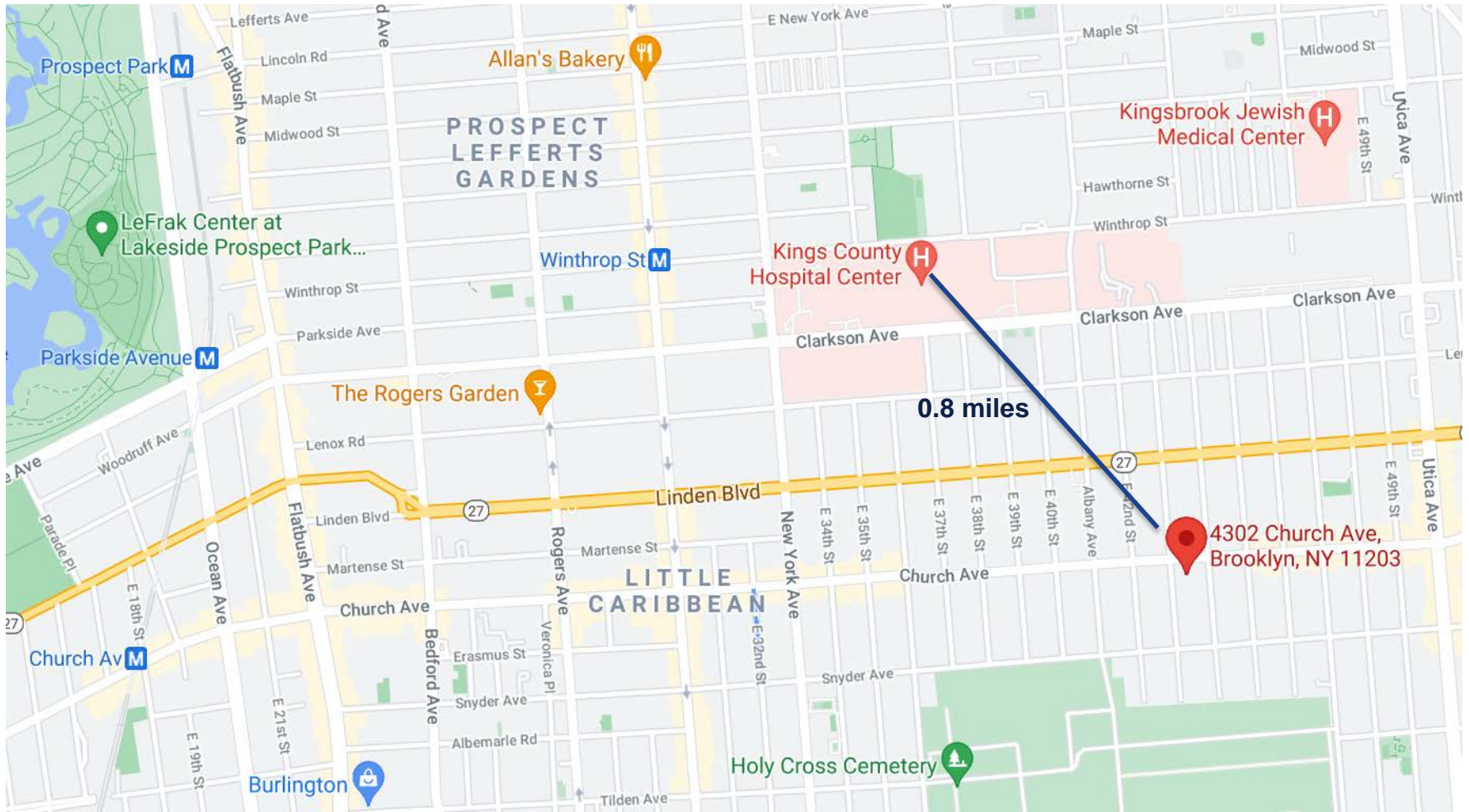
This resolution requests a six month extension:

- Base Rent at \$38.40 per square feet, a 2.0% increase above the current rent.
- The six month term will commence July 1, 2021 and end December 31, 2021.
- H+H will hold a five year renewal option. The option term will commence January 1, 2022.
- Total per square foot occupancy cost is within the fair market value range of \$32 - \$40 PSF.
- A New York State Department of Health (“NYSDOH”) grant provides funding all WIC program operations including personnel and real estate. Current funding expires September 2021 with future funding anticipated. The WIC program anticipates receiving a new five year grant. However, should the program not receive the new grant, NYSDOH will continue to fund the program for an additional three months through December 31, 2021.

Rent Schedule

Period	Rent	Monthly	PSF
<u>Six month term</u>			
7/1/2021 – 12/31/2021	\$ 30,718.62	\$ 5,119.77	\$ 38.40
<u>Renewal Option</u>			
1/1/2022 – 12/31/2022	\$ 62,665.98	\$5,222.17	\$ 39.17
1/1/2023 – 12/31/2023	\$ 63,919.30	\$ 5,326.61	\$ 39.95
1/1/2024 – 12/31/2024	\$ 65,197.69	\$ 5,433.14	\$ 40.75
1/1/2025 – 12/31/2025	\$ 66,501.64	\$ 5,541.80	\$ 41.56
1/1/2026 – 12/31/2026	\$ 67,831.67	\$ 5,652.64	\$ 42.39
	\$356,834.90	(six month term + option term)	

Map



Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a six month lease extension with Cheyenne Realty LLC (the "Landlord") for the use of approximately 1,600 square feet of space at 4302 Church Avenue, Borough of Brooklyn to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Kings County Hospital Center (the "Facility") at a base rent of \$61,437.24 per year, or \$38.40 per square foot, for a total of \$30,718.62 for the six month extension; provided the System will hold an option to extend for an additional five years with the rent for the six month extension and five year option totaling \$356,894.90

RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five successive one year revocable license agreements with the **New York City Department of Housing Preservation and Development (“HPD”)** for the System’s continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn **for the operation of the Ida G. Israel Community Health Center (the “Center”) managed by NYC Health + Hospitals/Coney Island Hospital Center** (the “Facility”) at no occupancy fee payable.

WHEREAS, the Facility had operated the Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn until it was destroyed by Hurricane Sandy; and

WHEREAS, in July 2014 the Board of Directors authorized the System to enter into a license agreement with HPD for the use of the subject lots to locate a pre-fabricated structure to house the Center and in September 2017 the Board of Directors authorized an additional three-year term; and

WHEREAS, the Center has been providing health care services from the new location since September 2015 and its continued presence in the community allows it to meet ongoing health care needs; and

WHEREAS, HPD’s policy is to issue license agreements for periods no longer than one year however, in this case, it is likely that HPD will be willing to renew the agreement for successive one-year terms; and

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute five successive one year revocable license agreements with New York City Department of Housing Preservation and Development (“HPD”) for the System’s continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the Ida G. Israel Community Health Center (the “Center”) managed by NYC Health + Hospitals/Coney Island Hospital Center (the “Facility”) at no occupancy fee payable.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
IDA G. ISRAEL HEALTH CENTER
managed by
NYC HEALTH + HOSPITALS/CONEY ISLAND HOSPITAL

BACKGROUND: Hurricane Sandy destroyed the Ida G. Israel Community Health Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn (the “**Center**”). NYC Health + Hospitals/Coney Island Hospital (the “**Facility**”) worked with the community, local elected officials and various agencies of the City of New York to find a suitable replacement site for the Center and the current site, controlled by the New York City Department of Housing Preservation and Development (“**HPD**”) was selected. The Facility contracted for a modular, prefabricated structure to house the Center which was positioned at the site. The Center has been providing health care services at such location since September 2015 and its continued presence in the community allows it to meet ongoing health care needs. The Center provides dental, pediatric, general primary medical care and chemical dependency services.

PROGRAM: *Provide information about the patient care and utilization.*

TERMS: HPD will not collect any occupancy fee for the System’s use of the licensed lots. In the past, HPD gave the System 3-year license agreements for its occupancy to facilitate a possible recovery from FEMA of the cost of the modular unit. The application for those funds was not successful and is now in the past and thus, HPD will revert to its normal policy of issuing licenses of no more than a year. It is expected that HPD will give successive one-year renewal licenses until it needs the site for development. Each of HPD and the System has the right to terminate the license without cause on short notice.

NYC Housing Preservation Development Ida G. Israel Community Health Center NYC H+H Coney Island Hospital Center

**Board of Directors Meeting
May 27, 2021**

**Svetlana Lipyanskaya, CEO, Coney Island Hospital
Christine Flaherty, Senior Vice President, OFD**

Background and New Agreement

BACKGROUND:

- Coney Island Hospital Center operated the Ida G. Israel Community Health Center at 2201-2202 Neptune Ave Hurricane Sandy destroyed it.
- July 2014 the Board of Directors authorized a license agreement with NYC HPD for the use of Block 7061, lots 16, 39, 40, 42, 43, 44 and 45 to locate a FEMA funded pre-fabricated 13,500 SF structure
- September 2017 the Board of Directors authorized an additional three years.
- Beginning in 2015, annual payments of \$130,000

NEW LICENSE AGREEMENT:

- **Five successive one year terms**
- **No Occupancy Fee charged by HPD**



Annually, this location provides

- Family Medicine/Primary Care to 4500 patients
- Dental Services to 10,000 patients
- Chemical Dependency to 14,500 patients

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five successive one year revocable license agreements with the New York City Department of Housing Preservation and Development (“HPD”) for the System’s continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the Ida G. Israel Community Health Center (the “Center”) managed by NYC Health + Hospitals/Coney Island Hospital (the “Facility”) at no occupancy fee payable.

RESOLUTION – 04 - AMENDED

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a three-month revocable license agreement with **T-Mobile USA, Inc.** (the “Licensee”) to operate a mobile cellular communications system on an approximately 1,600 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the “Facility”), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$125 per square foot.

WHEREAS, in May 2019 the Board of Directors authorized the System to enter into a three-month license agreement with the Licensee: and

WHEREAS, the Licensee properly performed its obligations under the 2019 license agreement; and

WHEREAS, the Licensee will operate a cellular communications system mounted on a wheeled platform designed to provide enhanced cellular communications; and

WHEREAS, the Licensee will operate the system for an approximately three-month period from Memorial Day through Labor Day of 2021 and will remove the equipment shortly after Labor Day; and

WHEREAS, the Licensee’s cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a three-month revocable license agreement with T-Mobile USA, Inc. (the “Licensee”) to operate a mobile cellular communications system on an approximately 1,600 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the “Facility”) located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$125 per square foot.

EXECUTIVE SUMMARY

LICENSE AGREEMENT T-MOBILE USA INC.

THE FORMER NEPONSIIT HEALTH CARE CENTER

The New York City Health and Hospitals Corporation (the “System”) seeks its Board of Director’s authorization to execute a three-month revocable license agreement with T-Mobile USA, Inc. (“T-Mobile”) to operate a mobile cellular communications system on the campus of the former Neponsit Health Care Center (“Neponsit”). If approved, this will be the second year that T Mobile will have such a license. Last year’s license was performed without incident or complication and this year’s license will be on exactly the same terms as the previous one. T-Mobile USA, Inc.

T-Mobile will operate a cellular communications system mounted on a wheeled platform designed to provide enhanced cellular communications to the Rockaway beaches during the seasonal period of heavy use. The system will be in operation for an approximately three-month period from Memorial Day through Labor Day of 2021 and will be removed shortly after Labor Day. T-Mobile’s equipment will be located on an approximately 1,600 square foot parcel of land located on the former Neponsit campus, located at 67 Rockaway Beach Boulevard, Queens. T-Mobile will pay an occupancy fee of \$50,000 or \$125 per square foot. T-Mobile’s cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

T-Mobile will indemnify and hold harmless the System and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming the System and the City of New York as additional insureds.

The term of this agreement shall not exceed approximately three months without further authorization by the Board of Directors and shall be revocable by either party upon fifteen days written notice.



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: T-Mobile USA, Inc.

Date: May 6, 2021

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	NA	NA

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

The Former Neponsit Health Care Center License Agreement – T-Mobile USA, Inc.

Board of Directors Meeting

May 27, 2021

**Helen Arteaga Landaverde, Elmhurst Hospital Center
Christine Flaherty, Senior Vice President, OFD**



Background

- The vacant former Neponsit Health Care Center is located at 67 Far Rockaway Blvd. Queens, NY
- In May 2019 the Board of Directors authorized a three month license agreement with T-Mobile USA for the installation and operation of a mobile cellular communications system designed to enhance cellular communications.
- Under the proposed agreement the same type of equipment will be installed and operated at the site
- The equipment will be installed for three months from Memorial Day to Labor Day.
- T-Mobile will occupy 1,600 square feet and pay an occupancy fee of \$50,000.



H+H is planning the demolition of these existing unsafe structures and will be starting design for demolition this summer. We are working with the Parks Department on site disposition.

Capital Committee Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a three-month revocable license agreement with T-Mobile USA, Inc. to operate a mobile cellular communications system on an approximately 1,600 square foot parcel of land on the campus of the former Neponsit Health Care Center (the “Facility”) located at 67 Rockaway Beach Boulevard, Queens, N.Y. at an occupancy fee of \$50,000 or \$125 per square foot



RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a one-year extension of its agreement with **CBRE, Inc.** (“CBRE”) for **various facility management support services** for an amount not to exceed \$17,750,000.

WHEREAS, the System contracted with Johnson Controls, Inc. (“JCI”) on March 16, 2012 for JCI to take responsibility for the management of the physical plant of all of the System’s facilities over a nine-year term including all repairs, maintenance staffing of on-site management positions and the procurement of all supplies and materials required the “JCI Contract”); and

WHEREAS, in early 2015 JCI purported to assign the JCI Contract to CBRE; and

WHEREAS, the System protested the purported assignment and to resolve the dispute the System, JCI and CBRE agreed that the assignment would be permitted but that the System and CBRE would enter into a much smaller limited contract to replace the JCI Contract; and

WHEREAS, the successor contract with CBRE was made on July 1, 2016 pursuant to which CBRE furnished to the System the services of six Directors of Engineering assigned to six of the System’s hospitals and dedicated a small group of staff to purchase for the System a narrow class of urgently needed maintenance and repair supplies and services (the “CBRE Agreement”); and

WHEREAS, the System has reduced its reliance on CBRE for the six Directors of Engineering and is working with Supply Chain to determine if the CBRE purchasing function can be entirely brought back in-house; and

WHEREAS, the process determining if it is possible to insource all of CBRE’s functions has been delayed by the need over the last year to focus on the System’s COVID response; and

WHEREAS, the System wishes to extend the CBRE Agreement for only one year during which either the System will be able to insource all of CBRE’s functions or it will complete an RFP process to find a vendor to perform CBRE’s limited functions; and

WHEREAS, the management of the proposed renewed agreement will be under the direction of the Sr. Vice President – Office of Facilities Development

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation is hereby authorized to execute a one-year extension of its agreement with CBRE, Inc. for various facility management support services for an amount not to exceed \$17,750,000.

**EXECUTIVE SUMMARY
ONE YEAR EXTENSION OF
FACILITY MANAGEMENT SUPPORT SERVICES AGREEMENT
CBRE, INC.**

OVERVIEW: The System seeks approval for a one-year extension of its agreement with CBRE to provide facility management support services. The CBRE Agreement is a vestige of a much larger predecessor agreement with JCI. To resolve a dispute, the System agreed to allow CBRE to take over the JCI Contract but at a fraction of the original size. Under the CBRE Agreement, CBRE furnished to H+H the services of 6 Directors of Engineering all of whom were employees of the System prior to the implementation of the JCI Contract in 2012 and CBRE also handles urgent purchases of goods and services needed in the maintenance and repair of the System's facilities.

NEED: CBRE has performed useful services for the System, which will require considerable planning to replace. First, the Directors of Engineering furnished to the System are veterans of the System with extensive knowledge of the hospitals to which they are assigned. Currently through attrition, the System has reduced the number of CRBR-supplied Directors of Engineering to just three. But these are hard to fill positions and ones where experience is critical. Second, CBRE is able to source goods and services needed urgently by the System because they tap into CBRE's extensive relationships and contracts and they are able to pay suppliers very quickly. For the System to take over this purchasing function, it will need to add staff to Supply Chain and develop a rapid pay capacity to motivate vendors and suppliers to act immediately.

TERMS: The System reimburses CBRE for its personnel costs for its employees dedicated to the System and for its purchases of goods and services required by the System plus a 7% management fee. Of the projected \$17,750,000 expenses of the contract, approximately \$16M is expected to be reimbursement for CBRE's expenses for the goods and services the System purchases through CBRE and \$1,750,000 is expected to be reimbursement for personnel costs.

MWBE: The JCI Contract was issued with a complete MWBE waiver. The System has worked with CBRE to obtain a commitment to bring its MWBE spend to 30% for the 12 month extension term.



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: CBRE, Inc.

Date: April 27, 2021

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

Vendor Responsibility
Approved

EEO
Pending

MWBE
30% Utilization Plan

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

CBRE: Facilities Maintenance Support Services

**Best Interest Renewal –
Application for 12 Month
Bridge Contract Extension**

**Board of Directors Meeting
May 27, 2021**

**Christine Flaherty, SVP OFD
Manuel Saez, AVP OFD**

Background

- In 2012 NYC Health + Hospitals and JCI made 9-year agreement to manage the system's plant maintenance operations at a total cost of more than \$362M
 - 42-50 JCI staff supported the work consisting of management, finance and procurement
 - A total MWBE waiver was granted to JCI at the time
- JCI sold to CBRE its facilities management business in 2016
- H+H negotiated with CBRE a significantly reduced scope and brought most of the services in-house.
 - The Board was informed of the renegotiation
 - The new agreement stayed within the initial term of the agreement with a much reduced cost and scope

Background Continued

- The reduced scope contract was to expire March 15, 2021
- As the height of the pandemic was winding down we entered into a three month extension of the agreement to allow time to establish an MWBE plan with CBRE for a proposed best interest renewal
- The agreement is now set to expire June 15, 2021
- The annual expenditure is \$17.75M for urgent supplies, repairs and facility support
 - \$1.75M: staffing consisting of facility management operations, finance and procurement
 - \$16M: goods and urgent repairs
- H+H needs to competitively procure or in-source this scope of services in order to ensure continuity of facility operations and regulatory compliance.

CBRE Scope of Services

- Supplemental staff which support urgent and ongoing physical space needs
 - Payment
 - CBRE is pre-funded monthly which allows immediate just in time payment when required in order to mobilize vendors for this urgent work
 - Urgent Purchasing
 - 24-hour turn around of PO's to support urgent facility based requests for physical plant needs
 - Repairs of systems & infrastructure
 - Parts and supplies to repair and replace systems & infrastructure
 - Regulatory Urgent assessments of unanticipated facility, life safety & regulatory concerns
 - Joint Commission related urgent supplies/repairs required during regulatory review of Environment of Care
 - Directors of Engineering
 - Regulatory Environment of Care compliance
 - Oversight of in-house trades
 - Responsible for preventative maintenance program
 - Responsible for facilities based documentation
 - Responsible for ongoing facility operations
- Expert Troubleshooting of complex infrastructure issues
- Support Joint Commission and regulatory compliance

Current State

- Last year OFD began working closely with Supply Chain to determine in-sourcing this work or a RFP to ensure continuity of facility operations. This work was paused due to COVID-19.
- Majority of procurements performed by CBRE are small dollar purchases (< \$6,000 requiring same day or next day delivery of goods).
- CBRE leverages their nationwide global network to procure urgent supplies – this was essential during COVID
- Facilities Management has overseen and diligently reviewed the annual OTPS budget and these urgent purchases were approved and within annual budgets set with finance
- Cumulative MWBE spend in past 2.5 years was 5.23%
- OFD & Supply Chain have been working with CBRE to increase their MWBE participation by replacing vendors with MWBE firms
- CBRE provides dedicated onsite procurement and finance staff to source emergency facilities items
- CBRE follows OP 100-5 in all procurements executed on behalf of NYC Health + Hospitals

Position Summary FY21	Quantity
Operations Leader	1
Senior Financial Analyst	1
Supply Chain Sourcing Specialist	1
Purchasing Agent	2
Director of Engineering	3
Elevator Starter	1
TOTAL	9

Vendor Performance Evaluation

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

Procurement Services

Purchase Order (PO) Information

FISCAL YEAR	# of POs Issued	Average PO Value
FY17	3498	\$4,319.45
FY18	2980	\$5,107.07
FY19	2508	\$5,203.64
FY 20	2714	\$5,077.00
FY 21 (Q1-Q3)	2003	\$5,597.85

HISTORICAL SPEND (H+H and JCI/CBRE)

	FY14*	FY15*	FY16*	FY17**	FY18**	FY19**	FY20**	FY21**
JCI/CBRE OTPS Spend	\$ 29,419,073.00	\$ 29,524,631.00	\$ 29,503,828.00	\$ 13,719,051.00	\$ 14,426,571.00	\$ 12,316,761.00	\$ 13,390,091.00	\$ 12,653,329.80
6400 Cost Centers (H+H Spend)	\$ 16,110,659.00	\$ 16,800,000.00	\$ 22,592,660.00	\$ 19,279,781.00	\$ 20,346,449.00	\$ 23,034,983.00	\$ 20,831,170.16	\$ 15,577,241.41
Maintenance Contracts (H+H Spend)				\$ 17,459,219.65	\$ 17,459,219.65	\$ 18,646,365.47	\$ 19,189,463.50	\$ 19,765,147.40
Other Facility Expense	\$ 1,804,667.00		\$ 1,188,884.00					
Out of Scope Contract Work performed by JCI (NFRs - Not Financially Responsible)	\$ 5,882,827.00	\$ 5,482,826.50	\$ 5,960,379.00			\$ -	\$ -	\$ -
Additional Sq. Footage	\$ 1,200,000.00	\$ 1,900,000.00	\$ 1,767,110.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 54,417,226.00	\$ 53,707,457.50	\$ 61,012,861.00	\$ 50,458,051.65	\$ 52,232,239.65	\$ 53,998,109.47	\$ 53,410,724.66	\$ 47,995,718.61
* JCI/CBRE OTPS Markup at 9.5%								
**JCI/CBRE OTPS Markup at 7%								
Payments for NFRs made after FY16, but work was performed in FY14-FY16								
FY21 YTD through Q3								

Bridge Contract Renewal Justification

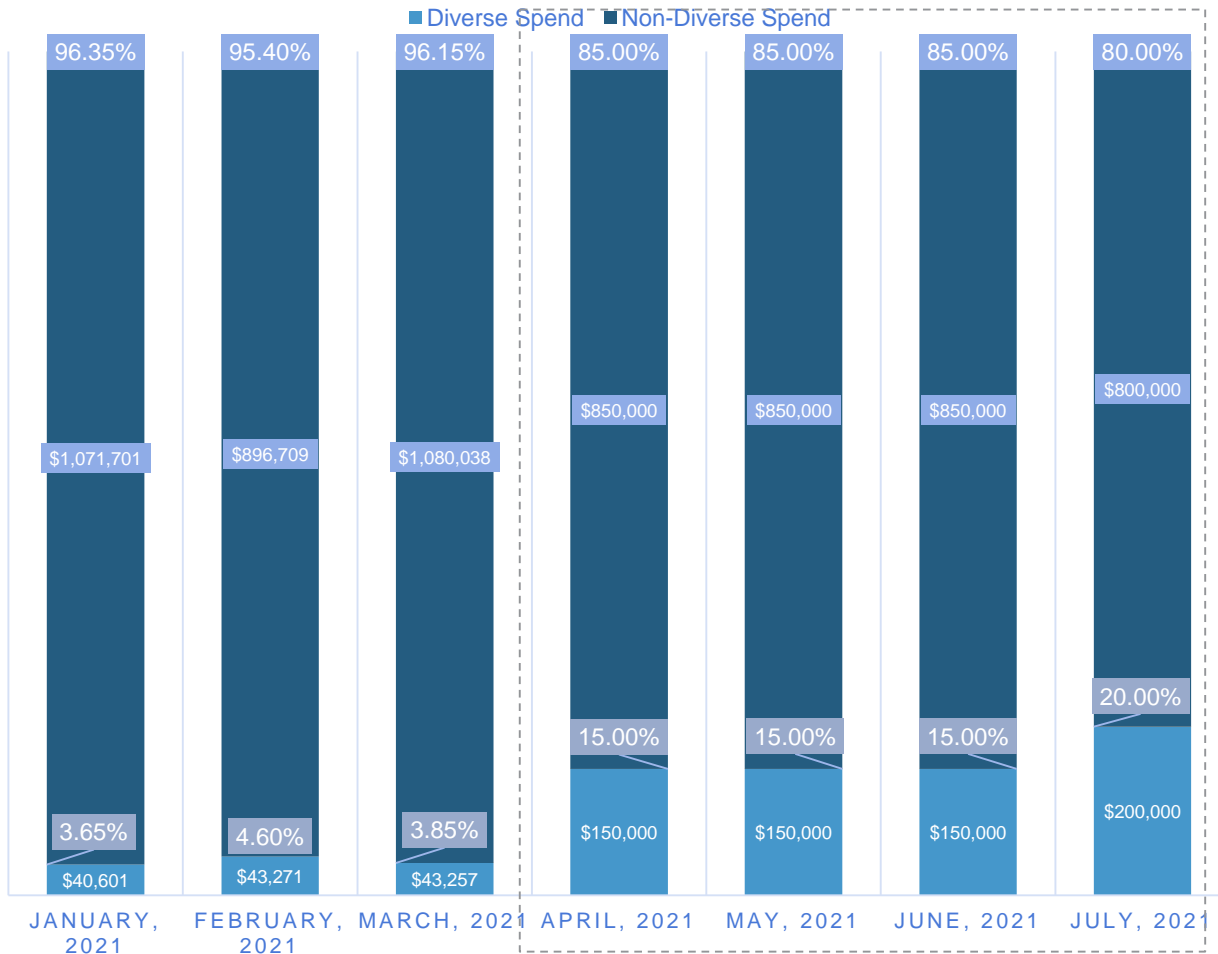
Any best interest renewal under the system's procurement operating procedure, OP 100-05, is where the system determines it is in its best interest to renew a contract rather than re-procure it. This is permissible under OP 100-05 when the best interest determination is supported by a cost-benefit analysis.

The cost-benefit analysis to support this bridge short term renewal below shows that there would be a significant negative value in terms of dollars and services were we to switch to another vendor to provide these services within the next 45 days. We conservatively estimate the total additional hard dollar costs to switch to a new vendor immediately would be a minimum of **~\$1,330,030 this coming fiscal year.**

<u>Benefits of Bridge Renewal</u>	<u>Additional Costs of Switching Immediately</u>
Competitive rates for staff augmentation services	Hiring DOEs and Procurement team through another staff augmentation provider while solicitation is completed -12 months ~\$925,560.00
Low 7% markup on good and services	Industry standard 10-15% markup on supplies purchased – -12 months ~\$377,000 - \$1,006,590
All vendors loaded into CBRE's procurement system	Cost of initial setup of new procurement system along with work to load all vendors and facility information into new system
Seamless continuation of critically needed services	Risk to interruption of facility operation while new vendor is onboarded <ul style="list-style-type: none"> • Delayed repairs • Delayed response by vendor to emergency leading to longer than required time to resolution of issue

Current MWBE Spend

DIVERSITY SPEND



Anticipated Future Spend

- 15% for 3 month extension (April 2021 – June 2021)
- Process of encouraging site leads to diverse vendors began in April (Note: ~\$100k in diverse spend has occurred in April)
- Goal of 15%+ MWBE spend in next 90 days and 30%+ over next 6-12 months
- Anticipate gradual “ramp-up” as new vendors identified & performance levels confirmed

MWBE Utilization Plan

- CBRE committed a 30% utilization plan for 12 month extension (July 2021 – June 2022)
- CBRE Analyzed FY20 & FY21 Spend of \$23.5M to identify MBE/WBE spend opportunities

CATEGORY	% OF TOTAL SPEND	TOTAL \$
-Spend with Diverse Suppliers -Spend with Diverse Suppliers who are pending verification of certification (see slide 11 for listing of vendors)	10%	\$2,392,000
Reallocation to diverse suppliers	16%	\$3,579,000
Non-Diverse Supplier with suitable diverse supplier opportunity (vendors being identified and onboarded)	4%+	TBD
Total Diverse Spend Identified	30%+	\$6,152,000+

Next Steps

- Continue analysis of the current ~\$17MM in “non-diverse” spend for additional opportunities
- Continue to identify additional MBE/WBE certified vendors
- Continue outreach to suppliers including planned “Vendor Fair” on May 15th
- **Commitment is 30%+ MBE/WBE spend with coordination/focus of joint CBRE/NYC H+H team**

CBRE Current MWBE Suppliers

VENDOR	MWBE Status	Supplies/Service
Akcel Systems Inc.	MBE	Supplies
Harold Lee & Sons Inc.	MBE	Service
MICO Cooling Corporation	WBE	Service
DVM Industries	MWBE	Service
NRM Systems	MBE	Service
Pina Solutions	MWBE	Supplies
Alport & Son Inc.	MWBE	Supplies
NRM Systems	MBE	Service

Vendor Pending MWBE Certification

Akcel Systems Inc.	MBE	Supplies/Service
Certified Safety Valve Repair Inc.	WBE	Service
KJ Sessa Inc.	WBE	Service

CBRE /H+H Identified New MWBE Vendors

VENDOR	MWBE Status	Supplies/Service
ProEdge FM	MBE	Supplies
Turtle & Hughes	WBE	Supplies
Active Fire Control	WBE	Service
American Commercial Equipment Repair	MBE	Service & Supplies
Arcos Group Incorporated	MBE	Service
Environmental Engineering Solutions PC	MBE	Service
GRR Cooling Experts Inc.	WBE	Service
Power Cooling Inc.	WBE	Service
Richards Plumbing & Heating Co. Inc.	MBE	Service
Rosewood Fire Equipment Co.	WBE	Service
Star Fire Protection Co. & Infinity Monitor	MBE	Service

Best Interest Bridge Renewal Request

- Bridge contract best interest extension for one-year for an additional \$1.75M in professional services and \$16M in urgent supplies/repairs.
 - It is in the System's best interest to renew this agreement to ensure continuity of facility operations and ensure timely delivery of goods and certain urgent repairs
 - CBRE leverages their scale to ensure that the pricing of the purchased items are market competitive
- The plan in the next year is to either in-source this work, or conduct an RFP

Board of Directors Request

Office of Facilities Development is requesting a one-year bridge best interest renewal of the CBRE contract for professional services valued at \$1,750,000 and urgent facility goods and services valued at \$16,000,000

- Total not to exceed of \$17,750,000
- MWBE Utilization Plan of 30%

RESOLUTION-06

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a one-year agreements with each of Venus Media Group LLC (“**Venus**”), Sherry Mathews Group (“**Mathews**”), Barfield Public Relations, Inc. (“**Barfield**”) and D Expósito & Partners, LLC (“**Expósito**”) for the four firms (together, the “**Vendors**”) to perform assignments given by the System **to purchase media placements for the promotion of COVID- 19 testing and vaccination** for a total amount not to exceed \$25M.

WHEREAS, the System continues to lead the effort by the City of New York (the “**City**”) to promote COVID-19 testing and vaccination; and

WHEREAS, previously a Department of Health and Mental Hygiene contractor had handled the placement of paid media for the System’s COVID-19 testing and vaccination promotion however it will be more efficient and afford the System greater control over this function if it were to be handled by firms contracted directly by the System; and

WHEREAS, in September 2020 the System conducted an emergency solicitation of only MWBE firms to perform media placement services and the Vendors were selected; and

WHEREAS, the System proposes to assign the COVID-19 testing promotion work to the Vendors by leveraging its earlier procurement; and

WHEREAS, the Sr. Vice President of Ambulatory Care will manage the proposed contracts.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign one-year agreements with each of Venus Media Group LLC (“**Venus**”), Sherry Mathews Group (“**Mathews**”), Barfield Public Relations, Inc. (“**Barfield**”) and D Expósito & Partners, LLC (“**Expósito**”) for the four firms (together, the “**Vendors**”) to perform assignments given by the System to purchase media placements for the promotion of COVID-19 testing and vaccination for a total amount not to exceed \$25M.

**EXECUTIVE SUMMARY
AWARD OF CONTRACTS TO
FOUR VENDORS TO MAKE MEDIA BUYS
COVID-19 TESTING PROMOTION CAMPAIGN**

BACK- GROUND: The System leads the City's campaign to promote COVID-19 testing and vaccination this has included a media campaign. The System wishes to continue this campaign but, whereas in the past the System has relied on DOHMH, though its contractor, to place the advertisements, it now proposes to place such ads through the Vendors with which it will directly contract. The System believes that by using its own contracted vendors, it can administer the campaign with greater ability to respond quickly as events develop.

SELECTION OF VENDORS: In September 2020, the System conducted a an RFP to select firms to handle media placement. Such RFP was structured to include only MWBE firms and of the respondents the System selected the four Vendors. Since late 2020, the four Vendors have performed well for the System by improving outreach to key populations and the System wishes to leverage their selection to engage them to take on the media buys required for its campaign to promote COVID-19 testing and vaccination.

TERMS: In the advertising business, firms buying media placements are almost invariably paid a percentage of the cost of the media charges. Consistent with that practice, the Vendors will be paid 7% of the amounts paid to place the Systems advertisements. 7% is the rate at which DOHMH has paid in the past. It should be understood that the bulk of the \$25M budgeted for this initiative will be used to pay newspapers, radio and TV stations, billboard companies and the like for the placement of the System's messages and only 7% will be used to pay the fees of the Vendors.

The System will choose among the Vendors for particular assignments based on their individual areas of expertise. As assignments arise, each will be thoroughly evaluated and assignments will be awarded to the most qualified Vendor based on content, audience and scope. The System will assign work on the campaign to draw upon such strengths. Otherwise, the System will endeavor to distribute the work among the four Vendors roughly equally.

MWBE: Each of the Vendor is a registered MWBE.



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

From: Keith Tallbe Tallbe, Digitally signed by
Senior Counsel Keith Tallbe, Keith
Office of Legal Affairs Date: 2021.05.24
10:17:51 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Venus Media Group LLC

Date: May 24, 2021

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Approved	NYC MWBE

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



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Sherry Mathews Group

Date: May 24, 2021

Tallbe, Keith
Digitally signed by
Tallbe, Keith
Date: 2021.05.24
10:20:18 -04'00'

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
NYC MWBE

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



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Keith
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Barfield Public Relations, Inc.

Date: May 24, 2021

Digitally signed by
Tallbe, Keith
Date: 2021.05.24
10:18:23 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

NYC MWBE

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



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

From: Keith Tallbe Tallbe, Senior Counsel Keith
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: D'Expósito & Partners, LLC

Date: May 24, 2021

Digitally signed by
Tallbe, Keith
Date: 2021.05.24
10:16:56 -04'00'

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
NYC MWBE

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

T2 Media Placement
Application to Enter into Contract with:

**Venus Media Group LLC; Sherry Matthews
Group; Barfield Public Relations, Inc. and
D'Exposito & Partners, LLC**

Board of Directors Meeting
May 27, 2021

Dr. Theodore Long, Executive Director, Test & Trace Corps
*Julie Bolcer, Senior Director of Communications, Test &
Trace Corps*

Background / Current State

- The NYC Test & Trace Corps (“T2”) requires the services of media buying firms to secure placement of advertising to raise awareness and engage New Yorkers in the initiative to protect against COVID-19, promote testing, vaccination and other available resources.
- Previously, media buying for Test & Trace has been performed through DOHMH-contracted vendors.
- It will be more efficient and afford the System greater control over this function if it were to be handled by firms contracted directly by the System, permitting the System to be as quick and responsive as possible to the evolving course of the pandemic.
- Accordingly, T2 is looking to bring this work under its direct management and needs to do so immediately in order to deliver urgent community engagement.

Overview of Procurement

- NYC Health + Hospitals conducted an emergency formal solicitation in September 2020 for COVID-19 media placement services in a closed pool MWBE-only solicitation out of the Corporate Communications and Marketing office.
- The ad campaign will provide health education to the communities impacted by Covid-19.
- We were able to negotiate and standardize the rates to cost plus 7%. This is in line with industry standards.
- Contracts were entered into with four MWBEs with a budget of \$7.5 million.
 - Venus Media Group, LLC
 - Sherry Matthews Group
 - Barfield Public Relations, Inc.
 - D'Exposito & Partners, LLC

Procurement Continued

- Rather than do an emergency procurement we are leveraging the recently conducted procurement as a “negotiated acquisition” under OP 100-05.
- Under a negotiated acquisition the system solicits only those vendors that meet its procurement criteria. Here, these four vendors are the only vendors that meet the criteria of scope, timeline, MWBE requirement, price, and quality:
 - Scope: The recently conducted solicitation was for the same services and populations we need to reach currently
 - Timeline: Having to re-procure would create a gap in our advertising efforts and current vendors’ knowledge and experience provides continuity.
 - MWBE: NYC certified MWBEs are uniquely positioned to engage our target communities
 - Price: the rates were negotiated down by 30% from the prior procurement given the larger scale of this body of work
 - Quality: The vendors performed well during the five month campaign period from October 2020 – February 2021, and would be able to handle the additional work anticipated through June 30, 2022

Contract Goals

- Expected services include: TV and radio buys/placement (including terrestrial and satellite), OOH (bus shelters, subway cars, and digital monitors), taxi TV, Link NYC kiosks, ad placements in ethnic and community media publications, in addition to ad-hoc requests.

- Benefits include:
 - All proposed firms have an established working relationship with Test & Trace Corps
 - All proposed firms have a history of strong performance, including the use of innovative approaches to reach key audiences and result in hyperlocal engagement of New Yorkers to boost overall campaign performance across all platforms.
 - MWBE designated and approved firms, trusted, proven and effective campaigns across minority and underserved communities.
 - No gap or lag in critical messaging campaigns created by re-procuring

- As assignments arise, each will be thoroughly evaluated and awarded to the most qualified vendor based on content, audience and scope.

Board of Directors Approval Request

- We are seeking approval to enter into contract with the existing pool of four MWBE vendors as follows:
 - Venus Media Group, LLC
 - Sherry Matthews Group
 - Barfield Public Relations, Inc.
 - D'Exposito & Partners, LLC
 - Contract Term: June 1, 2021 – June 30, 2022
 - Implementation / Roll out: June 1, 2021
 - NTE: \$25 million
 - Funding will come from NYC under an existing T2-MOU with OMB, which is effective for expenses through June 30, 2022