

AGENDA

FINANCE COMMITTEE

MEETING DATE: DECEMBER 11, 2012
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE OCTOBER 16, 2012 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

INFORMATION ITEMS

1. REVIEW OF PERSONAL SERVICES (PS) KEY INDICATORS

FRED COVINO

2. INPATIENT, ADULT & PEDIATRICS PAYOR MIX REPORTS

MAXINE KATZ

3. QUARTERLY MEDICAID ELIGIBILITY PROCESS REPORTS

MAXINE KATZ

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: OCTOBER 16, 2012

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on October 16, 2012 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Alan D. Aviles, Esq
Michael A. Stocker, MD
Robert Doar, Commissioner
Josephine Bolus, RN
Andrea Cohen, (representing Deputy Mayor Linda Gibbs in a voting capacity)

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of the State Comptroller
M. Disowski, Budget Analyst, OMB
M. Dolan, Senior Assistant Director, DC 37
C. Fiorentini, Analyst, NYC Independent Budget Office (IBO)
R. McIntyre, Account Executive, Siemens
J. Wessler, Commission on the Public's Health System

HHC STAFF

V. Bekker, Chief Financial Officer (CFO), Generations+ Northern Manhattan Health Network
L. Brown, Senior Vice President, Corporate Planning, Community Hlth & Intergovernmental Rel
D. Cates, Chief of Staff, Board Affairs

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D. Cates, Chief of Staff, Board Affairs
A. Cohen, Chief Financial Officer, South Manhattan Health Network
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, Chief Financial Officer, MetroPlus Health Plan, Inc
L. Dehart, Assistant Vice President, Corporate Reimbursement Services/Debt Finance
B. Deiorio, Senior Director, Office of Special Projects
D. Frimer, Controller, Coney Island Hospital
L. Free, Senior Director, Corporate Managed Care
K. Garramone, Chief Financial Officer, North Bronx Healthcare Network
G. Guilford, Senior Director, Office of the Senior Vice President/Finance/Managed Care
E. Guzman, Chief Financial Officer, Metropolitan Hospital Center
J. John, Chief Financial Officer, Central Brooklyn Family Health Network
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
P. Lockhart, Secretary to the Corporation, Office of the Chairman
A. Marengo, Senior Vice President, Communications/Marketing
T. Mammo, Chief of Staff, Office of the President
A. Martin, Executive Vice President/Chief Operating Officer, Office of the President
A. Moran, Chief Financial Officer, Elmhurst Hospital Center
D. Moskos, Director, Facilities Development
K. Olson, Senior Director, Corporate Budget
F. Ortiz, Senior Associate Director, North Brooklyn Health Network
K. Park, Associate Executive Director, Queens Health Network
D. Powell, Assistant Director, Marketing, Gouverneur Healthcare Services
S. Russo, General Counsel, Office of Legal Affairs
W. Saunders, Assistant Vice President, Intergovernmental Relations
D. Santos, Senior Associate Executive Director, Bellevue Hospital Center
P. Slesarchick, Assistant Vice President, Corporate Labor Relations
J. Wale, Senior Assistant Vice President, Office of Behavioral Health
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
M. Zurack, Senior Vice President, Corporate Finance/Managed Care

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CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the September 11, 2012 Finance Committee meeting were adopted as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack reported that Fitch affirms HHC credit rating at A+ with a stable outlook as part of its routine annual review noting strong support from the City of New York. Moody's and Standard and Poor's have not updated their ratings at this time. When HHC does its refinancing next quarter all three rating agencies will update their ratings. Moody's is Aa3 and Standard and Poor's is A+.

Ms. Zurack stated that HHC's cash position is \$537.4 million or 33 days. This compares to last month's report \$302 million or 19 days. Improvements are due to the receipt of some large payments \$624 million in base Disproportionate Share (DSH) and DSH maximization payments. The Corporation is projecting a closing balance of \$208 million and expects balances to go below \$150 million in June 2013. When last reported, cash balances were projected to drop significantly in February 2013 and March 2013. However, an adjustment was made to some pension payments from February 2013 to June 2013 to smooth out the cash flow.

Mr. Rosen asked if HHC would pay interest on the pension payments. Ms. Zurack stated that there would be no interest charges given the short time frame. The City issued a target for budget reductions of 5.4% in FY 13 and 8% in FY 14. This translates to \$4.3 million and \$5.3 million respectively. HHC submitted a plan to reduce unrestricted city subsidy resulting in the need to reduce FTEs by another 57. This is on top of the existing reduction target of 3,750 of which HHC has already achieved 3,216 as of the end of September 2012. In addition, HHC received another \$250,000 in cuts from the Department of Health Mental Health (DOHMH). HHC is working on a plan to meet that target and the City is reviewing as part of its November plan update.

Mr. Rosen asked if the November Plan will show the impact of those reductions in the Financial Plan for this FY 13 and next FY 14. Ms. Zurack stated that it is anticipated that FY 14 will be reflected in the January Plan.

Mr. Aviles asked if the Department of Health & Mental Health (DOHMH) cut to HHC is a pass-through as a result of their PEG reduction. Ms. Zurack stated that it is and that the value of that cut is \$250,000.

Continuing with the report, Ms. Zurack stated that Soarian scheduling went live at Coney Island Hospital on September 24, 2012 and the process went very well. The hospital staff was great and there were lots of staff there to assist. Additionally, HHC went live at Gouverneur on October 15, 2012. At each install HHC has learned how to improve. The Enterprise Master Patient Index (EMPI) data base

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converted correctly and was tested at Coney Island, Harlem and Lincoln. However, it was noted that the response time was too slow to implement corporate-wide and Siemens is working to improve the response time. It is anticipated that the function will be optimal by the time the full financials go live and Unity is no longer in use.

Dr. Stocker asked for clarification of the response time. Ms. Zurack stated that the Unity functionality was maintained. The technical staff is working on this issue while the regular staff uses the old functionality until the response time issue is resolved. In the scheduling system, the staff can view the Enterprise Master Patient Index (EMPI) and Unity is still in use for registration.

Dr. Stocker added that the normal installation process would be to bring the hospitals up sequentially but if the integration with the old Unity system is slowing the response time would that impact the conversion process.

Ms. Zurack stated that it would not because the current install is only for the scheduling phase which is not a problem in Soarain. The problem is that when the implementation began, HHC switched to the Soarian database which worked fine; however, in the Unity registration it was anticipated that the Soarian functionality would be available in the Unity registration as well; however, the response is too slow but is expected to be resolved soon.

Commissioner Doar asked how HHC has addressed the issue in terms of the big picture relative to the Medicaid Redesign Team (MRT) and its proposal for shifts toward lower rate payments for inpatient care.

Ms. Zurack stated that the Corporation is still working very diligently to address this issue. HHC's budget was reduced by \$400 million and an additional \$200 million. These reductions will pose significant challenges in the out years, particularly when the federal DSH cuts are implemented. HHC was able to identify additional supplemental Medicaid opportunities some of which will not cover the full term of the cuts which required City matching funds that were provided by the City that relate to HHC's \$1.2 billion program. The \$600 million was in additional supplemental Medicaid that required \$300 million of additional City match and \$600 million in cuts to HHC of which, \$400 million has been achieved.

Commissioner Doar asked if the rate reduction for inpatient services had taken place in addition to the reduction in reimbursement. Ms. Zurack stated that the reduction was \$500 million. However, HHC identified an additional \$600 million in supplemental Medicaid requiring additional matching funds from the City.

Mr. Aviles added that HHC received the retroactive UPL funds that were held up during the Bush Administration and negotiated with the Obama administration and approved and released in the last three years which increased HHC's cash reserves, which allowed HHC to catch up with those retroactive payments. Going forward, the challenges will be greater; however, the infusion of those funds allowed HHC to close the gap.

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Commissioner Doar asked if HHC has benefitted from the increase in the outpatient rates.

Ms. Zurack stated that in the first year of the rate reforms during the Spitzer administration, there was a \$150 million cut to inpatient rates that translated to a \$150 million increase to APGs which did occur. However, the following year there was a massive rate reform that resulted in a \$100 -\$200 million cut continuing through the MRT with additional rate cuts on top of additional rate cuts.

Commissioner Doar asked if those cuts were counter-balanced by any additional rate increases. Ms. Zurack replied that there were no infusion of funds to offset those cuts in outpatient services. The only additional programmatic relief that came from the State in recent years related to an expansion of funds that were very targeted and specific to primary care, medical home of approximately \$20 million and the health home project which is very small. HHC is still in the aftermath of massive Medicaid cuts.

Mr. Rosen asked if Soarian will be the new billing system. Ms. Zurack stated that eventually it would be. Soarian is an integrated financial system which in essence is more than a billing system. It is defined as a revenue cycle management system that includes many functionalities other than billing, such as appointment scheduling, insurance verification, patient encounters inpatient and outpatient, coding and documentation; and billing and payment follow-up. In the old Unity system there were different applications for each of those functions that were connected by batch processes. However, within Soarian there will be only one application for all of those functions, beginning with the scheduling phase in conjunction with the installation of the database. Currently, HHC is on the Soarian database and the scheduling has been installed at Coney Island and Gouverneur hospitals with the remaining facilities to be fully installed by April 2013 as part of the scheduling component. The financial implementation will follow several months later which will include registration, charge capture, billing and the billing follow-up.

Ms. Zurack extended congratulations to Fred Ortiz, Deputy Chief Financial Officer, Woodhull Medical & Mental Health Center. Mr. Ortiz has worked for the Corporation for twenty seven years. The Corporation extends its appreciation to Mr. Ortiz for his years of dedicated service to HHC.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

Mr. Covino stated that the reports reflected data for the current FY 13 year-to-date (YTD) through August 2012. Utilization trends for acute discharges are down by ½% or 146 discharges; D&TCs visits are down by 6.3% and nursing home days are down by 13.5%. In addition to the transitioning at Coler/Goldwater, service beds are down at Gouverneur from 210 to 150 which are scheduled to continue throughout the completion of the construction project that has been underway and is scheduled for completion later in the year. The ALOS, all of the facilities with the exception of Jacobi, Lincoln and Metropolitan are within 1/3 day of the corporate average. Jacobi is ½ day greater than the expected which is due to the start of the year which reflects a small sample size of two months. Consequently, there are significant variations in the data that will smooth out as the year progresses.

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Lincoln is 9/10 day less than the expected average and Metropolitan is 6/10 day less than the average. The CMI is up by 1.1%.

Dr. Stocker pointed out that Harlem, Kings County and Coney Island are up in utilization compared to last year and Harlem is also below the expected ALOS. Mr. Covino stated that the data is reflective of a small sample size for the year.

Mr. Rosen asked if the expected LOS is calculated at the corporate or facility level. Mr. Covino stated that it is the corporate average for the same DRG mix for each facility.

Ms. Zurack added that the LOS is calculated centrally.

Ms. Cohen noted that the volume at the D&TCs is down significantly.

Mr. Covino stated that it is due primarily to Gouverneur which is down by over 5,000 visits due to construction projects at the facility.

Dr. Stocker added that utilization is down at the majority of the D&TCs which might require a further review of this issue.

Mr. Covino continuing with the reporting stated that FTEs are down by 182 which are 94 greater than the YTD target. Receipts are \$12 million under collected against the budget and disbursements are \$1.8 million overspent which resulted in a net YTD negative variance of \$14.3 million. Page 3, a comparison of actuals for the current FY 12 to the prior FY 11, receipts were \$11.4 million worse than last year due to a \$17.7 million UPL payment that originated last year but is not yet received to-date. Expenses were \$70.6 million worse than last year due to personal services (PS) expenses relative to an additional payroll of \$85 million. There was a \$20 million payment to the City laborers on behalf of a Comptroller's Determination retroactive to 2002 which is partially offset by fringe benefit timing whereby pension payments are being deferred until March 2013, December March and June. Page 4, actuals compared to the budget, the negative receipts' variance is due mostly to the inpatient Medicaid fee-for-service that is down by \$15 million of which 1/3 of that amount is due to an increase in IPRO denials compared to the budget and a decrease in workload. PS expenses are \$3 million better than budget. As previously stated FTEs are 94 greater than the current FY 13 YTD target. Additionally, overtime expenses are \$1.1 million below budget for the period. OTPS expenses are over budget by \$5.6 million due to timing and fixed assets.

Mr. Covino brought to the attention of the Committee that the data shown on pages B1-B4 reflected the allocation of the Corporation's FY 13 budget by facility and major expense and revenue categories. The format is the same as the monthly reporting for the Cash Receipts and Disbursement report by facility, inpatient and outpatient categories. The purpose of these reports is to provide a baseline for the year as part of the monthly reporting to the Committee.

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Mr. Rosen asked if the budgets were developed in conjunction with the facilities. Ms. Zurack stated that it was a joint process.

Mr. Rosen asked if the budget incorporates a \$300 million deficit. Ms. Zurack stated that on a cash basis it is included in the budget.

Commissioner Doar asked if there is a general distinction between facilities with a large or small deficit compared to those with very large surpluses.

Mr. Covino stated that the balance is the difference between the receipts and disbursements. Commissioner Doar stated that the variance between receipts and disbursement is clear but that the question is the difference between the best and the worse facility.

Mr. Covino stated that by looking at a facility like Coler/Goldwater the revenues are significantly impeded this year due to the transition that is taking place. Therefore, the revenues are depleted as a result of that change. Facilities like Elmhurst and Jacobi have large surpluses that are rolled into the current FY 13. Those facilities would be in a better position going forward.

Commissioner Doar asked if the difference is related to the surpluses each year. Mr. Covino stated that it is in addition to being challenged on the revenue side and in some years it may be related to prior year monies that are received by facilities such as Kings County that received a very large amount of funds related to prior years' settlements.

Commissioner Doar asked whether it is would be related to patient mix. Ms. Zurack stated that in terms of patient mix, a facility like Coney Island that has a large patient mix do better on the revenue side as opposed to another facility that has a smaller payor mix, more uninsured patients and a high Medicare population. What Mr. Covino was referencing relates to the structural issues with the budget whereby if a facility ends the FY with a surplus it is rolled into the next fiscal year. And if that type of trend is continued by the facility year after year, the surplus would increase substantially. Some of the facilities with deficits usually take a few years to reduce before showing a positive trend. Additionally there are restructuring issues that have impacted facilities such as Coler/Goldwater that have transition periods. Those three factors are the major contributors.

Commissioner Doar asked whether it is an operational issue. Mr. Covino stated this it is not. The report was concluded.

INFORMATION ITEM

STATEMENT OF REVENUES AND EXPENSES FOR THE PERIODS ENDED JUNE 30TH 2012 AND 2011

JAY WEINMAN

Mr. Weinman reported that the Statement of Revenues and Expenses as of 6/30/12 for FY 12 and FY 11, overall the loss for the year was \$434 million compared to \$521 million in FY 11. The Inter-

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Company Elimination Entries which are eliminated as indicated in the footnote represents payments by MetroPlus to HHC for medical services. Revenues and expenses are eliminated for consolidation purposes. Additionally, health benefits paid to MetroPlus for HHC employees are also eliminated for the same purpose. In highlighting some of the major variances, net patient service revenue decreased by \$406 million due to four major issues, a decrease of \$138 million in DSH maximization, outpatient UPL by \$85 million, supplemental Medicaid managed care decreased by \$85 million, and HMO grant medical education CMI adjustment by \$38 million. Appropriations decreased by \$37 million. In 2011 HHC received more funds from the City than HHC paid but this was reversed in 2012 due to an increase in debt service of \$31 million. Premium revenue increased by \$613 million. Based on the recommendation of the MRT the State added the pharmacy benefit to the Medicaid managed care plan resulting in another \$340 million in additional pharmacy revenue and an increase in membership by 5% and a rate increase of 9%. Grants revenue increased by \$36 million. Prisoners and uniforms previously paid as appropriations are now paid as grants. Other revenues increased by \$24 million which reflect \$27 million for medical residents FICA refunds retroactive from 1997 to 2005, based on a determination by the IRS that residents were eligible for an exemption. Operating expenses, personal services (PS) decreased by \$148 million or 5.7% due to changes made for unpaid collective bargaining and the estimates are consistent with the City in addition to a reduction of 471 FTEs or 1.3%. OTPS increased by \$491 million due to the \$340 million pharmacy benefit revenues and also the increase in membership and rates for MetroPlus. Fringe benefits and employees payroll taxes increased by \$78 million due to an increase in health benefits of \$35 million and \$92 million management increase offset by the FICA refund of \$30 million. Postemployment benefits, other than pension decreased by \$318 million based on an adjustment by the NYC Office of the Actuary as result of a review of demographics and salary scale information.

Mr. Aviles asked if the reduction was reflective of the new trend line going forward.

Mr. Weinman stated that last year there was a \$200 million adjustment compared to this year's adjustment of \$80 million. The adjustment was based on demographics, post retirement mortality adjustments and salary scales. Last year's adjustment was based on salary scale information and demographics. The adjustment has gone from a negative \$80 million compared to the \$200 million last year. The swing is huge which is difficult to project. Moving back to the report, Affiliation contracted services increased by \$27 million of 3.1 % compared to 3.9% last year. This represents a declining trend over the past two years. The net operating loss of \$348 million compared to \$443 million last year. The report was concluded.

INFORMATION ITEM

BELLEVUE HOSPITAL CENTER MEDICAID ELIGIBILITY PROCESS

AARON COHEN/DIANA SANTOS

Ms. Zurack stated that at the request of the Committee, the Medicaid Application process follow-up at Bellevue would be present by Aaron Cohen, Chief Financial Officer and Diana Santos, Director Patient Accounts.

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Mr. Cohen stated that over the past few months the facility has been engaged in a process of re-organizing its patient accounting department. One of the goals of that effort was to appropriately maximize the number of Medicaid applications processed. A considerable amount of work has gone into that effort as Ms. Santos will present and there are a number of challenges ahead some of which are ongoing. Before joining Bellevue, Ms. Santos worked at HRA as Director of Medicaid Training.

Ms. Santos stated that the presentation would highlight the rapid improvement event (RIE) that took place at Bellevue in March 2012. The event was intended to address the follow-up and documentation of the Medicaid application process. That RIE was the last in a series of events that were developed by the patient accounts directors of the acute care facilities. Using the Breakthrough methodology to address the issue, Revenue Management conducted a value stream analysis (VSA) that included patient accounting and corporate revenue management to address the decline in the number of Medicaid application submissions and Medicaid applications processed. The group was charged with sharing best practices and standardizing the Medicaid application process across the Enterprise. By the conclusion of that week in August 2011, there were six RIEs that took place over a 6-8 month period at several of the facilities. The focus of the RIE was the follow-up and documentation of the application process. The reasons for action were simple, the documentation required for the submission of the application was not happening in a timely manner and in some instances no action was being taken. The goal was to improve the quality of the applications; increase the quantity of the applications and reduce the time it takes to submit the applications. The scope was the Medicaid investigation follow-up; however, Bellevue veered slightly from the scope and the trigger was from the time the case was assigned to an HCI to the time the application was submitted. In the initial state, the facility took a multiple disciplinary approach and reviewed the effects of the processes. This was a high level review of the application process and the customers who are affected. The barriers and challenges were identified of which there were four major concerns; standardization of work, time frames for the staff, multiple reviews and hand-offs that caused redundancies and waste in the system. All of the staff did not have complete access to the systems required. The metrics show the submissions for the month of February 2012 which is also the facility's base. The number of applications submitted for the month was 457; the number of staff trained or standard work and given that this was the base, that number was zero. The number of cases sent to collection agencies and the number of staff with access to the systems which was not yet determined at that time. The next step included the number of cases that were back-logged in investigation which were over 600. Of the 457 applications, 385 were eligible or an 85% approval rate. In order to get to the target state, the facility would need to standardize its processes; obtain system access for all it investigation and related staff; and eliminate redundancies/waste. Based on the improvements that were implemented, using February 2012 application submission as the base, the facility's goal is to increase the number of applications submitted by 50%. The facility recognizes that this maybe an aggressive target, the goal is to have a challenge; 100% of the staff to be trained on standard work for the follow-up of the application and a 100% access for all of the staff to the systems and to reduce the backlog in investigations, the number of cases sent to the collections agencies and the adverse Medicaid decisions by 50%.

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Ms. Cohen asked how the increase in the number of applications would be achieved if the applications submitted were related to the number of self-pay patients.

Ms. Santos and Ms. Zurack replied that it would be done through a reduction in the number of self-pays.

Ms. Cohen asked if an application was submitted for all patients who do not have health insurance.

Ms. Santos stated that an application is not necessarily submitted for all self-pay patients.

Mr. Cohen added that the point raised by Ms. Cohen was correct in that everyone who walks-in is not eligible; however, what Bellevue is looking to achieve is that for everyone who is eligible an application would be submitted. There is opportunity for the facility to do better than the current performance but the 50% is a "stretch."

Ms. Santos stated that it is a stretch; however, the facility views it as a challenge. Ms. Cohen added that the issue was not whether the facility is getting more than 2/3 of the people but rather the base for the 50% increase.

Commissioner Doar asked how many patients were uninsured during the same time period and whether the facility has identified the pool of individuals it would be focusing on in order to achieve that 50%. Ms. Zurack stated that it would probably mean a 100% for the facility to get there; however, there is opportunity for the facility to achieve that goal.

Commissioner Doar added that it would be 100% of all of the patients that were not uninsured, an application would be submitted.

Ms. Zurack stated that in order to achieve the 50%, Bellevue currently submitted over 5,000 applications a year, the largest submitter. The goal is an application for everyone. Commissioner Doar stated that it would require 2,500 more applications submissions annually and that would include all of the uninsured patients at Bellevue.

Dr. Stocker stated that given the difference between applications submitted in the current state is the percentage of the eligible decisions at 84%, what is the percentage for the target state.

Ms. Santos stated that the calculation was not done.

Mr. Cohen stated that without doing the math, based on the facility's review over the year, 90% would be a reasonable percentage. Noting that, a facility can affect that in various ways by being very conservative and only submit applications that will result in an eligible decision which would increase the percentage to 95% or submit an application for any possibility which would decrease the percentage.

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Ms. Zurack stated that the year-end FY 12 data showed that Bellevue had 2,459 self-pay cases, 695 HHC Options and the percentage of insured patient to total was at 92%. If the facility had achieved 98.8% which is Lincoln's percentage, it would have done an application for everyone which is being achieved by some of the facilities.

Dr. Stocker stated that there is a difference between the hospitals based on prior discussions. If each of the facility could increase its submissions by 1% the conversion of applications across the system would generate an additional \$3.5 million that would result in approximately \$10 million corporate-wide.

Mr. Cohen stated that Bellevue represents approximately 10% of the Corporation and by increasing the number of applications; the facility can do more than \$1 million.

Ms. Zurack stated that the facility is more than 10% of the opportunity because the facility's metric is as good as some of the other facilities. The facility is doing a good job at addressing this issue as Ms. Santos will present in the upcoming slides. Bellevue has a major challenge ahead and it is important for the Corporation to support the facility during this endeavor.

Dr. Stocker asked if the past submission rate was reflective of a steady trend or is the goal to increase that percentage given that in the previous year, the data showed that in some cases the actual submissions decreased and eligible decisions also decreased.

Ms. Santos stated that in FY 11 Bellevue's numbers were the highest and over a five year period that number in 2011 was an anomaly. Currently the facility is within the range that has been maintained over the years.

Mr. Cohen added that the increase during that year may have been related to the closing of St. Vincent's prior to that Bellevue did get some of those patients and it could be that Bellevue did a better job than St. Vincent's in qualifying patient for Medicaid. However, it does appear that 2011 was an outlier.

Ms. Zurack stated that in terms of the VS metric, the length of time it takes to process the applications, Bellevue is the highest. Another metric is the percentage of applications that are successfully and Bellevue is the lowest. Clearly there is opportunity that is related to the environment and some of it is related to Bellevue's process which is what the facility is looking to improve. There has been some improvement in the percentage of successful applications. Last year, Bellevue was at 79% against an 89% corporate average which is a 10% variance and if Bellevue achieved that 10% it would be a major increase for both the Corporation and Bellevue. The facility has indicated that there is an opportunity for the facility to achieve that goal and possibly exceed that target by submitting more applications and getting more eligible decisions which is what the Corporation supports.

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Mr. Rosen asked if Ms. Santos could go back to the number of application submitted which total 457 of which the 385 and 72 relate to the 457; the number of cases sent to collection agencies is not related to the 457 but another statistic, the number of self-pay cases is also not related to the 457.

Ms. Santos agreed that the number of cases sent to the collection agencies and the number of self-pay cases were not related to the 457 applications submitted.

Ms. Zurack added that in terms of Ms. Cohen earlier comment regarding the self-pay, the 473 if increased by 50% would be 710 which would be the pool for the facility to achieve the 50% target. The self-pay cases are where the additional applications would need to increase.

Mr. Rosen added that it is not an easy chart to follow. After the eligible decision, the other 72 are other special codes. Ms. Santos added that the 72 are the denials, codes, 2s and 4s.

Dr. Stocker stated that there appears to be some opportunity for improvement in those codes. Ms. Santos agreed stating that the facility could reverse those denials.

Mr. Cohen stated that some of those are soft denials and some are hard denials, whereby additional information would be needed but it is certain that some of those would be reversed.

Ms. Santos continuing with the presentation stated that the gaps were high level problems that were identified and once corrected would result in a streamline and improve the efficiency of the process. If the goal of this event was to submit the applications sooner, the process would need to improve on the front-end which was done. The communication between patient accounting and admitting needed to improve in order to decrease the delay in communicating issues to the investigation unit in order to understand the problem with those cases. The facility also determined that it was important to retrieve and assign those cases sooner and more frequently during the day. The facility also recognized that there was a need for a dedicated emergency department (ED) unit. There were 8 hospital care investigators (HCI) in the managed care unit that were reassigned to the ED which was essential in standardizing the process upfront where the majority of the admissions are generated. That unit is currently in place to retrieve information and interview patients.

Commissioner Doar asked if there have been missed opportunities resulting from a patient spending an entire stay in the ED without being interviewed by a financial counselor and whether that would be the type of patient the facility would include as part of its improvement effort in achieving the 50% target.

Ms. Santos stated that it would not be given that it would be a treated and release patient. The facility is addressing the admissions. If there is a one-day stay there is a possibility that the opportunity to interview the patient may be lost which is the reason for the reassignment of the HCIs to the ED to avoid that type of problem. Standard of work would address inefficiencies and improve the process flow and access to all of the systems is absolutely necessary. In an effort to understand some of the challenges facing the facility it was important to review Bellevue's history starting with the

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demographics of the self-pay patients which showed that the catchment area is very broad in that 40% are Manhattan addresses; 60% are from other areas, outer boroughs, out of state, from other countries, and transfer from other HHC facilities. This population is extremely challenging in obtaining documentation from patients who do not reside in Manhattan. On average 66% of Bellevue's self-pay population is male, single males who are not in a federal category and Medicaid income levels are extremely low for this category making it very difficult to obtain eligibility. Bellevue also has a sizable transient, homeless or psych population that is also extremely difficult to obtain documentation and eligibility.

Dr. Stocker stated that the purpose of having the facility present their application processes is to attempt to identify some of the major issues impacting the facility's ability to improve the numbers. Based on the other facilities that have presented to the Committee, each facility has its own issues relative to improving the process. However, given the data Bellevue has presented in terms of its problems, it would be helpful if there were comparisons to the other facilities for each of those statistics.

Ms. Zurack stated that Bellevue had a significant population from the rest of the City, for example, there were 274 distinct zip codes in the facility's patient population compared to 32-142 for the other facilities. Therefore, Bellevue is unique in terms of the geography of its patient base.

Dr. Stocker asked how that would impact the Medicaid application process. Ms. Zurack stated that it would be harder to get the required document and in order to get those documents, the patients would have to travel a distance to bring those documents; notwithstanding, Bellevue's staff would have to chase after those patients in order to complete the process. Also, another review of Bellevue's population showed that 62.4% of the self-pays were males compared to 58.4 % corporate-wide. There were two facilities that had more males than Bellevue, Coney Island and Metropolitan hospitals.

Mr. Cohen added that another statistic that the facility had direct access to is the number of psych patients and 22% of Bellevue's population is in that category. The corporate number without Bellevue is 11%.

Dr. Stocker asked what percentage did Kings County represent. Mr. Cohen stated that he did not have the data handy but the second highest was Metropolitan at 19% which is also in the Network. All of the other facilities were much lower and based on the corporate average excluding Bellevue; the facility is doubled proportionately than others.

Ms. Santos stated that included in Bellevue completion plan there were seven items of which five were completed and the remaining two are still in process. The standard of work was completed and communicated to the staff; developed a Production Control Board (PCB) to track post-RIE results; implemented the visual management tool across the department. The two outstanding items include, analyzing the staff and systems access roster and expanding system access to staff and developing an assessment tool to measure staff's knowledge of Medicaid guidelines. The confirmed state includes the base period which started in February 2012, the next is the conclusion of the RIE in March 2012

Minutes of October 16, 2012 Finance Committee Meeting

and the next is April, May and June respectively. While the facility recognizes that the numbers are not reflective of the goals, the changes that were implemented have shown some improvement in the process which is evident in the number of submissions over the past few weeks and in the revenue the facility has received in recent weeks as well. There is another measure where the improvements are reflected which is the discharge not final billed (DNFB). The facility has been using this measure as a way of improving the staleness of the bills to ensure that those bills are addressed within the allotted time frame. The next steps include 100% access to Omnipro for the staff; develop a tool to assess staff's Medicaid knowledge; continue to do in-service training in the form of one on one; actual case studies, mentoring and weekly staff meeting focused on issues directly related to the processing of the applications, and continued dialogue with Medicaid onsite staff to address uneven application of eligibility standards.

Ms. Cohen asked if the facility use of HHS Worker Connect was helpful. Ms. Santos stated that it is as good as the data that is available to the staff and when the staff has used the system it has been very helpful in terms of the documents required for the submission of the application.

Commissioner Doar asked for clarification of the Medicaid system availability. Ms. Santos stated that the facility is required to verify the patient's resources and verify Medicare given that Medicaid is the payor of last resort; therefore that verification would be required before an application to Medicaid is submitted.

Commissioner Doar asked if HRA has been helpful. Ms. Santos stated that HRA has been extremely helpful.

Dr. Stocker asked what would be a reasonable time for the facility providing the Committee with a status report. Ms. Santos stated that three to four months would be reasonable.

Ms. Zurack stated that Corporate Finance is planning to do a VSA in December 2012 and some RIEs at Bellevue so by February 2013 or March 2013 there should be some improvements and a reasonable time for Bellevue to provide the Committee with a status report.

The Committee agreed with Ms. Zurack's recommendation for Bellevue to report back to the Committee.

ADJOURNMENT

BERNARD ROSEN

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

KEY INDICATORS
FISCAL YEAR 2013 UTILIZATION

Year to Date
 October 2012

NETWORKS	UTILIZATION			AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	FY 13	FY 12	VAR %	ACTUAL	EXPECTED	FY 13	FY 12
<u>North Bronx</u>							
Jacobi	6,373	6,803	-6.3%	6.6	6.6	1.1216	1.0233
North Central Bronx	2,661	2,676	-0.6%	4.3	4.5	0.7245	0.6842
<u>Generations +</u>							
Harlem	3,724	3,530	5.5%	5.4	5.5	0.9575	0.9425
Lincoln	7,710	7,763	-0.7%	4.7	5.4	0.8947	0.9276
Belvis DTC	19,664	21,989	-10.6%				
Morrisania DTC	26,240	31,117	-15.7%				
Renaissance	19,672	22,970	-14.4%				
<u>South Manhattan</u>							
Bellevue	8,163	8,481	-3.7%	6.5	6.3	1.1183	1.0852
Metropolitan	3,889	3,881	0.2%	4.5	5.1	0.7933	0.7696
Coler	83,395	105,140	-20.7%				
Goldwater	94,718	106,198	-10.8%				
Gouverneur - NF	17,439	24,402	-28.5%				
Gouverneur - DTC	82,165	93,217	-11.9%				
<u>North Central Brooklyn</u>							
Kings County	8,402	7,930	6.0%	5.8	5.8	0.9684	1.0122
Woodhull	4,547	4,863	-6.5%	4.9	4.8	0.8089	0.8033
McKinney	38,179	38,757	-1.5%				
Cumberland DTC	30,472	33,501	-9.0%				
East New York	26,356	28,241	-6.7%				
<u>Southern Brooklyn / S I</u>							
Coney Island	5,772	5,517	4.6%	6.4	6.0	1.0232	1.0687
Seaview	36,466	36,528	-0.2%				
<u>Queens</u>							
Elmhurst	8,204	8,425	-2.6%	5.6	5.3	0.9285	0.9219
Queens	4,259	4,594	-7.3%	5.6	5.3	0.9055	0.8634
<u>Discharges/CMI-- All Acutes</u>							
	63,704	64,463	-1.2%			0.9516	0.9473
<u>Visits-- All D&TCs</u>							
	204,569	231,035	-11.5%				
<u>Days-- All SNFs</u>							
	270,197	311,025	-13.1%				

Notes:

Utilization

Acute: discharges excluding psych and rehab; D&TC; reimburseable visits; SNF; chronic and rehab days

Average Length of Stay

Actual: discharges divided by days; excludes one day stays.

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

All Payor CMI

All acute discharges are grouped using the 2012 New York State APR-DRGs

KEY INDICATORS

FISCAL YEAR 2013 BUDGET PERFORMANCE (\$s in 000s)

Year to Date

October 2012

NETWORKS	FTE's VS 6/2/12	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
North Bronx							
Jacobi	(33.0)	\$ 183,841	\$ 7,201	\$ 186,321	\$ 4,157	\$ 11,358	3.1%
North Central Bronx	<u>(25.0)</u>	<u>65,122</u>	<u>2,029</u>	<u>62,060</u>	<u>4,696</u>	<u>6,725</u>	<u>5.2%</u>
	(58.0)	\$ 248,963	\$ 9,230	\$ 248,380	\$ 8,853	\$ 18,083	3.6%
Generations +							
Harlem	(52.0)	\$ 116,503	\$ (2,361)	\$ 111,803	\$ 1,804	\$ (558)	-0.2%
Lincoln	7.0	156,753	(6,930)	165,603	1,141	(5,789)	-1.8%
Belvis DTC	(1.5)	2,850	(302)	4,208	1,298	996	11.5%
Morrisania DTC	(6.5)	4,829	(400)	7,773	1,925	1,525	10.2%
Renaissance	<u>(5.5)</u>	<u>4,053</u>	<u>462</u>	<u>6,606</u>	<u>93</u>	<u>556</u>	<u>5.4%</u>
	(58.5)	\$ 284,989	\$ (9,531)	\$ 295,994	\$ 6,261	\$ (3,269)	-0.5%
South Manhattan							
Bellevue	(75.0)	\$ 210,927	\$ (24,241)	\$ 226,532	\$ 3,032	\$ (21,209)	-4.6%
Metropolitan	(66.5)	94,482	(4,387)	95,677	10,085	5,698	2.8%
Coler	(16.5)	19,617	623	39,976	(8,609)	(7,986)	-15.9%
Goldwater	(30.5)	30,342	1,490	56,646	(13,840)	(12,350)	-17.2%
Gouverneur	<u>1.0</u>	<u>19,895</u>	<u>1,697</u>	<u>26,767</u>	<u>1,916</u>	<u>3,613</u>	<u>7.7%</u>
	(187.5)	\$ 375,263	\$ (24,818)	\$ 445,597	\$ (7,417)	\$ (32,234)	-3.8%
North Central Brooklyn							
Kings County	(121.0)	\$ 231,657	\$ (10,796)	\$ 221,136	\$ 4,129	\$ (6,667)	-1.4%
Woodhull	(34.0)	122,984	(8,031)	127,920	(2,903)	(10,934)	-4.3%
McKinney	(3.0)	8,573	(2,518)	14,336	1,730	(788)	-2.9%
Cumberland DTC	(7.5)	9,592	2,303	9,669	196	2,499	14.6%
East New York	<u>(1.0)</u>	<u>4,571</u>	<u>(1,176)</u>	<u>6,779</u>	<u>1,326</u>	<u>150</u>	<u>1.1%</u>
	(166.5)	\$ 377,376	\$ (20,219)	\$ 379,839	\$ 4,480	\$ (15,739)	-2.0%
Southern Brooklyn/SI							
Coney Island	(11.0)	\$ 104,377	\$ (1,456)	\$ 120,631	\$ (1,559)	\$ (3,015)	-1.3%
Seaview	<u>(9.0)</u>	<u>14,299</u>	<u>3,088</u>	<u>16,717</u>	<u>(1,252)</u>	<u>1,837</u>	<u>6.9%</u>
	(20.0)	\$ 118,675	\$ 1,633	\$ 137,348	\$ (2,811)	\$ (1,178)	-0.5%
Queens							
Elmhurst	(43.5)	\$ 183,194	\$ (939)	\$ 181,667	\$ 15,452	\$ 14,513	3.8%
Queens	<u>1.5</u>	<u>108,746</u>	<u>(4,840)</u>	<u>120,811</u>	<u>(3,182)</u>	<u>(8,022)</u>	<u>-3.5%</u>
	(42.0)	\$ 291,939	\$ (5,779)	\$ 302,478	\$ 12,270	\$ 6,491	1.1%
NETWORKS TOTAL	<u>(532.5)</u>	<u>\$ 1,697,206</u>	<u>\$ (49,483)</u>	<u>\$ 1,809,636</u>	<u>\$ 21,636</u>	<u>\$ (27,848)</u>	<u>-0.8%</u>
Central Office	(12.0)	350,690	4,696	79,660	2,868	7,564	1.8%
HHC Health & Home Care	(3.0)	6,383	(3,443)	10,978	1,845	(1,599)	-7.1%
Enterprise IT	<u>42.0</u>	<u>0</u>	<u>0</u>	<u>49,841</u>	<u>(1,667)</u>	<u>(1,667)</u>	<u>-3.5%</u>
GRAND TOTAL	<u>(505.5)</u>	<u>\$ 2,054,279</u>	<u>\$ (48,231)</u>	<u>\$ 1,950,115</u>	<u>\$ 24,681</u>	<u>\$ (23,550)</u>	<u>-0.6%</u>

Notes:

Residents & Grants are included in the reported FTE's.

Reported FTE's are compared to 6/2/12.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2013 vs Fiscal Year 2012 (in 000's)
TOTAL CORPORATION

	Month of October 2012			Fiscal Year To Date October 2012		
	actual 2013	actual 2012	better / (worse)	actual 2013	actual 2012	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 73,412	\$ 86,770	\$ (13,358)	\$ 308,641	\$ 376,232	\$ (67,591)
Medicaid Managed Care	52,093	43,609	8,484	218,278	188,245	30,033
Medicare	43,851	47,410	(3,559)	183,116	203,149	(20,032)
Medicare Managed Care	16,122	15,616	506	74,426	79,337	(4,911)
Other	<u>18,818</u>	<u>21,429</u>	<u>(2,611)</u>	<u>74,849</u>	<u>77,086</u>	<u>(2,237)</u>
Total Inpatient	\$ 204,296	\$ 214,835	\$ (10,538)	\$ 859,311	\$ 924,049	\$ (64,737)
Outpatient						
Medicaid Fee for Service	\$ 14,172	\$ 16,792	\$ (2,620)	\$ 61,023	\$ 69,563	\$ (8,540)
Medicaid Managed Care	29,840	27,510	2,330	119,874	107,786	12,088
Medicare	4,256	5,264	(1,008)	19,428	24,228	(4,800)
Medicare Managed Care	4,998	5,059	(61)	27,652	27,514	138
Other	<u>10,957</u>	<u>10,088</u>	<u>870</u>	<u>47,006</u>	<u>48,101</u>	<u>(1,095)</u>
Total Outpatient	\$ 64,223	\$ 64,713	\$ (490)	\$ 274,982	\$ 277,191	\$ (2,209)
All Other						
Pools	\$ 95,038	\$ 94,676	\$ 362	\$ 202,558	\$ 202,011	\$ 547
DSH / UPL	-	-	0	624,100	715,650	(91,550)
Grants, Intracity, Tax Levy	100	12,096	(11,996)	80,813	85,623	(4,810)
Appeals & Settlements	(3,964)	(157)	(3,807)	(9,712)	2,381	(12,093)
Misc / Capital Reimb	<u>(78)</u>	<u>3,936</u>	<u>(4,013)</u>	<u>22,227</u>	<u>16,421</u>	<u>5,806</u>
Total All Other	\$ 91,096	\$ 110,550	\$ (19,454)	\$ 919,986	\$ 1,022,086	\$ (102,100)
Total Cash Receipts	\$ 359,616	\$ 390,098	\$ (30,482)	\$ 2,054,279	\$ 2,223,326	\$ (169,046)
Cash Disbursements						
PS	\$ 184,303	\$ 186,216	\$ 1,914	\$ 847,082	\$ 839,791	\$ (7,292)
Fringe Benefits	62,736	101,142	38,406	243,374	367,017	123,642
OTPS	94,764	93,788	(976)	386,944	416,851	29,906
City Payments	-	-	0	141,363	235,257	93,894
Affiliation	75,008	72,423	(2,585)	299,975	292,388	(7,587)
HHC Bonds Debt	<u>8,272</u>	<u>8,265</u>	<u>(7)</u>	<u>31,376</u>	<u>30,227</u>	<u>(1,149)</u>
Total Cash Disbursements	\$ 425,083	\$ 461,834	\$ 36,751	\$ 1,950,115	\$ 2,181,530	\$ 231,415
Receipts over/(under) Disbursements	\$ (65,468)	\$ (71,736)	\$ 6,268	\$ 104,164	\$ 41,796	\$ 62,369

New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2013 (in 000's)
TOTAL CORPORATION

	Month of October 2012			Fiscal Year To Date October 2012		
	actual 2013	budget 2013	better / (worse)	actual 2013	budget 2013	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 73,412	\$ 82,082	\$ (8,670)	\$ 308,641	\$ 328,771	\$ (20,130)
Medicaid Managed Care	52,093	49,882	2,211	218,278	202,235	16,043
Medicare	43,851	41,687	2,164	183,116	183,002	115
Medicare Managed Care	16,122	18,404	(2,282)	74,426	79,579	(5,153)
Other	18,818	19,191	(373)	74,849	78,892	(4,043)
Total Inpatient	\$ 204,296	\$ 211,247	\$ (6,950)	\$ 859,311	\$ 872,478	\$ (13,167)
Outpatient						
Medicaid Fee for Service	\$ 14,172	\$ 15,676	\$ (1,505)	\$ 61,023	\$ 64,222	\$ (3,199)
Medicaid Managed Care	29,840	30,523	(683)	119,874	127,087	(7,213)
Medicare	4,256	5,476	(1,220)	19,428	23,837	(4,409)
Medicare Managed Care	4,998	6,091	(1,092)	27,652	30,852	(3,200)
Other	10,957	12,834	(1,876)	47,006	52,419	(5,413)
Total Outpatient	\$ 64,223	\$ 70,599	\$ (6,376)	\$ 274,982	\$ 298,416	\$ (23,434)
All Other						
Pools	\$ 95,038	\$ 95,261	\$ (223)	\$ 202,558	\$ 202,879	\$ (322)
DSH / UPL	-	-	0	624,100	624,100	0
Grants, Intracity, Tax Levy	100	8,166	(8,066)	80,813	80,832	(19)
Appeals & Settlements	(3,964)	(929)	(3,035)	(9,712)	(929)	(8,783)
Misc / Capital Reimb	(78)	833	(911)	22,227	24,733	(2,506)
Total All Other	\$ 91,096	\$ 103,331	\$ (12,235)	\$ 919,986	\$ 931,616	\$ (11,630)
Total Cash Receipts	\$ 359,616	\$ 385,177	\$ (25,562)	\$ 2,054,279	\$ 2,102,510	\$ (48,231)
Cash Disbursements						
PS	\$ 184,303	\$ 185,118	\$ 815	\$ 847,082	\$ 849,783	\$ 2,700
Fringe Benefits	62,736	63,181	445	243,374	252,793	9,419
OTPS	94,764	104,662	9,898	386,944	400,006	13,062
City Payments	-	-	0	141,363	140,072	(1,291)
Affiliation	75,008	74,996	(12)	299,975	299,985	10
HHC Bonds Debt	8,272	8,039	(233)	31,376	32,158	782
Total Cash Disbursements	\$ 425,083	\$ 435,997	\$ 10,914	\$ 1,950,115	\$ 1,974,796	\$ 24,681
Receipts over/(under) Disbursements	\$ (65,468)	\$ (50,820)	\$ (14,648)	\$ 104,164	\$ 127,714	\$ (23,550)

Annual Deficit in budgeted receipts vs disbursements is funded through reserves



nyc.gov/hhc

Review of Personal Services Key Indicators (FY 2013 thru October)

PS Disbursements – Actual vs. Budget

Network/Facility	Actual PS thru October 2012 (\$ in 000's)	Budgeted PS thru October 2012 (\$ in 000's)	Budget Variance thru October 2012 (\$ in 000's)
North Bronx			
Jacobi	79,068	79,335	267
NCB	24,695	25,429	734
Subtotal	103,763	104,764	1,001
Generations +			
Harlem	47,434	47,876	442
Lincoln	66,392	64,434	(1,958)
Morrisania	4,455	4,437	(18)
Renaissance	3,026	3,126	100
S.R. Belvis	2,806	2,841	35
Subtotal	124,113	122,714	(1,399)
South Manhattan			
Bellevue	98,374	98,267	(107)
Metropolitan	46,447	47,257	810
Coler	20,121	19,790	(331)
Goldwater	27,583	25,699	(1,884)
Gouverneur	14,494	16,231	1,737
Subtotal	207,019	207,244	225
North Central Brooklyn			
Kings County	124,181	125,051	870
Woodhull	51,998	52,447	449
McKinney	7,409	7,402	(7)
Cumberland	4,723	4,816	93
ENY	4,598	4,636	38
Subtotal	192,909	194,352	1,443
S Brooklyn / Staten Is.			
Coney Island	52,999	53,146	147
Seaview	9,025	8,959	(66)
Subtotal	62,024	62,105	81
Queens			
Elmhurst	71,933	73,119	1,186
Queens	45,713	44,527	(1,186)
Subtotal	117,646	117,646	0
Facilities Total	807,474	808,825	1,351
Central Office	19,371	19,542	171
Certified Home Health	4,658	4,669	11
Enterprise IT	15,580	16,746	1,166
Grand Total	847,083	849,782	2,700

FTE Variance 06/16/12 - 10/20/12

Network/Facility	FTEs as of 6/16/12	FTEs as of 10/20/12	Increase (Decrease) in FTEs thru 10/20/12
North Bronx			
Jacobi	3,308.0	3,275.0	(33.0)
NCB	1,095.0	1,070.0	(25.0)
Subtotal	4,403.0	4,345.0	(58.0)
Generations +			
Harlem	2,142.0	2,090.0	(52.0)
Lincoln	2,786.0	2,793.0	7.0
Morrisania	195.0	188.5	(6.5)
Renaissance	145.0	139.5	(5.5)
S.R. Belvis	105.5	104.0	(1.5)
Subtotal	5,373.5	5,315.0	(58.5)
South Manhattan			
Bellevue	4,284.5	4,209.5	(75.0)
Metropolitan	2,003.0	1,936.5	(66.5)
Coler	1,016.0	999.5	(16.5)
Goldwater	1,209.0	1,178.5	(30.5)
Gouverneur	601.5	602.5	1.0
Subtotal	9,114.0	8,926.5	(187.5)
North Central Brooklyn			
Kings County	4,807.0	4,686.0	(121.0)
Woodhull	2,316.5	2,282.5	(34.0)
McKinney	337.5	334.5	(3.0)
Cumberland	233.5	226.0	(7.5)
ENY	196.5	195.5	(1.0)
Subtotal	7,891.0	7,724.5	(166.5)
S Brooklyn / Staten Is.			
Coney Island	2,397.5	2,386.5	(11.0)
Seaview	361.5	352.5	(9.0)
Subtotal	2,759.0	2,739.0	(20.0)
Queens			
Elmhurst	3,196.0	3,152.5	(43.5)
Queens	1,874.5	1,876.0	1.5
Subtotal	5,070.5	5,028.5	(42.0)
Facilities Total	34,611.0	34,078.5	(532.5)
Central Office	602.5	590.5	(12.0)
Certified Home Health	170.0	167.0	(3.0)
Enterprise IT	554.0	596.0	42.0
Grand Total	35,937.5	35,432.0	(505.5)

Note: RESIDENT HEADCOUNT FOR FISCAL YEAR END 2012 UTILIZES JUNE 16, 2012.

Corporate-wide FTE Variance by Category

Staffing Change June 2012 vs. October 2012	FTEs
Environmental/Hotel	(156.5)
Clerical	(151.0)
Tech/Spec	(84.0)
Aides/Ord	(80.5)
Nurses*	(55.0)
Managers	(50.5)
Residents	67.0
Physicians	5.0
Total	(505.5)
<i>*Nurses include LPNs RNs & Nurse Practitioners</i>	

FY 2013 Overtime Actual vs. Budget

Network/Facility	Actual OT thru October 2012	OT Budget thru October 2012	Variance
North Bronx			
Jacobi	5,431,192	5,437,340	(6,148)
NCB	1,906,435	2,174,936	(268,501)
Subtotal	\$7,337,627	7,612,276	(\$274,649)
Generations +			
Harlem	1,939,907	2,537,425	(597,518)
Lincoln	3,697,380	3,806,138	(108,758)
Morrisania	64,643	72,498	(7,855)
Renaissance	10,253	63,436	(53,183)
S.R. Belvis	21,444	27,187	(5,743)
Subtotal	\$5,733,627	\$6,506,684	(\$773,057)
South Manhattan			
Bellevue	5,151,983	5,437,340	(285,357)
Metropolitan	1,864,098	1,993,691	(129,593)
Coler	1,639,160	1,268,713	370,447
Goldwater	3,304,429	1,993,691	1,310,738
Gouverneur	43,349	130,496	(87,147)
Subtotal	\$12,003,019	\$10,823,931	\$1,179,088
North Central Brooklyn			
Kings County	6,522,275	6,343,564	178,711
Woodhull	2,071,138	2,718,670	(647,532)
McKinney	807,036	724,979	82,057
Cumberland	142,283	181,245	(38,962)
ENY	58,630	59,811	(1,181)
Subtotal	\$9,601,362	\$10,028,269	(\$426,907)
S Brooklyn / Staten Is.			
Coney Island	756,018	1,196,215	(440,197)
Seaview	336,020	289,991	46,029
Subtotal	\$1,092,038	\$1,486,206	(\$394,168)
Queens			
Elmhurst	3,924,734	4,096,130	(171,396)
Queens	2,301,201	2,464,928	(163,727)
Subtotal	\$6,225,935	\$6,561,058	(\$335,123)
Facilities Total	\$41,993,608	\$43,018,424	(\$1,024,816)
Central Office	89,619	253,743	(\$164,124)
Certified Home Health	\$38,315	\$45,311	(\$6,996)
Enterprise IT	\$265,617	\$271,867	6,250
Grand Total	\$42,387,159	\$43,589,345	(\$1,202,186)

Overtime by Major Category FY 2013 vs. FY 2012

FYTD OCTOBER 2012 vs. FYTD OCTOBER 2013

GROUP	FYTD OCTOBER 2011	FYTD OCTOBER 2012	Inc./(Dec.) \$	Inc./(Dec.) %
NURSING	13,730,660	13,524,788	(205,872)	-1.5%
PLANT MAINT	12,922,056	9,369,243	(3,552,813)	-27.5%
ALL OTHERS	<u>19,240,499</u>	<u>19,493,128</u>	<u>252,629</u>	<u>1.3%</u>
TOTAL	45,893,215	42,387,159	(3,506,056)	-7.6%

Nurse Registry FY 2013 vs. FY 2012

Network/Facility	Nurse Registry thru October 2011	Nurse Registry thru October 2012	Variance
North Bronx			
Jacobi	\$1,854,478	\$3,484,617	1,630,139
NCB	\$336,835	\$563,917	227,082
Subtotal	\$2,191,313	\$4,048,534	\$1,857,221
Generations +			
Harlem	\$2,226,111	\$2,092,381	(133,730)
Lincoln	\$6,822,397	\$3,477,142	(3,345,255)
Morrisania	\$60,013	\$56,131	(3,882)
Renaissance	\$0	\$19,822	19,822
S.R. Belvis	\$1,845	\$18,074	16,229
Subtotal	\$9,110,366	\$5,663,550	(\$3,446,816)
South Manhattan			
Bellevue	\$1,197,661	\$3,530,832	2,333,171
Metropolitan	\$1,416,057	\$1,265,280	(150,777)
Coler	\$56,874	\$39,901	(16,973)
Goldwater	\$158,067	\$504,861	346,794
Gouverneur	\$71,947	\$90,741	18,794
Subtotal	\$2,900,606	\$5,431,615	\$2,531,009
North Central Brooklyn			
Kings County	\$2,210,383	\$2,049,306	(161,077)
Woodhull	\$1,164,791	\$439,288	(725,503)
McKinney	\$573,025	\$796,072	223,047
Cumberland	\$0	\$0	-
ENY	\$18,378	\$31,714	13,336
Subtotal	\$3,966,577	\$3,316,380	(\$650,197)
S Brooklyn / Staten Is.			
Coney Island	\$0	\$0	-
Seaview	\$0	\$0	-
Subtotal	\$0	\$0	\$0
Queens			
Elmhurst	\$1,514,437	\$1,426,227	(88,210)
Queens	\$3,980,664	\$2,986,712	(993,952)
Subtotal	\$5,495,101	\$4,412,939	(\$1,082,162)
Facilities Total	\$23,663,963	\$22,873,018	(\$790,945)
Certified Home Health	\$1,303,265	\$971,073	(\$332,192)
Grand Total	\$24,967,228	\$23,844,091	(\$1,123,137)

Allowances FY 2013 vs. FY 2012

Network/Facility	Allowances thru October 2011	Allowances thru October 2012	Variance
North Bronx			
Jacobi	\$298,665	\$188,430	(110,235)
NCB	\$102,321	\$69,139	(33,182)
Subtotal	\$400,986	\$257,569	(\$143,417)
Generations +			
Harlem	\$1,475,653	\$941,656	(533,997)
Lincoln	\$2,650,530	\$2,095,496	(555,034)
Morrisania	\$100,601	\$30,974	(69,627)
Renaissance	\$92,688	\$20,493	(72,195)
S.R. Belvis	\$63,686	\$65,852	2,166
Subtotal	\$4,383,158	\$3,154,471	(\$1,228,687)
South Manhattan			
Bellevue	\$1,830,805	\$1,550,415	(280,390)
Metropolitan	\$1,568,168	\$1,364,247	(203,921)
Coler	\$642,709	\$562,279	(80,430)
Goldwater	\$836,631	\$720,478	(116,153)
Gouverneur	\$1,389,771	\$1,242,853	(146,918)
Subtotal	\$6,268,084	\$5,440,272	(\$827,812)
North Central Brooklyn			
Kings County	\$4,419,976	\$3,947,893	(472,083)
Woodhull	\$1,055,215	\$859,226	(195,989)
McKinney	\$448,796	\$364,097	(84,699)
Cumberland	\$68,581	\$59,931	(8,650)
ENY	\$74,123	\$74,249	126
Subtotal	\$6,066,691	\$5,305,396	(\$761,295)
S Brooklyn / Staten Is.			
Coney Island	\$2,831,817	\$2,731,042	(100,775)
Seaview	\$2,064,165	\$2,020,851	(43,314)
Subtotal	\$4,895,982	\$4,751,893	(\$144,089)
Queens			
Elmhurst	\$451,531	\$484,970	33,439
Queens	\$945,292	\$1,258,476	313,184
Subtotal	\$1,396,823	\$1,743,446	\$346,623
Facilities Total	\$23,411,724	\$20,653,047	(\$2,758,677)
Central Office	\$266,822	\$219,149	(\$47,673)
Certified Home Health	\$601,671	\$524,900	(\$76,771)
Enterprise IT	\$123,107	\$67,731	(\$55,376)
Grand Total	\$24,403,324	\$21,464,827	(\$2,938,497)

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

INPATIENT DISCHARGES PAYOR MIX

REPORT : JULY 2012 - SEPTEMBER 2012

FACILITY	MEDICARE	MEDICAID	MEDICARE MANAGED CARE	MEDICAID MANAGED CARE	COMMERCIAL MANAGED CARE	COMMERCIAL	OTHER	SELPAY	HHC OPTIONS	TOTAL	% OF DSCH INSURED TO TOTAL
BELLEVUE	805	1,564	476	2,192	234	477	598	1,112	96	7,554	85.28%
CONEY ISLAND	1,213	921	431	1,413	99	248	9	197	115	4,646	95.76%
ELMHURST	770	1,214	539	2,797	231	309	141	614	188	6,803	90.97%
HARLEM	349	699	320	1,247	82	203	5	212	53	3,170	93.31%
JACOBI	678	1,022	385	2,127	185	443	31	392	54	5,317	92.63%
KINGS COUNTY	695	1,911	579	2,512	355	413	11	522	68	7,066	92.61%
LINCOLN	532	1,148	658	2,747	102	299	39	259	71	5,855	95.58%
METROPOLITAN	367	938	353	1,485	81	82	3	207	58	3,574	94.21%
NORTH CENTRAL BRONX	241	437	145	1,082	59	84	8	118	27	2,201	94.64%
QUEENS	475	875	344	1,389	108	145	26	207	82	3,651	94.33%
WOODHULL	388	996	283	1,789	84	134	5	108	157	3,944	97.26%
CORPORATE TOTAL	6,513	11,725	4,513	20,780	1,620	2,837	876	3,948	969	53,781	92.66%

REPORT : JULY 2011 - SEPTEMBER 2011*

FACILITY	MEDICARE	MEDICAID	MEDICARE MANAGED CARE	MEDICAID MANAGED CARE	COMMERCIAL MANAGED CARE	COMMERCIAL	OTHER	SELPAY	HHC OPTIONS	TOTAL	% OF DSCH INSURED TO TOTAL
BELLEVUE	853	2,591	533	1,935	285	524	673	377	238	8,009	95.29%
CONEY ISLAND	1,138	1,155	355	1,211	125	252	8	106	111	4,461	97.62%
ELMHURST	812	1,919	518	2,696	248	376	167	66	274	7,076	99.07%
HARLEM	399	1,078	265	911	58	207	13	103	57	3,091	96.67%
JACOBI	776	1,472	429	1,951	188	479	35	127	123	5,580	97.72%
KINGS COUNTY	703	2,454	515	2,009	326	459	19	130	172	6,787	98.08%
LINCOLN	607	1,591	675	2,413	157	306	34	42	177	6,002	99.30%
METROPOLITAN	383	1,322	326	1,268	88	134	3	65	62	3,651	98.22%
NORTH CENTRAL BRONX	253	605	119	1,011	67	108	8	35	47	2,253	98.45%
QUEENS	519	1,238	372	1,208	144	177	24	101	156	3,939	97.44%
WOODHULL	409	1,510	310	1,589	78	145	7	42	154	4,244	99.01%
CORPORATE TOTAL	6,852	16,935	4,417	18,202	1,764	3,167	991	1,194	1,571	55,093	97.83%

* Data reflects migration to Soarian database

** July through September 2011 data was re run using this database

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION																				
OUTPATIENT ADULTS PATIENTS/VISITS PAYOR MIX																				
(EXCLUDING EMERGENCY ROOM PATIENTS)																				
REPORT : JULY 2012 - SEPTEMBER 2012																				
Facility	Medicaid		Medicare		Medicaid Managed Care		Medicare Managed Care		Commercial		Other		HHC_Options		SelfPay		Total Patients	Total Visits	% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits				
Bellevue	1,864	14,057	2,774	10,095	8,690	28,935	2,733	9,079	3,861	9,507	1,234	2,964	9,816	24,329	6,185	11,522	37,157	110,488	83%	90%
Coney Island	1,103	4,398	2,025	6,985	4,490	17,993	1,201	4,750	1,558	3,886	116	485	5,356	13,212	3,570	7,624	19,419	59,333	82%	87%
Elmhurst	2,225	9,522	2,076	7,380	9,101	34,875	2,148	7,823	3,492	8,469	373	994	13,424	31,859	4,186	7,471	37,025	108,393	89%	93%
Harlem	1,365	5,549	1,125	5,640	5,971	19,790	1,562	5,867	1,541	3,776	75	223	2,874	7,009	3,533	6,628	18,046	54,482	80%	88%
Jacobi	2,027	7,228	2,219	6,941	8,625	27,617	1,915	6,113	2,999	7,646	470	1,476	3,776	7,998	3,805	7,318	25,836	72,337	85%	90%
Kings	2,792	16,441	2,594	9,606	10,058	49,543	2,361	8,265	4,371	10,451	167	491	13,785	32,096	5,256	11,060	41,384	137,953	87%	92%
Lincoln	2,089	7,511	2,186	7,346	10,235	31,888	3,339	11,405	4,534	11,975	335	871	4,028	9,035	5,470	9,924	32,216	89,955	83%	89%
Metropolitan	2,452	10,032	1,684	7,110	6,383	26,528	2,003	8,541	1,555	4,473	47	127	5,268	14,384	2,328	5,930	21,720	77,125	89%	92%
North Central Bronx	944	3,712	714	2,371	4,830	15,396	728	2,248	1,075	2,668	26	98	2,529	5,151	1,072	2,324	11,918	33,968	91%	93%
Queens	1,655	6,848	1,911	6,418	6,900	23,006	1,930	6,883	1,688	4,006	189	346	7,499	16,804	4,490	8,439	26,262	72,750	83%	88%
Woodhull	2,028	7,437	1,814	6,025	8,425	28,870	2,481	9,143	1,858	4,360	138	475	8,742	20,071	3,313	4,522	28,799	80,903	88%	94%
SUBTOTAL	20,544	92,735	21,122	75,917	83,708	304,441	22,401	80,117	28,532	71,217	3,170	8,550	77,097	181,948	43,208	82,762	299,782	897,687	86%	91%
D&TC																				
Belvis	179	441	226	470	2,020	4,867	423	908	303	592	0	0	1,195	1,978	471	863	4,817	10,119	90%	91%
Cumberland	344	1,620	318	922	1,729	7,121	382	1,177	727	1,485	14	28	2,356	4,401	529	718	6,399	17,472	92%	96%
East New York	218	569	361	852	2,351	6,063	489	1,142	287	575	0	0	1,666	3,021	493	767	5,865	12,989	92%	94%
Gouverneur	576	2,119	1,428	5,968	5,083	18,637	1,846	8,404	1,415	4,205	116	490	6,717	14,597	1,589	3,082	18,770	57,502	92%	95%
Morrisania	318	626	344	625	2,963	5,705	508	910	567	998	0	0	1,778	2,762	340	420	6,818	12,046	95%	97%
Renaissance	188	383	304	511	1,871	3,493	591	1,013	324	539	0	0	1,524	2,249	971	1,692	5,773	9,880	83%	83%
SUBTOTAL	1,823	5,758	2,981	9,348	16,017	45,886	4,239	13,554	3,623	8,394	130	518	15,236	29,008	4,393	7,542	48,442	120,008	91%	94%
TOTAL	22,367	98,493	24,103	85,265	99,725	350,327	26,640	93,671	32,155	79,611	3,300	9,068	92,333	210,956	47,601	90,304	348,224	1,017,695	86%	91%
JULY 2011 - SEPTEMBER 2011*																				
Facility	MEDICAID		MEDICARE		MCAID MANAGED CARE		MCARE MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	2,767	16,614	2,852	10,660	8,381	27,525	2,548	9,660	4,276	10,707	892	2,134	10,376	25,317	5,868	10,627	37,960	113,244	85%	91%
CONEY ISLAND	1,457	6,457	2,108	7,251	4,181	16,637	1,154	4,451	1,592	4,025	125	467	4,994	11,984	3,585	7,261	19,196	58,533	81%	88%
ELMHURST	2,710	12,997	2,283	8,573	8,954	34,681	2,138	7,886	3,905	9,825	390	904	12,767	31,067	4,515	7,589	37,662	113,522	88%	93%
HARLEM	1,949	7,456	1,157	5,005	5,443	16,396	1,570	5,513	1,495	3,486	77	272	2,571	6,071	3,518	6,345	17,780	50,544	80%	87%
JACOBI	2,338	8,499	2,437	7,606	8,386	27,091	1,862	5,982	2,932	7,639	309	837	3,904	8,505	3,258	5,972	25,426	72,131	87%	92%
KINGS COUNTY	3,430	21,769	2,820	11,433	9,739	46,334	2,345	7,750	4,393	10,391	168	492	13,867	34,482	5,914	11,803	42,676	144,454	86%	92%
LINCOLN	2,934	11,565	2,353	8,330	10,609	34,799	3,345	11,538	4,181	11,166	294	890	4,188	9,215	5,585	10,177	33,489	97,680	83%	90%
METROPOLITAN	2,856	12,939	1,828	7,744	6,267	24,782	1,886	8,476	1,686	4,865	58	178	4,950	14,565	2,590	5,745	22,121	79,294	88%	93%
NCB	1,189	4,426	853	2,971	5,023	16,194	758	2,588	1,063	2,696	17	89	2,770	6,040	1,008	2,058	12,681	37,062	92%	94%
QUEENS	2,138	9,000	1,974	7,061	6,856	22,535	1,884	6,630	1,703	4,195	204	302	7,295	16,216	4,485	8,620	26,539	74,559	83%	88%
WOODHULL	2,594	10,496	1,988	7,065	8,740	30,704	2,348	8,465	1,689	3,988	2,532	3,666	9,381	21,561	3,697	5,918	32,969	91,863	89%	94%
SUBTOTAL	26,362	122,218	22,653	83,699	82,579	297,678	21,838	78,939	28,915	72,983	5,066	10,231	77,063	185,023	44,023	82,115	308,499	932,886	86%	91%
D&TC																				
Belvis	295	814	246	506	2,002	5,073	413	964	233	454	0	0	1,019	1,790	565	1,148	4,773	10,749	88%	89%
Cumberland	477	2,944	326	1,069	1,718	6,146	379	1,239	799	1,809	1,585	1,998	2,496	4,711	646	1,228	8,426	21,144	92%	94%
East New York	450	1,278	410	1,015	2,372	5,995	519	1,154	312	591	0	0	1,600	2,763	608	966	6,271	13,762	90%	93%
Gouverneur	1,085	4,740	1,688	7,245	5,442	21,233	1,715	8,405	1,185	3,368	24	163	6,779	15,899	2,494	5,050	20,412	66,103	88%	92%
Morrisania	368	929	342	679	2,826	5,758	515	962	495	886	0	0	1,744	2,833	419	533	6,709	12,580	94%	96%
Renaissance	304	589	356	680	2,043	3,968	619	1,110	325	603	1	1	1,763	3,003	1,231	2,184	6,642	12,138	81%	82%
SUBTOTAL	2,979	11,294	3,368	11,194	16,403	48,173	4,160	13,834	3,349	7,711	1,610	2,162	15,401	30,999	5,963	11,109	53,233	136,476	89%	92%
TOTAL	29,341	133,512	26,021	94,893	98,982	345,851	25,998	92,773	32,264	80,694	6,676	12,393	92,464	216,022	49,986	93,224	361,732	1,069,362	86%	91%
* Data reflects migration to Soarian database																				
** July through September 2011 data was re run using this database																				

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

OUTPATIENT PEDIATRIC PATIENTS/VISITS PAYOR MIX

(EXCLUDING EMERGENCY ROOM PATIENTS)

REPORT : JULY 2012 - SEPTEMBER 2012

FACILITY	CHP		MEDICAID		MCAID MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
Bellevue	388	859	642	1,752	7,112	15,294	433	881	29	55	195	368	708	1,288	9,507	20,497	93%	94%
Coney Island	235	458	343	732	3,387	7,185	310	583	4	22	57	104	574	965	4,910	10,049	88%	90%
Elmhurst	858	1,497	609	1,214	10,122	17,112	354	691	23	48	131	197	811	1,256	12,908	22,015	94%	94%
Harlem	176	325	441	858	3,805	6,911	369	662	8	33	16	33	395	589	5,210	9,411	92%	94%
Jacobi	615	996	743	1,477	7,943	14,218	821	1,404	46	96	122	173	826	1,349	11,116	19,713	93%	93%
Kings	567	909	851	1,653	6,539	11,220	985	1,804	30	84	990	1,459	835	1,205	10,797	18,334	92%	93%
Lincoln	381	639	642	1,184	5,571	11,228	821	1,467	59	144	74	113	792	1,316	9,340	16,091	92%	92%
Metropolitan	312	582	630	1,182	5,602	10,444	258	469	1	2	47	78	310	567	7,160	13,324	96%	96%
North Central Bronx	369	581	318	534	4,710	7,737	310	484	0	0	131	172	405	610	6,243	10,118	94%	94%
Queens	632	1,028	530	949	5,158	8,701	594	1,069	2	2	77	122	847	1,378	7,840	13,249	89%	90%
Woodhull	363	770	559	1,371	5,976	11,047	366	646	4	7	236	440	696	1,004	8,200	15,285	92%	93%
SUBTOTAL	4,896	8,644	6,308	12,906	66,925	121,097	5,621	10,160	206	493	2,076	3,259	7,199	11,527	93,231	168,086	92%	93%
D&TC																		
Belvis	145	249	142	244	2,640	4,354	132	219	0	0	112	141	181	260	3,352	5,467	95%	95%
Cumberland	198	292	258	414	2,972	4,230	260	342	0	0	126	176	393	504	4,207	5,958	91%	92%
East New York	292	463	255	448	3,244	5,375	310	509	0	0	287	398	259	392	4,647	7,585	94%	95%
Gouverneur	255	452	247	531	3,183	6,286	283	550	0	0	73	129	300	491	4,341	8,439	93%	94%
Morrisania	158	227	209	406	3,587	6,095	172	253	0	0	169	243	161	219	4,456	7,443	96%	97%
Renaissance	155	257	174	262	1,937	2,995	278	424	1	1	16	17	361	527	2,922	4,483	88%	88%
SUBTOTAL	1,203	1,940	1,285	2,305	17,563	29,335	1,435	2,297	1	1	783	1,104	1,655	2,393	23,925	39,375	93%	94%
TOTAL	6,099	10,584	7,593	15,211	84,488	150,432	7,056	12,457	207	494	2,859	4,363	8,854	13,920	117,156	207,461	92%	93%

REPORT : JULY 2011 - SEPTEMBER 2011*

FACILITY	CHP		MEDICAID		MCAID MANAGED CARE		COMMERCIAL		OTHER		HHC OPTIONS		SELF-PAY		TOTAL		% OF PTS INSURED TO TOTAL	% OF VISITS INSURED TO TOTAL
	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS	PATIENTS	VISITS		
BELLEVUE	499	1,126	1,008	2,698	6,868	15,054	436	1,062	22	34	221	454	739	1,175	9,793	21,603	92%	95%
CONY ISLAND	264	503	461	913	3,334	6,719	349	625	5	7	37	60	509	794	4,959	9,621	90%	92%
ELMHURST	990	1,843	819	1,632	9,925	17,405	382	782	40	104	157	297	1,081	1,732	13,394	23,795	92%	93%
HARLEM	242	429	735	1,387	3,604	6,368	382	665	3	8	25	39	438	644	5,429	9,540	92%	93%
JACOBI	823	1,490	1,085	2,190	7,825	13,952	974	1,584	38	110	147	225	738	1,077	11,630	20,628	94%	95%
KINGS COUNTY	772	1,370	1,105	2,522	6,712	12,213	1,036	1,884	33	66	1,117	1,738	1,015	1,575	11,790	21,368	91%	93%
LINCOLN	499	984	1,058	2,186	7,187	13,492	563	1,010	88	173	123	196	714	1,233	10,232	19,274	93%	94%
METROPOLITAN	371	730	792	1,607	5,601	10,287	270	490	0	0	54	83	296	519	7,384	13,716	96%	96%
North Central Bronx	491	800	500	801	4,667	7,604	302	463	1	3	150	223	439	629	6,550	10,523	93%	94%
QUEENS	683	1,127	798	1,507	5,069	8,415	565	1,061	1	1	70	155	926	1,455	8,112	13,721	89%	89%
WOODHULL	440	787	699	1,703	6,308	11,729	375	682	50	65	308	491	806	1,146	8,986	16,603	91%	93%
SUBTOTAL	6,074	11,189	9,060	19,146	67,100	123,238	5,634	10,308	281	571	2,409	3,961	7,701	11,979	98,259	180,392	92%	93%
D&TC																		
BELVIS	181	300	244	417	2,547	4,273	121	172	1	1	49	66	259	401	3,402	5,630	92%	93%
CUMBERLAND	216	330	407	614	2,829	4,184	242	319	32	35	126	169	437	560	4,289	6,211	90%	91%
EAST NEW YORK	311	489	467	853	3,070	5,249	309	477	1	1	322	430	361	540	4,841	8,039	93%	93%
GOVERNEUR	294	551	348	809	3,296	6,558	274	525	0	0	102	180	277	478	4,591	9,101	94%	95%
MORRISANIA	195	336	307	645	3,461	6,338	156	270	0	0	246	372	333	451	4,698	8,412	93%	95%
RENAISSANCE	197	316	258	445	2,244	3,596	289	437	4	6	16	21	516	735	3,524	5,556	85%	87%
SUBTOTAL	1,394	2,322	2,031	3,783	17,447	30,198	1,391	2,200	38	43	861	1,238	2,183	3,165	25,345	42,949	91%	93%
TOTAL	7,468	13,511	11,091	22,929	84,547	153,436	7,025	12,508	319	614	3,270	5,199	9,884	15,144	123,604	223,341	92%	93%

* Data reflects migration to Soarian database

** July through September 2011 data was re run using this database

New York City Health and Hospitals Corporation
 Monthly Medicaid Inpatient Processing Report
 FY'2013-2012

Fiscal Year To Date As of SEPTEMBER 2012							
FACILITY	Medicaid Applications Submitted	Medicaid Eligible Decisions*	Percent Eligible Decisions to Submissions	Ineligible Decisions	Add'l Info Requested	PCAP Applications Submitted	Perinatal Care Assistance Program (PCAP) Eligible
BELLEVUE	1,219	882	72.4%	137	122	140	172
CONEY ISLAND	722	571	79.1%	69	47	192	181
ELMHURST	964	1,006	104.4%	34	31	689	678
HARLEM	393	325	82.7%	13	30	131	128
JACOBI	720	655	91.0%	100	39	297	271
KINGS	1,123	1,105	98.4%	46	59	414	429
LINCOLN	670	637	95.1%	13	22	336	307
METROPOLITAN	447	436	97.5%	22	13	236	244
NCB	288	243	84.4%	24	35	243	237
QUEENS	673	617	91.7%	21	26	251	269
WOODHULL	511	526	102.9%	42	17	308	312
TOTAL	7,730	7,003	90.6%	521	441	3,237	3,228

Fiscal Year To Date As of SEPTEMBER 2011							
FACILITY	Medicaid Applications Submitted	Medicaid Eligible Decisions*	Percent Eligible Decisions to Submissions	Ineligible Decisions	Add'l Info Requested	PCAP Applications Submitted	Perinatal Care Assistance Program (PCAP) Eligible
BELLEVUE	1,333	1,044	78.3%	160	77	180	161
CONEY ISLAND	642	574	89.4%	19	28	197	195
ELMHURST	1,185	1,210	102.1%	24	17	661	673
HARLEM	425	346	81.4%	17	31	102	135
JACOBI	534	432	80.9%	72	13	226	250
KINGS	1,034	949	91.8%	46	29	486	484
LINCOLN	768	762	99.2%	33	43	342	325
METROPOLITAN	496	356	71.8%	33	30	243	239
NCB	316	351	111.1%	13	12	307	301
QUEENS	689	669	97.1%	54	58	284	334
WOODHULL	623	579	92.9%	24	38	281	281
TOTAL	8,045	7,272	90.4%	495	376	3,309	3,378

* The number of eligible decisions does not directly relate to the number of applications submitted.