

MINUTES OF THE PUBLIC SESSION OF THE NUHEALTH BOARD OF DIRECTORS' MEETING  
HELD ON AUGUST 8, 2011

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Directors Present

\* Craig Vincent Rizzo, Esq., Chair  
Stephen H. Ashinoff, OD  
\*Richard A. Bianculli  
Joseph Capobianco, Esq.  
\*Steven Cohn, Esq.  
\*Lawrence E. Elovich, Esq.  
\*Neal S. Kaplan, Esq.  
Jemma Marie-Hanson, RN  
\*John T. McCann, PhD  
\*George W. Miner, MD, MBA  
\*Frank J. Saracino, EdD  
\*David J. Sussman, MD

Not Present

Stephen A. Antaki, CPA  
\*Greg-Patric Martello, Esq.  
Asif M. Rehman, MD

Non-Voting Directors Present

Arthur A. Gianelli, President/CEO  
Louisa Mae Fennell  
Tierre Jeanne-Porter, Esq.

Hospital Administration

Larry I. Slatky, EVP Operations  
Richard Perrotti, Acting EVP/CFO  
Robert S. Heatley, EVP for Business Development and  
Ambulatory Services  
Kathy Skarka, EVP for Patient Care Services  
Maureen Roarty, VP, Human Resources  
Glenn Faust, MD, Chairman of Surgery (for Dr.  
Walerstein)  
Joan A. Soffel, Assistant to the Board/CEO

\*Executive Committee Members

1. Craig Vincent Rizzo, Chair, Board of Directors of the Nassau Health Care Corporation, noted the presence of a quorum. The meeting was opened at 9:05 a.m.
2. **Adoption of Minutes.** Upon a motion made and duly seconded, the June 14, 2011 minutes of the Board of Directors, Executive Committees of June 29 and July 14, 2011 meetings were unanimously approved.
3. **Report of the Chairman.** No report.
4. **Report of the President/CEO.** Mr. Gianelli reported that he would focus his report on the 2010/2011 financial issues. There was a surplus from operations prior to OPEB (Other Post Employment Benefits) for the first time in the history of the institutions. In 2001, however, NuHealth is on target to run a deficit of \$13-20 million. The deficit is consistent with depreciation. The good news is overall, there was a 4.5% growth in discharges from 2010-2011. June and July 2011 had the largest discharge numbers since 2006 attributed to the opening of the new Emergency Department. If NuHealth can sustain those numbers it could fill the Medicaid gap. On the service line, in 2010-11 there was a 9% growth in medical/surgical, Pediatrics declined by 4.3% and OB declined by 2.3%. Consistent with the discharge information for other Nassau County hospitals, for the first six months, NUMC leads the pack with a 5.17% increase, leading Winthrop, Mercy, Long Beach and St. Francis. There has also been an increase in ambulatory surgery. Based upon work done by Mr. Slatky, the operations team and administrators, NuHealth has reduced, on a run rate basis, our OTPS (Other Than Personnel Expense Costs) by \$12 million.

What is causing the gap? There has been a reduction in reimbursement for our nursing home. The State multi-year process of changing nursing home reimbursement, bed hold and ultimately the size of the IGT payments, makes it clear that AHP will struggle to be profitable on a going-forward basis. AHP has been cross-subsidizing. Mr. Gianelli believes the corporation can break even this year. The challenge is going forward—AHP and the increase in pension contributions (doubled in the last two years, paying about \$17 million

more this year than in 2009 and the number is expected to go up again). The State disproportionate share payments are not as large as they were last year and the FTE (full time equivalent) count is above budget and that must be addressed. There was a delay in improving managed care contracts because the ability collapsed with NSLIJ. Plan "B" will not be as effective. There are four areas of closing the gap. Managed care increase of \$10 million in 2012—administration has brought on expertise in that area, someone who previously worked for LI Health Network and legal support and consulting support. Notification was sent to all managed care companies of NuHealth's intent to terminate contracts, but our desire to negotiate. NuHealth is targeting the largest contracts first and the general reception has been good. The problem may be with United and Emblem. We as an organization must be willing for any insurance companies who will not negotiate to go out of the network. Dr. Sussman suggested that a public strategy be used, but Mr. Gianelli wants to give the companies time and one shot to work with us and then make a public case out of it. Critical to implementing managed care contracts is updating the CDM (Master Charge), moving from per diem to DRG to reduce the amount of denials, targeting physicians and clinical documentation initiatives, Part B billing collection, structuring departments, productivity/faculty practice plan, and further reduction in length of stay. It is critical to note that reduction in length of stay is due to the hospitalist program and increasing medical/surgical volume. It is also effective to utilize Crimson and utilization management with low cost drugs. Operations will be offering incentives over the next month for employees to leave voluntarily. This was worked out with the CSEA to try first before undertaking layoffs not associated with the prison. It would also include a reduction in outpatient nursing staff by changing skill mix, and more aggressive 1-1 management. AHP is targeting \$3 million in improved census and staff reductions. If these initiatives do not work by November, there will be no choice but to reduce the size of our workforce to cut the remaining gap. Hospitals have secured legislative approval of CPE (certified public expenditures). The hospital needed to amass money to draw down Medicaid disproportionate share payments with a match of \$60 million for a 72-hour period to draw these funds down—that is very disruptive to our cash flow. CPE is a more rational way to deal with these funds. If Medicaid or self-pay costs X amount, we will certify that cost and will not have to amass those funds.

Modernization continues with the ICU (Dr. Ashinoff's project), the maternity floor, way finding, replacement of signs, Phase II of the ED, PM&R, eye center, 14<sup>th</sup> floor and cath labs. When done, that completes the modernization program that was started several years ago. In the future, Information Technology and federal qualified health centers will be the next projects. As of today, the capital reimbursement for FQHC dollars depreciate over five years, there is the incentive to put capital funding into the FQHCs. Information Technology was successful in getting inpatient PMR upgrade to 5.5 where we need to be for meaningful use. They installed E Clinical Works in the inpatient system. Hudson River Health secured through the Federal government a grantee status for us with additional benefits that we can be eligible for. For example, if an OB physician is employed out of the health center and is sued, they are not covered by our malpractice, but would be covered by the Federal government. Also there are grant programs made available to FQHCs as a look-alike for more dollars. NuHealth is actively pursuing the family practice residency program assignment from Peninsula Hospital to our FQHCs. Peninsula should be closing by Labor Day. The residency may also provide better per-resident reimbursement. It is also a way of training primary care physicians who once done, would stay in the community and build a primary care network. There is also a home health application to have patients assigned to mental health. There is opportunity for expansion, if managed correctly.

It is important to advance strategically with resident housing, demolition of buildings and laying surface parking. Residents in the East Meadow community are concerned about parking on the streets and the sooner surface parking is on campus, the better.

Medicaid was taken off the table on the Federal Budget debt ceiling. Medicare and FQHCs were not.

Dr. Sussman asked what the reason is for the decline in OB and pediatrics, specifically OB. Mr. Gianelli said any pediatric program that is not with the Children's Hospital is not doing well. Also the fact that more and more children are not sick due to immunizations and better public health. The Children's Hospital has eroded NUMC's pediatric base as well as other hospitals. There is also the issue of residency programs; you must have a certain level of pediatric volume to support that residency program. OB is more complicated. Mr. Gianelli feels the main reason for decline is that Winthrop penetrated into the Hempstead area and has taken the volume. We do not have a good maternity floor. There are some HEAL funds to upgrade maternity. Also there are opportunities with Planned Parenthood and other community providers that may help to stabilize the OB volume. Dr. Sussman asked, regarding the off campus outpatient facilities, have you sensed any interest or flexibility with the Union as far as staffing off hours. Mr. Gianelli said culturally there needs to be a change internally. When you talk about \$215 per visit, you need to think about hiring people per diem, overtime or part time to cover evenings. If you see one patient, effectively, you will cover your costs. Particularly in Pediatrics, Mr. Gianelli has been encouraging opening at night to see what happens. We have learned that the FQHC rate might not apply if the kids get primary care some place else and this is a referral for off hours. We have enough good managed care for applied rate for evening hours. There is no downside risk to do this on a trial basis at one of the health centers.

Mr. Jeanne-Porter referred to the comment regarding managed care rates attributable to the North Shore deal. She was under the impression that managed care rates were never part of that agreement, she asked for clarification. Mr. Gianelli said North Shore could never comment in writing to anything in managed care. They would come up with a structure to ultimately get on to their managed care contracts. Assuming what we would have immediately terminated all of our contracts and basically negotiate a structure to get on North Shore agreements. We can wait and get on that or negotiate something in the interim. That would have put us in a far better bargaining position than currently we are in now. The insurance companies have been underpaying us for a decade. I could go to the public and make an issue of it or some kind of alliance with the Long Island Network. Had there been a deal on the table, I was very clear with the Board, there was no way a legal commitment could be made. We could improve quality and that would permit us to get on contracts. Dr. Miner said through clinical integration, through that structure you could get on their contracts. Ms. Jeanne-Porter said it was always clear that it was not part of that agreement. Mr. Gianelli said no one put that in writing. We had said that clinical support is fine, but not sufficient for us to get paid appropriately. The whole approach by our lawyers and their lawyers was to structure for us to ultimately get on managed care contracts through that relationship. Ms. Hanson questioned outpatient staff and what are we doing besides cutting staff. Mr. Gianelli said it is not just reducing staff, it is reducing the skill mix of staff, and the number of people would not necessarily change. At AHP there would be reduction in staff. Over the last decade, it is starting to impact operations. We either consolidate; look at certain programs to cut, and efficient use or elimination of staff. Mr. Gianelli spoke to the CSEA regarding creating our own agency rather than paying a third party for staff. The Union has concerns about reductions. Mr. Gianelli will present the reduction plan to the Board at a later time. Medicaid and Medicare are making no provisions for increase in compensation to anyone and have eliminated that in the budget trend factor. Therefore, you need go get commercial rates up and be as efficient as possible. That is a \$12 million cost out of the organization and you are left with reductions in staff, there is no where else to go.

Ms. Marie-Hanson asked if there were projections for the Emergency Department and how that will pan out. Mr. Gianelli said it was too early to tell, it is promising. In June/July there were 100-150 discharges above levels from last year. If that continues throughout the year it

may help eat into the size of the gap. Mr. Gianelli will wait until the last minute to deal with staffing; there may be some increase in volume. The hospital is seeing an increase in medical/surgical and that could be due to the EMS bringing more people here, and better cases, not necessarily volume. The hospitalist program is also moving people through more efficiently.

5. **Report of the Medical Professional Affairs Committee and Medical Director.** Dr. Miner, Chair of the Committee, asked Dr. Glenn Faust, MD, Chairman of Surgery, to report on credentialing. **Upon a motion made, duly seconded and unanimously approved, the Board of Directors approved the attached recommendations made by the Credentials Committee for appointments to the Medical and Dental Staff to the Executive Committee of the Medical Staff at their meetings held on July 5 and August 2, 2011. Resolution No. 109-2011.**

6. **Report of the Finance Committee.** Mr. Elovich reported that the committee held a meeting on July 26, 2011 to review contracts. If there are any questions regarding specific contracts, they will be discussed in Executive Session. **Upon a motion made, duly seconded and unanimously approved, the Board of Directors adopted the Resolution Approving Finance Committee Recommendations, dated July 26, 2011 as set forth in the attached with one exception (Mr. Capobianco abstained regarding the Hospital Receivables Systems contract, Resolution No. 095-2011). Master Resolutions M-110-2011.**

Mr. Perrotti reported that for the month June the Corporation lost \$964 thousand on a revenue stream of \$44.8 million. The Corporation is projecting to lose \$13-20 million for the year depending on the timing of a \$7 million Federal Stimulus payment related to Electronic Health records. The corporation is on target to attest to meaningful use in the fourth quarter in order to become eligible for the payment.

Mr. Rizzo asked for the status of the RAN and pension payment. Mr. Perrotti stated that has been no further developments on the pension payment, the corporation has made a \$10 million payment on the \$25 million pension bill with \$15 million still pending. Mr. Gianelli said they worked out a payment plan with the Attorney General with a down payment and will pay the remainder after October when the Corporation receives the DSH payment. Finance is trying to get a line of credit from Chase for that period and they are still in negotiations. The concern is that the line of credit will not be in place in sufficient time to deal with the October DSH payments.

7. **Report of the Ambulatory Care, Managed Care and Community Physician Committee.** Dr. Sussman, Chair of the committee, reported that the Committee discussed the possibility of extending services at the outpatient clinics and the expansion of dental services at its most fundamental level.

8. **Report of the Extended Care and Assisted Living Facility Committee.** Mr. Saracino, Chair of the committee, reported that with the transition of new Board members, the Chairman must appoint replacements members to his Committee. Mr. Saracino said they Committee discussed the viability of building a new facility. Funds are available from the Government to build. The change in reimbursement for the nursing home almost dictates building a losing proposition. Administration must determine whether we invest money and upgrade the current building or build a new building. First, we need to know what kind of reimbursement will be received. Mr. Gianelli said they do not see a scenario where the nursing home can make money. They need to determine whether the Corporation should be in the nursing home business at all, or have some type of partnership. Mr. Saracino noted that the nursing home had a history of making money and had some creative ideas such as transitioning dialysis to AHP. Mr. Rizzo, will appoint new committee members.

9. **Report of the Facilities and Real Estate Development Committee.** Mr. Bianculli, Chair of the committee, reported that there is nothing new to report, except that the JobCo contract was approved.
10. **Report of the Legal, Audit and Governance Committee.** No Report.
11. **Other Business.** None.
12. **Public session.** Mr. Rizzo opened the meeting for public comment. Assemblywoman Earlene Hooper recently toured the new Emergency Department and was very impressed. She thanked everyone for all of their hard work. She noted that this hospital has been operating under State legislation since 1997 and it is a very important hospital for the community.

13. **Adjournment**

Upon a motion, duly made and unanimously approved, the meeting was adjourned at 9:55 a.m. to Executive Session to discuss governance, performance improvement, collective bargaining, personnel matters, contract negotiations and litigation.

14. **Report from Executive Session.** Upon return to Public Session, the Board reported that the following actions were taken:

**June 29, 2011 Executive Committee.**

Upon a motion made, duly seconded and unanimously adopted, the Executive Committee approved the attached recommendations made by the Credentials Committee for appointments to the Medical and Dental Staff to the Executive Committee of the Medical Staff at their meeting held on May 31, 2011 – **Resolution No. 084-2011**; the Credentialing Criteria for Bariatric Surgery – **Resolution No. 085-2011**; and the focused professional practice evaluations performed (as attached to these minutes). **Resolution No. 086-2011.**


**July 14, 2011 Executive Committee.**

Mr. Cohn made a motion to deny a raise for Mr. Gianelli, the motion was duly seconded and unanimously adopted. **Resolution No. 087-2011.**

Mr. Bianculli made a motion not to extend authority beyond those that the CEO has right now; the motion was duly seconded and unanimously adopted. **Resolution No. 088-2011.**

15. **Close of Regular Meeting.** Craig Vincent Rizzo, Chair, closed the meeting at 12:04 p.m.
16. The next meeting will be announced.

Approved:

  
Craig Vincent Rizzo, Chair  
Board of Directors  
NuHealth

NASSAU HEALTH CARE CORPORATION  
BOARD OF DIRECTORS

RESOLUTION APPROVING FINANCE COMMITTEE RECOMMENDATIONS

Resolution No. M-110-2010

August 8, 2011

WHEREAS, by Resolution (No. 023-2007) of the Board of Directors of the Nassau Health Care Corporation, the Board of Directors delegated to its Finance Committee the responsibility for, among other things, overseeing and making recommendations to the Board regarding the Corporation's procurement and contracting policies; and

WHEREAS, there is attached to this Resolution a schedule dated July 26, 2011 (the "Schedule") of resolutions regarding transactions and/or procurement and contracting policies, which require action by the Board and which the Committee has reviewed, discussed and recommends be adopted;

NOW, THEREFORE,

BE IT RESOLVED, that the Board of Directors of the Nassau Health Care Corporation hereby approves and adopts the resolutions recommended by its Finance Committee as set forth in the attached Schedule, with one exception (**Mr. Capobianco abstained regarding the Hospital Receivables Systems contract, Resolution No. 095-2011**).

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NUHEALTH  
FINANCE AND CONTRACT COMMITTEE  
July 26, 2011  
CONTRACTS EXHIBIT

Motions and Resolutions Requiring Action by the Board of Directors

Jobco Realty & Construction Inc. Upon a motion made, seconded and unanimously approved, the Finance Committee approved a contract with Jobco Realty & Construction Inc., vendor is a real estate building and construction company. Will provide due diligence to determine cost to demolish ramp garage and Buildings G, H, J, K, L, M, Z and Butler, construct temporary surface parking and determine whether such costs can be absorbed in affordable rents charged to medical residents, students and other tenants after renovation of current and construction of new on campus housing . NuHealth will only pay up to \$100,000 if no development agreement for renovation and new construction can be reached and only for docs usable to NuHealth for demolition purposes for the anticipated start date of 07/05/11 for a one year term. Resolution No. 089-2011.

Park Strategies, LLC. Upon a motion made, seconded and unanimously approved, the Finance Committee approved a contract with Park Strategies, LLC to provide strategic advice, consulting and business development services and local, state and federal government relations/lobbying services in an amount not to exceed \$10,000 per month (\$120,000 per year) plus \$10,000 per year for expenses for a total of \$130,000 for the anticipated start date of 09/01/2011 for a one-year term. Resolution No. 090-2011.

\*HANYS Solution. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with HANYS Solution to provide a health care utilization benchmark database for users (Market Expert). This program will provide NYS SPARC data, also has outpatient forecast model which will have the ability to forecast expected outpatient utilization across all health care settings, etc. in an amount not to exceed \$23,715 for renewal, original agreement \$24,453, total for two years is \$48,168 for the anticipated start date of 09/01/11 for a term of one year. Resolution No. 091-2011.

\*Germain & Company. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Germain & Company to provide services that will include supporting continued growth of the hospitalist program, creation of attribution rules for clinical department, develop reporting and metric tools to support NuHealth and community physician relationship, develop teaching and non-teaching model for FQHC, develop benchmark and operation improvements for FQHC, redesign and implement a new physician incentive

compensation model and develop staffing plans in an amount not to exceed \$680,736 (\$176/hour, plus expenses) for six months for the anticipated start date of 09/01/11 for an additional one-year term. Resolution No. 092-2011.

\*HealthLine Systems. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with HealthLine Systems to provide Echo Credentialing software. This is a comprehensive provider data management solution that will manage credentialing and re-credentialing process employing paperless technology, used by the Medical Staff office in an amount not to exceed: 1<sup>st</sup> year \$112,675; 2<sup>nd</sup> year \$46,250 and 3<sup>rd</sup> year \$46,250 for a three-year total of \$205,175 for an anticipated start date of 08/01/11 for a three-year term. Resolution No. 093-2011.

\*Public Health Institute-C/Net Solutions. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Public Health Institute-C/Net Solutions to maintain software program/updates of tumor registry data system. Vendor will maintain software program and provide update and maintain current system, includes on year license renewal, cancer registry software with three workstations and CAS add-on module yearly fee for a renewal fee of \$10,500 for additional one year, current contract amount is \$30,000 for a total amount for four-year term of \$41,400 for the anticipated start date of 10/01/11 for a term of one year. Resolution No. 094-2011.

\*Hospital Receivables Systems. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Hospital Receivables Systems to provide collection services of third-party inpatient receivables on a contingency fee base, approximately \$165,000 for three years for the anticipated start date of 04/01/11 for a three-year term. Resolution No. 095-2011.

\*Deloitte Consulting LLP. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Deloitte Consulting LLP to provide support services for the Deloitte Revenue Recover tool software acquired by NUMC in 2009 in order to track and manage third-party payer denials for an additional \$50,000 (\$175-185 per hour) current amount for these services covered under Amendment No. 5 is \$35,000 for a total with addition of \$85,000 for the anticipated start date of 06/01/11 for the term of one year. Resolution No. 096-2011.

\*FMS Medical Systems. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with FMS Medical Systems to provide day-one billing/collection services to NUMC Faculty Practice Plan in an amount not to exceed \$155,000 per month, current contract amount is \$140,000 per month for the anticipated start date of 08/01/11 for five months. Resolution No. 097-2011.



\*Peninsula Hospital Center. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Peninsula Hospital Center who currently provides three rotating residents for department of orthopedics. Peninsula will now be providing a 4<sup>th</sup> rotating resident who will do routine clinical duties and also provide coverage for Friday and Sunday nights, which was being done by per diem coverage. The amount is not to exceed \$69,185 per year for additional resident. Current amount for agreement is \$18,000 per month for three residents for the anticipated start date of 07/01/11 for a one-year term. Resolution No. 098-2011.

\*NSLIJ Neurosurgery. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with NSLIJ Neurosurgery to provide neurosurgery services to NUMC. Agreement to be amended to include .5 neurosurgeon to support increased demand for neurosurgery services at NuHealth in an amount not to exceed \$733,218 additional, current amount is \$4,788,585 for a total with addition of \$5,521,803 for a three-year total for an anticipated start date of 08/01/11 for a two-year term. Resolution No. 099-2011.

\*SCC Group. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with SCC Group currently providing construction management services with respect to renovation of Amphitheater, renovation of PM&R and offices for Academic Affairs. Will increase services to include two additional projects, renovation of intensive care units and installation of new angio equipment to replace existing equipment for an additional \$232,500. Current contract amount is \$232,500 for a total with addition of \$465,000 for the anticipated start date of 04/15/11 for a term of one year. Resolution No. 100-2011.

\*David Swift Architects. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with David Swift Architects to provide architectural services to do design of control room, design of additional support beams for both ceiling and floor to support weight of new equipment, design of additional HVAC support for room and designing for additional lead shielding for new door and for installation of medical gas in room for an additional \$12,000. Original total was \$21,000 for a total of \$33,000 for an anticipated start date of 05/01/11 for a twenty-month extension. Resolution No. 101-2011.

\*David Swift Architects. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with David Swift Architects an architectural design firm to provide additional design components needed for project specifically redesign for provision of emergency power to cardiac catheterization procedures for an additional \$2,216 to current contract. Original total was \$33,000; total with addition is \$35,216 for the

anticipated start date of 05/01/11 for a twenty-month extension. Resolution No. 102-2011.

\*NSLIJ Radiology. [Multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with NSLIJ Radiology to provide oversight of radiology imaging services, such as resident education, staffing, strategic planning, capital equipment recommendations, consultation on technology, administrative issues, consultation on individual patient care issues and short term clinical coverage issues in an amount not to exceed \$579,851 per year for a two-year total of \$1,159,702 (current contract total is \$1,157,928). Total will be \$2,317,630 for four years for the anticipated start date of 01/01/12 with extended additional two years to expire 12/31/13. Resolution No. 103-2011.

\*William Sherman, MD. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract (expires 7/21/11) with William Sherman, MD to provide coverage for pulmonary out-patient care clinic schedule once a week and 4 hours of clinical/teaching service each Friday in our in-house clinic, in an amount not to exceed \$17,056 for one year (\$328.00 per session) for the anticipated start date of 7/22/11 (7/22/11-7/21/12). Resolution No. 104-2011.

\*Comprehensive Pharmacy Services, Inc. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Comprehensive Pharmacy Services, Inc. to provide sublicense, namely, COPS (Correctional Offsite Pharmacy Solutions) a pharmacy management system for Nassau County Correctional Center. Sole provider and software is already in use as vendor was our prior provider. Amendment is to extend a six-month term to settle remainder of invoices until transition of services is completed at the Correctional Facility in an amount not to exceed \$15,000 for a six-month period, original contract for one year at a price of \$2,000 per month (\$24,000 per year) with addition the total of contract would be \$39,000. Contract expired 03/31/11 to be extended to 08/31/11. Resolution No. 105-2011.

\*Nassau County Civil Service. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Nassau County Civil Service to provide personnel specialist to be functioning in joint capacity of processing position classification requests and updating position classifications to meet current needs. Person will work as liaison between Nassau County Civil Service Commission and NHCC Human Resources Department in an amount not to exceed \$50,000/year, for the anticipated start date of 05/01/11 for a one-year term. Resolution No. 106-2011

\*Clear Wireless LLC. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with Clear Wireless LLC to install, operate and maintain certain

telecommunications equipment including antennas and cabling on 20<sup>th</sup> floor roof. The contract is revenue generating in an amount of \$2,500 per month. Upon date License begins construction of the License Facilities or March 1, 2012 which first occurs for a five-year term. Resolution No. 107-2011.

\*South Ocean Care. [Multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a contract with South Ocean Care a partnership with NHCC which offers NUMC an opportunity to open a private practice in the Freeport Community that NUMC serves. Will be introducing the MFM services for high-risk pregnancy, fetal surveillance, sonos, NST's, gyn sonos etc. at Freeport location, coincides with MFM negotiations w/SNCH to offer easy access for their patients, enables NUMC to showcase MFM services to local obstetricians and to a new market; provide downstream services to NUMC. This is a revenue generating contract. \$350 per hour for the Chair; \$272 per hour for the MFM attendings for 48 weeks for year 2011 is \$48,825; 52 weeks for year 2012 is \$50,050 for the anticipated start date of 06/01/11 for term of one year with option to renew. Resolution No. 108-2011.

#### Informational.

Health Research Inc. NYSDOH Subcontractor Grant which provides cancer services program to screen women for breast and cervical cancer. Revenue generating, increase in grant amount to new total of \$371,569.99 for the anticipated start date of 05/26/11 for the term of one year.

Total Orthopedics & Sports Medicine LLP. Lease agreement with vendor to use space at NHCC facility. Revenue generating \$3,094.67 per month, yearly total will be \$37,136, three year total will be \$111,408 for the anticipated start date of 07/01/11 (renewal of a current agreement) for a three year term.

Primary Healthcare Plus. Alex Vidal, MD at NHCC will provide ambulatory cardiology services at Primary Healthcare Plus, will see patients at the site for four hours per week. Dr. Donna Denier will provide back-up services for Dr. Vidal and echos may be ready by any Cardiology attending staff. Revenue generating, vendor will pay NHCC \$200 per hour for services rendered. Sessional rate is \$200 per hour, total value is \$41,600 for one year for the anticipated start date of 08/15/11 for a one-year term.

Nassau County Department of Public Works. NHCC will provide Occupational Safety and Health Administration. Mandated physical exams for the employees at NC Dept. of Public Works. Revenue Generating, \$25,000 per year, current contract amount is \$210,000 for four years. With renewal total contract will be \$235,000 for the anticipated start date of 01/01/11 for a one-year renewal term.

Westat. Vendor is private research organization under contract with AHRQ to manage and administer hospital survey on patient safety culture database. Will produce a

standard HSOP database comparative report providing aggregate statistics on HSOP survey composite scores and items across all participating organization and across various subsets of participating organizations free of charge for the anticipated start date of 05/15/11 for one month.

CB Accounts Inc. (correction of Board Resolution No. 065-2011 done on May 18, 2011. The original LD200 was issued in the name of AHC, rather than CB Accounts. This LD200 corrects error and will allow NUMC to contract with entity it actually chose for the work.

**For approval by the CEO.**

Next Generation Project. Vendor will assist in production of Roosevelt Revitalization Group's Roosevelt Empowerment event by providing management services for events of June 4, will participate in event by bringing screening services to it in an amount not to exceed \$1,000 for the event on June 4, 2011.

**Extensions not Requiring Additional Funds**

None.

**Notice of Procurement Transactions Concluded Pursuant to Authority Delegated by Board of Directors to President (or Designee) and Required to be Reported.**

None.

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\*Requires approval of the Board of Directors

\*\*Standardization requires 3/5 (9 votes in favor) approval of Board of Directors.