

AGENDA

FINANCE COMMITTEE

MEETING DATE: MAY 12, 2016
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE APRIL 12, 2016 MINUTES

SENIOR VICE PRESIDENT'S REPORTS

P.V. ANANTHARAM

- H+H FY 2017 FINANCIAL PLAN
- CASH FLOW

P.V. ANANTHARAM
JULIAN JOHN

KEY INDICATORS

KRISTA OLSON

CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: APRIL 12, 2016

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on April 12, 2016 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Antonio D. Martin, (representing Dr. Raju, President in a voting capacity)
Lilliam Barrios-Paoli
Josephine Bolus, RN
Mark Page

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of the State Comptroller
M. Dolan, Senior Assistant Director, DC 37
E. Eng, Analyst, NYC Council
L. Garvey, Account Executive, Cerner Corporation
M. Hecht, Analyst, NYC Comptroller's Office
E. Kelly, Analyst, IBO
J. Wessler

HHC STAFF

P. Albertson, Senior Assistant Vice President, Corporate Operations
M. Allen, Deputy Chief Medical Officer, Medical & Professional Affairs
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
M. Beverley, Assistant Vice President, Corporate Finance
M. Brito, CFO, Coler/Hank Carter Specialty Hospital & Skilled Nursing Facility
T. Carlisle, Associate Executive Director, Corporate Planning Services

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D. Chokshi, Assistant Vice President, Medical & Professional Affairs
D. Collington, Associate Executive Director, Coney Island Hospital
C. Contreras, Acting COO, North Central Bronx Hospital
E. Cosme, CFO, Gouverneur Specialty Care Facility
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, CFO, MetroPlus Health Plan, Inc.
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
M. Dibacco, Assistant Vice President, Intergovernmental Relations
R. Fischer, Associate Executive Director, Bellevue Hospital Center
V. Fleming, Associate Director, Medical & Professional Affairs
L. Free, Assistant Vice President, Finance Managed Care
K. Garramone, CFO, North Bronx Health Care Network
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
M. Hartman, Deputy Counsel, Office of Legal Affairs
C. Hercules, Chief of Staff, Chairperson's Office
J. Jurenko, Vice President, Intergovernmental Relations/Corporate Planning
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
F. Long, Acting Executive Director, Coler/Henry J. Carter
R. Malone, Deputy CFO, Queens Hospital
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Marengo, Senior Vice President, Corporate Communications/Marketing
R. Mark, Chief of Staff, Office of the President
M. McClusky, Senior Assistant Vice President, Long Term Services
I. Michaels, Director, Corporate Communication/Media
A. Mirdita, CFO, PAGNY
D. Moskos, Director, Office of Facilities Development (OFD)
K. Park, Associate Executive Director, Elmhurst Hospital Center
M. Pode, Acting CEO, North Central Bronx Hospital
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
C. Samms, CFO, Generations Plus/Northern Manhattan Network
A. Saul, CFO, Central Brooklyn Health Care Network
S. VanOrden, Assistant Vice President, Finance Systems
Y. Villanueva, Senior Assistant Vice President, Human Resources
J. Weinman, CFO, South Manhattan Network
R. Wilson, Senior Vice President, Chief Medical Officer
O. Worthy, CFO, Gotham Health

Minutes of the April 12, 2016 Finance Committee Meeting

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the March 8, 2016, meeting were approved as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. Anantharam reported that Health + Hospital's cash condition continues to deplete even with a large influx of cash received in December 2015 that is steadily winding down from the \$500 million cash on hand in January 2016 to approximately \$300 million in February 2016 and slightly below that amount this month. There were some positive outcomes for H+H that occurred earlier this week that will improve the cash flow. Mr. John will further update the Committee on the cash status. As previously reported there have not been any major change in utilization over the past eight months. Consequently, the detailed reporting has been changed from monthly to quarterly. The report is included in the packet. The report was concluded.

Cash Flow

Mr. John stated that H+H ended the month of March 2016 with a cash balance of approximately \$243 million or 15 days of cash on hand. There were no DSH or UPL funds received in March 2016; however, it is anticipated that \$63 million in OP UPL funds will be forthcoming at the end of April 2016. Additionally, \$204 million is also expected in DSH preservation funding from OMB around April 15th.

Supplemental Medicaid Update

Ms. Dehart reported that there were no major changes in the previous month's reporting of the DSH and UPL status. H+H continues to push the State and Federal on a major payment that is due to H+H in the coming months. As reflected in the numbers Julian just provided, the timing of projected UPL receipts was adjusted to be more conservative. The receipt of those payments continues to depend on CMS approval of the final UPL methodologies and review of DOH submissions. At this time CMS staff capacity to simultaneously review the multiple UPLs in process appears to be more limited than previously understood. As previously reported, the DSH projections in our cash flow for the end of this fiscal year were at substantial risk. Since last month, DOH informed H+H that they were not projecting any additional DSH payments to H+H before July 2016; however, a commitment was made to try to find a way to accelerate payments into this fiscal year. Based on that commitment, a \$156 million DSH payment is projected for receipt in June 2016, down from \$265 million. The reporting was concluded.

Mr. Anantharam stated that given the release of the NY State budget and the impact to H+H, the Intergovernmental team would update the Committee on that process.

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NY STATE BUDGET OVERVIEW

JOHN JURENKO/MICHELLE DIBACCO

Mr. Jurenko stated that the overview would covers some of the major actions covered in the State budget and actions taken by H+H with its community health advocates and labor union partners as part of the process that began back in the fall of 2015. These discussions with the legislators during that time were about H+H budget status and the need for additional funding; the need for a change in the DSH pool funding methodology and the distribution; and the looming federal cuts that will come down next year. Those meetings were with legislators across all five boroughs from the fall to winter. There were some very positive meetings; however not all of H+H's expectations were realized. Ms. Dibacco would update the Committee on some of the details of those issues. One of the major requests from H+H was for the State to change the indigent care adjustment pool methodology to align with the larger indigent care pool. A second part of that request related to the exclusion that was included in last year's budget that prohibited public hospitals that are run by a public benefit corporation from receiving vital access provider funds (VAP) which excluded public hospitals given that by including the publics all of the room would have been taken up in the pool. Additionally, another request was for value-based purchasing (VBP) or volume program funds. Ms. Dibacco was successful in getting the Senate Assembly to be supportive of H+H request of this action. While the Senate was supportive it was not included due to the Senators political conference. Although it was kept in by the Legislature it was dropped by the Executive. H+H provisions were contained in a side letter between the SDOH and the Legislature on issues that require follow-up on post budget. While the funding was not forthcoming, there is commitment and support from the Legislative and some of the representatives from H+H community health advocates and unions have also rallied in support of H+H on this matter. Mr. Jurenko extended thanks to those groups for their support and H+H will continue its effort in addressing this request in the months ahead. Particularly at risk for H+H is approximately \$300 million if the formula distribution remains unchanged. On the federal side, there is also a campaign in Washington on getting those cuts pushed back and last year there were some cuts pushed back by Congress. There are ongoing efforts by H+H and its advocates to continue to press this issue with the delegates. After the Presidential election there will be a need for H+H to retool its lobbying campaign for Washington accordingly relative to the big issues that affect H+H and the City.

Ms. Dibacco stated that part of the big issue was the Governor's proposal to increase the minimum wage to \$15 hourly and to eliminate the cap on local growth in Medicaid expense for the City of New York that would have been \$190 million in the first year of State fiscal year (SFY). For the minimum wage the majority of funding that will be allocated will be for homecare providers. There was not enough funding to support the healthcare field with the minimum wage for NY. The cap for local admin was rejected in the final budget that made an issue with the global cap that requires that a funding mechanism to fill that cap. To address that new legislation, an initiative was enacted called the statewide Medicaid Integrity and Efficiency Initiative, a budget mechanism that allows the State to find cost savings and avoidance for the Medicaid fraud and integrity in a way to make up for cost sharing for NYC. Some of the other global cap issues included that there was an increase in the cap by 3.4%. There were two new provisions that the SDOH would need to review, one the minimum wage and deciding how that impacts the cap and new reporting as well. Other issues, the push between the healthcare industry and the insurance industry for Health Republic. The healthcare industry wanted a guarantee fund or Health Republic insurance fund with the details to be forthcoming by the new

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legislation. Uncompensated care fund for the D&TCs the State share of \$54.4 million is included for the SFY. There is a minor issue with the Federal waiver to drawdown the federal share. There was no contingency language in the budget for the 2015-2016 federal share; however, with the commitment letter, the SDOH will work to get the Federal waiver back. While the State funding is available, the federal portion is outstanding.

Mr. Jurenko stated that in terms of Gotham working with the Community Healthcare Association of NY, (CHANYS) for FQHC statewide there was an oversight by the State whereby the deadline was missed for putting in a waiver for the federal dollars; however, the State has agreed to cover the costs. The FQHC will need to be aggressive in holding the State accountable for that action.

Ms. Dibacco stated that there is also new capital funding that was a push for H+H and other healthcare associations that there is not enough capital funding of which there is \$200 million in new funding; \$30 million has been earmarked for (CB), and \$5 million for mammography. The language allows for bondable and non-bondable projects which was different in priority to projects not previously funded by the capital plan. Access med mal, the Governor had proposed to change the coverage eligibility and decrease the funding by \$25 million but was rejected. The program was extended for one year at the same funding level as last year. Medicare highlights, the Governor had proposed to carve out transportation for managed long term care plans and the adult day health centers which was rejected by the Legislature. There was some new language regarding the managed care reimbursement rates. One is to extend the requirement for reimbursement rates for the outpatient behavioral health to ensure that it is equivalent to fee-for-service for the next two years. Another new provision was to include language that ensured that payments for managed LTC plans would be accurately sound and complied with regulations. There were two issue for Correctional Health. The Governor had proposed to allow local jails to restore mental health competencies for individuals awaiting trial at local correctional facilities. This was rejected by both houses. The Assembly had included new Legislation that H+H supported which was Medicaid for inmates that would provide Medicaid prior to release. Those were some of the main highlights.

Mr. Rosen asked when would the Legislature sessions end and whether before that date if it was possible for some bills to pass that could impact H+H in and adverse or positive way. Ms. Dibacco stated that it is June 16, 2016 and yes it is possible for there to be some bills that are passed during that period that could benefit H+H.

Mr. Jurenko stated that there is a bill that Assemblyman Goffried and Senator Hannon put in that would redistribute DSH hospital funds based on actual provision of services. There is a possibility that there might be some movement on that bill this year. There are hundreds of bills that are tracked that range from staffing ratios; medical malpractice bills; Staten Island specific bills for funding emergency departments on Staten Island; labor issues, pensions, etc. Mr. Jurenko stated that he reviews the agendas weekly in conjunction with Ms. Dibacco. The first two weeks in June are usually very busy, in that a number of bills will move through both houses of the Legislature. Staying on top and tracking all of those issues is a major undertaking. In summary H+H would like to have its issues in statutory language but that was not accomplished but will continue to be addressed with the Legislature and Mr. Anantharam and the finance staff to get those issues addressed this year.

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Ms. Bolus asked if there is a document that would summarize how the Legislature voted and whether a copy could be shared with the CABs. Mr. Jurenko stated that GNYHA puts together a report that shows how the legislators voted relative to the budget and that he would follow-up on whether that could be shared with them. The report was concluded.

CASH RECEIPTS & DISBURSEMENT REPORT

FRED COVINO

Mr. Covino reported that in February 2016, global FTEs declined by 135, this is in addition to the reduction of 159 in January 2016 and 97 in December 2015. March's number will continue this trend with FTEs down by 127. However, Global FTEs are still up 611 this fiscal year and 1,558 above the target for June of 2016. Comparing FYTD February cash receipts vs last year, receipts for the month were up \$80 million due to the receipt of the MetroPlus Enhancement of \$68 million and a City payment for the impact of collective bargaining on pensions. Fiscal year- to- date (FYTD) receipts were up by \$374 million. This increase was due primarily to increases in DSH/UPL and tax levy receipts from the City. Comparing FYTD February cash disbursements vs last year, Disbursements for the month were up \$31 million due a \$28 million "Structured Lump Sum" payment to NYSNA members and growth in FTEs. FYTD disbursements were up by \$433 million. This increase was primarily due to payments made to the City, increased staffing levels and the collective bargaining for the affiliates contained in the new contracts and Retro payments for NYSNA "Structured Lump Sum". Comparing FYTD February cash receipts vs Budget, Receipts were up \$9 million for the month and down \$50 million year to date, due to a combination of some declines in workload and aggressive budgeting. Comparing FYTD January cash disbursements vs budget, disbursements for the month were \$5 million over budget. Fiscal year to date disbursements were \$115 million over budget. This variance is primarily due to increased staffing levels, increased OTPS expenditures and prior year affiliates costs.

Mr. Page asked what the projected attrition rate through the end of the current FY was without factoring in any replacements or new hires.

Mr. Covino stated that it was approximately 300 FTEs or more as a net of backfills and hires and 600 FTEs without those hires. The backfills have been at 50% of the vacancies based on where those vacancies have occurred.

Mr. Page stated that the FTE situation, the target itself does not begin to address the issues relative to H+H's revenues to expenses shortfall. The fact that there is no control over that is a bigger problem on the creditability of what H+H is attempting to achieve.

Mr. Rosen added that based on the presentation by the various Networks/facilities there are well defined plans on what the issues were and the steps that were being taken to address those issues and the difficulties involved in achieving those targets. However, there is an ongoing need to monitor those actions.

Mr. Covino stated that H+H finance has been monitoring those actions through the VCB to ratchet the headcount down cautiously and aggressively.

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Mr. Rosen stated that it's the dollars that count and not so much the FTEs. Mr. Covino added that compared to budget, expenses are \$55 million off that target.

Mr. Page added that while it is clear how H+H operates its services which is consistent with its mission and dealing with the limited resources is a huge challenge. However, the problem is that it is easy to describe the impact of a headcount constraint as extremely damaging in some areas and extremely careful if it is focused in another area it can be less damaging which can result in various motivations. Focusing on the catastrophic version that sometimes circumvents achieving those targets. It is unfortunate that this type of mechanism is necessary which clogs the work in terms of the timing of hiring staff. It would be more productive if it were possible for the hospitals to decide which positions are needed and getting the required staff on board as quickly as possible. However, there would need to be some type of close monitoring of that process to ensure compliance with established parameters.

Mr. Covino stated that the VCB meets often during the week to ensure that those critical items are addressed as quickly as possible. Mr. Page added that in addition to that action it is important that the message of achieving the target is re-emphasized.

Mr. Covino stated that every effort is made to ensure that message is made clear to the hospitals.

Mrs. Bolus commented that the delay in hiring FTEs has created a void in staffing for nurses and doctors and it is not clear why this has not been addressed.

Mr. Martin stated that in an effort to move the process along faster, the VCB as Mr. Covino stated meets often during the week to address those critical hires particularly for the clinical vacancies in the ER, psychiatry and primary care and those vacancies are being approved as quickly as possible.

Mrs. Bolus stated that it relates specifically to the amount of time it takes to hire staff and to process the staff after being selected.

Mr. Martin stated that there is a need to further streamline the process and H+H has been addressing that issue as it relates to critical staffing needs. There have been ongoing efforts to address those issues with finance and HR departments.

Ms. Paoli added that based on her experience having worked at Lincoln Hospital there are too many people involved in the process which adds to the processing time. Therefore, there should be some consideration to reduce the number of people involve in expediting the paperwork for getting staff on board in a timely fashion. Based on this process, the processing time could take three to four months.

Mr. Martin stated that the number of hand offs is currently being review by the HR department in an effort to improve the process and it is expected that there will be some improvements.

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Mrs. Bolus added that given the current technology this process should be much faster. There have been instances that she was made aware of whereby some of the paperwork has fallen through the "cracks" by some employees.

Mr. Rosen asked if it is possible to have key positions excluded from the VCB.

Mr. Martin state there are a number of positions that are exempt from that process based on the service areas.

Mr. Page reemphasized that it is important to note that as positions are being considered for replacements it should be documented that those positions are needed.

Mr. Martin stated that is a major requirement and there is a lot of time and effort that goes into that process that requires working with the hospitals on getting their request expedited; however, there is an ongoing effort to improve that process so that the paperwork moves as quickly as possible for those critical vacancies. The reporting was concluded.

INFORMATION ITEM

LINDA DEHART

QUARTERLY UPDATE ON SHORT TERM FINANCING

Ms. Dehart stated reported that H+H has two loans with two different banks for \$60 million each for a total of \$120 million. One of the banks, JP Morgan Chase unspent balance is \$2 million with outstanding encumbrances of \$47 million. The second loan with Citibank, unspent balance is \$9 million with encumbrances of \$6 million. A number of those projects are IT related and the Office of Facilities Development (OFD) is working with the facilities and IT on the various projects that require funding. The reporting was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 9:51 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

**KEY INDICATORS
FISCAL YEAR 2016 UTILIZATION**

**Year to Date
March 2016**

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 16	FY 15
	FY 16	FY 15	VAR %	FY 16	FY 15	VAR %				
North Bronx										
Jacobi	315,763	312,994	0.9%	13,443	14,103	-4.7%	6.0	6.3	1.0561	0.9890
North Central Bronx	161,891	153,538	5.4%	4,816	3,930	22.5%	4.6	4.7	0.7050	0.7571
Generations +										
Harlem	234,217	232,497	0.7%	9,078	8,345	8.8%	5.3	5.6	0.9413	0.9495
Lincoln	412,047	403,491	2.1%	16,523	17,552	-5.9%	5.1	5.4	0.8682	0.8129
Belvis DTC	41,964	40,918	2.6%							
Morrisania DTC	60,924	60,731	0.3%							
Renaissance	31,981	31,133	2.7%							
South Manhattan										
Bellevue	455,833	438,570	3.9%	17,307	17,641	-1.9%	6.2	6.3	1.1729	1.0973
Metropolitan	298,991	295,184	1.3%	7,549	7,150	5.6%	4.9	5.3	0.8463	0.8283
Coler				196,191	201,533	-2.7%				
H.J. Carter				84,292	85,954	-1.9%				
Gouverneur - NF				56,087	54,799	2.4%				
Gouverneur - DTC	185,363	187,941	-1.4%							
North Central Brooklyn										
Kings County	503,601	511,323	-1.5%	15,815	16,379	-3.4%	6.1	5.9	1.0072	0.9946
Woodhull	358,677	357,412	0.4%	8,002	8,633	-7.3%	4.9	5.2	0.8809	0.8316
McKinney				84,755	84,585	0.2%				
Cumberland DTC	52,753	59,403	-11.2%							
East New York	61,359	61,591	-0.4%							
Southern Brooklyn / S I										
Coney Island	257,857	242,746	6.2%	10,792	11,366	-5.1%	7.1	6.2	1.0171	0.9758
Seaview				81,749	81,373	0.5%				
Queens										
Elmhurst	497,078	466,757	6.5%	13,934	15,355	-9.3%	6.1	5.6	0.9616	0.9004
Queens	311,994	313,737	-0.6%	9,126	9,357	-2.5%	5.1	5.2	0.8384	0.8162
Discharges/CMI-- All Acutes				126,385	129,811	-2.6%			0.9667	0.9278
Visits-- All D&TCs & Acutes	4,242,293	4,169,966	1.7%							
Days-- All SNFs				503,074	508,244	-1.0%				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY15 and FY16 utilization is now based on date of service, and includes open visits. HIV counseling visits that are no longer billable have been excluded. Visits continue to include Clinics, Emergency Department and Ambulatory Surgery.

LTC: SNF and Acute days

All Payor CMI

Acute discharges are grouped using New York State APR-DRGs version 32

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

KEY INDICATORS

FISCAL YEAR 2016 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
March 2016

NETWORKS	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 15	Mar 16	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
North Bronx									
Jacobi	4,189	4,196		\$ 394,572	\$ (16,348)	\$ 492,889	\$ (33,461)	\$ (49,809)	-5.7%
North Central Bronx	<u>1,391</u>	<u>1,441</u>		<u>132,444</u>	<u>(473)</u>	<u>149,763</u>	<u>4,389</u>	<u>3,916</u>	<u>1.4%</u>
	5,580	5,637	5,612	\$ 527,016	\$ (16,821)	\$ 642,653	\$ (29,072)	\$ (45,894)	-4.0%
Generations +									
Harlem	3,191	3,176		\$ 275,471	\$ 15,175	\$ 322,260	\$ (27,031)	\$ (11,856)	-2.1%
Lincoln	4,197	4,326		409,711	11,883	415,248	14,606	26,489	3.2%
Belvis DTC	141	140		10,277	44	13,223	745	789	3.3%
Morrisania DTC	261	259		15,885	138	22,108	(916)	(778)	-2.1%
Renaissance	<u>174</u>	<u>177</u>		<u>8,655</u>	<u>(18)</u>	<u>15,493</u>	<u>167</u>	<u>149</u>	<u>0.6%</u>
	7,964	8,078	7,362	\$ 719,999	\$ 27,221	\$ 788,332	\$ (12,428)	\$ 14,793	1.0%
South Manhattan									
Bellevue	5,899	5,944		\$ 564,647	\$ (9,766)	\$ 649,693	\$ (35,870)	\$ (45,636)	-3.8%
Metropolitan	2,709	2,680		223,080	3,523	258,336	(13,508)	(9,985)	-2.2%
Coler	1,224	1,196		76,106	3,709	107,851	(6,405)	(2,696)	-1.6%
H.J. Carter	972	999		86,063	(2,651)	108,105	(8,177)	(10,828)	-5.7%
Gouverneur	<u>890</u>	<u>890</u>		<u>56,248</u>	<u>(9,204)</u>	<u>87,630</u>	<u>(1,247)</u>	<u>(10,450)</u>	<u>-6.9%</u>
	11,694	11,709	11,654	\$ 1,006,145	\$ (14,389)	\$ 1,211,615	\$ (65,206)	\$ (79,595)	-3.7%
North Central Brooklyn									
Kings County	5,559	5,519		\$ 557,648	\$ 9,810	\$ 602,759	\$ 12,783	\$ 22,593	1.9%
Woodhull	3,148	3,157		294,627	7,219	330,869	(9,009)	(1,791)	-0.3%
McKinney	467	469		29,609	(1,944)	36,036	1,726	(218)	-0.3%
Cumberland DTC	236	225		14,349	(980)	23,219	(4,505)	(5,485)	-16.1%
East New York	<u>233</u>	<u>240</u>		<u>16,242</u>	<u>(194)</u>	<u>21,599</u>	<u>600</u>	<u>405</u>	<u>1.0%</u>
	9,643	9,610	9,439	\$ 912,476	\$ 13,910	\$ 1,014,482	\$ 1,595	\$ 15,504	0.8%
Southern Brooklyn/Sl.									
Coney Island	3,229	3,281		\$ 233,083	\$ (38,104)	\$ 331,175	\$ (17,517)	\$ (55,621)	-9.5%
Seaview	<u>538</u>	<u>559</u>		<u>35,920</u>	<u>914</u>	<u>43,298</u>	<u>(4,659)</u>	<u>(3,745)</u>	<u>-5.1%</u>
	3,767	3,840	3,466	\$ 269,003	\$ (37,189)	\$ 374,473	\$ (22,176)	\$ (59,366)	-9.0%
Queens									
Elmhurst	4,492	4,547		\$ 385,393	\$ (14,520)	\$ 465,433	\$ (13,960)	\$ (28,481)	-3.3%
Queens	<u>2,918</u>	<u>2,976</u>		<u>246,788</u>	<u>(9,030)</u>	<u>332,030</u>	<u>(10,198)</u>	<u>(19,228)</u>	<u>-3.3%</u>
	7,410	7,523	7,428	\$ 632,181	\$ (23,550)	\$ 797,463	\$ (24,159)	\$ (47,709)	-3.3%
NETWORKS TOTAL	<u>46,058</u>	<u>46,397</u>	<u>44,961</u>	<u>\$ 4,066,820</u>	<u>\$ (50,819)</u>	<u>\$ 4,829,018</u>	<u>\$ (151,447)</u>	<u>\$ (202,266)</u>	<u>-2.3%</u>
Central Office	770	793	770	798,154	14,022	234,316	1,800	15,822	1.6%
Care Management	518	507	518	29,708	(2,591)	33,727	(2,214)	(4,805)	-7.5%
Enterprise IT/Epic	<u>1,060</u>	<u>1,162</u>	<u>1,238</u>	<u>6</u>	<u>(80)</u>	<u>114,072</u>	<u>27,466</u>	<u>27,386</u>	<u>19.3%</u>
GRAND TOTAL	<u>48,406</u>	<u>48,859</u>	<u>47,487</u>	<u>\$ 4,894,688</u>	<u>\$ (39,467)</u>	<u>\$ 5,211,132</u>	<u>\$ (124,396)</u>	<u>\$ (163,863)</u>	<u>-1.6%</u>

Global Full-Time Equivalents (FTEs) include HHC staff and overtime, hourly, temporary and affiliate FTEs. Enterprise IT includes consultants.

Care Management includes HHC Health & Home Care and the Health Home program.

NYC Health + Hospitals
Cash Receipts and Disbursements (CRD)
Fiscal Year 2016 vs Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of March 2016			Fiscal Year To Date March 2016		
	actual 2016	actual 2015	better / (worse)	actual 2016	actual 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 78,078	\$ 80,746	\$ (2,669)	\$ 640,990	\$ 626,371	\$ 14,619
Medicaid Managed Care	73,787	62,315	11,472	548,038	487,104	60,934
Medicare	23,747	49,747	(26,000)	388,324	438,789	(50,464)
Medicare Managed Care	39,936	24,930	15,006	232,694	247,434	(14,740)
Other	<u>21,528</u>	<u>19,090</u>	<u>2,437</u>	<u>159,826</u>	<u>169,678</u>	<u>(9,851)</u>
Total Inpatient	\$ 237,076	\$ 236,829	\$ 246	\$ 1,969,873	\$ 1,969,375	\$ 498
Outpatient						
Medicaid Fee for Service	\$ 14,502	\$ 33,095	\$ (18,593)	\$ 118,775	\$ 164,731	\$ (45,956)
Medicaid Managed Care	37,495	98,737	(61,241)	335,158	446,947	(111,789)
Medicare	4,877	5,109	(232)	41,194	46,807	(5,613)
Medicare Managed Care	19,635	5,982	13,653	100,076	70,179	29,897
Other	<u>21,774</u>	<u>23,983</u>	<u>(2,209)</u>	<u>111,844</u>	<u>128,029</u>	<u>(16,184)</u>
Total Outpatient	\$ 98,284	\$ 166,906	\$ (68,622)	\$ 707,047	\$ 856,692	\$ (149,645)
All Other						
Pools	\$ 82,402	\$ 5,274	\$ 77,128	\$ 224,749	\$ 246,945	\$ (22,196)
DSH / UPL	74,321	-	74,321	1,467,007	1,096,946	370,061
Grants, Intracity, Tax Levy	13,632	12,861	771	412,392	172,108	240,284
Appeals & Settlements	17,261	(2,482)	19,743	48,067	25,281	22,786
Misc / Capital Reimb	<u>9,009</u>	<u>4,321</u>	<u>4,688</u>	<u>65,553</u>	<u>45,204</u>	<u>20,349</u>
Total All Other	\$ 196,625	\$ 19,974	\$ 176,651	\$ 2,217,769	\$ 1,586,484	\$ 631,285
Total Cash Receipts	\$ 531,984	\$ 423,709	\$ 108,275	\$ 4,894,688	\$ 4,412,551	\$ 482,137
Cash Disbursements						
PS	\$ 206,278	\$ 224,539	\$ 18,261	\$ 2,090,658	\$ 2,038,121	\$ (52,537)
Fringe Benefits	75,801	60,063	(15,738)	866,042	836,899	(29,143)
OTPS	125,449	125,663	214	1,086,917	1,077,493	(9,424)
City Payments	-	-	0	309,405	35,100	(274,305)
Affiliation	84,572	77,765	(6,807)	790,223	727,247	(62,976)
HHC Bonds Debt	<u>5,829</u>	<u>5,802</u>	<u>(27)</u>	<u>67,887</u>	<u>59,518</u>	<u>(8,369)</u>
Total Cash Disbursements	\$ 497,929	\$ 493,832	\$ (4,097)	\$ 5,211,132	\$ 4,774,378	\$ (436,754)
Receipts over/(under) Disbursements	\$ 34,056	\$ (70,123)	\$ 104,179	\$ (316,444)	\$ (361,827)	\$ 45,383

**NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2016 (in 000's)
TOTAL CORPORATION**

	Month of March 2016			Fiscal Year To Date March 2016		
	actual 2016	budget 2016	better / (worse)	actual 2016	budget 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 78,078	\$ 85,269	\$ (7,192)	\$ 640,990	\$ 677,834	\$ (36,844)
Medicaid Managed Care	73,787	63,027	10,761	548,038	536,968	11,070
Medicare	23,747	27,168	(3,420)	388,324	390,503	(2,178)
Medicare Managed Care	39,936	36,285	3,651	232,694	229,858	2,836
Other	<u>21,528</u>	<u>21,631</u>	<u>(104)</u>	<u>159,826</u>	<u>183,337</u>	<u>(23,510)</u>
Total Inpatient	\$ 237,076	\$ 233,380	\$ 3,696	\$ 1,969,873	\$ 2,018,499	\$ (48,626)
Outpatient						
Medicaid Fee for Service	\$ 14,502	\$ 15,175	\$ (673)	\$ 118,775	\$ 121,628	\$ (2,853)
Medicaid Managed Care	37,495	47,952	(10,456)	335,158	362,657	(27,499)
Medicare	4,877	5,903	(1,027)	41,194	53,469	(12,275)
Medicare Managed Care	19,635	20,264	(629)	100,076	106,215	(6,139)
Other	<u>21,774</u>	<u>11,887</u>	<u>9,887</u>	<u>111,844</u>	<u>106,818</u>	<u>5,027</u>
Total Outpatient	\$ 98,284	\$ 101,182	\$ (2,898)	\$ 707,047	\$ 750,786	\$ (43,739)
All Other						
Pools	\$ 82,402	\$ 82,787	\$ (385)	\$ 224,749	\$ 235,166	\$ (10,417)
DSH / UPL	74,321	73,981	339	1,467,007	1,466,665	343
Grants, Intracity, Tax Levy	13,632	11,877	1,755	412,392	408,144	4,248
Appeals & Settlements	17,261	11,269	5,992	48,067	4,873	43,194
Misc / Capital Reimb	<u>9,009</u>	<u>8,405</u>	<u>604</u>	<u>65,553</u>	<u>50,023</u>	<u>15,530</u>
Total All Other	\$ 196,625	\$ 188,319	\$ 8,305	\$ 2,217,769	\$ 2,164,871	\$ 52,898
Total Cash Receipts	\$ 531,984	\$ 522,881	\$ 9,103	\$ 4,894,688	\$ 4,934,156	\$ (39,467)
Cash Disbursements						
PS	\$ 206,278	\$ 194,651	\$ (11,626)	\$ 2,090,658	\$ 2,024,616	\$ (66,043)
Fringe Benefits	75,801	71,135	(4,666)	866,042	849,112	(16,930)
OTPS	125,449	132,960	7,511	1,086,917	1,053,630	(33,287)
City Payments	-	-	0	309,405	309,405	0
Affiliation	84,572	83,262	(1,310)	790,223	781,573	(8,650)
HHC Bonds Debt	<u>5,829</u>	<u>6,815</u>	<u>986</u>	<u>67,887</u>	<u>68,401</u>	<u>514</u>
Total Cash Disbursements	\$ 497,929	\$ 488,823	\$ (9,106)	\$ 5,211,132	\$ 5,086,736	\$ (124,396)
Receipts over/(under) Disbursements	\$ 34,056	\$ 34,058	\$ (2)	\$ (316,444)	\$ (152,581)	\$ (163,863)