

# AGENDA

## FINANCE COMMITTEE

MEETING DATE: JUNE 11, 2013  
TIME: 9:00 A.M.  
LOCATION: 125 WORTH STREET  
BOARD ROOM

## BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE MAY 14, 2013 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

## INFORMATION ITEM

1. STATEMENT OF REVENUE & EXPENSE MARCH FY 2013 & 2012 -3<sup>RD</sup> QTR

JAY WEINMAN

OLD BUSINESS  
NEW BUSINESS  
ADJOURNMENT

BERNARD ROSEN

# MINUTES

MEETING DATE: MAY 14, 2013

## FINANCE COMMITTEE

## BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held May 14, 2013 in the 5<sup>th</sup> 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, Human Resources Administration  
Josephine Bolus, RN  
Emily Youssouf

#### OTHER ATTENDEES

J. DeGeorge, Analyst, Office of the State Comptroller  
M. Dolan, Senior Assistant Director, DC 37  
C. Fiorentini, Analyst, NYC Independent Budget Office (IBO)  
R. McIntrye, Account Executive, Siemens  
M. Meagher, Analyst, OMB  
K. Raffaele, Analyst, OMB

#### HHC STAFF

V. Bekker, Chief Financial Officer (CFO), Generations+ Northern Manhattan Health Network  
M. Brito, Chief Financial Officer (Acting), Coler/Goldwater Specialty Care Facility  
T. Carlisle, Associate Executive Director, Corporate Planning

## **Minutes of the May 14, 2013 Finance Committee Meeting**

D. Cates, Chief of Staff, Board Affairs  
D. Collington, Assistant Director, Coney Island Hospital  
F. Covino, Corporate Budget Director, Corporate Budget  
J. Cuda, Chief Financial Officer, MetroPlus Health Plan, Inc.  
B. Deiorio, Senior Director, Office of the President/Special Projects  
R. Fischer, Associate Executive Director, Bellevue Hospital Center  
L. Free, Senior Director, Managed Care/Finance  
D. Frimer, Controller, Coney Island Hospital  
K. Garramone, Chief Financial Officer, North Bronx Healthcare Network  
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care  
D. Guzman, Deputy Chief Financial Officer, Metropolitan Hospital Center  
L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs  
M. Katz, Senior Assistant Vice President, Corporate Revenue Management  
P. Lockhart, Secretary to the Corporation, Office of the Chairman  
P. Lok, Director, Debt Finance/Corporate Reimbursement Services  
T. Mammo, Chief of Staff, Office of the President  
A. Marengo, Senior Vice President, Communications/Marketing  
A. Martin, Executive Vice President/Chief Operating Officer, Office of the President  
R. Mayer, Director, Office of Internal Audits  
A. Moran, Chief Financial Officer, Elmhurst Hospital Center  
D. Moskos, Director, Facilities Development/Capital Budget  
M. Novzen, Senior Associate Director, North Brooklyn Health Network  
K. Olson, Senior Director, Corporate Budget  
P. Pandolfini, Chief Financial Officer, Southern Bklyn/Staten Island Network  
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs  
B. Stacey, Chief Financial Officer, Queens Health Network  
J. Wale, Senior Assistant Vice President, Office of Behavioral Health  
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office  
R. Wilson, Senior Vice President/Chief Medical Officer, Medical & Professional Affairs  
M. Zurack, Senior Vice President, Corporate Finance/Managed Care

## **Minutes of the May 14, 2013 Finance Committee Meeting**

### **CALL TO ORDER**

**BERNARD ROSEN**

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the April 9, 2013, Finance Committee meeting were adopted as submitted.

### **CHAIR'S REPORT**

**BERNARD ROSEN**

### **SENIOR VICE PRESIDENT'S REPORT**

**MARLENE ZURACK**

Ms. Zurack informed the Committee that her report would include two updates beginning with the status of the Community Development Block Grant (CDBG). Last week Secretary Shaun Donovan, US Department of Housing & Urban Development announced that the NYC CDBG disaster plan was accepted and included in that plan is a significant share that allows HHC to claim the \$183 million that was requested. The original projection had assumed that Coney Island would be up and running at 100% sooner than it is now expected to be. The current plan for the facility to be fully operational is between July and August 2013; consequently, HHC will seek additional funding beyond the \$183 million.

Ms. Youssouf asked if HHC would be seeking 404 or 406 mitigation funding as well.

Ms. Zurack stated that there are two types of hazardous mitigation funding. The 406 funding is connected to the permanent work which HHC is pursuing funding. The 404 funding is the statewide grant that HHC has been participating as part of the Mayor's Resilience Committee, and HHC has submitted recommendations that are yet to be confirmed as part of the inclusion in the final report which is scheduled to be announced by May 30, 2013. Included in that plan are large scale mitigation items that HHC is requesting funding and additional CDBG funding as part of the City's overall process. It is anticipated that by next month, June 2013 there will be a definitive update on the process which will be shared with the Committee.

Mr. Rosen asked if the \$183 million included revenue losses and expenses as part of HHC's plan. Ms. Zurack stated that is on the ongoing expenses only.

Ms. Youssouf asked how the exclusion of those revenue losses impacts HHC. Ms. Zurack stated that the funding would be labeled as an expense grant which Mr. Covino would explain.

Mr. Covino stated that the funding is based on the cost and expenses for keeping HHC prepared to be open as quickly as possible.

## Minutes of the May 14, 2013 Finance Committee Meeting

Mr. Rosen asked if HHC would receive those funds before the end of the current FY 14. Mr. Covino stated that there is a possibility that HHC will receive those funds on or before the end of FY 14.

Ms. Zurack moving to her next item, cash on hand (COH) stated that last month as reported HHC's COH was at 33 days currently at 56 days. The increase is due to the City's deferral of some of HHC's payments and the State making some payments to HHC earlier than usual. HHC is projecting a closing cash balance of \$276 million which would be 26 days of COH. The reduction in the days of COH is due to the payment of a large pension payment of \$417 million that must be paid by June 30, 2013. The City has been very helpful in allowing HHC to delay some payments but if the pension payment is further delayed it will become a budget problem for next FY.

Ms. Youssouf asked what payments were delayed and the cost. Mr. Covino stated that the cost is over \$150 million. Ms. Zurack stated that there were two major payments, debt service and malpractice payments that total approximately \$330 million. Ms. Zurack concluded her report.

### KEY INDICATORS & CASH RECEIPTS & DIBURSEMENTS REPORTS

FRED COVINO

Mr. Covino reported that utilization through March 2013 has remained unchanged from month to month. Acute discharges are down by 9.5% or 13,000 discharges of which Coney Island and Bellevue are major contributors to the decline due to closures resulting from the storm. By excluding those two facilities from the data, utilization is down less than a ½% or 411 discharges. The D&TCs visits are down by 12.5% and Nursing Home days are down by 14%. The ALOS, all of the facilities with the exception of Lincoln and Metropolitan are within a 1/3 day of the corporate average while Lincoln and Metropolitan are less than the average by 6/10 and 4/10 respectively. The corporate CMI is up by 8/10%.

Mr. Rosen asked if the D&TCs and the NHs were affected by the storm.

Mr. Covino stated that there was a minor impact in that the facilities sustained a loss of two days of visits. At the NHs, the transition at Coler/Goldwater and the construction at Gouverneur have been the major contributing factors to the decline in days. Through March 2013, FTEs are down by 898 against the budget level of 527 FTEs which is 372 better than planned. Receipts were \$252 million worse than budget while disbursements were \$66 million worse than budget for a net total negative variance of \$319 million, of which \$208 million is related to the impact of the storm at Bellevue and Coney Island and \$70 million at Coler/Goldwater.

## Minutes of the May 14, 2013 Finance Committee Meeting

Ms. Youssouf asked what the positive FTE variance is attributable to. Mr. Covino stated that after the corporate VCB was discontinued, the facilities have managed the headcount locally and have done an exceptional job at keeping the FTEs under the targets and have created a cushion that allow them to hire with more flexibility.

Ms. Youssouf asked if any of the \$319 million deficit would be offset by the CDBG funding. Mr. Covino stated that a large portion of that would be offset by those funds.

Ms. Youssouf asked if the \$183 million is the total amount HHC would receive. Mr. Covino stated that the \$183 million is the first of a few more payments that HHC is planning to pursue funding from the City's \$1.77 billion initial funding for some of the excess costs related to the storm. Continuing with the reporting, page 3, comparing fiscal year-to-date (FYTD) expenses for the current FY to the prior FY through March 2013, receipts were \$112 million worse than last year due to a decline in the Medicaid fee-for-service which is down by \$184 million of which \$67 million is related to Coney Island and Bellevue closures. Included in the decline in the Medicaid fee-for-service, paid discharges are down by 12,000 cases and 42,000 psych days and IPRO denials/take backs have increased by 50% or \$10 million. Expenses are \$216 million better than last year due to the timing of the pension payments which is \$178 million and payments to the City of \$109 million; a FICA refund for residents of \$23 million. Those savings are offset by additional cost related to the storm of \$85 million in OTPS expenses.

Commissioner Doar asked what the IPRO take backs are. Ms. Zurack stated that it is the Island Peer Review Organization (IPRO), a quality review peer review group for the Medicaid program. IPRO does retrospective reviews of Medicaid cases and as part of that review, determinations are made regarding the necessity of cases and the appropriate assignment of DRGs. As a result of those reviews, there are denials/take backs of those funds.

Commissioner Doar asked what has been the trend as it relates to the percentage of those take backs.

Mr. Covino stated that the take backs are up by \$9.5 million compared to last year which totaled \$17 million and \$27 million this year.

Commissioner Doar asked what is the basis for those take backs that resulted in a substantial increase compared to the prior year. Ms. Zurack stated that the \$27 million is more of the average compared to the \$17 million which is very low. Over the years HHC has had significant issues with those reviews. Some of HHC's physicians have been addressing these issues and have argued that IPRO is making medical necessity determinations that are inappropriate in addition to second guessing the ER doctors.

## **Minutes of the May 14, 2013 Finance Committee Meeting**

Ms. Youssouf asked how the OTPS and City payments as part of the disbursements relate to the funding Ms. Zurack mentioned earlier and whether it was reflected in the projected deficit.

Ms. Covino stated it is a comparison of what was paid last year to the current year and included in that as Ms. Zurack reported the total pension payment of \$417 million compared to last year, \$178 million was paid.

Mr. Rosen asked much did the pension payments increase this year compared to last year. Ms. Zurack stated that payments increased by \$50 million.

Mr. Covino stated that on page 4 of the report, actuals compared to budget, inpatient receipts are down by \$250 million of which \$161 million is due to the disaster at Bellevue and Coney Island. Outpatient receipts are down by \$87.9 million of which \$36 million is related to Coney Island and Bellevue closures due to the storm. All other revenue is up by \$85.7 million due to the receipt of grants funding of \$62 million from FEMA for work done at Bellevue and Coney Island and Coler. Expenses include two major variances, fringe benefits are \$24.7 million better than budget due to \$23 million in FICA recovery and OTPS expenses are \$87 million worse than budget which is due to the \$85 million that has been expended for the storm related damages.

Ms. Youssouf asked how much of the \$87 million is related to the storm. Mr. Covino replied that \$85 million of that is related to the storm. The report was concluded.

### **INFORMATION ITEM**

**FRED COVINO**

#### **PERSONAL SERVICES KEY INDICATORS QUARTERLY REPORT**

Mr. Covino reported that based on the actuals against the budget, disbursements were within the budget by \$660,000. Pages 3, FTES are down by 898 which include an increase of 69 FTEs in Enterprise IT due to hires for the implementation of the EMR.

Mr. Aviles added that the total FTE reduction as part of the cost containment plan has been achieved.

Ms. Youssouf asked if any of the FTE reduction was related to the closures at Coney Island and Bellevue due to the storm.

Mr. Covino stated that it did not include any reductions in staff due to the storm. Page 4, the allocation of the reduction in FTEs by major categories, the bulk of the reduction is in environmental services and clericals. Page 5, overtime expenses compared to budget reflects an increase of \$6 million

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which is primarily due to an increase at Coler/Goldwater relative to the decrease in staff of 110 FTEs as a result of the transitioning, whereby those positions are not being backfilled. However, to offset those vacancies, the facility has increased its use of overtime. The facility's overtime expense increased by \$400,000 compared to last year for the same period. Page 6, overtime expenses by major categories compared to last year are up by \$600,000 which includes expenses related to the storm. The majority of which was in nursing.

Mr. Rosen asked if HHC has an overtime program. Mr. Covino stated that the overtime monitoring is done locally at the facilities/networks levels.

Ms. Zurack added that through some of the major contracts, JCI, Crothall and Sodexo there are very rigorous methodologies for controlling overtime expenses and those areas have been major contributors to overtime expenses in the past. HHC monitors overtime and at the local level the facilities monitor overtime and one of the major issues in terms of the overtime assignment is the 1 to 1 nurse coverage which generates a large portion of the overtime.

Ms. Youssouf asked for an explanation of the 1 to 1 nurse coverage. Ms. Zurack stated that it is based on the physician's order when there are patients at risk of falling or need close monitoring, a patient care associate (PCA) is assigned to watch that patient 1 on 1. The fact that there might be an order placed by the physician for one to one coverage for a few days, the facilities are currently reviewing that process for appropriateness.

Mr. Covino stated that page 7, nurse registry expenses are down by \$1.7 million. Page 8, allowances are down by \$4 million. From a total overview perspective, the 898 FTE reduction translates to \$53 million in savings with fringes it increases to \$82 million. Overall it is a very positive report.

Dr. Stocker added that it is an impressive report and finance deserves recognition for such positive outcomes.

Ms. Youssouf also added that the facilities should be commended and applauded for their efforts as part of that major achievement.

Mr. Rosen commented that it is reflective of the facilities understanding of the importance of the cost reduction plan and managing within their allocated resources.



## Minutes of the May 14, 2013 Finance Committee Meeting

### PAYOR MIX REPORT INPATIENT, ADULT & PEDIATRICS QUARTER REPORT

MAXINE KATZ

Ms. Katz stated that consistent with Mr. Covino's reporting, the data is fairly consistent with the exception that the major cause for the difference in the Medicaid applications, the decrease in the discharges and the decrease in the percentage of insured patients is related to the Bellevue and Coney Island closures and the decline in their volume. Excluding those two facilities, the data is consistent from one time period to the other.

Dr. Stocker noted that the self-pay category appear to be an exception. Ms. Katz stated that the data was rerun in order to reflect the conversion of the new data warehouse to allow for consistency in the reporting compared to the prior year, as a result of that change in the data source, the data is showing an increase in the conversion while the self-pay decreased due to pending approvals from the various insurers.

Ms. Zurack stated that the 2013 data is two months old whereas the 2012 data is fourteen months old. As the hospital care investigators (HCI) work the cases, the self-pay accounts decrease as more patient are Medicaid eligible or have other health insurances.

Dr. Stocker pointed out that the asterisk for the footnote should be identified on the report. Ms. Katz stated that the correction was made and that the single asterisk reflects the 2013 data and the double asterisk is reflective of the 2012 data.

Dr. Stocker stated that the report is an important one given that it tracks the migration from Medicaid to Medicaid managed care, Medicare to Medicare managed care, etc. and with the Exchanges another column might be added.

Ms. Katz stated that the Exchange is unknown at this time. There is a workgroup in conjunction with HRA reviewing this issue.

Ms. Zurack stated that the health Exchange product is being considered as a commercial product so it would be included in the Commercial as opposed to adding a separate column.

Dr. Stocker stated that the payment structure will be different than the regular commercial product compared to the Exchange.

## Minutes of the May 14, 2013 Finance Committee Meeting

Ms. Zurack stated that HHC is not assuming a difference between the Commercial Advantage and the Commercial despite the industry request to have it identified as such. HHC is holding firm on its assumption.

Dr. Stocker added that it is viewed as a proxy for finances. Ms. Zurack stated that it would be very difficult to track it separately given that it is a product within a suite of products that companies are currently introducing which is not a payor group. Within any of the various payor mix categories are a number of different companies and within each of those companies there may be various products. That level of detail would be difficult to track.

Dr. Stocker stated that HHC would know how many patient it has and where the payments are from the enrollment Exchanges.

Ms. Zurack stated that it is currently being discussed and there is a huge debate between the provider and insurance communities. The insurance community wants to treat it as a government product and the provider community is insistent that it is a commercial product and should receive rates as such.

Ms. Youssouf stated that in terms of the self-pay, the percentage, 3,000 to 163,000 versus 8,000 to 147,000, the percentage differences are huge. Ms. Katz stated that it is due to the migration of the data and to get the actual self-pay total, the HHC options and the self-pay should be added together. However, it is related solely to the migration of the data.

Ms. Youssouf asked if that was the only reason for the huge variances.

Ms. Katz stated that it is related to the lag in the data from when the report was run and a number of those self-pay accounts became insured during that period.

Ms. Zurack added that when the data was rerun last year, the self-pay numbers were higher than when the data was subsequently rerun which impacted the self-pay account.

Ms. Youssouf pointed out that it is the same period, 2013 and 2012. Ms. Zurack stated that it is a "live" data base. Ms. Youssouf added that it is not a comparable comparison and as such it does not add value in terms of a comparison and there should be a better way of presenting the data.

Ms. Zurack agreed adding that corporate finance would review other options and report back to the Committee.

## **Minutes of the May 14, 2013 Finance Committee Meeting**

Commissioner Doar stated that by using the current year's data, the extent to which the percentage of discharges to insured gets closer to 100% over time is transparent and without that the data would be misleading in terms of the 94% versus the 95% which is a significant change.

Ms. Youssouf agreed in terms of showing that data but added that the comparison is not comparable and should be adjusted.

Ms. Katz stated that a review of the various options on how to better show the data for comparison purposes would be done. Finalizing the payor mix reporting, the shift from Medicaid fee-for-service to Medicaid managed care has continued to increase.

Commissioner Doar asked if the reimbursement is less than what it was when it was Medicaid fee-for-service compared to Medicaid managed care.

Ms. Zurack stated that it would vary in that it could be more or less.

Dr. Stocker added that not all of Medicaid is capitated such as emergency Medicaid.

Ms. Zurack stated that it would also depend on the rates and denial levels. In the fee for service it is at 100% but there are the IPRO denials later.

Commissioner Doar added that it is a different process but not necessarily less money.

Mr. Rosen asked what the difference is between the commercial and commercial managed care.

Ms. Zurack stated that the commercial as classified by HHC are somewhat outdated and could be updated includes the non-HMO products and commercial managed care include the HMOs such as HIP.

Mr. Rosen asked that a footnote be added to reflect that distinction between the commercials. Ms. Katz stated that the footnote would be added.

### **INFORMATION ITEM MEDICAID ELIGIBILITY PROCESSING REPORT**

**MAXINE KATZ**

Ms. Katz, moving to the next and final report, Medicaid Eligibility, stated that the eligibility has remained consistent and was not affected by any data base changes. There have been some improvements in the percentage of approvals to submissions.

**Minutes of the May 14, 2013 Finance Committee Meeting**



Ms. Youssouf asked if it was the same issue as the previous reports whereby the data is "live."

Ms. Katz stated that there were no changes in the data base and that the data is from HRA. The report was concluded.

**ADJOURNMENT**

**BERNARD ROSEN**

There being no further business to discuss, the meeting was adjourned at 9:53 a.m.



**KEY INDICATORS  
&  
CASH RECEIPTS &  
DISBURSEMENTS  
REPORTS**



**KEY INDICATORS**  
**FISCAL YEAR 2013 UTILIZATION**

**Year to Date**  
**April 2013**

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	15,395	16,588	-7.2%	6.4	6.5	1.1184	1.0726
North Central Bronx	6,477	6,704	-3.4%	4.6	4.7	0.7634	0.7008
<u>Generations +</u>							
Harlem	9,677	8,821	9.7%	5.6	5.7	0.9782	0.9793
Lincoln	19,328	19,497	-0.9%	5.0	5.5	0.9125	0.9138
Belvis DTC	48,043	55,052	-12.7%				
Morrisania DTC	68,086	80,850	-15.8%				
Renaissance	48,223	56,206	-14.2%				
<u>South Manhattan</u>							
Bellevue	13,084	20,822	-37.2%	6.4	6.3	1.1425	1.0926
Metropolitan	10,514	9,755	7.8%	4.8	5.2	0.8297	0.7699
Coler	179,349	242,325	-26.0%				
Goldwater	235,850	261,571	-9.8%				
Gouverneur - NF	41,492	56,483	-26.5%				
Gouverneur - DTC	206,988	233,463	-11.3%				
<u>North Central Brooklyn</u>							
Kings County	20,465	20,053	2.1%	6.3	6.0	0.9997	1.0190
Woodhull	11,577	11,660	-0.7%	5.1	5.0	0.8476	0.8162
McKinney	94,632	95,918	-1.3%				
Cumberland DTC	75,119	81,435	-7.8%				
East New York	63,139	70,305	-10.2%				
<u>Southern Brooklyn / S I</u>							
Coney Island	7,561	13,846	-45.4%	6.5	6.2	1.0810	1.0574
Seaview	90,345	90,837	-0.5%				
<u>Queens</u>							
Elmhurst	19,699	20,382	-3.4%	5.6	5.4	0.9458	0.9284
Queens	10,683	10,811	-1.2%	5.6	5.3	0.9178	0.8796
<u>Discharges/CMI-- All Acutes</u>							
Discharges/CMI-- All Acutes	144,460	158,939	-9.1%			0.9678	0.9578
<u>Visits-- All D&amp;TCs</u>							
Visits-- All D&TCs	509,598	577,311	-11.7%				
<u>Days-- All SNFs</u>							
Days-- All SNFs	641,668	747,134	-14.1%				

**Notes:**

**Utilization**

Acute: discharges excl. psych and rehab; D&TC: reimbursable visits;

SNF: chronic and rehab days

**All Payor CMI**

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

**Average Length of Stay**

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

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

**FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)**

**Bellevue hospital** began evacuating on Oct 31,2012. Outpatient clinics and ambulatory services began to re-open in Nov, 2012. Inpatient services reopened in Feb 13 and hospital assumes normal operation on Feb 19,2013

**Coney Island hospital** began evacuating on Oct 27, 2012. Outpatient primary medical care services began to re-open in Nov, 2012 and ambulatory services began to re-open in Jan, 2013. Inpatient services and behavioral services began to re-open in Jan, 2013.

**KEY INDICATORS**

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

Year to Date  
April 2013

NETWORKS	FTE's VS 6/16/12	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	(23.0)	\$ 424,906	\$ 1,403	\$ 432,119	\$ 281	\$ 1,684	0.2%
North Central Bronx	(8.5)	<u>150,562</u>	<u>6,237</u>	<u>141,550</u>	<u>9,562</u>	<u>15,799</u>	<u>5.3%</u>
	(31.5)	\$ 575,467	\$ 7,641	\$ 573,669	\$ 9,842	\$ 17,483	1.5%
<u>Generations +</u>							
Harlem	(104.0)	\$ 265,927	\$ (9,892)	\$ 266,518	\$ (1,254)	\$ (11,146)	-2.1%
Lincoln	(57.5)	372,105	(17,217)	392,444	(915)	(18,132)	-2.3%
Belvis DTC	(2.0)	14,414	788	12,211	1,721	2,509	9.1%
Morrisania DTC	(2.5)	22,481	1,499	18,883	3,802	5,300	12.1%
Renaissance	(4.5)	<u>15,321</u>	<u>618</u>	<u>15,999</u>	<u>1,052</u>	<u>1,670</u>	<u>5.3%</u>
	(170.5)	\$ 690,247	\$ (24,204)	\$ 706,055	\$ 4,407	\$ (19,798)	-1.4%
<u>South Manhattan</u>							
Bellevue	(96.5)	\$ 453,621	\$ (132,243)	\$ 592,946	\$ (43,744)	\$ (175,987)	-15.5%
Metropolitan	(71.0)	233,616	(8,026)	233,248	12,765	4,739	1.0%
Coler	(45.5)	77,747	9,156	116,201	(41,043)	(31,887)	-22.2%
Goldwater	(78.0)	86,107	(18,886)	138,887	(35,085)	(53,971)	-25.8%
Gouverneur	(0.5)	<u>70,904</u>	<u>7,219</u>	<u>67,868</u>	<u>(198)</u>	<u>7,021</u>	<u>5.3%</u>
	(291.5)	\$ 921,995	\$ (142,781)	\$ 1,149,150	\$ (107,304)	\$ (250,085)	-11.9%
<u>North Central Brooklyn</u>							
Kings County	(177.5)	\$ 533,579	\$ (31,199)	\$ 525,661	\$ (133)	\$ (31,332)	-2.9%
Woodhull	(83.0)	284,138	(28,261)	310,798	(13,297)	(41,558)	-6.8%
McKinney	(12.0)	29,424	(5,481)	35,951	2,050	(3,431)	-4.7%
Cumberland DTC	(8.5)	25,223	(609)	25,006	(320)	(929)	-1.8%
East New York	(4.0)	<u>19,024</u>	<u>(972)</u>	<u>17,160</u>	<u>3,500</u>	<u>2,528</u>	<u>6.2%</u>
	(285.0)	\$ 891,389	\$ (66,522)	\$ 914,575	\$ (8,200)	\$ (74,722)	-4.0%
<u>Southern Brooklyn/SI</u>							
Coney Island	(64.0)	\$ 209,014	\$ (49,848)	\$ 303,724	\$ (24,769)	\$ (74,617)	-13.9%
Seaview	(14.0)	<u>35,953</u>	<u>561</u>	<u>39,615</u>	<u>(2,405)</u>	<u>(1,844)</u>	<u>-2.5%</u>
	(78.0)	\$ 244,967	\$ (49,287)	\$ 343,339	\$ (27,174)	\$ (76,461)	-12.5%
<u>Queens</u>							
Elmhurst	(11.5)	\$ 445,861	\$ (11,093)	\$ 428,436	\$ 27,189	\$ 16,096	1.8%
Queens	(51.0)	<u>263,712</u>	<u>(8,262)</u>	<u>284,121</u>	<u>(15,435)</u>	<u>(23,698)</u>	<u>-4.4%</u>
	(62.5)	\$ 709,572	\$ (19,356)	\$ 712,557	\$ 11,754	\$ (7,601)	-0.5%
<b>NETWORKS TOTAL</b>	<b>(919.0)</b>	<b>\$ 4,033,639</b>	<b>\$ (294,509)</b>	<b>\$ 4,399,345</b>	<b>\$ (116,675)</b>	<b>\$ (411,184)</b>	<b>-4.7%</b>
Central Office	(12.5)	384,636	9,616	209,543	19,047	28,663	4.7%
HHC Health & Home Care	(1.5)	26,579	(6,671)	26,017	5,831	(840)	-1.3%
Enterprise IT	<u>76.0</u>	<u>0</u>	<u>0</u>	<u>121,874</u>	<u>13,830</u>	<u>13,830</u>	<u>10.2%</u>
<b>GRAND TOTAL</b>	<b>(857.0)</b>	<b>\$ 4,444,853</b>	<b>\$ (291,564)</b>	<b>\$ 4,756,778</b>	<b>\$ (77,967)</b>	<b>\$ (369,531)</b>	<b>-3.9%</b>

**Notes:**

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

Bellevue hospital began evacuating on Oct 31, 2012. Outpatient clinics and ambulatory services began to re-open in Nov, 2012. Inpatient services reopened in Feb 13 and hospital assumes normal operation on Feb 19, 2013

Coney Island hospital began evacuating on Oct 27, 2012. Outpatient primary medical care services began to re-open in Nov, 2012 and ambulatory services began to re-open in Jan, 2013. Inpatient services and behavioral services began to re-open in Jan, 2013.

Residents and Grants are included in the reported FTEs. Reported FTEs are compared to 6/16/12.

**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 April 2013			Fiscal Year To Date April 2013		
	actual 2013	actual 2012	better / (worse)	actual 2013	actual 2012	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 65,676	\$ 80,028	\$ (14,351)	\$ 707,919	\$ 906,693	\$ (198,774)
Medicaid Managed Care	51,036	44,731	6,305	514,470	480,963	33,507
Medicare	30,309	44,415	(14,106)	416,440	471,626	(55,186)
Medicare Managed Care	22,286	17,860	4,425	188,862	209,775	(20,914)
Other	<u>19,997</u>	<u>19,866</u>	<u>131</u>	<u>177,894</u>	<u>193,647</u>	<u>(15,753)</u>
Total Inpatient	\$ 189,304	\$ 206,900	\$ (17,596)	\$ 2,005,584	\$ 2,262,704	\$ (257,120)
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 14,615	\$ 15,014	\$ (399)	\$ 141,763	\$ 166,897	\$ (25,134)
Medicaid Managed Care	39,619	84,830	(45,211)	345,580	364,132	(18,552)
Medicare	4,429	5,230	(801)	45,905	55,999	(10,094)
Medicare Managed Care	12,646	5,955	6,691	80,092	80,995	(903)
Other	<u>12,943</u>	<u>20,198</u>	<u>(7,255)</u>	<u>120,551</u>	<u>133,509</u>	<u>(12,958)</u>
Total Outpatient	\$ 84,251	\$ 131,227	\$ (46,975)	\$ 733,891	\$ 801,531	\$ (67,641)
<b>All Other</b>						
Pools	\$ 95,432	\$ (1,854)	\$ 97,286	\$ 429,604	\$ 329,265	\$ 100,338
DSH / UPL	-	-	0	878,435	883,056	(4,621)
Grants, Intracity, Tax Levy	30,874	17,507	13,367	297,564	206,706	90,857
Appeals & Settlements	(4,780)	25,693	(30,474)	35,082	13,719	21,363
Misc / Capital Reimb	<u>4,383</u>	<u>4,260</u>	<u>123</u>	<u>64,695</u>	<u>44,234</u>	<u>20,460</u>
Total All Other	\$ 125,908	\$ 45,606	\$ 80,301	\$ 1,705,379	\$ 1,476,981	\$ 228,398
<b>Total Cash Receipts</b>	<b>\$ 399,463</b>	<b>\$ 383,733</b>	<b>\$ 15,730</b>	<b>\$ 4,444,853</b>	<b>\$ 4,541,217</b>	<b>\$ (96,363)</b>
<b>Cash Disbursements</b>						
PS	\$ 184,239	\$ 185,702	\$ 1,463	\$ 2,052,166	\$ 2,060,335	\$ 8,168
Fringe Benefits	65,166	78,047	12,881	611,525	830,410	218,885
OTPS	108,497	92,423	(16,073)	1,096,561	1,022,592	(73,968)
City Payments	-	-	0	141,363	250,113	108,750
Affiliation	80,890	72,965	(7,925)	769,950	726,418	(43,533)
HHC Bonds Debt	<u>4,024</u>	<u>6,990</u>	<u>2,966</u>	<u>85,213</u>	<u>76,926</u>	<u>(8,287)</u>
<b>Total Cash Disbursements</b>	<b>\$ 442,816</b>	<b>\$ 436,127</b>	<b>\$ (6,689)</b>	<b>\$ 4,756,778</b>	<b>\$ 4,966,793</b>	<b>\$ 210,015</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ (43,353)</b>	<b>\$ (52,394)</b>	<b>\$ 9,041</b>	<b>\$ (311,925)</b>	<b>\$ (425,577)</b>	<b>\$ 113,652</b>

**Notes:**

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

Bellevue hospital began evacuating on Oct 31, 2012. Outpatient clinics and ambulatory services began to re-open in Nov, 2012. Inpatient services reopened in Feb 13 and hospital assumes normal operation on Feb 19, 2013.

Coney Island hospital began evacuating on Oct 27, 2012. Outpatient primary medical care services began to re-open in Nov, 2012 and ambulatory services began to re-open in Jan, 2013. Inpatient services and behavioral services began to re-open in Jan, 2013.



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

	Month of April 2013			Fiscal Year To Date April 2013		
	actual 2013	budget 2013	better / (worse)	actual 2013	budget 2013	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 65,676	\$ 99,616	\$ (33,940)	\$ 707,919	\$ 932,715	\$ (224,797)
Medicaid Managed Care	51,036	51,982	(946)	514,470	503,238	11,232
Medicare	30,309	41,687	(11,378)	416,440	454,026	(37,586)
Medicare Managed Care	22,286	23,404	(1,119)	188,862	215,431	(26,569)
Other	<u>19,997</u>	<u>19,191</u>	<u>806</u>	<u>177,894</u>	<u>196,724</u>	<u>(18,830)</u>
Total Inpatient	\$ 189,304	\$ 235,881	\$ (46,577)	\$ 2,005,584	\$ 2,302,134	\$ (296,550)
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 14,615	\$ 19,055	\$ (4,439)	\$ 141,763	\$ 177,668	\$ (35,906)
Medicaid Managed Care	39,619	33,288	6,331	345,580	361,909	(16,329)
Medicare	4,429	5,476	(1,047)	45,905	59,384	(13,478)
Medicare Managed Care	12,646	6,091	6,555	80,092	78,989	1,103
Other	<u>12,943</u>	<u>12,834</u>	<u>109</u>	<u>120,551</u>	<u>136,367</u>	<u>(15,816)</u>
Total Outpatient	\$ 84,251	\$ 76,742	\$ 7,509	\$ 733,891	\$ 814,317	\$ (80,426)
<b>All Other</b>						
Pools	\$ 95,432	\$ 96,087	\$ (655)	\$ 429,604	\$ 426,298	\$ 3,305
DSH / UPL	-	-	0	878,435	878,435	0
Grants, Intracity, Tax Levy	30,874	25,452	5,422	297,564	224,851	72,713
Appeals & Settlements	(4,780)	-	(4,780)	35,082	32,904	2,178
Misc / Capital Reimb	<u>4,383</u>	<u>4,635</u>	<u>(253)</u>	<u>64,695</u>	<u>57,478</u>	<u>7,216</u>
Total All Other	\$ 125,908	\$ 126,174	\$ (266)	\$ 1,705,379	\$ 1,619,966	\$ 85,413
<b>Total Cash Receipts</b>	<b>\$ 399,463</b>	<b>\$ 438,797</b>	<b>\$ (39,334)</b>	<b>\$ 4,444,853</b>	<b>\$ 4,736,417</b>	<b>\$ (291,564)</b>
<b>Cash Disbursements</b>						
PS	\$ 184,239	\$ 183,472	\$ (767)	\$ 2,052,166	\$ 2,052,059	\$ (108)
Fringe Benefits	65,166	66,059	893	611,525	637,095	25,571
OTPS	108,497	103,788	(4,709)	1,096,561	1,003,927	(92,634)
City Payments	-	-	0	141,363	140,072	(1,291)
Affiliation	80,890	75,163	(5,727)	769,950	759,764	(10,186)
HHC Bonds Debt	<u>4,024</u>	<u>3,039</u>	<u>(985)</u>	<u>85,213</u>	<u>85,895</u>	<u>682</u>
<b>Total Cash Disbursements</b>	<b>\$ 442,816</b>	<b>\$ 431,521</b>	<b>\$ (11,295)</b>	<b>\$ 4,756,778</b>	<b>\$ 4,678,811</b>	<b>\$ (77,967)</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ (43,353)</b>	<b>\$ 7,276</b>	<b>\$ (50,629)</b>	<b>\$ (311,925)</b>	<b>\$ 57,606</b>	<b>\$ (369,531)</b>

**Notes:**

**FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)**

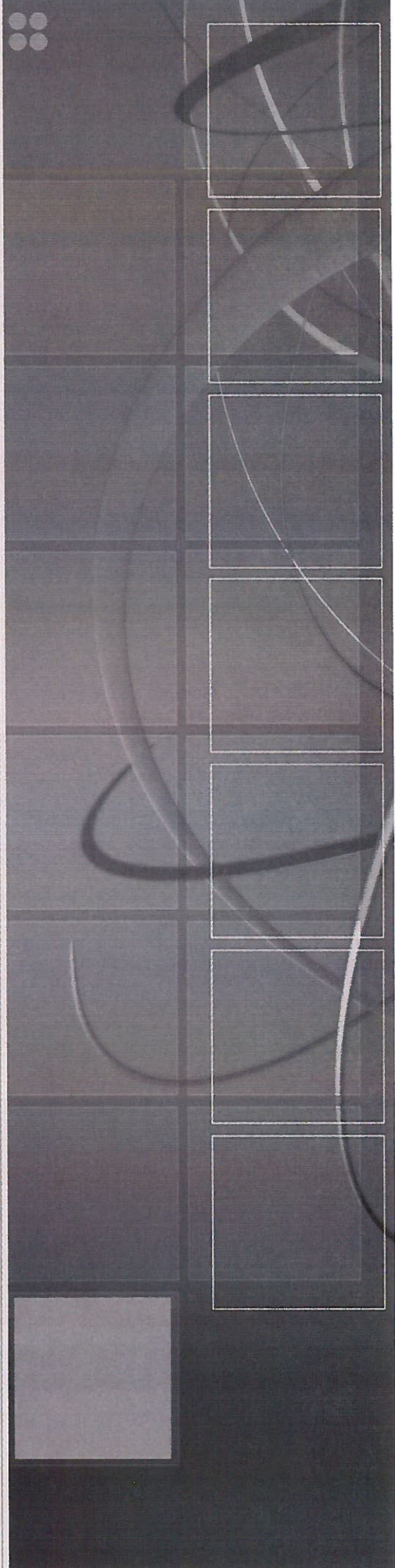
**Bellevue hospital** began evacuating on Oct 31, 2012. Outpatient clinics and ambulatory services began to re-open in Nov, 2012. Inpatient services reopened in Feb 13 and hospital assumes normal operation on Feb 19, 2013.

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**Annual Deficit in budgeted receipts vs. disbursements is funded through reserves**



# INFORMATION ITEM



# NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

## Statement of Revenue and Expenses

Periods ended March, 2013 and 2012

(in thousands)

	HHC		MetroPlus		Inter-Company Elimination Entries		Totals		Variance
	2013	2012	2013	2012	2013	2012	2013	2012	
Operating revenues:									
Net patient service revenue	\$ 3,792,919	4,208,239	-	-	(566,625) <sup>(1)</sup>	(532,535) <sup>(1)</sup>	3,226,294	3,675,704	(449,410)
Appropriations from (remittances to) the City, net	(16,576)	(5,879)	-	-	-	-	(16,576)	(5,879)	(10,697)
Premium revenue	-	-	1,672,052	1,350,833	(12,492) <sup>(2)</sup>	(11,502) <sup>(2)</sup>	1,659,560	1,339,331	320,229
Grants revenue	308,098	171,866	-	(25)	-	-	308,098	171,841	136,257
Other revenue	30,385	31,431	4	31	-	-	30,389	31,462	(1,073)
Total operating revenues	<u>4,114,826</u>	<u>4,405,657</u>	<u>1,672,056</u>	<u>1,350,839</u>	<u>(579,117)</u>	<u>(544,037)</u>	<u>5,207,765</u>	<u>5,212,459</u>	<u>(4,694)</u>
Operating expenses:									
Personal services	1,835,304	1,786,202	41,356	35,524	-	-	1,876,660	1,821,726	54,934
Other than personal services	1,083,705	1,028,398	1,547,556	1,233,013	(566,625) <sup>(1)</sup>	(532,535) <sup>(1)</sup>	2,064,636	1,728,876	335,760
Fringe benefits and employer payroll taxes	869,721	820,062	16,752	14,793	(12,492) <sup>(2)</sup>	(11,502) <sup>(2)</sup>	873,981	823,353	50,628
Postemployment benefits, other than pension	293,240	516,968	5,470	7,462	-	-	298,710	524,430	(225,720)
Affiliation contracted services	678,005	653,452	-	-	-	-	678,005	653,452	24,553
Depreciation	189,342	189,705	1,638	1,350	-	-	190,980	191,055	(75)
Total operating expenses	<u>4,949,317</u>	<u>4,994,787</u>	<u>1,612,772</u>	<u>1,292,142</u>	<u>(579,117)</u>	<u>(544,037)</u>	<u>5,982,972</u>	<u>5,742,892</u>	<u>240,080</u>
Operating income (loss)	<u>(834,491)</u>	<u>(589,130)</u>	<u>59,284</u>	<u>58,697</u>	<u>-</u>	<u>-</u>	<u>(775,207)</u>	<u>(530,433)</u>	<u>(244,774)</u>
Nonoperating revenues (expenses):									
Investment income	2,292	7,332	1,055	1,163	-	-	3,347	8,495	(5,148)
Interest expense	(72,461)	(75,050)	-	-	-	-	(72,461)	(75,050)	2,589
Noncapital contributions	1,680	732	-	-	-	-	1,680	732	948
Total nonoperating revenues (expenses)	<u>(68,489)</u>	<u>(66,986)</u>	<u>1,055</u>	<u>1,163</u>	<u>-</u>	<u>-</u>	<u>(67,434)</u>	<u>(65,823)</u>	<u>(1,611)</u>
Income (Loss)	<u>\$ (902,980)</u>	<u>(656,116)</u>	<u>60,339</u>	<u>59,860</u>	<u>-</u>	<u>-</u>	<u>(842,641)</u>	<u>(596,256)</u>	<u>(246,385)</u>

Note: The following are the revenue losses and incurred expenses for Bellevue Hospital Center and Coney Island Hospital due to Superstorm Sandy:

Net patient service revenue-Inpatient	\$ 273,000
Net patient service revenue-Outpatient	48,000
Total Net patient service revenue	\$ 321,000
Other than personal services	83,000
Total revenue and expense impact	<u>\$ 404,000</u>

- (1) Represents payments by Metroplus to HHC for medical services. Revenue and expenses are eliminated for consolidation purposes.  
 (2) Represents health benefits paid to Metroplus for HHC employees. Revenue and expenses are eliminated for consolidation purposes.