

AGENDA

FINANCE COMMITTEE

MEETING DATE: MAY 8, 2012
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE *APRIL 3, 2012* MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

INFORMATION ITEMS

1. MEDICAID ELIGIBILITY PROCESSING STATUS
QUEENS HOSPITAL CENTER

BRIAN STACEY/ROBERT MALONE

2. INPATIENT/ADULT/PEDIATRICS QUARTERLY PAYOR MIX REPORT

MAXINE KATZ

3. MEDICAID ELIGIBILITY REPORT

MAXINE KATZ

4. PS QUARTERLY KEY INDICATORS REPORT

FRED COVINO

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

Minutes of the April 3, 2012 Finance Committee Meeting

MINUTES

MEETING DATE: APRIL 3, 2012

**FINANCE
COMMITTEE**

**BOARD OF
DIRECTORS**

The meeting of the Finance Committee of the Board of Directors was held on April 3, 2012 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Alan D. Aviles, Esq
Michael A. Stocker, MD
Robert Doar, Commissioner
Emily Youssouf
J. Bolus, RN
I. Hartman-O'Connell, (representing Deputy Mayor Linda Gibbs in a voting capacity)

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of State Comptroller
M. Dubowski, Analyst, City Office of Management & Budget (OMB)
C. Fiorentini, Analyst, Independent Budget Office (IBO)
R. McIntyre, Account Executive, Siemens
J. Wessler, Commission on the Public Hospital System (CPHS)

HHC STAFF

V. Bekker, Chief Financial Officer (CFO), Generations+ Northern Manhattan Health Network
L. Brown, Senior Vice President, Corporate Planning/Intergovernmental Relations, Community Hlth
D. Cates, Chief of Staff, Board Affairs

Minutes of the April 3, 2012 Finance Committee Meeting

F. Covino, Corporate Budget Director, Corporate Budget
F. Donno, Senior Director, Corporate Revenue Management
R. Fischer, Associate Executive Director, Bellevue Hospital Center
K. Garramone, Chief Financial Officer, North Bronx Health Care Network
G. Guilford, Senior Director, Office of the Senior Vice President/Finance/Managed Care
E. Guzman, Chief Financial Officer, Metropolitan Hospital Center
J. John, Chief Financial Officer, Central Brooklyn Health Network
L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
B. Kim, Director, Corporate Managed Care
V. Kim, Director, Corporate Planning/HIV Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Martin, Executive Vice President/COO, Office of the President
H. Mason, Deputy Executive Director, Kings County Hospital
T. Mammo, Chief of Staff, Office of the President
K. McGrath, Senior Director, Corporate Communications/Marketing
D. Moskos, Director, Office of Facilities Development
K. Olson, Senior Director, Corporate Budget
P. Pandolfini, Chief Financial Officer, Southern Brooklyn/Staten Island Health Care Network
J. Perrine, 1st Deputy IG, Office of the Inspector General
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
W. Saunders, Assistant Vice President, Intergovernmental Relations
B. Stacey, Chief Financial Officer, Queens Health Network
J. Wale, Senior Assistant Vice President, Behavioral Health Services
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
M. Williams, Assistant Vice President, Corporate Affirmative Action/EEO
R. Wilson, Senior Vice President/Corporate Medical Director, Medical & Professional Affairs
M. Zurack, Senior Vice President, Corporate Finance/Managed Care

Minutes of the April 3, 2012 Finance Committee Meeting

CALL TO ORDER:

The meeting of the Finance Committee was called to order at 9:12 a.m. The minutes of the March 13, 2012 Finance Committee meeting were adopted as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack informed the Committee that her report would include two items. Firstly, HHC's cash on hand which as reported last month was at 33 days compared to 42 days currently. The increase is due to several supplemental Medicaid payments that were received the end of March 2012. However, HHC is expected to end the fiscal year with approximately 30 days of cash on hand. Secondly, at the last Committee meeting, extensive reporting was given on a reform proposal that was being crafted by the State Department of Health (SDOH) through the Indigent Care Task Force. The proposal which was scheduled to be added to the State budget but instead was debated and discussed as part of the session; and if adopted a separate bill would be required.

Dr. Stocker asked if that action was likely to occur. Ms. Zurack stated that it is less likely than getting it into the budget; however, if there is a commitment to the proposal, there is sufficient time for it to be done.

Dr. Stocker asked if there would be any fallout from the various parties as a result of it not getting into the budget. Ms. Zurack stated that it was put forth extremely late and was literally drafted as a proposal. Consequently, the State was only willing to go forward if there was 100% support but there were some unresolved issues. One of which was raised by New York City.

Ms. Youssouf asked what the time frame is for getting the proposal done. Ms. Zurack in concluding her report stated that the session ends on June 30, 2012 but could be extended to August 2012.

Ms. Brown, Senior Vice President, Corporate Planning/HIV Services, Intergovernmental Relations, & Community Health added that basically, while there had been many months of the Indigent Care workgroup working on the details, the group itself did not as Ms. Zurack indicated get the full proposal in sufficient time and there were some stakeholders that were not necessarily aligned with what was being proposed. Therefore, the Administration did not want to take a proposal without every stakeholder agreeing to be committed to the State legislatures. Consequently, the proposal was not seen by the legislators. The overall timing involved in the process of educating the legislators would have required more lead time than what had been allotted.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS As of February 2012

FRED COVINO

Minutes of the April 3, 2012 Finance Committee Meeting

Acute discharges and Diagnostic & Treatment Center (D&TC) visits have improved over the last couple of months in comparison to the prior year but remain below last year's levels. Acute discharges are down by 4.7% and D&TCs visits are down by 5.5%. Nursing home days continue to be below last year's by 5.2%.

Dr. Stocker asked if there are any major changes from month to month and whether those changes are viewed as variations or trends.

Mr. Covino stated that acute discharges improved by 5% in January down to 4.7% currently and the D&TC visits decreased by 6% last month to 5.5% through February 2012. It is a trend with the exception of last month the acute discharges have improved every month since the beginning of the year and the D&TCs have followed that same trend. Continuing the reporting, the ALOS, all of the facilities with the exception of Lincoln and Coney Island are within 3/10 of the corporate average LOS. Coney Island is 4/10 day greater than the expected ALOS while Lincoln is 4/10 less than the expected average LOS. The CMI is up by .25% that is on top of a 10.5% increase over the last two years. Currently, in comparison to last year there are five facilities that have improved and six facilities are down compared to last year. Through February 2012, FTEs are down by 203 compared to the beginning of the fiscal year and down by 560 FTEs compared to January 2011. The bulk of that reduction is in environmental services, clerical titles and aides/orderlies. Receipts are \$25.9 million better than budget while disbursements are \$38.2 million under budget for a net positive total of \$64.1 million.

Ms. Youssef asked if disbursements are better or worse. Mr. Covino stated that expenses are less than budget. Continuing with the reporting, a comparison of cash receipts and disbursements to the prior year actual for the same period as of February 2012, receipts are \$447 million worse than last year primarily due to the timing of DSH/UPL payments which are down by \$392 million and appeals and settlements are also down by \$56.6 million due to timing; however, an additional \$800 million is expected by year-end. Appeals & settlements are down due to a take-back this year for a 2009 rate adjustment. Last year a \$30 million Medicare settlement for a prior FY was received. These are all major offsetting factors. Expenses are \$76.8 million worse than last year of which \$67 million of that is due to the timing of City payments that will catch up by year-end. Overall receipts and disbursements are \$524 million worse than last year for the same period. A comparison of the current year budget against current year actual inpatient receipts are up by \$10.3 million due to an increase in Medicare inpatient receipts. Outpatient receipts are up by \$11.8 million due to an increase in Medicaid managed care collections. There was a \$27 million retroactive payment from MetroPlus and all other payments are up by \$3.9 million.

Commissioner Doar asked why inpatient Medicaid receipts are down and Medicare is up.

Mr. Covino stated that Medicare is up due to an increase in non-Periodic Interim Payment (PIP) payments which are not consistent from year to year that would include the Medicare Part B and prior year settlements that are significantly higher than last year's baseline.

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Commissioner Doar noted that the increase in Medicare is not related to an increase in utilization of Medicare patients but rather an accounting adjustment for prior years.

Mr. Covino stated that for the inpatient that was correct and that the adjustments for utilization would follow.

Commissioner Doar asked whether that also applied to Medicaid. Mr. Covino stated that Medicaid came in less than anticipated and that utilization as reported last month as part of the Financial Plan update, there was an adjustment in utilization due to a significant decline in workload since the beginning of the FY.

Commissioner Doar asked if the expectations were that Medicaid managed care would be higher. Mr. Covino stated that Medicaid managed care must be reviewed in conjunction with the risk pool settlements in order to understand the impact and that would not be available until the end of the year.

Ms. Zurack added that there is a need to look at both the inpatient and outpatient together in order to get the full impact and on the outpatient side, Medicaid managed care is up which is where the expected growth should be and in this instance is better than expected. However, programmatically, the outpatient growth is where the shift would be expected to occur.

Mr. Rosen asked if from a budgeting perspective, the DSH/UPL total of \$715 million is reflective of an adjusted budget. Mr. Covino stated that it is not but rather the original budget.

Ms. Zurack added that the Mr. Covino was referring to an adjustment that was made to the financial plan.

Mr. Rosen stated that the reference was to the \$715 million decline reflected on the report for the DSH/UPL compared to last year and whether the \$715 million was budgeted assuming it would be lower.

Mr. Covino stated that compared to last year, as previously mentioned, DSH/UPL payments totaling \$800 million are expected and budgeted for the current FY; therefore, while the report reflects a decrease in that category compared to last year, by year-end that will change upon receipt of those funds.

Mr. Rosen added that by year-end the budget would be over \$1 billion for DSH/UPL. Mr. Covino stated that it would be \$1.5 billion. Continuing with the reporting, PS expenses year-to-date (YTD) are \$3.6 million over budget. Fringe benefits are \$4 million better than budget due to the timing of health insurance payments. There is a \$38 million surplus in Other Than Personal Services (OTPS) expenses due to a rollover of funds into the current FY and the timing of IT projects.

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Ms. Youssouf asked if the expectations are that those funds would be spent before the end of the FY. Mr. Covino stated that in terms of IT it's not clear at this time if those funds will be spent by year-end but the rollover in OTPS is somewhat of a built-in surplus due to the cash caps. Finalizing the reporting, all other categories are essentially on budget YTD. Net of receipts and disbursements through February 2012, there is a \$64 million surplus.

INFORMATION ITEM

MAXINE KATZ

MEDICAID ELIGIBILITY REPORT AS of February 2012

Ms. Katz stated that the Medicaid inpatient Eligibility report as of February 2012 comparing last year actual to the current year, Medicaid applications submitted are down from last year's submission; however, upon further review of the outcomes to determine if the Breakthrough efforts as part of the various RIEs that were undertaken have impacted the workflow, a review of the data from January 2012 to February 2012, shows that Medicaid submissions are higher by 3,000 more applications. Eligible decisions are 2,600 more than the prior month and the percentage of eligible decisions are higher. The percentage of eligible decision compared to January 2012 to February 2012 is at 89% which is an increase in the number of eligible decisions and the applications submitted. However, as reported last month, PCAP applications compared to prior month are down by 1,000. Based on further review of PCAP submissions, there is a decline in obstetrics (OB) and ambulatory care visits and a decline in discharges as well. There is a shift in Medicaid fee for service of a downward trend. For example in FY 10 Medicaid fee-for-service outpatient visits were 25% of the total and in FY 11 it dropped to 21% and is projected at 20% for the current FY 12 in comparison to the Medicaid managed care which has been showing a steady increase; 52% in FY 10, 58% in FY 11 and projected at 60% this FY 12 which is reflective of a slight shift. Additionally, there has been an increase in managed care enrollment due to a significant increase in marketing by MetroPlus and HealthFirst from the point of entrance of the patient. As a result of those efforts, the opportunity for HHC staff to do an application has declined but the number of insured patients has increased.

Ms. Youssouf added that more patients are coming in with insurance which is a benefit for HHC. Ms. Katz added that because of those enrollment efforts, there is less opportunity for the staff to process applications. Additionally, there is a decrease in the self pay population; 17% in FY 10, and 15% in FY 11 and projected the same for this year FY 12.

Ms. Youssouf commented that it is not necessarily less opportunity but rather a benefit to HHC to have more patients insured which translates to a decrease in the self-pay population. Going forward in terms of adding value to the reporting, it would be helpful to the Committee in understanding the various changes or shifts if those trends cited by Ms. Katz were added to the report. Additionally, an explanation for the increase or decrease in applications submitted and eligible decisions would also be extremely useful, which as shown on the report there is an increase in both the eligible and ineligible decisions.

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Ms. Katz stated that an explanation for that increase was not readily available but that she would review the data and report back to the Committee on the findings. Additionally the payor mix reports that are reported quarterly to the Committee would be presented next month and will show those shifts in payors that were reported.

Dr. Stocker asked Ms. Katz if based on her reporting submissions are down year over year and in some of the variations some of the facilities are doing less than last year. However, on a month to month basis Medicaid eligibility decisions and applications submitted are increasing as a result of the various Breakthrough events.

Ms. Katz stated that basically the overall trend is that there has been an improvement from month to month. Some of the improvements that were previously discussed will be reflected in the data in the months ahead. The facilities have made major improvements in their processes, particularly in capturing the patient upon arrival in the emergency room and based on those improvements, productivity has increased.

Dr. Stocker stated that there is a significant decrease in the request for additional information and there is an increase in eligible decisions. Based on those trends is it possible for next month to have a report reflecting some of those trends for the Committee in addition to some of the factors that may be contributing to some of the improvements, such as automation, staff efficiency, etc.

Ms. Katz stated the trend report could be done for next month and that overall there has been an improvement in the submission of applications.

Ms. Zurack asked if there was any additional automation. Ms. Katz stated that there had not been any and that HHC has not put any more inpatients on the automated system.

Dr. Stocker asked what was the basis of that decision. Ms. Katz stated that it was a joint decision between HHC and HRA, whereby neither one was ready to move more in that direction. Nonetheless the applications process through all of the training, HRA has participated in some of the events that were held on education and the required documents versus holding back applications due to various interpretations of the requirements for submission with the application that were subsequently relaxed by HRA. That education has improved the process significantly in terms of the quality of the applications that are being submitted.

Dr. Stocker asked if there is an explanation for the variation between facilities and whether it would be useful to review variation by facility from month to month in order to provide the Committee with a better understanding of the efforts in terms of improvements that have been made by the individual facility.

Ms. Katz stated that it would be worthwhile to do that analysis of the variations. Recently there was a RIE and while it was enterprise-wide it was done at Bellevue. Based on that RIE, Bellevue has made a concerted effort to focus on cases that should increase their application submission rate. Several applications were identified for submission based on that review.

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Mrs. Bolus asked if Medicare would be included in the tracking.

Ms. Zurack stated that HHC does not do enrollment for Medicare.

Ms. Youssouf asked if the variances in the eligible and ineligible decisions should equal the variance in the number of applications submitted.

Ms. Zurack stated that the numbers are based on different time frames and therefore would not add to that total.

Ms. Youssouf stated that the report is FYTD. Ms. Zurack stated that it is but there is a lag from when the applications are submitted to when a decision by HRA is received back on whether the application is eligible, ineligible or need more information. The Medicaid applications submitted reflect actual applications submitted from July 2011 through February 2012, whereas, the Medicaid decisions are from as far back as three months ago. Some applications require a longer time frame and there are those applications that require additional information and are processed sooner. The data reflects caseload; therefore, the numbers will not reconcile on a monthly basis because the data is not the same as debits and credits.

Mr. Rosen added that the data shows that there are certain trends.

Ms. Zurack stated that there has been a decline in admission and to have an increase in the eligible decisions while admissions are declining is a positive trend. Although there is a negative trend in PCAP there is a positive trend behind the data that indicates that there are more patients coming to the facilities with insurance which is a very positive trend. In getting back to Dr. Stocker's question, the results from the Bellevue RIE that took place weeks ago will not be reflected in the data until the final June 2012 report is issued and reported at the September 2012 Finance Committee. On the flip side, an RIE was held at Queens in November 2011 and given the time frame for the catch-up from the lag, there should have been some improvements reflected in the data. However, as reflected on the report through February 2012, the data does not reflect any major changes. However, it is important to note that discharges are down significantly at Queens.

Ms. Youssouf added that the report is a comparison of two different fiscal years which would reflect a trend and based on Ms. Zurack's explanation which appears to be plausible; however, it is not clear at this time what the Committee should be getting from the report.

Dr. Stocker stated that the report shows that more applications are better as well as more insured patients.

Ms. Youssouf stated while that might be evident from the report, it does not reflect the explanation give by Ms. Zurack which makes understanding the report extremely difficult.

Mr. Rosen added that it is very difficult to understand when the numbers do not reconcile given the impact of the time frame for the submission of the applications.

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Ms. Zurack stated that the report provides an incentive for the hospitals to focus on the Medicaid application process flow and outcomes; therefore it's important not to under-estimate the value of the report.

Dr. Stocker asked if there is value in having the individual facilities report to the Committee.

Ms. Zurack stated that what might be useful to the Committee in understanding the lag and the flow to have those hospitals that have made improvements report to the Committee their individual metric on improvements.

Dr. Stocker stated that the information would vary from facility to facility such as Queens to the other facilities.

Ms. Zurack stated that perhaps Queens could present at next month's meeting to which Dr. Stocker agreed.

Mrs. Bolus asked if HHC could provide assistance to Medicare individuals to determine if its program can help them in understanding the Part B implications.

Dr. Stocker stated that MetroPlus has an aggressive program for assisting Medicare individuals.

Mr. Rosen stated that the Medicare program at MetroPlus has increased significantly and there are plans for further growth which should provide assistance for that population.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 9:52 a.m.

KEY INDICATORS
FISCAL YEAR 2012 UTILIZATION

Year to Date
March 2012

NETWORKS	UTILIZATION			AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	FY 12	FY 11	VAR %	ACTUAL	EXPECTED	FY 12	FY 11
<u>North Bronx</u>							
Jacobi	15,028	15,277	-1.6%	5.9	6.0	1.1189	1.1211
North Central Bronx	6,071	6,045	0.4%	4.4	4.3	0.7301	0.7488
<u>Generations +</u>							
Harlem	7,980	8,926	-10.6%	5.3	5.5	1.0227	0.9808
Lincoln	17,581	19,145	-8.2%	4.8	5.3	0.9496	0.9517
Belvis DTC	49,931	52,811	-5.5%				
Morrisania DTC	73,610	61,664	19.4%				
Renaissance	50,911	56,999	-10.7%				
<u>South Manhattan</u>							
Bellevue	18,857	18,646	1.1%	6.1	6.0	1.1439	1.1845
Metropolitan	8,837	8,827	0.1%	4.6	4.8	0.7983	0.8779
Coler	220,822	255,388	-13.5%				
Goldwater	237,400	241,489	-1.7%				
Gouverneur - NF	51,146	55,193	-7.3%				
Gouverneur - DTC	209,626	236,772	-11.5%				
<u>North Central Brooklyn</u>							
Kings County	18,067	17,498	3.3%	5.8	5.8	1.0705	1.1066
Woodhull	10,583	11,854	-10.7%	4.9	4.7	0.8442	0.8655
McKinney	86,407	85,404	1.2%				
Cumberland DTC	73,341	81,504	-10.0%				
East New York	63,431	64,428	-1.5%				
<u>Southern Brooklyn / S I</u>							
Coney Island	12,512	13,277	-5.8%	6.2	5.8	1.1109	1.1068
Seaview	81,904	81,628	0.3%				
<u>Queens</u>							
Elmhurst	18,541	19,395	-4.4%	5.2	5.1	0.9622	0.9289
Queens	9,744	11,895	-18.1%	5.1	5.0	0.9250	0.8342
Discharges/CMI-- All Acutes							
	143,801	150,785	-4.6%			0.9990	0.9984
Visits-- All D&TCs							
	520,850	554,178	-6.0%				
Days-- All SNFs							
	677,679	719,102	-5.8%				

Notes:

Utilization

Acute: discharges excluding psych and rehab; D&TC; reimburseable visits; SNF; chronic and rehab days

Average Length of Stay

Actual: discharges divided by days; excludes one day stays.

Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

All Payor CMI

All acute discharges are grouped using the 2011 New York State APR-DRGs

KEY INDICATORS

FISCAL YEAR 2012 BUDGET PERFORMANCE (\$s in 000s)

Year to Date

March 2012

NETWORKS	FTE's VS 6/18/11	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	(92.0)	\$ 330,513	\$ 5,657	\$ 413,501	\$ 13,568	\$ 19,225	2.6%
North Central Bronx	(7.5)	<u>123,503</u>	<u>12,119</u>	<u>133,770</u>	<u>7,229</u>	<u>19,348</u>	<u>7.7%</u>
	(99.5)	\$ 454,016	\$ 17,776	\$ 547,271	\$ 20,797	\$ 38,573	3.8%
<u>Generations +</u>							
Harlem	(37.5)	\$ 204,470	\$ (6,226)	\$ 263,041	\$ (14,485)	\$ (20,711)	-4.5%
Lincoln	4.0	314,257	14,160	372,841	6,566	20,726	3.1%
Belvis DTC	(3.0)	8,324	570	10,693	2,009	2,579	12.6%
Morrisania DTC	0.0	14,800	2,236	18,995	4,569	6,806	18.8%
Renaissance	<u>4.0</u>	<u>10,945</u>	<u>1,643</u>	<u>16,422</u>	<u>1,027</u>	<u>2,670</u>	<u>10.0%</u>
	(32.5)	\$ 552,796	\$ 12,383	\$ 681,992	\$ (314)	\$ 12,069	1.0%
<u>South Manhattan</u>							
Bellevue	(45.0)	\$ 472,705	\$ 3,078	\$ 543,464	\$ (4,658)	\$ (1,580)	-0.2%
Metropolitan	(50.0)	184,256	(15,571)	235,454	5,166	(10,405)	-2.4%
Coler	(27.0)	73,828	(5,921)	102,467	(12,681)	(18,602)	-11.0%
Goldwater	(40.0)	93,811	(16,419)	132,774	(12,390)	(28,808)	-12.5%
Gouverneur	<u>(18.5)</u>	<u>64,747</u>	<u>(1,131)</u>	<u>70,056</u>	<u>5,440</u>	<u>4,309</u>	<u>3.0%</u>
	(180.5)	\$ 889,348	\$ (35,964)	\$ 1,084,215	\$ (19,122)	\$ (55,086)	-2.8%
<u>North Central Brooklyn</u>							
Kings County	(111.5)	\$ 470,347	\$ 26,051	\$ 532,832	\$ 1,565	\$ 27,616	2.8%
Woodhull	(104.5)	\$ 229,220	\$ (28,968)	\$ 304,069	\$ 3,095	\$ (25,874)	-4.6%
McKinney	(16.0)	31,931	(1,644)	34,511	(840)	(2,484)	-3.7%
Cumberland DTC	(7.5)	16,134	(1,206)	25,074	(4,422)	(5,628)	-14.8%
East New York	<u>(3.0)</u>	<u>14,589</u>	<u>703</u>	<u>16,844</u>	<u>1,220</u>	<u>1,923</u>	<u>6.0%</u>
	(242.5)	\$ 762,221	\$ (5,064)	\$ 913,330	\$ 617	\$ (4,447)	-0.3%
<u>Southern Brooklyn/SI</u>							
Coney Island	28.5	\$ 222,036	\$ 20,406	\$ 273,094	\$ 3,509	\$ 23,915	5.0%
Seaview	<u>(16.0)</u>	<u>30,701</u>	<u>(468)</u>	<u>37,513</u>	<u>(120)</u>	<u>(588)</u>	<u>-0.9%</u>
	12.5	\$ 252,737	\$ 19,938	\$ 310,606	\$ 3,389	\$ 23,327	4.3%
<u>Queens</u>							
Elmhurst	(37.5)	\$ 360,302	\$ 455	\$ 408,763	\$ 23,543	\$ 23,997	3.0%
Queens	<u>(3.0)</u>	<u>222,045</u>	<u>14,851</u>	<u>268,930</u>	<u>(17,229)</u>	<u>(2,378)</u>	<u>-0.5%</u>
	(40.5)	\$ 582,346	\$ 15,305	\$ 677,694	\$ 6,314	\$ 21,619	1.7%
NETWORKS TOTAL	(583.0)	\$ 3,493,464	\$ 24,374	\$ 4,215,107	\$ 11,680	\$ 36,055	0.5%
Central Office	(252.0)	649,177	1,270	183,734	8,777	10,047	1.2%
HHC Health & Home Care	7.0	14,842	(6,917)	28,753	(437)	(7,354)	-14.7%
Enterprise IT	<u>542.0</u>	<u>0</u>	<u>0</u>	<u>103,072</u>	<u>16,301</u>	<u>16,301</u>	<u>13.7%</u>
GRAND TOTAL	(286.0)	\$ 4,157,483	\$ 18,728	\$ 4,530,666	\$ 36,321	\$ 55,049	0.6%

Notes:

Residents & Grants are included in the reported FTE's.
Reported FTE's are compared to 6/18/11.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2012 vs Fiscal Year 2011 (in 000's)
TOTAL CORPORATION

	Month of March 2012			Fiscal Year To Date March 2012		
	actual 2012	actual 2011	better / (worse)	actual 2012	actual 2011	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 100,314	\$ 89,265	\$ 11,049	\$ 826,665	\$ 863,788	\$ (37,123)
Medicaid Managed Care	53,443	46,768	6,675	436,232	442,650	(6,419)
Medicare	35,613	61,334	(25,720)	427,211	397,579	29,632
Medicare Managed Care	28,625	25,081	3,544	191,915	185,807	6,108
Other	<u>20,379</u>	<u>21,125</u>	<u>(746)</u>	<u>173,781</u>	<u>167,587</u>	<u>6,194</u>
Total Inpatient	\$ 238,374	\$ 243,573	\$ (5,199)	\$ 2,055,804	\$ 2,057,412	\$ (1,609)
Outpatient						
Medicaid Fee for Service	\$ 19,113	\$ 19,542	\$ (429)	\$ 151,882	\$ 182,521	\$ (30,639)
Medicaid Managed Care	39,144	29,177	9,967	279,303	253,436	25,867
Medicare	5,336	4,613	723	50,769	48,125	2,645
Medicare Managed Care	10,714	7,238	3,476	75,040	60,321	14,720
Other	<u>13,165</u>	<u>11,603</u>	<u>1,562</u>	<u>113,310</u>	<u>106,714</u>	<u>6,597</u>
Total Outpatient	\$ 87,472	\$ 72,173	\$ 15,299	\$ 670,305	\$ 651,116	\$ 19,188
All Other						
Pools	\$ 100,203	\$ 108,863	\$ (8,660)	\$ 331,119	\$ 342,670	\$ (11,551)
DSH / UPL	167,406	-	167,406	883,056	1,107,686	(224,630)
Grants, Intracity, Tax Levy	32,783	30,003	2,780	189,199	190,915	(1,716)
Appeals & Settlements	(5,291)	(168)	(5,123)	(11,974)	45,705	(57,679)
Misc / Capital Reimb	<u>4,727</u>	<u>6,383</u>	<u>(1,656)</u>	<u>39,974</u>	<u>44,544</u>	<u>(4,570)</u>
Total All Other	\$ 299,827	\$ 145,080	\$ 154,747	\$ 1,431,375	\$ 1,731,520	\$ (300,145)
Total Cash Receipts	\$ 625,673	\$ 460,826	\$ 164,848	\$ 4,157,483	\$ 4,440,049	\$ (282,566)
Cash Disbursements						
PS	\$ 277,018	\$ 189,549	\$ (87,468)	\$ 1,874,633	\$ 1,815,665	\$ (58,968)
Fringe Benefits	96,422	52,544	(43,878)	753,263	713,126	(40,137)
OTPS	110,150	102,119	(8,030)	928,742	900,796	(27,947)
City Payments	14,856	14,104	(752)	250,640	182,956	(67,684)
Affiliation	71,861	73,415	1,554	653,453	632,014	(21,439)
HHC Bonds Debt	<u>7,958</u>	<u>7,954</u>	<u>(4)</u>	<u>69,936</u>	<u>70,726</u>	<u>790</u>
Total Cash Disbursements	\$ 578,264	\$ 439,685	\$ (138,579)	\$ 4,530,666	\$ 4,315,282	\$ (215,385)
Receipts over/(under) Disbursements	\$ 47,409	\$ 21,140	\$ 26,269	\$ (373,183)	\$ 124,767	\$ (497,950)

New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2012 (in 000's)
TOTAL CORPORATION

	Month of March 2012			Fiscal Year To Date March 2012		
	actual 2012	budget 2012	better / (worse)	actual 2012	budget 2012	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 100,314	\$ 111,204	\$ (10,890)	\$ 826,665	\$ 851,234	\$ (24,569)
Medicaid Managed Care	53,443	56,406	(2,963)	436,232	459,040	(22,808)
Medicare	35,613	37,035	(1,421)	427,211	392,362	34,849
Medicare Managed Care	28,625	21,966	6,660	191,915	184,711	7,204
Other	<u>20,379</u>	<u>19,763</u>	<u>616</u>	<u>173,781</u>	<u>166,187</u>	<u>7,594</u>
Total Inpatient	\$ 238,374	\$ 246,373	\$ (7,998)	\$ 2,055,804	\$ 2,053,534	\$ 2,270
Outpatient						
Medicaid Fee for Service	\$ 19,113	\$ 22,388	\$ (3,275)	\$ 151,882	\$ 174,544	\$ (22,661)
Medicaid Managed Care	39,144	31,850	7,293	279,303	247,335	31,968
Medicare	5,336	6,031	(695)	50,769	53,012	(2,242)
Medicare Managed Care	10,714	10,436	277	75,040	75,746	(705)
Other	<u>13,165</u>	<u>12,465</u>	<u>700</u>	<u>113,310</u>	<u>103,582</u>	<u>9,728</u>
Total Outpatient	\$ 87,472	\$ 83,170	\$ 4,301	\$ 670,305	\$ 654,218	\$ 16,087
All Other						
Pools	\$ 100,203	\$ 95,846	\$ 4,357	\$ 331,119	\$ 328,133	\$ 2,986
DSH / UPL	167,406	167,406	(0)	883,056	883,056	(0)
Grants, Intracity, Tax Levy	32,783	35,240	(2,457)	189,199	184,930	4,269
Appeals & Settlements	(5,291)	-	(5,291)	(11,974)	(6,671)	(5,303)
Misc / Capital Reimb	<u>4,727</u>	<u>4,835</u>	<u>(109)</u>	<u>39,974</u>	<u>41,555</u>	<u>(1,580)</u>
Total All Other	\$ 299,827	\$ 303,328	\$ (3,500)	\$ 1,431,375	\$ 1,431,003	\$ 372
Total Cash Receipts	\$ 625,673	\$ 632,871	\$ (7,197)	\$ 4,157,483	\$ 4,138,755	\$ 18,728
Cash Disbursements						
PS	\$ 277,018	\$ 274,357	\$ (2,660)	\$ 1,874,633	\$ 1,868,343	\$ (6,290)
Fringe Benefits	96,422	97,272	850	753,263	758,154	4,891
OTPS	110,150	109,173	(977)	928,742	966,193	37,450
City Payments	14,856	14,856	-	250,640	249,507	(1,133)
Affiliation	71,861	72,764	903	653,453	653,123	(330)
HHC Bonds Debt	<u>7,958</u>	<u>7,963</u>	<u>5</u>	<u>69,936</u>	<u>71,667</u>	<u>1,731</u>
Total Cash Disbursements	\$ 578,264	\$ 576,385	\$ (1,879)	\$ 4,530,666	\$ 4,566,987	\$ 36,321
Receipts over/(under) Disbursements	\$ 47,409	\$ 56,486	\$ (9,077)	\$ (373,183)	\$ (428,232)	\$ 55,049

Queens Hospital Center

Report to HHC Finance Committee

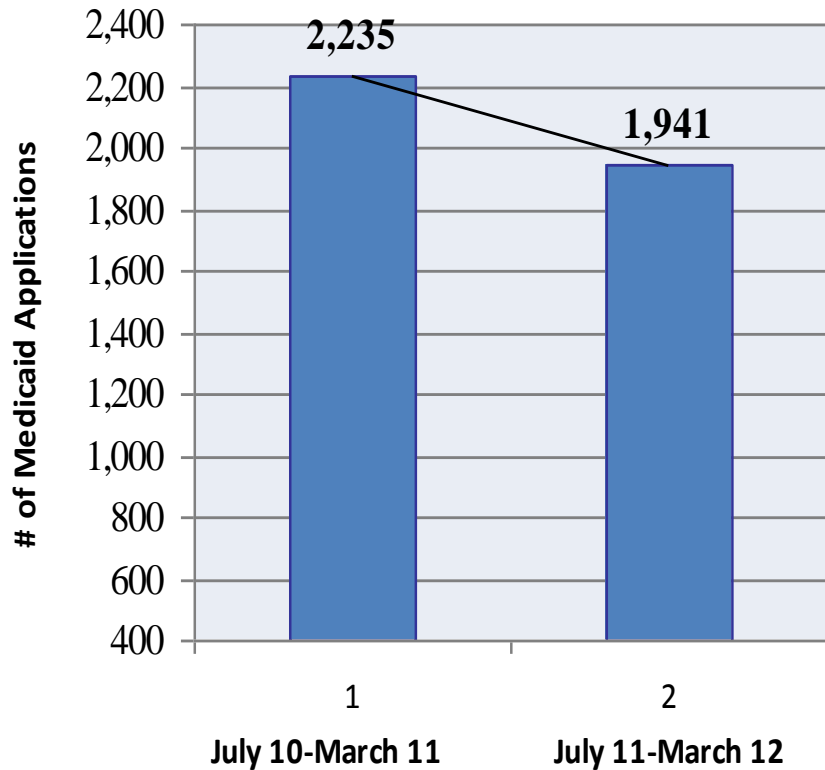
Status of Medicaid Application Process

May 8th 2012

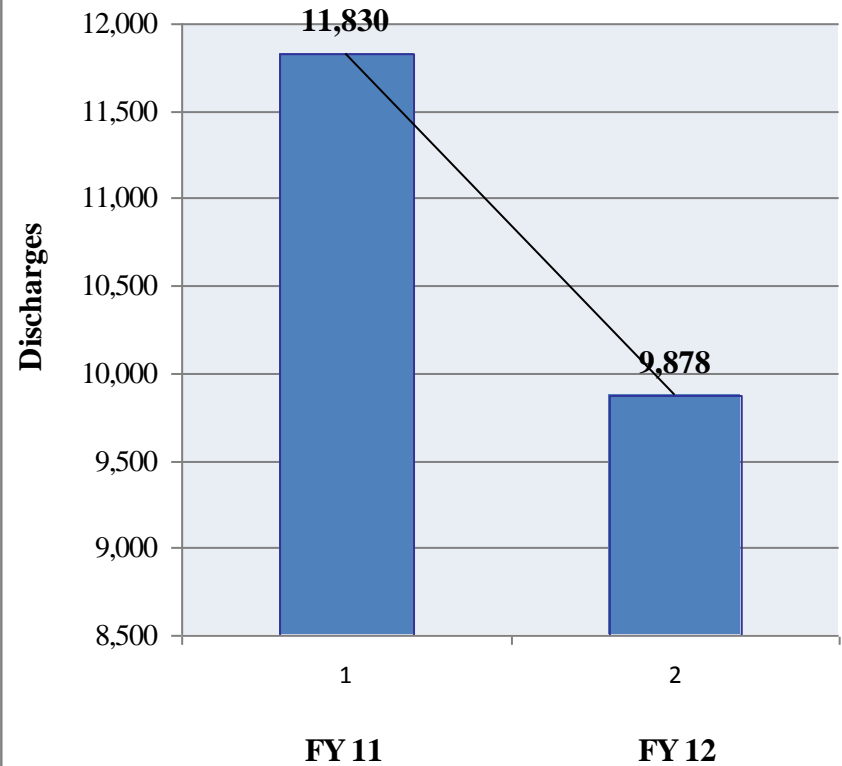
QHC has made significant improvement in Medicaid Application processing in the past Fiscal Year

- Although the number of submitted applications has decreased by 13% from March FYTD11 to March FYTD12, the % of Medicaid eligible decisions has increased from 82% to 88% during this period.
- During this same period, discharges declined by 19%; one of the reason for the decrease in admissions is the reduction in one day stays.
- Final Self-Pay decisions after 120 days has also been reduced from 12% to 10%, resulting in a relative increase of Medicaid Applications for the reduced discharges.

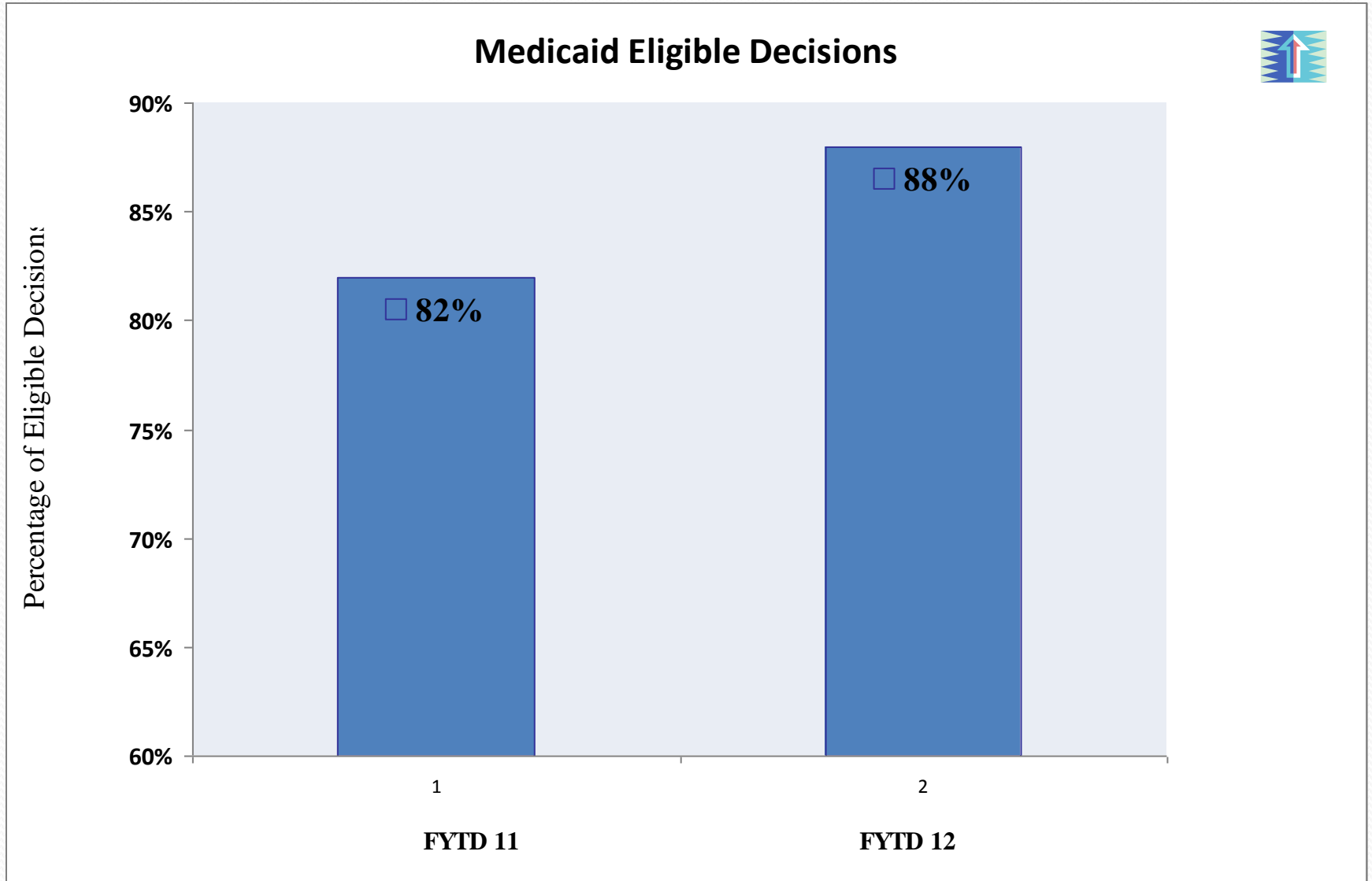
Inpatient Medicaid Applications



Discharges FYTD 11 - FYTD 12



Medicaid Eligible Decisions Comparison:



Rapid Improvement Event for Financial Front End Communication:

Original Practice before the Front End Communication RIE.

- Self-Pay cases were not being interviewed upon admission – 0% Baseline.
- Lack of timely communication between Outpatient ED staff, Admitting and Patient Accounts staff.
- Only HMO cases were being verified at the time of admission, notification to Insurance companies was being done by phone (time consuming).

New Processes after the Front End Communication RIE.

- Self-Pay cases are interviewed for Medicaid at the time of Admission in the Emergency Department.
- “Self-Pay” chat group was set up in GroupWise messenger as a communication mechanism between ED, Admitting and Patient Account staff.
- Standard process developed: Access to websites and forms were created to notify insurance companies either through fax or websites.

Financial Front End Communication Metrics:

- **Percentage of Self-Pay Patients Interviewed in the ED.
Implemented in December 2011.**

Base: 0% (before the RIE)

Target: 100%

30 Days after the RIE: 63%

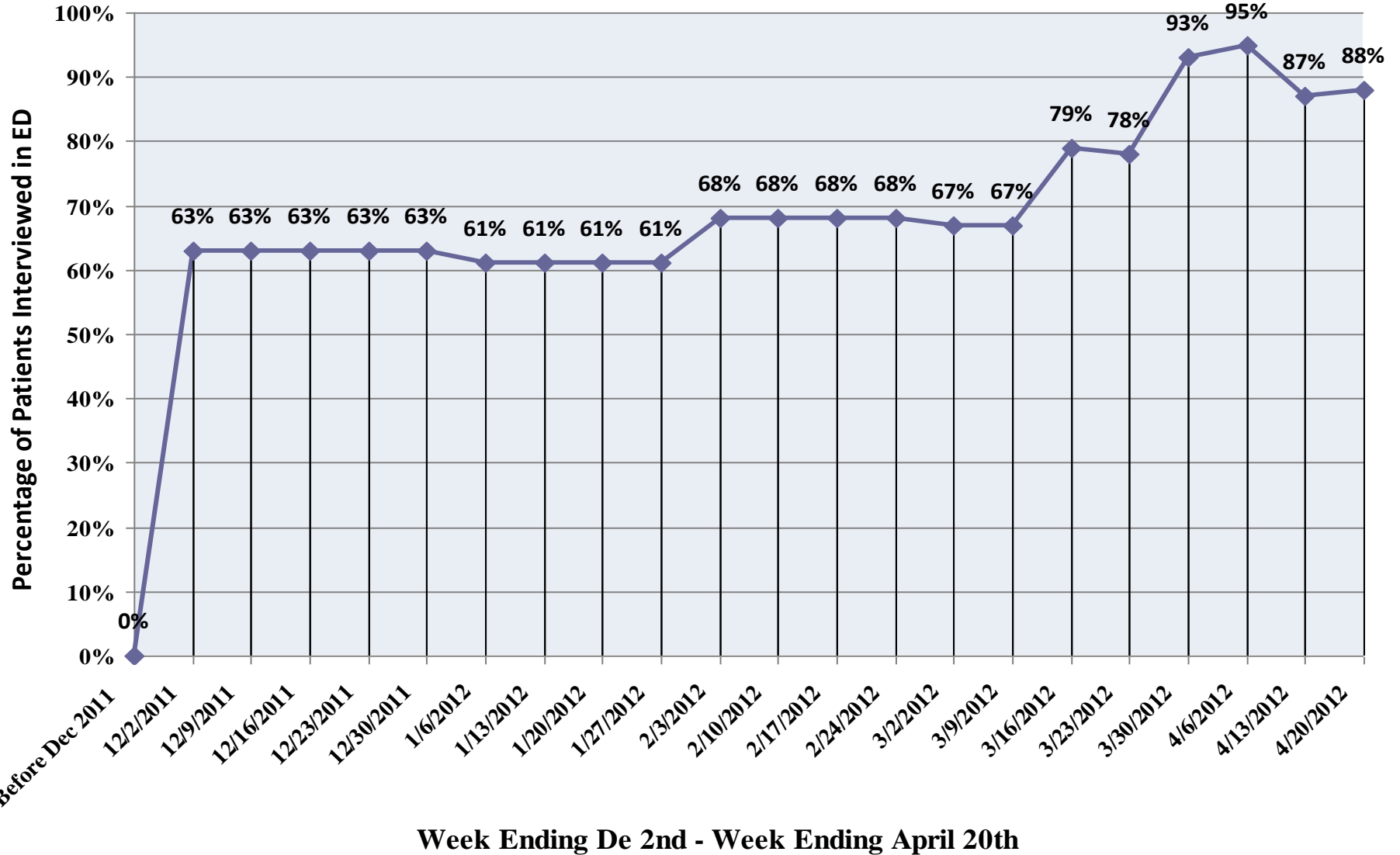
60 Days after the RIE: 61%

90 Days after the RIE: 68%

Additional Rapid Improvement Event in January 2012: No Hand Off Model as of 03/12/2012

- **No Hand Off Model was trialed in an RIE at EHC in January 2012.**
- **The HCIs maintain the original account from interview until Medicaid Application approval.**
- **The HCIs rotate schedule to cover Evenings until Midnight.**
- **No Hand Off Model RIE Metrics:**
 - # of Self-Pay cases interviewed in ED
 - **Week 1: 79%**
 - **Week 2: 78%**
 - **Week 3: 93%**
 - **Week 4: 95%**
 - **Week 5: 87%**
 - **Week 6: 88%**
 - Captured **25%** of Insured patients which were admitted as Self-Pay in Admitting and transferred straight to HMO unit in Patient Accounts in March 2012. **Eliminating handoffs, duplication and administrative denials.**

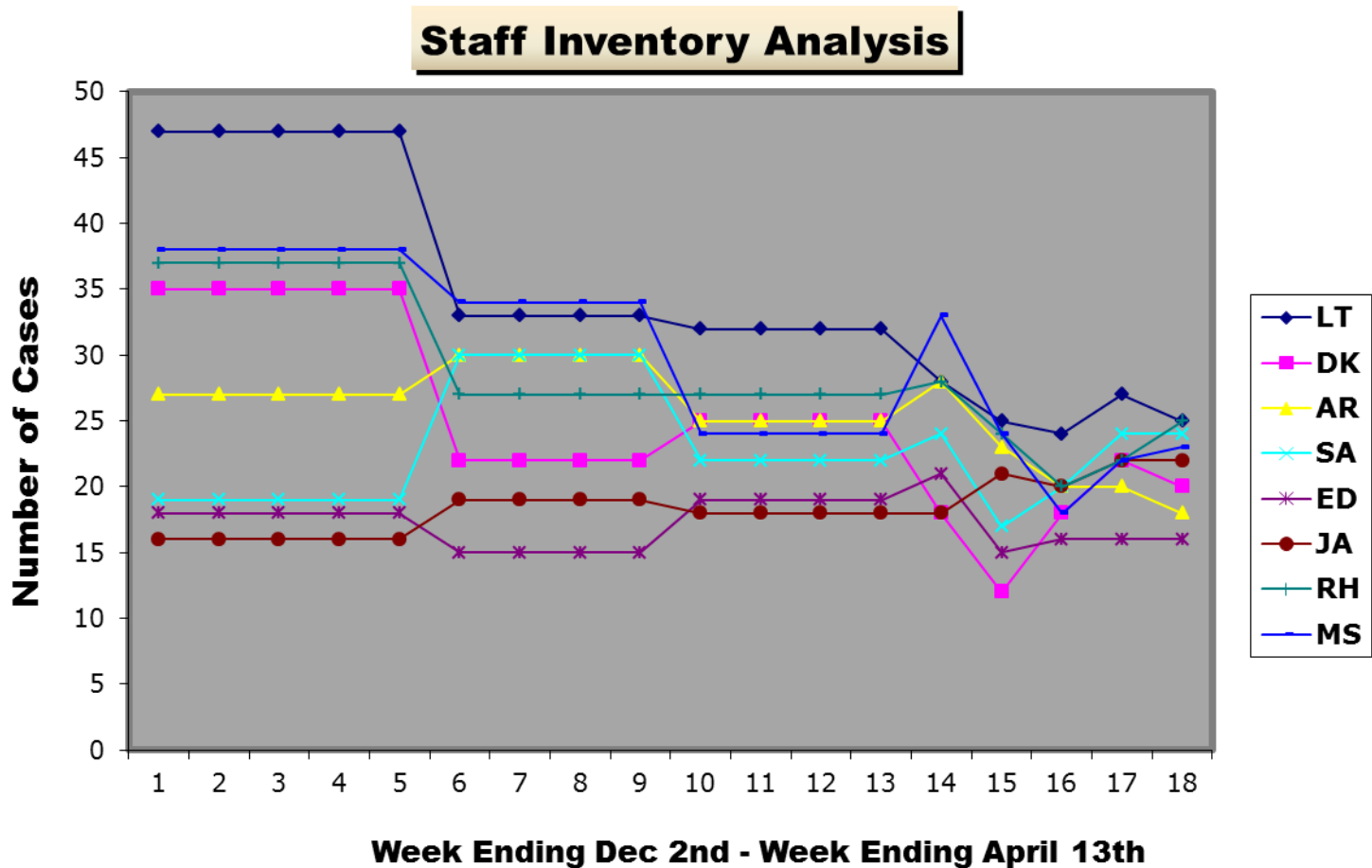
PATIENTS INTERVIEWED IN ED



Staff Inventory Analysis:

- Reducing inventory is one of the 8 wastes of Lean. This chart provides visual management to track HCIs processing work in progress.

Average Reduction in processing Inventory: *From: 29 cases to: 21 Weekly*





Thank You

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 INPATIENT DISCHARGES PAYOR MIX
 REPORT : JULY 2011 - MARCH 2012

FACILITY	MEDICARE	MEDICAID	MEDICARE MANAGED CARE	MEDICAID MANAGED CARE	COMMERCIAL MANAGED CARE	COMMERCIAL	OTHER	SELPAY	HHC OPTIONS	TOTAL	% OF DSCH INSURED TO TOTAL
BELLEVUE	2,522	6,732	1,590	5,808	772	1,451	2,066	2,281	407	23,629	90.35%
CONEY ISLAND	3,478	3,105	1,109	3,741	362	765	73	548	280	13,461	95.93%
ELMHURST	2,571	4,828	1,636	7,828	692	1,127	548	973	672	20,875	95.34%
HARLEM	1,096	2,863	829	2,977	214	567	115	487	180	9,328	94.78%
JACOBI	2,290	3,898	1,304	5,768	694	1,361	245	780	210	16,550	95.29%
KINGS COUNTY	2,072	6,843	1,703	6,305	878	1,441	75	1,047	301	20,665	94.93%
LINCOLN	1,798	4,316	2,020	7,529	446	964	268	339	362	18,042	98.12%
METROPOLITAN	1,098	3,626	972	3,942	278	343	125	429	166	10,979	96.09%
NORTH CENTRAL BRONX	742	1,697	403	3,059	228	268	108	249	96	6,850	96.36%
QUEENS	1,443	3,170	1,023	3,577	341	518	105	562	340	11,079	94.93%
WOODHULL	1,215	3,670	956	4,656	213	480	147	491	537	12,365	96.03%
CORPORATE TOTAL	20,325	44,748	13,545	55,190	5,118	9,285	3,875	8,186	3,551	163,823	95.00%

JULY 2010 - MARCH 2011

FACILITY	MEDICARE	MEDICAID	MEDICARE MANAGED CARE	MEDICAID MANAGED CARE	COMMERCIAL MANAGED CARE	COMMERCIAL	OTHER	SELPAY	HHC OPTIONS	TOTAL	% OF DSCH INSURED TO TOTAL
BELLEVUE	2,601	7,328	1,438	5,236	754	1,423	2,133	1,831	520	23,264	92.13%
CONEY ISLAND	3,948	3,200	1,183	3,739	367	822	25	715	299	14,298	95.00%
ELMHURST	2,616	4,555	1,589	8,303	653	1,232	553	1,320	539	21,360	93.82%
HARLEM	1,155	3,240	942	2,917	213	639	82	600	171	9,959	93.98%
JACOBI	2,123	4,330	1,354	5,694	691	1,285	189	699	230	16,595	95.79%
KINGS COUNTY	1,902	6,629	1,506	5,583	887	1,346	64	1,396	336	19,649	92.90%
LINCOLN	2,028	5,222	2,198	7,778	407	938	237	574	279	19,661	97.08%
METROPOLITAN	1,006	3,733	1,036	3,807	272	317	70	561	178	10,980	94.89%
NORTH CENTRAL BRONX	775	1,823	427	2,954	180	268	63	251	71	6,812	96.32%
QUEENS	1,630	3,866	1,067	4,010	436	604	81	627	970	13,291	95.28%
WOODHULL	1,368	4,205	1,019	4,787	328	416	107	1,136	265	13,631	91.67%
CORPORATE TOTAL	21,152	48,131	13,759	54,808	5,188	9,290	3,604	9,710	3,858	169,500	94.27%

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 OUTPATIENT ADULTS PATIENTS/VISITS PAYOR MIX
 (EXCLUDING EMERGENCY ROOM PATIENTS)
 REPORT : JULY 2011- MARCH 2012

FACILITY	MEDICAID		MEDICARE		MCAID MANAGED CARE		MCARE MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	3,465	31,960	4,702	36,504	14,876	99,107	3,157	25,756	7,860	35,066	2,036	6,637	21,705	85,247	4,469	15,316	62,270	335,593	93%	95%
CONEY ISLAND	1,876	14,071	3,347	26,478	6,914	55,341	1,064	9,277	3,253	12,560	216	1,198	9,982	42,864	4,322	15,345	30,974	177,134	86%	91%
ELMHURST	3,055	25,733	3,972	32,306	16,024	116,181	2,015	16,839	9,053	42,541	923	3,656	21,937	83,890	2,676	9,586	59,655	330,732	96%	97%
HARLEM	2,749	14,874	1,875	16,233	10,738	58,864	2,061	15,804	3,146	12,292	205	901	6,857	23,430	4,130	8,982	31,761	151,380	87%	94%
JACOBI	2,824	14,743	4,304	29,506	16,375	93,017	1,934	13,434	6,539	29,784	960	3,643	8,093	23,011	4,460	9,646	45,489	216,784	90%	96%
KINGS COUNTY	4,750	46,815	4,691	35,654	18,799	157,696	2,820	20,235	8,638	34,464	379	2,273	26,684	102,036	4,771	15,276	71,532	414,449	93%	96%
LINCOLN	4,040	23,920	3,533	24,700	19,069	108,728	4,430	33,428	7,704	37,285	732	2,964	11,980	34,751	6,874	15,413	58,362	281,189	88%	95%
METROPOLITAN	2,474	17,811	3,534	35,552	11,373	94,159	1,409	13,662	3,321	16,754	128	605	8,072	41,125	2,697	10,892	33,008	230,560	92%	95%
NCB	1,503	7,525	1,304	9,444	9,567	57,250	892	6,725	2,251	10,024	48	218	4,468	15,044	1,214	3,249	21,247	109,479	94%	97%
QUEENS	2,430	17,146	3,334	27,939	12,640	82,969	1,841	16,317	3,414	14,573	528	1,065	10,810	48,971	4,590	17,062	39,587	226,042	88%	92%
WOODHULL	2,996	19,942	2,987	22,188	14,899	95,534	2,898	25,377	3,479	13,912	5,090	13,433	17,214	65,248	3,066	8,368	52,629	264,002	94%	97%
SUBTOTAL	32,162	234,540	37,583	296,504	151,274	1,018,846	24,521	196,854	58,658	259,255	11,245	36,593	147,802	565,617	43,269	129,135	506,514	2,737,344	91%	95%
D&TC																				
BELVIS	294	1,223	347	1,640	3,390	16,807	515	2,756	464	1,657	7	17	1,811	6,369	808	2,206	7,636	32,675	89%	93%
CUMBERLAND	507	4,465	476	3,738	2,836	19,356	418	3,255	1,581	6,839	2,910	6,159	3,726	12,814	459	1,082	12,913	57,708	96%	98%
EAST NEW YORK	483	1,795	739	3,911	4,154	20,032	606	3,018	570	1,856	4	5	2,957	9,248	533	1,038	10,046	40,903	95%	97%
GOVERNEUR	1,182	8,937	2,850	27,526	8,728	66,368	1,656	20,299	2,071	10,785	206	1,860	11,743	47,999	2,069	7,221	30,505	190,995	93%	96%
MORRISANIA	371	1,193	522	1,849	5,048	18,146	658	2,589	1,075	3,522	3	5	2,876	8,052	373	762	10,926	36,118	97%	98%
RENAISSANCE	416	1,147	705	2,571	3,533	11,970	653	2,638	648	2,042	3	18	3,476	9,318	1,871	3,495	11,305	33,199	83%	89%
SUBTOTAL	3,253	18,760	5,639	41,235	27,689	152,679	4,506	34,555	6,409	26,701	3,133	8,064	26,589	93,800	6,113	15,804	83,331	391,598	93%	96%
TOTAL	35,415	253,300	43,222	337,739	178,963	1,171,525	29,027	231,409	65,067	285,956	14,378	44,657	174,391	659,417	49,382	144,939	589,845	3,128,942	92%	95%

JULY 2010- MARCH 2011

FACILITY	MEDICAID		MEDICARE		MCAID MANAGED CARE		MCARE MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	4,246	39,712	4,880	38,466	14,242	95,821	2,504	19,827	7,886	37,136	1,483	5,170	22,899	84,982	3,108	12,145	61,248	333,259	95%	96%
CONEY ISLAND	1,911	14,954	3,440	28,115	7,105	56,337	1,092	10,284	3,457	13,311	255	1,199	9,294	41,211	4,412	14,856	30,966	180,267	86%	92%
ELMHURST	3,838	40,045	4,196	35,037	16,084	109,748	1,736	15,125	9,911	45,861	825	2,860	20,171	78,511	2,402	9,365	59,163	336,552	96%	97%
HARLEM	3,269	18,809	2,014	17,191	10,613	60,363	1,994	15,711	3,110	12,753	197	959	7,751	25,432	4,997	11,389	33,945	162,607	85%	93%
JACOBI	3,666	19,689	4,132	26,589	16,260	93,917	1,981	13,777	5,924	26,068	873	3,231	6,850	20,994	5,107	11,803	44,793	216,068	89%	95%
KINGS COUNTY	5,050	57,185	4,935	37,818	18,107	149,552	2,022	15,368	8,260	32,912	291	1,253	26,484	100,812	4,295	20,966	69,444	415,866	94%	95%
LINCOLN	5,084	32,043	3,556	25,793	18,052	107,251	3,978	31,635	7,065	33,471	663	2,766	11,636	34,648	6,446	14,998	56,480	282,605	89%	95%
METROPOLITAN	3,180	24,947	3,614	34,744	11,473	91,074	1,370	13,001	3,312	16,220	102	653	7,718	41,018	2,638	8,187	33,407	229,844	92%	96%
NCB	1,723	9,615	1,172	8,441	9,844	58,049	923	6,918	1,990	8,231	35	126	4,170	13,977	1,600	4,556	21,457	109,913	93%	96%
QUEENS	2,981	22,128	3,488	26,542	12,327	78,253	1,650	13,823	3,522	14,316	551	1,221	10,162	43,319	4,733	16,688	39,414	216,290	88%	92%
WOODHULL	3,990	25,281	3,062	22,586	14,959	94,777	2,447	21,981	3,296	13,250	7,841	18,223	16,299	59,800	4,027	10,796	55,921	266,694	93%	96%
SUBTOTAL	38,938	304,408	38,489	301,322	149,066	995,142	21,697	177,450	57,733	253,529	13,116	37,661	143,434	544,704	43,765	135,749	506,238	2,749,965	91%	95%
D&TC																				
BELVIS	342	1,603	339	1,711	3,396	17,684	463	2,780	435	1,685	5	15	1,844	6,834	772	1,886	7,596	34,198	90%	94%
CUMBERLAND	595	7,386	463	3,520	2,645	18,585	384	3,566	1,725	8,262	5,066	10,386	3,426	12,072	782	1,753	15,086	65,530	95%	97%
EAST NEW YORK	703	2,612	809	4,477	4,225	19,085	502	2,192	634	2,293	4	6	3,207	9,474	563	995	10,647	41,134	95%	98%
GOVERNEUR	1,703	13,248	3,118	31,238	9,638	73,228	1,517	17,287	2,268	11,457	24	65	14,062	60,297	2,414	8,640	34,744	215,458	93%	96%
MORRISANIA	460	1,529	501	1,595	5,094	17,724	676	2,427	1,032	3,308	0	0	3,190	8,726	247	552	11,200	35,861	98%	98%
RENAISSANCE	597	1,789	662	2,461	3,717	12,916	784	3,569	625	1,838	4	9	3,835	9,744	2,129	3,760	12,353	36,086	83%	90%
SUBTOTAL	4,400	28,167	5,892	45,000	28,715	159,222	4,326	31,821	6,719	28,843	5,103	10,481	29,564	107,147	6,907	17,586	91,626	428,267	92%	96%
TOTAL	43,338	332,575	44,381	346,322	177,781	1,154,364	26,023	209,271	64,452	282,372	18,219	48,142	172,998	651,851	50,672	153,335	597,864	3,178,232	92%	95%

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 OUTPATIENT PEDIATRIC PATIENTS/VISITS PAYOR MIX
 (EXCLUDING EMERGENCY ROOM PATIENTS)
 REPORT : JULY 2011- MARCH 2012

FACILITY	CHP		MEDICAID		MCAID MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	865	3,335	1,054	5,784	11,480	46,944	887	3,253	55	107	936	2,507	837	2,092	16,114	64,022	95%	97%
CONEY ISLAND	519	1,761	672	2,143	5,743	22,000	667	2,031	9	29	553	1,041	788	2,057	8,951	31,062	91%	93%
ELMHURST	1,988	6,135	781	2,386	17,449	59,181	809	2,585	77	233	1,443	3,168	629	1,341	23,176	75,029	97%	98%
HARLEM	498	1,320	840	2,820	7,277	22,272	877	2,517	24	64	296	570	510	816	10,322	30,379	95%	97%
JACOBI	1,647	4,963	1,054	3,421	14,478	44,682	2,151	5,474	87	351	522	792	897	1,465	20,836	61,148	96%	98%
KINGS COUNTY	1,545	4,436	1,563	5,021	12,516	39,585	2,062	5,999	48	159	2,483	5,045	806	1,435	21,023	61,680	96%	98%
LINCOLN	957	3,109	1,140	3,372	12,886	42,598	1,278	3,934	200	530	470	828	1,071	1,811	18,002	56,182	94%	97%
METROPOLITAN	727	2,296	647	2,089	9,617	33,334	536	1,593	1	10	223	482	281	504	12,032	40,308	98%	99%
NCB	965	2,546	477	1,091	8,822	25,713	699	1,818	3	5	270	484	335	582	11,571	32,239	97%	98%
QUEENS	1,365	3,730	832	2,523	9,881	29,477	1,238	3,696	5	16	796	2,181	672	1,300	14,789	42,923	95%	97%
WOODHULL	942	2,843	944	3,930	11,630	38,791	826	2,639	113	248	1,587	3,721	384	782	16,426	52,954	98%	99%
SUBTOTAL	12,018	36,474	10,004	34,580	121,779	404,577	12,030	35,539	622	1,752	9,579	20,819	7,210	14,185	173,242	547,926	96%	97%
D&TC																		
BELVIS	345	942	232	600	4,564	15,103	229	521	7	25	147	291	319	662	5,843	18,144	95%	96%
CUMBERLAND	470	1,158	456	948	5,459	14,543	499	1,027	52	85	738	1,350	183	375	7,857	19,486	98%	98%
EAST NEW YORK	599	1,562	481	1,402	5,858	18,018	597	1,668	4	5	1,124	2,220	150	311	8,813	25,186	98%	99%
GOVERNEUR	541	1,745	282	1,035	5,431	20,681	508	1,614	1	1	250	586	224	580	7,237	26,242	97%	98%
MORRISANIA	375	1,074	335	1,072	6,317	20,672	299	831	0	0	786	1,697	218	504	8,330	25,850	97%	98%
RENAISSANCE	430	1,070	409	924	4,542	11,461	719	1,597	5	15	1,010	1,617	330	534	7,445	17,218	96%	97%
SUBTOTAL	2,760	7,551	2,195	5,981	32,171	100,478	2,851	7,258	69	131	4,055	7,761	1,424	2,966	45,525	132,126	97%	98%
TOTAL	14,778	44,025	12,199	40,561	153,950	505,055	14,881	42,797	691	1,883	13,634	28,580	8,634	17,151	218,767	680,052	96%	97%

JULY 2010 - MARCH 2011

FACILITY	CHP		MEDICAID		MCAID MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	979	3,781	1,299	6,929	11,169	45,539	943	3,131	64	207	1,060	2,498	918	2,204	16,432	64,289	94%	97%
CONEY ISLAND	589	1,977	724	2,503	5,993	23,851	688	1,892	8	29	622	1,194	903	2,250	9,527	33,696	91%	93%
ELMHURST	2,437	6,861	1,013	3,300	18,244	61,508	734	2,406	59	198	1,834	3,863	792	1,629	25,113	79,765	97%	98%
HARLEM	576	1,599	943	3,205	7,142	21,050	815	2,337	18	62	496	897	691	1,135	10,681	30,285	94%	96%
JACOBI	2,190	6,041	1,417	4,773	14,002	45,148	1,840	4,785	72	313	275	552	945	1,746	20,741	63,358	95%	97%
KINGS COUNTY	1,766	5,263	1,675	5,664	11,875	38,456	1,944	5,934	46	182	2,821	5,835	854	1,911	20,981	63,245	96%	97%
LINCOLN	994	2,992	1,393	4,616	12,420	42,154	912	2,435	246	598	603	1,148	1,056	2,003	17,624	55,946	94%	96%
METROPOLITAN	870	2,618	724	2,565	9,909	34,877	541	1,647	4	13	291	686	355	744	12,694	43,150	97%	98%
NCB	1,128	2,779	601	1,536	8,930	26,082	650	1,571	4	9	298	565	487	935	12,098	33,477	96%	97%
QUEENS	1,554	4,175	1,012	2,981	10,070	30,500	1,324	3,878	7	21	782	2,121	862	1,733	15,611	45,409	94%	96%
WOODHULL	991	3,056	1,212	4,608	11,704	38,203	808	2,297	139	318	1,601	3,722	447	899	16,902	53,103	97%	98%
SUBTOTAL	14,074	41,142	12,013	42,680	121,458	407,368	11,199	32,313	667	1,950	10,683	23,081	8,310	17,189	178,404	565,723	95%	97%
D&TC																		
BELVIS	417	1,232	283	781	4,659	16,171	259	718	0	0	99	237	284	588	6,001	19,727	95%	97%
CUMBERLAND	571	1,474	540	1,492	5,621	16,161	510	1,355	99	141	929	1,794	197	432	8,467	22,849	98%	98%
EAST NEW YORK	692	1,976	638	1,858	5,791	17,925	643	1,850	2	6	1,140	2,282	190	358	9,096	26,255	98%	99%
GOVERNEUR	655	2,325	397	1,733	5,848	24,625	535	1,862	4	4	261	595	330	832	8,030	31,976	96%	97%
MORRISANIA	362	1,044	453	1,231	6,324	20,158	314	788	0	0	966	2,087	209	443	8,628	25,751	98%	98%
RENAISSANCE	559	1,467	568	1,398	4,983	13,613	748	1,720	16	44	1,173	2,033	383	640	8,430	20,915	95%	97%
SUBTOTAL	3,256	9,518	2,879	8,493	33,226	108,653	3,009	8,293	121	195	4,568	9,028	1,593	3,293	48,652	147,473	97%	98%
TOTAL	17,330	50,660	14,892	51,173	154,684	516,021	14,208	40,606	788	2,145	15,251	32,109	9,903	20,482	227,056	713,196	96%	97%

New York City Health and Hospitals Corporation
Monthly Medicaid Inpatient Processing Report
FY'2012-2011

FACILITY	Fiscal Year To Date As of March 2012					
	Medicaid Applications Submitted	Medicaid Eligible Decisions*	Ineligible Decisions	Add'l Info Requested	PCAP Applications Submitted	Perinatal Care Assistance Program (PCAP) Eligible
BELLEVUE	3,982	3,164	463	320	520	469
CONEY ISLAND	1,996	1,759	92	79	522	511
ELMHURST	3,641	3,614	88	50	2,074	1,976
HARLEM	1,141	993	47	72	345	370
JACOBI	2,347	2,006	284	53	741	714
KINGS	3,606	3,360	132	115	1,379	1,276
LINCOLN	2,270	2,104	75	128	996	936
METROPOLITAN	1,613	1,341	87	75	751	737
NCB	1,036	1,006	48	38	767	731
QUEENS	1,941	1,772	104	98	814	826
WOODHULL	1,810	1,651	64	82	882	843
TOTAL	25,383	22,770	1,484	1,110	9,791	9,389

FACILITY	Fiscal Year To Date As of March 2011					
	Medicaid Applications Submitted	Medicaid Eligible Decisions*	Ineligible Decisions	Add'l Info Requested	PCAP Applications Submitted	Perinatal Care Assistance Program (PCAP) Eligible
BELLEVUE	4,390	3,741	285	317	744	593
CONEY ISLAND	1,976	1,563	131	192	618	575
ELMHURST	3,566	3,073	87	68	2,283	2,138
HARLEM	1,246	1,056	71	130	449	426
JACOBI	2,220	1,839	145	166	1,000	902
KINGS	3,277	2,900	191	218	1,563	1,371
LINCOLN	2,548	2,411	42	106	991	925
METROPOLITAN	1,857	1,496	181	144	745	685
NCB	1,023	897	49	39	729	749
QUEENS	2,235	1,940	70	171	1,053	989
WOODHULL	1,905	1,722	70	93	869	845
TOTAL	26,243	22,638	1,322	1,644	11,044	10,198

* The number of eligible decisions does not directly relate to the number of applications submitted.



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Review of Personal Services Key Indicators (3rd Quarter FY 2012)

PS Disbursements – Actual vs. Budget

Network/Facility	Actual PS thru March 2012 (\$ in 000's)	Budgeted PS thru March 2012 (\$ in 000's)	Budget Variance thru March 2012 (\$ in 000's)
North Bronx			
Jacobi	170,391	170,434	43
NCB	55,708	55,308	(400)
Subtotal	226,099	225,742	(357)
Generations +			
Harlem	105,661	104,013	(1,648)
Lincoln	144,553	141,365	(3,188)
Morrisania	9,575	9,297	(278)
Renaissance	7,219	7,246	27
S.R. Belvis	6,050	5,674	(376)
Subtotal	273,058	267,595	(5,463)
South Manhattan			
Bellevue	219,835	219,571	(264)
Metropolitan	98,739	98,167	(572)
Coler	47,533	45,241	(2,292)
Goldwater	61,724	59,417	(2,307)
Gouverneur	33,834	33,898	64
Subtotal	461,665	456,294	(5,371)
North Brooklyn			
Woodhull	119,136	121,891	2,755
Cumberland	11,040	11,035	(5)
Subtotal	130,176	132,926	2,750
Central Brooklyn			
Kings County	275,964	274,097	(1,867)
McKinney	16,369	16,628	259
ENY	10,275	10,317	42
Subtotal	302,608	301,042	(1,566)
S Brooklyn / Staten Is.			
Coney Island	117,636	115,789	(1,847)
Seaview	21,015	20,426	(589)
Subtotal	138,651	136,215	(2,436)
Queens			
Elmhurst	159,447	162,881	3,434
Queens	97,316	95,794	(1,521)
Subtotal	256,763	258,675	1,913
Facilities Total	1,789,020	1,778,489	(10,531)
Central Office	44,945	45,588	643
Certified Home Health	10,024	10,107	83
Enterprise IT	30,645	34,158	3,513
Grand Total	1,874,633	1,868,343	(6,290)

FTE Variance 06/18/11 - 1/14/12

Network/Facility	FTEs as of 6/18/11	FTEs as of 3/24/12	Increase (Decrease) in FTEs thru 3/24/12
North Bronx			
Jacobi	3,419.0	3,327.0	(92.0)
NCB	1,111.5	1,104.0	(7.5)
Subtotal	4,530.5	4,431.0	(99.5)
Generations +			
Harlem	2,193.5	2,156.0	(37.5)
Lincoln	2,800.0	2,804.0	4.0
Morrisania	188.0	188.0	-
Renaissance	147.0	151.0	4.0
S.R. Belvis	107.5	104.5	(3.0)
Subtotal	5,436.0	5,403.5	(32.5)
South Manhattan			
Bellevue	4,348.5	4,303.5	(45.0)
Metropolitan	2,068.0	2,018.0	(50.0)
Coler	1,060.0	1,033.0	(27.0)
Goldwater	1,257.5	1,217.5	(40.0)
Gouverneur	639.5	621.0	(18.5)
Subtotal	9,373.5	9,193.0	(180.5)
North Brooklyn			
Woodhull	2,432.5	2,328.0	(104.5)
Cumberland	245.5	238.0	(7.5)
Subtotal	2,678.0	2,566.0	(112.0)
Central Brooklyn			
Kings County	4,930.5	4,819.0	(111.5)
McKinney	360.5	344.5	(16.0)
ENY	199.5	196.5	(3.0)
Subtotal	5,490.5	5,360.0	(130.5)
S Brooklyn / Staten Is.			
Coney Island	2,380.5	2,409.0	28.5
Seaview	381.5	365.5	(16.0)
Subtotal	2,762.0	2,774.5	12.5
Queens			
Elmhurst	3,270.0	3,232.5	(37.5)
Queens	1,891.5	1,888.5	(3.0)
Subtotal	5,161.5	5,121.0	(40.5)
Facilities Total	35,432.0	34,849.0	(583.0)
Central Office	853.0	601.0	(252.0)
Certified Home Health	161.0	168.0	7.0
Enterprise IT	-	542.0	542.0
Grand Total	36,446.0	36,160.0	(286.0)

Note: RESIDENT HEADCOUNT FOR FISCAL YEAR END 2011 UTILIZES JUNE 18, 2011.

Corporate-wide FTE Variance by Category

Staffing Change June 2011 vs. March 2012	FTEs
Environmental/Hotel	(191.5)
Aides/Ord	(113.0)
Clerical	(85.0)
Nurses*	(27.0)
Physicians	(10.5)
Tech/Spec	74.5
Managers	64.5
Residents	2.0
Total	(286.0)
<i>*Nurses include LPNs RNs & Nurse Practitioners</i>	

FY 2012 Overtime Actual vs. Budget

Network/Facility	Actual OT thru March 2012	OT Budget thru March 2012	Variance
North Bronx			
Jacobi	12,137,206	11,219,168	918,038
NCB	4,538,205	4,315,064	223,141
Subtotal	\$16,675,411	15,534,232	\$1,141,179
Generations +			
Harlem	6,313,730	6,104,103	209,627
Lincoln	9,875,305	9,280,129	595,176
Morrisania	162,906	76,301	86,605
Renaissance	123,513	76,301	47,212
S.R. Belvis	50,296	64,856	(14,560)
Subtotal	\$16,525,750	\$15,601,690	\$924,060
South Manhattan			
Bellevue	11,267,010	11,445,193	(178,183)
Metropolitan	3,865,052	3,815,064	49,988
Coler	4,754,004	3,815,064	938,940
Goldwater	6,820,979	4,959,584	1,861,395
Gouverneur	150,292	190,753	(40,461)
Subtotal	\$26,857,337	\$24,225,658	\$2,631,679
North Brooklyn			
Woodhull	5,419,346	6,485,610	(1,066,264)
Cumberland	425,391	305,205	120,186
Subtotal	\$5,844,737	\$6,790,815	(\$946,078)
Central Brooklyn			
Kings County	14,219,155	13,352,726	866,429
McKinney	1,466,388	1,411,574	54,814
ENY	133,892	114,452	19,440
Subtotal	\$15,819,435	\$14,878,752	\$940,683
S Brooklyn / Staten Is.			
Coney Island	2,471,710	2,289,039	182,671
Seaview	614,831	534,109	80,722
Subtotal	\$3,086,541	\$2,823,148	\$263,393
Queens			
Elmhurst	8,293,039	8,393,142	(100,103)
Queens	4,875,377	5,341,090	(465,713)
Subtotal	\$13,168,416	\$13,734,232	(\$565,816)
Facilities Total	\$97,977,627	\$93,588,527	\$4,389,100
Central Office	522,175	534,109	(\$11,934)
Certified Home Health	\$99,809	\$76,301	\$23,508
Enterprise IT	\$537,277	\$798,111	260,834
Grand Total	\$99,136,888	\$94,997,048	\$4,139,840

Nurse Registry FY 2012 vs. FY 2011

Network/Facility	Nurse Registry thru March 2011	Nurse Registry thru March 2012	Variance
North Bronx			
Jacobi	\$4,093,209	\$4,780,301	687,092
NCB	\$273,715	\$936,344	662,629
Subtotal	\$4,366,924	\$5,716,645	\$1,349,721
Generations +			
Harlem	\$6,628,700	\$6,626,171	(2,529)
Lincoln	\$10,763,672	\$12,024,873	1,261,201
Morrisania	\$132,697	\$100,023	(32,674)
Renaissance	\$31,611	\$0	(31,611)
S.R. Belvis	\$0	\$20,211	20,211
Subtotal	\$17,556,680	\$18,771,278	\$1,214,598
South Manhattan			
Bellevue	\$5,818,895	\$5,796,734	(22,161)
Metropolitan	\$2,163,390	\$3,280,984	1,117,594
Coler	\$78,184	\$155,904	77,720
Goldwater	\$432,811	\$699,384	266,573
Gouverneur	\$428,354	\$281,811	(146,543)
Subtotal	\$8,921,634	\$10,214,817	\$1,293,183
North Brooklyn			
Woodhull	\$4,937,656	\$2,259,944	(2,677,712)
Cumberland	\$0	\$0	-
Subtotal	\$4,937,656	\$2,259,944	(\$2,677,712)
Central Brooklyn			
Kings County	\$3,528,127	\$5,173,332	1,645,205
McKinney	\$776,850	\$1,782,899	1,006,049
ENY	\$37,467	\$51,748	14,281
Subtotal	\$4,342,444	\$7,007,979	\$2,665,535
S Brooklyn / Staten Is.			
Coney Island	\$0	\$0	-
Seaview	\$0	\$0	-
Subtotal	\$0	\$0	\$0
Queens			
Elmhurst	\$2,027,057	\$3,079,322	1,052,265
Queens	\$7,906,806	\$7,445,975	(460,831)
Subtotal	\$9,933,863	\$10,525,297	\$591,434
Facilities Total	\$50,059,201	\$54,495,960	\$4,436,759
Certified Home Health	\$2,359,308	\$2,956,368	\$597,060
Grand Total	\$52,418,509	\$57,452,328	\$5,033,819

Allowances FY 2012 vs. FY 2011

Network/Facility	Allowances thru March 2011	Allowances thru March 2012	Variance
North Bronx			
Jacobi	\$634,849	\$567,524	(67,325)
NCB	\$272,485	\$206,328	(66,157)
Subtotal	\$907,334	\$773,852	(\$133,482)
Generations +			
Harlem	\$3,730,587	\$3,088,863	(641,724)
Lincoln	\$6,056,281	\$5,886,263	(170,018)
Morrisania	\$261,897	\$220,757	(41,140)
Renaissance	\$251,235	\$188,885	(62,350)
S.R. Belvis	\$169,531	\$161,879	(7,652)
Subtotal	\$10,469,531	\$9,546,647	(\$922,884)
South Manhattan			
Bellevue	\$4,216,945	\$4,031,807	(185,138)
Metropolitan	\$3,691,107	\$3,511,183	(179,924)
Coler	\$1,384,101	\$1,572,089	187,988
Goldwater	\$1,873,692	\$2,059,075	185,383
Gouverneur	\$2,899,030	\$3,072,331	173,301
Subtotal	\$14,064,875	\$14,246,485	\$181,610
North Brooklyn			
Woodhull	\$2,794,089	\$2,233,984	(560,105)
Cumberland	\$166,474	\$137,424	(29,050)
Subtotal	\$2,960,563	\$2,371,408	(\$589,155)
Central Brooklyn			
Kings County	\$9,968,036	\$9,778,813	(189,223)
McKinney	\$1,076,065	\$944,674	(131,391)
ENY	\$150,879	\$153,669	2,790
Subtotal	\$11,194,980	\$10,877,156	(\$317,824)
S Brooklyn / Staten Is.			
Coney Island	\$6,617,867	\$6,366,608	(251,259)
Seaview	\$4,257,847	\$4,605,126	347,279
Subtotal	\$10,875,714	\$10,971,734	\$96,020
Queens			
Elmhurst	\$1,035,891	\$1,027,873	(8,018)
Queens	\$1,838,705	\$2,254,583	415,878
Subtotal	\$2,874,596	\$3,282,456	\$407,860
Facilities Total	\$53,347,593	\$52,069,738	(\$1,277,855)
Central Office	\$547,568	\$564,831	\$17,263
Certified Home Health	\$1,527,748	\$1,355,164	(\$172,584)
Enterprise IT	\$0	\$222,067	\$222,067
Grand Total	\$55,422,909	\$54,211,800	(\$1,211,109)