

BOARD OF DIRECTORS MEETING
THURSDAY, JULY 27, 2017
A•G•E•N•D•A

<p><u>CALL TO ORDER - 3:00 PM</u></p>	<p>Mr. Campbell</p>
<p>1. Adoption of Minutes: June 22, 2017</p>	
<p><u>Acting Chair's Report</u></p>	<p>Mr. Campbell</p>
<p><u>Interim President's Report</u></p>	<p>Mr. Brezenoff</p>
<p>>> <u>Action Items</u><<</p>	
<p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "System") to enter into an agreement with St. Georges University ("SGU") effective July 1, 2017 for the System to accept and for SGU to send approximately 380 of its third and fourth year medical students to rotate and receive training at the system's facilities which training is structured, provided and administered by staff of SGU for which SGU will pay the system both an annual fee per system facility where SGU students are placed, and a fee per student for each week he/she rotates through a system facility as detailed in the executive summary attached which will generate income to the system of approximately \$12,105,600 per year with increases of 3% per year starting in 2019 for a term of three years with two, two-year options exclusive to the system. (Finance Committee – 07/13/2017)</p>	<p>Mr. Rosen</p>
<p>3. RESOLUTION authorizing New York City Health and Hospitals Corporation (the "system") to execute an agreement with Huron Consulting Group Inc. to provide a revenue cycle optimization program for the entire system over a 2-year period, yielding estimated ongoing enhanced annual revenue range of \$130 and \$290 million, and a one-time annual revenue recovery range of \$30 and 50 million, for an estimated total compensation to Huron, not to exceed \$37 million, inclusive of expenses, based on the achievement of program milestones. (Finance Committee – 07/13/2017) EEO: Approved / VENDEX: Pending</p>	<p>Mr. Rosen</p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York Power Authority ("NYPA") for an amount not-to-exceed \$11,888,441 for the planning, design, procurement, construction, construction management and project management services necessary to install a new cooling tower at NYC Health + Hospitals Lincoln. (Capital Committee – 07/13/2017)</p>	<p>Mr. Page</p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$21,352,790 for the planning, design, procurement, construction, construction management and project management services necessary to install a new boiler plant at NYC Health + Hospitals Coler. (Capital Committee – 07/13/2017)</p>	<p>Mr. Page</p>
<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$8,848,954 for the planning, design, procurement, construction, construction management and project management services necessary to upgrade the boiler plant at NYC Health + Hospitals/Gotham Health, Cumberland. (Capital Committee – 07/13/2017)</p>	<p>Mr. Page</p> <p><i>(over)</i></p>

<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five-year lease agreement with Shui’s Realty Inc. for approximately 1,530 square feet of space at 212 Canal Street, Borough of Manhattan, to house a Women, Infants and Children Program (the “WIC Program”) managed by NYC Health + Hospitals Bellevue at a base rent of \$56.86 per square foot, or \$87,000 per year to be escalated by 3% per year for a total base rent over the five year term of \$461,894.82. (Capital Committee – 07/13/2017)</p>	<p>Mr. Page</p>
<p>8. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five year revocable license agreement with Eyes and Optics for its continued use and occupancy of 100 square feet of space to operate an optical dispensary at Gouverneur Healthcare Services at an annual occupancy fee of \$5,216 or \$52.16 per square foot to be escalated by 3% per year for a five year total of \$27,692. (Capital Committee – 07/13/2017) VENDEX: Pending</p>	<p>Mr. Page</p>
<p>9. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five year revocable license agreement with the New York City Human Resources Administration (“HRA”) permitting HRA’s use and occupancy of approximately 470 square feet of space in NYC Health + Hospitals Metropolitan through June 30, 2018 with four one-year renewals for the operation of the New York City Identification Card Program with the occupancy fee waived. (Capital Committee – 07/13/2017)</p>	<p>Mr. Page</p>
<p>10. RESOLUTION authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with HealthPlex, Inc., to provide administration of dental services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus, for an amount not to exceed \$8.5 million per year. (MetroPlus Board – 7/13/2017) EEO: Approved / VENDEX: Pending</p>	<p>Mr. Rosen</p>
<p>11. RESOLUTION appointing Sara Gillen as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus. (MetroPlus Board – 7/13/2017)</p>	<p>Mr. Rosen</p>
<p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Audit ➤ Capital ➤ Finance ➤ Governance 	<p>Ms. Youssouf Mr. Page Mr. Rosen Mr. Campbell</p>
<p><u>Subsidiary Board Reports</u></p> <ul style="list-style-type: none"> ➤ MetroPlus Health Plan, Inc. ➤ HHC Assistance Corporation ➤ HHC Accountable Care Organization 	<p>Mr. Rosen Mr. Brezenoff Dr. Wilson</p>
<p><u>Executive Session / Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Queens Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Kings County ➤ NYC Health + Hospitals McKinney 2016 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ Segundo Ruiz Belvis Diagnostic & Treatment Center Gotham Health 	
<p>>>Old Business<< >>New Business<<</p>	
<p><u>Adjournment</u></p>	<p>Mr. Campbell</p>

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 22nd day of June 2017 at 3:30 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Mr. Stanley Brezenoff
Dr. Mary T. Bassett
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Mr. Bernard Rosen

Karen Lane was in attendance representing Commissioner Steven Banks, and Deborah Brown was in attendance representing Dr. Herminia Palacio, each in a voting capacity.

Mr. Gordon Campbell chaired the meeting and Mr. Salvatore Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on May 25, 2017 were presented to the Board. Then on motion made by Mr. Campbell and duly seconded, the Board unanimously adopted the minutes.

1. RESOLVED, that the minutes of the meeting of the Board of Directors held on May 25, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON' S REPORT

Mr. Campbell thanked the Board members who participated in the annual public meetings held at NYC Health + Hospitals/Harlem on June 7, 2017 and NYC Health + Hospitals/Elmhurst on June 14, 2017. Ms. Lowe reported that at the meeting in Harlem a meaningful discussion took place with community representatives who asked for more information on the changes that impact the System.

Mr. Campbell reported that the Joint Commission conducted a four-day survey beginning on June 13, 2017 at NYC Health + Hospitals/Carter. He thanked Ms. Lowe for participating in the two leadership sessions. Ms. Lowe reported that the Joint Commission surveyors were impressed and complimentary of the work being done at Carter.

Mr. Campbell thanked Board members, Mrs. Bolus, Ms. Lowe, Ms. Arteaga Landaverde and Dr. Bassett for visiting the Correctional Health facilities on Riker's Island. Each shared her impressions from that visit.

Mr. Campbell updated the Board on approved and pending Vendex.

PRESIDENT' S REPORT

Mr. Brezenoff's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on the Federal Fiscal Year '18 Budget and the impact of potential Medicaid cuts.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one-year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

Dr. Machelles Allen, Chief Medical Officer, provided the Board with an overview of the Patient Assistance Program that will provide a standardized method system-wide to assist in accessing pharmaceutical company's patient assistance programs.

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

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Education and Assistance Corporation to provide transitional case management services under the Community Re-entry Assistance Network program ("CRAN") over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

Dr. Patricia Yang, Senior Vice President, Correctional Health Services, provided the Board with an overview of the Community Re-entry Assistance Program and how it provides assistance in re-

entry to the community for patients who are in mental health hospitals.

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

RESOLUTION

4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State Delivery System Reform Incentive Program ("DSRIP") capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

Dr. Christina Jenkins, CEO OneCity Health Services, updated the Board on the proposed implementation of capital projects supporting the DSRIP program, which will aid in meeting the transformation goals of NYC Health + Hospitals that will improve care for low income patients.

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

RESOLUTION

5. Authorizing the New York City Health + Hospitals ("NYC Health + Hospitals" or the "System") to take the necessary steps to create a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State ("NYS") Delivery System Reform Incentive Program ("DSRIP") capital

reimbursable grant funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals ("EITS") shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

Mr. Sal Guido, Senior Vice President, updated the Board on the status of the goal of unifying communications between NYC Health + Hospitals' partners, including Regional Health Information Organizations and Performing Provider Systems throughout the state.

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

Mr. Brezenoff thanked Dr. Jenkins, who is leaving NYC Health + Hospitals, for her leadership and the work she has done implementing the DSRIP program.

SUBSIDIARY AND BOARD COMMITTEE REPORTS

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

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

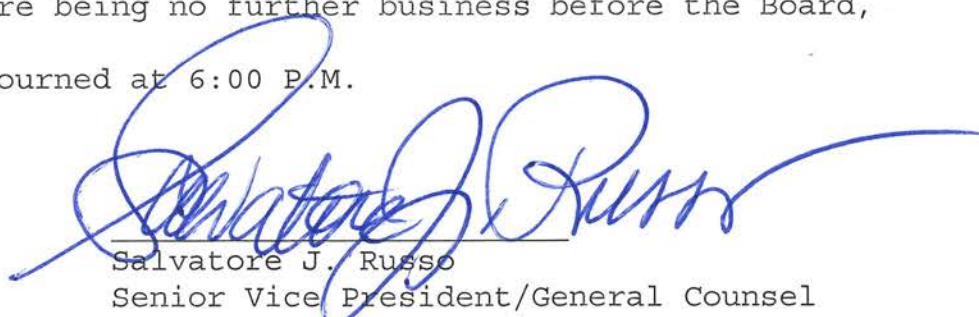
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that, (1) the Board of Directors, as the governing body of NYC Health + Hospitals/Elmhurst, received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as the governing body of NYC Health + Hospitals/Bellevue, the Board reviewed and approved its semi-annual written report; and (3) as the governing body of NYC Health + Hospitals/Morrisania/Gotham Health, the Board reviewed and approved its 2016 Performance Improvement Plan and Evaluation written report.

The Board also approved the corporate officer appointment of Kim Mendez, Senior Vice President, Corporate Chief Nursing Executive.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 6:00 P.M.



Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

COMMITTEE REPORTS

Information Technology (IT) Committee – June 13, 2017

As reported by Ms. Emily Youssouf

Committee Members Present: Emily Youssouf, Josephine Bolus, Stanley Brezenoff, Gordon Campbell, Barbara Lowe, Karen Lane (for Steven Banks)

Mr. Brezenoff introduced Kamal Barwani, who will serve as a volunteer for NYC Health + Hospitals. He has a wealth of experience in both public and private sector in information technology. He said we are fortunate to have him.

Mr. Barwani thanked Mr. Brezenoff and the Board.

Chief Information Officer Report

Sal Guido welcomed Mr. Barwani and presented the Chief Information Officer Report. He said for today's meeting, Enterprise IT Services would be presenting two (2) action items associated with DSRIP (Delivery System Reform Incentive Payment) for the Committee's consideration: Digital Health and Population Health.

He then gave the brief updates on Enterprise Resource Planning (Project Evolve), Dentrix Consolidation, Meaningful Use and Quadramed 6.2 Upgrade, Radiology McKesson Project, and Security / Wannacry Ransomware Update.

Action Items:

Resolution - Implementing a Digital Healthcare Network

Mr. Guido read the resolution requesting to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State ("NYS") Delivery System Reform Incentive Program ("DSRIP") capital reimbursable grant funds.

Resolution - Implementing a Population Healthcare Network

Mr. Guido then read the next resolution authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to take the necessary steps to create a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State ("NYS") Delivery System Reform Incentive Program ("DSRIP") capital reimbursable grant funds.

Dr. Christina Jenkins spoke to the presentation OneCity Health: Population Health and Digital Hospital. She went over What is DSRIP; CRFP Background; OneCity Health Capital Application Sources Final Submission, May 2015; CRFP Background; and CRFP Projects Enable Technology Strategy for Health Improvement.

Vijay Saradhi then went over DSRIP Program Requires Unprecedented Coordination between Participating Providers, including DSRIP-Conceptual Approach to Operations.

Mr. Guido spoke to CRFP Awards for NYC Health + Hospitals IT Projects.

Mr. Saradhi spoke to Population Health: Budget and Milestones. Jeffrey Lutz addressed Digital Health Care: Budgets and Milestones.

The Committee approved both resolutions for consideration by the full Board with one abstention.

Medical & Professional Affairs Committee – June 13, 2017

As reported by Dr. Vincent Calamia

Committee Members Present: Vincent Calamia, Josephine Bolus, Barbara Lowe, Gordon Campbell

Chief Medical Officer Report

Machelle Allen MD, Chief Medical Officer, reported on the following initiatives.

Pharmacy

NYC H+H M&PA Office of Pharmacy Services Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates: The office of Pharmacy services is leading an enterprise wide antimicrobial stewardship performance improvement project to assure compliance with the CDC core elements for antimicrobial stewardship.

NYC H+H M&PA's Office of Pharmacy Services assures Judicious Opioid Prescribing as per HealingNYC Initiatives: The office of Pharmacy services continues to support the Office of Behavioral Health's 4 pronged opioid response. These include 1. Judicious prescribing, 2. Expanding treatment, 3. Standardizing ED Response, and 4. Overdose Prevention. The office of pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

NYC H+H M&PA Office of Pharmacy Services continues to assure EPIC systems functionality meets regulatory, safety and efficiency requirements: Enterprise approval of mandatory requirements for providers to associate indications with Antimicrobial medication orders for improved patient safety and effective antimicrobial usage; Approval of Reject & Reorder functionality in Epic to be used by pharmacists to support nursing and providers for on-time drug delivery with use of correct dispensable medication product; Resolution of Oxytocin order set enterprise wide to support nursing and providers; Resolution of QR code and pharmacy label issues to resolve label and scanning functionality concerns at Elmhurst hospital to support providers and nursing; Initiated ED starter pack dispensing discussion with the three facilities and pharmacy council to standardize a workflow in ED to support providers; The committee evaluated and scored proposals for Patient Assistance Programs from McKesson, Cardinal, and Amerisource for consideration.

Medical Staff Affairs / Centralized Credentialing

The department is working on multiple tracks to implement standardized delineation of privilege (DOPs) forms throughout the enterprise. We continue to work with the facilities and clinical councils on the standardized DOPs, and are currently revising some DOPs based on the feedback we have received from the facilities. We have conducted on site user acceptance training of our pilot to improve our web-based credentialing application. The feedback has been positive. We are expanding our pilot in size and scope to include four sites to test the ability of our software to credential and cross credential our radiologists in multiple locations. We are working with our IT colleagues to improve the database accuracy and workflow.

Occupational Health Services

We are working with our colleagues in Human Resources to improve the employee experience and develop a central onboarding process for new NYC H+H employees. This process involves developing a staffing and policy model that will be a standard across the system. We are standardizing our forms and coordinating with multiple departments to create "a one stop" professional experience for new personnel. We are working on a number of new policies and updating old ones to be current in today's work environment. We are working with Emergency Management and Infection control to standardizing FIT testing throughout the enterprise in terms of equipment and process.

Delivery System Reform Incentive Payment (DSRIP) Program

Phase II Contracts

The OneCity Health Executive Committee approved \$85 million in total payments that partners are eligible to receive in their next contracts, which is an increase over the 55M allocation in the previous contracts. The new contracts, which OneCity Health has named Phase II Comprehensive Schedules B since they began April 1, 2017 and run through December 31, 2017 - no longer aligning with the DSRIP Year (April 1, 2017 – March 31, 2018) - are more targeted to partners' services to help OneCity Health achieve New York State-defined outcomes, such as a reduction in preventable Emergency Room visits. Over 90 percent of OneCity Health partners have signed their Phase II Comprehensive Schedules B.

Chief Nurse Executive

Kim Mendez, Chief Nurse Executive, reported the committee of the following;

During 2 Q 2017, the Office of Patient Centered Care (OPCC) continued to work on CNO Council goals:

Finalized and launched a system-wide Nursing Philosophy and Culture of Care; Foster nursing alignment and collaboration on the integration of care and system strategic imperatives; Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability, safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate, and; Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

CNO Dashboard

CNO Council is in the development stage of CNO Monthly Dashboard to monitor and set expectations for continual performance improvement. Proposed key indicators will include: Quality (NDNQI), Patient Experience, Staff Engagement, and Operational.

System Nurse Practice Council

Monthly meetings with NYSNA have continued with excellent attendance and participation. In May 2017, the NYC Health + Hospitals System Nursing Philosophy and Care Model was finalized. This was the result of a successful collaboration with NYSNA. The care model is aligned with Jean Watson's Theory of Caring with key Culture Care tenets from Madeleine Leininger's Transcultural Nursing Theory. This blended approach envelopes our System mission and embraces patient centric and humanistic approaches to care and cultural responsiveness. The Philosophy was announced system-wide during Nurses Week 2017. The System Nurse Practice Council next steps include scheduling an educational retreat to develop a system Nursing Shared Governance framework. Tentative date for summer collaborative workshop on Shared Governance is August 1, 2017. Upcoming June meeting will also focus on retention & recognition programs such as the national DAISY Award program.

NICHE (Nurses Improving Care for Healthsystem Elders)

In June 2017, Bellevue Hospital Center with partner with NYU to pilot a new NICHE Geriatric Profile Assessment tool that will then roll-out nationally to designate facilities.

Social Work

OPCC is working with Social Work and developing a taskforce with John Cancel (Behavioral Health) to launch an enhanced Domestic Violence Screening tool across the System. Additional work has been underway with One City Health to obtain Social Workers access to a web-based portal maintained by the Mayor's Office of Operations that aggregates real time client information from five city agencies. This access could assist with social aspects of care /service, discharge planning, etc.

Domestic Violence Initiative

Support expansion and enhancement of forensic nurse examination programs. The City will expand forensic nurse examiner programs in two high-need NYC Health + Hospitals facilities to develop curriculum for domestic violence forensic examinations, provide trauma-informed care for victims of sexual assault and domestic violence, collect forensic evidence to aid prosecution of offenders, and offer connection to additional victim services.

Infection Prevention

Interim System Infection Preventionist, Mary Fornek- Consultant, continues system-wide high level gap analysis with a focus on areas of vulnerability. Three key areas of focus in April/May include: Antimicrobial Stewardship regulatory compliance in partnership with Pharmacy; HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017); Support for facilities undergoing Joint Commission Survey.

Nursing Education/Professional Development focus:

Developing standardize Clinical Guideline for prevention, assessment and treatment of pressure injuries across the system. Creation of a system-wide standardized new nurse orientation, inclusive of standardized content, orchestration of scheduling of courses to minimize duplicity and partnering with Workforce Development to synchronize nursing orientations at all levels: System, Facility, Department of Nursing. Goal is to regionally pilot a system new nurse orientation over the summer and then launch across the entire system in fall 2017.

Continuing Professional Education

Medical Continuing Education Survey for recertification was completed on May 17, 2017. Awaiting final results. Facilitated by a grant, DC 37 is offering a half-day Safe Patient Handling workshop on June 2, 2017. Across the system, front line staff will be participating in this learning experience to support both patient and staff safety.

Safe Patient Handling

System-wide SPH policy & procedure to guide local operations is in the last few steps of review. Once complete, communication action plan will be put into place to ensure consistent knowledge and understanding of this new regulation and processes. Final inventory of current equipment and will be updated in June 2017. Next steps will include the development of a front line staff pilot/demonstration fair with selected vendors. Standardizing equipment purchase is goal and will be managed through procurement department. SPH Shared Drive is near completion. This e- resource will allow easy access to shared resources e.g. guidelines, meetings & minutes at all facilities, etc.

Care Management Service – Task Force

June 1, 2017 Care Management Service Task Force kick-off scheduled. Concept is to understand and review future state care models, seek key stakeholder advisement, and align with System strategic goals. Fostering a data driven, targeted resource allocation and program matching framework, the yield will be an integrated Care Management Service that facilitates optimal patient care across our care transitions.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of May 1, 2017 was 499,597. Breakdown of plan enrollment by line of business is as follows:

Medicaid	372,694
Child Health Plus	15,988
MetroPlus Gold	8,085
Partnership in Care (HIV/SNP)	4,281
Medicare	8,364
MLTC	1,539
QHP	8,490
SHOP	942
FIDA	178
HARP	9,531
Essential Plan	67,544
GOLDCARE	1,961

The membership has dropped again to just under 500,000 members and is likely due to the impact of federal-level health care policy developments. With significant uncertainty about the ACA/AHCA, applications for the Essential Plan in particular leveled off in 2017. To address this issue, MetroPlus moved more staff from the facilities where volume was low and has begun seeking new partnerships in the community. For the first half of May, our applications increased by 5.8% compared with the first half of May last year. Another factor at play is immigration policy. Following the very public national debate on this matter, H+H facilities reported a decline in facility traffic by approximately 15%. Our major enrollment source has traditionally been those coming to facilities for services and their families. Thus, as overall traffic goes down, MetroPlus applications would consequently suffer. In fact, total applications submitted in April declined by 12%, paralleling the 15% decline in patient volume.

Action Items:

Patsy Yang, Senior Vice President, Correctional Health Services, presented to the committee the following resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Education and Assistance Corporation ("EAC") to provide transitional case management services under the Community Re-entry Assistance Network program ("CRAN") over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

Approved for consideration by the full board.

Paul Albertson, Vice President Supply Chain Operations, presented to the committee the following resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

Approved for consideration by the full board.

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SUBSIDIARY BOARD REPORTS

MetroPlus Health Plan, Inc. – May 2, 2017
As reported by Mr. Bernard Rosen

Chairperson’s Remarks

Mr. Rosen welcomed everyone to the MetroPlus Board of Director’s meeting of May 2nd, 2017. Before the start of the meeting, Dr. Saperstein welcomed and introduced Ms. Sarah Samis who is the new Chief of Staff of New York City Health and Hospitals (NYC Health + Hospitals). She is now the delegate to Interim President/CEO Mr. Stanley Brezenoff. Ms. Samis previously served as the Senior Policy Advisor to First Deputy Major Anthony Shorris before coming to NYC Health + Hospitals. Mr. Rosen stated that the next order of business will be the action item.

Action Item

This resolution was introduced by Ms. Kathryn Soman, MetroPlus’ Director of Communications.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or the Plan”) to negotiate and execute a contract with CrowdCircle dba HealthCrowd (“HealthCrowd”), to provide digital communications services for a term of three years with two options to renew for a 1-year term, each solely exercisable by MetroPlus, for an amount not to exceed \$800,000 per year.

Mr. Seth Diamond gave the Board a detailed overview of services that would be rendered. The goal was to start a texting program as well as a full range of electronic communications strategies in an effort to find new ways to engage with MetroPlus’ members more effectively. Mr. Stephen Kindl, Director of Sales and Mr. Robert Mark, Vice President of Sales were present and introduced to the Board. Mr. Kindl gave the Board a handout that highlighted HealthCrowd’s results from the 2016 pilot program. Mr. Kindl stated that the platform is expanding to more than just text messaging. Other techniques such as interactive voice response (IVR), automated phone calls, emails and other mobile optimized websites will also assist in engaging the member population. Mr. Lloyd Williams asked how the digital platforms operates. As an example, Mr. Kindl mentioned that Dr. Schwartz would provide a file regarding a specific gap in care like Adolescent Well Care visits. HealthCrowd would then have a campaign and create a script for the population, where members would be engaged based on the type of phone, whether it’s a mobile with a text message or a land line with IVR response. Members would then receive communications at a prescheduled basis to drive the member towards action.

Regarding the handout that HealthCrowd provided, Mr. Still asked for a description of the size and duration of the pilot. Mr. Kindl mentioned that the information on the front side of the flyer consists of operational statistics in terms of the amount of members that were outreached to across the 17 campaigns that were launched. There was about 3.5 million text messages sent and received during this time period. Mr. Lloyd Williams suggested that an additional review be conducted several months from now to see the progress made by HealthCrowd.

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

Executive Director’s Remarks

Dr. Saperstein mentioned that the total Plan enrollment as of April 1, 2017 was 500,438. Based on the reconciliation report, it appears that the Plan has lost about 7,000 members but just about every month the Plan has retroactivity that consists of about 7,000 to 9,000 members. Dr. Saperstein discussed and shared the factors impacting enrollment growth, which was presented by Mr. Roger Milliner at the last Customer Service & Marketing Committee meeting. Some of factors impacting enrollment growth include: foreign born immigrant applicants, lower traffic of individuals passing within the H+H facility hallways due to illegal immigrant roundups, disenrollments due to New York State Database “Client Eligibility Audit” and two winter storm days on February 9th and March 14th, which resulted in the closure of the New York State of Health (NYSOH). The Plan lost about 2,000 enrollments due to the winter storm. Dr. Saperstein mentioned that all of the other health care plans are experiencing a similar challenge with enrollment.

MetroPlus is partnering with Robin Hood for its new Start By Asking campaign. Robin Hood is an organization that offer social services for members. Robin Hood is on MetroPlus’ website in an attempt to engage members with information such as how to get earned income credits, Women Infant and Child nutrition programs and other programs that members may not be aware of.

Dr. Saperstein provided the Board with an update regarding Finity rewards program. The Finity program has been up and running for calls, but as of last week, member can now access the rewards portion of the program for pursuing a number of health activities.

Nearly 20,000 people have visited the website since January 2017. Mr. Williams stated that discussions occurred in a previous meeting regarding the pressure being put on health service providers by the State. Mr. Williams asked were there people who were ineligible, but receiving benefits. Dr. Saperstein said yes, and that the State has become more astute in looking to find exceptions to eligibility.

Dr. Saperstein mentioned that one of the challenges that the NYSOH program has is that when an individual enrolls, they are unable to pick a provider. These individuals are able to pick a plan but not a provider. Thousands of individuals from Medicaid, Qualified Health Plan and the Essential Plan are all going through the Exchange. Therefore, MetroPlus has developed a back-end process to allow those enrolling with MetroPlus representatives to be assigned to a Primary Care Physician at the time of enrollment. However, this process is limited to only those who enroll in MetroPlus.

Dr. Saperstein informed the Board that for the 2018 Special Needs Plan Model of Care, CMS found no deficiencies and the Plan scored a 96.67% out of 100%. CMS looks too see if the Plan has a well-defined process on how members and patients are taking care of through tracking and care coordination/case management. The Plan has received approval for three full years both for Dual Eligible and Fully Integrated Duals Advantage (FIDA) programs.

Dr. Saperstein mentioned that there is a cap on Medicaid for the amount of money that could be spent. The Legislature has agreed to a 2017-2018 State Budget that will affect the prescription drug reimbursement environment by establishing a pharmacy spending "sub-cap" for Medicaid drugs. Over the next two years, Medicaid is looking to save an additional \$55 million for 2017-2018 and \$85 million for 2018-2019. There is a constant inflation in the cost of pharmaceutical drugs. MetroPlus has spent at least \$700 million dollars a year on pharmaceutical drugs. Since the cost is hard to control, the Plan has set up different formularies and preauthorization requirements under the direction of Dr. Talya Schwartz. The Plan has changed its preferred drug for Hepatitis C (Hep C), which resulted in a savings of about \$60 million in one year. Dr. Schwartz mentioned that the State will now carve-in hemophilia drugs, which are extremely expensive. One patient with an extreme case can be a \$1 million a year.

Dr. Saperstein stated that although the Plan received its final financial audit from KPMG, he did not put it in his written report but wanted to mention it. A full annual audit of the Plan was completed and it will be presented to the Audit Committee at the next meeting. MetroPlus has met all of its financial deliverables and reserved requirements.

Medical Director's Report

Dr. Schwartz reported that in regards to Quality Management, the Plan is currently running nine different quality projects for HEDIS/QARR projects this year. There is always new requirements and incentives for Medicare and Medicaid. The Plan is working with the following lines of business: Medicaid, Medicare, Essential Plan, HARP, HIV SNP, FIDA for Centers for Medicare and Medicaid Services (CMS) and State as well as the Exchange. The Plan has requested and will review about 38,000 medical records from members where there appeared to be a gap in quality measure. There are additional efforts around quality that focus on other resources that data can be extracted from. The Plan went over 72,000 H+H reviews again to supplement the claims data that it has. The claims data is very limited. If the Plan continues to only use claims data to report on its Quality Initiatives, the Plan will not do well. Therefore, the Plan supplement the claims data with those other sources of data and with medical chart review. Dr. Saperstein asked if the Epic retrieval is working for the Plan. Dr. Schwartz said yes and that the Plan cannot do Epic retrieval remotely but access is granted on the facility premises.

Dr. Schwartz mentioned that MetroPlus, along with HealthPlex, did dental screenings within the communities for the pediatric population. Over 1,000 screenings were completed within the community either during the weekend or when the children are out of school. HealthPlex attempted 116,017 automated calls to engage those kids and teenagers for a dental visit. Only 44,051 calls were answered by a person. Of the calls answered by a person, 2,496 members opted out to have the call transferred to their dental office. 174 members who were transferred to the dental office had a visit after their call date. Mr. Williams asked if the target were for kids and teenagers. Dr. Schwartz said yes and it's the population that falls under the quality measure it's not adults, only pediatric. Mr. Williams asked in regards to the effectiveness of HealthPlex, is the Plan not satisfied with the results? Dr. Schwartz replied that the Plan is not satisfied with the results when there is an automated call. Automated calls do not work well. A texting campaign is more effective or a community event.

MetroPlus has developed a maternity program for expecting moms. This program will help promote pre-natal and post-natal visits. The Finity Rewards program is also advertised with this program to make sure that members are engaged regarding their health. If members complete all required pre-natal and postpartum, they are eligible for quite nice rewards like a stroller or a car seat. Quality Management has also partnered with the Network Relations team to conduct postpartum visit call reminders. Many members will go to their prenatal visits before they give birth. Once those members give birth, due to being preoccupied with taking care of a baby, postpartum visits are missed. One initiative, is to synchronize the baby/child well visits with the mom's visit.

Dr. Schwartz stated that MetroPlus has launched a full-scale medication adherence program. A pharmacy technician was hired, which is more affordable than a pharmacist. The pharmacy technician will reach out to members who appears to be non-adherent and identify/alleviate their barriers. Approximately 600 calls have been made with 230 successful contacts/assessments.

Dr. Schwartz informed the Board regarding timeliness for Utilization Management (UM), untimely authorizations has been reduced to 2%. This is a significant improvement from previous reports. Since there isn't a backlog, a significant decrease in phone calls into the UM call center.

Dr. Schwartz reported that there was an increase in Medicaid appeals from 767 appeals in the 4th quarter of 2016 to 1,135 appeals in the 1st quarter of 2017 due to stricter authorization enforcement. The Plan is making sure it follows all guidelines and policies.

Dr. Schwartz mentioned the introduction of Gold Card status for providers with low denial rates with elimination of authorization requirements for their MetroPlus members. This is a non-financial way to reward providers to do the right thing. Removing the administrative burden is an incentive for providers to only submit requests that are appropriate. Mr. Williams asked is there a fast track process for those providers. Dr. Schwartz responded yes, basically all requests will get approved with no review.

On the subject of coding validation, in house high dollar pre-payment DRG review year to date for 2017 is a little over \$1 million dollars in savings. The Plan has a vendor to do post payment review of DRG. The vendor went live as of summer 2016. To date their savings are about \$2.2 million dollars. This is the first time the Plan is doing coding validation for the Exchange line of business. As discussed previously, Dr. Schwartz mentioned the perceived risk of the Exchange population does not reflect the actual complexity of the Exchange population. This is because not all the coding is being captured and submitted to the State. The Plan has been working with Inovalon to do chart chasing. Inovalon was able to add about 500 additional records into the Plan's submission.

Concerning Integrated Case Management, Dr. Schwartz mentioned that several providers were indicted due to illegal dissemination of controlled substances. The Restricted Recipients unit is in process of reviewing about 3,000 members who attributed to those providers for inappropriate utilization and consideration for restriction.

For the HIV Department, Dr. Schwartz stated that the HIV staff currently work in 14 facilities and now operate 3-5 days per week in the field instead of once a week. This reception has been extremely positive. Three Health and Wellness Centers will be opening during the 2nd quarter of 2017. These centers are all funded by the End the Epidemic grant. These centers will provide allocated space for one on one care coordination, member support group and therapeutic art classes.

Dr. Schwartz provided a 2016 calendar summary for pharmacy. For all Medicaid lines of business net cost trend per member per month was up 4%. The main driver for the trend was price inflation even though the total prescription decreased by 6.2%. There was less utilization, but because the pharmaceutical drugs are much more costly the total trend was still positive. In 2016 there was a 33% decrease in Hep C spending. Dr. Saperstein highlighted that the Plan's total pharmacy spend was \$700 million dollars a year and that Hep C is \$400 million out of the \$700 million for the one diagnosis. The generic use for Medicaid's line of business stands at 83.9%. Caremark's book of business is 85.5%. The Plan improved 0.5% from the previous year. Dr. Schwartz mentioned there is still room for improvement.

For Provider Network/Contracting, Dr. Schwartz mentioned that there is a dental RFP currently in process. There are two contenders, the current vendor HealthPlex and another vendor. There is also a certified HEDIS vendor RFP and risk stratification vendor RFP in process.

Dr. Schwartz informed the Board that the Plan has entered into a risk arrangement agreement with Visiting Nurse Service Home Care (VNS). It allows the Plan to pay VNS a fixed fee per member based on historical utilization data. VNS then provides services to the members as needed. Currently, the risk is limited. The cost will be same whether VNS has to do one visit to the patient or 50 visits to the patient. This is Phase I of the agreement.

Mr. Williams asked when the Plan will have the dental recommendations. Dr. Schwartz responded in July. Mr. Williams asked is there a guesstimate regarding costs. Dr. Schwartz replied that there was a significant difference - millions of dollars difference per year between the two proposals.

HHC Capital Corporation – May 22, 2017**As reported by Mr. Gordon Campbell****Members Present: Gordon Campbell, Stanley Brezenoff, Bernard Rosen, Mark Page,****Other Board Members Present: Dr. Mary Bassett, Dr. Gary Belkin****Credit Ratings**

Ms. Linda DeHart presented the first slide which shows the current credit ratings for the HHC Bonds. Health + Hospitals received a ratings upgrade from Fitch on February 14th of this year. The ratings on the HHC Bonds are tied closely to the City of New York's ratings. Ms. Dehart explained that H+H fares much better with the City relationship than if H+H were a stand-alone healthcare provider.

Mr. Mark Page asked if the Ratings Agencies take the HHC Lockbox into account and if it is viewed as favorably as the relationship H+H has with the City. Ms. DeHart indicated that the Lockbox is an important factor even with the changes in how the credit rating agencies are moving towards a more standard "formulaic" review. Ms. DeHart agreed with Mr. Page's statement that the ratings agencies understand that the City of New York will not allow H+H to fail. Ms. DeHart reiterated that the Lockbox structure provides a strong security to the bondholders and is important in how HHC's bonds are rated.

HHC Bonds - Issuance History

Ms. DeHart explained that page 2 shows a history of the bonds issued. The current par amount of bonds outstanding is approximately \$746.8 million. The remaining bonds are primarily fixed rate - approximately 80%, while 20% of the bonds are variable rate.

Construction Fund Balance on the 2010 Bonds

Ms. DeHart reported that the following page shows the status of the construction fund for the Series 2010 bonds which is the only series of bonds still outstanding. There is just over \$3.0 million of proceeds remaining. H+H will have a larger presence in the City's Capital Commitment Plan going forward.

Mr. Page asked for the comparison in trading values between the HHC Bonds and the City's Bonds. Ms. Nini Mar responded that there is a two notch credit rating difference which equates to approximately 35 basis points. In other words, HHC Bonds are trading approximately 35 basis points higher because its credit ratings are less favorable than the City's bonds.

Outstanding Bond Debt Mix and LOC Extension

Ms. DeHart reminded the Board that the outstanding bond debt mix consists of 20% variable rate bonds secured by letters of credit ("LOC") issued by TD bank and JP Morgan Chase. JP Morgan covers nearly 33% of the variable rate bonds with the balance covered by TD Bank. Ms. DeHart announced that Debt Finance recently negotiated a five-year extension of the JPM LOC that was set to expire this coming July.

JP Morgan Chase Loan Activity

Ms. DeHart presented the update of the short term JPM Chase loan that was secured subsequent to the Health + Hospitals Board approval. The loan allows H+H to draw down up to \$60 million. The bulk of that funding has been committed. To-date, \$55.9 million has been spent. Ms. Dehart clarified that only \$10 million of the \$60 million has been borrowed and expects to borrow the remainder in July. The JP Loan is scheduled to convert to a fixed rate mode in August 2017.

Citibank Loan Activity

The second short term financing vehicle is a revolving line of credit-type loan from Citibank. This loan met the guidelines for the Community Reinvestment Act ("CRA") and is more flexible in its purpose in that the proceeds can be used to finance H+H's IT projects and related equipment. Roughly \$37 million has been spent, which is a significant increase from the previous reporting period. Ms. DeHart added that \$10 million of the \$60 million authorized loan amount has been borrowed but Debt Finance will likely make additional draws against the authorized amount.

Unlike the JP Morgan loan which converts to a five-year fixed rate loan after the pre-negotiated variable rate term ends on July 31, 2017, Ms. DeHart explained that the Citibank Revolving Loan has an expiration date of October 12, 2018. Debt Finance has started discussions with its Financial Advisor, PFM, to research alternative financing options such as an extension or "fix out" of this loan. Mr. Campbell asked if Debt Finance would automatically proceed with the alternate financing plans. Ms. DeHart's answer is that the Board will be informed of the preferred financing option once a decision is made, and that ultimately Board approval will be required.

Mr. Brezenoff asked a question about the Community Reinvestment Act. Ms. DeHart's response was that to qualify for CRA credit, the financed projects do not necessarily have to be construction. The projects must, however, meet a community purpose. The guideline that Citibank applied to H+H was that the projects must provide benefit to a population that is at least 50% Medicaid eligible. Therefore nearly every H+H capital project would qualify for CRA credit from Citibank's perspective. Finance designated the loan proceeds primarily for use on IT projects and some smaller construction projects.

Mr. Page asked if this loan qualifies as tax-exempt under Federal Tax Codes. Ms. DeHart said that it does. When Mr. Page followed up the question by asking if the "CRA coincides" with the tax-exemption, Ms. DeHart replied that it does.

Miscellaneous

Mr. Rosen asked for an explanation of the \$746.8 million of Outstanding Bonds shown on page 2 ("Bonds: Issuance History") and how it relates to the \$200.7 million shown on page 3 ("2010 Health Systems Bonds – Construction Fund Cash Flow"). Ms. DeHart explained that the table on page 2 shows the total par amount of bonds that have not been paid off and that page 3 shows the unspent bond proceeds. Nini Mar added that the \$200 million shown on page 3 represents the construction fund proceeds on the 2010 Bonds. Ms. DeHart clarified that the 2010 Bonds is the only series that has an unspent balance.

Mr. Campbell asked if it is a requirement for the HHC Capital Corporation to present two times a year. Ms. DeHart agreed that it is.

HHC Accountable Care Organization - HHC ACO, Inc. – June 13, 2017
As reported by Dr. Ross Wilson

The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on June 13, 2017 to discuss recent Medicare Shared Savings Program ACO-related activities and governance matters. Among other matters, the Board discussed the following:

- ACO Chief Executive Officer Ross Wilson, MD discussed the ACO's leading-edge role as a learning laboratory for building a high-performance total population health model in NYC Health + Hospital's transformational value-based payment environment.
- ACO Chief Medical Officer Nicholas Stine, MD provided a presentation of the ACO's performance on cost and quality to date, including the keys to the ACO's success. Dr. Stine also gave an overview of New York State's "All Payor" Accountable Care Organization Certificate of Authority, its requirements, and the opportunity it presents for the ACO to leverage its success by serving Medicaid, commercial, and Medicare managed care patients.
- NYC Health + Hospital's Office of the Comptroller and its external auditors KPMG reviewed the results of the ACO's discretionary financial audit for Fiscal Years 2014 and 2015.

The Board approved the following six resolutions:

- Authorizing that Stanley Brezenoff be elected to serve as ACO Board Chair.
- Authorizing the ACO to apply to New York State for an "All Payor" Accountable Care Organization Certificate of Authority.
- Recommending to the Member Board (NYC Health + Hospitals) to set the number of Directors for the ACO to seventeen, detailing the criteria for the additional seats to the ACO Board; to re-characterize one seat as representing ACO FQHC participants; and to amend the bylaws to meet state requirements.
- Accepting the audited financial statements of the ACO for Fiscal Years 2014 and 2015.
- Authorizing the treatment of any discrepancies found in audited financial statements for the ACO.
- Authorizing Ross Wilson, MD and Plachikkat Anantharam to sit on the ACO's Audit Committee.

******* End of Reports *******

STANLEY BREZENOFF
NYC HEALTH + HOSPITALS
INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
June 22, 2017

Conclusion of NYC Health + Hospitals Annual Public Meetings

Last week at NYC Health + Hospitals/Elmhurst we concluded the last of five annually held, state-mandated, public meetings in each borough of New York City. The full attendance at these meetings demonstrated a public recognition of our system as an essential asset to New York City. Members of the public and health system employees voiced praise and raised concerns about local facilities and about efforts to redesign the system in a way that better meets the needs of the patients and communities we serve. Thank you to all who participated, and to members of the Board who were present at each meeting to hear from attendees.

NYC Health + Hospitals Earns National Awards for Quality in Cardiac, Stroke, and Resuscitation Care

While we focus on our systemic efforts to redesign care delivery, it's important not to overlook the excellence occurring, day in, day out within our clinical programs. I'm delighted to report that NYC Health + Hospitals has received national recognition awards for 10 of our hospitals for implementing specific quality improvement measures related to the treatment of patients suffering from heart failure, cardiac arrest, and stroke. The "Get with the Guidelines" (GWTG) awards from the American Heart Association and the American Stroke Association recognize the consistent application of best-practice, research-based standards of care, which reduce recovery time, disability, and mortality rates for stroke patients, and reduce hospital readmissions for heart failure patients.

Eight of our hospitals received the highest award for excellence in stroke care, and six received high honors for excellence in heart failure care; three received awards for excelling in both. Two hospitals improved their performance from silver status last year to gold status this year, and seven hospitals earned new recognitions this year. The full list of awards for the public health system is below.

Manhattan

NYC Health + Hospitals/Bellevue

GWTG-Heart Failure Gold Plus & Target: Heart Failure Honor Roll Award

GWTG-Stroke Gold Plus & Target: Stroke Elite Plus Honor Roll Award

GWTG-Resuscitation Gold Award (Adult Patient Population)

NYC Health + Hospitals/Harlem

GWTG-Stroke Gold Plus Award

NYC Health + Hospitals/Metropolitan

GWTG-Stroke Gold Plus Award

Bronx

NYC Health + Hospitals/Jacobi

GWTG-Stroke Gold Plus & Target: Stroke Elite Honor Roll Award

NYC Health + Hospitals/Lincoln

GWTG-Heart Failure Bronze & Target: Heart Failure Honor Roll Award

GWTG-Stroke Gold Plus & Target: Stroke Elite Plus Honor Roll Award

NYC Health + Hospitals/North Central Bronx

GWTG-Heart Failure Silver Plus & Target: Heart Failure Honor Roll Award

Brooklyn

NYC Health + Hospitals/Coney Island

GWTG-Stroke Gold Plus Award

NYC Health + Hospitals/Kings County

GWTG-Heart Failure Silver Award

GWTG-Stroke Gold Plus & Target: Stroke Elite Honor Roll Award

NYC Health + Hospitals/Woodhull

GWTG-Heart Failure Gold Plus & Target: Heart Failure Honor Roll Award

Queens

NYC Health + Hospitals/Elmhurst

GWTC-Stroke Gold Plus & Target: Stroke Elite Plus Honor Roll Award

New York Times Features NYC Health + Hospitals' pioneering use of "Internal Tourniquet" balloon device in trauma cases

Earlier this week *The New York Times* featured our health system's use of a lifesaving catheter conceived on the battlefields of Iraq. The *Times* article recounted heroic efforts of doctors and nurses at NYC Health + Hospitals/Bellevue who successfully used a pioneering intervention called the Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) (known also as an "Internal Tourniquet") to save the life of a young woman who was hit in the terrible Times Square vehicular attack on May 18th. The victim, a female high school senior was hemorrhaging internally and at grave risk of cardiac arrest.

Cleared by the Food and Drug Administration in 2015, the REBOA catheter is gradually being adopted by civilian trauma centers around the nation. It involves a slim tube and balloon threaded into an artery in the leg, threaded up to the aorta, and inflated to temporarily stop circulation to the area of the lower body that is hemorrhaging.

NYC Health + Hospitals clinicians Dr. Sheldon Teperman, director of trauma and critical care services at NYC Health + Hospitals/Jacobi, and Dr. Askim G. Rivera a Jacobi-based vascular surgeon pioneered the use of the new catheter in New York City earlier this year to save the life of another trauma victim. Since then, the Jacobi physicians have been teaching the complicated procedure--medical teams need rigorous training to use the catheter successfully, if mishandled it can be dangerous--to NYC Health + Hospitals trauma surgeons and other medical centers across the city.

I'm delighted that *The Times* has highlighted this example of clinical excellence occurring in our system, even while we labor to meet difficult financial challenges and to transform our delivery model.

New Programs Launched to Combat Opioid Epidemic

As part of HealingNYC, the City's new comprehensive effort to reduce opioid overdose deaths by 35 percent over the next five years, First Lady of New York City Chirlane McCray and I recently announced the launch of two programs at NYC Health + Hospitals/Lincoln to combat the opioid epidemic in New York City. One of the new programs will expand naloxone distribution throughout the hospital, making naloxone kits more readily accessible to patients and caregivers. The program will help reach more patients with this life-saving medication by increasing the number of kits distributed from just over 100 last year to 800-900 this year. The second initiative, supported with funds from the Department of Health and Mental Hygiene, will use addiction counselors and peer advocates in the hospital's emergency department to screen each patient who presents with non-fatal opioid overdose, opioid intoxication, or a history of harmful opioid use.

These programs are intended to be models and are expected to be adopted soon system-wide. They are a welcome development in the Bronx, which has some of the highest rates of overdose in New York City. They represent just two components of concentrated, ongoing work to transform our substance use care model into a system of excellence. They demonstrate our commitment reducing opioid overdose deaths by 35 percent over the next five years.

NYC Health + Hospitals Awarded Top National Quality Honor for Program Targeting Depression Screening

NYC Health + Hospitals has been awarded the America's Essential Hospitals' 2017 *Gage Award for Innovation and Excellence* for OneCity Health work to implement collaborative care for depression in the primary care setting, which has significantly increased psychiatric consultations and treatment for depression in primary care, more than tripling the rate of depression improvement among patients enrolled in the program.

In 2015, we screened about 225,000 adult primary care patients for depression—more than 90 percent of patients who visited a NYC Health + Hospitals site. Nearly 15,000 of those patients—6.7 percent—screened positive. The program's key clinical outcome metric focused on the depression improvement rate, which increased from 17.7 percent in the second quarter of 2015 to 57.6 percent in the first quarter of 2016. We couldn't be more proud of this award which helps illuminate the path we are on to becoming a system focusing on prevention and wellness. Congratulations to the entire OneCity Health team.

MetroPlus earns top spot in NY State Health Quality Scores

I am glad to report that late last month, the New York State Department of Health awarded MetroPlus Health Plan the highest "quality measures" score among Medicaid managed care plans statewide. MetroPlus scored highly in categories including; timeliness of prenatal care, administration of flu shots, smoking cessation, asthma medication management, and two key indicators of diabetes management. MetroPlus also received high scores for postpartum care and well child visits.

These results reflect the investment MetroPlus makes in keeping its members healthy, by working closely with members throughout the year to remind them of appointments and to stress the importance of maintaining their medication regimens to

improve their health. Happily, our strong scores also mean the receipt of increased incentive premiums from the State to Metro Plus. Congratulations to Dr. Arnold Saperstein, President and CEO and the entire MetroPlus team on this encouraging news.

NYC Health + Hospitals Honors 25 Outstanding Physicians at Annual “Doctors’ Day” Celebration

In honor of Doctors’ Day 2017, NYC Health + Hospitals recognized 25 physicians for excellence and their ongoing commitment to patient care. The annual celebration honors outstanding physicians from across the health system who have distinguished themselves as leaders amongst their peers.

Physicians from the health system’s hospitals and community health centers, as well as its MetroPlus Health Plan, were recognized for their commitment to providing the highest quality health care to New Yorkers. Reflecting a range of specialties and years of service, the award-winning physicians were drawn from NYC Health + Hospitals’ multi-ethnic and multi-cultural workforce, showcasing the health system’s strength in providing culturally competent care to all, without exception. Awardees are as follows:

Brooklyn

NYC HEALTH + HOSPITALS/CONEY ISLAND

[Iosif Fradlis, MD](#)

Director, Behavioral Medicine and Integrated Care Department of Behavioral Health

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, CUMBERLAND

[Alla Shigol, MD](#)

Primary Care Physician – Pediatrician

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, EAST NEW YORK

[Marie-Pierre Castermans, MD](#)

Associate Medical Director, Family Health Services

NYC HEALTH + HOSPITALS/KINGS COUNTY

[Renuka Ananthamoorthy, MD](#)

Chief of Behavioral Health Sciences

NYC HEALTH + HOSPITALS/MCKINNEY

[Ray Ivanovs, DPM](#)

Director, Podiatric Medicine

NYC HEALTH + HOSPITALS/WOODHULL

[Anastasia Asanov, MD](#)

Ambulatory Director of Medicine

Queens

NYC HEALTH + HOSPITALS/ELMHURST

[Konstantinos Margetis, MD, PhD](#)

Associate Director of Neurosurgery

NYC HEALTH + HOSPITALS/QUEENS

[Liana Leung, MD, MPH, FACP](#)

Associate Director, Department of Ambulatory Care and

Associate Director, Internal Medicine Program

The Bronx

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, BELVIS

[Marie M. Alizi-Greene, OD](#)

Optometrist

NYC HEALTH + HOSPITALS/JACOBI

[Nermica Sarcevic, MD](#)

Director, Inpatient Psychiatry

NYC HEALTH + HOSPITALS/LINCOLN

[Moiz Mansur Kasubhai, MD, MRCP](#)

Associate Chair of Medicine and Chief Hospitalist

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, MORRISANIA

[Swarupa Rani Gaddipati, MD](#)

Primary Care Physician

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX

[Haseen Sharma-Cooper, MD](#)

Director, Department of Psychiatry

NYC HEALTH + HOSPITALS/SIMULATION CENTER

[Suzanne Bentley, MD, MPH, FACEP](#)

Medical Director, Elmhurst Satellite Simulation Center

MetroPlus Health Plan

[Glendon Henry, MD](#)

Associate Medical Director, Utilization Management

Manhattan

NYC HEALTH + HOSPITALS/BELLEVUE

[Elena Wachtel, MD, MPH](#)

Medical Director, Neonatal ICU

NYC HEALTH + HOSPITALS/CARTER

[Michael Schuster, MD](#)

Attending Physician

NYC HEALTH + HOSPITALS/COLER

[Ponnusamy Shanmugham, MD](#)

Attending Physician

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, GOUVERNEUR

[Gloria Rubin, MD](#)

Primary Care Physician, Judson Health Center

NYC HEALTH + HOSPITALS/GOUVERNEUR

[Alexander Kolessa, MD](#)

Attending Physician

NYC HEALTH + HOSPITALS/HARLEM

[Matthews K. Hurley, MD](#)

Former Attending Emergency Room Physician

NYC HEALTH + HOSPITALS/METROPOLITAN

[Jason S. Mack, MD, FAAP](#)

Director, Pediatrics Ambulatory Care

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, SYDENHAM

[Arthur R. Dove, MD](#)

Attending Physician

Staten Island

NYC HEALTH + HOSPITALS/SEA VIEW

[Rufina Santos-Binlayo, MD](#)

Attending Physician

NYC Health + Hospitals/Correctional Health Services

NYC HEALTH + HOSPITALS/CORRECTIONAL HEALTH

[Svetlana Kalimulina, MD](#)

Attending Physician

NYC Health + Hospitals to Participate in Pride March as Leader in LGBTQ Health Care

On Sunday June 25, NYC Health + Hospitals will have a significant presence at New York City's 47th annual LGBTQ Pride March and celebration. We are proud to serve our LGBTQ patients as their partner in preventive health, wellness, and gender affirming care offered in safe, supportive and welcoming environments. The Pride March offers an opportunity to make more New Yorkers aware that 22 patient care locations in our essential public health care system have received the designation "Leader in LGBTQ Healthcare Equality" from the Human Rights Campaign Foundation for 2017. The 22 patient care locations are found in all five boroughs—including in Brooklyn, where no other provider was so recognized. We wish all members of the NYC Health + Hospitals LGBTQ community a happy and healthy Pride celebration.

Appointment of David Weinstein as CEO at NYC Health + Hospitals/McKinney

NYC Health + Hospitals announced today that David Weinstein has been appointed chief executive officer of NYC Health + Hospitals/McKinney, a 320-bed post-acute care facility in Brooklyn. Mr. Weinstein had been serving as the facility's interim CEO since February. Previously, he served in a number of senior level management positions in mission-driven patient care facilities in New York over a career span of over 30 years. Congratulations and welcome to Mr. Weinstein.

Dr. Nora Bergasa of NYC Health + Hospitals/ Metropolitan Receives 2017 Heritage Innovation in Healthcare Delivery Award

I am also pleased to bring your attention to the fact that Dr. Nora V. Bergasa, Chief of Medicine at NYC Health + Hospitals/Metropolitan, has been recognized with the 2017 Heritage Innovation in Healthcare Delivery Award, presented by Heritage Provider Network, the nation's leading physician-led managed care organization, and Crain's Custom Studio, a division of Crain's New York Business. Dr. Bergasa is recognized internationally for her research on pruritus in liver disease. Her knowledge, dedication and skill at creating healing partnerships have led to remarkable levels of patient satisfaction, compliance, and treatment outcomes.

The Heritage Innovation Award recognizes a leader in the development of new modes of diagnosis, treatment, and care who actively improves the delivery of services and improves the quality of health care, improved access, positive impact on patient quality of care, and long-term affordability in New York. Congratulations to Dr. Bergasa for this well-deserved, and prestigious distinction.

All NYC Health + Hospitals Post-Acute Care Conference Impetus to Increase Internal Referrals

Recently social workers, discharge planners, case managers, nursing staff, medical directors, and senior leaders from across NYC Health + Hospitals gathered for a half-day educational session devoted to strengthening the relationship between our post-acute care facilities and our in-patient service line. Informing these discussions is the need to better connect patients to high quality post-acute care services. Doing so will help ensure that they receive the care they need to get better and avoid a return to the hospital. Key takeaways from the conference include:

- Hospitals will soon be required to share information about the quality of post-acute care facilities with patients. We are developing a preferred provider network that includes our five, highly-rated post-acute care facilities, home care services, and other providers in the NYC area.
- A new electronic bedside decision-making tool called *CarePort* will make it easier for our patients to choose high quality care that is best for their needs by enabling discharge planners to enter specific criteria (such as needed services, insurance coverage, location, and amenities) to generate a patient-friendly list of facilities containing quality information.
- NYC Health + Hospitals/At Home is an integral preferred provider for our health system. NYC Health + Hospitals/At Home, our own certified home health agency, provides more than 86,000 patient visits each year. Services include skilled nursing care, care coordination, rehab, and many others.

Premature Triplets Go Home Healthy

Earlier this month triplets born almost four months ago at NYC Health + Hospitals/Jacobi were discharged home in good health, for the first time. Their departure marks the latest progress in a journey of care that included months of carefully coordinated high-risk prenatal care, followed by intensive post-partum care by the hospital's neonatal medical team.

In the fall of 2016, specialists at NYC Health + Hospitals/Jacobi began treating the expectant mother, Amone Akter in the hospital's high-risk obstetrical clinic. Her triplets were delivered in December at 25 weeks gestation. Because of the extreme prematurity of the infants, Dr. Beth Nagourney, director of Neonatology, assembled three teams—one for each baby—of neonatologists, pediatricians, neonatal nurse practitioners, and respiratory therapists to coordinate care for the two baby boys (Ruhan and Eshaq) and the baby girl (Israt) at Jacobi's Level III Neonatal Intensive Care Unit (NICU). One of the babies required emergency surgery at a week old, for an intestinal problem, and another required chest tube placement for a collapsed lung. One of the babies later required surgery to close a fetal blood vessel. Two of the babies required respirators in the NICU for nearly two months until they were strong enough to breathe on their own, while the third triplet remained on a ventilator for close to three months.

At one birth in 6,400, triplets may be the exception, but excellence in Labor and Delivery at NYC Health + Hospitals is the rule. Congratulations to Jacobi's interdisciplinary team for work well done.

NYC Health + Hospitals Doctors Use 3-D printer for Bronx Boy's Bionic Forearm and Hand

Born without forearms or hands, three-year-old Isaac Cruz's development was halted in utero because of congenital amniotic bands. These days, however, he is adjusting well to a new prosthetic arm and hand thanks to an innovative use of 3-D printing employed by specialists at NYC Health + Hospitals/Jacobi. Dr. Cesar Colasante, a burn surgery fellow in Jacobi's Plastic Surgery Department, custom-designed the prosthetic device for Isaac using CAD/CAM software and a 3-D printer. Supervised by Dr. Ralph Liebling, Chief of Plastic and Reconstructive Surgery at NYC Health + Hospitals/Jacobi, and Isaac's attending physician, and assisted by Andrew Peredo, MD, another burn surgery fellow, Dr. Colasante worked on the designs and construction over nights and weekends, and paid for supplies from his own pocket because reimbursement for 3D-printed prosthetics hasn't been established.

Once the overall construction was completed, several sessions were required to fit the device and adjust it for Isaac. Now, weeks after receiving the new device, Isaac is getting used to his prosthetic arm, and using it to play with his toy cars. Dr. Colasante guesses Isaac will outgrow the device in six months to a year, and is now at work on a myoelectric prosthetic for Isaac's other arm that senses muscle contractions and sends a signal to a computer board that drives a motor to close the hand.

Farmers Markets Reopen for Season Around NYC Health + Hospitals Facilities

There is a direct correlation between healthy eating and the prevention and management of chronic diseases and conditions, such as diabetes, heart disease, and obesity. Making fresh food options available and affordable in neighborhoods that need it most, is the foundation for healthier communities. Which is why I am pleased to report to the Board that we have announced the 2017 schedule of farmers markets hosted at public hospitals and community health centers across the city.

NYC Health + Hospitals has again partnered with Harvest Home Farmer's Market, GrowNYC, Mott Haven Farmers Market, and Cypress Hills Verde/Cypress Hills Local Development Corporation to host farmers markets or fresh food box programs at patient care locations across the city, with an aim of making fresh fruits and vegetables more accessible for patients, staff, and the community.

2017 Farmers Markets

Brooklyn

NYC Health + Hospitals/Coney Island
Ocean Parkway between Avenue Z & Shore Road
Wednesdays and Fridays: 8:00 a.m. – 4:00 p.m.
June 14 to November 22

NYC Health + Hospitals/Kings County
Clarkson Avenue between E. 37th and E. 38th Streets
Wednesdays: 8:00 a.m. – 6:00 p.m.
June 7 to November 22

NYC Health + Hospitals/East New York
2094 Pitkin Avenue (southeast corner of Pitkin and Pennsylvania)
Tuesdays: 9:00 a.m. – 5:30 p.m.
July 11 to November 21

Bronx

NYC Health + Hospitals/Jacobi
1400 Pelham Parkway
Tuesdays and Fridays: 8:00 a.m. – 4:00 p.m. (except Tuesday July 4)
June 6 – November 24

NYC Health + Hospitals/Lincoln
149th Street between Morris and Park Avenues
Tuesdays and Fridays: 8:00 a.m. – 3:00 p.m.
June 30 to November 21

NYC Health + Hospitals/North Central Bronx

Mosholu Parkway and Jerome Avenue
Wednesdays: 10:00 a.m. – 4:00 p.m.
July 14 to November 22

NYC Health + Hospitals/Gotham Health, Belvis
545 East 142nd Street
Mondays: 10:00 a.m. – 4:00 p.m.
July 10 to November 13

Manhattan

NYC Health + Hospitals/Bellevue*
Fresh Food Box Program Only
Call (212) 562-7311 for more information
462 First Avenue

NYC Health + Hospitals/Gouverneur
Madison Street and Jefferson Street
Thursdays: 8:30 a.m. – 2:00 p.m.
July 8 – November 18

NYC Health + Hospitals/Harlem
512 Lenox Avenue between 135th and 137th Streets
Fridays: 8:00 a.m. to 6:00 p.m.
Open All Year

NYC Health + Hospitals/Metropolitan
East 99th Street at 3rd Avenue
Fridays: 8:00 a.m. to 4:00 p.m.
June 9 to November 17

Queens

NYC Health + Hospitals/Elmhurst
41st street between 80th and 81st Street
Tuesdays: 8:00 a.m. – 4:00 p.m.
June 6 – November 21

NYC Health + Hospitals/Queens
82-68 164th Street
Thursdays: 8:00 a.m. to 5:00 p.m.
July 6 – November 16

South Queens Community Health Center
114-02 Guy R. Brewer Boulevard
Thursdays: 8:00 a.m. to 5:00 p.m.
July 6 – November 16

Jerry’s House Partners with Children of Bellevue to Bring Laughter to Young Patients at NYC Health + Hospitals/Bellevue

NYC Health + Hospitals/Bellevue auxiliary *Children of Bellevue* has partnered with *Jerry’s House* to bring healing through laughter to children at the hospital. Australian television personality Lochie Graham, co-founder with legendary comedian Jerry Lewis of *Jerry’s House*, joined children, parents, clowns, and hospital staff Tuesday for the launch of the program at NYC Health + Hospitals/Bellevue.

Jerry’s House will provide the Child Life Specialists at NYC Health + Hospitals/Bellevue with “Healing Through Laughter” toy chests, which are equipped with the tools to bring humor therapy to young patients and their families who are coping with the stress, pain, and fear associated with illness, medical treatment, and hospitalization. The toy chests will be filled with fun play items that are sure to bring smiles to the faces of pediatric patients, including doctor/patient hand-puppets, big buttons that make funny

noises when pressed, funny hats, and more. We appreciate the Jerry’s House partnership with Children of Bellevue to enrich our pediatric patients’ experience while they are getting their life-saving treatment in our system.

DSRIP/OneCity Health Update

OneCity Health’s transformation efforts to integrate primary care with behavioral health are ongoing and recently earned state and national recognition. As noted above, through OneCity Health’s Population Health team’s efforts, NYC Health + Hospitals has been awarded a 2017 Gage Award for Innovation and Excellence from America’s Essential Hospitals for implementing Collaborative Care for depression in the primary care setting.

Earlier this month, OneCity Health hosted nearly two dozen people from a variety of our partners and other external organizations for our webinar, “Navigating the Regulatory Options for Co-location of Primary Care and Behavioral Health.”

In collaboration with a vendor, OneCity Health is currently working with 10 pilot sites to implement co-located services for primary care and behavioral health. By integrating the staffing and communication between medical and behavioral health providers, primary care providers can more effectively provide services such as screening and management of depression, linkage to substance and alcohol abuse counseling and treatment, and treatment of medical needs common among patients with severe behavioral health problems. In recognition of this work to date, New York State featured this webinar and accompanying materials in their weekly bulletin to Performing Provider Systems across the state.

We are also continuing with a variety of educational seminars and trainings to ensure our workforce and community partners are able to further implement our primary care and care management initiatives.

- OneCity Health partner 1199 SEIU facilitated an interactive care management training for grant-funded Center for Medicare & Medicaid Innovation (CMMI) staff from NYC Health + Hospitals/Bellevue, Elmhurst, Jacobi, Kings County, Lincoln, and Queens, focused on identifying and addressing patient’s social determinants from the Emergency Department (ED). We plan to apply the findings under this grant regarding patient impact and quality outcomes to OneCity Health’s ED Care Triage initiative, through which we will narrow focus to the highest-needs, highest-utilizing patients instead of all patients with ambulatory care sensitive conditions. Staff will continue to connect patients to primary care, while standardized workflows will help them to better identify providers with capacity, as well as other appropriate outpatient services.
- Over 50 NYC Health + Hospitals Registered Nurses attended OneCity Health’s recent Treat 2 Target Learning Collaborative, which explored the necessary elements related to NYC Health + Hospital’s goal to improve blood pressure control for hypertension patients to 72 percent across the system. Attendees learned the role of nurses in helping to improve health, reduce strokes and save lives through the Treat 2 Target program.
- To begin to address the social determinants of health our patients face, OnceCity Health hosted its first event in collaboration with LegalHealth to train staff from NYC Health + Hospitals facilities and other OneCity Health partners to learn how to make appropriate referrals to legal and immigrant health-related services. A second training session is scheduled for later in June. Nearly 40 people participated in the first session, where they learned the legal issues their patients and clients face so they can help refer and engage them in legal services.

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RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

WHEREAS, the System wishes to provide a Patient Assistance Program to all 11 acute care hospitals in the System to increase and enhance the replacement of, and reimbursement for, pharmaceuticals and medical devices used by the System patients provided by manufacturers, charitable entities and other third party resources; and

WHEREAS, currently the System's patients do not fully benefit from various program offered by manufacturers, charitable entities and other third party resources that assist in the supply and purchase of pharmaceuticals and medical devices; and

WHEREAS, such failure to fully benefit from such programs results in additional unreimbursed costs to the System that would be avoided by a more effective exploitation of such programs; and

WHEREAS, a Request for Proposals was issued on February 9, 2017, three proposals were received on March 3, 2017, and the Patient Assistance Selection Committee has selected McKesson as the best firm for the System; and

WHEREAS, a Request to Enter into a Contract was presented before the Contract Review Committee on the basis set forth above; and

WHEREAS, a three phase approach for implementation over a 7 month period will expand across the 11 participating hospitals; and

WHEREAS, the projected total cost avoidance for the initial three year term is \$24,500,000 and \$9,000,000 for each of the two one-year option terms, and

WHEREAS, the overall responsibility for monitoring the proposed contract shall be vested with the Vice President, Supply Chain Services.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with McKesson Pharmacy Optimization to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one-year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Education and Assistance Corporation (“EAC”) to provide transitional case management services under the Community Re-entry Assistance Network program (“CRAN”) over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

WHEREAS, CRAN is a rebranding of two programs, SPAN and LINK, which were previously administered by the NYC Department of Health and Mental Hygiene and had contracted with five different providers; and

WHEREAS, the current contracts expire June 30, 2017;

WHEREAS, the new CRAN consolidates the previous two programs into one, with a single contracted provider to create a single-point of entry model for clients to achieve increased oversight, efficiencies, and continuity of care for clients leaving jail with a mental illness; and

WHEREAS, funding for CRAN has been allocated in the FY18-FY22 budget; and

WHEREAS, EAC has been a LINK provider since 1999 for Brooklyn and Staten Island and has extensive experience providing case management services to clients in the criminal justice system; and

WHEREAS, the System wishes to enter into a new agreement with EAC to provide CRAN services; and

WHEREAS, a EAC was procured through an open competitive Request for Proposals process and the procurement was approved by the Contract Review Committee; and

WHEREAS, the overall responsibility for monitoring the proposed contracts shall be vested with the Senior Vice President, Correctional Health Services.

NOW THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Education and Assistance Corporation to provide transitional case management services under the Community Re-entry Assistance Network program over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State (“NYS”) Delivery System Reform Incentive Program (“DSRIP”) capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

WHEREAS, the System was awarded a New York State capital reimbursable grant through the DSRIP program, in the amount of \$109.1 million to design, install and deploy the technology infrastructure required to support OneCity Digital Hospital; and

WHEREAS, a robust information technology infrastructure platform is a necessary foundational element to meet the DSRIP goal of building an integrated, value based health delivery system with improved care coordination and expanded access to care; and

WHEREAS, the Digital Healthcare Network will consist of four components: Unified Communications, PPS-wide Sharing of Imaging Results; Telehealth and Telemedicine and an Electronic Medical Record System for the PPS partners which together will support digital communication across the Participating Provider System (“PPS”) in order to efficiently and effectively address the healthcare needs of patients and improve patient care; and

WHEREAS, EITS will procure hardware, software and services necessary to implement the following four program components; and

WHEREAS, the overall responsibility for managing and monitoring the four components of the Digital Healthcare Network technology infrastructure platform and the agreements that will be procured pursuant to this Resolution shall be the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State Delivery System Reform Incentive Program capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to take the necessary steps to create a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State (“NYS”) Delivery System Reform Incentive Program (“DSRIP”) capital reimbursable grant funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

WHEREAS, the System was awarded a NYS capital reimbursable grant through the DSRIP program in the amount of \$81.3 million to design, install and deploy the technology infrastructure required to support the OneCity Health Population Health project; and

WHEREAS, the Population Health information technology infrastructure platform will create a common system across the Participating Provider System (“PPS”) to enable partners to define, understand, engage and track patient populations, as well as measure and improve care processes and outcomes over time; and

WHEREAS, the Population Health information technology project will consist of three components that will support the ability to share health information across a common system, track patients and to use accurate data to inform care; and

WHEREAS, Enterprise Information Technology Services (“EITS”) will procure hardware, software and services necessary to implement the following programs: Clinical Record Locator Service, Health Information Exchange and Performance Management and Analytics; and

WHEREAS, the Senior Vice President/Corporate Chief Information Officer shall have the overall responsibility for managing and monitoring the creation of the Population Health program and the agreements made to build the components of the program.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State Delivery System Reform Incentive Program capital reimbursable grant funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

RESOLUTION authorizing the New York City Health and Hospitals Health and Hospitals Corporation (the “System”) to enter into an agreement with St. Georges University (“SGU”) effective July 1, 2017 for the System to accept and for SGU to send agreed upon numbers of its third and fourth year medical students to rotate and receive training at the System’s facilities which training is structured, provided and administered by staff of SGU for which SGU will pay the System both an annual fee per System facility where SGU students are placed, and a fee per student for each week he/she rotates through a System facility as detailed in the Executive Summary attached which will generate income to the System of approximately \$12,105,600 per year with increases of 3% per year starting in 2019 for a term of three years with two, two-year options exclusive to the System.

WHEREAS, SGU, based in Grenada and with more than 7,700 students, is the largest and best known of the Caribbean medical schools that train medical doctors in the United States; and

WHEREAS, the System contracted with SGU in 2007 for a five-year term with a five-year option that will expire July 30, 2017 based on a one-month extension; and

WHEREAS, under the prior contract, SGU sent its third and fourth year medical students to observe and rotate through the System’s facilities as part of their medical training; and

WHEREAS, the relationship between the System and SGU has been mutually beneficial in that many SGU medical students have gone on to work within the System after graduation (including some who receive scholarships conditioned on such service), they have assisted in the operation of the System during their training and the SGU students have gained valuable medical training and experience enabling them to become valuable contributors to the medical profession; and

WHEREAS, the System has conducted a detailed analysis of the cost to the System in staff time of assisting with the education of the SGU students and of the number of students that the System can accommodate consistent with its primary mission of providing health care to New Yorkers; and

WHEREAS, the System management has determined that SGU must increase its fees to the System from those payable under the expiring contract and have the capacity to reduce the number of its students to properly reflect the costs to the System and the System’s ability to accommodate students; and

WHEREAS, the System will continue to participate in the medical education of students of the System’s academic medical affiliates such as New York University School of Medicine and Icahn School of Medicine at Mt. Sinai; and

WHEREAS, the responsibility for the administration of the proposed contract with SGU shall reside with the Senior Vice President and Chief Medical Officer.

IT IS THEREFORE RESOLVED, that the New York City Health and Hospitals Health and Hospitals Corporation (the “System”) shall be and hereby is authorized to enter into an agreement with St. Georges University (“SGU”) effective July 1, 2017 for the System to accept and for SGU to send agreed upon numbers of its third and fourth year medical students to rotate and receive training at the System’s facilities which training is structured, provided and administered by staff of SGU for which SGU will pay the System both an annual fee per System facility where SGU students are placed, and a fee per student for each week he/she rotates through a System facility as detailed in the Executive Summary attached which will generate income to the System of approximately \$12 Million per year with increases of 3% per year starting in 2019 for a term of three years with two, two-year options exclusive to the System.

EXECUTIVE SUMMARY

RESOLUTION AUTHORIZING A MEDICAL TRAINING AGREEMENT WITH ST. GEORGE'S UNIVERSITY

BACKGROUND: St. George's University ("SGU") is a 40 year old medical school based in Grenada which has grown to have more than 7,700 students, most of whom come from the United States. New York City Health and Hospitals Corporation (the "System") has had a system-wide relationship with SGU since 2007 by which the System's facilities participate in the medical training of SGU third and fourth year medical students. The relationship has been helpful to the System because SGU students have assisted in the operation of the System's facilities (under appropriate supervision) and many of them have come to work within the System after they graduated. For the SGU students, the training they receive at the System's facilities has been an essential and necessary part of their medical education.

The System has long-term medical affiliations with NYU and Mt. Sinai both of which operate prestigious medical schools. An important part of that relationship is that those affiliates' students also rotate through the System's facilities as part of their education. Such arrangements have generally co-existed with the SGU program and will continue to do so. The System hospitals with doctors supplied by NYU or Mt. Saini will continue to have most of their students drawn from those two academic medical institutions.

Despite the benefit the System derived from the 2007 contract with SGU, a careful analysis of the program has indicated that SGU must increase its fees to the System and the System must have the ability to limit the number of students it sends to rotate through the System's facilities. In FY 2016, SGU paid to the System a total of approximately \$9,433,138 including both a fee per facility and a weekly rotation fee based on 380 students participating in the SGU program at the System's facilities. The System has determined that a renewal of the SGU agreement would be acceptable only if the payments were increased, the System were to gain the ability to reduce the number of students and exercise control of the program from the System's Central Office rather having such control distributed to the individual facilities.

NEED: The United States needs more doctors than are currently graduated from U.S. based medical schools and there are more students qualified to train to be doctors in the United States than there are slots for them at U.S. based medical schools. Accordingly, a number of medical schools have developed in the Caribbean to fill the gaps.

PROGRAM: SGU is responsible for the administration of the Program, including the curriculum content, the requirements of matriculation, grading, graduation and faculty appointments. SGU shall provide a Director of Medical Education, Clerkship Director and Clerkship Coordinator to ensure that the Program is properly administered with the necessary support for the students and the NYC Health + Hospital staff. The System is responsible for accommodating the rotation of SGU students through the System facilities, giving them access to the System's patients

under appropriate System staff supervision and participating in the clinical training and education of the SGU students.

FINANCIAL TERMS:

SGU will pay an annual fee to the System of \$500,000 for each System facility with 24 or more SGU students. For facilities with 12 to 23 students, the fee will be not less than \$250,000 which shall increase by \$20,000 per student over 12 and up to 23 students. It is not anticipated that facilities will have fewer than 12 students but if this should be the case, the parties will discuss an equitable reduction of the fee provided that the fee for NYC Health + Hospitals/Metropolitan which falls into this category shall generate an annual fee of \$200,000. These facility fees are anticipated to generate approximately \$3,200,000 annually.

SGU will also pay a weekly fee of \$575 for each student that rotates through the System facilities. These rotation fees are anticipated to generate approximately \$8,905,600.

The fees payable by SGU to the System will increase by 3% annually.

The total anticipated SGU annual revenue will be approximately \$12,105,600. In FY 2016, the last year for which full figures are available, the comparable annual revenue was \$9,433,138. Thus the proposed contract will increase the revenue from SGU by approximately 28%.

SCHOLARSHIPS:

SGU will award two full scholarships per participating System facility to students who pledge to work within the System after graduation. This represents a doubling of the number of such scholarships over that previously awarded.

EXCLUSIVITY:

As with the prior SGU agreement, the System will not allow students from other foreign medical schools to train at the System's facilities without the approval of SGU.

RIGHT OF FIRST REFUSAL:

The System will give to SGU a right of first refusal to make a new medical training agreement with a foreign medical school.

RIGHT OF TERMINATION:

The Corporation and SGU shall each have the right to terminate the agreement on six months' notice.

SYSTEM RIGHT TO REDUCE THE NUMBER OF STUDENTS:

The System shall have the right to require a reduction of the total number of students on six months' notice provided that if SGU is not able, following good faith efforts, to place any students who would lose their slots in the System's facilities in other medical facilities to continue their training, then the System shall continue the training of such students for up to another six months. Initially SGU will be able to send 380 students as is currently the case.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Huron Consulting Group Inc. (“Huron”) to provide a Revenue Cycle Optimization Program for the entire System over a 2-year period, yielding estimated ongoing enhanced annual revenue range between \$130 and \$290 million, and a one-time annual revenue recovery range between \$30 and \$50 million, for an estimated total compensation to Huron, not to exceed \$37 million, inclusive of expenses, based on the achievement of program milestones.

WHEREAS, as part of the System’s ongoing transformation it is necessary to optimize and improve revenue cycle operations and performance to ensure the ongoing financial health of the System; and

WHEREAS, an assessment by Huron of current performance indicates an opportunity for a range of revenue recovery between \$70 – 150 million in FY 18, with an ongoing revenue recovery range between \$130 and \$290 million annually; and

WHEREAS, Huron was prequalified through an open competitive process to provide training, process re-design, implementation and establish governance and quality control structures in the area of Revenue Cycle from among six pre-qualified consultants; and

WHEREAS, Huron is considered the industry leader in revenue cycle performance improvement consulting with a track record of improving revenue at major health systems across the nation and has done considerable prior work for health systems in New York City; and

WHEREAS, the proposed contract for Huron’s services will be managed jointly by the Senior Vice President for Acute and Ambulatory Care Services and the Senior Vice President for Finance/Chief Financial Officer who shall share responsibility for ensuring that the work of Huron is properly coordinated.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with Huron Consulting Group Inc., to provide Revenue Cycle optimization services over a 24 month period for an amount not to exceed \$37 million, inclusive of expenses, based on the achievement of program milestones.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH HURON CONSULTING GROUP

BACKGROUND: The purpose of this engagement will be to optimize the Revenue Cycle for New York City Health and Hospitals. Revenue Cycle refers to the process of collecting revenue for patient care. It is a “cycle” because it involves the journey of a patient bill through multiple stages from pre-authorization, before the patient arrives, to collection, after the patient has been discharged. At Health and Hospitals, approximately \$3.1 billion in net patient service revenue go through this process every year, and the accuracy and dependability of people, processes and systems can have a very significant impact on the overall financial performance of the organization.

Major health systems including NY Presbyterian, Mt Sinai and NorthWell have engaged revenue cycle consulting groups for large scale turnaround projects involving the re-alignment of financial services processes to ensure optimal revenue collection.

It should be noted that in May 2017 the Board of Directors authorized Health and Hospitals to embark on a program for the installation of the Epic Revenue Cycle modules including implementation, configuration and installation of the software modules; the necessary hardware; as well as software and hardware maintenance. This project addressed the IT system that will be used for an optimal revenue cycle process.

NEED: Due to flaws in coding, billing, collection and management of denials of claims by third party payors, the System currently is not able to collect enough of the revenue available to compensate for care provided to patients with insurance. It is essential that the System optimize its revenue, within regulatory bounds, to finance its operations. We anticipate ongoing enhanced annual revenue between the range of \$130 and \$290 million, and a one-time annual revenue recovery between the range of \$30 and \$50 million.

PROCUREMENT: NYC Health + Hospitals issued a Request for Proposals to identify and pre-qualify consultants within fifteen different scopes of work all of which relate to the Transformation of the System now underway. From the many proposals received, generally 5 – 7 vendors within each scope of work were selected by Selection Committees that evaluated the vendors based on written submissions. The Contract Review Committee reviewed the pre-qualification procedure used and the pre-qualification selections made and approved of both. Pursuant to a written procedure proposed by the SVP/Chief Financial Officer and the SVP/Chief Transformation Officer and accepted by the Interim President applicable to all work orders for particular Transformation services using firms pre-qualified as described above, the proposed consulting services were described to six firms prequalified to perform Revenue Cycle related training, process design and implementation of governance and quality control structures. Huron was one of such firms. The six firms made competing proposals including cost proposals. A Selection Committee evaluated the proposals, scored them and on the basis of both

price and appropriateness, selected Huron. In accordance with the adopted procedure, that selection and the cost of the contract was presented to an Approval Committee that must approve all Transformation consulting contracts using the pre-qualified pool of consultants. The Approval Committee consists of the Interim President, SVP/Chief Financial Officer and the SVP/Chief Transformation Officer. The Approval Committee approved the selection of Huron. Being as the contract price exceeds the Board's threshold for review, the contract is being presented to the Board of Directors for approval.

TERMS:

The System will pay an amount not to exceed \$37 million, inclusive of expenses, over a two year period. The majority of payments will be tied to the achievement of identified milestones critical to the success of the project and the realization of the projected revenue enhancements.

31590A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: April 4, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Huron Consulting Services LLC, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Consulting Services for Transformation

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf



Revenue Cycle Optimization

July 27, 2017



Introduction



REVENUE CYCLE OPTIMIZATION

INTRODUCTION

- + Revenue cycle describes the process of collecting revenue for patient care. Approximately \$2.9 billion in patient service charges are processed annually at Health + Hospitals.
- + Major health systems including NY Presbyterian, Mt Sinai, and Northwell have employed revenue cycle optimization as a key financial strategy to increase revenue.
- + After a competitive bid process, Huron Consulting was chosen from among six pre-qualified consultants to perform a 4 week assessment of revenue cycle operations at NYC Health and Hospitals.
- + The assessment shows that optimization of revenue cycle processes at Health and Hospitals will require a major turnaround project to achieve sustainable results.
- + A successful turnaround project of Health and Hospital's revenue cycle operations will yield additional revenue in the range of \$130 - \$290 million annually.







Assessment Findings



ASSESSMENT FINDINGS

SUMMARY ASSESSMENT FINDINGS

Despite motivated and dedicated individuals; uneven staffing, fragmented technology, and disjointed processes have led to significant opportunities for standardization and improved financial performance.

	<u>Rating</u>	<u>Findings</u>
People		<ul style="list-style-type: none"> + Revenue cycle operating model creates lack of accountability and alignment between system and local priorities + Divisions between inpatient and outpatient operating model lead to poor A/R coverage + Lack of performance standards causes inefficient and unpredictable operations + Optimized staffing in key functions can increase coordination between billing and clinical functions.
Process		<ul style="list-style-type: none"> + Significant manual, paper-based processes lead to an inability to track end-to-end performance and create potential process black holes + Lack of focus on outpatient receivables leads to low collectability + Lack of up-front clearance and focus on patient throughput leads to lower sponsorship + Inconsistent charge capture and CDI workflows across facilities
Tools		<ul style="list-style-type: none"> + Available technology including staff workdrivers are not leveraged to potential + Many key revenue cycle metrics are either not available, not produced timely, or not trusted by local facilities due to data integrity concerns + Lack of automation leads to manual, high cost-to-collect processes
Culture		<ul style="list-style-type: none"> + Facility leadership demonstrated a high commitment to mission to serve patients and a desire for change + Budget constraints create a culture of hesitation to make bold organizational changes + Improved communication and operating expectations between corporate and facilities can optimize revenue cycle process

 Low Opportunity
  Moderate Opportunity
  High Opportunity



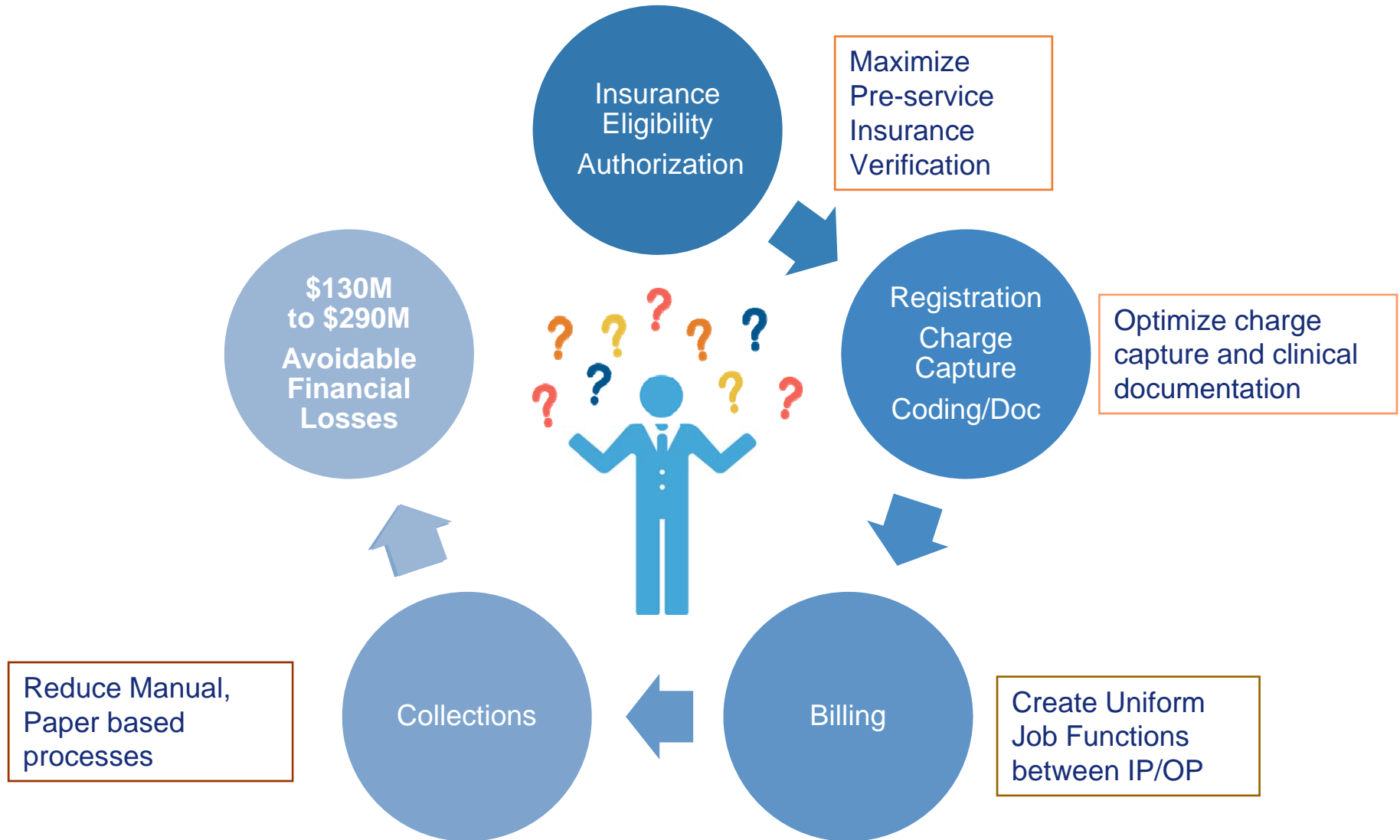
ASSESSMENT FINDINGS

FINANCIAL OPPORTUNITY SOURCES

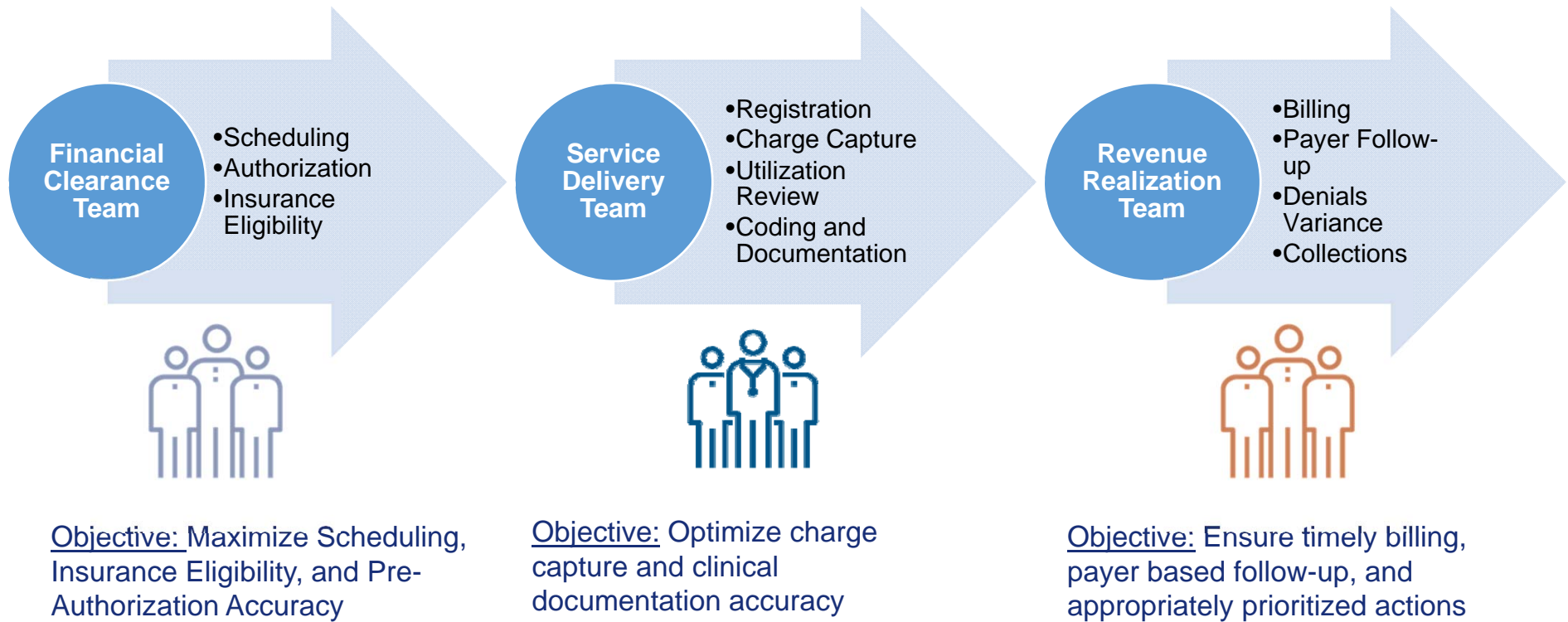
Financial Opportunity Sources		
Key Benefit Source	Low Opportunity	High Opportunity
Recurring Revenue Cycle Improvement <ul style="list-style-type: none"> + Reduction in administrative and bad debt write-offs + Reduction in A/R write-offs through cleanup of unworked populations + Decreased aged receivable leading to avoidable write-offs + Solidified charge capture processes 	\$90 million	\$210 million
Recurring Clinical Documentation Improvement (CDI) <ul style="list-style-type: none"> + Increased accuracy/thoroughness of clinical documentation + Increased representation of patient acuity and quality 	\$40 million	\$80 million
NYC Health + Hospitals Total Annual, Recurring Benefit		\$130 million to \$290 million
One-Time Cash Flow Opportunity <ul style="list-style-type: none"> + Reduction in billing backlogs + Reduction in 90+ Days from Discharge/Service (DFD/S) agings + Improved denials management and resolution processes 	\$30 million	\$50 million
NYC Health + Hospitals Total One-Time Cash Flow Benefit		\$30 million to \$50 million



HOW DO WE SOLVE THE PROBLEM?

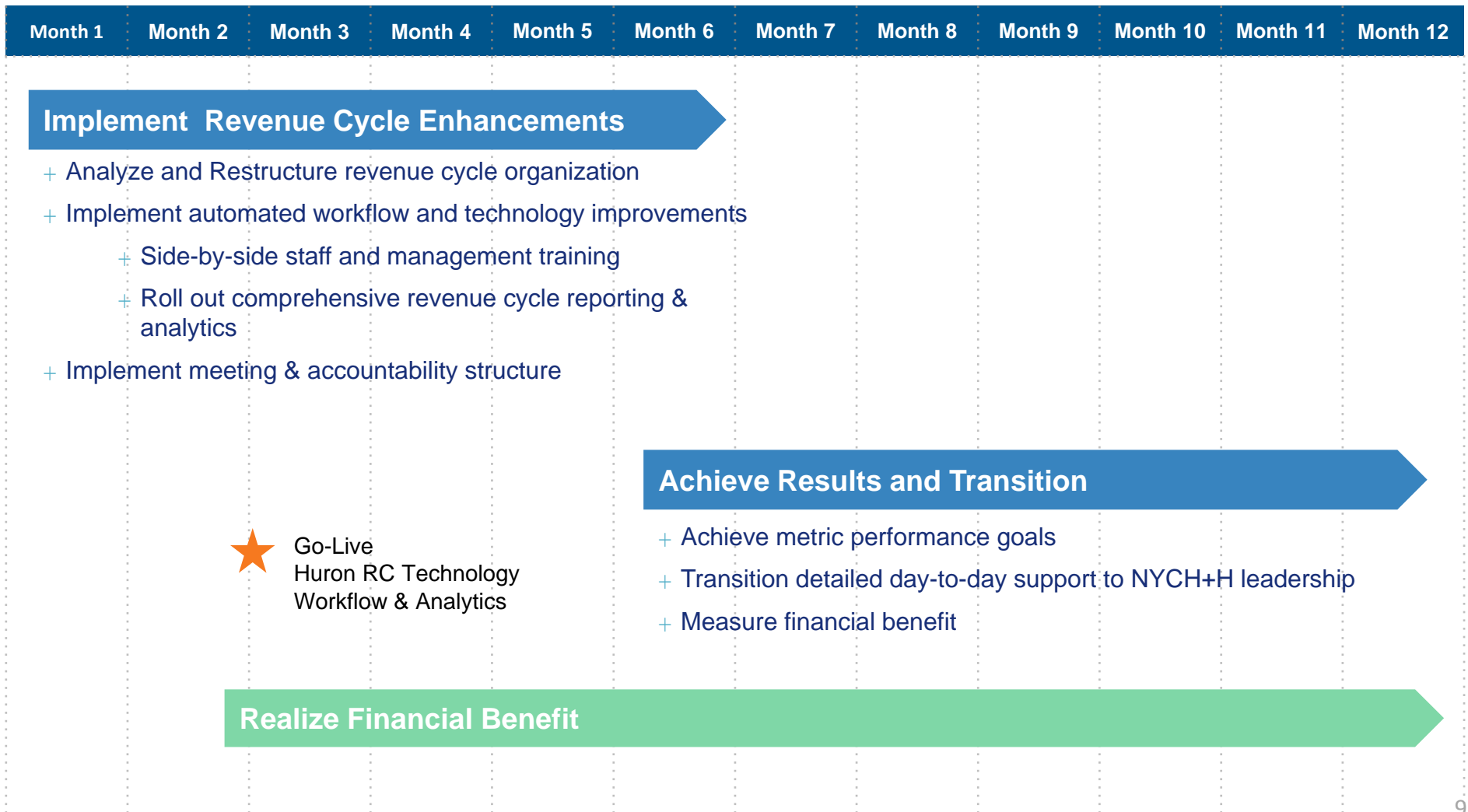


RESTRUCTURE REVENUE CYCLE ORGANIZATION



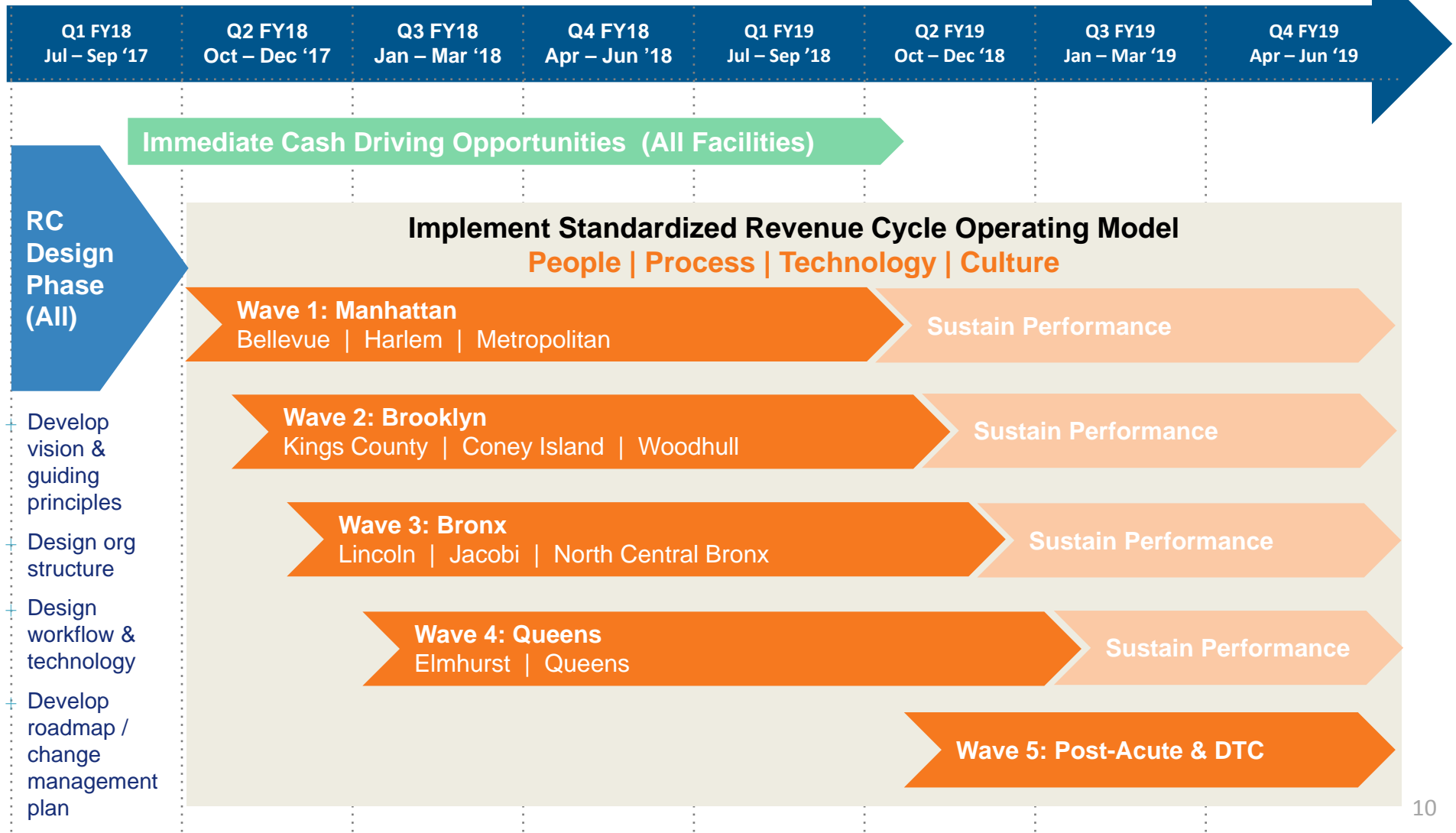
IMPLEMENTATION APPROACH

EXAMPLE: SINGLE ACUTE CARE FACILITY



IMPLEMENTATION APPROACH

REVENUE CYCLE ROADMAP – 24 Month Timeline



Proposal



PROPOSAL

Resourcing

- + Comprehensive implementation across **21 entities** (11 hospitals, 5 post-acute care facilities, and 5 diagnostic treatment centers)
- + **24-month duration**
- + **150,000+ consulting hours** with peak staffing of approximately **65 dedicated onsite consultants** plus additional resources supporting remotely

Investment

- + **Fixed fee arrangement based on achievement of milestones where consultant fees and out of pocket expenses not to exceed \$37 million**
- + Recurring ROI equals 5.7:1 of annual recurring financial benefit versus total fees. **3-year cumulative ROI equals 17.2:1+**
- + The engagement is projected to **break even by month 8** of implementation (cumulative financial benefit exceeds total fees)
- + Cost per entity is less than \$2 million

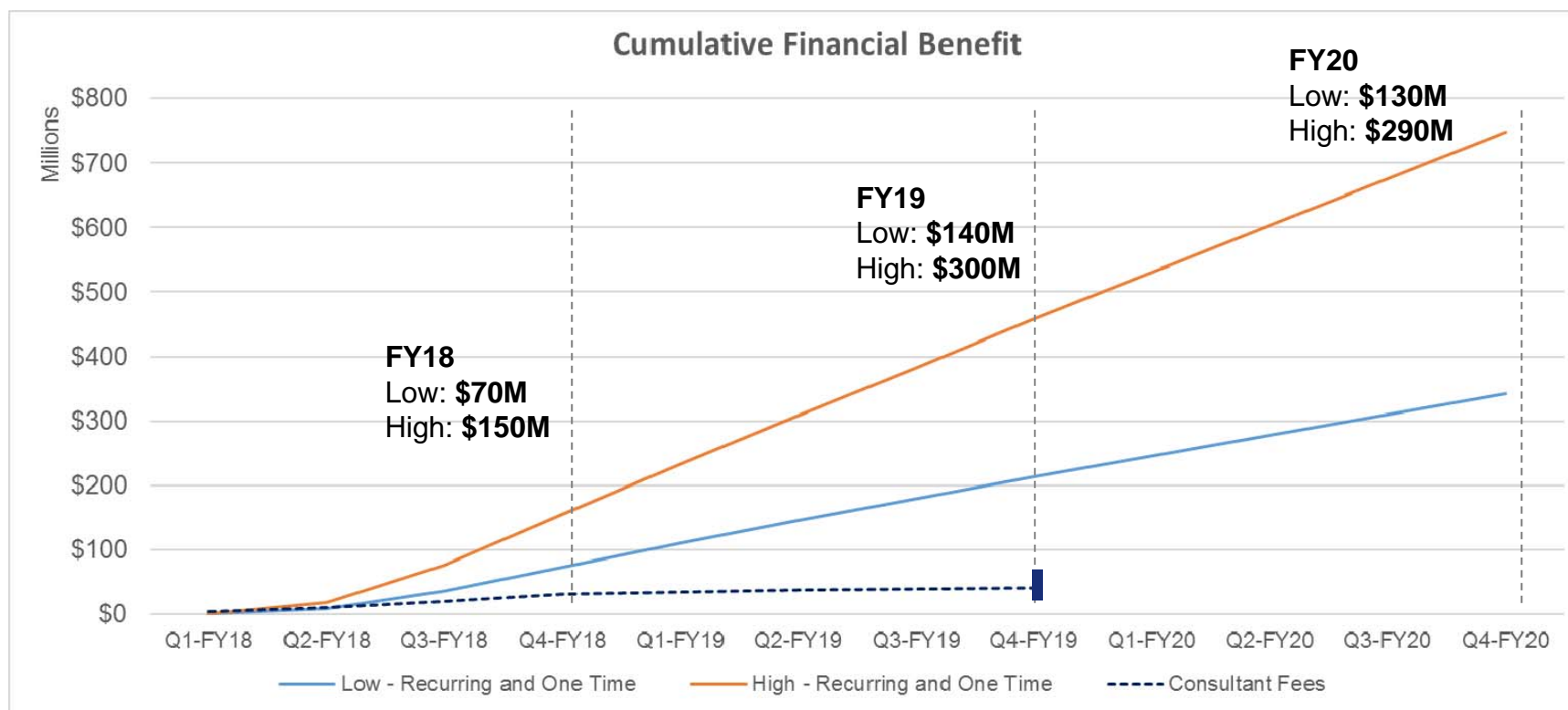
+ ROI and calculation based on mid-point benefit projection



FINANCIAL BENEFIT

THREE YEAR SUMMARY

- Opportunity exists to improve cash flow by **\$340M - \$740M or more over the next three years**
- The engagement is projected to **break even by month 8** of implementation (cumulative financial benefit exceeds total fees)



¹Financial opportunity was based upon NYC Health + Hospitals' net patient service revenue excluding MetroPlus, Healthfirst Member, DSH, and UPL (\$2.9B)

²Financial opportunity excludes potential interest earnings and takes into account a ramp-up of annual, recurring benefit in the first year

³At midpoint benefit



HURON QUALIFICATIONS

Huron has 25 years of experience partnering with a broad range of clients as depicted below. In the last 18 months, Huron has driven over \$1 billion in recurring financial benefit for 34 clients. They have achieved the low end of the estimated benefit range for 94% of these clients and exceeded the high end for 61%.

Public Systems Experience	Multi-hospital Health Systems Experience
	
New York Market Experience	Epic Experience
	



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York Power Authority ("NYPA") for an amount not-to-exceed \$11,888,441 for the planning, design, procurement, construction, construction management and project management services necessary to install a new cooling tower (the "Project") at NYC Health + Hospitals/Lincoln (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals and the City of New York (the "City"), through the City Department of Citywide Administrative Services ("DCAS") entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, the Facility's existing cooling tower is original to the building and has exceeded its useful; and

WHEREAS, in August 2015, the City adopted Local Law 77 that required registration, inspection, cleaning, disinfection and testing of all cooling towers in the City; and

WHEREAS, a new cooling tower will mitigate the Facility's risk of Legionnaires Disease; and

WHEREAS, the Project falls within the ENCORE Agreement scope and so NYPA can manage it; and

WHEREAS, NYPA has bid the Project and has determined that it will cost \$11,888,441; and

WHEREAS, the Project cost in the amount of \$11,888,441 will be funded through Citibank financing and the City's General Obligations Bonds; and

WHEREAS, the Project will produce a total annual energy savings to the Facility of 956,845 kilowatts hours; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President - Corporate Operations.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with the New York Power Authority for an amount not-to-exceed \$11,888,441 for the planning, design, procurement, construction, construction management and project management services necessary to install a new boiler plant at NYC Health + Hospitals/ Lincoln.

**EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/LINCOLN
NEW COOLING TOWER**

OVERVIEW: NYC Health + Hospitals seeks to install a new cooling tower at NYC Health + Hospitals/Lincoln. NYPA has fully designed and bid out the Project.

NEED: The existing cooling tower is original to the building and has far exceeded its useful life. In August 2015, the City adopted Local Law 77 that required registration, inspection, cleaning, disinfection and testing of all New York City cooling towers. Local Law 77 also requires building owners to certify annually that they have complied with the law. The NYC Department of Health and Mental Hygiene (DOHMH) also created new rules to implement Local Law 77. The new rules are Chapter 8 of Title 24 of the Rules of the City of New York. The rules require building owners to create routine and long-term maintenance procedures for their cooling towers and for owners to register their towers with the City.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Demolition and removal of five Marley cooling towers and associated piping on top of the Facility;
- ❖ Supply and installation of three new cooling towers, with variable frequency drives, vibration sensors, interconnecting catwalks, and all associated piping;
- ❖ Demolition, removal and replacement of the rooftop condenser and water piping and provision of repairs to the rooftop condenser water pipe supports to accommodate the new piping;
- ❖ Provision and installation of a central control and monitoring station for all cooling tower functions and integration of the master panel to the existing central Facility management system;
- ❖ Provision of modifications and select replacement of existing steel dunnage to accommodate the new towers including preservation of all steel surfaces; and
- ❖ Demolition, removal and replacement of the roofing system on top of the Facility's service building;

TERMS: NYPA has competitively bid the project and has submitted a final total project cost to NYC Health + Hospitals of \$11,888,441. NYPA will be fully responsible for the project.

SAVINGS: Electrical:
Energy Consumption Savings (quantity): 956,845 kilowatts-hours (KWh)
Annual Electric Energy Savings (dollars): \$125,347

FINANCING: NYC General Obligations Bonds - \$11,522,941 and Citibank - \$365,500.

SCHEDULE: Completion by December 2018.

NYPA ENCORE-NYC HHC: INITIAL CUSTOMER INSTALLATION COMMITMENT (CIC)
TOTAL INSTALLED COST SUMMARY

Date: April 24, 2017
Project No.: ES-GSN-00873
Project: NYC H + H Lincoln Cooling Tower project

(1) Material & Labor		
a) Base Scope	\$	8,551,000.00
b) Alternates		\$0
c) Allowances	\$	100,000.00
(2) Environmental		
a) Abatement Material & Labor		\$0
b) Remediation, Disposal Allowance	\$	-
c) Design, Sampling, Testing, Air Monitoring	\$	-
(3) Professional Services		
a) Testing During Design	\$	-
b) Special Inspections, Permitting, Expediting, Commissioning	\$	125,000.00
(4) Project Contingency (See note below) (10% of [(1) + (2a) + (2b) + (3)])		\$877,600.00
(5) Consultant Services		
a) Additional Constructability review		\$20,000
b) Engineering and Design (10% of [(1)+(2a)+(2b)+(3)+(4)])		
c) Construction Management (7% of [(1)+(2a)+(2b)+(3)+(4)])		\$675,752
(6) AUTHORITY Value Added Services (10% of [(1) + (2a) + (2b) + (3) + (4)])		\$965,360
(7) Subtotal Project Cost		\$11,314,712
(8) Estimated Interest During Construction		\$208,229
(9) Total Installed Cost		\$11,522,941

Note: All unused contingency monies (and any related program costs) will be removed from the total project cost at the time the project is completed. This will be shown in the Final CIC.

Design Cost	\$365,500
TOTAL Project Cost	\$11,888,441

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$21,352,790 for the planning, design, procurement, construction, construction management and project management services necessary to install a new boiler plant (the "Project") at NYC Health + Hospitals/Coler (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals and the City of New York (the "City"), through DCAS entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, the City has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements to increase energy efficiency at City-owned facilities; and

WHEREAS, following damage caused by Hurricane Sandy, the closure of Goldwater Hospital and to comply with environmental regulations, NYC Health + Hospitals discontinued using the 1930's era steam plant that had been providing steam heat to Goldwater and the Facility; and

WHEREAS, after the decommission of the steam plant, the Facility has been relying for several years on a temporary portable boiler to supply its heat and hot water; and

WHEREAS, a permanent, efficient means to supply heat and hot water to the Facility is needed;

WHEREAS, the Project falls within the ENCORE Agreement scope and so NYPA can manage it; and

WHEREAS, NYPA has bids for the Project and has determined that it will cost \$21,352,790; and

WHEREAS, the Project is ACE program eligible and \$17,940,639 has been allocated for it; the Federal Emergency Management Agency has approved reimbursement of \$1,260,028 of Project costs; and the balance of the Project cost in the amount of \$2,152,123 will be obtained through the City from City General Obligations Bonds; and

WHEREAS, NYPA projects that the Project will produce total annual cost savings to the Facility of \$3,342,898; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President Corporate Operations.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$21,352,790 for the planning, design, procurement, construction, construction management and project management services necessary to install a new boiler plant at NYC Health + Hospitals /Coler.

**EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS / COLER
NEW BOILER PLANT**

OVERVIEW: NYC Health + Hospitals seeks to install a new boiler plant at Coler. The Project will be divided into two phases. In the first phase, NYPA will change the temporary boilers from high pressure to low pressure steam and will modify the pipes to accommodate low-pressure steam. The second phase of the project consists of the installation of three new low-pressure dual fuel fire tube boilers. Phase 2 of this project has been estimated, and completely bid under NYPA.

NEED: Historically, a 1930's era steam plant provided heat and hot water for the Coler-Goldwater campuses. When Goldwater closed, the steam plant was much too large to provide service to Coler alone. Furthermore, applicable environmental regulations required the phasing out of the No. 6 oil used by the steam plant; the steam plant was very inefficient and urgently needed extensive repairs. Accordingly, the steam plant has been decommissioned. Additionally, Hurricane Sandy damaged the distribution pipes and mechanisms used to distribute steam. Without the steam plant to rely on, Coler has used a temporary portable boiler to obtain heat and hot water. Coler needs a permanent solution for its need for heat and hot water.

SCOPE: The scope of work for Phase 2 includes the following:

- ❖ Install three new 250 BHP low pressure dual fuel boilers;
- ❖ Install four new hot water condensing boilers to handle domestic water system;
- ❖ Set up three new 10,000 gallons storage tanks for #2 fuel oil.

TERMS: NYPA has competitively bid this project and has submitted a final total project cost to NYC Health + Hospitals of \$21,352,790. NYPA will be fully responsible for the project.

SAVINGS:

<u>Fuel:</u>	
Gas / Oil Savings (quantity):	68,474 MMBtus
Gas / Oil Savings (dollars):	\$2,610,898
CO2 Reductions:	3,642.5 (metric tons/yr.)
<u>Operational:</u>	
Annual Operational Cost Savings:	\$732,000
Total Annual Estimated Savings:	\$3,342,898
Simple Payback:	6.39 years

FINANCING: PlaNYC Capital - \$17,940,639; Federal (FEMA) Funds - \$1,260,028; and General Obligations Bonds- \$2,152,123.

SCHEDULE: Completion by March 2019.

NYPA ENCORE II: Initial Customer Installation Commitment TOTAL INSTALLED COST SUMMARY
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Date: July 6, 2017

Project No.: ES-GSN-0834

Project: NYC Health + Hospitals / Coler - Boiler Plant

(1) Material & Labor	\$ 14,103,346.00
a) Base Scope	\$ -
b) Alternates	\$ -
c) Allowances	\$ -
 (2) Environmental	
a) Abatement Material & Labor	\$ 65,000.00
b) Remediation, Disposal Allowance	\$ -
c) Design, Sampling, Testing, Air Monitoring	\$ 33,625.00
	\$ -
 (3) Professional Services	
a) Testing During Design (Megger, Air Survey, Electrical Survey)	\$ 41,129.00
b) Special Inspections, Permitting, Expediting, Commissioning	\$ 306,141.00
c) Other	\$ 58,871.00
 (4) Project Contingency 10%	\$ 1,457,448.00
	\$ -
 (5) Consultant Services	\$ -
a) Feasibility Study	
b) Engineering and Design	\$ 1,055,325.00
c) Construction Management	\$ 1,673,084.00
d) Reduced Scope Design Fees	\$ -
 (6) AUTHORITY Value Added Services	\$ 2,558,821.00
 (7) Total Installed Cost	 \$ 21,352,790.00

Note: All unused contingency monies (and any related program costs) will be removed from the total project cost at the time the project is completed. This will be shown in the Final CIC.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$8,848,954 for the planning, design, procurement, construction, construction management and project management services necessary to upgrade the boiler plant (the "Project") at NYC Health + Hospitals/Gotham Health, Cumberland (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals and the City of New York (the "City"), through DCAS entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, in September 2014, the City mandated an eighty percent (80%) reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services ("DCAS"); and

WHEREAS, the City has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements to increase energy efficiency at City-owned facilities; and

WHEREAS, the existing boilers are original to the building and have exceeded their useful life; and

WHEREAS, under an agreement with NYC Health + Hospitals, the New York City Department of Homeless Services ("DHS") operates a homeless shelter in the Facility's "A" Building; and

WHEREAS, under the agreement, NYC Health +Hospitals supplies heat and hot water to the "A" Building; and

WHEREAS, the Project falls within the ENCORE Agreement scope and so NYPA can manage it; and

WHEREAS, NYPA has bids for the Project and has determined that it will cost \$8,848,954; and

WHEREAS, the Project is ACE program eligible and \$4,297,104 has been allocated for it and the balance of the Project cost in the amount of \$4,551,850 will be obtained through the City from City General Obligations Bonds; and

WHEREAS, NYPA projects that the Project will produce total annual cost savings to the Facility of \$338,403; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President Corporate Operations.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$8,848,954 for the planning, design, procurement, construction, construction management and project management services necessary to upgrade the boiler plant at NYC Health + Hospitals / Gotham Health, Cumberland.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS / GOTHAM HEALTH, CUMBERLAND
BOILER PLANT UPGRADE

OVERVIEW: NYC Health + Hospitals seeks to upgrade the existing boiler plant at Gotham Health, Cumberland. The Project will replace the existing three (3) high pressure steam boilers and with two (2) high efficiency low emissions steam boilers. This project has been designed, estimated, and completely bid under NYPA.

NEED: The existing boiler plant consists of three (3) boilers that were installed in 1959, and have far exceeded their useful life. The boiler plant serves three (3) buildings (Buildings "A", "B", and "C") on the Facility's site. Under an agreement with NYC Health + Hospitals, the New York City Department of Homeless Services ("DHS") operates a homeless shelter in the Facility's "A" Building. The Facility is required to supply heat and hot water to the "A" Building.

SCOPE: The scope of work includes the following:

- ❖ Replace the existing three (3) high pressure steam boilers and ancillary equipment with two (2) new high efficiency low emissions steam boilers and ancillary equipment;
- ❖ Install new efficient modulating vertical domestic hot water boilers and new controls to increase the efficiency of the plant and reduce emissions of the new plant;
- ❖ Install new controls to the new boilers which will allow the new system to utilize natural gas as a primary fuel source and #2 fuel oil as a backup;
- ❖ Clean the existing 25,000 gallon double wall Underground Storage Tanks (USTs) and repurpose for #2 fuel oil, and
- ❖ Replace failed steam traps at the facility.

TERMS: NYPA has competitively bid this project and has submitted a final total project cost to NYC Health + Hospitals of \$8,848,954. NYPA will be fully responsible for the project.

SAVINGS:

<u>Fuel:</u>	
Gas / Oil Savings (quantity):	18,500 MMBtus
Gas / Oil Savings (dollars):	\$338,403
CO2 Reductions:	837.6 (metric tons/yr.)
Simple Payback:	26.1 years

FINANCING: PlaNYC Capital - \$4,297,104 and General Obligations Bonds- \$4,551,850.

SCHEDULE: Completion by June 2019.

NYPA ENCORE-NYC HHC: INITIAL CUSTOMER INSTALLATION COMMITMENT (CIC)

TOTAL INSTALLED COST SUMMARY

Date: April 24, 2017
Project No.: ES-GSN-0709
Project: NYC H + H Cumberland Diagnostic and Treatment Center

(1) Material & Labor		
a) Base Scope	\$	5,604,021.00
b) Alternates		\$0
c) Allowances	\$	100,000.00
(2) Environmental		
a) Abatement Material & Labor		\$0
b) Remediation, Disposal Allowance	\$	25,000.00
c) Design, Sampling, Testing, Air Monitoring	\$	45,000.00
(3) Professional Services		
a) Testing During Design	\$	90,221.84
b) Special Inspections, Permitting, Expediting, Commissioning	\$	225,822.00
(4) Project Contingency (See note below) (10% of [(1) + (2a) + (2b) + (3)])		\$604,506.48
(5) Consultant Services		
a) Feasibility Study		\$22,200
b) Engineering and Design (10% of [(1)+(2a)+(2b)+(3)+(4)])		\$664,957
c) Construction Management (7% of [(1)+(2a)+(2b)+(3)+(4)])		\$465,470
d) Performance Bond		\$7,913
(6) AUTHORITY Value Added Services (11% of [(1) + (2a) + (2b) + (3) + (4)])		\$731,453
(7) Subtotal Project Cost		\$8,586,564
(8) Estimated Interest During Construction		\$262,389
(9) Total Installed Cost		\$8,848,954

Note: All unused contingency monies (and any related program costs) will be removed from the total project cost at the time the project is completed. This will be shown in the Final CIC.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five-year lease agreement with Shui's Realty Inc. (the "Landlord") for approximately 1,530 square feet of space at 212 Canal Street, Borough of Manhattan, to house a Women, Infants and Children Program (the "WIC Program") managed by NYC Health + Hospitals/Bellevue (the "Facility") at a base rent of \$56.86 per square foot, or \$87,000 per year to be escalated by 3% per year for a total base rent over the five year term of \$461,894.82.

WHEREAS, the Facility has operated a grant-funded WIC program at 221-227 Canal Street since 2010 and the lease for the space it occupies expires in December 2017; and

WHEREAS, pregnant, breastfeeding and postpartum women, infants and children less than five years of age determined to be at nutritional risk are eligible for WIC Program services which includes monitoring children's growth rates, nutrition education, breastfeeding support, and high risk counseling; and

WHEREAS, 212 Canal Street is located in close proximity to the existing WIC Program site thereby ensuring the program's clients in the community will continue to receive its services; and

WHEREAS, the rent and other operating expenses for the WIC program are pass-through costs covered by the New York State Department of Health funding grant; and

WHEREAS, the proposed lease will be administered by the Facility Executive Director.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and is hereby authorized to execute a five year lease agreement with Shui's Realty Inc. for approximately 1,530 square feet of space at 212 Canal Street, Borough of Manhattan, to house a Women, Infants and Children Program managed by NYC Health + Hospitals/ Bellevue at a base rent of \$56.86 per square foot, or \$87,000 per year to be escalated by 3% per year for a total base rent over the five year term of \$461,895.82.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/BELLEVUE BELLEVUE WIC PROGRAM 221-227 CANAL STREET

OVERVIEW: NYC H+H seeks authorization from its Board of Directors to execute a five-year lease agreement with Shui's Realty Inc. (the "Landlord") for approximately 1,530 square feet of space at 212 Canal Street to house a Women, Infants and Children Program (the "WIC Program") managed by NYC Health + Hospitals/Bellevue ("Bellevue").

**NEED/
PROGRAM:** Bellevue has operated a grant-funded WIC program at 221-227 Canal Street since 2010 and the lease for the space it occupies expires in December 2017. Pregnant, breastfeeding and postpartum women, infants and children less than five years of age determined to be at nutritional risk are eligible for WIC Program services which includes monitoring children's growth rates, nutrition education, breastfeeding support, and high risk counseling. The 212 Canal Street site is located in close proximity to the existing WIC Program site thereby ensuring the program's clients in the community will continue to receive its services. The New York State Department of Health will continue to fully fund the WIC Program rent at its new location. The Eastside WIC Program, managed by Bellevue, currently operates sites at Metropolitan Hospital, Bellevue and in the Borough of Queens.

UTILIZATION: In 2016, the caseload was approximately 1,500 and is expected to increase to 1,800 during 2017

TERMS: NYC H+H will have the use and occupancy of approximately 1,530 square feet of space on the 6th floor of 212 Canal Street. The lease term will be five years. The base rent will commence at \$56.86 per square foot, or \$87,000 per year and will be escalated by 3% per year for a total base rent over the five-year term of \$461,895.82.

NYC H+H will be responsible for payment of its electrical use as measured by a separate meter. NYC H+H will be responsible for payment of its proportionate share of real estate tax increases above the 2017/2018 base year.

The Landlord will be responsible for interior and exterior structural maintenance and repairs to the premises, including the roof and main utility feeder lines. NYC H+H will be responsible for interior non-structural maintenance and repairs to the premises not caused by the Landlord's negligence. NYC H+H will be responsible for maintenance of the HVAC units.

At its own expense, the Landlord will construct an IT closet and a install a sheetrock wall through a portion of the space

FINANCING: Rent and other operating expenses for the WIC program are pass-through costs covered by the New York State Department of Health funding grant.

SUMMARY OF ECONOMIC TERMS

NYC HEALTH + HOSPITALS/BELLEVUE BELLEVUE WIC PROGRAM 221-227 CANAL STREET

SITE:	212 Canal Street Borough of Manhattan
LANDLORD:	Shui's Realty Inc.
TERM:	Five years
RENT:	The base rent will be approximately \$56.86 per square foot, or approximately \$87,000 per year.
ESCALATION:	The base rent will be escalated by 3% per year.
UTILITIES:	NYC H+H will be responsible for payment for its electricity usage via separate meter.
REAL ESTATE TAXES:	NYC H+H will be responsible for payment of its proportionate share of real estate tax increases above the 2012/2013 base year.
MAINTENANCE:	The Landlord will be responsible for interior and exterior structural maintenance and repairs to the premises, including the roof and main utility feeder lines. NYC H+H will be responsible for interior non-structural maintenance and repairs to the premises not caused by the Landlord's negligence. NYC H+H will be responsible for maintenance of the HVAC units.
LANDLORD'S WORK:	At its own expense, the Landlord will perform work in the premises including installation of an IT closet and the installation of a sheetrock wall through a portion of the space.
FINANCING:	Rent and other operating expenses for the WIC program are pass-through costs covered by the New York State Department of Health funding grant.

212 Canal Street - Bellevue WIC

<u>Year</u>	<u>Annual Rent</u>	<u>PSF</u>	<u>Estimated R.E. Tax Increases</u>	<u>Utilities</u>	<u>Occupancy Costs</u>	<u>PSF</u>
1	87,000.00	56.86	0.00	4,590.00	91,590.00	59.86
2	89,610.00	58.57	200.00	4,590.00	94,400.00	61.70
3	92,298.30	60.33	204.00	4,590.00	97,092.30	63.46
4	95,067.25	62.14	208.00	4,590.00	99,865.25	65.27
5	<u>97,919.27</u>	64.00	<u>212.00</u>	<u>4,590.00</u>	<u>102,721.27</u>	67.14
Total	461,894.82		824.00	22,950.00	485,668.82	

note: real estate taxes currently included in base rent = \$10,024 or \$6.55/sf

Comparables

Address	Floor	Floor Area (sf)	Asking Rent
45 East Broadway	4th	1,800	\$53.00
35 East Broadway	3rd	1,250	\$55.00
145 Canal St.	2nd	1,100	\$54.50
198 Canal St.	4th	1,000	\$43.20
101 Lafayette St.	6th	1,200	\$64.00
67-73 Spring St.	3rd	1,050	\$60.00
167 Canal St.	4th	1,150	\$50.00

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with Eyes and Optics (the "Licensee") for its continued use and occupancy of 100 square feet of space to operate an optical dispensary at Gouverneur Healthcare Services (the "Facility") at an annual occupancy fee of \$5,216 or \$52.16 per square foot to be escalated by 3% per year for a five year total of \$27,692.

WHEREAS, the Facility operates an Ophthalmology and Eye Clinic, performing an array of vision screenings, diagnostic tests and ophthalmic procedures for its patient population; and

WHEREAS, in July 2012 the Board of Directors of the Corporation authorized NYC Health + Hospitals to enter into a five year revocable license agreement with the Licensee; and

WHEREAS, the Licensee's optical dispensary augments available ophthalmology and eye clinic resources for the Facility's patient population by providing an on-site ophthalmic dispensary; and

WHEREAS, the Licensee has been operating an optical dispensary at the Facility since 2008 and the service has been a beneficial addition to the Facility's programs and the Facility desires to continue to provide space for the Licensee's operation.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a five year revocable license agreement with Eyes and Optics (the "Licensee") for its continued use and occupancy of 100 square feet of space to operate an optical dispensary at Gouverneur Healthcare Services (the "Facility") at an annual occupancy fee of \$5,216 or \$52.16 per square foot to be escalated by 3% per year for a five year total of \$27,692.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
EYES AND OPTICS
GOUVERNEUR HEALTHCARE SERVICES

The New York City Health and Hospitals Corporation ("NYC H+H") seeks authorization from the Board of Directors to execute a five year revocable license agreement with Eyes and Optics for its continued use and occupancy of space to operate an optical dispensary at Gouverneur Healthcare Services ("Gouverneur").

Gouverneur operates an Ophthalmology and Eye Clinic, performing an array of vision screenings, diagnostic tests and ophthalmic procedures for its patient population. The Eyes and Optics optical dispensary augments available ophthalmology and eye clinic resources for Gouverneur's patient population by providing an on-site dispensary where patients are able to fill prescriptions for eye glasses, protective goggles, contact lenses and other related products. Eyes and Optics offers a range of moderate-to-low cost options for children and adults and its product lines are available for customers at all income levels.

Eyes and Optics will have the continued use and occupancy of approximately 100 square feet of space on the third floor of Gouverneur. The Licensee will pay an occupancy fee of \$52.16 per square foot, or approximately \$5,216 per year. The fee will be escalated by 3% per year. Over the five year term the occupancy fee will total \$27,692. The occupancy fee represents the fair market value of the space. The cost of electricity shall be included in the occupancy fee.

Eyes and Optics will indemnify and hold harmless the Corporation and the City of New York from any claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each of the parties as additional insureds.

The term of this agreement shall not exceed five (5) years without further authorization of the Board of Directors of the Corporation. The license agreement shall be revocable by either party on ninety (90) days notice.

Eyes and Optics

	New Term		Prior Term	
	<u>Annual</u>	<u>PSF</u>	<u>Annual</u>	<u>PSF</u>
1	5,216	52.16	4,500	45.00
2	5,372	53.72	4,635	46.35
3	5,534	55.34	4,774	47.74
4	5,700	57.00	4,917	49.17
5	<u>5,871</u>	58.71	<u>5,065</u>	50.65
	27,692		23,891	

Size = 100sf
Escalation 3%

SAVITT PARTNERS

June 12, 2017

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
125 Worth Street, Rm 527
New York, NY 10013

Re: Fair Market Value/appraisal of Eyes & Optics within Gouverneur Healthcare Services Facility located at 227 Madison Street, New York, NY 10002
On behalf of NYC Health & Hospitals Corporation

Dear Dion:

On May 22, 2012, I provided an initial Fair Market Value (FMV) report on the premises. On June 12, 2017, I reviewed and updated the report for the purpose of further evaluating the FMV of the spaces within the current real estate market. Our evaluation and conclusions are set forth below.

Pursuant to your request, the initial FMV report for the referenced location was reevaluated in order to assess the current FMV of the designated retail space. This assessment is inclusive of the value of the tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, repairs and maintenance, etc. As the owner is designated as a not for profit (501C3) real estate taxes may not be applicable, however this expense will also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value of the base rent inclusive of the tenant improvements and operating expenses. This evaluation is subject to the following:

- The Eyes and Optics space is appropriately zoned for the use (retail) within the space.
- The premises are located within the medical facility on the ground floor.
- This evaluation is for the purpose of establishing the FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

There are two variables that must be considered in this evaluation which are in fact weighted greater than other variables. These unique factors are location and use.

The location of the space provides the tenant with an immediate and “captured” client base according to the facility operator. Eye wear prescriptions generated by the non-affiliated ophthalmology and optometry physicians within the medical facility generate 90% of the client base for this tenant. The community medical center also benefits by providing this amenity to the patients; the convenience of access to a retailer that can fill the prescription immediately. The proposed retail operation compliments the physician practices with an optical modality. The

balance of the Eyes and Optics patient base comes from the existing customer referral and not walk-in street traffic.

It would be inappropriate and unjustifiable to evaluate the value of the referenced space as retail. Despite the obvious benefit of the readily available retail client base the space does not have the one most important value to be considered retail, street presence. Therefore the space must be assessed as commercial property with a retail build out and operation. Our assessment of the value of the tenant improvement for an optical, retail operation within the hospital at this specific location would be that it is dramatically less than the cost for a typical store front optical store. The space is open (minimal walls or partitions) with extensive space for display cases, both free standing and mounted on the unit's walls.

Another important factor is the value of the space for medical use. It is our experience that space within built medical facilities is valued at a premium simply due to the fact that it is a finite resource which is in demand. Allocation of medical space for ancillary use is a primary cause for concern for medical facility administrators. This is the case even when the organization can garner a higher rent for the space. This assessment takes into consideration the value of this space for medical facility operations.

It is apparent that proximity within the medical facility complex is attractive to this tenant and benefits the facility's patients as well. The provision of tenant services that are uncommon for retail facilities, i.e., 24-7 access, even if not utilized and the provision of full time services such as HVAC, repairs and maintenance, security, etc. must also be factored in this evaluation. However, when assessing the value the fact that the client base is limited to foot traffic within the medical facility impacts the success of the tenant. The tenant has no opportunity to promote their presence and the average pedestrian walking by the building would not be aware of this retail operation.

The referenced medical space is located on the ground floor away from the main entrance of the medical center. When assessing the FMV for this space we took into consideration the referenced factors and used comparables for medical space, hospital space and retail space within the immediate market where available to establish benchmarks for market rents. The proposal offers the licensee a full service building with amenities typically provided only by hospitals and full service medical office buildings and not retail properties. Typical retail operations are triple net, with the tenant absorbing all of the related operational expenses. However, this opportunity provides the tenant with comprehensive services which will be reflected in our evaluation.

Market conditions for each use were established for comparison. Medical space, specifically physician, private offices garners rents at \$45 - \$65 per RSF in the vicinity of the Eyes and Optics location. Retail rents are \$125-\$175 per RSF. Asking rents in this market remained have increased from the initial report of May 2012, as has commercial real estate generally throughout New York City. Although these areas have medical offices, the lack of product, i.e., rental opportunities has maintained a stable rental market.

CONCLUSION

The ability to access the space and the provision of services without interruption is an amenity that benefits this retail tenant. This retail tenant, however, remains viable only as long as an eye care practice remains present at the premises. The minimal expense for tenant improvements was a variable that was evaluated as well.

Not all of the locations that were inspected for this report were handicapped accessible. To reiterate 24-7 security is a valuable and an attractive amenity provided by the landlord. All of the lavatories throughout the facility are ADA compliant. The corridors are also wheelchair accessible.

For the purpose of this appraisal, we shall assume that all operating expenses, i.e., security, refuse removal, utilities, repairs and maintenance, service contracts, etc. are provided by the landlord

In conclusion this analysis finds that the FMV for this space is essentially a hybrid due to the location of the space, proposed use and lack of opportunity to promote a true retail operation. However, it also provides the retailer with an immediate client base.

It is our professional opinion that the value of the referenced space is \$50 - \$55 per RSF. It would not be appropriate to provide a tenant with a construction concession of rent abatement given the size of the unit.

It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.75% to 3% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report.

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

Very truly yours,



Michael Dubin
Partner

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with the New York City Human Resources Administration ("HRA") permitting HRA's use and occupancy of approximately 470 square feet of space in NYC Health + Hospitals/Metropolitan ("the Facility") through June 30, 2018 with four one-year renewals for the operation of the New York City Identification Card Program ("NYCID Program") with the occupancy fee waived.

WHEREAS, on July 10, 2014, Mayor Bill de Blasio signed Local Law No. 35 of 2014, establishing the NYCID Program; and

WHEREAS, Mayor de Blasio issued Executive Order No. 6 of 2014 designating HRA as the administering agency of the NYCID Program; and

WHEREAS, the NYCID Program provides an identification card to many New York City residents who have difficulty acquiring alternative forms of identification, thereby helping all residents receive benefits from City services; and

WHEREAS, Local Law No. 35 requires the administering agency of the NYCID Program to designate at least one access site in each of the five boroughs and HRA desires to ensure that the Program reaches as many New York City residents as possible; and

WHEREAS, HRA currently operates the NYCID program out of space located in NYC Health + Hospitals/Lincoln; and

WHEREAS, NYC Health + Hospitals desires to continue to participate in and support the IDNYC Program by allowing the NYCID Program to expand its operation to the Facility;

WHEREAS, the Senior Vice President for Hospitals and the Chief Executive Officer of Metropolitan shall be responsible for the administration of the proposed license agreement.

NOW THEREFOR, be it

RESOLVED, that the New York City Health and Hospitals Corporation is authorized to execute a five year revocable license agreement with the New York City Human Resources Administration ("HRA") permitting HRA's use and occupancy of approximately 470 square feet of space in NYC Health + Hospitals/Metropolitan through June 30, 2018 with four one-year renewals for the operation of the New York City Identification Card Program with the occupancy fee waived.

EXECUTIVE SUMMARY

LICENSE OF SPACE AT NYC HEALTH + HOSPITALS/METROPOLITAN TO NEW YORK CITY HUMAN RESOURCES ADMINISTRATION FOR OPERATION OF THE NYCID PROGRAM

- Overview:** In July 2014 Mayor de Blasio launched the NYCID Program to make Identification Cards available to New Yorkers who have difficulty obtaining Identification Cards. An NYCID office was established in every borough and, to meet the scheduled launch of the NYCID, the NYC H+H Board of Directors authorized the execution of a license agreement with the New York City Human Resources Administration ("HRA") to operate an NYCID program at Lincoln Medical and Mental Health Center ("Lincoln"). HRA now wishes to expand its successful NYCID Program by opening an office at NYC Health + Hospitals/Metropolitan ("Metropolitan").
- Need/
Program:** Mayor de Blasio determined that large numbers of New Yorkers could not obtain identification card and were therefor impeded from obtaining City benefits and participating fully in various other activities. The NYCID Program provides identification cards to such New Yorkers and has satisfied a substantial need. The HRA NYCID program has been highly successful and expanding its program to Metropolitan will further the program's objectives.
- Terms:** HRA will not be responsible for any occupancy fee. HRA will have use and occupancy of approximately 470 square feet of space on the first floor of the Main Building. HRA will be responsible for its own housekeeping. HRA will be responsible for the cost of any alterations it requires and for restoring the licensed space to its prior condition upon the end of the license agreement. HRA indemnifies and holds harmless NYC Health + Hospitals for any costs, claims or damages that are incurred, brought or suffered as a result of the operation of the NYCID Program at Lincoln. The term of the license will run through June 30, 2018 and will renew for four one-year periods thereafter upon the consent of the parties.

RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus”) to negotiate and execute a contract with Healthplex, Inc. (“Healthplex”) to provide administration of dental services for a term of three years with two options to renew for one-year each, solely exercisable by MetroPlus, for an amount not to exceed \$8.5 million per year.

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

WHEREAS, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to MetroPlus entering into contract, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000; and

WHEREAS, MetroPlus currently provides dental benefits for approximately 480,000 members in its Medicaid, Essential Plans, Child Health Plus, and other plans, and utilizes a dental benefits management vendor for the administration of the dental program; and

WHEREAS, MetroPlus seeks to provide a fully integrated dental program to its members working with its selected vendor towards the goal of improving health and reducing health care costs; and

WHEREAS, the current contract was at its conclusion and a Negotiated Acquisition for administration of dental services was issued in compliance with MetroPlus’ contracting policies and procedures; and

WHEREAS, Healthplex was the vendor selected to provide these services; and

WHEREAS, the Board of Directors of MetroPlus has duly considered and approved the proposed contract between MetroPlus and Healthplex.

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus is hereby authorized to negotiate and execute a contract with Healthplex to provide administration of dental services for a term of three years with two options to renew for one-year each, solely exercisable by MetroPlus, for an amount not to exceed \$8.5 million per year.

FOR NEW YORK CITY HEALTH AND HOSPITALS
BOARD OF DIRECTORS

Authorization for MetroPlus Health Plan, Inc. to Enter into
An Agreement with
Healthplex, Inc.

The Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus”) seeks to negotiate and execute a contract with Healthplex, Inc. (“Healthplex”) to provide administration of dental services for a term of three years with two options to renew for one-year each, solely exercisable by MetroPlus, for an amount not to exceed \$8.5 Million per year.

Because contracts over the amount of three million dollars per year are reserved in the certificate of incorporation of MetroPlus to New York City Health and Hospitals (“NYC Health + Hospitals”), the negotiated acquisition process was undertaken and NYC Health + Hospitals Board authorization is now sought to enter into an agreement with the selected vendor. The MetroPlus Board of Directors has approved submission of this resolution to NYC Health + Hospitals Board for authorization.

MetroPlus released a Negotiated Acquisition (“NA”) in January 2017. The purpose of the NA was to select a vendor with demonstrated expertise and extensive experience required in providing all aspects of the dental benefit to members enrolled in Medicaid Managed Care, HIV-SNP, Exchange, Essential Plans, and Child Health Plus plans. Healthplex was selected to provide these services directly to MetroPlus.

MetroPlus is committed to making sure its members have access to the highest quality care and service, while maintaining affordability. MetroPlus sought a vendor to provide administration of dental services, including credentialing and maintenance of a dental provider network, dental claims processing, utilization management, provider and member call center support, and network management that would meet MetroPlus’ needs for the next three to five years. MetroPlus does not have the resources or systems to conduct these functions. MetroPlus currently provides dental services through an existing vendor relationship with Healthplex.

Background of Healthplex

Healthplex is a New York based dental management company that has been providing dental benefit management services since 1977. Their clients include health plans, commercial employer groups, municipalities, and unions. Currently they administer programs for over 2.3 million members. Healthplex serves both Medicaid and Medicare members and has done so for 20 years. Healthplex has services the MetroPlus membership with dental benefits since 2012.

The contract will be for a term of three years with two, 1-year options to renew, each solely exercisable by MetroPlus. Implementation discussions will begin in August 2017, with a new contract go live date of September 1, 2017.

CONTRACT FACT SHEET

MetroPlus Health Plan, Inc.

A subsidiary corporation of New York City Health and Hospitals Corporation

For RFP, RFB, PSA, SS, NA

Contract Title: Administration of Dental Services
Project Title & Number: # 100912N014
Project Location: MetroPlus Health Plan
Requesting Dept.: Provider Contracting

Successful Respondent:	Healthplex
Contract Amount:	Not to exceed: \$ 8.5M annually
Contract Term:	Three years with two options to renew for one-year each.

Number of Respondents: 2

Range of Proposals: Varied

Minority Business Enterprise Invited: Yes

Funding Source
 Capital
 General Care
 Grant: Explain
 Other: [General Operating Fund]

Method of Payment
 Lump Sum
 Per Diem
 Time and Rate
 Other: [As invoiced]
(required for contracts that exceed the amount of \$25,000)

EEO Analysis: Yes No

Compliance with HHC's McBride Principles Yes No
(required for contracts in the amount of \$100,000 or more)

Vendex Clearance Yes No – in process
(if applicable)

Privacy Addendum: Yes No - done with contract

CONTRACT FACT SHEET (continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

Various levels of dental coverage are included in the benefit packages that MetroPlus is required to provide to certain members, depending on line of business. MetroPlus is seeking a vendor to provide administration of dental services, including credentialing and maintenance of a dental provider network, dental claims processing, utilization management, provider and member call center support, and network management that will meet MetroPlus' needs for the next three years. MetroPlus currently provides dental services through an existing vendor relationship with Healthplex to 480,000 members. MetroPlus would look for all plan membership to be serviced by a single vendor.

Contract Application Approval (not applicable to PSA or RFB)

Was the proposed contract application approved? Yes, February 2017.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since the approval of the Contract Application? If so, please indicate how the proposed contract differs since that approval:

No

CONTRACT FACT SHEET (continued)

Selection Process *(Applicable to RFP, RFB, PSA or NA): attach list of selection committee members, list of firms responding to applicable procurement, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

Selection Committee Members (Applicable to RFP, RFB, or NA)

(For RFP, RFB or NA only: Need to have an odd number of persons but no less than 5 upper/mid-level managers and that includes 3 persons from different departments)

(For PSA or SS: Project Manager and Department Head)

Seth Diamond, COO

Joseph Dicks, Network Contracting

Aleem Baig, MIS

Maria Rivera, Customer Services

Alisa Cocozza, Finance

Catherine Lopez, Quality Management

Glendon Henry, Utilization Management

Novlet Fidler, Delegation Oversight

Dolores Curtis, Vendor Management

Firms Responding (Applicable to RFP, RFB, PSA or NA)

Healthplex

DentaQuest

Firms Considered (Applicable to RFP, RFB, PSA or NA)

Healthplex

DentaQuest

Justification of Vendor Selection (Provide greater detail for Sole Source, Negotiated Acquisition or PSA)

Healthplex was selected as the vendor showing the greatest demonstrated experience in providing all aspects of the dental benefit program as outlined in the NA and will minimize the administrative and medical/dental costs related to the provision of dental benefits, while maintaining a high level of member satisfaction and access. The financial structure of the Healthplex proposal, network disruption, a strong outreach presence, and quality measures were the key factors in the selection committee's decision.

CONTRACT FACT SHEET (continued)

Why can't the work be performed by Corporation staff?

The Plan lacks the internal resources and systems to provide dental benefits to its 410,000 members.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No artistic/creative/intellectual property will be produced.

Contract monitoring (include which Executive Staff is responsible):

The contract will be monitored by Joseph Dicks, Director, Provider and Network Contracting.

CONTRACT FACT SHEET (continued)

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

(applicable to contracts that exceed \$25,000)

Received By E.E.O. June 13, 2017

Analysis Completed By E.E.O.: June 29, 2017

31469A

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

2017 JUN 30 P 2:46

TO: Kathleen Nolan, Assistant Director
for Corporate Affairs
MetroPlus Health Plan

FROM: Keith Tallbe *KT*

DATE: June 29, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Healthplex, Inc.**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): MetroPlus Health Plan

Contract Number: _____

Project: Administration of Dental Services

Submitted by: MetroPlus Health Plan

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT/srf

RESOLUTION

Appointing Sara Gillen as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

WHEREAS, a resolution approved by the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”) on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of NYC Health + Hospitals; and

WHEREAS, the Certificate of Incorporation designates NYC Health + Hospitals as the sole member of MetroPlus and has reserved NYC Health + Hospitals the sole power with respect to electing members of the Board of Directors of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the President of NYC Health + Hospitals to select two directors of MetroPlus’ Board subject to election by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, the President of NYC Health + Hospitals has selected Ms. Gillen to serve as a member of the Board of Directors of MetroPlus to replace Mr. Steven Bussey as Mr. Bussey has left his position at NYC Health + Hospitals; and

WHEREAS, the Board of Directors of MetroPlus has approved said nomination.

NOW, THEREFORE, be it

RESOLVED, that the NYC Health + Hospitals Board of Directors hereby appoint Sara Gillen to the MetroPlus Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Pursuant to the Certificate of Incorporation of MetroPlus, the New York City Health and Hospitals (“NYC Health + Hospitals”) has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize the President of NYC Health + Hospitals to select two directors of the Plan’s Board subject to election by the Board of Directors of NYC Health + Hospitals.

The President has nominated Sara Gillen to serve as a member of the MetroPlus Board.

Ms. Gillen is currently Senior Assistant Vice President, Ambulatory Care Service Line at NYC Health + Hospitals. She has served as the operations executive for Gotham Health, the system’s Federally Qualified Health Center network with over 400,000 visits in 2016 and is currently responsible for Ambulatory’s expansion projects. Immediately before joining NYC Health + Hospitals, she served as Vice President, Business Operations for Brightpoint Health, where, among other accomplishments, she directed the expansion of services for special populations in Brooklyn, the Bronx and Queens. Prior to that, she worked for eight years at Harlem United, most recently as Vice President, Community Health Services including primary and mental health care, recovery readiness, harm reduction and patient navigation. Ms. Gillen also served for ten years as Director, Prevention Services at the AIDS Service Center and notably established the department of prevention services for women of color.

Ms. Gillen joins Correctional Health Services on August 14, 2017 as Chief Operating Officer/SAVP. Ms. Gillen will directly work with and support Operations, Human Resources, Employment and Labor Relations, and Information Technology.

Ms. Gillen earned her Master of Business Administration from Yale University; her Master of Urban Public Health from Hunter College; and her Bachelor’s in History, Magna Cum Laude, from City College.

Ms. Gillen possesses a broad and deep understanding of different systems of outpatient delivery, service support operations, health care financing, and public health programs.

MetroPlus is very pleased that she has agreed to serve on the Board. Ms. Gillen’s knowledge and commitment to the mission and vision of NYC Health + Hospitals and MetroPlus Health Plan will make her a valued member of the MetroPlus Board.



**MetroPlus Health Plan, Inc.
Board of Directors**

Name	Appointed By	Orig. Date of Appointment	End of Term Date
Bernard Rosen, Chair	NYC Health + Hospitals Board Chair	May 18, 2000	May 26, 2020
Arnold Saperstein, M.D.	Ex-officio	Ex officio/Executive Director, M+	Ex-officio
Sarah Samis	Ex-officio	NYC Health + Hospitals President's Designee	Ex-officio
Lloyd Williams	NYC Health + Hospitals Board Chair	December 17, 2009	December 17, 2019
Tamira Boynes*	MetroPlus President	February 26, 2004	February 26, 2019
Dan H. Still	NYC Health + Hospitals Board Chair	May 18, 2003	July 24, 2018
VACANT^	NYC Health + Hospitals President	October 27, 2016	October 27, 2020
Nella Lewis*	MetroPlus President	March 16, 2008 – taking over Margo Bishop's term	March 16, 2018
VACANT	NYC Health + Hospitals President	September 18, 2014	September 18, 2019

***Member of MetroPlus Health Plan**

^ To be filled by Sara Gillen, pending NYC Health + Hospitals Board of Directors approval