

AGENDA

FINANCE COMMITTEE

MEETING DATE: NOVEMBER 3, 2016
TIME: 10:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE SEPTEMBER 8, 2016 MINUTES

SENIOR VICE PRESIDENT'S REPORTS

P.V. ANANTHARAM

CASH FLOW

JAMES LINHART

SUPPLEMENTAL FUNDING UPDATE

LINDA DEHART

KEY INDICATORS REPORT

KRISTA OLSON

CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: SEPTEMBER 8, 2016

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on September 8, 2016 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, President
Mark Page

OTHER ATTENDEES

J. Agrawal, Analyst, Office of Management & Budget, (OMB)
J. Cassidy, Analyst, OMB
J. DeGeorge, Analyst, Office of the State Comptroller
T. DeRubio, Analyst, Office of Management and Budget (OMB)
M. Dolan, Senior Assistant Director, DC37
M. Hecht, Analyst, NYC Comptroller's Office
J. Wessler

HHC STAFF

P. Albertson, Vice President, Corporate Procurement
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
D. Ashkenase, AVP, Office of Medical & Professional Affairs (M&PA)
M. Beverley, Assistant Vice President, Corporate Finance
M. Brito, CFO, Coler/Carter Specialty Hospital & Nursing Facility
T. Carlisle, Associate Executive Director, Corporate Planning Services
D. Collington, Associate Executive Director, Coney Island 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
S. Fass, AVP, Corporate Planning Services
M. Figueroa, Senior Associate Director, North Central Bronx
K. Garramone, CFO, North Bronx Health Network

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T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
D. Guzman, Acting CFO, Elmhurst Hospital Center
E. Guzman, AVP, Corporate Comptroller's Office/ERP
C. Hercules, Chief of Staff, Chairperson's Office
R. Hughes, CEO, Coler Specialty Hospital & Nursing Facility
L. Johnston, Vice President, OM&PA
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
J. Linhart, Deputy Corporate Comptroller, Corporate Comptroller's Office
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
F. Long, CEO, Henry J. Carter Specialty Hospital & Nursing Facility
A. Marengo, Senior Vice President, Corporate Communications/Marketing
R. Mark, Chief of Staff, Office of the President
A. Martin, Executive Vice President/COO, Office of the President
S. Newmark, Policy Advisor, Office of the President
K. Olson, Assistant Vice President, Corporate Budget
C. Parjohn, Director, Office of Internal Audits
K. Park, Associate Executive Director, Elmhurst Hospital Center
C. Philippou, Assistant Director, Corporate Planning Services
M. Pode, Chief Executive Office, North Central Bronx Hospital
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
C. Samms, CFO, Lincoln Medical & Mental Health Center
A. Saul, CFO, Kings County Hospital Center
B. Schultz, Senior AVP, Corporate EITS
E. Sioman, CFO, Woodhull Medical & Mental Health Center
A. Shermansong, Consultant, Office of the President
B. Stacey, CFO, Queens Hospital Center
B. Swensen, Associate Executive Director, Coney Island Hospital
S. VanOrden, Assistant Vice President, Finance Systems
J. Weinman, CFO, Bellevue Hospital Center
R. Wilson, Senior Vice President, Chief Medical Officer
M. Zaccagnino, Chief Administrative Officer, Office of the President

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CALL TO ORDER

BERNARD ROSEN

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

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. Anantharam informed the Committee that the reporting would focus primarily on the year-end status for FY 16. Overall Health + Hospitals' utilization and activity levels operationally were lower than the previous FY 15; however, expenditures were slightly higher. The year-end closing balance was consistent with the FY 15 year-end status. A large portion of that was due to a pre-payment to the City which Mr. Linhart would cover as part of his reporting. Ms. Olson would present later on the agenda an overview of the FY 17 budget structure. It is important to note that throughout the year H+H made significant headway into some of the UPL/DSH issues that were ongoing and Ms. Dehart would update the Committee on those actions.

CASH FLOW

JAMES LINHART

Mr. Linhart reported that Health & Hospitals year end cash flow as of June 30th 2016 was at approximately 28.5 days cash on hand (or a balance of approx. \$465 million), somewhat higher than the previously expected at \$440 million. As reported last month, H+H received funding of \$400 million from the City related to FY 17 prepayments for services and subsidy as well as \$50 million in managed care enhancements. Additionally, DSH maximization (Max) payment of \$54 million was received as well as FEMA grant monies of \$14.9 million during the month of June 2016. These funds were offset by a delay in DSH Max funding of approximately \$100 million in inpatient UPL payments of \$186.8 million that was received in July 2016, and DSRIP funding of \$37.6 million all of which were moved into FY 2017 receipts. Within the total liability at June 30th there were approximately \$504.3 million of amounts owed to the City related to fiscal years 2015 \$314.3 million and 2016 \$190.0 million. These represent amounts owed that were deferred into future years so that H+H could continue to meet its current cash flow issues. Also noted the amounts due to the City are payable for FY17 in FY 17 of \$335.6 million. The total amount payable to the City in FY17 is \$778.2 million related to fiscal years '15, '16, and '17. The closing cash balance as of August 2016 was approximately \$145.9 million. In order to preserve the cash situation, H+H postponed a \$40.3 million August pension payment to September 2016. In addition, a delay in the receipt of an outpatient UPL payment of approximately \$63 million is expected the latter part of the month. The reporting was concluded.

DSH/UPL UPDATE

LINDA DEHART

Ms. Dehart stated the State has approved a \$100 million DSH payment representing the residual DSH funding available for FFY16 ending this month. UPL receipts anticipated through October largely reflect finalization of payments for years earlier than 2015. CMS has approved final payments for outpatient 2011-2014 UPLs worth approximately \$63 million, which H+H expects to receive during

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September 2016. CMS has also reached an agreement with the State on the 2014 nursing home payments worth approximately \$63 million, which is scheduled for receipt in October 2016. With these payments, only the Clinic UPLs older than 2015 will remain outstanding (estimated \$32 million for 2012-2104). In terms of the UPLs for 2015 and later – which largely involve rebasing of the UPL calculation - as Mr. Linhart reported, H+H received a \$187 million advance against the 2015 inpatient UPL payment in July 2016. There was a meeting with CMS staff that week to initiate discussions of additional advance payments for both 2015 and 2016 UPLs. Dr. Raju is following up with senior CMS officials to secure a commitment on that issue. H+H will continue to work with both CMS and the State to obtain final approval of these payments as quickly as possible, and are closely coordinating with both OMB and City Hall on communication and advocacy toward that end. The reporting was concluded.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Olson reported that the Fiscal Year ended with a continuation of the trends that had been reported in the past few months. Ambulatory care visits were down slightly more at year-end when compared with last year, by .1%. Acute visits were slightly up by .2%, but were offset by a decline in DTC visits of 2.3%. Discharges were down by 2.9%. Nursing home days were down by 1.1%. Coney Island Hospital remains an outlier on the length of stay – significantly higher than the expected average, however, Coney Island Hospital has been experiencing reductions in their length of stay in the last few months that have been dwarfed by significantly higher LOS in the first three quarters of the year. Finally, the CMI was up by 4.6% over last year, continuing the positive trend over the last few months.

Mr. Page asked what the improvements at Coney Island were attributable to. Ms. Olson stated that there were a number of initiatives that were started that centered on utilization management focusing on the LOS given that it had been very high over the years. However, a more detailed report can be provided to the Committee next month when the improvements are expected to continue.

Mr. Martin added that there was a recent change in leadership at the hospital whereby a new CEO, COO, medical director and nursing director were appointed and combined with those noted initiatives some inroads are being made at addressing some of the issues.

Mr. Page asked if a more specific report could be provided that would show where those improvements have occurred to which Ms. Olson stated that it would be provided to the Committee.

CASH RECEIPTS & DISBURSEMENTS REPORT

FRED COVINO

Mr. Covino reported that In June global FTE (GFTEs) declined by 277, bringing the total reduction since November to 1,529. During FY 16 GFTEs declined by 525, this reduction was primarily due to reductions in Agency of 525 or 14% and Hourly employees of 462 or 29%. During the fiscal year there was a significant transition of hourly and temporary staff to full time lines that lead to an increase in full and part time staff of 376. For the year Clinical positions increased by 209 positions or .8%; physicians increased by 64 or 2%, residents increased by 46 or 2%; however, the largest growth was in tech spec positions up by 154, or 2% (includes: Behavior Health Tech 53, Pharmacy techs 45 and Techs

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Creative Arts therapists 36). Non clinical positions declined by 733 positions or 3% primarily due to the reduction in non-clinical agency positions that decreased by 566, or 24%; environmental/hotel decreased by 113, or 2% and clerical staff declined by 103, or 2%. During the month of July 2016 FTEs increased by 22, due to an increased use of overtime up by 105 due to summer vacation schedules. Three of the "Networks" reached or exceeded their target (North Central Bronx (44), South Manhattan (224) and North Central Brooklyn (89) – the Queens network finished just 16 (.2%) GFTEs above target. While Generations and South Brooklyn finished 7% (567) and 6.6% (245) above their targets respectively. A comparison of cash receipts and disbursements to prior Fiscal Year actual, FY 16 receipts were up by \$567 million. During the Fiscal Year there were several major developments in Cash Receipts that included the transition of behavioral health \$50 million and long term care \$6 million from Medicaid Fee-For-Service to managed care over the course of the fiscal year; there was also a reduction in pools of \$131 million primarily due to a change in the State's distribution formula for the Indigent Care Adjustment Pool implemented at the end of FY; UPLs declined by \$242 million in FY 16 and in FY 15 there were multiple years of Inpatient UPLs received funding on behalf of FY 13 of \$318 million and FY 14 \$280 million; risk pool funding declined by \$70 million, Medicaid managed care, primarily due to MetroPlus advances in FY 15 of funds that would normally have been paid in FY 16. However, these reductions were offset by a \$900 million increase in City Funding. The City funding increase included a prepayment of \$400 million on behalf of FY 17, DSH/UPL support of \$204 million. Additional subsidy of \$160 million; collective bargaining funding of \$112 million and a FEMA advance of \$17 million. A prepayment of \$194 million for Collective Bargaining, \$138 million for Correctional Health & inpatient services and \$67 million for programs and services. Outpatient Medicaid FFS was down by \$50 million due to non-recurring Hospital Medical Home Funding \$49 million in FY 15. Disbursements were up by \$492 million. The largest increase in FY 16 was related to City payments \$307 million increase as H+H reimbursed the City \$309 million on behalf of FY 14 medical malpractice \$127 million; debt service \$153 million, Health \$21 million & Admin \$8 million and \$33 million for EMS funds received during FY 15. PS costs increased due to increased staffing levels for the majority of the fiscal year, while fringe benefit rates increased by 8% or \$108 million due to: increased pension contributions \$50 million resulting from updated mortality tables implemented by the City's Actuary; HIP HMO rate increase of 2.9% \$35 million; collectively bargained increases to Supplemental Welfare Fund benefits \$23 million. Affiliation expenditures also increased in FY 16 due to new contracts which included collective bargaining. FY 17, H+H owes the City \$504 million on behalf of prior fiscal years FY 15 \$314.3 million and FY 16 \$190 million. H+H anticipate paying City \$778 million in FY 17, FY 17 \$335.6 million; FY 16 \$190 million & FY 15 \$252.6 million. FY15, \$314.3 million \$252.6 million due in FY 17 and \$61.7 million due in FY 18. Cash Receipts and Disbursements Reports in comparison to budget, Fiscal Year 16 receipts were \$188 million less than budgeted. FY 16 Inpatient receipts were down by approximately \$81 million or 3% compared to budget. This is directly related to the decline in discharges for the fiscal year. Outpatient receipts were \$66 million or 6% less than budgeted, this is primarily due to two factors: First the budget forecasted a 7% growth rate for MetroPlus. While MetroPlus enrollment did increase by 5%, the growth was mainly achieved with the Community Partners 11% while H+H declined 6%. Second, the budget planned for the receipt of \$25 million of additional receipts due to FQHC funding, however, these funds were not received in FY 16 due to

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ongoing follow up with HRSA. The transition of Behavioral Health to Medicaid Managed Care led to an immediate decline in Medicaid FFS receipts, which were lagging on the MA Managed Care side due to a delay of uploading of rates into our systems which has been resolved. Pools receipts reflect the change in the Indigent Care Adjustment Pool formula mentioned earlier. Fiscal Year 16 disbursements were \$163 million greater than budgeted. The primary reason for overspending against the FY 16 budget was the delay in reducing the GFTEs. The reduction plan required a steady reduction of 1,000 GFTEs over the course of the fiscal year, however by November GFTEs had increased by 1,000. Since November, the system was able to reduce FTEs by over 1,500 – ending the year down by 527; however, still above the budgeted reduction. The increase in GFTEs also led to increased expenditures for fringe benefits. However, the overspending was understated as \$15 million in Equalization payments were delayed to FY 17. Finally Affiliation payments were \$16 million over budget. This was primarily due to the reconciliation of fringe benefit at the North Bronx Network that revealed that fringes were underfunded by \$3.7 million in the current year and was a major factor of \$10 million owed to the Affiliated on behalf of FY 12-14. The reporting was concluded.

INFORMATION ITEM

KRISTA OLSON

PAYOR MIX REPORTS (INPATIENT, ADULT AND PEDIATRICS – 4TH QUARTER)

The Payor Mix was very consistent with the information presented to the Committee for the 3rd Quarter. Medicaid Inpatient discharges are down slightly, offset by slight increases in Medicare and Commercial. Outpatient adult payor mix shows a very slight uptick of .4 of a percentage point and Pediatric visits increased slightly in Child Health Plus.

Mr. Page asked what was included in the uninsured and other. Ms. Olson stated that other included federal, state and city agencies, uniformed services and prisoners.

Mr. Page asked if H+H was paid for that care to the uniformed services and prisoners. Mr. Covino stated that claims are submitted to Medicaid for the prisoners and H+H also receives subsidy from the City as income.

Mr. Page asked what the calculation for the subsidy from the City was based on and whether it is related to a statement or actual documentation of expenses relative to the cost of providing care to that population.

Mr. Covino stated that it is done on a reimbursement basis and there is a calculation that has been historically shared with the City.

Mr. Anantharam added that H+H finance was also working on identifying any additional costs that are not included.

Ms. Barrios-Paoli asked why more children were not covered. Ms. Olson stated that this was an area that would be a part of the Transformation Office work that is being undertaken. There is one instance whereby patients that go to the pediatrics clinics that maybe nineteen years old and may not be covered by CHP. Another reason may relate to a family co-pay for CHP that may be higher than what

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would be paid through HHC Options for their visit and another reason could be that some are hesitant to provide information.

Ms. Barrios-Paoli added that the hesitancy in providing information may be due to a lack of understanding and maybe more education would be required.

Mr. Page asked if the H+H was being short sighted in allowing those individuals to go through Options as opposed to assisting them in getting health insurance.

Mr. Anantharam stated that some of it could be that but more detailed information would be needed in order to appropriately answer that question. However, it is a valid point and H+H must explore ways to ensure that those Options patients get onto an insurance program.

The reporting was concluded.

INFORMATION ITEM FY 17 BUDGET OVERVIEW

KRISTA OLSON

Ms. Olson stated that the FY 2017 budget was developed with two primary goals in mind that included: tie to the Financial Plan incorporate gap-closing initiatives in the relevant Service Line Budgets; and Align with the new Service Line organizational structure that would empower Service Line Executives to manage at a higher level and decouple expense authority from revenue, enabling a more accurate representation of current revenues and expenditures. The methodology reflects Expense budgets are based on actual spending patterns. Service Line Budgets have been developed for Gotham, Long-Term Care, and Acute Care. Acute Facility budgets are further allocated between Inpatient and Outpatient. Both Revenue and Expense budgets tie to the bottom line of the Financial Plan through the incorporation of targets. The FY 17 Institutional Plan for Expenses by service line reflect a total global PS total of \$4.128 billion; fringes of \$1.451 billion; OTPS of \$1.350 billion and \$407 million in City payments for grand total of \$7.337 billion. Facility Expense budget baselines are set using historical spending. Global Personnel Services (PS) budgets include Health + Hospital personnel, allowances and overtime, affiliation and temporary services. H+H staff are baselined based on June payrolls, affiliation expenses are based on contract commitments, and temporary services are based on the last quarter. Collective Bargaining for FY17 is being held in reserve, and will be allocated to facilities once awarded. Other than Personnel Services (OTPS) budgets include both discretionary and non-discretionary spending. Non-discretionary budgets are based on allocations set by Central Office and Enterprise IT for items such as utilities, management contracts, and facility-based IT expenses. Discretionary baseline budgets have been set based on historical spending. Financial Plan Corrective Action, Personnel Reductions the Financial Plan assumes a year-end reduction of 1,050 FTEs. FTE Targets are allocated based on the share of FTEs. Enterprise IT has been excluded from the FTE reductions. Senior Vice Presidents may modify the allocation within their service lines but facility allocations have been included as placeholders. Other than Personnel Reductions - The OTPS reduction is \$52 million and is allocated based on a facility's share of baseline OTPS spending. The FTE headcount reductions by Service Line include a total reduction of 1,050 FTEs, Gotham 34, Long Term Care Facilities 79; Acute Care Hospitals 907; central office 19; health & home care 11 and H+H Non-facility Total 30. The FY 17 Institutional Plan for Receipts by Service Line for the major payors includes a total of \$1.465 billion for FFS; \$2.109 billion for managed care; other \$86 million totaling \$3.660 billion in baseline revenues and

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\$87 million in revenue adjustments totaling \$3.747 billion in total patient care revenue, \$3.362 billion in total non-patient care revenue for a grand total of \$7.109 billion in total revenues. The patient care revenue budgets include baseline projections with modifications based on facility input and new changes such as FQHC rates, MetroPlus growth projections and the shift to Behavioral Managed Care. The non-patient care revenue includes the full DSH and UPL projections as well as the below the line revenue initiatives. Prior year UPL payments are included in Central Office so as not to skew the revenue versus disbursements at the service line level. Included in the revenue-generating initiatives are: revenue cycle improvements and MetroPlus growth were added to the facility projections; facility-level targets have been included for the secondary diagnosis capture and third party recovery efforts led by Central Office; the below-the-line items still requiring Federal and State action are included in the budget but allocated to central office, worth approximately \$454 million. The budget will be evaluated on a monthly basis and modified on a quarterly basis; initiatives will be measured and reforecast; further expenditure reductions may be necessary if revenue targets are not achieved.

Dr. Raju thanked the finance team for a very transparent budget compared to prior years.

The presentation was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:47 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS



KEY INDICATORS
FISCAL YEAR 2017 UTILIZATION

Year to Date
September 2016

	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES			ACTUAL	EXPECTED	FY 17	FY 16
	FY 17	FY 16	VAR %	FY 17	FY 16	VAR %				
<u>Acute</u>										
Bellevue	143,593	149,308	-3.8%	5,456	5,872	-7.1%	7.2	6.9	1.2405	1.1330
Coney Island	85,837	85,336	0.6%	3,459	3,496	-1.1%	6.4	6.8	1.0124	0.9903
Elmhurst	150,535	156,072	-3.5%	4,792	4,912	-2.4%	6.6	5.7	0.9930	0.8989
Harlem	76,903	79,502	-3.3%	3,012	2,978	1.1%	5.3	5.7	0.9126	0.9396
Jacobi	105,425	104,191	1.2%	4,365	4,401	-0.8%	6.2	6.8	1.0587	1.0229
Kings County	167,958	172,830	-2.8%	4,762	5,446	-12.6%	7.0	6.4	1.0522	1.0055
Lincoln	129,996	136,824	-5.0%	5,434	5,522	-1.6%	5.4	6.1	0.9289	0.8324
Metropolitan	95,462	100,624	-5.1%	2,358	2,546	-7.4%	5.1	5.5	0.9812	0.7572
North Central Bronx	52,778	53,816	-1.9%	1,645	1,614	1.9%	5.1	4.9	0.6932	0.6902
Queens	97,688	104,957	-6.9%	3,253	2,961	9.9%	5.2	5.2	0.7752	0.7836
Woodhull	117,597	121,021	-2.8%	2,590	2,566	0.9%	5.1	5.8	0.9215	0.8759
Acute Total	1,223,772	1,264,481	-3.2%	41,126	42,314	-2.8%	6.1	6.1	0.9901	0.9338
<u>Gotham</u>										
		VISITS								
Belvis DTC	12,880	14,016	-8.1%							
Cumberland DTC	16,174	18,261	-11.4%							
East New York	19,720	19,771	-0.3%							
Gouverneur DTC	58,509	62,415	-6.3%							
Morrisania DTC	18,901	20,399	-7.3%							
Renaissance	8,670	10,097	-14.1%							
Gotham Total	134,854	144,959	-7.0%							
<u>Post Acute Care</u>										
				DAYS						
Coler				67,229	66,830	0.6%				
Gouverneur SNF				20,250	18,609	8.8%				
H.J. Carter				28,862	28,488	1.3%				
McKinney				27,983	28,299	-1.1%				
Seaview				27,710	27,404	1.1%				
Post Acute Care Total				172,034	169,630	1.4%				
Discharges/CMI-- All Acutes				41,126	42,314	-2.8%			0.9901	0.9338
Visits -- All DTCs & Acutes	1,358,626	1,409,440	-3.6%							
Days-- All SNFs				172,034	169,630	1.4%				

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 Payer 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 2017 BUDGET PERFORMANCE (\$s in 000s)

**Year to Date
September 2016**

	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 16	Sep 16	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>Acute</u>									
Bellevue	5,817	5,775	5,688	\$ 162,873	\$ (2,415)	\$ 200,841	\$ 897	\$ (1,519)	-0.4%
Coney Island	3,180	3,209	3,109	65,178	(464)	105,261	(222)	(686)	-0.4%
Elmhurst	4,493	4,460	4,392	130,046	8,765	147,418	(4,043)	4,722	1.8%
Harlem	3,086	3,040	3,017	75,735	(819)	98,134	(548)	(1,368)	-0.8%
Jacobi	4,141	4,155	4,048	109,452	(5,883)	149,451	(4,188)	(10,071)	-3.9%
Kings County	5,381	5,431	5,260	154,799	(5,536)	177,126	1,464	(4,072)	-1.2%
Lincoln	4,278	4,186	4,182	122,134	(1,962)	132,439	(1,060)	(3,022)	-1.2%
Metropolitan	2,606	2,597	2,547	61,433	(4,416)	83,152	(3)	(4,419)	-3.0%
North Central Bronx	1,423	1,434	1,391	37,643	7	46,031	(222)	(215)	-0.3%
Queens	2,949	2,976	2,884	80,275	1,804	96,131	(1,660)	144	0.1%
Woodhull	3,051	3,079	2,982	83,859	(3,190)	103,561	1,309	(1,882)	-1.0%
Acute Total	40,405	40,342	39,500	\$ 1,083,427	\$ (14,109)	\$ 1,339,545	\$ (8,278)	\$ (22,387)	-0.9%
<u>Gotham</u>									
Belvis DTC	136	132	133	\$ 5,397	\$ (563)	\$ 3,915	\$ 327	\$ (236)	-2.3%
Cumberland DTC	218	215	213	4,485	(1,754)	7,135	251	(1,503)	-11.0%
East New York	237	231	232	6,575	(611)	6,491	329	(282)	-2.0%
Gouverneur DTC	475	477	466	12,639	(2,598)	14,747	577	(2,020)	-6.6%
Morrisania DTC	257	250	251	6,940	(700)	6,962	385	(315)	-2.1%
Renaissance	170	165	166	3,357	(242)	5,170	155	(86)	-1.0%
Gotham Total	1,493	1,470	1,461	\$ 39,392	\$ (6,467)	\$ 44,420	\$ 2,025	\$ (4,442)	-4.8%
<u>Post Acute Care</u>									
Coler	1,161	1,151	1,135	\$ 16,612	\$ 1,558	\$ 34,210	\$ (236)	\$ 1,322	2.7%
Gouverneur SNF	389	390	382	5,694	(3,864)	12,066	408	(3,456)	-15.7%
H.J. Carter	979	974	957	19,622	(3,702)	32,195	(1,109)	(4,811)	-8.8%
McKinney	455	463	445	9,380	279	11,945	(20)	259	1.2%
Seaview	529	559	517	10,016	893	13,683	1,609	2,502	10.2%
Post Acute Care Total	3,513	3,537	3,436	\$ 61,325	\$ (4,836)	\$ 104,099	\$ 652	\$ (4,184)	-2.4%
Central Office	852	926	891	307,351	7,138	97,519	(1,628)	5,510	1.4%
Care Management	440	376	429	5,931	(5,030)	11,423	444	(4,585)	-20.1%
Enterprise IT/Epic	1,178	1,186	1,238	2	0	39,034	2,515	2,515	6.1%
GRAND TOTAL	<u>47,881</u>	<u>47,837</u>	<u>46,955</u>	<u>\$ 1,497,428</u>	<u>\$ (23,304)</u>	<u>\$ 1,636,039</u>	<u>\$ (4,269)</u>	<u>\$ (27,573)</u>	<u>-0.9%</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 2017 vs Fiscal Year 2016 (in 000's)
TOTAL CORPORATION

	Month of September 2016			Fiscal Year To Date September 2016		
	actual 2017	actual 2016	better / (worse)	actual 2017	actual 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 55,033	\$ 64,044	\$ (9,011)	\$ 171,023	\$ 227,800	\$ (56,778)
Medicaid Managed Care	55,053	52,944	2,109	185,785	175,395	10,390
Medicare	37,460	38,696	(1,236)	120,826	145,054	(24,228)
Medicare Managed Care	36,928	21,122	15,806	86,241	63,098	23,143
Other	21,744	15,232	6,512	60,957	50,546	10,412
Total Inpatient	\$ 206,219	\$ 192,039	\$ 14,180	\$ 624,831	\$ 661,893	\$ (37,062)
Outpatient						
Medicaid Fee for Service	\$ 7,794	\$ 6,472	\$ 1,322	\$ 23,948	\$ 36,799	\$ (12,851)
Medicaid Managed Care	40,348	26,499	13,850	176,922	131,360	45,562
Medicare	5,511	4,244	1,267	17,164	15,285	1,879
Medicare Managed Care	20,721	6,598	14,123	48,957	22,512	26,445
Other	11,844	10,714	1,130	43,312	39,728	3,584
Total Outpatient	\$ 86,218	\$ 54,526	\$ 31,692	\$ 310,303	\$ 245,684	\$ 64,619
All Other						
Pools	\$ 4,003	\$ 5,399	\$ (1,396)	\$ 91,269	\$ 118,413	\$ (27,144)
DSH / UPL	177,535	201,100	(23,565)	364,381	201,100	163,281
Grants, Intracity, Tax Levy	10,421	10,035	386	83,916	311,169	(227,253)
Appeals & Settlements	5,688	4,084	1,604	5,435	128	5,307
Misc / Capital Reimb	5,533	5,813	(279)	17,294	21,643	(4,349)
Total All Other	\$ 203,181	\$ 226,431	\$ (23,251)	\$ 562,294	\$ 652,453	\$ (90,158)
Total Cash Receipts	\$ 495,618	\$ 472,997	\$ 22,621	\$ 1,497,428	\$ 1,560,029	\$ (62,601)
Cash Disbursements						
PS	\$ 213,228	\$ 209,439	\$ (3,788)	\$ 718,329	\$ 713,232	\$ (5,097)
Fringe Benefits	64,100	72,565	8,465	250,429	229,485	(20,943)
OTPS	133,496	110,624	(22,871)	372,857	378,470	5,613
City Payments	-	-	0	-	309,405	309,405
Affiliation	85,081	85,021	(60)	273,422	268,468	(4,954)
HHC Bonds Debt	6,925	5,814	(1,111)	21,003	19,810	(1,193)
Total Cash Disbursements	\$ 502,829	\$ 483,463	\$ (19,366)	\$ 1,636,039	\$ 1,918,870	\$ 282,831
Receipts over/(under) Disbursements	\$ (7,212)	\$ (10,467)	\$ 3,255	\$ (138,611)	\$ (358,841)	\$ 220,230

**NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2017 (in 000's)
TOTAL CORPORATION**

	Month of September 2016			Fiscal Year To Date September 2016		
	actual 2017	budget 2017	better / (worse)	actual 2017	budget 2017	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 55,033	\$ 73,148	\$ (18,115)	\$ 171,023	\$ 193,914	\$ (22,891)
Medicaid Managed Care	55,053	62,792	(7,738)	185,785	195,389	(9,604)
Medicare	37,460	37,230	230	120,826	113,560	7,266
Medicare Managed Care	36,928	34,322	2,606	86,241	80,443	5,798
Other	<u>21,744</u>	<u>17,667</u>	<u>4,077</u>	<u>60,957</u>	<u>53,055</u>	<u>7,902</u>
Total Inpatient	\$ 206,219	\$ 225,159	\$ (18,940)	\$ 624,831	\$ 636,361	\$ (11,530)
Outpatient						
Medicaid Fee for Service	\$ 7,794	\$ 12,094	\$ (4,300)	\$ 23,948	\$ 32,935	\$ (8,987)
Medicaid Managed Care	40,348	44,392	(4,044)	176,922	189,723	(12,801)
Medicare	5,511	5,889	(378)	17,164	16,891	272
Medicare Managed Care	20,721	20,294	428	48,957	48,330	627
Other	<u>11,844</u>	<u>11,659</u>	<u>184</u>	<u>43,312</u>	<u>38,241</u>	<u>5,071</u>
Total Outpatient	\$ 86,218	\$ 94,327	\$ (8,109)	\$ 310,303	\$ 326,121	\$ (15,818)
All Other						
Pools	\$ 4,003	\$ 4,739	\$ (736)	\$ 91,269	\$ 93,784	\$ (2,514)
DSH / UPL	177,535	177,535	(0)	364,381	364,381	0
Grants, Intracity, Tax Levy	10,421	8,906	1,515	83,916	79,370	4,546
Appeals & Settlements	5,688	-	5,688	5,435	-	5,435
Misc / Capital Reimb	<u>5,533</u>	<u>7,967</u>	<u>(2,434)</u>	<u>17,294</u>	<u>20,715</u>	<u>(3,421)</u>
Total All Other	\$ 203,181	\$ 199,148	\$ 4,033	\$ 562,294	\$ 558,250	\$ 4,045
Total Cash Receipts	\$ 495,618	\$ 518,634	\$ (23,017)	\$ 1,497,428	\$ 1,520,732	\$ (23,304)
Cash Disbursements						
PS	\$ 213,228	\$ 211,685	\$ (1,542)	\$ 718,329	\$ 714,461	\$ (3,868)
Fringe Benefits	64,100	63,574	(526)	250,429	248,415	(2,014)
OTPS	133,496	128,628	(4,868)	372,857	373,405	548
City Payments	-	-	0	-	-	0
Affiliation	85,081	84,727	(354)	273,422	273,069	(353)
HHC Bonds Debt	<u>6,925</u>	<u>8,307</u>	<u>1,382</u>	<u>21,003</u>	<u>22,421</u>	<u>1,418</u>
Total Cash Disbursements	\$ 502,829	\$ 496,921	\$ (5,908)	\$ 1,636,039	\$ 1,631,770	\$ (4,269)
Receipts over/(under) Disbursements	\$ (7,212)	\$ 21,713	\$ (28,924)	\$ (138,611)	\$ (111,038)	\$ (27,573)