

BOARD OF DIRECTORS MEETING
THURSDAY, FEBRUARY 23, 2017
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| <p><u>CALL TO ORDER - 3:00 PM</u></p> <p>1. Adoption of Minutes: January 26, 2017</p> | <p>Mr. Brezenoff</p> |
| <p><u>Acting Chair's Report</u></p> | <p>Mr. Brezenoff</p> |
| <p><u>Interim President's Report</u></p> | <p>Mr. Brezenoff</p> |
| <p>>>Action Items<<</p> | <p></p> |
| <p>2. RESOLUTION authorizing the President of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to exercise the power of NYC Health + Hospitals, as the sole member of the HHC Assistance Corporation, to designate members of the Board of Directors of the HHC Assistance Corporation and to alter the number of Board Members consistent with the NYC Health + Hospital's Board resolution of December 2014. (HHC Assistance Corp / OneCity Health Subsidiary Board – 02/17/2017)</p> | <p>Mr. Brezenoff</p> |
| <p>3. RESOLUTION modifying the July 28, 2016 resolution adopted by the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") that authorized the execution of an agreement with COPE Health Solutions ("COPE") to provide consulting services to help structure the partners (the "Partners") in the NYC Health + Hospitals-Led Participating Provider System (the "PPS") under the Delivery System Reform Incentive Payment ("DSRIP") program so as to maintain the originally authorized three year not-to-exceed cost of \$19,070,000 but to authorize the first year cost to reach \$10.5 Million, the cost of the first annual renewal term to reach \$8.57 Million; provided that any amounts not expended during either the initial one-year term or the first annual renewal term to be rolled forward to the succeeding annual term. (HHC Assistance Corp / OneCity Health Subsidiary Board – 02/17/2017) EEO: Approved / VENDEX: Approved</p> | <p>Mr. Brezenoff</p> |
| <p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Audit ➤ Information Technology | <p>Ms. Youssouf Ms. Youssouf</p> |
| <p><u>Subsidiary Board Report</u></p> <ul style="list-style-type: none"> ➤ MetroPlus Health Plan, Inc. ➤ HHC Assistance Corp OneCity Health | <p>Mr. Rosen Mr. Brezenoff</p> |
| <p><u>Executive Session / Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Lincoln ➤ NYC Health + Hospitals Gouverneur NF | <p></p> |
| <p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Queens | <p></p> |
| <p>>>Old Business<< >>New Business<<</p> | <p></p> |
| <p><u>Adjournment</u></p> | <p>Mr. Brezenoff</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 26th day of January 2017 at 3:00 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. Mary T. Bassett
Dr. Gary S. Belkin
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Bernard Rosen

Jennifer Yeaw was in attendance representing Commissioner Steven Banks, and Deborah Brown was in attendance representing Deputy Mayor Herminia Palacio, each in a voting capacity.

Mr. Gordon Campbell chaired the meeting and Ms. Barbara Keller, First Deputy General Counsel, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on December 14, 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 December 14, 2016, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell announced that in preparation for the Joint Commission survey of six facilities this year, there will be a Board and management orientation on February 1, 2017.

Mr. Campbell informed that Board that an educational sessions will be held beginning in March 2017 to discuss Board expectations.

PRESIDENT'S REPORT

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

Mr. John Jurenko, Vice President, Intergovernmental Relations discussed the implications of the elimination of the Affordable Care Act. Mr. PV Anantharam, Chief Financial Officer, summarized the changes in the System's financial plan.

INFORMATION ITEM

Dr. Christina Jenkins, Vice President and CEO, OneCity Health Services, provided the Board with an overview of the Delivery System Reform Incentive Payment (DSRIP) Program.

ACTION ITEMS

RESOLUTION

2. Authorizing the NYC 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.

Mr. Leon Bell, Director of Public Policy for New York State Nurses Association, expressed his concerns about the renewal of the contract. Mrs. Bolus discussed her visit to the site.

Dr. Calamia moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to 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 terms, 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.

Dr. Calamia moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTIONS

4. 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.

5. 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.

Mr. Campbell moved the adoption of the resolutions which were duly seconded and unanimously adopted by the Board.

RESOLUTION

6. 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 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.

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

RESOLUTION

7. 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.

Mr. Campbell moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of twelve in favor with Dr. Calamia recusing.

RESOLUTION

8. Authorizing the New York City Health and Hospitals Corporation (the "NYC Health & Hospitals") to execute a revocable five year **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** for 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.

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

RESOLUTION

9. 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.

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

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

SUBSIDIARY AND BOARD COMMITTEE REPORTS

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

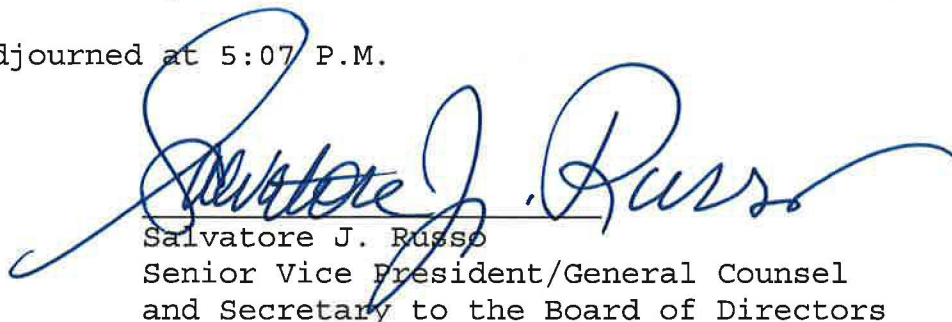
Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel.

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/McKinney, received an oral and written governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/Kings County, the Board received an oral and written governing body submission and reviewed, discussed and adopted the facility's report presented; and (3) as governing body of NYC Health + Hospitals/Elmhurst, the Board reviewed and approved its semi-annual written report.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:07 P.M.



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

COMMITTEE REPORTS

Audit Committee – December 8, 2016

As reported by Ms. Emily Youssouf (Written Submission)

Committee Members Present: E. Youssouf, G. Campbell | Other Board Members Present: S. Brezenoff

KPMG - Ms. Maria Tiso - Engagement Partner; Mr. Mike Breen - Supporting Partner; Mr. Joseph Bukzin, Senior Manager

Ms. Tiso stated that the presentation includes our opinion to the management letter, and the opinion indicates that there are no significant deficiencies or material weaknesses in the comments in the management letter. These comments that are included in this letter are intended to include the internal controls of the organization.

The next page is the matrix of observations which we will walk you through. They include comments relating to the corporate office, comments related to the site visits, and then we also have comments related to information technology and tax, and then we will also address the comments that we had included in the prior year's comments and how they have been resolved, and then I have some industry management letter comments, which are consistent to what was included in last year's comments, so I won't spend a lot of time on that. Page three and four is the matrix. Going down the left is the facilities that have been impacted by our comments, and on the top is the category of what the comments relate to.

Ms. Tiso said that I'm going to start on page five, which talks about financial reporting. I wanted to state that we just recently found out that the Corporate Comptroller position has recently been filled by Jay Weinman. He currently is in the process of transitioning, but I just wanted to highlight that during the audit process the Corporate Comptroller position was being filled by James Linhart, the Deputy Comptroller, so not only was he performing his own job responsibilities as Deputy Comptroller, he was also filling the responsibilities of Corporate Comptroller, so he had a difficult task trying to fill both roles.

There were also key financial personnel that were in the process of retiring or retired, so there were some resource constraints during the audit process. We noted there were several adjustments that were recorded, and also that the Corporate Comptroller position is actually very important to the overall financial reporting during the financial statements, and not just the balance sheet, income statement, cash flow, but also the footnotes and the MD&A.

We put a comment in here that that position needs to be filled because having a person do two roles is a very difficult task. We also had some other recommendations as it relates to some of the documentation such as in performing a formal review of the completed financial statements but also the footnotes and the MD&A, making sure that the checklist that they had for year-end close is up to date, and making sure that the financial statement disclosures as well as the MD&A have what we like to call an auditing book that all the resource documentations are in there.

Ms. Tiso continued and said that page six talks about liquidity. We came here during the June meeting as well as the October meeting that liquidity was one of the significant areas we spoke about. Just to highlight the past two fiscal years, the Corporation had break-even working capital and also received a significant amount of appropriations from the City of New York in the current year. It is something we wanted to highlight. I know that the Office of Transformation was charged with Vision 2020, and Mayor Bill de Blasio's Transformation Plan is really supporting New York City Health + Hospitals Corporation, so it is just a comment to make sure that the organization is going to continue working with them in the future.

Mr. Campbell added that it is something this Board spends a lot of time as well as in the Finance Committee, and it is an ongoing issue, and we really know we need to change it up because you cannot operate a seven plus billion dollar enterprise that close, so thank you.

Ms. Tiso stated that the next comments relate to several observations around the patient accounts receivable area. I'm going to turn it over to Mr. Breen to highlight some of those comments.

Mr. Breen said that Patient Accounts Receivable, another significant area of the financial statements, an area we spend a lot of time on. First I want to point out that when we got to the financial statements, it was reasonably stated at year end, but as we worked through the process we saw potential improvements and observations.

First starting off as we worked through the process, the process does include aged unit accounts receivable, the different payor classes and there are historical cash collections. Those are some of the things that go in there. We observed that the person that

was performing the analysis had moved on to a new position, and this one individual had the entire process. Obviously, a comment about, that this needs to transition, and there should be backup for this person as well. The second part related to that was the reviewer of the process, our understanding was retiring in the short term. It was a chance to really look at the process, and when you think about some of the controls you want to have over an estimate, you want to make sure -- are these assumptions supported? When I think about assumptions whether there are charge increases during the year, whether reimbursement rate increases, how does that factor into the estimate, and then also making sure that there is a historical look back on the prior estimate to make sure our process that we have in place is good. That happened during the audit. We got there at the end of the day. We were comfortable with the financial statements. It is just a matter of improvement in the process and documentation.

Mr. Breen stated that one of the assumptions I mentioned was historical cash collections, and when we did a sample of the cash collections that were being used as one of the assumptions in developing the AR, we found there were some duplicate postings related to MetroPlus. We were able to identify them and in conclusion that they were immaterial, but when you think about control with respect to that question, how management made sure that the reports they were using for the cash collections were complete and accurate. So ultimately we got there, an immaterial adjustment, but it just gives you an observation we got to really make sure these reports we were using and relying on are complete and accurate.

Third item relating to patient AR is credit balances. What happens is there are credit balances that sit in the AR account. These credit balances could relate to two things, one a mis-posting of contractual allowance or it could relate to a patient refund. There was work done during the audit that identified that -- the way it worked in the financial statement if it is a mis-posting, it should stay in the accounts receivable as a credit. If it's a refund, it should actually be re-classed over to accounts payable because you owe somebody back the money. It's been identified as nothing to do with AR anymore. It's actually an AP or accrued expense. The way it was presented in the financial statements was a reduction in AR, which is support that there are mis-postings. During the audit we performed test work on the credit balances to identify and support that conclusion, and we were able to support that conclusion, but we really need management to provide some more support on this area on a going-forward basis and analysis that supports the classification as a reduction to receivable. Those are the three observations in the patients account receivable.

Mr. Anantharam added that he agreed with what Mr. Breen pointed out, and from everything that I have seen in the management report, we need a stronger accounting office and we need to beef up the staffing there. I do believe that given where we are going with ERP and the consolidation of a lot of the accounting staff from the different facilities, we do not have all the resources that we need, and we are glad that Jay Weinman is coming on board. I already tasked him, and even before Jay Weinman I already tasked James Linhart with the responsibility of trying to figure out where the gaps were in our processes and trying to ensure that we find the right staff and build the right staff. I am positive and assured that the next go around, maybe not the next go around, and we will be completely staffed and appropriately set. I accept that these are deficiencies we should not allow.

Ms. Youssouf asked if this is a balance sheet item and not an actual cash item, correct.

Mr. Anantharam answered that that is correct.

Mr. Campbell requested that Mr. Anantharam and Jay Weinman provide a strategy and plan in one of the upcoming Finance Committee meetings so he can update the Audit Committee.

Mr. Bukzin began his report by stating that I would like everyone to navigate over to page nine of the management letter, and the comment on the page is about MetroPlus. MetroPlus is fortunate enough to go through, I'll say two audits. It is a discretely presented component in the 6/30 New York City Health + Hospitals financial statements, and it also has a calendar year-end audit as well, so this is really focused on the procedures as it relates to the 6/30 period. I just wanted to highlight that it is an important part of even the 6/30 audit because it is a discretely presented in the financial statement within the consolidated report itself. While we were going through the process of backing in our audit procedures around that area, we did identify some areas for improvement, which were specifically focused around I'll say related party transactions with New York City Health + Hospitals in terms of some balances, and those balances should reconcile, and then also thinking through the subsequent event period.

That is information that comes to management's attention after the balance sheet date but relates to the balance sheet dates regarding whether or not there should either be an adjustment to the financial statements or disclosure in the notes of the financial statements. I think if the Committee recalls when we presented the results, we did actually highlight some adjustments that were related to this particular area, so the recommendation here is to really enhance the communication process between the Corporate Comptroller, Finance Office as well as the MetroPlus team, and it is important to the organization as well because there is quarterly reporting requirements, which of course take into account the results of the MetroPlus activity. That is the genesis behind the MetroPlus observations and recommendations.

Ms. Tiso pointed out that the little asterisk next to the comment indicates that it is a repetitive comment from the prior period. It has to do with ensuring that there is a detailed accounts payable listing to support the general ledger balance, and due to some system limitations that can't be addressed at this point in time, but it appears as if there is a process in place that when certain systems go live in July of '17 that should be able to address and rectify the recommendation related to this reconciliation.

We are just providing a brief overview related to the tax-exempt status as it relates to MetroPlus being a 501(c)(3) entity, and the recommendation here is that when the tax return gets prepared, there should be a narrative description that articulates the compensation policies and procedures, and that was not included in the most recent return that was reviewed with the recommendation that it should be on a go-forward basis included as part of that.

The second element of the comment relates to Gotham Health, which is a related entity to the organization, and the comment gives a history of how it became a tax-exempt entity and then subsequently lost that status. Our tax professionals on the KPMG side actually worked very closely with the management team to assist with rectifying the situation. You will read through the recommendations going through a process, reinstating that tax-exempt status, amending and filing tax returns. That's actually been in process, and it's a very specific date, looks like November 22nd, right before Thanksgiving this was taken care of. I just wanted to highlight that for the Committee.

The next section relates to one of our site-visit comments related to fixed asset depreciation. While we were doing our site-visit work, we selected a sample of fixed-asset additions, and one of the things we look for is whether or not it was placed for service, and when it is placed into service, that is when depreciation expense should be recorded. There were a couple of instances whereby it was categorized as placed into service and as such depreciation was recorded, but it wasn't actually placed into service, and it results in a system limitation in terms of the process to actually pay the vendor, so it has to slide over to this module in order to do that. To rectify the situation, there really should be additional controls and communication between accounts payable, the Comptroller's office and the facilities management dealing with the day-to-day fixed assets of the organization.

Mr. Anantharam reported that this item actually came up in a previous Internal Audit review, and the Comptroller's office is actually putting into place procedures in what the facilities need to follow to ensure that items are not put into play before the actual payment has been made.

Mr. Bukzin continued with page fourteen, this section relates to prior-year observations. The first one on this page deals with the review and approval of consultant costs. You may recall this came up in discussion in last year's meeting around enhancing controls in the area and closely monitoring and improving and tracking the consultant efforts. It speaks specifically to the EMR project, which was certainly a significant endeavor to the organization, so management's resolution status is that they have actually gone ahead and implemented a tracking tool whereby these consultants' time and effort is tracked on a real-time basis.

Another significant estimate to the financial statements and closely tied to the revenue streams of the organization deals with third-party payor reimbursement matters. During last year's audit, there were some observations that did result in some small adjustments to the financial statements, which we described here. We did recommend and management did implement controls in place to formally review the analysis and, again, enhance the communication and dialogue between the reimbursement team and the Comptroller's office.

He continued highlighting the section dealing with the statement of cash flows. Just as a reminder for the Committee, there are actually two versions of the cash-flow statement. There's a direct and an indirect method, and it is not a simple mathematical exercise preparing that statement. It is often challenging, sometimes very unique circumstances and factors to consider when preparing it. One of the recommendations was let's make sure whoever is preparing it that there's someone above actually reviewing the details that creates the cash-flow statement, and that was implemented during this past year.

The affiliation contracts comment was particularly focused related to the recalculations that transpire, and they do transpire on a lag basis but to ensure that that's happening as frequent and timely as possible. It could result in future adjustments, so that's why it's important to pay close attention to these recalculations. Management's resolution status does provide a very detailed update on where they stand with that process.

IT observations have similar comments in the current year, similar in nature to comments related to user access. There are a few elements to that. There's access to the Data Center. There's even access assigned to individuals based upon their job responsibility and their job functions and making sure that there's controls in place that when there's changes or terminations or resignations

that there's a periodic review of that access -- the underlying message, similar to the prior year. There are similar observations in the current year related to user access.

Ms. Youssouf commented that that is something that Internal Audits has found in a number of locations, and I know IT is actively working on it. It is a big project as you can imagine with all the facilities and many thousands of employees we have.

Mr. Bukzin continued and stated that sticking with the same theme of IT, we did have some practices related to password settings. To the extent that there is system limitations, enhancements although systems change. However, management is aware of these practices, and we'll certainly consider that going forward.

Moving on, one of the comments in the prior year related to a site visit. This had to do with the purchase order process, and I just want to remind the Committee that the key control here was the existence of a contract with the particular vendor, so those contracts were in place. This had to do with timing of which a purchase order is approaching its limit and perhaps needs to be adjusted or a new purchase order needs to be put in place. They have gone ahead and implemented policies and procedures to address that.

Ms. Tiso reported that the next section has several industry comments that we have been able to make in a lot of our health care systems. I'll touch upon some of them. A lot of these comments were already included in the prior year, but they are still applicable this year.

Convergence in health care -- obviously health care is at top of line and is changing daily, especially with the new President-Elect Trump and his new transformation that's going on. But one of the things we wanted to mention is that all health care systems are in the process of either merging with other systems, figuring out how they're going to increase revenue, and reduce costs. I think the Corporation has already taken steps with the 2020 Vision and Mayor de Blasio's Transformation Plan, so it's just something to highlight. The things that are going on in the news, it has like a two-day shelf life. Things are changing considerably. This whole thing with the Affordable Care Act, they're going to repeal and replace, nobody even knows where that's going to end up, but it's something to consider that the health care industry is evolving, and the Corporation really needs to continue to be ahead of the changes.

The New York State Delivery System, what we call DSRIP is a five-year plan. We talked about it last year. Year one and year two really was worried about getting the financial reporting up and running, receiving the funds, the whole administrative handling of the funds. Years three, four and five are going to be really based on performance measurements and quality metrics, so there is continue to have policies and procedures, look at your performance providers, are they handing in reports that require for you to fund them. There is a lot to continue looking at as it relates to DISRIP going forward.

The IRS finalized the 501(r) ruling to make sure the Corporation is in compliance with the rules and regulations.

The next one talks about internal control over qualified reporting. We all know that health care organizations are moving from volume patients in a hospital to quality, so internal controls over quality reporting is really important because you are going to be looking at quality metrics now, making sure that you hold all the documentations, that somebody is looking at the quality of the information coming into the systems. We envision that one day there's going to be audits over the quality reporting where now it's not happening. We do financial reporting audits. Now we think that going forward you'll have audits over quality reporting.

Cyber Security -- obviously the health care industry is probably the leading industry of cyber-attacks. You probably see it in the newspaper daily. Obviously, health care has patient health information that cyber attackers love to get their hands on because it's significant money in their hands, so one of the things that's really important to understand is not if it's going to happen, when it's going to happen, and making sure that the organization has enough policies and procedures in place, what are you going to do. Maybe have some mock trials figuring out if it happened, what you would do, making sure you're ready for that.

Data Analytics -- organizations are reducing cost increase in revenues, making sure you use data analytics in your organization to try help the reduce costs, and then last is telemedicine. I know a lot of organizations have begun going towards telemedicine to see how they can treat patients outside of the hospital. I am not sure where the Corporation is with telemedicine at this point. I know it is still new. There's a lot of organizations that are still trying it out. It is something to be added. It is something organizations are using. The other thing I wanted to mention, there is some edits that may still happen to this management letter. None of the comments and recommendations will change, but we are still working through some minor resolutions with the management team.

Ms. Youssouf stated great – thank you very much. I know especially with Mr. Anantharam being short of staff in there, I want to thank KPMG for their hard work during this audit and as always I think they have done a very thorough job.

Mr. Anantharam added that let me also echo those sentiments. '16 was a year in transition. There was a lot of movement across the system in terms of the Corporate Comptroller's office, but also leadership across Health + Hospitals System, so it was a particularly trying period to get all these accomplished, so I want to thank you all for your cooperation and work in this matter. In particular James Linhart and his team really stepped up to the plate to do the hard work.

Internal Audits – Christopher Telano, Chief Internal Auditor

Mr. Telano gave a brief overview of the status of the audit being conducted by the City Comptroller's Office -- the audit is still ongoing and is expected to take one year to complete, and it began in September 2016.

Audit of medical/surgical inventory controls at Jacobi -- representatives Jacobi: Peter Lucey, Senior Associate Director Executive Director; Chris Mastromano, Chief Operating Officer.

Mr. Telano reported that we performed an unannounced count of 110 items of which there were errors in 77 percent of our counts primarily due to the warehouse staff not keeping accurate records. We also noted that management does not conduct frequent inventory counts. We believe that the reporting structure within the Materials Management department is contributing to some of these issues. Moving on to three, some of these issues have resulted in supplies being requested by the patient units in which there were zero items on the shelf, but the inventory system showed that there was stock on hand.

We also found that there is inadequate supply delivery for patient units on weekends, and employees filled the supply cabinets over the par levels to accommodate this, and as a result supplies are becoming misplaced or disorganized or becoming expired.

There was also a low volume of supplies needed by Behavioral Health, and as a result there was not a daily distribution, and once again Materials Management is having difficulty controlling those supplies.

We also noted that the head nurse or the designee of the user department does not sign off on the delivery of supplies acknowledging the accuracy of the items ordered. Lastly, there was a lack of controls over physical security. The doors to the rooms in the warehouse that store sensitive items, such as needles and syringes, are kept open and unlocked throughout the day.

We also found the main warehouse door was found open on numerous occasions, and medical personnel in other areas were walking in the warehouse unescorted. In regard to access to the exterior loading dock, we had Siemens's contractors and technicians and three employees from Human Resources, Surgery, Behavioral Health had access to that. The supply cabinets, the closets within the units had keypad access codes which haven't been changed in a while, and also the swipe access system on Unit 6A was disabled due to a door malfunction.

Ms. Youssouf asked to give us a brief explanation of how you have fixed it or are going to fixed it?

Mr. Lucey responded that first we thank you and the team for coming in. They did point out a lot of very serious errors in the operation. We have since corrected most all of the security issues noted. We do spot check them.

The inventory counts that Mr. Telano referenced earlier, we have gone back with the staff reviewing the importance of inventory accuracy, maintaining the integrity of the system as it relates to the Oracle system with items going in and out. One of the recommendations of the Audit group was to conduct those spot checks. Those are now in place again having them report back when they're being conducted. The reporting structure of the department, and that's really at the crux of a lot of the problems. The structure was such as there have been some management changes over the past six months, seven months or so. We streamlined that. We have now taken some of these issues and rejiggered the organizational structure, management, responsibility of what's going on and taking place ending a lot of the cross-functioning that was going on.

The zero shelf items that again Mr. Telano referenced. We have eliminated those, the accuracy of the inventory counts, etcetera. The issue with sign-offs, that's been corrected, first the outpatient areas and then the inpatient areas. That started on or about 12/1 this year. The issue with security on the Simplex locks, those keypad locks that we use, they have now all been changed, and we've implemented a policy where they're all being changed every six months. We do that in consultations with the nurse manager on each unit. As well as the other security issues that were noted, doors have been fixed. I just spot checked that, needle room,

Mr. Telano referenced, on 12/2 and just yesterday and previous to that. They have been secure each and every time as has the main door.

Ms. Youssouf commented that you are going to have spot checks on these because we have found this at a number of locations. Obviously senior management knows where they tape the locks so people could go in and out.

Mr. Lucey added that we are being tenacious on not letting the issues come back or management backslide if you will. We've put a lot of the control measures in place that we need to have there so we don't go through this again.

Mr. Martin stated that you two are two of my senior administrators, and I anticipate that moving forward this won't be an issue.

Mr. Campbell asked Mr. Telano if we share these audits with other facilities? Because I would like to think that there is no issue in any other hospitals, but my sense is that there are, and we do not have the bandwidth to do as many internal audits.

Mr. Martin answered yes, that it is Ms. Youssouf and my favorite sort of thing that lessons learned from one gets spread throughout the rest so we can ensure it is not replicated.

Mr. Telano continued onto to page six of the briefing. This was an audit of Service Grants Management at New York City Health + Hospitals/Lincoln. He asked for the representatives to approach the table and introduce themselves. They did as follows: Mahendra Patel, Grants Management, Central Office; Cheryl Simmons-Oliver, Senior Associate Executive Director, Public Affairs at Lincoln; Elisa Estrada, Grants Management, Lincoln; Barbara Marrero, Human Resources Director, Lincoln; Robert Bochicchio, Director of Finance, Lincoln.

Mr. Telano said that I will go over the findings first and then get your comments. The first comment, on page six is that Corporate Grants Management does not maintain a master list of all grants throughout the corporation. We found also that they do not maintain copies of contracts, that they were located at various departments within the Corporate Office and within Lincoln.

We also noted that one contract agreement was negotiated and agreed upon by the Finance Assistant Director at Lincoln through the New York State Grants Gateway System, and there was no documentation provided to Corporate Grants Management or any other party regarding this grant. We also noted that funds were not being expended on many of the grants, some until the final month of the quarter of the reporting period. As a result there were some vacant positions up until ten months into the 12-month grant period. We also had \$290,000 in grant funds not used for six service programs.

Moving on, we found that contracts were not finalized in a timely manner. Seven of 23 programs reviewed were operating six through 24 months without a fully executed contract in place.

Turning to page seven, all grant applications were submitted on the actual application deadline date rather than two weeks prior. As a result, a grant application was denied due to an incomplete proposal and failure to adhere to grant application guidelines.

Ms. Youssouf stated that we don't need everyone to speak, but whomever you feel is most appropriate to explain what you are doing to correct these items, please.

Mr. Anantharam said let me open up on the corporate side. Most of the findings are on the corporate level, and Mr. Patel is here from Finance Office to add commentary when needed. I agree on all these issues with the Audit Department about having it take place at Central Office where all the contracts reside. The issues of not spending all of the money for lack of personnel is something that we have to fine tune in our process as we currently go through our attrition program and trying to ensure that we do not lose personnel, which actually produce revenues and at the same time have grant allocations.

Ms. Youssouf asked if that is Finance's responsibility.

Mr. Anantharam responded that the process that we currently have in place on looking at where attrition happens and where we hire goes through a review process between Finance and Operations to identify those that are critical hires and are necessary to come on board. Most of the focus on the critical hires have been on health and safety issues and also in areas where we need primary care physicians and Behavioral Health staff. We haven't focused on administrative staff as much, so we need to fine tune that process and ensure that some of that requirements of having a reduced staffing level also results in the facilities not requesting staff. We need to go through a process of ensuring that the communication between us and the consumers is clear on how going

forward we need to do hiring. I don't expect that to be a solution we will have in place tomorrow but in the ensuing months for certain.

Ms. Youssouf asked for clarity concerning these grants.

Mr. Anantharam answered that the grants go through a process of review by the Finance Division.

Ms. Simmons-Oliver added that we want to thank the Audit team for helping us identify weaknesses that were in existence in our granting process. I along with my team are new to HHC and with the audit team we were able to put together what we felt would be an effective action plan to address the needs that were identified for us. I have with me my Grant Manager, Ms. Estrada and she is going to actually speak about our new policy and procedure, and we brought an end line, part of our corrective action plan, it was to come in line with the policies and procedures that are in existence.

Ms. Estrada stated that this in response to C-1. To extend my current policy, I am going to schedule a program application huddle to take place every two days to review the progress or any element to the progress in any of the areas. The participating teams in the huddle will be the fiscal analyst, the program manager, an HR representative and myself. I'm going to be using a monitoring report to control and monitor the various aspects of the grant application process, and if any holdup occurs, it will be escalated to Central Office. I'm also going to be meeting on a routine basis with the Associate Executive Director who manages the Grants Department at Lincoln to review and discuss the application process.

Ms. Youssouf said thank you for taking swift and personalized action to putting something in place. We appreciate that very much.

Mr. Telano continued with page eight, an audit of the Surgical Solutions contract was conducted at Bellevue. Mr. Paul Albertson will come to the table to discuss this.

Mr. Albertson introduced himself as Vice President of Supply Chain Services and Operations.

Mr. Telano reported that overall we noted inconsistencies during our review of the cost analysis for the contract and billing for procedures conducted by Surgical Solutions. We also found a lack of documentation and inadequate controls related to the payment of invoices and staff personnel files.

Mr. Albertson commented that our Supply Chain Services Office assumed the responsibility for the contract this summer. Our standard Supply Chain practice is, whenever we have a large dollar contract vendor that we have regular business meetings with them. We started that with Surgical Solutions this summer to be able to start standardizing their business practices as the agreements are facility-based and there is unevenness between them all. With the responses from the Internal Audit Offices, we also found some other opportunities that helped us to better understand some of the other practices that are taking place. To be able to standardize this in all the business and clinical practices, Mr. Joe Wilson, who leads our Strategic Sourcing for Supply Chain, has a monthly meeting with a multidisciplinary team from all of the facilities who have Surgical Solutions operating within their offices where we are standardizing the metric, the services, the staffing process, and also the procedure.

Our anticipation is that in January, we will finish our standardized approach, and then we will have a meeting with Surgical Solutions together with all of our clinicians. Then we will begin standardizing the practice and then having monthly reports that we will be receiving on the metrics as it relates to all of those various issues that Mr. Telano's team has pointed out. I think it's an opportunity for us to really get more synergy on the practices, and it will also help us answer some of the questions that are still out there as it relates to their overarching value and the return to us in that system.

Ms. Youssouf said that that's great and I know you have been working on this for a while. I would like to request that maybe in January you come back with a brief presentation to the Audit Committee about what system you put in place and what you found out if it's January or February, whatever is appropriate.

Mr. Martin asked if they were meeting in January. To which Mr. Albertson answered yes.

Ms. Youssouf stated that perhaps February is better, but I'm really happy that frankly it's all now coordinated and somebody is really doing the oversight that we are supposed to be doing on such a large contract.

Mr. Telano continued with the last report on fixed assets at East New York. He asked for the representatives to approach the table and introduce themselves. They did as follows: Elsa Cosme, Chief Financial Officer for Gotham Ambulatory Care; Mr. Anthony Manwaring, Controller; Michele Lewis, Interim Administrator.

Mr. Telano reported that the first finding has to do with the previous deputy executive director. She was approving purchases for items that were used in her own office. We found furniture totaling almost \$18,000 in which she approved for herself. Moving on to part B, we found that there was minimal controls over the fixed assets as it relates to the financial aspect of it. We could not locate two items, a 50" flat screen television and a laptop that were both purchased in 2015. Seven items were not in the location of the financial fixed asset management report, and three items did not have proper tags, and lastly we found \$121,000 worth of expenses that should have been capitalized instead of expensed.

Ms. Cosme stated that I'm the new CFO for the whole Gotham facility. What I'm doing is standardizing and creating a standard process to take it across all six facilities so that we can all start looking at things at the same time, reviewing, seeing the problem and fixing it, so I thank you for this. I was not part of the audit, but when the comments and the findings came out I was at Gouverneur and right away I called everybody in finance at the facilities so they can see what is being presented and how we can fix it.

We have done a few things. In terms of the first finding of the approval process, we have already created an approval pathway where we have Mr. Steve Ballstein and Sarah Killian to be the last or the final approval for anything. I am approving and reviewing the accounts and making sure that it is appropriate, that we know it is a fixed asset sum. Some of the facilities are not aware, so we did an educational on what is the cost, why should they be a fixed assets versus a miscellaneous code for it, so we already went through that process.

We gave each of the facility managers a chart of accounts so they can actually go back with a description of everything, and we are going to be talking to them on a quarterly basis so they know what we have, and we are going to start also reviewing all facility costs to ensure that if we miss something in the process, we can catch it and re-class it before we get into audit. That is what we are trying to do and we appreciate it, and I know many people say Internal Audits is our best friend...trust me, I do believe that.

Ms. Youssouf said thank you and I am very glad, and I understand that the change in the senior management related to these issues has gone really well, and we welcome the new team and thank you very much.

Mr. Telano said that that concludes his presentation.

Compliance - Wayne McNulty - Chief Corporate Compliance Officer

Mr. McNulty saluted and introduced himself as Wayne McNulty, Chief Corporate Compliance Officer. He reported that I'll start with page three of the Corporate Compliance report. The first week of November, November 6th through November 13th, was National Corporate Compliance and Ethics Week. The theme for this year's Corporate Compliance and Ethics Week was provide, protect and prevent. Provide the tools necessary for training all NYC Health + Hospitals workforce, protect NYC Health + Hospitals from costly compliance and ethics mistakes and prevent wrongdoing at all levels at NYC Health + Hospitals. During Compliance Week, educational events took place throughout the System. We would like to thank all workforce members system-wide for participating in Corporate Compliance and Ethics Week.

If you turn to page five of the Corporate Compliance report, we had one excluded provider. Since the last time we presented before the Audit Committee, on November 8th we learned that there was one individual that was excluded from the Office of the Inspector General's list of excluded providers. The person was a nurse. The nurse had lost their license in Texas, and therefore they ultimately became present on the OIG excluded list. Right now the nurse is on administrative leave, and if it's not resolved within 75 days, will be separated from services.

Mr. Brezenoff asked to give that time frame again. Mr. McNulty responded that there is 75-day period where we allow them to cure whether or not the exclusion is a mistake, but during that 75-day period they cannot work.

Ms. Keller asked if they get pay. To which Mr. McNulty responded no.

Section three on page five, privacy incidents and related reports for the third quarter of CY16. For the third quarter of calendar year 2016, we received 30 reports of privacy complaints, and we determined that 13 were violations of the privacy operation

procedures, and out of those 13, four were breaches of protected health information. One of the breaches of protected health information that is significant that we would like to discuss here is on the bottom of page six, paragraph six, and occurred at Coney Island Hospital. We were informed that at Coney Island Hospital that five employees inappropriately accessed the record of a person of public notoriety. Once we performed an investigation, we noticed there was no business purpose for such access, and the employees have been retrained, and we are also looking at disciplinary action for the employees that were involved.

Turning to the next incident, it occurred at Bellevue Hospital Center. We learned that a patient was in possession of three charts in their locker.

Ms. Youssouf asked a patient or an employee?

Mr. McNulty answered an employee's locker.

Hospital Police were performing a non-related investigation of an employee and when they went into the employee's locker, they discovered three patient charts in that locker that did not belong to the employee. One was the record of the employee's significant other, and one was the record of the employee's son and one was the record of the employee medical record. That particular employee had to be disciplined, and that was a breach of protected health information. The employee was terminated.

Ms. Youssouf asked if the prior group have physical copies of the charts. To which Mr. McNulty answered no, the prior group accessed the records inappropriately.

Mr. McNulty stated that we do audit checks regularly on patients, especially patients of notoriety to see if anyone has accessed the record inappropriately. If they are not part of the treatment team or the direct administrative team that assists that treatment team, they have no reason to access that record.

At Lincoln Medical and Mental Health Center, a minor that was scheduled for an appointment received the wrong appointment slip, and therefore we have provided breach notification to the patient whose information the minor and the minor's parent came in contact with.

At Harlem we had a more serious matter. We had an attending physician that permitted a non-workforce member, particularly his wife, to be present during a procedure, which is a breach of protected health information. We have further investigated this incident. The physician no longer works at the facility, and we are consulting with Legal Affairs as to whether it's appropriate to refer this to the Office of Professional Misconduct.

Next outlined the compliance reports for the calendar year 2016 third quarter. We received 93 compliance complaints during the third quarter. One was a priority A report, which is a report of great significance. We had 44 priority B and 48 priority C. This is an ongoing investigation, so we cannot discuss the details of that particular complaint, and I just want to turn to page ten just to highlight that we received over 54 percent of our compliance complaints through our confidential compliance help line where employees can report compliance issues anonymously.

He continued in his report with an update on the information governance and HIPAA privacy operating procedures. Under 45 CFR 164.316, we are required to promulgate HIPAA operating procedures and to routinely update those operating procedures. There are also consistent regulations under New York State law that require the same. So we performed a review of all existing HIPAA operating procedures, and concluded that there were three operating procedures that required revision. One the breach response and notification operating procedure, and the second one was the minimum necessary operating procedure, which means that when we disclose information for any purpose that it's the minimum necessary in light of reason and disclosure. Third is business associate agreements, which means that whenever we do business with business partners and they have our protected health information that they secure that information. Those are the three operating procedures that we believe although currently meet the legal requirements that they can be updated for control purposes, and we have started the process of updating those procedures, and 16 they should all be updated before the end of 17 the month.

He also reviewed the compliance operating procedures specifically, the Corporate Compliance program, and we are revising operating procedure 50-1, which governs the compliance and ethics program throughout the System. We also are revising the Corporate Compliance plan.

In conclusion, he informed the Committee that his office is looking at operating procedure 120-19, which is our Records Management program to see whether or not that requires updating, and we will brief the Committee on the same in February.

Ms. Youssouf then called for the executive session.

In open session, Ms. Youssouf stated that matters that were confidential and related to patient care and quality assurance as well as ongoing investigations were discussed.

Capital Committee – January 23, 2017

As reported by Mr. Mark Page (Written Submission)

Committee Members Present: M. Page, G. Campbell, B. Rosen, J. Bolus, S. Brezenoff

Vice President's Report

Ms. Roslyn Weinstein advised that the meeting agenda would include various license agreements for space occupied at the facilities, two resolutions for purchase of ambulances on behalf of the Fire Department of the City of New York, and an update on Federal Emergency Management Agency (FEMA) funded projects throughout the system.

Action Items

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 and the Academy of Medicine, Inc. (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.

Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center and Home, read the resolution into the record.

Mr. Mascia advised that the organization, founded in 1806, was comprised of physicians throughout the borough of Staten Island. Their mission is to extend medical knowledge and advance medical science, elevate the standards of medical education, encourage dialogue and enhance relationships with the public.

Mr. Mascia noted that the space where they are located, within the Robitzek Building, would not otherwise be occupied.

Mr. Page asked if the space couldn't be used for facility administrative functions. Mr. Mascia said that space would be too small to accommodate the needs of the facility.

Mr. Page asked if Mr. Mascia could summarize the organizations' functions. Mr. Mascia said they were a medical society, like each of the boroughs have, doing the same work, and working towards the same goals as the others.

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

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

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to 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.

Robert Hughes, Executive Director, Coler Rehabilitation and Nursing Care Center, read the resolution into the record.

Mr. Hughes explained that an agreement for the utilization of 200 square feet to operate communications equipment had been in place since 2009, and that the new agreement solely increased the occupancy fee, which included annual increases of 3% for a new per-square-foot charge of \$318 for the first year, or \$337,725 over the term.

He noted that the equipment, which was composed of antennas and global positioning satellite units, and complied with Federal statutes for safety.

Mr. Page said that he appreciated the revenue, but asked if there was other benefit to Coler. Ms. Weinstein said that the equipment will provide better service for individuals with that carrier service.

Mrs. Bolus asked if the community was aware that the equipment was on the roof. Ms. Weinstein said she did not believe so.

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 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.

Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center, read the resolution into the record.

Mr. Nunez explained that the equipment allowed Sprint to provide improved service to the people of the Bronx.

Mr. Page asked if the equipment provided a benefit to the facility. Mr. Nunez said that in addition to the revenue it provided, it would improve service to community members that utilized that service.

Mrs. Bolus asked if there was anything harmful in having the equipment there. Mr. Nunez said that the equipment met all federal standards and regulations, and provided no risk.

Gordon Campbell, Vice Chair, Acting Chairman of the Board, asked whether providers reach out to Health + Hospitals or do we reach out to them. Mr. Berman said the companies reach out to Health + Hospitals, looking for a large rooftop space, with some height, and our buildings fit that need.

Mrs. Bolus asked if the added equipment allowed small providers to tap into it for service. Ms. Weinstein said she was unsure, but would look into it.

Mr. Page asked if companies ever paid a lump-sum payment in lieu of monthly payments. Dion Wilson, Director, Legal Affairs, said that there were companies that had offered to do so but Health + Hospitals held monthly payment arrangements. Mr. Berman added that monthly payments allow for termination of the agreement, whereas a lump sum would make that more difficult.

Mrs. Bolus asked if there was certain square footage allotted. Mr. Nunez said yes. Mr. Page asked if anyone checked that the appropriate space was being utilized, and not more. Mr. Nunez said yes.

Mr. Page expressed some concern as to the drain it puts on Health + Hospitals to oversee, maintain and negotiate these agreements. He asked if there were ways that would require less oversight and maintenance and asked that the team think about that. Mr. Berman said he understood and there were discussions underway on how to minimize the workload on Health + Hospitals.

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 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.

Alina Moran, Executive Director, Metropolitan Hospital Center, read the resolution into the record. Ms. Moran was joined by Susan Ohanesian, Chief Executive Officer, Center for Comprehensive Health Practice.

Ms. Moran explained that CCHP, a not-for-profit organization, had been providing care for the community for over 50 years. They serve as a DSRIP partner for the system, and this request is to allow them to continue to operate out of space at the facility. Ms. Moran noted that a Fair Market Value (FMV) assessment had been done, and the requested occupancy fee was within the range.

Bernard Rosen, member of the Board of Directors, asked if this was the only site at which the CCHP occupied space. Ms. Moran said yes, this is the only site within the system.

Mrs. Bolus asked how the program differed from similar services provided and Health + Hospitals facilities, who offer substance abuse treatment, like Bedford Stuyvesant. Antonio Martin, Executive Vice President, said that this program is different in that services are based on a staff intensive model. Ms. Moran confirmed, explaining that the facility also provides similar services but the delivery method is more comprehensive.

Mr. Page asked how referrals were handled. Ms. Moran said that most patients at Metropolitan are walk-in patients and most patients seen by CCHP are referred by Children's Services, or other community based organizations. CCHP provides primary care and behavioral health, but Metropolitan provides all other specialty services. Admissions to CCHP come through Metropolitan, as well as other ancillary services.

Mrs. Bolus asked what four programs the CCHP runs. Ms. Ohanesian explained that CCHP managed three methadone maintenance programs, one specializing in pregnant addicted mothers and women, and one regular outpatient program that services individuals not on methadone and their families.

Mr. Berman explained that while Metropolitan did provide substance abuse treatment, the services offered by CCHP were based on a different model and were more comprehensive for a more specific patient. It is staff intensive and social work intensive, which Health + Hospitals does not do. Ms. Ohanesian agreed and noted that the East Harlem community was one of the highest need neighborhoods and there were unfortunately enough patients to go around.

Mr. Page asked how the program was funded. Ms. Ohanesian stated that Federal and State funding and reimbursements through Medicare, Medicaid and Insurance covered the majority of needs and some fundraising was done as well.

Mr. Page asked if CCHP was happy with the relationship with Health + Hospitals. Ms. Ohanesian said yes. Our expectant mothers often prefer to deliver at Metropolitan and that allows for continuity of service, and continuation of the relationship, as they can be visited by staff and easily return to the program. We use their radiology department, have special hours in the surgery clinic, and use a number of their services, which we feel greatly benefits us.

Mrs. Bolus asked if billing was done through Health + Hospitals. Ms. Moran said yes.

Mrs. Bolus asked if this model should be followed by Health + Hospitals. Mr. Martin said that would be difficult to do, and this was a unique program and relationship but it could be investigated.

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 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.

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.

Dean Moskos, Director, Office of Facilities Development, read the resolutions into the record. Mr. Moskos was joined by Steven Rush, Fire Department of the City of New York.

Mr. Rosen asked if this approval was for Fiscal Year 17 or 18. Mr. Moskos explained that there were two resolutions, one for FY 17 and one for FY 18. He noted that receiving approval in advance would allow for funding to put in place and allow for purchase order submittal and other processes.

Mrs. Bolus asked when the most recent purchase was done. Mr. Moskos said that in April, 2016, the Committee approved purchase of 132 ambulances.

Mrs. Bolus said the cost seemed higher than previously, and asked why. Mr. Moskos said that there were some improvements in the new ambulances. Mr. Rush explained that new “stealth” technology was included, which allowed for energy saving ambulances. They are able to stay functional while parked but not idling. Ms. Weinstein noted that there are a number of issues/complaints that come from idling ambulances and this would be a great improvement.

Mr. Page asked who was responsible to maintain the equipment. Mr. Rush said the Fire Department contracts for that. He added that the FDNY was in discussion with the New York City Office of Management and Budget (OMB), to increase the size of the fleet.

Gordon Campbell, Vice Chair, asked if there was a way that these resolutions could be presented in a multi-year fashion to eliminate the need to bring them to the Board every year, sometimes multiple times a year. Ms. Weinstein said that would need to be discussed with OMB. Mr. Page said he would appreciate that.

Mr. Moskos explained that a new need request is submitted by Health + Hospitals, as part of the pass-through. Mrs. Bolus and Mr. Page asked that this process be reviewed. Mr. Campbell asked that Ms. Weinstein report back to the Committee, regarding this discussion, at the February or March meeting.

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

On motion by the Chair, the Committee approved the resolutions for the full Board’s consideration.

Information Items

Update: FEMA Projects

Ms. Weinstein shared a power point presentation outlining progress on FEMA projects throughout the system. She explained that, to ensure reimbursement from FEMA, Health + Hospitals must return to FEMA and present any changes made to previously approved designs. With this in mind, we have extended the timeline for some projects, anticipating that FEMA review and approval may take longer than originally planned for. We are preparing to submit a change regarding the wall around Bellevue and that requires FEMA approval. Design and integration of the new wall, which will attach to the New York University (NYU) wall and the Veteran’s Association (VA) wall, a change from the original design for a wall around Bellevue.

Mrs. Bolus asked whose FEMA dollars would be used for this wall. Ms. Weinstein said that our dollars would be used for our portion of the wall but the VA and NYU were paying for their portions.

Mr. Rosen noted that NYU had completed much exterior work already and asked how the Health + Hospitals wall would connect. Ms. Weinstein explained that NYU had built their wall and attached it to the building but there would be connections underground, if not above, between NYU and Health + Hospitals and plans to ensure that Department of Environmental Protection regulations were met.

Mrs. Bolus asked how the Waterside housing would be protected. Ms. Weinstein said she assumed they were working on their own protection but she was not sure.

Mr. Campbell asked how the VA got a lead on spending, as they had already begun construction. Ms. Weinstein explained that they did not have to go through the FEMA program, they go directly to Congress and get their dollars.

Mr. Page asked if there was any way the Health + Hospitals could have worked through the VA to expedite our process. Ms. Weinstein said she did not believe so, the FEMA expert would have suggested that.

Mr. Page said that as he understood it, there were multiple groups tying into the same wall and asked about coordination for managing and maintaining the wall. Mr. Berman explained that the Mayor's Office of Resiliency would be coordinating with all parties to ensure that is addressed. Whether it would be a particular agency or the City itself, there will be a plan for maintaining.

Mr. Rosen asked what would happen if there were a storm today and we didn't have the wall complete. Ms. Weinstein explained that electrical had been moved to higher elevation, hardening basements and elevators, and other vulnerabilities have been addressed during emergency and priority mitigation work. She noted that Coney Island hospital had muscle walls and barriers ready for use.

Mr. Rosen asked if FEMA needed to approve additional spending or changes in design. Ms. Weinstein said changes in design.

Mrs. Weinstein explained that Health + Hospitals seeks approvals prior to work with the understanding then when the approved work is complete we will be reimbursed. If changes are not approved or designs are varied from the original approvals then we would be at risk.

Mr. Rosen asked who approved schematic designs. Ms. Weinstein said that Gary Guttman, Director, Office of Facilities Development was the first internal layer of approval. Mr. Rosen asked if he was an engineer. Ms. Weinstein said he was an architect. Mr. Rosen said that was good.

Ms. Weinstein advised that a Construction Manager (CM) contract had been awarded to Turner Construction for work at Coney Island, and the design firm NBBJ has completed programming, and were preparing schematic documents. At Coler Hospital, Arcadis had prepared options for flood mitigation, as Base Tactical prepared revised Project Worksheet (PW) based on mitigation options. At Metropolitan Hospital, Stantec was awarded the design contract for the wall and CM selection had been completed and EDC was negotiating the contract. At Bellevue Hospital, Arcadis completed the report for flood mitigation options and Base Tactical was working on amending the PW to incorporate multiple mitigation solutions.

Ms. Weinstein noted accomplishments from the previous six (6) months; awarding 1st Priority Mitigation Project (PMP) contract for construction at Bellevue, the Civil Roadway / Loading Dock; Awarded Metropolitan Major Work Design contract; Health + Hospitals executed Construction and Renovation Project Labor Agreements; Coney Island protected by HESCO barriers; and, the 1st PMP contract for construction at Coney Island awarded, for 1st and 5th Floor.

Mr. Page asked if a huge storm came in right now, would we be protected. Ms. Weinstein said our Emergency Rooms located on the ground floor will continue to be a risk factor, but numerous other mitigation measures had been put into place.

Mrs. Bolus asked if she was confident there wouldn't be any issues with approvals. Ms. Weinstein said she always worries a bit but the competent team gets her through it.

Ms. Weinstein noted that approvals had been expeditious in coming and she hopes that continued.

Ms. Weinstein shared a graph of dollars to date; committed, paid, and reimbursed. Mrs. Bolus asked if there was much opposition by FEMA. Ms. Weinstein said no but we have an amazing team, doing a lot of work; Finance, Office of Facilities Development, Economic Development Corporation, and others.

Mr. Page asked whose money was being used to pay and who was awaiting the reimbursement. Ms. Weinstein said the City of New York Office of Management and Budget (OMB).

Community Relations Committee – January 10, 2017
 As reported by Mrs. Josephine Bolus, NP-BC (Written Submission)
 Committee Members Present: J. Bolus, R. Nolan, S. Brezenoff

Chairperson’s Report:

Mrs. Bolus opened the meeting by wishing everyone and their families a prosperous and healthy New Year. Before presenting her report Mrs. Bolus asked that special recognition be given for Mr. David Weaver, longtime Harlem CAB Chair, activist and CABs Council representative, who recently passed away. Mr. Weaver’s highly articulate, incessant and sometimes independent, even singular, advocacy for NYC Health + Hospitals/Harlem, as well as for the entire system, will be deeply missed. We especially appreciated David’s personally as a colleague with unique community connections, with a remarkable and unavoidable sense of urgency, and through it all, with an unforgettable sense of humor. Mrs. Bolus asked that a moment of silence be given in memory of David Weaver.

Mrs. Bolus began her report by highlighting key NYC Health + Hospitals’ events that occurred since the September 13, 2016 meeting. She reported the following:

- Thanked the Council of CABs, NYC Health + Hospitals’ leadership, facility staff and all of our CAB Chairs and members for their participation and support at the annual CAB Educational Conference that was held on Friday, November 4th at Baruch College’s Vertical Conference Center. Mrs. Bolus noted that the theme of the conference was “Transforming NYC Health + Hospitals and the role of our CABs,” which was both fitting and timely to help the CABs to better understand how all the various transformation initiatives fit together. She added that at the conference, Dr. Ram Raju gave the key note presentation which focused on his 2020 Vision and the trajectory of NYC Health + Hospitals’ transformation. She continued and noted that Mr. Martin, NYC Health + Hospitals, Executive Vice President/COO discussed the imperative of the system’s shift from a network structure to a renewed focus on service lines. He introduced the new service line senior vice presidents including Mr. Bussey, Chief of Ambulatory Care Services; Mr. Gannotta, SVP, Acute Care Services; and Mrs. McClusky, SVP, Post-Acute Care Services. She added that each [SVP] shared their vision for their respective service lines.
- Mrs. Bolus congratulated Ms. Sylvia Lask of NYC Health + Hospitals/Jacobi CAB for being awarded the first Agnes M. Abraham Humanitarian Award at the CAB Conference. Mrs. Bolus noted that this award recognizes and honors outstanding civic and humanitarian work of CAB members, in memory of NYC Health + Hospitals’ dear friend and advocate, Agnes Abraham.
- A series of twelve community engagement meetings titled “The Future of Health Care in NYC” were held during November and December to gather community members’ perspectives on ways that the health care system can redesign care to meet or exceed its expectations of service and quality. She added that these forums were held at health care centers or locations near NYC Health + Hospitals facilities and included three focus groups conducted by the New York Immigration Coalition. She continued and noted that at these meetings, attendees heard presentations from NYC Health + Hospitals’ representatives and attendees were encouraged to offer their views on the services they felt were needed in their communities. Attendees provided recommendations including the need for pop-up clinics offering immunizations and screenings, shorter wait times and expanded hours for ambulatory care, and improved communication and care coordination between departments and facilities.
- Joined Dr. Raju, Former President and CEO of NYC Health + Hospitals and other city government and health care leaders to break ground for a new NYC Health + Hospitals/Gotham Health ambulatory care facility located on the North Shore section of Staten Island. She added that this 18,000 square-foot facility located at 155 Vanderbilt Avenue is scheduled to open in the fall of 2017 and will offer comprehensive primary medical and mental health services for children and adults.

Mrs. Bolus concluded her remarks by asking the Committee to give a warm welcome to Mr. Stanley Brezenoff, Interim President and CEO.

Interim President’s Remarks:

Mr. Stanley Brezenoff greeted Committee members, CAB Chairs and invited guests. Mrs. Bolus noted that Mr. Brezenoff is no stranger to NYC Health + Hospitals he served as President during the 1980’s. He then reported the following:

- NYC Health + Hospitals is the most important institution in New York City and at the heart of the city's historic commitment to treat all patients regardless of their ability to pay.
- First 30 days spent on the challenges and making it clear that NYC Health + Hospitals will remain true to its historic mission. Mr. Brezenoff noted that NYC Health + Hospitals joined with the Office of Immigrant Affairs to reiterate to our immigration population that NYC Health + Hospitals will honor their rights to privacy.
- Joined Brooklyn elected officials at NYC Health + Hospitals/Woodhull in support of the Affordable Care Act. Mr. Brezenoff noted that his participation was an effort to demonstrate overwhelming support for the Affordable Care Act to demand that the provisions are maintained for those in need. He added that NYC Health + Hospitals is engaged in enrolling large numbers of individuals who are eligible for coverage under the Affordable Care Act but have not availed themselves. He noted that NYC Health + Hospitals target is to enroll 50,000 new individuals.
- Mr. Brezenoff concluded his remarks by asserting that he has described himself as part of a marathon race that Dr. Raju, former President has won and now has passed the baton. He added that his role is to continue in the efforts to safeguard, enhance and bring NYC Health + Hospitals into the decades ahead while staying true to its mission.

Community Advisory Board (CAB) Annual Reports

NYC Health + Hospitals | Elmhurst

Mrs. Bolus introduced Ms. Eartha Washington, Chairperson of NYC Health + Hospitals/Elmhurst and invited her to present the CAB's annual report.

Ms. Washington began her presentation by thanking members of the Committee for the opportunity to present the Elmhurst CAB's annual report. She presented the following summary:

- EPIC was successfully launched due to the dedication and commitment from the leadership team to the frontline staff.
- MY CHART is actively being promoted to Elmhurst patients.
- Elmhurst CAB members are pleased with the appointment of Mr. Israel Rocha as the CEO. She added that Mr. Rocha has demonstrated a strong commitment to working with the CAB and the community.
- December 2016, representing the CAB, she participated in the Senior Leadership Strategic Planning Retreat. She added that six (6) work groups were established: Optimization, Patient/Family Experience, Clinical Excellence, Growth and Innovation, Workforce Development, and Community Engagement. Ms. Washington noted that members will be informed of the work group's progress during the CAB's monthly meetings.
- Emphasized the importance of the expansion of the Emergency Department (ED). Ms. Washington stated that "it's important that this project moves forward so that the ED is providing optimal services to the Elmhurst community."

Ms. Washington concluded her presentation by thanking Mr. Rocha, Mr. Zimmermann, Ms. Gull and Dr. Moshirpur for their dedication and commitment to the hospital and the community.

NYC Health + Hospitals | Queens

Mrs. Bolus introduced Ms. Jacqueline Boyce, Chairperson of NYC Health + Hospitals/Queens and invited her to present the CAB's annual report.

Ms. Boyce began her presentation by introducing herself and thanking the Committee for the opportunity to present the NYC Health + Hospitals Queens' CAB report. Ms. Boyce continued and highlighted the following:

- NYC Health + Hospitals/Queens had concluded a very busy year serving the community's patient population.
- The hospital is preparing for its upcoming Joint Commission Triennial Survey, which is expected to occur anytime between now and the end of February. Ms. Boyce noted that during this time, a renewed emphasis had been placed upon fulfilling The Joint Commission's National Patient Safety Goals. As always, the focus is on addressing specific areas of concern which will improve patient safety.

- In September welcomed a new CEO, Christopher Roker, MBA, a native from Saint Albans, Queens. Ms. Boyce added that Mr. Roker was chosen for his more than twenty years of healthcare experience and extensive background in operations, maximizing revenue, enhancing patient services, and increasing productivity. She added that Mr. Roker's experience in managing healthcare organizations includes his tenure with MetroHealth Systems in Cleveland, Saint Barnabas Hospital in The Bronx, Beth Israel Hospital in Manhattan, and Parkway Hospital in Queens.
- NYC Health + Hospitals/Queens was one of only two hospitals in New York City to receive an 'A' grade from The Leapfrog Group, a national patient safety watchdog. She explained that Leapfrog's Hospital Safety Scores assess hospitals nationwide using thirty evidence-based measures of hospital safety. The Leapfrog Group is the only independent ratings program that focuses solely on how effectively hospitals keep their patients safe.
- NYC Health + Hospitals/Queens introduced GO-EMR, a new electronic medical record. She continued and noted that it also provides patients with a free, convenient and secure tool called MyChart that will make it possible for patients to manage their health information online at any time.
- Informed the Committee that many members of the CAB are themselves consumers of Queens Hospital, and have a vested interest in making sure that problems get resolved and patients get the best treatment possible when they're at the facility.
- Ms. Boyce concluded her report by reiterating her commitment to continue to work closely with other CAB members and to do everything within her purview to make a difference at NYC Health + Hospitals/Queens.

NYC Health + Hospitals | Coler

Mrs. Bolus introduced Gladys Dixon, Chairperson NYC Health + Hospitals/Coler and invited her to present the CAB's annual report.

Ms. Dixon began the Coler CAB report by thanking members of the Committee for the opportunity to present. Ms. Dixon continued and acknowledged Mr. Hughes, CEO Coler, Mr. Floyd Long, CEO NYC Health + Hospitals/Carter, William Jones, Sr. Associate Director/ Community Advisory Board Liaison, Robb Burlage, Ph.D., NYC Health and Hospitals Intergovernmental Relations Staff for their supervision, assistance and encouragement. The following overview was presented:

- Chief Executive Officer and the administrative staff had provided essential information pertaining to the facility's operational initiatives and healthcare issues at the CAB's monthly meetings. Met with CEO on a monthly basis and at the administration's request CAB members assisted in the Facility's Ad-Hoc Committee meetings.
- The CAB's activities included: CAB's Council monthly meeting, attended CRC quarterly meetings, Health and Hospital's Public Hearings, Legislative Forums and the Health and Hospitals Council of Community Advisory Boards Conference. Ms. Dixon noted that the Coler CAB also shared best practices, the roles and responsibilities of the CAB with other NYC Health + Hospitals CAB.
- Ms. Dixon concluded her report by stating "as 2016 brought challenges to our Public Health Care System the CAB is mindful that 2017 may create difficulties however; with determination the NYC's Health + Hospitals 2020 transformation will be successful."

NYC Health + Hospitals | Carter

Mrs. Bolus introduced Virginia Granato, Chairperson NYC Health + Hospitals/Carter and invited her to present the CAB's annual report.

Ms. Granato began the Carter CAB report by thanking members of the Committee for the opportunity to present. Ms. Granato shared the following highlights:

- The Board continues to be involved with the facility and the community. March 2016, the CAB held its first Annual Legislative Brunch. Ms. Granato noted the local and state representatives attended and made a commitment to support the facility and the NYC Health + Hospitals.
- The CAB participated in the facility's voter registration drive, as a result, several residents were registered to vote.
- The CAB participated in Health + Hospitals letter writing campaign to Governor Cuomo to support a bill which would make the allocation of Medicaid funds more equitable to Safety Net Hospitals.

- On November 17th, hosted the NYC Health + Hospitals' community forum on "Transformation." Ms. Granato noted that the forum was well attended by the community leaders, faith base organizations and local elected officials.
- CAB members worked closely with Planning Board #11 on a variety of issues such as; zoning codes, affordable housing, employment and employment opportunities for summer students.
- Ms. Granato concluded her report by informing members of the Committee, CAB Chairs and invited guests that Floyd Long, CEO reports monthly on the Health + Hospitals initiatives, facility's strategic priorities, patient experience status and other issues effecting the facility. Ms. Granato continued and noted that under the leadership of Mr. Long and his team, the facility is now a Five Stars rated Nursing Home and a received perfect score Article 28 Survey. She added that the CAB Board is grateful for the assistance and the relationship with Mr. Long and Mr. Jones.

Finance Committee – January 23, 2017

As reported by Mr. Bernard Rosen (Written Submission)

Committee Members Present: B. Rosen, G. Campbell, M. Page, S. Brezenoff | Other Board Members Present: J. Bolus, NP-BC

Senior Vice President's Report

Mr. P.V. Anantharam noted that it was the first meeting in the New Year, and the good news was that the cash position had improved significantly. This was in part due to the receipt of supplemental funding payments, including large UPL payments since last September and a recent \$531 million DHS payment. Other forthcoming supplemental payments through the end of the year included \$240 million (Value Based Payment Quality Improvement Program payment (VBPQIP) and \$163 million Care Restructuring Enhancement Pilot (CREP). More UPL is expected and with the receipt of these funds and payments to the City, at the end of this FY June 30, 2017, Health + Hospitals (H+H) cash flow is projected to be a little over \$100 million. In terms of utilization statistics, Health + Hospital's spending goals are holding steady while revenue projections are not as expected. In terms of headcount, Health + Hospitals is over 200 GFTes where we should be. H+H is retooling efforts, looking at hiring, and scaling back overtime. The facilities continue to look at headcount targets, and those targets may have to be increased. Overall, H+H has decreased over 1800 headcount since this reduction started. The reporting was concluded.

Key Indicators Report

Ms. Krista Olson began with the acute care hospitals, ambulatory care visits were down by 3.4%, compared to last year, and noted that the year-end was flat. Last month, although not reported, the decline was greater at 4.2%. However, it may be too early to determine whether that trend is reversing. Acute discharges are down by 2.7% compared to last year with Kings County appearing to continue a trend of decline from last year currently at 12.5% of which 40% is due to an increase in observation days. The average length of stay comparison of the actual to the expected based on the complexity of the cases is constant, and Kings is higher by .8% of a day and Elmhurst has decreased its average length of stay by 1.3 days above the actual. All of the hospitals have seen a significant increase in the number of patients discharged nearly doubling this year. Long term patients are being transferred to post-acute facilities in lower cost settings. Nursing home days are up 2.1% with Gouverneur opening a number of new beds. The case mix index is up 5.49% over last year, including a change in how detox patients have been coded since October which may have an impact in revenue reporting. Ambulatory care visits at Gotham had a decrease from last year, which was a slight improvement, Renaissance was at -18.1% and Cumberland at -12.9%. Ambulatory Care continues its marketing and outreach efforts.

Mrs. Bolus requested that highlights of major changes in the data be put on the bottom of the report.

Cash Receipts & Disbursements Report

Ms. Michline Farag reported that through November 2016, GFTes have decreased 292 from the end of FY16, with a total decrease of 1820 GFTes since November 2015. In terms of receipts, through November, Health + Hospitals was \$69.8 million less than budgeted due to a drop in utilization while disbursements were slightly better than budgeted by \$631 thousand. When comparing FY17 actuals against FY16 actuals, FY17 receipts were \$68.3 million higher than last fiscal year. Inpatient receipts were \$68.6 million lower than last year primarily due to a decline in Medicaid FFS receipts. Medicaid FFS was down \$108 million due in part to the behavioral health shift to managed care which happened in September last year as well as declines in utilization. Outpatient receipts were up by \$38 million from last year, primarily due to increased managed care receipts from the risk pool. DSH/UPL payments were \$271 million. FY17 disbursements are \$226.6 million less than last fiscal year, mainly due to a \$309 million city payment made in FY16 for FY14 payments due. There is a \$69.8 million decrease in FY17 actuals vs budget which is in alignment with the discharges. Inpatients receipts were down \$46.9 million, due to Medicaid FFS and Medicaid Managed Care. Outpatient receipts were down by \$28 million compared to budget, mainly due to Managed Care at \$24 million in addition to a decline in visits and not meeting the forecasted growth in MetroPlus. Disbursements are doing better with \$631 thousand for actuals which is below budget. The reporting was concluded.

Information Items

PAYOR MIX REPORTS (INPATIENT, ADULT AND PEDIATRICS – 1st QUARTER)

Ms. Olson reported that this is a first quarter report which was run in November 2016. Medicaid FFS has shown a drop of nearly 2 percentage points. There is also a slight increase in commercial due to the Essential Plan. The percentage of uninsured New Yorkers grew from 4.8% to 6.1% with overall applications decreasing. Health + Hospitals is implementing its and City Hall's plan to enroll uninsured New Yorkers for inpatient and outpatient visits. There is upcoming training that MetroPlus will be doing with H+H HCIs, first for Inpatient and then for Outpatient. Site visits to identify process improvements continue.

Mr. Campbell asked if the facilities have specific targets for enrollments of the uninsured. Ms. Olson stated that there are enrollment efforts that are being undertaken H +H in conjunction with MetroPlus that are directly correlated with the facilities efforts as part of this initiative.

Mr. Anantharam added that the Manatt report about a year ago identified enrollment opportunities around Medicaid and other insurers. Health + Hospitals is utilizing MetroPlus and its enrollment and outreach teams, as well as a citywide unit of approximately 34 staff who are focused on outreach and enrollment that includes making calls to those uninsured patients who have come to H+H hospitals. The overall target is approximately 90,000 this year compared to the previous target of 30,000. H+H is also focusing on training on the front-end, including collaborations and engagement efforts that are consistent across facilities with the expectation of increasing the number of insured patients which would allow H+H to bill retroactively for their services within the required 90 days. Additionally, H+H has identified some inconsistencies in its front-end practices for engaging the uninsured that are being addressed in conjunction with MetroPlus. It is anticipated that with these improved efforts there will be significant changes in enrollment in the months ahead in achieving the targets.

Ms. Olson continued the report on the Outpatient Adults payor mix decrease in Medicaid that is primarily offset by an increase in commercial that is related to the rollout of the Essential Plan and a slight increase in Medicare. Outpatient pediatrics had minimal movement and slight increase in Medicaid, commercial and uninsured. However, the trend has remained relatively steady. The reporting was concluded.

SHORT TERM CAPITAL FINANCING – QUARTERLY STATUS REPORT

Ms. Linda Dehart reported that the presentation had been updated with an additional month of data since the last Capital Corp Committee meeting in October. Health + Hospitals has spent \$55 million of encumbered amount of the JP Morgan Chase loan of \$60 million. The Chase loan was converted from a variable rate to a fixed rate in October 2016. There was a noticeable change in the variable rate due to changes in market. The Citibank loan has encumbered \$53 million. Health + Hospitals is working with the City and Office of Facilities Development (OFD) to identify how much of those funds can be shifted to City Capital funds as oppose to drawing down against the loan. SIFMA to-date has been \$23.6 million. This is a revolving loan in that at the mature age which is October 2018 and, at that time, the loan would either be renewed or fixed out in some long term manner.

Mr. Rosen asked what SIFMA was, and Mr. Anantharam noted it is the Securities Industry and Financial Markets Association.

Mr. Rosen asked what the funds from the Citibank loan were used for. Ms. Dehart answered that the funds were utilized for equipment and IT, noting that that the Citibank loan funds were more flexible, and could be used for other financing issues. The reporting and discussion were concluded.

Medical and Professional Affairs Committee – January 23, 2017

As reported by Dr. Vincent Calamia (Written Submission)

Committee Members Present: V. Calamia, MD, J. Bolus, NP-BC, B. Lowe, RN, G. Campbell, S. Brezenoff

Chief Medical Officer Report

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

Delivery System Reform Incentive Payment (DSRIP) Program

- January kicked off the final quarter of DSRIP Year 2 (April 1, 2016 – March 31, 2017). To date, OneCity Health has earned 99 percent of potential performance payments totaling \$185M.
- In December, OneCity Health launched trainings for Care Management staff, beginning with NYC Health + Hospitals/Home Care and community partners, including Village Care, Arch Care and Community Healthcare Network, focused on documenting

care plans and motivational interviewing, which will improve team communication and help patients with prevention and self-management of chronic diseases.

- OneCity Health has trained over 160 NYC Health + Hospital and community partner staff to utilize care coordination and care management software solutions, to help with coordination and integration of patient care.
- OneCity Health began Physician Asthma Care Education (PACE) trainings for physicians at NYC Health + Hospitals/Woodhull, East New York and Cumberland, as well as SUNY Downstate Medical Center, in December. This educational seminar improves physician awareness, ability, and the use of communication and therapeutic techniques for patients with asthma.
- For community partners whom OneCity Health is helping to achieve Patient Centered Medical Home (PCMH) recognition as well as additional primary care partners, OneCity Health will soon host a second learning collaborative which will introduce key concepts in population health management. Nearly 40 community partners attend the first learning collaborative in late 2016.
- NYC Health + Hospitals/Cumberland, Elmhurst, Kings County, Bellevue, and Lincoln, as well as five community partner pilot sites continue their work implementing co-located services for primary care and behavioral health.

Behavioral Health

- The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health and Population Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.
- Maternal Depression Screening: Currently as part of NYC Thrive, 4 sites have formal screening protocols for maternal depression. Screening rates for the 4 sites for December are: prenatal and postpartum 100%; rate of positive screen for prenatal is 10.6% and postpartum is 5.6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%.
- Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services
- Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

Pharmacy

- The Office of Pharmacy Services, in collaboration with the Office of Behavioral Health, is developing and implementing a process for a hospital pharmacy initiated screening, distribution and counseling of Naloxone kits to eligible by patients. This collaboration is targeted to reduce the morbidity and mortality associated with the current national opioid epidemic.
- The system's Pharmacy and Therapeutics Formulary Committee formulary standardization project continues to progress toward a one system formulary
- Supply chain data cost savings, within the first six months of FY17, associated with the formulary standardization project has been reported to be 4,083,080 million dollars on changes made to the less expensive product.
- In collaboration with the Epic Go Team, the Office of Pharmacy Services is in the process of staffing support for the Coney Island Hospital Cutover date that will take place on February 24 - 25. Fifteen pharmacists from across the system will be deployed to CIH to assist the CIH Pharmacy department in conducting primary verification of all the orders transcribed during the 24 hour period of cut over.

OHS

- The Office of Occupational Health Services is collaborating with Human Resources on improving the overall employee experience. All OHS departments have been in-serviced by Raven Carter and they have just begun to collect Press Ganey data from new hires.

DOJ Ends Oversight of Kings County Hospital Psychiatric Ward

- A judge for the Eastern District of New York decided this week that conditions have improved sufficiently in the behavioral health program at NYC Health + Hospitals/Kings County for the U.S. Department of Justice to end its court-ordered oversight of the facility. "In many respects, the behavioral health service has surpassed the requirements of the consent judgment and become a model acute care psychiatric facility," U.S. Attorney Robert Capers wrote in a letter to the court, prior to the judge's ruling.

MetroPlus Health Plan, Inc. Report to the H+H Medical and Professional Affairs Committee

- Total plan enrollment as of December 1, 2016 was 502,399. Breakdown of plan enrollment by line of business is as follows:

| | |
|---------------------------------|---------|
| - Medicaid | 376,579 |
| - Child Health Plus | 14,676 |
| - MetroPlus Gold | 6,093 |
| - Partnership in Care (HIV/SNP) | 4,355 |
| - Medicare | 8,484 |
| - MLTC | 1,391 |
| - QHP | 17,211 |
| - SHOP | 1,023 |
| - FIDA | 167 |
| - HARP | 8,449 |
| - Essential Plan | 62,265 |
| - GoldCare I | 1841 |
| - GoldCare II | 1865 |

Action Item:

Barbara Keller, Deputy Counsel, Legal Affairs presented Vice President of Operation present to the committee a resolution:

Authorizing the New York City Health and Hospitals (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.

Approved for consideration by the full board.

Machelle Allen, MD presented to the committee a 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.

Approved for consideration by the full board.

Strategic Planning Committee – January 23, 2017

As reported by Mr. Gordon Campbell (Written Submission)

Committee Members Present: G. Campbell, S. Brezenoff, R. Nolan, B. Rosen, J. Boufford, MD | Other Board Members: J. Bolus

Information Items:

Update on Transformation - Andrea Cohen, Vice President, Office of Transformation

Ms. Cohen stated that the OneNY report laid out twelve broad strategies to achieve transformation goals that centered around four general categories:

1. **Provide sustainable coverage and access to the uninsured**
2. **Expand community-based services with integrated supports addressing the Social Determinants of Health**
3. **Restructure payments and build partnerships to support healthy communities**
4. **Transform Health + Hospitals (H+H) into a high-performing system**

She said that the four categories were critical bodies of work and from them 12 strategies were developed, and further were subdivided into dozens of work streams that are being developed in some cases with analysis and some are being implemented. Ms. Cohen introduced Mr. Steve Bussey, Chief, Ambulatory Care, who shared with the members some of the work that is currently being done in Ambulatory Care.

Mr. Bussey said that even though it is mainly work centered around Ambulatory Care, this work is being done in conjunction with Inpatient, Post-Acute Care, and OneCity Health initiatives across the system. Mr. Bussey also gave an overview of recent accomplishments and upcoming priorities in Ambulatory Care:

Workforce: Developing standardized model of clinical and administrative staffing, including staff ratios, responsibilities, and skillset.

Mr. Bussey referred back to the conversations about the challenges in Ambulatory Care, and informed the members that one of the challenges was lack of standardization. That this lack was causing issues around staff engagement, processes, and access. The upcoming priorities will be to launch professional development and recognition programs, making sure latest licensure and certifications are maintained.

Mr. Campbell asked when would actual implementation across the Ambulatory Care system in terms of staffing ratios be done.

Mr. Bussey explained that some of that will continue to take place as H+H gets guidance from City Hall, on next steps to be taken. Some of the operational activities that do not require communication with Labor or collective bargaining agreements are already starting to take place. For example, many of the changes are already being made throughout Gotham. In addition, Ambulatory Care has taken-on the responsibility of transitioning Harlem Ambulatory Care Outpatient Division to Ambulatory Care, which is under Mr. Bussey's governance. This transition has been completed. 10 other hospitals are being reviewed for the transition as well. A plan is being established through the Ambulatory

Leadership Council to setup Committees that will take the leading role of processes.

Access: Developing standardized design of provider schedules and templates, with rollout beginning in Gotham sites.

Mr. Bussey explained that another area of inefficiency was that every clinic/site/location has a different scheduling visit templates and this creates a lot of issues in standardization. He also informed the members that a 24-hour multi-site scheduling call center was launched in two boroughs (Brooklyn and Bronx), with Manhattan and Queens scheduled for completion in the next couple of months. It will allow a central location for people to call-in to schedule an appointment and get information across the entire borough. The next step was to get a single phone number per borough. Upcoming priorities are to create 24-hour access nurse triage; establish urgent care centers, based on needs assessment; and launching text-based reminders and online requests for those who sign up for these services.

Mr. Campbell asked how many of these urgent care centers would be established.

Mr. Bussey said that it was still to be determined but there was a significant need for urgent care centers and that the Ambulatory

Care team will be using this opportunity to expand.

Dr. Jo Ivey Boufford, Committee Member, raised the question referring to the previously discussed topic of mapping the existing free-standing urgent care centers considering utilization and sustainability. Was this process still on-going?

Mr. Bussey assured the members that the assessment was ongoing and the strategic decisions and recommendations are being discussed with the City Hall. He explained that from a system prospective, on both Inpatient and Outpatient sites, his team is looking at what services should be provided and where.

Dr. Boufford continued with the question regarding the Brooklyn Plan, put out by the State. With envision of 45 “New Community Health Centers” in Brooklyn, there is maybe an opportunity in terms of financing and/or collaborative planning.

Ms. Cohen addressed the members saying that there is a need to figure out a way to coordinate these plans with Ambulatory Care.

Mr. Bussey added by saying that Ambulatory Care team is not only looking at the financial criteria, they are looking at the services provided and how they can revisit the Care Delivery Model. He added that many other aspects go into consideration including specialty services, like telehealth and concierge services and some conversation needs to take place. Also, we have some NYCHA sites which are not aesthetically pleasing so those sites needs to be addressed as well since they don’t attract people.

Mr. Stanley Brezenoff, Interim President of H+H, addressed the members saying that Woodhull is the closest hospital to the Brooklyn Plan. The H+H has many issues with doing a better job for the patients and population that use Woodhull Hospital, nearly 120,000 people in emergency room. This describes the situation that requires attention as to the development of necessary alternatives.

Mr. Robert F. Nolan, Committee Member, asked a question regarding evaluation and recommendations of the facilities (e.g. Morrisania, Gouverneur). He asked if The Joint Commission (TJC) or another body oversee those facilities and makes recommendations and performs evaluations.

Mr. Bussey explained that The Joint Commission evaluates both Inpatient and Ambulatory facilities. All hospitals and satellites are part of the evaluations. He further explained that all of the H+H sites that are part of FQHC are being reviewed and evaluated by the Health Resources and Services Administration (HRSA) using a nineteen point evaluation system.

Mr. Antonio Martin, Executive Vice President, Chief Operating Officer, mentioned to the members that the conversation took place with Mr. Jeffrey Kraut, Director of Northwell Health, and the agreement was reach to do a joint planning as it relates to the Ambulatory Care sites.

Mr. Bussey continued his presentation:

- **Quality:** Developed standard processes to improve in-clinic flow and patient experience; with rollout beginning in Gotham sites. Gotham sites (esp. Morrisania and Gouverneur) now lead the System in primary care visit cycle time, patient experience scores, and hypertension control. **Upcoming priorities:** Launch of tele-psychiatry services at sites that lack Behavioral Health services today; engineer seamless handoff from the ED to specialists, SNF, and Homecare; launch a phone outreach team to patients based on quality indicators.
- **Patient Growth:** Launching Gold Care program with MetroPlus for 3000 day care workers which had excellent feedback in satisfaction; launch Correctional Health linkage to Outpatient appointments. **Upcoming priorities:** Support MetroPlus’ implementation of “smart auto-assign” of primary care providers.
- **Meeting Community Needs:** Developed a clinical services strategy, including analysis of physical footprint required to meet patient needs; Unified school-based health services under the service line. **Upcoming priorities:** Develop roadmap to create ambulatory care “medical villages” and Centers of Excellence that respond to the most prevalent chronic conditions.
- **Funding Sources:** Gouverneur, Belvis, Morrisania and Cumberland are the first four sites to renew PCMH Level 3 recognition; Secured grants for Cumberland FHQC and Suboxone treatment. **Upcoming priorities:** Complete PCMH Level 3 recognition for the rest of outpatient sites; Take advantage of 340B and wrap rate payments; Secure funding for capital improvements.

- **Culture:** Date-driven performance: Launched Ambulatory Care scorecard and Gotham real-time productivity dashboard; Staff engagement: Completed transformation town hall for all staff across Gotham. **Upcoming priorities:** Reinforce culture through staff recognition and performance appraisal.

Mr. Campbell commented on the culture perspective by saying that many points that were brought up are about standardization. He wanted to know feedback about how staff perceive the culture change?

Mr. Bussey explained that some push back in the beginning is to be expected. People are starting to see the Ambulatory Care team and the Executive Leadership trying to change and enhance culture thru staff recognition trying to empower staff, Leadership being eager to hear what employees' concerns are, the employees are become more receptive. This will lead to a culture-change. It was important to have wins and fix issues to build credibility and little wins lead to big wins.

Dr. Boufford, raised the question regarding the involvement of hospital CEOs in this redesign and change processes.

Mr. Bussey stated that CEOs are very involved in the transition of Outpatient services to the Ambulatory Care team. Ambulatory Care team is working closely with the CEOs to develop the work-plan to transition; they are part of the transition. During the transition of Outpatient services at Harlem, Ambulatory Care team worked with the CEO, CMO and CNO; the Breakthrough team was utilized; challenges were identified and documented. The team is working through the Ambulatory Care Leadership Council to help identify the leads at the respective hospitals. He concluded by saying that it is a change and everyone needs to be on the same page; maximum communication is vital to a smooth transition.

Mr. Bernard Rosen, Committee Member, commented on the number of free-standing clinics that were being established and questioned if it is still on track.

Mr. Bussey stated that a primary care expansion project has 7 new facilities. 2 out of 7 facilities were completed in October, 2016, two additional facilities will be done by the end of this year, and 3 new sites are being build (including Vanderbilt on Staten Island). The construction is going on simultaneously.

Mr. Rosen asked for a confirmation that all Outpatient clinics under acute care hospitals will report to Mr. Bussey.

Mr. Bussey confirmed that they would. He further stated that the Mayor promised 13 new facilities; 7 facilities are in progress and 6 other facilities are being evaluated.

Mr. Rosen also enquired about the hours of operation.

Mr. Bussey explained that it will be based on the community needs, the determination will be made about operating hours including extended hours.

Mrs. Josephine Bolus, Board Member, asked a question regarding FQHCs and if they came under H+H jurisdiction or whether they were free-standing.

Dr. Bussey informed the members that currently six H+H D&TCs and 34-35 satellites were part of FQHC. The Ambulatory Care team is in the process of transitioning the hospitals' satellite locations into the FQHC to maximize the reimbursement rate. The final stage will be to determine if Outpatient Departments at the hospitals should be included. There are some FQHC facilities that are independent but located near H+H facilities.

Ms. Cohen addressed the members saying that over the months of November and December, 2016, H+H has been working with the Community Resource Exchange and the New York Immigration Coalition. 12 forums were held across the five boroughs to engage community. Almost 300 community members participated. Forums were very well attended.

Ms. Cohen informed the members that at the Forums, H+H Executives did a brief presentation giving an overview of the transformation imperatives, explaining the challenges, and discussing what it means for the H+H to try to address or coordinate the resolution to the Social Determinants of Health. Small group discussion took place at some of the events; surveys were distributed and returned. Two organizations that were involved, the Community Resource Exchange and the New York Immigration Coalition, have done some preliminary reporting to H+H about the key findings: Communities are very eager to help H+H to engage in Outreach Health Education and Marketing; communities expressed their concerns and desire around access to services (i.e. cultural competence, ease of getting an appointment, wait time, etc.); issues were raised around customer service

and coordination of care within H+H. Ms. Cohen concluded that many of the major concerns and issues are aligned with what the Transformation team had identified and is already working on. The key findings are fundamental to the H+H Transformation. The Transformation team is working with the Community Resource Exchange on the follow-up sessions and Phase 2 of Engagement in response to what they have learned. One of the issues that was raised several times was that everyone wanted to reduce reliance on emergency rooms for care. They want better Ambulatory and Primary Care services. They are very interested in a holistic approach to health care. She shared the 1st page of the Survey with the members and further stated that it was a very positive activity for H+H and community. She said that the survey results were not compiled yet, to be able to share. She said that the Transformation Office was working on Phase II of designing activities and ways to work with the communities.

Mr. J. Jurenko, Vice President, Intergovernmental Affairs, presented a brief overview of the Forums/Community Outreach. He added that the community expressed the need for additional services on Behavioral Health and Health Education especially in nutrition how it plays into healthcare of patients.

Dr. Boufford asked if the members of the Community Advisory Board were taking an active role in engagement and if they were taking some responsibility in communication with the community? The second question was regarding holistic care, especially health education, nutrition, etc. She asked if other city agencies like DOHMH could be engaged on some of the broader determinants questions. She stated that there is an opportunity for H+H to be engaged early.

Mr. Jurenko explained that H+H was talking to the Community Advisory Boards. One of the goals was to “get outside of our walls” and go further to see what are others in the community thinking. The Transformation team is in communication with other city agencies (e.g. Health Department, Youth Community Development, etc.) and is looking for input on their experiences, how H+H can improve its processes, and other forums the Transformation team can participate in.

Dr. Christina Jenkins, CEO, OneCity Health, addressed the members regarding Social Determinants: OneCity Health have been working hard on creating action plans. Dr. Jenkins’ team will be working alongside the Ambulatory Care team on the configuration, workflows, and processes, once the universal screening strategy for social needs is identified. The coordination across the city is an important piece. OneCity Health team is working with the city’s social service agencies to understand what the highest needs were. For example, data-sharing with Worker Connect that would help social workers understand the available benefits and identify who is already a recipient of what benefit.

Ms. Cohen moved on to the next topic on the update on Enrollment Initiative. She said that it is important that uninsured have insurance coverage if they possibly can. The efforts to enroll our patients is well-developed on the inpatient side but not fully developed on the outpatient side. A major transformation-driven work is being done to standardize and bring the enrollment efforts up to par. There are two important pieces to it: One is within H+H which is focused on improving and standardizing processes across the 17 facilities – 11 hospitals and 6 D&TCs. There are pilots at 3 facilities to coordinate enrollment assistance more closely with MetroPlus, with more facilities to follow. We have financial and other targets to enroll more patients in health insurance. As of 12/31/16, 26,000 patients were enrolled. The other piece is that H+H is coordinating with the Mayor’s major health insurance outreach effort. The City is using its tools to advertise and coordinate across agencies to encourage people to sign-up for insurance.

Mr. P. V. Anantharam, Senior Vice President, Finance, addressed the members and said that when Manatt consulted and performed the review of H+H uninsured patients visits they estimated that over two thirds of those patients could qualify for a health insurance or Medicaid. Manatt had suggested that if H+H insures 20% of those patients, then we could save around \$40 million by 2020. The target for 2017 is to enroll 53,000 patients. Establishing consistencies across the system is very critical. The metrics are being developed to appropriately measure all the activities at every site.

NYC Health + Hospitals’ System Scorecard FY’16 Fourth Quarter Report - Andrea Cohen, Vice President, Office of Transformation

Ms. Cohen shared the System Scorecard results through the last quarter of 2016. Some areas, such as “Patient Experience” and “Access”, continue to present challenges. Some areas like “Hospital-acquired Infections”, “Staff completing leadership programs”, and “EMR budget variance” are higher than the target. Mr. Martin and the senior staff were available to take questions.

SYSTEM SCORECARD CY 2016, Q4

| | LEAD | TARGET Q4 | ACTUAL Q4 | VARIANCE TO TARGET | | PRIOR QUARTER | PRIOR YEAR | TARGET 2020 |
|---|-------------|-----------|-----------|--------------------|---|---------------|------------|-------------|
| Anticipate & meet patient needs | | | | | | | | |
| 1 Out-patient satisfaction (overall mean) | COO | 85% | 79% | -7% | Y | 79% | 78% | 93% |
| 2 In-patient satisfaction (rate-the-hospital top box score) | COO | 65% | 60% | -8% | Y | 61% | 59% | 80% |
| Engage our workforce where each of us is supported & personally accountable | | | | | | | | |
| 3 Staff completing leadership programs | COO | 584 | 839 | +44% | G | 627 | 536 | 1,200 |
| 4 Employee engagement (5 point scale) | COO | 4.1 | 3.6 | -13% | Y | 3.6 | 4 | 4.1 |
| Provide high quality safe care in a culturally sensitive, coordinated way | | | | | | | | |
| 5 Hospital-acquired infections (CLABSI SIR) | CMO | 0.90 | 0.77 | -15% | G | 0.82 | 0.86 | 0.50 |
| 6 DSRIP on track | OneCity CEO | 90% | TBD | 0% | | 98% | 100% | 90% |
| Expand access to serve more patients (market share) | | | | | | | | |
| 7 Access to appts (new adult patient TNAA days) | CMO | 14 | 23 | +64% | Y | 23 | 22 | 14 |
| 8 Unique patients (thousand) | COO | 1,235 | 1,153 | -7% | Y | 1,153 | 1,168 | 2,000 |
| 9 MetroPlus members (thousand) | M+ CEO | 520 | 504 | -3% | Y | 505 | 482 | 675 |
| 10 Patient revenue (proportion of expense) | COO | 63% | 57% | -10% | Y | 57% | 58% | 70% |
| Increase efficiency by investing in technology & capital (organizational reform) | | | | | | | | |
| 11 EMR budget variance | CIO | 0% | 0% | 0% | G | 0% | 0% | 0% |
| 12 EMR implementation on track (milestones) | CIO | 100% | 94% | -6% | Y | 90% | 90% | 100% |
| 13 Contractors performance at service level | COO | 100% | 94% | -6% | Y | 94% | 91% | 100% |
| 14 FEMA projects on track | COO | 100% | 77% | -23% | R | 96% | 92% | 100% |
| | LEAD | TARGET | ACTUAL | VARIANCE | | PRIOR QUARTER | PRIOR YEAR | TARGET 2020 |

Note: Calendar year.

CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period).
 Indicator 4 reflects Q2 (No new survey results). Indicators 1, 2, 10 and 13 reflect Q3, Q4 not yet available.
 Indicator 6, Q4 data not yet available.

G on target
Y trending toward target
R off target

GLOSSARY

| | |
|---|---|
| Anticipate & meet patient needs | |
| 1 Out-patient satisfaction (overall mean) | Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date. Based on data received as of 10.19.2016. QTD totals and subject to update |
| 2 In-patient satisfaction (rate-the-hospital top box score) | % in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date. Based on data received as of 10.19.2016. QTD totals and subject to update |
| Engage our workforce where each of us is supported & personally accountable | |
| 3 Staff completing leadership programs | Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible |
| 4 Employee engagement (5 point scale) | Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average |
| Provide high quality safe care in a culturally sensitive, coordinated way | |
| 5 Hospital-acquired infections (CLABSI SIR) | Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data finalized 5 months after the reporting; most accurate after CMS reporting deadline for the Total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported Jan & Jul. Projected percentage and subject to update |
| 6 DSRIP on track | |
| Expand access to serve more patients (market share) | |
| 7 Access to appts (new adult patient TNAA days) | Average days to third next available appointment for new adult patients (primary care only). |
| 8 Unique patients (thousand) | 12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate |
| 9 MetroPlus members (thousand) | Active MetroPlus members across all categories at the end of the quarter |
| 10 Patient revenue (proportion of expense) | Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD) |
| Increase efficiency by investing in technology & capital (organizational reform) | |
| 11 EMR budget variance | EMR implementation over or under budget |
| 12 EMR implementation on track (milestones) | Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live |
| 13 Contractors performance at service level | % of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility) for top 10 contracts by spend |
| 14 FEMA projects on track | % milestones from monthly FEMA Program Dashboard on track (green or yellow) |

G on target
Y trending toward target
R off target

Mr. Campbell asked about the plan going forward regarding improving "Patient Satisfaction".

Mr. Martin said that the "Inpatient satisfaction" scores show incremental improvements. Hospital Scorecard was shared with the members. He said that the CEOs of every facility were managing their metrics and take it very seriously. Some facilities are doing better than others in certain areas. Those best practices are being shared across the system. He also assured the members that

Mr. Richard Gannotta, Senior Vice President, Inpatient Care, was working with hospital scorecard metrics with the facilities' CEOs to get the most benefit from them.

Mr. Martin also mentioned the "FEMA projects" were off target for this quarter due to delayed decision making and interventions that were required by FEMA at Metropolitan and Coler. Once they are resolved the status should be good. This has already been discussed in the Capital Committee Meeting.

Mr. Campbell requested that the Hospital Scorecard be distributed to members at every Strategic Planning Committee meeting to take a deeper dive into the metrics.

Mrs. Bolus asked if the CEOs are provided with the explanation of financial impact on their hospital for each of the metrics that do not reach their targets.

Mr. Gannotta addressed the members and explained that all the CEOs use their respective hospital's Scorecard in meetings to drive performance across safety, outcomes, patient experience, employee engagement, and financial piece. The Scorecard serves as the directional part and it helps to drill down on the costs. Financial impact will have to be the next step, to look at, especially at costs.

Mr. Jurenko briefed the members on the current state in Washington, D.C. especially as it pertains to Healthcare issues. He said there are many uncertainties. The Congressional Budget Office estimates that with elimination of the ACA, 18 million people will be effected in the first year and the number will go up to 32 million in several years. States with the Medicaid expansion, the estimate was \$72 billion in federal funds that are at stake. Hospitals can lose billions of dollars from the loss of covered lives. Even though the Senate has numbers to repeal through budget reconciliation, where they only need 51 votes to act on something that will affect the budget, they may not have enough votes. In New York State, Governor estimated that about 2.7 million New Yorkers can be effected. It has about \$4 billion impact on New York. In New York City, State estimates 1.6 million New Yorkers can be effected by this. As per H+H estimates, it could be about 250,000 H+H patients in MetroPlus who will be effected through Medicaid. Overall, there is a lot at stake right now. The fact that New York State moved to extend the DSRIP program to year 2021, helps to lock those funds in place. There are many speculations and concerns right now. Mr. Jurenko provided a brief overview of some important dates and nominations and how it can reflect on the future of H+H.

Mr. Campbell commented on the Executive Order and asked for actual specifics.

Mr. Jurenko referred to one of the paragraphs in the Executive Order on Obamacare: *"In the meantime, pending such repeal, it is imperative for the executive branch to ensure that the law is being efficiently implemented, take all actions consistent with law to minimize the unwarranted economic and regulatory burdens of the Act, and prepare to afford the States more flexibility and control to create a more free and open healthcare market."* Mr. Jurenko concluded by saying that it is more of a policy statement and does not change anything. Members had a brief discussion but no other questions were raised.

SUBSIDIARY BOARD REPORT

HHC Insurance Company / Physicians Purchasing Group – November 15, 2016
 As reported by Mr. Stanley Brezenoff (Written Submission)
 Subsidiary Board Members Present: R. Raju, MD, B. Rosen, S. Russo, PV Anantharam

The Corporation's initiative to reduce costs associated with medical malpractice claims includes efforts to identify cost-effective insurance strategies. The NYC Health + Hospitals Board of Directors authorized the formation and operation of a subsidiary captive insurance company, the HHC Insurance Company ("HHCIC") that would insure attending physician staff and provide access to excess insurance coverage provided by a state-funded pool. The HHC Physicians Purchasing Group ("PPG") was formed as an insurance purchasing group for HHC affiliated physicians.

Reports from the recent Board meetings Of the HHCIC and the PPG, held on November 15, 2016, are summarized below:

HHC Insurance Company

The HHC Insurance Company was licensed as a captive insurance company by the New York State Department of Insurance on December 16, 2004. It became active on January 1, 2005. The company underwrites primary professional liability coverage for attending physicians affiliated with HHC in the specialties of Obstetrics/Gynecology and Neurosurgery. Excess coverage for these specialties, obtained through the New York State Excess Liability Pool, began on July 1, 2005.

The Board of Directors of HHCIC held its annual meeting on November 15, 2016. It conducted all business necessary for captives in the State of New York including the issuance of primary insurance policies to the members of the HHC Physicians Purchasing Group as well as the re-appointments the officers of the Company as well as of Aon Risk Consultants, Inc. as actuaries and KPMG, LLP as auditors.

At present, there are 318 Obstetrician/Gynecologists and Neurosurgeons actively insured through HHCIC. Premium in the amount of up to \$4.3 million was deposited for the benefit of HHCIC by HHC and is held in reserve for the payment of any claims with the exception of any amounts needed for payment of any outstanding claims against HHCIC. The reserves are adequate to cover potential liabilities.

The Company was required to sign up as a plan or pool participant in the Medical Malpractice Insurance Pool (MMIP). The company opted to join the Pool so that it could be consistent with all of the other medical malpractice carriers in the State of the Company has a net liability to the Pool of \$260,674.00.

All Regulatory matters are current. The Company was audited by the Department of Financial Services on data as of 12/31/2014. The draft exam report has not been received to date. However, no comments are expected.

HHC Physicians Purchasing Group

The Board of Directors of the HHC Physicians Purchasing Group held its annual meeting on November 15, 2016. The business of the Group is to obtain primary medical malpractice insurance from HHCIC on behalf of its members who are employees of HHC's Affiliates. The physician members of the group have obtained primary medical malpractice insurance coverage for 2015 in the amount of \$1.3 million/ \$3.9 million from the HHCIC, the New York captive insurance company. The members of the group have also received excess coverage in the amount of \$1 million /\$3 million from the Medical Malpractice Insurance Plan.

The Board conducted all business necessary for a Purchasing Group in the State of New York.

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

STANLEY BREZENOFF
NYC HEALTH + HOSPITALS INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
January 26, 2017

NYC Health + Hospitals/Kings County Marks Successful Transformation of Behavioral Health Services with End of Department of Justice Oversight

The United States District Court has agreed to end oversight of NYC Health + Hospitals/Kings County's behavioral health program by the U.S. Department of Justice (DOJ). The court action marks a successful transformation of the hospital's behavioral health services to a high-quality, patient-centered psychiatric program that is dramatically improving the experience of the 11,000 New Yorkers it serves every year. In its letter to the court requesting to end the case, DOJ reported that the hospital's performance has exceeded expectations, and is now a model for the caring for individuals with serious mental illness. Some of the reforms include:

- Dramatic transformation of the physical environment with a \$153 million, 300,000-square-foot behavioral health center;
- New reform-minded leadership that has built staff expertise and accountability and is committed to a patient-centered, customized treatment planning process;
- Greatly improved psychiatric emergency room experience, with reduced overcrowding and wait times;
- Establishment of trained, qualified, full-time Peer Counselor staff who have been mental health patients themselves and now serve as patient navigators, mentors, and patient advocates;
- Improved safety and security for patients and staff with new ways to better identify and curtail risk of violent behavior, including replacement of hospital police with behavioral health associates, resulting in reduced reliance on uniformed hospital police to manage patients in crisis; and
- Strengthened complementary medical care for patients with behavioral health issues.

NYC Health + Hospitals Develops New Way to Manage Hard-to-Discharge Patients and Prevent Unnecessary, Extended Hospital Stays

NYC Health + Hospitals recently announced a pilot program designed to improve the quality of life of long-term hospital patients who are difficult to discharge into post-acute care settings. Through the "Better Way to Live" program, patients transition out of the hospital and into post-acute settings better suited to provide the care they need.

The pilot brings together a joint team of hospital and post-acute care providers to develop a new transition path, targeted interventions, and services for Alternate Level of Care (ALC) patients who are no longer acutely ill but cannot live on their own and prove difficult to discharge into the next appropriate level of care due to their medical, mental health, and social challenges. Better Way to Live has already successfully transitioned more than 60 ALC patients—some who were hospitalized for months and even a year—into long-term care beds in the public health system's top-ranked post-acute nursing facilities. Once expanded system-wide, the program is expected to save the health system more than \$3.5 million annually.

A Renewed Promise to Keep Patient Immigration Status Private

NYC Immigrant Affairs Commissioner Nisha Agarwal and I recently issued a reassuring message to New Yorkers who may not be accessing health care services for fear of having their immigration status disclosed. Our "open letter" to immigrant New Yorkers was written in 14 languages, and distributed to patients, staff, community and immigrant advocacy organizations, and ethnic community papers. We assured the community that NYC Health + Hospitals remains committed to its mission to serve all New Yorkers, without exception, and regardless of immigration status. The joint letter underscores NYC Health + Hospitals' commitment to protecting patients' right to privacy, to keeping immigrant status completely confidential, and makes clear that the primary concern of NYC Health + Hospitals is our patient's health, not their immigration status.

New Upgraded Websites Focus on Improving Online Patient Experience

NYC Health + Hospital this month launched upgraded websites for its health system and 21 patient care centers, including its 11 hospitals, five top-ranked post-acute care/nursing facilities, and six large community-based health centers.

NYCHealthandHospitals.org is designed to improve the visitor experience from any device and make it easier for New Yorkers to access physicians in their communities. The new websites feature a standard look and navigation that reflects the health system's branding, as well as better functionality that offers several ways to search for health care information, providers, and locations. To protect against hardware-related outages and improve overall performance, the new websites are cloud-based. The integrated design is more patient-focused and provides a common online experience for visitors—whether they are trying to find a doctor in their community, learn more about our hospital-based Centers of Excellence, or find out what's new in New York City's essential public health care system.

City Wide Efforts to Enroll More New Yorkers in Health Insurance Coverage

Mayor Bill de Blasio, Department of Health Commissioner Dr. Mary T. Bassett, Community Service Society President/CEO David R. Jones, Public Health Solutions President/CEO Lisa David and I recently attended an event at NYC Health + Hospital/Gouverneur to launch a campaign focused on enrolling more New Yorkers in health insurance. GetCoveredNYC is an ambitious partnership between the Mayor's Office, our health system and other city agencies to provide more access to primary and preventive care at NYC Health + Hospitals facilities by enrolling 50,000 New Yorkers who are eligible for health insurance but are not taking advantage of existing enrollment options. Outreach teams are proactively engaging uninsured New Yorkers who have visited one of our patient care sites. The campaign will include at-home outreach as well as office hours at community partner or elected officials' offices, providing direct access to in-person assistance from outreach specialists. Specialists will schedule individuals for an enrollment appointment and case-manage each applicant through the entire process.

First Baby of 2017 at NYC Health + Hospitals/Jacobi

While some New Yorkers rang in 2017 celebrating in Times Square or at home watching the ball drop on television, many of our staff were helping to deliver New York City's new babies. Our health system welcomed one of the first babies on January 1 at 12:09 a.m. at NYC Health + Hospitals/Jacobi in the Bronx. The baby girl, Melanie Londono, weighed 6 lbs. 9 oz., and was born to mother Zuelen Londono and father Kristian Payares. The first baby at our system's Brooklyn hospitals is baby girl Alayna Baloch, born to Nasma Baloch at NYC Health + Hospitals/Coney Island at 1:38 a.m., weighing 7 lbs. 4oz.

OneCity Health Educational Seminars and Trainings for Workforce and Partners

OneCity Health has launched a variety of new educational seminars and trainings to ensure that the NYC Health + Hospitals workforce and community partners implement primary care, care management and behavioral health initiatives effectively. These initiatives are important components of health system transformation to better meet today's health care needs of the patients and communities we serve.

In December, trainings were launched for care management staff from NYC Health + Hospitals/Home Care, Village Care, Arch Care and Community Healthcare Network, focused on documenting care plans and motivational interviewing as a means for improving team communication and helping patients with prevention and chronic disease self-management. These trainings are essential for partnerships offering care management services equivalent to the New York State Health Home program. Over 30 care coordinators are anticipated to be trained by the end of January.

OneCity Health has trained over 160 NYC Health + Hospitals and community partner staff members to utilize care coordination and care management software solutions to better coordinate and integrate patient care. Initial training efforts have focused on community health workers and primary care staff implementing clinical asthma efforts, as well as on Health Home At-Risk care coordinators and Transition Management Teams providing 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County.

To help reduce the effects of asthma on children and their families, in December OneCity Health began Physician Asthma Care Education (PACE) trainings for physicians at NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Gotham, East New York and NYC Health + Hospitals/Gotham, Cumberland, as well as SUNY Downstate Medical Center. This educational seminar improves physician awareness, ability, and the use of communication and therapeutic techniques for patients with asthma. To date, approximately 200 pediatric clinical staff have been trained. OneCity Health partner 1199SEIU Training and Employment Funds has helped facilitate trainings.

For community partners seeking to achieve Patient Centered Medical Home (PCMH) recognition, OneCity Health will soon host a second learning collaborative to introduce key concepts in population health management. Nearly 40 community partners attend our first learning collaborative in late 2016.

NYC Health + Hospitals/Cumberland, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Bellevue, and NYC Health + Hospitals/Lincoln, as well as five community partner pilot sites continue their work implementing co-located services for primary care and behavioral health. OneCity Health recently presented regulatory and licensure options available to further these efforts.

Governor's FY 2018 Proposed Budget

Governor Andrew Cuomo has released the New York State Fiscal Year 2018 Executive Budget proposal. It does not assume losses to the state due to the potential repeal of the Affordable Care Act. Earlier this month however, the Governor released a report estimating the state budget impact from repeal at \$3.7 billion. Counties across the state would lose over \$595 Million in direct spending. 2.7 million New Yorkers face loss of health insurance, 1.6 million of them in New York City.

The Governor's budget proposal includes broad authorization to reduce funding for health care programs if federal receipts come in below expectations, or if federal Medicaid matching rates or eligibility requirements change.

The budget proposal extends the Medicaid Global Cap through 2019 and allows for its adjustment in the event of changes at the federal level. It reauthorizes the Health Care Reform Act (HCRA) for three years, but without change to the Medicaid inpatient hospital reimbursement methodology or collection of HCRA surcharges and assessments.

A full analysis is being conducted, but of concern to NYC Health + Hospitals is the Governor's proposed elimination of reimbursement to long term care facilities for bed hold days, while preserving the requirement that these facilities hold beds while residents are offsite receiving in-patient care. Also of concern are a proposed administrative action to reduce payments to hospitals for avoidable Emergency Department readmissions without consideration of factors outside the health system's control, and new requirements for cost sharing by enrollees of Essential Plan with incomes above 138% of the federal poverty level.

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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.

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, LP; 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.

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.

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.

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.

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.

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.

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.

RESOLUTION

Authorizing the President of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to exercise the power of NYC Health + Hospitals, as the sole member of the HHC Assistance Corporation, to designate members of the Board of Directors of the HHC Assistance Corporation and to alter the number of Board Members consistent with the NYC Health + Hospital’s Board resolution of December 2014.

WHEREAS, the HHC Assistance Corporation is a New York not-for-profit corporation with NYC Health + Hospitals as its single member; and

WHEREAS, in December 2014 the NYC Health + Hospitals Board of Directors authorized the filing of an application to participate in the Delivery System Reform Incentive Payment program (“DSRIP”) and to cause the HHC Assistance Corporation to provide technical assistance to the DSRIP Performing Provider System (the “PPS”) of which NYC Health + Hospitals is the lead; and

WHEREAS, the December 2014 resolution of the NYC Health + Hospitals Board of Directors provided that the Directors of the HHC Assistance Corporation should be drawn from the officers and senior managers of NYC Health + Hospitals provided that the NYC Health + Hospitals President would have the authority to nominate one or more directors of the HHC Assistance Corporation who are not officers or employees of NYC Health + Hospitals provided further that such outside directors never exceed 25% of the total of directors; and

WHEREAS, the HHC Assistance Corporation has filed a certificate with the New York State Secretary of State to allow it to do business under the name, OneCity Health; and

WHEREAS, due to changes in personnel and other factors it is desirable to change the composition of the Board of Directors of the HHC Assistance Corporation from time to time and it is appropriate to delegate to the President of NYC Health + Hospitals the authority to do so;

NOW THEREFOR, BE IT RESOLVED: that the President of New York City Health and Hospitals Corporation, as the sole member of the HHC Assistance Corporation, be and he/she hereby is authorized to designate members of the Board of Directors of the HHC Assistance Corporation and to alter the number of Board Members consistent with the NYC Health + Hospital’s Board resolution of December 2014.

**EXECUTIVE SUMMARY
DELEGATION OF POWER TO APPOINT
THE BOARD OF DIRECTORS OF
THE HHC ASSISTANCE CORPORATION**

Background:

Pursuant to the resolution adopted by the NYC Health + Hospitals' Board of Directors in December 2014, the HHC Assistance Corporation was repurposed to play the role of Central Service Organization ("CSO") with regard to the DSRIP Performing Provider System (the "PPS") of which NYC Health + Hospitals is the lead. For this purpose it was given the d/b/a, "OneCity Health." The function of the CSO is to assist NYC Health + Hospitals with the many logistical and managerial tasks to be performed in the administration of the DSRIP program. All staff of the CSO are NYC Health + Hospitals employees or are workers contracted by NYC Health + Hospitals. In accordance with the December 2014 resolution of the NYC Health + Hospitals Board, all procurement by the CSO must follow NYC Health + Hospital procurement rules. This means that all purchases must be reviewed by the NYC Health + Hospitals Contract Review Committee or, if they are large enough, the NYC Health + Hospitals Board of Directors. In practice, all contracts made by the CSO also have NYC Health + Hospitals as a party.

The role of the CSO Board is to exercise oversight over the management, strategic planning and budgets of the NYC Health + Hospitals led PPS. In effect, the CSO Board functions as an additional committee of the NYC Health + Hospitals Board of Directors.

Need:

Under the By-Laws of the CSO, the members of the CSO Board of Directors are to be named by the Board of Directors of NYC Health + Hospitals which also has the power to set the size of the CSO Board. Under the December 2014 Resolution, it was required that all CSO Directors be part of the senior management of NYC Health + Hospitals except for outside directors designated by the NYC Health + Hospitals President provided that such outside directors may not exceed 25% of the total number of directors. Due to the departures of Dr. Raju and Ms. Zurack, it is necessary to name new directors. It was thought that it would be easier to give to the President the power of the NYC Health + Hospitals Board to name all of the directors of the CSO rather than have to return to the NYC Health + Hospitals Board every time there is a change in senior management. This is a modest change because the President already has the power to name the outside directors and the members of senior management are, in effect already picked by the President by his/her having chosen them for their position.

HHC Assistance Corporation Description of Sole Member and General Board Authorities

NYC Health + Hospitals General Board Meeting
February 23, 2017



- ❑ **Today’s resolution grants the NYC Health + Hospitals President to act on behalf of the “sole member” of the HHC Assistance Corporation (“CSO”), which was established in December 2014**
 - This action serves benefit of allowing the President to designate Directors and size of CSO Board size with timeliness and under guidelines of December 2014 resolution
 - From governance perspective, this action is revocable and usual oversight and reporting mechanisms remain

- ❑ **The subsidiary operates under guidelines established in December, 2014**
 - The purpose of the CSO is to provide technical assistance to the OneCity Health Performing Provider System (PPS)
 - The activities of the CSO are subject to the Corporation’s compliance, internal audit, and procurement policies
 - Governance of the CSO is through its CSO Board of Directors, which is reportable to the parent board

Governance of CSO Operational Activities

| Subsidiary (CSO) Operations | Current NYC Health + Hospitals Governance | Governance with President as Sole Member |
|-----------------------------|---|---|
| CSO Board Membership + Size | Approved by H+H General Board | Approved by President with updates to Board |
| CSO Budget | Approved by CSO Board, then by H+H General Board | No change |
| Vendor Procurements | If >\$3M, approved by CSO Board, then H+H Board | No change |
| Real Estate/Leases | Approved via H+H Capital Committee, then H+H General Board | No change |
| Internal Audit | Reportable through H+H Audit Committee, then H+H General Board | No change |
| Compliance | Reportable through DSRIP Compliance Committee, then H+H Audit Committee, then H+H General Board | No change |

RESOLUTION

Modifying the July 28, 2016 resolution adopted by the Board of Directors (the “Board”) of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) that authorized the execution of an agreement with COPE Health Solutions (“COPE”) to provide consulting services to help structure the partners (the “Partners”) in the NYC Health + Hospitals-Led Participating Provider System (the “PPS”) under the Delivery System Reform Incentive Payment (“DSRIP”) program so as to maintain the originally authorized three year not-to-exceed cost of \$19,070,000 but to authorize the first year cost to reach \$10.5 Million, the cost of the first annual renewal term to reach \$8.57 Million; provided that any amounts not expended during either the initial one-year term or the first annual renewal term to be rolled forward to the succeeding annual term.

WHEREAS, on July 28, 2016 the NYC Health + Hospitals Board of Directors adopted the attached resolution that authorized a contract with COPE to provide consulting services to help structure the payments to be made to PPS Partners and to explore and propose billing, compensation and accountability models to achieve a value-based payment system and a sustainable integrated delivery system; and

WHEREAS, as originally authorized, the cost of the initial one-year term of the contract was not to exceed \$6,810,000 with the cost of the first annual renewal term not to exceed \$6,810,000 and the second annual renewal term not to exceed \$5,450,000; and

WHEREAS, it has become evident that COPE’s work should be substantially accelerated beyond the originally planned pace so that the benefits are available to the PPS earlier in the DSRIP project development; and

WHEREAS, to accelerate COPE’s work, it is necessary to accelerate its compensation to pay up to \$10.5M in the first year rather than \$6.81M as originally planned and \$8.57M in the next year rather than \$6.81M and the remaining first year and first annual renewal term balance in the final year rather than \$5.45M as originally planned; and

WHEREAS, COPE’s work during the initial six months of the contract term have been entirely satisfactory and very useful; and

WHEREAS, the Vice President heading the NYC Health + Hospitals’ DSRIP program will continue to be responsible for managing the COPE contract.

NOW THEREFORE, be it

RESOLVED, that July 28, 2016 resolution adopted by the Board of Directors of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) that authorized the execution of an agreement with COPE Health Solutions (“COPE”) to provide consulting services to help structure the partners (the “Partners”) in the NYC Health + Hospitals-Led Participating Provider System (the “PPS”) under the Delivery System Reform Incentive Payment (“DSRIP”) program be and it hereby is modified so as to maintain the originally authorized three year not-to-exceed cost of \$19,070,000 but to authorize the first year cost to reach \$10.5 Million, the cost of the first annual renewal term to reach \$8.57 Million; provided that any amounts not expended during either the initial one-year term or the first annual renewal term to be rolled forward to the succeeding annual term.

EXECUTIVE SUMMARY

Proposed Modification of Authorization for Contract with COPE Health Solutions

Consultant Services for DSRIP Program

Overview: NYC Health + Hospitals signed an agreement with COPE Health Solutions (“COPE”) pursuant to a July 28, 2016 resolution of its Board of Directors. The authorization was for a one-year agreement with two one-year renewal options. The original resolution authorized expenditures as follows:

- Year 1 – NTE = \$6,810,000
 - Year 2 – NTE = \$6,810,000
 - Year 3 – NTE = \$5,450,000
- Total Three Year NTE = \$19,070,000

Authorization is sought to accelerate COPE’s work and its compensation as follows:

- Year 1 – NTE = \$10,500,000
 - Year 2 – NTE = \$8,570,000
 - Year 3 – NTE = Remaining Year 1-2 balance, if any
- Total Three Year NTE = \$19,070,000

Need: The DSRIP program presents enormous challenges to NYC Health + Hospitals in the linked goals of creating a value-based payment system and molding NYC Health + Hospitals into a sustainable integrated healthcare delivery system. COPE has valuable contributions to make in this regard but for them to most effectively improve the performance of the PPS and NYC Health + Hospitals, it is necessary to front load its work and compensation into the first two years of the term of the agreement rather than to have such work more evenly spread over the three-year term.