

AGENDA

FINANCE COMMITTEE

MEETING DATE: MAY 13, 2014
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE APRIL 8, 2014 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS & CASH RECEIPTS/DISBURSEMENTS REPORTS

FRED COVINO
KRISTA OLSON

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("Corporation") to negotiate and execute an agreement with BSI Healthcare Audit Services LLC ("BSI") to provide the Corporation with payment recapture/recovery auditing services for Corporation's programs and activities, and to improve the Corporation's ability to detect, recover and prevent future improper payments. This contract is for a term of three (3) years with an option to extend for two additional one-year periods solely exercisable by the Corporation.
JAY WEINMAN
2. Authorizing the President to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation ("HHC" or the "Corporation") and Base Tactical Disaster Recovery, Inc. ("Base Tactical") to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency ("FEMA") for expenses incurred by the Corporation in connection with damages caused by Super-storm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed \$2,590,600.
JOSEPH QUINONES

INFORMATION ITEMS:

1. QUARTERLY PAYOR MIX REPORTS – INPATIENT/ADULT/PEDIATRICS
KRISTA OLSON
2. QUARTERLY PS KEY INDICATORS REPORT – 3RD QUARTER
FRED COVINO

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

**FINANCE
COMMITTEE**

**BOARD OF
DIRECTORS**

The meeting of the Finance Committee of the Board of Directors was held on April 8, 2014 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Rev. Diane Lacey
Josephine Bolus, RN
Emily A. Youssouf
Mark Page
Steven Newmark, (Representing Deputy Mayor Lilliam Barrios-Paoli)

OTHER ATTENDEES

M. Dolan, Senior Assistant Director, DC 37
C. Fiorentini, Analyst, NYC Independent Budget Office (IBO)
K. Raffaele, Analyst, OMB
L. Schomp, Analyst, OMB
J. Wessler

HHC STAFF

P. Albertson, Senior Assistant Vice President, Corporate Operations/Procurement
B. Ancona, Chief Financial Officer, (CFO), Gouverneur Healthcare Services
J. Bender, Assistant Director, Media/Communications & Marketing
M. Brito, CFO, Coler/Goldwater Specialty Hospital & Nursing Facility
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel
E. Casey, Director, Corporate HIV Services
T. Carlisle, Associate Executive Director, Corporate Planning
D. Cates, Chief of Staff, Board Affairs

Minutes of the April 8, 2014 Finance Committee Meeting

D. Collington, Director, Coney Island Hospital
F. Covino, Corporate Budget Director, Corporate Budget
S. Fass, Senior Director, Corporate Planning
L. Free, Assistant Vice President, Managed Care
K. Garramone, CFO, North Bronx Health Network
M. Genee, Deputy Corporate Comptroller, Corporate Comptroller's Office
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
D. Guzman, Deputy CFO, Metropolitan Hospital Center
J. John, CFO, Central Brooklyn Health Network
L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
Z. Kelley, Assistant Director, Office of Internal Audits
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement/Debt Financing Services
A. Marengo, Senior Vice President, Communications & Marketing
H. Mason, Deputy Executive Director, Kings County Hospital Center
K. McGrath, Senior Director, Corporate Communications/Marketing
H. Mason, Deputy Executive Director, Kings County Hospital Center
A. Moran, CFO, Elmhurst Hospital
K. Olson, Assistant Vice President, Corporate Budget
P. Pandolfini, CFO, Southern Brooklyn/Staten Island Health Network
K. Park, Associate Executive Director, Queens Health Network
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
D. Santos, Associate Executive Director, Bellevue Hospital Center
W. Saunders, Assistant Vice President, Corporate Intergovernmental Affairs
J. Wale, Senior Assistant Vice President, Corporate Behavioral Health Services
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
D. Wilson, Director, Office of Legal Affairs/Real Estate
R. Wilson, Senior Vice President/Corporate Medical Director, Medical & Professional Affairs
M. Zurack, Senior Vice President, Corporate Finance/Managed Care

Minutes of the April 8, 2014 Finance Committee Meeting

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the March 11, 2014 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 in addition to the two routine items, cash flow and Exchanges, the reporting would include some of the key highlights of the State budget. HHC's cash flow as of April 14, 2014 was at fifteen days of cash on hand (COH), a deterioration from last month. As previously reported HHC is awaiting the approval of a number of upper payment limit (UPL) payments from the Federal government to the State of NY. The State has been preoccupied with discussions relative to the 1115 Waiver. HHC's current assumptions include the anticipated receipt of four very significant UPL payments by June 2014. However, given the current status of the COH, some of those payments are needed by May 2014.

Mr. Rosen asked if those payments were scheduled in the cash flow. Ms. Zurack stated that the scheduling was in June 2014 for multiple payments, consisting of two inpatient UPL payments for prior years each in excess of \$400 million, \$850 million of retroactive inpatient UPL payments that are needed by June 1, 2014 and the balance of less than a million for three years of outpatient UPL payments. The total payments are over \$1 billion.

Ms. Youssouf asked what is the expected turnaround time for HHC to receive those funds after the approval by the Federal government and whether HHC has options if those payments are not received as scheduled.

Ms. Zurack stated that it will take approximately two weeks which is a very critical position for HHC with very limited options that would not include any further delays in payments to vendors and the City.

Mr. Page asked how much the monthly pension payment is. Ms. Zurack stated that the payment is made every six months and HHC has already made that initial six-month payment and the next one due is for \$217 million.

Mr. Rosen asked if the State is aware of the urgency for HHC to get those payments. Ms. Zurack stated that the State is very much aware of this issue and is working with HHC on expediting those payments. The next item included an update of the Exchanges based on applications processed through the State portal. As indicated on the report included in the package, the State has extended the deadline for those individuals who have started the process by the March 31, 2014 deadline. Therefore, the final numbers on the enrollment will not be available until after April 15, 2014, the extended deadline. As

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of 3/21/14, 826,000 individuals had enrolled for coverage of which 70% were uninsured which represents 75% of the State's target of the 1.1 million uninsured that was not anticipated to be achieved until 2016. However, based on the statistics, the State is doing exceptionally well but there has been some discussions regarding the data and what it represents. For example, there is some contention that the data does not take into account the exclusion of individuals who had insurance but lost their coverage and did not enroll and individuals who may have swapped plans.

Ms. Youssouf asked if it made a difference if the overall objective of getting uninsured individuals enrolled in a health plan was being achieved.

Ms. Zurack stated that the goal of the Exchanges is to reduce the number of uninsured as opposed to what some are arguing that the data may not be a true reflection of that goal in addressing the uninsured population for the reasons previously cited. Additionally, the 826,000 includes both Medicaid and the qualified health plans (QHP). Traditionally, individuals have always signed-up monthly for Medicaid and that distinction is not reflected in the data but rather the absolute numbers are being reported. Seventy percent of those who signed up were uninsured. HHC has attempted to get data on the number of uninsured who signed-up for Medicaid and QHP but that data is not yet available. It is important for HHC given that the funding for the uninsured is included in the DSH which will get reduced.

Ms. Youssouf asked if there is any comparison data based on historical trends for the Exchanges.

Ms. Zurack stated that the data has not been made available and that it would appear that the State is unable to provide that information given that in the past it was provided by the City Human Resource Administration (HRA). Returning to the reporting on the Exchanges, HHC has certified 480 of its staff as certified application counselors (CAC) with 50 additional staff in the pipeline scheduled for training. HHC's goal is to have 700 staff certified as CAC. As of March 24, 2014, MetroPlus increased to 22,790, a 15% increase. An additional 11,138 applications are in the pipeline pending membership. MetroPlus Medicaid and CHP enrollment surged 40% with 19,375 members. Enrollment totals are 54,205, a 27% increase from the previous period. MetroPlus is meeting its target of 40,000.

Ms. Zurack moving to the final item in the reporting stated that the State budget for the fiscal year 2014-2015 was passed before the deadline. The most notable changes for healthcare include the restoration of the 2% cut to Medicaid; enacted legislation allowing the State to award provider rate increases if there are surplus dollars in the global Medicaid budget. As background, NYS three years ago enacted a global cap on Medicaid spending with an annual inflator and based on reports from the State there were some state-wide surpluses. In the State budget, the Health Commissioner has been given the authority to give rate increases half of which to go to high Medicaid hospitals or other providers and the 2nd half to be distributed amongst the remaining Medicaid providers. The State enacted legislation that will permit the State Department of Health (SDOH) to make a capital award to providers over a given year period totaling \$1.2 billion.

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Mr. Page asked how the surplus would be determined and whether it would relate to the State's current year beginning April 1, 2014. Ms. Zurack stated that it will begin in the current SFY. The question of how the State will determine when there is a surplus that can be awarded has raised a lot of controversy. In the original legislation if there is a deficit the health Commissioner is authorized to implement cuts. Since the original legislation there are monthly reports on the status of where the State is relative to the global cap. There is not a 100% transparency on how that gets calculated.

Mr. Rosen added that the question raised by Mr. Page basically would be that if the year just ended and there is a surplus can it be used then.

Mr. Page added that it would probably not be available immediately given that the State does not want to have a deficit; therefore, there would not be an urgency to build in a baseline expenditure increase in the rate. The major question is whether HHC will benefit from this rate change.

Ms. Zurack stated that there is an audience for the monthly reports, consisting of the trade associations. The distribution includes a number of entities that are eager to see this move forward; therefore it will be difficult for the State to delay the rate increases. Mr. Page added that perhaps in October 2014.

Ms. Brown, Senior Vice President, Corporate Planning, Intergovernmental Relations and Community Health stated that it is also included on the Medicaid Redesign Team (MRT) website which is very transparent. This is a surplus over what was anticipated with the cap as oppose to a much broader NYS budget surplus.

Ms. Zurack stated that it is important to note that the State rate year is based on calendar not fiscal year. Therefore, the typical rate change usually occurs in July and January which could result in an announcement of the January rate increases in October 2014 as Mr. Page previously noted.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSEN/FRED COVINO

Ms. Olson noted that the downward trend in utilization overall continued in February 2014; however, the slight increase was due to the temporary closure of Bellevue and Coney Island due to the storm last year. Excluding those two facilities; visits are down by 2.7%; acute care hospitals visits are down by 3% slightly worse than January's decline of 1.9%. The diagnostic and treatment centers (D&TC) are down by .6%, excluding Gouverneur which reflected a significant increase due to recent modernization, overall the decline is 6.8%.

Ms. Youssouf asked if the increase at Gouverneur was related to the modernization or the partial closure due to the modernization project. Ms. Olson stated that it is related to the facility's partial closure last year and the services have reopened and is operating at the same level prior to the closing.

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Ms. Youssouf cautioned that it is important to report the data based on all of the relevant facts so as not to distort the actual trend.

Ms. Olson continued with the reporting stating that the acute care hospitals discharges excluding Coney Island and Bellevue were down by 6.6%. Ms. Youssouf asked why those two facilities were being excluded given that the facilities were re-opened before the current reporting period.

Ms. Olson explained that last year those facilities were down so relatively this year, Bellevue and Coney Island are up, Bellevue by 65% and Coney Island by 51.8% due to the closures last year during the same period. Including those facilities, discharges are up by 2.3% and down by 6.6% excluding those facilities. Nursing home days are down by 15.6% a slight decrease from last month. The LOS, two facilities were above the corporate average, Kings County and Coney Island both by 5/10 of a day and below the corporate average were Lincoln and Metropolitan.

Ms. Youssouf asked why some of the hospitals were above the corporate average.

Ms. Olson stated that historically Coney Island has been above the average due to the Medicare population although it is grouped using the same method and should equalize that issue but given the population this will always be a factor.

Mr. Page asked if it is related to the age of the population; the time it takes to treat those patients needing the acute care services; or the facilities inability to discharge those patients.

Ms. Olson stated that it could be a combination of the latter two in addition to the acuity and discharge planning. Given that the issues are not transparent more research would be needed and after that analysis is complete the outcome can be reported to the Committee. Kings County at the beginning of the year made a big effort to discharge some of those patients who have significant LOS. At the beginning of the year their LOS was at 7/10 compared to the current of 5/10 of a day.

Mr. Rosen asked how the expected LOS is determined. Ms. Olson stated that it is a corporate-wide average based on the grouping of all the cases regardless of the payor using the Medicaid all payor APR grouper and Siemens regroup each case. Therefore, regardless of the case it is the same scheme. If traditionally a hospital has a higher case mix, the expected is what the corporate-wide average is for that particular case mix or DRG and one-day stays are excluded.

Mr. Rosen asked if the hospitals approve the expected LOS as part of the target using in the reporting. Ms. Olson stated that it is a corporate calculation that is recalculated each month for each DRG that is not approved by the facilities.

Ms. Zurack further explained that there are approximately 700 DRGs and all of the total discharges relate to one of those DRGs. For example code 143, chest pain, the ALOS for that DRG is one day and if a patient stays two days it would be over the average $\frac{1}{2}$ day below the average. Each DRG is

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calculated using that methodology and weighted accordingly. The expected LOS reflected on the report is the result of that calculation. There are some nuisances in that the coding might be slightly different in some of the hospitals. At one point there was some thought of using the state-wide average LOS as opposed to HHC's internal calculation; however, the data for the voluntary hospitals is not up-to-date and would not allow for comparable comparisons. Using the state-wide comparison, HHC would be significantly higher.

Ms. Youssouf asked which would be higher the expected or the average. Ms. Zurack stated that the actual versus the expected would be higher.

Mr. Page asked how often the data is adjusted for each hospital. Ms. Olson stated that it is done monthly. Mr. Page summarizing stated that the results for the month are taken and an adjustment of the expected for that month on the basis of the illnesses that occurred in that facility in that month. Based on that calculation, the expected fluctuates as much as the change or the actual to which Ms. Olson agreed.

Ms. Zurack stated that another variable is that the reporting is year to date as opposed to monthly. Mr. Page added that it should stabilize the data.

Ms. Olson completing the indicators reporting stated that the case mix index was up by 1.4% over last year.

Mr. Covino continuing the reporting stated that FTEs based on the 6/15/13 base comparison were up by 54.5 of which central office FTEs increased by 67 due to the centralization of the procurement and EEO services. Coney Island is over its target by 119 FTEs due to the facility's carryover of its overage from last year into the current year of 67 FTEs. Corporate Budget has been working with the facility on a plan that will get the facility back on target. Sixty-six positions have been identified of which thirty six positions will be attrited and thirty positions will not be backfilled.

Ms. Youssouf asked if HHC is on target with its planned FTE reduction. Mr. Covino stated that the Corporation is on target with 348 FTEs below the targeted FTE corporate-wide. Moving back to the reporting, receipts were \$164 million worse than budget and disbursements were \$25 million worse for a net total deficit year-to-date (YTD) of \$189 million.

Mr. Page asked if the 348 FTEs under the target is the result of overfunding of positions that were initially scheduled for an initiative that is now not being done or whether it is limited to some small areas the facilities are attempting to manage.

Mr. Covino stated that some of the facilities are attempting to manage to a cap so that there is a cushion for programs and other areas such as in the case of Lincoln hospital whereby the facility is staffing up for a new emergency department so the facility is below the target.

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Ms. Zurack added that there was a central office vacancy control board (VCB) that reviewed all staffing requests submitted by the facilities and central office. That process which Mr. Covino can share with the Committee has changed.

Mr. Covino stated that the VCB for all of the facilities has been suspended as a result of the facilities extraordinary efforts in managing their staffing levels locally as opposed to the corporate VCB.

Ms. Zurack added that by allowing the facilities to manage locally, it has created an incentive for them to remain below their targets. Mrs. Bolus asked if backfills were still allowed. Ms. Zurack stated that backfills are allowed. Mr. Martin, Executive Vice President/COO added that the intent of making the change in the VCB process was to allow the facilities to manage.

Mr. Covino returned to the reporting stating that a comparison of actual cash expenditures to the prior year actuals showed that receipts were \$133 million more than last year due to a \$100 million of MetroPlus risk pool payment in excess of last year for the same period. Bellevue and Coney Island are up by a combined total of \$96 million in receipts that was offset by an \$81 million decline in grants due to a non-recurring FEMA funding payment that was received last year of \$62 million and a delay of intra-City payments of \$17 million due to a delay in getting a memorandum of understanding (MOU) with the City for some of the facilities. Expenses were \$228 million more than last year due to pension payments that were up by \$213 million compared to last year whereby there were no payments during that period. Health insurance payments are up \$27 million and \$20 million for non-recurring FICA refund that occurred last year. Additionally through the February 2014 period there was an additional payroll of \$84 million offset by a decline in payment to the City of \$122 million. YTD actuals to budget, inpatient receipts were down by \$96 million due to Medicaid fee-for-service of \$110 million. YTD against budget paid Medicaid cases are down by 5,600 discharges, 27,000 psych days and 36,000 nursing home days. Outpatient receipts are down by \$65 million and all other receipts are down by \$2.7 million. Expenses were \$9.5 million over budget due to the carrying cost for the staff at Goldwater/Hank Carter Nursing Home relative to the transition. Fringe benefits were \$6.5 million better than budget due to the receipt of \$3.5 million for FICA recovery and the balance due to timing. OTPS expenses were \$23 million worse than budget due to the cash cap relief as a result of an increase in the number of days in accounts payable, 60 days compared to 80 days.

Ms. Youssouf asked if the receipt of the pending UPL payments would improve the current status or are there other issues related to the current status in comparison to last year.

Mr. Covino stated that compared to last year HHC is on target; however, against budget there were some assumptions that have not yet materialized relative to Coney Island and Bellevue recoveries after the storm and the decline in utilization corporate-wide.

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Ms. Zurack stated that although the reporting of those large payments are related to HHC's cash flow, Mr. Covino's reporting is based on budget and is not impacted that significantly by the status of those payments given that those reports are based on projected workload trends.

Ms. Youssef commented that it would appear that it flows back to the budget and according to the data HHC is not doing better than last year.

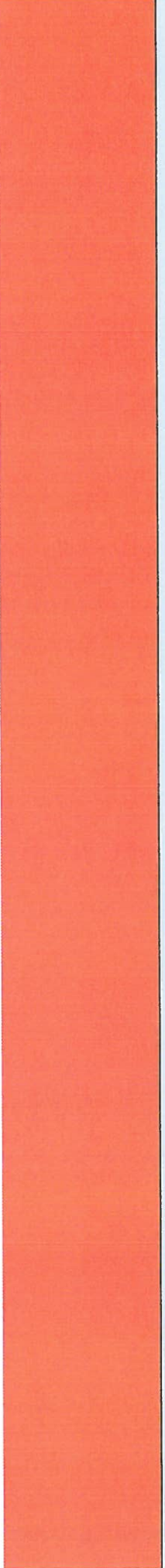
Mr. Covino stated that relative to receipts, HHC is better. Ms. Youssef added that bottom line HHC is not doing better compared to last year to which Ms. Zurack agreed. The reporting was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 9:43 a.m.

SENIOR VICE PRESIDENT'S REPORT ITEM



DSRRIP Funding Sources and Uses

	Year-0	Year-1	Year-2	Year-3	Year-4	Year-5	Total
Sources of Funding							
Public Hospital IGT Transfers (Supports DSRRIP IGT Funding for Public Performing Provider Net Performance Fund, Safety System Transformation Fund, DSRRIP, State Plan and Managed Care Services)	\$512.0	\$878.1	\$933.0	\$1,481.8	\$1,317.1	\$878.1	\$6,000.0
State Appropriated Funds	\$188.0	\$345.4	\$476.6	\$467.8	\$343.5	\$178.7	\$2,000.0
Total Sources of Funding	\$700.0	\$1,223.5	\$1,409.5	\$1,949.6	\$1,660.6	\$1,056.8	\$8,000.0
Uses of Funding							
DSRRIP Expenditures	\$620.0	\$1,007.8	\$1,070.7	\$1,700.6	\$1,511.6	\$1,007.8	\$6,918.5
Interim Access Assurance Fund (IAAF)	\$500.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$500.0
Planning Payments	\$70.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$70.0
Performance Payments	\$0.0	\$957.8	\$1,020.7	\$1,650.6	\$1,461.6	\$957.8	\$6,048.5
Administration	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0	\$300.0
Health Homes	\$80.0	\$66.7	\$43.9	\$0.0	\$0.0	\$0.0	\$190.6
MC Programming	\$0.0	\$149.0	\$294.9	\$249.0	\$149.0	\$49.0	\$890.9
Health Workforce MLTC Strategy	\$0.0	\$49.0	\$49.0	\$49.0	\$49.0	\$49.0	\$245.0
1915I Services	\$0.0	\$100.0	\$245.9	\$200.0	\$100.0	\$0.0	\$645.9
Total Uses of Funding	\$700.0	\$1,223.5	\$1,409.5	\$1,949.6	\$1,660.6	\$1,056.8	\$8,000.0

**KEY INDICATORS/CASH RECEIPTS &
DISBURSEMENTS REPORTS**



**KEY INDICATORS
FISCAL YEAR 2014 UTILIZATION**

**Year to Date
March 2014**

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 14	FY 13
	FY 14	FY 13	VAR %	FY 14	FY 13	VAR %				
North Bronx										
Jacobi	315,868	336,200	-6.0%	14,915	13,916	7.2%	5.7	6.0	0.9965	1.0612
North Central Bronx	148,277	164,861	-10.1%	3,348	5,821	-42.5%	5.6	5.9	0.8866	0.7210
Generations +										
Harlem	244,442	230,731	5.9%	8,198	8,730	-6.1%	5.4	5.8	0.9543	0.9307
Lincoln	407,217	411,262	-1.0%	17,903	17,448	2.6%	4.7	5.4	0.8354	0.8703
Belvis DTC	39,645	43,282	-8.4%							
Morrisania DTC	61,140	60,388	1.2%							
Renaissance	35,791	42,967	-16.7%							
South Manhattan										
Bellevue	430,229	350,255	22.8%	17,196	11,184	53.8%	6.5	6.3	1.1018	1.0801
Metropolitan	289,180	312,488	-7.5%	8,526	9,548	-10.7%	4.6	5.2	0.7634	0.7765
Coler				207,377	165,062	25.6%				
Goldwater/H.J. Carter				86,944	213,128	-59.2%				
Gouverneur - NF				36,711	37,980	-3.3%				
Gouverneur - DTC	199,000	185,576	7.2%							
North Central Brooklyn										
Kings County	510,818	532,549	-4.1%	16,946	18,556	-8.7%	6.5	6.1	0.9764	0.9401
Woodhull	362,172	359,374	0.8%	9,627	10,478	-8.1%	5.0	5.0	0.7924	0.8042
McKinney				85,476	85,368	0.1%				
Cumberland DTC	62,614	67,690	-7.5%							
East New York	54,303	56,560	-4.0%							
Southern Brooklyn / S I										
Coney Island	253,108	202,652	24.9%	10,486	6,781	54.6%	6.8	6.2	1.0109	1.0108
Seaview				79,467	81,522	-2.5%				
Queens										
Elmhurst	462,838	487,090	-5.0%	16,031	17,887	-10.4%	5.5	5.3	0.8911	0.9020
Queens	303,200	310,052	-2.2%	9,109	9,637	-5.5%	5.7	5.3	0.8540	0.8695
Discharges/CMI-- All Acutes										
Visits-- All D&TCs & Acutes	4,179,842	4,153,977	0.6%	132,285	129,986	1.8%			0.9285	0.9159
Days-- All SNFs				495,975	583,060	-14.9%				

Notes:

Utilization

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery
D&TC: reimbursable visits
LTC: SNF and Acute days

All Payor CMI

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 13 and FY 14 beginning December 2013.

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

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

As of March 2014, all services at Coney Island have not been fully restored.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

KEY INDICATORS

FISCAL YEAR 2014 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
March 2014

NETWORKS	FTE's VS 6/15/13	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	better / (worse)
North Bronx							
Jacobi	(4.5)	\$ 405,782	\$ (3,915)	\$ 407,043	\$ 524	\$ (3,391)	-0.4%
North Central Bronx	<u>(20.0)</u>	<u>129,199</u>	<u>(18,842)</u>	<u>130,049</u>	<u>22,672</u>	<u>3,830</u>	<u>1.3%</u>
	(24.5)	\$ 534,981	\$ (22,758)	\$ 537,092	\$ 23,196	\$ 439	0.0%
Generations +							
Harlem	15.0	\$ 250,683	\$ (14,632)	\$ 250,756	\$ (5,028)	\$ (19,660)	-3.8%
Lincoln	15.5	378,938	7,409	355,496	105	7,514	1.0%
Belvis DTC	(2.0)	12,881	(696)	11,430	2,684	1,988	7.2%
Morrisania DTC	(2.5)	19,374	1,252	18,867	3,145	4,397	11.0%
Renaissance	<u>(4.0)</u>	<u>11,493</u>	<u>(1,885)</u>	<u>15,513</u>	<u>476</u>	<u>(1,410)</u>	<u>-4.8%</u>
	22.0	\$ 673,370	\$ (8,553)	\$ 652,061	\$ 1,382	\$ (7,170)	-0.5%
South Manhattan							
Bellevue	12.5	\$ 507,675	\$ (27,690)	\$ 541,302	\$ (10,125)	\$ (37,814)	-3.5%
Metropolitan	(30.0)	229,944	(10,218)	222,270	11,701	1,483	0.3%
Coler	38.0	43,179	(11,498)	99,789	(15,073)	(26,571)	-19.1%
Goldwater/H.J. Carter	(353.0)	49,506	(17,053)	112,335	(34,254)	(51,307)	-35.5%
Gouverneur	<u>43.5</u>	<u>51,506</u>	<u>(4,045)</u>	<u>66,127</u>	<u>1,461</u>	<u>(2,583)</u>	<u>-2.1%</u>
	(289.0)	\$ 881,811	\$ (70,504)	\$ 1,041,824	\$ (46,289)	\$ (116,793)	-6.0%
North Central Brooklyn							
Kings County	31.0	\$ 540,643	\$ (12,719)	\$ 508,683	\$ 2,758	\$ (9,962)	-0.9%
Woodhull	51.5	275,198	(29,787)	296,389	(10,101)	(39,889)	-6.7%
McKinney	6.0	25,066	(153)	33,751	(682)	(835)	-1.4%
Cumberland DTC	(5.0)	16,350	(4,821)	23,190	2,859	(1,962)	-4.2%
East New York	<u>5.0</u>	<u>15,979</u>	<u>(1,828)</u>	<u>17,901</u>	<u>634</u>	<u>(1,193)</u>	<u>-3.3%</u>
	88.5	\$ 873,235	\$ (49,308)	\$ 879,915	\$ (4,533)	\$ (53,840)	-3.0%
Southern Brooklyn/SI							
Coney Island	119.5	\$ 223,838	\$ (28,079)	\$ 267,740	\$ (1,109)	\$ (29,188)	-5.6%
Seaview	<u>(4.0)</u>	<u>28,338</u>	<u>3,352</u>	<u>38,842</u>	<u>(411)</u>	<u>2,942</u>	<u>4.6%</u>
	115.5	\$ 252,176	\$ (24,726)	\$ 306,582	\$ (1,520)	\$ (26,246)	-4.5%
Queens							
Elmhurst	(10.0)	\$ 425,984	\$ (4,659)	\$ 404,819	\$ 6,713	\$ 2,055	0.2%
Queens	<u>7.0</u>	<u>280,128</u>	<u>688</u>	<u>270,287</u>	<u>(9,663)</u>	<u>(8,976)</u>	<u>-1.7%</u>
	(3.0)	\$ 706,111	\$ (3,971)	\$ 675,107	\$ (2,950)	\$ (6,921)	-0.5%
NETWORKS TOTAL	<u>(90.5)</u>	<u>\$ 3,921,684</u>	<u>\$ (179,819)</u>	<u>\$ 4,092,580</u>	<u>\$ (30,713)</u>	<u>\$ (210,533)</u>	<u>-2.6%</u>
Central Office	64.0	241,668	8,674	192,048	(12)	8,662	2.0%
HHC Health & Home Care	9.0	10,229	(11,362)	26,975	(4,362)	(15,723)	-35.6%
Enterprise IT	<u>26.5</u>	<u>53,649</u>	<u>576</u>	<u>133,528</u>	<u>14,910</u>	<u>15,486</u>	<u>7.7%</u>
GRAND TOTAL	<u>9.0</u>	<u>\$ 4,227,229</u>	<u>\$ (181,931)</u>	<u>\$ 4,445,131</u>	<u>\$ (20,177)</u>	<u>\$ (202,108)</u>	<u>-2.3%</u>

Notes:

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

As of March 2014, all services at Coney Island have not been fully restored.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2014 vs Fiscal Year 2013 (in 000's)
TOTAL CORPORATION

	Month of March 2014			Fiscal Year To Date March 2014		
	actual 2014	actual 2013	better / (worse)	actual 2014	actual 2013	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 65,284	\$ 70,955	\$ (5,672)	\$ 627,238	\$ 642,242	\$ (15,004)
Medicaid Managed Care	47,903	50,885	(2,982)	480,065	463,434	16,631
Medicare	44,473	34,156	10,317	415,195	386,130	29,065
Medicare Managed Care	31,869	16,238	15,631	232,019	166,576	65,443
Other	<u>20,225</u>	<u>20,032</u>	<u>193</u>	<u>171,495</u>	<u>157,897</u>	<u>13,598</u>
Total Inpatient	\$ 209,753	\$ 192,266	\$ 17,488	\$ 1,926,013	\$ 1,816,280	\$ 109,733
Outpatient						
Medicaid Fee for Service	\$ 10,423	\$ 17,139	\$ (6,716)	\$ 139,976	\$ 127,148	\$ 12,828
Medicaid Managed Care	55,611	32,129	23,482	428,964	305,961	123,003
Medicare	4,016	1,675	2,341	38,149	41,477	(3,328)
Medicare Managed Care	10,121	6,150	3,972	74,772	67,446	7,326
Other	<u>14,836</u>	<u>13,057</u>	<u>1,780</u>	<u>130,676</u>	<u>107,608</u>	<u>23,068</u>
Total Outpatient	\$ 95,007	\$ 70,150	\$ 24,858	\$ 812,538	\$ 649,640	\$ 162,898
All Other						
Pools	\$ 5,968	\$ 5,274	\$ 694	\$ 335,317	\$ 334,171	\$ 1,146
DSH / UPL	-	-	0	876,600	878,435	(1,835)
Grants, Intracity, Tax Levy	35,811	34,989	822	186,352	266,690	(80,338)
Appeals & Settlements	16,471	9,382	7,089	43,887	39,862	4,025
Misc / Capital Reimb	<u>3,276</u>	<u>5,622</u>	<u>(2,347)</u>	<u>46,523</u>	<u>60,312</u>	<u>(13,789)</u>
Total All Other	\$ 61,525	\$ 55,267	\$ 6,258	\$ 1,488,679	\$ 1,579,471	\$ (90,792)
Total Cash Receipts	\$ 366,286	\$ 317,683	\$ 48,603	\$ 4,227,229	\$ 4,045,390	\$ 181,839
Cash Disbursements						
PS	\$ 188,790	\$ 273,826	\$ 85,037	\$ 1,863,620	\$ 1,867,927	\$ 4,307
Fringe Benefits	63,839	59,939	(3,900)	826,829	546,358	(280,470)
OTPS	111,930	125,193	13,263	1,002,678	988,080	(14,598)
City Payments	-	-	0	19,403	141,363	121,960
Affiliation	76,150	77,661	1,511	676,351	689,060	12,709
HHC Bonds Debt	<u>5,669</u>	<u>6,765</u>	<u>1,096</u>	<u>56,251</u>	<u>81,189</u>	<u>24,938</u>
Total Cash Disbursements	\$ 446,378	\$ 543,385	\$ 97,007	\$ 4,445,131	\$ 4,313,978	\$ (131,153)
Receipts over/(under) Disbursements	\$ (80,092)	\$ (225,702)	\$ 145,610	\$ (217,902)	\$ (268,588)	\$ 50,685

Notes:

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

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Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2014 (in 000's)
TOTAL CORPORATION

	Month of March 2014			Fiscal Year To Date March 2014		
	actual 2014	budget 2014	better / (worse)	actual 2014	budget 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 65,284	\$ 85,852	\$ (20,568)	\$ 627,238	\$ 757,796	\$ (130,558)
Medicaid Managed Care	47,903	57,656	(9,753)	480,065	523,896	(43,831)
Medicare	44,473	36,981	7,492	415,195	388,777	26,419
Medicare Managed Care	31,869	21,236	10,633	232,019	187,092	44,927
Other	<u>20,225</u>	<u>18,551</u>	<u>1,674</u>	<u>171,495</u>	<u>175,296</u>	<u>(3,801)</u>
Total Inpatient	\$ 209,753	\$ 220,276	\$ (10,523)	\$ 1,926,013	\$ 2,032,856	\$ (106,844)
Outpatient						
Medicaid Fee for Service	\$ 10,423	\$ 17,575	\$ (7,152)	\$ 139,976	\$ 180,502	\$ (40,525)
Medicaid Managed Care	55,611	53,539	2,072	428,964	432,934	(3,970)
Medicare	4,016	5,874	(1,859)	38,149	57,990	(19,841)
Medicare Managed Care	10,121	12,062	(1,941)	74,772	75,586	(813)
Other	<u>14,836</u>	<u>15,341</u>	<u>(504)</u>	<u>130,676</u>	<u>140,128</u>	<u>(9,452)</u>
Total Outpatient	\$ 95,007	\$ 104,391	\$ (9,384)	\$ 812,538	\$ 887,139	\$ (74,601)
All Other						
Pools	\$ 5,968	\$ 6,436	\$ (468)	\$ 335,317	\$ 338,305	\$ (2,988)
DSH / UPL	-	-	0	876,600	876,600	(0)
Grants, Intracity, Tax Levy	35,811	30,762	5,049	186,352	181,487	4,865
Appeals & Settlements	16,471	17,196	(725)	43,887	44,001	(114)
Misc / Capital Reimb	<u>3,276</u>	<u>4,886</u>	<u>(1,610)</u>	<u>46,523</u>	<u>48,772</u>	<u>(2,249)</u>
Total All Other	\$ 61,525	\$ 59,279	\$ 2,246	\$ 1,488,679	\$ 1,489,164	\$ (486)
Total Cash Receipts	\$ 366,286	\$ 383,947	\$ (17,661)	\$ 4,227,229	\$ 4,409,160	\$ (181,931)
Cash Disbursements						
PS	\$ 188,790	\$ 185,762	\$ (3,028)	\$ 1,863,620	\$ 1,851,071	\$ (12,549)
Fringe Benefits	63,839	63,912	73	826,829	833,456	6,627
OTPS	111,930	118,057	6,127	1,002,678	985,558	(17,120)
City Payments	-	-	0	19,403	19,403	(0)
Affiliation	76,150	76,363	213	676,351	676,320	(31)
HHC Bonds Debt	<u>5,669</u>	<u>6,961</u>	<u>1,292</u>	<u>56,251</u>	<u>59,147</u>	<u>2,896</u>
Total Cash Disbursements	\$ 446,378	\$ 451,055	\$ 4,678	\$ 4,445,131	\$ 4,424,955	\$ (20,177)
Receipts over/(under) Disbursements	\$ (80,092)	\$ (67,109)	\$ (12,983)	\$ (217,902)	\$ (15,795)	\$ (202,108)

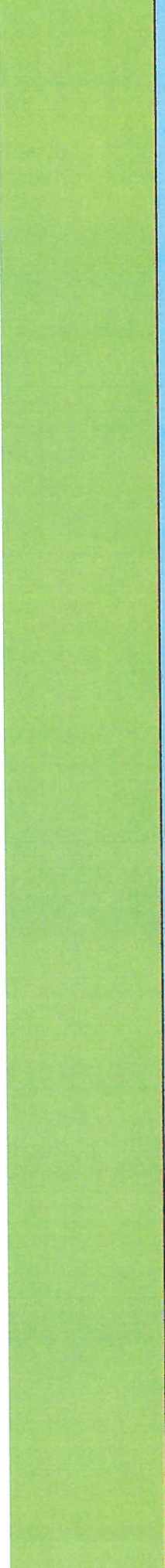
Notes:

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ACTION ITEM #1



RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“Corporation”) to negotiate and execute an agreement with BSI Healthcare Audit Services LLC (“BSI”) to provide the Corporation with payment recapture/recovery services and to improve the Corporation’s ability to detect, recover and prevent future improper payments on a contingency basis, at a fee of 17% of net recoveries. The contract is for an initial term of three (3) years with an option to extend for up to two additional one-year terms, solely exercisable by the Corporation.

WHEREAS, gaining control of potential revenue leakage, improving financial transparency and eliminating fraud are paramount to sustaining the Corporation’s operations; and

WHEREAS, healthcare and government entities generally can discover payments in excess of contractual requirements through audit techniques using sophisticated computer-auditing methods; and

WHEREAS, the Corporation recognizes that it requires the services of a firm experienced in healthcare recovery services and risk assessment;

WHEREAS, the Corporation issued a Request For Expression of Interest, and, as a result of the Corporation's evaluation process, determined that BSI’s proposal best meets the requirements of the solicitation and would be most advantageous to the Corporation; and

WHEREAS, the overall responsibility for managing and monitoring the contract shall be under the Senior Vice President/CFO and the Corporate Comptroller.

NOW, THEREFORE, Be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (“Corporation”) be and hereby is authorized to negotiate and execute an agreement with to negotiate and execute an agreement with BSI Healthcare Audit Services LLC (“BSI”) to provide the Corporation with payment recapture/recovery services and to improve the Corporation’s ability to detect, recover and prevent future improper payments on a contingency basis, at a fee of 17% of net recoveries. The contract is for an initial term of three (3) years with an option to extend for up to two additional one-year terms, solely exercisable by the Corporation.



*Accounts Payable Recovery, and
Risk Assessment Services RFEI*

May 7, 2014



Why HHC Needs an Accounts Payable Recovery Vendor?

- Accounts Payable Recovery vendors are uniquely trained and have proprietary sophisticated computer auditing methods to detect overpayments.
- Corporation's annual vendor spend = \$1.5 billion.
 - Projected overpayment recovery at 0.25% of HHC's spend = **\$3.75 M.**
- Vendor's fee is based on a contingency amount of the amount recovered. If no recoveries are made, no fee is expended.



Vendor Selection

- Request For Expression of Interest (RFEI) released in November 2013, posted to the city and HHC websites and sent to five vendors.
- The RFEI Selection Committee Members:
 - James Linhart, Chairperson, Deputy Corporate Comptroller
 - Anthony Rosanno, CFO, Health and Home Care
 - Rosa Gentile, Manager Accounts Payable, MetroPlus
 - Thomas Sexton, Controller, North Bronx Health Network
 - Illyse Wilensky, Director of Accounts Payable, Bellevue
 - Franco Saggiocca, (Non voting) Director, Procurement Systems and Operations
- Five firms responded to RFEI.
- The RFEI Selection Committee chose BSI Healthcare Services, Inc. as the highest rated proposer for both cost and quality.



Who is BSI Healthcare Services?

- BSI Healthcare Audit Services LLC (BSI) is a \$5M+ professional consulting firm with 23 years of success in healthcare recovery services.
- BSI has provided healthcare recovery services to healthcare clients ranging from 100 to well over 1,000 beds per site. Including:
 - Kaiser Permanente, Oakland, CA (8,100 beds). Contract for 4+ years
 - Fairview Health Services, Minneapolis, MN (1,400 beds). Contract for 8+ years
 - BJC Health Care, St. Louis, MO (3,200 beds). Contract for 5+ years
 - NY Medical Center, Queens, NY (500+ beds). Contract for 1 year.
- According to BSI, gross savings from recent clients range from \$1.9M to \$8.5M per contract



How does BSI identify overpayment?

- Duplicate Payments
- Cash/trade discounts
- Purchase order exceptions
- Contract compliance
- Vendor Returns
- Pricing differences
- Rebates



Scope of the Contract

- The contract is for 3 years with option to renew for two (2) one year extensions.
- BSI will be reviewing
 - ❖ Materials Management purchases
 - FY2011
 - FY2012
 - FY2013
 - ❖ Pharmacy purchases for fiscal year 2013



Contract costs and benefits

Corporation's Vendor Spend	\$ 1,500,000,000
(e.g.) Estimated Recovery % per year	0.25%
Estimated Recovery per year	\$ 3,750,000
Contingency Fee %*	16.75%
Contingency Fee per year	\$ 627,938
Estimated Net Recovery per year	\$ 3,122,063

* Contingency fee = 17%, less Premier's rebate

EXECUTIVE SUMMARY

Background:

Federal Healthcare Reform contained within the Affordable Care Act coinciding with New York State's cuts in reimbursements are presenting financial challenges within the health care industry in the City of New York as well as for the NYC Health and Hospitals Corporation (The Corporation). Gaining control of potential revenue leakage, improving financial transparency and eliminating fraud are paramount to sustaining the Corporation's operations.

Healthcare and government entities generally can discover payments in excess of contractual requirements through audit techniques using sophisticated computer-auditing methods. The Corporation seeks to take advantage of these methods, which have been developed through contractor experience. Excess payments include any payments made to vendors and contractors in excess of contractual amounts. Annual accounts payable volume for the Corporation is \$1.5 billion. The processing and payments are both highly manual processes which can be subject to errors. Four of the Corporation's facilities have utilized other accounts payable recovery firms and realized an average recovery of \$308,781 per facility per contract period.

BSI Healthcare Services is a \$5M+ professional consulting firm with healthcare clients ranging from 100 to well over 1,000 beds per site. They have worked with the largest networks and individual hospitals in the country for over 23 years.

RFEI Issued:

On November 1, 2013, HHC issued a Request for Expression of Interest (RFEI) to provide Accounts Payable Recovery, and Risk Assessment Services. The purpose of the RFEI is to select an Accounts Payable Recovery, and Risk Assessment services company that will detect and assist the Corporation to recover accounts payable overpayments while making recommendations to improve processes that will eliminate overpayments in the future.

Responses Received:

The RFEI was sent to 5 vendors who had entered into Accounts Payable Recovery, and Risk Assessment Services via a New York state, local, federal government or HHC group purchasing contract vehicle (Premier, Novation, Amerinet, etc). Five firms responded to the RFEI with their proposals. They were APR iKnowHow, ST Health Group, The Audit Group, BSI Healthcare Services and Provider Audit Services.

Selection Process:

Franco Saggiocca, Director, Procurement Systems and Operations reviewed the proposals for minimum requirements. The Selection Committee was then provided with a copy of the RFEI, the proposal from each firm and evaluation forms. The Selection Committee members are as follows:

1. James Linhart, Chairperson, Deputy Corporate Comptroller
2. Anthony Rosanno, CFO, Health and Home Care
3. Rosa Gentile, Manager Accounts Payable, MetroPlus
4. Thomas Sexton, Controller North Bronx Health Network
5. Ilysse Wilensky, Director of Accounts Payable, Bellevue

The Selection Committee unanimously voted BSI Healthcare Services as the selected contractor. Please refer to the Contract Fact Sheet for a complete description of the selection process.

Implementation:

Once the contract is awarded, BSI Healthcare Services will:

EXECUTIVE SUMMARY

- Provide payment recapture/recovery services, for the Corporation's programs and activities (e.g., grants, loans, benefits, contracts and other assistance), to improve the Corporation's ability to detect, recover and prevent future improper payments. The Contractor shall provide the tools, methodologies, and skills necessary to work with appropriate personnel to address the payment recapture/recovery needs of the Corporation.
- Provide periodic reports on conditions giving rise to overpayments identified by the Contractor and any recommendations on how to mitigate such conditions. These reports shall include but are not limited to a description of the causes of the improper payments, actions planned or taken to correct those causes, and the planned or actual completion date of the actions taken to address those causes. The Contractor shall notify the Corporation of any overpayments identified by the Contractor pertaining to the Corporation or to any other agency or agencies that are beyond the scope of the contract. The Contractor shall attest to their staff's skill and experience to detect fraud.
- Review and analyze accounts payable and purchasing information from the Corporation's internal and external sources to discover payments in excess of contractual and legal requirements. Recovery services will include the identification of overpayments, or asset misdirection, and tracking recouping amounts or assets identified for the Corporation.
- Provide best practice recommendations and training to the Corporation for improvements based upon observations and discoveries made during and throughout the contract period.
- Provide a bi-weekly report of recoveries and confirmed credits.

The Office of the Corporate Comptroller will monitor the progress of the above goals.

Contract Costs:

The contract for these services will be for a period of three years, with two one-year renewal options, at a contingency rate not to exceed 17% of net recoveries. In addition, the Corporation will also receive a rebate of 1.5% of the 3% fee that the vendor is charged through contractual terms with their GPO (Premier). The rebate is paid directly to the Corporation by Premier.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: ACCOUNTS PAYABLE RECOVERY, AND RISK ASSESSMENT SERVICES FOR NYCHHC

Project Title & Number: _____

Project Location: Corporate Wide

Requesting Dept.: Corporate Comptroller

Successful Respondent:	<u>BSI Healthcare Audit Services LLC.</u>
Contract Amount:	<u>17 % of the Net Recoveries</u>
Contract Term:	<u>3 years with two additional one year options</u>

Number of Respondents: Five
(If sole source, explain in background section)

Range of Proposals: 17% to 25% of Net Recoveries

Minority Business

Enterprise Invited: Yes If no, please explain: The RFEI was sent to 5 vendors who had entered into Accounts Payable Recovery, and Risk Assessment Services via a New York state, local, federal government or HHC group purchasing contract vehicle. The RFEI was also posted on HHC's website and the City's website

Funding Source: General Care Capital
 Grant: explain _____
 Other: explain _____

Method of Payment: Lump Sum Per Diem Time and Rate
 Other: explain Contingency billing. Paid based on monthly invoices after payments are recovered by HHC.

EEO Analysis: E.E.O. office has approved BSI Healthcare Audit Services LLP.

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No N/A *Pending*

(required for contracts in the amount of \$50,000 or more awarded pursuant to an RFP or as a sole source, or \$100,000 or more if awarded pursuant to an RFB.)

Vendex documents provided by the vendor & its subcontractors have been sent to the Office of Legal Affairs.

CONTRACT FACT SHEET (continued)

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

Federal Healthcare Reform contained within the Affordable Care Act coinciding with New York State's cuts in reimbursements are presenting financial challenges within the health care industry in the City of New York as well as for the NYC Health and Hospitals Corporation (The Corporation). Gaining control of potential revenue leakage, improving financial transparency and eliminating fraud are paramount to sustaining the Corporation's operations.

Healthcare and government entities generally can discover payments in excess of contractual requirements through audit techniques using sophisticated computer-auditing methods. The Corporation seeks to take advantage of these methods, which have been developed through contractor experience. Excess payments include any payments made to vendors and contractors in excess of contractual amounts. Annual accounts payable volume for the Corporation is \$1.5 billion. The processing and payments are both highly manual processes which can be subject to errors. Four of the Corporation's facilities have utilized accounts payable recovery firms and realized an average recovery of \$308,781 per facility per contract period.

Contract Review Committee

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

5/7/14

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

Previously not submitted to CRC

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

The Selection Committee members are:

1. James Linhart, Chairperson, Deputy Corporate Comptroller
2. Anthony Rosanno, CFO, Health and Home Care
3. Rosa Gentile, Manager Accounts Payable, MetroPlus
4. Thomas Sexton, Controller North Bronx Health Network
5. Ilyse Wilensky, Director of Accounts Payable, Bellevue

Minimum Requirements Reviewer and non-voting member

6. Franco Sagliocca, Director, Procurement Systems and Operations

CONTRACT FACT SHEET (continued)

The financial institutions responded to the RFP:

APR iKnowHow
ST Health Group
The Audit Group
BSI Healthcare Services
Provider Audit Services

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

The Selection Committee reviewed proposals submitted by five firms and decided to eliminate two because of the high contingency fees that they had proposed. The Committee reviewed the proposals using the evaluation criteria to eliminate one additional firm and to select two firms (BSI Healthcare Audit Services and The Audit Group) to send additional questions to. The firms were then evaluated based on their proposals and responses to additional questions. The breadth of knowledge, experience and approach to Accounts Payable cost recoveries of the two firms were comparable however BSI's pricing was favorable to HHC, hence BSI Healthcare Audit Services was chosen.

Scope of work and timetable:

Scope of Work:

- The Contractor shall provide payment recapture/recovery services, for the Corporation's programs and activities (e.g., grants, loans, benefits, contracts and other assistance), to improve the Corporation's ability to detect, recover and prevent future improper payments. The Contractor shall provide the tools, methodologies, and skills necessary to work with appropriate personnel to address the payment recapture/recovery auditing needs of the Corporation.
- The Contractor shall provide periodic reports on conditions giving rise to overpayments identified by the Contractor and any recommendations on how to mitigate such conditions. These reports shall include but are not limited to a description of the causes of the improper payments, actions planned or taken to correct those causes, and the planned or actual completion date of the actions taken to address those causes. The Contractor shall notify the Corporation of any overpayments identified by the Contractor pertaining to the Corporation or to any other agency or agencies that are beyond the scope of the contract. The Contractor shall attest to their staff's skill and experience to detect fraud.
- The Contractor will be expected to review and analyze accounts payable and purchasing information from the Corporation's internal and external sources to discover payments in excess of contractual and legal requirements. Recovery services will include the identification of overpayments, or asset misdirection, and tracking recouping amounts or assets identified for the Corporation.
- The contractor will be expected to provide best practice recommendations and training to the Corporation for improvements based upon observations and discoveries made during and throughout the contract period.
- The contractor will be expected to provide a bi-weekly report of recoveries and confirmed credits.

CONTRACT FACT SHEET (continued)

Deliverables/Timeframes:

ITEM	DELIVERABLE / EVENT	OBJECTIVE	DUE BY
1	Kick-Off Meeting	Introductions and discussions to include implementation strategy and confirm assumptions with the Corporation's finance staff.	No Later Than 7 business days after date of award
2	Proposed Project Plan	Proposed plan to define responsibilities, timelines, deliverables, and milestones necessary to accomplish the objectives of contract.	Due with proposal – will be discussed at the Kick-Off Meeting.
3	Final Project Plan	Detailed plan to define responsibilities, timelines, deliverables, and milestones necessary to accomplish the objectives of contract as agreed to at the Kick-Off meeting	Due no later than 5 business days after the Kick-Off Meeting.
4	Bi-Weekly Project Status Meetings	a) Overall status; b) major accomplishments for the week as compared to the work plan tasks and milestones; c) outstanding issues/incidents logs; d) outline of the major goals for the coming week.	Bi-Weekly

Costs/Benefits:

The contract does not cost the Corporation anything unless recoveries are made. Two of the Corporation's Networks (NBHN and Queens) have recovered dollars by employing similar companies. If BSI Healthcare Audit Services is able to recover the estimated \$10 million in overpayments in Accounts Payable, the contingency fees of 17% of net recoveries would be worth the expense.

Why can't the work be performed by Corporation staff:

The Corporation does not have the staff or the expertise to conduct this work.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No

Contract monitoring (include which Vice President is responsible):

Marlene Zurack, Senior Vice President/Chief Financial Officer and Jay Weinman, Corporate Comptroller

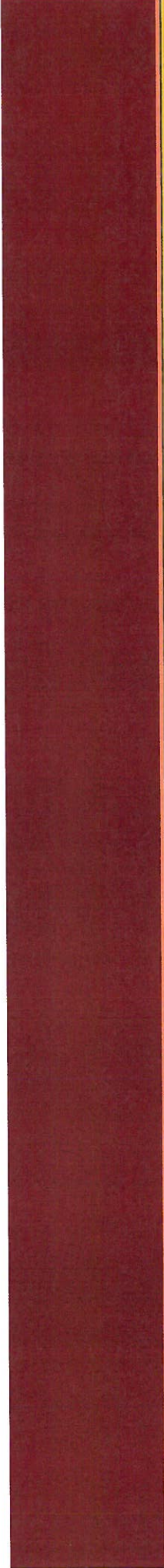
CONTRACT FACT SHEET (continued)

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

Received By E.E.O. 4/2/14
Date

Analysis Completed By E.E.O. 4/3/14 Manasses C. Williams
Date Name

ACTION ITEM # 2



RESOLUTION

Authorizing the President to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation (“HHC” or the “Corporation”) and Base Tactical Disaster Recovery, Inc. (“Base Tactical”) to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency (“FEMA”) for expenses incurred by the Corporation in connection with damages caused by Superstorm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed \$2,590,600.

WHEREAS, on October 29, 2012 Superstorm Sandy caused substantial damage to numerous HHC facilities, which required the evacuation of all patients and staff from Bellevue Hospital Center and Coney Island Hospital; and

WHEREAS, the President of HHC issued a Declaration of Emergency and directed that repairs and replacement of facility assets necessary to have the facilities resume providing medical care to their respective communities be carried out immediately; and

WHEREAS, a Request for Proposals was issued November 23, 2012 and Base Tactical was the highest rated respondent and was awarded the contract for the period of February 1, 2013 through July 31, 2014; and

WHEREAS, said contract is expiring and a change of vendors at this time would jeopardize the Corporation’s ability to fully recoup its expenses and to maximize its mitigation funding for the facilities impacted by Superstorm Sandy; and

WHEREAS, the extension of the Base Tactical contract will enable the Corporation to secure FEMA obligations, identify appropriate solutions to harden HHC facilities’ physical structures so that they can resist future storms and proceed with their reconstruction; and

WHEREAS, the Executive Vice President and Chief Operating Officer of the Corporation shall be responsible for the overall management, monitoring and enforcement of the contract extension.

NOW, THEREFORE be it

RESOLVED, that the President be and hereby is authorized to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation and Base Tactical Disaster Recovery, Inc. to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency for expenses incurred by the Corporation in connection with damages caused by Superstorm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed \$2,590,600.



ny.gov/hhc

The New York City Health and Hospitals Corporation

Hurricane Sandy Recovery Update & Phase 3 April 2014

Agenda

- Update on the status of HHC FEMA claims
- Next steps
 - Obligated Project Worksheets
 - Approved HMP 406 Projects
 - Design, contract and reconstruct
- Timeline
- HHC proposed Hazard Mitigation solutions for Coney Island and Bellevue Hospitals

Response

Recovery

Reconstruction

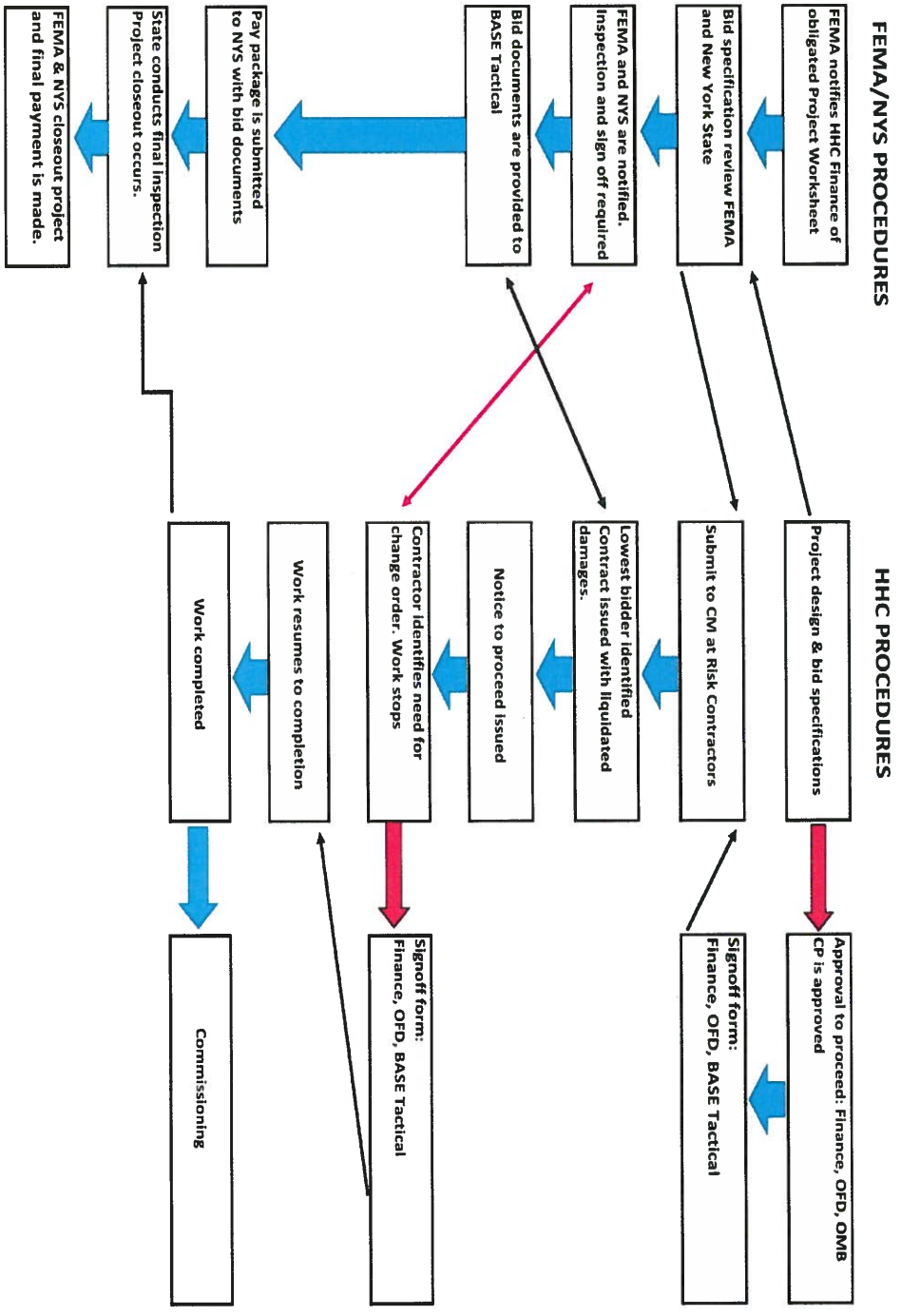
- Emergency Stabilization
- Complete Project Worksheets
- Determine permanent solutions and flood mitigation options
- Develop BCA's for HMGP 406 & 404
- Restore facilities to pre-disaster condition with hazard mitigation improvements.

Facility projects

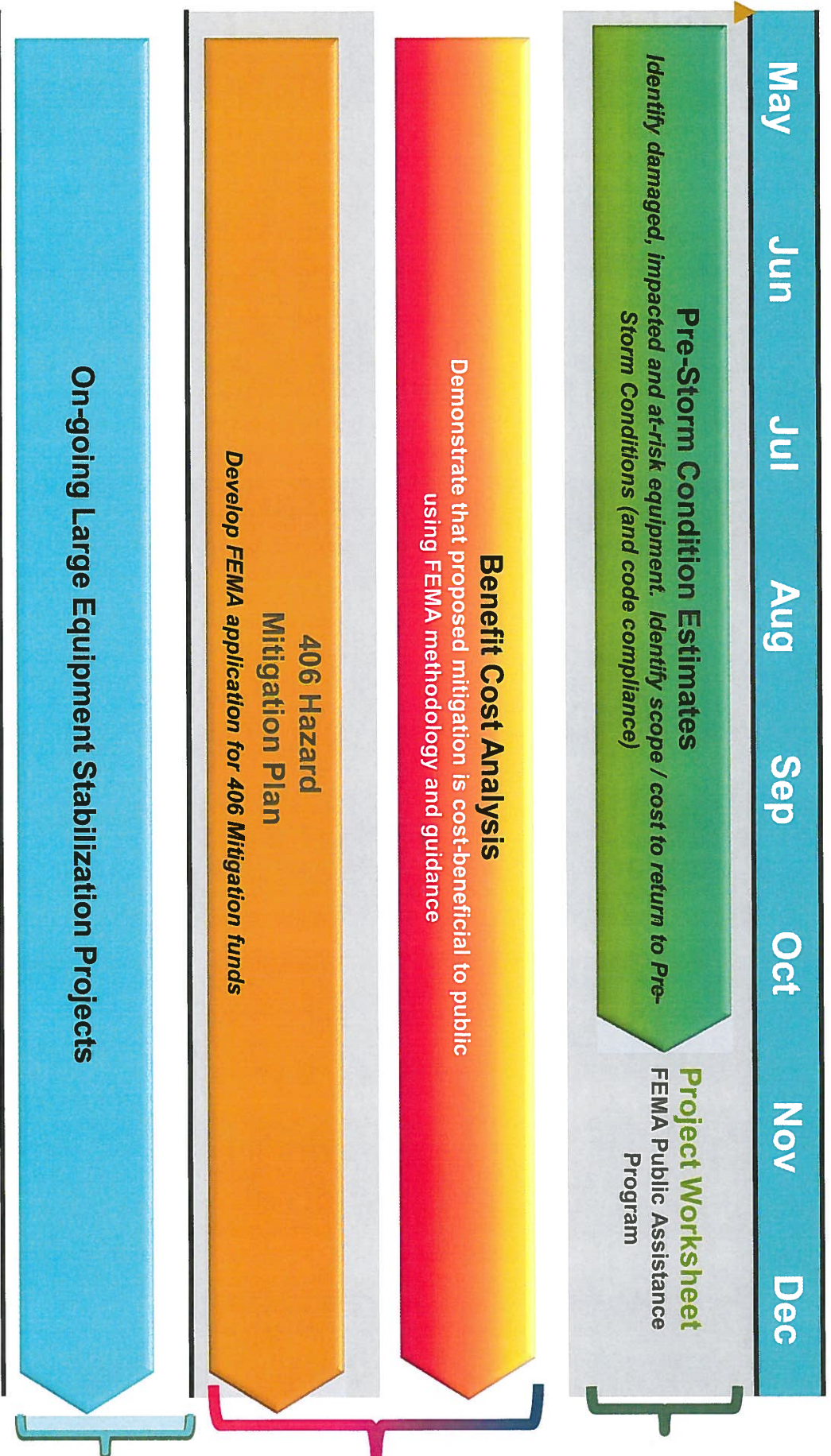
- **Bellevue:**
 - Raise infrastructure
 - Replacement generator
 - Mitigate from future events
- **Coler:**
 - Lighting, doors, 1st floor auditorium
 - Replace generator
 - Mitigate from future events
- **Coney Island:**
 - Significant first floor construction including moving services to higher floors
 - Replace switchgear
 - Mitigate from future events
- **Metropolitan:**
 - Duct bank, electrical feeds, switchgear, conference center

HHC PERMANENT RECONSTRUCTION PROCESS - FEMA CLAIMS

February 7, 2014



Timeline for Obtaining Hazard Mitigation Funding



Questions

EXECUTIVE SUMMARY

A contract was awarded to Base Tactical Disaster Recovery on November 6, 2012 via the President's Declaration of Emergency for the purpose of assuring that the Corporation had expert consulting services in the area of Disaster Recovery Project Management in response to the catastrophic damage caused to HHC facilities by Superstorm Sandy. The contract, which was for an amount not to exceed \$1.2 million, expired on January 31, 2013.

A Request for Proposals was issued November 23, 2012 to test the market. Base Tactical was the highest rated respondent and was awarded the contract for the period of February 1, 2013 through July 31, 2014 for Consulting Services for FEMA Related Disaster Recovery reimbursable expenses and for assuring FEMA mitigation funding. The contract was for an amount not to exceed \$4,422,700.

Base Tactical is currently in negotiations with FEMA for the provision of mitigation funding and for reimbursement for emergency work that has been completed by the facilities. HHC requires Base Tactical's services to secure FEMA obligations, identify appropriate solutions to harden the facilities structures so they can avoid damage in future storms and proceed with their reconstruction. A change of vendors at this time would jeopardize the Corporation's ability to fully recoup its expenses and to maximize its mitigation funding for the facilities impacted by Superstorm Sandy.

It is not in the Corporation's best interest to solicit a new vendor via a Request for Proposals for Consulting Services rather than extend Base Tactical's contract for an amount not to exceed \$2,590,600. The contract extension is for a period of one year with an option to extend for one year exercisable solely by the Corporation.

Under the contract extension, Base Tactical shall perform expert consultant services in disaster management and recovery including strategic planning and project management and the finance processes involved in applying for and claiming public assistance from the Federal Emergency Management Agency (FEMA).

Strategic Planning The Corporation is currently challenged with identifying appropriate solution to harden structure for future events. The consultant shall provide a strategic process to secure approval for FEMA Hazard Mitigation

programs 404 and 406 which may allow HHC to secure an additional \$500M in federal grants to protect

Project Management Reporting on a regular basis to the CEO's of the individual hospitals, the consultant shall provide project management services for reconstruction projects related to Superstorm Sandy. The consultant shall also provide weekly updates to the Corporate CEO, COO and Finance.

Finance The Corporation is securing FEMA public assistance. This effort is being centrally managed by the Corporate CFO. The consultant shall perform accounting and compile actual costs data while securing FEMA obligation and grant administration and funding reimbursement.

Contract Administration Requirements during reconstruction on FEMA claims generate a need for significant additional documentation to account for change orders, scope comparisons, and codes and standards. The consultant shall perform these services as reconstruction proceeds.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Consulting Services for Federal Emergency Management Agency
(FEMA) Related Disaster Recovery Funding

Project Title & Number: Consulting Services for FEMA Related Disaster Recovery Funding

Project Location: Bellevue, Central Office, Coler, Coney Island, Harlem,
Health and Home Care, Kings, Metropolitan, Metro Plus,
Neponsit

Successful Respondent:	Base Tactical Disaster Recovery
Contract Amount:	Not to exceed \$2,590,600
Contract Term:	1 year with the option to extend for one year.

Requesting Dept.: Corporate Operations

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

Range of Proposals: N/A

Minority Business Enterprise Invited: X Yes

Funding Source: X Grant: eligible for 90% FEMA and 10% CDBG (Community Development Block Grant) reimbursement

Method of Payment: X Other: explain Project based, not to exceed \$2,590.600

EEO Analysis: Approval

Compliance with HHC's McBride Principles? Yes

Vendex Clearance Vendex approval

CONTRACT FACT SHEET (continued)

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

The New York City Health and Hospitals Corporation (HHC) requires the services of a consultant expert in disaster management and recovery including strategic planning and project management and the finance processes involved in applying for and claiming public assistance from the Federal Emergency Management Agency (FEMA).

Strategic Planning The Corporation is currently challenged with identifying appropriate solution to harden structure for future events. The Consultant shall provide a strategic process to secure approval for FEMA Hazard Mitigation programs 404 and 406 which may allow HHC to secure an additional \$500M in federal grants to protect

Project Management Reporting on a regular basis to the CEO's of the individual hospitals, the consultants shall provide project management services for reconstruction projects related to Hurricane Sandy. The consultant shall also provide weekly updates to the Corporate CEO, COO and Finance.

Finance The Corporation is securing FEMA public assistance. This effort is being centrally managed by the Corporate CFO. The consultant shall perform accounting and compile actual costs data while securing FEMA obligation and grant administration and funding reimbursement.

CONTRACT FACT SHEET (continued)

Contract Review Committee

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

The Contract Review Committee (CRC) reviewed and approved the issuance of a Request for Proposal (RFP) on its November 21, 2012 meeting.

The Contract was presented and approved on January 4, 2013.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC?

The budget will be \$2.59 million and the timeframe will be 12 months with an option to extend for one year.

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

Selection Committee Members:

Roslyn Weinstein, SAVP, President's Office, Chair
Alfonso Pistone, AVP, OFD
Daniel Collins, Director/Engineering, CIH
Frederick Covino, AVP, Budget
Joseph Quinones, SAVP, Operations
Michael Buchholz, AED, Coler
Michael Rawlings, AED, Bellevue

List of firms responding to RFP:

David M Shapiro
Jacobs
Base Tactical
Witt Associates
CDM Smith/Navigant
Resilire
Ernst & Young
Experis

List of firms considered for Best and Final:

Jacobs
Base Tactical
HHC 590B (R July 2011)

The Selection Committee members rated each proposal and voted on weighted average based upon the following evaluation criteria (in order of priority):

- Depth and Technical Expertise of Staff
- Sufficient Staff to complete the project within the contract term
- Ability to Work with and Educate Corporate Staff so that it can Become Self Sufficient
- Methodology that will be used to support HHC's FEMA application and claiming
- Strategy for applying for FEMA funding
- Demonstrated knowledge of hospital building infrastructure, equipment, space adjacencies and operations
- Deliverables that meet HHC's needs
- Number of Hours Assigned to Each Category Appropriate
- Allocation of the staff and expertise allow for cost effective completion of the engagement
- Hourly rates for staff reasonable

Base Tactical received the highest rating from the Committee members.

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

FEMA will reimburse 90% of direct administrative costs under typical circumstances. The City of New York will reimburse 10% from funding received from CDBG (Community Development Block Grants). The Corporation has submitted nearly \$150 million in costs for Emergency Protective Measures to FEMA for the initial dewatering and abatement activities needed to restore services at Bellevue, Coler, and Coney. Base Tactical will coordinate the Corporation's submittal of Project Worksheets for more than \$200M in costs for reconstruction at Bellevue, Coler, Coney, and Metropolitan Hospitals.

Base Tactical has worked with the Hospital staff to assess the damages and catalog and video tape data needed for the Project Worksheets. In addition, the City has appropriated another \$300 million for permanent work to bring electrical and other operations back, as a down payment on expected FEMA reimbursement. In addition FEMA will provide funding to harden the facilities from future events and there is potential to secure more than \$500M for Hazard Mitigation.

If we assume the City appropriation number of \$300 million at 90%, the potential reimbursement is \$270 million. If we assume more current estimates including Hazard Mitigation the potential reimbursement is \$850 million. FEMA both allows and encourages the use of outside experts and reimburses for their services. In sum, the Corporation would be well advised to avail itself of this much needed expertise.

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

A contract was awarded to Base Tactical Disaster Recovery on November 6, 2012 via the President's Declaration of Emergency for the purpose of assuring that the Corporation had expert consulting services in the area of Disaster Recovery Project Management in response to the catastrophic damage caused to HHC facilities by Hurricane Sandy. The contract expired on January 31, 2013 for an amount not to exceed \$1.2 million.

A Request for Proposals was issued November 23, 2012 to test the market. Base Tactical was the highest rated respondent and was awarded the contract for the period of February 1, 2013 through July 31, 2014 for Consulting Services for FEMA Related Disaster Recovery reimbursable expenses and for assuring FEMA mitigation funding. The contract was for an amount not to exceed \$4,422,700.

Base Tactical is currently in negotiation with FEMA for the provision of mitigation funding and for reimbursement for emergency work that has been completed by the facilities. It would create an exposure for the Corporation to change vendors at this time. A change of vendors at this time would jeopardize the Corporation's ability to fully recoup its expenses and to maximize its mitigation funding for the facilities impacted by Hurricane Sandy.

It is not in the Corporation's best interest to solicit a new vendor via a Request for Proposals for Consulting Services in this area. Therefore, the Corporation shall extend HHC Contract #CO-DIS-14-07-031, Consulting Services for FEMA Related Disaster Recovery Funding for a period of one year with an option to extend for one year to secure FEMA obligations, identify appropriate solutions to harden structures for future events and proceed with reconstruction of HHC facilities.

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

Corporate staff does not have the requisite experience in such matters.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

NO

Contract monitoring:

Antonio Martin, Executive VP/COO, President's Office

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

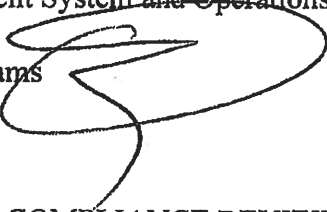
Received By E.E.O.: December, 2012

Analysis Completed By E.E.O.: January 2, 2013

By Manassess Williams, AVP, Affirmative Action

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: David Larish
Director Procurement System and Operations

FROM: Manasses C. Williams 

DATE: January 2, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **BASE Tactical Disaster Recovery, Inc.**, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC's Corporate wide

Contract Number: _____ Project: Consulting services in disaster management and recovery

Submitted by: HHC's Operations department

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

MCW:pat

c:

PAYOR MIX REPORTS

INPATIENT/ADULT/PEDIATRICS



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
INPATIENT PAYOR MIX
Fiscal Year 2014 3rd Quarter Report

INPATIENT: Percentage of Total Discharges For Each Facility

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Corporate Total
Medicaid Total												
2014	51.4	48.6	60.5	62.9	63.3	60.1	65.3	67.5	59.0	61.9	70.0	60.5
2013	52.8	49.6	60.0	62.7	60.2	61.6	66.4	66.3	68.0	60.7	71.7	61.9
Medicaid												
2014	22.8	20.3	20.5	22.2	20.9	25.1	18.2	25.9	23.9	24.7	25.6	22.4
2013	23.8	20.8	19.5	22.7	19.9	26.0	18.2	25.5	19.1	23.2	25.8	22.3
Medicaid Plans												
2014	28.6	28.4	40.0	40.7	42.4	35.0	47.1	41.6	35.1	37.2	44.3	38.1
2013	29.1	28.8	40.5	40.0	40.3	35.6	48.3	40.9	48.9	37.4	45.9	39.6
Medicare Total												
2014	18.8	37.5	19.4	21.0	21.0	20.0	21.8	20.2	25.9	23.2	17.3	21.6
2013	17.2	36.4	20.2	21.4	21.8	19.4	21.0	20.3	18.6	22.9	16.5	20.8
Medicare												
2014	11.5	27.9	10.9	10.8	12.6	10.3	8.5	9.9	15.0	12.7	9.1	12.1
2013	11.0	27.2	12.0	11.6	13.6	10.5	9.2	11.0	11.6	13.6	9.1	12.0
Medicare Plans												
2014	7.3	9.6	8.5	10.2	8.4	9.8	13.2	10.2	10.9	10.5	8.2	9.5
2013	6.2	9.2	8.2	9.9	8.2	8.9	11.8	9.4	7.0	9.4	7.5	8.8
Commercial Total												
2014	10.4	7.2	8.8	7.4	10.7	11.2	7.3	5.5	7.2	7.8	5.4	8.6
2013	9.9	7.5	8.3	7.7	11.6	11.2	6.9	5.2	6.8	7.3	5.5	8.4
Other												
2014	8.2	0.1	2.1	0.1	0.3	0.2	0.4	0.1	0.3	0.3	0.2	1.6
2013	7.9	0.1	2.8	0.3	0.5	0.1	0.6	0.1	0.3	0.7	0.1	1.4
Uninsured												
2014	11.3	6.5	9.1	8.6	4.7	8.5	5.2	6.7	7.6	6.7	7.2	7.6
2013	12.1	6.4	8.7	7.8	6.0	7.6	5.1	8.0	6.2	8.4	6.1	7.6
HHC Options												
2014	2.5	2.4	4.0	1.4	1.5	1.5	1.5	2.4	2.0	2.5	3.3	2.3
2013	2.2	2.6	2.8	1.9	1.5	1.7	2.1	2.1	1.8	2.7	3.1	2.2
Self Pay												
2014	8.8	4.1	5.2	7.2	3.2	6.9	3.7	4.3	5.6	4.3	3.8	5.4
2013	9.9	3.8	5.9	6.0	4.5	5.9	3.0	6.0	4.4	5.7	3.0	5.4

FY14 (July 2013 -March 2014) run on 4/21/14
FY13 (July 2012 - March 2013) run on 4/10/13

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans
Medicare Plans: Medicare Advantage Plans
Commercial Plans: Commercial Insurance, Managed Care Plans, Child Health Plus
No-Fault, Worker's Comp and Blue Cross
Other: Federal, State, City agencies, Uniformed Services and Prisoners

Note: All numbers are percentages.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2014 3rd Quarter Report

OUTPATIENT ADULT: Percentage of Total Visits For Each Facility

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Medicaid Total																		
2014	38.6	37.3	40.5	47.2	49.7	46.8	46.5	47.8	53.6	40.5	43.4	51.7	48.7	49.7	35.5	53.2	40.6	43.9
2013	36.6	35.8	39.7	46.8	47.6	47.2	45.2	47.0	55.6	40.7	44.3	52.1	49.9	50.8	34.9	53.0	39.5	43.7
Medicaid																		
2014	8.4	8.2	9.7	9.9	10.0	10.9	8.9	14.0	8.9	9.4	8.8	4.2	10.1	3.8	6.7	4.9	3.5	9.4
2013	8.9	6.9	7.8	8.7	8.8	10.5	8.4	12.5	9.3	7.9	8.6	3.8	7.6	3.8	5.1	4.5	3.3	8.6
Medicaid Plans																		
2014	30.2	29.1	30.8	37.3	39.6	35.9	37.6	33.8	44.7	31.1	34.6	47.5	38.5	45.9	28.8	48.3	37.1	34.5
2013	27.7	28.9	31.9	38.1	38.7	36.7	36.8	34.4	46.3	32.8	35.7	48.3	42.4	47.0	29.8	48.5	36.2	35.1
Medicare Total																		
2014	17.7	19.7	14.6	21.3	19.2	15.0	19.9	19.6	15.0	18.7	17.7	14.3	12.3	15.8	24.4	13.7	17.4	18.0
2013	18.4	20.2	14.5	21.6	18.7	13.5	20.8	19.8	14.0	18.4	18.6	14.0	12.2	15.8	25.4	13.3	16.0	17.9
Medicare																		
2014	8.3	11.4	6.5	10.1	9.8	7.8	6.7	8.1	7.3	8.2	6.7	4.2	5.4	6.0	9.5	4.3	6.2	8.0
2013	9.2	12.1	6.9	10.6	9.7	7.3	7.7	8.9	7.3	8.8	7.3	4.5	5.2	6.3	10.2	5.1	4.9	8.3
Medicare Plans																		
2014	9.3	8.3	8.1	11.2	9.4	7.2	13.2	11.5	7.6	10.5	10.9	10.1	6.9	9.9	14.9	9.3	11.3	10.0
2013	9.3	8.2	7.6	11.0	8.9	6.3	13.1	10.9	6.7	9.6	11.3	9.5	7.0	9.5	15.3	8.1	11.2	9.6
Commercial																		
2014	8.6	6.0	7.8	7.1	10.4	8.1	11.5	5.6	9.5	6.2	5.1	6.3	7.1	5.3	6.8	9.7	7.9	7.7
2013	8.9	6.8	7.6	6.8	10.7	7.7	12.1	5.2	8.4	5.8	5.3	6.1	8.2	4.7	7.6	7.4	5.9	7.7
Other																		
2014	3.1	0.4	0.9	0.4	1.3	0.4	1.0	0.2	0.1	0.5	0.6	0.0	0.2	0.0	1.3	0.0	0.1	0.9
2013	2.7	0.7	1.0	0.4	1.7	0.4	1.0	0.2	0.3	0.4	0.6	0.0	0.2	0.0	1.1	0.0	0.0	0.8
Uninsured Total																		
2014	32.1	36.7	36.1	23.9	19.5	29.8	21.1	26.9	21.8	34.1	33.3	27.7	31.8	29.1	32.0	23.4	34.0	29.5
2013	33.4	36.5	37.2	24.4	21.4	31.3	20.8	27.9	21.8	34.6	31.2	27.8	29.4	28.6	31.0	26.3	38.6	29.9
HHC-Options																		
2014	20.5	22.0	28.0	12.5	11.4	22.7	8.8	19.7	14.9	24.1	27.0	17.8	28.2	22.0	25.8	20.4	21.0	20.6
2013	23.1	22.5	29.9	13.0	11.5	23.5	9.6	19.2	15.0	23.2	25.1	19.7	25.4	22.3	25.0	23.1	22.9	20.9
Self Pay																		
2014	11.6	14.6	8.1	11.4	8.0	7.1	12.4	7.1	6.9	9.9	6.2	9.8	3.6	7.1	6.2	3.0	13.0	9.0
2013	10.3	14.1	7.3	11.4	10.0	7.8	11.3	8.7	6.8	11.4	6.0	8.1	4.0	6.4	6.0	3.2	15.7	8.9

FY14 (July 2013 - March 2014) run on 4/21/14
FY13 (July 2012 - March 2013) run on 4/10/13

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans
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Note: All numbers are percentages.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT PEDIATRIC PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2014 3rd Quarter Report

OUTPATIENT PEDIATRIC: Percentage of Total Visits For Each Facility

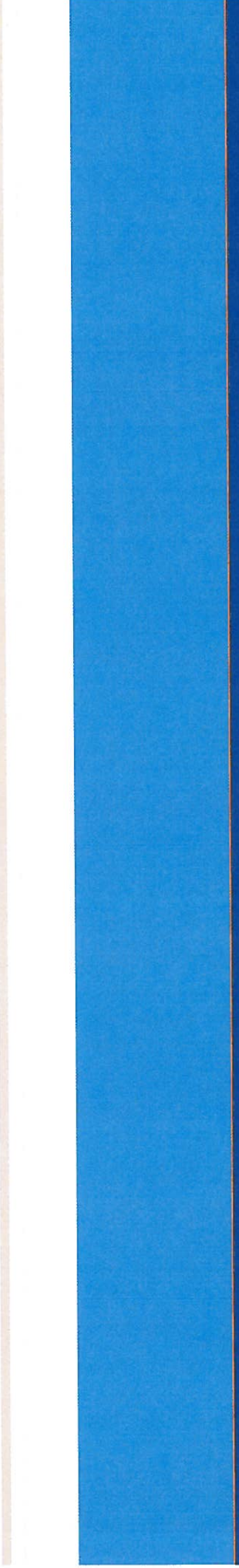
	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Medicaid Total																		
2014	82.1	79.7	83.4	84.1	82.0	73.4	80.5	87.6	84.2	73.7	80.3	86.6	77.1	79.0	82.4	85.7	74.0	80.9
2013	82.2	79.7	83.4	84.4	79.7	72.5	78.8	88.0	82.5	72.9	81.6	86.1	78.4	77.8	81.4	87.2	73.3	80.5
Medicaid																		
2014	6.4	6.7	4.2	7.7	5.7	6.4	6.1	8.2	4.1	5.6	8.0	2.9	5.5	4.1	5.7	4.0	5.6	5.9
2013	7.2	7.3	4.2	7.7	6.4	7.1	6.6	8.4	4.4	5.6	8.9	3.7	5.2	4.3	6.0	4.4	5.7	6.3
Medicaid Plans																		
2014	75.7	73.0	79.3	76.4	76.3	66.9	74.4	79.5	80.1	68.1	72.3	83.6	71.6	74.9	76.7	81.7	68.4	75.1
2013	75.0	72.4	79.2	76.7	73.3	65.3	72.2	79.6	78.1	67.3	72.7	82.3	73.2	73.6	75.4	82.8	67.6	74.2
Commercial Total																		
2014	8.8	8.9	8.9	9.7	10.8	13.5	10.7	7.2	8.1	14.8	9.2	6.9	9.5	10.1	10.3	6.0	12.3	9.9
2013	8.4	9.9	8.9	9.9	11.3	13.8	12.0	7.2	9.5	15.1	9.0	7.8	10.0	11.1	11.2	6.0	13.7	10.4
Child Health Plus																		
2014	3.3	4.0	5.6	2.6	3.6	4.3	3.0	4.4	3.5	5.8	3.8	3.3	3.7	3.7	4.1	2.7	3.7	4.0
2013	3.3	4.2	6.0	3.1	4.4	4.6	3.8	4.3	4.9	7.0	4.3	4.2	4.8	4.8	4.7	2.9	4.7	4.6
Non-CHP Plans																		
2014	5.4	4.9	3.2	7.1	7.2	9.2	7.6	2.8	4.6	9.0	5.5	3.6	5.8	6.4	6.2	3.2	8.6	6.0
2013	5.1	5.8	2.9	6.8	6.9	9.2	8.1	2.9	4.7	8.1	4.7	3.6	5.2	6.4	6.4	3.1	8.9	5.8
Other																		
2014	0.3	0.1	0.2	0.1	0.4	0.5	0.9	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.2
2013	0.2	0.1	0.3	0.2	0.5	0.4	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.2
Uninsured Total																		
2014	8.8	11.3	7.5	6.1	6.7	12.7	7.9	5.2	7.7	11.5	10.3	6.5	13.4	10.8	7.3	8.3	13.7	8.9
2013	9.2	10.2	7.5	5.5	8.4	13.3	8.3	4.8	7.9	12.0	9.3	6.1	11.6	11.0	7.4	6.8	12.9	8.9
HHC-Options																		
2014	1.7	1.1	0.7	0.5	1.0	7.1	0.5	0.8	1.5	1.1	2.8	1.6	4.1	4.1	0.9	3.5	0.4	1.9
2013	1.9	0.9	0.8	0.3	1.0	6.6	0.6	0.5	1.6	0.9	2.4	2.2	2.9	4.4	1.6	3.1	0.3	1.9
Self Pay																		
2014	7.2	10.2	6.9	5.6	5.7	5.6	7.4	4.4	6.2	10.5	7.5	4.9	9.3	6.6	6.3	4.8	13.3	6.9
2013	7.4	9.3	6.7	5.2	7.4	6.7	7.7	4.3	6.3	11.0	6.9	3.9	8.7	6.6	5.8	3.6	12.6	7.0

FY14 (July 2013 -March 2014) run on 4/21/14
FY13 (July 2012 - March 2013) run on 4/10/13

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans
Medicare Plans: Medicare Advantage Plans
Commercial Plans: Commercial Insurance, Managed Care Plans, Child Health Plus
No-Fault, Worker's Comp and Blue Cross
Other: Federal, State, City agencies, Uniformed Services and Prisoners

Note: All numbers are percentages.

QUARTERLY PS KEY INDICATORS REPORT





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Review of Personal Services Key Indicators (FY 2014 3rd Quarter)

PS Disbursements – Actual vs. Budget

Network/Facility	Budgeted PS thru March 2014 (\$ in 000's)	Actual PS thru March 2014 (\$ in 000's)	(over)/under (\$ in 000's)
North Bronx			
Jacobi	\$172,394	\$172,297	\$97
NCB	\$56,415	\$55,671	\$744
Subtotal	\$228,809	\$227,968	\$841
Generations +			
Harlem	\$98,986	\$101,540	(\$2,554)
Lincoln	\$145,307	\$144,552	\$755
Morrisania	\$9,366	\$9,519	(\$153)
Renaisance	\$6,695	\$6,646	\$49
S.R. Belvis	\$5,858	\$6,000	(\$142)
Subtotal	\$266,212	\$268,257	(\$2,045)
South Manhattan			
Bellevue	\$216,302	\$217,816	(\$1,514)
Metropolitan	\$95,376	\$96,478	(\$1,102)
Coler	\$48,621	\$46,798	\$1,823
Goldwater/H. J. Carter	\$39,787	\$47,945	(\$8,158)
Gouverneur	\$33,211	\$33,423	(\$212)
Subtotal	\$433,297	\$442,460	(\$9,163)
North Central Brooklyn			
Kings County	\$272,062	\$270,862	\$1,200
Woodhull	\$115,080	\$115,841	(\$761)
McKinney	\$15,326	\$15,755	(\$429)
Cumberland	\$10,591	\$10,149	\$442
ENY	\$10,190	\$10,357	(\$167)
Subtotal	\$423,249	\$422,964	\$285
S. Brooklyn / Staten Is.			
Coney Island	\$117,081	\$119,016	(\$1,935)
Seaview	\$19,828	\$20,785	(\$957)
Subtotal	\$136,909	\$139,801	(\$2,892)
Queens			
Elmhurst	\$161,403	\$162,265	(\$862)
Queens	\$98,743	\$100,609	(\$1,866)
Subtotal	\$260,146	\$262,874	(\$2,728)
Facilities T total	\$1,748,622	\$1,764,324	(\$15,702)
Central Office	\$46,921	\$46,829	\$92
Certified Home Health	\$10,776	\$10,737	\$39
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$44,750	\$41,728	\$3,022
Grand T total	\$1,851,069	\$1,863,618	(\$12,549)

FTE Variance 06/15/13 - 3/22/14

Network/Facility	FTEs as of 6/15/13	FTEs as of 3/22/14	Increase (Decrease) in FTEs thru 3/22/14
North Bronx			
Jacobi	3,296.5	3,292.0	(4.5)
NCB	1,088.0	1,088.0	(20.0)
Subtotal	4,384.5	4,380.0	(24.5)
Generations +			
Harlem	2,016.0	2,031.0	15.0
Lincoln	2,717.0	2,732.5	15.5
Morrisania	188.5	186.0	(2.5)
Renaissance	143.5	139.5	(4.0)
S.R. Polvis	104.5	102.5	(2.0)
Subtotal	5,169.5	5,191.5	22.0
South Manhattan			
Bellevue	4,149.5	4,162.0	12.5
Metropolitan	1,947.0	1,917.0	(30.0)
Coler	996.0	1,034.0	38.0
Goldwater/H. J. Carter	1,086.0	733.0	(353.0)
Gouverneur	597.0	640.5	43.5
Subtotal	8,775.5	8,486.5	(289.0)
North Central Brooklyn			
Kings County	4,636.0	4,667.0	31.0
Woodhull	2,228.0	2,279.5	51.5
McKinney	318.0	324.0	6.0
Cumberland	221.0	216.0	(5.0)
ENY	191.5	196.5	5.0
Subtotal	7,594.5	7,683.0	88.5
S Brooklyn / Staten Is.			
Coney Island	2,322.5	2,442.0	119.5
Seaview	349.5	345.5	(4.0)
Subtotal	2,672.0	2,787.5	115.5
Queens			
Elmhurst	3,157.0	3,147.0	(10.0)
Queens	1,819.5	1,826.5	7.0
Subtotal	4,976.5	4,973.5	(3.0)
Facilities Total	33,572.5	33,482.0	(90.5)
Central Office	605.0	667.0	62.0
Certified Home Health	170.5	179.5	9.0
Accountable Care Org.	-	2.0	2.0
Enterprise IT	658.0	684.5	26.5
Grand Total	35,006.0	35,015.0	9.0

Note: RESIDENT HEADCOUNT FOR FISCAL YEAR END 2013 UTILIZES JUNE 1, 2013.

Corporate-wide FTE Variance by Category

Staffing Change June 2013 vs. March 2014	FTEs
Nurses *	175.5
Managers	115.0
Tech/Spec	45.0
Residents	35.0
Clerical	(204.0)
Environmental/Hotel	(86.5)
Aides/Ord	(62.5)
Physicians	(8.5)
Total	9.0

**Nurses include LPNs RNs & Nurse Practitioners*

FY 2014 Overtime Actual vs. Budget

Network/Facility	OT Budget thru March 2014	Actual OT thru March 2014	(over)/under (\$ In 000's)
North Bronx			
Jacobi	\$13,203,640	\$13,234,744	(\$31,104)
NCB	\$5,436,793	\$5,092,681	\$344,112
Subtotal	\$18,640,433	\$18,327,425	\$313,008
Generations +			
Harlem	\$5,673,043	\$6,308,655	(\$635,612)
Lincoln	\$8,858,532	\$9,643,170	(\$784,638)
Morrisania	\$155,337	\$229,901	(\$74,564)
Renaissance	\$214,670	\$48,245	\$166,425
S.R. Belvis	\$58,251	\$84,081	(\$25,830)
Subtotal	\$14,959,833	\$16,314,052	(\$1,354,219)
South Manhattan			
Bellevue	\$11,729,021	\$13,800,780	(\$2,071,759)
Metropolitan	\$4,429,266	\$4,910,886	(\$481,620)
Coler	\$2,688,071	\$4,986,426	(\$2,298,355)
Goldwater/H. J. Carter	\$4,650,874	\$5,763,739	(\$1,112,865)
Gouverneur	\$279,606	\$188,840	\$90,766
Subtotal	\$23,776,838	\$29,650,671	(\$5,873,833)
North Central Brooklyn			
Kings County	\$14,137,825	\$12,345,754	\$1,792,071
Woodhull	\$5,982,635	\$5,626,646	\$355,989
McKinney	\$1,789,619	\$1,511,521	\$278,098
Cumberland	\$388,342	\$382,207	\$6,135
ENY	\$128,153	\$101,185	\$26,968
Subtotal	\$22,426,574	\$19,967,313	\$2,459,261
S Brooklyn / Staten Is.			
Coney Island	\$2,720,560	\$2,633,253	\$87,307
Seaview	\$738,932	\$808,194	(\$69,262)
Subtotal	\$3,459,492	\$3,441,447	\$18,045
Queens			
Elmhurst	\$9,725,508	\$10,099,290	(\$373,782)
Queens	\$5,673,043	\$5,489,189	\$183,854
Subtotal	\$15,398,551	\$15,588,479	(\$189,928)
Facilities Total	\$98,661,721	\$103,289,387	(\$4,627,666)
Central Office	\$427,177	\$278,718	\$148,459
Certified Home Health	\$97,086	\$106,442	(\$9,356)
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$660,182	\$469,392	(\$190,790)
Grand Total	\$99,846,166	\$104,143,939	(\$4,297,773)

Overtime by Major Category

FY 2014 vs. FY 2013

FYTD MARCH 2013 vs. FYTD MARCH 2014

GROUP	FYTD MARCH 2013	FYTD MARCH 2014	Inc./(Dec.) \$	Inc./(Dec.) %
NURSING	\$31,793,022	\$33,107,187	\$1,314,165	4.1%
PLANT MAINT	\$25,767,809	\$26,335,544	\$567,735	2.2%
ALL OTHERS	<u>\$42,211,091</u>	<u>\$44,701,208</u>	<u>\$2,490,117</u>	<u>5.9%</u>
TOTAL	\$99,771,922	\$104,143,939	\$4,372,017	4.4%

Nurse Registry FY 2014 vs. FY 2013

Network/Facility	Nurse Registry thru March 2013	Nurse Registry thru March 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$7,187,894	\$7,127,260	(\$60,634)
NCB	\$1,297,180	\$1,715,411	\$418,231
Subtotal	\$8,485,074	\$8,842,671	\$357,597
Generations +			
Harlem	\$5,371,985	\$9,539,267	\$4,167,282
Lincoln	\$10,101,047	\$9,247,137	(\$853,910)
Morrisania	\$123,804	\$104,242	(\$19,562)
Renaissance	\$50,008	\$40,797	(\$9,211)
S.R. Belvis	\$101,469	\$101,437	(\$32)
Subtotal	\$15,748,313	\$19,032,880	\$3,284,567
South Manhattan			
BelleVue	\$5,370,554	\$7,693,114	\$2,322,560
Metropolitan	\$2,720,967	\$3,673,279	\$1,152,312
Coler	\$134,752	\$191,597	\$56,845
Goldwater/H. J. Carter	\$975,020	\$445,474	(\$529,546)
Gouverneur	\$132,226	\$0	(\$132,226)
Subtotal	\$9,333,519	\$12,203,464	\$2,869,945
North Central Brooklyn			
Kings County	\$5,488,135	\$6,489,809	\$1,001,674
Woodhull	\$1,564,671	\$1,888,798	\$324,127
McKinney	\$2,893,272	\$1,808,372	(\$1,084,900)
Cumberland	\$0	\$0	\$0
ENY	\$68,921	\$36,308	(\$32,613)
Subtotal	\$10,014,999	\$10,223,287	\$208,288
S. Brooklyn / Staten Is.			
Coney Island	\$0	\$0	\$0
Seaview	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
Queens			
Elmhurst	\$3,287,022	\$3,510,332	\$223,310
Queens	\$6,991,769	\$7,759,861	\$768,092
Subtotal	\$10,278,791	\$11,270,193	\$991,402
Facilities Total	\$53,860,696	\$61,572,495	\$7,711,799
Central Office	\$0	\$31,800	\$31,800
Certified Home Health	\$2,200,620	\$2,659,958	\$459,338
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$0	\$7,125	\$7,125
Grand Total	\$56,061,316	\$64,271,378	\$8,210,062

Allowances FY 2014 vs. FY 2013

Network/Facility	Allowances thru March 2013	Allowances thru March 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$630,246	\$474,410	(\$155,836)
NCB	\$238,733	\$233,997	(\$4,736)
Subtotal	\$868,979	\$708,407	(\$160,572)
Generations +			
Harlem	\$2,434,255	\$3,379,813	\$945,558
Lincoln	\$4,967,523	\$6,809,933	\$1,842,410
Morrisania	\$72,737	\$131,535	\$58,798
Renaissance	\$48,359	\$106,750	\$58,391
S.R. Belvis	\$151,843	\$239,433	\$87,590
Subtotal	\$7,674,717	\$10,667,464	\$2,992,747
South Manhattan			
Bellevue	\$3,549,017	\$3,656,636	\$107,619
Metropolitan	\$3,205,880	\$3,069,525	(\$136,355)
Coler	\$1,323,077	\$1,277,485	(\$45,592)
Goldwater/H. J. Carter	\$1,622,783	\$1,219,369	(\$403,414)
Gouverneur	\$2,844,358	\$3,048,986	\$204,628
Subtotal	\$12,545,115	\$12,271,901	(\$273,214)
North Central Brooklyn			
Kings County	\$9,540,966	\$11,010,832	\$1,469,866
Woodhull	\$1,949,218	\$2,778,177	\$828,959
McKinney	\$903,001	\$1,014,760	\$111,759
Cumberland	\$133,090	\$98,646	(\$34,444)
ENY	\$166,418	\$183,886	\$17,468
Subtotal	\$12,692,693	\$15,086,301	\$2,393,608
S Brooklyn / Staten Is.			
Coney Island	\$5,573,461	\$5,741,707	\$168,246
Seaview	\$4,707,788	\$5,064,161	\$356,373
Subtotal	\$10,281,249	\$10,805,868	\$524,619
Queens			
Elmhurst	\$1,046,992	\$2,858,920	\$1,811,928
Queens	\$3,174,717	\$5,854,951	\$2,680,234
Subtotal	\$4,221,709	\$8,713,871	\$4,492,162
Facilities Total	\$48,284,462	\$58,253,812	\$9,969,350
Central Office	\$501,985	\$589,719	\$87,734
Certified Home Health	\$1,211,309	\$1,464,159	\$252,850
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$161,376	\$128,135	(\$33,241)
Grand Total	\$50,159,132	\$60,435,825	\$10,276,693