

FINANCE COMMITTEE AGENDA

Date: May 22, 2018
Time: 2:00 pm
Location: 125 Worth Street, Board Room

Call to Order

Bernard Rosen

Adoption of the March 14, 2018 Minutes

I. Senior Vice President's Report

PV Anantharam

II. Financial Reports Status

- Key Indicators
- Cash Receipts and Disbursements

Krista Olson
Michline Farag

III. Information Items

- Payor Mix
- Huron Supply Chain Update

Krista Olson
Paul Albertson

Old Business

New Business

Adjournment

Bernard Rosen

MINUTES

Finance Committee

Meeting Date: March 14, 2018

Board of Directors

The meeting of the Finance Committee of the Board of Directors was held on March 14, 2018 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Dr. Mitchell Katz
Mark Page

OTHER MEMBER

Josephine Bolus

OTHER ATTENDEES

M. Dolan, DC 37
J. DeGeorge, Office of the State Comptroller
J. Merrill, City Council Finance

HHC STAFF

P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
E. Barlis, CFO, Jacobi/NCB
M. Brito, CFO, Post Acute Care
A. Cohen, Acting General Counsel/Vice President
F. Covino, Senior Assistant Vice President, Corporate Budget
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
B. deLuna, Communications and Marketing
M. Farag, Corporate Budget Director, Corporate Budget
M. Figueroa, CFO, Harlem
R. Fischer, CFO, Bellevue
B. Foley, Senior Vice President, Acute Care
C. Hercules, Chief of Staff, Chairperson's Office
R. Malone, CFO, Queens
A. Marengo, Senior Vice President, Communications/Marketing
N. Mar, Director, Reimbursement
M. McClusky, Senior Vice President, Post Acute Care
K. Olson, Assistant Vice President, Corporate Budget
A. Pai, Chief of Staff to the SVP Finance/CFO
B. Roberts, AVP, Government/Community Relations

J. Roman, Senior Associate Director, Metropolitan
A. Saul, CFO, Kings County
M. Siegler, Senior Vice President, Managed Care/Population Growth
B. Stacey, CFO, Lincoln
LR Tulloff, Senior Director
J. Weinman, Corporate Comptroller, Corporate Finance
R. Zhu, Senior Associate Director, Metropolitan

CALL TO ORDER**BERNARD ROSEN**

Mr. Bernard Rosen called the meeting to order at 11:07am. The minutes of the January 11, 2018 meeting were approved as submitted.

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

Mr. PV Anantharam began his report noting that things were on track, with the cash position being on target. Supplemental payments are flowing nicely, with formal Centers for Medicare and Medicaid Services (CMS) approval expected this month. Health + Hospitals received word from the State that the CMS regional office has signed off on outpatient Upper Payment Limit (UPLs) for 2016 and 2017. Ms. Bolus inquired about the amounts, and Mr. Anantharam noted they would be approximately \$209 million. Mr. Anantharam continued his report and noted that utilization trends continued to show declines. Budget figures through January are looking good, with revenues better than budget as are expenses. Good progress is being made on transformation initiatives with headcount reductions and revenue initiatives performance.

Health + Hospitals is close to finalizing, with the City, the indemnification agreements with the State that will allow \$120 million of Value Based Payments (VBP) and \$133 million of Care Restructuring Enhancement Pilots (CREP) dollars to begin flowing. Discussions with the State occurred on March 13, with the MOU targeted to be signed on March 14, with partial payments beginning in the next weeks. Mr. Mark Page asked what CREP was. Ms. Linda Dehart noted that it is part of a New York State Department of Health (NYSDOH) Medicaid waiver program designed for public hospital systems in New York State. The program focuses on public hospitals' ability to work with the projected Managed Long Term Care (MLTC) and Behavioral Health- Home and Community Based Services (BH-HCBS) patient populations inside and outside the hospital, as well as during the transition from the hospital setting to either the home (community) or less intense levels of institutional care.

These pilots are intended to enhance the workforce's ability to serve the needs of these populations and to connect individuals with available services, with the end goal of closing gaps in services and ultimately leading to better care for individuals. Mr. Page asked if CREP was part of Medicaid, and Ms. Dehart confirmed it was part of the Medicaid waiver program. Mr. Anantharam noted it was \$400 million over four years. Mr. Anantharam concluded his report by noting that the postponement of the Disproportionate Share Hospital (DSH) cuts on the federal level will provide much needed relief to allow for revenue cycle and other efforts to be fruitful and put Health + Hospitals on good financial footing. With no further questions, the reporting was concluded.

KEY INDICATORS REPORT**KRISTA OLSON**

Ms. Krista Olson began the utilization report reporting through January 2018. Starting with acute care hospitals, ambulatory care visits are down by 2.4% against last year. There is an active ongoing process to recruit staff across the system, with a particular focus on primary care. Acute Inpatient discharges are down by 2.3%. The largest decline is at Metropolitan, which has seen a commensurate increase in observation stays, which count as outpatient, that directly offsets these declines from a workload perspective. Ms. Olson continued her reporting on the Average Length of Stay which is more than a half-day greater at Health + Hospitals overall, compared to the citywide average, when adjusting for case mix. The expected length of stay

is based on New York City SPARCS data using facility specific case mix. The reasons for why Health + Hospitals has a higher length of stay are likely a combination of differences in the patients we serve, documentation and coding differences, and discharge planning processes. Case mix index is up by 2.1% against last year at this time. Diagnostic and Treatment Center visits continue to decline, down by 7.2% compared to this time last year. Long-term care days are down by 2.2% compared with last year, primarily at Coler and Henry J. Carter.

Ms. Bolus asked about the total visits decline of 2.9% as it relates to the Gotham total decline of 7.2% and the ambulatory visits decline of 2.4%. Ms. Olson noted that volume of Gotham visits at 291,000 is muted by the acute ambulatory visits of 2.7 million, which leads to the total visits of 3.0 million and the 2.9% decline from FY17. Mr. Rosen noted that as he drives through Queens, there are ads for Gotham that he sees as well as urgent care centers throughout the borough. Dr. Mitchell Katz added as more doctors are hired that business will go back up. 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 974 GFTEs since the start of FY18 through January. This is a total decline of 4,970 reduction since the implementation of FTE controls two years ago. For FY18 through January Budget numbers, receipts came in \$42.8 million better than budgeted, and disbursements are \$14.9 million better than projected.

Ms. Farag continued her report discussing the comparison of FY18 actuals to FY17 actuals through January. For direct patient care receipts, Health + Hospitals is doing better through January compared to last FY. Inpatient receipts are up \$80.3 million and outpatient receipts are \$52.3 million higher. This is due to the impact of the revenue cycle initiatives, which started to roll out in the late fall. Overall receipts in FY18 through January are \$645.4 million lower than last year. This is due to pools timing. Last fiscal year, Health + Hospitals received \$180 million more through January due to a large MetroPlus payment of almost \$175 million. At this time last fiscal year, Health + Hospitals had already received \$294.7 million more than this year in UPL payments and \$322 million in DSH. Mr. Fred Covino noted that although there is no MetroPlus distribution in this time period, it will be received in the next few months. Mr. Rosen noted that Health + Hospitals was doing well in direct patient care receipts.

In terms of total cash disbursements, Health + Hospitals is \$10 million lower than last fiscal year, due to PS and OTPS. Mr. Rosen noted that the system was going nicely on disbursements as well, holding aside City payments. Ms. Farag continued her report for FY18 through January actual receipts and disbursements against budget. Receipts are \$42.8 million better than budgeted, the majority of which is in patient care receipts - \$29.7 million better in inpatient receipts and close to target in outpatient. For cash disbursements, Health + Hospitals is slightly better than the target ending January \$14.9 million lower than the FY to date budget because of PS declines and associated fringe. With no further questions, reporting was concluded.

PAYOR MIX REPORT

KRISTA OLSON

Before the payor mix reporting began, Mr. Rosen asked if this would be a six-month report. Ms. Olson confirmed that the payor mix report is through the second quarter of December 2017. All three payor mix reports – Inpatient Discharges, Adult Outpatient Visits and Pediatric Outpatient Visits are showing a decline in the percentage of uninsured. Ms. Olson reported that the inpatient uninsured decline, 4.5% in FY18 from 5.3% in FY17, aligns with an increase in applications for insurance. The inpatient uninsured numbers were a shift

primarily in Medicaid as it was in outpatient adults, 24.7% in FY18 from 26.1% in FY17. For outpatient pediatrics, the uninsured declines, 5.7% in FY18 from 6.9% in FY17, were due to an increase in Child Health Plus and in Medicaid plans. Mr. Rosen noted that Health + Hospitals was doing well in pediatric outpatient, and Ms. Olson confirmed that it was due to eligibility requirements for children compared to adults. Dr. Katz flagged Options in the outpatient adults report, with Mr. Rosen noting that Options allowed uninsured patients to pay what they could. Dr. Katz noted that Options needed to stop undermining the Affordable Care Act in which minimal fees were collected under Options for patients who are eligible for insurance. Insurance enrollment needed to be maximized with Options reserved for individuals who are ineligible for insurance.

ADJOURNMENT

BERNARD ROSEN

At the end of the meeting, Mr. Anantharam noted that the facility CFOs were in the audience, and he extended his thanks for their leadership in implementing the revenue cycle initiatives, including coding efforts, that have resulted in improved patient care receipts. There being no further business to discuss, Mr. Rosen adjourned the meeting at 11:26 a.m.

KEY INDICATORS
FISCAL YEAR 2018 UTILIZATION

Year to Date
March 2018

	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES			ACTUAL	EXPECTED	FY 18	FY 17
	FY 18	FY 17	VAR %	FY 18	FY 17	VAR %				
<u>Acute</u>										
Bellevue	418,174	426,307	-1.9%	16,359	16,785	-2.5%	5.7	5.1	1.2519	1.2360
Coney Island	234,362	232,581	0.8%	10,173	10,289	-1.1%	6.5	5.2	1.0420	0.9986
Elmhurst	428,810	423,051	1.4%	13,733	13,508	1.7%	5.9	5.0	1.0316	1.0015
Harlem	222,186	223,730	-0.7%	8,179	8,739	-6.4%	5.6	4.6	1.0111	0.9440
Jacobi	296,762	304,891	-2.7%	13,709	13,413	2.2%	5.4	5.3	1.0896	1.0860
Kings County	479,603	489,341	-2.0%	13,662	14,659	-6.8%	6.1	4.9	1.0387	1.0430
Lincoln	381,266	391,870	-2.7%	15,812	16,088	-1.7%	4.4	4.7	0.9971	0.9569
Metropolitan	266,246	277,469	-4.0%	5,885	7,017	-16.1%	4.7	4.8	1.0003	0.9681
North Central Bronx	153,314	151,927	0.9%	5,109	5,086	0.5%	3.9	4.1	0.7108	0.6957
Queens	301,249	286,677	5.1%	9,865	9,609	2.7%	4.3	4.8	0.8730	0.7932
Woodhull	301,685	327,559	-7.9%	7,698	7,873	-2.2%	5.1	4.7	0.9137	0.9285
Acute Total	3,483,657	3,535,403	-1.5%	120,184	123,066	-2.3%	5.4	4.9	1.0277	1.0018
<u>Gotham</u>										
		VISITS								
Belvis DTC	37,212	37,580	-1.0%							
Cumberland DTC	48,970	46,974	4.2%							
East New York	52,506	56,947	-7.8%							
Gouverneur DTC	158,857	174,708	-9.1%							
Morrisania DTC	54,574	59,332	-8.0%							
Renaissance	24,750	25,827	-4.2%							
Gotham Total	376,869	401,368	-6.1%							
<u>Post Acute Care</u>										
				DAYS						
Coler				190,723	202,663	-5.9%				
Gouverneur SNF				66,072	61,120	8.1%				
H.J. Carter				81,766	86,588	-5.6%				
McKinney				85,346	84,368	1.2%				
Seaview				81,201	82,248	-1.3%				
Post Acute Care Total				505,108	516,987	-2.3%				
Discharges/CMI-- All Acutes				120,184	123,066	-2.3%			1.0277	1.0018
Visits -- All DTCs & Acutes	3,860,526	3,936,771	-1.9%							
Days-- All SNFs				505,108	516,987	-2.3%				

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 Pavor 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
March 2018**

	GLOBAL FTEs		RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 17	Mar 18*	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>Acute</u>								
Bellevue	5,497	5,493	\$556,032	\$11,798	\$643,479	(\$14,655)	(\$2,857)	-0.2%
Coney Island	3,038	2,955	238,145	10,601	319,632	2,504	13,105	2.4%
Elmhurst	4,182	4,140	380,324	23,079	447,203	(5,240)	17,839	2.2%
Harlem	2,914	2,876	235,896	1,325	302,284	1,497	2,822	0.5%
Jacobi	3,969	3,823	383,503	12,288	461,027	(200)	12,088	1.5%
Kings County	5,091	4,974	454,238	11,111	556,375	964	12,075	1.2%
Lincoln	3,994	3,883	352,988	1,015	393,183	8,180	9,195	1.2%
Metropolitan	2,463	2,370	190,830	(3,929)	249,302	4,250	321	0.1%
North Central Bronx	1,351	1,362	110,747	(1,392)	149,223	(3,053)	(4,445)	-1.7%
Queens	2,795	2,669	253,132	17,161	287,217	2,252	19,413	3.7%
Woodhull	2,853	2,783	253,660	(5,967)	313,854	7,577	1,610	0.3%
Acute Total	38,146	37,329	\$3,409,495	\$77,090	\$4,122,779	\$4,076	\$81,166	1.1%
<u>Gotham</u>								
Belvis DTC	128	128	\$7,625	(\$1,370)	\$12,104	(\$66)	(\$1,436)	-6.8%
Cumberland DTC	200	199	14,530	44	21,528	191	235	0.6%
East New York	207	200	14,540	(2,302)	16,174	1,104	(1,198)	-3.5%
Gouverneur DTC	448	452	35,856	2,791	45,478	56	2,847	3.6%
Morrisania DTC	232	208	16,045	(2,144)	21,100	321	(1,823)	-4.6%
Renaissance	166	153	6,583	(560)	14,417	442	(118)	-0.5%
Gotham Total	1,381	1,340	\$95,179	(\$3,541)	\$130,801	\$2,048	(\$1,493)	-0.6%
<u>Post Acute Care</u>								
Coler	1,077	1,006	\$59,790	\$2,694	\$96,995	(\$537)	\$2,157	1.4%
Gouverneur SNF	362	377	26,328	223	37,030	(56)	167	0.3%
H.J. Carter	900	796	107,333	(1,712)	89,439	822	(890)	-0.4%
McKinney	439	430	30,697	(1,906)	36,068	511	(1,395)	-2.0%
Seaview	532	516	30,825	(5,460)	42,703	(895)	(6,355)	-8.1%
Post Acute Care Total	3,310	3,124	\$254,973	(\$6,161)	\$302,235	(\$155)	(\$6,316)	-1.1%
Central Office	1,022	998	\$701,926	\$14,493	\$298,229	\$4,147	\$18,640	1.9%
At Home	398	426	\$41,221	\$5,390	\$42,684	(\$8,254)	(\$2,864)	-4.1%
Enterprise IT/Epic	1,157	1,237	\$0	(\$6)	\$168,560	\$11,031	\$11,025	6.1%
GRAND TOTAL	<u>45,414</u>	<u>44,452</u>	<u>\$4,502,793</u>	<u>\$87,264</u>	<u>\$5,065,288</u>	<u>\$12,895</u>	<u>\$100,159</u>	<u>1.1%</u>

*Actual Global FTEs have dropped by 4,957 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 March 2018		
	actual 2018	actual 2017	better / (worse)
Cash Receipts			
Inpatient			
Medicaid Fee for Service	\$522,535	\$520,764	\$1,770
Medicaid Managed Care	646,607	558,787	87,820
Medicare	351,699	362,148	(10,448)
Medicare Managed Care	251,188	248,370	2,818
Other	<u>193,862</u>	<u>170,183</u>	<u>23,680</u>
Total Inpatient	1,965,891	1,860,251	105,640
Outpatient			
Medicaid Fee for Service	117,195	91,529	25,666
Medicaid Managed Care	258,310	255,121	3,189
Medicare	58,264	48,007	10,257
Medicare Managed Care	72,095	68,110	3,985
Other	<u>119,465</u>	<u>114,236</u>	<u>5,229</u>
Total Outpatient	625,330	577,004	48,326
Total Direct Patient Care Revenue	2,591,221	2,437,255	153,966
Risk Pools	<u>82,403</u>	<u>299,984</u>	<u>(217,581)</u>
Total Patient Care Revenue	2,673,625	2,737,239	(63,615)
All Other			
Pools	232,361	272,156	(39,795)
DSH / UPL	1,297,768	1,625,729	(327,961)
Grants, Intracity, Tax Levy	187,342	173,789	13,553
Appeals & Settlements	37,024	27,953	9,071
Misc / Capital Reimb	<u>74,673</u>	<u>54,010</u>	<u>20,664</u>
Total All Other	<u>1,829,168</u>	<u>2,153,636</u>	<u>(324,468)</u>
Total Cash Receipts	<u>\$4,502,793</u>	<u>\$4,890,876</u>	<u>(\$388,083)</u>
Cash Disbursements			
PS	\$1,943,072	\$2,089,020	\$145,949
Fringe Benefits	986,334	694,878	(291,456)
OTPS	1,085,503	1,121,029	35,526
City Payments	136,682	-	(136,682)
Affiliation	836,230	825,177	(11,052)
HHC Bonds Debt	<u>77,468</u>	<u>68,418</u>	<u>(9,050)</u>
Total Cash Disbursements	<u>\$5,065,288</u>	<u>\$4,798,522</u>	<u>(\$266,765)</u>
Receipts over/(under) Disbursements	<u>(\$562,495)</u>	<u>\$92,354</u>	<u>(\$654,849)</u>

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

	Fiscal Year To Date March 2018		
	actual 2018	budget 2018	better / (worse)
Cash Receipts			
Inpatient			
Medicaid Fee for Service	\$522,535	\$519,975	\$2,560
Medicaid Managed Care	646,607	577,696	68,911
Medicare	351,699	370,272	(18,573)
Medicare Managed Care	251,188	247,440	3,749
Other	<u>193,862</u>	<u>189,159</u>	<u>4,703</u>
Total Inpatient	1,965,891	1,904,542	61,349
Outpatient			
Medicaid Fee for Service	117,195	98,384	18,812
Medicaid Managed Care	258,310	277,114	(18,804)
Medicare	58,264	61,159	(2,895)
Medicare Managed Care	72,095	75,272	(3,177)
Other	<u>119,465</u>	<u>115,429</u>	<u>4,036</u>
Total Outpatient	625,330	627,359	(2,029)
Total Direct Patient Care Revenue	2,591,221	2,531,901	59,320
Risk Pools	<u>82,403</u>	<u>76,951</u>	<u>5,452</u>
Total Patient Care Revenue	2,673,625	2,608,852	64,773
All Other			
Pools	232,361	229,397	2,964
DSH / UPL	1,297,768	1,297,284	484
Grants, Intracity, Tax Levy	187,342	183,850	3,491
Appeals & Settlements	37,024	29,549	7,475
Misc / Capital Reimb	<u>74,673</u>	<u>66,596</u>	<u>8,077</u>
Total All Other	<u>1,829,168</u>	<u>1,806,677</u>	<u>22,492</u>
Total Cash Receipts	<u>\$4,502,793</u>	<u>\$4,415,529</u>	<u>\$87,264</u>
Cash Disbursements			
PS	\$1,943,072	\$1,962,427	\$19,355
Fringe Benefits	986,334	994,274	7,940
OTPS	1,085,503	1,071,970	(13,533)
City Payments	136,682	136,682	0
Affiliation	836,230	836,138	(92)
HHC Bonds Debt	<u>77,468</u>	<u>76,692</u>	<u>(776)</u>
Total Cash Disbursements	<u>\$5,065,288</u>	<u>\$5,078,183</u>	<u>\$12,895</u>
Receipts over/(under) Disbursements	<u>(\$562,495)</u>	<u>(\$662,654)</u>	<u>\$100,159</u>

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
 Fiscal Year 2018 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												
2018	62.4	53.8	62.5	62.7	57.3	60.0	65.5	71.1	65.6	62.9	67.6	62.3
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
Medicaid												
2018	24.3	18.7	21.6	16.2	15.4	20.3	16.3	20.6	16.3	24.1	21.8	19.9
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
Medicaid Plans												
2018	38.1	35.1	40.9	46.5	41.9	39.6	49.2	50.5	49.4	38.8	45.8	42.4
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
Medicare Total												
2018	18.3	37.1	23.1	22.8	25.0	22.1	24.4	19.5	20.8	25.1	22.4	23.5
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
Medicare												
2018	9.3	26.1	10.9	10.0	12.3	10.3	7.2	7.9	9.2	11.3	9.2	11.1
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
Medicare Plans												
2018	9.0	11.0	12.2	12.8	12.8	11.8	17.2	11.6	11.5	13.8	13.2	12.4
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
Commercial Total												
2018	10.6	7.0	8.9	8.4	12.5	11.5	7.7	5.7	8.3	8.5	6.9	9.2
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
Other												
2018	2.0	0.2	0.8	0.1	0.2	0.2	0.2	0.2	0.1	0.3	0.0	0.5
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
Uninsured												
2018	6.7	1.9	4.7	6.0	5.0	6.2	2.2	3.5	5.2	3.3	3.1	4.5
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

OUTPATIENT ADULT PAYOR MIX

(Excluding Emergency Room Visits)

Fiscal Year 2018 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																		
2018	39.9	36.8	39.9	47.8	46.5	48.0	47.2	44.6	51.5	37.8	41.8	52.6	43.2	56.9	37.3	52.7	46.5	43.6
2017	37.8	36.7	39.1	47.3	46.4	47.3	46.2	43.8	51.3	37.7	42.0	50.9	45.5	55.5	36.6	53.2	43.8	42.9
Medicaid																		
2018	6.9	8.6	5.9	6.7	7.6	8.9	9.7	7.8	6.5	7.5	4.0	4.2	4.9	7.9	5.4	4.7	5.8	7.2
2017	5.7	8.5	7.2	7.3	7.4	9.1	7.4	6.3	6.9	8.3	3.9	3.0	4.1	7.1	5.8	4.8	4.6	6.9
Medicaid Plans																		
2018	33.1	28.2	34.0	41.1	38.9	39.1	37.5	36.8	45.0	30.3	37.8	48.3	38.3	49.0	31.8	48.1	40.8	36.4
2017	32.1	28.2	31.9	39.9	39.0	38.2	38.8	37.5	44.4	29.4	38.1	47.9	41.4	48.4	30.7	48.4	39.2	36.0
Medicare Total																		
2018	18.9	21.6	15.6	20.9	22.0	17.0	21.3	20.6	18.4	21.3	21.7	14.0	14.0	17.2	26.3	14.7	17.0	19.7
2017	19.3	20.8	15.5	21.8	20.9	16.2	21.8	21.1	17.2	20.2	20.4	15.3	14.0	17.4	25.1	14.5	18.5	19.4
Medicare																		
2018	8.1	11.0	5.7	9.2	8.1	8.0	5.9	7.0	6.2	6.4	6.0	3.3	4.9	7.1	9.1	3.9	6.7	7.3
2017	8.5	11.4	6.1	9.6	8.4	8.1	6.4	7.8	6.1	6.6	6.5	3.2	5.0	7.6	8.9	4.1	6.9	7.6
Medicare Plans																		
2018	10.8	10.6	9.9	11.7	14.0	8.9	15.4	13.6	12.3	14.8	15.6	10.7	9.2	10.1	17.2	10.8	10.3	12.4
2017	10.8	9.4	9.3	12.1	12.5	8.2	15.4	13.3	11.1	13.6	13.9	12.1	9.0	9.8	16.2	10.4	11.5	11.8
Commercial																		
2018	13.6	7.1	5.6	12.2	10.7	14.5	15.7	8.8	9.0	6.6	10.2	9.2	12.1	13.0	11.1	13.7	13.0	10.9
2017	13.2	8.4	5.8	11.7	11.0	14.3	14.7	7.7	10.3	7.3	9.8	9.6	13.2	13.0	11.5	12.1	13.0	10.9
Other																		
2018	2.2	0.6	1.8	0.5	1.7	0.4	0.7	0.2	0.7	0.6	0.5	0.0	0.3	0.0	0.9	0.0	0.1	0.9
2017	2.4	0.7	2.3	0.5	1.7	0.4	0.7	0.2	0.8	0.4	0.5	0.0	0.2	0.0	0.9	0.0	0.1	1.0
Uninsured Total																		
2018	25.4	33.9	37.1	18.6	19.1	20.2	15.1	25.8	20.3	33.8	25.8	24.3	30.4	12.9	24.4	18.8	23.4	24.9
2017	27.2	33.4	37.4	18.7	20.0	21.7	16.6	27.3	20.4	34.4	27.3	24.1	27.2	14.0	26.0	20.2	24.7	25.8

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT PEDIATRIC PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2018 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																			
2018	83.2	81.1	82.3	84.9	76.7	73.1	82.8	90.2	79.0	71.5	80.8	88.7	79.7	79.2	82.1	86.3	75.2	80.6	
2017	82.2	76.4	80.5	83.8	75.8	73.6	84.8	90.0	76.6	69.5	79.2	88.8	80.2	77.4	82.5	82.3	73.5	79.6	
Medicaid																			
2018	4.1	9.0	2.7	3.8	5.8	4.6	3.8	1.6	4.2	5.0	2.7	5.7	3.5	7.7	4.6	3.8	4.9	4.3	
2017	4.1	9.8	3.3	4.5	5.5	5.6	3.2	2.2	5.4	7.8	3.9	3.9	4.3	5.3	6.8	3.3	5.3	4.8	
Medicaid Plans																			
2018	79.1	72.0	79.6	81.1	70.9	68.6	79.0	88.6	74.9	66.6	78.0	83.0	76.2	71.5	77.6	82.5	70.2	76.4	
2017	78.2	66.6	77.2	79.3	70.3	68.0	81.5	87.8	71.1	61.7	75.3	84.9	75.9	72.2	75.7	79.0	68.2	74.8	
Commercial Total																			
2018	12.6	14.1	10.4	11.2	16.9	17.7	14.6	6.8	16.5	17.9	12.1	8.5	11.6	13.7	14.2	9.3	12.9	13.4	
2017	12.8	17.7	10.2	11.8	17.8	17.5	12.4	6.9	17.7	17.9	12.4	8.5	10.2	12.9	13.7	9.1	12.0	13.4	
Child Health Plus																			
2018	4.6	4.9	6.5	2.9	4.7	6.7	9.2	3.9	3.9	7.3	5.4	5.4	5.3	5.9	5.6	4.2	3.3	5.6	
2017	4.4	5.7	6.0	3.3	4.0	6.2	6.8	3.6	3.2	6.4	4.7	4.9	4.5	4.7	5.4	4.2	2.7	5.0	
Non-CHP Plans																			
2018	8.0	9.2	3.9	8.3	12.1	10.9	5.4	2.9	12.6	10.6	6.6	3.1	6.3	7.8	8.6	5.1	9.6	7.8	
2017	8.4	12.0	4.2	8.6	13.9	11.3	5.6	3.3	14.5	11.6	7.7	3.6	5.8	8.2	8.3	4.9	9.2	8.4	
Other																			
2018	0.3	0.3	0.3	0.3	0.9	0.2	0.5	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	
2017	0.1	0.4	0.2	0.2	0.7	0.3	0.5	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	
Uninsured Total																			
2018	4.0	4.6	7.0	3.7	5.5	8.9	2.1	3.0	4.4	10.3	7.1	2.8	8.7	7.1	3.7	4.4	11.9	5.7	
2017	4.9	5.5	9.0	4.1	5.6	8.6	2.3	3.1	5.5	12.3	8.4	2.7	9.5	9.6	3.8	8.5	14.5	6.7	

Finance Committee Update May 22, 2018



NYC
HEALTH+
HOSPITALS **SupplySimplify Introduction**

- NYC H+H identified need to improve Supply Chain processes and reduce Other Than Personnel Spend (OTPS).
 - NYC H+H has \$1.0+B in OTPS spend
 - Increasing savings for each FY

FY	Expected Savings
FY17	\$65M (Actual)
FY18	\$90M
FY19	\$80M (H+H) and \$30M Huron = \$110M

- NYC H+H engaged Huron to help determine additional areas of opportunity and potential initiatives. Target benefit of \$69M. Huron contract is an 18 month timeline, ending in March 2019.
- Currently 36 initiatives have been launched for \$73M in identified benefit.



Current Target Benefit Progress

Team	NYCH+H Team Lead	Target Benefit	Current Launched Benefit
Purchased & Support Services	Mercedes Redwood	\$12.5M	\$8.0M
Laboratory	Kenra Ford	\$3.0M	\$5.4M
Clinical Supplies	Joe Wilson	\$3.0M	\$4.0M
IT	Sal Guido	\$2.5M	\$4.3M
Facilities	Roslyn Weinstein	\$2.0M	\$2.5M
Pharmacy	Victor Cohen, Joe Wilson, Andreea Mera	\$31.0M	\$48.8M
Other		\$15.0M	
Overall		\$69.0M	\$73.0M

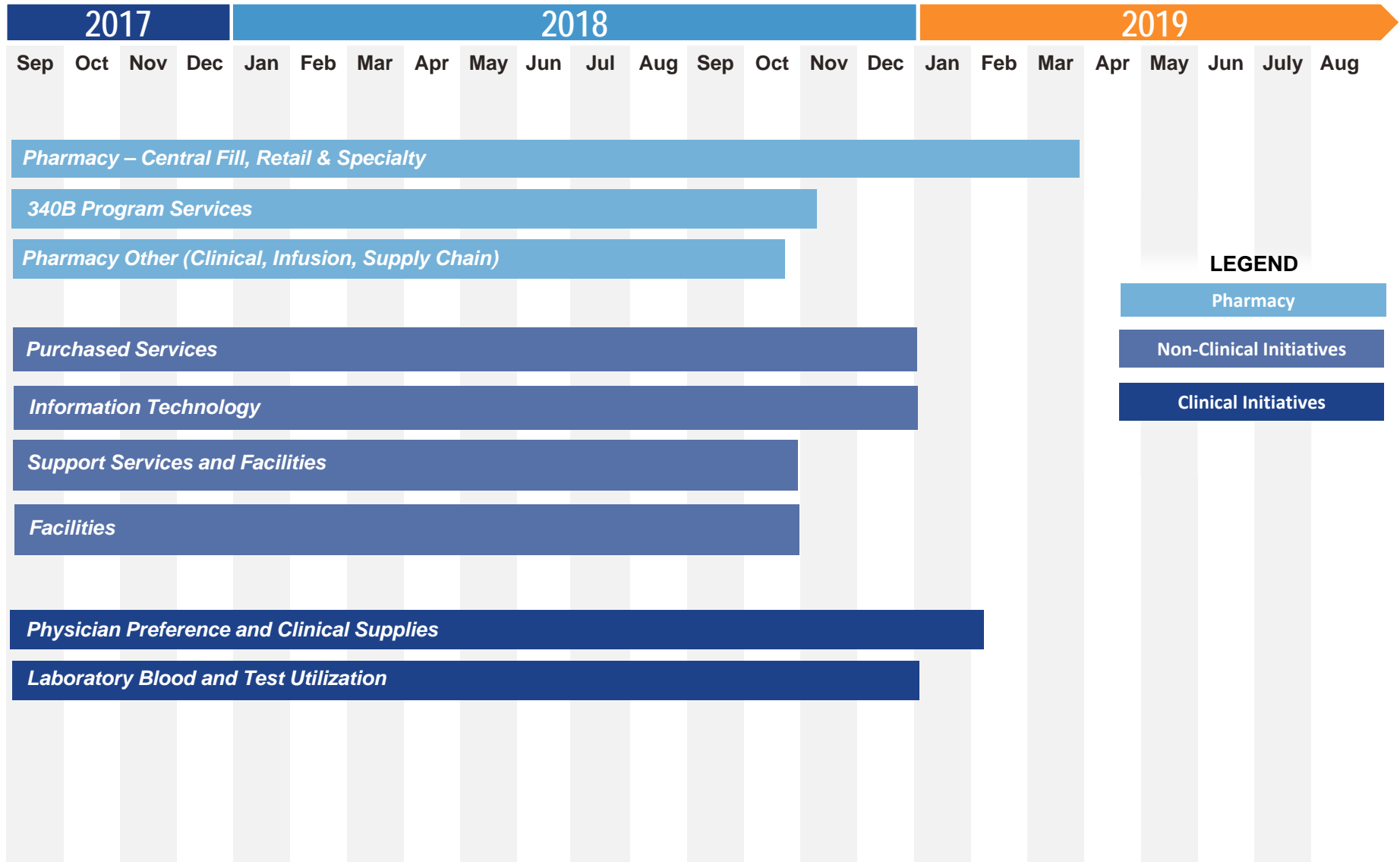


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HOSPITALS **Financial Improvement**

Type of Financial Improvement	Launched Benefit
Reduction in utilization of a supply, commodity item, or service	\$11.7M
Reduction in cost of existing product or service by renegotiating pricing/contract	\$14.7M
Additional or new operating revenue	\$42.7M
Converting to a lower cost or alternative product	\$1.5M
Reimbursed revenue due to changes in charges for supply items	\$2.4M



Timeline



LEGEND

- Pharmacy
- Non-Clinical Initiatives
- Clinical Initiatives

