

BOARD OF DIRECTORS MEETING
WEDNESDAY, DECEMBER 14, 2016
A•G•E•N•D•A

<p><u>CALL TO ORDER - 3:00 PM</u></p>	<p>Mr. Campbell</p>
<p>1. Adoption of Minutes: November 17, 2016</p>	
<p><u>Acting Chair's Report</u></p>	<p>Mr. Campbell</p>
<p><u>Interim President's Report</u></p>	<p>Mr. Brezenoff</p>
<p>>>Action Items<<</p>	
<p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with River Renal Dialysis Services for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at NYC Health + Hospitals Bellevue at an occupancy fee rate of \$59 per square foot, or \$464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$2,453,212 with utilities included. (Capital Committee – 12/08/2016) VENDEX: Pending</p>	<p>Ms. Youssouf</p>
<p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals Elmhurst at an occupancy fee rate of \$62 per square foot or \$372,372 per year to be escalated by 2.75% per year for a total of \$1,973,079 over five years. (Capital Committee – 12/08/2016) VENDEX: Pending</p>	<p>Ms. Youssouf</p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. or its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at NYC Health + Hospitals Harlem at an annual occupancy fee of \$31,309 to be escalated by 3% per year for a total of \$166,224 over the five year term. (Capital Committee – 12/08/2016)</p>	<p>Ms. Youssouf</p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to negotiate and execute requirements contracts with seven (7) Architectural and Engineering consulting firms; DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wentz Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; six (6) Mechanical, Engineering, and Plumbing consulting firms; Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and six (6) Local Law Inspection consulting firms; HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of one year with two (2) one-year options for renewal, solely exercisable by the Corporation, for a cumulative amount not to exceed \$15,000,000 for services provided by these consultants. EEO: Approved w/HAKS and Kallen & Lemelson - Pending/ VENDEX: Pending w/ LiRo, Kallen & Lemelson - Appvd (Capital Committee – 12/08/2016)</p>	<p>Ms. Youssouf</p>
<p>6. RESOLUTION appointing Nella Lewis to replace Margo Bishop as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus. (MetroPlus Board – 12/06/2016)</p>	<p>Mr. Rosen</p>

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 17th day of November 2016 at 2:30 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Dr. Ramanathan Raju
Ms. Helen Arteaga Landaverde
Mr. Steven Banks
Dr. Mary T. Bassett
Dr. Gary S. Belkin
Josephine Bolus, R.N.
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Dr. Herminia Palacio
Mr. Bernard Rosen

Mr. Gordon Campbell chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof. Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of personnel; and, at the end of the agenda, to discuss matters of quality assurance, patient confidentiality and potential litigation.

Mr. Campbell then called for the Executive Session to discuss a personnel matter. The Board reconvened in Open Session at 3:25 p.m.

Mr. Campbell announced that Commissioners Steven Banks and Dr. Mary Bassett left prior to the Open Session, therefore, Ms. Jennifer Yeaw is representing Commissioner Banks and Dr. Oxiris Barbot is

representing Dr. Bassett, each in a voting capacity.

Additionally, Board members Mrs. Bolus and Dr. Belkin left the meeting.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on, October 27, 2016 were presented to the Board. Then on motion made by Mr. Campbell and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on October 27, 2016, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell announced the resignation of Dr. Raju, effective November 30, 2016. During the Executive Session, at the recommendation of the Governance Committee, the Board unanimously approved the appointment of Mr. Stanley Brezenoff as Interim President and CEO of NYC Health + Hospitals until a permanent candidate is named. Mr. Campbell welcomed Mr. Brezenoff.

Mr. Campbell announced that a Board educational session will take place in December. He also announced that NYC Health + Hospitals will be conducting a series of forums across the City, in conjunction with the Community Resource Exchange, to discuss community healthcare needs, as well as providing communities with information about the future of healthcare delivery.

Mr. Campbell informed the Board that the dates for the 2017

Committee meetings and Board meetings have been determined.

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

Mr. Campbell thanked Dr. Raju for his committed leadership while serving as President and CEO of NYC Health + Hospitals and presented him with a commemorative plaque.

PRESIDENT'S REPORT

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

ACTION ITEMS

RESOLUTION

2. Authorizing the NYC Health + Hospitals 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 \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the **Boiler Plant Upgrade** at NYC Health + Hospitals/**Kings County**.

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

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a contract with the following six construction management firms: **AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDx Construction Corporation; and Turner Construction** to provide **professional construction management services** on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than

\$8,000,000 for all six firms over the initial and the two option terms.

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

INFORMATION ITEM

Mr. Sal Guido, Senior Vice President, updated the Board on the progress that has been made on the implementation of information technology projects throughout the System.

BOARD COMMITTEE REPORTS

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

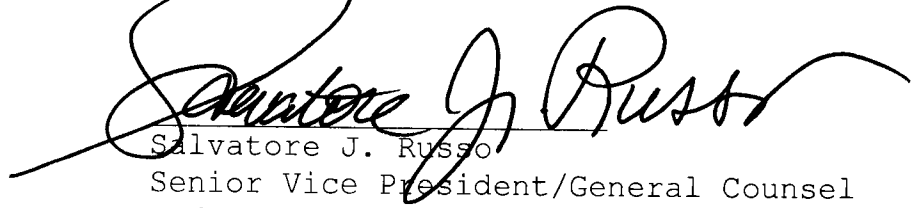
Mr. Campbell called for the Executive Session to discuss matters of quality assurance.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

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

ADJOURNMENT

Thereupon, there being no further business before the Board,
the meeting was adjourned at 4:57 P.M.

A handwritten signature in black ink, appearing to read "Salvatore J. Russo", written in a cursive style. The signature is positioned above the typed name and title.

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

COMMITTEE REPORTS

Capital Committee – November 3, 2016

As reported by Ms. Emily Youssouf

Committee Members Present: Emily Youssouf, Gordon Campbell, Ram Raju, Josephine Bolus, Mark Page,
Other Board Members Present: Bernard Rosen

Vice President's Report

Ms. Roslyn Weinstein provided an overview of the meeting agenda. She noted that there would be a resolution discussing a project to upgrade the boiler plant at Kings County Hospital, and a request to enter into contracts with six firms for Construction Management services. There would also be one information item, an update on the Department of Health (DOH) Primary Care Expansion sites.

Ms. Weinstein advised that she would like to provide an update on Federal Emergency Management Agency (FEMA) related projects, at the January meeting, and an update on the CBRE contract transition at the December meeting.

Ms. Youssouf said she would appreciate both.

Action Items:

Authorizing the 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 \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Boiler Plant Upgrade (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

Sheldon McLeod, Chief Operating Officer, Kings County Hospital Center, read the resolution into the record. Mr. McLeod was joined by Cyril Toussaint, Director, Office of Facilities Development.

Mr. Toussaint explained that the boilers in place at Kings County Hospital Center were running on a combination of Natural Gas and Number 6 fuel oil. He noted that the Department of Environmental Protection (DEP) had mandated that buildings in NYC be off Number Six (No. 6) fuel oil prompted a number of these projects throughout the system.

Mr. Toussaint explained that a waiver had allowed the continued use of the No. 6 fuel oil at this site, until March, 2019. This proposed project would allow the facility to replace five boiler burners, clean the fuel tank and move to using No. 2 fuel oil, therefor meeting DEP mandates within needed timelines. The cost is \$8.9 million, \$5 million from General Obligation Bonds, \$3.9 ACE funding. NYPA will manage the project. Scheduled for completion by June 2018.

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

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

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a contract with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for all six firms over the initial and the two option terms.

Denise Lyman, Director, Office of Facilities Development, read the resolution into the record. Ms. Lyman was joined by Louis Ighhaut, Assistant Vice President, Office of Facilities Development.

Ms. Lyman explained that a monetary threshold increase had been authorized in September for the existing Construction Management contracts, as these new contracts were undergoing the Request for Proposal (RFP) and selection process. She thanked the Committee for that approval and advised that these new contracts, written after the Project Labor Agreement (PLA) was finalized, would now be executed to replace the expiring contracts.

Ms. Lyman advised that contracts would provide Construction Management Services, system wide, under a not-to-exceed threshold of \$8 million, for an approximate three year term (one base year, and two one-year options to renew). Each firm committed to rates agreed upon in their contracts, and each proposal was vetted through the Office of Facilities Development.

Mark Page, asked how it would be determined which firm would be used, as needed.

Ms. Lyman explained that facilities would solicit proposals from the pool of consultants and awarded based on the best rate, for the most specific services.

Mr. Page asked if all firms must respond. Ms. Lyman said no, they are all qualified to respond but are not required to do so. Jeremy Berman, Deputy Counsel, Legal Affairs, added that a mini-RFP was conducted for individual projects/work orders, but the idea of the pre-selected contractor pool, was that they had already been vetted for service quality and committed to rates.

Mrs. Bolus asked why previous contract totals in the executive summary reflected contract amounts greater than the new contract. Ms. Lyman said those numbers reflected multiple contracts and prior experience.

Mrs. Bolus said she was familiar with Turner and surprised they didn't have a contract with us previously. Mrs. Weinstein said they had been contracted to do work in the system but not as a Requirements Contractor. Mrs. Bolus asked if there were ever firms awarded contracts that did not receive any work. Mr. Iglhaut said there are firms that receive little work, and some that build a relationship with a facility and therefore receive more regular work. Mr. Berman explained that contracts, and their subsequent work orders are registered with the New York City Comptroller's Office and they request information on solicitation and multiple proposals for larger projects.

Ms. Weinstein explained that the Requirements Contracts were used for work that needed to be completed quickly. It was preferred that projects be bid out, but when time was a factor these contracts were available.

Mrs. Bolus asked if it were possible for a Consultant to have a Requirements Contract and be awarded a project through bid. Ms. Weinstein said yes.

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

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

Information Items:

Update: Primary Care Sites

Ms. Weinstein advised that Steven Bussey, Chief of Ambulatory Care, Office of the President, and Tamika Campbell, Director of Administrative Services, Construction and Maintenance, would be providing an update on the Department of Health (DOH) Primary Care Expansion. She noted that projects were started in March, 2016, and two sites had opened in late September.

Ms. Campbell explained that her role as Project Manager was to construct six sites, within DOH buildings, by the end of December 2016. She outlined challenges faced throughout the project, including building and constructing within someone else's structure, the Certificate of Need (CON) submission and approval process, and other necessary pre-approvals, which take time and coordination. She noted that weekly meetings were being held with City Hall, DOHMH, Gotham Health and Central Office, to keep communication flowing.

Ms. Campbell said that eight locations had originally been identified, but it was determined that only six sites would be constructed. Ms. Youssouf asked why the two sites were ruled out. Ms. Weinstein explained that there were legal issues with one of the sites, as it was determined not to be a DOHMH managed building, which presented various problems. Construction of another site was ruled out as a result of project cost and the competition in the proposed site; there were a number of other providers in the building and it was not deemed a desirable location or practical expense.

Mrs. Bolus asked if locations for the other sites had been selected and recommended that Canarsie, the Bayview Houses and the Breukelen Houses be considered, as they were all underserved. Ms. Weinstein said it would be discussed with City Hall, and they would weigh in, but she would keep those locations on a list for discussion.

Ms. Campbell shared photos of the two completed sites, Crown Heights and East Tremont, and reviewed project costing. Ms. Campbell noted costs per square foot included not only design and construction, but also outfitting, contingency, and other outliers, that frequently drive up project costs on the tail end. This was done at the request of Ms. Weinstein, to provide a more accurate and thorough project cost. Ms. Youssouf thanked Ms. Weinstein for that.

Mr. Page asked how usage was in the new sites. Mr. Bussey said that numbers were initially down but were growing. He noted that patients were excited and utilization was expected to expand.

Mr. Page said he would be interested in seeing usage, by month, after the sites were opened. Mr. Bussey said that would indeed be tracked and he would be happy to share as the data came in.

Gordon Campbell, Acting Chairman, noted that the power point had estimated utilization for various years, and asked how that schedule worked. Mr. Bussey said outer years were based off of 2016 as year one. He said projections were based on estimated patients, neighborhood providers, and other factors.

Mrs. Bolus asked if we had seen that our patients were moving from one site to the other. Mr. Bussey explained that the two sites that had opened were sites that had previously existed in the same location and were renovated, so it was likely that there was an existing patient population in place already. He noted that would be something to track with regards to the new sites. As noted, the disruption of service caused a slight decrease in the numbers, after opening, but they were expected to swing back.

Dr. Raju noted that the Primary Care Initiative was about providing different care and it was likely that we would at some point be shifting some patients from Ambulatory Care Services in the hospital environment to these satellite clinics. This is expected to decrease appointment time and increase access, as well provide convenient hours. It is a change in the way healthcare is being provided.

Mrs. Bolus recommended that Community Advisory Boards be involved early on in the process. Mr. Bussey agreed.

Mrs. Bolus recommended that branding include banners and signs, not just building signage. Ms. Campbell said she had driven around the neighborhood and seen a number of the banners around and the team was aware that branding and publicity were important.

Mr. Bussey explained that four additional sites were expected to open by the end of the year, and the Vanderbilt site was expected to open in September, 2017. He noted that hours would be adjusted as demand was reviewed and tracked.

Ms. Youssouf asked if needs assessments were already complete. Mr. Bussey said yes, a number have been done and information is being used.

Ms. Youssouf asked for clarification that all six of these sites were in DOHMH buildings. Mr. Bussey said yes, you are correct. He noted that these weren't the most desirable sites but this was part of a City initiative and sites were pre-identified but still vetted.

Mr. Bussey ran through the list of additional sites, and expected hours of operation and services to be provided. He noted again that all models were flexible and would be adjusted as needed.

Ms. Weinstein noted that the Brownsville site included a kitchen for educational instruction for diabetics, and that kitchen design had been so successfully done it had become a model for DOH for other sites.

Mr. Bussey explained that models were set up to project visits, but there was much competition and we were changing the way we provide services, so there should be some flexibility and the system had to stay on top of proximity, modernity, and other analyses. Quality and access were some of the biggest drivers. If patient experience is solid, then we can and will remain competitive.

Mrs. Bolus asked if all sites were on EPIC now. Mr. Bussey said no, only certain sites. Mrs. Bolus asked if that meant your patient number would change. Ms. Weinstein said individuals would be given a new medical record number, but everything would be streamlined in the new system and would eventually all tie together. You have a unique patient ID number that will track everything, she said.

Ms. Youssouf said the update was very informative and thanked the team for the hard work. She said she looked forward to hearing about the last four sites when they were opened.

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

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

Finance Committee – November 3, 2016

As reported by Mr. Bernard Rosen

Committee Members Present: Bernard Rosen, Emily Youssouf, Mark Page, Gordon Campbell, Ram Raju

Senior Vice President's Report

Mr. P.V. Anantharam stated that from a cash perspective, H+H is maintaining a descent flow; however, in doing so, there is need for constant pressure on the State to release a number of payments which have been forthcoming as part of the State cooperativeness in conjunction with the Federal in this regard. The details of H+H cash status would be present by Mr. Linhart. The reports have been reconfigured to better highlight the trends in utilization and by service line. Ms. Olson would provide more specifics relative to those changes. In terms of the FTE targeted reduction, H+H continues to do better in terms of the actual personnel throughout the system. However, given the level of reductions through attrition, there have been some increases in overtime in order to meet staffing requirements that will be reported by Mr. Covino.

Cash Flow

Mr. James Linhart reported that H+H cash balance as of September 30, 2016 was \$254 million or 13 days of cash on hand (COH). Payments totaling \$300 million in DSH and UPL receipts are expected during the month that will provide a healthy cash balance through January 2017 of \$329 million or 17.2 days of COH.

Supplemental Funding Update

Mr. Anantharam stated that he would be doing the update on behalf of Ms. Dehart who was on scheduled annual leave. The supplemental payments relative to inpatient UPL that were critical to H+H cash flow needs, Dr. Raju was able to complete previously reported negotiations with CMS for substantial advances on pending inpatient UPLs for 2015 and 2016. H+H received the first advance of \$128 million for 2015 last week and anticipate receiving \$315 million by mid November 2016. There has been a lag in finalizing this second advance payment due to the State's finalization of the process. H+H continues to follow up with both the State and CMS on this issue and expect that it will be resolved in time for the payment to be received as projected. Since last reported on the status of DSH and UPL payments, \$63 million was received in September 2016 as expected to close out outpatient UPL payments through 2014, and \$113 million of DSH payments, which was \$13 million higher than previously reported. H+H is continuing, in conjunction with the City, to work on securing new funding committed by the State - \$240 million for the Value Based Purchasing-Quality Improvement Programs and \$150 million of waiver funding for Care Restructuring Enhancement Pilot (CREP) programs. While these advances are critical to supporting current cash needs, we are working with the State and CMS to expedite finalization of all outstanding payments and commitment to timely resolution on an ongoing basis. As discussed the hospital payments for 2015 involve rebasing the calculations, which generates the longest delays in the review process. There have been positive preliminary responses from CMS on an approach to carry these calculations through 2017 UPLs, which are budgeted for payment during FY18.

Dr. Raju asked what the total amount H+H received as part of the advancement from CMS was. Mr. Anantharam stated that \$128 million for FY 15 and \$315 million for FY 16.

Ms. Youssouf asked what the agreement between the City and State was for securing those payments.

Mr. Anantharam stated that there are two different payment stream for improving H+H qualitative outcome through value base payments and another for appropriating for care management program for Behavioral Health and Long Term Care (LTC). \$120 million per year retroactive to last year which for the current FY 17 would total \$240 million. The CREP program at the State level totals \$400 million at a value of \$150 million for FY 17; however, both of these programs require the City to put up a local share and there are discussions with the City on these transactions.

Key Indicators Report

Ms. Krista Olson informed the Committee that the Key Indicator report has been broken out by Service Line. Starting with Acute Care Hospitals, visits are down by 3.2% compared with last year at this time. Discharges are down by 2.8%. Average Length of Stay shows the comparison of Actual against the system-wide average. Coney Island is finally below the expected length of stay,

as anticipated. CMI is up from .93 to .99, or 6 percent over last year. Turning to Gotham, visits are down by 7 compared with last year. Finally, nursing home days are up by 1.4%, driven primarily by Gouverneur which opened 20 new beds in July.

Ms. Youssef questioned the utilization variance at Queens that reflected a 6.9% reduction. Ms. Olson stated that while there was that decrease but there was an increase in discharges and a more in-depth review would be needed to determine whether the two were related. Additionally, during this time of the year there are variances that may or may not be reflective of an actual trend and as the year progress will eventually flatten out.

Mr. Page added that it would be important to know why some hospitals were going up and some were significantly down. Ms. Olson stated that a more detailed review would be required and would be done and the findings reported back to the Committee.

Dr. Raju added that a major contributor to those trends was related to the Two Midnight Rule which should be explained so that the Committee has an understanding of the impact on the process and how it relates to the hospitals compliance with that Rule. As part of that process, when a patient is admitted the expectation is that the stay would be at least two days. Some hospitals are getting ahead in the process by starting with the observation unit so as not to admit the patient if the stay will be less than two nights. Although it is the appropriate care treatment for the patient; however, the hospitals are being penalized as part of the reimbursement. Despite all of the reforms, the bottom-line is that the payment for an inpatient stay is greater than the observation unit stay. Additionally, the staffing requirement for providing that level of care, the fixed cost of taking care those patients continues to be set with a lower payment.

Mr. Page stated that as previously informed the payment for the observation is \$200 compared to \$600 for an inpatient stay.

Ms. Olson stated that it is several hundred of the observation and decrease in Medicine discharges. However, when it has been determined that these trends are solidified that would be the appropriate time to report back to the Committee with additional details.

Mr. Coleman as a follow-up question to Dr. Raju's comments asked Ms. Olson where the new payment structure was reflected.

Ms. Olson stated that it is evolving and there is a "risk pool" with MetroPlus and HealthFirst, whereby H+H has aligned its payments with patient care and reducing those costs. The Medicaid fee-for-service for the uninsured, the hospitals are paid for care fee-for-service Medicaid on the inpatient side but there is no reimbursement for those patients on the outpatient side.

Dr. Raju stated that the most difficult part of it is that H+H is in a transition in that on the ACO side, the hospitals are able to keep patients out of the hospital as part of that initiative and H+H has received additional funding for those efforts. However, on the hospital side, it is the opposite, the numbers are decreasing and as H+H moves through this transformation of less hospitalization and more outpatient these utilization changes will be more prevalent in the data trends which is of concern in terms of which ACO is being viewed. A MetroPlus perspective is good given that H+H would not pay for the inpatient. H+H's performance against DSRIP and ACO has been very good. However, in terms of the trends that are being reflected in the reporting it appears not to be a good performance; it is expected that eventually this will level out in terms of the projected expectations of the impact of those initiatives.

Ms. Youssef asked if the decrease in utilization at the D&TCs was related to changes in the hours of operation which has been an issue.

Mr. Bussey stated that it is not an hours issue but rather better access that has been impacted by a decrease in providers and inefficiencies that are structural. Additionally, there are communities that are undergoing gentrification significantly and there is a lot of competition in those communities. A review is underway to make some improvements to ensure that those sites are optimizing for panel sizes.

Mr. Page commented that perhaps some thought should be given to the premise of reducing acute care with the expectation of increasing workload on the outpatient side.

Dr. Raju in response explained the type of treatment those patients which included the ordering of specific tests that are very costly but necessary to the overall treatment and care of the patient; however, the level of reimbursement is not consistent with that level of requirement care. In terms of the reimbursement for the observation unit can be better defined by Ms. Katz.

Ms. Katz explained that observation is paid as part of the emergency department and perhaps Medicare if the patient has both. Medicaid will pay for both the emergency department and observation but Medicare does not. It is costly given that hospitals are not required to have isolated observation units, any vacant bed can be used.

Dr. Raju added that the same level of resources are expended regardless of whether the patient is on observation or inpatient. There is a need for H+H to have a voice on this issue along with GNYHA and other advocates in terms of having an adjustment to the rate given those factors involved relative to the delivery of care to those patients.

Ms. Youssef asked if it is one day or two and if the patient gets admitted would that change the reimbursement.

Ms. Katz stated that it would not in that there are different rules, for Medicaid it is up to 48 hours and Medicare 24 hours the patient can be on observation. However, if the patient gets admitted that day in observation is counted as part of the 2-Midnight Rule.

Mr. Page asked if there is a way to reduce the first day cost given the level of resources that might be required.

Dr. Raju stated that it would not be in the best interest of the patient to take that risk that could result in a misdiagnosis. These issues must be addressed through the appropriate clinical protocols set forth in creating the reimbursement structure for this service. However, hospitals must be proactive in getting this issue on the table so that it can be appropriately addressed. The reporting and discussions were concluded.

Cash Receipts & Disbursements Reports

Mr. Fred Covino reported that since last November H+H's staffing level has declined by over 1,700 people or 1,570 GFTEs. This reduction has been accomplished solely through attrition. As Mr. Anantharam stated earlier, attrition does not allow for targeted reductions and can make maintaining operations extremely difficult. As such, the facilities have relied on increased overtime to meet their immediate operational needs. Going forward, H+H staffing adjustments will be guided by our Transformation Plan. To that end, H+H has begun working with our Union partners to develop a redeployment agreement/plan to help minimize the operational impact on the facilities and our employees. Comparing September 2016 cash receipts in comparison to last September, receipts for the month were up \$22 million; with inpatient receipts up by \$14 million, Outpatient receipts up by \$31 million and DSH/UPL receipts down by \$23m. The fiscal year to date receipts were down by \$90m. This decrease is primarily due a \$225 million decline in City payments resulting from the prepayment of \$400 million in FY 16 on behalf of FY 17. (CB \$194 million, Subsidy \$140 million & programs \$66 million). This decline is offset by \$163 million increase in DSH/UPL. Cash disbursements for the month of September were up \$19 million compared to last year for the same period primarily due to increased OTPS, however year to date disbursements are still below last year's level. Disbursements were down by \$282 million, the reduction was primarily due to \$309 million payment to City in FY 16 (on behalf of FY 14). This reduction is offset by increased fringe payments related to an earlier pension payment and PS increases related to collective bargaining increases since last September. Comparing September cash receipts to the budget, receipts were down \$23 million for the month and fiscal year to date, due to a combination of some declines in workload and aggressive budgeting. Disbursements for the month were \$5.9 million over budget as a result higher than planned OTPS disbursement as well as GFTE levels being greater than budgeted. Year-to-date through September 2016, disbursements were \$4.2 million over budget. This variance is primarily due to Personnel Services costs resulting from global FTEs being 257 above target as well as fringe benefit increases driven by increased Workers' Comp payments to date. The reporting was concluded.

Information Technology Committee – November 3, 2016

As reported by Mr. Gordon Campbell

Committee Members Present: Gordon Campbell, Ram Raju, Josephine Bolus, Jennifer Yeaw [for Commissioner Steven Banks]

Chief Information Officer Report

Sal Guido, Senior Vice President and Chief Information Officer, presented the Chief Information Officer Report. He stated the Service Line Leaders would present on four of EITS' five major projects: Compass, Enterprise Resource Planning (Project Evolve), Meaningful Use, and the Radiology Integration Program. The GO (electronic medical record) team was not able to make it due to a previous engagement. He reported that a full update will be provided by them next month.

Mr. Guido also discussed the EITS staff survey. He said that when he began his role in 2015, we sent surveys to staff. Over the years, he said, we have made progress using the feedback from those surveys. But we found we had room for improvement. He said we found the respondents (40% response rate) felt in general that they were contributing to the success of the organization and to Dr. Raju's Vision 20/20. Many were pulled into strategic meetings at all facilities to make sure they were engaged and understood our strategic direction.

Mr. Guido also said what we learned from the last survey is there was room for improvement, specifically around women in the division and how women participated in the strategic decisions being made within EITS and NYC Health + Hospitals. He said in response to this, a Women in IT committee was formed. He said focus groups were held and they yielded great recommendations so far. He said this committee will be responsible for making recommended changes and they will have the full authority and power to implement those changes within EITS. He said he would report back and mentioned that it was a great step forward for us as we incorporate everyone into the decision-making process.

Information Item:*Enterprise IT Services Program Updates*

Mr. Guido introduced his Service Line Leads to give updates on the four major projects:

COMPASS

Vijay Saradhi, Assistant Vice President, Data Sciences for the Compass Platform, provided the Committee members with an update on the Compass platform which was developed to provide direction for senior executives. The Compass Platform is a single point to find information and designed to support Vision 20/20, specifically reducing costs and improving quality of care, leading to better patient outcomes.

ENTERPRISE RESOURCE PLANNING (ERP)

Janet Karegozian, Assistant Vice President, Business Applications, provided the Committee members with an update on slides titled Enterprise Resource Planning (ERP) Program – Project Evolve. She spoke to the ERP “High-Level Program Delivery Schedule, delineated both Phase 1 and 2 of the project, listed the accomplishments to date under the ERP Program Update and reported to the committee that the program is on schedule and on budget.

MEANINGFUL USE

Dr. Alfred Garofalo, Sr. Assistant Vice President, Clinical Information Systems, next presented to the Committee members on Meaningful Use – Eligible Professional (EP) and Eligible Hospital (EH). He spoke to Meaningful Use Eligible Professional Incentives. As background, he explained that this is a project which sets specific goals are created by the Centers for Medicare and Medicare Services (CMS).

RADIOLOGY INTEGRATION PROGRAM

Mr. Guido asked Dr. Garofalo to discuss the Radiology Integration Program, which has been a great success and will be rolling out to NYC Health + Hospitals/Harlem on Wednesday, November 9, 2016.

Dr. Garofalo explained to the Committee members that the Radiology Integration Program will allow any image to be read at any site within the corporation using a single platform and generating transparent performance metrics in such a way that service, quality, and productivity are improved.”

Strategic Planning Committee (SPC) - November 3, 2016

As reported by Mr. Gordon Campbell

SPC Members Present: Gordon Campbell, Ram Raju, Robert Nolan, Bernard Rosen, Jo Ivey Boufford [audio phone]

Other Board Members Present: Josephine Bolus, Mark Page

Informational Items:

Update on Transformation - Ross Wilson, MD, Senior Vice President, Chief Transformation Officer

Mr. Campbell addressed the members: Dr. Jo Ivey Boufford joined the meeting by phone therefore, Dr. Boufford will not be able to vote, however a quorum was present.

Mr. Campbell thanked Dr. Ross Wilson for taking the role of Chief Transformation Officer. He also explained that it is not only the role of the Transformation Office but it is the role of the staff, community, and labor; it is an opportunity to come together on this journey to change Health + Hospitals.

Dr. Wilson said that it was important to understand that Transformation is a journey. This journey started before One New York Report came out last year. The work towards this transformation started a few years before that and it was incorporated in Primary Care strategies, in DSRIP strategies, and in Vision 2020. The One New York Report was generated in response to a financial problem. There is a \$1.8 billion gap in the financial plan by 2020. City Hall along with NYC Health + Hospitals worked on this report to identify how to close this financial gap. This report identifies the opportunity to rebuild and restructure the healthcare system. There is work to be done on improving efficiency; there is work to be done around increasing revenue and improving opportunities; and there is work to be done work around restructuring of the system. All this work has to be based on very solid data analytics. He said that the executive teams were heavily involved in this work and were responsible for the development of

implementation plans to address multiple parts of it. As they come to fruition, these plans will be shared. There are 12 strategies in the Mayoral Report as follows:

- Efficiency & Organizational Effectiveness
- Structure to Meet Community Needs
- Services to Meet Community Needs
- Maximize Eligible Revenue
- Effective Partnership Across Continuum of Care
- Enhance Capacities for Population Healthcare Management & Value-Based Purchasing (VBP)

Dr. Wilson informed the members that the VBP is the future of the payment model.

Mr. Richard Gannotta, Senior Vice President, Inpatient Care, addressed the members and said that with respect to transformation areas, they were getting ready for a value-based payment population health; that it was a great opportunity to take advantage of the synthesis between Inpatient and Ambulatory Care and the organization of patient-centered care.

Mr. Steven Bussey, Chief, Ambulatory Care, addressed the members and said that it was critical to redesign the system and look for opportunities to create a most efficient and sustainable Ambulatory Care Delivery Model to meet the needs of population we serve.

Mr. Antonio Martin, Executive Vice President / COO, addressed the members saying that for this very reason three highly skilled “service lines” were recruited for the transformation work. With their expertise and the expertise of Dr. Ross Wilson, Chief Transformation Officer, the transformation of our system will accelerate.

Dr. Wilson continued his presentation:

- Based on the Mayoral Report, we currently have very busy Emergency Departments with low admission rates. It indicates that patient needs could be better addressed in lower-cost, lower-acuity settings. Secondly, we have a low inpatient bed occupancy as more care is provided in the ambulatory setting. Furthermore, community and population health needs indicated opportunities for outpatient and post-acute investment and integrated social services, such as provision of housing support, legal advice support, access to other programs and other activities. And lastly, significant investments were needed in physical plants to maintain accreditation over the next 15-20 years. In summary, larger scale structural change is needed to set the NYC Health + Hospitals up for sustainability and success. Investment is needed to repurposing existing facilities and creating of new ambulatory and post-acute services.
- Community needs assessments indicated that our patients have chronic illness and preventive care needs. These needs are often best addressed outside of the hospital. Our community needs greater access to primary care, preventative, and urgent care services; greater capacity for mental health and substance abuse services; improved care coordination and care management to connect individuals to community supports, link care across settings, and manage chronic conditions. The community needs “One stop shopping” for health care services to reduce burden and inconvenience; timely access to emergency and trauma care; linkage and access to high quality tertiary care, other high acuity care and post-acute care. They need increased attention to addressing the social determinants of health, particularly focusing on housing and education. These are community needs for the healthcare delivery system.
- The tasks that have to be performed to make restructuring and transforming Health + Hospitals is as follows:
 - Design the healthcare delivery system that is appropriate for 2020: consistent with our mission, meets the health care needs of those we serve, build strong partnership to ensure covering the continuum of care, is financially sustainable, and succeeds (with MetroPlus) in a managed care, population health, and value-based purchasing environment.
 - Maximize revenue from external sources: delay DSH reductions and change NYS distribution; NYS Safety Net Legislation; and develop a new waiver for additional funding for uninsured care.
 - Maximize internal operating efficiency: transition from network structure to “service lines” for Inpatient, Ambulatory and Post-acute care; transition to a centralized share services model for Finance, HR, Emergency Management, etc.; maximize organizational effectiveness with specific attention to Revenue Cycle, Supply Chain and Real Estate opportunities.

- Maximize patient engagement and clinical quality: this was the most vital piece of work which needed to get done not just from the patient experience perspective but also about creating a robust care model which will keep our patients returning to us for care.

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Dr. Wilson informed the members that Leapfrog Group issued its annual Hospital Safety Grades. In New York City, only five hospitals achieved grades of A and B. All five hospitals are a part of NYC Health + Hospitals: Queens and Woodhull – Grade A; Harlem, Metropolitan, and North Central Bronx – Grade B.

Dr. Wilson continued that Health + Hospitals was working closely with NYC Health + Hospitals Board, Office of Transformation, Senior Leadership team and employees. City Hall, City agencies and Blue Ribbon Commission were actively involved in this process as well. Regular meetings with Labor and the City's Office of Labor Relations were being held as well as meetings with the Community Advisory Boards and an outreach program with information sessions and focus groups.

Mr. John Jurenko, Vice President, Intergovernmental Relations, presented a brief overview of the outreach program: He said that within the next six weeks, meetings and forums with Community Stakeholders across the city are being planned. Also small-group discussions with the community-based organizations about the issues addressed by Dr. Wilson are being planned. He said that Health + Hospitals is using the Community Resource Exchange (CRE) firm and NY Immigration Coalition to participate in these meetings and outreach work.

Dr. Wilson said that the Blue Ribbon Commission meetings had concluded and they will provide their views and advice within the next six weeks.

Dr. Boufford, Committee member and member of the Blue Ribbon Commission, addressed the members saying that they were contracted to provide advice. The Commission is working closely with the leadership of NYC Health + Hospitals. The progress that NYC Health + Hospitals has been making is well recognized and seen as a strong platform for the transformation going forward.

Dr. Wilson said that Health + Hospitals was looking at different delivery models, based on examples from across the nation:

- Regional Community Acute Care Campuses: full service emergency and acute care, broader diversity of specialty services, and referral centers.
- Community Access Campuses: emergency services with modest inpatient footprint (plus strong referral relationships) and sophisticated outpatient services including clinics, procedures and outpatient specialty programs. Beth Israel would be an example of Community Access Campus.
- Health & Wellness Ambulatory Campuses: multi-disciplinary outpatient medical centers with significant ambulatory care services and extended-hour access (Possibly 24-7). Some examples of Health & Wellness Campus Models were shared with the members.
- Community Clinics and Access Points: integrated behavioral/physical health care, enhanced primary care, and sometimes urgent care.

In conclusion, Dr. Wilson stated that public systems across the U.S. investing in ambulatory, urgent care and behavioral health. The NYC Health + Hospitals needs a range of services. It was imperative to expand our outpatient services and reduce the inpatient footprint.

Dr. Ram Raju, President and CEO addressed the members saying that this was something Health + Hospitals needed to do as the model of care is changing very fast. Couple of things we need to be aware of is that the transformation will not occur in the Boardroom; it needs to occur at the frontline. Frontline workers need to understand the reason for transformation, what their role in it is, and how they can work towards a particular goal. They need to be inspired by it, be assimilated and comfortable. This is the job for our leadership. Secondly, we need to let the frontline people know how the reform structure will look like and be very clear on how they will fit into this structure. The third point is that this is a five-year plan and things will change within and outside of the organization. There are uncertainties as we depend on governmental support and changes may occur within the government. We have to be flexible to be able to make changes as needed. Success of this mission depends on our frontline workers.

SYSTEM SCORECARD 2016 Q3

	LEAD	TARGET Q3	ACTUAL Q3	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020	
Anticipate & meet patient needs									
1	Out-patient satisfaction (overall mean)	COO	85%	79%	-7%	Y	78%	78%	93%
2	In-patient satisfaction (rate-the-hospital top box score)	COO	65%	61%	-6%	R	62%	62%	80%
Engage our workforce where each of us is supported & personally accountable									
3	Staff completing leadership programs	COO	504	627	+24%	G	521	462	1,200
4	Employee engagement (5 point scale)	COO	4.1	3.6	-13%	Y	3.6	4	4.1
Provide high quality safe care in a culturally sensitive, coordinated way									
5	Hospital-acquired infections (CLABSI SIR)	CMO	0.90	0.79	-12%	G	0.79	0.85	0.50
6	DSRIP on track	OneCity CEO	90%	98%	+9%	G	98%	100%	90%
Expand access to serve more patients (market share)									
7	Access to appts (new adult patient TNAA days)	CMO	14	22	+54%	Y	23	21	14
8	Unique patients (thousand)	COO	1,218	1,153	-5%	R	1,171	1,168	2,000
9	MetroPlus members (thousand)	M+ CEO	510	505	-1%	Y	501	472	675
10	Patient revenue (proportion of expense)	COO	63%	56%	-11%	Y	56%	56%	70%
Increase efficiency by investing in technology & capital (organizational reform)									
11	EMR budget variance	CIO	0%	0%	0%	G	0%	0%	0%
12	EMR implementation on track (milestones)	CIO	100%	90%	-10%	Y	90%	90%	100%
13	Contractors performance at service level	COO	100%	94%	-6%	Y	92%	91%	100%
14	FEMA projects on track	COO	100%	96%	-4%	Y	91%	100%	100%
		LEAD	TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

Note: Calendar year.
 CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)
 Indicators 4,5 & 10 reflect Q2. Q3 not yet available

G on target
Y trending toward target
R off target

GLOSSARY

Anticipate & meet patient needs		
1	Out-patient satisfaction (overall mean)	Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date
2	In-patient satisfaction (rate-the-hospital top box score)	% in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date
Engage our workforce where each of us is supported & personally accountable		
3	Staff completing leadership programs	Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible
4	Employee engagement (5 point scale)	Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average
Provide high quality safe care in a culturally sensitive, coordinated way		
5	Hospital-acquired infections (CLABSI SIR)	Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data not finalized for 5 months after the reporting period; considered to be most accurate after CMS reporting deadline for the quarter
6	DSRIP on track	Total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported Jan & Jul
Expand access to serve more patients (market share)		
7	Access to appts (new adult patient TNAA days)	Average days to third next available appointment for new adult patients (primary care only)
8	Unique patients (thousand)	12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate
9	MetroPlus members (thousand)	Active MetroPlus members across all categories at the end of the quarter
10	Patient revenue (proportion of expense)	Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD)
Increase efficiency by investing in technology & capital (organizational reform)		
11	EMR budget variance	EMR implementation over or under budget
12	EMR implementation on track (milestones)	Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live
13	Contractors performance at service level	% of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility).
14	FEMA projects on track	% milestones from monthly FEMA Program Dashboard on track (green or yellow)

G on target
Y trending toward target
R off target

Mr. Martin addressed the members and explained that the "Inpatient satisfaction" scores show some improvements. Kings County and Harlem hospitals were recognized for their accomplishments. At Kings County, the results are visible on every floor. The Nursing and Physician staff review their scores and discuss plans for further improvements. At the last Leadership meeting, two of our more successful hospitals, Harlem and Jacobi, presented their accomplishments on overall patient satisfaction and staff engagement. They shared their ways of connecting with the staff and improving patient experience. The sharing of best practices is very important. Another area in Red is "Unique Patients": this is consistent with the decline that we have seen in our visits and discharges occurring across our facilities. It also relates to staff engagement and patient experience. This is a challenge for us.

He also mentioned the “FEMA projects”: We have always been in 100% but we came up with a new solution. It relates to Bellevue: Instead of the installment of outside elevators (if there is a flood, these elevators can run outside), we came up with another solution. The inside elevators can be revamped so that they do not go down all the way to the basement. This solution is significantly cheaper. The decision to adopt this solution was made late and this is why it is in Yellow. He further concluded that the largest challenges are the improvement of staff engagement and patient experience and the change of culture. It is definitely work in progress.

Mr. Martin provided an explanation on “Access to Appointments”: This is to make sure that our patients have access to clinics on a timely basis. The “Third Next Available Appointment” for adult patients target is 14 days. Currently, it is at 16 days for adults and 5-6 days for pediatric patients.

Mr. Bussey addressed the members saying that the ability to meet deliverables will depend on our ability to increase the number of providers and repositioning of providers across the system.

Mr. Campbell made a recommendation, he said that the hospitals that show better performance should present to the Board at future meetings to share their stories.

Dr. Wilson noted that patient experience greatly depended on staff engagement. The Scorecard Targets for 2020 are a national median; and just to get to national median, we have a lot of work to do. This is a very heavy lift but it is absolutely essential.

****** End of Report ******

RAMANATHAN RAJU, MD
NYC HEALTH + HOSPITALS PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 17, 2016

Good afternoon. As is customary, I will highlight just a few items from my report to the board. The full version is available to all here and will be posted on our website.

SALUTE TO OUR VETERANS AND MILITARY FAMILY MEMBERS

Our health care system observed Veterans Day 2016 by marching in America's Parade, under the NYC Health + Hospitals banner. We demonstrated the deep respect residing in our system for NYC Health + Hospitals' veterans, reservists, family members, and all who support our military personnel.

NURSING EXCELLENCE AWARDS HONORS THE "BEST OF THE BEST"

Last month we held a great event honoring the nurses who won the 2016 Nursing Excellence Awards. We showcased the work of 6 winners, 160 nominees, and 8,000 nurses throughout our health care system who provide outstanding care for New Yorkers in hospitals, post-acute care centers, neighborhood health centers, nursing homes, and home care across the five boroughs.

Let's watch a 2 minute slideshow celebrating the awardees.

LEAPFROG GROUP AWARDS NYC HEALTH + HOSPITALS HIGHEST NYC RANKINGS

This month we were proud to learn that only five hospitals in New York City received Leapfrog Group Hospital Safety Ratings of "A" or "B". All five are within our system. They are:

- NYC Health + Hospitals / North Central Bronx
- NYC Health + Hospitals / Queens
- NYC Health + Hospitals / Woodhull
- NYC Health + Hospitals / Harlem
- NYC Health + Hospitals / Metropolitan

Congratulations to all five hospitals for this well-deserved recognition.

Leapfrog Group is an independent nonprofit focusing on quality of care nationwide. Its Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D, and F grades to more than 2,600 U.S. hospitals twice per year. These grades are calculated by top patient safety experts, peer-reviewed, fully transparent, and free to the public. The group's independent ratings program focuses solely on how effectively hospitals keep their patients safe.

ACA IMPACT ON SAFETY-NET HEALTH SYSTEMS SUBJECT OF NEW ENGLAND JOURNAL OF MEDICINE ARTICLE AUTHORED BY NYC HEALTH + HOSPITALS STAFF

An article in the October issue of the New England Journal of Medicine, authored by Dave A. Chokshi, MD, Chief Population Health Officer of OneCity Health, Ross M. Wilson, MD, Chief Transformation Officer, and Ji E. Chang, MS, PhD, Assistant Professor at NYU College of Global Public Health examines how coverage provisions of the Affordable Care Act are affecting safety-net health systems across the United States. The article also characterizes the responses of these systems to payment reform and charts future directions in scaling up improvements and innovation in delivery systems.

ZIKA ACTION PLAN OFFERS GUIDANCE TO HEALTH SYSTEMS NATIONALLY

The Morbidity and Mortality Weekly Report, a publication of the Centers for Disease Control & Prevention, published an article in October titled "Preparedness for Zika Virus Disease — New York City, 2016," written by four NYC Health + Hospitals infectious disease experts. The article lays out a robust emergency preparedness and response program that can help other health care systems limit the effects of the Zika virus and ensure appropriate screening, diagnosis, and care.

ROSA M. COLON-KOLACKO NAMED SENIOR VICE PRESIDENT AND CHIEF PEOPLE OFFICER AT NYC HEALTH + HOSPITALS

On October 26, NYC Health + Hospitals announced the appointment of Rosa M. Colon-Kolacko, PhD, MBA, CDM, as Senior Vice President and Chief People Officer. Dr. Colon-Kolacko's extensive experience in building inclusive workplaces resulting in a more

engaged multicultural workforce will help nurture an environment at NYC Health + Hospitals that supports the health system's transformation toward financial stability, growth, and improved patient experience.

Most recently, Dr. Colon-Kolacko served as president and founder of Global Learning and Diversity Partners, LLC, a consulting services organization that focuses on building multicultural, inclusive and learning organizations in health systems. For most of the past decade, she served Christiana Care Health System in Delaware, most recently as Senior Vice President of its Learning Institute and Chief Diversity Officer, and earlier as its Vice President of System Learning. Dr. Colon-Kolacko holds a PhD in Organizational Development and Change from Benedictine University and an MBA from Henley Business School, University of Reading, England. She is also a researcher and has held academic positions as professor of professional practice at Bowling Green State University and an adjunct faculty member at Georgetown University and University of Delaware.

METROPLUS' MARKETING STRATEGY TAPS NONTRADITIONAL LOCATIONS: RIKER'S ISLAND, AIRPORT CAFETERIAS, AND PARENT ASSOCIATION EVENTS

MetroPlus has launched a community marketing effort to find and enroll uninsured New Yorkers by tapping nontraditional locations. The health plan has recently been enrolling beneficiaries at the Riker's Island visitors' center, at airport employee cafeterias, and at parent association events in city schools. In addition to traditional outreach in hospitals and clinics, MetroPlus plans to expand its presence to wherever New Yorkers need help finding affordable, high-quality health insurance. These innovative efforts are paying off. More than 750 individuals and families have been connected to MetroPlus over the past few months.

NYC HEALTH + HOSPITALS/ELMHURST USES ROBOTIC TECHNOLOGY TO IMPROVE WOMEN'S HEALTH

The recent installation of a state-of-the-art da Vinci robot at NYC Health + Hospitals/Elmhurst is dramatically expanding gynecologic treatment options for women in Queens. Long a leader in providing high-quality health care to the borough's women, Elmhurst is using the new technology in the minimally invasive surgical removal of benign and cancerous tumors of the uterus and other parts of the female reproductive system. The robotic technology is also being used in pelvic floor reconstruction.

Elmhurst had previously pioneered an earlier version of the da Vinci robot, which was used only by its urologists for the removal of cancerous prostate, bladder, and kidney growths and the treatment of other urologic disorders. The addition of the more advanced robotic system has allowed for the expansion of treatment options to include gynecology. The hospital anticipates doing 100 gynecologic procedures annually, as well as other urologic procedures.

BREAST CANCER INITIATIVES AT NYC HEALTH + HOSPITALS/BELLEVUE and NYC HEALTH + HOSPITALS/JACOBI

NYC Health + Hospitals/Bellevue has partnered with NYU to launch the Beatrice W. Welters Breast Cancer Program. Under the leadership of Bellevue's Chief of Breast Surgery, Kathie-Ann Joseph, MD, MPH the grassroots initiative aims to improve medical outcomes for underserved women by bringing information to them at their salons, places of worship, gyms and more.

Last month Bellevue also kicked off a new community lecture - public seminar series on breast cancer that is free and open to the public and will feature Bellevue experts discussing topics of interest to the community.

As a National Accreditation Program for Breast Centers, the NYC Health + Hospitals/Jacobi Breast Service earned a 3-year, \$75,000/year award from Governor Cuomo's Breast Cancer Awareness and Screening initiative outlined in the 2016 State of the State address.

At Jacobi, these funds will be used to bring on additional patient navigator support and increase screening by 10%. Jacobi is one of just three NYC Health + Hospitals facilities to earn this award (Bellevue and NYC Health + Hospitals/Lincoln also received grant awards).

JACOBI'S CONGENITAL CRANIOFACIAL CARE CENTER ACCREDITATION

Jacobi's Congenital Craniofacial Care Center was granted accreditation by the American Cleft Palate/Craniofacial Association. It is the only craniofacial program in the Bronx to earn this recognition, and one of just nine such teams in New York State. Congratulations to Eugene Sidoti, MD and his team.

DEPRESSION EDUCATION AND SCREENING TRAINING FOR JACOBI PHYSICIANS

Behavioral Health Services at Jacobi observed National Depression Awareness Day by providing depression education and screening for 43 participants. Nine Jacobi physicians completed a three-month leadership training program sponsored by Physician Affiliate Group of New York (PAGNY), which developed the program in collaboration with consultants at Lee Hecht Harris. The training included a practical project involving NYC Health + Hospitals Predictive Index (PI) measures.

KIDS RIDE and ASTHMA READING CLINIC AT LINCOLN

In October NYC Health + Hospitals/Lincoln's Kids Ride Club held its first outing that included students from P.S. 18 (the John Peter Zenger School in the Bronx). The Club provided helmets and bicycles to the kids who rode round trip for nine miles from Lincoln to Randall's Island with stops at areas of interest along the way. Lincoln attending physicians James Zisfein MD, eight students, several parents and siblings of some of the students accompanied the group on the ride.

Also in October, Lincoln held its second Asthma Reading Clinic on the heels of its successful kick-off in August 2016. The Clinic provides information and education on asthma in a fun and interactive setting. At the most recent event, there were 29 participants, including 22 children, five teenagers and two infants. Among the 10 "Celebrity Readers" was the President of Hostos College David Gomez, Ed.D MetroPlus, Healthfirst and TD Bank provided supplies for the event which included pumpkins, snacks, and pencils. The next event is scheduled for January 2017.

LGBTQ RESOURCE FAIR

Representatives from NYC Health + Hospitals / Metropolitan and NYC Health + Hospitals/Elmhurst participated in an LGBTQ Resource Fair at the Jackson Heights Jewish Center, hosted by the Mayor's Community Affairs Unit. Representatives from various city agencies spoke about the services provided for lesbian, gay, bisexual, transgender, and queer New Yorkers. NYC Health + Hospitals representatives were there to share information about our LGBTQ affirming services and our status as a Leader in LGBTQ Healthcare Equality.

3M CORPORATION RECOGNITION OF BEST PRACTICES IN STERILIZATION AT NYC HEALTH + HOSPITALS /METROPOLITAN

Metropolitan's Central Sterile Department was recognized by 3M for providing the highest standard of care in sterile processing by practicing "Every Load Monitoring." The process uses biological indicators to ensure the proper sterilization of equipment for every single patient. Central Sterile helps to ensure patient safety by reducing the risk of hospital-acquired infections.

DR. RAJU FAREWELL REMARKS NOVEMBER 17, 2016

Let me begin by saying that successor, I know that I am turning over the reins to a very steady pair of hands in Stanley Brezenoff. Stan is eminently qualified to take on this task. I believe I speak for all of us, when I say how appreciative we are that he has agreed to come on board.

I hope you'll indulge me for a few moments, by letting me speak one last time as your CEO to express what's in my heart about our iconic organization---which has been at the core of my life for over a decade.

And I should say at the outset, that I am very grateful to Mayor De Blasio, First Deputy Mayor Shorris, Deputy Mayor Palacio, and members of our Board of Directors for giving me the opportunity to serve as your President and CEO.

I feel a deep sense of humility and gratitude.

Twenty years ago, I left my practice as a trauma surgeon to become a health care executive. I hoped doing so would offer me a chance to work on a broader scale. A chance to work for better health for more people than I could ever touch in my own practice. Well, there's nothing broader in the public health universe than NYC Health + Hospitals. And it's been my dream job to serve at the helm, as we worked together to defeat health disparities and to further health equity in our city.

So, I hope you won't mind my taking a few minutes to offer my aspirations for our system.

As we all know, these are times of great upheaval across the health care landscape nationally, and here in New York City. Which makes it even more important that we demonstrate value. Value to the city. Value to our patients. And value in everything we do. This means we must do two things at once:

We must continue to fulfill our mission of providing health care to all who need it. And we must prove that we will transform to be financially responsible and viable in the future.

I believe we've made significant progress.

We have dispensed with the outdated network system, and have reorganized along system-wide service lines that will place us on a more competitive footing.

We have searched the nation, and within our own system, to find the next generation of talented leaders.

We have successfully completed phase 1 implementation of EPIC. We have launched Enterprise Resource Planning to modernize key back-office functions. And we are making progress in unifying ancillary systems like radiology, and laboratory. We have a long IT journey in front of us, but we've made real headway, which makes me very proud.

We have rebranded, to make New Yorkers more aware of who we are, what we do, and why we are essential. We are letting them know of the transformational changes occurring under our roof...and we are articulating our values more loudly and clearly than ever before.

We are making New Yorkers aware that we will meet the future head-on with our labor partners and community supporters to build a more unified, more cohesive, public health care system...a system that is more focused than ever on better patient outcomes and more ambulatory-based care.

But at the end of the day what makes us different from other health care delivery systems is our compassion, our resiliency, and our toughness in the service of our patients.

We hold our mission as self-evident. And we will always fight for it.

Which is why my aspiration for all of you, and for the public system we have dedicated our professional lives to, is this:

I hope you will continue to do everything possible to eliminate health disparities that exist all too often within the communities and populations we serve.

And I hope you will continue to fight for a more diverse health care workforce nationally.

At NYC Health + Hospitals we have successfully built a pipeline of physicians, nurses, and clinicians from diverse backgrounds --- of Latino, Asian, African American and Caucasian descent because we believe this is the most effective way to make a difference on health disparities..... disparities in all the diseases and conditions that afflict the communities we serve, disproportionately and unfairly. Health care delivery systems across the country should emulate the work on diversity that we have accomplished here at NYC Health + Hospitals.

I also hope that you will continue the great work we've begun to reach beyond the four walls of our hospitals and beyond our traditional medical silo, to allow us to act across the city as social change agents. Because, we understand the direct connection between social conditions like unstable housing, lack of nutrition and legal problems, and how they can undermine the care we provide.

I couldn't be more proud of the stand we have taken to deeply involve our system in solutions to social conditions that for too long were considered outside the ambit of health care organizations like ours.

Finally, let's acknowledge that these are tumultuous and challenging times for the system we are working so hard to safeguard.

In public service, achievements and successes often go unnoticed. But failures sell newspapers.

This may be unfair, but it is nothing new. My hope for you is this: Don't let that dynamic have a chilling effect on your creativity. Don't let the possibility of failure dampen your sense of innovation. Don't let worry about a negative media story impede your willingness to take risks on behalf of our patients. Because, history teaches us time and time again that the future belongs to people who are not afraid to take risks, and indeed, to people who are not afraid to fail.

Which is why in a system whose failures are magnified and accomplishments under-played, the new CEO needs a partner and not just a supervising authority. I hope each of you, as members of our Board of Directors, will work closely with our new CEO, offering him the same flexibility, the same support, the same wise counsel that you generously offered me.

At the end of the day, don't ever forget that our success is measured by our patients: their outcomes, their needs, their access, their ability to lead the healthiest lives possible. One million patients last year alone:

- 4.2 million outpatient visits
- Over 18,000 babies born in our Labor and Delivery suites
- 1.2 million ER visits
- Some of busiest trauma centers and EDs in the nation.
- Approximately 45% of all inpatient behavioral health care delivered in New York last year

The numbers are staggering. They reflect how many New Yorkers rely on us for care each and every day. Which is why, no matter what the external challenges, no matter what the financial difficulties we face, no matter who sits in the White House or in the Halls of Congress, for us, it will always be patient care that matters most.

I deeply believe that what sets our healthcare system apart from our competition is this: It is in our DNA to treat each individual who comes through our doors as a person with their own history, their own needs, and their own hopes. We are not simply a healthcare system that treats diseases. We are much more than that. We don't just treat diabetes, we treat Mrs. Gonzales. We don't just treat heart disease, we treat Mr. Jones. Because, we know we are in the business of health care, not the health care business.

For myself, this has been the greatest of journeys. I've been more privileged than I can say, to have all of you at my side. Thank you for welcoming me into your facilities, and into your hearts. There are so many folks I need to thank...some of them are leaders and many more of them are what I call silent heroes. You know who you are and I know who you are. Thank you from the bottom of my heart for all the kindness and tolerance you have shown me. My goal was always to help make your jobs a little easier, a little more tolerable, a little better than the day before. Only time will tell how far I succeeded in that aspiration, but I leave with a sense of fulfillment that I tried to contribute a little to this wonderful organization, and a sense of optimism that the greatest days for NYC Health + Hospitals lay ahead.

Although I will no longer be serving as your CEO in the days going forward, once a member of the public hospitals team, always a member. I will remain your biggest fan, a proud New Yorker, and the person rooting for you loudly from the sidelines.

When emotions run high and words fail you....you borrow from others.

So let me end with a quote from my lifelong hero, and our greatest President, Abraham Lincoln:

"My friends, no one who isn't in my situation, can appreciate my feeling of sadness at this parting. To this place, and the kindness of these people, I owe everything. I now leave, not knowing when or whether I may return, but I am not crying that it is over, I am smiling that it happened."

I wish you all best of luck. You will always be in my heart and in my prayers.

RESOLUTION

Authorizing the President of 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 \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Boiler Plant Upgrade (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals, the City University of New York, the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (collectively, the "Customers"), entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA; and

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

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that included more stringent code requirements; required installation of lighting upgrades and tenant meters in non-residential spaces; and required all buildings over 50,000 square feet to undertake benchmarking and audits; and implement retro-commissioning measures. Local Law 87 mandated Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, a component of the project will make the Facility compliant with fuel combustion standards through elimination of No. 6 fuel oil; and

WHEREAS, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed project at the Facility by undertaking the project at a not-to-exceed cost of \$8,936,612 (see Exhibit A – Executive Project Summary), to enhance the reliability of its systems, as well as increase the comfort and safety of the building occupants; and

WHEREAS, DCAS has deemed this ACE project to be eligible under the PlaNYC initiative and has allocated \$3,936,612 in the PlaNYC capital budget; and

WHEREAS, NYPA demonstrates that the project will produce total annual cost savings to the Facility estimated at \$183,848; and

WHEREAS, the overall management of the construction contract will be under the direction of the Assistant Vice President - Facilities Development.

NOW THEREFORE, be it

Page Two – Resolution
CIC – Kings County Boiler Plant Upgrade

RESOLVED, the President of the 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 \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Energy Conservation Measures upgrade project (the “Project”) at NYC Health + Hospitals / Kings County (the “Facility”).

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a contract with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for all six firms over the initial and the two option terms.

WHEREAS, NYC Health + Hospitals requires professional construction management services; and

WHEREAS, NYC Health + Hospitals has determined that the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis, through a requirements contract; and

WHEREAS, NYC Health + Hospitals conducted a selection process for professional construction management firms through a request for proposals, and determined that the six firms' proposals best meet NYC Health + Hospitals' needs; and

WHEREAS, the proposed contracts shall be administered by the Vice President for Corporate Operations.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") is authorized to negotiate and execute contracts with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction, to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for six firms over the initial and the two option terms.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a five year revocable license agreement with River Renal Dialysis (RD) Services (“RRD”) for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at Bellevue Hospital Center (“Bellevue”) at an occupancy fee rate of \$59 per square foot, or \$464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$2,453,212 with utilities included.

WHEREAS, in January 2007, the Board of Directors authorized NYC Health + Hospitals to enter into a license agreement with RRD; and

WHEREAS, RRD is an established provider of renal dialysis services in accordance with Article 28 of the New York State Public Health Law and began providing treatment to outpatients at Bellevue in August 2011; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and Bellevue pays for such patients at the established Medicaid rate; and

WHEREAS, RRD will continue to provide outpatient dialysis services at Bellevue and there continues to be space available to accommodate its programmatic needs; and

WHEREAS, when the Board of Directors authorized the RRD license agreement in 2007, it also authorized a renal dialysis services agreement with RRD by which RRD provides renal dialysis services to Bellevue inpatients the renewal of which agreement will be sought by separate resolution; and

WHEREAS, the Executive Director of Bellevue will be responsible for the administration of the license agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a revocable license agreement with River Renal Dialysis (RD) Services for the continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at Bellevue Hospital Center at an occupancy fee rate of \$59 per square foot, or \$464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$2,453,212 with utilities included.

EXECUTIVE SUMMARY
BELLEVUE HOSPITAL CENTER
RIVER RENAL DIALYSIS (RD) SERVICES

OVERVIEW: The New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) seeks authorization from the Board of Directors to execute a revocable license agreement with River Renal Dialysis (RD) Services (“RRD”) for its continued use and occupancy of space to operate a Renal Dialysis Center at Bellevue Hospital Center (“Bellevue”).

**NEED/
PROGRAM:**

RRD began providing treatments to patients at Bellevue in August 2011. RRD will continue to operate eighteen (18) hemodialysis and six (6) intermittent peritoneal stations in accordance with Article 28. RRD provides services to all patients regardless of their ability to pay, Bellevue pays for the services provided to such patients at the established Medicaid rate, however, RRD has been successful in qualifying virtually all of its patients for insurance, including Emergency Medicaid.

This is a companion agreement to a renal dialysis services agreement by which RRD provides dialysis services to Bellevue inpatients. The inpatient services are provided to Bellevue patients under the medical supervision of Bellevue physicians and nurses whereas the outpatients are provided under RRD’s own Article 28 authority and medical supervision. Bellevue bills third party payers for the inpatient services whereas RRD bills third party payers for the outpatient services.

TERMS:

RRD will continue to have the use and occupancy of approximately 7,871 square feet of space on the fifth floor of the Facility’s bed tower at an a fair market value occupancy fee rate of \$59 per square foot, or \$464,389 per year to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$2,453,212 with utilities included. The occupancy fee is a fair market value rate. The fee under the prior term was based upon Bellevue’s Institutional Cost Report (“ICR”) rate.

Bellevue will provide electricity, heat, air conditioning, routine maintenance, security, and hot and cold water. RRD will be responsible for its own housekeeping and red-bag waste removal.

RRD will indemnify and hold harmless NYC Health + Hospitals and the City of New York from any and all claims arising by virtue of its use of the licensed space, and will also provide appropriate insurance naming each as additional insured parties.

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

UTILIZATION: RRD performs approximately 230 outpatient dialysis treatments per week, and the current patient census is 76 patients. 100% of RRD's patients are referred by Bellevue. There are 3 shifts a day on Monday, Wednesday, and Friday, and 2 shifts a day on Tuesday, Thursday, and Saturday.

Bellevue Dialysis

<u>Year</u>		<u>Annual Occupancy Fee</u>		<u>Prior Term</u>
1	\$	464,389.00	\$	439,989.00
2	\$	477,159.70	\$	439,989.00
3	\$	490,281.59	\$	470,686.00
4	\$	503,764.33	\$	470,686.00
5	\$	517,617.85	\$	470,686.00
total	\$	2,453,212.47	\$	2,292,036.00

Note: Prior term occupancy fee based on facility's Institutional Cost Report rate

floor area = 7,871sf

escalation = 2.75%

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York (the "Licensee") for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the "Facility") at an occupancy fee rate of \$62 per square foot or \$372,372 per year to be escalated by 2.75% per year for a total of \$1,973,079 over five years.

WHEREAS, in July 2010, the Board of Directors authorized the President to enter into a license agreement with the Licensee to operate twenty-five hemodialysis stations; and

WHEREAS, the Facility has determined that there continues to be a need for renal dialysis services for the patient community and that the presence of an on-site provider of such services will be beneficial; and

WHEREAS, the Licensee is a provider of renal dialysis services and is licensed in accordance with Article 28 of the New York State Public Health Law; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and NYC Health + Hospitals pay at the established Medicaid rates for the services provided to any patient that cannot be enrolled for insurance; and

WHEREAS, the executive director of the Facility will be responsible for supervising the performance of the proposed license agreement.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (NYC Health + Hospitals) be and hereby is authorized to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst at an occupancy fee rate of \$62 per square foot or \$372,372 per year to be escalated by 2.75% per year for a total of \$1,973,079 over five years.

EXECUTIVE SUMMARY

RENAL DIALYSIS TREATMENT CENTER NEWTOWN DIALYSIS CENTER, INC.

NYC HEALTH + HOSPITALS/ ELMHURST

- OVERVIEW:** The President seeks authorization from the Board of Directors to execute a five year revocable license agreement with Newtown Dialysis Center, Inc., of New York ("Newtown") to operate a renal dialysis treatment center at NYC Health + Hospitals/ Elmhurst ("Elmhurst").
- NEED/
PROGRAM:** Newtown is a for-profit company, based in New York and licensed by the New York State Department of Health to operate a renal dialysis center at Elmhurst. Newtown has been providing treatments at Elmhurst since 2002. Newtown operates twenty-five hemodialysis stations at which treatments are provided to outpatients. Newtown also provides instruction which gives patients the ability to perform peritoneal dialysis at home. Newtown will bill third-party insurers directly for its services. Newtown provides services to patients regardless of their ability to pay and NYC Health + Hospitals pays Newtown for any such patients that cannot be enrolled in insurance at the prevailing Medicaid rate. Newtown has been successful, however, in enrolling virtually all of its patients for Medicaid, including emergency Medicaid, coverage.
- UTILIZATION:** At the end of 2015 approximately 200 patients were receiving dialysis treatment at the Elmhurst site. Because Newtown operates four shifts per day between 6 AM and 11PM Monday - Saturday, it is able to provide approximately 2250 treatments each month.
- TERMS:** Newtown will be granted the continued use and occupy of approximately 6,006 square feet of space on the "D" wing, 7th floor of the Main Hospital building. Newtown will pay an occupancy fee of \$62 per square foot, or \$372,372 per year to be escalated by 2.75% per year for a total of \$1,973,079 over five years. The occupancy fee is based on fair market value. Elmhurst will provide hot and cold water, electricity, heating, air conditioning, security and maintenance to the Licensed Space.
- The previous rate Newtown had paid for its occupancy was at \$66/ft reflecting the then prevailing Institutional Cost Report ("ICR") rate. In 2010 when the previous license was given, NYC Health + Hospitals used the ICR to fix such rates. Subsequently, on the advice of counsel, fair market value has been used instead to better comply with the Federal fraud and abuse rules governing relations between healthcare providers. The proposed FMV rate was established by NYC Health + Hospitals real estate consultant whose report is attached.

Page Two – Executive Summary
Newtown Dialysis Center

Newtown will indemnify and hold harmless the NYC Health + Hospitals and the City of New York from any and all claims arising by virtue of its use of the Licensed Space, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement shall not exceed five years without further authorization from the Board of Directors and shall be revocable by either party on one hundred and eighty days prior notice.

Elmhurst Dialysis

<u>Year</u>		<u>Annual Occupancy Fee</u>		<u>Prior Term</u>
1	\$	372,372.00	\$	396,396.00
2	\$	382,612.23	\$	396,396.00
3	\$	393,134.07	\$	430,330.00
4	\$	403,945.25	\$	430,330.00
5	\$	415,053.75	\$	430,330.00
Total	\$	1,967,117.30	\$	2,083,782.00

Note: Prior term occupancy fee based on facility's Institutional Cost Report rate

floor area = 6,006sf

escalation = 2.75%

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. (the "Licensee") for its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility") at an annual occupancy fee of \$31,309 to be escalated by 3% per year for a total of \$166,224 over the five year term.

WHEREAS, in March 2012, the Board of Directors of the Corporation authorized the President to execute a license agreement with the Licensee; and

WHEREAS, the Licensee, a public utility, desires to continue operating a radio communication system on the roof of the Martin Luther King Pavilion; and

WHEREAS, the Licensee's continued use of the rooftop space for this installation shall have no impact on patient or staff safety and shall not compromise Facility operations; and

WHEREAS, the Licensee's radio communications system complies with applicable federal statutes governing the emission of radio frequency signals.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") be and hereby is authorized to execute a five year revocable license agreement with Consolidated Edison Company of New York, Inc. (the "Licensee") for its continued use and occupancy of approximately 50 square feet of space for the operation of a radio communication system at Harlem Hospital Center (the "Facility") at an annual occupancy fee of \$31,309 to be escalated by 3% per year for a total of \$166,224 over the five year term.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.
HARLEM HOSPITAL CENTER

The New York City Health and Hospitals seeks the authorization of the Board of Directors of the Corporation to execute a revocable license agreement with Consolidated Edison Company of New York, Inc. ("Con Ed") for its continued use and occupancy of space to operate a radio communication system at Harlem Hospital Center ("Harlem").

The radio system installed at Harlem enhances Con Ed's ability to service the local community during emergencies and scheduled service operations. The system increases data monitoring, enabling local power usage demands to be effectively transmitted to Con Ed central operations, and its improved voice channel capability allows service crews access to required resources facilitating timely service restoration.

The Con Ed radio system operates at both the 800 megahertz ("MHz") and 900 megahertz ("MHz") frequency. The 800 megahertz iDEN System is a Motorola Radio Frequency ("RF") communications system for voice communications. The 900 MHz Data System is used by Con Ed's electric system operators to monitor and control electric distribution equipment remotely.

Con Ed will be granted the continued use and occupancy of approximately fifty (50) square feet of space on the roof of the Martin Luther King Pavilion. Con Ed will pay an occupancy fee of approximately \$31,309 per year, with an annual increase of 3% on the anniversary of the commencement date for its use and occupancy of the licensed space for a total occupancy fee over the five year term of \$166,224. Con Ed will be responsible for paying for electrical service. Con Ed is also responsible for all system maintenance.

Con Ed shall be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insureds.

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

Con Edison

<u>Year</u>		<u>Prior Term</u>		<u>New Term</u>
1	\$	27,007.00	\$	30,397.00
2	\$	27,817.21	\$	31,308.91
3	\$	28,651.73	\$	32,248.18
4	\$	29,511.28	\$	33,215.62
5	\$	<u>30,396.62</u>	\$	<u>34,212.09</u>
	\$	143,383.83	\$	161,381.80

Floor area = 50 square feet

Escalation = 3%

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute requirements contracts with seven (7) Architectural and Engineering (AE) consulting firms; DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; six (6) Mechanical, Engineering, and Plumbing (MEP) consulting firms; Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and six (6) Local Law Inspection consulting firms; HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of one year with two (2) one-year options for renewal, solely exercisable by the Corporation, for a cumulative amount not to exceed \$15,000,000 for services provided by these consultants.

WHEREAS, the facilities of the Corporation may require professional AE/MEP design services and Local Law 11 inspection and filing services and professional AE design services in connection with Local Law 11 compliance; and

WHEREAS, the Corporation has determined that the needs of the Networks for these services can best be met by utilizing outside firms, on an as-needed basis, through a requirements contract; and

WHEREAS, the Corporation conducted a selection process for such professional services through a Request for Proposals (RFP), and determined that these consultants' proposals best met the Corporation's needs; and

WHEREAS, the overall monitoring of this Contract shall be under the direction of the Senior Assistant Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to negotiate and execute requirements contracts with seven (7) Architectural and Engineering (AE) consulting firms; DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; six (6) Mechanical, Engineering, and Plumbing (MEP) consulting firms; Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and six (6) Local Law Inspection consulting firms; HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of one year with two (2) one-year options for renewal, solely exercisable by the Corporation, for a cumulative amount not to exceed \$15,000,000 for services provided by these consultants.

EXECUTIVE SUMMARY

REQUIREMENTS CONTRACTS

AE CONSULTING SERVICES

DaSilva, Francis Cauffman, Gertler Wentz, Lothrop, MJCL, Perkins Eastman, TPG

MEP CONSULTING SERVICES

Goldman Copeland, Greenman-Pedersen, Jacob Feinberg, Katz & Michaeli, Kallen & Lemson, Liro, R. G. Vanderweil

LL11 INSPECTIONS CONSULTING SERVICES

HAKS, Hoffman, Raman and Oudjian, Ronette Riley, Superstructures and Thornton Tomasetti

- OVERVIEW:** The Corporation seeks to execute nineteen (19) requirements contracts for one year, with options to renew for two additional one-year periods, for a total amount over three years, not-to-exceed \$15,000,000 to provide AE/MEP and LL11 Inspection & AE/MEP Professional Services on an as-needed basis at any HHC facility.
- NEED:** The various facilities of the Corporation may require/need AE/MEP and LL11 Inspection & AE/MEP Professional Services. Due to fluctuating demands and the licensing requirements for these services, the Corporation has determined that these needs can best be met by utilizing outside firms on an as-needed basis through requirements contracts.
- New York City's "Facade Inspection Safety Program" (FISP), also known as Local Law 11, requires that owners of buildings with six or more stories above an exposed basement wall inspect their exterior walls and appurtenances every 5 years. A Qualified Exterior Wall Inspector certified by the NYC Department of Buildings (NYCDOB) must conduct this inspection and submit it for review and approval to the NYCDOB. There must be a physical inspection of at least one wall usually by a scaffold drop and all exposed walls must be inspected. The inspection report documents any conditions found and indicates if they are safe, unsafe, or safe with a repair and maintenance program. Unsafe conditions must be repaired immediately, and any condition noted as Safe with a repair and maintenance program must be remedied during the next five years in order to prevent its automatic classification as an unsafe condition during at the next inspection. The Local Law 11 consultants also assist NYCHHC in the design for repairs and maintenance of the entire building envelope including the walls, windows and roofs.
- TERMS:** The professional services will be provided pursuant to the terms and conditions of the requirements contracts.
- COSTS:** Not-to-exceed \$15,000,000 over three years, for the nineteen (19) firms.
- FINANCING:** Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.
- SCHEDULE:** Upon contract execution, a base period of one year, with an option to renew for two additional contract periods of one year each, solely at the discretion of the Corporation.

Page Two – Executive Summary
 AE/MEP and LL11 Inspections & AE Professional Services

HHC EXPERIENCE:

AE FIRMS	
Consultant	Previous HHC Contracts
Da Silva Architects, PC	New Contract
Francis Cauffman, Inc.	In current pool, \$633,805
Gertler & Wentz Architects	New Contract
Lothrop Associates, LLP	New Contract
MJCL Architect, PLLC	In current pool, \$3,187,430
Perkins Eastman Architects, DPC	In current pool, \$1,361,457
TPG Architecture	New Contract

MEP FIRMS	Previous HHC Contracts
Goldman Copeland Associates	New Contract
Greenman-Pedersen, Inc.	In current pool, \$1,093,465
Jacob Feinberg Katz & Michaeli Consulting Group (JFK & M)	In current pool, \$419, 440 (WBE)
Kallen & Lemelson Consulting Engineers, LLP	In current pool, \$2,255,251
LiRo Engineers	New Contract for MEP
R.G. Vanderweil Engineers, LLP	In current pool, \$91,500

LL11 Inspection/ AE Firms	Previous HHC Contracts
HAKS Engineers, Architects, and Land Surveyors, PC	New Contract for LL 11 (MBE)
Hoffman Architects, Inc.	New Contract
Raman and Oundjian Eng. + Insp. Services, PC	In current pool, \$1,105,690 (MBE)
Ronette Riley Architect	New Contract (WBE)
Superstructures Engineering + Architecture, PLLC	In current pool, \$1,207,064
Thornton Tomasetti, Inc.	In current pool, \$163,650

VENDEX: Pending for all consultants except Lothrop, Kallen & Lemelson and LiRo.

EEO: Approved for all consultants except HAKS and Kallen & Lemelson.

32090

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 9, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, daSilva Architects/E4H Environments for Health, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

31683A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

32086

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Gertler & Wente Architects**, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

32084

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

30508C

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

32088

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

31685A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Jacob Feinberg Katz & Michaeli Consulting Group, LLC** has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:


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

COMMENTS:

KT:srf

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen 
Assistant Director

Date: December 12, 2016

Subject: VENDEX Approval

For your information, on December 12, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Kallen & Lemelson, Consulting Engineers, LLP

cc: James Liptack, Esq. .

31275B

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen *KR*
Assistant Director

Date: December 2, 2016

Subject: VENDEX Approval

For your information, on December 2, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

LiRo Engineers, Inc.

This approval is based upon prior VENDEX approval for the above-named company, which falls within 90 days of your current request.

cc: James Liptack, Esq. .

MEMORANDUM

To: Clifton Mc Laughlin
Office of Facilities Development

From: Karen Rosen *KB*
Assistant Director

Date: December 8, 2016

Subject: VENDEX Approval

For your information, on December 8, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Lothrop Associates LLP

cc: James Liptack, Esq.

32085

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

31658A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

30505C

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 9, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Perkins Eastman Architects, D.P.C.**, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Architecture/Medical
Planning/Interior Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

31673A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Raman & Oundjian Engineers & Architects, PC**, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

31696A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 9, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **R.G. Vanderweil Engineers, PC**, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: MEP On - Call Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

32087

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

30931B

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **SUPERSTRUCTURES Engineering + Architecture, PLLC**, has submitted to the Supply Chain Services Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Engineering Design Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

RESOLUTION

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

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

WHEREAS, the Certificate of Incorporation designates the New York City Health + Hospitals as the sole member of MetroPlus; and

WHEREAS, the Bylaws of the Corporation authorize the Executive Director of the Corporation to select a Director who is a member of the MetroPlus “mainstream” Health Plan, subject to approval by the Board of Directors of the Member; and

WHEREAS, the Bylaws of MetroPlus authorize the removal of any director, subject to the approval of the Board of Directors of NYC Health + Hospitals; and

WHEREAS, Ms. Bishop has asked to be released of her duties as a member of the Board of Directors of MetroPlus; and

WHEREAS, the Executive Director of the Corporation has selected Ms. Lewis to serve as a member of the Board of Directors of MetroPlus; and

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

NOW, THEREFORE, be it

RESOLVED, that the NYC Health + Hospitals Board of Directors hereby appoint Ms. Nella Lewis to replace Mrs. Margo Bishop to the MetroPlus Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize its Executive Director to select a Director who is a member of the MetroPlus “mainstream” Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals.

The Bylaws of MetroPlus authorize the removal of any director, subject to the approval of the Board of Directors of NYC Health + Hospitals. Ms. Margo Bishop has asked to be released of her duties as a member of the Board of Directors of MetroPlus. The Executive Director of MetroPlus has nominated Nella Lewis to replace Ms. Bishop to serve as a member of the MetroPlus Board.

Ms. Lewis has been a MetroPlus member since 2003 and a member of the Member Advisory Committee for over 10 years. She is an active participant of the MA Committee and contributes to every meeting she attends. In earlier years she worked as a nanny for a family in Manhattan for over 14 years. Ms. Lewis has an Associate’s Degree in hospitality management and enjoys cooking, baking and spending time with her 2 daughters, 2 grand daughters and 2 great granddaughters.

MetroPlus is very pleased that she has agreed to serve on the Board, and is particularly interested in the perspective that she, as a member, will bring to the Board.