AGENDA

FINANCE COMMITTEE

MEETING DATE: DECEMBER 1, 2015
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER — BERNARD ROSEN

ADOPTION OF THE NOVEMBER 10, 2015 MINUTES

SENIOR VICE PRESIDENT'S REPORTS — PV ANANTHARAM

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS — KRISTA OLSON/FRED COVINO

INFORMATION ITEM

1. NORTH CENTRAL BROOKLYN NETWORK STATUS PLAN — GEORGE PROCTOR
2. PAYOR MIX REPORTS (INPATIENT, ADULT & PEDIATRICS) 1ST QUARTER — KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT — BERNARD ROSEN

MINUTES

MEETING DATE: NOVEMBER 10, 2015

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on November 10, 2015 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Lilliam Barrios-Paoli
Josephine Bolus, RN
Mark Page
Emily Youssouf
J. Yeaw, (representing Steven Banks, Commissioner Human Resources)

OTHER ATTENDEES

P.V. Anantharam, Deputy Director, NYC OMB
J. Agrawal, Analyst, NYC OMB
K. Cherny, Unit Head, OMB
J. DeGeorge, Analyst, State Comptroller's Office
M. Dolan, Senior Assistant Director, DC 37
L. Garvey, Cerner Corporation
M. Hecht, Analyst, NYC Comptroller's Office
E. Kelly, Health Analyst, IBO
S. Wheeler, Budget Analyst, OMB

HHC STAFF

P. Albertson, Senior Assistant Vice President, Corporate Operations
A. Berkowitz, Senior Director, Corporate Budget
M. Beverley, Assistant Vice President, Corporate Finance

M. Brito, CFO, Coler/Hank Carter Specialty Hospital & Skilled Nursing Facility
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Relations
G. Calliste, Executive Director, North Central Bronx Hospital
T. Carlisle, Associate Executive Director, Corporate Planning
E. Carrington, COO, Harlem Hospital Center
E. Casey, Director, Corporate Planning
D. Cates, Chief of Staff, Board Affairs
D. Collington, Associate Executive Director, Coney Island Hospital
E. Cosme, CFO, Gouverneur Specialty Care Facility
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, CFO, MetroPlus Health Plan, Inc.
R. Fischer, Associate Executive Director, Bellevue Hospital Center
V. Fleming, Director, Corporate Office of Medical Affairs
L. Free, Assistant Vice President, Corporate Managed Care
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
K. Garramone, CFO, North Bronx Health Care Network
T. Green, CFO, Metropolitan Hospital Center
L. Guttman, Assistant Vice President, Intergovernmental Relations
E. Guzman, Assistant Vice President, Corporate Comptroller's Office
C. Jacobs, Senior Vice President, Human Resources, Patient Safety, Accreditation & Regulatory Services
L. Johnston, Senior Vice President, Medical & Professional Affairs
J. John, Corporate Comptroller, Corporate Comptroller's Office
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
B. Keller, Deputy Counsel, Office of Legal Affairs
D. Koster, Assistant Director, Corporate Budget
R. Lantigua, Assistant Director, Gouverneur Healthcare Services
J. Linhart, Deputy Corporate Comptroller, Corporate Comptroller's Office
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
F. Long, Acting Executive Director, Coler/Henry J. Carter
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Marengo, Senior Vice President, Corporate Communications/Marketing
R. Mark, Chief of Staff, Office of the President
A. Martin, Executive Vice President/COO, Office of the President
R. Melican, Senior Director, Corporate Managed Care
I. Michaels, Director, Corporate Communications/Marketing
W. Michelen, Executive Director, Gotham Health (FQHC)
A. Moran, CFO, Elmhurst Hospital Center
A. Moskos, Director, Office of Facilities (OFD)
K. Olson, Assistant Vice President, Corporate Budget
P. Pandolfini, CFO, Staten Island /Southern Brooklyn Network
C. Parjohn, Director, Office of Internal Audits
K. Park, Associate Executive Director, Queens Hospital Center
C. Philippou, Assistant Director, Corporate Planning

S. Ritzel, Associate Director, Kings County Hospital Center
J. Roman, Senior Associate Director, Metropolitan Hospital Center
C. Samms, CFO, Generations Plus/Northern Manhattan Network
A. Saul, CFO, Central Brooklyn Health Care Network
S. Shaw, Assistant Director, Corporate Budget
P. Slesarchik, Assistant Vice President, Corporate Labor Relations
B. Stacey, Chief Financial Officer, Queens Health Network
D. Soares, Senior Vice President, Northern Manhattan/Generation+ Hlth Network
S. Tyler, Assistant Director, Corporate
A. Wagner, Senior Vice President, Staten Island/Southern Brooklyn Network
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, CFO, South Manhattan Network
R. Wilson, Senior Vice President/Chief Medical Officer, Office of Medical & Professional Affairs
O. Worthy, CFO, Gotham Health
M. Zurack, Senior Vice President/CFO, Corporate Finance

CALL TO ORDER **BERNARD ROSEN**

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the October 13, 2015 meeting were approved as submitted.

CHAIR'S REPORT **BERNARD ROSEN**

Mr. Rosen on behalf of the Committee presented Ms. Zurack with a bouquet of flowers and congratulated her on her retirement. Over the years Ms. Zurack has briefed the Committee on all pertinent matters relative HHC's finances so that the members could gain a better understanding of the complexities of the financial issues facing HHC. Her devotion and ability will be missed by all who have come to know her.

Dr. Raju also congratulated Ms. Zurack on her retirement noting that there are some major things about her that were important to highlight. First she is a financial genius in that she always puts forth the best ideas, options and plans for maximizing financial resources. She is a true representation of social justice in that she has a passion for the most vulnerable people and how they get taken care of. In doing so, she has been a constant reminder of HHC's mission and reinforcing the efforts of all in its achievements. She had an enormous commitment to play a major role in Breakthrough in that she enhanced and symbolized the efforts and goals required to achieve the objectives as a Corporation. She could write a "how to" book about managing finances and how that should be transformed effectively as an organization. She leaves behind a huge legacy and is an inspiring leader and a champion for social justice.

SENIOR VICE PRESIDENT'S REPORT **MARLENE ZURACK**

Ms. Zurack thanked Mr. Rosen and the Committee with personal thanks to each member by first thanking them for their efforts, time and for caring and supporting HHC. Ms. Zurack stated that when she began her career as SVP/CFO for HHC, Mr. Rappa was chair of the Committee and one of his efforts was to be a constant reminder to Aaron Cohen, retired Network CFO, regarding Bellevue Hospital's LOS that resulted in a change in the corporate report so that facilities like Bellevue would not be subject to that trend relative to having a long LOS. Additionally, Mr. Rappa was extremely adamant about HHC's fixed assets that created some major changes in HHC's auditing and tracking process. Ms. Zurack in thanking each member stated that Mr. Page who was the Budget Director for NYC was an amazing friend to HHC in ways that were probably invisible to some who understood how he devoted his personal time into making phone calls and assisting HHC in getting direct aid and support. Ms. Youssouf was instrumental in the revamping of the Audit Committee during the time HHC was in need of finding ways to eliminate being "at risk" for the lack of proper management, auditing and tracking in some key areas. Ms. Youssouf has transformed the Committee into what has become one of the best Audit Committees to-date. Ms. Bolus who devotes a tremendous amount of time at HHC on various Committees and is very supportive of the Committee's efforts and when Dr. Raju speaks of social justice it is people like Ms. Bolus and Ms. Paoli who stand out as true advocates for that cause. Ms. Zurack stated that her first encounter with Ms. Paoli was when she was Commissioner of Department

of Education (DOE) and she was inspiring then and now. To Mr. Rosen who has been a very close friend, mentor and supporter of HHC in its financial efforts. Mr. Rosen was extremely helpful in assisting in the preparation of her first financial plan and without his assistance it would have been difficult to achieve. Many thanks to all of the members of the Committee for their support, direction and guidance over the years.

Ms. Zurack in thanking Dr. Raju stated that he puts tremendous efforts into helping the financial mission and worked very closely with Finance on getting the required financial resources from the State and federal governments. As a physician he has a rare talent for understanding the fiscal dynamics relative to the overall aspects of fiscal stability. Ms. Zurack also thanked Gassenia Guilford, Assistant Vice President, Finance Administration/Management for her overall coordination and management of the of the agenda for that Committee which she does exceptional well. It is through her efforts that the packaging of the materials presented to the Committee is done in an orderly fashion.

Ms. Zurack moving to the monthly regular reporting stated that the current cash balance was at $301 million or eighteen days of cash on hand and is projected to end the year FY 16 with a cash balance of $190 million or 11.5 days of cash on hand. At the federal level, the budget deal was announced and must pass by 12/11. It includes provisions for the budget through 9/2017 as well as an increase to the debt limit. As it relates to HHC it extends the 2% sequestration cut on Medicare which is $12 million. There is a provision that limits the creation of new off-site hospital-based Medicare clinics. Fortunately, for HHC the new ambulatory care clinics are not hospital based but rather FQHC based and should therefore not be affect by that action. The one provision that is of concern is the repeal of the requirement that large employers must enroll people into a health insurance which would appear to be a bad development given the provision of Obama care. The reporting was concluded.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS KRISTA OLSON/FRED COVINO

Ms. Olson informed the Committee of a change in the reporting of outpatient utilization in order to better reflect workload when it occurred. Visits in both the FY 15 and 16 baseline were changed to reflect date of service. Historically the reporting has been on posted date. HIV counseling visits that cannot be billed were removed from the baseline. Additionally as facilities "go live" on SOARIAN, visits will reflect both checked-in or opened and checked-out closed visits given that this information will be more readily available in that system. Based on those changes, outpatient utilization was down by 1.1%.

Mr. Rosen asked if the change was made to the prior FY 15 so that the data was comparable in comparison to the current FY 16. Ms. Olson replied in the affirmative adding that with that change the data was more reflective of the actual workload. Returning to the reporting, the D&TCs were down by 4.9% and the acute hospitals were down by .6%; discharges were down by 3.3%; nursing home days were down by 1%. The LOS, a comparison of the hospitals to the corporate wide average, Coney Island continued to be well above the corporate average. All other facilities were within the average. The CMI was up by 1.7% over last year.

Ms. Youssouf asked if there is any particular reason why Coney Island has remained above the average and has the hospital taken steps to address this issue.

Ms. Olson stated that it is partially attributable to a decrease in one day stays and a decline across almost all of its service lines.

Mr. Covino continuing the reporting, stated that the global FTEs in comparison to the 6/15 level reflected the year-end headcount for FY 15. The current reporting period, 9/15 is the current level and the target is the FY 16 required level by 6/30/16 for each Network that must be achieved by that date. HHC ended FY 15 at 48,406 FTEs compared to the current level of 49,051 global FTE cap. During the first quarter staffing has increased by 645 global FTEs. That increase is primarily in full time FTEs that are up by 750 and overtime usage converted to FTEs was up by 105 both increases were offset by a reduction in allowances. There has been a transition and migration of staff into full time positions. The increase was primarily in tech/specs up by 189; environmental services up by 136; housekeepers up by 133; aides, clericals up by 83.5; residents up by 75 and RNs up by 62.

Ms. Youssouf asked what HHC's plan is for getting to the targeted level. Mr. Covino stated that the targeted number would be covered later in the reporting; however, Generation+ Network would be presenting their plan for achieving the target later on the agenda.

Ms. Zurack added that it has been reported to the Committee that those areas that make-up HHC's targeted savings of $309 million as included in the financial plan, the status of those focus areas in achieving that target would be done as a monthly information item on the agenda. The global FTE is one of those areas with a projected saving of $100 million. The FQHC projected savings total $30 million; labs, $10 million; $75 million as part of the procurement/supply chain and $72 million in revenue enhancements.

Mr. Covino continuing with the reporting stated that receipts and disbursements through September 2015, receipts were $23.7 million worse than budgeted and disbursements were $40.9 million over budget. The details of those categories would be presented in more detail on page 4 of the report. A comparison of actual cash and disbursements to the prior year for the same period, collections were $384 million over last year. Inpatient receipts were up by $13.6 million; outpatient receipts were up by $1.8 million and all other was up by $369 million due to an increase in grants intracity; $173 million increase due to tax levy and all other grants were up by $26 million; pools were up by $99.5 million due to the distribution of payments for SubSlipa which is scheduled to reflect an additional payment for FY 16 as a result of the advanced payment in FY 15. UPL payments were up by $58 million, $201 million versus $143 million last year. Expenses were up by $445 million compared to last year; personal services were up by $40.8 million that includes new settlements for Doctors Council, $11 million and $13 million for trades. The $40 million also includes the annualization of collective bargaining from the prior year and $10 million in the current FY due to the increase in FTEs. Fringe benefits were up by $40 million compared to last year due to an earlier payment for retirees of $16 million due to the timing of the payroll; an additional $20 million more in GHI & Blue Cross expenses. Normally, the payment is made the Wednesday after the payroll compared to this year the month ended on a Wednesday compared to last year it ended on a Tuesday. Therefore, it was a matter of timing. OTPS expenses

were up by $30.7 million. To-date days in accounts payable were at 53 days compared to 72 days last year which represents the bulk of the increase of approximately $30 million. City payments were up by $309 million due to payments made on behalf of the prior FY 14 to the City for medical malpractice, debt service, health insurance payments and PPS. Affiliation expenses were up by $23.6 million based on collective bargaining and new contract agreements. A comparison of actual to budget, revenues were down by $34 million and there were large fluctuations during the early part of the year but will be monitored closely and the details of those variances will be reported later in the current FY. Expenses were $9.6 million over budget due to an increase in FTEs and an increase in fringe benefits resulting from that. OTPS expenses were $27.7 million over budget due to a decrease in the number of days in accounts payable. Affiliation expenses were $3 million over budget due to a $2.5 million prior year recruitment payment to PAGNY. All other categories were on budget.

Mr. Rosen asked if the headcount is no longer based on FTEs but inclusive of dollars that will result in a $100 million saving as a result of reduction in the headcount.

Mr. Covino responded in the affirmative adding that the budget reflects the target including fringe benefits so if HHC achieves the budget the savings will be realized. For the first quarter against the target HHC is $12 million over.

Ms. Zurack noted that the $12 million was above the target. Mr. Rosen added that it will be a difficult target to achieve by the end of the current FY 16. The reporting was concluded.

INFORMATION ITEM **DENISE SOARES**
NORTHERN MANHATTAN/GENERATION+HEALTH NETWORK

Ms. Zurack introduced Denise Soares, Network Senior Vice President, and Caswell Samms, Network Chief Financial Officer. As previously mentioned the local leaderships will be presenting monthly as an information item to the Committee their Network plans for achieving those targets. This month, Generations+ would be presenting their plan to the Committee.

Ms. Soares stated that Ebone Carrington, Chief Operating Officer, Harlem Hospital Center was also in attendance and Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center was unable to attend due to an ongoing CMS survey at the hospital. However, the reporting would be on a Network basis.

Mr. Samms began the reporting, stating that the expense categories covered multiple areas from full time equivalents, temporary agencies services and affiliate staff. From a global FTE target perspective, Generations+ was at a negative $6.8 million against the target. The presentation would cover some of the things the Network is doing to address the issues and managing within that target by year-end. In analyzing where the Network has increased resources above the baseline, there were some initiatives that were required to be put in place relative to joint commission and CMS as a requirement to address patient safety and life safety issues at the facilities.

Ms. Youssouf asked for clarification of those requirements.

Ms. Soares in response stated that in terms of CMS, one of the issues that the Network had to correct was at Harlem in the emergency department; whereby one of the requirements was to increase ancillary staff, PCA, PCT and hospital police. After moving into the new building there was a need to increase staffing in nursing to adequately cover the various shifts whereby additional nurses were hired. At Lincoln the same requirement was made by CMS and there was a need to increase staffing.

Ms. Youssouf asked if that staffing was permanent. Ms. Soares stated that those were required staffing to address staff shortages that were identified by CMS on an ongoing basis as opposed to temporary staff.

Mr. Samms stated that in the fourth quarter of FY 15 there were two ER expansions for both Lincoln and Harlem that required additional staffing. As part of the Patient Centered Medical Home (PCMH) in meeting the requirement standards, there was a need to hire staff to cover nights and weekends services as part of the PCMH standards. Additionally, there are contractual services that have FTE minimum requirements as part of the contractual agreements with JCI, Crothall and Sodexo.

Ms. Youssouf asked for clarification of those contractual services to which Mr. Samms explained that those contracts are for major service areas in the hospitals; Sodexo, dietary services, JCI, operations and facility staff; and Crothall, environmental services.

Ms. Soares stated that the PCHM staffing requirements were primarily for support services and the schedules were redone to address the staff coverage on nights and weekends. This was one of the ways the Network was able address a staffing requirement without increase staff.

Mr. Samms stated that a number of the Network's patients and consumers prefer to have live interpreters and one of the contractors, CyraCom was not as effective as a translation service. Consequently, as a result of Press Ganey, HHC's survey consultant, findings, the Network has through contracted services engaged interpreters who are proficient in the required needs of the patient population in the Bronx. In terms of opportunities to manage the cap there is no one way to achieve the target; however, there are some areas of opportunity that the Network has begun to explore and will continue to work at maximizing the potential in each area identified from revenue enhancements to PS expense reductions, increasing workload, service expansion, modifications and enhancements. From an expense service reduction perspective the Network is reviewing all expenses relative to service delivery and support; optimizing patient care hours while reviewing the national report that are released and decrease agency nurse usage. The Network is focusing on reducing sick time utilization which is a major factor in terms of how it is being managed by departments; overtime utilization and standardized overtime utilization authorization process across the Network.

Ms. Soares stated that one of the main areas of focus is employee usage of sick time as it relates to agency nurses. If an employee calls in sick during that period and works through the agency, that employee would not be allowed to do any overtime or agency work for two weeks.

Ms. Youssouf asked for clarification of the agency nurse usage relative to sick leave.

Ms. Zurack interjected that some of HHC nurses moonlight through nurse agencies and work through the agency at HHC facilities and also work overtime. In essence the facility has identified the need to enforce the requirement that an employee must get the work done without calling in sick and working through the agency.

Ms. Soares stated that a significant amount of monitoring is required to enforce that requirement.

Ms. Youssouf asked how the Network would know when an employee works for the agency. Ms. Soares stated that those employees work for HHC and would be identified on a report that is provided by the agency.

Mr. Samms stated that the Network gets detailed reports from the agencies that show usage by employee that are monitored closely.

Ms. Zurack stated that in the past HHC switched to a vendor, MedAccess that provides that level of detail prior to engaging that vendor that data was not readily available.

Mr. Page asked what the process is for an employee to switch from HHC payroll to the agency.

Mr. Samms stated that nurses prefer to get paid upfront as oppose to dong overtime which often takes longer to be compensated.

Ms. Zurack stated that the general consensus amongst HHC nurses is that they would prefer to get paid in a separate check as oppose to working overtime and having it be included as part of the regular pay and at higher tax rate. Also nurses as part of their contract can work flex time or twelve hour shifts and as such the isolation of the overtime from the regular time is a longer process that can take up to a month to finalize.

Ms. Soares added that it is also the way in which the contract is constructed. Ms. Zurack stated that essentially it is the flexing within the nursing staff that makes it difficult to pay overtime as it is worked as the nurses would like it to be. Consequently, the nurses prefer to go through the agency.

Mr. Page asked if it is more costly for HHC to go through the agency as oppose to the staff working overtime.

Ms. Soares stated that it would depend on the hours worked and the scheduling.

Mr. Samms stated that the Network is currently reviewing the details of the agency usage to determine when and if it is less costly to do one or the other with the goal of reducing the reliance on agency usage and overtime.

Mr. Page commented that it would appear that based on the discussions it cost more to go through an agency.

Ms. Zurack stated that it would depend as Mr. Samms indicated it would be subtle; however, HHC has engaged a firm, NASH to analyze its nursing staffing and to develop a model to optimize that mix. Therefore, until that work is completed it is yet to be determine which is cheaper, overtime or agency.

Ms. Youssouf asked how the Network would know when a nurse works at a facility outside of HHC and whether that would be an issue.

Ms. Zurack stated that monitoring sick leave more closely and the data would not show when a nurse works at a hospital outside of HHC.

Mr. Page added that the data would show when a nurses within HHC works at another HHC facility through an agency. Ms. Zurack responded in the affirmative.

Ms. Soares added that the majority of HHC nursing staff work at HHC due to their practice and the electronic medical record in addition to the nurses' familiarity with HHC's system is also a factor.

Ms. Paoli stated that essentially nurses could use their sick time and work through an agency or work overtime to increase their pay.

Ms. Soares stated that for that reason, it is being monitored with the objective of reducing that cost.

Mr. Samms stated that the Network is doing a managerial review to determine how to consolidate various functions/role in the same area.

Ms. Soares stated that an example of that type of consolidation is in ambulatory care the registration and clerical staff in some instance are handling the same functions.

Mr. Samms stated that the objective is to simplify the process so that patients can access care without any major impediments in ambulatory care.

Ms. Youssouf asked if the Network has undertaken any of those targeted areas. Mr. Samms stated that the Network has begun a number of those reviews and reductions.

Ms. Soares added that as part of the process all vacancies are being reviewed to determine whether those positions are needed; can be consolidated or eliminated and reassigning those functions to other staff.

Mr. Samms stated that specifically each department has been asked to submit a staffing plan and how those needs are aligned within the budget.

Mr. Page asked if the staff has been cooperative. Ms. Samms stated that thus far the cooperation has been extremely positive. The department heads have been cooperative and understand the importance of achieving the target.

Ms. Soares stated that one of the things that has been positive for the Network is transparency in reference to what is taking place and why the Network has to achieve those efforts, the cooperation has been forthcoming.

Mr. Samms stated that from a workflow standpoint, the Network is attempting to reinvigorate its strategy as it relates to community providers to ensure that patients are utilizing the hospitals within the Network given that the Network's risk pools with MetroPlus and HealthFirst are approximately 40%. Additionally, regular meetings with providers and community based organizations to identify

any issues relative to perception, quality of care and patients access to care; reviewing ER flow within the Network in order to maximize ER usage and flow.

Ms. Soares stated that the goal is to increase visits and enhance relationships with EMS.

Ms. Youssouf asked if the Network was using Breakthrough to assist in achieving those efforts. Ms. Soares stated that there is a corporate Breakthrough event relative to ER flow and the Network has review other RIES to assist in determining the best practices across the system.

Ms. Youssouf asked if there is an issue with people using the ER.

Mr. Samms stated that it basically relates to the flow within the ER that is being reviewed to determine how to reduce waiting time and to ensure the maximum flow to achieve that effort so that people are not walking out without getting care.

Ms. Soares added that there is an ER dashboard to review and monitor those efforts.

Mr. Samms stated that the Network is focusing on the ambulatory care transformation as it relates to access measures, appointments and scheduling for patients and to decrease the "no shows," to increase access within the outpatient services. Reviewing the expansion of services, surgery, dental, medicine, primary care and maternal child care services.

Ms. Youssouf asked if there is a particular type of surgery the hospitals within the Network are best known for.

Mr. Samms stated that at Harlem bariatric surgery has a high volume.

Mrs. Bolus asked if the outpatient surgery would remain as part of the hospital.

Ms. Soares stated that ambulatory surgery is at the facility as part of the hospitals.

Mr. Samms stated that when the rebasing is done and the workload increases there will be positive outcomes. The Network is reviewing its revenues and possible enhancement initiatives; documentation and coding efforts are also being reviewed; improving the case mix index, ancillary charge capture to improve collectability; registration review to improve and standardize the process; maximizing outpatient billing; ambulatory care coding in the various areas; and billing for interpreter services.

Ms. Youssouf asked if those services were billable and what does OPD billing include.

Mr. Samms stated that the bulk of the billing staff were focused on the inpatient service as opposed to outpatient. Currently the same level and efforts are being done in both areas in order to ensure maximum billing in the outpatient services given that more work is required as part of the billing process. Additionally, the Network is reviewing low volume high costs services; grants with large in-kind contributions are also under review in order to maximize opportunities to close the gap where possible.

Ms. Paoli asked what the objective is in that undertaking of reviewing the low volume services and what would that process include.

Mr. Samms stated that a service line profit and loss statement for each facility was done and based on that analysis the Network can pinpoint where the gaps are and how those gaps can be closed or reduced by involving the chief of services and clinical staff on how to address those issues. In terms of determining what to streamline relative to those gaps, based on a review of the process within the same services, there were functions that were not being done that are currently being addressed. There is a process in place to capture some of the issues and how those issues are being resolved.

Ms. Soares added that another example would be orthopedics, whereby Harlem has an orthopedic staff and Lincoln has an orthopedic contract. Therefore the Network is review those processes to determine whether the contract can be eliminated and done by the Harlem orthopedic staff.

Mr. Samms stated that some of the other areas that the Network has been focusing on included OTPS spending which was $5.5 million below budget and other miscellaneous initiatives.

Mr. Rosen stated that basically what Mr. Samms has stated is that the Network is ahead by $15 million in revenue that more than offsets the negative variance in the headcount. To which Mr. Samms responded in the affirmative.

Ms. Youssouf asked what did that mean in terms of dollars. Mr. Samms stated that the Network is $6.8 million over. Mr. Rosen added that there is an overage in the headcount of $7 million that is offset by over collections in revenues of $15 million. Basically, the Network is on target in meeting the targeted reduction.

Mr. Covino stated that the Network through September 2015 has a $5.5 million surplus in the budget that includes the global FTE cap.

Ms. Youssouf asked what happens if the Network achieves the dollar reduction but not the global FTE reduction target.

Ms. Zurack stated that it is the dollars that is of importance.

Ms. Paoli added that it would appear that the new positions were added to generate additional revenues.

Ms. Zurack stated that there are various type of revenues, whereby revenues increase due to an increase in market share and workload and it is important that the Networks focus on those areas in order to achieve the reduction targets.

Mr. Page asked how many staff are involved in working to achieve those initiatives. Ms. Samms stated that there are approximately 100 people across the Network who meet on a regular basis to review and discuss how to meet the target.

Dr. Raju added that the presentation was reflective of a Network driven plan that includes opportunities within the Network to meet the target.

Ms. Youssouf asked if the headcount was a proxy for the dollars needed to generate the savings. Mr. Covino stated that it is both given that the budget includes the dollar reductions which is inclusive of both in reviewing the budget in meeting the targets.

Ms. Zurack added that it was important to clarify the use of the term headcount as opposed to FTEs which have been expanded to include all expenses relative staffing, temporary staff, affiliation, overtime conversions given that the staffing is related to workload this allows the Networks flexibility in achieving the targets. It is not a headcount but an FTE. The reporting was concluded.

ADJOURNMENT **BERNARD ROSEN**

There being no further business to discuss, the meeting was adjourned at 10:05 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KEY INDICATORS
FISCAL YEAR 2016 UTILIZATION

Year to Date
October 2015

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS						
	FY 16	FY 15	VAR %	FY 16	FY 15	VAR %	ACTUAL	EXPECTED	FY 16	FY 15
North Bronx										
Jacobi	134,656	145,138	-7.2%	5,959	6,674	-10.7%	6.1	6.4	1.0392	0.9487
North Central Bronx	68,977	70,105	-1.6%	2,156	1,403	53.7%	4.5	4.8	0.6925	0.8372
Generations +										
Harlem	102,578	105,471	-2.7%	4,037	3,935	2.6%	5.4	5.9	0.9429	0.9339
Lincoln	179,392	186,094	-3.6%	7,377	7,807	-5.5%	4.9	5.3	0.8328	0.8008
Belvis DTC	19,075	18,275	4.4%							
Morrisania DTC	27,250	28,598	-4.7%							
Renaissance	13,781	15,034	-8.3%							
South Manhattan										
Bellevue	182,753	202,746	-9.9%	7,841	8,133	-3.6%	6.5	6.4	1.1533	1.0906
Metropolitan	130,854	138,701	-5.7%	3,328	2,799	18.9%	4.8	5.3	0.8056	0.8584
Coler				89,166	91,511	-2.6%				
H.J. Carter				38,142	38,283	-0.4%				
Gouverneur - NF				24,931	24,715	0.9%				
Gouverneur - DTC	84,663	90,407	-6.4%							
North Central Brooklyn										
Kings County	221,530	236,844	-6.5%	7,341	7,473	-1.8%	6.0	6.0	0.9629	0.9963
Woodhull	161,564	165,788	-2.5%	3,528	4,011	-12.0%	5.0	5.2	0.8601	0.8342
McKinney				37,959	38,100	-0.4%				
Cumberland DTC	24,891	27,821	-10.5%							
East New York	26,456	28,569	-7.4%							
Southern Brooklyn / S I										
Coney Island	121,978	110,705	10.2%	4,749	5,275	-10.0%	7.1	6.3	0.9988	0.9307
Seaview				36,663	36,682	-0.1%				
Queens										
Elmhurst	222,899	215,013	3.7%	6,527	6,977	-6.4%	6.3	5.6	0.9174	0.8756
Queens	144,941	145,493	-0.4%	4,032	4,234	-4.8%	5.2	5.2	0.8086	0.7908
Discharges/CMI-- All Acutes				56,875	58,721	-3.1%			0.9399	0.9173
Visits-- All D&TCs & Acutes	1,868,238	1,930,802	-3.2%							
Days-- All SNFs				226,861	229,291	-1.1%				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the September 2015 Board Report, FY15 and FY16 utilization will now be based on date of service and HIV counseling visits that are no longer billable have been excluded. Visits continue to include Clinics, Emergency Department and Ambulatory Surgery.

LTC: SNF and Acute days

All Payor CMI

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

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 2016 BUDGET PERFORMANCE ($s in 000s)

Year to Date October 2015

NETWORKS	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 15	Oct 15	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
North Bronx									
Jacobi	4,189	4,275		$ 185,935	$ (1,403)	$ 226,657	$ (11,309)	$ (12,712)	-3.2%
North Central Bronx	1,391	1,406		61,429	1,009	69,156	2,363	3,372	2.6%
	5,580	5,681	5,610	$ 247,363	$ (394)	$ 295,813	$ (8,946)	$ (9,340)	-1.7%
Generations +									
Harlem	3,191	3,222		$ 125,245	$ 3,269	$ 149,776	$ (9,758)	$ (6,488)	-2.5%
Lincoln	4,197	4,277		187,967	8,600	193,321	1,428	10,029	2.7%
Belvis DTC	141	144		4,224	(872)	6,140	(50)	(923)	-8.2%
Morrisania DTC	261	264		6,323	(927)	9,964	(845)	(1,772)	-10.8%
Renaissance	174	175		4,582	(744)	7,001	(137)	(881)	-7.2%
	7,964	8,082	7,358	$ 328,342	$ 9,326	$ 366,202	$ (9,361)	$ (36)	0.0%
South Manhattan									
Bellevue	5,899	6,016		$ 265,640	$ (2,922)	$ 291,720	$ (12,905)	$ (15,827)	-2.9%
Metropolitan	2,709	2,739		97,885	(1,683)	115,614	(7,717)	(9,400)	-4.5%
Coler	1,224	1,238		37,638	2,299	46,878	(3,962)	(1,663)	-2.1%
H.J. Carter	972	1,007		43,052	(111)	52,378	(4,223)	(4,334)	-4.7%
Gouverneur	890	893		25,001	(7,341)	39,102	475	(6,866)	-9.5%
	11,694	11,893	11,599	$ 469,216	$ (9,758)	$ 545,691	$ (28,331)	$ (38,090)	-3.8%
North Central Brooklyn									
Kings County	5,559	5,573		$ 258,740	$ (299)	$ 291,859	$ 5,477	$ 5,178	0.9%
Woodhull	3,148	3,162		139,711	8,880	149,348	(6,364)	2,516	0.9%
McKinney	467	470		14,565	(466)	15,693	394	(71)	-0.2%
Cumberland DTC	236	230		7,985	(1,172)	10,102	(1,974)	(3,146)	-18.2%
East New York	233	236		8,953	(866)	9,932	352	(515)	-2.6%
	9,643	9,671	9,436	$ 429,954	$ 6,077	$ 476,934	$ (2,115)	$ 3,962	0.4%
Southern Brooklyn/SI									
Coney Island	3,229	3,360		$ 113,664	$ (12,144)	$ 153,916	$ (11,434)	$ (23,578)	-8.8%
Seaview	538	559		17,023	87	18,326	(2,162)	(2,076)	-6.3%
	3,767	3,919	3,465	$ 130,686	$ (12,057)	$ 172,242	$ (13,596)	$ (25,654)	-8.5%
Queens									
Elmhurst	4,492	4,528		$ 167,892	$ (15,527)	$ 208,806	$ (5,172)	$ (20,699)	-5.3%
Queens	2,918	2,994		118,118	(2,065)	162,498	(5,855)	(7,920)	-2.9%
	7,410	7,522	7,426	$ 286,010	$ (17,592)	$ 371,304	$ (11,026)	$ (28,618)	-4.3%
NETWORKS TOTAL	**46,058**	**46,768**	**44,894**	**$ 1,891,572**	**$ (24,399)**	**$ 2,228,185**	**$ (73,377)**	**$ (97,775)**	**-2.4%**
Central Office	770	777	770	243,551	7,033	115,172	387	7,420	2.1%
Care Management	518	537	518	8,228	(4,184)	14,827	(1,602)	(5,786)	-22.6%
Enterprise IT/Epic	1,060	1,078	1,110	3	(399)	60,932	6,309	5,909	8.7%
GRAND TOTAL	**48,406**	**49,160**	**47,292**	**$ 2,143,353**	**$ (21,950)**	**$ 2,419,116**	**$ (68,283)**	**$ (90,233)**	**-2.0%**

Global Full-Time Equivalents (FTEs) include HHC staff and overtime, hourly, temporary and affiliate FTEs. Enterprise IT includes consultants.

Care Management includes HHC Health & Home Care and the Health Home program.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2016 vs Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of October 2015			Fiscal Year To Date October 2015		
	actual 2016	actual 2015	better / (worse)	actual 2016	actual 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	$ 81,637	$ 76,272	$ 5,366	$ 309,438	$ 275,725	$ 33,712
Medicaid Managed Care	59,841	57,850	1,991	235,237	217,199	18,038
Medicare	40,797	49,331	(8,533)	185,851	194,012	(8,161)
Medicare Managed Care	23,282	25,599	(2,317)	86,380	111,606	(25,226)
Other	17,902	15,973	1,929	68,447	74,812	(6,364)
Total Inpatient	$ 223,460	$ 225,025	$ (1,564)	$ 885,353	$ 873,354	$ 11,999
Outpatient						
Medicaid Fee for Service	$ 12,350	$ 13,766	$ (1,416)	$ 49,149	$ 78,210	$ (29,062)
Medicaid Managed Care	31,360	31,124	236	162,720	132,655	30,065
Medicare	4,500	4,747	(247)	19,785	21,548	(1,763)
Medicare Managed Care	9,401	7,912	1,490	31,913	32,603	(689)
Other	10,265	12,512	(2,247)	49,993	48,853	1,140
Total Outpatient	$ 67,876	$ 70,061	$ (2,185)	$ 313,560	$ 313,868	$ (309)
All Other						
Pools	$ 6,506	$ 107,614	$ (101,108)	$ 124,919	$ 126,488	$ (1,569)
DSH / UPL	256,245	-	256,245	457,345	143,000	314,345
Grants, Intracity, Tax Levy	2,013	7,403	(5,390)	313,182	118,665	194,517
Appeals & Settlements	18,848	(2,405)	21,253	18,976	(7,382)	26,357
Misc / Capital Reimb	8,376	4,060	4,316	30,019	19,448	10,571
Total All Other	$ 291,988	$ 116,672	$ 175,317	$ 944,441	$ 400,219	$ 544,221
Total Cash Receipts	**$ 583,324**	**$ 411,757**	**$ 171,567**	**$ 2,143,353**	**$ 1,587,442**	**$ 555,912**
Cash Disbursements						
PS	$ 207,984	$ 256,376	$ 48,392	$ 921,216	$ 928,816	$ 7,600
Fringe Benefits	60,596	91,869	31,273	290,082	281,408	(8,674)
OTPS	142,228	139,778	(2,450)	520,698	486,562	(34,136)
City Payments	-	-	0	309,405	-	(309,405)
Affiliation	82,308	80,009	(2,299)	350,776	324,899	(25,877)
HHC Bonds Debt	7,130	7,179	49	26,940	27,031	91
Total Cash Disbursements	**$ 500,246**	**$ 575,210**	**$ 74,964**	**$ 2,419,116**	**$ 2,048,716**	**$ (370,400)**
Receipts over/(under) Disbursements	**$ 83,078**	**$ (163,453)**	**$ 246,531**	**$ (275,763)**	**$ (461,274)**	**$ 185,511**

New York City Health & Hospitals Corporation
Actual vs Budget Report
Fiscal Year 2016 (in 000's)
TOTAL CORPORATION

	Month of October 2015			Fiscal Year To Date October 2015		
	actual 2016	budget 2016	better / (worse)	actual 2016	budget 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	$ 81,637	$ 84,075	$ (2,438)	$ 309,438	$ 304,798	$ 4,640
Medicaid Managed Care	59,841	59,878	(37)	235,237	241,837	(6,600)
Medicare	40,797	41,927	(1,130)	185,851	181,158	4,694
Medicare Managed Care	23,282	26,963	(3,680)	86,380	98,488	(12,108)
Other	17,902	20,696	(2,795)	68,447	84,289	(15,842)
Total Inpatient	$ 223,460	$ 233,540	$ (10,080)	$ 885,353	$ 910,569	$ (25,216)
Outpatient						
Medicaid Fee for Service	$ 12,350	$ 16,657	$ (4,308)	$ 49,149	$ 60,531	$ (11,382)
Medicaid Managed Care	31,360	32,891	(1,531)	162,720	171,503	(8,783)
Medicare	4,500	5,818	(1,317)	19,785	23,961	(4,175)
Medicare Managed Care	9,401	7,969	1,432	31,913	32,201	(287)
Other	10,265	11,517	(1,253)	49,993	51,995	(2,003)
Total Outpatient	$ 67,876	$ 74,853	$ (6,977)	$ 313,560	$ 340,191	$ (26,631)
All Other						
Pools	$ 6,506	$ 7,543	$ (1,037)	$ 124,919	$ 125,394	$ (474)
DSH / UPL	256,245	256,245	(0)	457,345	457,345	(0)
Grants, Intracity, Tax Levy	2,013	3,201	(1,188)	313,182	313,713	(531)
Appeals & Settlements	18,848	(2,047)	20,895	18,976	(4,674)	23,650
Misc / Capital Reimb	8,376	8,237	140	30,019	22,766	7,253
Total All Other	$ 291,988	$ 273,179	$ 18,810	$ 944,441	$ 914,544	$ 29,897
Total Cash Receipts	**$ 583,324**	**$ 581,571**	**$ 1,753**	**$ 2,143,353**	**$ 2,165,303**	**$ (21,950)**
Cash Disbursements						
PS	$ 207,984	$ 202,425	$ (5,559)	$ 921,216	$ 906,097	$ (15,119)
Fringe Benefits	60,596	58,961	(1,635)	290,082	287,155	(2,926)
OTPS	142,228	122,208	(20,020)	520,698	472,935	(47,763)
City Payments	-	-	0	309,405	309,405	0
Affiliation	82,308	82,478	170	350,776	347,981	(2,795)
HHC Bonds Debt	7,130	6,815	(315)	26,940	27,260	320
Total Cash Disbursements	**$ 500,246**	**$ 472,886**	**$ (27,360)**	**$ 2,419,116**	**$ 2,350,833**	**$ (68,283)**
Receipts over/(under) Disbursements	**$ 83,078**	**$ 108,686**	**$ (25,607)**	**$ (275,763)**	**$ (185,530)**	**$ (90,233)**

INFORMATION ITEM – NETWORK PRESENTATION

NYC HEALTH+ HOSPITALS | Woodhull

NYC HEALTH+ HOSPITALS | Kings County

Global FTE Plan - Status Update
Fiscal Year 2016

Finance Committee

December 1, 2015

NYC HEALTH+ HOSPITALS | McKinney

NYC HEALTH+ HOSPITALS | East New York
A Gotham Health Center

NYC HEALTH+ HOSPITALS | Cumberland
A Gotham Health Center

NYC HEALTH+ HOSPITALS

Global FTE Status Assessment Summary

- The North and Central Brooklyn Network health care facilities are working towards compliance with the Global FTE Plan by the close of FY 2016 (June 30, 2016). All facilities are engaged in routine personnel service monitoring, productivity assessment and global FTE account coordination. Efforts are focused on sustaining quality service delivery and improving the patient experience while effectively managing limited resources, but encouraging sustainable growth opportunities.

- Challenges achieving Global FTE plans do exist when regulatory mandate/requirements and new programs are introduced that do not reconcile with Global FTE Targets. Continued communication and collaboration with CO Finance are anticipated to address operational anomalies that impact global FTE plans.

NYC HEALTH+ HOSPITALS

Impact of Behavioral Health Staffing Requirements (DOJ Settlement – Kings County)

An additional 475 FTE'S were hired in BH over the last six years as part of the settlement agreement with the Department of Justice. During this period of time, BH has been working closely with The Department of Justice(DOJ) to come in compliance with over 200 specific provisions ranging from IM medication policies to group therapy sessions.

Below is a summary of the issues identified and the current status to date:

- Initial assessment of the staffing needs was made as part of the settlement agreement with the DOJ resulting in the development of an initial staffing plan and model.
- Based on the assessed needs and ongoing compliance, staffing levels were reassessed resulting in additional DOJ related asks. In accordance with the settlement agreement, staffing levels have been reassessed and reported every six months for the past 6 years.
- Currently, clinical needs are being assessed to ensure sustainment of the goals achieved to date. Our focus is to attain full compliance with the settlement agreement.

NYC HEALTH+ HOSPITALS

Global FTE Expense Impact Summary

Facilities	FY 14 Global FTEs thru June Year End Actuals	Actual Global FTEs (9/30/2015	Global FTE Target (6/30/2015)	FTE Reduction Target	Total Global FTE Actual Expenditure Thru Sept 30th	FY16 Cumulative Global PS Dollar Cap Thru Sept	Target vs Total *Better/(Worse)*
Kings County	5,645	5,549	5,231		$ 116,971,150	$ 114,618,728	
Woodhull	3,138	3,163	3,229		71,733,544	72,379,285	
McKinney	465	476	518		6,851,034	7,579,374	
Cumberland	240	231	234		4,692,542	4,625,409	
East New York	225	243	222		4,534,328	4,441,279	
Total	9,713	9,663	9,434	229	$ 204,782,598	$ 203,644,076	$ (1,138,522)

- To narrow the Expense Variance in the Global FTE Plan, North and Central Brooklyn Facilities have:
  1) Exercised judicious use of overtime.
  2) Executed Temp Conversions (Reduce Expense).
  3) Required vacant position requests to include a productivity and ROI metric.
  4) Reconciled Departmental Performance against key Personnel Service Indicators.

NYC HEALTH+ HOSPITALS

New Programs Post NYC Health+ Hospitals Global FTE Plan Development (Woodhull / ENY)

- Woodhull received Capital Funding and Approval to establish a Comprehensive Psychiatric Emergency Program (CPEP). CPEP operating requirements increase the facility head count by 10 FTE's. The CPEP FTE's were not included in the Global FTE Targets.

- HIV Program Services previously offered at Brookdale Hospital were reestablished at East New York to maintain care delivery to former Brookdale patients. This shift in service resulted in East New York increasing headcount by 11.0 FTEs. The positions are not incorporated into the Global FTE Plan and materially contribute to the actual FTE variance reported for East New York.

- Network will work with Central Office Finance on making adjustments where applicable.

NYC HEALTH+ HOSPITALS

Ongoing Global FTE Management Efforts

- Departmental Staffing Plan Meetings.
- Local Vacancy Control / Review.
- Routine Budget Meetings with all Stakeholders.
- Continued Monitoring of Temporary Agency Personnel.
- Affiliation staff Vacancy Reviews through the Joint Oversight Committee (JOC).

INFORMATION ITEM - PAYOR MIX REPORTS

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
INPATIENT PAYOR MIX
Fiscal Year 2016 1st Quarter Report

INPATIENT: Percentage of Total Discharges For Each Facility

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Corporate Total
Medicaid Total												
2016	**59.8**	**52.7**	**65.1**	**63.4**	**60.1**	**62.1**	**67.7**	**67.3**	**66.5**	**66.0**	**72.9**	**63.4**
2015	**50.4**	**54.6**	**64.8**	**60.3**	**61.2**	**59.2**	**66.8**	**68.3**	**55.8**	**62.4**	**72.4**	**60.9**
Medicaid												
2016	28.0	22.3	24.8	22.4	19.3	24.5	20.6	25.4	20.2	26.0	27.7	**24.0**
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
Medicaid Plans												
2016	31.8	30.4	40.2	40.9	40.8	37.5	47.1	41.9	46.3	40.0	45.3	**39.4**
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
Medicare Total												
2016	**17.6**	**35.2**	**20.7**	**23.0**	**23.5**	**20.0**	**22.2**	**21.5**	**19.2**	**22.8**	**18.5**	**21.9**
2015	**17.7**	**33.3**	**19.1**	**22.6**	**20.7**	**18.5**	**22.3**	**16.1**	**27.5**	**22.2**	**17.8**	**21.0**
Medicare												
2016	9.5	24.5	10.7	10.9	12.3	10.0	7.2	10.0	10.1	13.1	8.5	**11.2**
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
Medicare Plans												
2016	8.1	10.6	10.0	12.1	11.2	10.0	15.0	11.5	9.1	9.7	10.0	**10.7**
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
Commercial Total												
2016	**9.1**	**9.2**	**7.8**	**7.6**	**11.9**	**10.4**	**7.8**	**5.3**	**7.7**	**8.1**	**5.7**	**8.6**
2015	**9.7**	**7.5**	**8.7**	**7.9**	**10.4**	**11.2**	**7.5**	**4.8**	**8.2**	**8.0**	**5.4**	**8.6**
Commercial												
2016	7.0	5.4	4.9	6.5	8.2	7.0	6.3	3.4	5.5	4.9	3.0	**6.0**
2015	7.2	5.4	5.9	5.9	7.3	6.6	5.9	3.1	5.7	5.2	3.2	5.9
Commercial Mg. C												
2016	2.2	3.8	2.8	1.1	3.7	3.4	1.5	1.9	2.2	3.1	2.7	**2.6**
2015	2.5	2.1	2.8	2.0	3.1	4.6	1.6	1.7	2.4	2.9	2.2	2.7
Other												
2016	**6.6**	**0.1**	**2.1**	**0.3**	**0.2**	**0.1**	**0.3**	**0.2**	**0.3**	**0.3**	**0.2**	**1.4**
2015	**7.9**	**0.1**	**2.2**	**0.2**	**0.2**	**0.1**	**0.4**	**0.1**	**0.2**	**0.3**	**0.1**	**1.6**
Uninsured												
2016	**6.9**	**2.8**	**4.4**	**5.8**	**4.4**	**7.4**	**2.0**	**5.8**	**6.3**	**2.8**	**2.7**	**4.8**
2015	**14.2**	**4.5**	**5.2**	**9.0**	**7.5**	**11.0**	**3.0**	**10.7**	**8.4**	**7.0**	**4.3**	**7.9**
HHC Options												
2016	1.1	0.6	1.4	1.1	1.5	0.8	0.6	1.4	0.5	0.4	1.7	**1.0**
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
Self Pay												
2016	5.8	2.2	3.0	4.7	2.9	6.6	1.5	4.4	5.9	2.4	1.0	**3.8**
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

FY16 (run date: 11/18/15)
FY15 (run date: 10/27/14)

Note: All numbers are percentages.

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

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2016 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
Medicaid Total																		
2016	**41.8**	**32.9**	**40.9**	**49.4**	**50.2**	**49.9**	**49.7**	**47.1**	**54.2**	**38.8**	**42.7**	**52.7**	**45.8**	**54.9**	**34.2**	**54.5**	**44.8**	**44.9**
2015	**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**
Medicaid																		
2016	9.7	9.6	9.6	11.2	9.6	13.8	9.3	11.1	8.7	8.7	8.0	5.4	10.6	6.9	5.7	5.4	4.4	9.7
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
Medicaid Plans																		
2016	32.1	23.3	31.3	38.2	40.6	36.1	40.4	36.0	45.6	30.1	34.7	47.3	35.2	48.0	28.5	49.0	40.4	35.1
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
Medicare Total																		
2016	**18.4**	**18.8**	**13.7**	**21.1**	**19.8**	**15.0**	**21.2**	**19.4**	**15.5**	**18.7**	**18.5**	**15.4**	**13.5**	**16.1**	**25.9**	**14.7**	**19.1**	**18.3**
2015	**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**
Medicare																		
2016	7.9	11.7	5.9	9.5	9.3	7.3	6.3	7.1	6.2	7.9	6.1	3.9	5.1	6.4	9.6	4.9	7.4	7.5
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
Medicare Plans																		
2016	10.4	7.1	7.8	11.6	10.5	7.7	14.9	12.3	9.3	10.8	12.4	11.6	8.4	9.7	16.3	9.8	11.7	10.8
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
Commercial																		
2016	**10.7**	**8.7**	**7.7**	**9.2**	**13.0**	**11.2**	**10.9**	**7.3**	**12.2**	**7.5**	**8.6**	**7.9**	**9.2**	**10.2**	**11.9**	**8.7**	**10.9**	**9.8**
2015	**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**
Other																		
2016	**2.6**	**0.4**	**0.8**	**0.5**	**1.6**	**0.4**	**1.1**	**0.2**	**0.3**	**0.2**	**0.6**	**0.0**	**0.2**	**0.0**	**1.3**	**0.0**	**0.0**	**0.9**
2015	**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**
Uninsured Total																		
2016	**26.5**	**39.2**	**37.0**	**19.8**	**15.4**	**23.6**	**17.2**	**26.0**	**17.7**	**34.7**	**29.6**	**24.1**	**31.3**	**18.8**	**26.8**	**22.1**	**25.2**	**26.2**
2015	**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**
HHC-Options																		
2016	18.5	31.2	28.9	11.4	9.8	18.1	9.8	19.3	13.5	24.9	25.6	16.7	28.3	15.6	23.7	19.7	16.6	19.7
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
Self Pay																		
2016	8.0	7.9	8.0	8.4	5.5	5.5	7.3	6.8	4.2	9.8	4.0	7.4	3.0	3.2	3.1	2.5	8.6	6.5
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

FY16 (run date: 11/23/15)
FY15 (run date: 10/27/14)

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 2016 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
Medicaid Total																		
2016	**82.7**	**72.1**	**77.2**	**84.8**	**83.4**	**73.3**	**85.5**	**88.1**	**84.6**	**68.5**	**78.9**	**87.2**	**81.9**	**77.0**	**80.8**	**85.5**	**77.6**	**80.1**
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**
Medicaid																		
2016	6.1	8.2	3.7	8.5	4.8	6.8	6.4	5.5	5.9	5.3	5.7	5.2	6.3	5.7	5.5	4.8	6.7	5.8
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
Medicaid Plans																		
2016	76.6	63.9	73.5	76.2	78.6	66.5	79.1	82.6	78.7	63.2	73.2	82.0	75.6	71.4	75.3	80.7	71.0	74.3
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
Commercial Total																		
2016	**12.2**	**11.9**	**9.9**	**10.4**	**11.2**	**16.5**	**8.9**	**7.4**	**8.9**	**17.4**	**13.7**	**6.9**	**9.6**	**14.7**	**13.0**	**8.7**	**13.6**	**11.7**
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**
Child Health Plus																		
2016	4.6	5.1	5.5	2.9	3.7	5.8	4.9	4.1	3.9	6.7	5.0	3.3	3.7	4.2	3.6	3.9	3.8	4.7
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
Non-CHP Plans																		
2016	7.6	6.8	4.4	7.6	7.5	10.8	4.0	3.2	5.0	10.8	8.7	3.7	5.9	10.5	9.4	4.7	9.9	7.1
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
Other																		
2016	**0.3**	**0.1**	**0.1**	**0.2**	**0.5**	**0.5**	**1.0**	**0.0**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.2**
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**
Uninsured Total																		
2016	**4.9**	**15.9**	**12.8**	**4.6**	**4.9**	**9.7**	**4.6**	**4.6**	**6.5**	**14.0**	**7.4**	**5.9**	**8.5**	**8.3**	**6.2**	**5.9**	**8.7**	**7.9**
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**
HHC-Options																		
2016	1.0	1.4	0.7	0.4	0.6	4.9	0.3	0.5	1.0	0.9	1.6	1.3	2.3	3.3	0.8	3.0	0.4	1.4
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
Self Pay																		
2016	3.9	14.4	12.1	4.2	4.3	4.8	4.4	4.1	5.5	13.1	5.8	4.6	6.2	5.0	5.4	2.9	8.3	6.5
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

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