

# AGENDA

## FINANCE COMMITTEE

MEETING DATE: NOVEMBER 12, 2014

TIME: 9:15 A.M.

LOCATION: 125 WORTH STREET

BOARD ROOM

## BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE OCTOBER 7, 2014 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS & CASH RECEIPTS/DISBURSEMENTS REPORTS

KRISTA OLSON  
FRED COVINO

INFORMATION ITEMS:

1. INPATIENT, ADULT & PEDIATRICS PAYOR MIX REPORTS

KRISTA OLSON

2. HEALTH EXCHANGE NYS UPDATE

DANIELLE HOLAHAN

OLD BUSINESS  
NEW BUSINESS  
ADJOURNMENT

BERNARD ROSEN

# MINUTES

MEETING DATE: OCTOBER 7, 2014

## FINANCE COMMITTEE BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on October 7, 2014 in the 5<sup>th</sup> floor Board Room with Bernard Rosen presiding as Chairperson.

### ATTENDEES

#### COMMITTEE MEMBERS

Bernard Rosen  
Ramanathan Raju, MD  
Steven Banks, Commissioner, HRA  
Josephine Bolus, RN  
Emily Youssouf  
Patsy Yang, (Representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)

#### OTHER ATTENDEES

J. DeGeorge, Analyst, State Comptroller's Office  
M. Dolan, Senior Assistant Director, DC 37  
C. Fiorentini, Analyst, NYC IBO  
R. McIntyre, Account Executive, Siemens  
K. Raffaele, Analyst, OMB  
R. Scalfano, Chief Financial Officer, Surgical Solutions  
E. Stinson, CEO, Surgical Solutions  
D. Woodroffe, Analyst, OMB

#### HHC STAFF

B. Ancona, Chief Financial Officer, (CFO), Gouverneur Healthcare Services  
P. Albertson, Senior Assistant Vice President, Corporate Operations/Procurement  
N. Agovino, Associate Executive Director, Bellevue Hospital Center  
D. Benjamin, Restructuring Project Management Officer  
M. Brito, CFO, Coler/Hank Carter Hospital & Nursing Facility  
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel  
T. Carlisle, Associate Executive Director, Corporate Planning

## MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING

E. Casey, Assistant Director, Corporate Planning  
D. Cates, Chief of Staff, Board Affairs  
O. Sinclair-Chung, Chief Nursing Director, Kings County Hospital Center  
A. Cohen, CFO, Southern Manhattan Health Network  
S. Consolacion, Associate Director, Kings County Hospital Center  
F. Covino, Corporate Budget Director, Corporate Budget  
J. Cuda, Chief Financial Officer, MetroPlus Health Plan, Inc.  
V. Fleming, Assistant Controller, Coney Island Hospital  
L. Free, Assistant Vice President, Corporate Managed Care  
M. Genee, Deputy Corporate Comptroller, Corporate Comptroller's Office  
T. Green, CFO, Metropolitan Hospital Center  
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care  
J. John, CFO, Central Brooklyn Health Network  
M. Katz, Senior Assistant Vice President, Corporate Revenue Management  
D. Larish, Director, Corporate Contracting  
P. Lockhart, Secretary to the Corporation, Office of the Chairman  
P. Lok, Director, Corporate Reimbursement Services  
N. Mar, Director, Debt Financing/Reimbursement Services  
R. Mark, Chief of Staff, Office of the President  
H. Mason, Deputy Executive Director, Kings County Hospital Center  
W. McDonagh, Associate Executive Director/Nursing, Elmhurst Hospital Center  
K. McGrath, Senior Director, Corporate Communications/Marketing  
A. Moran, CFO, Elmhurst Hospital Center  
D. Moskos, Director, Office of Facilities Development  
K. Olson, Assistant Vice President, Corporate Budget  
C. Parjohn, Director, Internal Audits  
K. Park, Associate Executive Director, Queens Health Network  
N. Peterson, Senior Associate Director, Woodhull Medical & Mental Health Center  
J. Quinones, Senior Assistant Vice President, Corporate Contracting/Management  
R. Rossdale, Deputy Executive director, Queens Hospital Center  
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs  
C. Samms, CFO, Generations Plus/Northern Manhattan Network  
S. Shaw, Assistant Director, Corporate Budget  
W. Saunders, Assistant Vice President, Intergovernmental Relations  
B. Stacey, Chief Financial Officer, Queens Health Network  
J. Wale, Senior Assistant Vice President, Office of Behavioral Health  
R. Walker, CFO, North Brooklyn Health Network  
S. Walters, Deputy CFO North Bronx Health Network  
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office  
R. Wilson, Senior Vice President/CMO, Medical & Professional Affairs  
M. Zurack, Senior Vice President/CFO, Corporate Finance

## MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING

### CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the September 9, 2014 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 the reporting would include the status of HHC's cash flow and the financing for a capital lease. Last year a resolution was presented to this Committee and was subsequently approved by the Board authorizing HHC to obtain capital lease funding up to \$40 million for equipment purchases. HHC through its financial advisors and a variety of activities attempted to obtain bank financing. An RFP was issued and there was only one respondent who subsequently withdrew. It would appear that this type of financing has become less favorable due to the banks concerns relative to hospitals financial viability. Consequently, HHC must pursue bond financing as oppose to lease financing. In the case of the bond financing, HHC has the lockbox mechanism; capital funds with the City replenishment guarantee, etc. Within the next two months, Finance will present a resolution to this Committee. However, HHC is exploring the potential of a private placement which would be both cheaper and quicker for under \$100 million. Simultaneously, HHC's Office of Facilities Development in conjunction with corporate finance have developed a capital list of items that require financing and the list will be presented to OMB as well for potential City financing.

Ms. Youssouf asked if that list would be shared with the Committee to which Ms. Zurack responded in the affirmative.

Ms. Youssouf asked if HHC is planning to do an RFP for the private placement or only for particular underwriters.

Ms. Zurack stated that it is not yet decided at this time or whether there will be any interest. However, HHC will work with the underwriters that were narrowed down to a pool of three seniors and two of the three had a deal and one has not.

### Cash Flow

Ms. Zurack reported that as of that week, HHC's cash balance was \$293 million or 18 days of cash on hand (COH). There are ongoing regular meeting with the State and the Federal governments regarding HHC's request for more than \$2 billion in UPL payments from calendar year 2011 through 2014. There are a number of changes taking place relative to the federal government's review of those payments. This issue is being addressed at every appropriate level within HHC, the State and the Federal governments to move these payments. If these payments are not received HHC will go very low on cash in November 2014 at least \$300 million is needed immediately.

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Mr. Rosen asked what the total amount of the UPL payments for the four years is. Ms. Zurack stated that it totals approximately \$500 million per year in and out. HHC is negotiating with the Federal on getting a down payment on the overall payment in excess of \$300 million by November 1, 2014. In order to achieve that request, CMS must give NYS a state plan amendment approval by October 14, 2014 which the federal is aware of and have indicated as recently as October 6, 2014 that a response is expected shortly. It is a very complex situation in comparison to prior years which in essence included a baseline payment in comparison to the current request for a new calculation for each year. In order to do this CMS must reconcile all of the Medicaid spending in the State which is a massive accounting process. Additionally, there are some members of Congress who are not necessarily supportive of this idea of funding public hospitals or the uninsured individuals and have interjected new issues in the process that must be addressed and resolved by CMS as part of a full accountability of how much HHC is paying for these services. That process will require a significant amount of documentation that is being prepared by corporate reimbursements services.

Ms. Youssouf asked if those payments were retroactive. Ms. Zurack stated that they are not given that the state plan amendments (SPAs) were not yet approved.

Mr. Rosen added that the process appears to be a very tedious task having to recalculate each year which was not required in the past. Ms. Zurack agreed adding that the purpose of providing the Committee with the background was to provide the context of the pressure from the individuals in Congress who are not supportive of HHC and its mission and who are now playing a major role in the process and being done by GAO. The process has changed significantly and the Board should be aware of the issues and where they reside given that HHC receives more than 50% of its funding from the federal government.

Mr. Rosen asked if the UPL is comprised of just HHC and the federal government or City and Federal.

Ms. Zurack stated that the funding is 50/50, city and federal but that the State owns the process in that the payment is in state law. The state plan amendments are submitted by NYSDOH and the federal government requires the State to provide documentation, data and justification prior to approval. There is no State funding included.

Dr. Raju stated that it is a complex situation that involves an enormous amount of time responding to these requests. Each time the rules change there is a request for a new calculation and Ms. Zurack and Ms. Dehart, Assistant Vice President, Corporate Reimbursement Services have been extremely responsive in the process given the frequency of the changes. Some of these issues are political as Ms. Zurack indicated. Some Congressmen are not supportive of allowing these funds to go to the public health system and are therefore scrutinizing the process more than usual.

Ms. Zurack stated that post the ACA there is an expectation that the problem with the uninsured would be resolved given the exchanges and that people now have access to affordable health

## **MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING**

insurances. In some states there was a dramatic decline in the uninsured due to the expansion of Medicaid, whereas in NYS the Medical eligibility rules did not change as much. Consequently, there is a perception that given the ACA the DSH and UPL funds are less necessary. NYS in the past received 14% - 15% of the nation's disproportionate share (DSH) funding while having only 8% of the uninsured. The State had to put up a match to get the funding whereas other states with more uninsured did not and did not claim those funds which were open-ended that subsequently got base-lined and budgeted as an allocation limit. As the ACA gets implemented the DSH gets cut which will result in competition for those funds regionally and the fact that NYS got a greater portion of the funding relative to its uninsured population is problematic. The Federal and State DSH are shared amongst all of the hospitals. The definition of DSH has changed which is also in issue. The UPL mechanism was used to supplement the already inadequate nature of the DSH funding. There are a number of things that are not covered by DSH such as outpatient pharmacy costs are disallowed. Similarly HHC takes uninsured in its nursing homes but it is disallowed. Given those shortfalls in funding the pool of funds that will be available must now be shared with all of the hospitals.

Ms. Youssouf stated that at the Audit Committee last week the question was asked of HHC's independent auditing firm, KPMG what the normal average number of days of cash on hand is and the response was that it is 100 days compared to 40 days in NY which makes HHC's COH more concerning and should be used as part of the augment with CMS. Ms. Zurack agreed and the reporting was concluded.

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

**KRISTA OLSON/FRED COVINO**

### **FY 15 BUDGET ALLOCATIONS**

Mr. Covino brought to the attention of the Committee the FY 15 budget allocation included in the package, pages B1 – B4 detailing the facilities budget that will be reflected as part of the monthly reporting performance against those budgets. Some of the major assumptions included the following: a \$300 million initial reserve as reflected in the central office total which is a change from previous years whereby this was not identified. The budget assumes that the workload will be consistent with the FY 14 levels with two exceptions; an increase in the Exchange enrollments of \$27 million and \$128 million adjustments in the facilities budgets for increases in revenue. If there are reductions in workload there will be deficits in the revenue budget. Additionally, the budget includes the receipt of all the outstanding UPL payments as reported by Ms. Zurack totaling \$2 billion for FY 15.

Ms. Youssouf asked if the budget was done with the assumption that those funds would not be received. Mr. Covino stated that if those payments are not forthcoming, the payment revenue would be reduced or other funding mechanisms would be explored.

Ms. Youssouf asked if those assumptions were factored into the budget as well which would be the opposite of getting the UPL monies.

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Ms. Zurack stated that the immediate problem for HHC is getting those monies before April 1, 2015. Therefore, all of the details have not been fully disclosed. There is an issue with the UPL payments whereby the federal government wants the state to change the nature of the payments which would require a change in the state law that would mean that those payments that HHC would have received in the coming months will exceed April 1, 2015 when the session is over and State budget is passed. However, HHC is negotiating to have some of these payments before April 1, 2015. Therefore, the expectation of not receiving those payments is not assumed as part of the budget exercise but rather delays.

Ms. Youssouf asked if the expectation is that HHC will receive all of the payments totaling \$2 billion this FY 15. Ms. Zurack responded in the affirmative.

Mr. Covino stated that included in the budget is the receipt of \$100 million in DSH funding earlier than scheduled with an additional \$43 million in October 2014. Disbursements include an increase in FTEs of 280 during the FY 15. The initial budget does not include collective bargaining (CB) as the settlements are ratified with the unions the funding will be transferred from the reserve into the facilities budget. To-date, HHC has received \$95.5 million from the City to fund the recent settlements for 1119, DC 37 and NYSNA. OTPS is \$1.3 billion for FY 15 which reflects a 6.5% reduction in the FY 14 actual expenses and if those reductions are not achieved, there will be deficits in the OTPS budget.

Mrs. Bolus asked if the collective bargaining funding received from the City of \$95.5 million covered the actual expenses for those unions' settlements and whether HHC would have to bear some of the cost.

Mr. Covino stated the monies allocated for those settlement agreements were done in two ways. The direct cash of \$95.5 million and anticipated reduction in health insurance of \$37 million those two funding allocations fully funded the CB for those unions.

Mr. Rosen asked if the payments to the City totaling \$358 million included debt service, medical malpractice, etc. that would be made by the end of the FY. Mr. Covino responded in the affirmative. The reporting on the FY 15 Budget Allocations was concluded.

Ms. Olson reporting on the Key Indicators through August 2014, FY 15 stated that utilization actual through the period showed a continuation of the downward utilization trends that was experienced in the prior FY 14. Billed ambulatory care visits were down by 2.5%; D&TC visits were down by 3.3%; discharges were down by 5.4% of which half of the decline is due to a reduction in one-day stays and readmissions. Nursing home days are down by .9% which is a significant improvement over last year's decline.

Ms. Youssouf noted that some of the declines were very significant particularly at Metropolitan and the increase at Gouverneur.

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Ms. Olson stated that the decline at Metropolitan of 31.9% was due primarily to a change in observation beds whereby there was a shift in the billing of some of the discharges and inpatient stays to observation beds.

Mrs. Bolus asked for clarification of the shift/change from a financial perspective.

Ms. Olson stated that the change resulted in a different level of revenue. Metropolitan has experienced a reduction in one-day stays and readmissions of 50% - 60% due to operational, programmatic and clinical reasons. However, the issue is being reviewed closely given the impact on the hospital's revenue.

Mrs. Bolus asked if the observation beds were in the emergency department. Ms. Olson stated that the beds are not designated in the emergency department but rather it is a "scattered observation bed unit."

Mrs. Bolus asked for clarification of the "scattered bed."

Ms. Green came forward stating that Metropolitan has undertaken a scattered bed approach in that the patients come through the ED and after a determination has been made on whether the patient should not be admitted, the patient is sent to another unit/floor where the patient is seen by the same staff from the ED and based on the patient's diagnosis, the patient is sent to medicine or another unit where the patient is treated but not admitted and subsequently release from that unit.

Mr. Rosen added that if the patient is not admitted there is no discharge. Ms. Green replied in the affirmative adding that one and two day stays have decreased significantly.

Ms. Zurack stated that there was one major change that occurred last year, whereby Medicare issued the Two Midnight Rule that has been discussed at the Finance Committee and a number of the hospitals in preparation for the ultimate implementation of that Rule have taken this approach. As part of that process, CMS has advised that an admission would only be for conditions that a physician would anticipate would require a stay of longer than two midnights. Therefore, the facilities in complying with that Rule have begun putting patient in observation status if the care requires testing beyond what would be done in the ED which would be billed as an observation rate that is much lower than an admission rate which is what the regulators are pushing the hospitals towards.

Mr. Rosen asked if when the patient is placed in observation the hospital gets reimbursements.

Ms. Green stated that the facility gets reimbursed at the observation rate. On average MetroPlus pays \$1,200.00 per observation whereas if the patient was admitted the discharge would be on average \$10,000.

Ms. Zurack stated that the change is due in part to one of the problems with the change in reimbursement by NYS whereby short stay outlier payments and inlier in recognition for any condition



## MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING

in some cases are harder than others and some cases are cheaper than others; and the short stays are cheaper than the long stays that were paid at a higher rate. The State changed that reimbursement and converted to the CMS payment structure of a single payment. However, entities such as Recovery Audit Contractors (RAC) and Island Peer Review Organization (IPRO) who review the medical records and determine medical necessity have taken on the lower LOS cases and have questioned the decision to admit due to the length of the stay that could have been done on an outpatient basis whereas the cases no longer support the admission. However, as discussed in many health care arenas, trade associations, hospitals, etc., the reimbursement system did not adapt to this change imposed by the regulators. To resolve this issue the inlier rate would need to be increased and switched to an observation rate as oppose to taking advantage of the averaging that occurs in DRGs.

Ms. Youssef added that it would appear that it was done intentionally to cut cost. Ms. Zurack agreed that it was part of the budget cuts and there will be ongoing discussions regarding this issue.

Mr. Rosen asked how long the average observation stay is. Ms. Green stated that it is 48 hours or less.

Ms. Youssef asked if Metropolitan was the only hospital within HHC doing this. Ms. Olson stated that here are other facilities with observation beds, Woodhull, Lincoln, Harlem, Bellevue, Elmhurst, Coney Island and Kings County; however, the size and number vary by facility.

Ms. Youssef asked why Metropolitan has the largest reduction compared to the other HHC facilities. Ms. Olson stated that it is an issue that is being addressed by the facility.

Ms. Zurack stated that the other facilities are already in the baseline which was done a few years ago.

Ms. Olson in response to Ms. Youssef's query regarding the significant increase at Gouverneur stated that the facility underwent a major modernization last year that included the closure of some floors that were recently reopened. The reduction at Henry J. Carter was due in part to the reduction in beds and a lag in the phase-in of the long term care (LTC) beds. Continuing with the reporting, the ALOS, there were two facilities above and two below the corporate average. In total the acute LOS excluding one-day stays was up slightly compared to last year 5.0% and 4.8% respectively. The CMI was down by 1.2% compared to last year.

Mr. Covino continuing with the reporting stated that FTEs were up by 82 with anticipated growth of up to 280 FTEs for the current FY 15. As previously reported by Ms. Olson, Gouverneur has reopened floors and beds that will require an additional 90 FTEs; Jacobi and NCB an additional 33 FTEs due to the restoration of the labor and deliver unit at NCB; Enterprise IT will increase staff by 76 FTEs for electronic medical record (EMR) consultants; Coney Island will increase by 8 FTEs for the reopening of the HomeCrest clinic on Staten Island. Additionally, there are two grants that will be implemented this fiscal year that will increase the headcount significantly, the hospital medical home (HMH) grant by 50 FTEs and the Center for Medicare and Medicaid Innovation (CMMI) by 24 FTEs.

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Ms. Youssef asked if the grant funds are for one year. Mr. Covino stated that the HMM grant was awarded over the last several years with the intent of start-up funds to-date \$27 million has been received with \$50 million for one year.

Ms. Olson stated that in terms of the staffing for the hospital medical home program, the State has agreed to an ongoing reimbursement mechanism. Therefore, if these FTEs are hired and the certification is approved, HHC will be able to bill for case management which is the intent of the program.

Ms. Youssef asked for clarification of the agreement with the State for the reimbursement of the HMM.

Ms. Olson stated that the State has put in place a reimbursement mechanism that if HHC gets certified but in order to get certified HHC has to hire the staff and upon certification the billing for case management can begin but there is no guarantee until the program is certified.

Mr. Covino continuing with the reporting stated that receipts were \$38 million worse than budgeted and disbursements were \$400,000 better than budgeted. Comparisons of the current year actual to the prior year actual, receipts were \$30.48 million less than last year. Last FY through August 2014, HHC received two large payment advances, \$100 million from MetroPlus for the risk pools; and \$90 million in SLIPA payments. This year there were a couple of payments but not as large as last year; \$100 million in DSH payments and \$60 million for tax levy payment from the City. Expenses were \$39 million more than last year due to an increase in PS expenses of \$15.5 million due to collective bargaining and OTPS expenses were up by \$10 million. Pharmaceuticals were up by \$5 million and affiliations were up by \$15.5 million; however, it should be noted that the affiliation payment mechanism was change whereby the annual payment previously divided by two payments per month for 24 payments per year to biweekly payments totaling 26 payments per year. Therefore, this year's actual reflect an extra payment due to that change.

Ms. Youssef noted that the affiliation increase was due to timing to which Mr. Covino responded in the affirmative, adding that the payments will increase slightly but the current variance is due to that change. Comparing the actual to budget, inpatient receipts were down by \$39.6 million due to utilization declines; outpatient receipts were down by \$3 million and all other was up by \$4 million due to the increase in tax levy that was not anticipated in the budget. Expenses were on budget for the first two month of the current FY 15.

Mr. Rosen asked if the \$100 million in DSH funding would be through August 2014 for the DSH and UPL. Mr. Covino stated that the budget assumed that payment but it was not advanced. The payment was rescheduled to match the actual receipt. The reporting was concluded.

**INFORMATION ITEM**

**JOSEPH QUINONES**

## MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING

### SURGICAL SOLUTIONS INSTRUMENT & SCOPE MAANGEMENT PROGRAM

Mr. Quinones, Senior Assistant Vice President, Contract Administration & Management in providing an overview of the purpose of the presentation to the Committee stated that in 2013 the Corporation issued an RFP for surgical solutions for services that would be discussed as part of the presentation. A resolution was presented to the Board at which time the Board raised some concern regarding the company, Surgical Solutions and whether it had the financial resources to support a system the size of HHC. At the recommendation of the Board three facilities, Bellevue, Elmhurst and Kings County were approved to move forward with the vendor and report back to the Board on the performance of the key indicators at those three facilities which is the purpose of the presentation. There were representatives from the facilities and from Surgical Solutions, Eric Stinson, Chief Executive Officer and Russell Scalfano, Chief Financial Officer. As part of the contractual engagement, Surgical Solutions provides the facilities with capital equipment for endoscopic and laparoscopic procedures; provides the surgeon's preference of surgical towers, video processors, scopes, light sources, cables, workstations; disposable supplies for laparoscopic procedures trocars, clip appliers, scissors, verres needles, hasson trocars; technical support - technicians are available for video and scope troubleshooting throughout the procedure and on call 24/7; equipment maintenance and repair management surgical solutions technicians repair malfunctioning equipment to manufacturer's specifications and provide loaner instrumentation if required to assure all procedures are conducted on schedule at the flat procedure rate; off-site and bedside procedures; technicians will support endoscopy procedures in the ICU, OR, ER and other patient units as requested to conduct procedures. In July 2013, Elmhurst, Kings County and Bellevue were the three facilities that were approved to move forward with the contract with Surgical Solutions. In terms of full disclosure, Bellevue has contracted with Surgical Solutions since 2008; in September 2013 the program began at Elmhurst and January 2014 at Kings County. Bellevue Hospital laparoscopy scope procedures increased 70% in Fiscal Year '14 (Sept. 30, 2013 – August 24, 2014) from the baseline of Fiscal Year 2008. Bellevue Hospital endoscopy scope procedures increased 31% in Fiscal Year '14 (Sept. 30, 2013 – August 24, 2014) from the baseline of Fiscal Year 2008. Elmhurst Hospital's laparoscopy scope procedures has increased 37% in Fiscal Year '14 (Sept. 23, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013. Elmhurst Hospital's endoscopy scope procedures increased 19% in Fiscal Year '14 (Sept. 23, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013. Kings County Hospital's laparoscopy procedures has increased 15% in Fiscal Year '14 (Jan. 20, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013. Kings County Hospital's endoscopy procedures has increased 15% in Fiscal Year '14 (Jan. 20, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013. Bellevue Hospital, Elmhurst Hospital and Kings County Hospital experienced 100% readiness by Surgical Solutions for OR start time and on schedule OR turnover. OR and Endoscopy Suites work flow has been improved: provided technicians 24/7 to troubleshoot, update, and assure equipment is readily available to complete procedure; minimizing the rate of lost trays, missing instruments, and malfunctioning equipment; provided personnel to participate in Breakthrough RIE to improve procedure room turnover.

Mr. Quinones stated that in terms of Surgical Solutions current performance the numbers are substantial in comparison to the baseline in each area. Surgical Solutions supplied capital equipment without an upfront capital expense to HHC facilities totaling the following: Bellevue - \$2,709,551, Elmhurst - \$1,965,134, Kings- \$3,991,120.

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Ms. Youssouf asked if the facilities could validate the increase in volume and the performance of the services provided by Surgical Solutions. Mr. Quinones stated that starting with the representative from Bellevue, Mr. Agovino.

Mr. Agovino stated that the response would be positive for Bellevue. The equipment availability, turnaround time, reduction in turnover time in the ORs and endoscopy suites have enable the physicians to do more work with the availability of the equipment in addition to the staff that Surgical Solution provides to maintain the equipment. Recently Bellevue became the Bariatric Center of Excellence and approximately 30 cases are done per week in the laparoscopy and endoscopy.

Ms. Youssouf asked if the data for Bellevue included the impact of the storm whereby the facility was closed and whether the numbers were inflated due to the result of that impact.

Mr. Agovino stated that the data included averages and projections factored into those statistics that would have excluded the year of the storm. Surgical Solutions was sent to the facilities where the Bellevue patients were transferred during the closure to perform their work.

Mr. Quinones stated that the data was from the baseline year of 2008 for the period 9/30/2013-8/2014 which excludes the year of the storm. The representative from Elmhurst, Mr. McDonagh would be next.

Mr. McDonagh stated that as Mr. Agovino stated the same applied to Elmhurst. Additionally, what Surgical Solutions brings to that increase is the confidence the physicians have during a critical time that the technical support and the proper equipment to treat the patient is available on the spot without hesitation. The representative from Kings County, Ms. Chong agreed with the representatives from the other two facilities adding the on-time start has improved given that there are no delays relative to the equipment and having the Surgical Solution staff on site has added significantly to the flow.

Mr. Quinones stated that there has been a 100% readiness at all three facilities by Surgical Solutions in the OR start times and scheduled OR turnover. This is due primarily to having a 24/7 troubleshooters so that anytime if there is an issue with a patient in those areas it is resolved immediately. Surgical Solutions has been endorsed by the medical and nursing staff at those three facilities. The next steps given the performance of Surgical Solutions, the request will be to implement the program at the remaining facilities with the exception of Jacobi. The facilities have all expressed an interest in having these services. If approved the appropriate cost analysis would be prepared to ensure that the expected savings are achievable and clinically to ensure that the program can be utilized and used to improve the flow in those areas. A resolution would be needed for those facilities with the supporting documentation to implement the program.

Ms. Youssouf stated that the concern in moving forward is that it appears to be an outsourcing of everything at HHC and the Board would need to have a discussion regarding this before any approval can be granted to move forward at the other facilities. The Committee agreed.

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Mr. Rosen asked if HHC's physicians and nurses are doing the work using Surgical Solutions equipment and technicians.

Mr. Stinson responded in the affirmative adding that as far as an outsourcing implication Surgical Solutions does not do what HHC staff does and is not contracted as an outsourcing of those services and has not replace or took any job from an HHC employee.

Mr. Rosen noted that Surgical Solutions is not being viewed as an outsourcing.

Mrs. Bolus added that it was not clear in terms of what had been stated relative to what Surgical Solutions is doing if HHC is doing everything that should be done during those procedures.

In response to Mrs. Bolus' questions, the representatives from the three facilities, Bellevue, Kings County and Elmhurst all explained that there is a distinct benefit to those facilities through the services and equipment provided by Surgical Solutions. The facilities have the assurance the required instruments necessary to perform the various procedures are available. The scope of work that is provided by Surgical Solutions includes the following: **pre-operative set-up**, the technicians set up the room with the required scope (s) for the procedure. The scope is tested for proper functioning of video, suction and air/water output so that it is ready for the physician without any further preparation. **Intra-operative support**, technicians are available for video and scope troubleshooting throughout the procedure, including printer and photo support and picture-in-picture set up for procedures such as Endoscopic Ultrasound. The technicians will also perform scope switches as necessary for multiple scope procedures such as EGD/Colonoscopy. **Post-Procedure Room Turnover** - technicians work with facility housekeeping staff to expedite the room turnover process. There is cart cleaning, endoscope pre-cleaning, removal of the soiled instrument(s) and returning any equipment configurations to the correct setting for the next procedure is done at this time. The technician will transport the instrument(s) to the decontamination area for processing. **Equipment Maintenance and Repair Management** - technicians troubleshoot malfunctioning scopes and equipment and work with the repair vendor to arrange loaner instrumentation, repairs and repair record keeping. **Decontamination and Disinfection of Equipment** -technicians decontaminate and disinfect the instrumentation, conforming to all facility, manufacturer and regulatory guidelines. Technicians maintain control of the instrument from the pre-cleaning and leak testing process all the way through to the storing the disinfected endoscope in the designated cabinets. This applies to all endoscopy related equipment, including, but not limited to re-usable biopsy forceps, retrieval devices and snares, re-usable bite blocks and spray catheters. Our technicians also work with the facility Sterile Processing Department to arrange for turnover of items requiring sterilization such as air/water bottles. **Off-Site and Bedside Procedures** - Technicians will transport traveling endoscopy carts to ICU, OR, ER and other patient units as requested. The cart, scopes and all applicable equipment will arrive and be set up and tested in the same manner as it would be in the endoscopy suite itself. Post procedure our technicians will perform all bedside pre-cleaning of the instruments and transport the equipment back to its designated storage

## MINUTES OF THE OCTOBER 7, 2014 FINANCE COMMITTEE MEETING

are. **Physician Preference** - Technicians work closely with the physicians, endoscopy techs and nurses to ensure that each physician has available to them their preferred model scope and other instrumentation/equipment for all standard and specialty procedures. This allows for a smoother transition when the physician working in a room completes their cases and the next physician arrives. **Repair** - Pull defective endoscopes and send out for repair. Repairs billed to Surgical Solutions, LLC. **Loaner** - Provide loaners as needed in a timely fashion. **Equipment** - New scopes video towers and monitors are provided.

After extensive discussions regarding the role and performance of Surgical Solutions, the Committee's recommendation was that the Board would need to review and discuss this issue before a decision to move forward with the expansion of the program to the other facilities is made.

### ADJOURNMENT

**BERNARD ROSEN**

There being no further business to discuss the meeting was adjourned at 10:12 a.m.

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



**KEY INDICATORS  
FISCAL YEAR 2015 UTILIZATION**

**Year to Date  
September 2014**

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 15	FY 14
	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %				
<u>North Bronx</u>										
Jacobi	105,136	103,529	1.6%	4,982	5,049	-1.3%	5.6	5.9	0.9601	1.0072
North Central Bronx	50,454	49,940	1.0%	1,022	1,410	-27.5%	5.7	6.3	0.8733	0.8095
<u>Generations +</u>										
Harlem	77,551	91,333	-15.1%	2,955	2,829	4.5%	5.3	5.9	0.9481	0.9244
Lincoln	135,523	137,677	-1.6%	5,791	6,019	-3.8%	5.0	5.4	0.8369	0.8218
Belvis DTC	13,081	13,911	-6.0%							
Morrisania DTC	19,689	20,374	-3.4%							
Renaissance	11,400	11,877	-4.0%							
<u>South Manhattan</u>										
Bellevue	145,445	139,168	4.5%	6,013	5,879	2.3%	6.8	6.5	1.1553	1.0979
Metropolitan	99,953	97,491	2.5%	1,964	2,927	-32.9%	5.0	5.5	0.8806	0.7490
Coler				68,399	67,430	1.4%				
Goldwater/H.J. Carter				28,587	36,272	-21.2%				
Gouverneur - NF				18,445	11,228	64.3%				
Gouverneur - DTC	65,770	67,105	-2.0%							
<u>North Central Brooklyn</u>										
Kings County	174,406	172,460	1.1%	5,609	5,759	-2.6%	6.6	6.4	1.0289	1.0225
Woodhull	120,357	121,366	-0.8%	3,041	3,297	-7.8%	5.1	5.3	0.8311	0.7755
McKinney				28,501	28,915	-1.4%				
Cumberland DTC	20,610	21,029	-2.0%							
East New York	19,871	18,069	10.0%							
<u>Southern Brooklyn / S I</u>										
Coney Island	85,706	83,706	2.4%	3,973	3,337	19.1%	6.8	6.2	0.9679	0.9721
Seaview				27,419	27,516	-0.4%				
<u>Queens</u>										
Elmhurst	156,158	157,678	-1.0%	5,232	5,713	-8.4%	5.8	5.5	0.9118	0.8656
Queens	99,920	102,279	-2.3%	3,168	3,207	-1.2%	5.3	5.2	0.8290	0.8435
Discharges/CMI-- All Acutes				43,750	45,426	-3.7%			0.9459	0.9200
Visits-- All D&TCs & Acutes	1,401,030	1,408,992	-0.6%							
Days-- All SNFs				171,351	171,361	0.0%				

**Notes:**

**Utilization**

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery

D&TC: reimbursable visits

LTC: SNF and Acute days

**All Payor CMI**

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 14 and FY 15 as of December 2013. Beginning in September 2014, FY 14 discharges are regrouped using the 2013 scheme.

**FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.**

**Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.**

**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



**KEY INDICATORS**

FISCAL YEAR 2015 BUDGET PERFORMANCE (\$s in 000s)

Year to Date  
September 2014

NETWORKS	FTE's VS 5/31/14	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<b>North Bronx</b>							
Jacobi	11.0	\$ 110,300	\$ (4,106)	\$ 131,702	\$ (2,639)	\$ (6,745)	-2.8%
North Central Bronx	<u>5.0</u>	<u>31,029</u>	<u>(2,245)</u>	<u>42,797</u>	<u>2,074</u>	<u>(171)</u>	<u>-0.2%</u>
	16.0	\$ 141,329	\$ (6,351)	\$ 174,499	\$ (565)	\$ (6,916)	-2.2%
<b>Generations +</b>							
Harlem	(12.0)	\$ 66,994	\$ 740	\$ 88,500	\$ (7,261)	\$ (6,521)	-4.4%
Lincoln	34.5	108,747	3,894	117,297	6,558	10,453	4.6%
Belvis DTC	5.0	2,449	(321)	3,527	522	201	2.9%
Morrisania DTC	9.0	4,613	(260)	6,182	123	(137)	-1.2%
Renaissance	<u>1.0</u>	<u>5,950</u>	<u>1,613</u>	<u>4,652</u>	<u>204</u>	<u>1,817</u>	<u>19.8%</u>
	37.5	\$ 188,754	\$ 5,666	\$ 220,159	\$ 147	\$ 5,813	1.4%
<b>South Manhattan</b>							
Bellevue	42.0	\$ 155,333	\$ (8,646)	\$ 174,526	\$ (4,597)	\$ (13,243)	-4.0%
Metropolitan	(32.5)	56,493	(7,773)	73,154	1,951	(5,822)	-4.2%
Coler	(24.0)	13,108	(3,484)	33,157	(3,842)	(7,326)	-16.0%
Goldwater/H.J. Carter	(2.5)	17,618	(4,885)	29,663	(4,926)	(9,811)	-20.8%
Gouverneur	<u>11.5</u>	<u>15,858</u>	<u>(1,764)</u>	<u>22,788</u>	<u>1,632</u>	<u>(132)</u>	<u>-0.3%</u>
	(5.5)	\$ 258,409	\$ (26,552)	\$ 333,288	\$ (9,782)	\$ (36,333)	-6.0%
<b>North Central Brooklyn</b>							
Kings County	20.0	\$ 152,278	\$ 1,784	\$ 162,847	\$ 5,706	\$ 7,489	2.3%
Woodhull	33.0	77,415	(1,301)	95,450	(2,601)	(3,903)	-2.3%
McKinney	5.0	7,835	(1,344)	10,740	252	(1,092)	-5.4%
Cumberland DTC	5.0	8,508	(194)	6,507	302	108	0.7%
East New York	<u>(7.5)</u>	<u>6,624</u>	<u>1,409</u>	<u>5,563</u>	<u>68</u>	<u>1,477</u>	<u>13.6%</u>
	55.5	\$ 252,661	\$ 354	\$ 281,106	\$ 3,726	\$ 4,080	0.8%
<b>Southern Brooklyn/SI</b>							
Coney Island	(20.0)	\$ 68,267	\$ (11,997)	\$ 87,923	\$ 370	\$ (11,627)	-6.9%
Seaview	<u>4.5</u>	<u>8,865</u>	<u>(265)</u>	<u>12,040</u>	<u>(18)</u>	<u>(283)</u>	<u>-1.3%</u>
	(15.5)	\$ 77,132	\$ (12,261)	\$ 99,963	\$ 352	\$ (11,910)	-6.3%
<b>Queens</b>							
Elmhurst	29.0	\$ 114,108	\$ 941	\$ 132,815	\$ (4,057)	\$ (3,116)	-1.3%
Queens	<u>30.5</u>	<u>67,818</u>	<u>(4,357)</u>	<u>86,936</u>	<u>(1,205)</u>	<u>(5,563)</u>	<u>-3.5%</u>
	59.5	\$ 181,926	\$ (3,417)	\$ 219,751	\$ (5,262)	\$ (8,679)	-2.2%
<b>NETWORKS TOTAL</b>	<b><u>147.5</u></b>	<b><u>\$ 1,100,211</u></b>	<b><u>\$ (42,561)</u></b>	<b><u>\$ 1,328,765</u></b>	<b><u>\$ (11,384)</u></b>	<b><u>\$ (53,946)</u></b>	<b><u>-2.2%</u></b>
Central Office	4.5	71,677	5,413	69,289	3,905	9,318	6.7%
HHC Health & Home Care	(3.5)	3,794	(4,256)	8,871	(1,180)	(5,436)	-34.5%
Enterprise IT	<u>23.0</u>	<u>3</u>	<u>3</u>	<u>66,581</u>	<u>8,733</u>	<u>8,736</u>	<u>11.6%</u>
<b>GRAND TOTAL</b>	<b><u>171.5</u></b>	<b><u>\$ 1,175,685</u></b>	<b><u>\$ (41,401)</u></b>	<b><u>\$ 1,473,506</u></b>	<b><u>\$ 73</u></b>	<b><u>\$ (41,328)</u></b>	<b><u>-1.5%</u></b>

**Notes:**

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

**New York City Health & Hospitals Corporation**  
**Cash Receipts and Disbursements (CRD)**  
**Fiscal Year 2015 vs Fiscal Year 2014 (in 000's)**  
**TOTAL CORPORATION**

	Month of September 2014			Fiscal Year To Date September 2014		
	actual 2015	actual 2014	better / (worse)	actual 2015	actual 2014	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 65,838	\$ 63,837	\$ 2,001	\$ 199,454	\$ 210,655	\$ (11,201)
Medicaid Managed Care	51,446	45,294	6,152	159,348	152,956	6,393
Medicare	37,268	35,929	1,339	144,682	130,094	14,588
Medicare Managed Care	41,420	33,434	7,986	86,007	70,369	15,638
Other	<u>19,876</u>	<u>18,354</u>	<u>1,522</u>	<u>58,838</u>	<u>57,111</u>	<u>1,727</u>
Total Inpatient	\$ 215,848	\$ 196,848	\$ 19,000	\$ 648,329	\$ 621,185	\$ 27,145
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 39,342	\$ 11,618	\$ 27,723	\$ 64,444	\$ 38,658	\$ 25,787
Medicaid Managed Care	45,022	42,502	2,521	101,531	189,404	(87,873)
Medicare	4,975	3,429	1,546	16,801	11,978	4,822
Medicare Managed Care	10,217	9,255	963	24,691	24,890	(199)
Other	<u>9,926</u>	<u>11,249</u>	<u>(1,322)</u>	<u>36,340</u>	<u>51,450</u>	<u>(15,109)</u>
Total Outpatient	\$ 109,482	\$ 78,052	\$ 31,430	\$ 243,808	\$ 316,380	\$ (72,572)
<b>All Other</b>						
Pools	\$ 15,365	\$ 5,966	\$ 9,399	\$ 18,875	\$ 107,214	\$ (88,339)
DSH / UPL	43,000	152,000	(109,000)	143,000	152,000	(9,000)
Grants, Intracity, Tax Levy	5,444	8,053	(2,609)	111,262	52,340	58,922
Appeals & Settlements	(1,782)	(2,146)	364	(4,977)	(2,122)	(2,855)
Misc / Capital Reimb	<u>4,982</u>	<u>4,848</u>	<u>134</u>	<u>15,388</u>	<u>14,781</u>	<u>606</u>
Total All Other	\$ 67,009	\$ 168,721	\$ (101,712)	\$ 283,548	\$ 324,214	\$ (40,666)
<b>Total Cash Receipts</b>	<b>\$ 392,339</b>	<b>\$ 443,621</b>	<b>\$ (51,281)</b>	<b>\$ 1,175,685</b>	<b>\$ 1,261,778</b>	<b>\$ (86,093)</b>
<b>Cash Disbursements</b>						
PS	\$ 199,696	\$ 186,802	\$ (12,894)	\$ 672,441	\$ 642,061	\$ (30,380)
Fringe Benefits	69,890	93,887	23,997	189,539	219,639	30,100
OTPS	112,832	90,547	(22,286)	346,784	314,116	(32,669)
City Payments	-	-	0	-	-	0
Affiliation	75,978	66,435	(9,544)	244,890	219,881	(25,009)
HHC Bonds Debt	<u>5,854</u>	<u>6,213</u>	<u>359</u>	<u>19,852</u>	<u>18,352</u>	<u>(1,500)</u>
<b>Total Cash Disbursements</b>	<b>\$ 464,251</b>	<b>\$ 443,884</b>	<b>\$ (20,367)</b>	<b>\$ 1,473,506</b>	<b>\$ 1,414,049</b>	<b>\$ (59,457)</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ (71,911)</b>	<b>\$ (263)</b>	<b>\$ (71,649)</b>	<b>\$ (297,821)</b>	<b>\$ (152,271)</b>	<b>\$ (145,550)</b>

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**New York City Health & Hospitals Corporation**

**Actual vs. Budget Report**

**Fiscal Year 2015 (in 000's)**

**TOTAL CORPORATION**

	Month of September 2014			Fiscal Year To Date September 2014		
	actual 2015	budget 2015	better / (worse)	actual 2015	budget 2015	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 65,838	\$ 67,377	\$ (1,538)	\$ 199,454	\$ 219,836	\$ (20,382)
Medicaid Managed Care	51,446	55,883	(4,437)	159,348	168,290	(8,942)
Medicare	37,268	43,628	(6,361)	144,682	155,338	(10,657)
Medicare Managed Care	41,420	32,666	8,754	86,007	83,452	2,555
Other	<u>19,876</u>	<u>17,596</u>	<u>2,280</u>	<u>58,838</u>	<u>62,345</u>	<u>(3,506)</u>
Total Inpatient	\$ 215,848	\$ 217,150	\$ (1,302)	\$ 648,329	\$ 689,261	\$ (40,932)
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 39,342	\$ 40,288	\$ (946)	\$ 64,444	\$ 67,338	\$ (2,894)
Medicaid Managed Care	45,022	41,184	3,839	101,531	100,551	980
Medicare	4,975	4,483	492	16,801	15,286	1,515
Medicare Managed Care	10,217	9,265	953	24,691	24,298	393
Other	<u>9,926</u>	<u>12,634</u>	<u>(2,707)</u>	<u>36,340</u>	<u>37,642</u>	<u>(1,301)</u>
Total Outpatient	\$ 109,482	\$ 107,853	\$ 1,630	\$ 243,808	\$ 245,114	\$ (1,307)
<b>All Other</b>						
Pools	\$ 15,365	\$ 14,486	\$ 878	\$ 18,875	\$ 19,022	\$ (148)
DSH / UPL	43,000	43,000	0	143,000	143,000	0
Grants, Intracity, Tax Levy	5,444	7,829	(2,385)	111,262	103,452	7,810
Appeals & Settlements	(1,782)	-	(1,782)	(4,977)	-	(4,977)
Misc / Capital Reimb	<u>4,982</u>	<u>5,304</u>	<u>(321)</u>	<u>15,388</u>	<u>17,237</u>	<u>(1,849)</u>
Total All Other	\$ 67,009	\$ 70,619	\$ (3,610)	\$ 283,548	\$ 282,711	\$ 837
<b>Total Cash Receipts</b>	<b>\$ 392,339</b>	<b>\$ 395,622</b>	<b>\$ (3,283)</b>	<b>\$ 1,175,685</b>	<b>\$ 1,217,086</b>	<b>\$ (41,401)</b>
<b>Cash Disbursements</b>						
PS	\$ 199,696	\$ 201,140	\$ 1,443	\$ 672,441	\$ 677,313	\$ 4,872
Fringe Benefits	69,890	69,348	(542)	189,539	190,223	684
OTPS	112,832	111,576	(1,256)	346,784	341,505	(5,279)
City Payments	-	-	0	-	-	0
Affiliation	75,978	75,978	(0)	244,890	244,890	(0)
HHC Bonds Debt	<u>5,854</u>	<u>6,882</u>	<u>1,028</u>	<u>19,852</u>	<u>19,647</u>	<u>(205)</u>
<b>Total Cash Disbursements</b>	<b>\$ 464,251</b>	<b>\$ 464,924</b>	<b>\$ 673</b>	<b>\$ 1,473,506</b>	<b>\$ 1,473,579</b>	<b>\$ 73</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ (71,911)</b>	<b>\$ (69,302)</b>	<b>\$ (2,609)</b>	<b>\$ (297,821)</b>	<b>\$ (256,493)</b>	<b>\$ (41,328)</b>

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INFORMATION ITEM



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**INPATIENT PAYOR MIX**  
Fiscal Year 2015 1st Quarter Report

**INPATIENT: Percentage of Total Discharges For Each Facility**

	<b>Bellevue</b>	<b>Coney</b>	<b>Elmhurst</b>	<b>Harlem</b>	<b>Jacobi</b>	<b>Kings</b>	<b>Lincoln</b>	<b>Metropolitan</b>	<b>NCB</b>	<b>Queens</b>	<b>Woodhull</b>	<b>Corporate Total</b>
<b>Medicaid Total</b>												
<b>2015</b>	<b>50.4</b>	<b>54.6</b>	<b>64.8</b>	<b>60.3</b>	<b>61.2</b>	<b>59.2</b>	<b>66.8</b>	<b>68.3</b>	<b>55.8</b>	<b>62.4</b>	<b>72.4</b>	<b>60.9</b>
<b>2014</b>	<b>49.2</b>	<b>47.7</b>	<b>58.6</b>	<b>61.4</b>	<b>60.4</b>	<b>60.1</b>	<b>64.2</b>	<b>66.2</b>	<b>62.7</b>	<b>60.7</b>	<b>71.0</b>	<b>59.4</b>
Medicaid												
2015	22.1	21.3	21.9	20.2	19.4	22.8	20.0	25.5	25.0	24.0	28.1	22.2
2014	20.6	20.6	17.3	20.2	19.9	25.3	17.3	24.9	21.0	23.5	25.2	21.1
Medicaid Plans												
2015	28.3	33.2	42.9	40.1	41.8	36.4	46.9	42.8	30.8	38.4	44.2	38.7
2014	28.5	27.1	41.3	41.2	40.4	34.7	47.0	41.3	41.7	37.2	45.8	38.3
<b>Medicare Total</b>												
<b>2015</b>	<b>17.7</b>	<b>33.3</b>	<b>19.1</b>	<b>22.6</b>	<b>20.7</b>	<b>18.5</b>	<b>22.3</b>	<b>16.1</b>	<b>27.5</b>	<b>22.2</b>	<b>17.8</b>	<b>21.0</b>
<b>2014</b>	<b>18.5</b>	<b>39.6</b>	<b>19.2</b>	<b>20.9</b>	<b>20.8</b>	<b>19.9</b>	<b>22.1</b>	<b>19.8</b>	<b>22.5</b>	<b>21.8</b>	<b>15.2</b>	<b>21.2</b>
Medicare												
2015	9.7	24.6	10.1	10.4	12.1	9.4	8.8	8.3	15.0	12.5	8.3	11.3
2014	11.3	29.5	10.9	10.7	12.5	10.0	8.7	9.9	12.7	12.6	8.1	11.9
Medicare Plans												
2015	8.0	8.7	8.9	12.2	8.6	9.1	13.5	7.8	12.5	9.7	9.5	9.7
2014	7.2	10.1	8.3	10.2	8.3	9.9	13.4	9.9	9.8	9.1	7.1	9.3
<b>Commercial Total</b>												
<b>2015</b>	<b>9.7</b>	<b>7.5</b>	<b>8.7</b>	<b>7.9</b>	<b>10.4</b>	<b>11.2</b>	<b>7.5</b>	<b>4.8</b>	<b>8.2</b>	<b>8.0</b>	<b>5.4</b>	<b>8.6</b>
<b>2014</b>	<b>10.2</b>	<b>6.9</b>	<b>8.3</b>	<b>7.5</b>	<b>10.3</b>	<b>11.4</b>	<b>7.3</b>	<b>5.6</b>	<b>5.9</b>	<b>8.1</b>	<b>5.9</b>	<b>8.5</b>
<b>Other</b>												
<b>2015</b>	<b>7.9</b>	<b>0.1</b>	<b>2.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.1</b>	<b>0.4</b>	<b>0.1</b>	<b>0.2</b>	<b>0.3</b>	<b>0.1</b>	<b>1.6</b>
<b>2014</b>	<b>8.3</b>	<b>0.2</b>	<b>2.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.5</b>	<b>0.2</b>	<b>0.4</b>	<b>0.4</b>	<b>0.1</b>	<b>1.6</b>
<b>Uninsured</b>												
<b>2015</b>	<b>14.2</b>	<b>4.5</b>	<b>5.2</b>	<b>9.0</b>	<b>7.5</b>	<b>11.0</b>	<b>3.0</b>	<b>10.7</b>	<b>8.4</b>	<b>7.0</b>	<b>4.3</b>	<b>7.9</b>
<b>2014</b>	<b>13.8</b>	<b>5.7</b>	<b>11.8</b>	<b>10.0</b>	<b>8.2</b>	<b>8.4</b>	<b>5.9</b>	<b>8.2</b>	<b>8.6</b>	<b>9.0</b>	<b>7.8</b>	<b>9.2</b>
HHC Options												
2015	1.2	1.7	1.7	1.2	1.2	0.9	0.3	1.6	1.3	0.8	0.6	1.1
2014	2.2	2.2	3.7	1.5	0.9	0.9	0.7	2.1	1.6	3.0	2.4	1.9
Self Pay												
2015	13.1	2.8	3.5	7.8	6.3	10.1	2.7	9.2	7.1	6.2	3.7	6.8
2014	11.6	3.5	8.2	8.5	7.3	7.5	5.2	6.2	7.0	5.9	5.4	7.3

FY15 (run date: 10/27/14 )  
FY14 ( run date: 10/29/13 )

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans  
Medicare Plans: Medicare Advantage Plans  
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Other: Federal, State, City agencies, Uniformed Services and Prisoners

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**OUTPATIENT ADULT PAYOR MIX**  
(Excluding Emergency Room Visits)  
Fiscal Year 2015 1st Quarter Report

**OUTPATIENT ADULT: Percentage of Total Visits For Each Facility**

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
<b>Medicaid Total</b>																		
<b>2015</b>	40.2	36.8	43.9	49.7	49.3	48.6	49.0	48.4	52.6	42.4	43.9	52.5	48.0	51.8	37.9	54.6	42.5	45.4
<b>2014</b>	36.8	34.9	39.4	46.5	48.7	45.8	45.4	47.6	54.6	40.1	42.7	52.0	47.9	49.0	34.9	52.6	40.3	42.9
Medicaid																		
2015	9.1	8.3	11.4	10.5	9.3	12.2	8.7	12.4	8.3	9.0	8.2	4.5	9.0	4.5	6.5	4.8	4.4	9.5
2014	8.4	7.0	8.5	9.5	9.8	10.6	8.5	14.1	9.2	8.9	8.2	4.6	10.3	3.7	6.9	4.7	2.8	9.0
Medicaid Plans																		
2015	31.1	28.6	32.4	39.2	40.0	36.4	40.4	36.0	44.4	33.3	35.8	47.9	39.1	47.3	31.4	49.8	38.1	35.8
2014	28.3	27.9	30.8	36.9	38.9	35.1	36.8	33.5	45.4	31.1	34.4	47.4	37.7	45.4	28.0	47.9	37.5	33.9
<b>Medicare Total</b>																		
<b>2015</b>	18.0	19.9	15.1	21.4	20.6	14.6	19.9	20.6	16.1	19.0	18.6	13.6	13.1	15.1	24.1	14.3	18.3	18.3
<b>2014</b>	18.0	19.6	14.2	21.2	19.3	14.4	19.6	19.3	14.6	18.6	18.1	14.2	13.3	16.2	24.2	13.7	15.5	17.9
Medicare																		
2015	8.2	11.9	6.4	10.5	10.0	7.3	6.4	8.3	7.1	8.1	6.6	3.9	5.4	5.2	9.1	4.8	6.1	7.9
2014	8.7	11.5	6.6	10.2	9.6	7.7	7.0	8.6	7.2	8.6	7.3	4.5	6.3	6.2	9.9	4.7	5.5	8.2
Medicare Plans																		
2015	9.8	8.0	8.6	10.9	10.6	7.3	13.5	12.3	9.0	10.9	12.0	9.7	7.7	9.8	15.0	9.5	12.2	10.4
2014	9.3	8.1	7.7	11.1	9.7	6.7	12.5	10.7	7.4	10.0	10.8	9.7	7.0	10.0	14.3	8.9	10.0	9.7
<b>Commercial</b>																		
<b>2015</b>	9.5	7.2	8.6	7.1	11.3	8.7	10.8	6.0	10.8	7.3	6.1	7.7	7.1	6.7	9.0	10.5	9.7	8.5
<b>2014</b>	8.1	6.4	7.4	6.8	10.2	7.7	11.6	5.4	9.1	5.5	4.9	6.5	7.5	4.8	5.7	8.4	7.1	7.4
<b>Other</b>																		
<b>2015</b>	2.8	0.6	0.9	0.6	1.5	0.5	0.9	0.2	0.2	0.4	0.6	0.0	0.2	0.0	1.2	0.0	0.0	0.9
<b>2014</b>	3.1	0.5	0.9	0.4	1.5	0.4	1.1	0.2	0.2	0.5	0.5	0.1	0.3	0.0	1.2	0.0	0.0	0.9
<b>Uninsured Total</b>																		
<b>2015</b>	29.5	35.5	31.5	21.2	17.2	27.7	19.4	24.8	20.3	30.9	30.8	26.2	31.6	26.3	27.8	20.5	29.4	26.9
<b>2014</b>	34.0	38.7	38.1	25.1	20.3	31.7	22.4	27.5	21.5	35.4	33.8	27.2	31.0	29.9	33.9	25.3	37.1	30.9
HHC-Options																		
2015	19.3	21.5	26.1	11.6	10.2	21.2	9.2	17.9	14.5	21.9	24.9	16.1	27.2	19.2	22.5	18.2	20.0	19.1
2014	22.3	23.0	29.9	13.5	11.8	24.1	9.0	20.0	14.9	24.8	27.2	16.2	27.6	23.0	27.7	22.5	22.9	21.5
Self Pay																		
2015	10.2	14.0	5.4	9.6	7.1	6.5	10.2	6.8	5.7	8.9	6.0	10.2	4.4	7.1	5.3	2.3	9.4	7.8
2014	11.8	15.7	8.2	11.7	8.5	7.6	13.3	7.5	6.6	10.6	6.6	11.0	3.4	6.9	6.3	2.8	14.2	9.4

FY15 (run date: 10/27/14 )  
FY14 ( run date: 10/29/13 )

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans  
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**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**OUTPATIENT PEDIATRIC PAYOR MIX**  
(Excluding Emergency Room Visits)  
Fiscal Year 2015 1st Quarter Report

**OUTPATIENT PEDIATRIC: Percentage of Total Visits For Each Facility**

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
<b>Medicaid Total</b>																		
2015	84.3	77.1	82.1	84.3	82.1	72.2	82.9	87.6	82.4	74.0	82.0	84.8	79.2	79.7	81.3	85.7	74.7	81.0
2014	81.6	77.7	83.7	83.1	81.6	70.9	79.8	86.7	83.5	74.3	80.7	86.3	76.2	79.1	81.8	86.8	75.0	80.5
Medicaid																		
2015	7.3	6.7	4.6	8.7	5.5	6.7	5.6	7.8	4.0	5.3	8.5	4.2	6.6	5.0	6.2	4.9	6.6	6.2
2014	6.5	7.2	4.5	8.8	6.0	6.0	7.5	7.9	4.1	6.0	7.4	3.3	5.5	4.0	5.2	5.1	5.2	6.1
Medicaid Plans																		
2015	77.0	70.4	77.5	75.5	76.7	65.5	77.3	79.8	78.3	68.8	73.5	80.6	72.6	74.7	75.1	80.8	68.1	74.8
2014	75.1	70.5	79.2	74.3	75.7	64.9	72.3	78.8	79.4	68.3	73.4	83.0	70.8	75.1	76.6	81.7	69.8	74.4
<b>Commercial Total</b>																		
2015	9.1	9.4	8.5	9.3	11.0	13.4	9.2	6.9	8.5	14.7	8.2	7.5	8.2	10.1	10.7	6.1	13.6	9.8
2014	8.6	9.5	9.1	10.4	11.3	14.2	11.1	7.6	8.8	15.2	9.5	7.5	10.1	10.6	10.3	6.2	13.5	10.4
Child Health Plus																		
2015	3.5	4.1	5.2	2.0	3.7	4.2	3.8	3.6	3.8	5.7	3.8	3.1	3.5	3.7	4.1	2.8	3.7	3.9
2014	3.6	4.2	6.0	3.0	3.9	4.4	3.3	4.5	3.9	6.3	3.9	3.3	4.3	4.8	4.7	2.9	4.7	4.3
Non-CHP Plans																		
2015	5.6	5.3	3.4	7.3	7.3	9.3	5.4	3.4	4.7	9.0	4.4	4.4	4.8	6.5	6.6	3.3	9.9	5.8
2014	5.0	5.4	3.0	7.4	7.5	9.8	7.7	3.1	4.9	8.8	5.5	4.2	5.8	5.8	5.7	3.3	8.8	6.0
<b>Other</b>																		
2015	0.3	0.0	0.3	0.4	0.5	0.4	1.2	0.1	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.3
2014	0.2	0.2	0.2	0.0	0.5	0.4	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.3
<b>Uninsured Total</b>																		
2015	6.3	13.4	9.1	6.0	6.4	13.9	6.7	5.4	9.1	11.3	9.7	7.7	12.6	10.1	8.0	8.3	11.7	8.9
2014	9.6	12.6	7.0	6.5	6.5	14.5	8.0	5.7	7.7	10.5	9.8	6.2	13.7	10.2	7.9	6.9	11.5	8.9
HHC-Options																		
2015	1.2	0.9	0.5	0.8	0.8	8.1	0.5	0.6	1.2	1.3	3.2	2.2	4.5	5.2	1.3	4.8	0.3	2.1
2014	2.0	0.9	0.7	0.4	0.8	8.6	0.4	0.8	1.6	1.0	3.1	1.3	4.0	5.7	1.1	4.3	0.3	2.2
Self Pay																		
2015	5.2	12.5	8.5	5.2	5.6	5.8	6.2	4.8	7.9	10.0	6.5	5.4	8.0	4.9	6.7	3.5	11.3	6.8
2014	7.6	11.7	6.3	6.1	5.7	5.9	7.6	4.9	6.1	9.6	6.6	5.0	9.7	4.6	6.8	2.6	11.2	6.8

FY15 (run date 10/27/14)  
FY14 (run date: 10/29/13)

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

**INFORMATION ITEM**





**NY State of Health**

***The Official Health Plan Marketplace***

**Danielle Holahan**

**Deputy Director**

**NY State of Health**

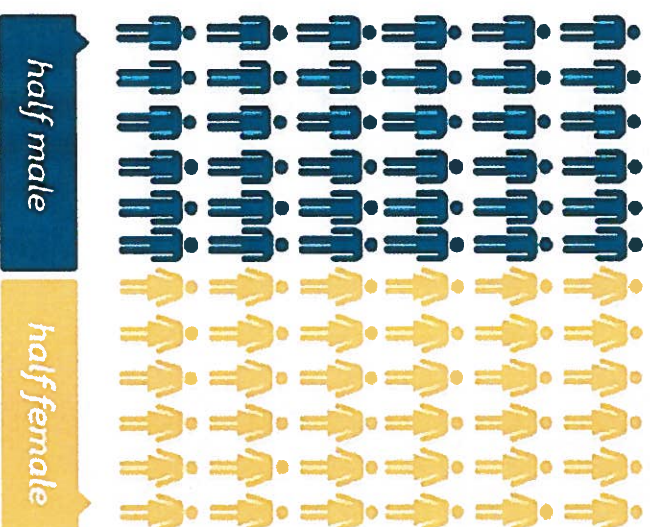
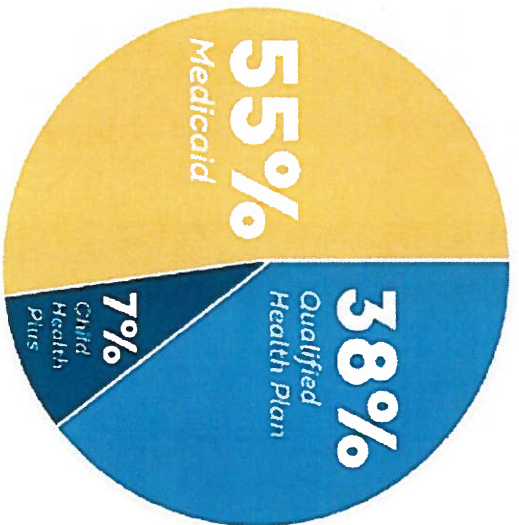
**Health and Hospitals Corporation**

**November 12, 2014**

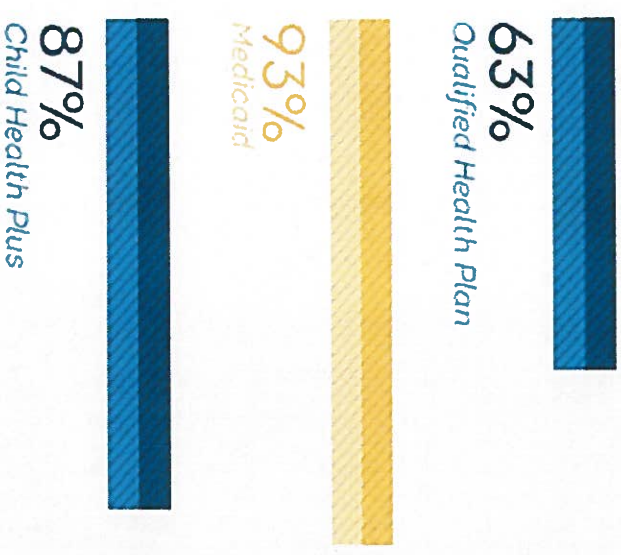
# WHO ARE THE NEARLY 1 MILLION NY STATE OF HEALTH ENROLLEES?

Nearly 1 million enrolled  
(960,762)

Gender



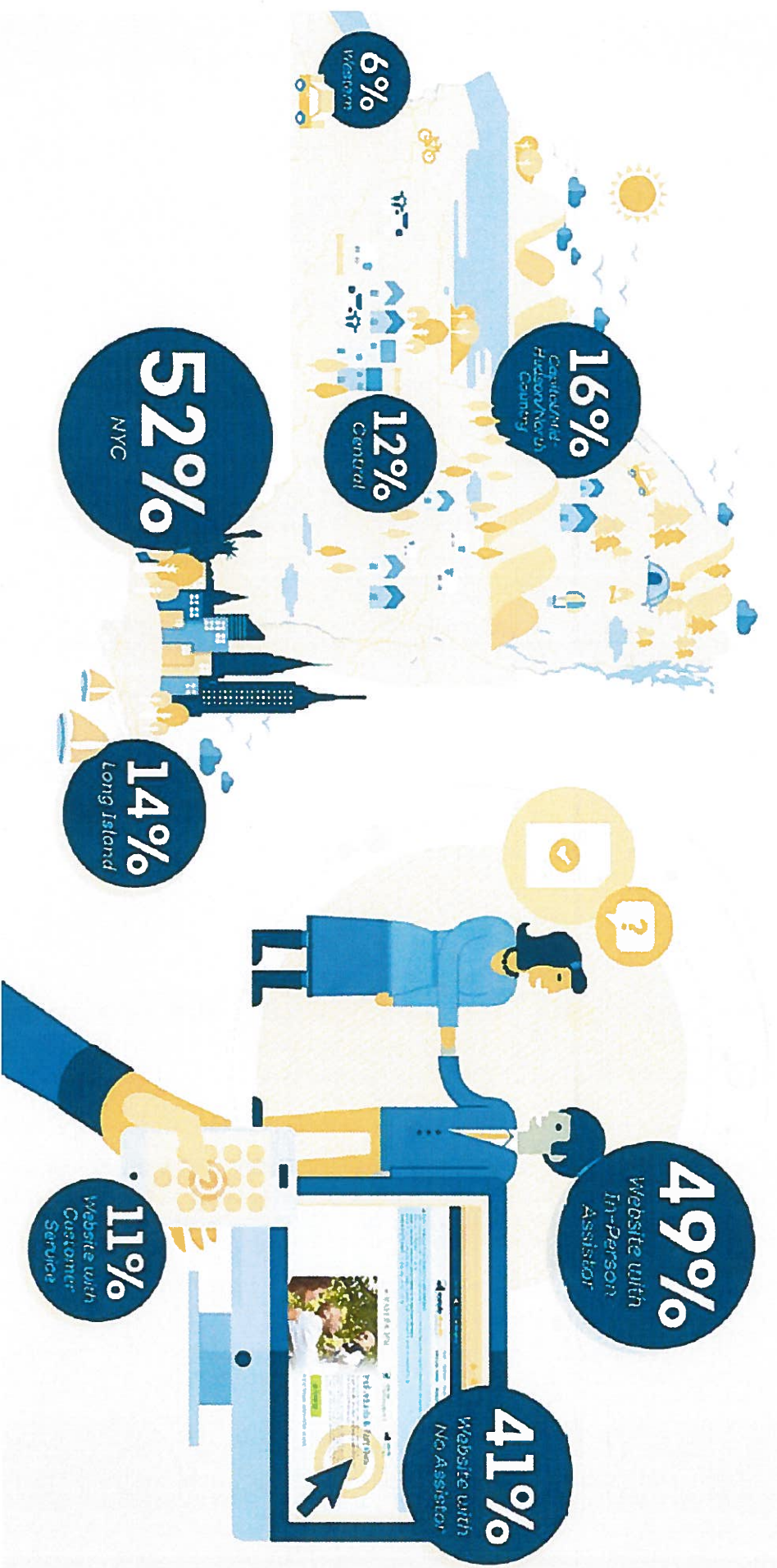
Uninsured, by Program



# WHERE ARE NY STATE ENROLLEES FROM AND HOW DID THEY ACCESS NY STATE OF HEALTH?

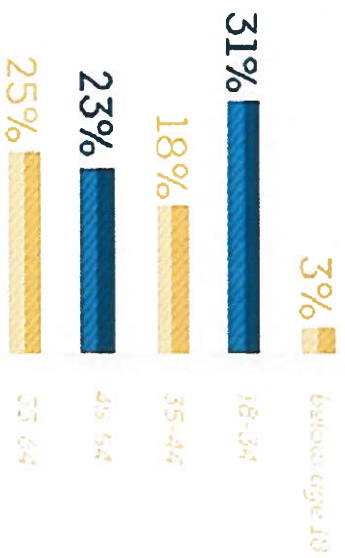
New Yorkers from every county of the state enrolled into Marketplace coverage

Marketplace enrollees used all application channels



# NY STATE OF HEALTH QUALIFIED HEALTH PLAN ENROLLMENT

## Age of OHP enrollees



Three-quarters of OHP enrollees received subsidies



## Good distribution across issuers



Good distribution across metal level



# HOW SMALL BUSINESSES IN NEW YORK STATE ARE ENROLLING THROUGH NY STATE OF HEALTH

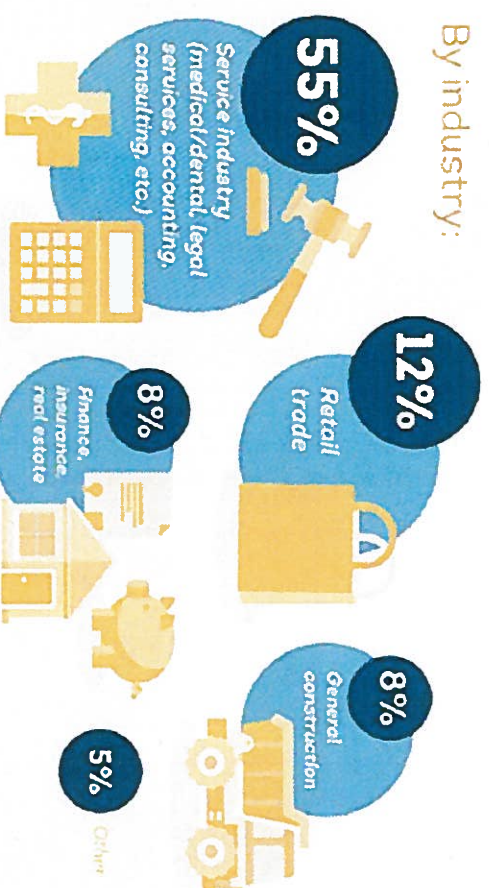
Nearly 10,000 individuals enrolled in the Small Business Marketplace



By region:



By industry:



By metal level:



## **In-Person Assistance**

- Nearly half of Marketplace enrollment was through an in-person assistor
- HHC CACs enrolled 25,845 individuals as of November 1, 2014

<http://info.nystateofhealth.ny.gov/2014OpenEnrollmentCountyData>



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Individuals & Families Employers Brokers Employees Navigators

## 2014 Open Enrollment County Level Enrollment Data

♥ Resources

Sep 9, 2014

NY State of Health (NYSOH), the State’s official health plan marketplace, today released county level enrollment data on the nearly 1 million New Yorkers who enrolled in health plans from October 1, 2013 through April 15, 2014. This county level data compliments the state-level data that NYSOH previously released. The earlier report is available [here](#).

Click on a county or borough shape on the map to view the county specific enrollment demographics. (You may need to allow pop-ups in your browser.)

Share this Page >>



**Westchester County – Demographic Characteristics of Enrollees in the Individual Marketplace through April 15, 2014**

Westchester County		Medicaid	CHP	All QHPs	QHP with APTC+CSR	QHP with APTC	QHP Full Pay	All enrollees
TOTAL ENROLLEES		20,553	3,491	21,235	10,277	3,877	7,061	45,279
Uninsured at time of Application		92%	88%	56%	80%	70%	15%	75%
Gender:	Female	52%	48%	52%	52%	51%	50%	52%
	Male	48%	52%	48%	48%	49%	50%	48%
Age:	<18 Years	15%	94%	6%	--	--	17%	17%
	18 - 25 Years	19%	6%	10%	12%	9%	8%	14%
	26 - 34 Years	19%	--	15%	17%	16%	12%	16%
	35 - 44 Years	14%	--	17%	18%	17%	15%	14%
	45 - 54 Years	17%	--	27%	28%	29%	24%	20%
	54 - 64 Years	14%	--	25%	25%	28%	24%	18%
65 Years	1%	--	<1%	0%	0%	<1%	1%	
Race:	White, Non-Hispanic	32%	42%	51%	42%	51%	63%	42%
	Black/African American	19%	14%	11%	12%	10%	8%	15%
	Asian/Pacific Islander	5%	6%	7%	6%	6%	7%	6%
	Other	9%	6%	6%	7%	6%	4%	7%
	Did not report	41%	35%	27%	33%	27%	20%	34%
Hispanic Ethnicity:	Yes	38%	31%	22%	30%	21%	10%	30%
	No	49%	56%	67%	58%	67%	79%	58%
	Did not report	13%	13%	11%	12%	12%	10%	12%



# Zip Code Level Enrollment Data

» Resources

Oct 3, 2014

NY State of Health (NYSOH), the State's official health plan marketplace, today released zip code level enrollment data as of September 19, 2014. To see enrollment by zip code, enter up to 10 zip codes in the lookup tool below.

## Zip Code Data Tool

Enter up to ten NY State Zip Code(s):	1	2	3	4	5	6	7
10026	10027	10030	10037	10039			

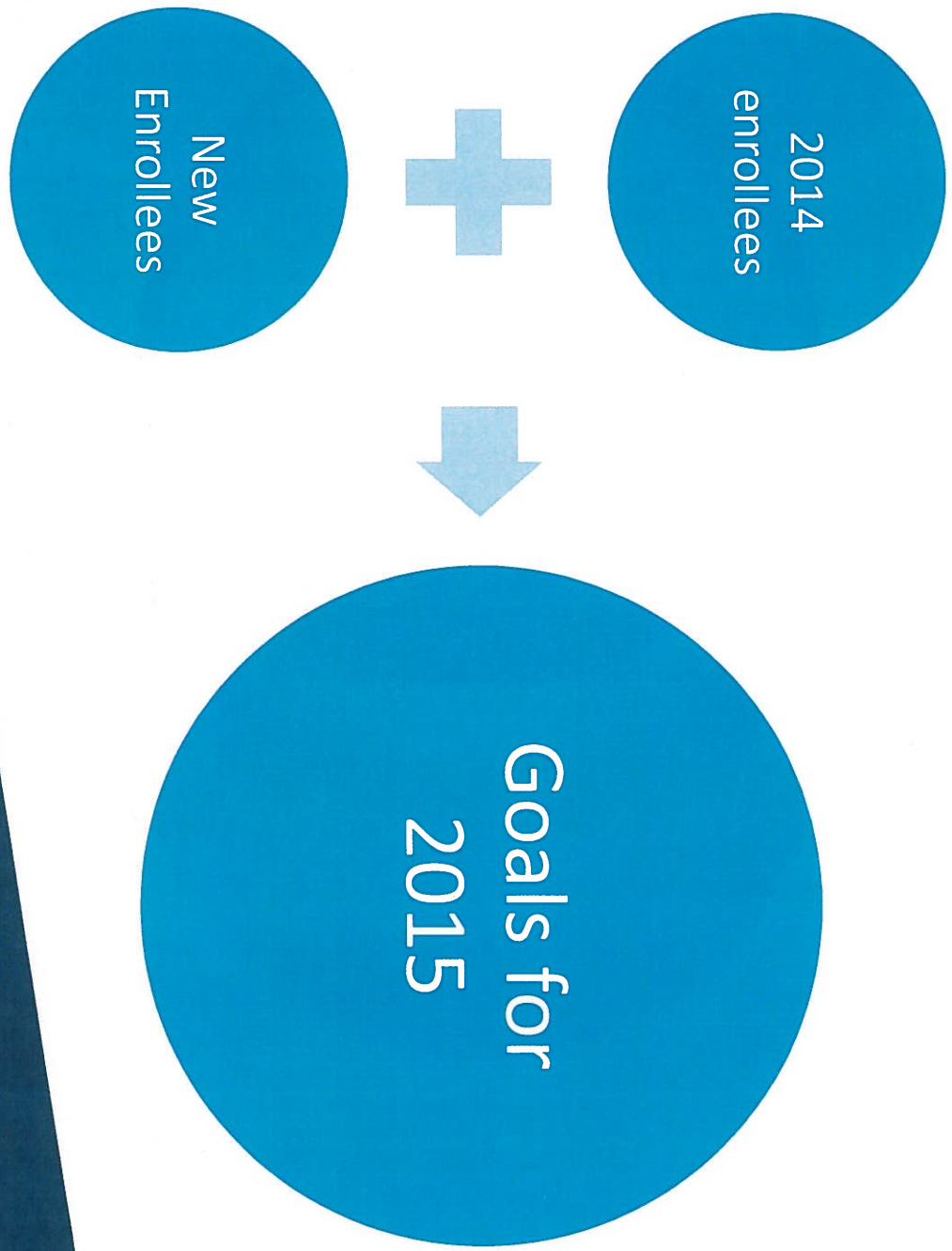
Total Enrollment by program	
QHPs	3,053
Medicaid	14,249
CHP	596
<b>Total</b>	<b>17,898</b>

*\* Data for ZIP Codes with 50 or fewer enrollees are not included and are indicated with an asterisk.*

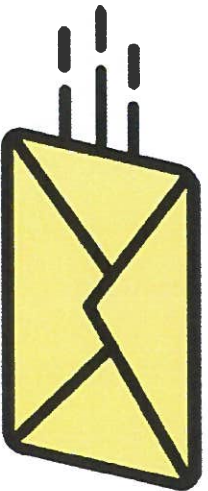
# Getting Ready for 2015



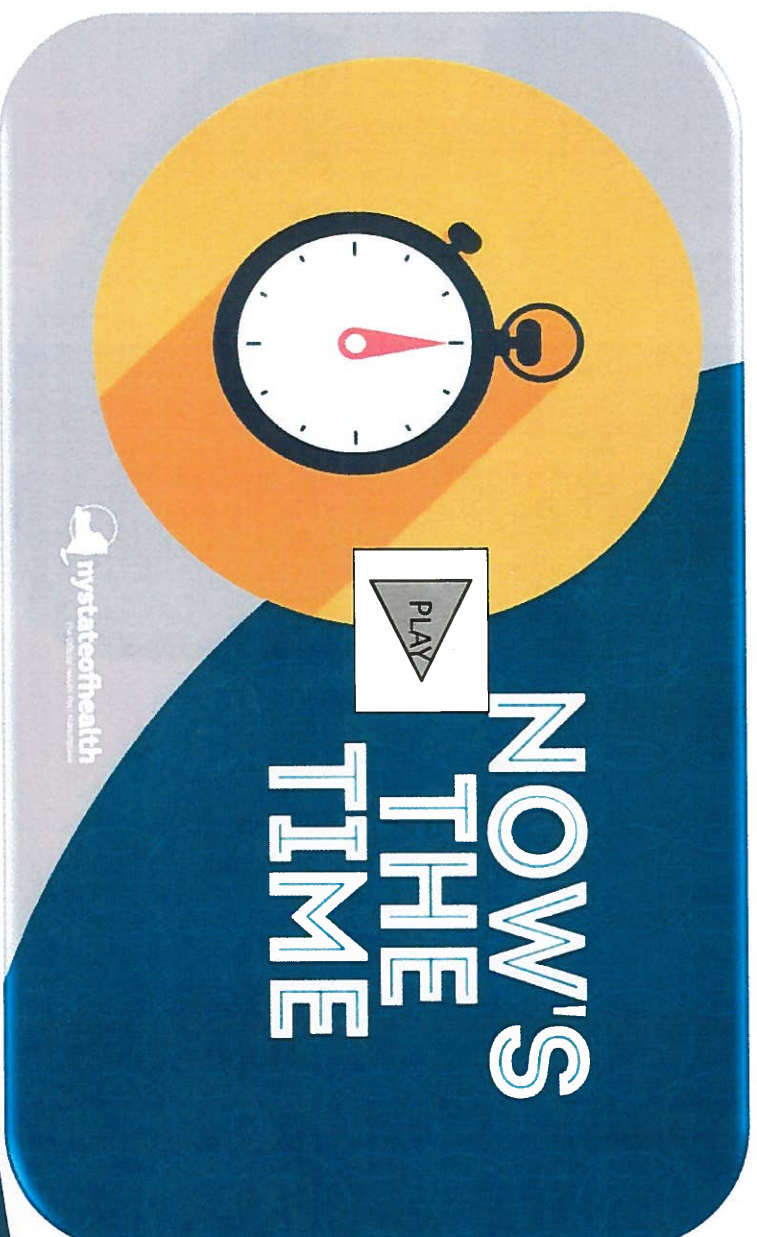
# 2015 Open Enrollment Period



# 2015 Renewals



# Sharable Content: A short, sharable video on how to renew your health plan for 2015



# New for 2015



# Consumer Tools

- **Consumer videos:**
  - Renewal
  - How to choose a plan
  - Small business marketplace Q&As
- **Plan compare tool**
- **Premium calculator**

## Themed Campaigns

- Hispanic Heritage Month
- “Check Out” NYSOH at your Public Library
- Pharmacy Campaign
- Martin Luther King Jr. Weekend/Black History Month





**NY State of Health is the new Official Health Plan Marketplace. It is:**

- The **best place** to find a low-cost, quality health plan for you and your family
- The **right place** to find many plan choices from brand-name companies and choose what's best for you
- The **only place** to learn if you can get help paying for health insurance

**We are here to help**

Our enrollment experts are here to help you online, on the phone or in person. Whatever works best for you. Step-by-step, they'll help you find the right plan for you.

- 1 Find a plan that is right for you
- 2 See if you can get help with costs
- 3 Apply for and enroll in your health plan

**Fill out this form to get helpful information!**  
An enrollment expert will contact you to help you find a plan that fits your budget and needs.

FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 PREFERRED LANGUAGE: \_\_\_\_\_

\*By submitting this card, I agree that my information can be used to be contacted by phone or email for purposes related to NY State of Health only.



**Tear-off card**



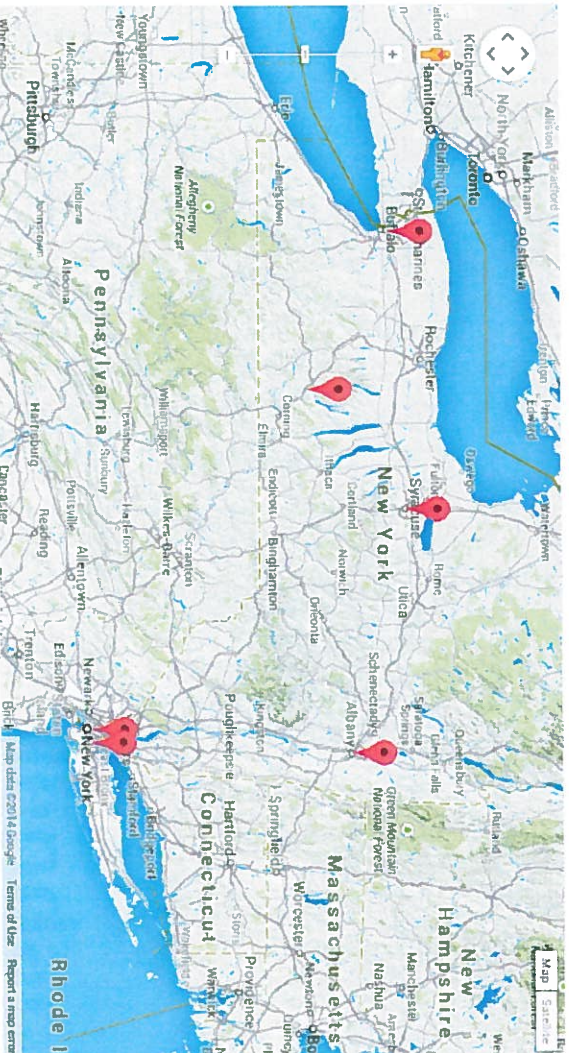
**nystateofhealth**  
The Official Health Plan Marketplace

**¿Necesita seguro médico?  
Yo puedo ayudarle.**

Visite [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov), llame al 1-855-355-5777 o comuníquese con:

[nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

## Events



Event	Location	Date	Time	Description
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<b>Steuben County Health Department Strong Kids, Safe Kids Event</b>	Bath Havering High School Gym, 25 Elias Ave., Bath, NY 14810	Saturday, September 13, 2014	1:00pm – 4:00pm	<p>This event features a day full of educational activities and family entertainment to promote awareness of children's health and safety. It's a day for Steuben County kids – and their families – to have a free family fun day. NY State of Health Navigators will be located at the Steuben County Health Department table to answer questions about health insurance coverage.</p> <p><a href="#">View event</a></p>
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<b>Music Is Art Festival</b>	Delaware Park at Marcy Casino, Lincoln Pkwy, Buffalo, NY 14222	Saturday, September 13, 2014	10:00 am – 10:00 pm	<p>The Music Is Art Festival is a free event highlighting the artistic talents of individuals and groups from within the Western New York community. The Festival draws over 20,000 people to be entertained by this multi-sensory event, part concert, part bazaar, street fair and art gallery. NY State of Health Navigators will be on-site to provide information about affordable health coverage.</p> <p><a href="#">View event</a></p>
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# Interactive Events Calendar



**FOR INDIVIDUALS & FAMILIES**

Sign up for a health plan  
OCTOBER 1, 2013 to MARCH 31, 2014  
for coverage beginning as early as  
JANUARY 1, 2014.

1-855-355-5777

nystateofhealth.ny.gov

MORE >

MORE >

1-877-333-2111

1-877-333-2111

## New and Improved Consumer Materials

- What you need to apply
- New fact sheets (e.g., how to select a plan)
- Assistor contact information
- Streamlined posters
- New languages

# Advertising

- Open Enrollment Campaign
  - New creative concept
  - Research
- Launch to coincide with November 15 Open Enrollment



PERSONAS Y FAMILIAS  
RECURSOS  
EMPLEADORES  
AGENTES ASISTENTES

Atención: Las personas y las familias interesadas en el mercado individual... El período de inscripción para el año 2014 comienza el 1 de abril de 2014... ATENCIÓN: Propietarios de pequeños negocios y empleadores interesados en el mercado de negocios pequeños... ¿Ve esta inserción? Haga clic aquí para obtener información sobre cómo utilizar su inserción.

A partir del 16 de abril 2014

1,339,239 solicitudes completas

950,765 inscritos

## Individuos y familias

A partir del 1º de febrero de 2014, usted y sus familiares tendrán la oportunidad de asegurarse a sí mismos y a sus familiares... ¿Qué es el Mercado de Seguros de Salud para Individuos? ¿Qué hay disponible a través del Mercado de Seguros de Salud para Individuos? ¿Qué tipo de aseguramiento hay? ¿Qué es el Mercado de Seguros de Salud para Individuos? ¿Qué hay disponible a través del Mercado de Seguros de Salud para Individuos? ¿Qué tipo de aseguramiento hay?

### 1) Crear una cuenta

Para poder acceder a los recursos del sitio web, usted debe crear una cuenta... Haga clic aquí para crear una cuenta.

### 2) Díganos sobre usted y su familia

Proporcionar información sobre cada miembro de su familia... Haga clic aquí para comenzar.

### 3) Elija un plan de seguro de salud

Usted elegirá un plan de seguro de salud... Haga clic aquí para ver los planes.

## Descripción general

### Descripción general

El seguro de salud... ¿Qué es el Mercado de Seguros de Salud para Individuos? ¿Qué hay disponible a través del Mercado de Seguros de Salud para Individuos? ¿Qué tipo de aseguramiento hay?

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Sobre este sitio  
Escriba en el campo de búsqueda para encontrar información sobre el sitio web.

Llama a nuestra línea de ayuda  
1.855.365.5777

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Comparta en Google+

Registro de Voluntarios  
Regístrate para votar  
Descargar Formulario de Inscripción



The Official Health Plan Marketplace

# Spanish Website

# Important QHP Dates



Individuals and Families	Small Businesses
<p>November 15, 2014</p> <p>Open enrollment begins for coverage on 1/1/15</p>	<p>November 1, 2014</p> <p>Open enrollment begins for coverage on 1/1/15</p>
<p>December 15, 2014</p> <p>Last day to enroll for 1/1/15 coverage</p>	<p>November 30, 2015</p> <p>Last day to enroll for 1/1/15 coverage</p>
<p>February 15, 2015</p> <p>Open enrollment for individuals/families ends</p>	<p>Enroll by the end of any month for coverage that begins the first of the next following month</p>

# Questions?