

AGENDA

FINANCE COMMITTEE

MEETING DATE: MAY 9, 2017
TIME: 9 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE MARCH 21, 2017 MINUTES

I. SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

- FINANCIAL PLAN UPDATE

II. FINANCIAL REPORTS STATUS

- KEY INDICATORS
- CASH RECEIPTS AND DISBURSEMENTS

KRISTA OLSON
MICHLINE FARAG

III. INFORMATION ITEMS

- QUARTERLY PAYER MIX REPORTS (INPATIENT, ADULT & PEDIATRICS)

KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: MARCH 21, 2017

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on March 21, 2017 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES COMMITTEE MEMBERS

Bernard Rosen
Stan Brezenoff
Gordon Campbell
Mark Page

OTHER ATTENDEES

J. Cassidy, Analyst, Office of Management and Budget (OMB)
J. DeGeorge, Analyst, Office of the State Comptroller
T. DeRubio, Analyst, OMB
M. Dolan, Senior Assistant Director, DC37
L. Garvey, Cerner Corporation
J. Merrill, NYC Council
A. Mirdita, CFO, PAGNY
J. Wessler

HHC STAFF

P. Albertson, Vice President, Supply Chain Services
M. Allen, Chief Medical Officer
J. Amora, Senior Director, Supply Chain Services
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
D. Ashkenase, AVP, Office of Medical & Professional Affairs (M&PA)
E. Barlis, Deputy CFO, Jacobi
M. Beverley, Assistant Vice President, Corporate Finance
J. Breckerick, CAB
M. Brito, CFO, Coler/Carter Specialty Hospital & Nursing Facility
R. Colon-Kolacko, Senior Vice President & Chief People Officer
F. Covino, Senior Assistant Vice President, Corporate Budget

Minutes of the March 21, 2017 Finance Committee Meeting

L. Dehart, Assistant Vice President, Corporate Reimbursement Services
M. Farag, Corporate Budget Director, Corporate Budget
M. Figueroa, Senior Associate Director, North Central Bronx
R. Fischer, CFO, Bellevue
T. Green, CFO, Metropolitan Hospital Center
R. Griffith, Senior Systems Analyst, Corporate Budget
D. Guzman, Acting CFO, Elmhurst Hospital Center
C. Hercules, Chief of Staff, Chairperson's Office
K. Gooding, AED, Queens
W. Hicks, CEO, Bellevue
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
R. Kee, AVP, EITS
D. Koster, Director, Corporate Budget
P. Lockhart, Secretary to the Corporation, Office of the Chairman
S. Loville, Senior Management Consultant, Corporate Budget
A. Marengo, Senior Vice President, Corporate Communications/Marketing
M. McClusky, Post-Acute, Central Office
M. Novzen, Deputy CFO, Lincoln Medical & Mental Health Center
K. Olson, Assistant Vice President, Corporate Budget
A. Pai, Chief of Staff to the SVP Finance/CFO, Corporate Finance
K. Park, CFO, Coney Island Hospital
D. Rahman, Central Office, OIA
S. Russo, Senior Vice President & General Counsel
A. Saul, CFO, Kings County Hospital Center
S. Shaw, Director, Corporate Budget
E. Soiman, CFO, Woodhull Medical & Mental Health Center
J. Weinman, Corporate Comptroller, Corporate Finance

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 1:10 p.m. The minutes of the March 21, 2017 meeting were approved as submitted.

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. Anantharam noted it had been a couple of months since the Committee met and wanted to recognize Gassenia Guilford who had retired at the end of February with more than 40 years of service. Ms. Guilford handled all Board matters for Mr. Anantharam, and contributed greatly to Finance and the entire Corporation. Mr. Anantharam thanked Ms. Guilford for her support and noted that she would be missed. Angeles Pai will be assisting with Board issues as needed for Finance. Mr. Anantharam proceeded to provide a framework for the upcoming reports which had data reporting through the end of January. Health + Hospitals had a \$779 million targeted savings plan, of which about \$118 million had been achieved so far. Health + Hospitals has made great progress in meeting that target, including signing documents last week that will produce about \$400 million in funds in the second half of the fiscal year, which is not reflected in the upcoming reports for this meeting. For the cash balance, as of March 11, it was approximately \$485 million or 25 days with the year-end balance projected to be at approximately \$116 million. Linda Dehart proceeded to present an overview of the funds that Health + Hospitals will be receiving in the coming months.

Ms. Dehart reported that Health + Hospitals received \$68 million of Indigent Care Adjustment (ICA), a quarterly payment that should have come in January. The next quarterly ICA payment is expected to be received on time in April. Additionally, Health + Hospitals is expecting the forthcoming receipt of the following funds - a total of \$182 million for 2015 nursing home and inpatient Upper Payment Limit (UPL) by the end of March. Approximately \$120 million of Value Based Payment/Quality Improvement Program (VBP/QIP) funds is expected to arrive in early April, with at least an additional \$60 million expected to follow shortly thereafter. Additional expected funding in April also includes approximately \$163 million in Care Restructuring Enhancement Pilot (CREP) funding.

VBP/QIP and CREPs are components of the revenue generating initiatives included in the \$779 million savings plan. Both programs have been under negotiation with New York State for multiple years, and Ms. Dehart reported that through the joint efforts of our Managed Care Contracting Office led by Megan Meagher and One City Health, primarily Christina Jenkins and Larry Altman, Health + Hospitals will now see funds begin to flow. The Chief Medical Officer's office, the Post-Acute Care service line, Behavioral Health Services, and MetroPlus as well as Emblem and Fidelis are also key partners in this achievement.

Mr. Anantharam further discussed the in-house efforts that are producing results, including supply chain and revenue initiatives ramping up. All of these activities will produce results in the months to come. There was improvement in February with March to see more improvement. Overall, it is good

news for current efforts this year. The reports for today are numbers for the end of January which do not necessarily show the results at that point. The reporting was concluded.

ACTION ITEM

PAUL ALBERTSON & JUN AMORA

Paul Albertson, Vice President of Supply Chain Services, brought a resolution authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute an agreement with Cardinal Health 200, Inc. (“Cardinal”) to provide medical and surgical distribution services as requested over a three-year term for a total not-to-exceed amount of \$369,722,040. Mr. Albertson and Jun Amora, Senior Director of Supply Chain Services, proceeded to provide an overview of the Cardinal Health sole source procurement.

Cardinal Health distributes Medical and Surgical Supplies to Health + Hospitals through a current contract which expires on July 31, 2017. Supply Chain Services is seeking Board approval to enter into a 3-year Sole Source Contract with Cardinal Health for Medical/Surgical Supply Distribution Services. As background, Cardinal Health distributes approximately \$110 million of medical/surgical supplies annually. Of which, 80%, or about \$88 million, are from vendors with whom Health + Hospitals has direct contracts with the other 20%, or about \$22 million, being Cardinal-branded products. Cardinal Health purchases all required supplies from contracted vendors, warehouses them, and distributes them based on daily orders from the facilities. Mr. Albertson noted that, for their work, Cardinal Health receives a distribution fee of 2.85%.

Mr. Albertson proceeded to provide the Enterprise Resource Planning (ERP) framework in which Health + Hospitals has been concurrently fast-tracking implementation of its ERP for Finance and Supply Chain. There are several Finance modules that will be “fully live” by July 1, 2017. There are three modules – Purchasing, Inventory, and Accounts Payable – that require a twelve month rollout for facility staff training and change management. Health + Hospitals staff will be working on current (GHX) and new (PeopleSoft ERP) systems. Embedded in the ERP software are the contracts for supplies and 90,000 items that are routinely purchased – including their contract number, item number, unit price, unit of measure and other data points. This information is required to process the 110,000 purchase orders annually. Also, there are tables to support the names, locations and ship to/billing data of the 3,000 requisitioners that utilize the system. In order to meet the July 1, 2017 ERP implementation date, the files and tables that were built support the current business with Cardinal Health. Mr. Albertson noted that there were illustrative pages that highlight the more than twenty-seven attributes that define an item as well the waves of the roll-out of ERP modules.

For the Sole Source justification, Mr. Albertson discussed that switching to another prime vendor will greatly complicate and delay the ERP project. Conversations with leadership, including the General Counsel, occurred. The General Counsel’s advice was sought, and legal approval was granted. Subsequently, the Contract Review Committee approved to move to negotiation. The results of the negotiation yielded \$8.1 million savings over a 3-year term, including a \$2.15 million up front discount (paid within 60 days of execution) as well as the discontinuation of distribution pricing of Cardinal Branded products. All of this allows for the continued transformation of the Inventory Management

Process for Health + Hospitals, and surpasses other opportunities that may exist with other vendors. Mr. Anantharam noted that there are savings for this year and the next two years. Mr. Albertson summarized that there were \$2.6 million in Fiscal Year 2017 with approximately \$1.8 million in each of the next three fiscal years. Mr. Rosen inquired about the last page of the presentation which had a table of payment terms. Mr. Albertson discussed that it was a table that outlined payment terms, sliding costs and a reduction of savings. A change in the terms could be triggered by either party with a notice of six months, with the current agreement being Net 30.

Mr. Albertson concluded the presentation and stated that Supply Chain Services is seeking Board approval to enter into a Sole Source Contract (for three years) with Cardinal Health for Medical/Surgical Supply Distribution Services.

Mr. Rosen brought a motion and Mr. Page seconded. Mr. Rosen noted that supply chain conducted good negotiations, particularly with regards to the 2.85% and that centralizing purchasing was important. Mr. Rosen inquired if there were any questions, and there was a vote to move to approve from Mr. Page with a second from Mr. Brezenoff. With no objections, the resolution was approved.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Olson began with utilization through January, Fiscal Year 2017 compared to Fiscal Year 2016. Overall, most of the trends show continued decline, although the rate of decline has slowed slightly since the last report in November. Starting with Acute Care facilities, ambulatory care visits at the acute hospitals are down by 3.2% with this trend appearing across most facilities and across most services. Inpatient discharges are down by 2.2%, with specific facilities showing larger variation. Mr. Rosen asked if this was better than the last time reported, and Ms. Olson confirmed it was as the last figure reported was a decline of 2.7%. In terms of inpatient discharge variations, Kings County is down by 8.9% and Elmhurst is down by 7.2% with the positive being that NCB is up by 6.7% and Queens up by 9.1%. Mr. Page requested more detail on the 8.9% decline at Kings County, and Ms. Olson explained that about 40% of the decline is due to an increase in the use of observation status, in part as a reaction to the two midnight rule. Ambulatory care visits are down by 3.5% which is a decline from last year, but a slight improvement since last month. Mr. Rosen asked if there was a change in how visits were calculated that would impact the numbers. Ms. Olson replied that the change in methodology was about two years ago, focused on date of service, open visits, and HIV counseling visits billing. That changed methodology does not impact the calculations reported.

The average length of stay shows a comparison of actual length of stay to the corporate-wide average. The two facilities that show the greatest variation are Elmhurst and Kings County. These two facilities participated in a corporate strategic effort to move a number of our longest staying patients out of the acute care setting into post-acute care facilities. Both of these facilities had a number of patients discharged with very long lengths of stay, sometimes several years, which is reflected in this data. The case mix index continues to be up compared to last year, showing an increase of 4.9% compared to last

year. Visits at Gotham are down by 6.3% continuing the trend for the last several years. Post-acute care days are up by 2.7%.

CASH RECEIPTS & DISBURSEMENTS REPORT

MICHLINE FARAG

Ms. Farag reported that Global Full Time Equivalent (GFTE), in the past year and thru January 2017, have been reduced by 2,151. 879 of which were in Fiscal Year 17 going from 47,881 in June 2016 to 47,002 in January 2017. In January alone, Health + Hospitals decreased by 300 Global FTEs. Facilities have been working diligently on bringing down utilization of temps and hourlies, and have also implemented procedures to control overtime while minimizing impact on clinical services. The downward trend continues with February H+H payroll going down by an additional 183 FTEs, and the overtime spend is below budget. Mr. Rosen noted that it looked like Health + Hospitals would make its attrition target, and noted that it was, in part, due to the efforts of the Vacancy Control Board which Mr. Covino sits on, and that the work was not easy.

Ms. Farag reported that, for this Fiscal Year through January, receipts were \$117 million less than budgeted and disbursements were \$7.9 million higher than budgeted. Fiscal year-to-date receipts are lower than last fiscal year by \$58.6 million mainly due to the timing of a Fiscal Year 2017 City Payment of \$214 million which was received in Fiscal Year 2016 offset by Disproportionate Share Hospital/Upper Payment Limit (DHS/UPL) payments that are \$101 million higher in Fiscal Year 2017 and other pools received in Fiscal Year 2017 that are \$49 million higher than Fiscal Year 2016.

For patient revenue, receipts are higher this year because of a larger Managed Care risk pool distribution received in Fiscal Year 2017. That amount is partially offset by this year having one less week through January in Fee-For-Service payments. For disbursements, Health + Hospitals is \$396 million lower this fiscal year, of which \$309 million of that is a payment made to the City in Fiscal Year 2016 for Fiscal Year 2014. Mr. Rosen noted that even with the \$309 million taken out, Health + Hospitals is still doing better.

For Fiscal Year 2017 receipts and disbursements against budget, broken down by different payers and expense categories, receipts are \$117 million lower than budgeted. The yield to date January numbers reflect a system increase in A/R days. Health + Hospitals has been implementing multiple initiatives to improve revenue collection by reducing days in A/R, and improving the revenue cycle, which should help revenues in Fiscal Year 2017. Many of these efforts started in the late Fall, and the February numbers already reflect a slight improvement. Health + Hospitals expects to close the year as planned. On the disbursements side, Health + Hospitals overall is close to budgeted levels and are expected to get better as the Global FTE reductions annualize on the PS dollars.

INFORMATION ITEM

KRISTA OLSON

PAYOR MIX REPORTS (INPATIENT, ADULT AND PEDIATRICS – 2nd QUARTER)

Minutes of the March 21, 2017 Finance Committee Meeting

Ms. Olson reported that this is a second quarter report for July through December. In Inpatient, Medicaid is down slightly in total in addition to a shift from Fee-For-Service to Managed Care. Medicare Plans and Commercial are up slightly. Uninsured is up by nearly a percentage point compared with last year, although the gap is not as great as shown in the first quarter. This is being further examined. Ms. Olson reported that several of the facilities are also experiencing significant drops in inpatient applications. Revenue Management is conducting a survey to better understand the causes of the decline as well as developing strategies to counteract this trend. For Outpatient Adults, there is a slight drop in Medicaid, which is offset by improvements in Medicare Managed Care and Commercial. The percent of uninsured decreased, potentially tied to the enrollment efforts underway both internally and city-wide. For Outpatient Pediatrics, there is an improvement on the commercial side, with a large increase in Child Health Plus (CHP) enrollments. Outpatient Pediatrics has had a similar decline in the uninsured and similar efforts on enrollment. The reporting was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 1:37 p.m.

NYC Health + Hospitals
FY 2018 Executive Financial Plan

Cash Basis
(\$ in millions)

	Projected 2017	Projected 2018	Projected 2019	Projected 2020	Projected 2021
REVENUES					
<u>Third Party Revenue</u>					
Medicaid	1,971.1	2,009.7	2,078.6	2,145.8	2,176.4
Medicare	1,053.5	1,060.5	1,082.0	1,101.1	1,108.0
Other Managed Care	354.7	353.5	353.5	353.5	353.5
Supplemental Medicaid	2,619.5	1,714.1	1,422.0	1,429.6	1,381.0
<i>Disproportionate Share Hospital (DSH)</i>	<i>1,275.1</i>	<i>1,118.5</i>	<i>930.2</i>	<i>952.4</i>	<i>958.3</i>
<i>Other Supplemental Payments</i>	<i>1,344.4</i>	<i>595.7</i>	<i>491.8</i>	<i>477.3</i>	<i>422.7</i>
Subtotal: Third Party Revenue	5,998.8	5,137.8	4,936.1	5,030.0	5,018.9
<u>Other Revenue</u>					
City Services	423.0	828.6	849.2	852.5	853.4
Grants and Other	611.3	500.1	500.2	500.6	500.6
Subtotal: Other Revenue	1,034.2	1,328.6	1,349.5	1,353.1	1,354.0
<u>Revenue-Generating Initiatives</u>					
Medicaid Waiver Programs	545.9	482.8	482.9	363.3	361.4
Federal and State Charity Care	-	85.0	369.0	360.5	360.5
Health Insurance Initiatives	206.4	252.3	285.3	315.6	315.6
Development Opportunities	-	-	-	100.0	100.0
Subtotal: Revenue-Generating Initiatives	752.3	820.1	1,137.2	1,139.4	1,137.5
TOTAL REVENUES	7,785.3	7,286.6	7,422.7	7,522.5	7,510.4
EXPENSES					
<u>Expenses</u>					
Personal Services	2,980.2	2,951.1	2,985.5	3,015.0	3,046.5
Fringe Benefits	1,508.5	1,474.8	1,543.4	1,633.7	1,672.4
Affiliations	1,095.8	1,104.9	1,119.5	1,125.6	1,195.8
Other Than Personal Services	2,612.7	2,078.4	2,397.8	2,556.1	2,381.8
Subtotal: Expenses	8,197.3	7,609.1	8,046.3	8,330.4	8,296.5
<u>Expense-Reducing Initiatives</u>					
Supply Chain and Care Management Initiatives	63.0	137.0	171.0	204.0	204.0
Restructuring and Personnel Initiatives	55.0	250.0	448.0	544.0	544.0
Subtotal: Expense-Reducing Initiatives	118.0	387.0	619.0	748.0	748.0
TOTAL EXPENSES	8,079.3	7,222.1	7,427.3	7,582.4	7,548.5
INCOME/(LOSS)	(294.0)	64.4	(4.6)	(59.8)	(38.2)
OPENING CASH BALANCE	479.6	185.6	250.0	245.5	185.7
CLOSING CASH BALANCE	185.6	250.0	245.5	185.7	147.5

**KEY INDICATORS
FISCAL YEAR 2017 UTILIZATION**

**Year to Date
March 2017**

	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	426,307	455,833	-6.5%	16,785	17,307	-3.0%	6.5	6.6	1.2360	1.1729
Coney Island	238,133	253,673	-6.1%	10,289	10,792	-4.7%	6.4	6.2	0.9986	1.0171
Elmhurst	444,775	474,175	-6.2%	13,508	13,934	-3.1%	6.7	5.8	1.0015	0.9616
Harlem	223,730	234,217	-4.5%	8,739	9,078	-3.7%	5.6	5.7	0.9440	0.9413
Jacobi	306,170	315,763	-3.0%	13,413	13,443	-0.2%	6.4	6.6	1.0860	1.0561
Kings County	489,341	503,601	-2.8%	14,659	15,815	-7.3%	6.8	6.1	1.0430	1.0072
Lincoln	391,870	412,047	-4.9%	16,088	16,523	-2.6%	5.1	5.8	0.9569	0.8682
Metropolitan	277,469	298,991	-7.2%	7,017	7,549	-7.0%	4.9	5.6	0.9681	0.8463
North Central Bronx	154,242	161,891	-4.7%	5,086	4,816	5.6%	4.2	4.7	0.6957	0.7050
Queens	293,159	309,942	-5.4%	9,609	9,126	5.3%	5.1	5.1	0.7932	0.8384
Woodhull	327,559	358,677	-8.7%	7,873	8,002	-1.6%	5.1	5.5	0.9285	0.8809
Acute Total	3,572,755	3,778,810	-5.5%	123,066	126,385	-2.6%	5.9	5.9	1.0018	0.9667
<u>Gotham</u>										
		VISITS								
Belvis DTC	37,580	41,964	-10.4%							
Cumberland DTC	46,974	52,753	-11.0%							
East New York	56,947	61,359	-7.2%							
Gouverneur DTC	174,708	185,363	-5.7%							
Morrisania DTC	59,332	60,924	-2.6%							
Renaissance	25,827	31,981	-19.2%							
Gotham Total	401,368	434,344	-7.6%							
<u>Post Acute Care</u>										
					DAYS					
Coler				202,663	196,191	3.3%				
Gouverneur SNF				61,120	56,087	9.0%				
H.J. Carter				86,588	84,292	2.7%				
McKinney				84,368	84,755	-0.5%				
Seaview				82,248	81,749	0.6%				
Post Acute Care Total				516,987	503,074	2.8%				
Discharges/CMI-- All Acutes				123,066	126,385	-2.6%			1.0018	0.9667
Visits -- All DTCs & Acutes	3,974,123	4,213,154	-5.7%							
Days-- All SNFs				516,987	503,074	2.8%				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY16 and FY17 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

Average Length of Stay

Actual: days divided by discharges; excludes one day stays

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

All Payor CMI

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

KEY INDICATORS

FISCAL YEAR 2017 BUDGET PERFORMANCE (\$s in 000s)

Year to Date

March 2017

	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 16	Mar 17*	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>Acute</u>									
Bellevue	5,817	5,613	5,610	\$ 563,728	\$ (18,360)	\$ 606,346	\$ (16,370)	\$ (34,731)	-3.0%
Coney Island	3,180	3,099	3,050	\$ 239,387	10,799	302,908	2,048	12,847	2.4%
Elmhurst	4,493	4,284	4,334	\$ 412,410	19,981	424,511	(6,034)	13,947	1.7%
Harlem	3,086	2,962	2,976	\$ 266,949	(7,115)	282,561	(121)	(7,236)	-1.3%
Jacobi	4,141	4,070	4,065	\$ 418,809	(4,691)	431,118	(13,290)	(17,981)	-2.1%
Kings County	5,381	5,196	5,250	\$ 540,867	(28,926)	509,437	5,658	(23,268)	-2.1%
Lincoln	4,278	4,049	4,084	\$ 405,959	(522)	384,592	(3,106)	(3,628)	-0.5%
Metropolitan	2,606	2,536	2,515	\$ 211,012	(19,066)	243,476	(2,327)	(21,394)	-4.5%
North Central Bronx	1,423	1,379	1,390	\$ 129,158	(4,066)	138,546	(5,344)	(9,410)	-3.5%
Queens	2,949	2,889	2,855	\$ 288,340	8,356	282,440	(4,575)	3,781	0.7%
Woodhull	3,051	2,935	2,915	\$ 293,882	(8,355)	300,431	7,028	(1,327)	-0.2%
Acute Total	40,405	39,012	39,043	\$ 3,770,502	\$ (51,965)	\$ 3,906,365	\$ (36,435)	\$ (88,399)	-1.1%
<u>Gotham</u>									
Belvis DTC	136	131	132	\$ 14,923	\$ 776	\$ 11,565	\$ 645	\$ 1,421	5.4%
Cumberland DTC	218	203	201	\$ 11,865	(1,065)	21,913	(347)	(1,412)	-4.1%
East New York	237	218	222	\$ 20,196	659	18,257	1,520	2,180	5.5%
Gouverneur DTC	475	460	454	\$ 32,261	(3,641)	41,627	2,811	(829)	-1.0%
Morrisania DTC	257	231	240	\$ 19,137	(262)	20,345	932	670	1.6%
Renaissance	170	170	162	\$ 11,069	2,973	14,977	327	3,300	14.1%
Gotham Total	1,493	1,413	1,412	\$ 109,451	\$ (558)	\$ 128,685	\$ 5,889	\$ 5,331	2.2%
<u>Post Acute Care</u>									
Coler	1,161	1,102	1,090	\$ 50,998	\$ 431	\$ 97,993	\$ 4,913	\$ 5,343	3.5%
Gouverneur SNF	389	370	372	\$ 20,420	(8,174)	34,059	2,991	(5,183)	-7.9%
H.J. Carter	979	918	933	\$ 97,933	2,837	94,068	605	3,442	1.8%
McKinney	455	450	457	\$ 21,517	(5,727)	35,387	2,767	(2,960)	-4.5%
Seaview	529	533	539	\$ 27,547	813	40,378	6,517	7,330	10.0%
Post Acute Care Total	3,513	3,373	3,391	\$ 218,415	\$ (9,820)	\$ 301,886	\$ 17,792	\$ 7,971	1.5%
Central Office	852	1,029	1,037	\$ 765,288	6,174	270,947	(3,222)	2,952	0.3%
Care Management	440	386	373	\$ 27,212	(3,785)	34,412	(1,193)	(4,978)	-7.8%
Enterprise IT/Epic	1,178	1,171	1,175	\$ 7	0	156,226	2,302	2,302	1.5%
GRAND TOTAL	47,881	46,383	46,431	\$ 4,890,876	\$ (59,955)	\$ 4,798,522	\$ (14,866)	\$ (74,821)	-0.8%

*Actual Global FTEs have dropped by 2,476 since March 2016.

Global Full-Time Equivalent (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 March 2017			Fiscal Year To Date March 2017		
	actual 2017	actual 2016	better / (worse)	actual 2017	actual 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 69,162	\$ 78,078	\$ (8,916)	\$ 520,764	\$ 640,990	\$ (120,226)
Medicaid Managed Care	77,243	73,787	3,456	558,787	548,038	10,749
Medicare	34,392	23,747	10,644	362,148	388,324	(26,177)
Medicare Managed Care	32,429	39,936	(7,507)	248,370	232,694	15,676
Other	20,383	21,528	(1,145)	170,183	159,826	10,356
Total Inpatient	\$ 233,609	\$ 237,076	\$ (3,467)	\$ 1,860,251	\$ 1,969,873	\$ (109,621)
Outpatient						
Medicaid Fee for Service	\$ 19,708	\$ 14,502	\$ 5,206	\$ 91,529	\$ 118,775	\$ (27,246)
Medicaid Managed Care	58,570	37,495	21,075	451,674	335,158	116,516
Medicare	4,950	4,877	73	48,007	41,194	6,813
Medicare Managed Care	27,290	19,635	7,655	124,856	100,076	24,780
Other	25,690	21,774	3,915	160,922	111,844	49,077
Total Outpatient	\$ 136,209	\$ 98,284	\$ 37,925	\$ 876,988	\$ 707,047	\$ 169,941
All Other						
Pools	\$ 80,080	\$ 82,402	\$ (2,322)	\$ 272,156	\$ 224,749	\$ 47,406
DSH / UPL	182,553	74,321	108,233	1,625,729	1,467,007	158,722
Grants, Intracity, Tax Levy	10,086	13,632	(3,546)	173,789	412,392	(238,603)
Appeals & Settlements	3,718	17,261	(13,543)	27,953	48,067	(20,114)
Misc / Capital Reimb	3,502	9,009	(5,506)	54,010	65,553	(11,543)
Total All Other	\$ 279,940	\$ 196,625	\$ 83,315	\$ 2,153,636	\$ 2,217,769	\$ (64,132)
Total Cash Receipts	\$ 649,757	\$ 531,984	\$ 117,773	\$ 4,890,876	\$ 4,894,688	\$ (3,813)
Cash Disbursements						
PS	\$ 206,660	\$ 206,278	\$ (382)	\$ 2,089,020	\$ 2,090,658	\$ 1,638
Fringe Benefits	89,710	75,801	(13,909)	694,878	866,042	171,164
OTPS	135,203	125,449	(9,754)	1,121,029	1,086,917	(34,112)
City Payments	-	-	0	-	309,405	309,405
Affiliation	85,345	84,572	(773)	825,177	790,223	(34,955)
HHC Bonds Debt	11,834	5,829	(6,005)	68,418	67,887	(531)
Total Cash Disbursements	\$ 528,751	\$ 497,929	\$ (30,823)	\$ 4,798,522	\$ 5,211,132	\$ 412,610
Receipts over/(under) Disbursements	\$ 121,006	\$ 34,056	\$ 86,950	\$ 92,353	\$ (316,444)	\$ 408,797

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

	Month of March 2017			Fiscal Year To Date March 2017		
	actual 2017	budget 2017	better / (worse)	actual 2017	budget 2017	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 69,162	\$ 75,709	\$ (6,547)	\$ 520,764	\$ 585,713	\$ (64,948)
Medicaid Managed Care	77,243	70,207	7,036	558,787	590,060	(31,273)
Medicare	34,392	39,686	(5,295)	362,148	361,475	673
Medicare Managed Care	32,429	38,737	(6,308)	248,370	247,957	413
Other	20,383	19,880	502	170,183	162,683	7,500
Total Inpatient	\$ 233,609	\$ 244,220	\$ (10,611)	\$ 1,860,251	\$ 1,947,886	\$ (87,635)
Outpatient						
Medicaid Fee for Service	\$ 19,708	\$ 12,094	\$ 7,615	\$ 91,529	\$ 90,417	\$ 1,112
Medicaid Managed Care	58,570	44,670	13,900	451,674	479,296	(27,623)
Medicare	4,950	5,889	(938)	48,007	52,651	(4,643)
Medicare Managed Care	27,290	8,343	18,947	124,856	106,513	18,343
Other	25,690	19,328	6,362	160,922	142,151	18,771
Total Outpatient	\$ 136,209	\$ 90,324	\$ 45,885	\$ 876,988	\$ 871,028	\$ 5,960
All Other						
Pools	\$ 80,080	\$ 75,507	\$ 4,572	\$ 272,156	\$ 269,433	\$ 2,722
DSH / UPL	182,553	182,553	(0)	1,625,729	1,625,729	0
Grants, Intracity, Tax Levy	10,086	9,525	561	173,789	170,006	3,783
Appeals & Settlements	3,718	-	3,718	27,953	7,658	20,295
Misc / Capital Reimb	3,502	7,815	(4,312)	54,010	59,090	(5,081)
Total All Other	\$ 279,940	\$ 275,400	\$ 4,540	\$ 2,153,636	\$ 2,131,916	\$ 21,720
Total Cash Receipts	\$ 649,757	\$ 609,944	\$ 39,813	\$ 4,890,876	\$ 4,950,830	\$ (59,955)
Cash Disbursements						
PS	\$ 206,660	\$ 206,292	\$ (368)	\$ 2,089,020	\$ 2,082,355	\$ (6,665)
Fringe Benefits	89,710	86,039	(3,670)	694,878	688,540	(6,338)
OTPS	135,203	134,600	(603)	1,121,029	1,119,740	(1,289)
City Payments	-	-	0	-	-	0
Affiliation	85,345	84,957	(388)	825,177	820,759	(4,418)
HHC Bonds Debt	11,834	8,307	(3,527)	68,418	72,262	3,844
Total Cash Disbursements	\$ 528,751	\$ 520,195	\$ (8,556)	\$ 4,798,522	\$ 4,783,656	\$ (14,866)
Receipts over/(under) Disbursements	\$ 121,006	\$ 89,749	\$ 31,257	\$ 92,353	\$ 167,174	\$ (74,821)

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
 Fiscal Year 2017 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												
2017	58.9	53.9	63.1	63.2	56.7	61.4	66.2	69.1	63.3	63.3	67.8	61.9
2016	59.7	51.5	64.7	64.1	59.7	62.6	67.9	68.7	66.5	63.6	71.9	63.1
Medicaid												
2017	22.4	19.6	21.5	17.7	14.4	20.4	16.6	21.3	15.3	25.5	19.2	19.6
2016	26.5	19.9	24.1	21.0	17.9	23.7	19.1	23.8	18.1	25.7	25.6	22.6
Medicaid Plans												
2017	36.4	34.3	41.7	45.5	42.3	41.0	49.5	47.8	48.0	37.8	48.6	42.3
2016	33.2	31.6	40.6	43.1	41.8	38.9	48.8	44.9	48.5	37.9	46.3	40.6
Medicare Total												
2017	18.5	36.6	22.8	23.7	24.1	19.7	24.0	20.4	20.3	25.0	21.4	23.0
2016	17.6	37.0	21.2	22.9	23.7	20.0	22.7	20.5	20.1	24.1	19.1	22.3
Medicare												
2017	9.8	26.3	11.3	9.8	12.3	9.6	7.9	9.4	10.0	11.6	9.5	11.4
2016	9.4	26.3	10.7	10.7	12.4	10.2	7.6	9.1	10.4	12.9	8.7	11.4
Medicare Plans												
2017	8.7	10.2	11.6	13.9	11.7	10.1	16.2	11.1	10.3	13.4	11.9	11.7
2016	8.2	10.7	10.5	12.2	11.3	9.8	15.1	11.4	9.7	11.1	10.4	10.9
Commercial Total												
2017	10.2	7.5	8.5	8.3	12.3	11.7	7.3	5.3	8.4	9.0	7.1	9.1
2016	9.8	8.9	8.5	8.0	12.2	11.6	7.4	5.3	7.8	8.9	6.1	9.0
Other												
2017	4.0	0.1	1.1	0.1	0.2	0.2	0.3	0.1	0.1	0.3	0.1	0.9
2016	6.2	0.1	1.8	0.2	0.2	0.1	0.3	0.1	0.2	0.3	0.1	1.3
Uninsured												
2017	8.4	2.0	4.5	4.6	6.7	7.1	2.2	5.0	7.8	2.5	3.6	5.1
2016	6.7	2.5	3.7	4.8	4.2	5.7	1.8	5.4	5.5	3.1	2.8	4.3

FY17 (July 2016 - March 2017) run on 4/25/17

FY16 (July 2015 - March 2016) run on 5/2/16

Note: All numbers are percentages.

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

Other: Federal, State, City agencies, Uniformed Services and Prisoners,

No-Fault and Worker's Comp

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2017 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																		
2017	38.7	36.7	37.6	48.0	46.4	47.8	45.5	44.7	51.3	37.2	41.5	50.1	44.6	53.7	35.2	53.2	43.3	42.9
2016	40.0	34.0	40.8	49.1	49.7	47.2	48.4	46.8	53.8	38.3	41.8	52.3	46.8	55.4	34.6	53.6	46.1	44.0
Medicaid																		
2017	6.0	9.0	7.3	8.3	7.8	9.4	7.8	7.3	6.8	8.3	3.9	3.1	3.9	6.5	4.7	4.7	4.6	7.1
2016	8.3	9.2	9.9	10.6	9.4	12.2	8.8	9.8	7.8	8.8	6.2	4.7	9.6	7.2	5.5	5.7	4.7	9.0
Medicaid Plans																		
2017	32.7	27.8	30.3	39.8	38.6	38.4	37.8	37.4	44.4	28.9	37.6	47.0	40.8	47.2	30.5	48.5	38.7	35.8
2016	31.7	24.8	30.9	38.5	40.4	35.1	39.6	37.0	46.0	29.4	35.6	47.6	37.1	48.1	29.1	47.9	41.4	35.0
Medicare Total																		
2017	19.6	20.7	15.9	21.4	20.9	15.9	21.5	20.6	17.6	20.1	20.3	15.6	14.0	17.5	25.5	15.0	18.6	19.4
2016	18.9	19.3	13.7	22.0	20.8	16.0	21.6	20.3	16.3	18.8	19.3	14.5	13.1	16.4	25.1	14.8	18.6	18.8
Medicare																		
2017	8.5	11.3	6.3	9.5	8.5	8.0	6.3	7.3	6.3	6.6	6.6	3.1	5.4	7.8	9.1	4.1	6.9	7.7
2016	8.5	11.5	5.9	10.3	9.9	8.1	6.9	7.7	6.7	7.6	6.6	3.5	5.1	6.8	9.3	4.8	7.2	7.9
Medicare Plans																		
2017	11.1	9.3	9.7	11.9	12.4	7.9	15.2	13.3	11.3	13.5	13.7	12.5	8.7	9.7	16.3	10.8	11.7	11.8
2016	10.5	7.8	7.7	11.7	10.9	7.9	14.7	12.6	9.7	11.3	12.7	11.1	8.0	9.6	15.8	10.0	11.4	10.8
Commercial																		
2017	12.6	8.4	5.5	11.4	10.7	14.4	15.4	7.4	9.9	6.9	9.8	9.6	13.4	15.2	12.6	12.0	13.2	10.9
2016	11.6	8.4	6.7	9.9	13.3	13.3	12.0	7.4	13.0	7.9	9.4	8.4	11.7	10.9	12.4	8.9	11.7	10.4
Other																		
2017	2.5	0.6	2.5	0.5	1.6	0.4	0.8	0.3	0.8	0.3	0.6	0.0	0.2	0.1	1.0	0.0	0.1	1.0
2016	2.7	0.6	1.5	0.4	1.4	0.4	0.9	0.2	0.2	0.3	0.6	0.0	0.2	0.0	1.1	0.0	0.0	0.9
Uninsured Total																		
2017	26.5	33.6	38.4	18.6	20.4	21.5	16.8	27.0	20.5	35.5	27.9	24.7	27.7	13.6	25.7	19.8	24.8	25.7
2016	26.8	37.6	37.4	18.5	14.8	23.1	17.1	25.3	16.6	34.7	28.9	24.7	28.3	17.3	26.8	22.6	23.5	25.9

FY17 (July 2016 -March 2017) run on 4/25/17
FY16 (July 2015 -March 2016) run on 5/27/16

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

Note: All numbers are percentages.

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT PEDIATRIC PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2017 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																		
2017	82.2	75.9	80.1	84.1	75.5	73.1	84.2	89.7	76.1	70.1	78.6	87.0	78.8	76.9	81.7	83.0	73.4	79.3
2016	81.0	75.0	77.9	85.5	83.6	74.5	86.1	89.0	86.2	68.2	77.7	88.0	81.8	77.4	80.7	85.7	73.9	80.3
Medicaid																		
2017	4.2	9.7	3.6	4.9	6.2	5.2	4.1	2.9	5.7	7.4	3.7	3.3	3.4	4.5	4.9	3.1	5.4	4.8
2016	6.4	9.4	3.9	7.4	4.9	6.7	6.2	4.9	5.1	5.7	5.0	4.8	5.2	6.3	5.3	4.5	6.2	5.7
Medicaid Plans																		
2017	78.0	66.3	76.5	79.2	69.4	67.9	80.1	86.7	70.4	62.7	74.9	83.7	75.4	72.3	76.8	79.9	68.0	74.5
2016	74.6	65.6	74.0	78.0	78.7	67.8	79.9	84.0	81.1	62.5	72.7	83.2	76.5	71.1	75.5	81.2	67.7	74.6
Commercial Total																		
2017	12.5	17.7	10.2	11.4	17.4	17.3	11.8	6.8	17.5	17.4	12.7	8.6	10.1	13.7	13.4	9.1	12.1	13.3
2016	13.5	12.9	9.4	10.4	11.2	16.3	9.2	7.1	8.5	15.9	13.2	6.8	9.8	14.6	13.4	7.9	13.0	11.6
Child Health Plus																		
2017	4.3	5.6	5.8	3.1	3.9	6.1	6.6	3.6	3.2	6.2	4.8	4.9	4.4	5.0	4.8	4.0	3.0	4.9
2016	3.9	4.6	5.2	2.9	3.8	5.6	5.0	3.9	3.7	5.5	4.7	3.5	4.1	4.6	4.1	3.5	3.5	4.4
Non-CHP Plans																		
2017	8.3	12.1	4.4	8.3	13.6	11.2	5.2	3.2	14.3	11.2	7.9	3.6	5.8	8.7	8.6	5.1	9.1	8.4
2016	9.5	8.3	4.2	7.5	7.4	10.7	4.2	3.2	4.8	10.5	8.6	3.3	5.7	10.0	9.3	4.4	9.5	7.2
Other																		
2017	0.2	0.4	0.3	0.2	0.8	0.3	0.6	0.0	0.3	0.3	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.3
2016	0.2	0.4	0.3	0.2	0.6	0.4	0.8	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Uninsured Total																		
2017	5.1	6.0	9.4	4.3	6.2	9.3	3.4	3.5	6.1	12.2	8.7	4.4	11.0	9.4	4.8	7.9	14.5	7.2
2016	5.3	11.7	12.3	4.0	4.6	8.8	3.9	3.8	5.3	15.6	9.0	5.2	8.4	8.0	5.8	6.4	13.0	7.8

FY17 (July 2016 - March 2017) run on 4/25/17
FY16 (July 2015 - March 2016) run on 5/27/16

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
Other: Federal, State, City agencies, Uniformed Services and Prisoners
No-Fault, Worker's Comp and Medicare Plans

Note: All numbers are percentages.