FINANCE COMMITTEE AGENDA

Date: March 14, 2018
Time: 11:00 am
Location: 125 Worth Street, Board Room

Call to Order	Bernard Rosen
Adoption of the January 11, 2018 Minutes	
I. Senior Vice President's Report	PV Anantharam
II. Financial Reports Status	
• Key Indicators	Krista Olson
• Cash Receipts and Disbursements	Michline Farag
III. Information Item	
• Payor Mix	Krista Olson
Old Business	
New Business	Bernard Rosen
Adjournment	

MINUTES

Finance Committee **Meeting Date: January 11, 2018**

Board of Directors

The meeting of the Finance Committee of the Board of Directors was held on January 11, 2018 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Dr. Mitchell Katz
Gordon Campbell
Helen Arteaga Landaverde
Barbara Lowe
Emily Youssouf

OTHER MEMBER

Josephine Bolus

OTHER ATTENDEES

C. Chen, OMB
J. DeGeorge, Office of the State Comptroller
C. Doyle, PFM
M. Elias, NYC IBO
L. Garvey, Cerner
J. Merrill, City Council Finance

HHC STAFF

L. Alemeyeh, Post Acute Care
M. Allen, CMO, Central Office
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
M. Brito, CFO, Post Acute Care
E. Cosme, CFO, Gotham
F. Covino, Senior Assistant Vice President, Corporate Budget
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
M. Farag, Corporate Budget Director, Corporate Budget
M. Figueroa, CFO, Harlem
D. Guzman, CFO, Elmhurst
C. Hercules, Chief of Staff, Chairperson's Office
C. Keeley, Senior Director, Central Office
D. Koster, Director, Finance
L. Leverich, MetroPlus

P. Lok, Senior Director, Corporate Finance
S. Loville, Senior Management Consultant, Corporate Budget
R. Malone, CFO, Queens
N. Mar, Director, Reimbursement
M. McClusky, Senior Vice President, Post Acute Care
M. Novzen, Deputy CFO, Lincoln
K. Olson, Assistant Vice President, Corporate Budget
A. Ormsby, Senior Director, Central Office
A. Pai, Chief of Staff to the SVP Finance/CFO
K. Park, CFO, Coney Island
J. Rome, Metropolitan
S. Russo, Senior Vice President/General Counsel
S. Samis, Senior Assistant Vice President, Acute Care
A. Saul, CFO, Kings County
S. Shaw, Director, Central Office Finance
J. Weinman, Corporate Comptroller, Corporate Finance
D. Wilson, Senior Director, Central Office
R. Zhu, Senior Associate Director, Metropolitan

CALL TO ORDER **BERNARD ROSEN**

Mr. Bernard Rosen called the meeting to order at 12:05pm. The minutes of the November 8, 2017 meeting were approved as submitted.

SENIOR VICE PRESIDENT'S REPORT **P.V. ANANTHARAM**

Mr. PV Anantharam began his report noting that the projected close for FY17 had been about $400 million, but the FY closed at $600 million which provided a healthy lead into FY18. As of the end of December 2017, the estimated cash was almost $400 million. The headcount reduction is also on track. Health + Hospitals received Disproportionate Share Hospital (DSH) payments as expected through December reflecting the agreement with the State, but challenges remain on the federal level. For the meeting, an action item on financial advisory services would be presented, as would a short-term financing update and a Huron revenue optimization work update.

KEY INDICATORS REPORT **KRISTA OLSON**

Ms. Krista Olson began the utilization report reporting through November 2017. Starting with acute care hospitals, ambulatory care visits are down by 1.6%. Although still declining relative to last year, this has improved since the last report in November. Woodhull is down by 9.3%. Acute Inpatient discharges are down by 1.8%. Similarly, acute inpatient discharges year to date are also down compared to prior year, but slightly improved since September. The largest decline is at Metropolitan, which has seen a commensurate increase in observation stays that directly offsets these declines from a workload perspective. Ms. Emily Youssouf asked for more information on Woodhull and Metropolitan's declines. Ms. Olson noted that at Woodhull, some provider vacancies are being backfilled in the medicine clinic, emergency room, and behavioral health, with an active effort to recruit and hire. For Metropolitan, the inpatient discharge decreases are offset by increases in observation stays. Ms. Youssouf noted that it would be interesting to show a trend, for example, a ten-year trend to see where performance is overall. Ms. Barbara Lowe added that if the trend charts could note historic periods of change that would be helpful. Mr. Gordon Campbell noted that obtaining facility leadership input would also be helpful, including acute and ambulatory care.

The Average Length of Stay compares actual length of stay (excluding pysch and rehab) compared to the expected length of stay using the NYC average adjusted for the facility specific case-mix. Overall, Health + Hospitals length of stay is ½ of one day above the city-wide average; with 7 facilities greater than their corresponding benchmark and 5 facilities below. Finally, case mix index is up by 2.2% against last year at this time.

Gotham Diagnostic and Treatment Center visits continue to decline, with visits down 6.6% compared to this time last year, and the year ended with a decline of 7.5%. Post Acute Care days are down slightly compared with last year (-1.6%), primarily at Coler and HJ Carter. HJ Carter is experiencing lower census in its long-term acute care (LTACH) units and is reviewing ways in which to admit appropriate patients from more costly acute care hospital settings. Gouverneur is up by nearly 5%, related to the timing of additional beds opening up last year. With no further questions, reporting was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT **MICHLINE FARAG**

Ms. Michline Farag began her reporting on global full-time equivalents (GFTEs). For Global FTEs, Health + Hospitals is down 646 GFTEs since the start of FY18 through November. Since the same time last year in November, there has been a decrease of 2,821 GFTEs, and a total of 4,642 reduction since the implementation of FTE controls two years ago._For FY18 through November Budget numbers, receipts came in $48 million better than budgeted, and disbursements are essentially on budget with $4.6 million lower than projected.

Ms. Farag continued her report discussing the comparison of FY18 actuals to FY17 actuals through September. For direct patient care receipts, Health + Hospitals is doing better through November compared to last FY. Inpatient receipts are up $75.9 million and outpatient receipts are $44.6 million higher. This is due to the impact of the revenue cycle initiatives, which started to roll out at this time last year as well as an extra pay cycle of Medicaid Fee-For-Service in FY18 of about $20 million. Overall receipts in FY18 through November are $377 million lower than last year. This is due to pools timing. Last fiscal year, Health + Hospitals received $92 million more through November due to a large MetroPlus payment of $75 million. This is also the same impact of timing in the DSH/UPL line, which is $415.9 million lower than last year. At this time last fiscal year, Health + Hospitals had already received $446 million more than this year in Upper Payment Limit (UPL) payments, while DSH received to-date is $30 million higher in FY18. Mr. Fred Covino noted that a $100 million had been accrued in the first quarter of the calendar year, and that this does not represent a reduction in the total. Mr. Rosen noted that there will always be timing issues at this time in the fiscal year, and Mr. Anantharam answered affirmatively, particularly on supplemental payments.

In terms of total cash disbursements, Health + Hospitals is $39.6 million higher than last fiscal year, due to a payment made to the City for $136.7 million in the first quarter of FY18 for FY17 obligations. Mr. Anantharam noted that this was a timing issue. Ms. Youssouf asked what the payment was, and Ms. Farag answered that the largest portion of the payments was for medical malpractice insurance. Ms. Arteaga Landaverde asked about the affiliation payments and the PAGNY work in terms of the savings initiative. Mr. Covino noted that these were regular performance payments, and Mr. Anantharam noted that the PAGNY savings initiative would not reflected here yet. Ms. Arteaga Landaverde inquired when those would be seen. Mr. Covino noted that the work began in non-clinical vacancies but that the St Georges contract would not be seen yet in the numbers. Mr. Anantharam answered that the savings schedule could be laid out.

Ms. Farag continued her report for FY18 through November actual receipts and disbursements against budget. Receipts are $48 million better than budgeted, the majority of which is in patient care receipts - $40 million better in inpatient receipts and $1.5 million better in outpatient. For cash disbursements, Health + Hospitals is on target with $4.6 million lower than budgeted. Mr. Anantharam noted that in the mid-year, Health + Hospitals is heading in the right direction. Ms. Lowe asked if there were any stand-out areas for the $40 million improved performance. Ms. Farag noted that there has been an improvement in Medicaid revenue collection. Mr. Covino answered that the savings plan and allocations will be need to be updated and refined, and Mr. Campbell asked if there was a route to the $110 million revenue target. Mr. Anantharam noted that Health + Hospitals will do better than last year in terms of the revenue cycle initiatives. With no further questions, reporting was concluded.

PUBLIC FINANCIAL MANAGEMENT RESOLUTION **LINDA DEHART**

Ms. Linda Dehart presented a resolution to authorize the New York City Health and Hospitals Corporation (the "System") to negotiate and execute a contract with Public Financial Management, Inc. ("PFM") to provide financial advisory and other business consulting services for an amount not-to-exceed $170,000 per annum for a three year term, with two, one-year renewal options, solely exercisable by the System.

Health + Hospitals currently finances major construction and renovation capital projects, ongoing capital improvements, and major movable equipment through funds received from the proceeds of tax-exempt bonds and leases issued by the System or by other issuers on behalf of the System; and Health + Hospital's involvement in the financial markets through bond issues, capital leases and investments necessitates the use of a financial advisor to review and pursue all financing options available to the System. A Request for Proposals process for financial advisory services was issued, and a selection committee determined that PFM is the best qualified to provide the services required.

Mr. Rosen asked if PFM had been used before, and Ms. Dehart answered affirmatively since 2002. Ms. Bolus asked about the benefits from the last fifteen years. Ms. Dehart noted that it is to Health + Hospitals' benefit to have experts who do bond financing, short-term capital financing, business analysis, and provide advice on implications of the tax bill. The City also supports outside financial advisory services. Ms. Bolus asked if expertise was also being cultivated with internal staff. Ms. Dehart confirmed that internal staff existed, that Health + Hospitals reaches out to the City and OMB as needed, and that the City also utilizes external financial advisory services. Mr. Campbell asked about the contract utilization and whether it would be less than $170,000 annually. Ms. Dehart noted that the average utilization in the last five years has been about $62,000 annually. Mr. Rosen noted that it was similar to a requirements contract, and would only be billed when used. The resolution was brought for motion, seconded, and the motion carried.

SHORT TERM FINANCING UPDATE **LINDA DEHART**

Ms. Dehart provided a status report on short term capital financing. Through resolutions passed in July 2013, April 2015, and September 2015, the Board authorized equipment and other short term financing up to $120 million, with the goal of allowing the system to establish a flexible short term financing program with as needed access to capital funds from one or more banks over multiple years. There are two programs – one with JP Morgan Chase for up to $60 million worth of primarily equipment purchases that closed on July 9, 2015, after development of a secondary Health Care Reimbursement Revenue lien security, and a second with Citibank for up to $60 million worth of mostly routine renovation and IT projects closed on October 14, 2015. The Citibank loan was replaced on November 1, 2017 with a $30 million fixed rate loan and a $30 million variable rate loan.

On August 1, 2017, the JP Morgan Chase $60 million outstanding loan converted to a fixed rate at 2.0880% with a final maturity date of July 1, 2022. As of January 2, 2018, the vouched funds were $57.964 million, and encumbrances were $59.366 million. This loan will be fully spent in the near future. Ms. Bolus asked how much is owed, and Ms. Dehart noted that the full amount of this borrowing has already occurred. The borrowing created a pool from which Health + Hospitals reimbursed themselves for eligible capital spending. Ms. Bolus asked when principal payments would begin, and Ms. Dehart answered they began last fall.

The Citibank loan is a variable rate revolving loan indexed to SIFMA, with a maturity date of October 14, 2018. There are two components to the Citibank replacement loan – a fixed rate loan with $30 million borrowed and

a variable rate loan available to be borrowed up to $30 million with a five-year maturity from drawdown. Mr. Rosen asked if the Citibank loan had closed at $60 million. Ms. Dehart answered affirmatively, with a close in November, borrowing $30 million and another $30 million being available to borrow. Ms. Bolus asked what was being paid off, was it interest payments being made. Ms. Dehart answered that the interest only payments made on the original Citibank loan were paid off by the new loan. Ms. Bolus asked when the interest would be paid off on the new loan. Ms. Dehart answered November 2022 is when the interest and principal would be paid.

Ms. Lowe asked when Health + Hospitals would be closer to getting out of loans. Mr. Anantharam noted that Health + Hospitals relies on the City for large construction projects with the City providing funds over a ten-year period. There are some projects that are not capital eligible from the City definition. Therefore, Health + Hospitals engaged the JP Morgan and Citibank loans. Health + Hospitals will never be at a point where it will not borrow because it is attractive to have cash on hand. Ms. Bolus asked if it was cheaper to borrow funds versus use funds. Mr. Anantharam noted that it depends on the cash on hand because Health + Hospitals can stretch that cash on hand. Ms. Dehart also noted that Medicaid and Medicare recognizes the need for this kind of financing for projects, and that Health + Hospitals receives additional reimbursement for increases in interest payments. Ms. Bolus noted that it could be risky as federal policy can change. Ms. Bolus asked about the utilization of the $30 million variable rate loan. Ms. Dehart answered that, in discussion with Mr. Anantharam, that IT and other project needs would be reviewed. Mr. Anantharam added that Health + Hospitals would assess financing sources, and that loan was available as needed, particularly since there was an issue of supplemental payments and timing, and how much cash may need to be stretched at times. With no further questions, the discussion was concluded.

HURON UPDATE **P.V. ANANTHARAM, GRAHAM GULIAN**

Mr. Graham Gulian introduced a status report on the Huron revenue cycle optimization work. Mr. Rosen asked if Huron began work in August, and Mr. Gulian confirmed they had. Mr. Gulian noted that they were on target as they began their sixth month. Huron identified three key sources of financial opportunity – recurring revenue cycle improvement, recurring clinical documentation improvement (CDI), and one-time cash flow opportunity.

The work on recurring revenue cycle improvement focuses on reorganizing collection processes, including a reduction in accounts receivable write-offs through cleanup of unworked populations. The CDI work focused on increased accuracy of clinical documentation and increased representation of patient acuity and quality. The one-time case flow opportunity focused on reduction in billing backlogs and improved denials management and resolution processes. The Huron ranges for the low to high opportunities across those three sources are $160 million to $340 million. Huron is confident that the midpoint of those ranges will be achieved.

The short term cash driving initiatives focused on activities across all eleven facilities. These initiatives included in-house high dollar review to ensure front-end financial security of long lengths of stay or high threshold of charges cases that slipped through the old processes. This resulted in action taken on 97 accounts, out of 719 reviewed, for a potential cash opportunity of $7.4 million. Another of those initiatives included aged account receivables, high risk review which resulted in a review of accounts greater than 90 days from discharge with high outstanding balances. This resulted in action taken on 297 accounts, out of 773 reviewed, for a potential

cash opportunity of $5.9 million. The last short term cash driving initiative focused on timely filing review. This resulted in correcting 1,727 accounts, out of 3,282 reviewed, for a potential cash opportunity of $1 million.

Mr. Rosen asked if Health + Hospitals staff agreed with those estimates. Mr. Anantharam noted that there needs to be further analysis as there had been previous activity achieved in terms of comparison, and that the focus of the Huron work is the standardization and timeline of the work being done. In the six months that Huron has been engaged, they have designed an organizational structure, as well as workflow and technology. Huron has completed its assessments, completed the design work including staffing analyses and staff alignment. In terms of implementation, Huron has provided staff training and materials on leading practices and held ongoing meetings with Epic OG team around the Epic design. Wave 1 Go Live began at Bellevue, Kings County, and Lincoln in December. Implementation at the facilities included updating staff priorities and completing training on new job functions, as well as implementing Huron technology including automated workflow and reporting for insurance verification, inpatient financial counseling, billing, and follow-up.

Ms. Lowe asked if the model was on the here and now, and how does the build compensate for what is not known. Mr. Anantharam noted that he asked David Guzman the Elmhurst CFO to provide facility perspective on the Huron work. Mr. Rosen asked with implementation in December, how the work was going now. Mr. Gulian answered that it was going well, and Huron noted that there were about ten Huron staff at each facility who would be staying on for five to six months.

Huron continued their report on the CDI work. The objective of the CDI initiative is to achieve accurate, complete, compliant, and appropriate documentation. Huron designed a CDI operating model including recommendations to hire a new CDI Assistant Vice President to provide centralized leadership and work towards system level goals, and initiated hiring of 37 additional FTEs to cover discharge volumes with newly hired staff to receive education and training from Huron as they are on-boarded. Mr. Campbell asked why staff could not be more centralized in terms of the CDI work. Huron noted that the CDI staff need to have relationships with the physicians at the facilities. Mr. Gulian noted that although the policies are central, the CDI implementation is at facilities and that work was being done with Dr. Allen on identifying physician advocates at the facilities. Ms. Lowe asked what tools or assistance there was for clinical providers. Huron noted that the CDI tool prompts physician for what is being looked for, for example, sepsis and prompts on acuity and severity. Ms. Lowe asked if it would also help nurses, as nurses and doctors are partners, and whether the tool goes into specialties. Huron confirmed it would, and noted that the Huron lead on the CDI work is a nurse.

Mr. Campbell noted that, as discussed in July, the Huron engagement is time limited, and how it would be ensured that Health + Hospitals staff owns the work. Huron reported that to promote long-term sustainability, enhance leadership, and encourage employee solution adoption, a multi-tiered strategy has focused on change management strategy with active sponsorship and coaching, accountability structures including changing reporting relationships, workdrivers and reporting to be designed concurrently and in coordination with Epic financial design, and onsite project support. Mr. Guzman of Elmhurst was asked to discuss the facility perspective and Huron's on-site work. Mr. Guzman described Huron's tool providing insight on staff work priorities and the staffing model needed to perform the work, including measuring the adequacy of staffing to address the volume of work. The inpatient and outpatient workflow had front-end and back-end components. The Elmhurst implementation differs because approximately sixty staff have already been moved within the facility in terms of process. There is a work driver tool that helps navigate when to engage further in the work.

Elmhurst Go Live is targeted for January 24, and the staff are excited to enhance their skill sets and the work cross-pollinates with the Epic implementation. Mr. Campbell asked if this was the same at Lincoln and Kings. Mr. Gulian confirmed that it was, and there will be good data available. Mr. Anantharam noted that he had heard Mr. Guzman speak about this the other day, and asked him to discuss at today's Finance Committee. Mr. Anantharam heard that Bellevue staff also liked the concept of the Huron work helping with their work.

Dr. Mitch Katz noted that posting results and trends at the local level, in terms of graphs and the outcomes in terms of resulting dollars, would be helpful as the good work and improvements are highlighted. Mr. Campbell agreed and noted that it could also foster healthy competition. Ms. Bolus asked if the unions had been engaged. Mr. Anantharam confirm that Vice President Andy Cohen has been speaking with them. Ms. Bolus asked how many staff are working on the floor. Dr. Katz noted that front-line staff are now involved, and the focus is on best practices in real time with doctors and nurses. Mr. Gulian noted that with the ED charge capture work, there was advisory group of doctors and nurses from the facilities. Ms. Bolus asked if there were new titles and functions in CDI. Mr. Guzman noted that it was not new staff, and Mr. Anantharam answered that CDI staff were expanding in facilities. Ms. Bolus asked if the CDI staff were Health + Hospitals staff, and not Huron staff. Mr. Anantharam confirmed they were Health +Hospitals staff at the facilities with relationships with the doctors. Ms. Bolus asked if the salary was sufficient for staff to be retained. Mr. Anantharam noted that the salary structure had been laid out. Ms. Lowe suggested finding nurses internally to fill the positions.

Huron concluded their reporting with next steps. For Bellevue, Lincoln, and Kings, there will be a drive toward improved metric performance in the new revenue cycle operating model. In January, Elmhurst will implement comprehensive revenue cycle changes and Huron technology. In March, Woodhull, Jacobi, and NCB will being preparations for go-lives. All facilities will continue immediate cash driving and performance improvement initiatives, begin hiring for open and expanded positions, and begin measuring financial improvements. Mr. Rosen asked if the Huron efforts will be able to be measured. Mr. Anantharam noted that Huron would work with Ms. Olson who will oversee the measurement, and that with the Huron tool, there should be measurable results in the near future. Ms. Lowe asked with the disruptive and unpredictable state within the system and facilities, and the management of work within that framework, would it be measurable. Mr. Anantharam noted that some work performance may not be measurable because of the work on different systems, for example Unity and Soarian, but when the system is on the single platform of Epic and the Huron standardization work is complete, it will help management and stabilization. There is a bigger issue of supplemental payments and whether the system can decrease reliance on those payments as revenue cycle initiatives increase collections. Ms. Lowe noted that with changing regulations and frameworks, it would be helpful to inculcate a learning environment versus just a training and orientation perspective. With a standard operating model across facilities, changes can be made within that framework, including preparation for Epic implementation. With no further questions, reporting was concluded.

ADJOURNMENT **BERNARD ROSEN**

There being no further business to discuss the meeting was adjourned at 1:18 p.m.

KEY INDICATORS

FISCAL YEAR 2018 UTILIZATION

Year to Date
January 2018

	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES						
	FY 18	FY 17	VAR %	FY 18	FY 17	VAR %	ACTUAL	EXPECTED	FY 18	FY 17
Acute										
Bellevue	325,314	332,347	-2.1%	12,801	13,064	-2.0%	5.8	5.0	1.2407	1.2596
Coney Island	183,045	186,647	-1.9%	7,944	8,090	-1.8%	6.5	5.1	1.0323	0.9994
Elmhurst	335,224	341,516	-1.8%	10,801	10,540	2.5%	6.0	4.9	1.0205	0.9922
Harlem	171,898	176,398	-2.6%	6,387	6,890	-7.3%	5.6	4.7	1.0209	0.9370
Jacobi	232,410	239,114	-2.8%	10,650	10,452	1.9%	5.5	5.2	1.0843	1.0959
Kings County	375,456	382,949	-2.0%	10,763	11,344	-5.1%	6.2	4.9	1.0331	1.0404
Lincoln	297,534	306,417	-2.9%	12,374	12,584	-1.7%	4.4	4.6	0.9843	0.9435
Metropolitan	206,490	217,927	-5.2%	4,616	5,436	-15.1%	4.7	4.8	1.0067	0.9569
North Central Bronx	119,043	118,902	0.1%	4,024	3,954	1.8%	3.8	4.0	0.7051	0.6975
Queens	236,113	224,755	5.1%	7,657	7,614	0.6%	4.3	4.6	0.8501	0.7859
Woodhull	236,017	258,801	-8.8%	5,988	6,213	-3.6%	5.0	4.7	0.9099	0.9245
Acute Total	**2,718,544**	**2,785,773**	**-2.4%**	**94,005**	**96,181**	**-2.3%**	**5.4**	**4.8**	**1.0203**	**0.9985**
Gotham	VISITS									
Belvis DTC	28,629	29,580	-3.2%							
Cumberland DTC	36,345	37,051	-1.9%							
East New York	41,394	44,642	-7.3%							
Gouverneur DTC	123,445	136,362	-9.5%							
Morrisania DTC	42,929	46,296	-7.3%							
Renaissance	18,863	20,441	-7.7%							
Gotham Total	**291,605**	**314,372**	**-7.2%**							
Post Acute Care				DAYS						
Coler				151,271	159,419	-5.1%				
Gouverneur SNF				50,877	47,818	6.4%				
H.J. Carter				63,724	67,595	-5.7%				
McKinney				66,960	66,031	1.4%				
Seaview				63,723	64,603	-1.4%				
Post Acute Care Total				**396,555**	**405,466**	**-2.2%**				
Discharges/CMI-- All Acutes				**94,005**	**96,181**	**-2.3%**			**1.0203**	**0.9985**
Visits -- All DTCs & Acutes	**3,010,149**	**3,100,145**	**-2.9%**							
Days-- All SNFs				**396,555**	**405,466**	**-2.2%**				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY17 and FY18 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(LOS)

Previous LOS calculations excluded one-day stays and outliers. Expected length of stay was based on H+H system average adjusted for case-mix.
As of September 2017, Actual LOS includes all stays, regardless of length.
Calculation is as follows:
Actual: days divided by discharges; excludes psych and rehab
Expected: Expected Length of Stay based on New York City SPARCS data, using facility specific case-mix

All Payor CMI

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

KEY INDICATORS

FISCAL YEAR 2018 BUDGET PERFORMANCE ($s in 000s)

Year to Date
January 2018

	GLOBAL FTEs		RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 17	Jan 18*	actual	better / (worse)	actual	better / (worse)	better / (worse)	
Acute								
Bellevue	5,497	5,413	$371,060	$8,593	$474,732	($6,707)	$1,886	0.2%
Coney Island	3,038	2,945	166,215	6,800	238,688	1,124	7,924	2.0%
Elmhurst	4,182	4,129	266,939	15,616	333,055	(3,976)	11,640	2.0%
Harlem	2,914	2,926	144,232	(8,488)	227,501	2,433	(6,055)	-1.6%
Jacobi	3,969	3,821	256,771	7,612	351,542	(100)	7,512	1.3%
Kings County	5,091	4,979	293,614	6,458	397,576	8,039	14,497	2.1%
Lincoln	3,994	3,847	243,455	(9,560)	292,859	6,845	(2,715)	-0.5%
Metropolitan	2,463	2,387	128,973	(2,718)	189,105	1,572	(1,146)	-0.4%
North Central Bronx	1,351	1,346	73,911	(140)	111,824	(1,245)	(1,385)	-0.8%
Queens	2,795	2,707	160,451	7,511	212,150	2,666	10,177	2.8%
Woodhull	2,853	2,783	160,508	(8,416)	239,339	3,783	(4,633)	-1.1%
Acute Total	38,146	37,282	$2,266,129	$23,268	$3,068,371	$14,434	$37,702	0.7%
Gotham								
Belvis DTC	128	126	$5,759	($735)	$9,050	($33)	($768)	-5.0%
Cumberland DTC	200	189	12,823	470	16,049	(51)	419	1.5%
East New York	207	199	11,863	(1,378)	12,435	700	(678)	-2.6%
Gouverneur DTC	448	456	28,335	4,062	32,584	145	4,207	7.4%
Morrisania DTC	232	229	12,866	(2,784)	15,628	93	(2,691)	-8.6%
Renaissance	166	159	6,874	364	10,915	273	637	3.6%
Gotham Total	1,381	1,359	$78,520	($1)	$96,661	$1,127	$1,126	0.6%
Post Acute Care								
Coler	1,077	994	$43,266	$4,457	$73,461	($884)	$3,573	3.2%
Gouverneur SNF	362	382	18,691	(548)	26,480	752	204	0.4%
H.J. Carter	900	841	73,888	4,791	68,707	(985)	3,806	2.8%
McKinney	439	424	21,289	(1,937)	25,830	42	(1,895)	-3.9%
Seaview	532	514	21,860	(3,514)	30,987	(927)	(4,441)	-8.0%
Post Acute Care Total	3,310	3,155	$178,994	$3,249	$225,465	($2,002)	$1,247	0.3%
Central Office	1,022	997	$693,294	$10,122	$234,315	($2,194)	$7,928	0.9%
At Home	398	430	$33,056	$6,201	$28,111	($2,354)	$3,847	7.3%
Enterprise IT/Epic	1,157	1,218	$0	($5)	$136,027	$5,931	$5,926	4.2%
GRAND TOTAL	**45,414**	**44,440**	**$3,249,992**	**$42,836**	**$3,788,950**	**$14,943**	**$57,778**	**0.8%**

*Actual Global FTEs have dropped by 4,969 since November 2015.
Global Full-Time Equivalents (FTEs) include HHC staff and overtime, hourly, temporary and affiliate FTEs. Enterprise IT includes consultants.
At Home includes HHC Health & Home Care and the Health Home program.

NYC Health + Hospitals
Cash Receipts and Disbursements (CRD)
Fiscal Year 2018 vs Fiscal Year 2017 (in 000's)
TOTAL CORPORATION

	Fiscal Year To Date January 2018		
	actual 2018	**actual 2017**	**better / (worse)**
Cash Receipts			
Inpatient			
Medicaid Fee for Service	$408,679	$393,919	$14,760
Medicaid Managed Care	487,836	418,675	69,161
Medicare	265,451	294,258	(28,807)
Medicare Managed Care	189,061	182,881	6,180
Other	153,354	134,341	19,014
Total Inpatient	1,504,381	1,424,074	80,307
Outpatient			
Medicaid Fee for Service	96,237	60,014	36,223
Medicaid Managed Care	198,506	197,130	1,375
Medicare	44,062	38,116	5,946
Medicare Managed Care	57,479	52,625	4,854
Other	94,505	90,577	3,928
Total Outpatient	490,788	438,462	52,327
Total Direct Patient Care Revenue	1,995,169	1,862,536	132,634
Risk Pools	59,997	240,974	(180,977)
Total Patient Care Revenue	2,055,166	2,103,509	(48,343)
All Other			
Pools	146,862	186,505	(39,644)
DSH / UPL	808,004	1,424,808	(616,805)
Grants, Intracity, Tax Levy	170,469	134,522	35,947
Appeals & Settlements	13,774	3,963	9,811
Misc / Capital Reimb	55,717	42,118	13,599
Total All Other	1,194,826	1,791,917	(597,091)
Total Cash Receipts	**$3,249,992**	**$3,895,426**	**($645,434)**
Cash Disbursements			
PS	$1,542,505	$1,675,830	$133,325
Fringe Benefits	563,193	540,410	(22,784)
OTPS	821,748	878,633	56,885
City Payments	136,682	-	(136,682)
Affiliation	666,937	654,177	(12,760)
HHC Bonds Debt	57,884	49,913	(7,971)
Total Cash Disbursements	**$3,788,950**	**$3,798,963**	**$10,013**
Receipts over/(under) Disbursements	**($538,958)**	**$96,463**	**($635,421)**

NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2018 (in 000's)
TOTAL CORPORATION

	Fiscal Year To Date January 2018		
	actual 2018	**budget 2018**	**better / (worse)**
Cash Receipts			
Inpatient			
Medicaid Fee for Service	$408,679	$395,072	$13,607
Medicaid Managed Care	487,836	446,440	41,396
Medicare	265,451	292,775	(27,325)
Medicare Managed Care	189,061	194,035	(4,973)
Other	153,354	146,337	7,017
Total Inpatient	1,504,381	1,474,660	29,721
Outpatient			
Medicaid Fee for Service	96,237	79,742	16,495
Medicaid Managed Care	198,506	217,265	(18,760)
Medicare	44,062	47,764	(3,702)
Medicare Managed Care	57,479	58,613	(1,134)
Other	94,505	89,713	4,792
Total Outpatient	490,788	493,097	(2,309)
Total Direct Patient Care Revenue	1,995,169	1,967,757	27,412
Risk Pools	59,997	55,483	4,514
Total Patient Care Revenue	2,055,166	2,023,239	31,927
All Other			
Pools	146,862	148,568	(1,707)
DSH / UPL	808,004	807,520	484
Grants, Intracity, Tax Levy	170,469	170,244	225
Appeals & Settlements	13,774	5,204	8,570
Misc / Capital Reimb	55,717	52,381	3,336
Total All Other	1,194,826	1,183,917	10,909
Total Cash Receipts	**$3,249,992**	**$3,207,156**	**$42,836**
Cash Disbursements			
PS	$1,542,505	$1,555,917	$13,412
Fringe Benefits	563,193	569,176	5,983
OTPS	821,748	817,292	(4,456)
City Payments	136,682	136,682	0
Affiliation	666,937	666,838	(99)
HHC Bonds Debt	57,884	57,987	103
Total Cash Disbursements	**$3,788,950**	**$3,803,893**	**$14,943**
Receipts over/(under) Disbursements	**($538,958)**	**($596,737)**	**$57,779**

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
Fiscal Year 2018 2nd 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												
2018	**62.6**	**54.3**	**63.5**	**63.7**	**57.6**	**60.6**	**65.6**	**70.7**	**67.9**	**63.8**	**68.2**	**62.8**
2017	**58.2**	**54.6**	**63.3**	**63.1**	**56.7**	**62.2**	**66.4**	**69.5**	**63.5**	**64.5**	**69.0**	**62.2**
Medicaid												
2018	24.3	19.0	22.2	16.5	16.0	20.9	16.0	20.4	17.2	24.9	22.4	20.2
2017	22.2	19.7	21.6	18.4	14.2	20.8	17.0	21.4	15.4	26.9	19.5	19.9
Medicaid Plans												
2018	38.4	35.3	41.3	47.2	41.6	39.7	49.6	50.3	50.7	38.9	45.8	42.6
2017	35.9	35.0	41.7	44.7	42.5	41.4	49.4	48.1	48.1	37.6	49.5	42.3
Medicare Total												
2018	**17.7**	**36.8**	**21.9**	**21.8**	**24.4**	**21.5**	**24.0**	**19.7**	**18.9**	**24.6**	**21.9**	**22.9**
2017	**18.1**	**35.6**	**22.7**	**23.2**	**23.7**	**18.8**	**23.6**	**20.0**	**19.4**	**23.2**	**20.5**	**22.4**
Medicare												
2018	8.9	25.9	10.4	9.8	12.1	10.0	7.1	7.7	8.6	11.5	8.8	10.8
2017	9.4	25.9	11.2	9.4	12.0	9.2	8.0	9.2	9.6	11.0	9.4	11.1
Medicare Plans												
2018	8.8	10.9	11.6	12.0	12.3	11.5	16.9	12.1	10.3	13.0	13.1	12.0
2017	8.7	9.7	11.5	13.8	11.6	9.6	15.6	10.8	9.7	12.2	11.1	11.3
Commercial Total												
2018	**10.6**	**6.8**	**9.3**	**8.2**	**12.9**	**11.3**	**7.9**	**5.7**	**8.3**	**8.5**	**7.0**	**9.3**
2017	**10.0**	**7.5**	**8.3**	**8.6**	**12.5**	**11.6**	**7.5**	**5.4**	**8.3**	**9.5**	**6.8**	**9.1**
Other												
2018	**2.0**	**0.2**	**0.8**	**0.1**	**0.2**	**0.2**	**0.3**	**0.1**	**0.1**	**0.3**	**0.1**	**0.5**
2017	**5.1**	**0.1**	**1.1**	**0.1**	**0.2**	**0.2**	**0.3**	**0.1**	**0.1**	**0.2**	**0.1**	**1.0**
Uninsured												
2018	**7.1**	**1.9**	**4.5**	**6.2**	**4.8**	**6.3**	**2.1**	**3.7**	**4.9**	**2.9**	**2.8**	**4.5**
2017	**8.6**	**2.2**	**4.5**	**5.0**	**6.9**	**7.3**	**2.2**	**4.9**	**8.8**	**2.6**	**3.6**	**5.3**

FY18 run on 2/27/2018
FY17 run on 2/27/2017

Note: All numbers are percentages.

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

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2018 2nd 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																		
2018	**39.9**	**36.9**	**39.8**	**47.4**	**46.0**	**48.6**	**47.9**	**44.5**	**51.7**	**38.0**	**42.1**	**52.7**	**44.9**	**56.9**	**37.0**	**54.2**	**46.3**	**43.8**
2017	**37.7**	**36.3**	**38.7**	**46.8**	**46.1**	**46.6**	**45.4**	**44.0**	**50.7**	**37.3**	**41.8**	**50.1**	**45.8**	**54.1**	**35.4**	**52.0**	**43.0**	**42.5**
Medicaid																		
2018	6.9	8.4	6.0	6.9	7.1	9.2	9.6	7.8	6.4	7.5	4.7	4.3	5.7	7.5	5.4	4.6	6.1	7.2
2017	6.1	8.6	7.3	7.2	7.7	9.4	7.4	6.1	7.4	8.3	3.9	3.2	3.9	7.1	5.7	5.0	4.7	7.0
Medicaid Plans																		
2018	33.0	28.5	33.9	40.6	38.9	39.5	38.3	36.7	45.3	30.5	37.4	48.4	39.2	49.5	31.6	49.6	40.3	36.5
2017	31.6	27.8	31.4	39.6	38.4	37.2	38.0	37.8	43.3	29.0	37.9	47.0	41.9	47.0	29.7	47.0	38.3	35.4
Medicare Total																		
2018	**19.2**	**22.5**	**15.7**	**21.0**	**22.5**	**17.2**	**21.5**	**20.6**	**18.6**	**21.3**	**21.7**	**14.7**	**14.3**	**17.1**	**26.7**	**14.9**	**17.0**	**19.9**
2017	**19.6**	**20.8**	**15.5**	**22.0**	**20.7**	**16.4**	**22.2**	**21.2**	**17.2**	**20.3**	**20.4**	**16.0**	**14.1**	**17.9**	**25.4**	**15.3**	**19.3**	**19.6**
Medicare																		
2018	8.3	11.5	5.6	9.4	8.3	8.4	6.0	7.1	6.4	6.5	6.2	3.7	5.0	7.5	9.3	3.9	6.7	7.5
2017	8.6	11.4	6.3	9.7	8.4	8.2	6.5	8.0	6.2	6.9	6.6	3.4	5.1	7.8	9.1	4.4	7.5	7.8
Medicare Plans																		
2018	10.9	10.9	10.1	11.6	14.2	8.8	15.6	13.5	12.2	14.8	15.5	11.0	9.3	9.6	17.4	10.9	10.3	12.4
2017	11.0	9.4	9.2	12.3	12.3	8.2	15.7	13.2	11.0	13.3	13.8	12.6	9.0	10.1	16.2	11.0	11.8	11.8
Commercial																		
2018	**13.8**	**6.8**	**5.3**	**12.1**	**10.6**	**14.3**	**15.0**	**8.9**	**8.9**	**6.3**	**10.1**	**9.2**	**12.1**	**12.7**	**11.0**	**13.2**	**12.5**	**10.7**
2017	**12.9**	**8.4**	**5.9**	**11.7**	**11.0**	**14.3**	**14.7**	**7.8**	**10.2**	**7.4**	**9.6**	**9.7**	**13.1**	**13.7**	**11.4**	**12.2**	**13.1**	**10.8**
Other																		
2018	**2.3**	**0.6**	**1.9**	**0.6**	**1.7**	**0.3**	**0.8**	**0.3**	**0.8**	**0.3**	**0.5**	**0.0**	**0.2**	**0.0**	**0.9**	**0.0**	**0.1**	**0.9**
2017	**2.5**	**0.6**	**2.4**	**0.6**	**1.7**	**0.4**	**0.8**	**0.2**	**0.8**	**0.4**	**0.5**	**0.0**	**0.2**	**0.1**	**0.9**	**0.0**	**0.0**	**1.0**
Uninsured Total																		
2018	**24.8**	**33.3**	**37.3**	**18.9**	**19.2**	**19.6**	**14.8**	**25.7**	**20.0**	**34.1**	**25.6**	**23.4**	**28.5**	**13.3**	**24.5**	**17.7**	**24.1**	**24.7**
2017	**27.3**	**33.8**	**37.6**	**19.0**	**20.4**	**22.4**	**17.0**	**26.9**	**21.2**	**34.7**	**27.5**	**24.2**	**26.8**	**14.3**	**26.9**	**20.5**	**24.6**	**26.1**
HHC-Options																		
2017	17.2	29.1	31.0	10.7	14.1	12.9	9.5	17.2	15.5	27.9	22.1	18.8	26.7	10.4	21.9	15.9	16.9	18.9
2016	19.4	29.3	31.3	11.2	14.1	16.9	10.8	19.5	17.1	28.1	23.6	19.0	24.8	11.4	23.7	18.1	17.2	20.3
Self Pay																		
2017	7.6	4.1	6.2	8.2	5.0	6.7	5.4	8.6	4.5	6.2	3.5	4.6	1.9	2.9	2.5	1.9	7.2	5.8
2016	8.0	4.5	6.3	7.8	6.3	5.5	6.2	7.4	4.2	6.7	4.0	5.1	2.0	2.8	3.3	2.4	7.4	5.9

FY18 run on 2/27/18
FY17 run on 2/28/18

Note: All numbers are percentages.
Adult visits defined by age of patient >= 19 at time of visit.

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

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT PEDIATRICS PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2018 2nd 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																		
2018	**83.2**	**80.7**	**82.2**	**84.7**	**76.9**	**73.0**	**84.7**	**90.3**	**79.5**	**71.7**	**80.6**	**88.6**	**79.3**	**78.5**	**82.1**	**86.4**	**76.8**	**80.8**
2017	**82.3**	**75.6**	**79.9**	**83.9**	**74.7**	**72.9**	**85.1**	**89.4**	**75.4**	**69.6**	**79.6**	**88.7**	**79.9**	**77.4**	**81.9**	**82.7**	**75.4**	**79.3**
Medicaid																		
2018	3.8	9.3	2.7	4.1	5.5	4.7	3.4	1.6	4.5	5.2	2.9	5.5	4.1	6.9	4.8	4.0	4.9	4.3
2017	4.1	9.9	3.6	4.7	5.9	5.7	3.2	2.4	5.8	7.3	4.0	3.4	4.3	4.9	6.8	3.5	4.7	4.8
Medicaid Plans																		
2018	79.4	71.4	79.5	80.6	71.4	68.4	81.3	88.7	75.0	66.6	77.7	83.2	75.2	71.6	77.3	82.4	71.9	76.5
2017	78.3	65.7	76.3	79.2	68.7	67.2	81.9	87.0	69.6	62.3	75.6	85.4	75.6	72.5	75.0	79.2	70.7	74.5
Commercial Total																		
2018	**12.6**	**14.3**	**10.3**	**11.0**	**16.7**	**17.8**	**12.8**	**6.6**	**16.1**	**17.8**	**12.1**	**8.8**	**11.7**	**14.1**	**14.4**	**9.8**	**12.6**	**13.2**
2017	**12.6**	**18.1**	**10.5**	**11.7**	**18.5**	**17.7**	**11.8**	**7.2**	**18.4**	**17.6**	**12.2**	**8.5**	**10.3**	**13.3**	**13.3**	**9.2**	**12.3**	**13.5**
Child Health Plus																		
2018	4.6	5.1	6.4	2.9	4.6	7.1	7.5	3.9	3.9	7.5	5.5	5.5	5.4	6.0	5.9	4.6	3.4	5.5
2017	4.3	5.7	5.8	3.3	3.9	6.2	6.5	3.8	3.1	5.9	4.6	4.8	4.6	4.9	5.3	4.1	2.7	4.9
Non-CHP Plans																		
2018	8.0	9.3	3.9	8.1	12.1	10.7	5.3	2.8	12.1	10.3	6.5	3.3	6.3	8.1	8.4	5.2	9.1	7.7
2017	8.3	12.5	4.7	8.3	14.6	11.5	5.3	3.4	15.3	11.7	7.6	3.7	5.7	8.4	8.1	5.1	9.7	8.6
Other																		
2018	**0.3**	**0.3**	**0.3**	**0.4**	**0.9**	**0.2**	**0.4**	**0.0**	**0.1**	**0.2**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.3**
2017	**0.2**	**0.4**	**0.3**	**0.2**	**0.7**	**0.3**	**0.5**	**0.0**	**0.3**	**0.3**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.3**
Uninsured																		
2018	**3.9**	**4.7**	**7.2**	**3.9**	**5.5**	**9.0**	**2.1**	**3.0**	**4.3**	**10.3**	**7.3**	**2.6**	**9.0**	**7.4**	**3.5**	**3.8**	**10.6**	**5.7**
2017	**4.9**	**5.8**	**9.3**	**4.3**	**6.1**	**9.1**	**2.6**	**3.4**	**5.9**	**12.5**	**8.2**	**2.7**	**9.8**	**9.2**	**4.8**	**8.1**	**12.3**	**6.9**
HHC-Options																		
2018	0.4	0.2	0.2	0.2	1.2	1.0	0.1	0.2	1.2	1.1	0.7	0.4	1.4	1.7	0.6	1.7	0.1	0.7
2017	0.7	0.5	0.5	0.4	1.4	3.0	0.3	0.5	1.8	1.2	1.1	0.3	2.1	1.7	1.4	2.7	0.1	1.2
Self Pay																		
2018	3.5	4.5	7.0	3.8	4.3	7.9	2.0	2.8	3.1	9.2	6.6	2.2	7.6	5.7	2.9	2.0	10.6	5.0
2017	4.2	5.3	8.8	3.9	4.7	6.1	2.2	2.9	4.1	11.4	7.1	2.4	7.7	7.5	3.4	5.4	12.2	5.7

FY18 (run date 2/27/18)
FY17 (run date 2/28/18)

Note: All numbers are percentages.
Pediatric visits defined by age of patient<19 at time of visit.

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