

CALL TO ORDER - 2:00 PM

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Queens

2020 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Segundo Ruiz Belvis Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Kings County
- NYC Health + Hospitals | McKinney Nursing and Rehabilitation Center

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: June 24, 2021

Chair's Report

President's Report

2. Authorizing the Executive Director of **MetroPlus Health Plan, Inc.** ("MetroPlus" or the "Plan"), to negotiate and execute a contract with each of **Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc.** ("MSA") to provide media buying, creative advertising & marketing, digital content & social media, and public relations services. Each agreement shall be for an initial term of three years with two one-year options to renew, each solely exercisable by MetroPlus, for a cumulative annual amount not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000 to the three vendors over the potential five-year term

(Presented to the MetroPlusHealth Executive Committee: 07/08/2021)

VENDEX: Prager Creative LLC – Pending / Bellweather LLC, Milton Samuels Advertising - Approved

EEO: All Approved

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 2-year agreements with each of **Approved Storage and Waste Handling, Inc. ("ASWH") and Action Carting Environmental Services, Inc. ("Action")** for waste management services with options to renew each agreement for 2 years held exclusively by the System subject to expenditure limits not to be exceeded on the ASWH agreement of \$10,058,560 for the initial term, \$6,902,000 for the Action agreement during the initial term, \$10,058,560 on the ASWH agreement during the renewal term and \$7,322,332 for the Action agreement during the renewal term

(Presented to the Finance Committee: 07/21/2021)

VENDEX: Both Approved / EEO: ASWH - Approved / Action - Pending

4. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 11-month agreements with each of the **12 vendors listed in Annex A attached to this Resolution (each a "Vendor" and together, the "Vendors") to perform COVID testing both in schools and in the community** on an as-needed basis for an amount for all Vendors not to exceed \$250,480,410

(Presented to the Finance Committee: 07/21/2021)

VENDEX: 8 Approved – 4 Pending / EEO: 7 Approved – 5 Pending

5. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to **rename NYC Health + Hospitals/Coney Island Hospital (the "Hospital") as "NYC Health + Hospitals/South Brooklyn Health"** and designating the 11-story Critical Services Structure Building now under construction and the existing Tower Building both at the Hospital as the **"Ruth Bader Ginsburg Hospital"** in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg

(Presented to the Capital Committee: 07/26/2021)

VENDEX: NA / EEO: NA

Ms. Wang

Ms. Wang

Ms. Wang

Dr. Katz

Ms. Hernandez- Piñero

Ms. Wang

Ms. Wang

Mr. Peña-Mora

| | |
|--|---|
| <p>6. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a 5-year revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of 4,284 square feet in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center (the "Facility") at an occupancy fee of \$7,951/year to be escalated annually by 2.5% for a five year total of \$41,793(Presented to the Capital Committee: 07/26/2021) VENDEX: NA / EEO: NA</p> | <p>Mr. Peña-Mora</p> |
| <p>7. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a thirteen-month lease extension with Hazel Blue Plaza LLC (the "Landlord") for the use of approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Bellevue Hospital Center ("Bellevue") at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension; provided the System will hold an option to extend for an additional five years with the rent for the thirteen month extension and five-year option term together totaling \$596,425.50 (Presented to the Capital Committee: 07/26/2021) VENDEX: NA / EEO: NA</p> | <p>Mr. Peña-Mora</p> |
| <p>8. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with New York City Department of Citywide Administrative Services ("DCAS") and New York Power Authority ("NYPA") for an amount not-to-exceed \$35,469,158.74, including a 7.5% contingency of \$2,022,938, for the planning, design, procurement, construction, construction management and project management services necessary for the installation of a 4 megawatt ("MW") Cogeneration System ("CHP") (the "Project") at NYC Health + Hospitals/Bellevue ("Bellevue"). (Presented to the Capital Committee: 07/26/2021) VENDEX: NA / EEO: NA</p> | <p>Mr. Peña-Mora</p> |
| <p>9. Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH") (the "Affiliation Agreement") for through June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563 (Presented Directly to the Board) VENDEX: NA / EEO: NA</p> | <p>Dr. Calamia</p> |
| <p>Committee and Subsidiary Reports</p> | |
| <ul style="list-style-type: none"> ➤ Audit Committee ➤ Strategic Planning Committee ➤ Finance Committee ➤ Capital Committee ➤ MetroPlus Executive Committee | <p>Ms. Hernandez- Piñero Mr. Peña-Mora Ms. Wang Mr. Peña-Mora Ms. Hernandez- Piñero</p> |
| <p>>>Old Business<< >>New Business<< >>Adjournment<<</p> | <p>Ms. Wang</p> |

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 24th day of June, 2021, at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz - joined at 2:10
Dr. Vincent Calamia
Dr. Michelle Morse
Dr. Chinazo Cunningham - left at 4:23
Mr. Phillip Wadle - joined at 3:19 - left at 4:33
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra - left at 4:11

José Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Dr. Michelle Morse would be representing Dr. Dave Chokshi and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog - both in a voting capacity during the executive session.

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

The Board reconvened in public session at 3:19

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

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on May 27, 2021 were presented to the Board. Then on motion made and duly

seconded, the Board adopted the minutes

RESOLVED, that the minutes of the meeting of the Board of Directors held on May 27, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved governing body oral and written report from NYC Health + Hospitals/Elmhurst.

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

The Board also received and approved semi-annual written governing body report from NYC Health + Hospitals/Bellevue.

Mr. Pagán welcomed Dr. Chinazo Cunningham to the Board as the Executive Deputy Commission of Mental Hygiene at the New York City Health and Mental Hygiene.

Mr. Pagán noted that Feniosky Peña-Mora visited Elmhurst and participated in a "clap out for healthcare workers event on June 4th, and requested that he provided feedback. Mr. Peña-Mora reported that it was a wonderful event fully supported by electeds from all levels of Federal, State, and Borough Level government. It was great to see support for emergency personnel, providing financial support to the facility and their commitment to Elmhurst and Health and Hospitals.

VENDEX APPROVALS

Mr. Pagán noted that since NYC Health + Hospitals began the process of approving contracts prior to Vendex approval. There are 35 new items on the agenda requiring Vendex approval of which 27 have already been received. There are seven items from previous Board meetings pending Vendex approval. Since the last Board meeting, no Vendex approval were received. The Board will be notified as outstanding Vendex approvals are received.

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

ACTION ITEM 2:

Sally Hernandez-Piñero read the resolution

Appointing **Mark Power to replace Nella Lewis 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 his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus

(Presented to the MetroPlus Board on 07/01/2021)

Ms. Hernandez-Piñero and Mr. Pagán assured the Board that they have met with Mr. Power and he will be a benefit to the MetroPlus Board as a current user of the services.

Upon motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 3:

Freda Wang read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a three-year best interest renewal contract with **Cardinal Health 200, LLC (the "Vendor") for distribution of Medical, Surgical and Laboratory products for the System, providing forward purchasing of products, warehousing, and shipping** with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term not to exceed \$608,800,000.00.

(Presented to the Finance Committee: 06/07/2021)

Joe Wilson, Senior Assistant Vice President of Strategic Sourcing presented the background, market overview, vendor partnership and performance especially during the COVID pandemic, contract renewal justification including cost analysis, due diligence of industry best practices, vendor diversity and commitment to increase MWBE subcontracting from 8.52% in the first year to 17.04% by year five of the agreement. He also explained a continued commitment to invest \$36,000,000 over five years in MWBE supplier development and outreach.

The Board commended the staff on their innovative engagement on the MWBE commitment, due diligence and synergies of partnership. Mr. Wilson clarified for the Board that the MWBE goal was based on the availability of minority vendors.

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

ACTION ITEM 4:

Freda Wang read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to amend its contracts for school and mobile Covid-19 testing with each of **Rapid Reliable Testing, Inc. ("RRT"), Bio Reference Laboratories, Inc. ("BRL"), Fulgent Genetics, Inc. ("Fulgent"), Somos Healthcare Inc. D/B/A Somos Community Care ("Somos"), MedRite LLC ("Medrite") and Premier Assist LLC ("Premier")** (together, the "Vendors") to increase the not-to-exceed limit on the five by \$17M from \$189M to a total amount not to exceed \$206M

(Presented to the Finance Committee: 06/07/2021)

Mr. Chris Keeley, Chief Operating Officer for Test and Trace Corp presented the background/current state of school and community mobile COVID-19 testing, community impact, rationale for the request to increase the not-to-exceed authorized spend for one month to allow for the completion of a solicitation in parallel which will be presented in July to the Board for approval, and current MWBE spend.

Mr. Keeley updated the MWBE participation numbers from what was included in the presentation:

- MedRite is now at 14% instead of 8%, with the most recent month of 31%.
- Fulgent is now working on MWBE spend in the last month
- Premier is now at 17% instead of 1%
- Rapid Reliable Testing is at 12% instead of 10% with the most recent month at 34%
- SOMOS and BRL are both meeting their agreed to MWBE targets

Mr. Keeley clarified how the rates of vaccination impact the demand for testing. He further clarified for the Board that based on performance and whether agreed upon goals are met, the contract manager will adjust assignments to reward those meeting their goals, including MWBE goals. Therefore, Fulgent is now only receiving only two-thirds of their previous assignment.

After discussion, upon motion made and duly seconded, the resolution was authorized with one abstention.

ACTION ITEM 5:

Freda Wang read the resolution

AMENDED RESOLUTION - TO CORRECTLY LIST THE NOT-TO-EXCEED AMOUNT FROM \$27.5M, AS STATED AT THE COMMITTEE MEETING, TO \$26.55M

Authorizing New York City Health and Hospitals Corporation (the "System") to sign contract renewals through December 31, 2021 with the **36 not-for-profit, community-based organizations listed on Attachment 1 to this Resolution (the "CBOs")** to continue their community outreach work promoting COVID-19 prevention, testing and vaccination messaging with an option, exercisable solely by the System for an additional six months for a total amount not to exceed \$26.55M for the entire group and with sub-limits by tier of CBO as indicated in Attachment 1.

(Presented to the Finance Committee: 06/07/2021)

Dr. Theodore Long, Senior Vice President for Ambulatory Care and Executive Director of Test and Trace presented the background and current state of COVID-19 testing and vaccination community outreach, an overview of the procurement process, T-2 Community Base Organization milestone completion, vendor performance by tier, proposal for next steps, a list of 36 community based organization recommended for extension, diversity of the CBOs, and 2021-2022 proposed T-2 deliverables.

The Board commended the extraordinary and exceptional work by the community based organizations.

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

ACTION ITEM 6

Feniosky Peña-Mora read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a three year lease extension with **SDM of Stanley LLC** (the "Landlord") for the use of approximately 8,000 square feet of space at 840 Alabama Avenue, Borough of Brooklyn to operate a Commodity Supplemental Food Program (the "CSFP") managed by NYC Health + Hospitals/Kings County Hospital Center (the "Facility") at a base rent of \$136,000.00 per year, or \$17.00 per square foot to be escalated by 2.5% per year, for a total of \$418,285.00 for the three year extension; provided the System will hold an option to extend for an additional five years with the rent for the three year extension and five year option totaling \$1,188,111.76

(Presented to the Capital Committee: 06/07/2021)

Christine Flaherty, Senior Vice President - Office of Facilities Development and Vincent Mulvihill, Deputy Executive Director - NYC

Health + Hospitals/Kings County presented the lease background, described the program including its distance from Kings County and the proposed lease terms.

The Board commended staff for considering the appearance and upgrading it for the participants. They also clarified the tax reset mentioned in the comparison memo. Taxes are included in the rent. Taxes are payable because the landlord does not qualify for an exemption.

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

ACTION ITEM 7 and 8 - will be presented jointed and voted separately

Feniosky Peña-Mora read the resolutions

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year revocable license agreement with **Tasty Picks II** ("Tasty Picks") for a license for the use and occupancy of approximately 1,956 square feet on the first floor of North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi ("NCB") for the operation of a restaurant at a monthly charge of \$5,500/month with annual increases of 3% for a total revenue to the System of \$350,402.95 over the five-year term

(Presented to the Capital Committee: 06/07/2021)

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year revocable license agreement with **Andy's of Kings County, Corp.** ("Andy's") for a license for the use and occupancy of approximately 3,336 square feet on the first floor of NYC Health + Hospitals/Coney Island Hospital ("CIH") for the operation of a restaurant at a monthly charge of \$8,000/month for the first year of operation with annual increases of 3%, provided there shall be a six month 50% rent abatement at the start of the agreement, for a total revenue to the System of \$485,667 over the five-year term

(Presented to the Capital Committee: 06/07/2021)

Paul Albertson, Vice President - Supply Chain and Business Operations presented a background on food vendors at Health + Hospitals facilities including the importance of convenience for staff and visitors, healthy food options and affordability.

Ms. Flaherty clarified that both vendors are responsible for outfitting and maintaining of the assigned space.

Both Coney Island and North Central Bronx/Jacobi will approve all menu price increases. Both agreements are terminable with thirty days' notice. SNAP is not currently accepted at any of these locations.

Christopher Mastromano, Executive Director - NYC Health + Hospital/Jacobi presented the need for a food vendor at North Central Bronx a Division of NYC Health + Hospitals/Jacobi and described the selection process for the vendor - Tasty Picks II. He also discussed the license agreement's terms.

The Board commended the leadership of Jacobi for being innovative for arranging for a farmers' market for staff, patients and the community and providing options in a food dessert.

After discussion, upon motion made and duly seconded, the Board unanimously approved the resolution to approve the license agreement with Tasty Picks II as a food vendor at North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi.

Svetlana Lipyanskaya, Executive Director, NYC Health + Hospitals/Coney Island presented the rationale for the food vendor at Coney Island Hospital to provide staff and visitors with convenient, healthy and affordable food options, including the license agreement terms with Andy's of Kings County Corp.

Upon motion made and duly seconded, the Board unanimously approved the resolution to approve the license agreement with Andy's of Kings County Corp as a food vendor at NYC Health + Hospitals/Coney Island.

MEMBER RECUSAL: Mr. Pagán recused himself for the next action item and turned the meeting over to Vice Chair Freda Wang

ACTION ITEM 9

Feniosky Peña-Mora read the resolutions

AMENDED FROM COMMITTEE APPROVAL TO CHANGE ENTITY NAME FROM NEW YORK UNIVERSITY MEDICAL CENTER TO NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **New York University Grossman School of Medicine ("NYUSM") for its use and occupancy of 42,880 square feet of office space and 15,691 square feet of laboratory space in the C&D and Administration Buildings at NYC Health + Hospitals/Bellevue Hospital Center** (the

"Facility") for administrative offices and in connection with its residency and research programs at \$52.80/sf for office space and \$58.50/sf for laboratory space to be escalated annually by 2.5% with the price per square foot to be reset to market after two years (Presented to the Capital Committee: 06/07/2021)

William Hicks, Executive Director - NYC Health + Hospital/Bellevue and Ms. Flaherty presented the background of the license agreement and an overview of its terms including an escalation by 2.5% per year with a reset at the market rate after two years.

The Board commended staff for their innovation on the escalation rates and reset at the market rate after two years.

After discussion, upon motion made and duly seconded, the Board unanimously approved the resolution. (Voting were Dr. Katz, Dr. Calamia, Dr. Morse, Ms. Lowe, Mr. Nolan, Ms. Hernandez-Piñero, Mr. Peña-Mora, Ms. Wang)

Mr. Pagán re-entered the room and resumed chairing the meeting.

Amending vote: Mr. Pagán asked if there were any objections to Dr. Morse changing her vote on action item 4. There were no objections.

Dr. Morse then noted for the record that she wished to change her vote to an abstention. The recommendation was accepted.

PRESIDENT'S REPORT

Dr. Katz commenced his remarks by noting that his written report was included in the materials provided to the Members and that he would be available for questions. His one, highlight was that this week Health + Hospital reached a milestone of 1,000,000 vaccinations. The System was strategic in whom it vaccinated - with 76 percent of those vaccinated being people of color, more than any other U.S. vaccination campaign. We provide a valuable service to immigrants, the uninsured, low income and minority communities. These populations trust our public health System that have been providing care for years and generations to these special communities.

The Board commended the staff for all the hard work during the COVID pandemic.

Committee and Subsidiary Reports

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

questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:53 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Capital Committee Virtual Meeting - June 7, 2021

As reported by Feniosky Peña-Mora

Committee Members Present: José Pagán, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, Mitchell Katz - joined at 11:15

Mr. Peña-Mora called the meeting to order at 11:04 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on May 10, 2021 were unanimously approved.

Senior Vice President's Report

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

Ms. Flaherty noted the OFD has a robust set of activities underway to support the system's facilities. The Directors of Engineering continue supporting the restoration of most of the surge units across the System.

System-wide there are hundreds of ongoing capital projects and the team continues to work hard to support the facilities to keep these projects moving through the design, procurement, construction and closeout process.

The new bond funded portfolio, which is less than 5% of the portfolio in value, is in full swing and the new design consultants are fully engaged. As of May 28th, there is one project in construction, 17 projects completed design and in construction procurement, 19 projects in design and 1 project going through the design selection process. Additionally, new capital funding was received from OMB during this April Executive plan, and we are looking forward to the issuance of the final capital budget as the facility CEO's have done a tremendous job advocating for City Council and Borough President funding, which will supplement our much-needed capital investments.

In the coming months we anticipate issuing an RFP for a Project Management Information System to support the facilities and OFD teams. While it will take time to put this in place, in addition to PeopleSoft, this system will become our capital system of record and will create transparency and provide opportunities to identify efficiencies in our capital delivery process, while weening us off of independent spreadsheet style reporting.

Ms. Flaherty said she looked forward to arranging an educational session soon.

Ms. Flaherty stated there are a number of resolutions to present today and this month we will share with this committee our dynamic current state of existing real estate agreements we have system-wide.

Ms. Flaherty was happy to take any questions prior to presenting the four real estate resolutions presented today.

That concluded her remarks.

Both Freda Wang and Sally Hernandez-Piñero commented to Ms. Flaherty on how they look forward to a cataloging of the real estate agreement projects. The question was raised by Ms. Hernandez-Piñero on how long the project would take. Ms. Flaherty answered this is a multi-year endeavor estimating next fiscal year for implementing the Project Management System.

Ms. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a three year lease extension with SDM of Stanley LLC (the "Landlord") for the use of approximately 8,000 square feet of space at 840 Alabama Avenue, Borough of Brooklyn to operate a Commodity Supplemental Food Program (the "CSFP") managed by NYC Health + Hospitals/Kings County Hospital Center (the "Facility") at a base rent of \$136,000.00 per year, or \$17.00 per square foot to be escalated by 2.5% per year, for a total of \$418,285.00 for the three year extension; provided the System will hold an option to extend for an additional five years with the rent for the three year extension and five year option totaling \$1,188,111.76.

Ms. Flaherty was joined by Vincent Mulvihill, Executive Director, NYC Health + Hospitals / Kings County.

Mr. Mulvihill narrated a PowerPoint presentation that reviewed the background of CSFP, a federal grant funded program that provides nutritious food to low income families and seniors accommodating a caseload of 10,000 participants across all five boroughs. Ms. Flaherty also commented that Mr. McLeod, Mr. Mulvihill and their team are working with the landlord on improving the environment of the site for our patients that come to the center such as entry-way, ceiling tiles and lights.

Mr. Mulvihill reviewed the terms of the lease and 5-year renewal option as well as the rent schedule and grant.

Ms. Wang asked what the increase was over the current lease and if the increase was per year. Ms. Jontef confirmed the increase is 2.5% of the current rent per year, the idea being everything being lined up with all the funding sources. Ms. Wang asked if we are exposed to additional escalation at renewal time and if we pay taxes on leases. Currently, the Fair Market Value report contained no information regarding escalation but 2.5% seems reasonable. Ms. Flaherty said the report would be modified and corrected and the adjustment would be made.

Ms. Wang also requested clarity in the future on how taxes are accounted for in our leases.

Ms. Hernandez-Piñero asked if the distribution points are hospital sites in which Mr. Mulvihill confirmed they are mainly senior centers.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Ms. Flaherty read the next two resolutions into the record for Food Service vendors:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year revocable license agreement with Tasty Pick's No. 2 ("Tasty Pick's") for a license for the use and occupancy of approximately 1,956 square feet on the first floor of NYC Health + Hospitals/North Central Bronx Hospital ("NCB") for the operation of a restaurant at a monthly charge of \$5,500/month with annual increases of 3% for a total revenue to the System of \$350,402.95 over the five-year term

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year revocable license agreement with Andy's of Kings County, Corp. ("Andy's") for a license for the use and occupancy of approximately 3,336 square feet on the first floor of NYC Health + Hospitals/Coney Island Hospital ("CIH") for the operation of a restaurant at a monthly charge of \$8,000/month for the first year of operation with annual increases of 3%, provided there shall be a six month 50% rent abatement at the start of the agreement, for a total revenue to the System of \$485,667 over the five-year term

Ms. Flaherty was joined by Paul Albertson, Vice President Supply Chain, Christopher Mastromano, Chief Executive Officer, Jacobi and Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals / Coney Island

Ms. Flaherty narrated a PowerPoint presentation joined by Mr. Albertson detailed a history of food vendors at Health + Hospitals facilities to provide local, healthy and affordable food to staff and visitors on-site Mr. Albertson joined by noting there was an interest in working locally as well as working with the CEOs ensuring food is culturally appropriate and healthy in both supporting the community as well as meeting NYC Healthy food standards - no provision of sugary beverages.

Mr. Mastromano joined narrating a PowerPoint presentation reviewing the background of Tasty Picks II as well as reviewing the space and rent schedule. NYC H+H will approve all price increases. Ms. Flaherty noted the vendor is responsible for making improvements to the space.

Ms. Wang questioned the current use of the space to which Mr. Mastromano responded it is being used for COVID vaccination site and the site is ready of the vendor occupancy.

Ms. Hernandez-Pinero had two questions: first is whether operating expenses such as HVAC and security were considered when accessing the rentals, the response was that the price was assess based on similar space in the neighborhood. Second, since there was not an RFP process how was this vendor selected - the vendor was selected by a staff work-group of what was available locally, reasonably prices and provided health options.

Ms. Flaherty, Mr. Albertson and Mr. Mastromano were congratulated for finding healthy food at affordable prices. Mr. Peña-Mora asked if they were in the process of finding a farmers' market to which Mr. Mastromano confirmed they are looking into one this week and will start this summer.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Ms. Flaherty was joined by Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals / Coney Island.

Ms. Lipyanskaya narrated a PowerPoint presentation. Ms. Lipyanskaya noted Coney Island is 4.5 miles away from food vendors, food is a major issue for staff and Andy's has been a good partner and is well known to the System. Andy's will offer prices not increased since 2016.

Ms. Lipyanskaya reviewed the rent schedule with a six-month rent abatement for build out of the space to make it occupiable. Andy's will be operating in the main building. It also operates the gift shop. She also mentioned they would be operational shortly. The Vendor is responsible for build out.

Ms. Wang received confirmation that prices will have to be approved by Coney Island Leadership and that the rent abatement is for the build out of the space due to prior tenant move out condition and whether H+H have any recourse. Ms. Lipyanskaya explain it is a complicated situation and H+H will follow all recourse available. She also confirmed that build out should be speedy and operational very quickly.

Ms. Hernandez-Piñero asked if a market comparison was done for maximum use of leased space. Ms. Flaherty responded that our focus was on delivering value for patients and staff and not on revenue. Ms. Lipyanskaya confirmed that Andy's is familiar with menu and pricing restrictions and will generate a volume that will offset such restrictions.

Mr. Peña-Mora asked if the rent includes utilities and if so is that included in the market value. He also asked if Andy's accepts SNAP. Ms. Flaherty did confirm utilities are included in the rent fees. However, she will check and add to the resolution if necessary, along with whether SNAP is accepted at these sites.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Member Recusal: José Pagan recused himself and signed off the virtual meeting forum.

Ms. Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with New York University Grossman School of Medicine ("NYUSM") for its use and occupancy of 42,880 square feet of office space and 15,691 square feet of laboratory space in the C&D and Administration Buildings at NYC Health + Hospitals/Bellevue Hospital Center (the "Facility") for administrative offices and in connection with its residency and research programs at \$52.80/sf for office space and \$58.50/sf for laboratory space to be escalated annually by 2.5% with the price per square foot to be reset to market after two years.

Christopher Roberson, Director of Contracts, Design & Construction Bellevue

Mr. Roberson narrated a PowerPoint presentation reviewing the background of NYUSM as well as rent and space schedule.

Ms. Flaherty joined Mr. Roberson noting we structured the deal differently because the real estate rates are lower. We received a fair market rate for only a 2-year agreement instead of locking us into a 5 year so we can reassess the market in two years based on market fluctuations.

Ms. Wang request clarification on the previous rental rates, Ms. Flaherty confirmed

Ms. Wang, Ms. Piñero and Mr. Peña-Mora joined in congratulating Ms. Flaherty in her creative negotiations of the rental fees for this lease with NYUSM.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 12:00 pm.

Equity, Diversity and Inclusion Committee Virtual Meeting - June 7, 2021

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz, Freda Wang - Join at 10:05, Sally Hernandez-Piñero, and Michelle Moore - Join at 10:10

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 10:02 a.m. Upon motion made and duly second the minutes of the April 12, 2021 meeting was unanimously approved.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") provided a brief update on the Council's activities. The Council's Equity Workgroups were established and some meetings have already occurred, or are in the process of convening. The Equity Workgroups represent the four priority areas listed in the Council Charter - Workforce Diversity, Inclusion, Equity of Care, and Evaluation and Metrics - and will be tasked to develop work plans, with timelines and success metrics.

Dr. Davis also mentioned that the System level metrics are still under discussion with key stakeholders to ensure optimal metrics are used to assess quarterly improvements on workforce diversity and equity of care. For the metric related to Equity of Care the metric will be looking at the percent of system chronic disease dashboards that include race, ethnicity and language values. Currently there are five chronic disease dashboards that require the integration of these demographic values. These dashboards are related to diabetes, hypertension, smoking, adolescent depression, and adult depression. The dashboards do not currently have race, ethnicity and language included. The goal is to have all five dashboards include race, ethnicity and language values in order to stratify these chronic diseases by those variables to see whether or not there are actual differences in outcomes. Also, the MWBE metric is under discussion with the Senior Vice President of Business Operations and Facilities with more to come at a later date.

The Committee members commended the hard work of the Council and looks forward to hearing more on the development of the metrics and goals.

EQUAL EMPLOYMENT OPPORTUNITY REPORT OUT

Blanche Greenfield, Deputy Counsel and Chief Employment Counsel reported out on Equal Employment Opportunity (EEO) that included an overview of the Office, its role and functions on behalf of the System. Ms. Greenfield mentioned that the EEO Office is responsible for ensuring compliance with System policy, manages staff complaints of discrimination and requests for reasonable accommodations. Ms.

Greenfield shared 2020 data on the number of reasonable accommodation requests that reflect an increase of approximately 1,000 requests from previous years. This increase may be attributed to requests to change work assignment due to the pandemic.

EEO findings include reasonable cause, no reasonable cause, and as of last year, revised to include a third finding of conduct inconsistent with the spirit of System's policy. The third finding is meant to cover conduct that may not necessarily be a violation of law, but inconsistent with the spirit of our policy of inclusion, diversity and respect.

Ms. Greenfield stated that the top three complaints were on the basis of sexual harassment, race, and retaliation. Claims of sexual harassment increased in 2019 commensurate with the City passing the stop sexual harassment law, which expanded the limitation period for bringing a sexual harassment complaint from one year to three years. As a result, complaints that otherwise would have not been timely filed, were able to be filed that resulted in a spike in complaints. The numbers have remained the same in 2020.

Internal complaints are generally higher than external complaints, and the largest number of external complaints were based on disability discrimination. Historically the medium number of complaints received annually is approximately 1,700, with the exception of last year where the complaints spiked to 2,728. Ms. Greenfield shared that complaints are logged into the System's Gateway database created in 2019. Ms. Greenfield also shared that the City Commission on Human Rights changed their processes to decrease the issuance of no probable cause determinations, and instead administratively close complaints, which may allow complainants the ability to bring other litigation.

Freda Wang, NYC Health + Hospitals' Board member wanted to understand how external and internal complaints were handled and resolved. Ms. Greenfield shared that staff have the option to file a complaint either internally or externally. If a person files internally and is not satisfied with the outcome, or if there are additional concerns not associated with the internal complaint, they can file externally. The EEO Office will then respond to the external complaint.

Ms. Wang then asked about the general expected timeframe for investigating or resolving a reasonable accommodation request or internal complaint. Ms. Greenfield replied that it depends on the circumstance. She shared that it is expected that sexual harassment complaints are investigated and resolved within 90 days. 2020 was unprecedented in the spike in complaints as well as loss of key staff.

Moreover, Ms. Greenfield shared that the Gateway database needs to be updated to reflect actual cases closed and is working to address it.

Ms. Hernandez-Piñero, NYC Health + Hospitals' Board member was very impressed that EEO officers are represented at all of the facilities, which demonstrates our commitment. She requested future information on the cases that are administratively pending closure. She also requested clarification on whether the 2020 requests for reasonable accommodations were mostly due to COVID. Ms. Greenfield responded to the affirmative to both questions.

Dr. Michelle Moore, who is serving as proxy for Dr. David Chokshi, Commissioner for NYC Department of Health and Mental Hygiene, inquired about the process for handling patient accommodation requests and discrimination complaints. In response, Health + Hospitals staff shared complaints or denials related to public accommodations are handled by the Office of Legal Affairs. In addition, they shared that the way the System handles complaints of patient discrimination depends on who makes the complaint, where it originally arises, and the nature of the allegation that determines who should be involved and how the matter is addressed. Complaints are handled at the facility, and each facility has an appropriate process for handling these types of complaints.

Mr. Peña-Mora requested clarification on the process for a patient to follow if someone made them uncomfortable during care? Ms. Greenfield explained that there is a System wide patient bill of rights. She further explained, that these allegations can be filed with facility patient relations, the Inspector General, the compliance office, or an affiliate depending on who brings the allegation and nature of the allegation. Dr. Katz explained that Mr. Greenfield handles all employee allegations; however, when a patient is the complainant it depends on what type of facility the incident occurs, whether it is behavioral health, skilled nursing facility, clinic and acute care.

Mr. Peña-Mora requested clarification if this information is known by facilities. Ms. Greenfield indicated that we had that data and is meeting with various leaders to review trends and appropriately address issues in partnership with Human Resources.

Committee member inquired about how the System handles employees who file complaints internally and externally simultaneously. Ms. Greenfield responded that if there is a simultaneous filing of the same exact fact pattern, the Office of EEO stops the internal process and proceeds forward with the external complaint process. However, if the external filing is on a different matter or basis, both claims are able to proceed. Ms. Greenfield also noted that a filing of a

discrimination complaint is separate from a request for reasonable accommodation, and does not stop the obligation to handle the reasonable accommodation request.

Follow up items: Dr. Katz indicated that he will have the Office of Quality provide a clarification at the next EDI Committee meeting: 1) Provide an explanation on the process for handling patient discrimination and sexual harassment complaints and any available data

Mr. Peña-Mora requested information on the average time to close EEO related complaints and requests. Ms. Greenfield informed the Committee that going forward she will be able to provide this information at the next reporting due to lack of data collection historically.

Mr. Peña-Mora asked if there was old business or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 10:43 a.m.

Finance Committee Virtual Meeting - June 07, 2021

As Reported By: Freda Wang

Committee Members Present: Freda Wang, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora, Phillip Wadle - left at 11:05

HEALTH + HOSPITALS Attendees: John Ulberg, Krista Olson, Matt Siegler, Ted Long, Paul Albertson, Joe Wilson, Danielle Dibari, Ana Marengo, Andrea Cohen, Anna Leise, Baily Jones, Jay Weinman, Keith Tallbe, Sarah Lum

CALL TO ORDER

Ms. Wang called the meeting to of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:08 p.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on May 10, 2021 was adopted.

Ms. Wang called for a vote to move the finance committee into executive session which was duly seconded and approved.

The Finance Committee then went into executive session at 12:09 p.m.

Executive session ended at 12:30 p.m.

ACTION ITEM: Cardinal Health Contract Renewal

Mr. Paul Albertson introduced the Cardinal Health Contract Renewal action item by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a three-year best interest renewal contract with Cardinal Health 200, LLC (the "Vendor") for distribution of Medical, Surgical and Laboratory products for the System,

providing forward purchasing of products, warehousing, and shipping with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term not to exceed \$608,800,000.00.

Mr. Joe Wilson reviewed the background of the contract action item. The standard practice of all health systems is to utilize a distribution partner to warehouse and distribute Medical Surgical products. Cardinal Health is the prime distributor of Medical, Surgical and Laboratory products for the System, providing forward purchasing of products, warehousing, and shipping that permits them to provide customers with one comprehensive supply delivery platform. The services are provided to Acute, Post-Acute, Gotham, and Correctional Health. The original agreement was awarded by RFP in 2008, and a 3-year best interest extension was executed in August 2017 and a subsequent one-year renewal was executed on August 1, 2020. The estimated annual spend is \$110,000,000, where current spending is \$154,146,881. There is a 1.1% Markup on National Brand products and a 0% Markup on Cardinal brand products. All products are selected and sourced directly by the System. There is an estimated \$2,000,000 in rebates on Cardinal brand products, realized annually against an estimated annual \$1,100,000 in fees provides a net negative cost of goods for distribution of products. We have enjoyed \$13,201,830 in savings since August 2017. We continue to believe that the 1.1% national brand and 0% cardinal brand product is an industry low.

Mr. Wilson continued to discuss the market overview. There are three suppliers representing 95% of the distribution market. Cardinal is the only supplier than can provide medical surgical, lab, and pharmacy distribution. They also provide dedicated on-site resources as part of the support model. Other companies such as Owens & Minor and Medline have been for sale since 2019 and 2021 respectively.

Mr. Wilson reviewed key highlights in the Cardinal partnership including distribution, COVID support, and operations. In distribution, they pre-purchase and warehouse products, they deliver 5 days per week with weekend courier service available, and they have dedicated employees at our facilities.

For COVID support, Cardinal was able to source difficult to obtain items such as PPE, critical care, and vent supplies. We had 24/7 access to warehouse and logistics support and the movement of products overnight to ensure availability. Cardinal also worked with manufacturers to review HEALTH + HOSPITALS sourced product to ensure authenticity and made on-site clinical support available to build custom kits from alternate sourced products to ensure OR procedures were not interrupted.

Operationally, Cardinal transitioned from bulk ordering to just-in-time ordering, uses ValueLink program, and has been essential to the daily operations and implementation of the BlueBin inventory system as well as streamlining inventory ordering processes and barcode reading.

Mr. Wilson reviewed the contract renewal justification, repeating the financial, partnership, operational, and other synergies that make Cardinal the best vendor for HEALTH + HOSPITALS.

Mr. Wilson further reviewed the benefits of renewing this contract, citing the costs of switching vendors. A best interest renewal under the system's procurement operating procedure, OP 100-05, is where the system determines it is in its best interest to renew a contract rather than re-procure it. This is permissible under OP 100-05 when the best interest determination is supported by a cost-benefit analysis. The cost-benefit analysis to support the renewal below shows that there would be a significant negative value in terms of dollars and services were we to switch to another vendor. We conservatively estimate the total additional hard dollar costs to switch to a new vendor would be a minimum of ~\$18.13 million. It would take about twelve months to switch to another vendor.

Mr. Wilson reviewed the vendor diversity. Goods account for 99% of costs with this agreement. 74% of products are contracted through third parties. Clinical regulation impacts quantity of diverse suppliers available. Historically, NYC Health + Hospitals has excluded this contract from MWBE participation based on the lack of availability of diverse vendors able to provide clinical goods. Cardinal has worked to increase MWBE participation for NYS/NYC certified firms by adding 18 vendors since July 2020. Total annual MWBE spend is \$957,762 combining HEALTH + HOSPITALS purchases and Cardinal subcontracted spend. In addition, 5% of the annual contract spend is with certified diverse vendors other than NYC or NYS - approximately \$5,500,000. Based on the 8.12% currently achieved, and additional open opportunities, we recommend an MWBE goal of 8.52%. Cardinal has committed to a 17.04% MWBE goal by year five of the agreement. Since the contract extension in August 2020 Cardinal has grown MWBE spend with the system by 78.6%. Cardinal has 2700 diverse supplier partnerships around the world. They are working to engage the National Minority Supplier Development Council and Inner City Capital Connections and investing \$36M over five years in MWBE supplier development and outreach.

Mr. Wilson outlined the finance committee approval request, stating that we would like approval to enter into contract under the Best Interest Renewal provision in OP 100-05 with Cardinal Health 200 LLC for medical surgical distribution services. The contract will be three-years with two one-year options exercisable at the discretion of HEALTH + HOSPITALS. The contract would be effective August 1, 2021 with a not-to-exceed limit of \$608,800,000. The MWBE goal will be 8.52% increasing to 17.04% by year five of the agreement.

Ms. Wang polled the committee members for questions. Mr. José Pagán, Dr. Mitchell Katz, Mr. Feniosky Peña-Mora, and Mr. Phillip Wadle did not have any questions.

Ms. Sally Hernandez-Piñero asked what the spend in the last year has been on Cardinal products?

Mr. Wilson replied that Cardinal brand is 25-27% of spend.

Ms. Hernandez-Piñero asked if the facilities make decisions on whether to use the national brand or Cardinal brand.

Mr. Wilson replied that all products are approved by clinicians, regardless of whether they are national brands or generic/Cardinal brand.

Ms. Hernandez-Piñero asked if in the next two or three years we could reevaluate the market to determine if we are still getting the best pricing and contract.

Ms. Wang agreed with Ms. Hernandez-Piñero's request.

Ms. Wang referenced the fourth "Whereas" clause in the resolution and requested that the language "which remains net negative in total costs" be removed. All members of the committee agreed with this amendment.

Ms. Wang requested that the 8.52% MWBE commitment referenced in the executive summary be changed to the 17.04%.

Ms. Wang brought the action item up for motion. Upon motion made and duly seconded, the Committee unanimously approved the amended resolution.

ACTION ITEM: DOE and Mobile Unit Testing Expansion

Mr. Chris Keeley introduced the DOE and Mobile Testing Expansion action item by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the "System") to amend its contracts for school and mobile Covid-19 testing with each of Rapid Reliable Testing, Inc. ("RRT"), Bio Reference Laboratories, Inc. ("BRL"), Fulgent Genetics, Inc. ("Fulgent"), Somos Healthcare Inc. D/B/A Somos Community Care ("Somos"), MedRite LLC ("Medrite") and Premier Assist LLC ("Premier") (together, the "Vendors") to increase the not-to-exceed limit on the five by \$17M from \$189M to a total amount not to exceed \$206M.

Mr. Keeley reviewed background information on the contracts. To respond to testing needs in NYC T2 solicited proposals and awarded contracts to conduct COVID-19 testing through two modalities: the first is DOE testing which is taking place on a routine basis and the second is community testing which is primarily using mobile units. Vendor performance has been satisfactory. The Board approved this request in December 2020 for \$189M for 6 months and we are nearing the NTE in June and requesting an increase of \$17M to the NTE to take us through the next round of contracts.

Mr. Keeley discussed the community impact of the programs. For DOE testing, the team has done more than 1.2M tests. For mobile testing there has been 40+ mobile units deploy daily, conducting 10,000-20,000 tests weekly.

Mr. Keeley provided an overview of the request to increase the NTE. Existing approvals allow for an NTE of \$189M for DOE and community testing. We will near the approved NTE of \$189M by the end of June 2021 due to robust DOE and community testing, although the agreements are active through December 2021.

A new solicitation for proposals was approved by the System's Contract Review Committee. Solicitations were due May 28; we received 29 applications. The evaluation committee will finalize vendor selection in early June. In July, we will present for approval to the Board the result of that solicitation. To permit uninterrupted testing and not exceed the NTE, we are seeking to increase the NTE for the current contracts by \$17M, increasing it from \$189M to \$206M. Funding will come from NYC under an existing T2-MOU with OMB, which is effective for expenses through June 30, 2022.

Mr. Keeley outlined the MWBE spend of the vendors. Overall contract MWBE spend is \$22.5M of \$104M, or 22%. 4 of 6 vendors have established partnerships with MWBE firms in order to make progress toward their goals. 2 of 6 vendors have exceeded target. All of these vendors have proposed to work with us under the new contract.

Mr. Keeley reviewed the finance committee approval request. We are seeking approval to increase the Not-To-Exceed by \$17M for the current pool of T2 DOE and mobile testing contracts with BioReference (BRL) Labs, Fulgent Genetics, SOMOS Community Care, MedRite, Rapid Reliable Testing, and Premier Assist. This will increase the NTE from \$189M to \$206M. The contract terms will stay unchanged. Funding will come from NYC under an existing T2-MOU with OMB, which is effective for expenses through June 30, 2022.

Ms. Wang polled the committee members for questions on the action item. Mr. Pagán, Dr. Katz, and Ms. Hernandez-Piñero had no questions.

Mr. Peña-Mora asked why Fulgent has a waiver from the MWBE to 15% when the other vendors under this contract are able to have full MWBE goals. Mr. Peña-Mora emphasized the importance of sending consistent messages to our vendors about our priorities with MWBE.

Mr. Keith Tallbe replied that he has been meeting weekly with Fulgent to identify staff and vendors to help them meet the MWBE needs. In addition, the new RFP will require the vendors to meet higher MWBE goals in line with HEALTH + HOSPITALS's mission.

Mr. Keeley also said we have control over the distribution of work and can shift work to vendors that are showing a good faith effort towards MWBE.

Mr. Peña-Mora again emphasize that it is unacceptable for a vendor of this magnitude to be achieving 0% of their MWBE goal when they were already granted a 50% waiver to the standard HEALTH + HOSPITALS goal of 30%. He further asked to see performance metrics for the vendor given they have such high spend.

Mr. Keeley noted this vendor is a high performer.

Ms. Danielle Dibari mentioned her team will work closely with these vendors to strengthen their MWBE commitments.

Ms. Hernandez-Piñero agreed with Mr. Peña-Mora and asked if the other vendors are capable of picking up the work Fulgent is doing and whether Fulgent is indispensable.

Dr. Long added context that much of the spend that occurred during the height of the pandemic in the winter. Moving forward we are asking for an extension so that we have time to review the new proposals received from the RFP and ensure that the vendors have time to outline their MWBE plans.

Dr. Katz mentioned that though the vendor was not able to do what we asked them to do, their performance during the emergency to execute testing in the largest school system in the country was satisfactory enough to continue. One option is to approve the extension for the one month so that we can have continued operations and in the new RFP we will get it right. Another option is to vote no, despite the operational disruption it would have.

Ms. Wang asked if we can redirect work from them going forward.

Mr. Peña-Mora asked if we have to approve the funding extension for all the vendors except Fulgent.

Dr. Katz said yes, but it will have operational implications.

Ms. Hernandez-Piñero suggested we move forward with the vendor for the one month, but that if they apply for the new RFP we will not move forward with them unless they show plans to increase MWBE.

Mr. Pagán reminded the group that since this meeting is public the message should be heard to all the vendors applying for the new RFP.

Ms. Wang said we will vote on the resolution as it is with an understanding that the T2 team is going to try to manage the contract flow for the next month to move it away as much as possible from Fulgent. We will then evaluate whether we want to continue with them for the RFP in the next month.

Ms. Wang brought the action item up for motion. Dr. Katz, Ms. Wang, Mr. Pagán, and Ms. Hernandez-Piñero voted to approve the resolution and Mr. Peña-Mora abstained. With enough votes to carry the motion, the Committee approved the resolution.

ACTION ITEM: Testing and Vaccination Outreach and Education for FY22

- Request to Extend Agreements with 36 CBOs

Dr. Ted Long introduced the Testing and Vaccination Outreach and Education for FY22 - Request to Extend Agreements with 36 CBOs by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the "System") to sign contract renewals through December 31, 2021 with the **36 not-for-profit, community-based organizations listed on Attachment 1 to this Resolution (the "CBOs") to continue their community outreach work promoting COVID-19 prevention, testing and vaccination messaging with an option**, exercisable solely by the System for an additional six months for a total amount not to exceed \$27.5M for the entire group and with sub-limits by tier of CBO as indicated in Attachment 1.

Dr. Long reviewed the background of the contracts with the CBOs. CBO Outreach involves promoting COVID-19 prevention, testing and vaccination messaging through street canvassing, virtual engagements such as town halls, phone and text banking and social media posts. Outreach is conducted in all the 33 Taskforce Racial Inclusion and Equity (TRIE) priority neighborhoods using 17 languages including American Sign Language. As of the end of April, over 1,760,460 community members have been reached through City-wide in-person engagements. Test and Trace Corps (T2) is seeking approval to extend CBO funding through FY-22 for \$27.5M. Funding will come from NYC under the existing T2-MOU with OMB, which is effective for expenses through June 30, 2022.

Dr. Long reviewed the procurement process. In July 2020, Test and Trace Corps issued an RFP seeking non-profit CBOs for community outreach and issued such contracts under the President's emergency declaration. 41 CBOs were awarded contracts from July-November, 2020 to conduct outreach across 167 zip codes for wider neighborhood, cultural, language, and demographic reach. \$8.1M of funding was distributed to the 41 CBOs. Total awards amounts were \$750,000 for Tier 1, \$200,000 for Tier 2, and \$50,000 for Tier 3 based on CBO size and capacity. Based on satisfactory performance and the persistence of the epidemic, renewals of agreements and continued funding were arranged for 39 CBOs from November 2020-June 2021 as they met and exceeded milestones set for them. \$15.8M of additional funding was distributed to the 39 CBOs. Total awards amounts were \$1.3M for Tier 1, \$350,000 for Tier 2, and \$87,500 for Tier 3 based on CBO size and capacity. As of April 30, 2021, NYC Health + Hospitals has paid out \$13.9M to the contracted CBOs.

Dr. Long reviewed the T2 CBO milestones by reviewing the expected performance and the actual performance in leafleting shifts, virtual town halls and meetings, contracts from phone and text bank or call

line, regular email updates, and social media posts. Overall the CBOs far exceeded the goals ranging from 199% to 1442%.

Dr. Long reviewed next steps for the proposal. Test and Trace Corps is seeking to renew the contracts of 36 CBOs that have consistently met all milestones. Over the next 12 months there is a continued need for: encouraging vaccination, encouraging testing and appropriate mask wearing when needed, and responding to geographic hotspots and hyperlocal deployments. Geographic focus areas for contract extension will be the 33 TRIE Neighborhoods. The timeline is from July 1, 2021 - December 31, 2021, with optional extension to June 30, 2022. The total requested amount for extension of 36 CBOs up to \$27.5M.

Dr. Long reviewed the diversity of the CBOs. As a requirement of the RFP all of the CBOs were required to be non-profit entities, as well as any of their subcontractors. Non-profit entities cannot be certified as MWBEs under NYS or NYC law. Therefore, this pool of non-profit CBOs agreements is exempt from MWBE goals.

As to their workforce diversity, the CBOs have, with their grant funding, hired diverse staff directly from the communities - allowing a greater trust and understanding with the communities and neighborhoods they are serving. Staff represent a wide variety of New York Communities, including: 87% of the CBOs hired staff from Latino communities, 72% of the CBOs hired staff from Black communities, 55% hired staff who are immigrants, 58% hired staff who identify as part of the LGBTQI community. The hired staff speak over 15 languages - and 87% speak Spanish and other languages include French, Haitian, Creole, Punjabi, Urdu, and Yiddish. The Community Based Organizations by and large hire members of communities they are working in. While our contracts do not require specific hiring parameters, the CBOs each have long standing roots in the communities they are working in and represent the breadth of diversity of New York City neighborhoods.

Dr. Long reviewed the proposed T2 CBO deliverables. Tier 1 we are asking for 24 leafleting shifts per month, 6 virtual town halls and meetings, 3,000 contacts from phone/text bank or call line, 4 regular email updates, and 30 social media posts. Tier 2 requires 12 leafleting shifts, 2 virtual town halls, 1,000 contacts from phone/text bank or call line, 12 regular email updates, and 30 social media posts. Tier 3 requires 4 leafleting shifts, 1 virtual town hall and meeting, 400 contacts from phone/text bank or call line, 4 regular email updates, and 20 social media posts. Each category is doubling or tripling from the previous requirements.

Dr. Long reviewed the Finance Committee approval request which seeks approval to extend 36 CBO agreements through FY22 for a contract Term from July 2021 through December 2021 with optional extension through June 2022. The implementation would begin July 1, 2021 with a NTE of \$27.5M. Funding will come from NYC under the existing T2-MOU with OMB, which is effective for expenses through June 30, 2022. Funding is for FY22 but will re-evaluate continued need in 6 months.

Ms. Wang polled the committee members for questions. Mr. José Pagán and Dr. Mitchell Katz did not have any questions.

Ms. Hernandez-Piñero asked why the CBOs exceeded the milestones at the rate they did.

Dr. Long replied that the CBOs had robust contact lists established prior to the contracts that they were able to use for outreach.

Mr. Peña-Mora referenced a City Hall initiative from several years ago that looked at the diversity of the Board of Directors at CBOs. He asked if Dr. Long has looked at the CBOs' leadership diversity and Board of Directors diversity.

Dr. Long replied that he will look into this.

Ms. Wang asked if we have a contingency built into the request given the math totals a little bit less than \$27.5M.

Follow-up - Ms. Krista Olson replied that she will have to get back to the Board on what the additional amount would be for.

Ms. Wang brought the action item up for motion. Upon motion made and duly seconded, the Committee unanimously approved the resolution.

ADJOURNMENT

There being no further business the meeting was adjourn at 1:44 p.m.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

Board of Directors Meeting - Tuesday, June 1st, 2021

As Reported By: Ms. Sally Hernandez-Piñero

Draft minutes subject to adoption at the next MetroPlus Board of Directors meeting on Tuesday, August 3rd, 2021.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 12:03 P.M.

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held **March 30th, 2021** were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEMS

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

Approving a resolution to be presented to the New York City Health + Hospitals ("NYC Health + Hospitals") Board of Directors to approve the replacement of Nella Lewis with the appointment of Mark Power 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 his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

Ms. Hernandez-Piñero mentioned that Mr. Mark Power has already met with Dr. José Pagán, Chair of the NYC Health + Hospitals Board of Directors.

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

The **second** resolution was introduced by Dr. Talya Schwartz, President & Chief Executive Officer of MetroPlus.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to seek approval from the New York Department of Financial Services ("DFS") and the New York Department of Health ("DOH") to cease participation in the Small Business Health Insurance Options Program ("SHOP") through the New York's health benefit exchange, the New York State of Health ("NYSOH"), and withdraw from New York's small group commercial market, and discontinue its small group comprehensive products at the earliest possible date.

Dr. Schwartz explained that the Plan has been in this line of business (LOB) for a few years, and it has not experienced the intended growth for the Plan. Dr. Schwartz reviewed the Plan's current membership and how it compares to the Plan's competition in the SHOP line of business.

Dr. Schwartz provided the details of the recommendation for withdrawal from the SHOP line of business, the plan for ensuring members are safely transitioned, needed changes if the Plan decided to keep the SHOP LOB, and other considerations.

Board Members stated that the Plan considered bringing this resolution to withdraw from the SHOP LOB last year, but due to concerns with the membership and the pandemic, this year provided a better opportunity for withdrawal.

Board Members discussed the proposal, including requirements to maintain the SHOP program, and the options available to members if the benefit plan was discontinued.

Ms. Raven Ryan-Solon, Chief Compliance & Regulatory Officer, explained the requirements for discontinuing the SHOP LOB and MetroPlus' obligation to offer alternative plans, including in different lines of business. Dr. Schwartz, Ms. Ryan-Solon and Board members discussed the regulatory requirements around discontinuing the SHOP LOB, including options for employers to continue fund their employees' plans.

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

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

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz provided a few company updates including the Qualified Health Plan (QHP) bid submission to the Department of Financial Services (DFS) for approval, the Plan's remote versus office working environment, and that a new business venture will be further presented in the Information Item section of the agenda.

Ms. Ryan-Solon provided critical regulatory updates including no recertification for Medicaid, Child Health Plus (CHP) and Essential Plan (EP) through at least December 2021 and effective April 1st, 2021, Plans must pay the full Medicaid fee-for-service (FFS) rate of \$40 for COVID-19 vaccination administration.

Ms. Ryan-Solon reported regulatory updates on the Plan's benefit structure including Medicaid's pharmacy carve-out postponement to April 2023, Medicaid's coverage of substance use disorder (SUD) peers providing services via telehealth, Essential Plan 1 & 2 will include dental and vision at no cost to members, and coverage for Medicaid post-partum women will be provided through QHP for 12 months with no premium.

Ms. Ryan-Solon reported regulatory updates relating to Plan funding including that Medicaid and Managed Long-Term Care (MLTC) quality incentive pools will be maintained at 2020 levels, the new quality-based premium withhold for the Health and Recovery Plan (HARP), the new quality incentive pool for EP, increased payment to EP providers through the Plan, and Medicaid rates will be issued at the end of July 2021.

Dr. Schwartz added that the COVID-19 rate adjustment that was in affect for the previous State fiscal year, will continue until the State issues the new rates.

Board Members commented on the Essential Plan updates.

Board Members asked about the income levels for EP.

FOLLOW-UP - Ms. Ryan-Solon responded that information would be sent to the Board Members providing the income range by each tier of the federal poverty levels (FPL).

Ms. Leverich-Castaldo provided the State regulatory reporting for the first quarter of 2021 and the updated forecast summary for 2021 by LOB.

Board Members asked if the 2021 forecast summary included the Upper Payment Limit (UPL) conversion.

Ms. Leverich-Castaldo responded that the UPL conversion is included on the balance sheet and is not included on the income statement.

Dr. Sanjiv Shah, Chief Medical Officer, provided the Behavioral Health transition update including network development, provider credentialing progress, claims configuration and testing, Utilization Management, Case Management, staff training, staff recruitment and hiring, and preparation for State on-site readiness review.

Board Members asked if the Plan remains on track with the budget for the remaining behavioral health vendor cost.

Dr. Schwartz confirmed that the Plan remains on target with the budget and go-live date for in-house behavioral health implementation on October 1st, 2021.

Dr. Schwartz presented the Plan's Gold strategic plan, including operational effectiveness goals, product design improvement opportunities, brand and marketing strategic efforts.

Board Members discussed use of brokers for various LOB, asked about the use of concierge services, whether pharmacy was a core benefit of various plans and asked about the City's auto enrollment system for newly hired employees.

Dr. Schwartz presented the Qualified Health Plan (QHP) strategy for market expansion due to the American Rescue plan (ARP), including competitive positioning, network gap analysis, risk adjustment, and referral incentive.

Board Members and Dr. Schwartz engaged in a conversation about the importance of the Plan's diverse product portfolio.

FOLLOW-UP - Board Members requested additional information at the next Board meeting about the increased subsidy for QHP.

Dr. Schwartz presented the Essential Plan (EP) strategy, including new budget actions that present opportunities for growth, member retention, and quality incentive program.

There being no further questions or comments, Dr. Schwartz moved on to the next item on the agenda.

INFORMATIONAL ITEM

Dr. Schwartz provided an introduction on considerations for launching a self-insured line of business.

Ms. Robin Fisk, Deputy Executive Director of Legal, presented the self-insured product concept, insured versus self-insured health plan, pros and cons of launching a self-insured benefit plan, requirements to launch a self-insured LOB, and further exploration that needs to take place before an official resolution is presented to the Board for approval.

Board Members and Dr. Schwartz engaged in conversation about risks, concerns, and comments with launching a self-insured line of business.

Ms. Hernandez-Pinero advised the Board that an Executive Committee will be scheduled to review and approve a resolution for Media Buying & Advertising Services so that it can be presented for approval at the July NYC Health + Hospitals Board meeting.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 1:41 PM.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
June 24, 2021

CORONAVIRUS UPDATE

We continue to see steady declines in COVID-19 hospitalizations and ICU admissions - and have the lowest rates we have seen since last August/September - with hospitalizations in the 30s and less than 10 ICU cases system-wide. We have come a long way and are feeling very hopeful for New York City's recovery. Of course, the pandemic is not over and we remain focused on testing and vaccination.

With cases declining, our NYC Test & Trace Corps team has continued to provide a strong layer of protection for NYC. We are currently reaching 95% of all new cases. We have also served more than 21,000 total guests in our Take Care hotel program. To date, NYC Health + Hospitals has completed more than 3.5 million COVID-19 diagnostic tests at all of our sites, including our hospitals, Gotham Health centers and Test & Trace locations.

This week we marked a major milestone in our vaccination efforts - we administered our one-millionth vaccine. Twelve-year-old Ciara McAvoy and 71-year-old Francisca Lind helped mark the occasion by receiving their first and second doses, respectively, at NYC Health + Hospitals/Coney Island. This historic moment was captured live yesterday by Mayor de Blasio during his daily press conference, where the Mayor expressed his deep appreciation to everyone at NYC Health + Hospitals who have served such an important role in fighting this pandemic. McAvoy is the daughter of Jeffrey McAvoy, an Executive Assistant who joined the hospital this past year in the beginning of the COVID-19 pandemic. Lind is a patient of NYC Health + Hospitals/Coney Island and resident of South Brooklyn.

All of our hospitals and clinics have been working tirelessly to get anyone who wants to be vaccinated, vaccinated. The numbers today show that work. Because our public health system has built the trust of immigrant communities, Black and Brown communities, and low-income communities, we have been able to proudly narrow vaccine disparities in NYC.

SUPREME COURT UPHOLDS AFFORDABLE CARE ACT

I am very pleased about this ruling. The Affordable Care Act has guaranteed health care to thousands of New Yorkers. It has allowed them to identify a health care plan that suits their needs and budget. As a primary care physician, I know that having health care gives people peace of mind, and today New Yorkers can once again rest easy that their insurance through the ACA will not be taken away. In New York City we know that health care is a human right, which is why NYC Health + Hospitals' mission is to serve everyone regardless of their ability to pay or immigration status. This should be the last time the

ACA is ever challenged in the Supreme Court as it is now part of the health care fabric of this nation.

**NYC HEALTH + HOSPITALS/JACOBI AND NYC HEALTH + HOSPITALS/NORTH CENTRAL
BRONX MERGE SUCCESSFULLY**

NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx (NCB) formally merged as of Feb 27, 2021 to become one CMS hospital entity with two distinct campuses that continue to provide quality, responsive care to their local communities. We were successful in protecting the acute care hospital designation for NCB while continuing its role as a provider of psychiatric services to the community. We have also achieved operational efficiencies to support staff and improve patient experience, and we have increased the medicine/surgical census. Initially due to COVID-19, and now due to increased volume and census at Jacobi, NCB has become an extension of Jacobi, with more than 700 patients who transferred from Jacobi to NCB since December. All the transfers were **voluntary**. All patients requiring admission to Jacobi were **offered a choice** between NCB and Jacobi, and **half chose NCB**. All were transferred **without complications nor complaints**. This has been a seamless merger, and has made a positive impact on several levels: it helped keep Emergency Department length of stay at acceptable levels, improved case mix index at both campuses, and has allowed us to focus on the higher acuity patients and surgeries.

EXTERNAL AFFAIRS UPDATE

The NYS Legislature concluded its legislative session earlier this month. This was a challenging year, as the Capitol remained closed due to COVID-19 protocols and session mostly operated remotely. A total of 892 bills passed both houses, an increase of 116% over last session. These bills will be considered by the Governor through the end of the year. We continue to review the impact of these bills on the System.

As expected, there were many bills related to the pandemic response, including a package of bills related to Nursing Homes protocols. As previously noted, the Legislature passed two bills that set staffing-related requirements in hospitals and nursing homes, respectively. The hospital clinical staffing committee bill was a product of negotiations between health care labor unions and hospital associations. The nursing home bill mandates specific hours of care per resident and was not a product of negotiations. Both bills were signed into Law on June 18.

Although important telehealth reforms were enacted in the budget, unfortunately the bill related to telehealth payment parity provisions did not pass. Likewise, two equity related bills we advocated for did not advance, namely the NY Health Act and Indigent Care Pool reform. We will continue to work with the sponsors to see these bills enacted. Despite the record number of bills, we do expect the Legislature to return this summer to address a variety of issues that were left unfinished.

FINANCE UPDATE

NYC Health + Hospitals had a closing Cash Balance of \$550M (25 days cash-on-hand) through May. The health System achieved a net budget variance of \$160M, exceeding the budget by 1% through April FY-21. The variance excludes T-2 revenue and includes about \$401.7M in COVID costs that we have not yet received Federal relief for. Our direct Patient Care Receipts came in \$446M higher than YTD April FY-20 continuing the pace of positive performance that we experienced during FY-20, where direct patient care revenue came in \$500M over the prior year. Our patient care volume is returning to pre-COVID levels in Q3 of FY-21 but is still below Q3 FY-20. Revenue base is strong and resilient primarily driven by Medicare rate increases and the stability of VBP/sub-cap contracts. Overall, our Strategic Financial Initiatives remain on track with our post-COVID strategies, generating \$523M with a line of sight of \$650M. Strong areas of performance include:

- Value Based Payment Initiatives
- Managed Care Contract Negotiations
- Revenue Cycle Improvement
- We have made staffing investments consistent with our overall system needs with additional RN and targeted nursing support positions (specifically Patient Care Associates and Behavioral Health Associates) to help support COVID surge needs and stabilize ongoing services.

HEALTH SYSTEM NEWS

- [Dr. Eric Wei Named Among 50 Most Influential Clinical Leaders](#)
- [Dr. Katz Named Among 2021 Pride Power 100](#)
- [NYC Health + Hospitals Opens Gender Affirming Services Practice for LGBTQ Patients in the Bronx](#)
- [Chercares Donates COVID-19 Testing and Vaccination Bus to NYC Health + Hospitals Test & Trace Corps](#)
- [NYC Health + Hospitals Test & Trace Corps and New York Public Library Announce Partnership To Bring Mobile COVID-19 Vaccination Clinics to Communities in Need](#)
- [NYC Health + Hospitals Receives Grant to Evaluate High-Risk Medication in Older Adults](#)
- [NYC Health + Hospitals Test & Trace Corps Announces Mobile Language Teams for Vaccination](#)
- [Music for the Soul Returns, Providing Live Music for Healthcare Workers](#)

RESOLUTION - 02

Authorizing the Executive Director of **MetroPlus Health Plan, Inc.** (“MetroPlus” or the “Plan”), to negotiate and execute a **contract with each of Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc. (“MSA”) to provide media buying, creative advertising & marketing, digital content & social media, and public relations services.** Each agreement shall be for an initial term of three years with two one-year options to renew, each solely exercisable by MetroPlus, for a cumulative annual amount not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000 to the three vendors over the potential five-year term.

WHEREAS, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

WHEREAS, MetroPlus places a special emphasis on insuring those who have traditionally been uninsured and requires marketing and advertising services in order to effectively support that goal; and

WHEREAS, an RFP for media buying, creative advertising & marketing, digital content & social media, and public relations services was pursued in compliance with MetroPlus’ contracting policies and procedures; and

WHEREAS, under the proposed agreements MetroPlus will partner with vendors to provide services in their areas of relative strength and where MetroPlus can realize the greatest value through the strategic management of these vendors; and

WHEREAS, the certificate of incorporation of MetroPlus reserves to the NYC Health + Hospitals Board of Directors the sole power to approve all contacts over three million dollars per year; and

WHEREAS, on June 30, 2021, the MetroPlus Customer Experience & Marketing Committee considered and approved the submission of the resolution to the MetroPlus Board of Directors for the proposed contract between MetroPlus and Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc.; and

WHEREAS, on July 8, 2021, the MetroPlus Executive Committee considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the proposed contract between MetroPlus and Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc.

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”) is authorized to negotiate and execute a contract with Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc. to provide media buying, creative advertising & marketing, digital content & social media, and public relations services for a term of three years with two one-year options to renew, each solely exercisable by MetroPlus, for a cumulative amount not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000 to the three vendors over the potential five-year term.

EXECUTIVE SUMMARY

OVERVIEW: MetroPlus operates in a crowded NYC health insurance market which spends heavily to promote brand awareness and to create competitive differentiation through advertising and marketing. MetroPlus seeks to enhance its competitiveness by attracting new members, retaining existing members, increasing brand awareness and relevance, and to enhance its visibility and reputation in NYC.

BACKGROUND: In 2015, Milton Samuels Advertising Agency, Inc. (“MSA”) was selected through an RFP process, to provide advertising and marketing services to MetroPlusHealth and on January 28, 2016 the Board of Directors of NYC Health + Hospital authorized MetroPlusHealth to enter into a five year advertising contract with MSA at an annual cost not to exceed \$3,500,000 for a total contract cost not to exceed \$17,500,000.

The MetroPlusHealth Executive Committee approved a proposed increase to the first renewal year of the contract with MSA at its August 7, 2019 meeting of an additional \$1,000,000, bringing total cost of the contract to \$18,500,000 through term of the contract on February 12, 2021.

The Board of Directors of the New York City Health and Hospitals approved a request to extend the MSA contract by 6 months from February 12, 2021, to August 12, 2021, and increase the annual limit on its spending on the MSA contract for the extended fifth year of the contract term by \$1,750,000 at its January 28, 2021 meeting.

PROCUREMENT: MetroPlus issued a Request for Proposals on April 26, 2021. A mandatory pre-proposers conference was held on May 4, 2021, which 34 prospective vendors attended. The RFP was structured such that proposers could apply for any or all of the four ‘tracks’: Advertising and Marketing, Digital and Social, Media Buying, Public Relations. 21 proposals were received, evaluated, and scored. The highest rated proposers were invited to present before the Evaluation Committee.


Vendor presentations were held between June 22, 2021 and June 24, 2021, followed by a final evaluation and a committee vote. Through this process the Evaluation Committee evaluated the proposals and presentations based on relevance and quality of experience, management and organizational capability, ability to adhere to the scope of work, performance guarantees / service level agreements, cost, and MWBE utilization plan or MWBE status. Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc. were selected on these criteria.

TERM: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by MetroPlus.

MWBE: All vendors are certified MWBE or have valid 30% MWBE utilization plans.



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

From: Robin Fisk
Deputy Executive Director, Legal 

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Bellweather LLC

Date: Thursday, July 15th, 2021

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

| <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|------------------------------|------------|--------------------|
| Approved | Approved | NYS /NYC Certified |

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



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

From: Robin Fisk
Deputy Executive Director, Legal



Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: MSA Advertising & Public Relations

Date: Thursday, July 15th, 2021

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

NYC Certification Pending

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



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

From: Robin Fisk
Deputy Executive Director, Legal



Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Prager Creative LLC

Date: Thursday, July 15th, 2021

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% Utilization Plan

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

Application to Enter Into Contract

Media Buying & Advertising Services
Prager Creative LLC, Bellweather LLC,
& Milton Samuels Advertising Agency, Inc.

NYC Health + Hospitals
Board of Directors Meeting
Thursday, July 29th, 2021

Lesleigh Irish-Underwood, Chief Brand & External Relations Officer

Background

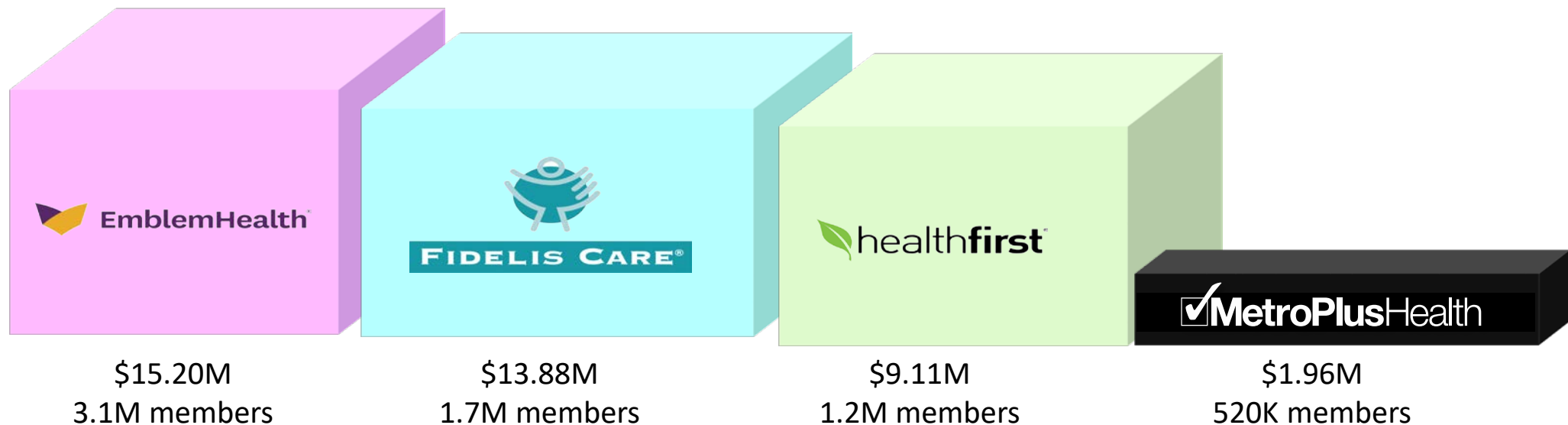
- The Plan is seeking vendors to provide media buying, creative advertising & marketing, digital content & social media, and public relations services
- The Plan aims to realize:
 - Continued Plan growth
 - Retention of existing members
 - Increased brand awareness & relevance
 - Enhanced visibility/reputation across New York City and State
- MetroPlus Executive Committee considered and approved on July 8, 2021

Background - Current Vendor

- Current contract with Milton Samuels Advertising Agency (MSA) was procured by RFP in 2016 and was extended in February 2021.
 - Six-month contract extension. Now expires August 12, 2021
 - Contract extension increased not-to-exceed amount by \$1.75 million
 - The Plan spends \$3.5 million per contract year with MSA
- H+H Board of Directors considered and approved contract extension and increased spend on January 28, 2021.
- MSA delivered considerable results for the Plan through the life of contract, including assisting with:
 - Launch of ACA products (resulting in largest # of new members in NYC at launch)
 - Launch of EP plan (resulting in largest # of new members in NYC at launch)
 - Launch of MetroPlus Gold to all City employees (double digit growth year over year)
- In 2021, MSA earned the Plan online readership totaling 408 million impressions to date.

MetroPlus Outspent by Competitors

- According to Kantar Media and Nielsen Media Analytics 2019 reported figures, MetroPlusHealth is at a significant competitive advantage, being outspent substantially by Emblem, Fidelis and Healthfirst, especially as it relates to TV time.
- Based on MetroPlus-reported figures, we believe the competitive spending is also underreported.



RFP Development and Goals

- The scope was developed based on the current agreement and includes the below areas:
 - Advertising campaigns
 - Media buying
 - Social and digital marketing campaigns
 - Television and radio marketing campaigns
 - Art direction and production
 - Public relations
 - Event planning
- MetroPlus is seeking to award multiple vendors to encompass the below categories
 - Media buying
 - Creative advertising and marketing
 - Digital and social
 - Public relations

Contract Success Measurements

- Membership growth
- Lead generation
- Conversion rates
- Impressions
- Reporting timeliness
- Brand awareness and reputation building

Overview of Procurement

- 04/26/21: RFP was sent directly to 53 vendors and posted to the City Record
- 05/04/21: Mandatory pre-proposer conference call
- 05/25/21: 21 proposals received
- 06/02/21: Evaluation Committee proposals review
- 06/22 – 06/24/21: Vendor presentations

RFP Criteria

- Minimum Criteria

- MWBE Utilization Plan, Waiver, or MWBE Certification
- 3+ years experience in media buying and/or creative advertising & marketing and/or digital content & social media and/or public relations services; preferably in the NYC Metro; in English and additional languages

- Evaluation Criteria

| Category | Weight % |
|--|----------|
| Relevance and quality of experience | 20% |
| Management and organizational capability | 20% |
| Ability to adhere to the scope of work | 20% |
| Performance Guarantees / SLA | 10% |
| Cost | 20% |
| MWBE Utilization Plan or MWBE Status | 10% |

- Evaluation Committee

- Chief Brand and External Relations Officer
- Chief Growth Officer
- Chief of Staff and Strategic Partnerships
- Director of Communications
- Senior Director of Customer Experience
- Senior Director of Sales
- Head of Product
- Lead Financial Analyst

Vendor Management

- It is common today to select a “consortium” of vendors, which will allow the client to leverage specific subject matter expertise across categories.
- Our plan is to engage the vendors in the specific areas of strength that each exhibited in their RFP response and during their presentations; however, we have left ourselves the flexibility to access and activate support in other categories when and where needed.
- Internally, in addition to our CBERO, our new Senior Director of Marketing & Communications, in partnership with the lead “brand strategy” vendor, will be responsible for coordinating, managing, and creating seamless collaboration and execution between the partners on our projects.

Vendor Selection – Prager Creative

- Prager Creative has deep expertise in providing integrated marketing solutions within the public sector: branding, strategic repositioning, traditional and digital advertising, and media stewardship.
- **Prager will primarily support MetroPlusHealth with brand strategy, marketing & advertising campaign planning, and competitive media research.**
- Experience working with a broad range of healthcare clients with vastly different business objectives, specifically in the New York City Metro Area, and many NYC government agencies (i.e., NYC Department of Transportation, Mayor’s Office for Media & Entertainment, and NYC Economic Development Corporation (EDC)).
- Substantial experience leading projects for industry leaders with fierce competition, such as Alma Bank, American Express, GHI (Group Health Insurance), JPMorgan Chase, and New York-Presbyterian Hospital.

Vendor Selection – Bellweather LLC

- Bellweather LLC is an award-winning branding and marketing agency, specializing in work for government and non-profit clients.
- **Bellweather will primarily support MetroPlusHealth with branding, creative development, social media, video, digital content, and analytics.**
- Their expertise spans across print, digital, video, and social media platforms. Partners with PowerPhyl Media Solutions to provide media buying services.
- Experience with NYC government agencies like NYC Office of the Mayor, OneNYC, NYC EDC, NY Works, NYC Department of Environmental Protection, Green Infrastructure Visual Brand and the Brooklyn Public Library.
- Proprietary technology for campaign reporting and data management, which will give the Plan direct access to real time data.

Vendor Selection – Milton Samuels Advertising, Inc

- Incumbent with full-service advertising and public relations agency. Current agency partners have been with the company for over 20 years.
- **MSA will primarily support MetroPlusHealth with multi-channel public relations strategies and media buying services.**
- MSA is a Certified Google Partner, providing services that include search engine marketing, highly targeted digital and mobile advertising, custom video, multi-language content development, and robust social media programming and management.
- Experience working with a broad range of healthcare clients with vastly different business objectives.
- Clients included: Diageo, Northwell Health, HIP, NYU Medical Center, NYC Department of Health & Mental Hygiene, Orrefors-Kosta Boda, MetroPlusHealth and NYC Health+Hospitals.

Key Outcomes:

- Overarching MetroPlusHealth brand marketing strategy.
- Marketing strategies for specific lines of business, eg. EP & MetroPlusGold
- Research & Insights: brand tracker, member demographics & psychographics, consumer behavior and competitive assessment
- Fresh, bold, eye-catching creative
- Diversified media mix targeted to specific audiences
- Analytics and real-time digital measurement to track/improve ROI and drive data-driven decision-making
- Fully leverage the PESO (Paid, Earned, Shared, Owned) marketing model to build 360° surround sound for the brand

MWBE Status

| | WBE / MBE | Certified with: | Utilization Plan | Subcontractors |
|------------------------|-----------|------------------------------|------------------|--|
| Bellweather | WBE | NYS, NYC | n/a | n/a |
| MSA | MBE | Application pending with NYC | 30% | Souvez Inc: (MBE), media buying and planning |
| Prager Creative | n/a | n/a | 30% | Vantage Point Media: (NYS MBE), media planning and buying, community print/digital, outdoor Kupcha Marketing Services: (NYS MWBE), public relations specifically events, webinars, & seminars |

Approval Request

- Seeking approval to enter into contract with:
 - Prager Creative LLC, for Advertising & Marketing, Digital & Social, and Media Buying services
 - Bellweather LLC, for Advertising & Marketing and Digital & Social services
 - Milton Samuels Advertising Agency, Inc. for Media Buying and Public Relation services
- Each agreement to be for 3-years with two 1-year options to renew
 - Effective date of August 13, 2021
 - Cost during 5-year lifetime of all combined agreements not-to-exceed \$20,000,000 (\$4M per year, up from \$3.5M per year, to stay competitive)
 - All firms have MWBE status and/or 30% utilization plan

RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign 2-year agreements with each of **Approved Storage and Waste Handling, Inc. (“ASWH”)** and **Action Carting Environmental Services, Inc. (“Action”)** for waste management services with options to renew each agreement for 2 years held exclusively by the System subject to expenditure limits not to be exceeded on the ASWH agreement of \$10,058,560 for the initial term, \$6,902,000 for the Action agreement during the initial term, \$10,058,560 on the ASWH agreement during the renewal term and \$7,322,332 for the Action agreement during the renewal term.

WHEREAS, the System has been using Stericycle for its corporate-wide waste management and disposal needs since 2015 after its selection as a result of an RFP process; and

WHEREAS, Stericycle had managed the System’s internal waste disposal practices and had either trucked away all types of waste or had subcontracted with others to do so; and

WHEREAS, the System generates many different types of waste that are subject to regulation and oversight by several government authorities according to the type of waste, thus requiring a sophisticated and closely managed waste disposal program; and

WHEREAS, the System conducted a competitive RFP by which an evaluation committee, with members from across the impacted parts of the System, determined that it would be best to engage two vendors and, with the Contract Review Committee’s approval, selected ASWH and Action for contract awards choosing them out of six vendors that submitted proposals, including Stericycle; and

WHEREAS; ASWH will be responsible for internal waste whereas Action will manage waste hauling and disposal; and

WHEREAS, both vendors have submitted compliant plans for MWBE subcontracting; and

WHEREAS, the Senior Vice President, Business Operations and Chief Pharmacy Officer will be responsible for the administration of the proposed agreements.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign 2-year agreements with each of **Approved Storage and Waste Handling, Inc. (“ASWH”)** and **Action Carting Environmental Services, Inc. (“Action”)** for waste management services with options to renew each agreement for 2 additional years held exclusively by the System subject to expenditure limits not to be exceeded on the ASWH agreement of \$10,058,560 for the initial term, \$6,902,000 for the Action agreement during the initial term, \$10,058,560 on the ASWH agreement during the renewal term and \$7,322,332 for the Action agreement during the renewal term.

EXECUTIVE SUMMARY

WASTE MANAGEMENT SERVICES

OVERVIEW: The System generates substantial waste all of which is subject to regulatory standards for its handling and disposal. Included in such waste are municipal solid waste, regulated medical waste and sharps, construction and demolition debris, recyclables, confidential documents, hazardous waste, E-waste, universal waste, pathological waste and pharmaceutical waste. Among the agencies that regulate the management and disposal of these waste streams are The Joint Commission, NYS Department of Health, NYC Department of Health and Mental Hygiene, NYS Department of Environmental Conservation, NYC Department of Environmental Protection and US Department of Environmental Protection. Over the last six years, the System has contracted with Stericycle both to manage such waste and to remove it. Now the System seeks to enter into two agreements to replace the one with Stericycle with ASWH being responsible for internal waste and Action managing waste hauling and disposal.

PROCUREMENT: The System conducted a competitive RFP process that included posting in the City Record. Six firms submitted proposals including Stericycle. An Evaluation Committee selected ASWH and Action. The Contract Review Committee approved of both the solicitation and the selection of the two vendors.

TERMS: The System will issue two separate two-year contracts. ASWH will be responsible for all internal waste management including training of staff and implementing internal policies and procedures that comply with all regulatory obligations. Action will be responsible for the hauling away of all waste and its disposal. The not-to-exceed spending limits on these contracts are as follows:

| Period | ASWH | Action |
|---------------------|--------------|--------------|
| Initial 2-year term | \$10,058,560 | \$ 6,902,000 |
| Option 2-year term | \$10,058,560 | \$ 7,322,332 |
| Total | \$20,117,120 | \$14,224,332 |

MWBE: Both vendors have committed to MWBE contracting of 30% of the value of their contracts with specific MWBE subcontractors identified.



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Approved Storage and Waste Handling, Inc.

Date: July 26, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
30% Utilization Plan

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



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Action Carting Environmental Services, Inc.

Date: July 26, 2021

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

| <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|------------------------------|------------|----------------------|
| Approved | Pending | 30% Utilization Plan |

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

**Waste Management Services
Request to enter into Contract –
Approved Storage and Waste Handling,
Inc, and Action Carting Environmental
Services, Inc.**

**Board of Directors Meeting
July 29, 2021**

**Paul Albertson – Vice President Supply Chain
Mercedes Redwood – AVP, Supply Chain**

- NYC Health + Hospitals conducted a solicitation via RFP in 2015 for waste management services. Stericycle was selected as the vendor and was awarded a 6 year agreement. The agreement included both waste management and carting/disposal of all waste, with an all-inclusive flat fee. The contract expired on June 30, 2021; a 3 month extension through September 30, 2021 was executed. The total cost is \$46,042,474

- Waste Management Services is comprised of the following;
 - Municipal Solid Waste
 - Regulated Medical Waste and Sharps
 - Construction and Demolition Debris
 - Recyclables
 - Confidential Documents
 - Hazardous Waste
 - E-waste
 - Universal Waste
 - Pathological Waste
 - Pharmaceutical Waste

Waste Management has several oversight services, including city, state and federal regulatory agencies and accrediting bodies including The Joint Commission, the State and City Departments of Health, and NYC Health + Hospitals operating procedures.

- Annual aggregate waste volumes for select waste categories include:
 - Regulated Medical Waste – 207,045 lbs
 - Municipal Solid Waste and Construction/Demolition Debris – 44,381,480 lbs
 - Chemo and pathological Waste – 129,392 lbs
 - Recycling – 688,460 lbs
 - Sharps – 509,545 lbs
 - Confidential Documents – 229,823 containers
 - Universal Waste – 99,403 lbs

- Each type of waste requires a unique container for standardization of education, training and management of each waste stream for safety and regulatory purposes. Every staff person in every facility uses one or more type of container each day.

- There are several thousand containers in daily use across the System.

- Patient, staff and visitor safety
- Compliance with all regulatory requirements and accrediting standards
- Uniform organizational and staff communication
- Uniform provision of all services, programs and cost control methods throughout the System
- Technical expertise and required licensure/regulatory approval
- Full-time, on-site management to work with COO's, Safety Directors, Environmental Services Directors and Infection Preventionists
- Electronic dashboard reporting
- Emergency preparedness/plans for each waste stream
- Ongoing training and education

Procurement Overview

- A request to issue an RFP for managing all or segments of the waste stream was approved by the CRC and subsequently posted in the City Record
- Minimum criteria:
 - MWBE Utilization Plan, Waiver, or MWBE Certification
 - Full-time office within New York City
 - Five years' experience in Waste Management within healthcare.
- Evaluation Criteria:
- Evaluation Committee:
 - 3 Chief Operating Officers
 - Representative from Gotham Health
 - Representative from Post Acute Care
 - Representative from Human Resources
 - Representative from Quality and Safety
 - Representative from M&PA/Infection Prevention
 - Representative from Facilities Development
 - Representative from Support Services/Supply Chain Services

| Category | Weight % |
|--|----------|
| Quality and substance of proposal | 30% |
| Appropriateness and quality of firm's experience | 30% |
| Cost | 30% |
| MWBE Utilization Plan or MWBE Status | 10% |

- 6 vendors responded to the solicitation request
- The Evaluation Committee recommended selecting two vendors to enhance workflow, service delivery, and communication:
 - One to manage internal waste: Approved Storage and Waste Handling, Inc. (ASWH)
 - One to manage hauling/disposal: Action Carting Environmental Services, Inc.
- **ASWH - Managing the Internal Waste - Highlights**
 - Located in NYC; works only within Northeast; manages 8 campuses of Montefiore
 - Excellent references
 - Will provide 3 dedicated program managers
 - Provided a detailed facility-based transition plan
 - Contract moves to a weight-based charge versus flat fee
- **Action Carting Environmental Services, Inc. - Highlights**
 - Significant footprint within NYC including MTA, Sanitation, NYC Health + Hospitals
 - Will provide new/enhanced containers for waste disposition/hauling at own cost; contract moves to a cost based on number of hauls versus flat fee
 - Will work directly with the System to enhance service, communications, reporting

MWBE Participation Goal

Action Carting

| Subcontractors | Certifying Agency | Ethnicity | %MWBE Proposed |
|-----------------------|-------------------|------------------|----------------|
| JEG | NYC | Hispanic/MBE | 15% |
| Cardella | NYC | Non-Minority/WBE | 10% |
| Cooper -Tank Disposal | NYC | Non-Minority/WBE | 5% |

Approved Storage

| Subcontractors | Certifying Agency | Ethnicity | %MWBE Proposed |
|-----------------------------|-------------------|------------------|----------------|
| High Class Management Group | NYC | Non-Minority/WBE | 30% |

- Seeking approval from the Board to:
 - Enter into a contract with Approved Storage and Waste Handling, Inc., (ASWH) for system waste management
 - Contract period: 2 years with a 2 year renewal exercisable solely by the system
 - Effective October 1, 2021
 - NTE \$20,117,120.
 - 30% MWBE utilization plan

- Seeking approval from the Board to:
 - Enter into a contract with Action Carting Environmental Services, Inc. for system waste hauling and disposal
 - Contract period: 2 years with a 2 year renewal exercisable solely by the System
 - Effective October 1, 2021
 - NTE \$14,224,332
 - 30% MWBE utilization plan

RESOLUTION - 04

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign 11-month agreements with each of **the 12 vendors listed in Annex A attached to this Resolution (each a “Vendor” and together, the “Vendors”)** to perform COVID testing both in schools and in the community on an as-needed basis for an amount for all Vendors not to exceed \$250,480,410.

WHEREAS, the System has been responsible for managing all COVID testing in the schools from the onset of the COVID epidemic and has been the lead in managing such testing in the community as well; and

WHEREAS, to date, the System, through its contractors, has conducted over 1,500,000 COVID tests, thereby leading the country in such an effort; and

WHEREAS, following an earlier RFP solicitation conducted in November 2020, the System issued a further RFP in May 2021 with the approval of the Contract Review Committee and with such Committee’s approval has selected the Vendors for testing contract awards; and

WHEREAS; of the Vendors selected for contract awards, six are incumbents selected as a result of the prior RFP (marked with an asterisk in Annex A) who have satisfactorily performed for the System in the past and

WHEREAS, all of the Vendors are obligated to report test results within 24 hours of specimen collection; and

WHEREAS, certain of the Vendors were selected due to their ability to put mobile testing units on the street to enable the System to bring testing to hard to reach residents where they may be found; and

WHEREAS, all of the Vendors have committed to MWBE participation of at least 30% as scheduled in the Executive Summary that follows this Resolution; and

WHEREAS, the Senior Vice President for Ambulatory Care will be responsible for the administration of the proposed agreements.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign 11-month agreements with each of the 12 vendors listed in Annex A attached to this Resolution (each a “Vendor” and together, the “Vendors”) to perform COVID testing both in schools and in the community on an as-needed basis for an amount for all Vendors not to exceed \$250,480,410.

ANNEX A

LIST OF VENDORS TO BE AWARDED CONTRACTS

±MedRite LLC

±Ambulanz/Rapid Reliable Testing NY, LLC (RRT)

±Bio-Reference Laboratories, Inc.

±Fulgent Genetics, Inc.

Union Square Physician Services, P.C.

±SOMOS Healthcare Providers, Inc,

The Mount Sinai Hospital

Ginkgo Bioworks, Inc.

Elevation Health, LLC

CIC Health, LLC

Blackbag Digital Health LLC DBA Daybreak

±Premier Assist

± Denotes incumbent vendor.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/TEST + TRACE SCHOOL AND COMMUNITY COVID-19 TESTING

OVERVIEW: The System seeks authorization from its Board to sign 11-month contracts with the 12 COVID testing Vendors listed on Annex A to the Resolution presented. From the start of the epidemic, the System has been managing an extensive COVID testing program through the City including managing all testing in the schools. Since November 2020 such testing has been performed with laboratory companies selected through an RFP. To date, the System, through its contractors, has performed more than 1,500,000 COVID tests. With the passage of time, the evolution of COVID testing technology and the changing face of the epidemic, the System issued a new RFP in May 2021 to test the market and broaden the number of laboratories with which it will be able to work.

NEED/PROGRAM: As the epidemic changes and now that those eager for vaccinations have been largely served, the System has to work harder and be more creative to drive testing and vaccinations up through hesitant and hard to reach populations. Where vaccinations rates lag, testing continues to be important.

TERMS: The System will use the Vendors on an as needed basis. The System will not commit to any Vendor any minimum amount of business and there is no requirement that the System spend all of the \$250,480,410 funding allocated. The System will assign work among the Vendors based on their performance, the proposed pricing and their adherence to their MWBE contracting commitments. The System will undertake further testing as the course of the epidemic dictates. Testing will generally be less than \$75/test reflective of the general decline in pricing since the beginning of the pandemic.

PROCUREMENT: Vendors were selected using a competitive RFP overseen by the Contract Review Committee using an evaluation committee drawn from across the System.

MWBE: The MWBE subcontracting commitments and subcontractors to be used follow:

| Vendor | MWBE Goal | MWBE Subcontractor |
|------------------|-----------|--|
| MedRite | 30% | Staffing Boutique, Inc; Alliance Supply Inc |
| Ambulanz/RRT | 30% | Nadler Mobile LLC; Nunn's Home Medical Equipment; Fine Fare Supermarket |
| BRL | 30% | Olympic Glove & Safety Co, RedStream Technology, A Plus Tape & Packaging Supply Co., East West Systems |
| Fulgent | 30% | Cure Staffing, Cen-Med Enterprises; Globe Scientific Inc.; The Olympic Glove & Safety Co. Inc. |
| Union Square | 100% | Language Bank, Inc. |
| SOMOS | 85% | Medgroup PLLC |
| Mt. Sinai | 32% | C-19 Safety First & Verbosity |
| Ginko Bioworks | 30% | Young Professional Staffing |
| Elevation Health | 100% | Translation service and consultant |
| CIC Health | 50% | Meet Care Givers and TBD transportation vendor |
| DayBreak | 30% | Deluxe Delivery and Joanna Franklin |
| Premier Assist | 30% | Admiral Staffing, Inc. and Proftech |

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Contract with 12 vendors for mobile and DOE CoViD-19 testing

Date: July 26, 2021

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

| | <u>Vendor</u> | <u>Vendex</u> | <u>EEO</u> | <u>MWBE</u> |
|----|---|----------------------|-------------------|--------------------|
| 1 | MedRite LLC | Approved | Pending | 30% |
| 2 | Ambulanz/Rapid Reliable Testing NY, LLC | Approved | Approved | 30% |
| 3 | Bio-Reference Laboratories, Inc. | Approved | Pending | 30% |
| 4 | Fulgent Genetics, Inc. | Approved | Pending | 30% |
| 5 | Union Square Physician Services, P.C. | Pending | Approved | 100% |
| 6 | SOMOS Healthcare Providers, Inc, | Approved | Pending | 85% |
| 7 | The Mount Sinai Hospital | Approved | Approved | 32% |
| 8 | Ginkgo Bioworks, Inc. | Pending | Pending | 30% |
| 9 | Elevation Health, LLC | Approved | Approved | 100% |
| 10 | CIC Health, LLC | Pending | Approved | 50% |
| 11 | Blackbag Digital Health LLC DBA Daybreak | Pending | Approved | 30% |
| 12 | Premier Assist | Approved | Approved | 30% |

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

City-wide Testing Capability Expansion: In-school and Community Testing Application to Contract –

MedRite LLC; Ambulanz/RRT NY, LLC; Bio-Reference Laboratories, Inc.; Fulgent Genetics, Inc.; Union Square Physicians Services, PC; SOMOS Healthcare Providers, Inc.; the Mount Sinai Hospital; Ginkgo Bioworks, Inc.; Elevation health, LLC; CIC Health, LLC; Blackbag Digital Health LLC dba Daybreak; Premier Assist

Board of Directors Meeting July 29, 2021

Chris Keeley
Test & Trace Corps



- New York City faced some of the harshest and earliest impacts of COVID-19
- To meet expanding testing capacity needs, T2 solicited proposals in November 2020 and awarded contracts to conduct COVID-19 testing through two modalities:
 1. In-school Testing
 - Testing in all of NYC's public schools on a routine basis (i.e., weekly, monthly)
 - Performed by BioReference Labs (BRL), Fulgent Genetics, SOMOS Community Care, and MedRite. The spend averaged \$16m, ranging from \$7m to \$34m per month depending on school population and testing policy.
 2. Community Testing
 - Testing on mobile units and other types of testing outside of public schools, such as through units that can do testing on sidewalks and in various community settings (adult care facilities, in-home testing, etc.)
 - Currently executed by Rapid Reliable Testing, MedRite, and Premier Assist. In recent months, spend has averaged \$9m per month.
- In May 2021, the CRC approved the release of a solicitation for applications to contract for both of these testing modalities starting in August 2021

Community Testing: Prior Performance

➤ Highlights

- Performed 340,000 tests with 99% of tests returned within 48 hours
- Identified 21,142 COVID-positive New Yorkers (~6% positivity)
- Deployments to at least 10,000 community partners, testing sites, and homes for at home testing
- Introduced accelerated contact tracing at mobile testing units to allow for same-day contact tracing
- Introduced at-home testing for COVID contacts, linked with at home vaccinations as follow-up
- Supported routine testing at adult care facilities, school bus driver depots, and foster care homes for unaccompanied youth coming up from the Southern border

| | | January | February | March | April | May | June | July (thru 7/18) | TOTAL |
|--------------------------|------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------------|----------------|
| Ambula nz/RRT | Total # Tests | 51,839 | 46,308 | 69,651 | 58,903 | 34,221 | 26,321 | 13,653 | 300,896 |
| | Avg # Units/Day | 20 | 30 | 40 | 40 | 40 | 40 | 40 | 36 |
| | % TAT within 48-hours | 96% | 99% | 100% | 100% | 100% | 100% | 100% | 99% |
| MedRite | Total # Tests | 2,099 | -- | 1,592 | 8,208 | 5,734 | 1,513 | 605 | 19,751 |
| | Avg # Units/Day | 4 | -- | 9 | 25 | 20 | 5 | 2 | 11 |
| | % TAT within 48-hours | 100% | -- | 100% | 100% | 99% | 100% | 100% | 100% |
| Premier | Total # Tests | 865 | 2,109 | 3,996 | 6,137 | 4,190 | 1,675 | 292 | 19,264 |
| | Avg # Units/Day | 4 | 4 | 6 | 7 | 6 | 3 | 3 | 5 |
| | % TAT within 48-hours | 100% | 100% | 99% | 100% | 100% | 100% | 100% | 100% |
| TOTAL | Total # Tests | 54,803 | 48,417 | 75,239 | 73,248 | 44,145 | 29,509 | 14,550 | 339,911 |
| | Avg # Units/Day | 28 | 34 | 55 | 72 | 66 | 48 | 45 | 50 |

- Qualitative performance include communication with community partners and patients, effective management of their teams in the field, and reliable data reporting

DOE Testing: Prior Performance

➤ Highlights

- Performed over 1,200,000 tests and identified 5,532 COVID-positive NYers (0.5% positivity)
- At least 11,000 visits to NYC public schools
- Supported the largest public school district in the country open for in-person learning, including opening high schools in March
- Conduct testing at NYC DOE elementary, middle, and high schools with 99% of tests returned within 48 hours

| | | January | February | March | April | May | June | TOTAL |
|----------------|-----------------------|---------|----------|---------|---------|---------|---------|-----------|
| BRL | Total # Tests | 49,015 | 38,133 | 60,411 | 93,025 | 100,320 | 74,454 | 415,358 |
| | Avg # Units/Day | 35 | 31 | 23 | 21 | 22 | 21 | 26 |
| | % TAT within 48-hours | 99% | 99% | 98% | 100% | 100% | 100% | 99% |
| Fulgent | Total # Tests | 45,153 | 43,576 | 70,120 | 89,666 | 91,959 | 67,942 | 408,416 |
| | Avg # Units/Day | 40 | 41 | 50 | 47 | 50 | 49 | 46 |
| | % TAT within 48-hours | 98% | 94% | 99% | 98% | 100% | 99% | 98% |
| MedRite | Total # Tests | 27,943 | 25,538 | 42,165 | 51,476 | 43,966 | 35,226 | 226,314 |
| | Avg # Units/Day | 20 | 21 | 19 | 20 | 21 | 27 | 21 |
| | % TAT within 48-hours | 98% | 100% | 100% | 100% | 100% | 100% | 100% |
| SOMOS | Total # Tests | 24,766 | 16,991 | 25,800 | 43,328 | 51,440 | 37,531 | 199,856 |
| | Avg # Units/Day | 26 | 27 | 31 | 36 | 36 | 37 | 32 |
| | % TAT within 48-hours | 96% | 100% | 100% | 100% | 100% | 100% | 99% |
| TOTAL | Total # Tests | 146,877 | 124,238 | 198,496 | 277,495 | 287,685 | 215,153 | 1,249,944 |
| | Avg # Units/Day | 121 | 120 | 123 | 124 | 129 | 134 | 125 |

- Qualitative performance include communication with school partners and patients, effective management of their teams in the field, and reliable data reporting

MWBE Performance

➤ Across these vendors, \$43,918,627 has been spent with MWBEs since the launch of the contracts. This represents 34% of all H+H spend

➤ From Jan-May, MWBE spend began slowly with some vendors as they built relationships and began work

➤ In June, three vendors exceeded 30% on a monthly basis, as did the program total. BRL's June spend was due to large supplies purchase to replenish depleted stockpile.

➤ In July, three vendors are on track to meet target on monthly basis, two others (BRL, SOMOS) have been meeting target, and the sixth vendor (Premier) makes progress within a more modest volume of work

➤ All figures are provisional. Invoicing and payments lags 30-90 days.

| | | January-May | June <i>(Provisional)</i> | July <i>(Provisional)</i> | Totals |
|--------------|-------------|----------------------|------------------------------|------------------------------|----------------------|
| SOMOS | % MWBE | 64% | 45% | -- | 55% |
| | MWBE Spend | \$4,912,864 | \$2,859,700 | -- | \$7,772,564 |
| | Total spend | \$7,677,120 | \$6,367,680 | -- | \$14,044,800 |
| MedRite | % MWBE | 8% | 15% | 37% | 17% |
| | MWBE Spend | \$692,404 | \$673,888 | \$351,400 | \$1,717,692 |
| | Total spend | \$8,243,830 | \$4,609,365 | \$940,730 | \$9,948,448 |
| Fulgent | % MWBE | 0% | 0% | 75% | 2% |
| | MWBE Spend | \$0 | \$3,972 | \$600,000 | \$603,972 |
| | Total spend | \$26,030,890 | \$6,288,335 | \$800,000 | \$33,119,225 |
| BRL | % MWBE | 39% | 591% | -- | 68% |
| | MWBE Spend | \$15,969,411 | \$14,193,683 | -- | \$30,163,094 |
| | Total spend | \$41,221,712 | \$2,402,019 | \$550,745 | \$44,174,476 |
| Ambulanz/RRT | % MWBE | 10% | 33% | 36% | 14% |
| | MWBE Spend | \$2,255,540 | \$1,050,884 | \$343,489 | \$3,649,913 |
| | Total spend | \$21,737,223 | \$3,206,896 | \$952,480 | \$25,896,599 |
| Premier | % MWBE | 0% | 6% | 21% | 1% |
| | MWBE Spend | \$255 | \$8,998 | \$2,138 | \$11,392 |
| | Total spend | \$1,270,010 | \$157,325 | \$10,240 | \$1,437,575 |
| TOTAL | % MWBE | 22% | 82% | 40% | 34% |
| | MWBE Spend | \$23,830,474 | \$18,791,125 | \$1,297,027 | \$43,918,627 |
| | Total spend | \$106,180,785 | \$23,031,620 | \$3,254,195 | \$128,621,123 |



Contract Development Goals

- Scope of work is based on current and anticipated need, including through the experience of the existing vendors with dozens of teams in the field every day and from program leadership

- Service Level Agreements
 - Turnaround time: Provide result to patient within 24 hours of specimen collection
 - In-school testing: deploy 15+ teams daily
 - Community testing: deploy 8+ testing teams and/or mobile units daily

- Fee structure:
 - For both in-school and community testing, vendors proposed budgets with a per test fee and/or a per team per day fee
 - \$75/test fee based on prior experience under existing contracts

RFP Criteria

➤ **Minimum criteria:**

- Proven success in providing large scale COVID-19 testing in relevant settings
- Ability to begin work and scale quickly
- MWBE Certification or Utilization Plan

➤ **Substantive Criteria:**

- 25% Cost
- 25% Relevant Experience
- 15% Ability to Scale
- 15% Data management
- 10% Community/language expertise
- 10% MWBE

➤ **Evaluation Committee:**

- T2 COO
- T2 Senior Project Manager
- T2 Senior Director
- T2 Data Analytics & Product Director
- T2 School Testing Senior Director
- T2 Finance Senior Analyst
- T2 Lab Senior Project Manager
- T2 Mobile Unit Testing Senior Manager

- T2 issued an RFP in May 2021
- 29 vendors applied, and T2 requests to contract with the top 12 scoring applicants
- Work assigned at T2 discretion based on testing needs and vendor capabilities
- Five of these vendors proposed to do both in-school and community-based testing. Seven originally proposed DOE testing only but have since put forward community testing structures at our request
- Allows for cost savings with existing vendors and new testing capabilities (e.g. saliva testing)
- Not to exceed: \$250,480,410
 - In-school testing: \$150,802,946 (avg \$14m/month)
 - Community testing: \$99,677,463 (avg \$9m/month)
- Selected vendors in order of ranking:
 1. MedRite*
 2. Ambulnz/RRT*
 3. BioReference Labs*
 4. Fulgent Genetics*
 5. Union Square Physicians
 6. SOMOS*
 7. Mount Sinai
 8. Gingko Bioworks
 9. Elevation Health
 10. CIC Health
 11. Daybreak
 12. Premier Assist*

* Current Vendors

1. Program team will provide monthly vendor-level reporting to the Board including # teams, # tests, turn-around time for both community and DOE testing, as well as vendor's self-reported MWBE data
2. Program team will engage vendors monthly to review operational performance, confirm ongoing contractual commitment, review that MWBE spend is moving through to subcontractors as expected, and ensure ongoing good faith efforts are being made to achieve all goals
3. Any failures to perform operationally, material shortfalls, or failure to participate in these reviews by the vendor will trigger a review of whether the vendor is acting in good faith to meet their agreed upon goals or to perform operationally

Request summary

Requesting approval to enter into 12 contracts beginning August 1, 2021 through June 30, 2022 with highest scoring vendors

- **Contract term:** 11 months
- **Not to exceed:** \$250,480,410
- Only spend funds agreed upon with OMB in advance and covered under T2 MOU with OMB

| Vendor | MWBE? | % Utilization Goal | Subcontractor |
|-------------------------|-------|--------------------|--|
| MedRite | No | 30% | Staffing Boutique, Inc; Alliance Supply Inc |
| Ambulanz/RRT | No | 30% | Nadler Mobile LLC; Nunn's Home Medical Equipment; Fine Fare Supermarket |
| BRL | No | 30% | Olympic Glove & Safety Co, RedStream Technology, A Plus Tape & Packaging Supply Co., East West Systems |
| Fulgent | No | 30% | Cure Staffing, Cen-Med Enterprises; Globe Scientific Inc.; The Olympic Glove & Safety Co. Inc. |
| Union Square Physicians | Yes | 100% | Language Bank, Inc. |
| SOMOS | No | 85% | Medgroup PLLC |
| Mount Sinai | No | 32% | C-19 Safety First and Verboesity |
| Ginkgo Bioworks | No | 30% | Young Professional Staffing |
| Elevation Health | Yes | 100% | Translation services vendor and consultant |
| CIC Health | No | 50% | Meet Care Givers and transportation vendor |
| DayBreak | No | 30% | Deluxe Delivery and Joanna Franklin |
| Premier Assist | No | 30% | Admiral Staffing, Inc. and Proftech |

RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to rename NYC Health + Hospitals/Coney Island Hospital (the “Hospital”) as “NYC Health + Hospitals/South Brooklyn Health” and designating the 11-story Critical Services Structure now under construction and the existing Tower Building both at the Hospital as the “Ruth Bader Ginsburg Hospital” in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg.

WHEREAS, in 2012, Hurricane Sandy extensively damaged the Hospital’s Hammett Pavilion and Main Building; and

WHEREAS, the U.S. Federal Emergency Management Agency (“FEMA”) provided NYC Health + Hospitals with \$922.7M to repair the damage and make improvements to the Hospital that will mitigate potential damage from any potential similar storm flooding; and

WHEREAS, to both repair the damage and to ensure that the Hospital will be able to withstand another superstorm such as Sandy, a new flood-resistant Critical Services Structure to house in-patient services is being constructed with completion planned for Summer 2022; and

WHEREAS, a comprehensive master plan is underway to rationalize and expand ambulatory care on the Hospital’s campus to meet the increasing need for outpatient services; and

WHEREAS, to recognize that the Hospital’s catchment area is larger than Coney Island and to mark the Hospital’s re-launch, it is to be renamed “NYC Health + Hospitals/South Brooklyn Health;” and

WHEREAS, NYC Health + Hospitals Operating Procedure 100-8 authorizes naming a NYC Health + Hospitals health care facility or portion thereof to honor an individual who has made a significant contribution to public health including to NYC Health + Hospitals or any of its facilities; and

WHEREAS, Justice Ginsburg, born in South/Central Brooklyn, was a pioneering woman in the law and a leading advocate for equality and justice — pillars of NYC Health + Hospitals’ mission; and

WHEREAS, per OP 100-8, the Hospital Community Advisory Board recommended the renaming, Justice Ginsburg’s family and the Hospital’s leadership support the initiative and NYS Department of Health has approved;

NOW THEREFORE, IT IS RESOLVED THAT New York City Health and Hospitals Corporation be and it hereby is authorized to rename NYC Health + Hospitals/Coney Island Hospital (the “Hospital”) as “NYC Health + Hospitals/South Brooklyn Health and designating the 11-story Critical Services Structure now under construction and the existing Tower Building both at the Hospital as the “Ruth Bader Ginsburg Hospital” in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg.

EXECUTIVE SUMMARY

RE-NAMING CONEY ISLAND HOSPITAL

**BACK
GROUND:**

NYC Health + Hospitals/Coney Island Hospital (the “**Hospital**”) has been at its current site since May 12, 1902, when a small wooden building on Sea Breeze Avenue, was rented to serve as an emergency hospital during the summer months. It was called the Sea Breeze Hospital and operated as an annex of Kings County Hospital. As South Brooklyn grew, the Hospital grew to provide 371 beds in several buildings. Unfortunately, the Hospital is located in Flood Zone A and it suffered extensive damage from Hurricane Sandy. FEMA has provided \$922.7M for repairs but FEMA requires that any building improved or newly constructed with FEMA funds be able to withstand Sandy-type flooding. Accordingly, it was determined to construct a new flood-resistant building for all emergency and in-patient functions and to shift the Hospital’s out-patient operations to its existing Main Building which can safely be used for such purpose despite it not meeting the flood resistant standards of the new building. These changes at the Hospital coincide with a refocus of the Hospital to meet the increasing need for outpatient services and recognition that the Hospital’s catchment area has expanded beyond Coney Island to all of South Brooklyn.

**PROPOSED
PROGRAM:**

With the impetus of the new construction, the Hospital has a chance to rebrand itself and therefore proposes to change its name. The renaming, also gives NYC Health + Hospitals a chance to honor one of Brooklyn’s more notable daughters, the late U.S. Supreme Court Justice, Ruth Bader Ginsburg. The proposed renaming program calls for changing the name of the entire Hospital to “NYC Health + Hospitals/South Brooklyn Health.” The two in-patient buildings, the new Critical Services Structure and the Tower Building, are to be named in honor of the late U.S. Supreme Court Justice, “Ruth Bader Ginsburg Hospital” with the Main Building, which is to house all out-patient services, tentatively and in the future to be named the “Health & Wellness Institute.”

**THE
HONOREE:**

U.S. Supreme Court Justice Ginsburg was the first Jewish woman and only the second woman to serve on the Court. She was the daughter of Jewish immigrants from Ukraine and Poland and was born and raised in South/Central Brooklyn. She advocated for truth, equality and justice in keeping with NYC Health + Hospitals’ mission, values and goal “to be a fully integrated *equitable* health system that enables all New Yorkers to live their healthiest lives,” she advocated for truth, equality and justice.

The Hospital Community Advisory Board recommended the renaming. Justice Ginsburg’s family wrote to confirm their support for the renaming. The Hospital’s leadership also support the initiative and NYS Department of Health has approved the name change for regulatory purposes.

Mitchell Katz
President and CEO
NYC Health + Hospitals
125 Worth Street 5th Floor
New York, NY 10013
Tel: 212-788-3321
Mitchell.Katz@nychhc.org

July 15, 2021

José A. Pagán, Ph.D.
Chairman of the Board of Directors
NYC Health + Hospitals
125 Worth Street, Suite 519
New York, NY 10013

Dear Dr. Pagán:

It is my honor to ask the NYC Health + Hospitals Board of Directors to consider a resolution to name the new 11-story flood-resistant critical services structure (CSS) building and the existing Tower building at Coney Island Hospital after the late U.S. Supreme Court Justice – Ruth Bader Ginsburg – whose childhood home was in South/Central Brooklyn.

Both the CSS and Tower buildings will comprise the new inpatient hospital – due to open in summer 2022 – and will include an expanded emergency department, a state-of-the-art surgical suite comprised of eight operating rooms, an endoscopy suite, labor and delivery, inpatient dialysis, 80 private (single patient) acute care beds, 60 behavioral health beds, radiology and interventional radiology, and clinical laboratories.

Justice Ginsburg’s work stood for truth, equality, justice, and giving voice to the voiceless. These tenets are all in full alignment with NYC Health + Hospitals’ vision “to be a fully integrated *equitable* health system that enables all New Yorkers to live their healthiest lives.” She has also made significant contribution to public health by rightfully ruling to uphold the Affordable Care Act as the law of the land, and fighting tirelessly to protect women’s reproductive rights, among other notable judicial accomplishments.

Thanks in advance for your consideration.

Sincerely,



Mitchell Katz, M.D.

Cc: NYC Health + Hospitals Board of Directors

June 3, 2021

José A. Pagán, Ph.D.
Chairman
NYC Health + Hospitals Board of Directors
125 Worth Street, Room 519
New York, NY 10013

Dear Dr. Pagan:

On behalf of the NYC Health + Hospitals/Coney Island's Community Advisory Board, I am writing to express my support of renaming its new inpatient hospital – due to open in summer 2022 – after the late U.S. Supreme Court Justice Ruth Bader Ginsburg.

Justice Ginsburg's work stood for truth, equality, justice, and giving voice to the voiceless. These tenets are all in full alignment with NYC Health + Hospitals' vision "to be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives."

I am also aware that an application has been submitted to the New York State Department of Health to rename the entire hospital campus as the NYC Health + Hospitals/South Brooklyn Health for which I am also supportive.

As always, please do not hesitate to contact me at 347.668.4548 if you have any questions.

Sincerely,



Theresa Scavo
Chair of Community Advisory Board

June 7, 2021

José A. Pagán, Ph.D.
Chairman
NYC Health + Hospitals Board of Directors
125 Worth Street, Room 519
New York, NY 10013

Dear Dr. Pagan:

On behalf of the NYC Health + Hospitals/Coney Island Medical and Dental Staff, I am writing to express my support of renaming its new inpatient hospital – due to open in summer 2022 – after the late U.S. Supreme Court Justice Ruth Bader Ginsburg.

Justice Ginsburg's work stood for truth, equality, justice, and giving voice to the voiceless. These tenets are all in full alignment with NYC Health + Hospitals' vision "to be a fully integrated *equitable* health system that enables all New Yorkers to live their healthiest lives."

I am also aware that an application has been submitted to the New York State Department of Health to rename the entire hospital campus as the NYC Health + Hospitals/South Brooklyn Health for which I am also supportive.

As always, please do not hesitate to contact me at 718-616-5309 if you have any questions.

Sincerely,



Jeffery Goldberg, D.O. DLFAPA
Chairman of Behavioral Health
President of Coney Island Hospital Medical and Dental Staff

Renaming Coney Island Hospital

Board of Directors Meeting

July 29, 2021

*Svetlana Lipyanskaya,
CEO Coney Island Hospital*

*Christine Flaherty,
SVP OFD*

*It's not just about a new building –
it's about building a new future*



Renaming Coney Island Hospital

- Coney Island Hospital's catchment area of approximately 875,000 lives includes diverse communities in South Brooklyn.
- As we continue to build a brand new 11-story inpatient hospital – due to open in summer 2022 – and develop plans to invest in ambulatory care, we have a unique opportunity to rebrand and reposition the facility as the one-stop health care provider of choice for patients and residents of South Brooklyn and beyond.

Background

- In October 2012, Superstorm Sandy significantly damaged the Hammett Pavilion and the Main Building.
- Coney Island Hospital received \$922.7 million in FEMA funds to improve the campus infrastructure by building a 100 year flood wall, and constructing a new Critical Services Structure (CSS) containing essential inpatient and emergency services.
 - The CSS building will be open in the summer of 2022
- A comprehensive master plan is underway to rationalize and expand ambulatory care on the hospital's campus to meet the increasing need for outpatient services.

Investment in Hospital Care

Flood-proof Emergency and Inpatient Services

\$922.7 M in FEMA Funds



- Expanded Emergency Department
- State-of-the-Art Operating Rooms
 - Including Robotic Surgery
- An Endoscopy Suite
- Labor and Delivery
- Inpatient Dialysis
- 80 Private Medical-Surgical beds
- 60 Behavioral Health beds
- Radiology and Interventional Radiology
- Clinical Laboratories
- Elevated Mechanical Floor

NYC Health + Hospitals/South Brooklyn Health

Ruth Bader Ginsburg Hospital
(inpatient)

Health & Wellness Institute
(outpatient)

Note: NYC Health + Hospitals/South Brooklyn Health will be the legal entity. The new names will not be effective until another year, summer 2022.

Community Engagement

- In the fall of 2020, Coney Island Hospital convened internal and external focus groups with diverse groups of hospital leaders, community members, elected officials, and hospital stakeholders to better understand if a rebranding of the facility would be welcomed and embraced.
- An analysis of these focus groups led to the recommendation of several naming concepts which have been incorporated into the proposed naming strategy.
- We have also received broad support from our community advisory board, labor union partners, elected officials, select staff members, and other key stakeholders on the rebranding proposal, including the new names for our campus and inpatient hospital.

NYC Health + Hospitals/South Brooklyn Health

Why South Brooklyn Health?



- Inclusive – we don't just serve the Coney Island community – we serve South Brooklyn and beyond.
- Regardless of language spoken, or whether you're first or third generation, you know:
 1. Where you are
 2. Where to go for your health care
- Health care is shifting from inpatient to ambulatory care, with a focus on prevention and chronic disease management.

Results from Sept. 2020 community focus group:

- Brooklyn must be in the name, the community is very proud of being from Brooklyn and is very loyal to the area.
- Name should be more representative of the geographical community.

Ruth Bader Ginsburg Hospital



March 15, 1933 – September 18, 2020

- US Supreme Court Justice Ginsburg was the first Jewish woman and the second woman to serve on the Court.
- Daughter of Jewish immigrants from Ukraine and Poland; born and raised in South/Central Brooklyn.
- She espoused truth, equality and justice. She gave voice to the voiceless.
- In keeping with H + H vision “to be a fully integrated *equitable* health system that enables all New Yorkers to live their healthiest lives.”

Campus Name: **NYC** Health + Hospitals/South Brooklyn Health

Brooklyn Health

Coney Island Hospital
inpatient/outpatient



NYC Health + Hospitals/
South Brooklyn Health

New 11-story
CSS Building
&



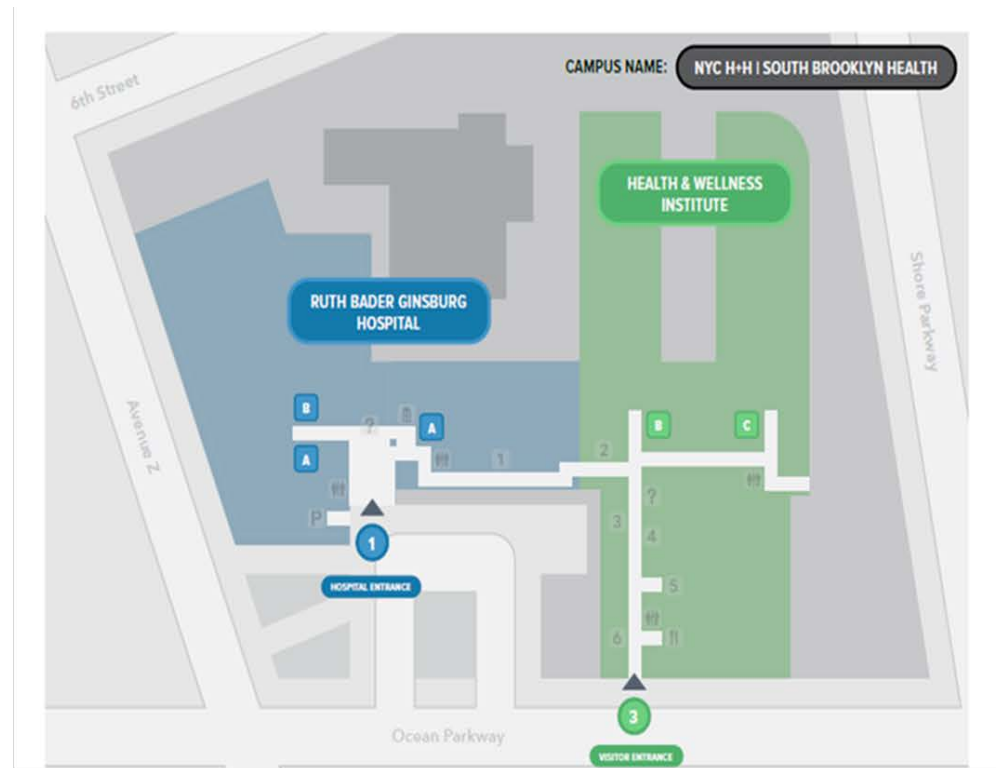
Ruth Bader Ginsburg
Hospital

Tower Building
inpatient

Main Building
outpatient



Health
&
Wellness Institute



Approval Process

Per NYC Health + Hospitals Operating Procedure No. 100-8, we adhered to the following approval process:

1. Received support from Ginsburg Family to rename the inpatient hospital as the **Ruth Bader Ginsburg Hospital**.
2. Obtained support letters from Chair of the Coney Island Hospital Community Advisory Board and President of Coney Island Hospital Medical and Dental Staff.
3. Obtained support letter from NYC H+H CEO for the campus renaming strategy.
4. We will bring the resolution to the NYC Health + Hospitals Capital Committee for their approval.

We also received initial approval from the NYS Department of Health to rename the hospital campus and update the operating certificate to reflect **NYC Health + Hospitals/South Brooklyn Health**.

Resolution

Authorizing the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) to rename NYC Health + Hospitals/Coney Island Hospital (the “**Hospital**”) as “NYC Health + Hospitals/South Brooklyn Health” and designating the 11-story Critical Services Structure Building now under construction and the existing Tower Building both at the Hospital as the “Ruth Bader Ginsburg Hospital” in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg.

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a 5-year revocable license agreement with the **Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island** (the “Licensee”) for its continued use and occupancy of 4,284 square feet in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of **NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center** (the “Facility”) at an occupancy fee of \$7,951/year to be escalated annually by 2.5% for a five year total of \$41,793

WHEREAS, in July 2016, the Board of Directors authorized the President to enter into a license agreement with the Licensee; and

WHEREAS, the Licensee provides emergency medical services to the Staten Island community, including the Facility and has operated out of space on the Facility’s campus since 1997; and

WHEREAS, the Facility continues to have space available on its campus to accommodate the Licensee’s requirements; and

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a 5-year revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the “Licensee”) for its continued use and occupancy of 4,284 square feet in the Surgical Pavilion to house administrative functions of an ambulance service and 500 square feet for parking on the campus of NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center (the “Facility”) at an occupancy fee of \$7,951/year to be escalated by 2.5%/year for a 5-year total of \$41,793.

EXECUTIVE SUMMARY

LICENSE AGREEMENT VOLUNTEER HEART RESUSCITATION UNIT AND AMBULANCE CORPORATION OF STATEN ISLAND

SEA VIEW NURSING AND REHABILITATION CENTER

BACKGROUND: New York City Health and Hospitals Corporation (the “**System**”) seeks authorization from its Board of Directors to sign a 5-year revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (“**Volunteer Heart**”) for its continued use and occupancy of space to house administrative functions for an ambulance service at NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center (“**Sea View**”).

Volunteer Heart will continue to use space on the grounds of Sea View as its base of operations. They have been operating from Sea View since 1997. Volunteer Heart is a not-for-profit organization made up of 56 dedicated Staten Islanders, who are concerned about the quality of healthcare on Staten Island. They serve the community by providing emergency medical coverage, at no cost, for various activities including sports events, health fairs and community parades. The organization operates from 7:00 p.m. until midnight, seven days a week. Volunteer Heart provides services to Sea View, among others. Volunteer Heart also trains candidates for EMS service.

TERMS: Volunteer Heart will have use of approximately 4,284 square feet on the second floor the Surgical Pavilion and 500 square feet for parking four vehicles across from the great lawn. In 2014, Volunteer Heart moved from the Administration Building into their current location. The Surgical Pavilion space it now occupies was vacant and in poor physical condition before Volunteer Heart took the space. Volunteer Heart made approximately \$300,000 worth of renovations to the second floor. Volunteer Heart will pay an occupancy fee of \$7,951 per year to be escalated by 2.5% per year for a five year total of \$41,793. Volunteer Heart will also provide free medical coverage for Sea View’s events as requested. Volunteer Heart will provide interior maintenance and housekeeping to the licensed space.

Volunteer Heart will be required to indemnify and hold harmless the System and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the System and the City of New York as additional insured parties.

The license agreement shall be for a term of 5 years and shall be revocable by either party on sixty days’ prior notice.

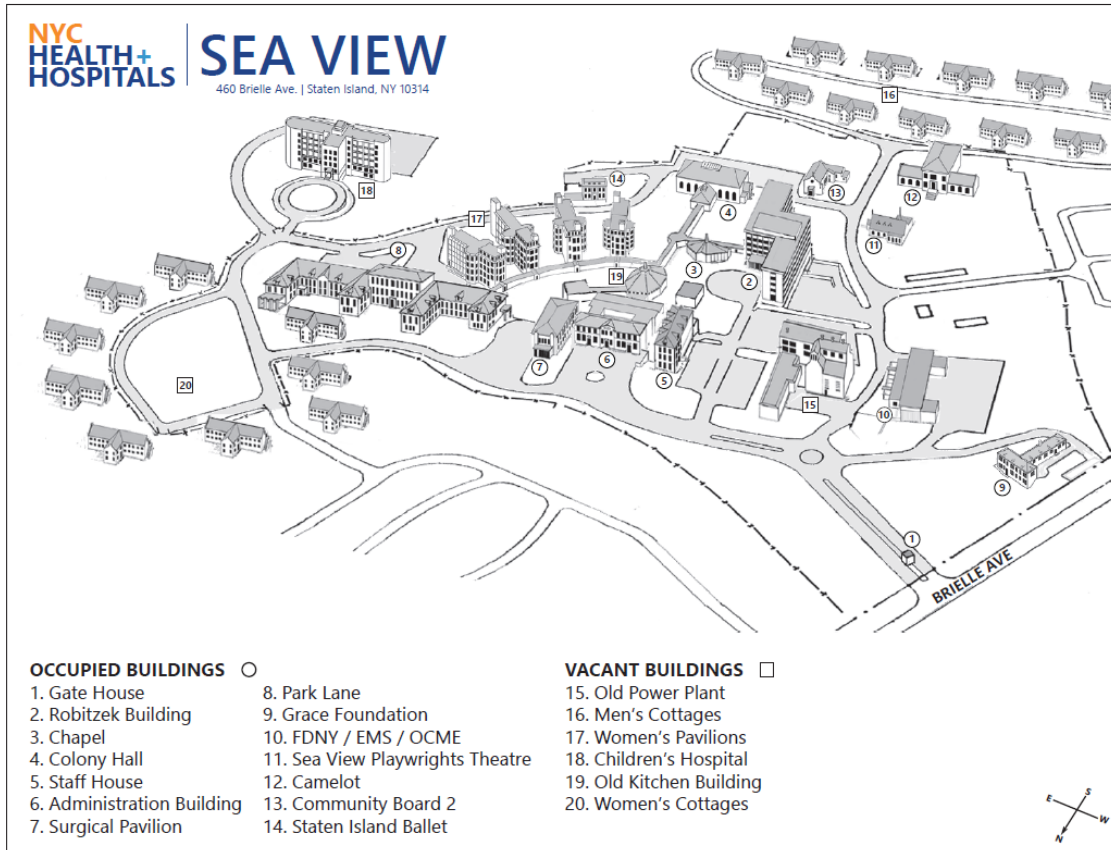
**NYC Health + Hospitals/Sea View
Nursing and Rehabilitation
Center
Volunteer Heart Resuscitation Unit
and Ambulance Corporation of
Staten Island**

Board of Directors Meeting
July 29, 2021

Matthew Levy, Executive Director, NYC Health + Hospitals/Sea View
Christine Flaherty, Senior Vice President, Office of Facilities Development



Seaview – an Anchor for the Community



ARTS: SI Ballet

EDUCATION:

- NYC Dept. of Education S. Richmond HS

HEALTH, SOCIAL SERVICES:

- Richmond County Medical Society
- Metropolitan Fire Association
- Volunteer Heart Association
- Grace Foundation
- Camelot
- Meals on Wheels
- Senior Housing

NYC GOV:

- FDNY/EMS
- OCME

COMMUNICATIONS

- Multiple agreements in place

Volunteer Heart Resuscitation Unit and Ambulance Corp.

- Volunteer Heart Resuscitation Unit and Ambulance Corporation (“Volly Heart”) of Staten Island is a nonprofit made up of 56 local volunteers. Established 50 years ago, most of the members are certified Emergency Medical Technicians (“EMTs”).
- They are a N.Y. Department of Health certified ambulance service and is recognized by the Regional Emergency Medical Service Council of New York City (“REMSCO”).
- Volunteer Heart operates two ambulances and a mobile command center 7-12 pm.



- The organization provides no-cost emergency medical coverage various activities including sporting events, health fairs, community parades and Sea View Hospital events.

Volunteer Heart at Seaview

- The Volly Heart has operated from the campus of Sea View Hospital since 1997.
- On four occasions, the NYC H+H Board of Directors authorized license agreements with the Volly Heart. The current agreement expires August 2021.
- In 2014, they moved to the second floor (4,284 SF) of the Surgical Pavilion and invested in \$300,000 in renovations activating and improving this space.



CURRENT TERMS:

- Current rent is \$7,757 annually for second floor space and 500 square feet of parking.
- No utility fees are collected (sub-metering not available)
- Responsible for housekeeping, maintenance and non-structural repairs of the space it occupies and the surrounding grounds.

License Terms and Schedule

- The licensee will pay an occupancy fee of \$7,951 per year to be escalated by 2.5% per year, which should cover ancillary utility related costs.

| Current | year 1 | year 2 | year 3 | year 4 | year 5 | TOTAL |
|------------|---------|---------|---------|---------|---------|----------|
| \$7,757.00 | \$7,951 | \$8,150 | \$8,353 | \$8,562 | \$8,776 | \$41,793 |

- The five year term will commence September 1, 2021.
- The licensee will occupy 4,284 square feet in the Surgical Pavilion and have use of 500 square feet for parking.
- The licensee will provide housekeeping and interior maintenance to the licensed space.

Board of Directors Request

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five year revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of 4,284 square feet of space in the Surgical Pavilion to house administrative functions and 500 square feet for parking on the campus of Sea View Hospital Nursing and Rehabilitation Center at an occupancy fee rate of \$7,951 per year to be escalated by 2.5% per year for a five year total of \$41,793.

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a thirteen-month lease extension with **Hazel Blue Plaza LLC** (the “Landlord”) for the use of approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Queens to operate a Supplemental Food Program for Women, Infants and Children (the “**WIC Program**”) **managed by NYC Health + Hospitals/Bellevue Hospital Center** (“Bellevue”) at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension; provided the System will hold an option to extend for an additional five years with the rent for the thirteen month extension and five year option term together totaling \$596,425.50.

WHEREAS, Bellevue has operated the WIC Program at this location since 2011; and

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

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

WHEREAS, WIC Programs are funded by New York State Department of Health (“**NYSDOH**”) grants and Bellevue will continue to operate and manage the WIC Program; and

WHEREAS, like the System’s other WIC Programs, this one receives funding on a cycle which, in this case expires September 30, 2022 with its continuation dependent on the WIC Program receiving a new five-year NYSDOH grant; and

WHEREAS, the rent during the option term will continue the pattern set during the initial term of increasing only at 2.5% annually; and

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

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign a thirteen-month lease extension with Hazel Blue Plaza LLC (the “**Landlord**”) for approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Queens to operate a Supplemental Food Program for Women, Infants and Children (the “**WIC Program**”) managed by NYC Health + Hospitals/Bellevue Hospital Center (“**Bellevue**”) at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension; provided the System will hold an option to renew the lease for an additional five years with the rent for the thirteen-month extension and five-year option term together totaling \$596,425.50.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/BELLEVUE HOSPITAL CENTER SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN 49-02 QUEENS BOULEVARD, QUEENS

- OVERVIEW:** New York City Health and Hospitals Corporation (the “**System**”) seeks authorization from its Board of Directors to sign a 13-month lease extension with Hazel Blue Plaza LLC (“**Landlord**”) for the use of space at 49-01 Queens Boulevard, Queens, to operate a Women, Infants and Children Program (the “**WIC Program**”), managed by NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”). Like the System’s other WIC Programs, this one gets funding on a cycle which, in this case, expires September 2022, the WIC Program’s continuation depends on getting a continued New York State Department of Health (“**NYSDOH**”) grant. While the System is optimistic a new grant will be made, the proposed lease extension is structured to extend only through the current funding cycle with an option exercisable solely by the System if the funding is continued.
- NEED/PROGRAM:** Bellevue has operated a WIC Program at this location since 2011. The System operates WIC sites throughout the City in a combination of rented properties and System controlled space. Like other WIC programs, the Bellevue WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income. WIC Programs are funded by NYSDOH grants. In addition to this site, Bellevue operates a WIC Program on Canal Street in lower Manhattan and a site located within Bellevue. These two sites have a combined caseload of 3,700 clients. The Queens site was approved by NYSDOH to serve Queens residents who had been traveling to Bellevue for WIC services.
- UTILIZATION:** The WIC Program’s caseload is approximately 2,000 clients.
- TERMS:** The System will occupy about 2,000 sq. ft., and will pay a base rent of \$92,168/year, or \$46.08/sq. ft. for a total of \$99,848.58 over the 13-month lease extension. The base rent is 2.5% over the rent payable during the last year of the prior term. The lease extension commences 9/1/2021 and ends 9/30/2022. The System holds an option to renew for an additional five years. The 1st year of the option term will commence 10/1/2022. The base rent for the option term will be 2.5% above the initial term rent and will be escalated by 2.5% per year during the option term. The System will pay for its electricity usage.
- REAL ESTATE TAXES:** The system will pay its proportionate share of real estate tax increases above the 2021/22 base year.
- FINANCING:** NYSDOH funds both rent and operating expenses at WIC sites.

Hazel Blue Plaza LLC -
NYC Health + Hospitals/Bellevue Hospital Center
Women Infants and Children (WIC)
49-02 Queens Blvd.
Queens, New York

Board of Directors Meeting
July 29, 2021

William Hicks, Executive Director, NYC Health + Hospitals/Bellevue
Christine Flaherty, Senior Vice President, Office of Facilities Development



Background

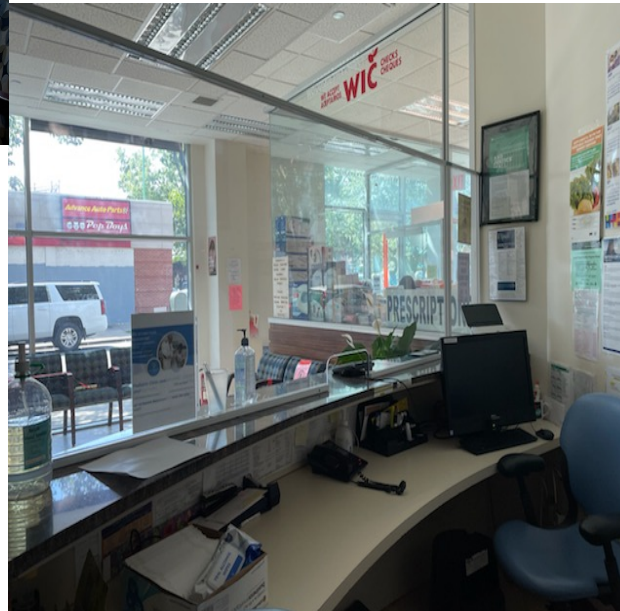
- The System operates seventeen WIC sites located in a combination of rented properties and System controlled space
- Pregnant, breastfeeding and postpartum women, infants and children less than five years of age who are determined to be a nutritional risk are eligible for WIC program services which include monitoring children's growth rates, nutrition education, breastfeeding support and high risk counseling.
- Bellevue operates three sites: Canal St., at Bellevue Hospital and in Queens. Combined caseload is 5,700 participants. This Queens site serves 2,000 participants.
- The Queens site was approved by NYSDOH to serve Queens residents who had previously traveled to Bellevue for WIC services.



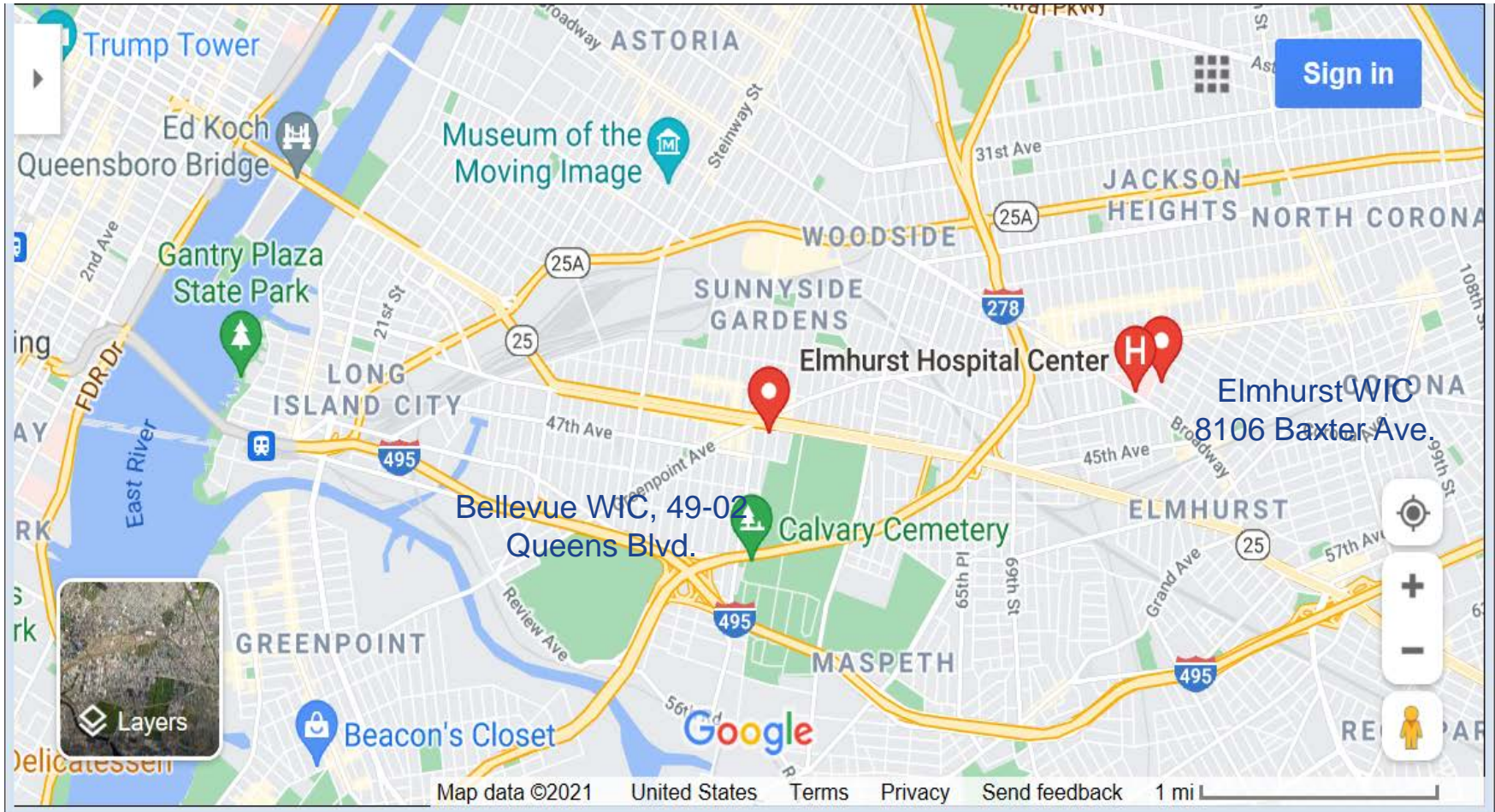
Background cont'd



- NYC H+H/Bellevue has operated a WIC program at this location since 2011.
- The program occupies 2,000 square feet on the ground floor.



Map



Lease Terms

This resolution requests a thirteen month extension:

- Base Rent at \$46.08 per square foot, a 2.5% increase above the current rent.
- The thirteen month term will commence September 1, 2021 and end September 30, 2022.
- H+H will hold a five year renewal option. The option term will commence October 1, 2022
- Total per square foot occupancy cost is within the fair market value range of \$45 - \$50 per square foot.
- A New York State Department of Health (“NYSDOH”) grant provides funding all WIC program operations including personnel and real estate. Current funding expires September 2022 with future funding anticipated. The WIC program anticipates receiving a new five year grant. The new grant funding will become effective October 1, 2022.

Rent Schedule

| | <u>Initial Term</u> | | <u>Option Term</u> | | | | | | | | | | | |
|---|---------------------|------------|--------------------|------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|--------------|----------------|
| | | | 1 | | 2 | | 3 | | 4 | | 5 | | | |
| | <u>Annual</u> | <u>PSF</u> | <u>Annual</u> | <u>PSF</u> | <u>Annual</u> | <u>PSF</u> | <u>Annual</u> | <u>PSF</u> | <u>Annual</u> | <u>PSF</u> | <u>Annual</u> | <u>PSF</u> | | |
| Rent | \$99,848.58 | \$46.08 | \$94,472.20 | \$47.24 | \$96,834.01 | \$48.42 | \$99,254.86 | \$49.63 | \$101,736.23 | \$50.87 | \$104,279.63 | \$52.14 | \$496,576.92 | (option total) |
| Note: \$99,848.58 (13 month initial term) + \$496,576.92 (option term) = \$596,425.50 | | | | | | | | | | | | | | |

Note: Current rent is \$44.96/sf

First option covering existing NYSDOH grant:

-Rent for the thirteen months initial term: \$99,848.58

Should the new five year NYSDOH grant be authorized:

-Rent for the five year option term: \$496,576.92

-Escalation: 2.5% per year

Total authorization request for 6 years 1 month for \$596,425.50

Board of Directors Request

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to sign a thirteen month lease extension with Hazel Blue Plaza LLC (the "Landlord") for approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Borough of Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Bellevue (the "Bellevue") at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension term; provided the System will hold an option to renew the lease for an additional five years with the rent for the thirteen month extension and five year option term together totaling \$596,425.50

RESOLUTION - 08

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with New York City Department of Citywide Administrative Services (“DCAS”) and New York Power Authority (“NYPA”) for an amount not-to-exceed \$35,469,158.74, including a 7.5% contingency of \$2,022,938, for the planning, design, procurement, construction, construction management and project management services necessary for the installation of a 4 megawatt (“MW”) Cogeneration System (“CHP”) (the “Project”) at NYC Health + Hospitals/Bellevue (“Bellevue”)

WHEREAS, effective January 1, 2021, the City of New York (the “City”), through DCAS, NYC Health + Hospitals, the City University of New York, and the Board of Education of the City School District of the City of New York entered into the Energy Efficiency-Clean Energy Technology Program (“ENCORE III”) 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 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of DCAS; and

WHEREAS, the City, through DCAS, has deemed the Project eligible for funding under the New York City Clean Energy Program and has allocated \$23,764,138 for the Project in the OneNYC capital budget; and

WHEREAS, The Project will also make improvements to Bellevue’s existing power grid and electric feeders, will provide 4MW of continuous onsite electricity and thermal energy to Bellevue representing about 40% of Bellevue’s peak electricity demand, and almost 85% of off-peak consumption which will reduce Bellevue’s steam demand by 14%; and

WHEREAS, NYC Health + Hospitals has determined that the Project is necessary to bolster Bellevue’s resilience from coastal flooding such as occurred during Superstorm Sandy by providing redundancy to the Facility’s backup power system; and

WHEREAS, NYPA bid the Project under a design-build structure and determined its cost to be \$34,653,656; and

WHEREAS, the Project cost will be funded with DCAS OneNYC Capital (\$23,437,168) and the City’s Capital Funding (\$11,216,488) and if needed, H+H Expense (\$815,502,74); and

WHEREAS, the Project will produce annually 33,717,600 kilowatt hours of electricity, and 116,658 MBtus of steam; and

WHEREAS, the Project will yield total annual cost savings to Bellevue estimated at \$3,666,677.21 and annual reductions in greenhouse gas emissions of 163 metric tons; and

WHEREAS, the Sr. Vice President – Facility Administration will be responsible for the Project.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a Customer Installation Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$35,469,158.74, including a 7.5% contingency of \$2,022,938, for the planning, design, procurement, construction, construction management and project management services necessary for the installation of a 4 megawatt Cogeneration System at NYC Health + Hospitals/Bellevue.

EXECUTIVE SUMMARY
INSTALLATION OF 4.2-MEGAWATT (MW) COGENERATION (CHP) SYSTEM
AT HEALTH + HOSPITALS/BELLEVUE

OVERVIEW: NYC Health + Hospitals seeks to install a 4 MW Combined Heat and Power (CHP) plant at Bellevue. NYPA has fully bid out the Project as a Design-Build contract.

NEED: Bellevue was one of the hardest hit hospitals in the region during Superstorm Sandy in October of 2012. It is located less than 1,000 feet from the East River on reclaimed land that is only 20 feet above sea level, making it especially vulnerable to extreme weather due to climate change. The proposed CHP plant would provide redundancy to Bellevue’s backup power system as well as bolster its resiliency in case of coastal flooding. On its own, the CHP system would have the capacity to support 60% of critical loads. The Project will be capable of islanding from the grid and will have black-start capability so that it can repower without the need for grid electricity in case of a power outage. Additionally, based on the current configuration of the system, Bellevue will offset 32,522,713 kWh of electricity and 116,658 MMBtus. of steam. This represents an approximate annual energy cost savings of \$3,666,667.21, with a 40% reduction on electric peak demand and a 14% reduction of their peak steam demand thus avoiding potential costly stand-by and demand charges.

SCOPE: The scope of work for the Project includes:

- ❖ Installation of two 2MW Reciprocating Engines
- ❖ Installation of new Con Edison Blockhouses and Switches
- ❖ Installation of battery array to provide Black Start Capability
- ❖ Upgrade existing Power Grid and Feeders
- ❖ Installation of Heat Exchanger array to recover heat dissipated from reciprocating engines.

TERMS: NYPA has competitively bid the project (3 bids were received) and has submitted a final total project cost to NYC Health + Hospitals of \$35,469,158.74 including \$2,022,938 in contingency. NYPA will be fully responsible for the Project.

SAVINGS:

| SOURCE | SAVINGS (ENERGY) | SAVINGS (DOLLARS) |
|----------------------|-------------------|-----------------------|
| Electrical Savings | 32,552,713 kWh | \$3,885,305.38 |
| Natural Gas | -2,926,972 Therms | - \$1,652,861.16 |
| Steam (150psi) | 116,658 MMBtus | \$1,434,232.54 |
| TOTAL SAVINGS | | \$3,666,677.21 |

FINANCING: DCAS OneNYC Capital - \$23,437,168; and City Capital Funding - \$11,216,488 and H+H Expense - \$815,502.74

SCHEDULE: Completion by December 2023.

NYC Health + Hospitals/Bellevue Combined Heat and Power (CHP) Project – NYC Department of Citywide Administrative Services and New York Power Authority



**Board of Directors Meeting
July 29, 2021**

Christine Flaherty, Senior Vice President, Office of Facilities Development
Oscar Gonzalez, Assistant Vice President, Office of Facilities Development



Current State

- H+H and NYC remain committed to both energy and carbon emission reductions
 - Local Law 84 – energy benchmarking, audits, reduction
 - LL97 – doubling down on carbon reduction
 - Since 2007, H+H has reduced our carbon emissions by 33% (as FY2020)
- Since 2017, H+H has been working with DCAS & NYPA in pursuing funding and a pathway to establish a Combined Heat and Power project which would achieve multiple outcomes to benefit H+H and align with City and State clean energy goals:
 - ✓ Installation of more efficient power generation systems, reducing energy usage
 - ✓ Overall reduction of greenhouse gas emissions
 - ✓ Establish a resilient combined heat and power system that can serve to provide Bellevue Hospital with backup for the facility's critical load
 - ✓ Reduce annual utility costs for Bellevue Hospital
- Con Ed Steam serves Bellevue's 2.3 million sf in patient tower and ambulatory pavilion
- Currently, Bellevue consumes Con Ed steam and electricity in order to power the campus, costing H+H \$12,871,217 in utility bills for FY 20
 - 500,630 MMBtus of energy
 - 589,620,000 kWh of electricity
- Con Ed's offsite generation utilizes natural gas to create this steam and attributes to 299,250 MMBtus
- Complex issues such as relief from Con Ed electric & steam standby tariffs from the Public Service Commission for onsite generation and the current manner that current emission coefficients are measured delayed this project from proceeding & required redesign



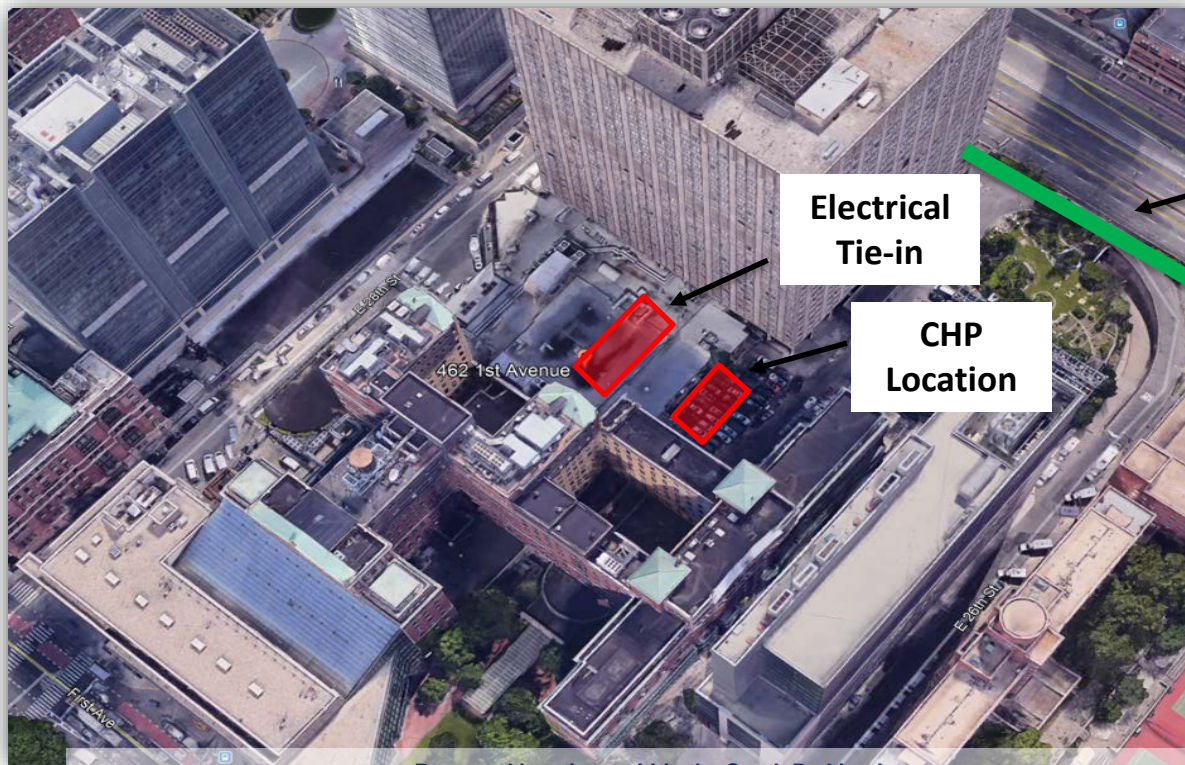
Project Goals

- NYC Health + Hospitals/Bellevue is pursuing a resiliency and energy project, that aims to reduce Con Edison power and steam services

- Install a 4 MW Combined Heat and Power (CHP) system at Bellevue that generates continuous on-site electricity and thermal energy to:
 - Supplement Con Ed power & steam services to campus
 - Provide resilient backup power in the event of a sustained grid disruption or a disaster

Project Scope

- Installation of 4MW Combined Heat and Power (CHP) plant
- The CHP plant will consist of two 2MW reciprocating, (natural gas fired) engines that will provide 4MW of continuous onsite electricity and thermal energy
- Recover thermal energy from electricity generated to produce hot water for heating and cooling
- Improve Bellevue's existing power grid and electric feeders



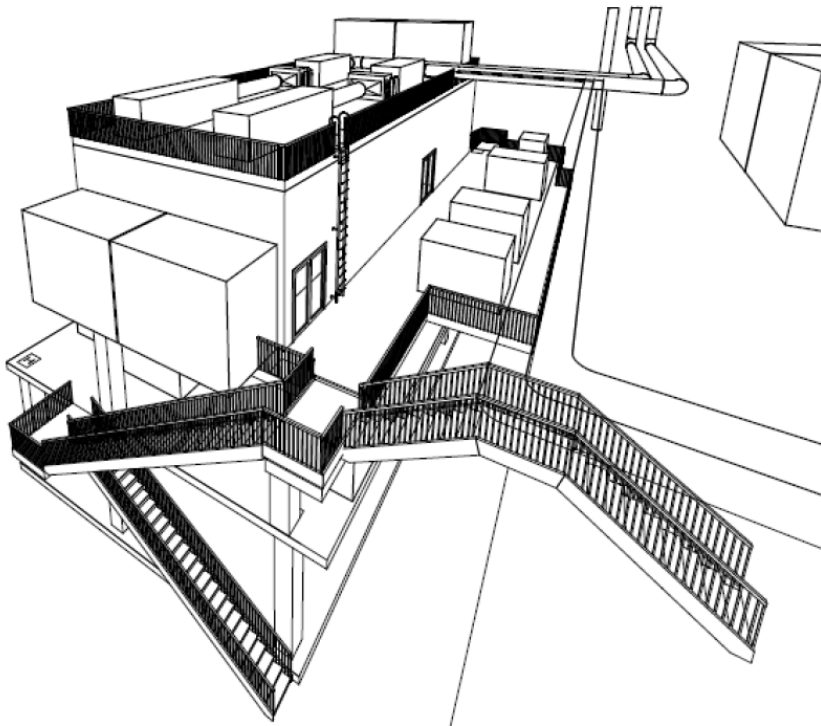
**Future
Community
Floodwall**

**Electrical
Tie-in**

**CHP
Location**

Proposed location - within the South Parking Lot

CHP Plant Features



- Quiet Operation - Prefabricated sound attenuated enclosure
- Equipment Access - Removable walls for inspections and maintenance work
- Ease of Maintenance - Davits and beam cranes for equipment lowering and serviceability
- Safety - Means of egress from any location
- Resiliency – Will be constructed above the 500 year floodplain and adds backup power to the facility in the event of grid disruption



Project Objectives Met

| Overarching Goals | Anticipated Outcome |
|-----------------------------|---|
| Energy Efficiency | Annual energy reduction of 116,658 MMBtus & 32,552,713 kWh of electricity |
| Reduction in Greenhouse Gas | Reduce GHG emissions by 163 metric tons of CO ₂ e* annually (35 less cars on the road annually) |
| Resiliency | 4MW of power will provide approximately 40% of Bellevue's peak power demand, and almost 85% of off-peak consumption. With upgrades to the electric feeders, the system will provide options to run critical areas of the facility as a micro-grid during a disaster |
| Cost Savings | Annual utility savings of \$3.7 million (29% reduction in annual bill & 10.56 years payback) |

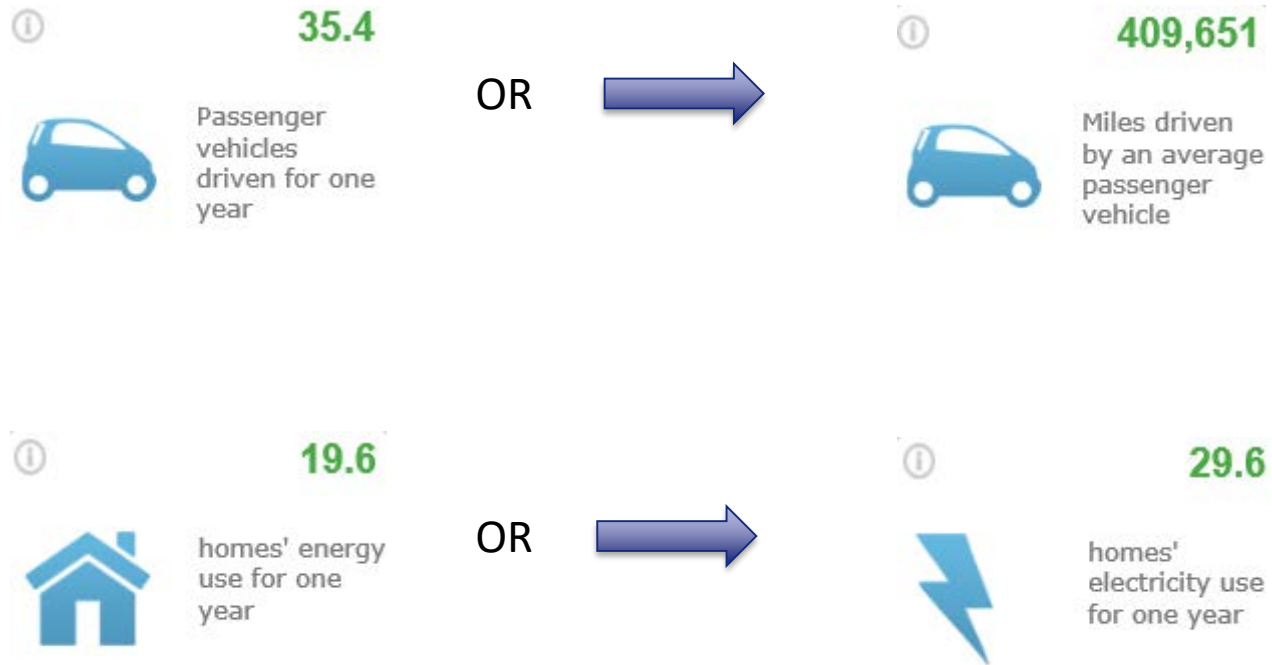
*This utilizes the MOS revised 2019 GHG coefficients





Annual Energy Savings

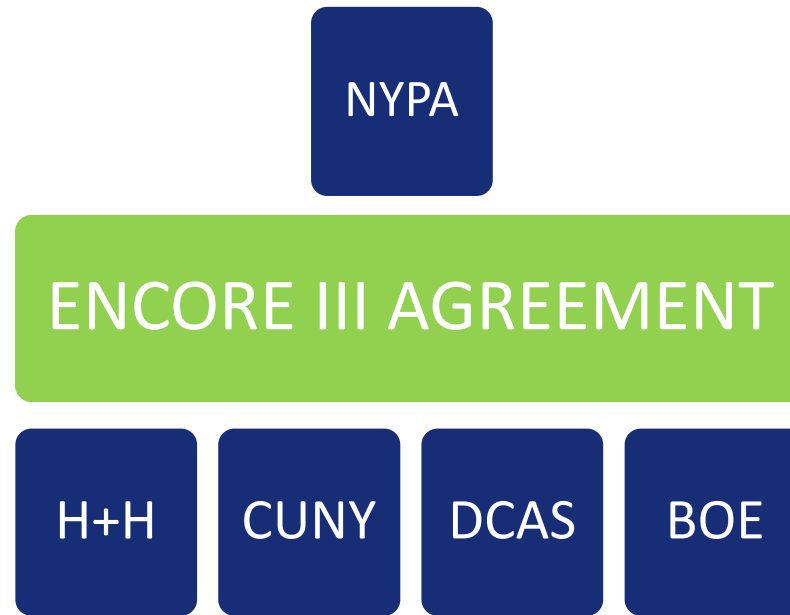
163 metric tons of CO₂e*



*This utilizes the MOS revised 2019 GHG coefficients



Our Relationship with NYPA



- Encore II and subsequent bridge agreements have expired on December 31, 2020
- Encore III agreement has finalized and is now in effect as of January 1, 2021

Funding & Capital Delivery

➤ Project funding includes:

| | |
|--|-------------------------------|
| ■ DCAS OneNYC Capital: | \$23,437,168.00 |
| ■ City Bond Funding: | \$11,216,488.00 |
| ■ NYPA Interest Contingency *(H+H Expense) | \$815,502.74 |
| ■ Total Financing: | <u>\$35,469,158.74</u> |

➤ H+H is utilizing the NYPA Encore III agreement to deliver the project

*Interest will only accrue if payments from H+H to NYPA are not made timely. H+H Finance working with NYPA Finance to eliminate interest from all future projects and if an agreement is reached before this project starts, it will be eliminated from this project.

Total Project Budget

Bellevue CHP Project

| | |
|--|-------------------------|
| (1) Construction | \$ 26,972,500.00 |
| (2) Construction Contingency (7.5% of (1)) | \$ 2,022,937.00 |
| (3) Environmental | \$ 6,500.00 |
| (4) Design IC Fee (Burns) | \$ 628,006.00 |
| (5) Additional IC Services | \$ 284,772.00 |
| (6) Construction Management Fee (4.5% of (1) + (2)) | \$ 1,304,795.00 |
| (7) NYPA Project Management & Administrative (11% of line 1-6) | \$ 3,434,146.00 |
| (8) NYPA Interest Contingency* (2.4% of line 1-7) | \$ 815,502.74 |
| (9) TOTAL | \$ 35,469,158.74 |

*Interest will only accrue if payments from H+H to NYPA are not made timely. H+H Finance working with NYPA Finance to eliminate interest from all future projects and if an agreement is reached before this project starts, it will be eliminated from this project.

NYPA Procurement Path

- NYPA has fully bid out the Project under the Design-Build contract as per New York City Public Works Investment Act (effective on December 31, 2019).
- NYPA selected Dynamic US Inc. as the design-build contractor for this project, whose service was acquired through competitive bidding.
- NYPA oversaw the bidding process, following their procurement guidelines.
- In January 2020, NYPA selected Guth DeConzo to provide limited Construction Management Services.
 - NYPA is currently reviewing Guth DeConzo's work load and providing H+H their work plan assessment in the coming weeks.
 - Guth DeConzo's performance to date is satisfactory and is being carefully monitored by H+H
- NYPA has an active supplier diversity program, and has set forth a 30% MWBE goal to satisfy NYC MWBE guidelines. Dynamic has proposed a comprehensive MWBE utilization plan to achieve the MBE, WBE and Service Disabled Veterans Owned Business (SDVOB) goals for this project.



MWBE Utilization Plan

Dynamic US Inc. committed to a 44% MWBE Utilization & 8% SDVOB

| COMPANY NAME | | MWBE SDVOB STATUS | ORIGINAL SUBCONTRACT/PO VALUE |
|--------------------|--------|-------------------|-------------------------------|
| SAVIN Engineering | ENG | MBE | \$ 3,000,000.00 |
| Redosa Energy | CONTR | MBE | \$ 3,500,000.00 |
| | | | |
| TOTAL MBE | | | \$ 6,500,000.00 |
| WBE NAME | | WBE | ORIGINAL SUBCONTRACT/PO VALUE |
| TURTLE & HUGHES | VENDOR | WBE | \$ 3,600,000.00 |
| KM SIMMONS | CONTR | WBE | \$ 2,000,000.00 |
| TORO Construction | CONTR | WBE | \$ 600,000.00 |
| | | | |
| TOTAL WBE | | | \$ 6,200,000.00 |
| SDVOB NAME | | SDVOB VOB | ORIGINAL SUBCONTRACT/PO VALUE |
| AVETT, LLC | VENDOR | SDVOB | \$ 1,000,000.00 |
| PWI Engineering | ENG | VOB | \$ 1,250,000.00 |
| | | | |
| TOTAL SDVOB | | | \$ 2,250,000.00 |



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount **not-to-exceed \$35,469,158.74** including a **7.5% contingency of \$2,022,937.00** for the planning, design, procurement, construction, construction management and project management services necessary for the Combined Heat and Power (CHP) Project at Bellevue Hospital (the “Project”) at NYC Health + Hospitals/Bellevue (the “Facility”).

RESOLUTION - 09

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute **an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH")** (the "Affiliation Agreement") for through June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563.

WHEREAS, the System has entered into agreements, including the Affiliation Agreement for various medical schools, voluntary hospitals and professional corporations to provide clinical and behavioral health services at the System's facilities; and

WHEREAS, at its July 2019 meeting the New York City Health and Hospitals Corporation Board authorized the extension of the Affiliation Agreement through June 30, 2022, and the System is continuing to negotiate and revise the Affiliation Agreement; and

WHEREAS, SUNY's collective bargaining agreement with its employees requires SUNY to provide its employees with one year's notice of termination of their employment; and

WHEREAS, to avoid SUNY sending a notice of termination to its employees and the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a minimum term of two-years; and

WHEREAS, to provide sufficient time to negotiate revisions to the Affiliation Agreement, and to accommodate the notice requirement of SUNY's collective bargaining agreement, the System seeks to extend the current Affiliation Agreement for an additional year, through June 30, 2023; and

WHEREAS, the overall responsibility for administering the Affiliation Agreement shall reside with the System's Chief Medical Officer.

NOW, THEREFORE, BE IT

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and is hereby authorized to extend the affiliation agreement with the State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University for the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for an additional period of one year, commencing July 1, 2022 and terminating on June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563.

EXECUTIVE SUMMARY
Contract Extension
State University of New York/ Health Science Center at Brooklyn
a/k/a Downstate Health Sciences University

BACKGROUND: The SUNY Affiliation Agreement is scheduled to expire on June 30, 2022. The System is working to negotiate a new Affiliation Agreement, however, because SUNY's collective bargaining agreement requires SUNY to provide its employees with one-year's notice of termination to its employees, and to avoid SUNY sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a minimum term of two-years.

PROPOSAL: In view of the requirement that the SUNY Affiliation Agreement have two years before expiration, the System seeks authority to extend the term of the Agreement to June 30, 2023 to provide sufficient time to negotiate a new affiliation agreement with SUNY. This negotiation with SUNY will take place in the context of the System's negotiation of its agreements with its other major clinical affiliates. The Agreement will cover the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for a period of two years, commencing July 1, 2022 and terminating on June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563.

PROCUREMENT: The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

***Professional Services Contract Extension
for FY 2023***

**Downstate Health Sciences University
(aka SUNY)**

**NYC Health + Hospitals/ Kings County
NYC Health + Hospitals/ Coney Island**

Machelle Allen M.D., Corporate Chief Medical Officer
Andrea G. Cohen, General Counsel, SVP and General Counsel

Board of Directors Meeting
July 29, 2021



| NYC Health + Hospitals | | | |
|---|------------|-----------|-----------|
| Downstate Health Sciences University (aka SUNY) | | | |
| CONTRACT ACTIVITY | | | |
| Period | START DATE | END DATE | Months |
| FY 17 to FY 20 Agreement | 1-Jul-16 | 30-Jun-20 | 48 Months |
| Extension thru FY 22 | 1-Jul-19 | 30-Jun-22 | 24 Months |
| Extension for FY 23 | 1-Jul-22 | 30-Jun-23 | 12 Months |



NYC Health + Hospitals
Affiliation Contract Costs
FY 2016 to FY 2022 for
Downstate Health Sciences University
(aka SUNY)

| Fiscal Year | Amount |
|--------------------|---------------|
| FY 2016 | \$13,878,682 |
| FY 2017 | \$17,262,441 |
| FY 2018 | \$20,423,406 |
| FY 2019 | \$19,496,698 |
| FY 2020 | \$21,400,555 |
| FY 2021 | \$21,645,218 |
| FY 2022 | \$21,782,491 |



Reason for Extension

- ❖ Approval is sought to extend the agreement by 12 months until June 30, 2023 with Downstate Health Sciences University (aka SUNY)
- ❖ Proposed costs total \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563
- ❖ The Affiliate is required by the union contract with its employees to provide one years' notice of termination
- ❖ The extension is requested so that services can continue without disruption and allow time for the parties to negotiate a new longer-term contract

Other Details

- ❖ The extension allows for the uninterrupted provision of some services at Kings County Hospital Center (KCHC), notably in Emergency Medicine, Psychiatry, and Radiology
- ❖ The extension also allows for the uninterrupted provision of surgery services at Coney Island Hospital
- ❖ The Affiliate will continue to comply with state regulations, national accreditation standards and facility bylaws, including appropriate resident program supervision

Proposed Contract Costs

| Facility | FY 2023 Base | 10% Contingency | Total NTE |
|--------------|--------------|-----------------|--------------|
| Coney Island | \$1,135,060 | \$113,506 | \$1,248,566 |
| Kings County | \$21,300,906 | \$2,130,091 | \$23,430,997 |
| Total | \$22,435,966 | \$2,243,597 | \$24,679,563 |

- Proposed payment to the Affiliate is based on costs.
- The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.

RESOLVED

- That New York City Health and Hospitals Corporation (the “System”) be and is hereby authorized to extend the affiliation agreement with the State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University for the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for an additional period of one year, commencing July 1, 2022 and terminating on June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563.