

BOARD OF DIRECTORS MEETING
THURSDAY, JANUARY 26, 2017
A•G•E•N•D•A

<p><u>CALL TO ORDER - 3:00 PM</u></p>	<p>Mr. Campbell</p>
<p>1. Adoption of Minutes: December 14, 2016</p>	<p>Mr. Campbell</p>
<p><u>Acting Chair's Report</u></p>	<p>Mr. Brezenoff</p>
<p><u>Interim President's Report</u></p>	
<p>➤ Information Item: *DSRIP Update Presenter: Christina Jenkins, MD, Vice President & CEO, OneCity Health Services</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 dialysis services agreement with River Renal Dialysis Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center ("Bellevue") at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000. (Med & Professional Affairs Committee – 01/23/2017) EEO: Approved / VENDEX: Pending</p>	<p>Dr. Calamia</p>
<p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals. (Med & Professional Affairs Committee – 01/23/2017) EEO: Approved / VENDEX: Pending</p>	<p>Dr. Calamia</p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to procure and outfit an additional thirty-five (35) ambulances in Fiscal Year 2017 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$12.1 million. (Capital Committee – 01/23/2017)</p>	<p>Mr. Page</p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to procure and outfit seventy three (73) ambulances in Fiscal Year 2018 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to exceed \$26.3 million. (Capital Committee – 01/23/2017)</p>	<p>Mr. Page</p>
<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with the Center for Comprehensive Health Practice for its continued use and occupancy of approximately 17,000 square feet of space to operate a an Article 28 diagnostic and treatment center that offers four substance abuse programs licensed by NY State Office of Alcoholism and Substance Abuse Services at Metropolitan Hospital Center at an occupancy fee of \$45 per square foot for the 9th floor and \$35 per square foot for the 12th floor for a total annual amount of \$675,000 to be escalated by 2.5% per year for a total of \$3,548,022 over the five year term. (Capital Committee – 01/23/2017) VENDEX: Pending</p>	<p>Mr. Page</p>

<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a revocable five year license agreement with the Richmond County Medical Society for its continued use and occupancy of approximately 350 square feet of space on the 2nd floor of the Administration Building at the Sea View Hospital Rehabilitation Center and Home to house its administrative functions at an occupancy fee rate of \$21.50 per square foot, or \$7,527 per year for a total of \$37,635 over the five year term. (Capital Committee – 01/23/2017) VENDEX: Pending</p>	<p>Mr. Page</p>
<p>8. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a five year revocable license agreement with T-Mobile US Inc./MetroPCS to operate a cellular communications system on approximately 200 square feet on the roof of the “A Building” at Coler Rehabilitation and Nursing Care Center at an annual occupancy fee of approximately \$318 per square foot or \$63,612 to be escalated by 3% per year for a five year total of \$337,725. (Capital Committee – 01/23/2017) VENDEX: Pending</p>	<p>Mr. Page</p>
<p>9. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a five year revocable license agreement with Sprint Spectrum Realty Company L.P. for its continued use and occupancy of 300 square feet of space for the operation of a cellular communications system at Lincoln Medical and Mental Health Center at an occupancy fee rate of \$312 per square foot or \$93,683 per year to be escalated by 3% per year for a total five year occupancy fee of \$497,381. (Capital Committee – 01/23/2017) VENDEX: Pending</p>	<p>Mr. Page</p>
<p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Audit ➤ Capital ➤ Community Relations ➤ Finance ➤ Medical and Professional Affairs ➤ Strategic Planning 	<p>Ms. Youssouf Mr. Page Mrs. Bolus Mr. Rosen Dr. Calamia Mr. Campbell</p>
<p><u>Subsidiary Board Report</u></p> <ul style="list-style-type: none"> ➤ HHC Insurance Company / Physicians Purchasing Group 	<p>Mr. Brezenoff</p>
<p><u>Executive Session / Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Kings County ➤ NYC Health + Hospitals McKinney <p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Elmhurst <p>>>Old Business<< >>New Business<<</p>	
<p><u>Adjournment</u></p>	<p>Mr. Campbell</p>

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 14th day of December 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
Mr. Stanley Brezenoff
Ms. Helen Arteaga Landaverde
Dr. Gary S. Belkin (Executive Session)
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Dr. Herminia Palacio
Mr. Bernard Rosen
Ms. Emily A. Youssef

Dr. Oxiris Barbot was in attendance representing Dr. Mary T. Bassett, and Jennifer Yeaw was in attendance representing Commissioner Steven Banks, each in a voting capacity.

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

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on November 17, 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 November 17, 2016, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell thanked the Board members who participated in the educational session regarding the upcoming accreditation process with the Joint Commission.

Mr. Campbell acknowledged the Board's participation in completing anonymous self-assessments. He reported that the results were positive, although one area that the System needs to continue to focus on is setting clear and measurable performance standards for the System's executive personnel.

Mr. Campbell thanked the Board for their commitment to the System's Board Committees and received the Board's approval to reappoint the Committee members (attached) with noted changes as follows: Commissioner Banks will serve on the Executive Committee; Mr. Brezenoff will serve on the Audit Committee; Mr. Page will serve as Chair of the Capital Committee, as well as serving on the Strategic Planning Committee; Ms. Arteaga Landaverde will serve on the Governance Committee and the Quality Assurance Committee; and, Ms. Youssouf will chair the IT Committee, as well as continuing to serve as a member of the Capital Committee.

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

PRESIDENT'S REPORT

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

ACTION ITEMS

RESOLUTION

2. Authorizing the NYC 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 7,781 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.

Ms. Youssef moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of thirteen in favor with Mrs. Bolus abstaining.

RESOLUTION

3. 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.

Ms. Youssef moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

Mr. Campbell introduced Mr. Leon Bell, who is the Director of Public Policy for New York State Nurses Association. Mr. Bell expressed his concerns with respect to compliance issues relating

to the contracts for River Renal Dialysis Service and Newtown Dialysis Center, Inc. He asked that there be a further review of the contracts and the services being provided before the contracts are renewed.

RESOLUTION

4. 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.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. 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** (AE) consulting firms; **DaSilva, Francis Cauffman, Gertler Wentz, Lothrop, MJCL, Perkins Eastman, and TPG**, to provide professional AE design services; six (6) **Mechanical, Engineering, and Plumbing** (MEP) consulting firms; **Goldman Copeland, Greenman-Pedersen, Jacob Feinberg, Katz and Michaeli, Kallen & Lemelson, Liro and R.G. Vanderweil**, to provide professional MEP design services; and six (6) Local Law inspection consulting firms; **HAKS, Hoffman, Raman and Oudjian, Ronette Riley, Superstructures and Thornton Tomasetti**, to provide professional **Local Law II 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.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

6. 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.

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

SUBSIDIARY AND BOARD COMMITTEE REPORTS

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

Mr. Brezenoff acknowledged and thanked Ms. Lauren Johnston, Vice President of Patient Centered Care and System Chief Nurse Executive, who is retiring after 35 years of service in the public hospital system.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel. Dr. Belkin arrived and Ms. Lowe left the meeting at this juncture.

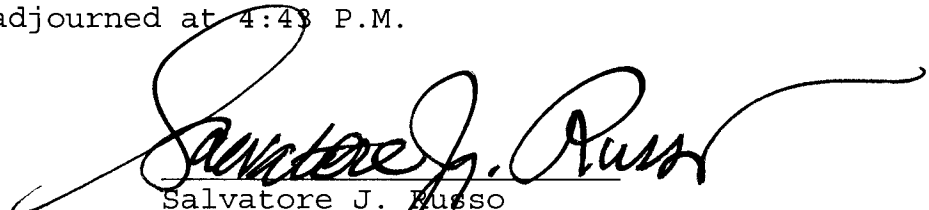
FACILITY GOVERNING BODY/EXECUTIVE SESSION

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/ Bellevue, 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/ Jacobi and NYC Health + Hospitals/ North Central Bronx, the Board reviewed and approved their semi-annual written reports.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:43 P.M.


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

COMMITTEE REPORTS

Capital Committee – December 8, 2016

As reported by Ms. Emily Youssouf

Committee Members Present: Emily Youssouf, Gordon Campbell, Stanley Brezenoff

Vice President’s Report

Ms. Weinstein provided an overview of the meeting agenda. She noted that there would be two leases regarding dialysis services, one at Bellevue and one at Elmhurst; there would also be a license agreement renewal for space occupied by Consolidated Edison (ConEd) at Harlem Hospital; and, one resolution to enter into contracts for Architectural and Engineering (AE), Mechanical, Engineering and Plumbing (MEP), and Local Law 11 (LL 11) services.

Ms. Weinstein advised that the Center for Comprehensive Health Practice (CCHP), who occupy space at Draper Hall, had decided that they would pay fair market value for the space they occupy within the facility. After initial discussion at a prior Capital Committee briefing, Committee and Board members had requested that negotiations be reopened and a fee be charged instead of being waived, so Ms. Weinstein was happy to report that those negotiations had been successful. Ms. Youssouf said she was very pleased to hear that and thanked Jeremy Berman, Deputy Counsel, and Ms. Weinstein for their work.

Ms. Weinstein explained that the Construction Procedures Manual (CPM) mandated that change orders over \$200,000 be reported to the Capital Committee, and so she was to inform them of a recent change order on the Feeder Upgrade for Standby Generators project at Woodhull Medical and Mental Health Center. She noted that one of the contracts associated with the project had a change order of \$270,000, meeting the required threshold, but the project was still within its original approved budget and on time.

Action Items:

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.

William Hicks, Chief Executive Officer, Bellevue Hospital Center, read the resolution into the record.

Mr. Hicks explained that the proposed renewal was for a five year term. The lease supported required Article 28 criteria, and was originally entered into in August of 2011. Bellevue had since generated \$1,981,681 in lease revenue over the life of the lease. He noted that the occupancy fee was at Fair Market Value (FMV) with 2.75% annual escalation built in.

Ms. Youssouf asked if Bellevue patients were seen at the site. Mr. Hicks said yes, they service all of Bellevue’s patients.

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.

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.

Israel Rocha, Chief Executive Officer, Elmhurst Hospital Center, read the resolution into the record. Mr. Rocha was joined by Wayne Zimmerman, Chief Operating Officer, Elmhurst Hospital Center.

Mr. Rocha advised that program provided assistance to all Elmhurst patients, and was a five star facility, providing excellent care.

Ms. Youssouf asked if the occupancy fee was at fair market value. Mr. Rocha said yes and utilities and escalation were built in.

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.

Mr. Campbell noted that resolutions regarding the services/service agreements of both dialysis providers would be brought before the Medical and Professional Affairs (MPA) Committee in January.

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.

Ebone Carrington, Chief Executive Officer, Harlem Hospital Center, read the resolution into the record.

Mrs. Carrington noted that ConEd had been operating the equipment since 2001 and enhanced their ability to service the local community during emergencies and scheduled outages. She explained that the equipment transmitted local power usage data to central operations and allowed distribution to be monitored. She advised that the system complied with all Federal requirements and met all set standards for output.

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.

Mr. Berman explained that the following resolution would not be read in full, as there were 19 firm names to read. Committee members approved, by voting, that the resolution would be resolved, as written, when voting on approval.

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.

Denise Lyman, Director, Office of Facilities Development, explained the resolution and the contract services to be provided. Ms. Lyman was joined by Louis Ighhaut, Assistant Vice President, Office of Facilities Development.

Ms. Lyman explained that AE, MEP, and LL 11 services were required to meet fluctuating demands of construction activity at Health + Hospitals. This resolution provided for a pool of 19 consultants required for design and construction services related

to AE, MEP and Local Law 11 projects. 42 proposals were received and through committee vetting the pool was selected, and included four (4) Minority/Women Owned Businesses; two (2) minority owned and two (2) women owned. She noted that the Contract Review Committee (CRC) had approved the Request for Proposals (RFP) and subsequent contracting.

Ms. Lyman explained that proposals were required for individual work orders issued against the contracts, and noted that the \$15,000,000 pool was a not-to-exceed threshold available to all consultants.

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.

Ms. Weinstein added that there had been a groundbreaking at 155 Vanderbilt on Staten Island. She said it was a great success and the final groundbreaking attended by Ramanathan Raju, MD. A fitting farewell to the outgoing president.

Governance Committee – November 17, 2016
As reported by Mr. Gordon J. Campbell
Committee Members Present: Gordon Campbell, Bernard Rosen, Vincent Calamia

The meeting of the Governance Committee was convened in executive session to deliberate on the following personnel action item.

Action Item

1) *To consider nominee to the following corporate officer level position:*

- **Stanley Brezenoff** as Interim President of NYC Health + Hospitals

In light of Dr. Ram Raju's announcement of his resignation as President and CEO effective November 30, 2016, the Governance Committee convened to consider a qualified replacement as an interim appointment, Mr. Stanley Brezenoff.

Following a discussion with Mr. Brezenoff and the subsequent deliberations by the Committee members, Mr. Campbell called for a motion to recommend to the full Board Mr. Brezenoff as Interim President and CEO effective December 1, 2016 until such time as a permanent President is named.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

SUBSIDIARY BOARD REPORT

MetroPlus Health Plan, Inc. – December 6, 2016
As reported by Mr. Bernard Rosen

Chairperson's Remarks

Mr. Rosen welcomed everyone to the final MetroPlus Board of Directors meeting of 2016. Mr. Rosen stated that the annual public meeting would be held immediately following the Board meeting. Five resolutions would be today including one for the annual operating budget for fiscal year 2017.

Executive Director's Remarks

Dr. Saperstein introduced Ms. Nella Lewis to the Board. Ms. Lewis, once approved by both the MetroPlus and NYC Health + Hospital Board of Directors, will be MetroPlus' newest Board member.

Total plan enrollment as of December 1, 2016 was 502,798. Breakdown of plan enrollment by line of business is as follows:

Medicaid	378,312
Child Health Plus	14,456
MetroPlus Gold	5,812
Partnership in Care (HIV/SNP)	4,362
Medicare	8,463
MLTC	1,374
QHP	17,967
SHOP	1,008
FIDA	169
HARP	8,621
Essential Plan	62,254

The New York State Department of Health (SDOH) recently released all of the plans quality metrics. As you can see on the attached Quality Incentive summary, MetroPlus was the plan with the most quality measures surpassing the 90th percentile. These are great results as compared to other plans in our region. The actual plan incentive dollars however, will also include measures that have challenged us including member satisfaction results, especially the access indicators, and the PQI measures of ambulatory care sensitive admission. The incentive results should be released in early 2017.

SDOH also measures additional quality metrics on HIV SNP members. We were recently informed that the MetroPlus HIV SNP earned its maximum potential award of \$5.7 million for achieving all of the quality metrics.

As part of open enrollment, MetroPlus worked with NYC Health + Hospitals facilities to put together a mailing list of their uninsured patients. Approximately 140,000 letters were mailed out inviting the uninsured to seminars that MetroPlus is conducting. At those events we will provide an overview of health insurance plans and eligibility, and enroll those eligible into MetroPlus or an appropriate plan. The Plan is also participating in another multi agency enrollment effort being led by City Hall's Participant Engagement Unit (PEU). MetroPlus provided training to this unit on insurance enrollment, the state marketplace and MetroPlus products and services. The PEU will also be contacting uninsured individuals and conducting an insurance screening. If the individual is interested and potentially eligible, they will refer them to an enrollment site. MetroPlus will host three referral sites, at Harlem, Queens and Kings County hospitals.

MetroPlus also has had an enhanced presence during open enrollment of our marketing staff. MetroPlus marketing will have staff working 7 days a week throughout open enrollment and that staff will be attending a greater number of community events. In response to the analysis done by the Boston Consulting Group, we also have begun exploring areas of the City where we have not had a strong presence. We are working with a real estate agency to identify temporary, pop up offices that can establish a presence for MetroPlus in those communities. These would not be full-fledged offices but close to the kind of temporary, less developed offices used in political campaigns. We also have allocated funds in our budget for advertising in these new areas and for the sponsorship of community events and programs.

On November 16th, New York State Marketplace enrollment opened for those who were already insured, allowing them to begin to make plan selections for 2017. Uninsured individuals had been able to enroll through the state marketplace since November 1st. For the first week that included this expanded enrollment, MetroPlus marketing representatives submitted 4,567 applications, the highest weekly application total since January of 2016. The largest number of applications, 541, was submitted by MetroPlus' Brooklyn South office, the area that encompasses our Brooklyn Community Office. The second highest submitting office was North West Queens, the region that includes Elmhurst Hospital with 456. Brooklyn and Queens offices submitted nearly two thirds of the total applications.

As part of open enrollment MetroPlus provided 2,000 individuals with turkeys for the Thanksgiving holiday. The turkeys were given as part of local events hosted by our partners and have helped increase MetroPlus visibility in the community and improved our relationships with community based organizations.

MetroPlus received its first Gold Care enrollment files. Nearly 1,700 individuals have enrolled to date with about half selecting Gold Care I, the H+H hospital only plan, and about half selecting Gold Care II, the plan that provides access to a wider range of hospitals. Additional enrollments from day care agencies are expected over the next several weeks. Because only about a third of those signed up have done so with their dependents, the full number enrolled may be somewhat below initial projections of 5,000. Coverage for those who have submitted applications begins December 1.

MetroPlus also received its initial MetroPlus Gold applications. The first file, which was only for city agencies, showed 444 enrollments with about 60% coming from three agencies, the Department of Education, the Police Department and the Human Resources Administration. Additional files from city agencies and from the H+H facilities and from non-city organizations that participate in MetroPlus Gold (i.e. City University system) are expected.

We have discussed in the past the need to reduce disenrollments from MetroPlus. To better understand the reason for these disenrollments, SPH Analytics is conducting a survey of disenrolled members. We hope to learn the specific reasons for the disenrollments and then to be able to develop solutions. I hope to have some preliminary information from the survey for our next meeting.

MetroPlus is aggressively trying to reduce the number of non-utilizers, those who have not seen a doctor. Getting non-utilizers connected to their doctor can improve their health and also helps MetroPlus with its quality scores. We are using three different sets of staff to contact the non-utilizers. MetroPlus' integrated case management team is contacting our Medicaid membership. MetroPlus Quality Management team is contacting our Medicare membership and H+H facilities staff is using lists provided by MetroPlus to contact additional individuals. We are prioritizing those with chronic conditions who have had no visits this year.

A new first-in-the-nation regulation has been proposed to protect New York State from the ever-growing threat of cyber-attacks. The proposed regulation requires banks, insurance companies and other financial services institutions that are regulated by the Department of Financial Services (DFS) to establish and maintain a cybersecurity program designed to protect consumers and ensure safety within New York's financial services industry. MetroPlus has just hired a Chief Information Security Officer to strengthen its security program and meet the new regulation.

New York State is adding Behavioral Health (BH) for children in July 2017. The state will have a qualification process for plans to serve children including strict rules on minimum plan staffing to manage the population.

MetroPlus has entered into an agreement with the Continuum System to support its members at their hospitals through our transition of care program. The collaboration is set to commence in January 2017 at Mount Sinai Hospital. On December 6th, MetroPlus and Mount Sinai will hold its first joint meeting at Mount Sinai, in which the logistics of the collaboration will be outlined, a walkthrough of the facility will be conducted and MetroPlus will attend the hospital's case management meeting.

Medical Director's Report

Quality Initiatives:

- Awarded full allowable pool for quality incentive for our HIV-SNP program resulting in \$5.7M payment.
- CAHPS/HOS Proxy Survey: Project goal is to identify key drivers of member dissatisfaction to inform business changes and to deliver ongoing service recovery outreach to dissatisfied members.
- Coding: Created Provider Education coding sheets to distribute to Providers by Navigators and Provider Relations. Clinical Leads are developing standardized Provider Education training material focused on documentation and coding issues that have led to lower rate performance.
- P4P: 2015 incentive calculations completed distributing \$10M of incentive money to H+H and community providers. Largest incentive awards planned to be distributed in a MetroPlus hosted event January 2017.
- Medical Record Reviews for QARR, STARS and Exchange: The Quality Management Operations team reviewed 15,904 records and the facilities have reviewed 11,570 records.
- H+H File Feeds: Received file feeds from 10 of the 17 H+H facilities. Files are being pushed through the Encounter process for the first time. Expect to increase our quality rates.

Utilization Management (UM):

- New leadership in place.
- Post call surveys Net Promoter: 290 of the 360 (81%) responses indicated that they would refer a friend or colleague to MetroPlus.
- Authorizations outside of timeframe - 27%, improved but still outside of target range of 5%. Challenges with recruiting and platform significant contributors.
- Physician inter rater reliability increasing from 69 % to 77 % over the past two months due to more diligent documentation and closer adherence to departmental guidelines.

Integrated Case Management (ICM):

- Staff deployed to member's residence post discharge. Starting January 2017, case manager will be positioned in Mount Sinai hospital to support transition of care of MetroPlus members starting at admission.
- Restricted Recipient program expanded to capture additional qualifying members (currently 600 members).
- Revised FIDA MOC approved by the State.

MLTC:

- Implementation of services for members by the 1st day of enrollment: 82% of new members had services authorized.
- Members with CBLTC services: 94%.
- Over 30% of membership growth since the beginning of the year.
- Dental visit PIP increased from 7% to 15%.

HIV:

- The program increased the overall level of viral load suppression from 75% to 80%, meeting the annual goal before the end of the year.
- Anti retro-viral adherence increased another 2% to close the 3rd quarter at 92%.

Pharmacy:

- Net cost Medicaid: Decrease of 4.4% with dermatological agents PMPM decrease of 40%.
- Hep C users: Decrease in Hep C medication utilization by 144 members (Medicaid LOB).
- MTM completion rate Medicare LOB: 56% (targeting 63% by year end for 4 STAR level).
- 90 day fills for HTN and Asthma patients resulted in 1000 fills for HTN meds and 183 fills for asthma meds. Expanding 90d fills to statins and anti-depressant for the Medicaid LOB early 2017.

Provider Network/contracting

- Network Relations started outreach campaign to improve dental visit rate. Rates much lower for H+H facilities due to lack of claims submission (initial analysis indicated 25% of dental claims submitted from H+H facilities).
- Added 205 new providers in Q3 and discontinued 76 providers.
- Access and Network adequacy in good standing across all specialties except for cardiothoracic surgeons in some zip codes in Queens and Brooklyn.
- Active expansion of Staten Island provider Network: MetroPlus currently has over 600 unique providers contracted on Staten Island. We continue to recruit new providers in this expansion services area, particularly in areas of need.

In regards to Provider Network/Contracting, Ms. Weinberg mentioned that there is an active expansion of the Staten Island provider network. MetroPlus currently has over 600 unique providers contracted on Staten Island. MetroPlus is currently looking to recruit new providers, particularly in areas of need like primary care, obstetrics, neurology, surgery and allergy. Dr. Saperstein mentioned that since it is a new service area, the State has informed the Plan that they will be conducting an onsite audit of the Staten Island contracts, providers, credentialing and functions. Mr. Seth Diamond stated that the onsite audit will take place January 3rd through January 5th in 2017.

Action Items:

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

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

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Wakely Consulting Group, to provide Exchange consulting services for a term of three (3) years with two (2) one-year renewal options, solely exercisable by MetroPlus, for an amount not to exceed \$5,600,000 for the total 5 years.

Dr. Saperstein mentioned that this resolution was discussed at the November Finance Committee. Wakely is a national consulting group that has experience with the Exchange product. Wakely has assisted the Plan in creating the financial and operational structure for 2014 and the Plan has continued to use them to refine the structure thereafter. Wakely has also given suggestions regarding how to improve coding.

Dr. Christina Jenkins asked how you know if Wakely is doing a great job. Ms. Lauren Leverich, Senior Director of Finance, responded by stating that Wakely currently has 80% of the Exchange market in the region, where they accurate the Plan's data altogether and the Plan predicts the risk payment that goes back to the pool on an annual basis. For the last two years, Wakely has predicted within a 1% incompetence level. The Plan is comfortable that Wakely's predictions speak to the volume based on the market share.

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

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute contracts with two UAS Assessment firms to provide UAS-NY Assessment services on an as-needed basis for MetroPlus. The firms are Gotham Per Diem, Inc. and Personal Touch Home Health Services. The contract shall be for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$1,000,000 per year.

Ms. Meryl Weinberg mentioned that it is a requirement by the State that the Plan has to complete an assessment for the Managed Long Term Care and Fully Integrated Duals Advantage programs. The Plan was looking to do most of the UAS assessments internally with internal staff, but due to growth of the program and the combination of variation of staffing, the Plan requires support from vendors to assist in meeting the time frames that the State requires.

Dr. Saperstein stated that in the Plan's budget, a request was made to hire internal staff. The cost is significantly lower to hire staff but the Plan will have to hire, recruit, and train the new staff. In the budget, it is mentioned that as the Plan hires, it will use the vendors less and less. NYC Health + Hospitals Home Care wasn't able to help in this area, but Dr. Christina Jenkins asked is there any chance in the future that NYC Health + Hospitals can help. Ms. Weinberg responded perhaps they can assist in the future. Dr. Jenkins also asked if there was any movement on the State's part, giving the volume of complaints about this assessment. Ms. Weinberg responded by saying she has not heard that and that the State likes the assessment this way because it enables them to analyze the data and see the trends of the population frequently.

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

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a sole source contract with McKesson Health Solutions, LLC ("McKesson") to provide clinical decision support criteria for a term of three (3) years with two (2) options to renew for one (1) year each for an amount not to exceed \$790,000 per year.

Dr. Saperstein mentioned that when the Plan completes utilization management reviews, the Plan has to actually have criteria to depend on to make those decisions. There are two sets of criteria that are nationally used, one is the McKesson/InterQual and the other one is the Milliman Robertson criteria. The Milliman Robertson criteria utilize day by day authorization. The criteria for InterQual are called ISD, which stands for intense, severity and discharge planning. MetroPlus has utilized McKesson's criteria for twenty years now. The whole basis of the Plan's operation are based on the McKesson/InterQual product. Mr. Lloyd Williams asked if the Plan had Legal look at the sole source to give advice. Ms. Barbara Keller responded

by stating that it was looked at this time, but it is certainly a sole source arrangement. There is only one entity that does this, so it is perfectly appropriate and this is a policy call within the organization.

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

Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the "Plan"), for Fiscal Year 2017.

Dr. Saperstein stated that this resolution was fully discussed at the Finance Committee in November and asked Ms. Lauren Leverich to prepare a few remarks and to be available to answer any questions. Ms. Leverich mentioned the initial budget of 538,000 members is a conservative starting point for the basis of the Plan's budgeted expenses; the actual projection for marketing and recertification goals remains at 588,000 as estimated on MetroPlus membership glide path to reach 672,000 members by 2020.

Mr. Steven Bussey asked what amount of the three R's (reinsurance, risk adjustment and risk corridors) payments are included in the revenue. Ms. Leverich responded by saying they are not, they are carved out but there is a 28% return to the pool on the risk payment for Qualified Health Plans. Dr. Saperstein asked Ms. Leverich if these were carved out of the revenue to which she replied yes. There was a brief discussion regarding the risk pools.

Mr. Bussey asked how the Hepatitis C medication drugs is impacting the cost ratio. Ms. Leverich stated that the Hepatitis C medication drugs are impacting but they are being subsidized by the medical component of the pool. Dr. Saperstein mentioned that the Hepatitis C medication drugs doesn't impact the budget but it impacts the risk pool dollars significantly.

Ms. Leverich went through the budget noting that the sum of the total of all of the admin requests, budget over forecast, is going to be 32 million dollars for 2017. Mr. Rosen asked if it was correct that the Plan was adding 50 people in 2017. Dr. Saperstein stated yes, the 50 are in the current budget with a projected growth of 538,000 if MetroPlus exceeds that amount the number will have to be reworked and brought back to the Board for approval.

Mr. Still stated that the Board should acknowledge the several successive years of prudent budgeting by John Cuda and the rest of the staff. MetroPlus has come out at the end of the year never overspending and underspending by a very minor prudent amount. The strategy that was mentioned about not going overboard and adding costs until we see them is a very good idea. This type of budgeting has put the Plan in a very solid position financially and not to go unstated the increased medical loss ratio to help NYC Health + Hospitals.

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

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

Stanley Brezenoff
NYC HEALTH + HOSPITALS INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
December 14, 2016

TRANSFORMATION

Community Engagement Meetings Held

Over the past four weeks, NYC Health + Hospitals has held a series of community engagement meetings around the city to help educate interested New Yorkers about changes to the city's health care landscape, and to learn from them about their own community's health needs and priorities. These meetings are an outgrowth of the *One New York – Health Care for Our Neighborhoods: Transforming Health + Hospitals* report issued earlier this year, and its commitment to vigorous, ongoing, stakeholder engagement around the transformation of public health care in New York City. We have been pleased to partner with the New York Immigration Coalition and Community Resource Exchange in holding these events, and ultimately in producing a report that will capture information shared at these meetings.

Expansion of Ambulatory Care Services – New Staten Island Gotham Health Center

On November 30th NYC Health + Hospitals broke ground on construction for a new \$28 million, 18,000-square-foot ambulatory care center located at 165 Vanderbilt Avenue on Staten Island. The new health center will provide accessible, high-quality health care for more than 40,000 patient visits annually. Opening in the fall of 2017, the center will offer comprehensive primary medical and mental health services for children and adults. The health center will have evening and Saturday hours. Clinical services will include: Pediatrics, Women's health, Behavioral Health, Asthma & Diabetes Care, Radiology (X-ray, Ultrasound, and Mammography), Ophthalmology and Podiatry.

Funding for the construction includes \$20 million from New York City's Primary Care Expansion Initiative and \$8 million from the New York City Council. MJCL Architects created the architectural plans, and Axis Construction is the general contractor for the modular construction project.

Energy Efficiency and Cogeneration Technology Will Help Yield Savings, Reduce Carbon Footprint

The transformation of our health system requires that we become a more efficient organization. To that end, this month we reported a decrease in energy use of more than 10 percent system-wide in fiscal year 2016, which yielded \$21 million in savings from price reductions in the cost of fuel and decreased usage. An important benefit of energy consumption reduction is the accompanying decrease in greenhouse gases. The health care system reduced greenhouse gas emissions by 24.14 percent between 2007 and 2016 and is on track to meet its goal of reducing greenhouse gases by 50 percent by 2025.

Another energy related item I'd like to showcase is the planned installation of a micro-turbine cogeneration system at NYC Health + Hospitals/ Kings County. Cogeneration technology is an example of the cost efficiencies that will help us achieve our transformation goals by the year 2020. This project will help reduce energy costs by more than \$10 million over the next decade, and is anticipated to reduce annual greenhouse gas emissions by 3,259 metric tons.

I am also pleased to note that NYC's Department of Citywide Administrative Services (DCAS) has recognized Ruby Cruz, a member of NYC Health + Hospitals Corporate Energy Unit, as "Energy Manager of the Year" for 2016, acknowledging her excellence in energy efficiency management.

DCAS has also recognized Joseph Ricco III, a senior stationary engineer at NYC Health + Hospitals/Woodhull, as one of its "Energy Champions" for 2016. "Energy Champions" are recognized for their efforts in energy management at New York City's largest energy-consuming agencies. In 2015, Marcus Lewis, who, like Ms. Cruz, works for the NYC Health + Hospitals/Corporate Energy Unit, was recognized by DCAS as "Energy Analyst of the Year".

OneCity Health/DSRIP Update

OneCity Health continues to advance transformation efforts, focusing in particular on transitions and primary care. Initiatives include:

- Implementing programs to transition patients from various care settings to the community and to link them to a strong primary care team. Five NYC Health + Hospital sites (NYC Health + Hospital Metropolitan, NYC Health + Hospital/North Central Bronx, NYC Health + Hospital/Woodhull, NYC Health + Hospital /Kings County, and NYC Health + Hospital/Lincoln) have kicked off the first phase of the Emergency Department Care Triage Project that connects patients from the Emergency Department to primary care providers, ensuring they have appointments and the appropriate clinical information.
- In addition, Transition Management Teams continue to provide 30 days of supportive care management for patients at high risk of readmission at two NYC Health + Hospitals facilities. To date, there have been 166 program graduates with an additional 120 engaged in the program. OneCity Health hosted its first training in November to begin to integrate community partners into the program.
- OneCity Health also continued efforts to strengthen primary care. Kick-offs occurred at a mix of seven NYC Health + Hospital and community partner sites to begin implementing co-located services for primary care and behavioral health.
- Moreover, as part of the OneCity Health cultural competence and health literacy (CCHL) initiative, 75 partner sites will soon begin a self-assessment to establish a baseline and the current state of each organization's CCHL strengths and opportunities for improvement. The CCHL initiative will provide our network with an opportunity to identify disparities and gaps in service delivery, and promote best clinical and administrative processes.
- Finally, NYC Health + Hospitals and 38 community-based partner organizations continue their outreach and engagement of uninsured New Yorkers to connect them with insurance and primary care. OneCity Health presented on this successful partnership at a November Greater New York Hospital Association symposium.

OneCity Health submitted its DSRIP Year 2, Quarter 2, report to the New York State Department of Health (NYS DOH) at the end of October. To date, OneCity Health has met commitments under the NYS DOH DSRIP program resulting in earnings of 99.9 percent of maximum potential DSRIP performance dollars.

On November 29, 2016 New York State posted reports for OneCity Health and the other 24 New York Performing Provider Systems (PPSs) from the DSRIP Mid-Point Assessment, a formal evaluation begun several months ago by the NYS Department of Health as required under the terms of the DSRIP program. OneCity Health has carefully reviewed its own results and is excited to continue its work to achieve lasting transformation for the benefit of New Yorkers in need.

OTHER HEALTH CARE SYSTEM NEWS

President Obama Appoints NYC Health + Hospitals' Dr. Dave Chokshi to Prestigious National Advisory Group

On December 5th 2016 NYC Health + Hospitals was proud to learn that President Barack Obama has appointed Dr. Dave Chokshi to be a member of the National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.

Dr Chokshi brings leadership and expertise to the advisory group's mission of offering a non-federal perspective to the National Prevention Council, which develops policy and program recommendations on developing public, private, and not-for-profit partnerships to improve population health. Happily for our health care system, Dr. Chokshi will continue to serve as the Chief Population Health Officer of OneCity Health and Senior Assistant Vice President at NYC Health + Hospitals, while also taking on this prestigious voluntary role with the National Prevention Council.

NYC Health + Hospitals Marks World AIDS Day

NYC Health + Hospitals observed World AIDS Day on December 1, 2016 with media activity and public events around the system designed to remind New Yorkers of the importance of taking precautions against contracting the HIV virus, and of prioritizing health by getting tested regularly. The health system has championed making HIV testing part of routine medical care and has tested more than 2 million New Yorkers since it began this practice.

The Fund for NYC Health + Hospitals hosted a celebration in honor of the iconic Keith Haring murals in the lobby of NYC Health + Hospitals/Woodhull. This year marks the 30th anniversary of the installation of the murals, created by the late artist and social activist Keith Haring during the height of the AIDS epidemic. The event recognized NYC Health + Hospitals pioneering role in the global fight to combat HIV/AIDS, and highlighted strides made by NYC's public health care system toward eliminating perinatal HIV infection and promoting HIV testing and treatment.

Also relevant to World AIDS Day is last month's award of a \$1 million grant from New York City's Department of Health and Mental Hygiene to NYC Health + Hospitals/Elmhurst for expansion of services for HIV negative but at risk New Yorkers. The service expansion will earn Elmhurst's HIV clinic "PEP (HIV Post Exposure Prophylaxis) Center of Excellence status.

Expansion of Transgender Health Services and LGBTQ Health Center Hours at NYC Health + Hospitals/Metropolitan

NYC Health + Hospitals is proud to lead the way in providing equitable health care for all of our patients, regardless of their gender identities, and to be working hard to eliminate any barriers in accessing care for transgender patients. The system's focal point for LGBTQ services is NYC Health + Hospitals/Metropolitan, which has expanded health services for transgender patients, including gender-affirming surgeries and increased access to hormone therapy.

Metropolitan is one of only a few hospitals in New York City, and the only one within the city's public health system, offering gender-affirming surgeries. It has also expanded access to hormone therapy through a dedicated clinic. Patients can now make an appointment for a consultation with a hormone therapy specialist, regardless of whether they have a primary care physician at Metropolitan. Patients enrolled in the LGBTQ Health Center can receive hormone therapy as part of the integrated services available through the primary care clinic.

NYC Health + Hospitals/Elmhurst's Methadone Treatment Program Recognized for Excellent Care

NYC Health + Hospitals/Elmhurst's Methadone Adult Outpatient Treatment Program has achieved the Gold Seal of Approval for Behavioral Health Care Accreditation from the Joint Commission. The accreditation covers a three-year period, signifying excellence as a provider of clinical care, and demonstrating continuous compliance with its performance standards. The hospital's Methadone Treatment Program treats about 290 patients annually. Many receive vocational counseling and services, such as evaluation of work skills and capacities, identification of vocational goals and needs, and referrals to schools and training programs. To address the unique needs of the ethnically and linguistically diverse communities served by the hospital, the program's staff are fluent in multiple languages, including English, Spanish, Chinese, Greek, and Hindi.

Funding For Patient Transport Vans at NYC Health + Hospitals/Elmhurst

At a press conference held last month at NYC Health + Hospitals/Elmhurst, New York State Senator, Toby Ann Stavisky presented NYC Health + Hospitals/ Elmhurst CEO Israel Rocha with a check for \$100,000 for two new shuttle vehicles. The vehicles will provide transportation for patients, as well as for doctors, nurses and support staff traveling to and from Elmhurst and NYC Health + Hospitals/ Queens. The new shuttles will benefit patient experience by offering a safe and convenient mode of transport between hospitals.

Jacobi Improvements for Pedestrian Safety

NYC Health + Hospitals is advancing the City's Vision Zero action plan for ending traffic deaths and injuries on New York City streets — an extension of our system's mission of promoting wellness and empowering New Yorkers to live their healthiest lives. This month NYC Health + Hospitals/Jacobi, in partnership with NYC Department of Transportation, completed a project to make the hospital campus safer and more pedestrian-friendly. The improvements include the installation of speed bumps, clearer signage and reflective posts, new stop signs and more. Hundreds of patients and staff who traverse the campus on foot each day will now benefit from safer streets and slower vehicular speeds as they cross the street.

BOARD OF DIRECTORS

Committee Assignments

(Effective 01/01/2017)

STANDING COMMITTEES OF THE BOARD

<p><u>Executive</u></p>	<p>Chair: Mr. Gordon Campbell Members: Dr. Herminia Palacio Mr. Bernard Rosen Josephine Bolus, RN Mr. Steven Banks Mr. Stanley Brezenoff</p>
<p><u>Audit</u></p>	<p>Chair: Ms. Emily A. Youssouf Members: Josephine Bolus, RN Mr. Mark Page Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Capital</u></p>	<p>Chair: Mr. Mark Page Members: Josephine Bolus, RN Ms. Emily A. Youssouf Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Community Relations</u></p>	<p>Chair: Josephine Bolus, RN Members: Mr. Robert F. Nolan Ms. Helen Arteaga Landaverde Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Equal Employment Opportunity (EEO)</u></p>	<p>Chair: Mr. Robert Nolan Members: Josephine Bolus, RN Ms. Helen Arteaga Landaverde Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Finance</u></p>	<p>Chair: Mr. Bernard Rosen Members: Ms. Emily A. Youssouf Mr. Mark Page Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Governance</u></p>	<p>Chair: Mr. Gordon Campbell Members: Mr. Bernard Rosen Dr. Vincent Calamia Ms. Helen Arteaga Landaverde</p>

STANDING COMMITTEES OF THE BOARD (cont'd)

<p><u>Information Technology (IT)</u></p>	<p>Chair: Ms. Emily Youssouf Members: Mr. Gordon Campbell Dr. Vincent Calamia Barbara Lowe, RN Josephine Bolus, RN Mr. Steven Banks Mr. Stanley Brezenoff</p>
<p><u>Medical & Professional Affairs (M&PA)</u></p>	<p>Chair: Dr. Vincent Calamia Members: Josephine Bolus, RN Dr. Mary T. Bassett Dr. Gary S. Belkin Barbara Lowe, RN Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Quality Assurance</u></p>	<p>Chair: Dr. Mary T. Bassett Members: Josephine Bolus, RN Dr. Gary S. Belkin Ms. Helen Arteaga Landaverde Mr. Gordon Campbell Mr. Stanley Brezenoff</p>
<p><u>Strategic Planning</u></p>	<p>Chair: Mr. Gordon Campbell Members: Dr. Jo Ivey Boufford Mr. Bernard Rosen Mr. Robert F. Nolan Mr. Mark Page Mr. Stanley Brezenoff</p>

ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

<p style="text-align: center;"><u>Gordon J. Campbell</u> <i>Vice Chair & Acting Chair of the Board</i></p> <p>Ex-officio Member to All Committees and is a Member of Audit and Chair: Executive – Governance – Strategic Planning</p> <p>Serves as Chair ex-officio on the following subsidiary board Chair: HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Stanley Brezenoff</u> <i>Interim President</i></p> <p>Ex-officio Member to All subsidiary boards and Committees Except Audit & Governance and is a Member of Audit and serves as ex-officio</p> <p>Chair: HHC Insurance Company/Physicians Purchasing Group HHC ACO (Accountable Care Organization)</p>
<p style="text-align: center;"><u>Helen Arteaga Landaverde</u></p> <p>Member: Community Relations Equal Employment Opportunity Governance Quality Assurance</p>	<p style="text-align: center;"><u>Steven Banks</u></p> <p>Member: Executive Information Technology (IT)</p>
<p style="text-align: center;"><u>Mary T. Bassett, M.D.</u></p> <p>Chair: Quality Assurance Member: M&PA</p>	<p style="text-align: center;"><u>Gary S. Belkin, M.D., Ph.D.</u></p> <p>Member: Quality Assurance M&PA</p>
<p style="text-align: center;"><u>Josephine Bolus, RN</u></p> <p>Chair: Community Relations Member: All Other Standing Committees of the Board except Governance, Finance & Strategic Planning</p>	<p style="text-align: center;"><u>Jo-Ivey Boufford, M.D.</u></p> <p>Member: Strategic Planning</p>
<p style="text-align: center;"><u>Vincent Calamia, M.D.</u></p> <p>Chair: M&PA Member: Governance IT</p>	<p style="text-align: center;"><u>Barbara A. Lowe, MS, RN</u></p> <p>Member: M&PA IT</p>
<p style="text-align: center;"><u>Robert F. Nolan</u></p> <p>Chair: Equal Employment Opportunity Member: Community Relations Strategic Planning</p>	<p style="text-align: center;"><u>Mark Page</u></p> <p>Chair: Capital Member: Audit Finance Strategic Planning HHC Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u>Herminia Palacio, MD, MPH</u></p> <p>Member: Executive</p>	<p style="text-align: center;"><u>Bernard Rosen</u></p> <p>Chair: Finance MetroPlus Health Plan, Inc. (subsidiary) Member: Executive Governance Strategic Planning HHC Capital Corporation (subsidiary) HHC Insurance Company / Physicians Purchasing Group (subsidiary)</p>
<p style="text-align: center;"><u>Emily A. Youssof</u></p> <p>Chair: Audit IT Member: Capital Finance HHC Capital Corporation (subsidiary)</p>	

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.

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.

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.

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.

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.

DSRIP Program Briefing

NYC Health + Hospitals Board of Directors

Christina Jenkins, MD

CEO, OneCity Health Services

January 26, 2017

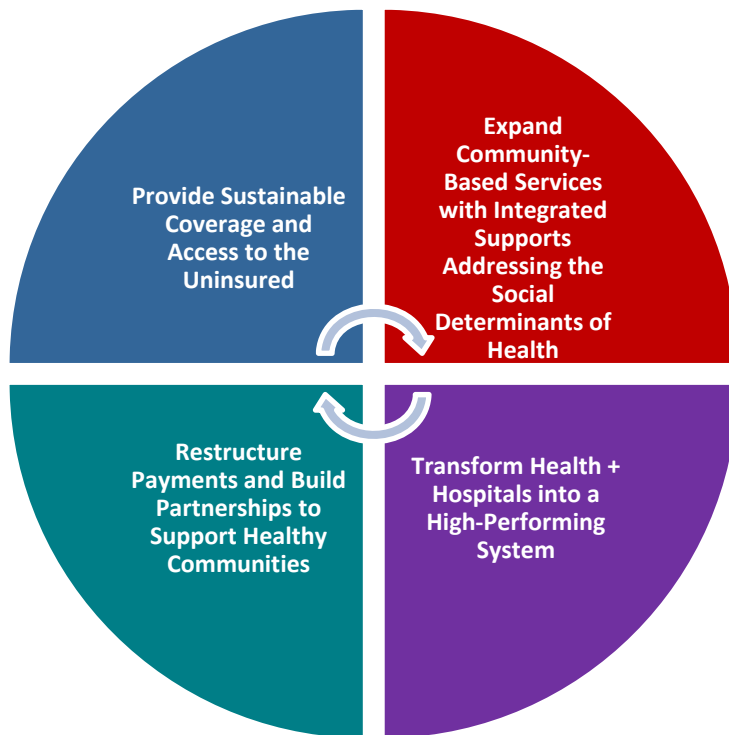


- ❑ Our DSRIP program efforts are aligned with NYC Health + Hospitals' ongoing transformation. We are using the program to build sustainable infrastructure to manage population health in a value-based payment environment

- ❑ We are in the final quarter of DSRIP Year 2 (April 1, 2016 – March 31, 2017)
 - \$55M budgeted for project implementation through March 31, 2017
 - To date, we have earned 99% of potential performance payments totaling \$185 M
 - As forecasted, in the future we do not expect to earn 100% of potential dollars because of performance risk (achievement of health outcomes targets) – 40% of \$1.2B at risk
 - Our most important effort is to broaden engagement of frontline teams in transformation effort

- ❑ In November, we earned a generally positive and fair assessment by the state's Independent Assessor
 - Mid-Point Assessment required for all 25 NYS Performing Provider Systems
 - OneCity Health ranked 7th of 25 in "360" survey
 - State comments focused on funds flow to partners, speed of project implementation, and partner engagement

Mayor's One NY Report



NYS DSRIP Program Transformation Goals

- Patient outreach and engagement
- Primary care-based improvements and access expansion
- Integration of social and other community-based services
- Enhance care management operations
- Build infrastructure for population health
 - Data analytics
 - IT connectivity
 - Workforce training, including cultural competence
- Prepare for value-based payments

- ❑ \$55M budgeted for project implementation through March 31, 2017 – conservative budgeting based on reliable DSRIP performance revenues
 - DSRIP payments to partners are incentives and do not replace Medicaid revenues
 - Funds flow from OneCity Health to each DSRIP partner according to transparent methodology approved by the OneCity Health Executive Committee, which reports to H+H as fiduciary
 - H+H is largest performing partner and earns funds according to the same methodology as others
- ❑ Planning underway for DSRIP Year 3 contracting (April 1, 2017)
- ❑ State-level oversight of DSRIP program performance and funds flow includes
 - The Project Approval and Oversight Panel (PAOP)
 - State’s Independent Assessor
 - The DOH DSRIP website
 - State Office of Medicaid Inspector General (OMIG; partner compliance and funds flow)

Current Status

Workforce Engagement + Training Update

- 5 H+H and 55 community sites undergoing cultural competency assessments
- 200 pediatric clinical staff at 4 sites trained for asthma improvement (PACE)
- 30 coordinators at 3 sites for care plan and motivational interviewing training
- 160 staff for care management software platform training (net of Health Home)
- 2 hospitals in statewide performance improvement collaborative for high-utilizers

Patient Outreach + Engagement

- 38 community partners and 17 H+H sites for patient outreach and engagement
- Over 40,000 screened for self-management ability since April 2015
- Community partners linked 33% to primary care and 40% to insurance since April 2016

Primary Care-Based Improvements

- 52 community sites with PCMH certification assistance (H+H well underway)
- 1Q 2017 launch for pilot at ~10 community sites for IMPACT (depression)
- Primary care/behavioral health integration planning at 5 H+H and 5 community sites

Care Management and Social Services Integration

- Working with cross-agency collaborative for data sharing, workflows
- Two pilot sites (med, behavioral) for inpatient transitions: 750 referred and 375 completed
- Three pilot sites for ED transitions: linking to primary care from ED
- 1Q 2017 launch for Health Home expansion: 3 Health Home Leads, ~20 sites
- Eleven community health worker organizations matched to 27 sites for asthma home-based referrals – two sites currently generating referrals

VBP Readiness

- 4 organizations in strategic partnership for network build, CBO capacity building
- Building pop health infrastructure to manage quality, cost

DSRIP Program Risks and Mitigation Strategies

Risk Category	Risk Description	Mitigation Strategies
Performance	<ul style="list-style-type: none"> • H+H hiring delays • H+H organizational uncertainty • Limited data availability • No proven roadmap for outcomes improvement • Outcomes targets set by state and may be suboptimally defined 	<ul style="list-style-type: none"> • H+H to build workforce retraining infrastructure • Frontline support to perform interventions: toolkits, technical assistance, and resourcing • Alternate data sources to plan and evaluate interventions • Use continuous improvement approach • Advocacy by professional groups on all PPS' behalf
Reputational	<ul style="list-style-type: none"> • Expectation management across stakeholders – funds flow 	<ul style="list-style-type: none"> • Continue engagement efforts • Continue transparency of funds flow methodology and PPS performance • Continue joint planning activities with community partners
Sustainability	<ul style="list-style-type: none"> • Value Based Payments (VBP) only for Medicaid – need uninsured strategy • No proven model for care management services • Fragile healthcare ecosystem 	<ul style="list-style-type: none"> • Advocate for further payment reform • Better understand cost structures • Use DSRIP contracting to supplement network strategy, build sustainable platform

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center ("Bellevue") at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000.

WHEREAS, RRD is an established provider of renal dialysis services; and

WHEREAS, in January 2007, the Board of Directors authorized NYC Health + Hospitals to enter into an agreement with RRD for it to provide renal dialysis services to inpatients at Bellevue including treatments at bedside, in the ICU, in the Emergency Department and in an area set aside for treatment of inpatients who can be moved; and

WHEREAS, Bellevue retains the right to bill third party payers for the services provided to such inpatients and they are treated as Bellevue patients for all purposes; and

WHEREAS, RRD provides all equipment, supplies and technical staff to render the renal dialysis services but does so under the medical supervision of Bellevue physicians and nurses; and

WHEREAS, the Board of Directors also authorized a license agreement with RRD for space at Bellevue to operate an outpatient renal dialysis clinic in accordance with Article 28 of the NY Public Health Law, the renewal of which is being sought today by separate resolution; and

WHEREAS, RRD did not obtain its Article 28 license and begin providing treatment to patients at Bellevue until August 2011; and

WHEREAS, RRD has provided excellent services to both Bellevue outpatients and inpatients since August 2011; and

WHEREAS, the Executive Director of Bellevue will be responsible for supervising the performance of the proposed services agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000.

EXHIBIT A
RESOLUTION AUTHORIZING
FIVE YEAR RENAL SERVICES AGREEMENT WITH
RIVER RENAL DIALYSIS (RD) SERVICES

COMPENSATION RATES

NYC Health + Hospitals will annually pay River Renal Dialysis Services (“RRD”) \$1,360,860 in equal monthly installments for 2,800 treatments irrespective of whether the treatments are performed at night, over weekends, in the ICU, the ER, at bedside or in the inpatient dialysis facility. Once RRD has performed 2,800 treatments, the costs per treatment are as follows:

- \$454 per treatment on the 6 bed acute unit
- \$583 for bedside or ICU or ER
- \$702 for bedside, ICU, or ER after hours

Additional rates apply for certain unusually extended dialysis treatments, for non-standard medications and laboratory tests.

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

OVERVIEW: The New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) seeks authorization from the Board of Directors to execute a renal dialysis service agreement with River Renal Dialysis (RD) Services (“RRD”) for its continued provision of renal dialysis services to inpatients at Bellevue Hospital Center (“Bellevue”).

This is a companion agreement to a space license agreement for RRD’s use of space at Bellevue to provide outpatient dialysis services. 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. The outpatient license will provide Bellevue approximately \$2.5 Million in occupancy fees which offsets, to a degree, the estimated \$7,950,000 cost of the inpatient services. Because inpatient services are generally reimbursed by third party payers on a bundled basis, one cannot identify a portion of the bundled fee that is attributable to the provision of dialysis services though if the patient is particularly sick or has multiple illnesses this may lead to a higher rate of reimbursement.

**NEED/
PROGRAM:** RRD provides excellent care to Bellevue inpatients and takes on the specialized work of procuring and maintaining the dialysis equipment, keeping it supplied and furnishing the technical services to operate the equipment. During the initial term of the services agreement, RRD provided approximately 3,000 treatments per year. Among the inpatients who get dialysis treatments are those who are in the ICU and the Emergency Department. Patients under Department of Corrections custody also get treated. Treatments are available seven days a week and 24 hours per day. When patients can be moved, they are brought to a special area within Bellevue equipped for inpatient dialysis treatments but when patients cannot be moved they receive treatments at bedside.

TERMS: Bellevue will pay RRD \$1,360,860 per year and in exchange, RRD will provide 2,800 treatments regardless of where such treatments are provided or the time of day or day of the week. Once 2,800 treatments have been provided, additional treatments are charged at the rate indicated in Exhibit A.

UTILIZATION: Approximately 3,000 treatments are provided annually.

TO: Christopher Roberson
Director – Network Contracts
Bellevue Hospital Center

FROM: Gail Proto *G.P.*

DATE: December 8, 2015 (REVISED)

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, River Renal Services, Inc., has submitted to the Affirmative Action 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): Bellevue Hospital Center

Contract Number: _____

Project: Provide Dialysis Treatment Services

Submitted by: Bellevue Hospital Center

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:



Bellevue

Presentation to
The New York City Health + Hospitals
Board of Directors / Medical and
Professional Affairs Committee

Acute Dialysis Services
Agreement for River Renal
Services Inc.



Background

- This is a proposed Acute Dialysis Service Agreement
- Bellevue entered into a five-year Acute Dialysis Service Agreement on August 15, 2011 to address growing quality and cost issues associated with our service
- The Acute Dialysis Service Agreement has successfully provided Bellevue's patients with high quality dialysis services for the past 5 years
- In December 2016, the Health +Hospital Board approved a license agreement for this vendor to operate an independent Article 28 chronic dialysis facility at Bellevue



Current Program Size and Benefits to H+H's for Acute & Chronic

- Acute Dialysis
 - River Renal provides staff and water services to operate Bellevue's 6 bed Acute dialysis services (4-bed inpatient room and two single-bed isolation rooms) on the 5th floor of the Bellevue's H building
 - River Renal also provides acute dialysis services in the Emergency Department or at patient bedside, as needed
 - Service is provided Monday-Saturday, and on-call emergency service is available on Sundays as needed
- Chronic Dialysis
 - The unit operates **18** dialysis stations which includes **2** specialized Hepatitis B isolation rooms
 - The unit operates **6** days a week. Hours of operation are Monday, Wednesday and Friday 6 am – 8 pm (3 shifts per day) and Tuesday, Thursday and Saturday 8 am – 6 pm (2 shifts per day).
 - The program is fully staffed with:
 - Full time dedicated on-site Medical Director
 - Director of Medical Affairs (Dr. Matalon - owner) and Chief Operations Officer (Miriam Sinitzky)
 - Nurse Manager
 - Registered Nurses – staffed at 1:8 ratio
 - Certified Hemodialysis Technicians – staffed at 1:4 ratio
 - Full time Social Worker
 - Part time Nephrologist and Renal Nutritionist
 - Full time Bio- Medical Specialist and Bio-Medical Technician
 - Full time Housekeeping Staff, Receptionist, Unit Clerk, and Administrator
 - Dedicated billing and collections, purchasing, accounts payable and secretarial staff



The Business Case for River Renal Inc.

Current Agreement

- Base rent for chronic space \$464,389 with 2.75% increases each year
- Over 5 years, the Occupancy Gain will be \$2,453,215
- Bellevue pays approximately \$149,298 per year for services and labs for uninsured patients
- Bellevue pays \$1,360,858 for 2,800 acute dialysis treatments, subject to 2.6% annual increases
- Over 5 years, Bellevue would pay \$5,457,715 (\$7,910,930 for 5 years of dialysis services offset by an occupancy gain \$2,453,215)

Forecast for Bellevue-Operated Program

- Initial \$7.5 million investment to onboard 32 FTEs and purchase necessary equipment
- After the first year, there would be an annual \$5.3 million cost covering salary and fringe for 32 FTEs, system maintenance and supplies
- Bellevue could collect \$1.5 million per year in billing for dialysis services
- Over five years, Bellevue would expect total expenses of \$21.2 million (\$28.7 million in operating expenses offset by \$7.5 million in billing revenue)





The Quality Case for River Renal

- Acute Dialysis Services:
 - Bellevue has had numerous surveys from CMS as well as a Joint Commission review since River Renal began providing acute dialysis services, and Bellevue has never received a citation regarding quality of care for dialysis from any external regulatory agency.
- Chronic Dialysis Services:
 - River Renal's Bellevue site is currently 5 Star rated by CMS. Only two sites in Manhattan have earned this 5 star rating and both are operated by the operators of River Renal. The preview of the January 2017 CMS rating for River Renal is once again 5 stars.
 - In 2011, Bellevue's baseline quality data was below state standards in 8 out of 9 categories. Today, River Renal's dialysis unit at Bellevue is operating above the state standards in all quality measures.



Quality Outcomes History

 U.S. DEPARTMENT of HEALTH & HUMAN SERVICES CENTERS for MEDICARE & MEDICAID SERVICES End-Stage Renal Disease Quality Incentive Program 2017 Certificate of Dialysis Facility Performance – Part 1					 Facility CMS Certification Number: 332683				
To obtain scores and rates, CMS compares data from 2013 and 2014 to data from 2015. River Renal Services, LLC, NEW YORK, NY					TOTAL PERFORMANCE SCORE: 85 out of 100 National Average: 68 out of 100				
Clinical Measures of Quality			Facility Result In 2015	National Median	Facility Result in 2014	Facility Score			
Kt/V Dialysis Adequacy – Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>			100.00%	96.89%	98.34%	10 of 10			
Kt/V Dialysis Adequacy – Peritoneal Dialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>			NA	87.10%	NA	NA			
Kt/V Dialysis Adequacy – Pediatric Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>			NA	94.44%	NA	NA			
Vascular Access Type – Fistula <i>(Compares access to a patient's bloodstream via fistula – higher rate desirable)</i>			86.41%	64.46%	76.56%	10 of 10			
Vascular Access Type – Catheter <i>(Compares access to a patient's bloodstream via catheter – lower rate desirable)</i>			9.46%	9.92%	13.95%	6 of 10			
NHSN Bloodstream Infection in Hemodialysis Outpatients <i>(Shows how well a facility prevented patient infections during treatment – lower ratio desirable)</i>			0.619	1.81	0.595	6 of 10			
Hypercalcemia <i>(Shows how well a facility managed patient metabolism of calcium – lower rate desirable)</i>			0.34%	1.30%	0.52%	10 of 10			
Standardized Readmission Ratio <i>(Shows how well a facility avoids unplanned hospital readmissions – lower ratio desirable)</i>			0.78	0.998	0.79	8 of 10			
Quality Reporting Measures			Facility Performance in 2015		Facility Score				
Did the facility report required data about patient anemia management?			Yes		9 of 10				
Did the facility report required data about patient phosphorus levels?			Yes		8 of 10				
Was the patient experience of care survey administered and delivered twice?			Yes		10 of 10				
River Renal Services, LLC 462 FIRST AVENUE - HOSP BLDG 5 NORTH NEW YORK, NY 10016		Eric Grossman, M.D. Facility Medical Director		/s/ Patrick Conway CMS Chief Medical Officer Deputy Administrator for Innovation and Quality					



Conclusion:

- There are significant benefits to Bellevue's dialysis services and its patients from this agreement with River Renal. River Renal has markedly contributed to improving the quality of services and has simultaneously decreased our costs.
- In 2011, Bellevue's quality outcomes were below State standards in 8 out of 9 measures. Today, we have a much improved service with Standards that have earned a CMS 5 Star rating.
- Total cost of ownership of this service under agreement (both Acute and Chronic) with River Renal averages to \$1.09 Million vs \$4.24 Million annually if fully Bellevue run.
- We believe River Renal brings very specialized skills to our services as this is their sole business and experience.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

WHEREAS, The System has been represented by experienced medical malpractice defense firms for the defense of high exposure and complex medical claims and in the representation of health care and regulatory matters for more than 30 years and has determined that it is a cost-effective method for the System to minimize its potential liabilities and provide experienced counsel in health care and regulatory matters; and

WHEREAS, The System wishes to continue retaining experienced major and specialized medical malpractice defense counsel to represent it and its staff in high exposure and complex medical malpractice claims and to provide representation in health care and regulatory matters; and

WHEREAS, a Request for Proposals was issued for law firms to provide these services and these ten firms were selected; and

WHEREAS, The System will benefit from the legal representation that can be provided by these firms; and

WHEREAS, the overall responsibility for monitoring these contracts shall be vested with the General Counsel/Senior Vice President of the Office of Legal Affairs for the System.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health + Hospitals be and hereby is authorized to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

EXECUTIVE SUMMARY
Legal Defense Services
Agreements

The accompanying Resolution requests approval to enter into a contract with ten law firms to provide legal services in the defense of medical malpractice, regulatory and health law matters as a result of RFP # 037-0010. The term for the agreements is four years with an option for one two-year renewal. Under the contracts these firms will perform legal defense of high exposure and complex medical malpractice claims.

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a “capped” amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complementing the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding (“MOU”) between the City of New York and NYC Health + Hospitals which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.

On September 1, 2016, on behalf of the Office of Legal Affairs, Supply Chain Services issued an RFP for Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law to 54 law firms. Responses to the RFP were received from 17 firms. Each response was reviewed thoroughly in person by the selection committee. Following the review, each response was evaluated by all committee members in accordance with the criteria set forth in the RFP. As a result of the response evaluation, the selection committee awarded ten firms; eight firms classified as major defense firms and two classified as specialty firms.

Major Defense Firms	
Aaronson Rappaport Feinstein & Deutsch	McAloon & Friedman
Heidell, Pittoni, Murphy & Bach, LLP	Furman Kornfeld & Brennan
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson	Gordon & Silber
DeCorato, Cohen, Sheehan & Federico	Vigorito, Barker, Porter & Patterson
Specialty Defense Firms	
Dopf, PC (Specialty- Orthopedics)	Ekblom & Partners (Specialty- Optomology)

The System has used all firms, except for one, and have found that our experience with them to exceed our expectations and provide the System with excellent representation.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law

Project Title & Number: Master Agreements- Legal Services RFP# 37-0010

Project Location: System Wide

Requesting Dept.: Office of Legal Affairs

Successful Respondents:

- Aaronson Rappaport Feinstein & Deutsch
- Heidell, Pittoni, Murphy & Bach, LLP
- Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
- DeCorato, Cohen, Sheehan & Federico
- McAloon & Friedman
- Ekblom & Partners
- Furman Kornfeld & Brennan
- Gordon & Silber
- DOPF, PC
- Vigorito, Barker, Porter & Patterson

Contract Amount: \$82,000,000

Contract Term: Four year initial term- 3/1/2017 to 2/28/2021
One 2 year option- 3/1/2021 to 2/28/2023

Number of Respondents: 17 total respondents

Range of Proposals: N/A

Minority Business Enterprise Invited: Yes

Funding Source: Operating Budget

Method of Payment: Invoiced for services
(if other, explain)

EEO Analysis: Complete

Compliance with HHC's McBride Principles: Yes

Vendex Clearance: In progress

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source,
HHC 590B (R July 2011))

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

or \$100,000 or more if awarded pursuant to an RFB.)

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

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a "capped" amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complimenting the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding ("MOU") between the City of New York and NYC H+H which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.

Contract Review Committee

An application to issue a request for proposal (RFP) for the provision of Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law Matters on behalf of the NYC Health + Hospitals, Office of Legal Affairs was presented to the CRC at the August 17, 2016 Contract Review Committee.

The Contract Review Committee issued a Contract Approval Form, authorizing the proceeding of the above referenced RFP on August 18, 2016.

CRC Presented Date: 8/17/2016

CRC Approval Date: 8/18/2015

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

There have been no scope of work or proposed contractual contract changes.

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

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Selection Committee Members:

Suzanne Blundi, Deputy General Counsel
 David Cheung, Associate Counsel
 Margaret Sherman, Senior Counsel
 Janette Baxter, Corporate Risk Manager
 Andrea Crawford, Associate Executive Director, Risk Management, H+H/Queens
 Kathy Lospinuso, RN, BSN, JD, Senior Associate Risk Manager
 Daniel Stone, Associate Director, Risk Management and Patient Safety, Henry J. Carter Specialty Hospital & Nursing Facility

RFP Distribution:

RFP Documents included:

- Request For Proposal
- Addenda #1 (Proposer Questions / H+H Responses)

RFP Dissemination:

- RFP disseminated on September 1, 2016
- Addenda #1 disseminated on September 22, 2016
- 54 firms received a copy of the RFP and Addenda #1 via:
 - Firms invited directly by NYC H+H
 - Firms requested from the City Record
 - Firms requested from NYS Medical Defense Bar Association

RFP Responses:

- All responses checked in to Supply Chain Services to date stamp and confirm minimum requirements
- Checked In responses were circulated to the selection committee for review
- Selection Committee held a three day RFP response review session
- Review Session included a detailed review of all RFP responses for the following:
 - Discuss RFP responses, ensure firms adequately responded and firms expressed an ability to provide the services requested
 - Categorize any specialty firms

Selection Process:

- 17 Firms responded to the RFP:

Aaronson Rappaport Feinstein & Deutsch	Vigorito, Barker, Porter & Patterson
Heidell, Pittoni, Murphy & Bach, LLP	Kaufman Borgeest & Ryan
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson	Wilson Elser
DeCorato, Cohen, Sheehan & Federico	Morris Duffy Alonso & Faley
McAloon & Friedman	Abrams Fensterman
Eklom & Partners	Garcia- Watts Law
Furman Kornfeld & Brennan	Sclar Adler
Gordon & Silber	Law Offices Of Catherine Patsos*

*- Law Offices of Catherine Patsos was disqualified at Selection Committee Review due to the firms inability to provide the services requested in the RFP

- Selection Committee Scoring
 - Scoring was completed for the 16 qualified firms (score range 17-66)
 - The top 10 firms were selected including 8 major defense firms and 2 specialty firms (orthopedics and optomology)

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Scope of work and timetable:

Scope of Work:

The RFP is to select law firms (major defense firms and specialty firms) that will represent the NYC Health + Hospitals and its staff in complex and high exposure medical malpractice cases. The firms will also be assigned to represent NYC Health + Hospitals and its staff in regulatory matters. The firms will also provide legal advice to the General Counsel on matters related to medical malpractice, regulatory affairs, risk management, Insurance and health care law.

Timetable:

RFP Dissemination:	September 1, 2016
Proposer Questions Due:	September 19, 2016
Proposals Due:	September 29, 2016
Projected Selection:	October 31, 2016
Projected Contract Start Date:	March 1, 2016

Provide a brief costs/benefits analysis of the services to be purchased.

Not applicable

Provide a brief summary of historical expenditure(s) for this service, if applicable.

Services are billed hourly based on the following titles:

- Paralegal
- Junior Associate
- Associate
- Nurse Consultant
- Partner
- Senior Partner

The following chart represents hours and expenses for the past three fiscal years:

	FY14	FY15	FY16
Hours	81,892	84,107	75,953
Annual Spend	\$12,575,810	\$13,023,948	\$11,627,754

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

The Litigators on staff of the Claims and Litigation Unit of the Office of Legal Affairs handle most of the matters pending against the System and by doing so help keep the cost of our defense of these matters down.

The retention of specialized law firms that defend the System and its staff in complex, high exposure claims of malpractice has been the practice for over 30 years. Simply put, the number of attorneys that would need to be retained and the associated cost of same would be prohibitive. Our experience has shown that having cases where the workup will require multiple experts in evaluating, defending and trying these matters is more effective when firms with a particular specialty work alongside our staff.

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

Not applicable.

Contract monitoring (include which Senior Vice President is responsible):

Salvatore J. Russo
Senior Vice President & General Counsel

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

Received By E.E.O.:



1.5.17
Date

Analysis Completed By E.E.O.:



1.5.17
Date

Keith Tallbe
Name

32101

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

FROM: Keith Tallbe *KT*

DATE: January 9, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Vigorito, Barker, Porter & Patterson, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

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

31394A

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **DeCorato Cohen Sheehan & Federico LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

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

31398A

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, McAloon & Friedman, P.C., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

31395A

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

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Gordon & Silber, P.C., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

32099

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

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

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

32098

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

31396A

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

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Heidell Pittoni Murphy & Bach LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

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

31102B

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Aaronson Rappaport Feinstein & Deutsch, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

31393A

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

31400A

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

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

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Schiavetti, Corgan, DiEdwards, Weinberg and Nicholson, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

Legal Defense Services for Medical Malpractice, Regulatory and Health Law Matters

Request to Award Major and Specialty Firms

Salvatore J. Russo

Senior Vice President & General Counsel

January 23, 2017



Background

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a “capped” amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complementing the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding (“MOU”) between the City of New York and NYC Health + Hospitals which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.



Project Description

- 1 RFP, 2 award types:
 - Major Defense
 - Specialty Defense
- Major Defense Scope of Work:
 - High exposure and complex medical malpractice matters
- Specialty Defense Scope of Work:
 - Firms with medical malpractice specialization



Procurement Methodology

- Request for Proposal process was utilized
- Advertisement posted in the City Record and NYS Medical Defense Bar Association
- 16 firms submitted proposals
 - Aaronson Rappaport Feinstein & Deutsch
 - Heidell, Pittoni, Murphy & Bach, LLP
 - Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
 - DeCorato, Cohen, Sheehan & Federico
 - McAloon & Friedman
 - Ekblom & Partners
 - Furman Kornfeld & Brennan
 - Gordon & Silber
 - DOPF, PC
 - Vigorito, Barker, Porter & Patterson
 - Kaufman Borgeest & Ryan
 - Wilson Elser
 - Morris Duffy Alonso & Faley
 - Abrams | Fensterman
 - Garcia- Watts Law
 - Sclar Adler
- Evaluation committee:
 - Suzanne Blundi, Deputy General Counsel
 - David Cheung, Associate Counsel
 - Margaret Sherman, Senior Counsel
 - Janette Baxter, Corporate Risk Manager
 - Andrea Crawford, Associate Executive Director, Risk Management
 - Kathy Lospinuso, RN, BSN, JD, Senior Associate Risk Manager
 - Daniel Stone, Associate Director, Risk Management and Patient Safety

9/1/2016
RFP Published to NYC City Records

9/29/2019
RFP Close Date

11/15/2016
Selection of the 10 Firms



Vendor Selection

Selected vendors submitted proposals addressing the scope of services and highlighted their capability in performing the required services. Major and Specialty Defense firms were selected based on the following criteria:

- Understanding of Work and Soundness of Approach
- Technical Qualifications and Client References
- Company Organization and Qualifications

Major Defense Firms:

- Aaronson Rappaport Feinstein & Deutsch
- Heidell, Pittoni, Murphy & Bach, LLP
- Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
- DeCorato, Cohen, Sheehan & Federico
- McAlloon & Friedman
- Furman Kornfeld & Brennan
- Gordon & Silber
- Vigorito, Barker, Porter & Patterson

Specialty Defense Firms:

- Dopf, PC (Specialty- Orthopedics)
- Ekblom & Partners (Specialty- Optomology)



Summary

- The Office of Legal Affairs is seeking Board of Directors approval to enter into a 4 year agreement and one 2-year renewal option with 8 major defense firms and 2 specialty firms:
 - Projected budget for all contracts of \$82,000,000



RESOLUTION

Authorizing the President of NYC Health + Hospitals (“public health care system”) to procure and outfit an additional thirty-five (35) ambulances in Fiscal Year 2017 on behalf of the Fire Department of the City of New York (“FDNY”), through City-wide Requirements Contracts for a total amount not-to-exceed \$12.1 million.

WHEREAS, on January 19, 1996, the NYC Health + Hospitals and the City of New York (the “City”) executed a Memorandum of Understanding (“MOU”) allowing the transfer of the Corporation’s Emergency Medical Service (“EMS”) ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York (“FDNY”) to be performed by FDNY for the benefit of the City; and

WHEREAS, the MOU requires that the FDNY have access to and use of public health care system’s property to the same extent that EMS had prior to the transfer; and

WHEREAS, a major portion of the public health care system’s property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

WHEREAS, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

WHEREAS, 35 vehicles out of the FDNY’s active fleet of approximately 560 ambulances have reached the end of their useful life and must be replaced at a cost not-to-exceed \$12,094,000; and

WHEREAS, the City provides the funding for ambulance replacement to the public health care system for allocation to the FDNY; and

WHEREAS, the City has allocated \$55,340,000 in Fiscal Year 2017, and \$23,330,000 in Fiscal Year 2018 in the NYC Health + Hospitals’ Capital Commitment Plan in City funds, and \$2,608,000 in Fiscal Year 2017, and \$952,000 in Fiscal Year 2018 in Federal funds, on behalf of the FDNY for the purpose of purchasing and outfitting ambulances; and

WHEREAS, sufficient uncommitted funds are available in the public health care system’s Fiscal Year 2017 Capital Commitment Plan in Fiscal year 2017 in the amount of \$57,948,000, and Fiscal Year 2018 in the amount of \$24,282,000 for this purpose.

NOW, THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (“public health care system”) is hereby authorized to procure and outfit an additional thirty-five (35) ambulances in Fiscal Year 2017 on behalf of the Fire Department of the City of New York (“FDNY”), through City-wide Requirements Contracts for a total amount not-to-exceed \$12.1 million.

EXECUTIVE SUMMARY
EMS AMBULANCES & INITIAL OUTFITTING EQUIPMENT
FISCAL YEAR 2017
FIRE DEPARTMENT OF THE CITY OF NEW YORK

- OVERVIEW:** The Fire Department of the City of New York (“FDNY”) operates the public health care system’s Emergency Medical Service (“EMS”) program on behalf of NYC Health + Hospitals under a 1996 Memorandum of Understanding (“MOU”). The MOU requires the FDNY to operate and maintain the City’s active fleet of 460 ambulances as part of the EMS program.
- As part of the MOU between the NYC Health + Hospitals and the City of New York, the public health care system collects Medicaid funds for each fee-for-service patient that is admitted to one of its facilities including transports through EMS based on a longstanding agreement between NYC Health + Hospitals and the New York State Department of Health. Included in the Medicaid funding arrangement with the State DOH is the depreciated value of the ambulances. The public health care system, in turn, reimburses FDNY through payments on a quarterly basis for the provision of ambulance services. The reimbursement represents EMS’s pro rata share of Medicaid revenues of which depreciation on the ambulances is included.
- NEED:** Ambulances have an expected useful life of five (5) years and must be replaced after reaching the five-year period in order to maintain a high-performance fleet. The FDNY has advised the NYC Health + Hospitals that thirty-five (35) ambulances have reached the end of their useful life and need to be replaced. Finally, initial equipment must be purchased to outfit the vehicles for a total acquisition cost of \$12,093,065 which includes the inspection fee and a ten percent contingency.
- SCOPE:** Procurement of one thirty-five (35) ambulances and initial outfitting equipment.
- COST:** Not-to-Exceed \$12.1 million (Non-Health + Hospitals funds)
- FINANCING:** New York City General Obligation Bonds and Federal funds (No debt service impact to NYC Health + Hospitals)
- SCHEDULE:** FDNY is expected to obtain the ambulances within 12 months and complete their outfitting within 6 months upon delivery of the ambulances.



FIRE DEPARTMENT

9 METROTECH CENTER

BROOKLYN, NY 11201-3857

Barry Greenspan
Director
Bureau of Fiscal Services

Room 5W-4

January 3, 2017

Roslyn Weinstein
Senior Vice President
Corporate Operations
NYC Health + Hospitals
55 Water Street, 25th Floor
New York, NY 10041

Re: Request for NYC Health + Hospitals Board Resolution

Dear Ms. Weinstein:

This letter represents a formal submission, to be presented to NYC Health + Hospitals' Board of Directors at their next meeting. The FDNY hereby requests approval to purchase an additional thirty five (35) ambulances of the below descriptions and quantities in fiscal year 2017, plus initial equipment. Detailed initial equipment list is attached.

Description	Unit Price	# of Units	Total	Contingency	TOTAL
Ambulance, 4x4	245,998.59	35	8,609,950.65		
Stealth Technology (80% federally funded)	16,294.10	35	570,293.50		
Total Ambulances	262,292.69	35	9,180,244.15	918,024.42	10,098,268.57
Initial Equipment:					
BLS Initial Equipment	51,163.55	35	1,790,724.25		
Total Initial Equipment	51,163.55	35	1,790,724.25	179,072.43	1,969,796.68
Inspection fee			25,000.00	-	25,000.00
Total			10,995,968.40	1,097,096.84	12,093,065.24
Total (rounded)					12,094,000

Please be advised that the procurement process is performed in accordance with NYC Health + Hospitals' operating procedures and Procurement Policy Board rules. If you require additional information in order to secure NYC Health + Hospitals board approval, please contact me at 718/999-1221.

Thank you for your cooperation

Sincerely,

Barry Greenspan

encl.

c: Stephen G. Rush, FDNY
James Booth, EMS
Mark Aronberg, FDNY
Robin Mundy-Sutton, FDNY
Terry Fiorentino, FDNY
Theresa Joseph, FDNY
Joanne Steele, FDNY
Dean Moskos, HHC
Jawwad Ahmad, HHC

FY 2017 - 2nd Ambulance & I.E. Resolution Request

12/22/2016

Additional 35 ambulances

Description	Unit Price	# of Units	Total	Contingency	TOTAL
Ambulance, 4x4	245,998.59	35	8,609,950.65		
Stealth Technology (80% federally funded)	16,294.10	35	570,293.50		
Total Ambulances	262,292.69	35	9,180,244.15	918,024.42	10,098,268.57
Initial Equipment:					
BLS Initial Equipment	51,163.55	35	1,790,724.25		
Total Initial Equipment	51,163.55	35	1,790,724.25	179,072.43	1,969,796.68
Inspection fee			25,000.00	-	25,000.00
Total			10,995,968.40	1,097,096.84	12,093,065.24
Total (rounded)					12,094,000

federal portion

456,234.80	80% Federal Grant
<u>114,058.70</u>	20% City Matching Funds
570,293.50	Total for Stealth Technology

NEW AUTHORIZATION FY 2018

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit	
Ambulances (Excluding Initial Equipment):								
Ambulance 4 x 4:	245,999	73	17,957,897	\$1,795,790	\$19,753,687	\$270,598		
Stealth Technology (80% federal)	16,294	73	1,189,469	\$118,947	\$1,308,416	\$17,924		
Total Ambulances:	262,293	73	19,147,366	1,914,737	21,062,103			
Type I Ambulances								
Initial Equipment for 119 Ambulances:								
BLS Initial Equipment	51,164	50	2,558,178	\$255,818	\$2,813,995	\$56,280	\$344,802	BLS
ALS Initial Equipment	94,439	23	2,172,087	\$217,209	\$2,389,295	\$103,882	\$392,404	ALS
Total Initial Equipment:	145,602	73	4,730,264	\$473,026	\$5,203,291			
Inspection Fee			\$25,000	\$0	\$25,000			
Total			23,902,631	2,387,763	\$26,290,394			
Total (Rounded)					\$26,291,000			

NEW ADDITIONAL AUTHORIZATION FY 2017

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit	
Ambulances (Excluding Initial Equipment):								
Ambulance 4 x 4:	245,999	35	8,609,951	\$860,995	\$9,470,946	\$270,598		
Stealth Technology (80% federal)	16,294	35	570,294	\$57,029	\$627,323	\$17,924		
Total Ambulances:	262,293	35	9,180,244	918,024	10,098,269			
Type I Ambulances								
Initial Equipment for 35 Ambulances:								
BLS Initial Equipment	51,164	35	1,790,724	\$179,072	\$1,969,797	\$56,280	\$344,802	BLS
Total Initial Equipment:	51,164	35	1,790,724	\$179,072	\$1,969,797			
Inspection Fee			\$25,000	\$0	\$25,000			
Total			10,995,968	1,097,097	\$12,093,065			
Total (Rounded)					\$12,094,000			

BLS: Basic Life Support
ALS: Advance Life Support

Past Authorizations FYs 2017, 2016, and 2014

FY 2017 AMBULANCES (132)

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit	
Ambulances (Excluding Initial Equipment):								
Ambulance 4 x 4:	261,501	132	34,518,132	\$3,451,813	\$37,969,945	\$287,651		
Total Ambulances:	261,501	132	34,518,132	3,451,813	37,969,945			
Type I Ambulances								
Initial Equipment for 119 Ambulances:								
BLS Initial Equipment	50,835	94	4,778,490	\$477,849	\$5,256,339	\$55,919	\$343,570	BLS
ALS Initial Equipment	94,110	38	3,576,180	\$357,618	\$3,933,798	\$103,521	\$391,172	ALS
Total Initial Equipment:	144,945	132	8,354,670	\$835,467	\$9,190,137			
Inspection Fee			\$25,000	\$0	\$25,000			
Total			42,897,802	4,287,280	\$47,185,082			
Total (Rounded)					\$47,186,000			

FY 2016 AMBULANCES

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit	
Ambulances (Excluding Initial Equipment):								
Ambulance 4 x 4:	258,001	77	19,866,077	\$1,986,608	\$21,852,685	\$283,801		
Ambulance Rescue HazTac:	301,789	12	3,621,468	\$362,147	\$3,983,615	\$331,968		
Total Ambulances:	559,790	89	23,487,545	2,348,755	25,836,300			
Type I Ambulances								
Initial Equipment for 119 Ambulances:								
BLS Initial Equipment	50,895	60	3,053,700	\$305,370	\$3,359,070	\$55,985	\$363,869	BLS
ALS Initial Equipment	93,300	17	1,586,100	\$158,610	\$1,744,710	\$102,630	\$626,371	ALS
Rescue HazTac Initial Equipment	289,533	12	3,474,396	\$347,440	\$3,821,836	\$318,486		
Total Initial Equipment:	433,728	89	8,114,196	\$811,420	\$8,925,616			
Inspection Fee			\$25,000	\$0	\$25,000			
Total			31,626,741	3,160,174	\$34,786,915			
Total (Rounded)					\$34,787,000			

FY 2014 AMBULANCES

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit	
Ambulances (Excluding Initial Equipment):								
Ambulance F-450 4 x 2	211,624	35	7,406,840	\$740,684	\$8,147,524	\$232,786		
Ambulance F-450 4 x 4:	212,824	35	7,448,840	\$744,884	\$8,193,724	\$234,106		
Total Ambulances:		70	14,855,680	1,485,568	16,341,248			
Type I Ambulances								
Initial Equipment for 119 Ambulances:								
BLS Initial Equipment	40,272	49	1,973,328	\$197,333	\$2,170,661	\$44,299	\$277,746	BLS
ALS Initial Equipment	81,005	21	1,701,105	\$170,111	\$1,871,216	\$89,106	\$322,552	ALS
Total Initial Equipment:	121,277	70	3,674,433	\$367,443	\$4,041,876			
Inspection Fee			\$25,000	\$0	\$25,000			
Total			18,555,113	\$1,855,511	\$20,408,124			
Total (Rounded)					\$20,408,000			
Total			18,530,113	\$1,853,011	\$20,383,124			
Total (Rounded)					\$20,384,000			

* Fiscal FY13 funding rolled into FY 2014

INITIAL EQUIPMENT FOR ONE (1) FDNY AMBULANCE

6/30/2015

MEU BLS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BP UNIT - INFANT	2	\$19.00	\$38.00
BP UNIT - PEDS	2	\$19.00	\$38.00
BP UNIT - ADULT	2	\$19.00	\$38.00
BP UNIT - OBESE	2	\$22.00	\$44.00
CAN, GARBAGE	1	\$30.00	\$30.00
CHAIR, STAIR	1	\$2,968.72	\$2,968.72
Customiztion FDNY Logo	1	\$30.00	\$30.00
COT, FOLDING	1	\$452.00	\$452.00
Customiztion FDNY Logo	1	\$31.00	\$31.00
DEFIBRILLATOR, BLS	1	\$5,419.00	\$5,419.00
MATTRESS, AMB STRETCHER	1	\$243.00	\$243.00
Customiztion FDNY Logo	1	\$31.00	\$31.00
OXIMETER , CARBON MONOXIDE	1	\$4,500.00	\$4,500.00
OXYGEN "D" CYL BRACKET	2	\$150.00	\$300.00
OXYGEN FLOWMETER	3	\$175.00	\$525.00
OXYGEN PRESSURE REDUCER	1	\$252.46	\$252.46
OXYGEN REGULATOR	4	\$257.28	\$1,029.12
OXYGEN MONITOR W/2' HARNESS & PLUGS	1	\$173.50	\$173.50
OXYGEN TRANSDUCER W/2' HARNESS & PLUGS	1	\$275.75	\$275.75
OXYGEN HARNESS ASSEMBLY 17' W/ PLUGS	1	\$43.50	\$43.50
SPLINT, TRACTION COMBO	1	\$1,200.00	\$1,200.00
Customiztion FDNY Logo	1	\$31.00	\$31.00
Pediatric Immobilization Device	1	\$400.00	\$400.00
STOOL, STEP	1	\$31.00	\$31.00
STRETCHER - RAIL	1	\$360.00	\$360.00
ANTLER ASSEMBLY FOR STRETCHER	1	\$270.00	\$270.00
STRETCHER - ROLLING	1	\$6,115.00	\$6,115.00
FLAT HEAD POUCH FOR STRETCHER	1	\$130.00	\$130.00
STRETCHER - SCOOP	1	\$766.00	\$766.00
SUCTION UNIT, CHARGING BRACKET	2	\$350.00	\$700.00
SUCTION UNIT , PORTABLE	2	\$995.00	\$1,990.00
MEU TOTAL			\$28,455.05

MSU BLS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BACKBOARD, LONG	2	\$145.00	\$290.00
BACKBOARD, SHORT	1	\$50.00	\$50.00
BAG, WMD ANTIDOTE WITH MODULES/CASE (BAGS ONLY)	1	\$360.00	\$360.00
BAG, OXYGEN (BAG ONLY)	2	\$120.00	\$240.00
BAG, TECHNICIAN (BAG ONLY)	2	\$110.00	\$220.00
CASE, BLS DEFIBRILLATION FR (BAG ONLY)	1	\$90.00	\$90.00
CYLINDER, OXYGEN "D" SIZE	4	\$48.00	\$192.00
CYLINDER, OXYGEN "M" SIZE	3	\$210.00	\$630.00
EXTINGUISHER, 5LB ABC FIRE WITH VEHICLE BRACKET	2	\$41.00	\$82.00
EXTRICATION DEVICE WITH CARRY CASE	2	\$170.00	\$340.00
LANTERN, LED WITH 6VOLT BATTERY	1	\$13.00	\$13.00
MAP, 5 BOROUGH	1	\$60.00	\$60.00
POUCH, EPI-PEN (POUCH ONLY)	1	\$35.00	\$35.00
SHOVEL, METAL FOLDING	1	\$22.00	\$22.00
SHOVEL, PLASTIC SNOW	1	\$20.00	\$20.00
SKED STRETCHER, YELLOW W/STRAP SET	1	\$328.00	\$328.00
SKED CASE	1	\$102.00	\$102.00
HARNESS STRAPS FOR STRETCHERS	3	\$69.00	\$207.00
STRAPS, 9' 1PC FOR BOARDS	2	\$6.00	\$12.00
STRAP, 5' 2PC FOR BOARD/COT/SCOOP	12	\$6.00	\$72.00
EXTRICATION 9' STRAP, 2 PC	2	\$10.00	\$20.00
TOURNIQUET	2	\$30.00	\$60.00
TRANSLATOR, VISUAL MULTI LANGUAGE	2	\$30.00	\$60.00
CASE, TOURNIQUET	2	\$10.00	\$20.00
MSU TOTAL			\$3,525.00

BLS READY TOTAL

\$31,980.05

EQUIPMENT DESCRIPTION	QTY	COST	EXT
RADIOS			
RADIOS	2	\$4,150.00	\$8,300.00
HAZMAT			
PD31 METER	2	\$350.00	\$700.00
CO METERS	2	\$300.25	\$600.50
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,500.00	\$5,000.00
RAD57	1	\$4,583.00	\$4,583.00
TOTAL HAZMAT			\$10,883.50

MEU BLS READY	\$28,455.05
MSU BLS READY	\$3,525.00
RADIOS	\$8,300.00
HAZMAT	\$10,883.50
BLS AMB TOTAL	\$51,163.55

INITIAL EQUIPMENT FOR ONE (1) FDNY AMBULANCE

6/30/2015

MEU BLS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BP UNIT - INFANT	2	\$19.00	\$38.00
BP UNIT - PEDS	2	\$19.00	\$38.00
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BLS READY TOTAL

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MEU BLS READY	\$28,455.05
MSU BLS READY	\$3,525.00
RADIOS	\$8,300.00
HAZMAT	\$10,883.50
BLS AMB TOTAL	\$51,163.55

FDNY/EMS MEDICAID REIMBURSEMENT

As part of the Memorandum of Understanding (“MOU”) between the NYC Health + Hospitals (the “Corporation”) and the City of New York in regard to the transfer of the ambulance and pre-hospital emergency medical service functions performed by the Emergency Medical Service (“EMS”) to the Fire Department of New York (the “FDNY”), the Corporation collects medicaid funds for each medicaid fee-for-service patient that is admitted to one of its facilities as an add-on on the patient’s bill to cover the cost of EMS services.

The Corporation calculates the value of the add-ons by multiplying it with the number of patients admitted. A payment is then issued to the FDNY on a quarterly basis. At the last quarter of the fiscal year, the Corporation does a reconciliation exercise and if there is a positive variance, the amount of the Corporation’s fourth payment to the FDNY will be increased by the variance. In the event that the opposite occurs, the fourth payment to the FDNY will be reduced by the difference.

□

RESOLUTION

Authorizing the President of NYC Health + Hospitals (“public health care system”) to procure and outfit seventy-three (73) ambulances in Fiscal Year 2018 on behalf of the Fire Department of the City of New York (“FDNY”), through City-wide Requirements Contracts for a total amount not-to-exceed \$26.3 million.

WHEREAS, on January 19, 1996, the NYC Health + Hospitals and the City of New York (the “City”) executed a Memorandum of Understanding (“MOU”) allowing the transfer of the Corporation’s Emergency Medical Service (“EMS”) ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York (“FDNY”) to be performed by FDNY for the benefit of the City; and

WHEREAS, the MOU requires that the FDNY have access to and use of public health care system’s property to the same extent that EMS had prior to the transfer; and

WHEREAS, a major portion of the public health care system’s property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

WHEREAS, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

WHEREAS, 73 vehicles out of the FDNY’s active fleet of approximately 560 ambulances have reached the end of their useful life and must be replaced at a cost not-to-exceed \$26,290,394; and

WHEREAS, the City provides the funding for ambulance replacement to the public health care system for allocation to the FDNY; and

WHEREAS, the City has allocated \$55,340,000 in Fiscal Year 2017, and \$23,330,000 in Fiscal Year 2018 in the NYC Health + Hospitals’ Capital Commitment Plan in City funds, and \$2.608,000 in Fiscal Year 2017, and \$952,000 in Fiscal Year 2018 in Federal funds, on behalf of the FDNY for the purpose of purchasing and outfitting ambulances; and

WHEREAS, sufficient uncommitted funds are available in the public health care system’s Fiscal Year 2017 Capital Commitment Plan in Fiscal year 2017 in the amount of \$57,948,000, and Fiscal Year 2018 in the amount of \$24,282,000 for this purpose.

NOW, THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (“public health care system”) is hereby authorized to procure and outfit seventy-three (73) ambulances in Fiscal Year 2018 on behalf of the Fire Department of the City of New York (“FDNY”), through City-wide Requirements Contracts for a total amount not-to-exceed \$26.3 million.

EXECUTIVE SUMMARY
EMS AMBULANCES & INITIAL OUTFITTING EQUIPMENT
FISCAL YEAR 2018
FIRE DEPARTMENT OF THE CITY OF NEW YORK

- OVERVIEW:** The Fire Department of the City of New York (“FDNY”) operates the public health care system’s Emergency Medical Service (“EMS”) program on behalf of NYC Health + Hospitals under a 1996 Memorandum of Understanding (“MOU”). The MOU requires the FDNY to operate and maintain the City’s active fleet of 460 ambulances as part of the EMS program.
- As part of the MOU between the NYC Health + Hospitals and the City of New York, the public health care system collects Medicaid funds for each fee-for-service patient that is admitted to one of its facilities including transports through EMS based on a longstanding agreement between NYC Health + Hospitals and the New York State Department of Health. Included in the Medicaid funding arrangement with the State DOH is the depreciated value of the ambulances. The public health care system, in turn, reimburses FDNY through payments on a quarterly basis for the provision of ambulance services. The reimbursement represents EMS’s pro rata share of Medicaid revenues of which depreciation on the ambulances is included.
- NEED:** Ambulances have an expected useful life of five (5) years and must be replaced after reaching the five-year period in order to maintain a high-performance fleet. The FDNY has advised the NYC Health + Hospitals that seventy-three (73) ambulances have reached the end of their useful life and need to be replaced. Finally, initial equipment must be purchased to outfit the vehicles for a total acquisition cost of \$26,290,394 which includes the inspection fee and a ten percent contingency.
- SCOPE:** Procurement of one seventy-three (73) ambulances and initial outfitting equipment.
- COST:** Not-to-Exceed \$26.3 million (Non-Health + Hospitals funds)
- FINANCING:** New York City General Obligation Bonds and Federal funds (No debt service impact to NYC Health + Hospitals)
- SCHEDULE:** FDNY is expected to obtain the ambulances within 12 months and complete their outfitting within 6 months upon delivery of the ambulances.



FIRE DEPARTMENT

9 METROTECH CENTER

BROOKLYN, NY 11201-3857

Barry Greenspan
Director
Bureau of Fiscal Services

Room 5W-4

January 6, 2017

Roslyn Weinstein
Senior Vice President
Corporate Operations
NYC Health + Hospitals
55 Water Street, 25th Floor
New York, NY 10041

Re: Request for NYC Health + Hospitals Board Resolution for Fiscal Year 2018

Dear Ms. Weinstein:

This letter represents a formal submission, to be presented to NYC Health + Hospitals' Board of Directors at their next meeting. The FDNY hereby requests approval to purchase an additional seventy-three (73) ambulances of the below descriptions and quantities in fiscal year 2018, plus initial equipment. Detailed initial equipment list is attached.

Description	Unit Price	# of Units	Total	Contingency	TOTAL
Ambulance, 4x4	245,998.59	73	17,957,897.07		
Stealth Technology (80% federally funded)	16,294.10	73	1,189,469.30		
Total Ambulances	262,292.69	73	19,147,366.37	1,914,736.64	\$21,062,103.01
Initial Equipment:					
BLS Initial Equipment	51,163.55	50	2,558,177.50		
ALS Initial Equipment	94,438.55	23	2,172,086.65		
Total Initial Equipment	145,602.10	73	4,730,264.15	473,026.42	\$ 5,203,290.57
Inspection fee			25,000.00	-	\$ 25,000.00
Total			23,902,630.52	2,387,763.05	\$26,290,393.57
Total (Rounded)					\$ 26,291,000

Please be advised that the procurement process is performed in accordance with NYC Health + Hospitals' operating procedures and Procurement Policy Board rules. If you require additional information in order to secure NYC Health + Hospitals board approval, please contact me at 718/999-1221.

Thank you for your cooperation

Sincerely,

Barry Greenspan

encl.

c: Stephen G. Rush, FDNY
James Booth, EMS
Mark Aronberg, FDNY
Robin Mundy-Sutton, FDNY
Terry Fiorentino, FDNY
Dean Moskos, HHC
Jawwad Ahmad, HHC

FY 2018 - Ambulance & I.E. Resolution Request

1/5/2017

73 ambulances

Description	Unit Price	# of Units	Total	Contingency	TOTAL
Ambulance, 4x4	245,998.59	73	17,957,897.07		
Stealth Technology (80% federally funded)	16,294.10	73	1,189,469.30		federal portion
Total Ambulances	262,292.69	73	19,147,366.37	1,914,736.64	\$ 21,062,103.01
<u>Initial Equipment:</u>					
BLS Initial Equipment	51,163.55	50	2,558,177.50		
ALS Initial Equipment	94,438.55	23	2,172,086.65		
Total Initial Equipment	145,602.10	73	4,730,264.15	473,026.42	\$ 5,203,290.57
Inspection fee			25,000.00		\$ 25,000.00
Total			23,902,630.52	2,387,763.05	\$ 26,290,393.57
Total (Rounded)					\$ 26,291,000

951,575.44	80% Federal Grant
<u>237,893.86</u>	20% City Matching Funds
1,189,469.30	Total for Stealth Technology

NEW AUTHORIZATION FY 2018

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance 4 x 4:	245,999	73	17,957,897	\$1,795,790	\$19,753,687	\$270,598	
Stealth Technology (80% federal)	16,294	73	1,189,469	\$118,947	\$1,308,416	\$17,924	
Total Ambulances:	262,293	73	19,147,366	1,914,737	21,062,103		
Type I Ambulances							
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	51,164	50	2,558,178	\$255,818	\$2,813,995	\$56,280	\$344,802 BLS
ALS Initial Equipment	94,439	23	2,172,087	\$217,209	\$2,389,295	\$103,882	\$392,404 ALS
Total Initial Equipment:	145,602	73	4,730,264	\$473,026	\$5,203,291		
Inspection Fee			\$25,000	\$0	\$25,000		
Total			23,902,631	2,387,763	\$26,290,394		
Total (Rounded)					\$26,291,000		

NEW ADDITIONAL AUTHORIZATION FY 2017

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance 4 x 4:	245,999	35	8,609,951	\$860,995	\$9,470,946	\$270,598	
Stealth Technology (80% federal)	16,294	35	570,294	\$57,029	\$627,323	\$17,924	
Total Ambulances:	262,293	35	9,180,244	918,024	10,098,269		
Type I Ambulances							
Initial Equipment for 35 Ambulances:							
BLS Initial Equipment	51,164	35	1,790,724	\$179,072	\$1,969,797	\$56,280	\$344,802 BLS
Total Initial Equipment:	51,164	35	1,790,724	\$179,072	\$1,969,797		
Inspection Fee			\$25,000	\$0	\$25,000		
Total			10,995,968	1,097,097	\$12,093,065		
Total (Rounded)					\$12,094,000		
<i>BLS: Basic Life Support</i>							
<i>ALS: Advance Life Support</i>							

Past Authorizations FYs 2017, 2016, and 2014

FY 2017 AMBULANCES (132)

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance 4 x 4:	261,501	132	34,518,132	\$3,451,813	\$37,969,945	\$287,651	
Total Ambulances:	261,501	132	34,518,132	3,451,813	37,969,945		
Type I Ambulances							
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	50,835	94	4,778,490	\$477,849	\$5,256,339	\$55,919	\$343,570 BLS
ALS Initial Equipment	94,110	38	3,576,180	\$357,618	\$3,933,798	\$103,521	\$391,172 ALS
Total Initial Equipment:	144,945	132	8,354,670	\$835,467	\$9,190,137		
Inspection Fee			\$25,000	\$0	\$25,000		
Total			42,897,802	4,287,280	\$47,185,082		
Total (Rounded)					\$47,186,000		

FY 2016 AMBULANCES

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance 4 x 4:	258,001	77	19,866,077	\$1,986,608	\$21,852,685	\$283,801	
Ambulance Rescue HazTac:	301,789	12	3,621,468	\$362,147	\$3,983,615	\$331,968	
Total Ambulances:	559,790	89	23,487,545	2,348,755	25,836,300		
Type I Ambulances							
Initial Equipment for 119 Ambulances:							
BLS Initial Equipment	50,895	60	3,053,700	\$305,370	\$3,359,070	\$55,985	\$363,869 BLS
ALS Initial Equipment	93,300	17	1,586,100	\$158,610	\$1,744,710	\$102,630	\$626,371 ALS
Rescue HazTac Initial Equipment	289,533	12	3,474,396	\$347,440	\$3,821,836	\$318,486	
Total Initial Equipment:	433,728	89	8,114,196	\$811,420	\$8,925,616		
Inspection Fee			\$25,000	\$0	\$25,000		
Total			31,626,741	3,160,174	\$34,786,915		
Total (Rounded)					\$34,787,000		

FY 2014 AMBULANCES

	Unit Price	# of Units	Total	Contingency	Total	Per Unit	\$/Equipped Unit
Ambulances (Excluding Initial Equipment):							
Ambulance F-450 4 x 2	211,624	35	7,406,840	\$740,684	\$8,147,524	\$232,786	
Ambulance F-450 4 x 4:	212,824	35	7,448,840	\$744,884	\$8,193,724	\$234,106	
Total Ambulances:		70	14,855,680	1,485,568	16,341,248		
Type I Ambulances							
Initial Equipment for 119 Ambulances:							
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INITIAL EQUIPMENT FOR ONE (1) FDNY AMBULANCE

6/30/2015

MEU BLS READY

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OXYGEN FLOWMETER	3	\$175.00	\$525.00
OXYGEN PRESSURE REDUCER	1	\$252.46	\$252.46
OXYGEN REGULATOR	4	\$257.28	\$1,029.12
OXYGEN MONITOR W/2' HARNESS & PLUGS	1	\$173.50	\$173.50
OXYGEN TRANSDUCER W/2' HARNESS & PLUGS	1	\$275.75	\$275.75
OXYGEN HARNESS ASSEMBLY 17' W/ PLUGS	1	\$43.50	\$43.50
SPLINT, TRACTION COMBO	1	\$1,200.00	\$1,200.00
Customiztion FDNY Logo	1	\$31.00	\$31.00
Pediatric Immobilization Device	1	\$400.00	\$400.00
STOOL, STEP	1	\$31.00	\$31.00
STRETCHER - RAIL	1	\$360.00	\$360.00
ANTLER ASSEMBLY FOR STRETCHER	1	\$270.00	\$270.00
STRETCHER - ROLLING	1	\$6,115.00	\$6,115.00
FLAT HEAD POUCH FOR STRETCHER	1	\$130.00	\$130.00
STRETCHER - SCOOP	1	\$766.00	\$766.00
SUCTION UNIT, CHARGING BRACKET	2	\$350.00	\$700.00
SUCTION UNIT , PORTABLE	2	\$995.00	\$1,990.00
MEU TOTAL			\$28,455.05

MSU BLS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BACKBOARD, LONG	2	\$145.00	\$290.00
BACKBOARD, SHORT	1	\$50.00	\$50.00
BAG, WMD ANTIDOTE WITH MODULES/CASE (BAGS ONLY)	1	\$360.00	\$360.00
BAG, OXYGEN (BAG ONLY)	2	\$120.00	\$240.00
BAG, TECHNICIAN (BAG ONLY)	2	\$110.00	\$220.00
CASE, BLS DEFIBRILLATION FR (BAG ONLY)	1	\$90.00	\$90.00
CYLINDER, OXYGEN "D" SIZE	4	\$48.00	\$192.00
CYLINDER, OXYGEN "M" SIZE	3	\$210.00	\$630.00
EXTINGUISHER, 5LB ABC FIRE WITH VEHICLE BRACKET	2	\$41.00	\$82.00
EXTRICATION DEVICE WITH CARRY CASE	2	\$170.00	\$340.00
LANTERN, LED WITH 6VOLT BATTERY	1	\$13.00	\$13.00
MAP, 5 BOROUGH	1	\$60.00	\$60.00
POUCH, EPI-PEN (POUCH ONLY)	1	\$35.00	\$35.00
SHOVEL, METAL FOLDING	1	\$22.00	\$22.00
SHOVEL, PLASTIC SNOW	1	\$20.00	\$20.00
SKED STRETCHER, YELLOW W/STRAP SET	1	\$328.00	\$328.00
SKED CASE	1	\$102.00	\$102.00
HARNESS STRAPS FOR STRETCHERS	3	\$69.00	\$207.00
STRAPS, 9' 1PC FOR BOARDS	2	\$6.00	\$12.00
STRAP, 5' 2PC FOR BOARD/COT/SCOOP	12	\$6.00	\$72.00
EXTRICATION 9' STRAP, 2 PC	2	\$10.00	\$20.00
TOURNIQUET	2	\$30.00	\$60.00
TRANSLATOR, VISUAL MULTI LANGUAGE	2	\$30.00	\$60.00
CASE, TOURNIQUET	2	\$10.00	\$20.00
MSU TOTAL			\$3,525.00

BLS READY TOTAL

\$31,980.05

EQUIPMENT DESCRIPTION	QTY	COST	EXT
RADIOS			
RADIOS	2	\$4,150.00	\$8,300.00
HAZMAT			
PD31 METER	2	\$350.00	\$700.00
CO METERS	2	\$300.25	\$600.50
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,500.00	\$5,000.00
RAD57	1	\$4,583.00	\$4,583.00
TOTAL HAZMAT			\$10,883.50

MEU BLS READY	\$28,455.05
MSU BLS READY	\$3,525.00
RADIOS	\$8,300.00
HAZMAT	\$10,883.50
BLS AMB TOTAL	\$51,163.55

INITIAL EQUIPMENT FOR ONE (1) FDNY AMBULANCE

MEU ALS READY

EQUIPMENT DESCRIPTION	QTY	COST	EXT
BP UNIT - INFANT	2	\$19.00	\$38.00
BP UNIT - PEDS	2	\$19.00	\$38.00
BP UNIT - ADULT	2	\$19.00	\$38.00
BP UNIT - OBESE	2	\$22.00	\$44.00
CAN, GARBAGE	1	\$30.00	\$30.00
CASE ALS DEFIBRILLATOR	1	\$300.00	\$300.00
CHAIR, STAIR	1	\$2,968.72	\$2,968.72
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
COT FOLDING	1	\$452.00	\$452.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
Defibrillator / Monitor Kit Includes: Philips Heartstart MRx Monitor/Defibrillator Lithium Ion Battery Module Bay Analyzer/Charger for Heartstart Li-Ion Batteries Reusable NIBP Pediatric Cuff Reusable NIBP Large Adult	1	\$44,329.00	\$44,329.00
All Intubation Kit Items Are Stainless Steel & Reusable Laryngoscope Blade Macintosh #1 Laryngoscope Blade Macintosh #2 Laryngoscope Blade Macintosh #3 Laryngoscope Blade Macintosh #4 Laryngoscope Blade Miller #0 Laryngoscope Blade Miller #1 Laryngoscope Blade Miller #2 Laryngoscope Blade Miller #3 Laryngoscope Blade Miller #4 Laryngoscope Blade Adult Handle Laryngoscope Blade Pediatric Handle Magill Forceps Adult Magill Forceps Pediatric Kelly Clamp	2	\$500.00	\$1,000.00
MATTRESS, AMB STRETCHER	1	\$243.00	\$243.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
OXIMETER, CARBON MONOXIDE	1	\$4,500.00	\$4,500.00
OXYGEN "D" CYL BRACKET	2	\$150.00	\$300.00
OXYGEN FLOWMETER	3	\$175.00	\$525.00
OXYGEN PRESSURE REDUCER	1	\$252.46	\$252.46
OXYGEN REGULATOR	4	\$257.28	\$1,029.12
OXYGEN MONITOR W/2' HARNESS & PLUGS	1	\$173.50	\$173.50
OXYGEN TRANSDUCER W/2' HARNESS & PLUGS	1	\$275.75	\$275.75
OXYGEN HARNESS ASSEMBLY 17' W/ PLUGS	1	\$43.50	\$43.50
SPLINT, TRACTION COMBO	1	\$1,200.00	\$1,200.00
CUSTOMIZATION FDNY LOGO	1	\$31.00	\$31.00
PEDIATRIC IMMOBILIZATION DEVICE	1	\$400.00	\$400.00
STEP STOOL	1	\$30.00	\$30.00
STRETCHER - RAIL	1	\$360.00	\$360.00
ANTLER ASSEMBLY FOR STRETCHER	1	\$270.00	\$270.00
FLAT HEAD POUCH FOR STRETCHER	1	\$130.00	\$130.00
STRETCHER - ROLLING	1	\$6,115.00	\$6,115.00
STRETCHER - SCOOP	1	\$766.00	\$766.00
SUCTION UNIT, CHARGING BRACKET	2	\$350.00	\$700.00
SUCTION UNIT ,PORTABLE	2	\$995.00	\$1,990.00
MEU TOTAL			\$68,665.05
\$3,891.72			

EQUIPMENT DESCRIPTION	QTY	COST	EXT
MSU ALS READY			
EQUIPMENT DESCRIPTION	QTY	COST	EXT
BACKBOARD, LONG	2	\$145.00	\$290.00
BACKBOARD, SHORT	1	\$50.00	\$50.00
BAG, WMD ANTIDOTE WITH MODULES/CASE (BAGS ON)	1	\$360.00	\$360.00
BAG, OXYGEN (BAG ONLY)	2	\$120.00	\$240.00
BAG, TECHNICIAN (BAG ONLY)	2	\$110.00	\$220.00
CYLINDER, OXYGEN "D" SIZE	4	\$48.00	\$192.00
CYLINDER, OXYGEN "M" SIZE	3	\$210.00	\$630.00
EXTINGUISHER, 5LB ABC FIRE WITH VEHICLE BRACKET	2	\$41.00	\$82.00
EXTRICATION DEVICE WITH CARRY CASE	2	\$170.00	\$340.00
LANTERN, LED WITH 6VOLT BATTERY	1	\$13.00	\$13.00
MAP, 5 BOROUGH	1	\$60.00	\$60.00
POUCH, EPI-PEN (POUCH ONLY)	1	\$35.00	\$35.00
SHOVEL, METAL FOLDING	1	\$22.00	\$22.00
SHOVEL, PLASTIC SNOW	1	\$20.00	\$20.00
SKED STRETCHER, YELLOW W/STRAP SET	1	\$328.00	\$328.00
SKED CASE	1	\$102.00	\$102.00
HARNES STRAPS FOR STRETCHERS	3	\$69.00	\$207.00
STRAPS, 9' 1PC FOR BOARDS	2	\$6.00	\$12.00
STRAP, 5' 2PC FOR BOARD/COT/SCOOP	12	\$6.00	\$72.00
EXTRICATION 9' STRAP, 2PC	2	\$10.00	\$20.00
TRANSLATOR, VISUAL MULTI LANGUAGE	2	\$30.00	\$60.00
TOURNIQUET WITH 1.5" BAND	2	\$30.00	\$60.00
CASE, TOURNIQUET	2	\$10.00	\$20.00
CASE, ALS DEFIBRILLATION FR (BAG ONLY)	1	\$260.00	\$260.00
BAG, DRUG (BAG ONLY)	1	\$255.00	\$255.00
BAG, TRAUMA (BAG ONLY)	1	\$135.00	\$135.00
CASE, CYANO CARRY/DRILL (BAG ONLY)	2	\$60.00	\$120.00
CASE, MINI MEDICATION (BAG ONLY)	1	\$55.00	\$55.00
CASE, MEDICATION INSERT (BAG ONLY)	3	\$90.00	\$270.00
CASE, INTUBATION ROLL (BAG ONLY)	1	\$60.00	\$60.00

MSU TOTAL \$4,590.00

ALS READY TOTAL \$73,255.05

RADIOS

RADIOS	2	\$4,150.00	8,300.00
ROSETTA BOX	1	\$2,000.00	2,000.00
TOTAL RADIOS			10,300.00

HAZMAT

PD31 METER	2	\$350.00	\$700.00
CO METERS	2	\$300.25	\$600.50
RAD57	1	\$4,583.00	\$4,583.00
Thermo Fischer RadEYE GF10 EX PRD	2	\$2,500.00	\$5,000.00

TOTAL HAZMAT 10,883.50

MEU ALS READY	\$68,665.05
MSU ALS READY	\$4,590.00
RADIOS	10,300.00
HAZMAT	10,883.50
ALS AMB TOTAL	\$94,438.55

FDNY/EMS MEDICAID REIMBURSEMENT

As part of the Memorandum of Understanding (“MOU”) between the NYC Health + Hospitals (the “Corporation”) and the City of New York in regard to the transfer of the ambulance and pre-hospital emergency medical service functions performed by the Emergency Medical Service (“EMS”) to the Fire Department of New York (the “FDNY”), the Corporation collects medicaid funds for each medicaid fee-for-service patient that is admitted to one of its facilities as an add-on on the patient’s bill to cover the cost of EMS services.

The Corporation calculates the value of the add-ons by multiplying it with the number of patients admitted. A payment is then issued to the FDNY on a quarterly basis. At the last quarter of the fiscal year, the Corporation does a reconciliation exercise and if there is a positive variance, the amount of the Corporation’s fourth payment to the FDNY will be increased by the variance. In the event that the opposite occurs, the fourth payment to the FDNY will be reduced by the difference.

□

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year revocable license agreement with the Center for Comprehensive Health Practice ("CCHP") for its continued use and occupancy of approximately 17,000 square feet of space to operate a an Article 28 diagnostic and treatment center that offers four substance abuse programs licensed by NY State Office of Alcoholism and Substance Abuse Services at Metropolitan Hospital Center (the "Facility") at an occupancy fee of \$45 per square foot for the 9th floor and \$35 per square foot for the 12th floor for a total annual amount of \$675,000 to be escalated by 2.5% per year for a total of \$3,548,022 over the five year term.

WHEREAS, in January 2012 the Board of Directors of NYC Health + Hospitals authorized the execution of a license agreement with CCHP for use and occupancy of space on the 9th and 12th floors of the Mental Health Pavilion on the Facility's campus; and

WHEREAS, CCHP is a community based not-for-profit corporation licensed by the New York State Department of Health as an Article 28 diagnostic and treatment center with four programs licensed by the New York State Office of Alcoholism and Substance Abuse Services serving patients with behavioral health and/or substance abuse issues who also require primary care medical services; and

WHEREAS, CCHP has been providing services for over 50 years primarily to residents of the East Harlem, Upper Yorkville and South Bronx Communities and is a OneCity Health Performing Provider System ("PPS") community partner; and

WHEREAS, the Facility continues to have space available to accommodate CCHP's programmatic needs; and

WHEREAS, the Facility, its patients and the surrounding community derive substantial benefits from the operation of the CCHP's programs and the Facility desires to continue its relationship with CCHP.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with the Center for Comprehensive Health Practice for its continued use and occupancy of approximately 17,000 square feet of space to operate a diagnostic and treatment center at Metropolitan Hospital Center at an occupancy fee of \$45 per square foot for the 9th floor and \$35 per square foot for the 12th floor for a total annual amount of \$675,000 to be escalated by 2.5% per year for a total of \$3,548,022 over the five year term.

EXECUTIVE SUMMARY

METROPOLITAN HOSPITAL CENTER CENTER FOR COMPREHENSIVE HEALTH PRACTICE

OVERVIEW:

New York City Health and Hospitals Corporation seeks authorization from its Board of Directors to execute a revocable license agreement with the Center for Comprehensive Health Practice ("CCHP") for its continued use and occupancy of approximately 17,000 square feet of space to operate a diagnostic and treatment center featuring four substance abuse programs licensed by the New York State Office of Alcoholism and Substance Abuse Services at Metropolitan Hospital Center ("Metropolitan").

NEED/ PROGRAM:

CCHP has been providing services to the surrounding community for over fifty years. CCHP serves patients with behavioral health and/or substance abuse issues who also need primary care services. Referrals are made to CCHP principally by neighborhood schools, substance abuse programs, programs that serve individuals recently released from incarceration and the New York City Agency for Children's Services. Metropolitan generally refers patients to CCHP only from its emergency department. Such referred patients are ones that would be difficult for Metropolitan to care for due to the intensive case management services required. For the challenging patients it serves, CCHP employs a community-based healthcare model utilizing a multi-disciplinary team of internists, pediatricians, psychiatrists, nurses and social workers. In addition to primary care services, CCHP offers HIV/AIDS counseling and substance abuse counseling. Its programs targeted for families, include parenting groups and a childhood development center. CCHP also provides educational and vocational assessments. Because CCHP provides primary care services to its patients, it refers patients requiring ancillary, specialty medical emergency and ambulatory surgery services. During CY 2016 as of October 2016, CCHP provided over 330 patient referrals which resulted in 46 admissions and over 2,520 outpatient visits. CCHP is one of the Community Partners participating in the OneCity Health Performing Provider System ("PPS")

TERMS:

CCHP will be granted the continued use and occupancy of approximately 8,000 square feet of space on the 9th floor and 9,000 square feet of space on the 12th floor of the Facility's Mental Health Pavilion. CCHP will be responsible for cleaning, telephone, security, general maintenance and removal of its waste to Metropolitan's designated area. Metropolitan will provide utilities and heating, ventilation and air-conditioning services and maintenance and removal of CCHP's waste from the area designated by Metropolitan.

Page Two – Executive Summary
CCHP License Agreement

CCHP will pay an occupancy fee of \$45 per square foot for the 9th floor and \$35 per square foot for the 12th floor for a total annual amount of \$675,000 to be escalated by 2.5% per year for a total of \$3,548,022 over the five year term. The occupancy fee represents the fair market value of the space and is a 43% increase over the current rate.

The license agreement will be revocable by either party on ninety days prior written notice. The term of the agreement will be not exceed five years without further authorization from NYC Health + Hospitals' Board of Directors.

SAVITT PARTNERS

October 24, 2016

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
346 Broadway, 12 West
New York, NY 10013

RE: CCHP – 9th & 12th Floors, Metropolitan Hospital Center

Dear Dion:

On October 13, 2011, I provided an initial fair market value (FMV) report on the premises. On Wednesday, September 14, 2016, I revisited space on the 9th and 12th floors of the Mental Health Building at Metropolitan Hospital Center for the purpose of further evaluating the FMV of the spaces within the current real estate market. Our evaluation and conclusions are set forth below.

Both the 9th and 12th floor spaces are accessed by the same elevator bank consisting of 4 elevators. The 9th floor space, consisting of approximately 8,000 RSF was improved with a new build out in 2006. We were previously advised that construction costs were approximately \$1.5 million, which included furniture, IT, medical equipment, etc. These items are not traditionally considered when evaluating build out costs. Therefore, we assume an actual cost net of these items at approximately \$120/SF. The space functions as a medical office but appears to be split equally between general office use and the balance as physical medical space. It is current and modern, with standard to slightly above standard finishes.

The 12th floor space, consisting of approximately 9,000 RSF, was improved and built-out in 1985. This space appears to have a larger percentage of physical medical space (approximately 60% of the space), with the balance consisting of general office use. While this space presents as a 31 year old build out, the space appears to be well-maintained in an above average manner. The floors are in good condition, the ceiling grid is clean and the paint is in good condition, showing care and maintenance not typical of space improved approximately 31 years ago. There is no value, however, to the existing build out, since it has been fully amortized due to its age. Accordingly, the space has a rental value approximately 15% less than that of the 9th floor when considering construction costs. Both spaces are quite efficient and benefit from HVAC, electric and general security provided by the hospital. The tenant reports that there are issues with building provided air conditioning in certain areas of the 9th and 12th floors which should be addressed and remedied. The tenant provides maintenance, cleaning, phones/IT and additional security for each floor.

CCHP provides traditional medical services to families, including pediatric, adolescent and adult care. It also provides counseling for these patients. The population served is a vulnerable one and care is provided for patients suffering with substance abuse, dislocated families etc. and mixes the traditional medical services provided with counseling and other mental health services. The program also provides child care for patients receiving services.

Offices on both floors consist of a mix on large spaces for group counseling, playrooms for children, private staff offices, some of which present an opportunity to provide individual counseling to patients, standard medical exam rooms, gracious in size and fully plumbed out, conference rooms, nursing stations, a waiting area, supply & storage areas and records rooms. Both floors, while built in different eras, appear to be built to current code requirements. As the spaces are considered business and general offices, as well as outpatient medical services, however, they are not necessarily built to current hospital code requirements. They are properly separated with fire rating and other code compliance.

General office space in the surrounding community leases at a rent of approximately \$55-\$68/SF, which would include cleaning, access to HVAC and, in many instances, utility services. For the spaces located in the surrounding community (outside of the hospital complex), the units would need to provide public access (i.e. corridors, waiting and reception areas etc.). This would be considered as additional space and measured with a loss factor. While this additional space is typically not income producing, it is necessary to rent & build into the square footage required by these end users. The Real Estate Board of New York (“REBNY”) provides space measurement guidelines to owners, and accordingly, full floor tenants have an added loss factor of approximately 27% and multi-tenanted floors have an added loss factor of approximately 35%. There is no loss factor accounted for in these hospital facilities and, as such, the space is considered to be efficient in its square footage measurement.

These spaces are specific to the tenant’s use, and as such and necessarily found in a hospital building, it is somewhat more difficult to compare to spaces outside hospital and found within the general community. In addition, there is little or no value placed on common areas in our evaluation so this report only considers the space within the demised premises. Accordingly, we value the spaces at approximately \$33/SF net of any services and accounting for a loss factor.

Typical medical build outs cost approximately \$200/SF, while typical offices build outs cost approximately \$75/SF. At a blended rate of \$92.50/SF, this yields an additional \$10.50-11/SF over a fully amortized 10 year term. The 9th floor would be valued at \$45/SF. The 12th floor has value to the existing tenant of approximately \$33/SF due to the current excellent condition & the manner in which it has been maintained. But again, as the build outs are dated, it would have a value of \$0/SF to most other users. However, the age of the Tenant Improvement for both floors are fully depreciated.

In addition to these respective base rents, which we previously described as net, you would add in approximately \$3.50/SF for utility services, \$2.50/SF for cleaning services, which may or may not be provided by a landlord, and as much as \$5/sf for IT and telephone services depending on the level of sophistication provided. This later cost is always borne by the Tenant, regardless of whether the lease is gross or net. In this instance, Metropolitan Hospital provides IT services which additional cost should be reflected in the rent. In addition to these services, the tenants occupying the spaces do not have to maintain service contracts or maintenance of AC, communications or office equipment etc. Such costs are also not included in gross or net leases. That can be value-added into the cost of the space as well. Accordingly, we see the 9th floor

space with a gross rent of approximately \$48/SF and the 12th floor with a gross rent of approximately \$38/SF, both with services provided.

With prices established for both rental value and improvement costs, it must be recognized that these improvement costs were paid for and absorbed by the Tenant, CCHP, but as stated earlier, the floors have been fully amortized and therefore no credit back to Tenant should be given or reflected in any lease or license agreement renewal or extension offered to them. Additionally, the costs described above (utilities, cleaning, IT, etc.) would be paid for by the Tenant regardless of their location. As such, any rent or license agreement payments should be reduced using the method described above and reflect the net values of \$45/SF for the 9th floor and \$35/SF for the 12th floor.

As is often the case in a symbiotic relationship between landlord and tenant, especially in a hospital environment, a referral business often exists between the two entities. I understand that the relationship between MHC and CCHP provides such a referral opportunity. The value of proximity to services and access to medical and other professionals within the institution cannot be measured within the scope of this real estate evaluation. Nonetheless, it must be recognized on account of the financial benefit that this brings to both entities.

It should also be noted that the impact of the ongoing and lengthy construction of the Second Avenue subway line must be addressed. At the present moment, you cannot drop off or pick up passengers in front of the hospital via private transportation (taxi, car, car service etc.) at the Second Avenue entrance. Parking has also been eliminated along Second Avenue and traffic detours are common. Street crossings along Second Avenue have been altered between 96th and 100th Streets, making the street less pedestrian friendly. Real Estate values along Second Avenue, both commercial and residential, have been affected as well, with prices dropping significantly. Traffic flow along both First and Third Avenues has been unaffected. While it's difficult to determine the actual loss, as construction is lengthy but temporary, pricing along this corridor is often 25% of what it was prior to commencement of this urban construction project. It is expected, however, that the subway construction project at this location will be completed within the next twelve (12) months.

If you have any questions or require additional information, do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Dubin". The signature is fluid and cursive, with a prominent initial "M".

Michael Dubin
Partner

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health and Hospitals") to execute a revocable five year license agreement with the Richmond County Medical Society (the "Licensee") for its continued use and occupancy of approximately 350 square feet of space on the 2nd floor of the Administration Building at the Sea View Hospital Rehabilitation Center and Home (the "Facility") to house its administrative functions at an occupancy fee rate of \$21.50 per square foot, or \$7,527 per year for a total of \$37,635 over the five year term.

WHEREAS, in January 2012, the Board of Directors authorized the President of NYC Health and Hospitals to enter into a license agreement with the Licensee for the occupancy of space at the Facility to house the Licensee's administrative functions; and

WHEREAS, members of the Richmond County Medical Society, founded in 1806, include physicians who practice medicine in the Borough of Staten Island; and

WHEREAS, the Licensee's purpose is to extend medical knowledge and advance medical science; elevate the standards of medical education; secure the enactment of just medical and health laws; encourage dialogue among society members and fellow physicians; safeguard the professional and economic integrity of society members, maintain appropriate and equitable relationships with the public and healthcare organizations; and increase public awareness of all aspects of the field medicine; and

WHEREAS, the Facility continues to have available space in the Administration Building to accommodate the Licensee's needs.

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 the Richmond County Medical Society for its continued use and occupancy of approximately 350 square feet of space on the 2nd floor of the Administration Building at the Sea View Hospital Rehabilitation Center and Home to house its administrative functions at an occupancy fee rate of \$21.50 per square foot, or \$7,527 per year for a total of \$37,635 over the five year term.

EXECUTIVE SUMMARY

SEA VIEW HOSPITAL REHABILITATION CENTER AND HOME

RICHMOND COUNTY MEDICAL SOCIETY

The New York City Health and Hospitals Corporation seeks the authorization of its Board of Directors to execute a revocable license agreement with the Richmond County Medical Society ("Richmond Medical") for its continued use and occupancy of space to house administrative functions at Sea View Hospital Rehabilitation Center and Home ("Sea View").

Richmond Medical was founded in 1806. Its membership includes physicians who practice medicine in the Borough of Staten Island. The organization's purpose is to extend medical knowledge and advance medical science; elevate the standards of medical education; secure the enactment of just medical and health laws; encourage dialogue among society members and fellow physicians; safeguard the professional and economic integrity of society members, maintain appropriate and equitable relationships with the public and healthcare organizations; and increase public awareness of all aspects of the field medicine.

Richmond Medical will be granted the continued use and occupancy of approximately 350 square feet of space on the 2nd floor of the Administration Building and will pay an annual occupancy fee of \$7,308, or \$21.50 per square foot for a total of \$37,635 over the five year term. Richmond Medical will have use of the space Monday through Friday, from 9:00 a.m. to 5:00 p.m. Richmond Medical will be responsible for the cost of maintenance, and housekeeping.

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

The license agreement shall not exceed five years without further authorization by the NYC Health and Hospitals Board of Directors and shall be revocable by either party on sixty days prior notice.

Sea View - Richmond County Medical Society

<u>Year</u>	<u>Prior Term</u>	<u>New Term</u>
1	7,308	7,527
2	7,308	7,527
3	7,308	7,527
4	7,308	7,527
5	7,308	7,527
Total	36,540	37,635

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with T-Mobile US Inc./MetroPCS (the "Licensee") to operate a cellular communications system on approximately 200 square feet on the roof of the "A Building" at Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of approximately \$318 per square foot or \$63,612 to be escalated by 3% per year for a five year total of \$337,725.

WHEREAS, the Licensee currently operates a cellular communications system on rooftop space above the mechanical rooms on the "A Building" on the Facility's campus pursuant to a resolution adopted by the NYC Health + Hospitals' Board of Directors in June, 2009; and

WHEREAS, the Licensee desires to continue its operation of such cellular communications system at the Facility but on an expanded basis; and

WHEREAS, the Licensee's use of the rooftop space will not compromise Facility operations; and

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

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with T-Mobile US Inc./MetroPCS to operate a cellular communications system on 200 square feet on the roof of the "A Building" at Coler Rehabilitation and Nursing Care Center at an annual occupancy fee of approximately \$318 per square foot or \$63,612 to be escalated by 3% per year for a five year total of \$337,725.

EXECUTIVE SUMMARY

LICENSE AGREEMENT T-MOBILE US INC./METRO PCS

COLER REHABILITATION AND NURSING CARE CENTER

The NYC Health + Hospitals seeks Board of Director's authorization to execute a five-five revocable license agreement with T-Mobile US Inc./MetroPCS (the "Licensee") to operate a cellular communications system on 200 square feet at the campus of the Coler Rehabilitation and Nursing Care Center ("Coler").

The Licensee has been operating cellular communications equipment at Coler pursuant to prior authorization of the Board of Directors adopted in June, 2009. Previously, the Licensee has occupied approximately 200 square feet. The occupancy fee currently in effect is at \$279.67 per square foot for an annual occupancy fee of approximately \$55,934.

The Licensee will be granted the use and occupancy of approximately 200 square feet of space on the roof of the "A Building" on the Coler campus for operation of a cellular communications system. The Licensee will pay an annual occupancy fee of approximately \$318 per square foot or \$63,612 per year with annual increases of 3% throughout the duration of the agreement for a five year total of \$337,725. The Licensee will be responsible for maintaining its equipment, and this arrangement will be at no cost to the Corporation. The equipment is located above a mechanical room is removed from patient areas.

The communication equipment includes antennas and global positioning satellite units. The equipment complies with applicable federal statutes governing the emission of radio frequency signals for cellular communications system, and does not compromise hospital safety.

The Licensee will be indemnify and hold harmless NYC Health + Hospitals 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 NYC Health + Hospitals and the City of New York as additional insureds.

The term of this agreement shall not exceed five years without further authorization by the Board of Directors and shall be revocable by either party upon six months prior notice.

Coler - T Mobile

<u>Year</u>	<u>Prior Term</u>	<u>New Term</u>
1	49,697	63,612
2	51,188	65,520
3	52,724	67,486
4	54,305	69,511
5	55,934	71,596
total	214,151	337,725

note: escalation = 3%



APPROVAL REVIEW FORM

CONSTRUCTION MANAGER

DATE

RF ENGINEER

DATE

SITE ACQUISITION MANAGER

DATE

LANDLORD / OWNER

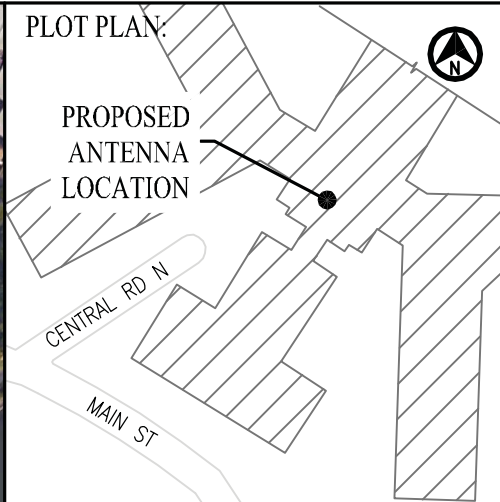
DATE

- APPROVED
- APPROVED AS NOTED
- DISAPPROVED/REVISE
- PROCEED W/ CD'S
- APPROVED
- APPROVED AS NOTED
- DISAPPROVED/REVISE
- APPROVED
- APPROVED AS NOTED
- DISAPPROVED/REVISE
- APPROVED
- APPROVED AS NOTED
- DISAPPROVED/REVISE

LOCATION MAP:



PLOT PLAN:



PREPARED BY:



299 MADISON AVENUE
MORRISTOWN, NJ 07960

TITLE:

APPROVAL REVIEW
FORM

PREPARED FOR:



5	11/28/16	UPDATED PER REVISED PROJECT SCOPE	NT
4	11/10/16	UPDATED PER REVISED PROJECT SCOPE	AA
3	10/13/16	UPDATED PER REVISED PROJECT SCOPE	KM
2	09/26/16	LEASE EXHIBIT	MJ
NO.	DATE	REVISIONS	BY

METRO PCS SITE ID:

NY0152

JACOBS PROJECT #

EU600200

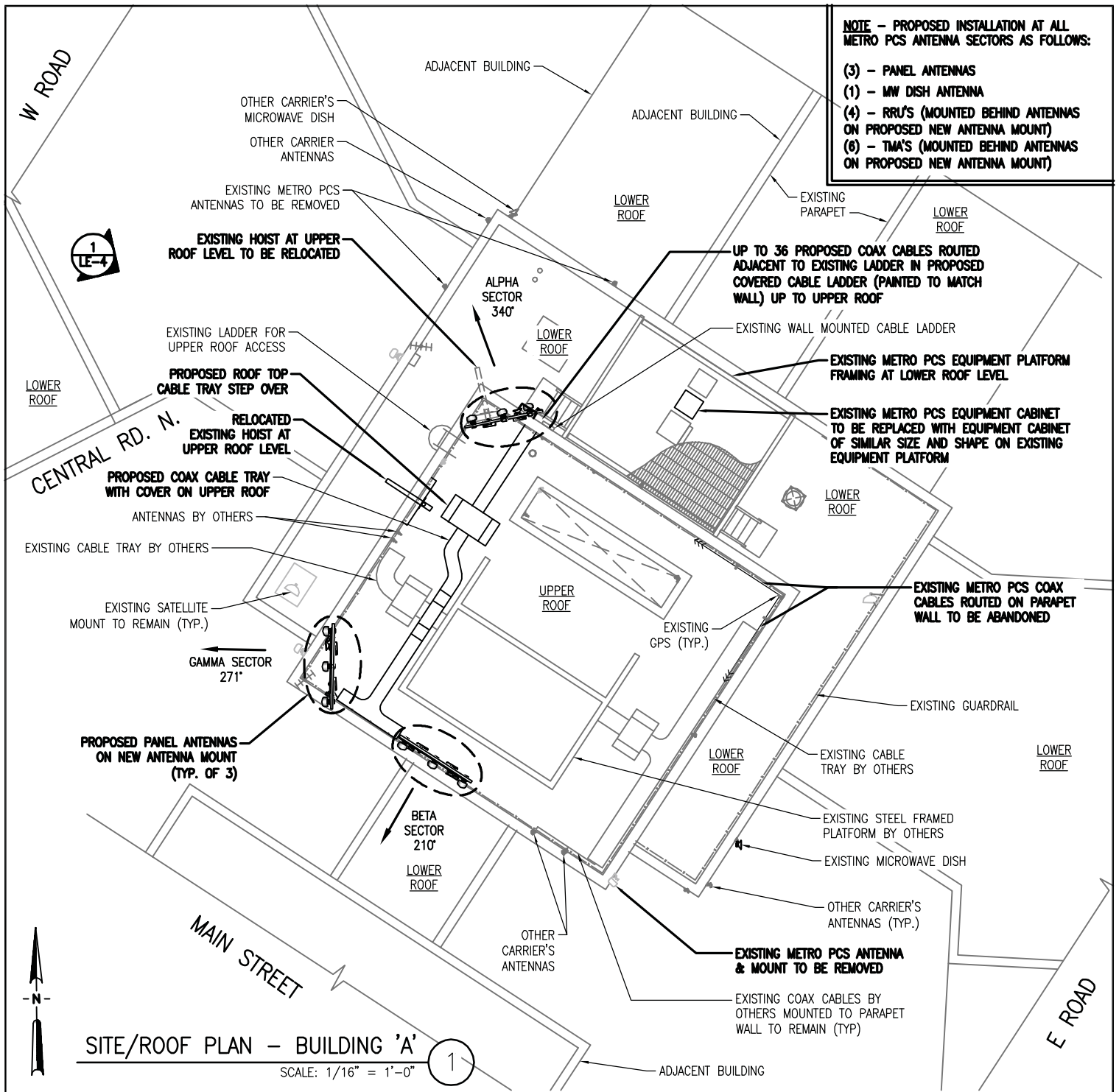
SITE NAME:

NYM2044A
NY0152

900 MAIN STREET,
NEW YORK, NY 10044

NYM2044A

T-1



SITE COORDINATES
 N 40° 46' 11.9"
 W 73° 56' 34.0"

- NOTES:**
1. LEASE EXHIBITS ARE A CONCEPTUAL DESIGN OF LEASE AGREEMENT ONLY. ACTUAL CONSTRUCTION DOCUMENTS MAY VARY TO COMPLY WITH BUILDING CODES.
 2. THE INFORMATION SHOWN IS TAKEN FROM LEASE EXHIBITS PERFORMED BY TECTONIC ENG. & SURVEYING CONSULTANTS P.C., SITE AUDIT DATA, AND METRO PCS RF CONFIGURATION DOCUMENTS.
 3. ELECTRIC/ TELCO SERVICES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION DOCUMENT PHASE.
 4. 24 HOUR, 7 DAYS PER WEEK ACCESS IS REQUIRED FOR SERVICE TECHNICIAN.

PREPARED BY:

JACOBS™
 Jacobs Engineering Group

299 MADISON AVENUE
 MORRISTOWN, NJ 07960

TITLE:
 SITE/ROOF PLAN

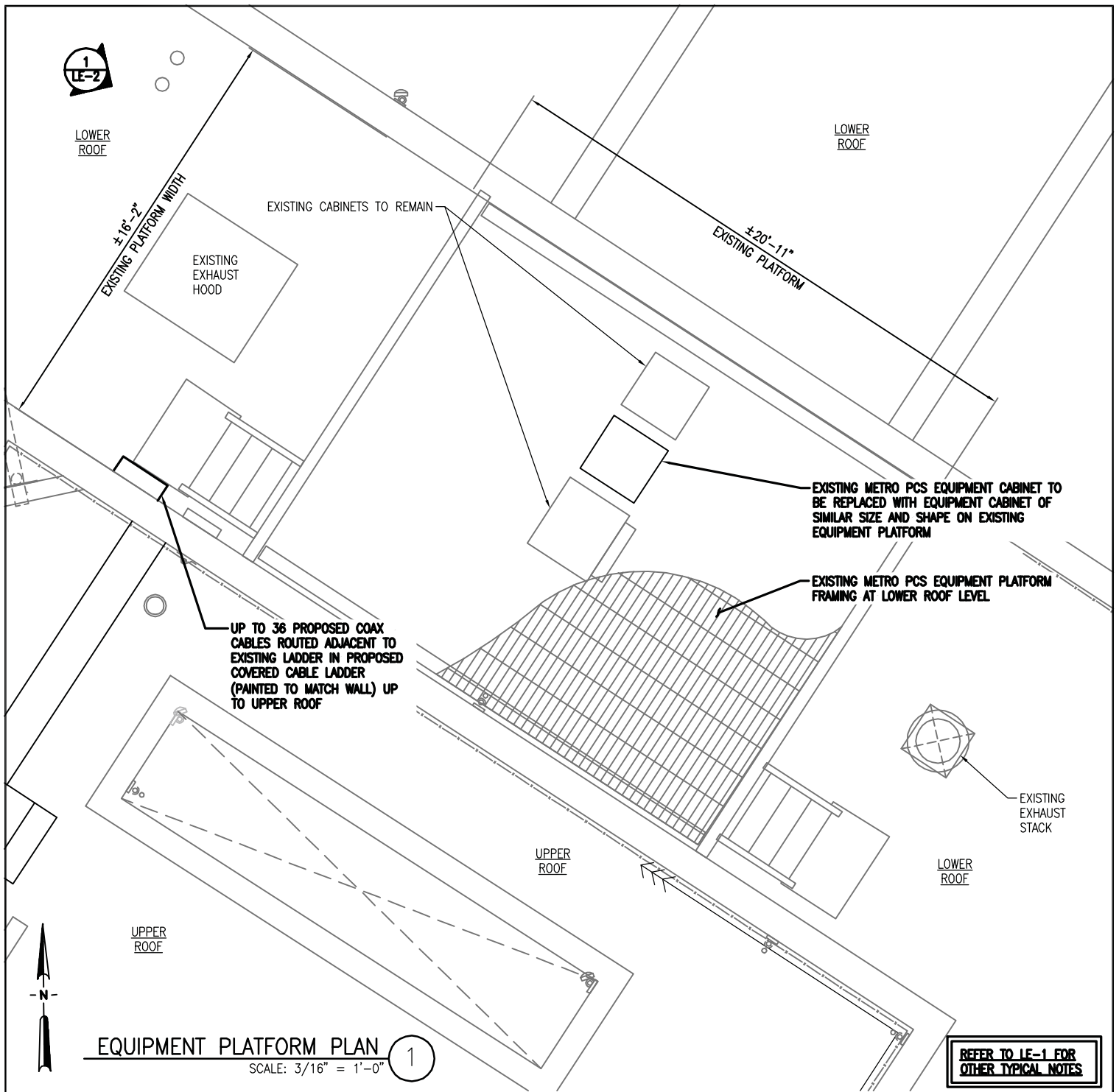
PREPARED FOR:

T-Mobile
metroPCS

5	11/28/16	UPDATED PER REVISED PROJECT SCOPE	NT
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NO.	DATE	REVISIONS	BY
METRO PCS SITE ID: NY0152			
JACOBS PROJECT #		EU600200	

SITE NAME:
 NYM2044A
 NY0152
 900 MAIN STREET,
 NEW YORK, NY 10044

NYM2044A LE-1



SITE COORDINATES
 N 40° 46' 11.9"
 W 73° 56' 34.0"

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PREPARED BY:

JACOBS
Jacobs Engineering Group

299 MADISON AVENUE
MORRISTOWN, NJ 07960

TITLE:
EQUIPMENT PLATFORM PLAN

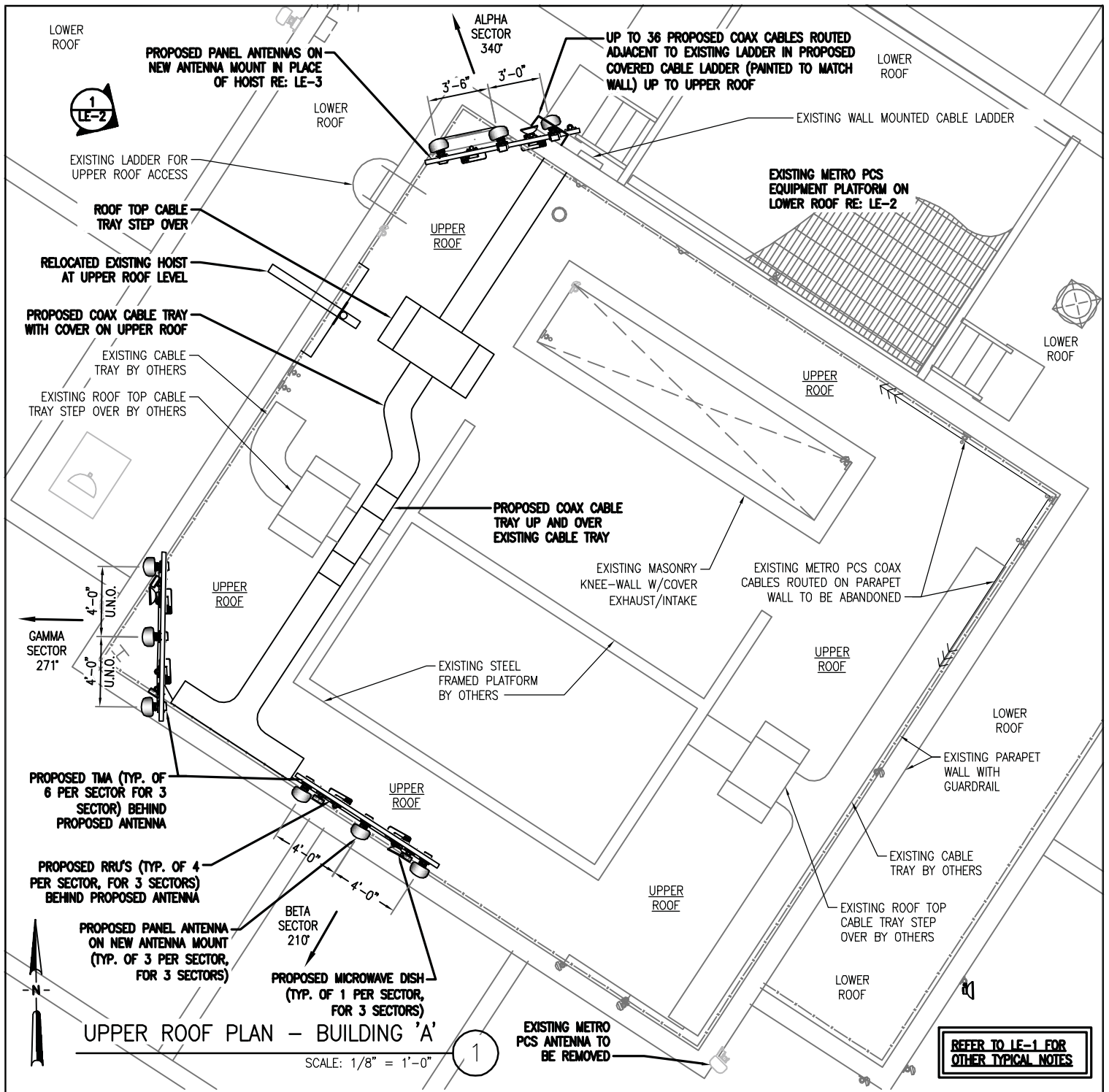
PREPARED FOR:

T-Mobile
metroPCS

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2	09/26/16	LEASE EXHIBIT	MJ
NO.	DATE	REVISIONS	BY
METRO PCS SITE ID: NY0152			
JACOBS PROJECT #		EU600200	

SITE NAME:
**NYM2044A
 NY0152**
 900 MAIN STREET,
 NEW YORK, NY 10044

NYM2044A LE-2



UPPER ROOF PLAN - BUILDING 'A'

SCALE: 1/8" = 1'-0"

REFER TO LE-1 FOR OTHER TYPICAL NOTES

SITE COORDINATES
 N 40° 46' 11.9"
 W 73° 56' 34.0"

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PREPARED BY:

JACOBS
 Jacobs Engineering Group

299 MADISON AVENUE
 MORRISTOWN, NJ 07960

TITLE:
 UPPER ROOF PLAN

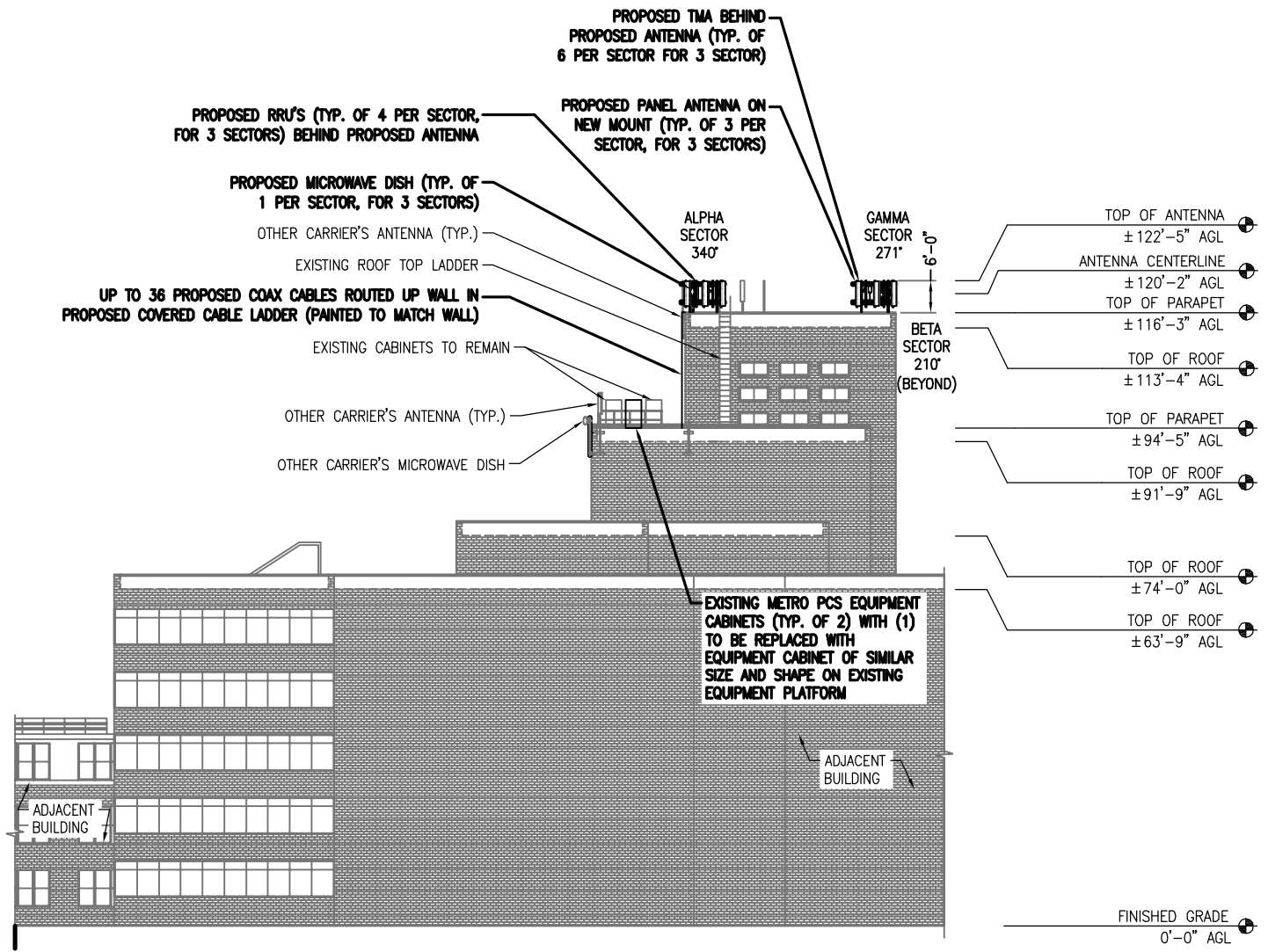
PREPARED FOR:

T-Mobile
metroPCS

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NO.	DATE	REVISIONS	BY
METRO PCS SITE ID: NY0152			
JACOBS PROJECT #		EU600200	

SITE NAME:
 NYM2044A
 NY0152
 900 MAIN STREET,
 NEW YORK, NY 10044

NYM2044A LE-3



NORTHWEST ELEVATION

SCALE: 1/32" = 1'-0"

1

PREPARED BY:

JACOBSTM
Jacobs Engineering Group

299 MADISON AVENUE
MORRISTOWN, NJ 07960

TITLE:

NORTHWEST
ELEVATION

PREPARED FOR:

T-Mobile
metroPCS

5	11/28/16	UPDATED PER REVISED PROJECT SCOPE	NT
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3	10/13/16	UPDATED PER REVISED PROJECT SCOPE	KM
2	09/26/16	LEASE EXHIBIT	MJ
NO.	DATE	REVISIONS	BY

METRO PCS SITE ID:

NY0152

JACOBS PROJECT #

EU600200

SITE NAME:

NYM2044A
NY0152

900 MAIN STREET,
NEW YORK, NY 10044

NYM2044A

LE-4

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with Sprint Spectrum Realty Company L.P. (the "Licensee") for its continued use and occupancy of 300 square feet of space for the operation of a cellular communications system at Lincoln Medical and Mental Health Center (the "Facility") at an occupancy fee rate of \$312 per square foot or \$93,683 per year to be escalated by 3% per year for a total five year occupancy fee of \$497,381.

WHEREAS, in September 2011 the NYC Health + Hospitals Board of Directors authorized the execution of a five year license agreement with the Licensee; and

WHEREAS, the Licensee satisfactorily performed its obligations under the prior license agreement; and

WHEREAS, the Licensee's use of rooftop space for its equipment will not compromise Facility operations; and

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

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals be and is hereby authorized to execute a revocable license agreement with Sprint Spectrum Realty Company L.P. for its continued use and occupancy of 300 square feet of space for the operation of a cellular communications system at Lincoln Medical and Mental Health Center (the "Facility") at an occupancy fee rate of \$312 per square foot or \$93,683 per year to be escalated by 3% per year for a total five year occupancy fee of \$497,381.

EXECUTIVE SUMMARY

LICENSE AGREEMENT SPRINT SPECTRUM REALTY COMPANY L.P.

LINCOLN MEDICAL AND MENTAL HEALTH CENTER

The New York City Health and Hospitals Corporation ("NYC Health + Hospitals") seeks authorization from the its Board of Directors to execute a revocable license agreement with Sprint Spectrum Realty Company L.P. ("Sprint") for its continued use and occupancy of space for the operation of a cellular communications system at Lincoln Medical and Mental Health Center ("Lincoln").

Sprint will be granted the continued use and occupancy of approximately 300 square feet of space on Lincoln's roof for the operation of a cellular communication system. The system will enhance cellular communications in the borough of the Bronx. The installation consists of nineteen antennas. Sprint will operate and maintain the system at its own expense. Sprint will be responsible for paying for the cost of electricity. The Licensee's cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

Sprint will pay an occupancy fee of \$93,683 per year, a 3% increase over the current rate. The occupancy fee will be further increased by 3% per year over the five year term for a five year total of \$497,381.

Sprint will be required to indemnify and hold harmless NYC Health + Hospitals and the City of New York for any and all claims arising out of its use of the licensed space and will provide appropriate insurance naming NYC Health + Hospitals and the City of New York as additional insureds.

The license agreement shall be revocable by either party on ninety days prior written notice. The term of this agreement shall not exceed five years without further authorization by the NYC Health + Hospitals Board of Directors.

Lincoln Sprint Spectrum

<u>Year</u>		<u>Prior Term</u>		<u>New Term</u>
1	\$	80,812.00	\$	93,684.00
2	\$	83,236.36	\$	96,494.52
3	\$	85,733.45	\$	99,389.36
4	\$	88,305.45	\$	102,371.04
5	\$	90,954.62	\$	105,442.17
	\$	429,041.88	\$	497,381.08

note: escalation = 3%