

BOARD OF DIRECTORS MEETING  
THURSDAY, MARCH 23, 2017  
A•G•E•N•D•A

<p><b><u>CALL TO ORDER - 3:00 PM</u></b></p>	<p><b>Mr. Campbell</b></p>
<p>1. Adoption of Minutes: February 23, 2017</p>	
<p><b><u>Acting Chair's Report</u></b></p>	<p><b>Mr. Campbell</b></p>
<p><b><u>Interim President's Report</u></b></p>	<p><b>Mr. Brezenoff</b></p>
<p>➤<b>Information Item: *Supply Chain Services and Revenue Cycle FY17 Initiatives Summary</b> <b>Presenters: Paul Albertson, Vice President &amp; P.V. Anantharam, Sr. Vice President/CFO</b></p>	
<p>&gt;&gt;<b>Action Items</b>&lt;&lt;</p>	
<p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute an agreement with <b>Cardinal Health 200, Inc.</b> to <b>provide medical and surgical distribution services</b> as requested over a three-year term for a total not-to-exceed amount of \$369,722,040. (Finance Committee – 03/21/2017) EEO: Approved / VENDEX: Pending</p>	<p><b>Mr. Rosen</b></p>
<p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to negotiate and execute a <b>contract amendment</b> with <b>McKesson Technologies Inc.</b> to obtain the licenses, services, training and maintenance required to <b>implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement</b> made with McKesson in February 2016 for a period of two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94. (Information Technology Committee – 03/16/2017) EEO: / VENDEX: Approved</p>	<p><b>Ms. Youssouf</b></p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute contracts for the <b>purchase of hardware, software, and services from various vendors</b> on an on-going basis <b>via Third Party Contract(s)</b> in an amount not to exceed \$10,000,000 for a one year period. (Information Technology Committee – 03/16/2017)</p>	<p><b>Ms. Youssouf</b></p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a five-year, revocable, no fee <b>license agreement</b> with the City of New York acting by and through the <b>Mayor's Office of Immigrant Affairs ("MOIA")</b> for full-time, non-exclusive use and occupancy of spaces each less than approximately 500 sq. ft. to be designated at NYC Health + Hospitals   <b>Lincoln</b>, NYC Health + Hospitals   <b>Elmhurst</b>, NYC Health + Hospitals   <b>Dr. Susan Smith McKinney</b>, NYC Health + Hospitals   <b>Sea View</b> and NYC Health + Hospitals   <b>Gouverneur</b> to provide <b>pro bono legal and related services to patients and members of the community</b> focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other legal immigration matters. (Capital Committee – 03/16/2017)</p>	<p><b>Mr. Page</b></p>
<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a <b>requirements contract</b> with <b>Rashel Construction Corporation</b> in the amount of \$10,000,000 to provide <b>construction services for General Construction Work</b> on an as-needed basis at various facilities throughout the Corporation. (Capital Committee – 03/16/2017) EEO: / VENDEX: Approved</p>	<p><b>Mr. Page</b></p>

<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a <b>requirements contract with Volmar Construction, Inc.</b> in the amount of \$10,000,000 to provide <b>construction services for General Construction Work</b> on an as-needed basis at various facilities throughout the Corporation. (Capital Committee – 03/16/2017) EEO: / VENDEX: Approved</p>	<p><b>Mr. Page</b></p>
<p>8. RESOLUTION authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a <b>requirements contract with Jemco Electrical Contractors</b> in the amount of \$10,000,000 to provide <b>construction services for General Construction Work</b> on an as-needed basis at various facilities throughout the Corporation. (Capital Committee – 03/16/2017) EEO: Pending / VENDEX: Approved</p>	<p><b>Mr. Page</b></p>
<p><b><u>Committee Reports</u></b></p> <ul style="list-style-type: none"> <li>➤Capital</li> <li>➤Community Relations</li> <li>➤Equal Employment Opportunity</li> <li>➤Finance</li> <li>➤Governance</li> <li>➤Information Technology</li> <li>➤Strategic Planning</li> </ul>	<p><b>Mr. Page</b> <b>Mrs. Bolus</b> <b>Mr. Nolan</b> <b>Mr. Rosen</b> <b>Mr. Campbell</b> <b>Ms. Youssouf</b> <b>Mr. Campbell</b></p>
<p><b><u>Subsidiary Board Report</u></b></p> <ul style="list-style-type: none"> <li>➤MetroPlus Health Plan, Inc.</li> </ul>	<p><b>Mr. Rosen</b></p>
<p><b><u>Executive Session / Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤NYC Health + Hospitals   Coler</li> <li>➤NYC Health + Hospitals   Carter NF and LTACH</li> </ul> <p><b>Semi-Annual Governing Body Report (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤NYC Health + Hospitals   Woodhull</li> </ul> <p>&gt;&gt;Old Business&lt;&lt; &gt;&gt;New Business&lt;&lt;</p>	
<p><b><u>Adjournment</u></b></p>	<p><b>Mr. Campbell</b></p>

## NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 23<sup>rd</sup> day of February 2017 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Stanley Brezenoff  
Ms. Helen Arteaga Landaverde  
Dr. Mary T. Bassett  
Dr. Gary S. Belkin  
Josephine Bolus, R.N.  
Dr. Jo Ivey Boufford  
Barbara A. Lowe, R.N.  
Mr. Robert Nolan  
Dr. Herminia Palacio  
Mr. Bernard Rosen  
Ms. Emily A. Youssouf

Jennifer Yeaw was in attendance representing Commissioner Steven Banks, in a voting capacity.

Mr. Stanley Brezenoff chaired the meeting and Mr. Salvatore Russo, Secretary to the Board, kept the minutes thereof.

### ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on January 26, 2017 were presented to the Board. Then on motion made by Mr. Brezenoff and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on January 26, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

**CHAIRPERSON'S REPORT**

Mr. Brezenoff announced the schedule of Annual Public meetings as follows: NYC Health + Hospitals/Jacobi on April 19, 2017; NYC Health + Hospitals/Sea View on May 10, 2017; NYC Health + Hospitals/Coney Island on May 17, 2017; NYC Health + Hospitals/Harlem on June 7, 2017; and NYC Health + Hospitals/Elmhurst on June 14, 2017.

Mr. Brezenoff informed that Board that an educational session will be held for Board members on March 15, 2017.

Mr. Brezenoff also informed the Board that the schedule for the Community Advisory Board's Legislative Forums are in their Board packages and asked the members to let the Board office know if they plan to attend.

Mr. Brezenoff reported that the Joint Commission visited NYC Health + Hospitals/Queens on February 13, 2017 and conducted a four-day survey. He thanked Ms. Arteaga Landaverde for participating in the leadership session.

Mr. Brezenoff thanked Mrs. Bolus and Ms. Lowe for conducting a site visit to the Greenpoint Community Health Center and NYC Health + Hospitals/Woodhull on February 21, 2017.

**PRESIDENT'S REPORT**

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

ACTION ITEMS

## RESOLUTION

2. Authorizing the President of the NYC Health and Hospitals Corporation ("NYC Health + Hospitals) to **exercise the power of NYC Health + Hospitals, as the sole member of the HHC Assistance Corporation, to designate members of the Board of Directors of the HHC Assistance Corporation and to alter the number of Board Members consistent with the NYC Health + Hospital's Board resolution of December 2014.**

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

## RESOLUTION

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

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

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

SUBSIDIARY AND BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees and Subsidiary Boards that have been

convened since the last meeting of the Board of Directors. The reports were received by Mr. Brezenoff at the Board meeting.

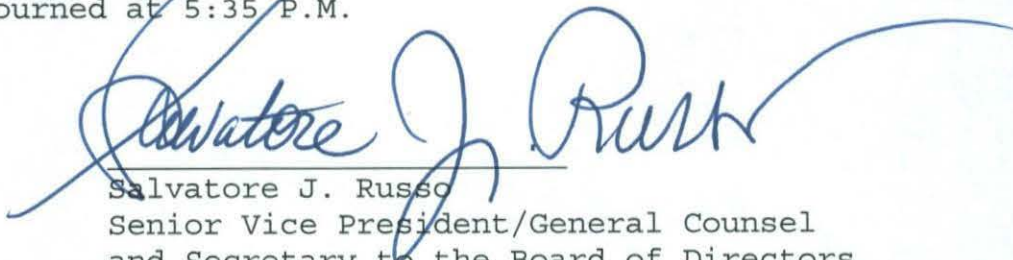
Mr. Brezenoff received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Brezenoff reported that, 1) the Board of Directors, as the governing body of NYC Health + Hospitals/ Lincoln, received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/Gouverneur, the Board received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; and (3) as governing body of NYC Health + Hospitals/Queens, the Board reviewed and approved its semi-annual written report.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:35 P.M.

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

# COMMITTEE REPORTS

**Audit Committee – February 10, 2017**

**As reported by Ms. Emily Youssouf**

**Members Present: Mark Page, Josephine Bolus, RN, Stanley Brezenoff**

A meeting of the Audit Committee was held on Friday, February 10, 2017. The meeting was called to order at 1:02 P.M. by Mrs. Bolus, Committee Member. Mrs. Bolus stated that because we do not have a quorum, we are going to by-pass the minutes and go straight to the information items.

Mr. Telano saluted everyone and said that we will start with an on-going external audit, a summary of the audit being done by the New York City Comptroller's Office. They have been gathering information since they started in September, and they are scheduled to begin their field work in mid-March.

Moving on to the completed internal audits. The first one was a review of FMLA and other leaves of absences done at Bellevue. Mr. Telano asked for the appropriate representatives to come to the table.

Mr. Russo added that for the record, introduce yourself. They introduced themselves as follows: Kim Mendez, Chief Nursing Officer; Dr. Rosa Colon-Kolacko, Chief People Officer; Shamelle Watkins, Senior Associate Director; Corliss Cobham, Associated Director, Human Resources; Blanche Greenfield, Chief Employment Counsel; Mary Fritz, Senior Director of Leave Administration.

Mr. Telano continued and stated that during our review there were 357 nurses on various types of leave. Initially this audit was focused on family and medical leave, but it was extended to include continuous child care leave and continuous medical leave. We will go through all the findings first, and then you can provide your responses. The first finding, A, overall the Human Resources Benefit Department needs to improve their record keeping and timely communication within various aspects of the FMLA process, and there's some instances in which we found, the first bullet point indicates, that the recertification forms were being submitted between 162 to 182 days although their facility policy requested that those forms be submitted within 90 days.

During our review of 32 employees, we also found 12 instances in which Benefits notified Nursing of the approval an average of 23 days after receiving the medical certification. We found six employees that provided the Benefits Department with their medical certification in 16 to 24 days although it's required within 15 days. This indicates that Benefits did not follow up with the employees timely.

We also found ten instances in which the notice of designation, which is an approval for the FMLA requests, were not returned to the employees by the Benefits Department within the required working days. We found these forms were issued 6 to 23 days after receipt by Benefits. We also found seven instances in which an employee was denied an FMLA leave and was granted a different type of leave. However, there was no documentation in their files to indicate that the employees had been notified of the FMLA denial. We also noted that of 89 employees, 22 of the medical certification forms were not dated to indicate the day that they were received by the Benefits Department. We recommended that they start stamping these forms, and they implemented that during the course of the audit.

Moving on to finding B in the briefing, we noted that while Benefits stated it is part of the process to authenticate the physician signatures, we found no evidence of this during our audit. Many forms included the stamp of the doctors or the name of the doctor on the heading of the fax, but in some instances that was not indicated. It was only hand written either by the employee or the Benefits Department; and in 4 instances we found that the signature of the physician was illegible.

The Benefits Department could not provide a complete list of nursing personnel on FMLA or other types of leave due to a short coming within the PeopleSoft system. We believe this led to one employee taking FMLA time in excess of the allowable amount and also one employee indicating 23 hours and the Timekeeping System showing only 11.3 hours. It should be noted that PeopleSoft was updated to generate a report with a special code to indicate employees on FMLA.

Mr. Telano asked the representatives to respond to issues in the order I presented them.

Ms. Watkins said that in regard to finding A, there were some staffing shortages at Bellevue during the auditing period, but generally we agree that there have been some flaws in the manner which LOAs were administered at Bellevue and probably

throughout the System. It is for this reason we decided even before the audit at Bellevue to standardize leaves of absences across the System and centralize how they are administered to prevent these inaccurate outcomes.

We have developed a work group, which began meeting in October of this past year, to develop a standard procedure. The work group consisted of Facilities Labor, Legal and HRSS. The outcome of their efforts resulted in a draft of leave of absence operating procedure, which addressed all the concerns of this audit and which also includes certain other innovations such as electronic rather than paper files. The operating procedure is in legal review now and will be submitted promptly for management review, approval and implementation. A similar OP will be drafted for our Workers' Compensation claims and implemented as well.

We began a centralized pilot in January of leaves with some other sister facilities, Coler, Carter and Gouverneur, which is providing lessons about proceeding with centralized leaves of absence across the entire health system.

Dr. Colon-Kolacko reported that we are also in the process of centralizing this process for the whole system, and we're in the process of finding a location. We have started drafting standardized processes, and we're expecting to be able to centralize it by even this fiscal year, June 30th, so we are on target to do that.

Ms. Greenfield added that I don't know that we necessarily had some legal issues. There were some concerns about different implementation in different systems. Now that we've had the opportunity to look at what's going on facility-wide, we want to make sure that everybody is on the same page. A law can be read in different ways, and we all want to read it one way consistently in the way that the courts have supported it, and that's what the chart Ms. Fritz and Dr. Colon-Kolacko have been working on now.

Mr. Page asked how is the information on this subject going to be available to your employees who are affected by it.

Ms. Fritz responded that we are going to use a lot of different verification methods. Flyers, we're going to use screen savers. We're going to be putting forms and processes, how-to-steps on our website. We are going to go out to each of the facilities and talk to the various departments within the facilities, and employees. We are going to be passing things out to them so that everybody knows what we are doing and when we are going to do it.

Mr. Page asked if there will be somebody so that if I'm an employee and coming up on an FMLA question, there will be somebody who will tell me and direct me where I can actually read an understandable explanation of what I'm coming up against.

Ms. Fritz answered that the Human Resources offices will still be located in each of the facilities, and they can also be a resource for information, but we hope to communicate it so well that employees know to go directly to our website or to use our phone number. They can also call us by phone, and we will direct them. We have Employee Self Service (ESS) stations. We have computer stations, kiosks, in all of the facilities where employees can go and print out the forms, and soon the whole process will be electronic, so they will be able to in put their information directly into the system.

Mr. Page stated that you can put out the information, but until I am faced with the issue myself, it flashes by, and then it's just a question of how to hook into it easily and get it again.

Dr. Colon-Kolacko added that I think in addition to our employee portal, we have a liaison at every facility so that if an employee has questions, they can call our help desk or contact a liaison locally at HR.

Mr. Russo reported that we happen to have within my office an expert on FMLA who previously got her experience litigating on behalf of the City those very issues in Ms. Blanche Greenfield.

Ms. Greenfield said that FMLA is very well known among our employees, and it's a benefit, a statutory benefit that is used and I must say anecdotally the people at the facilities are very, very helpful with our employees ensuring that they get the paperwork and complete it so that they can be approved when it's needed.

Dr. Colon-Kolacko stated that the process will also improve HR being able to track it better. Also to follow up. Sometimes it's important. The best practice is to follow up when an employee is out for a longer period of time so we can identify any help and how can we make sure they can come back, and also if they need any help, we can proactively address that.

Mrs. Bolus asked if you are making major changes in this new policy you are putting out compared to the old.



Dr. Colon-Kolacko answered no, I think the major changes is the visibility, the tracking, the better communication and also be able to identify the different categories of when people are out so we can also prevent costs and also address the needs of the employees more practically.

Ms. Greenfield added that for the employee there will be no change, it's the same guidelines. For us, in terms of being better able to see our population, the ability to bring them back sooner if they have a medical restriction, that's what will change so we can better serve our people and bring them back who may not be able to perform all of their duties but they can perform their essential duties if they need a reasonable accommodation. We don't want them sitting home. We want to bring them back to work, and this will allow us to do that.

Mr. Page stated that I would like to go back in the agenda. I apologize that I was not here, so I understand you did not have a quorum. Could I go back to the adoption of the minutes, and could I have a motion to approve the minutes of December 8, 2016? A motion was made and seconded with all in favor.

Mr. Telano stated that the next item is an audit of research protocols at Lincoln and the Corporate Research Administrative Department. He asked for the representatives to come to the table. Mr. Telano informed the Committee that after his presentation the reporting will segue on to Mr. McNulty's compliance presentation related to research as it would be redundant for those individuals to come back to the table later on in the meeting.

Mr. Russo asked the representatives to identify themselves for the court reporter. They did as follows: Dr. Machelles Allen, Interim Chief Medical Officer; Martin Novzen, Deputy CFO, Lincoln; Dr. Balavenkatesh Kanna, Research Director, Lincoln; Dr. Imah Jones, Senior Director, Central Office.

Mr. Telano reported that we conducted an audit of the research protocols previously in the beginning of 2015 at the Queens facility. The report was presented at the Audit Committee in June 2015, and one of the issues we noted was that there was no centralized oversight or monitoring of the corporate-wide research protocols by the Corporate Research Administration Department. At that meeting, the Senior Director of that Department and the Corporate Chief Medical Officer at that time, they both agreed to initiate action to centralize the oversight and the monitoring.

Now we have conducted this audit in 2016, and we found that there was no or minimal action taken to centralize the function, and some of the observations we made to support our conclusion was that certain documents were not uploaded to the database that houses all research documents, the STAR application. We also found that Research staff who were not approved to handle research studies at Lincoln had no training documents on file, which is also the responsibility of the Corporate Administration Department. We also noted that there was no consistency with the recording of research activity, consent forms within the QuadraMed medical records system. They were utilizing different modules within the system to put the information, so you would have to spend time looking for it, but there is a research option within the system where everything should be going.

We also noted that Corporate Research Administration is not monitoring payments due to New York City Health + Hospitals. We found one study in which bi-monthly payments were never submitted, and there were six bi-monthly payments over the course of the audit. The monthly payments should have been \$3,900, and another study in which invoices were submitted 218 to 601 days late.

The other issue has to do with the setup of the Clinical and Community Research function within New York City H + H/Lincoln. The research staff for one study was not approved by the Institutional Review Board (IRB), resulting in four patients being improperly consented and hence removed from a cancer screening study. Principal investigators did not report eight deviations and/or violations to the Corporate Research Administration as required per the Operating Procedures, and some of the deviations were improper consent forms, missing patient files, research specimens not being delivered to the lab for analysis and improper specimen analyses being sent to the lab.

We also noted that five Serious Adverse Events that occurred in two studies were not reported to BRANY, which is the Biomedical Research Alliance of New York, IRB as required by Operating Procedures. Four of the five patients in this study experienced low blood sugar while one experienced stroke like symptoms. They should have been reported.

Mr. Telano asked for a response to the findings just summarized.

Dr. Jones responded that we agree initially with the findings as just expressed. However, during our last meeting here, we were clear that we were going to monitor the continual renewal of all activities here at H + H. However, the focus was continuing this

process within the System with STAR. Our promise was to modify that system to start that process. However, we are doing it offline to be able to have the information that was requested and ordered by the Audit Committee and that is what we are doing and it has been working. However, we have been working to see if we can modify our STAR system to be able to include that information. We are going to fully implement it but we are doing it offline, so we'll be able to answer the question the cost and benefit analysis of doing it and then the transitional figure to be able to fully implement it within the STAR system.

Mr. Page asked what exactly are you doing offline? To which Dr. Jones answered that when you want to conduct a study at H + H, you are required to have an approval, so each study has an initial approval good for only 1 year. After that one year, you are required to renew that study to continue. However, we don't have that process incorporated in the system. The only process that was required and incorporated in our Operating Procedure is the initial approvals. During that audit they said it would be nice if you also the renewal process be implemented or be included also in our system. What I'm saying is that the system as designed does not contain that process, and that's what we are doing to include in the system.

Mrs. Bolus asked that if the first approval was given for the first year, and the second year there was no approval for that group, can you still utilize that information in the same research project if it's not been approved.

Dr. Allen responded that I think what we are talking about is documentation and tracking of continuation and re-approval. Currently it does not exist in the STAR system, has not existed, so we have to buy software to modify the STAR system. You are absolutely right, you cannot continue without approval, but you have to document that you got approval. You have to be able to track that. While we are moving forward with purchasing the appropriate software to supplement the STAR system, it is being done offline. So there is at least tracking, but you can't audit it.

Mr. Brezenoff asked how big this study is. To which Dr. Jones responded that as of this afternoon, there are 1100 active studies.

Mr. Brezenoff then commented that it is a little hard to track manually, but you are trying.

Dr. Jones stated that all of them are not due at the same time. For example, the system that we have now will be able to show within the next 60 days how many out of that 1100 about 12 of them. So we have a tracking system that helps us do that, but what this is requesting is to automatically do that, and what Dr. Allen is saying is we are in the process of getting the software to enable automatic tracking.

Mr. Brezenoff stated that there are such things as calendar indexes, right, where you put a sheet in for the relevant month and then check that month prior to its beginning and see what's in it. There are things like that pre date computers.

Mrs. Bolus asked why it wasn't anticipated that you had to do it within one year.

Dr. Jones responded that it was anticipated. However, the IRB was doing that part already, so we thought it was redundant for H + H to do it since somebody else was doing it.

Mrs. Bolus asked how much was lost. How much data is not usable because it was not within the actual allotted time.

Dr. Allen responded that since STAR was implemented, which was 2015, none of that has been tracked.

Mrs. Bolus once again asked how much was lost. Dr. Allen answered that since STAR was implemented, over a year.

Mrs. Bolus stated so about a year's data is not being able to be used.

Dr. Allen stated that in terms of continuation of studies, not approval of studies.

Mr. Russo added that it was the tracking of the study, so the studies continue.

Mrs. Bolus stated that the studies may continue, but you have an okay for one year, and you don't have an okay for the second year. To my mind, and I have not done much research, it's been a long time, if you don't have the okay for that second year that data is not viable.

Dr. Allen responded no, it's not that we didn't we have the okay. We had the approval. It was tracked manually, but it was not placed into the electronic system. Everything that is current has been approved.

Mr. Telano stated that it should be noted that during the course of our audit none of the manual files were provided to us for review.

Mr. Page asked if Internal Audits asked for them. To which Mr. Telano responded we did.

Mrs. Bolus asked where the files were.

Dr. Jones answered that the information was provided. The requested information in the beginning was not there. We are providing information – we are tracking the information, it is readily available.

Mr. Russo added that BRANY, the IRB, would have that information, but you did not have it in your file, but they were approved, and you can get them from BRANY, but you did not have them at the time to provide.

Dr. Jones answered yes.

Mrs. Bolus asked how we are going to correct that if this happens again. Will it happen again?

Dr. Jones responded that it will not happen again because as I pointed out it was not part of our Operating Procedure. Now it has been incorporated, and we are tracking it. Next time it is going to be automatic. Although the Interim President tells me to go back and start tracking it, we are going to do it. It is not going to be an issue moving forward.

Dr. Allen added that it is not available in our system. It is available in the IRB system. It was producible on demand. It exists, not in our system, the STAR system, but every research that we do is IRB approved and reapproved according to regulation standards. From that perspective, there is no harm. The harm is when we are audited and asked to produce. At this particular time because of the electronic system we have in place, it could not be produced in a timely fashion, so the people who were audited had to go back, find the back-up documents to present them.

Mrs. Bolus asked if that's been done.

Dr. Allen responded yes.

Mr. Telano added that not to us.

Mr. Russo stated that you should make sure that he gets proof that all the studies were approved.

Mr. Telano stated that we will look at that at our follow up audit to make sure everything is there.

Dr. Kanna reported on the ID system that was brought up by Mr. Telano. The ID system already has an existing note, which is on the outpatient side. We are currently trying to migrate it to the inpatient side. Some of the studies were inpatient studies, so we did not have a proper note. All the documentation is on other sites of the system and the doctors' notes. The auditors found that we need to use a dedicated research note as Mr. Telano was pointing out, so we are in the process of requesting that, and we are expecting that QuadraMed, the rollover that needs to take place before the note is to be migrated, and once that is, we will be able to allow the physicians to use that dedicated research in in patient studies.

Mr. Telano asked addressing the payments and the adverse conditions, events that occurred, who is going to address that, the deviations and the violations.

Dr. Jones restated that before the OP was instituted last year, there was not a clear delineation of responsibilities between Central Office and each facility that performed research. Therefore, we are also anticipating that the facilities are looking at us to say, unfortunately, there is this misunderstanding. That having cleared, we have fully submitted the invoice, and H + H will be reimbursed for the amount that they define in the findings by Mr. Telano.

Mr. Novzen added that going forward Lincoln and Central Office are planning to first, we are going to have monthly meetings within Lincoln itself at which time the financial aspect will be a permanent part of the a agenda. Going on to quarterly meetings between Central Office and Lincoln is going to take place, and again the financial aspect will also be a permanent part of the agenda. What that will show in real time is that the invoicing that has taken place was scheduled to take place, and I suspect that an aging of the

payments of those open invoices to be also shown and illustrated at that time. We also wanted to establish a unique invoice number for each invoice because when the payment comes in on the check, there is no easy way - - it comes in to Central Office let me add. There is no easy way to discern what grant that is for, so we are going to establish a unique invoice numbering system, so that will be easily identifiable, and the application to the open invoice will be made.

Mr. Page commented that I guess I'm just demonstrating my dismal ignorance and difficulty understanding what you are actually doing. It would seem to me that the approval, the annual approval, is obviously a step which is required of you, but there seems to be a bunch of ancillary problems having to do with the administration of a particular research project pursuant to the approval. It just strikes me that the difficulty of access to the approval process that we have at least up to now been using, I gather doing it offline, is perhaps I mean more of a practical difficulty than you are saying, and I would imagine that it's at least some part of the cause of the flaws in the adhering to the administrative protocols on the given research projects. I am understanding from you, I think, that you are planning to transition to an automated approval system, but is that going to actually enable you to better connect the conditions dictated in the approved project to how the project is actually administered?

Dr. Jones stated that the answer is yes. Again, my view of what you are saying is what is happening here is before last year there was no consistent operating procedure that is standardized across the System. This is the first time that H + H has an operating procedure that covers all facilities, so in a way what you are seeing is a transition from almost nothing to a standardized format. So every person is transitioning from nothing almost to something. That is why you are seeing that influx. However, that is consistency from the approval process, but the billing process, which we are discussing, however, before then no person knows what they are supposed to be doing when this activity hit or happened.

Now there is a formal system dictated by the OP, which we are now complied to. Every person now knows the rule from the time to conduct research here until the time you close down the site. That is the formal process now. There was no formal process when the activity we are now discussing happened.

Mr. Page commented that I'm obviously concerned about the results of the audit, but I'm actually more concerned about the underlying practice or unevenness of the underlying practice that it seems to have brought up. We are moving to a consistent protocol, and I guess that is good if we manage to adhere to that one more successfully than we've adhered to our previous processes.

Mr. Russo added that I just want to clarify the record a little. We have had an operating procedure related to research that was approved by the Board for many years. We did not have a centralized function to research for oversight. That was recently in the past two years or so in a new operating procedure that was again approved by the Board, so it is not like we did not have anything in the past. More of the responsibilities in the past were on the local level. Now we are more approaching it from a system-wide level, and in the course of this discussion here it was not so much that the approvals were not appropriately done.

We have had IRBs, and the IRBs are primarily responsible for insuring compliance with the research protocols, making sure they get reapproved, and the importance of the findings was that certain information did not get back to the IRB. That is significant but we have had all the approvals. It just was that centrally we did not have them at the time of the audit and also locally. The IRB had the approvals. We did not. It is important for me to say this because I don't want our record to reflect that in some way we were out of compliance with the federal rules regarding Human Subject Research.

Mr. McNulty stated that I'm going to continue on a review that we did at Human Subject Research at NYC Health + Hospitals. By way of background, and Mr. Russo had alluded to this, in late 2010 the Office of Legal Affairs, when I was a member and executive counsel in the office, the Office of Medical and Professional Affairs determined that the system's research policies and procedures required revision. Both of these offices moved in a multidisciplinary collaborative approach to develop and revise the research policies and procedures. At that time there was a research policy and procedure that was promulgated in 1991 and approved by the Board of Directors by full resolution of the Board.

Then we worked with the Office of Research Administration, the Office of Corporate Compliance, and the Office of Legal Affairs, to develop the new operating procedure 180-9, which governs Human Subject Research Protections throughout the System. That operating procedure was approved by the full Board of Directors by a resolution in November 2014 and executed by the System's President and CEO in April 2015.

The Office of Corporate Compliance in 2016 performed a review of an audit of whether or not we are complying with OP180-9 as now promulgated. We reviewed 30 studies from six acute care facilities and two Gotham Health facilities. The six acute care facilities were Bellevue, Elmhurst, Jacobi, Kings, and Queens. The two diagnostic treatment centers were Morrisania and Belvis.

Out of those 30 studies, during the audit we learned that two did not require IRB approval because they were exempt from review. They did not meet the criteria, so we only looked at 28 studies. Out of the 28 studies, we noticed that there were four process and flow documentation findings that were identified and subsequently resolved.

First was at Kings, a study requiring continuing IRB approval documentation. The documentation was missing from the STAR research system. One study at Bellevue, there was an approved protocol modification that instituted the use of a professional transcriber for audio interviews, but we could not find any documentation that the budget was revised to reflect the increased cost for the transcriber. At one study at Bellevue, the study was listed as active in the STAR database, but upon review it was noted that the principal investigator had already closed the study with the IRB.

Then one study at Morrisania it was noted that the IRB continuing review approval date was incorrect in the STAR system.

With respect to training on OP 180-9, we noted after interviewing at least 35 staff members that although the PIs were familiar with the IRB approval process, most were not familiar with the full scope of Operating Procedure 180-9. Most of the PIs that were interviewed were unable to speak to the increase in the research record retention that is required under 180-9 or with respect to the IRB continuing review process and procedures as they are outlined under 180-9. Many of the PIs were unaware of the training that was given by the Office of Research Administration or were not available at the time and date that the training was offered at their facility.

Our recommendation is that formal training on new skill requirements that are required under 180-9 should be implemented to cover the facility research coordinator and the facility research committees. Management's response to that is that the Office of Research Administration will continue to work to develop a standard process across the System including training and education of these individuals.

Mr. McNulty asked if management would like to add anything to the response.

Dr. Jones answered that what is happening mostly in this facility is most of the PI's look at H + H as an afterthought for example. For a PI there's a two-step process. You have an IRB approval. IRB approval example is NYU. NYU is the IRB determiner, so you have approval from NYU. It's also incumbent upon that PI to also input that information or load that information into our system. So the question becomes, my challenge since I have been here for almost three years now is how will I be able to change this culture that if you do it for the IRB, it's just a rule of thumb. If you do it for IRB, remember also to do it for H+ H.

Dr. Allen added that I think this is a very important point, how do we get our message to all our facilities and all our providers. We will be using our chief medical officer council to get this message across as well as our various clinical councils so that there are multiple venues for training, so it's not just what's been happening. The Central Research Administration has been going to the facilities and doing one-on-one investigation or training, and that's not sufficient, so we have to use all of our council, the CMO council, the CNO council, the clinical council to re-enforce this message.

Mr. Page asked if there is some procedural way of linking when you go to this first approval with what you think is the agency that you are actively working with that in the process of getting the approval there if automatically requires you to get the approval from H + H at the same time.

Dr. Allen responded that I think we have to look to see if that can automatically happen. I'm not sure today if we can match them and automatically link them, but it is certainly worth investigating. Short of that we just have to mandate if you are not in our system, we can't do it.

Mr. Page stated that it would be wonderful if we can somehow short circuit the administrative loops to that it just has to happen together.

Dr. Allen said that we will look into that.

Mr. McNulty continued and stated that the review of the study documentation and related interviews demonstrated basic understanding of the requirements for completing the research process. However, it was clear that the STAR submission process is still somewhat confusing to many of the users.

We documented the following findings; that there were user errors that affected the integrity of the data in the system including without limitation error in the funding and budgetary numbers were identified; incorrect IRB documents were uploaded in the

STAR system; staff showed studies as active although they were no longer active in the system; and that the contractual information was always available.

Management's response to these findings is that there will be improvement that will be made to the STAR system going forward to better control these user errors.

Mr. McNulty asked if management want to add anything to that.

Dr. Allen answered that I will just say as we mentioned earlier with Mr. Telano's findings that we have to modify the STAR system to allow that the required fields are in fact in there to be completed and that they are completed in a timely fashion.

Mr. McNulty said that we also looked at whether or not there was a standard process in place to ensure that, for example, if we perform certain ancillary tests during research that those tests were covered and reconciled, and we received proper payment for these tests. Although it seemed that there were familiarity with the process, there was no standard process throughout the system. So our recommendation is that there be a standardized system for tracking and reconciling expenses and revenue as required by OP 180-9 and to implement systems to ensure that all billable services are identified and all payments are reconciled.

Management's response was that a new workflow was being developed by the Office of Research Administration in consultation with Finance as necessary that will readily resolve these particular issues.

Dr. Allen commented that we agree with that recommendation. This is going to require a close alliance with Finance that there is a specific clinic code to identify a research subject and ancillaries attached to his visits in QuadraMed. There is a clinic code reconciling the financial on a regular basis.

Mr. McNulty stated that I would just like to add in closing, Dr. Allen and I spoke about research going forward, and I am going to meet with all the medical directors in March and have a presentation with these and go through the high-risk areas and make sure they are familiar with how to avoid those risk areas.

Dr. Allen stated that just for the Committee, I think the H + H research has been going on for a long time. We do encourage research because that is where we learn what the cutting edge and progressive, new clinical modalities are. In my tenure at H + H, we went through multiple ways of tracking research. This is a new system that we are using. We would not expect every provider to know every page of the OP 180-9, but at least the essence of the crucial regulatory requirement needs to be known by everybody.

Mr. Telano continued with the review of pharmacy inventory control at the Jacobi facility and asked for the representatives to approach the table and introduce themselves. They did as follows: Christopher Mastromano, Chief Operating Officer; Joseph D'Agostino, Director of Pharmacy; Manfred Poms, Assistant Director of Pharmacy.

Mr. Telano reported that we did an announced count of 111 items and we found initially that 42 percent of the items had discrepancies, and the primary reason was that no one individual within the department was assigned the daily responsibility to input inventory activity. Once the outstanding paperwork was accounted for, the discrepancies were reduced to 14 percent. Also in-line with that because they are not doing things on a daily basis, we found that there were still 10 controlled substances, which are narcotics, still improperly included in the pharmacy stockroom inventory system although physically they were in narcotics storage area. We also noted that part of the issue is that the pharmacy department does not performed periodic inventory counts throughout the fiscal year to ensure the accuracy of their inventory.

Mr. D'Agostino responded that the root of the problem is with the cycle counts being done. Initially our view of what the inventory counts would be the full inventory, and doing a full inventory tends to be a little difficult in the pharmacy because it would require not closing down the stockroom, not being able to give out any kinds of medications during that period. It would have to take place during off hours or on weekends. That becomes an issue. Our auditors did point out, which is very helpful, that doing a cycle count, which is a smaller amount of drugs, maybe 20, 25 drugs per week but weekly, would help satisfy the inventory. It would help keep us right on the money.

If those cycle counts picked up on the fact that the controlled substances -- while they were physically in our narcotic room and there was no issue with chain of custody with the narcotics, we would have caught on the cycle counts that they were misfiled or mis-documented in the stock room -- that would have taken care of the second issue of controlled substances. He reemphasized that controlled substances are received from our wholesaler, they're instantly placed in the narcotic room and put into the C11Safe

inventory system. Narcotic inventories are conducted weekly in that separate system; therefore, at no time was that an issue. It was just a clerical error where we charged it to the main stockroom.

As far as the first item, we experienced some issues -- counts that were not up to date. A good proportion were reconciled, and the last three items showed that they were within the pharmacy area. Pre packing is done in the automated pharmacy system, and we were able to show through the logs that those medications were accounted for.

Mr. Pompa stated that with regard to the narcotics order, three of those items were selected on the surprise audit and the other seven were found when I pulled out the purchase order, which showed that all the items, all ten items made it into the narcotic room, were in the C11Safe, were all accounted for physically. It was a clerical error that the items ended up in the regular stock room. One of the items that came up in the findings was a refrigerated item. The day prior to the surprise audit, a major refrigerator in our stock room went down, so all those items needed to be removed from that refrigerator and brought into an outside main floor refrigerator. They were all put into totes and were sealed, and at the time when that item came up for counting, it was in the main refrigerator in a tote sealed. The paperwork was not filed because those items all were returned back into the stock room once the refrigerator was fixed.

Mr. D'Agostino said that what are we doing to correct things is to the charge has to be done on a timely basis. We are striving to get that done. We are training staff to have a clerical person that we are training to do charge outs on a timely basis. The goal is to have the charge out done by the end of the day on that day. Our cycle counts have been instituted, and we are going forward with that.

Mr. Page asked that in trying to picture how this works, when you are moving stock in and out, is it basically each item is done on a single slip, and what you are talking about is actually going back through a pile of slips and entering them into the system?

Mr. D'Agostino answered not each item, but an order will be handwritten because it is still manual. We do not have bar coding or anything like that within the facility, everything is done manually. Someone has to go through those manual slips and requisitions and keypunch them into e-Commerce.

Mr. Pompa added that we are counting the items coming in, and it would be nice to import everything into the system as well as in terms of removing items from the system so that it tags all out.

Mr. Martin commented that ERP is actually going to take care of a lot of this, and I think we are close. We are looking at 2018, but I think we are going to try to escalate that and maybe even implement it a little bit sooner. It is the way the rest of the world actually operates. That is why it's so important.

Mr. Telano stated that if there are no further questions, I'll move on to my final review. It was of a medical/surgical inventory controls at North Central Bronx. He asked for the representatives come to the table and introduce themselves. Mr. Chris Rust introduced himself as Director of Operations and Support.

Mr. Telano reported that during our review, we conducted an unannounced count of 105 items and revealed a discrepancy rate of 57 percent. We recommended that inventory cycle counts as noted in the previous audit be initiated, and this was implemented during the course of the audit. We also noted that when items are brought to the patient units, the head nurse or the designee is not signing the form acknowledging receipt of those items that they were put in the storeroom properly.

Lastly we noted that there was sometimes excess items that were in the storerooms within the patient units that were brought back down to the warehouse area. These items were already input into the inventory system and removed. However, instead of re-inputting them into the inventory system, they were kept in a separate shelf area called the "Free Picking Area", so they were not accounted for in the inventory system, and they were in a separate area.

Mr. Rust stated that North Central have had challenges specifically with internal controls and managerial oversight. This was picked up in the report and with that as a result really a chain of custody of moving these supplies. When supplies were picked, they were moved to the floor without supervising checking. They were delivered on the floor without getting a signature from a head nurse or charge nurse. Any extra supplies that would come down as Mr. Telano said, they were not keyed back into the system. We have revamped our internal controls to make sure that this does not happen moving forward. When supplies are picked, they were actually checked by the supervising stock worker to make sure that what was picked was accurate. Those supplies are then moved up to the units in our internal controls.

Our procedure now is that the head nurse will actually check for the receipt. They are not there to necessarily count every item. There is a chain of custody. When those sheets get returned, those sheets are then reviewed by the supervising stock worker. If there are any supplies that are in excess, they come back to Materials Management. They are now keyed out and returned back into the e-Commerce system. With our internal controls, we have folders of this information so that again I go down and check from time to time and make sure that we are, that our internal controls in compliance and we are doing cycle counts to make sure that our inventory is accurate.

Mr. Telano asked if there were any questions and then stated that that concludes his presentation.

Mr. McNulty reported on CMS Medicare Parts C and D General Compliance Training required under Contractual Obligations with Medicare Advantage Organizations. Pursuant to CMS regulations, Medicare Advantage Organizations (MAOs) are required to adopt and implement an effective compliance program designed to prevent, detect and correct instances of noncompliance with CMS requirements and fraud, waste and abuse. Examples of MAOs include MetroPlus, Aetna, Fidelis, GHI and HealthFirst, all of which have provider agreements with the System.

In our role, the System's role under contract with these MAOs, we are required to provide the Medicare Part C and D training that we are considered First-Tier, Downstream or Related Entity. One of the requirement elements of the MAO compliance program is the establishment and implementation of effective compliance training and education. To that end, in December of 2016, the Office of Corporate Compliance distributed via e-mail the CMS Compliance Training materials for all System workforce members and to all System business partners to ensure that we meet the MAO training requirements as established by CMS. We were able to distribute them via e-mail because that is one of the mechanisms that CMS says is an acceptable way to train our work force. Moving forward, we will add the CMS trainings to our annual compliance training so that all Board members and all workforce members, health care professionals and physicians receive that CMS training through that mode and methodology.

Moving on to monitoring of excluded providers, the Office of Corporate Compliance screens all workforce members and all vendors under the OIG exclusion list, the Office of the Medicaid Inspector General exclusion list and the system-wide exclusion list under the Department of Health and Human Services to ensure that we don't have any employee that is excluded from participating in federal health care programs. We also searched the list of the Office of Foreign Asset Control to ensure that we do not have any workforce members or vendors upon that list, and that list is designed to halt terrorist and other illegal funds from being circulated throughout the nation.

We found with respect to our exclusion survey on December 23, 2016, the OCC was informed that the social worker assigned to provide NYC Health + Hospitals counseling under the System's Employee Assistance Program was excluded by OMIG in August of 2015. The excluded individual was not on the OIG list but only the OMIG exclusion list. We at that particular time suspended the services provided by that particular social worker, and just note that that social worker was employed by New York City Department Office of Labor Relations and was assigned to assist in the counsel of NYC Health + Hospitals employees pursuant to a contract between the System and OLR. This employee was able to have their name removed from the exclusion list, and the employee has returned to provide services to NYC Health + Hospitals in January. The expenses related to this excluded individual is going to be reflected in a non-reimbursable cost on our applicable cost report, and therefore don't envision that there will be any self-disclosure required, but we are under counsel of Legal Affairs to make that final determination.

There was an OIG and SAM exclusion of a Lincoln Hospital Recovery Center acupuncturist. We noted that the acupuncturist was on the System for Award Management exclusion list. It appeared that this individual was placed on that list from prohibited conduct that occurred nearly 30 years ago. This excluded individual worked from December 27, 2016, to January 11, 2017. When we learned of the exclusion, he was placed on 75-day suspension to allow this individual time to be removed from the exclusion list. We have determined that these costs are not billable costs and therefore do not believe there will be any over payments, but again we are consulting with Legal Affairs with respect to that, and hopefully the individual will be able to have their name removed from the list.

We also learned about an OMIG exclusion at Metropolitan Hospital Center, and that involved a volunteer. We learned about it on January 20, 2017. The volunteer appeared on the OMIG exclusion list effective November 27, 2016. The volunteer was informed that he cannot work in the capacity of a volunteer for Health + Hospitals while on the exclusion list, and we are now evaluating whether or not we will have to make a self-disclosure with respect to that volunteer.

We are going to move onto some updates on past exclusions that we had previously reported to the Audit Committee.



In February 2016, we informed the Audit Committee about a Kings County nurse's exclusion from Medicaid. The nurse was placed on inactive status without pay effective December 30, 2015, and her employment was terminated in January. On February 16, 2016, we sent a self-disclosure letter to OMIG with respect to how much we owed OMIG back for the services that were provided by this excluded individual. OMIG came back to us in September and informed us that they denied our disclosure as far as the amount that we came up with, and they sent us a spreadsheet on how they want us to calculate the amount, so then we recalculated the amount and sent them a second self-disclosure in December 2016, and we are waiting to hear back from OMIG at this particular time.

OIG and SAM exclusion list of a Woodhull Hospital nurse required self-disclosure. In December 2016, the Audit Committee was advised about a Woodhull nurse who appeared on the OIG and SAM exclusion list effective October 20, 2016 and then a nurse subsequently appeared on OMIG's exclusion list effective in November. We placed the nurse on unpaid administrative leave and advised the nurse that she had 75 days to resolve the exclusion issue or that she would be separated from services. Pursuant to OMIG and OIG protocols, we sent self-disclosure letters to OMIG on January 5th and OIG on January 10th. The refund check mailed to OMIG was for \$3,537.89, and a check for \$1,385.17 was sent to National Government Service, which is a CMS contractor. OMIG had contacted me this week. They had a dispute on the way that we did the calculations. They changed the form letter they recently gave us to a new form letter, so they sent the check back and are now recalculating the amount owed to OMIG. With regard to the disclosure we made to National Government Services, we haven't heard back from them yet, but we will follow up with them.

In the fourth quarter of 2016, October 1, 2016, to December 31, 2016, we received 39 complaints relating to privacy incidents that was entered into our ID experts RADAR Incident Tracking System. Of these we found that ten were violations of HIPAA policies and procedures and four were breaches of protected health information, and we sent breach notification to those particular individuals.

An overview of some of these breaches:

- One involved a business associate that sent information wrongly to one patient to another patient, so we determined that that was a breach, and we had to send notification to that particular patient.
- This is a more serious incident and involved a System employee being treated at Metropolitan and another System employee informing other individuals at Metropolitan that that individual was being treated there. We sent out a breach notification with respect to that, and I'm following up with HR at that facility to make sure there is disciplinary action implemented for that particular employee.
- At Lincoln Medical and Mental Health Center in November 2016, we had an incident involving a patient that received an appointment slip that was intended for another patient. We sent out a breach notification to that particular patient.
- At Kings County Hospital Center in December 2016, we had a social worker who erroneously sent a fax to the wrong fax number. We are strengthening our policies and procedures with respect to that particular area and making sure that we are retraining. Whenever you send a fax, obviously you want to make sure that you have the right number and that you have a cover page on the fax. That was another thing. There was no cover page on the fax that said if this goes to the wrong recipient, please do not open it and send it back and make sure somebody is on the other end of the fax to receive the fax. The individual was retrained, and we are going to make sure that our policies and procedures in that particular area is strengthened.

Moving on to the compliance report for the fourth quarter of 2016, we received 88 compliance-based reports. We received no Priority A reports, which are reports that require immediate attention. We had 34 Priority B reports and 54 Priority C reports.

What is surprising is that we are receiving a large number of our reports now by e-mail, so 20 percent of the reports we received were by e-mail, and 38 percent were received by our compliance hotline, so we welcome this new way we are starting to receive reports, but we also remind the workforce that if they want to send a report anonymously that the hotline is the way to go about that.

This is the final item on the report, One City Health/DSRIP Compliance Update -- DSRIP Compliance Training and Education and Assessment of the Compliance Integrity of OneCity Health Partners. In late December the Office of Corporate Compliance sent a memorandum to all performing providers in the NYC Health + Hospitals-sponsored OneCity Health Performing Provider System reminding them of their Delivery System Reform Incentive payment program compliance training and education requirements. DSRIP compliance training and education requirements under New York State law and Office of Medicaid Inspector General, they require OneCity Health as a PPS lead to ensure that DSRIP funds are used appropriately.

We provided the DSRIP partners with a compliance training and education PowerPoint that they could use if they wish to use. The PowerPoint covered all the DSRIP compliance training requirements and the eight elements under the DSRIP compliance program. We also sent in February attestation to all DSRIP partners where they would have to certify to us, (1) if they distributed the compliance training and education to all their workforce members; (2) if they distributed our Principles of Professional Conduct to

all their workforce members and that they adhere to the same; (3) whether or not they were certified under Part 5 21 of the Medicaid regulations for an effective compliance program; and, (4) whether or not they certified to OMIG if they comply with the Deficit Reduction Act of 2005, which requires them to have written policies and procedures under State False Claims Act, Federal False Claims Act and any other areas related to state laws for whistle blower protections and fraud, waste and abuse.

An attestation was sent out on February 2, 2017, to over 200 partners. We received back about 12 of the attestations to date a week later, and we are very pleased that 11 out of the 12 are certified with the Office of the Medicaid Inspector General for all effective compliance programs and in compliance with the Deficit Reduction Act. That is our way of doing a risk assessment to see which partners would be more vulnerable with respect to compliance and integrity. If they are already certified, then those providers obviously would be low-risk provides.

Random audits of the different partners will be conducted to make sure that they have these policies and procedures in place in the upcoming months, and we have a webinar with the partners on next Tuesday to go over the attestation just in case there are any questions.

**Governance Committee – February 23, 2017**

**As reported by Mr. Gordon Campbell**

**Committee Members Present: Bernard Rosen, Helen Arteaga Landaverde**

**Other Board Members: Stanley Brezenoff**

This meeting of the Governance Committee, chaired by Mr. Rosen, was convened in executive session to deliberate on the following personnel actions:

**Action Item**

❖ *To consider nominees to the following corporate officer level positions:*

- ***Machelle Allen, MD as the Senior Vice President / Chief Medical Officer (CMO)***

Dr. Allen has been serving as acting CMO since June 2016. Her performance and clinical leadership in the division of Medical and Professional Affairs as well as her contributing participation and staffing of the Medical & Professional Affairs and Quality Assurance Committees of the Board has been steadfast and a major asset to our mission / vision. She has established strong working relationships with facility chief medical officers, chiefs of service and other members of our medical staff which underscores her capabilities to lead in this position.

- ***William Foley as the Senior Vice President for Hospitals***

Mr. Foley had previously served as the CEO for Jacobi Medical Center and in late February 2017, he agreed to serve in the role as acting Senior Vice President for this service line due to a vacancy in this position. He is capable of fulfilling this role having served in the position of CEO in several different healthcare institutions across the country before coming to NYC Health + Hospitals. He is a very savvy seasoned administrator and our current system CEOs would benefit greatly from his wealth of experience and accomplishments.

- ***Yvette Villanueva as the Vice President for Human Resources***

Ms. Villanueva has been executing the responsibilities for the day-to-day operations in the area of Human Resources in the position of senior assistant vice president since December 2015. She has demonstrated her skill and commitment to the system commendably by transitioning Human Resources to a shared services model, the introduction of workforce planning initiatives and expanded employee self-service capacity. Ms. Villanueva brings a wealth of diverse H+H workforce experience to this position having served as Senior Associate Executive Director at Lincoln, Harlem and Woodhull. Health + Hospitals would be well served by Ms. Villanueva's elevation to the corporate officer position in this area.

After further discussion by the Committee regarding each nominee's work experience, qualifications, and demonstrated abilities, the committee was prepared to vote on the motion.

Mr. Rosen called for the Committee's vote on the appointment recommendations, which was approved for consideration by the full Board.

**Information Technology Committee – February 10, 2017**  
**As reported by Ms. Emily Youssouf**  
**Committee Members Present: Josephine Bolus, RN, Stanley Brezenoff**

**Chief Information Officer Report:**

Dr. Alfred Garofalo presented the Chief Information Officer Report for Sal Guido, Senior Vice President and Chief Information Officer, who could not attend the meeting. Dr. Garofalo welcomed President Brezenoff to the first IT Committee meeting of the year.

Dr. Garofalo stated that each month Mr. Guido updates the committee members on the project health status of five key EITS initiatives which are in progress. For this meeting, the Committee Chairperson requested that the CIO Report provide the members with a snapshot of the program budgets (i.e., total cost, dollars spend to date and remaining dollars) for each of these initiatives ending December 2016. All remain on track and on budget.

Dr. Garofalo reported that over the past year, EITS has focused its efforts on driving transformation efforts for NYC Health + Hospitals in the projects that we have accomplished. He enumerated to the group a list of 2016 EITS accomplishments for each EITS group: Business Applications, Clinical Applications, Data Sciences, Enterprise Epic EMR Program (GO EMR), and Enterprise Infrastructure.

**Information Items:**

*GO EMR*

Pamela Saechow, Sr. Assistant Vice President, introduced herself and Dr. Rajeeb Khatua, the CMIO of the GO program to the committee and delivered a presentation on the readiness status of the “GO Team”, informing the committee that we are 15 days from our next EPIC EMR go-live at Coney Island Hospital. She spoke to the following sections in the presentation: Implementation (Executive Summary, Budget Overview), Optimization/Support (GO Excellence: Quality, Patient Portal and Patient Experience), and Strategic (Formulary Standardization).

*BUSINESS CONTINUITY*

Glenn Manjorin, Director of Business Continuity introduced himself and thanked the Committee for allowing him to speak about Business Continuity. He informed the Committee that Business Continuity will be the main topic at the next HIMSS’ (Healthcare Information and Management Systems Society) annual conference.

Mr. Manjorin presented the “EITS Business Continuity Planning” annual update to the Committee, providing them with a summary of the activities and milestone accomplishments over the past year. Mr. Brezenoff requested that Mr. Manjorin return to provide a full briefing to the Board on Business Continuity as well as a report identifying those key areas worked on and their continuity readiness in the event of a critical occurrence.

## SUBSIDIARY BOARD REPORT

**MetroPlus Health Plan Inc. – January 23, 2017**

**As reported by Mr. Bernard Rosen**

**Chairperson’s Remarks**

Mr. Rosen wished everyone a Happy New Year and welcomed them to the first MetroPlus Board of Directors meeting of 2017.

**Executive Director’s Remarks**

Total plan enrollment as of January 1, 2017 was 497,975. Breakdown of plan enrollment by line of business is as follows:

Medicaid	376,772
Child Health Plus	14,878
MetroPlus Gold	7,715
Partnership in Care (HIV/SNP)	4,355
Medicare	8,439
MLTC	1,408
QHP	7,681
SHOP	1,016
FIDA	170
HARP	8,537
Essential Plan	65,149
GOLDCARE	1,855

As you can see in the membership numbers, our Qualified Health Plan (QHP) and Essential Plan (EP) individual members dropped by almost 9,000 members from December to January. The majority of our losses were in the QHP membership that was due to our ACA rate increase for 2017. Due to high utilization costs, MetroPlus requested a rate increase of approximately 20% for 2017. The New York State Department of Financial Services (DFS) assigned the Plan a 29% rate increase. This was done in a year that had seen other plans go bankrupt, and DFS wanted all plans to be financially viable. Many of our members left us due to this rate increase. We went from the lowest cost plan to the third lowest with these changes. The EP member decline was due to State review of eligibility documentation submitted by EP members from when they enrolled. The enrollment may have occurred many years ago when the EP members were enrolled in Medicaid and before they had been transferred to EP. While we have assisted many individuals who needed to provide additional documentation in locating appropriate documents, it has been difficult for others and the State has moved forward with termination where documents were not submitted.

MetroPlus representatives submitted a total of 186,000 applications in 2016 a substantial improvement over the 142,000 applications submitted in 2015. The number submitted each month was higher than the corresponding month the year before. The highest number of applications were submitted in December when over 18,300 were submitted. For the open enrollment months of November and December over 35,400 applications were submitted, nearly 7% more than the same two months last year. Membership for the last year grew from 483,000 in January to 507,000 in December, an increase of about 5% over the course of the year, roughly double the 2.4% growth rate from January to December of 2015.

As part of our overall marketing effort I wanted to highlight a few initiatives we have undertaken in recent months. MetroPlus remains an active participant in the City Hall Get Covered plan. Under this program, outreach staff contact those who have received services from H+H but are uninsured and then refer those interested in enrolling in insurance to MetroPlus or one of the other enrollment organizations involved. MetroPlus is receiving referrals at its Queens, Harlem and King County locations. To date we have been able to enroll 16 households from the referrals we have received. Next with tax season upon us MetroPlus is partnering with tax preparation organizations to enroll individuals filing returns. We will be on site at 8 different tax preparation offices from now until April. Finally, the Mayor's Office of Immigrant Affairs and MetroPlus are partnering to target Uninsured students and parents within the city's schools system. There are 25 schools involved in the effort which will feature health insurance enrollment by MetroPlus and citizenship services to undocumented immigrants from the Office of Immigrant Affairs. The initiative begins in February.

We continue to enroll individuals in our day care initiative, Gold Care. Enrollment now stands at 1,855. While greater enrollment was expected, many individuals have provided evidence of having other credible coverage. In addition fewer people than expected are enrolling in family coverage. In the coming weeks we expect additional enrollments when the day care programs will enroll anyone remaining who has not provided evidence of credible coverage in Gold Care I.

The Finity member rewards program has started. Those visiting the MetroPlus website can see details about the Finity program including how they can earn points and what the points can be used for. Members will earn points to redeem when keeping necessary preventative health appointments. Finity has also begun a large scale mailing to all members to follow up and ensure members understand the program and how they can participate. Finity has a customer services staff prepared to answer questions about the program. They will continue to do outreach to member using mailings, e mails, texts and phone calls to ensure members are aware of the program and how it can help them earn points while improving their health.

I would like to share some good news from our Quality Management (QM) Department. The Medicare Stars team were relentless to make sure that our pharmacy benefit manager, CVS, was able to meet and exceed the goal of 65% for the medication therapy management (MTM) measure. This means that 65.8% of our MAPD members had contact with a Pharmacist who helped them understand and manage their medications (comprehensive medication review). This should put us in the 4 star range and help boost our Part D Quality Improvement measure performance. It also helps reduce our admission and readmission rates and maybe even satisfaction. For context, last year our MTM rate was 36% and 2 Stars.

Historically, our Hepatitis C costs have been escalating dramatically. Working with our pharmacy vendor, we changed our formulary to Zepatier instead of Sovaldi which will save approximately \$1.6 million per year.

One of our current strategies is to reduce our non-users. Our QM Department attempted outreach to 20,500 members in the 4<sup>th</sup> quarter of 2016. Reaching members was a significant challenge, however, 1029 members were reached and appointments were made for those members willing to be assisted.

Dr. Saperstein mentioned that the total Plan enrollment as of January 1, 2017 was 497,975. Due to late payments made on the Essential Plan (EP) and Qualified Health Plan (QHP), as of January 23, 2017, the total plan enrollment was 501,000. Almost 9,000 members were dropped from both EP and QHP between December 2016 and January 2017. The majority of the losses was due to the rate increase on the Affordable Care Act (ACA) for 2017. The New York State Department of Finance Services assigned the Plan a 29% rate increase. The EP member decline was due to the State's review of eligibility documentation submitted by EP members when they enrolled. Assistance was given to those members who needed to provide additional documentation, but for some members, it was difficult to provide the additional information therefore, the State moved forward with termination of those members where documentation was not submitted. Mr. Dan Still asked if the numbers were before the subsidy that people receive at the end of the year. Dr. Saperstein responded by stating that by law, the Plan has to send a letter to all members with their current rate and informing them that their rate is becoming  $x + 29\%$ . The advanced premium tax credit depends on the individual's income. Mr. Rosen asked has there ever been a time in the past when the Plan asked for a rate increase and was given a higher rate. Dr. Saperstein responded, never a higher rate, the Plan always received a little less than what was asked for. Mr. Cuda stated that the reasoning was that when MetroPlus did its pricing the Plan used the lowest end of the actuarial ranges for the cost increases to keep it as small of an increase as possible and still be actuarial sound. It was decided that because of Health Republic to use the midpoint of the range and not allow the Plan to go lower. Mr. Rosen asked how many members MetroPlus has that came from Health Republic. Mr. Cuda replied that the Plan did not receive a lot of Health Republic members and most went to Oxford. Dr. Saperstein mentioned that the Plan had 98 general Health Republic members that were receiving active cancer treatment at Memorial Sloan Kettering.

Dr. Saperstein mentioned that great efforts have been put into enrollment. MetroPlus representatives submitted a total of 186,000 applications in 2016, which was a big improvement from 2015 with a total of 142,000 applications being submitted. Membership from last year grew from 483,000 in January to 507,000 in December, which was about a 5% increase over the course of the year.

Dr. Saperstein informed the Board that MetroPlus remains an active participant in the City Hall Get Covered plan. To date, 16 households from the referrals have been received. MetroPlus will have representatives on site at eight different tax preparation offices until April 2017. MetroPlus is also partnering with the Mayor's Office of Immigrant Affairs to target uninsured students and parents within the city's school system. Twenty-five schools are actively involved and this initiative will begin in February 2017.

Regarding Gold Care, Dr. Saperstein mentioned that enrollment now stands at 1,855 members. The Plan will continue to enroll individuals in the day care initiative. Dr. Saperstein also stated that MetroPlus' Gold product has doubled in size over the year and most members came from the following agencies: New York City Health + Hospitals (NYC Health + Hospitals), New York Police Department, Department of Education and Human Resources Administration. Mr. Williams asked why the Gold product doubled and Dr. Saperstein replied that the Plan started at 4,000 members a year ago and currently has 7,715 members. MetroPlus received its license approval to open its services to all city agencies about a year ago. MetroPlus, for the first time last year, participated in enrollment at various City agencies by providing seminars and sharing materials. Mr. Rosen added that prior to this initiative, MetroPlus was only able to offer healthcare to NYC Health + Hospitals employees.

Dr. Saperstein informed the Board that the Finity member rewards program has begun. Members will earn points to redeem when keeping necessary preventative health appointments. Dr. Saperstein mentioned that Finity will also assist with member retention. Finity will continue to do outreach to members using mailings, e-mails, texts and phone calls to ensure members are aware of the program and how it can help them earn points while improving their health.

Dr. Saperstein shared some great news regarding the Quality Management Department. The Medicare Stars team worked relentlessly to make sure that CVS, MetroPlus' pharmacy benefit manager, was able to meet and exceed the goal of 65% for the medication therapy management (MTM) measure. This should put MetroPlus within the 4 star range as well as boost Part D Quality Improvement measure performance. For context, last year's MTM rate was 36% and 2 stars.

## **Medical Director's Report**

### **Quality initiatives:**

- Community Events: Eye screening event where 89 Brooklyn members received diabetic eye exams. In partnership with Healthplex, 4 community events were conducted with 139 children receiving well dental screening.
- Low risk maternity program: Developed low risk maternity program leveraging Finity new member incentives while collaborating with H&H to develop pre, peri, and postnatal workshops to be offered at the facilities. The program will also address postpartum depression and will utilize the Edinburgh Postnatal Depression Scale.
- CAHPS/HOS Proxy Survey: Project goal to identify key drivers of member dissatisfaction and inform business changes to deliver ongoing service recovery outreach to dissatisfied members (n=8000). Response rate of 32% achieved. 23% of dissatisfied members (1250) members have received an outreach call and are in process of issue resolution. Program push continues through February to align with CAHPS survey.
- P4P: Program disbursements for quality awards based on HEDIS 2016 results were finalized and will be distributed at a MetroPlus event for the Provider community this month. Top awards went to H+H facilities with Elmhurst in the number one position (1,045,000) and Metropolitan Hospital Center coming in second (\$728,000). The Urban Health Plan scored highest for non H+H facilities (\$459,000).
- Medical Record Reviews for HEDIS, QARR, STARS and Exchange: The QM Operations team conducted over 56,000 supplemental reviews. 33,000 of these reviews focused on well baby/child and adolescent visit completion which included documentation, coding and where possible outreach to the member to schedule an appointment prior to 12/31/16. MetroPlus is mandated to report on two additional LOBs this year (HARP and Essential Plans).

### **Utilization Management (UM):**

- Review Timeliness: DME processing time decreased from several days to ½ day wait times improving provider satisfaction and team processing capacity.
- Completed Case Reviews: Nurse Case Manager completion rate increased from 55% to 70%, again improving the rate of processing and subsequent Provider satisfaction. Case Management Associate completion rate increased from 5% to 20% in the same time period.

### **Integrated Case Management (ICM):**

- Field Deployment: 11 Case Managers deployed to field. Completed weekly volume visit increase of 73% since the last week in November. Both physician and member satisfaction frequently expressed.
- Non User Outreach: Of 23,000 H+H non users, 3856 members outreached, 1749 calls completed and 463 appointments scheduled. Appointment rate for those outreached 13%.

### **MLTC:**

- Care Plan Compliance: Current rate of compliance with timely completion of Plans of care is 98% from 95% last quarter and 40% the prior quarter.
- Community Based Long Term Care Services: Services in place for members are at 98.6% in the fourth quarter from 94% in the third quarter.
- Census: MLTC census continues a steady increase in member volume growing from 1299 members at the end of the third quarter to 1408 members at the end of the fourth quarter, representing an increase of 8%.

### **HIV:**

- Viral load suppression: The overall level of viral load suppression increased from 80% to 81%, continuing to increase quarterly and meeting the annual goal of 80% before the end of the year.
- Anti-retro viral adherence: remained at 92% for the last quarter of 2016. Goal for 2016 was 90%.
- Wellness coordinator deployment: Coordinators have been deployed to all 17 of H+H facilities with HIV+ members. Coordinators spend from 1 to 3 days at each facility based on membership volume.
- End the Epidemic Grant: Outreach efforts directed at members lost to follow up initiated. Initial group identified 190 members. No outcome results to date.

**Behavioral Health:**

- Inpatient Admissions: Continue to decline quarter over quarter for the past three quarters with a reduction of .04% from the second to third quarters of 2016.
- CORE: Admissions per thousand for all LOBs except FIDA and HARP have declined by 2.5% while average length of stay for Mental Health has decreased by 1.65 days. SUD LOS increased by .23% due to increased use of rehab services. Readmission rates have decreased by 1% for Mental Health and by 7% for SUD.
- HARP: Mental Health inpatient days per thousand have remained flat while SUD inpatient days per thousand have decreased. ALOS has remained flat. Readmission rates for this population are at the highest rates since program go-live at 25.41.days for mental health and 28.95 for SUD.
- Governor Cuomo's SUD legislation: went into effect January 1<sup>st</sup>, 2017 allowing SUD facilities to admit and provide up to 14 days of treatment prior to Health Plans doing any review.
- Children's redesign qualifications document: Anticipated distribution by the end of January 2017.

**Pharmacy:**

- Medicaid:
  - Hepatitis C oral: Preferred strategy of Zepatier and Epclusa and removal of Solvaldi. Estimated savings of 1.6 million.
  - Basaglar insulin: Biosimilar to Lantus added to formulary. Lantus to remain on formulary for member transition. Savings \$1.5 million.
- Gold Care I and II:
  - Analysis of pharma utilization does not demonstrate above average utilization of high cost medications.

**Provider Network/contracting**

- Staten Island: Added over 200 new providers in Q4 2016.
- Dental Management Services RFP: Being finalized for release in coming weeks. Existing contract with current dental vendor expires during 2017.

Additional RFPs: Currently in preparation for 2017 distribution include: Transportation Management and DME Management. In regards to quality initiatives, Ms. Weinberg mentioned the Plan's project goal to identify key drivers of member dissatisfaction and inform business changes to deliver ongoing service recovery outreach to dissatisfied members for the Consumer Assessment of Healthcare Providers and Systems/ Health Outcomes Survey. There were 8,000 dissatisfied members. A response rate of 32% was achieved. 23% of the dissatisfied members have been contacted and are in process for issue resolutions.

Program disbursements for quality awards based on 2016 Healthcare Effectiveness Data and Information Set results were finalized and distributed at MetroPlus' event for the Provider community. The top awards went to NYC Health + Hospitals facilities. Elmhurst Hospital Center was number one and Metropolitan Hospital Center came in second. The Urban Health Plan scored the highest as a non- NYC Health + Hospitals facility.

Ms. Weinberg informed the Committee that the durable medical equipment processing time has been decreased from several days to a half day. This will help increase provider satisfaction and team processing capacity. The Plan is currently working with Dr. Morgan of Jacobi Medical Center to select physicians to create a Provider Advisory Group. This committee should start within the first quarter of 2017.

Ms. Weinberg mentioned in collaboration with the facilities, but in particular MetroPlus' Integrated Case Management has conducted a non-user outreach. Of 23,000 NYC Health + Hospitals non users, about 4,000 members have been outreached. 1,749 calls were completed and as a result 463 appointments have been scheduled.

Ms. Weinberg provided an update regarding the HIV wellness coordinator deployment initiative. Coordinators have been deployed to all 17 NYC Health + Hospitals facilities, including the Diagnostic & Treatment Centers and Acute Cares, who have HIV+ members. The Coordinators spend about one to three days at each facility based on the membership volume (membership volume is based on the number of HIV+ members identified at the facility). Mr. Williams asked one to three days, over what period. Ms. Weinberg responded one to three days per week.

Regarding Behavioral Health's, Ms. Weinberg mentioned that the program has showed a reduction declined between the 2<sup>nd</sup> and 3<sup>rd</sup> quarter with a reduction rate of .04% for inpatient admissions, that is with a reduction in length of stay as well. The length of stay in Mental Health went down 1.65 days and substance use went up .23%. It is believed that it went up due to the increase of rehab services.

Pertaining to Pharmacy, Ms. Weinberg mentioned that between Hepatitis C and Biosimilar to Lantus, the Plan is expected to save about 3.1 million dollars.

Mr. Still asked what the average length of stay is for mental health. Ms. Weinberg stated that she would bring that information and provide it at the next meeting. Mr. Still asked are there still a couple of patients that are difficult to discharge. Ms. Weinberg replied yes, that it was mostly due to the social situations that is problematic with housing and placement after hospitalization. Mr. Williams commented that looking at the report helped a lot and that he would like to speak with Mrs. Gail Smith concerning some items, and would like to provide recommendations that may be helpful in the future.

Dr. Saperstein informed the Board that the State had limited the Plan in Staten Island, just like the ACA and did not have a full license. As of last Thursday, January 16<sup>th</sup> MetroPlus received its full complete license to operate Medicaid, Health and Recovery Plan, Child Health Plus and Managed Long Term Care in all 5 boroughs of New York City. For the last year, the Plan was only able to do the MetroPlus Gold Plan and the ACA. Now, as of last week, the State has granted MetroPlus with a full license. The only thing that is not yet licensed in Staten Island is the Fully Integrated Duals Advantage product and Medicare, which require CMS. Mr. Still mentioned the membership summary report that Dr. Saperstein provided was very helpful. Mr. Still stated that Dr. Saperstein used to provide a chart that showed the net loss and gain to other Plans. Dr. Saperstein mentioned that it is about 800 members a months at HealthFirst. Dr. Saperstein also mentioned that he could put that information back within his report, but NYC Health + Hospitals asked that less content be placed in the report. Mr. Still asked regarding the membership report, where it shows the drop in membership of QHP, under the category involuntary, wasn't it actually voluntary. Dr. Saperstein responded no, if someone actively disenrolled during the year, at the end of the year those members did not recertify. It is looked upon as having a loss of coverage.

**HHC Assistance Corporation | OneCity Health Services – February 17, 2017**  
**As reported by Mr. Stanley Brezenoff**

Among other matters, the Board discussed the following:

- Dr. Christina Jenkins provided a report on the current status of the internal audit (IA) process recommended by Dr. Michael Stocker during the last CSO Board meeting in July 2016. To date, the IA has conducted an onsite visit and interviews with H+H finance. OneCity Health is currently awaiting the status of the IA's report and finalized scope in order to issue a Request for Proposals for an external auditor. The Board suggested additions to the current scope of the audit to include a focus on the process in which DSRIP funds are received by the CSO and subsequently paid out to partners. Additionally, the Board agreed that the external auditor selected should be different than the firm currently used by NYC Health + Hospitals.
- Dr. Ross Wilson introduced a resolution to adopt anticipated action by the sole member outlining changes to membership of the CSO Board to remove Ramanathan Raju, MD and Marlene Zurack from the Board and add Stanley Brezenoff, PV Anatharam, and Donald Ashkenase. The Board unanimously accepted to adopt the resolution in anticipation of final approval by the NYC Health + Hospitals General Board. At the upcoming General Board meeting, Stanley Brezenoff will also be recommended as sole member of the CSO, to represent the vote of the subsidiary.
- Dr. Wilson introduced a resolution seeking modification of the current COPE contract that was recommended by the CSO Board and approved by the NYC H+H Board in July 2016. Dr. Jenkins continued with details on the original resolution, a multi-year agreement between NYC Health + Hospitals and COPE to provide consulting services in the amount of \$19.07 million over three years with not-to-exceed amounts specified every year.
- Due to the tremendous pressures to find financial solutions, promote financial sustainability, and ready for value-based payment, CSO management recommended modification on this approved contract to bring some Year 2 and 3 deliverables forward without changing the total amount of the contract (\$19.07 million). The yearly not-to-exceed amount would increase in Years 1 and 2 from \$6.5 million to \$10.5 million in Year 1 and from \$6.8 million to \$8.57 million in Year 2. Any remaining funds from Years 1 and 2 would be rolled over into Year 3. The contract will remain fully funded with DSRIP dollars.

The Board unanimously accepted to adopt the resolution moving the decision to authorize New York City Health and Hospitals Corporation to modify the current agreement with COPE Health Solutions for consulting services to the full NYC Health + Hospitals Board of Directors for approval.

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



**Stanley Brezenoff**  
**NYC HEALTH + HOSPITALS INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**February 23, 2017**

**Affordable Care Act Advocacy**

NYC Health + Hospitals partnered with the Mayor's office to provide communications and collateral support for the February 22 National Day of Action against repeal of the Affordable Care Act (ACA). Mayor de Blasio led efforts to rally more than 70 cities in opposition to ACA repeal. Mayors from across the nation spent the day highlighting the devastating impact repeal of the health care law would have at the local level. New York State estimates that repeal threatens 2.6 million New Yorkers with the loss of health insurance, including up to 1.6 million residents of New York City. Health insurance for 200,000 NYC Health + Hospitals patients is at risk, as is coverage for 120,000 Medicaid recipients, and 169,000 MetroPlus members.

In response to efforts to eviscerate the ACA, the Mayor's office and NYC Health + Hospitals have aggressively promoted the *GetCoveredNYC* campaign, which seeks to enroll as many eligible but as yet uninsured New Yorkers as possible in 2017. We were able to sign up roughly 14,000 New York City residents before the end of Open Enrollment on January 31, 2017.

We also supported a community rally on February 18 at NYC Health + Hospitals/ Gouverneur hosted by the New York Congressional delegation, including Rep. Nydia M. Velázquez, Rep. Hakeem Jeffries, House Democratic Caucus Chairman Rep. Joseph Crowley, and Rep. Jerrold Nadler. The rally was attended by many seniors and others who have benefited from the Affordable Care Act, as well as representatives from Doctors Council, SEIU 1199 and Make the Road New York.

**NYC Leads Coalition of Cities Filing Federal Court Brief Supporting Challenge to Travel Ban Executive Order**

New York City has joined Chicago, San Francisco, Minneapolis, Nashville, Albany, and other municipalities across the nation in filing an amicus brief supporting injunctive relief for plaintiffs harmed by President Donald Trump's executive order titled "Protecting the Nation from Foreign Terrorist Entry into the United States" (the travel ban). The brief argues that the travel ban promotes xenophobia and religious discrimination that is particularly toxic for New York City and other jurisdictions whose social fabric depends on tolerance and inclusiveness. The brief emphasizes irreparable harm caused by the travel ban's disruption of the operations of New York City safety net hospitals relying on dozens of medical residents affected by the travel ban.

NYC Health + Hospital's Law Department and my office have collaborated on other activities relevant to the travel ban, including the signing on to another amicus brief being prepared by Arnold and Porter Kaye Scholer LLP on behalf of a number of health care organizations. We will continue to monitor all policy actions taken by the federal administration, as well as rhetoric from administration officials – and assess the impact on our system, our patients, and our staff.

**NYC Health + Hospitals Albany Lobby Day**

More than 100 Community Advisory Board members organized by NYC Health + Hospitals staff converged on Albany on February 14 to advocate for safety net funding legislation and to express concerns regarding ACA repeal and DSH payment cuts. More than 60 meetings were scheduled with members of the Senate and Assembly. As a result of our Lobby Day, the entire Bronx legislative delegation signed a letter to request safety net funding for NYC Health + Hospitals. In addition, Assembly Member Pamela Harris submitted a letter on our behalf for safety net funding. Both letters were submitted to the Speaker of the Assembly requesting the Assembly's budget include funding for NYC Health + Hospitals.

**EPIC Go Live Coney Island**

NYC Health + Hospitals/Coney Island is scheduled to launch Epic, our new, state-of-the-art electronic medical record (EMR) on February 25. The new EMR will put complete, up-to-date patient information at our clinicians' fingertips, resulting in a better and safer care experience for our patients. It will also empower them with access to their health information online with MyChart, Epic's patient portal tool.

To prepare for the implementation, we have drawn on the expertise and hard work of the IT teams responsible for successfully bringing more than 8,000 clinicians at NYC Health + Hospitals/Queens, NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/At Home (our system's home care agency) care agency — onto the new EMR. Coney Island has trained more than 2,000 employees on the new EMR, and has planned for the necessary processes and people to ensure that the next important phase of our transition to Epic is as smooth as possible.

**NYC Health + Hospitals, Northwell Health Break Ground on Shared Lab**

Today NYC Health + Hospitals and Northwell Health announced the start of work on a \$47.7 million shared, state-of-the-art laboratory in Queens, designed to enhance quality and patient service while reducing costs for both health systems and their hospitals. The new lab will primarily perform microbiology tests, including molecular diagnostics from local hospitals, clinics and physicians' offices. It will incorporate the latest technology and advanced robotic testing systems.

Our health system currently operates four core labs and seven rapid response labs, which together perform about 15 million lab tests each year. Under the partnership, our health system will consolidate our four core lab operations into the new cooperative lab in Queens, which will eventually process about half of our lab tests. Northwell Health will make the upfront investment to build the facility, with the goal of consolidating

and streamlining the operations of the two health systems. Joint savings are expected to be more than \$30 million annually. Once completed the centralized Queens lab will be the largest, nonprofit, hospital-operated lab network in the nation, processing over 50 million tests annually.

### **NYC Health + Hospitals Awarded Grant to Expand Staff Training**

The New York State Department of Health's Health Workforce Retraining Initiative awarded a \$2.3 million grant to our system to expand staff training designed to enhance clinical skills, cultural competency, leadership innovation, computer skills, and behavioral health care at many of our facilities. The state initiative is designed to promote training and retraining of health industry workers with the skills necessary in today's health care market.

This grant will also allow our office of Diversity and Inclusion to offer staff trainings focused on the following areas: Interreligious Awareness for Patients and Staff, Strategies for Fostering Diversity and Inclusion in the Workplace—including proactively addressing unconscious biases and the intersection of LGBTQ issues and religious identities in the workplace, and more training relevant to practices for communication with patients who are deaf or hard of hearing or who have other disabilities.

### **MetroPlus Health Plan Announces New Member Engagement and Rewards Program**

MetroPlus Health Plan recently announced the introduction of a Healthy Rewards program that encourages members to earn reward points for completing healthy activities, like managing their diabetes, attending pre-and postpartum visits for a healthy pregnancy, taking an annual Health Risk Assessment, and more.

As individuals complete their healthy activities, they can visit the Healthy Rewards Portal via smartphone, tablet, or desktop to track their progress, access personalized wellness tools and resources, redeem reward points and order healthy items from the MetroPlus Healthy Rewards Catalog. The program also provides support to members over the phone. Rewards cover a wide spectrum of popular items that promote physical activity, and focus on nutrition and health.

### **City Expands Mental Health Services to Domestic Violence Survivors at Brooklyn and Queens Family Justice Centers**

NYC Health + Hospitals is partnering with First Lady Chirlane McCray's ThriveNYC initiative, the Mayor's Office to Combat Domestic Violence, the Chapman Perelman Foundation, and Columbia University Medical Center to expand a pilot program that has achieved success placing mental health care providers within the Bronx NYC Family Justice Center (FJC). FJCs are one-stop centers providing comprehensive services to domestic violence survivors and their children, regardless of income, language, immigration status, gender identity or sexual orientation.

On-site clinical psychiatric services provided by skilled NYC Health + Hospitals clinicians to survivors began recently at the FJCs in Queens and Brooklyn, and are expanding to FJCs in Manhattan and Staten Island. NYC Health + Hospitals facilities in close proximity to FJCs will oversee, supervise and hire the staff to provide services to the program: NYC Health + Hospitals/Lincoln for the Bronx FJC, NYC Health + Hospitals/Kings County for the Brooklyn FJC and NYC Health + Hospitals/Queens for the Queens FJC. Each FJC has an on-site, full-time psychotherapist, part-time psychiatrist, and full-time administrator.

### **NYC Health + Hospitals Wins *Training Magazine* Award**

NYC Health + Hospitals has been named a 2017 "*Training Top 125*" winner by Training magazine. Our system was chosen as one of only 125 organizations worldwide—and the only health system in New York State—to be recognized for demonstrating excellence in employer-sponsored training and development programs, and for implementing training programs tied to corporate strategic goals, with measurable results. This is the first "*Training Top 125*" award for the system, which provided training to more than 38,000 employees during FY16 and offers more than 5,500 courses annually, including in-person, virtual, and self-paced sessions focusing on leadership development, new employee orientation, behavior-based interviewing, dietary education and computer skills as well as training on serious public health threats, such as infectious pathogens like Ebola, and mass casualty incidents.

### **Jacobi Stand Up to Violence Director Recognized**

Erika Mendelsohn, LMSW, Director of NYC Health + Hospitals/Jacobi's "Stand Up to Violence" (SUV) program, has been named an "Emerging Leader" by the National Association of Social Workers, New York City Chapter (NASW-NYC).

Ms. Mendelsohn is a graduate of the Columbia School of Social Work and has spent her career advocating for social justice. She has led Jacobi's SUV program since June 2014, during which time she has successfully expanded its target area from two to three precincts, and played a critical role in reducing gun violence by 40 percent in those precincts. The program is based on the nationwide Cure Violence initiative, to target areas prone to gun violence using credible messengers, men or women once involved in gangs or violent incidents. Congratulations to Erika Mendelsohn for this recognition.

### **Grant Doubled for Bellevue National Ebola Training & Education Center**

A \$12 million grant from the Centers for Disease Control and Prevention (CDC) and the Office of the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) established the National Ebola Training and Education Center (NETEC) in 2015. NYC Health + Hospitals/Bellevue, the University of Nebraska Medical Center in Omaha, and Emory University in Atlanta are the co-leads of NETEC and recipients of the 2015 grant and a recently announced additional \$12 million to allow for a variety of expanded services, including creation of a special pathogens research network.

The supplemental funding will allow Bellevue and its partners to perform additional site visits, conduct more education and training courses, and build a special pathogens research network. Since December 2014, the three institutions have trained more than 840 health care workers on all aspects of infection control and patient care for individuals with Ebola.

### **NYC Health + Hospitals / Queens Performs Well in Survey by The Joint Commission**

This month The Joint Commission completed its triennial survey of NYC Health + Hospitals/Queens, and has accredited the hospital for the next three years. Over the course of 4 days, a team of 7 surveyors conducted countless tracers, reviewing inpatient and outpatient processes and procedures at the main campus and at the off-site clinics. Tremendous focus was placed on TJC's top challenging issues identified nationwide, including infection control and environment of care. All citations were written up, as per the new process this year. There were minimal citations in Infection Control and the Environment. The survey team reported that all staff were engaged, many processes were well done and that Queens has set the bar for other NYC Health + Hospitals facilities up for survey this year.

Congratulations to Christopher Roker, CEO, Jasmin Moshirpur, MD, Chief Medical Officer, Dean Mihaltses, COO, Joan Gabriele, RN, Chief Nurse Executive, Kenneth Hart, Sr. Associate Director, Regulatory Services, and the staff of NYC Health + Hospitals/Queens, on a successful survey. Thank you also to Board Member Helen Arteaga-Landaverde, for participating and representing the H+H Board at the Leadership Session of the survey.

### **OneCity Health Update**

#### **Support For Patients at High Risk of Readmission**

One City Health Transition Management Teams (TMTs) are continuing to provide 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, 750 patients have been referred to the program, and 375 have completed all 30 days. Four of our community-based partners – VillageCare, ArchCare, BrightPoint Health and New York City Department for the Aging – will soon provide an additional ten TMTs across medicine and behavioral health inpatient units in NYC Health + Hospital facilities.

#### **Medicaid Accelerated Exchange Targeting Super Utilizers**

Action teams from NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Lincoln kicked off participation in the State Department of Health Medicaid Accelerated eXchange (MAX) in January. MAX is a 6-month program that puts front-line clinicians from both hospitals in a position to lead rapid change and innovation designed to help achieve DSRIP goals. Our action teams will quickly implement changes to improve care for the relatively small proportion of inpatients who account for a disproportionate amount of utilization and cost (often referred to as 'super utilizers'). Additionally, through the MAX "Train the Trainer" Program, Xincon Home Health Care Services, one of our community partners, will work with both action teams to help sustain and proliferate these changes throughout our system.

#### **Community Health Workers Assisting Asthma Patients**

Over 100 patients have been assigned to community health workers (CHWs) from our partner organizations as part of our clinical asthma program. CHWs – from VillageCare, Urban Health Plan, St. Mary's Healthcare System for Children, Asian Community Care Management and NYC Health + Hospitals complete asthma assessments, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment.

#### **100 Schools Project**

OneCity Health and three other New York City-based DSRIP Performing Provider Systems (PPS)—Community Care of Brooklyn, Bronx Health Access, and Bronx Partners for Healthy Communities— have expanded the 100 Schools Project, which trains schools to connect students who have emotional, behavioral, or substance-abuse challenges with top-tier local mental health providers while enabling them to remain in school. 100 Schools launched at 10 schools in September. 20 more schools have been engaged in the work in 2017, with a dozen more set to start soon. The four PPS are funding and overseeing the project, while one of our community partners, the Jewish Board of Family and Children's Services, is coordinating the initiative.

#### **Identifying Gaps In Service Delivery System-wide**

50 community partner sites, including five NYC Health + Hospital sites, will undergo site assessments to understand the current state, strengths and opportunities for cultural competence and health literacy improvement. This initiative will provide the OneCity Health network with additional insights on disparities and gaps in service delivery, and promote best clinical and administrative processes to improve them.

## RESOLUTION

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

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

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

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

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

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

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

## RESOLUTION

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

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

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

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

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

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

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

**NOW THEREFORE**, be it

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

# Centralized Procurement

Supply Chain Services  
Informational Update  
Board of Directors

March 23, 2017





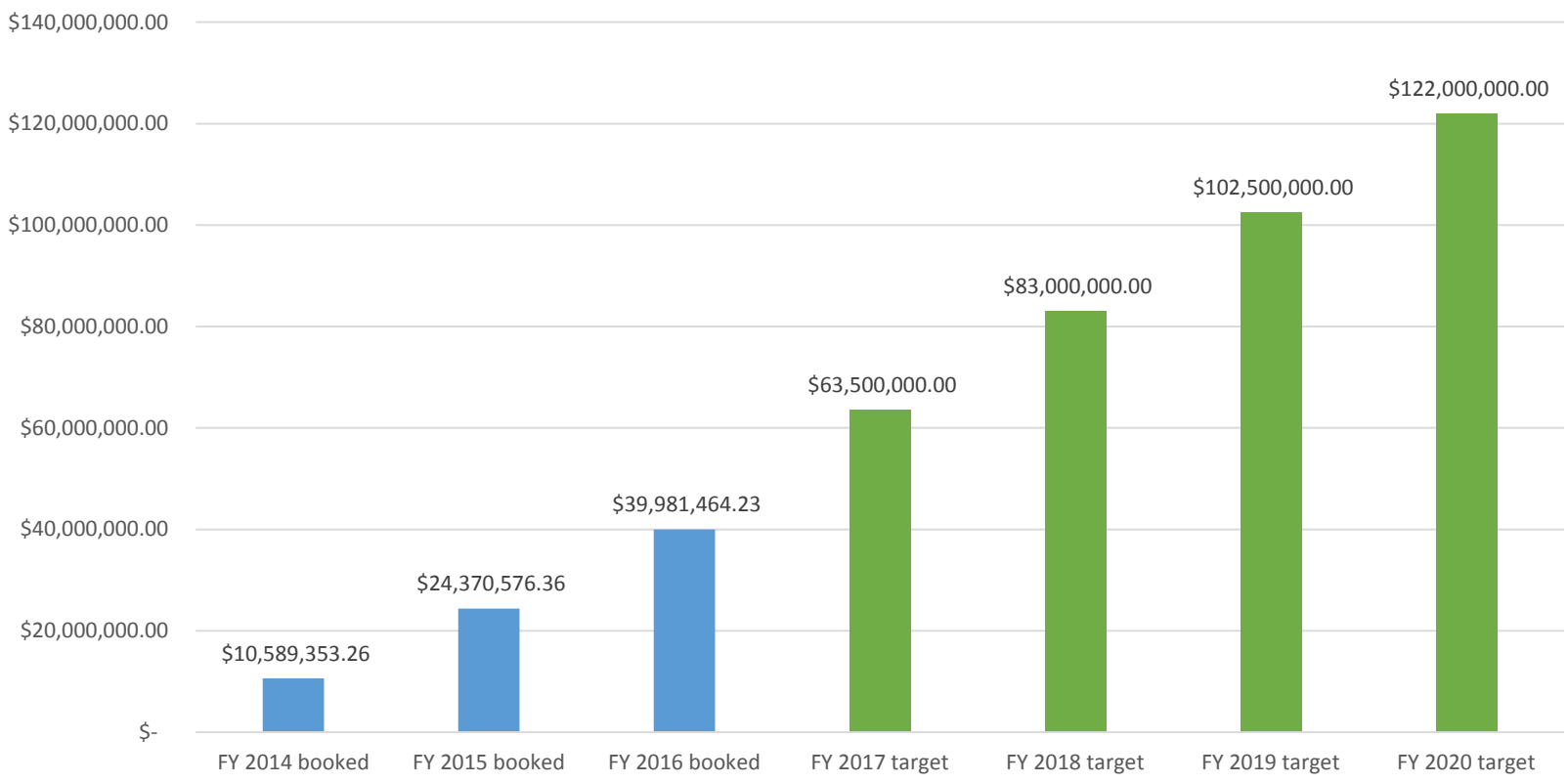
Achieved Target

# Supply Chain Services: Centralized October 2013

## Goals: Standardize Goods, Services, Equipment; Improve Quality, Save Money

### Supply Chain will deliver \$446M in value

Total = \$ 445,941,393.85



# Supply Chain Services FY17 Value Actions

CATEGORY	Total Projected FY 17
Business/Office	\$ 2,057,445.79
Lab	\$ 8,203,326.02
Med-Surg	\$ 12,456,427.25
Peri-Operative	\$ 7,015,458.94
Pharmacy/340B	\$ 31,581,731.46
Radiology	\$ 2,965,301.22
<b>TOTAL</b>	<b>\$ 64,392,690.68</b>

Standardizing Managed Print Services; Office Supplies

Northwell Collaboration: Equipment, Reference Tests, Blood Products

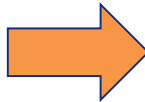
Standardizing supplies; re-negotiating contracts

Standardizing pharmacy formulary; contracting with retail pharmacies

Standardizing radiology supplies; re-negotiation contracts



# Supply Chain Services FY18-19 Plans: Enterprise Resource Planning (ERP) System Inventory Management Just-In-Time (JIT) Delivery and Low Unit of Measure (LUM)



Stockless Requisition (JIT-LUM)



# **Summary Of Revenue Cycle FY '17 Initiatives**

**P.V. Anantharam, Senior Vice President &  
Chief Financial Officer**

**Board of Directors Meeting  
Thursday, March 23, 2017**

# Summary of FY'17 initiatives (1/2)

Initiative	Description
Diagnosis Code Capture	<p><b>Secondary DX Coding</b></p> <ul style="list-style-type: none"> <li>▪ Improve utilization of six secondary DX codes</li> <li>▪ Primary lever is performance measurement, metric publishing and physician education</li> </ul>
	<p><b>DRG Improvement</b></p> <ul style="list-style-type: none"> <li>▪ Capture acuity at the same level as comparable peers by capturing additional CC and MCC to appropriately code DRGs</li> </ul>
Coding Optimization	<p><b>IP Coding Backlog</b></p> <ul style="list-style-type: none"> <li>▪ Current reduction from \$196M to \$126M in 6 weeks</li> <li>▪ Utilize Ovation (external vendor) to reduce current IP coding backlog \$126M to \$108M within the next 4 weeks</li> </ul>
	<p><b>OP Coding Optimization</b></p> <ul style="list-style-type: none"> <li>▪ Engagement with PhyCARE to code outpatient visits with goal to increase coding efficiencies and optimize reimbursement potential</li> <li>▪ Also includes physician billing at non-FPG sites</li> </ul>

# Summary of FY'17 initiatives (2/2)

Initiative		Description
Cash Acceleration	Cash Acceleration and Coverage Discovery	<ul style="list-style-type: none"> <li>Engage Cerner for 5 months to increase charge throughput, reduce pre-claim errors, increase clean claims production and reduce preventable denials</li> <li>Discovery of insurance data to support conversion of self-pay to insurance</li> </ul>
	Medically Necessary Denials	<ul style="list-style-type: none"> <li>Recovery of payor denied claims due to medical necessity</li> </ul>
Denial Management	Admin Denials	<ul style="list-style-type: none"> <li>Recoveries through legal/administrative processes from Beacon, Healthfirst, United and Fidelis</li> </ul>

## **RESOLUTION**

**Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute an agreement with Cardinal Health 200, Inc. (“Cardinal”) to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.**

**WHEREAS**, the NYC Health + Hospitals entered into a contract with Cardinal dated August 1, 2008 following an RFP process and pursuant to authorization given by the NYC Health + Hospitals’s Board of Directors to provide medical and surgical supply distribution services; and

**WHEREAS**, the current Cardinal agreement will expire July 31, 2017 and the estimated \$25,836,724 required to fund the contract through that date is already part of the FY 17 budget; and

**WHEREAS**, the NYC Health + Hospitals wishes to enter into a new agreement with Cardinal for its distribution services; and

**WHEREAS**, the NYC Health + Hospitals is currently engaged in a large and complex project to develop and roll- out an Enterprise Resource Planning program, referred to as “Project EVOLVE,” pursuant to the NYC Health + Hospitals’ Board of Directors’ resolution adopted December 17, 2015 authorizing a contract with Mythics, Inc. with the goal of updating and integrating the NYC Health + Hospitals’s financial, procurement and human resources management applications ; and

**WHEREAS**, although there is time before the expiration of the Cardinal contract to conduct a new RFP, it has been determined that changing distributors in the midst of Project EVOLVE will cause delays, complications and additional cost in Project EVOLVE which conclusion has been validated by the NYC Health + Hospitals’ implementation consultant for the project, Deloitte Touche Tohmatsu Limited; and

**WHEREAS**, a Request to Initiate a Sole Source Contract Negotiation was approved by the CRC on the basis set forth above; and

**WHEREAS**, the NYC Health + Hospitals will benefit from multiple negotiated cost savings relative to the current contract including an upfront retention discount in the amount of \$2.15M, a cost plus reduction on national branded products to 1.1% from 2.85% (a recurring \$1.5M per year based on \$88M in national branded sales); and

**WHEREAS**, the NYC Health + Hospitals will start to realize the above savings even prior to the expiration of the current contract on July 31, 2017; and

**WHEREAS**, the overall responsibility for monitoring the proposed contracts shall be vested with the Vice President, Supply Chain Services.

### **NOW THEREFORE, BE IT:**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Cardinal Health 200, Inc. to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.

## EXECUTIVE SUMMARY

### Cardinal Health 200, LLC Vendor Distribution Agreement

**Prior Agreement:** Cardinal Health 200, LLC (“Cardinal”) currently provides NYC Health + Hospitals with medical and surgical distribution services including nationally branded and private label branded products. These services have been provided under an agreement dated March 3, 2008 as a result of a Request for Proposal released on January 28, 2008. The agreement will expire July 31, 2017.

**Procurement:** NYC Health + Hospitals is currently engaged in the implementation of an Enterprise Resource Planning program (“ERP”), entitled Project EVOLVE that will involve the integration of the medical and surgical distribution prime vendor, now Cardinal, including item master, EDI connections, locations, “ship-to’s”, and “bill to’s.” These integration points would be required to be re-created in the new NYC Health + Hospitals is there were to be a new prime vendor. For this reason, a new prime vendor would greatly complicate and delay Project EVOLVE, therefore jeopardizing its success, risk substantial additional costs and postponing the significant savings that Project EVOLVE hopes to achieve.

The Office of Supply Chain Services presented an application to negotiate a sole source contract with Cardinal to the Contract Review Committee at its January 11, 2017 meeting. The application was approved based, in part, on the attached supporting memo from the General Counsel.

**Terms:** The Office of Supply Chain Services has negotiated a favorable agreement with Cardinal to continue providing medical and surgical distribution services for a term of three years which is expected to match the duration of the Project EVOLVE implementation. These terms include a cost reduction for nationally branded products and Cardinal branded products in addition to Cardinal’s advance payment of an up-front discount of \$2,150,000, to be paid within 60 days of contract execution.

	Q4-FY17*	FY18	FY19	FY20
<b>Spend</b>	\$ 28,441,186	\$ 115,116,546	\$ 116,484,412	\$ 117,868,532
<b>Cost Plus Reduction</b>	\$ (454,462)	\$ (1,839,447)	\$ (1,861,304)	\$ (1,883,421)
<b>Up Front Discounts</b>	\$ (2,150,000)	\$ -	\$ -	\$ -
<b>Annual Savings Dollars</b>	\$ (2,604,462)	\$ (1,839,447)	\$ (1,861,304)	\$ (1,883,421)
<b>Total</b>	<b>\$ 25,836,724</b>	<b>\$ 113,277,098</b>	<b>\$ 114,623,108</b>	<b>\$ 115,985,111</b>
<b>Total Contract Value (Not to Exceed)</b>				<b>\$ 369,722,040</b>

\*- Q4-FY17 is not new spend authority, already included in FY17 Budget.

**CONTRACT FACT SHEET**  
New York City Health and Hospitals Corporation

**Contract Title:** Medical & Surgical Distribution Services  
**Project Title & Number:** n/a  
**Project Location:** System Wide  
**Requesting Dept.:** Supply Chain Services

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**Successful Respondent:** Cardinal Health 200, LLC  
**Contract Amount:** \$369,722,040  
**Contract Term:** 40 months – April 1, 2017 to July 31, 2020

**Number of Respondents:** Sole Source  
(If Sole Source, explain in Background section)

**Range of Proposals:** n/a

**Minority Business Enterprise Invited:** Yes  No   
If no, please explain: Sole Source Negotiation

**Funding Source:**  General Care  
 Capital  
 Grant: explain  
 Other: explain: Facility

**Method of Payment:**  Time and Rate  
 Other: explain

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**EEO Analysis:**

**Compliance with HHC's McBride Principles?**

**Vendex Clearance** Yes  No  N/A   
(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

## CONTRACT FACT SHEET

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

**Prior Agreement:** Cardinal Health 200, LLC (“Cardinal”) currently provides NYC Health + Hospitals with medical and surgical distribution services including nationally branded and private label branded products. These services have been provided under an agreement dated March 3, 2008 as a result of a Request for Proposal released on January 28, 2008. The agreement will expire July 31, 2017.

**Procurement:** NYC Health + Hospitals is currently engaged in the implementation of an Enterprise Resource Planning program (“ERP”), entitled Project EVOLVE that will involve the integration of the medical and surgical distribution prime vendor, now Cardinal, including item master, EDI connections, locations, “ship-to’s”, and “bill to’s.” These integration points would be required to be re-created in the new system if there were to be a new prime vendor. For this reason, a new prime vendor would greatly complicate and delay Project EVOLVE, therefore jeopardizing its success, risk substantial additional costs and postponing the significant savings that Project EVOLVE hopes to achieve. The Office of Supply Chain Services presented an application to negotiate a sole source contract with Cardinal to the Contract Review Committee at its January 11, 2017 meeting. The application was approved based, in part, on the attached supporting memo from the General Counsel.

**Terms:** The Office of Supply Chain Services has negotiated a favorable agreement with Cardinal to continue providing medical and surgical distribution services for a term of three years which is expected to match the duration of the Project EVOLVE implementation. These terms include a cost reduction for nationally branded products and Cardinal branded products in addition to an advance payments by Cardinal of \$2,150,000 paid within 60 days of contract execution.

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### Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)?:

- An application to enter into a sole source negotiation was presented on the January 11, 2017 CRC Meeting.
- The application was approved pending action to obtain a letter from General Counsel, Office of Legal Affairs on January 24, 2017
- Confirmation letter from General Counsel, Office of Legal Affairs in support of sole source negotiation was provided to the CRC on January 20, 2017

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

No.



**CONTRACT FACT SHEET**

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

n/a

*Scope of work and timetable:*

n/a

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

	<b>Q4-FY17*</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>
<b>Spend</b>	\$ 28,441,186	\$ 115,116,546	\$ 116,484,412	\$ 117,868,532
<b>Cost Plus Reduction</b>	\$ (454,462)	\$ (1,839,447)	\$ (1,861,304)	\$ (1,883,421)
<b>Up Front Discounts</b>	\$ (2,150,000)	\$ -	\$ -	\$ -
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<b>Total</b>	<b>\$ 25,836,724</b>	<b>\$ 113,277,098</b>	<b>\$ 114,623,108</b>	<b>\$ 115,985,111</b>
<b>Total Contract Value (Not to Exceed)</b>				<b>\$ 369,722,040</b>

\*- Q4-FY17 is not new spend authority, already included in FY17 Budget.

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

	<b>2015</b>	<b>2016</b>
<b>Annual Spend</b>	\$ 111,108,571	\$ 112,428,813

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

n/a

- Will the contract produce artistic/creative/intellectual property?* Yes  No
- Who will own It?* Yes  No
- Will a copyright be obtained?* Yes  No
- Will it be marketable?* Yes  No
- Did the presence of such property and ownership thereof enter into contract price negotiations?* Yes  No

CONTRACT FACT SHEET

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

NAME: Paul A. Albertson  
TITLE: Vice President, Supply Chain Services  
ADDRESS: 160 Water Street  
New York, NY 10038  
TEL. NO. (212) 748-2256  
EMAIL: [Paul.Albertson@nychhc.org](mailto:Paul.Albertson@nychhc.org)

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

*Received By E.E.O.*

12.20.16  
Date

*Analysis Completed By E.E.O.*

12.20.16  
Date  
  
Name

31321A

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

**TO:** Boris Goltzman, Director  
Supply Chain Services  
Division of Materials Management

**FROM:** Keith Tallbe *KT*

**DATE:** December 20, 2016

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: \_\_\_\_\_

Project: Medical Capital Equipment

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

**Cardinal Health**  
**Medical Supply Distribution Services Agreement**  
**Sole Source Procurement**

**Paul A. Albertson, Vice President**  
**Jun Amora, Senior Director**  
**Supply Chain Services**  
**March 2017**



## Background

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- Cardinal Health distributes Medical and Surgical Supplies to NYC Health + Hospitals through HHC Contract 13-07-001, which expires on July 31, 2017.
- Supply Chain Services is seeking Board approval to enter into a 3-year Sole Source Contract with Cardinal Health for Medical/Surgical Supply Distribution Services.
- Cardinal Health distributes ~\$110M of medical/surgical supplies annually:
  - 80% are from vendors with whom Health+Hospitals has direct contracts
  - 20% are Cardinal-branded products
- Cardinal Health purchases all required supplies from our contracted vendors, warehouses them, and distributes them based on daily orders from the facilities.
- Cardinal Health receives a distribution fee of 2.85% .



## Medical Surgical Supplies Integral to the Enterprise Resource Planning System (Project EVOLVE)

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- NYC Health + Hospitals has been fast-tracking implementation of its Enterprise Resource Planning (“ERP”) for Finance and Supply Chain.
  - Building the new design, loading required data files and system testing
- Several Finance modules go “fully live” July 1 2017
- 3 modules – Purchasing, Inventory and Accounts Payable, require a 12 month rollout for facility staff training/change management - we will working in old and new systems.
- Embedded in the ERP software are the contracts for supplies and 90,000 items that are routinely purchased – including their contract number, item number, unit price, etc. – these are required to process the 110,000 purchase orders annually.
- Tables to support the names, locations and ship to/billing data of the 3,000 requisitioners are also embedded in the system.
- In order to meet the July 1 2017 ERP implementation date the files and tables that were built support the current business with Cardinal Health.



## Item Master – More than 27 attributes define an Item, each field has 3-10 chart fields that define the attribute

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Item ID	Long Description	Standard Unit of Measure	Item Group	Family	Category	Inventory Item	Non-Owned Item	Cost Profile Group	Consigned Flag
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Item ID	Reusable Item Flag	Special Disposable Flag	Long Description
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Item ID	Unit of Measure	Conversion Rate	Default Stocking UOM	Default Requisition UOM
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Item ID	Unit of Measure	Inventory UOM Type
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Item ID	Account (Expense Code)	Standard Price	Purchase Lead Time Days	Inspection Required	Inspection Routing ID	Stockless Item
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Item ID	Supplier ID	Item Supplier Priority Loc	Supplier Item ID	Item Supplier Priority
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Item ID	Supplier ID (Numeric)	Supplier Location	Use Item Standard Lead Time	Lead Time Days
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Item ID	Supplier ID (Numeric)	Supplier Location	Unit of Measure	Conversion Rate	Supplier Default UOM
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Item ID	Supplier ID (Numeric)	Supplier Location	Unit of Measure	Supplier Price
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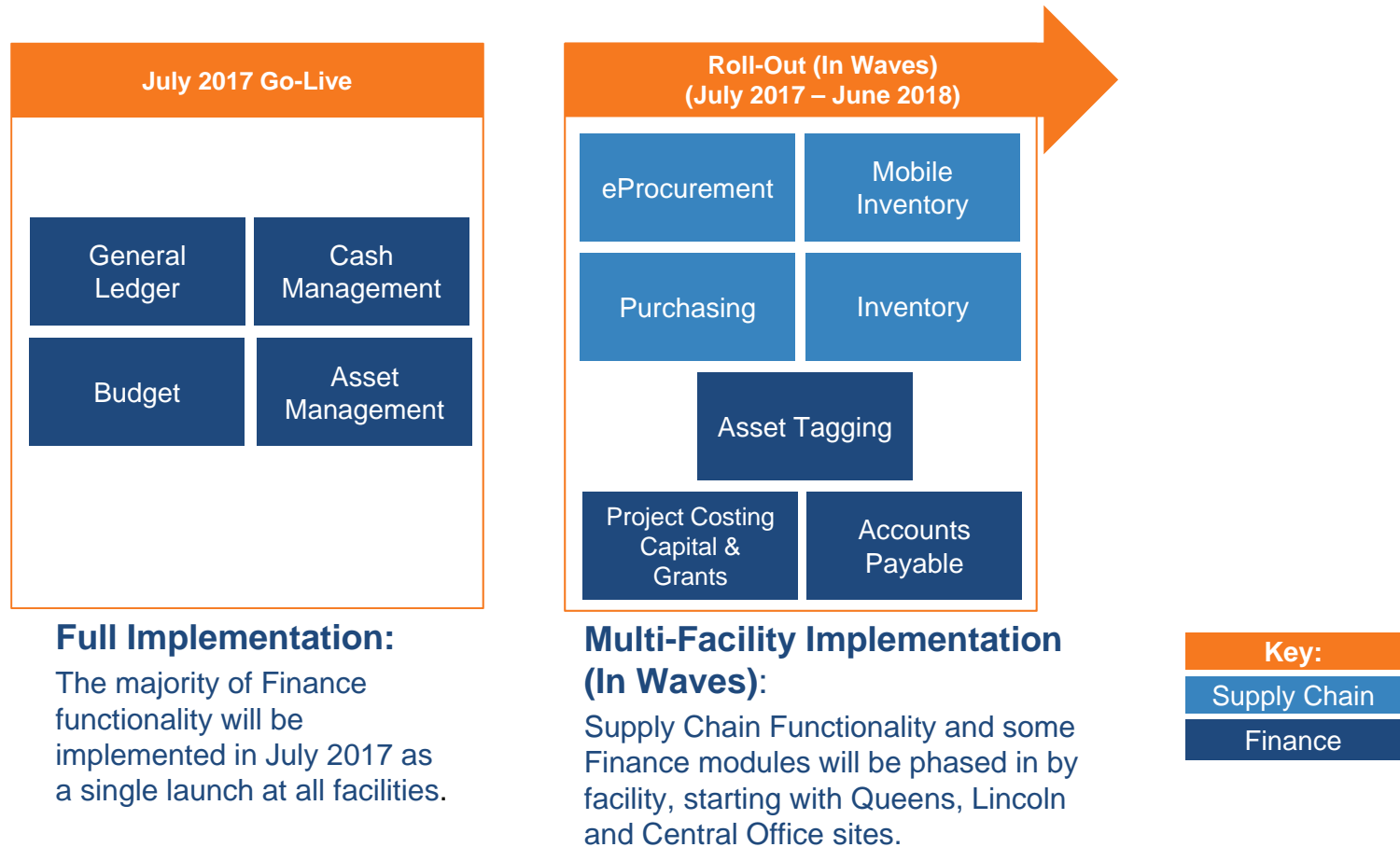
Item ID	Asset Profile ID
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Item ID	Manufacturer ID	Manufacturer's Item ID
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Item ID	Manufacturer ID	Manufacturer's Item ID	Unit of Measure	Identifier
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# PeopleSoft Scope and Modules Roll-Out



**Full Implementation:**  
The majority of Finance functionality will be implemented in July 2017 as a single launch at all facilities.

**Multi-Facility Implementation (In Waves):**  
Supply Chain Functionality and some Finance modules will be phased in by facility, starting with Queens, Lincoln and Central Office sites.





## Sole Source Justification

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1. Switching to another prime vendor will greatly complicate and delay the ERP project.
  - In particular the Prime Vendor's item master, Electronic Data Interface connections, locations, ship-to's, bill-to's would have to be re-created in a new system.
  - General Counsel advice was sought, and legal approval was granted
2. The results of the negotiation yielded \$8.1M savings over 3-year term.
  - \$2,150,000 - Up front discount (paid within 60 days of execution)
  - National Branded Products from 2.85% to 1.1% - \$1.5M annually
  - Cardinal Branded (nonPreSource) from 2.85% to 0% - \$260K annually
3. This allows for the continued transformation of the Inventory Management Process for Health + Hospitals, including the standardization of supplies across all facilities and implementation of a Low Unit of Measure Program, reducing inventory



## Summary

	<b>Q4-FY17*</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>
<b>Spend</b>	\$ 28,441,186	\$ 115,116,546	\$ 116,484,412	\$ 117,868,532
<b>Cost Plus Reduction</b>	\$ (454,462)	\$ (1,839,447)	\$ (1,861,304)	\$ (1,883,421)
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<b>Total Contract Value (Not to Exceed)</b>				<b>\$ 369,722,040</b>
*- Q4-FY17 is not new spend authority, already in current agreement				

Supply Chain Services is seeking Board approval to enter into a Sole Source Contract (for 3 years) with Cardinal Health for Medical/ Surgical Supply Distribution Services.



## Cash Position and Payment Terms

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<b>Payment Terms</b>	<b>Cost Plus</b>	<b>3 Year Savings</b>
NET 30	1.10%	\$ 8,188,634.69
NET 45	1.48%	\$ 7,064,604.94
NET 60	1.85%	\$ 5,970,154.93
NET 75	2.35%	\$ 4,491,168.42
NET 90	2.85%	\$ 3,012,181.91



## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a contract amendment with McKesson Technologies Inc. (“McKesson”) to obtain the licenses, services, training and maintenance required to implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement made with McKesson in February 2016 (the “Agreement”) for a period two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94.

**WHEREAS**, under the Agreement McKesson is to provide radiology integration and practice management services for a period of three years with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$16,684,855; and

**WHEREAS**, the Agreement included an option for NYC Health + Hospitals to license McKesson Radiology Software including third-party software and related services to include implementation, training and maintenance for a consolidated diagnostic viewer platform; and

**WHEREAS**, NYC Health + Hospitals determined that it is in the best interests of the System to exercise the option and implement an enterprise-wide diagnostic viewer, thereby increasing the total amount of the Agreement to \$23,353,125.94; and

**WHEREAS**, the proposal meets all of NYC Health + Hospitals’ technological and regulatory security requirements, and uptime performance expectations; and

**WHEREAS**, responsibility for monitoring the contract shall be under the Senior Vice President/Chief Medical Officer and Senior Vice President/Chief Information Officer.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a contract amendment with McKesson Technologies Inc. (“McKesson”) to obtain the licenses, services, training and maintenance required to implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement made with McKesson in February 2016 (the “Agreement”) for a period two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94.

## **Executive Summary**

### **Radiology Integration and Practice Management Services**

In February 2016, the Board of Directors approved a contract between NYC Health + Hospitals and McKesson Technologies Inc. (“McKesson”) to provide radiology integration and practice management services for a three year term, with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$16,684,855. The agreement with McKesson resulted from a Request for Proposals (“RFP”) that was issued on August 14, 2015. In response to the RFP, eight proposals were received and met the minimum qualification criteria. A selection committee composed of senior leadership, radiologist and IT SME’s evaluated each vendor using criteria specified in the RFP. After multiple rounds of scoring a short list was created with four vendors and subsequently from that list the Selection Committee narrowed the selection down to two finalists which were McKesson Technologies Inc. and Imaging Advantage. Ultimately McKesson offered the best overall solution and was selected as the vendor to provide radiology integration technology solutions and practice management services for NYC Health + Hospitals.

Pursuant to the terms of the RFP and the proposals received from the various submitting vendors, the contract contained an option (amendment) to license McKesson Radiology Software including additional third-party software and related services for the implementation, training and maintenance in regards to enterprise diagnostic viewers. At this time, we are seeking approval of an amendment to exercise this option and to increase the spending authority of the Agreement in an amount not to exceed \$6,668,270.94 (includes 10% contingency) for the remainder of the term, including optional renewal periods exercisable solely by NYC Health + Hospitals for additional expanded services. The new contract total will be increased from \$16,684,855 to \$23,353,125.94.

Under the contract, McKesson is implementing a standard enterprise wide radiology diagnostic management solution to drive patient outcome, quality of care, and efficiency improvements by establishing radiology network connectivity across the entire NYC Health + Hospitals system, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and generating transparent performance metrics in such a way that services, quality and productivity are improved. The program will also support operational expansion via an open platform that would allow NYC Health + Hospitals’ facilities to read the scans of providers outside the system.

Under this Amendment, McKesson will provide an enterprise diagnostic viewer that will consolidate eleven siloes of diagnostics viewers (PACS) into an enterprise diagnostic viewer standard across all the facilities, eliminating independent separate and/or end of life systems. This consolidation will, for the radiologist, help enhance and simplify radiology cross-facilities interpretation of images and image management workflows and reduce the need for complex connections between multiple systems. This standardization will further enhance quality and delivery of care, support enterprise clinical standards, best practices, improve the timeliness of interpretation increasing abnormal and critical result reporting processes. Additionally, the single platform will allow innovative new techniques for breast cancer screening leveraging 3D mammography images of the breast (formally known as digital breast tomosynthesis – DBT) and orthopedic digital pre-operative planning and templating software (Orthoview) as two examples.

NYC Health + Hospitals will realize substantial savings by reducing the server footprint, eliminating duplicate hardware needs, redundant applications and related resources thus resulting in a more efficient support model. Once the enterprise platform is fully implemented, NYC Health + Hospitals will have reduced overall cost of maintaining additional maintenance agreements with Sectra and Agfa for a savings of approximately ten million dollars over a three year period.

The deployment timeline is projected to take 14 months from execution of the contract amendment. Hospital go-lives will be grouped into four (4) core phases which will be rolled out in a facility-phased approach allowing the system to be implemented without downtime of legacy systems, allowing for a smooth transition. The deployment grouping will be aligned with the overall radiology integration program model to support a seamless transition and will be incorporated into the continuous improvement phases.

McKesson’s EEO has been approved; Vendex is pending.

31997

**Manasses C. Williams**  
Senior Assistant Vice President  
Affirmative Action/EEO

manasses.williams@nychhc.org

**TO:** Thomas Lal  
Strategic Sourcing/Supply Chain  
Division of Materials Management

**FROM:** Manasses C. Williams *mcw* *SP*

**DATE:** November 6, 2015

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, McKesson Technologies Inc. has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: \_\_\_\_\_

Project: Enterprise Imaging Solution and Professional Services

Submitted by: Division of Materials Management

EEO STATUS:

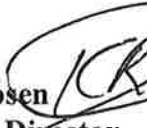
1.  Approved
2.  Approved with follow-up review and monitoring
3.  Not approved
4.  Approved Conditionally - Subject to EEO Committee Review

COMMENTS:

MCW/srf

**MEMORANDUM**

**To:** Sal Guido  
EITS

**From:** Karen Rosen   
Assistant Director

**Date:** March 22, 2017

**Subject:** VENDEX Approval

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For your information, on March 22, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Mckesson Technologies Inc.

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

cc: James Liptack, Esq.

# **Radiology Integration and Practice Management Contract with McKesson Technologies Incorporated**

*McKesson Radiology Software and Services*

Sal Guido, SVP and CIO, Information Technologies Services (EITS).  
Dr. Alfred Garofalo, Sr. AVP, EITS, Clinical Information Services.





# Radiology Transformation

- Step One of the Radiology Transformation project positioned H+H with the ability to seamlessly share radiographic studies, in real-time, across all our facilities. For the first time both radiologist and care-givers are now capable of sharing a study instantaneous throughout care of the patient at any of our facilities. H+H also introduced a streamlined communication platform for radiologist and providers to be linked together quickly when discussions of emergent nature are crucial in regards to the patient studies and care. The contract that enabled this transformation was signed in February, 2016 in an amount not to exceed \$16,684,855, inclusive of all costs and expenses
- Step Two of the Radiology transformation brings together all of the legacy radiographic modalities and associated vendors (Agfa and Sectra) into one single McKesson diagnostic viewing platform. The McKesson platform will enable the radiologist to utilize a single viewer instead of accessing the McKesson system for the current images and either Agfa or Sectra for the archived images. An option to install this technology was part of the original February 2016 contract in regards to enterprise diagnostic viewers.
- This new technology will broaden our capabilities to extend into three dimensional viewing. Surgical planning especially in trauma allow what-if scenarios and 3D printing to reveal outcomes before procedures are even performed and with Breast Tomosynthesis, specialized breast radiologists would be able to see through layers of tissue and examine areas of concern from all angles.
- At this time, we are seeking approval of that amendment to exercise this option and to increase the spending authority of the Agreement in an amount not to exceed \$6,668,270.94 (includes 10% contingency) for the remainder of the term, including optional renewal periods exercisable solely by NYC Health + Hospitals for additional expanded services. The new contract total will be increased from \$16,684,855 to \$23,353,125.94



# Financial Analysis

## Current Spend – McKesson, Agfa and Sectra

Description	YR1	YR2	YR3	Total Spend
Support and Maintenance	\$9,990,067	\$11,588,010	\$6,241,993	\$27,820,070

## Future Spend – McKesson, Agfa and Sectra

Description	YR1	YR2	YR3	Total Spend
Support and Maintenance	\$9,990,067	\$7,588,010	\$741,993	\$18,070,070

- Includes cost to upgrade legacy vendor platforms + recurring maintenance
- Estimated cost savings over three years to be 10M



## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute contracts for the purchase of hardware, software, and services from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$10,000,000 for a one year period.

**WHEREAS**, NYC Health + Hospitals was awarded a New York State capital grant through the Delivery System Reform Incentive Program (“DSRIP”), in the amount of \$19.4 million for the construction and outfitting of OneCity Health Patient Engagement and Contact Center (the “Contact Center”); and

**WHEREAS**, of the \$19.4 million grant, \$10 million was earmarked by New York State to design, install and deploy the technology infrastructure required to support the Contact Center; and

**WHEREAS**, contractors able to provide the needed goods and services to the System via Third Party Contract(s) made available through the Federal General Services Administration, the New York State Office of General Services and through various group purchasing organizations (“Third Party Contracts”); and

**WHEREAS**, the Corporation will solicit proposals from these contractors, both manufacturers and authorized resellers, on an on-going basis via Third Party Contract(s); and

**WHEREAS**, Third Party Contracts offer discounted pricing compared to the market price for such equipment, and having been awarded by bid and requests for proposals, no further competitive process is required to procure the needed goods and services; and

**WHEREAS**, the overall responsibility for managing and monitoring the agreement(s) shall be under the Senior Vice President/Corporate Chief Information Officer.

**NOW, THEREFORE**, be it:

**RESOLVED, THAT THE** NYC Health + Hospitals be and hereby is authorized to purchase hardware, software, and services from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$10,000,000 for a one year period.

**Executive Summary –  
Purchases for OneCity Health Patient Engagement and Contact Center  
Hardware, Software, and Services via  
Third Party Contracts**

The accompanying resolution requests approval to purchase hardware, software and associated services from various vendors via Third Party Contract(s) in an amount not to exceed \$10 million for the OneCity Health Patient Engagement and Contact Center (the “Contact Center”). This purchase is included in the DSRIP funding awarded to NYC Health + Hospitals by New York State for the Contact Center.

New York City Health + Hospitals was awarded a capital grant of \$19.4 million for the construction and outfitting of the Contact Center, of which \$10 million was earmarked to develop the technology infrastructure required to support the DSRIP program.

The Contact Center aims to improve access and care coordination through a single comprehensive Contact Center to cover scheduling appointments, appointment reminders, post ED discharge follow-ups, and 24-hour access to a triage nurse to answer medical questions, covering every practice with NYC Health + Hospitals. The Contact Center will be staffed 24 hours a day, seven days a week, and provide services in all languages to patients in the community. The Contact Center will be the core to building relationships with patients of OneCity Health and the greater community, and offer a one-stop shopping experience for a wide range of medical services, with a focus on outpatient, primary care.

In order to implement a program that successfully meets DSRIP goals, NYC Health + Hospitals needs to design, install and implement an IT technology platform and infrastructure to enable a single comprehensive Contact Center. EITS will implement the Healthcare Intelligent Contact Center solution utilizing Cisco Unified Communications along with the Cisco Contact Center application to provide a robust and agent friendly communications platform.

EITS will procure the licenses necessary for Contact Center agent set up, including, interactive desktop (Epic and Soarian Screenpops); voice; video; e-mail; chat; co-browsing; call recording, knowledge management; and speech recognition functions. The hardware purchases will be for equipment required for the enterprise computer and networking infrastructure to support the Contact Center.

EITS will procure services for the design and architecture of the technology platform; the configuration of new computer domains, and the installation, configuration and deployment of the encrypted voice recording solution, knowledge management platform and speech enabled workflows and languages., as well as the configuration and integration to Epic EMR and Soarian billing.

Under this request, multiple solicitations will be conducted from vendors available through the Federal General Services Administration, the New York State Office of General Services and through various group purchasing organizations (“Third Party Contracts”) to procure licenses, hardware and services. Enterprise Information Technology Services will solicit manufacturers and authorized resellers via various Third Party Contracts. These contracts allow the Corporation to receive discounts beyond what is available on the open market. For example, a recent purchase of EMC storage equipment realized a 50% discount off of the list price. A purchase order will be issued to the lowest responsive bidder for each purchase.

# **OneCity Health Patient Engagement and Contact Center**

**Board of Directors Meeting  
March 23, 2017**



## **What is the Contact Center**

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- Contact Center will be the core to building relationships with patients of OneCity Health and the greater community
- \$19.4 million capital grant applied for and awarded through the Delivery System Reform Incentive Program (DSRIP) initiative.
  - \$10 million was allocated to the technology
- Offering a “one-stop shopping” experience for a wide range of medical services with a focus on outpatient and primary care
- Single comprehensive 24 hour and 7 days a week multi-lingual service to provide all patients in the community:
  - Appointment Scheduling and Reminders
  - Post ED discharge follow-ups
  - 24-hour access to a triage nurse for medical questions



## The Need

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- In order to implement the Contact Center IT needs to design, install and implement a technology platform to meet the requirements. This includes:
  - Interactive desktop (Soarian, Epic interaction/integration)
  - Voice, video and instant messaging
  - Call-Recording
  - Knowledge Management
  - Speech Recognition
- The above would be funded through the \$10 million from the DSRIP grant.
- Procurement would cover technology, licensing and services required to implement and support the solution. These items would potentially be provided by multiple vendors that would solicited through the standard NYC Health + Hospitals procurement process.



# Questions?





## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five- year, revocable, no fee license agreement with the City of New York acting by and through the Mayor’s Office of Immigrant Affairs (“MOIA”) for full-time, non-exclusive use and occupancy of spaces each less than approximately 500 sq. ft. to be designated (the “Licensed Spaces”) at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr Susan Smith McKinney, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur (the “Facilities”) to provide *pro bono* legal and related services to patients and members of the community focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other immigration legal matters.

**WHEREAS**, MOIA is focused on protecting the interests of immigrant residents of the City of New York including helping such immigrants to access health care; and

**WHEREAS**, NYC Health + Hospitals has, with the authorization of its Board Directors, entered into successive license agreements with the New York Legal Assistance Group, a not-for-profit provider of legal services to, among others, hospital patients in immigration, domestic relations, child support and custody, and benefit entitlements matters (“NYLAG”) to enable NYLAG to offer its *pro bono* legal services to NYC Health + Hospitals’ patients at its facilities including NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst but not including NYC Health + Hospitals Gouverneur, NYC Health + Hospitals/Dr Susan Smith McKinney and NYC Health + Hospitals Sea View; and

**WHEREAS**, MOIA wishes to contract with legal service providers and other professionals to provide further *pro bono* legal and related services to patients of NYC Health + Hospitals and to the general immigrant community and has initially done so with NYLAG; and

**WHEREAS**, under the proposed license agreement, MOIA will use the Licensed Spaces to provide *pro bono* legal services through its contracted provider(s) which shall initially be NYLAG; and

**WHEREAS**, NYLAG services pursuant to its license agreement with NYC Health + Hospitals will continue to be provided but will be expanded under its agreement with MOIA; and

**WHEREAS**, any costs to prepare the Licensed Spaces for their intended use or to operate the MOIA program shall be paid by MOIA; and

**WHEREAS**, the administration of the proposed license agreement shall be the responsibility of the executive directors of the hospitals where they are located.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a five- year, revocable, no fee license agreement with the City of New York acting by and through the Mayor’s Office of Immigrant Affairs for full-time, non-exclusive use and occupancy of the spaces each less than approximately 500 sq. ft. to be designated at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr Susan Smith McKinney, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur to provide *pro bono* legal and related services to patients and members of the community focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other immigration legal matters.

## EXECUTIVE SUMMARY

### LICENSE AGREEMENT

#### NYC MAYOR'S OFFICE OF IMMIGRANT AFFAIRS

**Background:**

Authorization is sought to execute a revocable, free, five year license agreement with the City of New York acting by and through the Mayor's Office of Immigrant Affairs ("MOIA") for space in which to provide *pro bono* legal and related assistance to immigrants who are patients of NYC Health + Hospitals and the general immigrant community. MOIA will provide such services through contracted legal and related service providers. Initially MOIA will provide such legal services through the New York Legal Assistance Group ("NYLAG") which will act under contract with MOIA. NYLAG currently has its own direct license from NYC Health + Hospitals to operate in all of the acute care hospitals and some of the long term care facilities of NYC Health + Hospitals where it provides general *pro bono* legal services to patients including immigration-related legal services. NYC Health + Hospitals has given a series of space licenses to NYLAG over the last ten years under which NYLAG provides services to patients and NYC Health + Hospitals pays NYLAG \$60,000 per year for each weekly legal clinic it runs at each facility.

**Program:**

MOIA views the offices it will operate at the named NYC Health + Hospitals facilities as "community navigation sites" in that they will focus out to the community as much as inward to patients of the host facilities. The MOIA program goes by the name, ActionNYC, and is based on three pillars: (1) outreach and marketing: to engage traditionally underserved immigrant communities to provide information about ActionNYC services and schedule appointments; (2) community navigation: where individuals screen ActionNYC clients for eligibility for immigration relief; when applicable, provide application assistance; and connect individuals to relevant social services such as IDNYC, education/ workforce credentials, and Medicaid; and (3) legal services: provided by immigration attorneys who review legal work conducted by community navigators, provide legal advice to clients and decide next steps in all cases.

**Terms:**

MOIA will use the spaces already licensed to NYLAG at Lincoln and Elmhurst. At Gouverneur, Dr. Susan Smith McKinney and Sea View new spaces consisting of less than approximately 500 sq. ft. will be designated non-exclusively for the use of the program. The licensed space, utilities, routine housekeeping, maintenance, and routine security will be provided by the Facilities at no charge to MOIA. MOIA will reimburse NYC Health + Hospitals for any additional expenses generated due to the presence of the program such as the need for additional cleaning or security. MOIA will indemnify and hold harmless NYC Health + Hospitals from any claims arising by virtue of its use of the Licensed Spaces and its provision of services.

It shall be a condition of NYLAG's work for MOIA that it respect the terms of the license agreement and that it not represent any individuals in actions against NYC Health + Hospitals.

MOIA shall have the right to use service providers in addition to NYLAG or in its place upon the approval of NYC Health + Hospitals which shall not be unreasonably withheld.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, the facilities of the Corporation may require construction services for General Construction Work; and

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

**WHEREAS**, the Corporation's Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

**WHEREAS**, bids were publicly opened on January 26, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED** that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Rashel Construction Corporation (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.

## CONTRACT FACT SHEET

### JOB ORDER CONTRACT – JOC-GC3 (GENERAL CONSTRUCTION) VARIOUS NYC HEALTH & HOSPITALS LOCATIONS CITYWIDE

**CONTRACT SCOPE:** Construction Services for General Construction Work

**CONTRACT DURATION:** 2 Years

**ADVERTISING PERIOD:** December 23, 2016 to January 27, 2017

**BID DOCUMENTS ISSUED:** Ten (10) Prime Contractors

**BIDS RECEIVED:**

<b>Contractor</b>	<b>Award Criteria</b>
Rashel Construction Corporation	0.7742
Jemco Electrical Contractors	1.0655
Volmar Construction	1.0655
Vastech Construction	1.1262
NSP Enterprises	1.5800
WDF, Inc.	1.1903
Biltmore General Contractors	1.2750
DIA General Contractors	1.2790
Pro-Con Group, Inc.	1.4080
UTB United Technology	1.4450

**LOWEST RESPONSIVE & RESPONSIBLE BIDDER:** Rashel Construction Corp.  
524 Mc Donald Avenue  
Brooklyn, NY 11218

**SIMILAR EXPERIENCE:**

NYC Dept. of Homeless Services Building Upgrade – Rose McCarthy Shelter Completed: 2010 Amount: \$ 1,126,637	NYC Dept. of Homeless Services General Construction – Citywide Completed: 2011 Amount: \$1,500,000
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**H+H EXPERIENCE:**

NYC Health & Hospitals Corporation  
General Construction Requirements Contract for GC  
Work at Various Locations  
Completed: 2012  
Amount: \$5,000,000

**CONTRACT AMOUNT:** \$10,000,000

**VENDEX APPROVAL:** Approved

**EEO APPROVAL:** Approved

**EXECUTIVE SUMMARY  
REQUIREMENTS CONTRACT**

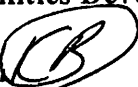
**RASHEL CONSTRUCTION CORPORATION**

**CONSTRUCTION SERVICES FOR GENERAL CONSTRUCTION WORK**

- OVERVIEW:** The Corporation seeks to execute a contract for a total of two (2) years not to exceed \$10,000,000 to provide construction services for General Construction Work on an as needed basis at any HHC facility.
- NEED:** The various facilities of the Corporation may require/need construction services for General Construction Work. Due to fluctuating demands, the Corporation has determined that these needs on certain types of projects can best be met by utilizing outside firms on an as-needed basis through requirements contracts.
- TERMS:** The construction services will be provided pursuant to the terms and conditions of the requirements contracts.
- FINANCING:** Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.
- SCHEDULE:** Upon contract execution, this contract shall be in effect to for a two (2) year period or until the funds have been exhausted, whichever comes first.

**MEMORANDUM**

**To:** Clifton Mc Laughlin  
Office of Facilities Development

**From:** Karen Rosen   
Assistant Director

**Date:** February 15, 2017

**Subject:** VENDEX Approval

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For your information, on February 15, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Rashel Construction Corp.

cc: James Liptack, Esq.

31124F

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

**TO:** Clifton McLaughlin  
Office of Facilities Development  
Contract Services

**FROM:** Keith Tallbe *KT*

**DATE:** March 7, 2017

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise [ ] Woman Business Enterprise [ ] Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: \_\_\_\_\_

Project: Job Order Contract (PLA) GC-1

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Volmar Construction, Inc. (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, the facilities of the Corporation may require construction services for General Construction Work; and

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

**WHEREAS**, the Corporations Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

**WHEREAS**, bids were publicly opened on January 27, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED** that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Volmar Construction, Inc. (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.



**EXECUTIVE SUMMARY  
REQUIREMENTS CONTRACT**

**VOLMAR CONSTRUCTION, INC**

**CONSTRUCTION SERVICES FOR GENERAL CONSTRUCTION WORK**

- OVERVIEW:** The Corporation seeks to execute a contract for a total of two (2) years not to exceed \$10,000,000 to provide construction services for General Construction Work on an as needed basis at any HHC facility.
- NEED:** The various facilities of the Corporation may require/need construction services for General Construction Work. Due to fluctuating demands, the Corporation has determined that these needs on certain types of projects can best be met by utilizing outside firms on an as-needed basis through requirements contracts.
- TERMS:** The construction services will be provided pursuant to the terms and conditions of the requirements contracts.
- FINANCING:** Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.
- SCHEDULE:** Upon contract execution, this contract shall be in effect to for a two (2) year period or until the funds have been exhausted, whichever comes first.

## CONTRACT FACT SHEET

### JOB ORDER CONTRACT – JOC-GC2 (GENERAL CONSTRUCTION) VARIOUS NYC HEALTH & HOSPITALS LOCATIONS CITYWIDE

**CONTRACT SCOPE:** Construction Services for General Construction Work

**CONTRACT DURATION:** 2 Years

**ADVERTISING PERIOD:** December 23, 2016 to January 27, 2017

**BID DOCUMENTS ISSUED:** Eight (8) Prime Contractors

**BIDS RECEIVED:**

<b>Contractor</b>	<b>Award Criteria</b>
Volmar Construction, Inc.	1.01430
Jemco Electrical Contractors	1.06550
Vastech Construction	1.10080
WDF, Inc.	1.14400
NSP Enterprises	1.15800
Biltmore General Contractors	1.16650
Pro-Con Group, Inc.	1.40800

**LOWEST RESPONSIVE & RESPONSIBLE BIDDER:** Volmar Construction, Inc.  
4400 2<sup>nd</sup> Avenue  
Brooklyn, NY 11232

**SIMMILAR EXPERIENCE:**

NYC Dept. of Education Building Upgrade Completed: 2014 Amount: \$48,400,000	NYC Dept. of Design and Construction General Construction Queens Museum of Art Expansion Completed: 2013 Amount: \$23,500,000
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**H+H EXPERIENCE:** JOC Contract - HVAC Services  
\$6,000,000  
4/13/16 - 4/12/18

**CONTRACT AMOUNT:** \$10,000,000

**VENDEX APPROVAL:** Approved

**EEO APPROVAL:** Approved

**MEMORANDUM**

**To:** Clifton Mc Laughlin  
Office of Facilities Development

**From:** Karen Rosen   
Assistant Director

**Date:** March 8, 2017

**Subject:** VENDEX Approval

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For your information, on March 8, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Volmar Construction, Inc.

cc: James Liptack, Esq.

**31311E**

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

**TO:** Clifton McLaughlin  
Office of Facilities Development  
Contract Services

**FROM:** Keith Tallbe *KT*

**DATE:** March 8, 2017

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: \_\_\_\_\_

Project: JOC-GC2

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

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

COMMENTS:

KT:srf

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, the facilities of the Corporation may require construction services for General Construction Work; and

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

**WHEREAS**, the Corporations Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

**WHEREAS**, bids were publicly opened on January 30, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents.

**WHEREAS**, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED** that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Jemco Electrical Contractors (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.

## CONTRACT FACT SHEET

### JOB ORDER CONTRACT – JOC-GC3 (GENERAL CONSTRUCTION) VARIOUS NYC HEALTH & HOSPITALS LOCATIONS CITYWIDE

**CONTRACT SCOPE:** Construction Services for General Construction Work

**CONTRACT DURATION:** 2 Years

**ADVERTISING PERIOD:** December 23, 2016 to January 27, 2017

**BID DOCUMENTS ISSUED:** Eighteen (6) Prime Contractors

**BIDS RECEIVED:**

<b>Contractor</b>	<b>Award Criteria</b>
Volmar Construction, Inc.	1.0131
Jemco Electrical Contractors	1.0429
Vastech Construction	1.1262
Pro-Con Group, Inc.	1.4080
NSP Enterprises	1.1432
WDF, Inc.	1.1440

**LOWEST RESPONSIVE & RESPONSIBLE BIDDER:** Jemco Electrical Contractors, Inc.  
271 42<sup>nd</sup> Street  
Brooklyn, NY 11232

Low-bidder Volmar was awarded GC-2 bid and so the second lowest bidder was awarded this (GC-3) bid.

**SIMMILAR EXPERIENCE:**

State University Construction Fund	DASNY
General Construction – Various Locations	Various Locations
Completed: 2012	Completed: 2016
Amount: \$2,000,000	Amount: \$3,100,000

**H+H EXPERIENCE:**

JOC Contract - Electrical Services  
\$6,000,000  
7/15/2013 - 7/14/2015

**CONTRACT AMOUNT:** \$10,000,000

**VENDEX APPROVAL:** Approved

**EEO APPROVAL:** Pending

**EXECUTIVE SUMMARY  
REQUIREMENTS CONTRACT**

**JEMCO ELECTRICAL CONTRACTORS**

**CONSTRUCTION SERVICES FOR GENERAL CONSTRUCTION WORK**

**OVERVIEW:** The Corporation seeks to execute a contract for a total of two (2) years not to exceed \$10,000,000 to provide construction services for General Construction Work on an as needed basis at any HHC facility.

**NEED:** The various facilities of the Corporation may require/need construction services for General Construction Work. Due to fluctuating demands, the Corporation has determined that these needs on certain types of projects can best be met by utilizing outside firms on an as-needed basis through requirements contracts.

**TERMS:** The construction services will be provided pursuant to the terms and conditions of the requirements contracts.

**FINANCING:** Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.

**SCHEDULE:** Upon contract execution, this contract shall be in effect to for a two (2) year period or until the funds have been exhausted, whichever comes first.

**MEMORANDUM**

**To:** Clifton Mc Laughlin  
Office of Facilities Development

**From:** Karen Rosen   
Assistant Director

**Date:** March 15, 2017

**Subject:** VENDEX Approval

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For your information, on March 15, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Jemco Electrical Contractors, Inc.

cc: James Liptack, Esq.