

<p><u>CALL TO ORDER - 3 PM</u></p>	<p>Dr. Barrios-Paoli</p>
<p>1. Adoption of Minutes: March 24, 2016 April 1, 2016 – Executive Committee</p>	<p>Dr. Barrios-Paoli</p>
<p><u>Chair’s Report</u></p>	<p>Dr. Raju</p>
<p><u>President’s Report</u></p>	<p></p>
<p>➤Information Item: *Patient Waiting Time for Primary Care & Behavioral Health Presenter: Ross Wilson, MD, Senior Vice President & Chief Medical Officer</p>	<p></p>
<p>>>Action Items<<</p>	<p></p>
<p>2. RESOLUTION adopting the New York City Health and Hospitals Corporation (hereinafter “NYC Health + Hospitals” or the “System”) Principles of Professional Conduct, which, as required pursuant to 18 N.Y.C.R.R. § 521.3 (c)(1), and as recommended under the U.S. Department of Health and Human Services Office of the Inspector General Compliance Program Guidance to Hospitals (1998) and the U.S. Sentencing Commission Guidelines (2015), sets forth in writing NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws. (Audit Committee – 04/12/2016)</p>	<p>Dr. Barrios-Paoli</p>
<p>3. RESOLUTION authorizing the President of the NYC Health + Hospitals to execute a revocable license agreement with the New York City Department of Education for use and occupancy of approximately 300 square feet of space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home with the occupancy fee waived. (Capital Committee – 04/12/2016)</p>	<p>Dr. Barrios-Paoli</p>
<p>4. RESOLUTION authorizing the President of the NYC Health + Hospitals to execute a five year revocable license agreement with New York University Medical Center for its continued use and occupancy of 4,000 square feet space of space on the 7th floor of the “A” Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734. (Capital Committee – 04/12/2016)</p>	<p>Dr. Barrios-Paoli</p>
<p>5. RESOLUTION authorizing the President of the NYC Health + Hospitals to execute a revocable five year license agreement with New York University School of Medicine for its continued use and occupancy of a total of 58,571 square feet of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305. (Capital Committee – 04/12/2016)</p>	<p>Dr. Barrios-Paoli</p>
<p></p>	<p>(over)</p>

NEW YORK CITY HEALTH + HOSPITALS

A meeting of the Board of Directors of the NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 24th day of March 2016 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of the NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Lilliam Barrios-Paoli
Dr. Ramanathan Raju
Ms. Helen Arteaga Landaverde
Dr. Mary T. Bassett
Josephine Bolus, R.N.
Dr. Vincent Calamia
Mr. Gordon J. Campbell
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Dr. Herminia Palacio
Mr. Bernard Rosen
Ms. Emily Youssouf

Jennifer Yeaw was in attendance representing Commissioner Steven Banks and Dr. Myla Harrison was in attendance representing Dr. Gary S. Belkin, each in a voting capacity. Dr. Barrios-Paoli chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on February 25, 2016 were presented to the Board and amended to reflect that Gordon Campbell had been in attendance. Then on motion made by Dr. Barrios-Paoli and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on February 25, 2016, copies of which have been presented to this meeting, be and hereby are adopted as amended.

CHAIRPERSON'S REPORT

Dr. Barrios-Paoli thanked the Board members who participated in the March 22, 2016 Manatt educational session.

Dr. Barrios-Paoli reported that the Joint Commission made an unannounced visit to NYC Health + Hospitals/Gouverneur on March 14, 2016 and conducted a three-day survey that went well.

Dr. Barrios-Paoli congratulated Dr. Jo Ivey Boufford for being selected as the NYC Health + Hospitals 2016 honoree of the United Hospital Fund Tribute to Hospital Trustees.

Dr. Barrios-Paoli reminded the Board of the NYC Health + Hospitals 2016 annual public meetings schedule as follows: Staten Island on April 4th at NYC Health + Hospitals/Sea View; Manhattan on April 11th at NYC Health + Hospitals/Carter; Bronx on April 19th at NYC Health + Hospitals/Lincoln; Queens on May 11th at NYC Health+ Hospitals/Queens; and Brooklyn, May 18th at NYC Health + Hospitals/Woodhull.

Dr. Barrios-Paoli updated the Board on approved and pending Vendex.

PRESIDENT'S REPORT

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

ACTION ITEMS

RESOLUTION

2. Authorizing the President of the NYC Health + Hospitals to **procure and outfit one hundred thirty-two (132) 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 \$47.2 million.

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

RESOLUTION

3. Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals"), or his designee, to **purchase storage hardware, software, and associated maintenance** from various vendors on an on-going basis **via Third Party Contracts(s)** in an amount not to exceed \$13,748,060 for a one-year period.

After discussion, Dr. Barrios-Paoli moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

Dr. Barrios-Paoli received the Board's approval to convene an Executive Session to discuss matters of quality assurance and personnel.

BOARD COMMITTEE AND SUBSIDIARY BOARD REPORTS

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

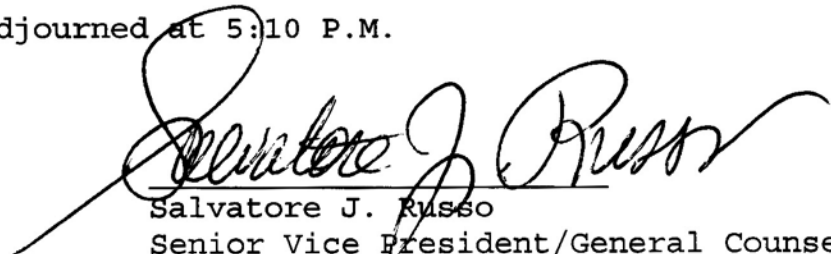
FACILITY GOVERNING BODY/EXECUTIVE SESSION

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

The Board approved the appointment of Sal Guido to serve as Senior Vice President of Enterprise Information Technology Services and Chief Information Officer.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:10 P.M.


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

COMMITTEE REPORTS

Capital Committee – March 8, 2016 As reported by Ms. Emily Youssouf

Senior Assistant Vice President's Report

Roslyn Weinstein, Senior Assistant Vice President, Operations, noted that the action item on the agenda was for the annual purchase of ambulances for the New York City Fire Department, where Health + Hospitals acts as a pass-through. Ms. Weinstein then announced that capital funding for the Delivery System Reform Incentive Payment (DSRIP) program had come through. The original request had been for \$463 million and \$301 were approved. She provided a funding breakdown; \$31.4 million for the ED program; \$60 for the integration of behavioral health and primary care; two separate information technology projects: \$109 million for digital networking and \$81 million for the population health program; and, \$19 million for the contact center. She advised that a group would be meeting shortly to determine how to move forward now that funding was in place.

Dr. Barrios-Paoli asked if full funding had been promised previously. Ms Weinstein said no, there were no promises and Health + Hospitals got the largest portion in downstate New York, possibly the entire State of New York. Ms. Weinstein gave kudos to those whose work resulted in the successful funding, and to Christina Jenkins in particular. Ms. Weinstein said she would keep the Committee informed as decisions were made and things moved forward.

That concluded Ms. Weinstein's report.

Action Items

Authorizing the President of NYC Health + Hospitals ("public health care system") to procure and outfit one hundred thirty-two (132) 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 no-to-exceed \$47.2 million.

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record.

Josephine Bolus, RN, asked if this was the typical pass-through that is approved. Mr. Moskos said yes. Mrs. Barrios-Paoli said yes, this is how it has been done for years.

Mr. Moskos explained that it was typically every 18 months or so but this year the request had come in a little earlier.

Dr. Barrios-Paoli asked who the vendor was for the ambulances. Mr. Moskos said he could not remember.

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.

Community Relations Committee – March 15, 2016 As reported by Josephine Bolus, RN-NP

Chairperson's Report

Mrs. Bolus welcomed Committee Members and highlighted key NYC Health + Hospitals events that occurred since the February 9, 2016 meeting. She reported the following:

- Informed members of the Committee, CAB Chairs and invited guests that following her remarks, the Board will hear remarks from Dr. Ross Wilson, NYC Health + Hospitals' Chief Medical Officer, who is filling in for Dr. Ram Raju, President.
- Thanked all of the Community Advisory Boards and staff who have helped to organize many Legislative forums across the health system throughout the months of January, February and present. Mrs. Bolus noted that on Friday, March 11th, three successful legislative forums were held at Coney Island, Lincoln, and Cumberland and on Saturday, March 12th, Harlem Hospital held its legislative brunch. Mrs. Bolus added that at this event, special recognition awards were presented to the Honorable Congressman, Charles B. Rangel for his unwavering support of Harlem Hospital and the community over his many years of

service in Congress; Ms. Sylvia White, Chief of Staff at Harlem; Mr. Joe Schick, Executive Director of the Fund for NYC Health + Hospitals; and Central Office very own, Ms. Renee Rowell, Director of Community Affairs/ Central Office liaison for the Harlem Hospital/Renaissance CABs. Mrs. Bolus announced that on March 18th, Henry J. Carter will host its legislative event, which will be hosted jointly by the CAB and Mr. Hank Carter.

Mrs. Bolus continued and informed Committee members and invited guests that many of NYC Health + Hospitals Community Advisory Boards, with the support of staff and their communities, held major events to commemorate Black History Month during the month of February. She highlighted a few of the events:

- NYC Health + Hospitals/ Queens held an educational forum for staff with Mr. Dennis Walcott, former Deputy Mayor and Chancellor of the Department of Education serving as the keynote speaker and now head of the Queens Library system.
- NYC Health + Hospitals/ Jacobi & North Central Bronx featured jazz legend Sarah McLawler at two separate events
- NYC Health + Hospitals/ Lincoln held three different celebrations including a talent show, gospel night and also displayed art work of Michael Kelly Williams
- NYC Health + Hospitals/ Bellevue honored “The Tuskegee Airmen” in the Atrium
- NYC Health + Hospitals/ Metropolitan featured former Mayor, Hon. David Dinkins as keynote speaker for an education event; held its third annual “Tea Party: Commemorating Civil Rights in America;” and also held a “Food for Soul Cooking Competition,” which featured healthy dishes that were created by hospital employees.
- Announced that NYC Health + Hospitals/Harlem was the only hospital in New York State to be named by The Leapfrog Group to its list of the nation's "Top Hospitals" for 2015. She noted that only 62 urban hospitals across the nation have received this recognition.
- Announced that Dr. Bernard Dreyer of Bellevue, who for more than three decades led the pediatric primary care program, had been elected President-elect of the 64,000-member American Academy of Pediatrics.
- Announced that seventeen (17) students from diverse communities across the City had been awarded NYC Health + Hospitals’ City Doctors scholarships. The students would receive scholarships to attend St. George’s University School of Medicine. In return, the students are committed to give back to their communities by practicing primary care medicine in NYC’s public health system after completing their medical education.
- Announced that First Lady Chirlane McCray had launched a series of NYC Baby Showers for expectant parents, new parents and caregivers. The NYC Baby Showers provide information about the wide range of services and resources that are available for babies and parents in NYC. On Saturday, March 12th, NYC Health + Hospitals/Harlem and MetroPlus staff attended the second NYC Baby Shower for Dads at the Harlem Children’s Zone. Over 500 NYC residents registered to attend this event. The next NYC Baby Shower will be held on April 2nd in Staten Island (location to be determined). Other dates and locations include:
 - April 23rd at Brownsville Recreation Center in Brooklyn
 - In May (*date to be confirmed*) at Rockaway YMCA in Far Rockaway, Queens
 - May 21st at the Children's Aid Society in the Bronx.
 - June 25th at El Museo Del Barrio, in Manhattan, for Spanish Speakers

Mrs. Bolus continued and informed Committee members and invited guests that NYC Health + Hospitals is partnering with the NYC Campaign Finance Board and the New York Organ Donor Network Live on New York initiative to host voter education/registration drives at NYC Health + Hospitals facilities throughout this election year. Mrs. Bolus noted that the deadlines to register for these important elections are the following:

- March 25th for the Presidential Primary
- June 3rd for the Congressional Primary
- August 19th for Statewide Primary
- October 14th for the General Election

Mrs. Bolus encouraged all CAB Chairs and CAB members to mark their calendars for the upcoming Annual Public Meetings of the NYC Health + Hospitals Board of Directors, which have been scheduled for each Borough throughout the month of April through mid-May:

- Staten Island 's Annual Public Meeting will be held on April 4th at Sea View
- Manhattan's Annual Public Meeting will be held on April 11th at Henry J. Carter
- The Bronx' Annual Public Meeting will be held on April 19th at Lincoln
- Queens' Annual Public Meeting will be held on May 11th at Queens Hospital
- Brooklyn's Annual Public Meeting will be held on May 18th at Woodhull Hospital

Mrs. Bolus concluded her remarks by encouraging all to support the NYC Health + Hospitals' Queens Auxiliary's upcoming Gala Fundraiser, which will be held at Terrace on the Park on Friday, April 15th.

Mrs. Bolus turned the meeting over to Dr. Ross Wilson who will provide remarks on behalf of Dr. Raju.

President's Remarks

Dr. Ross Wilson greeted everyone. He informed all that his comments tonight would be brief and he shared the following:

- Flu season has been officially declared. It is now imperative for all to get vaccinated and it's still the best way to avoid succumbing to the flu and potentially carrying it to others
- All employees and volunteers who have not yet been vaccinated are required to wear surgical masks in their workplace at all times.
- Announced that Electronic Medical Records called EPIC will go live on April 1, 2016.
- Level 1 Trauma Surveys are being conducted at Woodhull, Harlem, Kings, Lincoln and Jacobi
- Six (6) to seven (7) years ago, the Zika Virus was linked to West Nile and was not thought to affect humans. However, the CDC has issued a health advisory about the Zika virus for people who recently traveled or intended to travel to Central America.

Dr. Monderson, Kings County CAB member asked how far away is CDC with a vaccine for the Zika virus. Dr. Ross responded approximately two (2) years.

Community Advisory Board (CAB) Annual Reports

NYC Health + Hospitals/Woodhull (Woodhull) Community Advisory Board

Mrs. Bolus introduced Mr. Talib Nichiren, Chairperson of Woodhull and invited him to present the CAB's annual report.

Mr. Nichiren began the CAB's report by thanking the committee for the opportunity to present. Mr. Nichiren reported that for the purpose of the Woodhull CAB report, he will only highlight the following major areas of concerns:

- Emergency Department and Sodexo Food Services
- Reports in the Community that New York University Hospital (NYU) submitted a proposal that will allow for them to pick up patients and take them to an NYU facility only.
- Article recently published by NY Post contradicts NYC Health + Hospitals predictions that EPIC will be up and running on April 1, 2016.

Mr. Nichiren concluded the Woodhull CAB report by thanking Edward Fishkin, M.D., Interim Executive Director and the Woodhull CAB for their leadership and support.

NYC Health + Hospitals/Cumberland a Gotham Health Center (Cumberland) Community Advisory Board

Mrs. Bolus introduced Jacqueline Narine, Chairperson of Cumberland CAB and invited her to present the CAB's annual report.

Ms. Narine began the Cumberland CAB's report by greeting members of the Committee, CAB Chairs and invited guests. She provided the following report:

- Cumberland is a Health Care Practice that has been caring for the community for over 100 years.
- Presently Cumberland is a Federally Qualified Health Center. Ms. Narine noted that, Cumberland prides itself on responding to local health concerns through many forms of community involvement such as community outreaches and patient centered medical care.

- The CAB had supported numerous projects, such as: the Reach out and Read Program which was attended by Council Member Walter Mosley; Cumberland’s kickoff Zumba classes with Councilmember Laurie Cumbo and the CAB’s Legislative Forum held on March 11th.
- The Cumberland CAB represents the facility at various community meetings such as Tenant Associations, NYCHA meeting and Community Planning Board meetings.

Ms. Narine concluded the Cumberland CAB’s annual report and thanked Walid Michelen, M.D., Mari Millet, Deputy Executive Director, Michelle Lewis, Site Administrator, Cynthia Boakye, M.D., Alvin Young, Director of Community Affairs, Manelle Belizaire, Assistant Director, and Nancy Ramos, CAB Liaison for their leadership and support.

NYC Health + Hospitals/Kings County (Kings County) Community Advisory Board

Mrs. Bolus introduced Kenneth Campbell, Chairperson of Kings County and invited him to present the CAB’s annual report.

Mr. Campbell began the Kings CAB’s report by greeting members of the Committee, and invited guests. Mr. Campbell highlighted the following key points and issues:

- The most significant health care service needs and concerns in Central Brooklyn are asthma, diabetes, obesity, mental health HIV/AIDS, cancer and heart disease. The CAB identified the needs through Community Board (s) meetings, Needs Assessments and Community Health Profile data.
- The CAB also identified social needs such as; Affordable Housing, Access to Healthy Food Domestic Violence, Safety and Youth Development.

Mr. Campbell noted that the facility had taken the following to address the community needs and concerns:

- A Farmer’s Market by the main entrance of the hospital, providing fruits, vegetables and healthy options to staff and the community every Wednesday in the summer.
- A Fitness program for staff and the community called Shape Up New York and Staff Wellness Program.
- NYC Health + Hospitals/Kings County’s primary care providers are now asking patients if they would like to be screened for HIV/AIDS, screenings are also offered in the emergency department.
- Thanks to Councilmember Mathieu Eugene a second linear accelerator was installed at the facility to better meet the needs of the radiation therapy patients along with adding a second oncologist to decrease patient waiting time to see a specialist.
- To address the community’s concerns on youth violence, this year’s Annual Public meeting will focus on youth and anti-violence; the CAB will team up with Guns Down Life Up program & KAVI.

Mr. Campbell concluded the report by stating “going forward the CAB will continue to strategize and develop programs that support Dr. Raju’s 20/20 vision.

Ms. Gloria Thomas, announced that Kings received a \$5M monetary award from Councilmember Mathieu Eugene.

NYC Health + Hospitals/McKinney (McKinney) Community Advisory Board

Mrs. Bolus introduced Antoine Jean-Pierre, Chairperson of McKinney CAB and invited him to present the CAB’s annual report.

Mr. Jean-Pierre began the McKinney CAB report by thanking members of the Committee for the opportunity to present. Mr. Jean-Pierre continued and shared the following highlights:

- NYC Health and Hospitals/McKinney is better known as the Hilton Hotel of Long-Term Care and continues to be a Center of Excellence in Central Brooklyn.
- Under the Leadership of Mr. Michael Tartaglia, Executive Director, McKinney has gone full steam ahead, aligning itself with Dr. Raju’s 20/20 Vision. McKinney focus is on the quality of care, ensuring the safety of everyone and the pursuit of excellence.

Mr. Jean-Pierre continued and outlined the CAB’s activities for the past year:

- Participated in the facilities’ Black History Month celebration
- Attended the Resident’s Super bowl party.

- For the first time the CAB partnered with the West Indian Day Carnival Association and brought Eastern Parkway to McKinney. Mr. Jean-Pierre noted that the residents had costumes made for them by bandleaders and State Senator Jessie Hamilton was on hand to witness' this festivity which was covered by Brooklyn News 12.
- Assisted the residents when they planted for the first time their own vegetable garden.
- Attended a Memorial Service for families of residents that passed during the previous year.
- Participated in the annual tree lighting ceremony

Mr. Jean-Pierre concluded DSSM CAB report by pledging the CAB's continued support and with the following announcements:

- Enhanced Dental Suite, moving towards completion in early 2016.
- New sitting/lounge chairs was purchased, September 2015 that are more comfortable for visitors to use on the units and in family rooms.
- "Polling Site" is maintained by residents, and community members.
- Summer Youth program very successful year benefiting community youth as well as our residents.
- Renovations of the lobby area completed
- Ongoing participation in Art Show through Leading Age Association
- Several Pieces of resident art were selected for awards.

NYC Health + Hospitals/East New York a Gotham Health Center (East New York) Community Advisory Board

Mrs. Bolus introduced Ludwig Jones, Chairperson of East New York (ENY) CAB and invited him to present the CAB's annual report.

- Mr. Jones began the ENY CAB report by greeting members of the Committee, CAB Chairs and invited guests. Mr. Jones reported that the facility's leadership are addressing the needs of the community through various programs and initiatives.
- Touro College is currently on site at the facility implementing a PharD program. He explained that the program is geared towards ensuring patients adhere to their medication regime. Mr. Jones noted that compliance will improve health outcomes of the patients.
- Food as Medicine program. Mr. Jones noted that this program improves access of health foods to patients by providing on site farmer's market.
- East New York's art program serves as Art therapy for children. Mr. Jones noted that the art therapy is proven to decrease depression, social anxiety as well as keep children engaged in safe indoor fun.

Mr. Jones concluded the CAB's report by announcing that this year's Legislative Breakfast held on Friday, March 4th was informational to the community and well attended. Mr. Jones announced that the facility's leadership and the CAB are discussing a "Doo-Wop Night for Men" in the community.

Mr. Lee, Bellevue CAB member asked about the status of the "banana program." Mr. Jones responded that the banana project is ongoing. Mr. Jones explained that bananas are provided for the patients in the waiting areas.

Mrs. Bolus informed all that during ENY's Black History Month celebration Ms. Irmatue Grant, R.N. and a Head Nurse with over fifty (50) years of service at ENY was recognized. Mrs. Bolus added that Ms. Grant was the first African American Nurse, acknowledged by the American Red Cross.

Finance Committee – March 8, 2016

As reported by Mr. Bernard Rosen

Senior Vice President's Report

Mr. P.V. Anantharam informed the Committee that February 2016 was a sustainable month in that the cash received in January 2016, resulted in a cash balance of over \$500 million. Julian John, Corporate Comptroller would update the Committee on the status of Health + Hospitals' cash as of February 2016. FTEs continued to decline thanks much to the efforts of Mr. Martin, Chief Operating Officer which was reflective of a major change since December 2015 through the current period.

Cash Flow

Mr. John stated that Health + Hospitals ended the month of February 2016 with approximately \$375 million or 23.42 days cash on hand (COH). The cash flow was adjusted to reflect increased funding from the City in the amount of \$206 million to support the local share of UPL funds and the removal of the D&TCs UPL payments of \$37.5 million and the State's FY 16 nursing home UPL

payment of \$46.7 million. Ms. Dehart will update the Committee on the status of those payments. In February 2016, there were no UPL or DSH revenue received, and no payments are expected in March 2016; however, approximately \$643 million is expected in UPL payments.

Supplemental Medicaid Update

Ms. Dehart stated that as Mr. John discussed there were some UPL payments removed from the cash flow due to a change in the anticipated receipt of those funds in FY 17 as oppose to the current FY 16. However, CMS and DOH continue to work through technical issues in the calculation and processing of prior year UPL payments. Outpatient hospital UPLs through 2014 and nursing home UPL for 2014 are expect to be resolved before the end of April, providing estimated payments of \$73 million and \$63 million respectively. The cash flow also reflects receipt in April of 2015 inpatient and outpatient payments estimated at \$361 million and \$146 million. While achievable within that timeframe, those payments do have a higher risk of being delayed due to the 2015 hospital payments in that the 2015 calculations will reflect a new base year data and will incorporate new CMS polices that were not in affect for the prior year's calculations.

Ms. Youssouf asked for clarification of the technical issues. Ms. Dehart explained that those issues relate to methodology with the calculation in some instances. For example one issue that surfaced related to how H+H accounts for its lab costs which was sustainable resolved but not entirely in that there is a similar issue related to the identification of drug costs. In the 2015 new calculation, there is a need to determine how to account for recoupments by OMIG and how those should affect the calculation. That was a policy issue that CMS has deferred in prior years. There are a number of other data issues in terms of how the State extracts information from their Medicaid data base and whether CMS thinks it is valid.

Mr. Anantharam added that the majority of those technical issues relate to the appropriateness of the base amount in addition to some type of retroactivity which as part of the computation on the base affects the limits and at some point are revisited by CMS.

Mr. Rosen asked what the components of the DSH/UPL are to which Ms. Dehart responded that it is City and Federal. Health +Hospital's cash flow anticipates receipt of \$265 million of DSH at the end of the current fiscal year. There continue to be substantial risks to the receipt of this funding resulting from the prioritization in state law of DSH payments to other hospitals over payments to Health + Hospitals. The State has not made any assurances regarding availability of DSH payments for the remainder of this year. It is important to note that the risks is related to an unwind of prior year UPL payments to voluntary hospitals: \$60 million for 2013 and \$127 million for 2014, and from increased payments to other public hospitals. Ms. Dehart further reported that in consideration of the expected continued decline in UPL values as more Medicaid patients transition to managed care, as well as the ongoing difficulty of obtaining timely UPL approvals, H+H is working with DOH to exercise an option in the Medicaid waiver allowing conversion of UPL funding to DSRIP like performance based payments. In conjunction with MetroPlus, Health + Hospitals have submitted a proposal to the state for a Medicaid patient engagement program that would increase utilization of primary and preventive care, and reduce Medicaid disenrollment rates. H+H is awaiting the State's direction on next steps. In addition to these efforts, additional waiver funds (CREP) are being pursued. H+H continues to work with the State to finalize implementation of a commitment made in May of last year to make \$400 million of additional waiver funds available to support H+H initiatives in the areas of health homes, behavioral health and managed long term care. The reporting was concluded.

Cash Receipts & Disbursement Report

Mr. Fred Covino reported that in January global FTEs declined by 159, this is in addition to reduction of 97 in December 2015. In February 2016 this trend continued, FTEs were down by 75. However, Global FTEs are still up 747 this fiscal year and 1,719 above the target for June of 2016. Comparing FYTD January cash receipts versus last year, receipts for the month were down \$88 million due to a delay in the Supp/Slipa pool payment. However year to date receipts are up by \$294 million. This increase was due primarily to increases in DSH/UPL and Tax levy receipts from the City. A comparison of FYTD January 2016 cash disbursements to the prior year, disbursements for the month were down \$118 million due to one less payroll in January that was paid in December 2015 and a City payment made last year. However, YTD disbursements are up by \$401 million. This increase was primarily due to payments made to the City, increased staffing levels and the collective bargaining for the affiliates as part of the new contracts. A comparison of actual to budget, FYTD January 2016 cash receipts vs Budget, Receipts were down \$23m for the month and \$59m year to date. A comparison of the FYTD January 2016 cash disbursements vs budget, disbursements for the month were on budget; however, YTD disbursements were \$110 million over budget. This variance is primarily due to Increased staffing levels, Increased OTPS expenditures and prior year affiliates costs.

Information Items:

NORTH BRONX NETWORK GLOBAL FTE REDUCTION PLAN STATUS

Representing the Network were Chris Fugazy, Interim Chief Executive Officer, Jacobi Hospital, Greg Calliste, Interim Chief Executive Officer, North Bronx Hospital and Kathy Garramone, Network Chief Financial Officer.

Ms. Garramone began the presentation stating that the Network was on target in achieving its targeted global FTE reduction. Currently there are 49 global FTEs to be reduced by 6/30/16 and the presentation would reflect the Network's efforts in achieving that target. The Network has recouped \$3.2 million YTD as part of the PS expense reduction. The review process in ensuring that the Network remained on target in achieving its target includes a review of the orientation list, separation rates, and return to duties. This is essential for the Network to do an appropriate expense projection. As of to-date that projection reflects a year-end surplus of which some critical vacancies will be backfilled as part of the VCB process at the Network level in conjunction with central office VCB.

Ms. Youssouf asked whether those backfills were factored into the projected savings. Ms. Garramone stated that there would be a small number of backfills primarily in nursing that would be requested through the central office VCB.

Mr. Calliste continuing with the presentation stated that the goal of the Network was to ensure that the staff at both facilities were engaged in the project that included a very careful and strategic planning on how the messaging to staff would be done. For example, there was a global FTE kick-off meeting last year in April 2015 that included all of the staff that would be involved in those efforts. A collaboration with all of the division in the development of the plan was done and the majority of the focus centered on doing more with less and increasing efficiencies. On a monthly basis there are financial meetings that are chaired by the Network CFO and finance staff, in addition to monthly meetings that are attended by all of the staff whereby information relative to the Network's efforts in achieving the target is presented.

Mr. Fugazy stated that the Network's VCB was comprised of the Network CFO, budget director, chief nursing executive, and the affiliation manager. In balancing a hiring cadence, the Network's focus has centered primarily on overtime and temp agency cost reductions and hiring has been limited to registered nurses and patient care associates. Approximately 60% of the hires during the FY have been in those areas. The one exception that is made relative to agencies is to continue to invest in agency staff that are revenue generating such as coders and outpatient generators due to the return on investment. The affiliation is also included in the VCB process that includes a full review process from a mini VCB process to the joint oversight committee (JOC) and a central office review by Mr. Martin's office.

Mr. Calliste stated that the majority of the Network's focus relates to reducing overtime that involved a rigorous process of changing the overall approval process with the Network's plan for reducing overtime costs. This process included working with the various managers to ensure reinforcement of that process by the department heads and human resources. In achieving the targets, it was important to include human resources in the process particularly as it related to modifying some of the staffing schedules. A pre-authorization form has been implemented and must be approved prior to the overtime being worked. It was important to note that a significant amount of work has gone into monitoring and compliance with the overtime requirement process.

Mrs. Bolus asked how emergency overtime was being handled as part of the pre-authorization process. Mr. Calliste stated that emergency overtime has not been an issue but rather scheduling and coverage due to staffing shortages.

Mrs. Bolus asked how the pre-approval process on all of the tours was being addressed.

Mr. Calliste stated that if it is an emergency the management staff would provide the approval; however, there is a specific process for those instances.

Ms. Garramone added that there is a separate form for emergent overtime that includes a narrowing of the definition of emergent and prior reviews are done. There have not been any issues in this area.

Mr. Calliste stated that there are overtime reports that are distributed to various departments and the high earners are identified and follow-up meetings with the managers are conducted as needed to ensure compliance.

Mr. Fugazy stated that the Network has had success in reduce overtime costs; Jacobi by \$1.6 million and NCB by \$500,000 and the Network's YTD overtime expenses are \$1.5 million under budget. Jacobi has made some significant gains in the non-nursing

agencies reduction. In December 2015, agencies cost was reduced by \$240,000 or 10 FTEs; and there has been a reduction in the number of hours resulting in a \$300,000 savings this year. NCB does not use non-nursing agencies.

Mr. Calliste stated that another area of focus has been one to one coverage as part of direct observation. There has been an effort to reduce cost in this area. Nursing and physician leadership have been working on revising the policy in this area as an effort to reduce cost.

Mr. Fugazy stated that the Network has made some process in its efforts in this area but there is more that has to be done in order to achieve the targeted savings. A new approach has been undertaken on a particular nursing unit whereby the physicians were asked to only issue one to one for patient suicidal, homicidal or those patient that presented an immediate threat to themselves. Additionally, authorization was given to the head nurse for the unit that has resulted in a 50% reduction in that area. What was determined after that undertaking was that the admitting physician which is usually a PGY 1 or 2 was putting patients on one to one based on the potential risk. That protocol will be expanded to the various units hospital-wide and it is anticipated that a significant reduction in the cost for this services will be reduced. The patient care associate who are used to do the one to one coverage has created a reduction in the patient experience that devastates the nursing staff.

Mrs. Bolus asked how the one to one coverage is being done on the various units.

Mr. Fugazy stated that as part of the protocol, the patients are congregated in similar room or same geographic areas on all of the units and closer to the nursing stations. To date this action appears to be working.

Ms. Garramone stated that in conclusion the Network's plan has been working and it is expected that the efforts achieved will continue.

Ms. Youssouf asked if the savings were related to any major reductions in utilization. Mr. Fugazy stated that overall at Jacobi utilization has remained flat with one shift of the OB population back to NCB.

Mr. Calliste stated that at NCB the only change has been the OB shift from Jacobi back to NCB. The reporting was concluded.

PAYOR MIX REPORTS – INPATIENT, ADULT & PEDIATRICS

Ms. Krista Olson reported that there was no significant change from the 1st Quarter report presented in November for any of the categories. The inpatient payor mix report compared to FY15 through December, the percentage of discharges that were Medicaid were up slightly – increasing from 61.7% to 63.5% - increasing in both FFS and Medicaid Managed Care categories. The uncompensated care is down slightly from 6.6% to 4.4% which was a positive trend. The outpatient adult payor mix, Medicaid was down slightly from last year at this time, but commercial was up from 8.6% to 9.9%. Medicare, Uncompensated Care and Other categories remain flat. On the outpatient pediatric payor mix report, there was a small increase in the share of Commercial visits – both CHP and non-CHP – going from 9.7% of visits to 11.4%. This was offset primarily by slight reductions in Medicaid Managed Care.

Governance Committee – February 24, 2016

As reported by Dr. Lilliam Barrios-Paoli

The meeting of the Governance Committee was called to order at 3:07 p.m. to deliberate on the following personnel action item:

Action Item

To consider the following nominees to the corporate officer level position of Vice President:

- *Paul A. Albertson, Supply Chain Services*
- *Lauren Johnston, RN, Office of Patient Centered Care*
- *John E. Jurenko, Jr., Intergovernmental Relations*
- *Roslyn Weinstein, Office of Facilities Development*

To provide context for his recommendations, Dr. Raju recalled the history of corporate officer appointments, which had mainly been at the senior vice president level for the last few Health + Hospitals administrations. He went on to explain that as a part of his restructuring process, he wanted to revitalize the corporate officer position of vice president to avoid counterintuitive promotions at this level while providing for a more logistical management structure that better aligns with his 2020 vision going forward.

This also elevates to the corporate officer level the assigned duties and responsibilities which each nominee has performed admirably while serving in the mid-manager title of senior assistant vice president.

Pursuant to questions posed by the Committee members, Dr. Raju stated that other appointments are being considered and as the vetting process is completed, he will bring his recommendations before the Committee for consideration.

Dr. Barrios-Paoli called for the Committee's vote on the action item, which was seconded and approved for consideration by the full Board.

Information Technology Committee – March 8, 2016

As reported by Dr. Lilliam Barrios-Paoli

Chief Information Officer Report

Mr. Guido, Interim Chief Information Officer, presented the Chief Information Officer Report. He began by stating that Ed Marx would be giving another Epic status report up-date to the Committee since go-live is scheduled for 22 days from now at Queens and Elmhurst Hospital Centers.

Mr. Guido addressed the report's Major IT Program Status Updates on a red-yellow-green color scale: Meaningful Use (Overall yellow, Budget green, On-Time yellow); Electronic Medical Record (Overall yellow, Budget and On-Time status green); Enterprise Resource Planning (all green); Radiology Consolidation (all green); and Data Sciences (all green).

The following initiatives were reported on:

Meaningful Use Update

Mr. Guido stated that NYC Health + Hospitals received almost \$19 million in calendar year 2015 for the year 2014 Adopt-Implement-Upgrade (AIU) providers (894 total). In calendar year 2016, he stated that NYC Health + Hospitals will receive over \$30 million for the 2015 AIUs (1,423 providers). Once NYC Health + Hospitals begins attesting during a 90 day period in 2016, we should receive another \$19.6 million based on the total 2014 and 2015 providers.

March 27TH ePrescribing Requirement Go-Live

Mr. Guido explained the mandate requiring providers to submit medications electronically will go into effect on March 27, 2016. He said implementation of this requirement was delayed by legislation signed by Governor Cuomo one year ago. Mr. Guido said that we are about 80% complete and on-track to be ready for the March 27th deadline.

Radiology Consolidation Program Update

Mr. Guido said that, as mentioned in the last CIO report, McKesson was selected for this project and a contract was signed and finalized two (2) weeks ago. We have completed our prerequisites for the first four (4) locations. We are on track with the project and looking forward to getting it into place.

Enterprise It Services (EITS) Wellness Sessions

Mr. Guido indicated there is a lot of stress within the EITS organization due to all the projects underway. He announced that in collaboration with our Corporate Chief Medical Officer, Dr. Ross Wilson and Yvette Villanueva Senior AVP for Human Resources, an EITS staff wellness program is being established. In addition, Health Screening resources and stress tests, are being made available to EITS staff thanks to Dr. Wilson. Mr. Guido also mentioned that EITS held its first wellness event last Friday. Finally, Mr. Guido stated that in order to get staff moving, other programs like salsa dancing and aerobics would be made available as well.

EITS Response to Recent Ransomware Attack News Story

Mr. Guido spoke about the recent news story regarding Hollywood Presbyterian Medical Center (HPMC) in Los Angeles being the victim of a "ransomware attack." He explained how the virus locks up data and a ransom must be paid to free it up. He said we take precautions but we can only protect so much with the information we have.

Mrs. Bolus asked, how an organization can pay a \$17,000 ransom in bitcoins. Mr. Guido explained what bitcoins are (they are purchased in dollars but they are their own currency; and they can be traded around the world) and how their payments on an exchange are untraceable. He likened it to an electronic version of the Federal Reserve.

Dr. Barrios-Paoli asked, if bitcoins are like PayPal? Mr. Guido said yes, in a way it is, except you need a credit card for PayPal. But the problem here with bitcoins is that they are untraceable.

Action Item:

Authorizing the President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), or his designee, to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$13,748,060 for a one year period.

A PowerPoint presentation entitled, “On-Gong Purchases for Storage Hardware, Software and Maintenance through Third Party Contacts” was given to the Committee members.

Mr. Guido pointed out there has been a 1000% increase in storage since 2011.

Committee member Josephine Bolus, RN asked if this was in response to the fact that we have to maintain files on minors. Mr. Guido responded yes, that once someone turns 18, we are required to keep their files for 25 years.

Dr. Barrios-Paoli asked if this is for everyone. Mr. Guido responded that there is different criteria for maintaining different patient data. He stated that we standardize all data. Mr. Guido pointed out that we are using technology to protect patient privacy that is currently available and that it is new.

Mrs. Bolus asked about emails which are forwarded with patient information and go from one person to the next. Mr. Guido responded that we search for ePHI (electronic protected health information), but we can only check within the NYC Health + Hospitals system. He said that DLP (data loss prevention) technology is maturing and we are keeping up.

Approved for consideration by the full board.

Information Items:

Ed Marx, Epic Program CIO, Clinovations, delivered a presentation entitled, “GO Executive Governance: Update to the Information Technology Board Committee”.

Dr. Barrios-Paoli asked, just how different is Epic from what NYC Health + Hospitals currently has. Mr. Guido stated it was much different. He said QuadraMed, the system we have now, is twenty (20) year old technology, while Epic is state-of-the-art. He said Epic is more effective and efficient.

Jennifer Yeaw, Agent Designee for Committee member Steven Banks, asked if Epic will be enterprise-wide. Mr. Guido responded that it will be in the future. The first go-lives will be at Queens and Elmhurst hospitals beginning on April 1st. It will take until 2018 to get all facilities on-line.

Dr. Barrios-Paoli asked, which facility will be last to go-live on Epic. Mr. Guido said Bellevue and Kings County will be the last facilities. He added that once the first roll-outs happen, we will look at the schedule to see which roll-outs might be able to change.

Mrs. Bolus asked if the Correctional Health would be getting Epic. Mr. Guido stated that they have a different system. Dr. Raju said we would need extra money to bring Epic to Correctional Health and we do not have it at this time.

Mrs. Bolus thanked both Messrs. Marx and Guido for the presentation.

Medical and Professional Affairs Committee – March 8, 2016**As reported by Dr. Vincent Calamia****Chief Medical Officer Report**

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

NIPCOA (Nurses Improving Primary Care for Older Adults) Grant Curriculum – In the context of our ageing population, online training modules have been developed for ambulatory care RNs for them to become better able to manage the care of the geriatric patient. The curriculum was developed in conjunction with NYU College of Nursing/Hartford Institute for Geriatric Nursing through a grant titled – NIPCOA – Nurses Improving Primary Care for Older Adults. Nurses who complete the online training would be designated a Geriatric Resource Nurse (GRN). The Role of the GRN will be to work with their nursing colleagues and providers in managing the

complex needs of elder adults seen in the ambulatory, primary care setting by improving clinical outcomes and coordinating care to positively assist in minimizing hospital admissions/re-admissions. Ultimately, the goal is for the nurse exposed to this geriatric education to on to take a national certification exam to become an ANCC Certified Generalist Gerontological Nurse. The Geriatric focused modules cover a broad range of clinical issues that impact elder care and also mirror content covered on the ANCC national certification exam. Topics include:

- ✓ Common Screenings for older adults
- ✓ Prevention of Illness in Older Adults
- ✓ Delirium, Dementia and Mild Cognitive Impairment
- ✓ Advance Directives
- ✓ Palliative and Hospice Care
- ✓ Multiple Chronic Dx Management
- ✓ Persistent pain in older adults
- ✓ Health Promotion/Patient and Family Education
- ✓ Elder Mistreatment
- ✓ Elder Substance Abuse
- ✓ Sensory Considerations
- ✓ Falls and Fall Prevention
- ✓ Medication Management - PolyPharmacy
- ✓ Skin Disorders

Health Home - During CY 2015, the Health Home program saw a tremendous amount of growth. By increasing our community partnerships - from 6 Care Management Agencies at the end of 2014 to 25 at the end of 2015 – Health Home added a lot of capacity for providing care coordination services to our patients. Health Home saw a 227% growth in enrolled patients – from 2383 at the end of 2014 to almost 8000 at the end of 2015, as well as a growth of patients in active outreach of 642% - from 4695 to 34842 during that same time frame.

Behavioral Health

The Office of Behavioral Health with Ambulatory Care, Women’s Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor’s Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This will involve the Councils of Emergency Medicine and Psychiatry as well as other identified staff from both Central Office and facilities. A draft working plan has been submitted for review and comment. The draft focuses on identification, reporting and data collection, and assessment and engagement of patients. A review of the workforce issues is also underway, with. The OBH has initiated a “real-time” tracking mechanism to capture all staff injuries related to patient care in Behavioral Health. This is in collaboration with the Safety Office and Risk Management.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental health services at these sites. The MOA is scheduled for signature and meetings with the host facilities are being scheduled.

Office of Ambulatory Care Transformation (OACT)

- The Board Quality Assurance Committee Performance Improvement project for Quarter 1 is focused on Collaborative Care for Depression. The project aims to improve patient care around the following metrics:
 - o Enrollment: Increase enrollment % of all patients who screen positive for depression to $\geq 50\%$
 - o Delivery of Care: Increase the % of Medicaid patients billed for who have received all appropriate clinical care services required by the State Office of Mental Health to 100%
 - o Clinical Improvement: Increase the % of patients enrolled in Collaborative Care for 70 days or greater who show clinically significant improvement in PHQ-9 scores to $\geq 50\%$
- OACT and Breakthrough have partnered to launch an effort to address visit flow in our primary care setting. Patient experience scores have historically been brought down by “moving through your visit” scores. This work represents a centralized

effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and guidance. The work is launching in 1 acute (Kings County) and 1 Gotham (Morrisania) site, and the methodologies/learnings will be incorporated into the Q3 Board Performance Improvement project for all sites.

- Health + Hospitals is embarking upon recognition or recertification as Patient-Centered Medical Homes (PCMH) for 56 of our primary care sites. Gotham is the first PCMH application to be submitted, at the end of March. In addition to improving the delivery of patient care, PCMH recognition results in increased reimbursement rates from payors and meets our requirements for transformation under DSRIP.
- MetroPlus, in partnership with OACT, has taken steps to enhance the way new members are auto-assigned to providers in our system with more access. A proof of concept was piloted in November, and since then we estimate that ~20k patients who would have been assigned to providers who are over-subscribed (no room in panel or no available appointments in schedule) have been redirected to providers with more access. MetroPlus is now working on an automated solution to make these enhancements permanent.

IMSAL

NYC H+H/Jacobi Labor and Delivery Unit-Based Simulation/Debriefing Program was commenced in August of 2015, and seeks to improve unit culture and collaboration through simulation and debriefing. The program is led by an inter-professional core team comprised of members from the obstetrics, pediatrics, anesthesia, blood bank, and surgical services.

Highlights:

- 39 Simulation/Debriefings performed with 447 participant encounters to-date. Topics completed: maternal hemorrhage, shoulder dystocia, and Category 2 fetal heart rate tracing. Upcoming topics: preparing for preterm birth (in-servicing all staff on new thermoregulation equipment using simulation)
- Lessons learned and process improvements uncovered during debriefings are fed directly into the existing quality improvement processes and have resulted in substantial enhancement of safety on the unit. Examples include: quicker escalation during an emergency, update of Nextel STAT phones, revision of hysterectomy trays, and improved communication with trauma team and blood bank.
- The need for a “Caring for the Caregiver” forum was identified through debriefing and implemented. The first session (2/25/16) was attended by 43 staff members from various departments. The response to the session was overwhelmingly positive and additional sessions were requested.

2015 NYC Health + Hospitals Research Activities

Summary Report to Medical & Professional Affairs Committee of the Board

NYC Health + Hospitals is committed to providing high-quality, comprehensive health services to all New Yorkers, and research is a critical part of that mission. In addition to bringing the latest treatment to our patients, the knowledge gained from these research studies advances the quality of care for people around the city.

NYC Health + Hospitals physicians and researchers study new medications, track patient outcomes for years and gather evidence for education and treatment programs. This information is then disseminated into the System through graduate and continuing medical education and to the scientific community through peer-reviewed publications.

In the oversight of all human subjects research, NYC Health + Hospitals (including its investigators, research staff, residents involved with the conduct of human research, the Institutional Review Boards, the System official, and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled “Ethical Principles and Guidelines for the Protection of Human Subjects of Research,” also known as “The Belmont Report.”

NYC Health + Hospitals Research complies with all federal regulations regarding objectivity in research and the Board’s 2015 approved Human Subject Research Protections Program Policies and Procedures. In addition, no incident or a case of research misconduct, protocol violation, and noncompliance was reported last year. The system was not exposed to any risk in 2015 as a result of research conducted in any of its facilities.

NYC Health + Hospitals engages only Institutional Review Boards (IRB) that are guided by the ethical principles established by the Belmont Report. The table below list IRBs used by the System in 2015.

Approval Process

In order to ensure that investigators and researchers comply with NYC Health + Hospitals, Federal, State, and City regulations, policies, and procedures that guides human subject research, all Research Projects must undergo the approval process described in the figure below. Research study will not start at any NYC Health + Hospitals facilities until notification of final Research Office approval is received by the Principal Investigator and Facility.

Activity Summary

In 2015,

- IRB approved human research studies totaled 322, of which 95 were funded and 227 were unfunded.
- In addition, we received \$1.1M from research activities, and
- Publications of research and review articles in peer-reviewed journals totaled 172.

For example, Researchers at Queens Hospital Cancer Center participated in a study with Memorial Sloan Kettering Cancer Center which looked at a new method of treating stage IV Gastric Cancer patients.

Metastatic Gastric Cancer has a poor survival rate with the majority of patients dying within one year of diagnosis. Treatment options at the time for these patients were very toxic leading to poor quality of life, delays in treatment, frequent hospitalizations and discontinuation of treatment due to toxicity. The primary aim of this study was to develop a more tolerable three-drug chemotherapy regimen for gastric cancer without compromising efficacy. The results of this study showed both an increase in progression free survival as well as reduced toxicities and decreased hospitalizations. This treatment is now the preferable regimen for advanced gastric cancer based on this study.

These results were recently published in the prestigious Journal of Clinical Oncology where Dr. Margaret Kemeny, Director of Queens Hospital Cancer Center, was co-author. Although this was a multi-center study which included both academic and community institutions, Queens Hospital Cancer Center was able to accrue 50% of the minority patients represented in the study. All of the patients randomized to this regimen did well, but one patient in particular at Queens Hospital Cancer Center exceeded all survival predictions and is alive, traveling and active seven years after diagnosis on this regimen.

Clinical & Translational Science Award with NYU

In 2015 the New York University (NYU) - NYC Health + Hospitals (H+H) was re-awarded a 5-year Clinical and Translational Science Institute grant from the National Center for Advancing Translational Sciences. The partnership will continue to support and enhance collaborations between research teams at NYU and clinical teams at H+H. Specific grant goals include developing an H+H research agenda to promote collaborative research, improving use of H+H clinical data for research, and promoting opportunities to engage in research to our patients. The ultimate goals of the collaboration are to foster innovation and transformation to accelerate the pace at which quality health care services and technologies are brought to the population we serve. Infrastructure funding for Health & Hospitals will flow from this award which totals approximately \$20m over 5 years.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of February 1, 2016 was 482,776. Breakdown of plan enrollment by line of business is as follows:

Medicaid	389,948
Child Health Plus	13,111
MetroPlus Gold	4,512
Partnership in Care (HIV/SNP)	4,454
Medicare	8,408
MLTC	1,006
QHP	17,693
SHOP	940
FIDA	183
HARP	7,461
Essential Plan	35,060

MetroPlus has had a high rate of Medicaid members losing eligibility. We have learned from participating in trade organization calls that this is a problem for all plans. Many members who had been on paper recertification by HRA signed on to the New York State of Health website. They no longer will get paper recertification requests. Since they have not recertified online, they automatically lose eligibility and are getting dropped from the plan. According to New York State, there were over 100,000 cases of this last month. We are focusing on outreach to this group in an attempt to recover them.

MetroPlus continues to aggressively focus on growth. We are undertaking many new member retention initiatives. We aim to improve the service we provide to our members, offer them the ability to be engaged in care by providing easy access to their records through our member portal and other means of communication, as well as enhance our network to allow for quick access to care.

I would like to provide this committee with a few informational items. Firstly, as of January 8th, 2016, pregnancy qualifies as a reason for Special Enrollment Period (SEP) on New York State of Health. This SEP does not have a 60 day enrollment requirement from the time of the event like other SEPs and it applies only to those applicants that have no insurance (meaning this does not allow applicants to switch to a different QHP. This SEP only opens up enrollment for the pregnant applicant. The rest of the family does not get an SEP when the mother reports a pregnancy.

Secondly, effective July 1, 2016, the provision of School Based Health Center (SBHC) and SBHC-Dental (SBHC-D) Services will be incorporated into the Medicaid Managed Care (MMC) benefit package, and Medicaid Managed Care Plans (MMCPs) will be responsible for reimbursing SBHCs for services. The goal of the transition is to maintain access to these critical SBHC and SBHC-D services while integrating the services into the larger health care delivery system. It is anticipated that the integration of SBHC and SBHC-D services within the existing managed care framework and coordination of services with the child's primary care provider will improve quality and promote an efficient, effective delivery system. MMCPs must permit enrollees who are in an on-going course of care at a SBHC at the time of the transition of these services to managed care to continue their course of treatment unchanged for at least the first 90 days of the SBHC transition period.

Additionally, the State has been working on a Children's Medicaid Redesign initiative, transforming the delivery of health care for children. The key features will be implemented in phases and include expanding access to care management for children with chronic conditions under the Health Home program or for children with lesser needs through the Managed Care plans, creating new state plan services, transitioning existing children's behavioral health benefits from fee-for-service to managed care, providing greater access to an aligned array of home and community based service, and shifting foster care "per diem" population to managed care.

Information Items:

Kenra Ford, Assistant Vice President, Clinical Laboratory Medical and Professional Affairs presented to the committee Laboratory Transformation Update.

SUBSIDIARY BOARD REPORT

MetroPlus Health Plan, Inc. – March 8, 2016

As reported by Mr. Bernard Rosen

Chairperson's Remarks

Chair Rosen welcomed everyone to the MetroPlus Board of Directors meeting of March 8th, 2016. Mr. Rosen stated that the meeting would start with the Executive Director's report presented by Dr. Saperstein followed by the Medical Director's report presented by Dr. Dunn.

Executive Director's Report

Dr. Saperstein stated that MetroPlus' Chief Medical Officer, Dr. Van Dunn will be leaving the Plan by Monday, March 14th, 2016. Dr. Dunn will be the new Chief Medical Officer for 1199 SEIU Benefits Funds. Dr. Saperstein and the Board wished Dr. Dunn well in his future endeavors.

Dr. Saperstein reported that MetroPlus has had a high rate of Medicaid members losing eligibility. According to participation in trade organizations calls, this is a problem for all plans. Many members who had been on paper recertification by Human Resources Administration (HRA) signed on to the New York State of Health website. These members no longer will get paper

recertification requests. Since they have not recertified online, they automatically lose eligibility and are getting dropped from the Plan. According to New York State, there were over 100,000 cases of this last month. MetroPlus is focusing on outreach to this group in an attempt to recover them. Mr. Dan Still asked if this situation was ongoing or if this has only occurred once. Dr. Saperstein informed everyone that this issue began around open enrollment time (December – February), but the problem is anyone that has enrolled since the last two years is through this new system and the population may not have access to email.

The challenge is if the population does not have access to a computer or emails, MetroPlus will have to find them because they might not realize that they have lost their insurance until they try to visit a doctor. Mrs. Gail Smith stated that last week was the Public Health Plan (PHP) Coalition Lobby Day. It entailed meeting with Mr. Jason Helgerson from the State along with other elected officials regarding this issue. The Plans wanted the opportunity to reach out and call those disenrolled to re-engage them and enroll them over the phone.

Mr. Lloyd Williams asked if the Plan has the staff for the recovery of this initiative. Dr. Saperstein stated that the Plan has about 50 people along with also using the Marketing staff. The Plan is redirecting resources because it is a critical item to work on. Mr. Williams asked is it of value to bring in new staff only to concentrate on this situation instead of taking some of our key people from other areas. Dr. Saperstein responded by saying that the Plan has a consultant who is currently assisting the Plan regarding the staff. The consultant is trying to do smart outreach with telephone trees.

Mr. Dan Still wanted to know what the Plan is doing regarding Behavioral Health. Dr. Saperstein responded by saying the Plan has carved out its behavioral health services to Beacon Health Strategies. Beacon is an independent entity that has about a million members in behavioral health management. They have recently merged with Value Options. The Plan is managing behavioral health in a collaborative fashion.

Beacon's staff is sitting on the 19th floor. They work side by side with the care managers. This includes the Health and Recovery Plan (HARP) membership. The Plan has about 7,500 members in its HARP population. There are about 5,000 members in the Supplemental Security Income (SSI) population that the Plan did not have to cover their behavioral health, which is now carved in. The biggest challenge that is being faced, is that a signed contract hasn't taken place with Health + Hospitals as of yet. Therefore exceptions to policy had to be made, where they are paying off MetroPlus' old contract at the new increased rates but without a formal contract with Health + Hospitals.

Medical Director's Report

Dr. Dunn discussed in great detail the QARR Matrix Quality Improvement Projects. Quality Management has recently submitted Action Plans to improve the performance of the QARR measures listed within the table in the report. Quality Management is scheduled to meet with the NYS Department of Health on March 7th to review the Action Plans.

Mr. Williams took a moment to acknowledge Dr. Dunn for his major accomplishments while working for MetroPlus and he also acknowledged his professionalism during his years of service. Mr. Dan Still also congratulated Dr. Dunn on his future endeavors.

Mr. Still wanted to know about the planning or prevention that Health + Hospital entities are taking regarding the threat of the Zika virus. Dr. Dunn responded by saying that the City has been very proactive regarding the Zika virus. There is an alert every week updating on cases. Most of the cases found are from people who have traveled to the epidemic areas. The concern now is that the Zika virus can be transmitted sexually. Until there is a vaccine, there is really nothing more than prevention and surveillance. Now there is a blood test that can be done for people that have traveled to those areas. Dr. Saperstein mentioned that the real challenges are in regards to pregnant women. Some of the individuals that have been affected by the Zika virus have temporary paralysis.

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

RAMANATHAN RAJU, MD
NYC HEALTH + HOSPITALS PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 24, 2016

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

BEHAVIORAL HEALTH SCHEDULING IMPROVEMENTS

NYC Health + Hospitals/Kings County- Behavioral Health has successfully reduced their Third Next Available Appointment (TNAA) from 29 days to 5 days in the month of February.

A series of Lean Interventions to target access metrics was launched In January of 2016; including a Soarian training with Revenue Management, scrubbing all provider Soarian templates, creating a centralized intake calendar, and launching a double booking pilot for intake appointments.

These interventions and ongoing maintenance have resulted in an 86% reduction in wait time for a new appointment in the Kings County- Adult Outpatient Department.

RECOGNITION FOR REDUCING ANTIPSYCHOTICS

NYC Health + Hospitals/ Sea View has been awarded the American Medical Directors Association (AMDA) Quality Improvement and Health Outcome Award.

Sea View's winning submission is entitled: "Reduction of Antipsychotic Medication in Long Term Care Dementia Population Utilizing Novel Non Pharmacological Approaches".

Recipients receive this prestigious award for improving the quality of life for persons living in nursing homes.

INTERGOVERNMENTAL AFFAIRS UPDATE

On Monday, March 21 NYC Health + Hospitals' President and CEO Dr. Ram Raju testified at a preliminary FY 2017 budget hearing held by the New York City Council's Committee on Health.

Testimony focused on Vision 2020 transformation, the financial challenges our system faces, and ways we are working with the City and State to bridge our budget deficit as we work to secure financial viability.

JOINT COMMISSION VISIT TO GOUVERNEUR

The Joint Commission survey process began with TJC Corporate Orientation, which was held February 22, 2016. The Orientation is an opportunity for facility staff to meet the TJC survey team leader and for us to orient TJC staff to NYC Health + Hospitals, as well as emphasize those systemic functions and practices that enable us to comply with the intent of the Joint Commission standards.

This year, six (6) facilities - McKinney, Elmhurst, Gouverneur, Jacobi, Harlem and Metropolitan, will be surveyed. All surveys are unannounced and could occur anytime between March and December 2016.

Gouverneur's Skilled Nursing Facility was visited by Joint Commission on Monday, March 14th-Wednesday, March 16th. Joint Commission Surveyor, Betsy Bradford, spent three days conducting a comprehensive survey utilizing tracer methodologies, speaking with staff and reviewing records. Gouverneur's survey concluded with complements from the surveyor and some requirements for improvement. Gouverneur will use these recommendations to improve the services provided to its patients and residents. Several of the recommendations have already been implemented and the others are expected to be in-place soon. Areas singled out for their high-quality include the caring staff and their relationship with residents, cleanliness of facility, organization of the HR and Credentialing functions, fire alarm system and Emergency Management Plans and staff safety program, and flu vaccination program.

PATIENT SAFETY AWARENESS

United for Safety is the national theme for Patient Safety Awareness Month 2016.

Events during the month across our system emphasize that safety is everyone's responsibility. Hand-offs, escalations and teamwork are essential to maintaining the great safety culture we have built, and to helping us meet and exceed our patient's

expectations in the future. Congratulations to the 23 Patient Safety Champions selected from around our system earlier this month. They carry the torch of our safety agenda, and help us remain vigilant in our fundamental commitment to providing safe care.

NATIONAL SOCIAL WORKER MONTH

March is also National Social Work Month, a time to salute the great work that our social workers do to improve the quality of our patients' lives, and of the health care they receive. Our social workers push the mark, by reaching beyond the medical silo to address circumstances and environments that impact our patients' health and well-being. The counseling, guidance and referrals they offer patients every day form the basis of our holistic approach to care... care that doesn't end just because a patient is discharged. Linking our direct medical treatment to non-medical social services helps ensure that patients stay connected---and continue receiving responsive attention to their health needs long after a hospital stay or neighborhood health center visit is over. Please remember to let a social worker colleague know how much this system values the work that they do each and every day.

FREE DENTAL SCREENINGS

NYC Health + Hospitals/ Coney Island provided free dental screenings during February's Children's Dental Health Month to over 280 NYC Public School students as part of a collaboration initiative with UFT and District 21 schools to improve community health.

GRANT FOR HEALTHY BABIES PROGRAM

NYC Health + Hospitals/ Elmhurst has been awarded a March of Dimes/ New York State Chapter Community Grant Award supported with \$22,500 from the Anthem Foundation. This award continues support of the *Queens Healthy Babies are Worth the Wait* Community Program which aims to decrease preterm births by providing resources to increase knowledge about factors that cause preterm birth, change the attitudes and behaviors of providers and health care consumers in order to impact community-specific risk factors, and implement strategies to prevent preterm births.

RYAN WHITE FUNDING

NYC Health + Hospitals/ Harlem's HIV Services department received the Ryan White *Ending the Epidemic* Grant in the amount of \$357,892.00 from the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), as Grantee of the New York Eligible Metropolitan Area (NY EMA).

CARE FOR WOUNDED OFFICERS

The New York City Police Department and its 83rd Police Precinct expressed gratitude for the excellent care provided to 2 police officers by NYC Health + Hospitals/Kings County Level 1 Trauma Center. The two officers were brought to the hospital with gunshot wounds suffered on February 20th. One officer was released the same day, while his fellow officer was discharged on February 23rd. A press conference was held with Mayor de Blasio and President Raju on the morning of the shooting to keep the public apprised of the officers' condition. An honor contingent of NYPD officers paid tribute to him at the time of their release. Executive Director Baptiste, Medical Director Dr. Jamaledine and the medical team extended their recovery wishes to both officers.

On February 4, 2016, two injured NYPD officers were brought to NYC Health + Hospitals/Lincoln after being shot and wounded at Melrose Houses. Interim Chair of Surgery, Valerie Katz, MD, and her team were personally thanked by both Mayor Bill de Blasio and NYPD Deputy Commissioner Benjamin Turner at a press conference held at 10:30 pm that same evening. Officers held around the clock vigils for Officer Diaria Cruz and on February 10, 2016, she was released home. Officer Cruz left Lincoln with applause from various ranked NYPD officers, family members and Lincoln leadership.

IMPROVING PATIENT CULINARY AND NUTRITIONAL EXPERIENCE

NYC Health + Hospitals/Queens' focus on providing excellence in patient experience has extended to the hospital's Food and Nutrition Department. Queens has implemented a hot breakfast service which includes buttermilk pancakes, French toast and even cholesterol-free omelets. To complement the hot breakfast, patients receive seasonal fresh fruit daily and on most days, a fresh low-fat yogurt is on their tray. Representatives from Food and Nutrition do rounding with the patients every day. Feedback has been very favorable.

EMPLOYEE FITNESS INITIATIVE

NYC Health + Hospitals/Queens celebrated its First Annual Step-Up Queens Winter Program on Thursday, January 21. This program was developed by the Joint Labor-Management's Wellness Committee to encourage employees to participate in initiatives to improve their own overall health. Thirty-eight eager participants across different departments and various shifts accepted the challenge of the Step-Up Queens Winter Program, which ran from November 30 through December 31. Many of the participants were members of the Emergency Department staff who, wearing pedometers provided by MetroPlus, kept track of their steps and were astounded to learn that along with participants from other departments, their steps totaled more than four million in only one month!

PATIENT NAVIGATOR FUNDING FOR BREAST CANCER PATIENTS

NYC Health + Hospitals/ Woodhull has been awarded a \$64,000 grant from the Greater New York City Susan G. Komen Affiliate to support breast cancer screening and diagnostic services for the women of North Brooklyn. The grant funds a Patient Navigator who ensures that women referred to breast cancer screening and diagnostics are seen in a timely manner, and that all women who have abnormal findings are seen by the oncologist with biopsies completed in less than 30 days. The grant also funds a Continuing Medical Education Program enabling providers who attend the Tumor Board to receive 1.0 hours of CME.

BREAKTHROUGH UPDATE

NYC Health + Hospitals' Breakthrough initiative is pursuing a three service line focus:

Emergency Services: Urgent ED patients are receiving more timely services at Queens, Kings County, Jacobi and Metropolitan. Examples of improvements are: Jacobi: baseline (time patient entry to discharge in ED: LOS) of 345 minutes to 158 minutes; Queens: Walkout rate reduced from average of 5.7%/month to 3.4%/month (40% reduction).

Ambulatory Care: Teams have been established in Kings County and Morrisania Neighborhood Family Health Center. Work has started to reduce the clinic patient cycle time and focus on daily improvements.

Behavioral Health: Work at Kings County and Jacobi, focuses on improving patient access to BH's outpatient services by increasing the timely availability of appointments (TNAA). Initial result at Kings County: TNAA was reduced from a baseline of 28 days to an average of 6 days for the 5 weeks since improvements were implemented.

ONECITY HEALTH UPDATE

March 31st marks the end of the first year of New York State's Delivery System Reform Incentive Program (DSRIP), as well as a reporting deadline to the New York State Department of Health (NYS DOH) for clinical projects which are currently underway across the entire OneCity Health network.

We are pleased to announce that we have surpassed our quarterly target for Project 11. To date, we have successfully administered over 12,000 Patient Activation Measure® (PAM) surveys, passing the target of 11,000.

In addition, we remain on track to meet our commitments regarding the integration of palliative care into the Patient Centered Medical Home (PCMH).

Our asthma home-based self-management implementation work continues at both select NYC Health + Hospitals and community partner sites.

As required by the NYS DOH, OneCity Health completed surveying all partner organizations regarding two subjects in March: The consultant BDO, in collaboration with four (4) NYC Performing Provider Systems, completed a workforce survey. This was an initial step in developing an engagement and training strategy to prepare our workforce for a more community-facing delivery system. We continue to engage our labor partners in this effort. OneCity Health also assessed the financial strength of its network in order to deliver a sustainability strategy to the NYS DOH at the end of March.

New York State awarded NYC Health + Hospitals up to \$300.5 million for five capital projects through the state's Capital Restructuring Financing Program (CRFP), a funding initiative that is aligned with the DSRIP program. The allocation to NYC Health + Hospitals represents the largest total award by the state under the \$1.4 billion CRFP program. OneCity Health is awaiting further instruction on how to qualify and meet CRFP requirements for potential funding.

The OneCity Health Executive Committee convened in March and approved the following: Ten new candidates for various governance committees. Four new care models, covering the Health Home At-Risk, Care Transitions, ED Care Triage for At-Risk Populations, and Integration of Primary Care and Behavioral Health Services projects. The addition of Schedule C – which further

defines the roles of the OneCity Health Central Services Organization - to the Master Services Agreement, which establishes the general roles and responsibilities of partners, NYC Health + Hospitals and the CSO.

MARCH 2016 PROGRAM OF THE MONTH LGBTQ HEALTH EQUITY CAMPAIGN

I can't think of a better example of our transformation to providing true health care than our work to further health equity for LGBTQ patients. As healers, we know that the doctor-patient relationship is the essence of medicine. Patients must feel safe with us, and comfortable confiding in us, in order for us to offer the most effective care.

Which is why I am so proud of our LGBTQ Health Equity Campaign. Initiatives like our---

- - *"To Treat Me You Have To Know Who I am"* video,
- - our extensive and mandatory staff training on LGBTQ issues,
- - and our broad community outreach,

--- signal our determination to create a welcoming environment for our LGBTQ patients. Today we are particularly happy to report that 21 of our acute care hospitals and community health centers have received "Leader in LGBT HealthCare Equality" designation from the Human Rights Campaign Foundation (HRCF), the nation's largest LGBTQ civil rights organization. To celebrate this great news, we are launching a system-wide marketing effort called "We are an ally". The campaign will make more LGBTQ New Yorkers aware that at NYC Health + Hospitals, they can depend on receiving health care that addresses their specific needs. And that we strive always to create an environment that combines competence with compassion, and approaches issues of non-discrimination with a cordial heart.

I couldn't be more proud of our progress in this area, and of the smart and talented team that is leading our efforts. Please join me in applauding the LGBTQ Health Equity Campaign as our program of the month, and in thanking members of the team who join us today:

Mark Winiarski
Sarah Bender
Evelyn Borges
Anthony DiVittis
Vivian Nolan
Glenn Zuraw

TEAM OF THE MONTH HARLEM FIRE FIRST RESPONDERS

As you know, each month we choose employees or volunteers who exemplify NYC Health + Hospitals' spirit of commitment, compassion and love for our patients.

We have so many great caregivers, and supporters of caregivers, that sometimes it's difficult to choose a person of the month. But today the choice is easy. We are delighted to honor a group of five employees who acted heroically when a dangerous fire broke out recently at NYC Health + Hospitals/ Harlem.

At 11 am on March 4th flames engulfed a patient bathroom on a 10th floor Behavioral Health unit. Nurse Kwame Ankoma grabbed a fire extinguisher and did his best to douse the flames. And as smoke billowed out into the hallways, his colleagues on the unit acted quickly and calmly to move acute behavioral health patients out of harm's way.

The professionalism these five employees demonstrated was mirrored throughout the rest of the day by many others at Harlem, Lincoln and Central Office.

While the fire left much of the 10th floor reeking of smoke and soaked with water from sprinklers, our colleagues evacuated 50 patients, some of them in wheelchairs, first horizontally, and then vertically down ten stories.

They organized the transport and relocation of 21 patients in need of accommodations.

Lincoln's staff stepped up to make new rooms ready for displaced patients.

By 6 p.m., emergency credentials and facility privileges were issued to Harlem psychiatrists and nursing staff, patient medical records were transferred, and a temporary unit at Lincoln was furnished and equipped for patient care to continue uninterrupted.

By 1 p.m. the next day, repair efforts had cleaned up the unit at Harlem, allowing displaced patients to return.

We all know how fast and deadly a hospital fire can be, as evidenced in the past by a terrible fire in Brooklyn that claimed several lives. So it makes me extremely grateful for the example set by our Team of the Month honorees.

Because it was Mrs. Bolus's idea to present the honorees with a token of our appreciation, if she wouldn't mind reading their names:

Kwame Ankoma, RN

William Coit, Behavioral Health Associate

Vladimir Laguerre RN

Delroy Campbell, Unit Clerk

Daniele Luker, Patient Care Associate

Join me in offering them our deepest thanks. And let's also give a round of applause for our leadership at Harlem and Lincoln hospitals and for the Central Office support provided by our Operations, Facilities and Emergency Management specialists. Each of you have our deepest appreciation and gratitude.

RESOLUTION

Authorizing the President of NYC Health + Hospitals ("public health care system") to procure and outfit one hundred thirty-two (132) 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 \$47.2 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, 132 vehicles out of the FDNY's active fleet of 460 ambulances have reached the end of their useful life and must be replaced at a cost not-to-exceed \$47, 186,000; 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 \$30,683,000 in Fiscal Year 2017, and \$27,710,000 in Fiscal Year 2018 in the NYC Health +Hospitals' Capital Commitment Plan, 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 2016 Capital Commitment Plan in fiscal year 2017 in the amount of \$30,683,000, and fiscal year 2018 in the amount of \$16,502,000 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 one hundred thirty-two (132) 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 \$47.2 million.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), or his designee, to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$13,748,060 for a one year period.

WHEREAS, the Storage Area Network (“System”) has over 10 petabytes of storage, which is utilized to store NYC Health + Hospitals’ email, business and clinical data applications as well as surveillance video systems; and

WHEREAS, this storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care; and

WHEREAS, in order to keep up with the demand of storing mission critical data and providing continuous access to our email, business and clinical data applications as well as surveillance video systems, NYC Health + Hospitals must continuously upgrade and add additional storage to System; and

WHEREAS, NYC Health + Hospitals is implementing an Enterprise Resource Planning (ERP) system and the Enterprise Radiology Integration solution that were previously approved by the Board of Directors, which require storage hardware and software and associated maintenance; and

WHEREAS, NYC Health + Hospitals will solicit proposals from manufacturers and authorized resellers on an on-going basis via Third Party Contract(s) which offer discounted pricing compared to the market price for such equipment; and

WHEREAS, Enterprise Information Technology Services provides quarterly reports to the Board of Directors on the status of purchases made pursuant to this approved spending authority;

WHEREAS, the accountable person for this purchase is the Interim Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), or his designee, be and hereby is authorized to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$13,748,060 over a one year period.

NEW YORK CITY HEALTH + HOSPITALS

A meeting of the Board of Directors Executive Committee was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 1st day of April 2016 at 11:00 A.M. pursuant to notice which was provided by the Secretary. The following Directors were present in person:

Dr. Lilliam-Barrios-Paoli
Dr. Ramanathan Raju
Josephine Bolus, R.N.
Mr. Bernard Rosen

Also present in a voting capacity were Mr. Steven Newmark representing Committee member Dr. Herminia Palacio; and, in accordance with the NYC Health + Hospitals/By-Laws, Article VI, Section 14, Dr. Gary Belkin sat in for Committee member Gordon J. Campbell. The Chair also noted the attendance of Jennifer Yeaw, representing HRA Commissioner Steven Banks. Dr. Barrios-Paoli chaired the meeting. Ms. Barbara Keller, Deputy Counsel, kept the minutes thereof.

CHAIRPERSON'S REPORT

Dr. Barrios-Paoli thanked the Board members who attended the meeting.

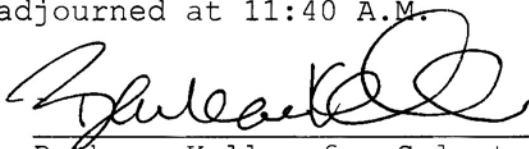
Dr. Barrios-Paoli received the Board's approval to convene an Executive Session to discuss matters of personnel.

EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Barrios-Paoli reported the following action

taken during the Executive session: The Committee considered and approved Corporate Officer appointments for Maureen McClusky, as the Senior Vice President for Long-Term and Post-Acute Care, and Richard Gannotta, as the Senior Vice President for Inpatient Services.

Thereupon, there being no further business before the Board, the meeting was adjourned at 11:40 A.M.

A handwritten signature in black ink, appearing to read 'Barbara Keller', written over a horizontal line.

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

Patient Waiting Time for Primary Care & Behavioral Health

NYC H+H Board Meeting
April 2016



Our journey to address outpatient access

FROM (“Baseline”)

TO (current)

No standard way to measure access across the system

Standard performance indicators, measured and discussed weekly

Limited in-house expertise; initial analysis done by consultant team

Sites leads who are champions/experts on Access, supported by coaches from central office

Avg new patient appt wait of 55 days in Adult and 14 days in Peds

Improved new patient appt wait time, achieved via a standard toolkit of operational improvements deployed by sites

Perception that access would only improve by hiring more staff

Significant improvements without hiring; methods in place to analyze efficiency vs. hiring needs

Variable practices across sites in using our scheduling system

Standardization of scheduling templates via the Epic rollout (*coming soon*)

Fragmented, sub-scale appointment centers

Consolidation and modernization of call centers for 24/7 multi-site appt making (*in progress*)



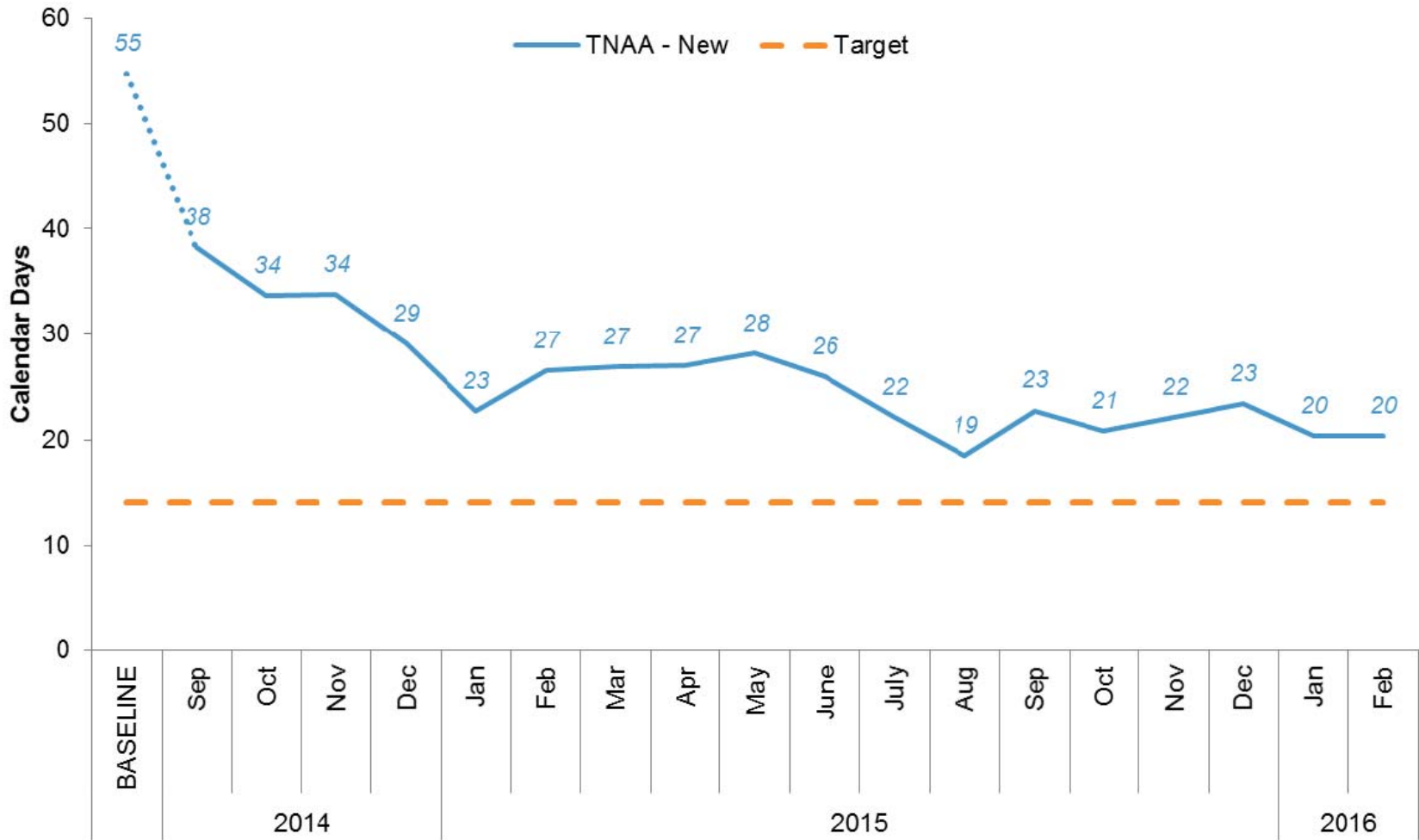
Since 2014, all sites measure and track these access measures weekly

Metric	Definition	Target
Days to 3rd next available appointment	<ul style="list-style-type: none"> Calendar days until 3rd next available appointment for new and revisit patients 	<p><14 days (adult) <5 days (Peds)</p>
Fill rate (%)	<ul style="list-style-type: none"> Appointment slots utilized / appointment slots available 	85% or higher
No show rate (%)	<ul style="list-style-type: none"> Number of scheduled patients that did not arrive / Number of patients scheduled 	20% or lower
In-Clinic wait times (minutes)	<ul style="list-style-type: none"> Minutes from scheduled appointment to when patient sees provider Total end-to-end visit cycle time 	<p><30 mins <60 mins</p>



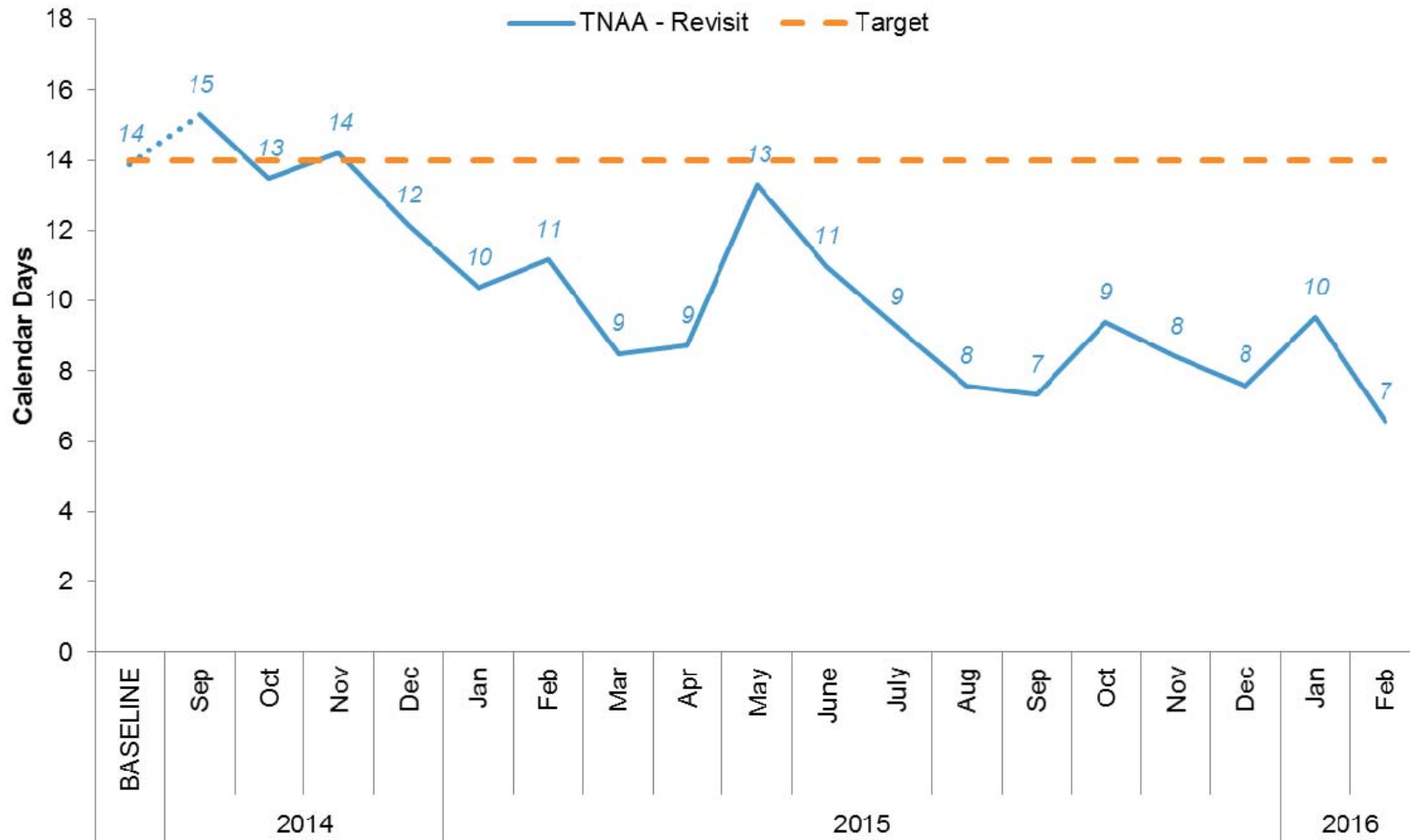
Calendar Days to Third Next Available Appointment

New Patients Adult Medicine, NYC H+H average



Calendar Days to Third Next Available Appointment

Adult Medicine Revisits, NYC H+H average



What is needed to meet and sustain our access goals in primary care?

Strong improvements in appointment wait time for new patients have been sustained, but the rate of improvement is slowing as efficiency opportunities get exhausted

- **20 days in adult** (vs. **55 days baseline** and 22 days three months ago); 9 sites at target
- **4 days in pediatrics** (vs. **14 days baseline** and 10 days three months ago); 13 sites at target

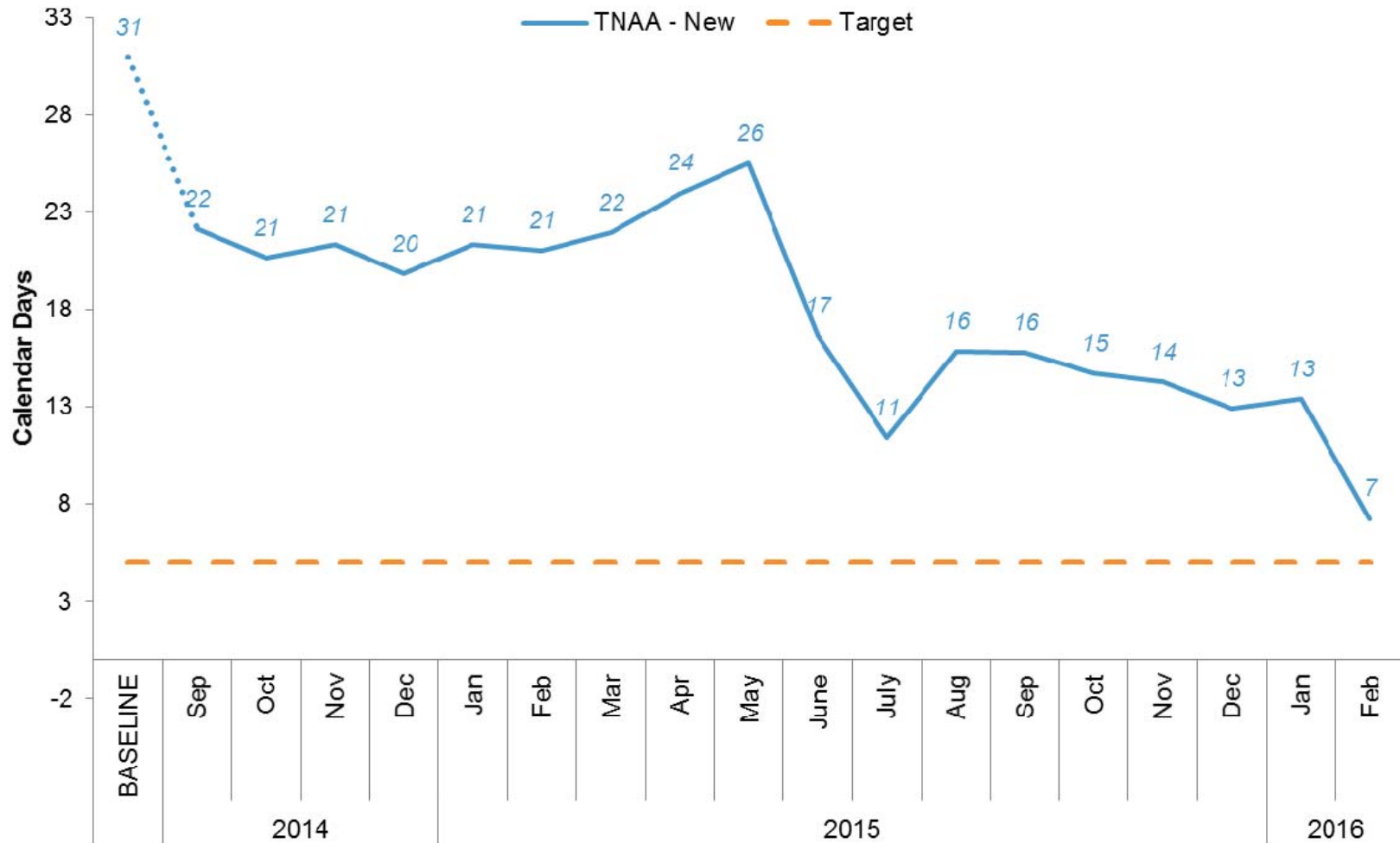
In Adult Primary Care, 3 things are needed to meet and sustain our access goals for our current patients (without market share growth):

- 1 Improve utilization of existing capacity:** Since baseline, avg. “fill rate” of existing appointment slots has increased from **76%** to **88%** (85% is the target) – this efficiency gain helped reduce average wait times without adding staff. Performance varies by site, and a few sites still have some remaining efficiency opportunities
- 2 Fill existing vacant positions:** Across adult primary care, there are **20 Provider** FTE, **14 RN** FTE, and **28 PCA/LPN/CA** FTE of vacant positions (as of March 1)
- 3 Add Providers and Nurses positions:** Today, we have **228 FTE** provider capacity in adult primary care (including vacancies/extenders). We need an additional **~36 Provider** FTE and **28 Nurse** FTE to meet current patient needs



Calendar Days to Third Next Available New Appointment

Behavioral Health, NYCH+H average



NYC H+H Board April 2016

Dates: Monthly averages since Sept 2014, includes all weeks that had a Monday in the month, "Baseline" for each site occurred at different times between Summer-2013 and Fall-2015.⁷
Definition: Calendar days to the third next available appointment for new patients; practice-level, not individual provider; excludes same-day appointments. Weighted by patient volume.
Method of Collection: Two options: (1) Manual lookup of the schedule or (2) MHADLTMENNEW availability pulled automatically from appointment scheduling system (LI)
Sample Size: (1) Manual: sites are encouraged to provide the average of TNAA pulled 3-5 times per week (2) Automated: average of daily TNAA (data reflects TNAA as of midnight each day)

RESOLUTION

Adopting the New York City Health and Hospitals Corporation (hereinafter “NYC Health + Hospitals” or the “System”) Principles of Professional Conduct (“POPC”), which, as required pursuant to 18 N.Y.C.R.R. § 521.3 (c)(1), and as recommended under the U.S. Department of Health and Human Services Office of Inspector General Compliance Program Guidance for Hospitals (1998) and the U.S. Sentencing Commission Guidelines Manual (2015), sets forth in writing NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws.

WHEREAS, pursuant to Social Services Law § 363-d and its implementing regulations found at 18 N.Y.C.R.R. part 521, NYC Health + Hospitals, as a condition of participation in the New York State Medicaid Program (“Medicaid”), is required to establish and maintain an effective Compliance Program;

WHEREAS, pursuant to the mandatory compliance program regulations found at 18 N.Y.C.R.R. § 521.3 (c)(2), NYC Health + Hospitals is required to establish written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics;

WHEREAS, pursuant to NYC Health + Hospitals Corporate Compliance Plan (2011), the System: (i) follows the guidelines set forth by the U.S. Department of Health and Human Services Office of Inspector General (“OIG”) Compliance Program Guidance for Hospitals (1998); and (ii) adopts the principles set forth under the U.S. Sentencing Commission Guidelines Manual (2015) (“Commission Guidelines”);

WHEREAS, pursuant to § II (A)(1) of the OIG Compliance Program Guidance for Hospitals found at 63 Fed. Reg. 8987, 8989-90 (1998), it is recommended that hospitals develop standards of conduct for all affected employees that include a clearly delineated commitment to compliance by senior management;

WHEREAS, pursuant to subdivision 1 of the *Commentary* to § 8B2.1 of the Commission Guidelines, it is recommended that organizations to establish standards of conduct, as well as internal controls, to prevent and detect criminal conduct;

WHEREAS, the existing POPC, which serves as the NYC Health + Hospitals code of conduct, has been in effect since 2010 and has now been updated to include a broader scope of topics covered;

WHEREAS, similar to the existing POPC, the updated POPC:

- Outlines New York City Health + Hospitals’ compliance expectations;

- Underscores prohibited practices and conduct;
- Sets a tone from the top to establish the importance of compliance; and
- States New York City Health + Hospitals' commitment to protect whistleblowers from any form of retaliation.

WHEREAS, the updated POPC has been expanded to specifically focus on the following compliance expectations and key points pertaining to New York City Health + Hospitals' commitment to conduct its business, clinical, and administrative operations in a lawful and ethical manner:

- The affirmative obligation of the following individuals and entities to participate in the NYC Health + Hospitals Corporate Compliance and Ethics Program in carrying out their NYC Health + Hospitals functions and duties: (i) all NYC Health + Hospitals workforce members (whether permanent or temporary), including all NYC Health + Hospitals Members of the Board of Directors, employees, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) all NYC Health + Hospitals business partners, who are required by law or contract to comply with the POPC, including OneCity Health/Delivery System Reform Incentive Payment ("DSRIP") Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals;
- The prevention of fraud, waste and abuse as it relates to workforce members and business partners;
- The prohibition of workplace violence, discriminatory practices, or other conduct that inhibits: (i) workplace safety; (ii) equal opportunities for all workforce members; and/or (iii) the protection of the internal and external environment in which New York City Health + Hospitals operates;
- New York City Health + Hospitals' commitment to high quality and medically necessary patient care;
- The continued identification and resolution of conflicts of interest;
- New York City Health + Hospitals' focus on best information governance practices; and

- The proper use of funds related to the Work Trace Center Health Program, Delivery System Reform Incentive Program (DSRIP), clinical research, and grant funded projects and initiatives.

NOW, THEREFORE, be it

RESOLVED, that the Audit Committee of the NYC Health + Hospitals Board of Directors hereby adopts the updated NYC Health + Hospitals Principles of Professional Conduct to serve as NYC Health + Hospitals' official: (i) *Standards of Conduct/Code of Conduct*; and (ii) written commitment to comply with all Federal and State laws; and

FURTHER RESOLVED, that, the following individuals and entities have an affirmative obligation to adhere to the updated POPC in carrying out their NYC Health + Hospitals functions and duties: (i) all NYC Health + Hospitals workforce members, (whether permanent or temporary), including all NYC Health + Hospitals Members of the Board of Directors, employees, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) all NYC Health + Hospitals business partners, who are required by law or contract to comply with the POPC, including OneCity Health/Delivery System Reform Incentive Payment ("DSRIP") Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals.

EXECUTIVE SUMMARY

Introduction

1. The Office of Corporate Compliance hereby seeks, by way of formal resolution by the Audit Committee of the NYC Health + Hospitals Board of Directors and, subsequently thereafter, the NYC Health + Hospitals Board of Directors, the adoption of the NYC Health + Hospitals *Principles of Professional Conduct* (“POPC”). (See the POPC annexed hereto as Attachment “A”).

Overview

2. The POPC is a guide that sets forth NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws. It describes NYC Health + Hospitals’ standards of professional conduct and efforts to prevent fraud, waste, and abuse.

3. The POPC also serves as the formal “Standards of Conduct” (also often referred to in the compliance and governance community as a “Code of Conduct” or “Code of Ethics”) for NYC Health + Hospitals.

Legal Requirements

Social Services Law 363-d & 18 N.Y.C.R.R. Part 521

4. Pursuant to New York State’s mandatory provider compliance program regulations found at 18 NYCRR § 521.3 (c)(1), as a condition of participation in the Medicaid program, NYC Health and Hospitals is required to establish and maintain an effective compliance program, which includes, among other things, the development and promulgation of “written policies and procedures that describe compliance expectations embodied in a code of conduct or code of ethics”¹

Guidelines of Oversight Agencies/ Compliance Best Practices

U.S. Department of Health and Human Services Office of Inspector General Compliance Program Guidance for Hospitals (1998)

5. Similar to Part 521, guidance issued by the Office of Inspector General of the U.S. Department of Health and Human Services (“OIG”) provides that compliance programs, such as the NYC Health + Hospitals Corporate Compliance and Ethics Program, should develop “written standards of conduct, as well as written policies and procedures that

¹ 18 NYCRR § 521.3 (c)(1).

promote [the System's] commitment to compliance."² Further, as set forth under OIG requirements, these "[s]tandards should articulate [the System's] commitment to comply with all Federal and State standards, with an emphasis on preventing fraud and abuse."³

United States Sentencing Commission Guidelines

6. In addition to Part 521 and OIG Guidance, the 2015 United States Sentencing Commission Guidelines Manual covering effective compliance and ethics programs requires NYC Health + Hospitals to establish standards of conduct, as well as internal controls, "to prevent and detect criminal conduct."⁴

General Content of the Updated POPC

7. In a nutshell, the updated POPC:

- outlines of NYC Health + Hospitals' compliance expectations;
- mandates the affirmative participation in the NYC Health + Hospitals Corporate Compliance Program by: (i) all NYC Health + Hospitals workforce members (whether permanent or temporary), including all NYC Health + Hospitals Members of the Board of Directors, employees, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) NYC Health + Hospitals business partners, who are required by law or contract to comply with the POPC. Business partners include OneCity Health/Delivery System Reform Incentive Payment ("DSRIP") Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals;
- underscores the types of practices and conduct that are prohibited;
- sets a tone from the top to establish the importance of compliance; and
- protects whistleblowers from retaliation.

² U.S. Department of Health and Human Services Office of Inspector General ("OIG"), *Publication of the OIG Compliance Program Guidance for Hospitals*, 63 Fed. Register 8997, 8989 (1998), accessed at <http://oig.hhs.gov/authorities/docs/cpghosp.pdf>

³ *Id.* at 8990.

⁴ 2015 United States Sentencing Commission Guidelines Manual (Part B- Remediating Harm from Criminal Conduct, and Effective Compliance Programs) § 8B2.1 (b)(1); *see also* subdivision 1 of the Commentary of the 2015 United States Sentencing Commission Guidelines § 8B2.1.

Previous/Existing POPC

8. In comparison to the existing POPC (see Attachment “B”), which has been in effect since 2010, the scope of the updated POPC has been expanded to both touch upon and better highlight the following areas and key points:

- the prevention of fraud, waste and abuse as it relates to workforce members and business partners;
- The prohibition of workplace violence, discriminatory practices or other conduct that inhibits: (i) workplace safety; (ii) equal opportunities for all workforce members; and/or (iii) the protection of the internal and external environment in which NYC Health + Hospitals operates;
- the System’s commitment to high quality and medically necessary patient care;
- the continued identification and resolution of conflicts of interest;
- the System’s focus on best information governance practices; and
- the proper use of funds related to the World Trade Center Health Program, DSRIP program, clinical research or grant funded projects and initiatives.

Review by Executive Leadership

9. On February 29, 2016, Wayne A. McNulty, Senior Assistant Vice President and Chief Corporate Compliance Officer, OCC, provided senior leadership at each facility and central office unit with a draft of the updated POPC for their comments and proposed edits. The POPC was received well by senior leadership and the comments received by the OCC regarding the same were minimal.

Next Steps

10. The attached revised POPC is in its final state as it relates to compliance content and will be placed on the NYC health + Hospitals public website and internal intranet once adopted by the Audit Committee of the NYC Health + Hospitals Board of Directors, and thereafter, the NYC Health + Hospitals Board of Directors.

11. In addition to the above, for purposes of aesthetics, presentation, and consistency with NYC Health + Hospitals’ brand, the OCC will work with the Office of Communications and Marketing to complete the POPC’s branding ‘look and feel’ and create a distributable ‘pamphlet-style’ version of the same.

12. In the upcoming months, the OCC will be updating, where necessary, all of the NYC Health + Hospitals compliance policies and procedures including, without limitation, the NYC Health + Hospitals Corporate Compliance Plan. Once updated, the Corporate Compliance Plan will highlight the POPC as the cornerstone of the NYC Health + Hospitals Corporate Compliance and Ethics Program.

Conclusion

13. Based on the foregoing, the OCC now respectfully seeks the formal adoption of the updated POPC by the Audit Committee of the NYC Health + Hospitals Board of Directors, and the subsequent adoption of the same by the NYC Health + Hospitals Board of Directors on April 21, 2016, to serve as NYC Health + Hospitals' official: (i) *Standards of Conduct/Code of Conduct*; and (ii) written commitment to comply with all Federal and State laws.

Attachment "A"



NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT





NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT

I. POPC OVERVIEW.

The *Principles of Professional Conduct* (“POPC”) is a guide that sets forth NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws. It describes NYC Health + Hospitals’ standards of professional conduct and efforts to prevent fraud, waste, and abuse. All NYC Health + Hospitals workforce members and business partners, as described in Section II below, are expected to carry out their duties and functions in a manner that is lawful and ethical. Workforce member responsibilities under the POPC are listed in Section IV below, and business partner responsibilities under the POPC are listed in Section V below.

II. WHO DOES THE POPC APPLY TO?

The POPC applies to and governs the conduct of: (i) NYC Health + Hospitals workforce members (whether permanent or temporary), including all NYC Health + Hospitals employees, members of the Board of Directors, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) NYC Health + Hospitals business partners who are required by law or contract to comply with this POPC, including the POPC’s core objectives specified in Section III below. Business partners include OneCity Health/Delivery System Reform Incentive Payment (“DSRIP”) Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals.

III. POPC CORE OBJECTIVES.

The core objectives of the POPC are to ensure that NYC Health + Hospitals workforce members and, as applicable, its business partners:

- Fulfill NYC Health + Hospitals’ mission;
 - Provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
 - Extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of humane care and respect;



- Promote and protect, as both an innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York; and
- Join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense - - the total physical, mental and social well-being of the people of the State of New York and the City of New York;
- Uphold NYC Health + Hospitals' values by continuously reinforcing the six essential features of our daily work outlined in NYC Health + Hospitals *Guiding Principles*;
 - Keep patients first;
 - Keep everyone safe;
 - Work together;
 - Pursue excellence;
 - Manage your resources; and
 - Keep learning;
- Prevent, identify, and correct unlawful and unethical behavior and fraud, waste, and abuse;
 - Identify, assess, and monitor potential risk areas;
 - Adhere to all applicable provisions of Federal and State law, NYC Health + Hospitals' Corporate Compliance and Ethics Program, and NYC Health + Hospitals' policies, including provisions that require reporting of violations to appropriate parties;
 - Prevent the submission of inappropriate claims and billings and the receipt of improper payments by implementing training initiatives, establishing internal controls, and carrying out auditing and monitoring activities; and
 - Minimize financial loss and reduce the likelihood of an overpayment by a federal health program, governmental entity or other third party payor;
- Deliver high quality, medically necessary care and services to all individuals in need regardless of their ability to pay;
 - Ensure that only health practitioners and other health professionals who are duly licensed, certified, credentialed or otherwise qualified in accordance with Federal and State law, medical staff bylaws and associated rules, and internal policies, are authorized to deliver care to patients;



- Respect and protect patients' rights;
- Deliver care and services in a culturally sensitive manner; and
- Strive for the highest level of patient satisfaction;
- Maintain a respectful, healthy, productive, and safe work environment with the goals of preventing discriminatory and other inappropriate forms of conduct, reducing the likelihood of illnesses and injuries, and helping workforce members realize their full potential;
 - Provide equal employment opportunities to all workforce members and employment candidates regardless of any protected characteristic including, without limitation, race, age, gender, gender identity, sexual orientation, religion, ethnicity, disability or any other any other protected class covered by Federal, State, and/or local anti-discrimination laws;
 - Promptly respond to and address all acts or threats of violence, intimidation, discrimination, harassment or disruptive behavior;
 - Encourage workforce members to realize their full potential;
 - Provide reasonable accommodations to workforce members with disabilities; and
 - Perform initial and periodic health screenings of workforce members as required by applicable law and internal policies;
- Facilitate and promote standards of conduct that detect, reduce, and/or effectively manage conflicts of interest;
- Respect the environment in which we work and our facilities operate;
 - Handle, use, and dispose of all toxic, hazardous, radioactive, and pharmacological agents, materials, instruments, and supplies in a safe manner consistent with applicable law and internal policies;
- Establish mandatory compliance and other training and education initiatives;
- Engage in only fair business practices;
- Maintain an information governance program wherein patient, billing, employment, and other business records are authenticated and maintained in accordance with NYC Health + Hospitals' record management, privacy, and data security policies;



- Ensure that all business records are kept securely, recorded accurately, authentic when produced, and available when needed;
- Protect patient and workforce member privacy and confidentiality; and
- Provide notice to patients and other affected parties as required by applicable law and internal policies in the case of a breach of confidential information;
- Participate in the NYC Health + Hospitals Corporate Compliance and Ethics Program and promptly report compliance concerns;
- As a condition of employment or contract (or other agreement), comply with the POPC and, where appropriate, other NYC Health + Hospitals policies that relate to the types of services, duties, functions, and products that the workforce member and/or business partner provides;
- Prohibit and promptly report to appropriate parties allegations of retaliation, harassment or intimidation in response to workforce member, business partner or other stakeholder participation in the Corporate Compliance and Ethics Program;
- Establish and enforce fair and consistent disciplinary policies and procedures for workforce member and, to the extent applicable, business partner violations of law or NYC Health + Hospitals policies;
- Provide NYC Health + Hospitals/MetroPlus Health Plan members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education, and customer service;
 - Strive for performance excellence by holding the Plan and its providers to the highest standards to ensure that members receive quality care;
 - Engage in team work, including all human resources and providers, to deliver the highest quality care and services to members
 - Achieve superior provider, member, and employee satisfaction;
 - Be fiscally responsible and ensure that revenues received are used effectively;
 - Foster a culture of respectfulness in the way everyone who is encountered is treated;
 - Protect member rights; and
 - Be accountable to each other, members, and providers; and
- Adhere to all NYC Health + Hospitals/MetroPlus Health Plan's contractual commitments with Federal and State regulatory agencies;



IV. WHAT ARE THE RESPONSIBILITIES OF WORKFORCE MEMBERS UNDER THE POPC?

All workforce members are required to carry out their functions and duties - whether delivering clinical care, assisting in coding, billing or claims reimbursement activities, providing administrative oversight of NYC Health + Hospitals' operations, or acting as support personnel - in a professional and ethical manner. This means, each workforce member is responsible for the following:

- Not engaging in any acts, conduct or practice that would be contrary to any of the core objectives listed in Section III above or interfere with NYC Health + Hospitals achieving any of these core objectives;
- Following the POPC and other applicable NYC Health + Hospitals policies and procedures, and applicable law;
- Not engaging in unprofessional conduct, examples of which are provided in Section VI below;
- Completing assigned training and education programs;
- Fully cooperating with any internal or government investigation; and
- Reporting, as outlined in Section VIII below, any event, occurrence, activity or other incident that appears to violate applicable law or NYC Health + Hospitals policies and procedures.

Workforce members must understand and comply with the applicable rules and policies that relate to their particular duties, functions or role. If a workforce member does not know what rules or policies apply to his/her position, that workforce member should talk to his/her supervisor, manager, administrative head or chief of service.

V. WHAT ARE THE RESPONSIBILITIES OF NYC HEALTH + HOSPITALS BUSINESS PARTNERS UNDER THE POPC?

It is the expectation of NYC Health + Hospitals that each entity with which it partners to accomplish its mission: (i) adopts the POPC or their own code of conduct that includes the POPC's core objectives or substantially similar compliance goals; (ii) not violate the POPC or their own similar code; (iii) not engage in unprofessional conduct as described in Section VI below; (iv) timely reports to NYC Health + Hospitals any violation of the POPC of which it



becomes aware; and (v) fully cooperates, to the extent applicable, with any investigation by NYC Health + Hospitals or, if required, any governmental agency.

VI. WHAT ARE SOME EXAMPLES OF UNPROFESSIONAL CONDUCT?

The following are some examples of unprofessional conduct and are prohibited by NYC Health + Hospitals:

- Submitting false and/or fraudulent claims;
- Improper billing practices, including, but not limited to:
 - Billing for items or services not rendered or those that are not medically necessary;
 - Upcoding - using a billing or DRG code that provides for a higher payment rate than the correct code;
 - Submitting multiple claims for a single service or submitting a claim to more than one primary payor at the same time;
 - Unbundling - submitting claims in a piecemeal or fragmented way to improperly increase payment;
- Failing to promptly report and refund, as required by law, any overpayment;
- Interfering with or otherwise impeding an internal or government investigation;
- Submitting false cost reports;
- Failure to deliver medical care to any individual based on their inability to pay;
- Failure to comply with laws governing workplace safety;
- Engaging in conduct that is discriminatory in nature, amounts to sexual or other harassment, or constitutes intimidation, as well any act or threat of violence;
- Engaging in conduct that is hazardous to the environment;
- Engaging in conflicts of interest;
 - Accepting gifts or services from a patient, vendor or potential vendor;
 - Unlawfully donating hospital funds, services and products, or other resources to any political cause, party or candidate;



- Failing to comply with the Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics to the extent such conflicts of interest policies apply;
- Failure to complete mandated training;
- Failure to maintain accurate, clear, and comprehensive medical records;
- Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;
- Entering into an agreement with a business partner or affiliate the terms of which: (i) do not call for compliance with the POPC; or (ii) provide for activities and services that constitute unprofessional conduct;
- Engaging in business practices and acts that are unfair, deceptive or anti-competitive;
- Conducting unlawful marketing practices to enroll members into NYC Health + Hospitals/MetroPlus Health Plan including, but not limited to, engaging in unlawful beneficiary inducements;
- Failure to promptly report a potential compliance concern or incident;
- Submitting false statements, certifications, qualifications and/or documentation required in any business dealings or one's role;
- Any violation of Federal and State human subject research laws and/or the NYC Health + Hospitals Human Subject Research Protections Program Policies and Procedures;
- Any violation of applicable NYC Health + Hospitals' policies and procedures;
- Other types of unprofessional conduct, including, but not limited to:
 - Misuse or misallocation of World Trade Center Health Program, DSRIP Program, research or grant funds;
 - Engaging in improper or illegal business arrangements;
 - Giving or receiving anything of value ~~for~~to induce referrals for items or services, or the ordering of items or services;



- Hiring or contracting with persons or entities excluded from participation in Federal health care programs; and
- Engaging in any activity or conduct that may result in the imposition of civil monetary penalties.

VII. WHAT HAPPENS IF YOU ENGAGE IN UNPROFESSIONAL CONDUCT OR OTHERWISE VIOLATE THE POPC?

Workforce members or business partners who engage in unprofessional conduct or act contrary to applicable law or NYC Health + Hospitals' policies and procedures, many of which are summarized in the POPC core objectives or other elements of the POPC, shall be subject to disciplinary action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals, as applicable.

VIII. HOW TO REPORT ISSUES OR VIOLATIONS.

Workforce members and business partners, as applicable, are responsible for promptly reporting to the Office of Corporate Compliance any suspected unlawful or unethical behavior or incidents and/or violations of the POPC. Reports may be made, by phone, fax or e-mail in the following manner:

NYC Health + Hospitals
Office of Corporate Compliance
160 Water Street, Suite 1129
New York, NY 10038
Telephone: (646) 458-7799
Facsimile: (646) 458-5624
E-mail: COMPLIANCE@nychhc.org
Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)

Reports may be made anonymously by using the **CONFIDENTIAL COMPLIANCE HELPLINE** provided directly above. Each report received by will be treated confidentially, fully assessed, and investigated as warranted.

IX. PROHIBITION OF RETALIATION/WHISTLEBLOWER PROTECTION.

NYC Health + Hospitals is committed to protecting whistleblowers. Accordingly, NYC Health + Hospitals strictly prohibits intimidation, harassment, or retaliation, in any form against any individual who in good faith participates in the Corporate Compliance and Ethics Program by reporting or participating in the investigation of suspected violations of law, regulation, policies and/or suspicions of fraud, waste, or abuse. Examples of retaliation include unjustified





discharge/termination, demotion, or suspension of employment; threatening or harassing behavior; and/or negative or onerous change in any term or condition of employment.

Any attempt by an individual or entity to intimidate, harass, or retaliate against a reporter or potential reporter will result in action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals.

X. STAY INFORMED!

Workforce members and business partners are strongly encouraged to familiarize themselves with NYC Health + Hospitals' mission, values, *Guiding Principles*, and to stay informed of the many NYC Health + Hospitals policies related to the POPC's core objectives by visiting its intranet page at _____, or NYC Health + Hospitals' public website at _____. Questions regarding these policies or any of the following important topics, may be addressed by contacting the Office of Corporate Compliance as described in Section VIII above:

- NYC Health + Hospitals Corporate Compliance and Ethics Program
- Stark Law, Anti-Kickback Statute, State and Federal False Claims Acts, Civil Monetary Penalties Law, Exclusion Authorities, Criminal Healthcare Fraud Statute, and New York Labor Law §§ 740 and 741;
- Billing, coding, payments, accounting, and record keeping;
- Conflicts of interest;
- Customer and vendor relations;
- Discrimination, sexual harassment, and retaliation;
- Patient rights;
- HIPAA and patient confidentiality;
- Workplace safety and environment of care issues;
- Improper business arrangements (e.g., leases) or referrals; and
- Information governance.



Attachment "B"



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

STAY INFORMED

You can call the COMPLIANCE HELP LINE if you have questions about policy, ethics, or rules that apply to the following areas:

- Billing, accounting and record keeping
- Conflicts of interest
- Customer and vendor relations
- Discrimination, sexual harassment and retaliation
- Patient care and confidentiality
- Safety, health and environmental issues
- Improper business arrangements (e.g., leases)

If at any time you are concerned about a situation that appears to be illegal or unethical or if something you are being told doesn't "sit right" with you, it is your responsibility to report your concerns.

You should seek guidance from your supervisor first. If for any reason you are unable to speak to your supervisor, or don't feel comfortable speaking with your supervisor, contact any member of the Compliance Team, or make an anonymous report to the toll-free COMPLIANCE HELP LINE at:

1-866-HELP-HHC
(1-866-4357-442)



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Office of Legal Affairs
Office of Corporate Compliance
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PRINCIPLES OF PROFESSIONAL CONDUCT

BASIC PRINCIPLES OF PROFESSIONAL CONDUCT

The Basic Principles of Professional Conduct is a guide to help all HHC employees make sure they conduct official business in a manner that is both lawful and ethical. You must comply with the rules that apply to health care operations and to your particular duties. In most cases, we are proud to say that our employees willingly adopt and uphold our standards.

Sometimes, however, employees make mistakes because they are not aware of the rules. We urge you to make sure you know and understand all the rules and policies that apply to your work. If you do not know what rules apply to you, talk to your supervisor.

WHAT HAPPENS IF YOU VIOLATE THE BASIC PRINCIPLES OF PROFESSIONAL CONDUCT?

- Employees who knowingly break HHC rules or a state, federal or local law are subject to disciplinary action up to and including dismissal.

EMPLOYEE PROTECTION FROM RETALIATION

- HHC strictly prohibits retaliation, in any form, against any individual making a report, complaint, or inquiry in good faith, concerning suspected fraud, waste, and abuse or other suspected violation of law or HHC policy will be subject to disciplinary action up to and including dismissal.

EXAMPLES OF VIOLATIONS OF PROFESSIONAL CONDUCT

- Improper billing practices, including but not limited to:
 - Billing for items or services not rendered.
 - Upcoding - Using a billing or DRG code that provides for a higher payment rate than the correct code.
 - Submitting multiple claims for a single service or submitting a claim to more than one primary payer at the same time.
 - Submitting false cost reports.
 - Unbundling - submitting claims in a piecemeal or fragmented way to increase payment for tests or procedures that should be billed together.
 - Providing medically unnecessary services.
 - Retaining any overpayments.
- Submitting false statements or certifications in business dealings.
- Accepting gifts or services from a vendor. Unlawfully donating hospital funds, services and products, or other resources to any political cause, party or candidate.
- Giving or receiving anything of value for Medicare or Medicaid referrals.
- Improper disclosure of confidential patient information.
- Any violation of HHC policies concerning patient care or advance directives.

Please complete the below Statement of Understanding and return it to your Human Resources Department. The signed statement will be placed in your personnel file.

BASIC PRINCIPLES OF CONDUCT STATEMENT OF UNDERSTANDING

I certify that I have read and understand the Basic Principles of Professional Conduct and agree to abide by it during the entire term of my employment. I acknowledge that I have a duty to report any alleged or suspected violation of the Basic Principles of Professional Conduct. Unless otherwise noted below, I am not aware of any violation of the Basic Principles of Professional Conduct.

Signature: _____

Date: _____

Print/Type Name: _____

Position/Department _____

Employee Number: _____

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health Care System") to execute a revocable license agreement with the New York City Department of Education (the "Licensee") for use and occupancy of approximately 300 square feet of space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home (the "Facility") with the occupancy fee waived.

WHEREAS, in February 2011, the Board of Directors authorized the President to enter into a license agreement with the Licensee, and

WHEREAS, the Licensee operates a work-study program on the Facility's campus which provides interns who assist the Facility with various administrative tasks; and

WHEREAS, the Facility benefits from the services provided by the interns and has space on its campus to accommodate the Licensee's needs.

NOW THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (the "Health Care System") be and hereby is authorized to execute revocable license agreement with the New York City Department of Education (the "Licensee") for use and occupancy of approximately 300 square feet of space space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home (the "Facility") with the occupancy fee waived.

EXECUTIVE SUMMARY

LICENSE AGREEMENT NEW YORK CITY DEPARTMENT OF EDUCATION

SEA VIEW HOSPITAL REHABILITATION CENTER AND HOME

The President seeks authorization of the Board of Directors to execute a revocable license agreement with the New York City Department of Education ("Department of Education") for use and occupancy of space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home ("Sea View").

The Department of Education's South Richmond High School operates a Work-Study Program on Sea View's Campus. The program provides approximately ten (10) interns who assist Sea View with various administrative tasks Monday through Friday, from 8:00 a.m. to 2:30 p.m. The interns are monitored by Sea View's Volunteer Department.

The Department of Education will be granted use and occupancy of approximately 300 square feet of space in Rooms 309 A and 309 B on the third floor of the Staff House (the "Licensed Space") to conduct educational programs and other related services. In consideration of the value of the services provided, the occupancy fee will be waived.

Sea View will provide electricity to the licensed space. The Department of Education will provide interior maintenance and housekeeping to the licensed space.

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

The licensee agreement shall be revocable by either party on sixty (60) days prior notice, and shall not exceed a term of five (5) years without further authorization by the Board of Directors of the NYC Health + Hospitals.

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health care system") to execute a five year revocable license agreement with New York University Medical Center (the "Licensee" or "NYSoM") for its continued use and occupancy of 4,000 square feet space of space on the 7th floor of the "A" Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center (the "Facility") at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734.

WHEREAS, in June 2011 the Board of Directors of the Corporation authorized the President to enter into a license agreement with the Licensee, and the Facility desires to allow the Licensee the continued use and occupancy of the space; and

WHEREAS, the Licensee operates research center on the Facility's campus to study the effects of the environment on the pulmonary system; and

WHEREAS, the research center, known as the Environmental Lung Disease Research Center, seeks methods to prevent, and to find cures for, illnesses caused by pollution, pesticides, transmittable disease, asbestos and other related conditions; and

NOW, THEREFORE, be it resolved, that the President of the NYC Health + Hospitals (the "Health care system") be and is hereby authorized to execute a revocable license agreement with New York University Medical Center (the "Licensee" or "NYSoM") for its continued use and occupancy of 4,000 square feet of space on the 7th floor of the "A" Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center (the "Facility") at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734.

EXECUTIVE SUMMARY

NEW YORK UNIVERSITY MEDICAL CENTER ENVIRONMENTAL LUNG DISEASE RESEARCH CENTER

BELLEVUE HOSPITAL CENTER

The President of the NYC Health + Hospitals seeks authorization of the Board of Directors to execute a revocable license agreement with New York University Medical Center ("NYU Medical Center") for its continued use and occupancy of space to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center ("Bellevue").

NYU Medical Center operates research center on Bellevue's campus to study the effects of the environment on the pulmonary system. The research center, known as the Environmental Lung Disease Research Center (the "Center"), seeks methods to prevent, and to find cures for, illnesses caused by pollution, pesticides, transmittable disease, asbestos and other related conditions. The Center has a staff of nineteen (19) and its hours of operation are Monday through Friday, from 9:00 a.m. to 5:00 p.m.

NYU Medical Center will have the continued use and occupancy of approximately 4,000 square feet of space on the 7th Floor of the "A" Building. NYU Medical Center will pay an occupancy fee of approximately \$218,400 per year, or \$54.60 per square foot. The occupancy fee will be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734. The occupancy fee rate is set at fair market value. Bellevue will provide hot and cold water, electricity, heating, air conditioning and routine security to the licensed space.

Bellevue will provide structural repairs and maintenance and NYU Medical Center will provide non-structural repairs and maintenance to the licensed space.

NYU Medical Center will indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of the use of the licensed space and will provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will not exceed five (5) years without further authorization from the Board of Directors and will be revocable by either party upon thirty (30) days notice.

NYU Medical Center - Environmental Lung Disease Research Center at Bellevue

Prior Term Rates	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	TOTAL
Total Sqaure Footage	4000	4000	4000	4000	4000	
Cost per Square-Foot	42.24	43.40	44.60	45.82	47.08	
Annual Occupancy Fee	168,960.00	173,606.40	178,380.58	183,286.04	188,326.41	\$ 892,559.43

New Term Rates	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	TOTAL
Total Sqaure Footage	4000	4000	4000	4000	4000	
Cost per Square-Foot	\$ 54.60	\$ 56.10	\$ 57.64	\$ 59.23	\$ 60.86	
Annual Occupancy Fee	\$ 218,400.00	\$ 224,406.00	\$ 230,577.00	\$ 236,918.00	\$ 243,433.00	\$ 1,153,734.00

Note: New agreement effective Sept 1, 2016.

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health care system") to execute a revocable five year license agreement with New York University School of Medicine ("NYUSoM" or the "Licensee") for its continued use and occupancy of a total of 58,571 square feet of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center (the "Facility") to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.

WHEREAS, in May 2011 the Board of Directors of the Corporation authorized the President to enter into a license agreement with the Licensee, and the Facility desires to allow the Licensee the continued use and occupancy of space in the C&D, Administrative and Hospital Buildings; and

WHEREAS, the Licensee, a not-for-profit medical school, in its role as Bellevue's academic affiliate provides health care services including the diagnosis and treatment of patients, the provision of education to students and post-graduate trainees and other health care professionals and medically related research; and

WHEREAS, prior to the license agreement authorized by the Board of Directors in May 2011, the space was occupied under the affiliation agreement between New York University School of Medicine and the Corporation, and this license shall allow NYUSoM to continue its use and occupy of Facility space.

NOW, THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (the "Health care system") be and hereby is authorized to execute a revocable license agreement with New York University School of Medicine, ("NYUSoM" or the "Licensee") for its continued use and occupancy of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center (the "Facility") to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.

EXECUTIVE SUMMARY

LICENSE AGREEMENT

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

The President of the NYC Health + Hospitals seeks authorization of the Board of Directors of the Corporation to execute a revocable license agreement with New York University School of Medicine ("NYUSoM") for its continued use and occupancy of space at Bellevue Hospital Center ("Bellevue") to house NYUSoM's Research Programs and Administrative Offices.

NYUSoM, a not-for-profit medical school, in its role as Bellevue's academic affiliate provides health care services including the diagnosis and treatment of patients, the provision of education to students and post-graduate trainees and other health care professionals and medically related research.

The space occupied NYUSoM, prior to the May 2011 Board authorization to enter into a license agreement, was previously occupied under the affiliation agreement between New York University School of Medicine and the Corporation.

The Licensee will have use and occupancy of a total of approximately 58,571 square feet located in the C&D, Administrative and the Hospital Buildings. NYUSoM will pay an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space for a total annual fee of \$856,728 and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual fee of \$2,083,968. The total annual occupancy fee for the laboratory space and administrative office space is \$2,940,697. The occupancy fee will be escalated by 2.75% per year. The Licensee will also pay approximately \$165,517 per year for utilities. The total five year occupancy fee including utilities will be \$16,362,305. The rates are set at fair market value.

Bellevue will provide utilities, garbage collection, building security and structural repairs to the licensed space. NYUSoM will provide equipment, interior repairs, housekeeping, and non-structural repairs to the licensed space. NYUSoM, at its own expense, will provide all other services necessary to operate compliant Research Programs and Administrative Offices.

NYUSoM will indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of the use of the Licensed Space and shall also provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement shall not exceed five (5) years without further authorization from the Board of Directors of the Corporation and shall be revocable by either party upon sixty (60) days notice.

NYU Non-Affiliate Space at Bellevue

Admin Space - Prior Term Rates	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	TOTALS
Cost per Square-Foot	40.00	41.10	42.23	43.39	44.58	
Annual Occupancy Fee	1,715,200.00	1,762,368.00	1,810,822.40	1,860,563.20	1,911,590.40	<u>9,060,544.00</u>
Lab Space - Prior Term Rates	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	
Cost per Square-Foot	45.00	46.24	47.51	48.82	50.16	
Annual Occupancy Fee	824,400.00	847,071.00	870,365.45	894,300.49	918,893.75	<u>4,355,030.69</u>
Prior Term TOTAL						<u>13,415,574.69</u>

Admin Space - New Term Rates	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	TOTALS
Total Square Footage	42880	42880	42880	42880	42880	
Cost per Square-Foot	48.60	49.94	51.31	52.72	54.17	
Annual Occupancy Fee	2,083,968.00	2,141,277.12	2,200,162.24	2,260,666.70	2,322,835.04	<u>11,008,909.10</u>
Lab Space - New Term Rates	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	
Total Square Footage	15691	15691	15691	15691	15691	
Cost per Square-Foot	54.60	56.10	57.64	59.23	60.86	
Annual Occupancy Fee	856,728.60	880,288.64	904,496.57	929,370.23	954,927.91	<u>4,525,811.95</u>
New Term TOTAL	2,940,696.60	3,021,565.76	3,104,658.81	3,190,036.93	3,277,762.95	<u>15,534,721.05</u>

A \$3.86 per square foot utilities charge is applied for administrative space . 827,584.00

TOTAL (including utilities) 16,362,305.05

Note: New agreement effective Sept 1, 2016.