

FINANCE COMMITTEE AGENDA

Date: December 13, 2018
Time: 11:00 am
Location: 125 Worth Street, Board Room

Call to Order

Bernard Rosen

Adoption of the October 15, 2018 Minutes

I. Senior Vice President's Report

John Ulberg

- First Quarter Update

II. Financial Reports Status

- Key Indicators
- Cash Receipts and Disbursements

Krista Olson
Michline Farag

III. Information Items

- Payor Mix

Krista Olson

Old Business

New Business

Adjournment

Bernard Rosen

MINUTES

Finance Committee

Meeting Date: October 15, 2018

Board of Directors

The meeting of the Finance Committee of the Board of Directors was held on October 15, 2018 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Gordon Campbell
Helen Arteaga Landaverde
Emily Youssouf
Matthew Siegler, designee of Mitchell Katz in a voting capacity

OTHER ATTENDEES

M. Daliana, Partner, Hawkins Delafield & Wood
C. Chen, Analyst, OMB
F. Leonard, Analyst, OMB
J. Merrill, Analyst, City Council

HHC STAFF

P. Albertson, Vice President, Supply Chain
E. Barlis, CFO, Jacobi/NCB
M. Brito, CFO, Post Acute Care
L. Castaldi, Deputy CFO, MetroPlus
A. Cohen, General Counsel/Senior Vice President
E. Coleman, CFO, Metropolitan
E. Cosme, CFO, Gotham
F. Covino, Senior Assistant Vice President, Corporate Budget
J. Cuda, CFO, MetroPlus
M. Figueroa, CFO, Harlem
R. Fischer, CFO, Bellevue
B. Foley, Senior Vice President, Acute Care
C. Hercules, Chief of Staff, Board Office
B. Ingraham-Roberts, Assistant Vice President, Central Office
P. Lok, Senior Director, Central Office Finance
T. Long, Vice President
A. Marengo, Senior Vice President
K. Olson, Assistant Vice President, Corporate Budget
A. Pai, Central Finance
K. Park, CFO, Coney Island

L. Saravia, Senior Executive Secretary, Board Office
M. Siegler, Senior Vice President
LR Tulloch, Senior Director, OFD
J. Ulberg, Senior Vice President/CFO, Corporate Finance
J. Weinman, Corporate Comptroller, Corporate Finance
S. Van Orden, Assistant Vice President, Central Finance
E. Wei, Chief Quality Officer
D. Wilson, Senior Director, Central Office Audit
S. Zhou, Deputy CFO, Post Acute Care
R. Zhu, Deputy CFO, Gotham

CALL TO ORDER**BERNARD ROSEN**

Mr. Bernard Rosen called the meeting to order at 12:22 pm. The minutes of the September 13, 2018 meeting were approved as submitted.

SENIOR VICE PRESIDENT’S REPORT**JOHN ULBERG**

Mr. John Ulberg noted that the committee meetings were running behind. In the interest of time, the meeting launched into the agenda items immediately.

SHORT TERM CAPITAL FINANCING UPDATE**JOHN ULBERG, PAULENE LOK**

Mr. Ulberg and Ms. Paulene Lok provided an update on the Short Term Capital Financing program with the last update being in May. Through resolutions approved in July 2013, April 2015 and September 2015, the NYC Health + Hospitals Board authorized equipment and other short term financing of up to \$120 million, with the goal of allowing the system to establish a flexible short term financing program with “as needed” access to capital funds from one or more banks over multiple years. This short-term financing program is secured by a secondary lien on the Health Care Reimbursement Revenue, after the Bondholders lien.

Under this program, there are two borrowings currently outstanding – the 2015 loan of \$60 million with JPMorgan Chase to finance medical equipment purchases at a 2.0880% fixed rate which matures on July 1, 2022 and the 2017 loan of \$60 million with Citibank to finance routine renovation and IT projects. The Citibank loan has two components – a fixed rate loan which borrowed \$30 million at 2.17% fixed rate, matures on November 1, 2022 and a variable rate loan, available to be borrowed, up to \$30 million. The Citibank variable rate loan has a one-year availability period which expires October 31, 2018. It has a five year maturity from rate of drawdown, and a 2.16% indicative rate as of September 26, 2018 which is tied to the weekly SIFMA (Securities Industry and Financial Markets Association) index.

The Chase loan is fully utilized. The loan has vouched funds of \$59 million and encumbered funds of \$59.8 million as of September 30, 2018. The outstanding loan is \$48.4 million as of September 30. The Citibank loan has vouched funds of \$43.2 million and encumbered funds of \$46.7 million as of September 30, 2018. The outstanding loan as of September 30, 2018 is \$30 million, and, in October, the remainder will be drawn down.

With no further questions, the report was concluded.

BOND COUNSEL ACTION ITEM**JOHN ULBERG, PAULENE LOK**

Mr. Ulberg and Ms. Lok presented a resolution to authorize the President of the New York City Health and Hospitals Corporation (the “System”) to negotiate and execute a contract with Hawkins Delafield & Wood LLP (“Hawkins”) to provide bond counsel services related to the structuring and continuing implementation of the System’s tax-exempt financing program for the period beginning December 1, 2018 through November 30, 2021, with two one-year renewal options solely exercisable by the System all at hourly rates (Partners, \$465 per hour; Senior Associates, \$415 per hour; Associates, \$390 per hour; Junior Associates, \$245 per hour; and paraprofessionals, \$160 per hour). Health + Hospitals currently finances major capital projects, ongoing capital improvements and major movable equipment through funds received from the proceeds of tax-exempt bonds and/or leases issued by the System or by other issuers on behalf of the System. Experienced bond counsel is needed to prepare and review documents, to issue formal independent legal opinions relating to security and

tax law, and other areas, and to provide related legal advice. This action is being brought to the Board because it is under OP 40-58 (Debt Finance & Treasury) which requires Board approval.

A Request for Proposals (RFP) was released on May 21. The RFP requested 30% Minority and Women Business Enterprises (MWBE) participation. Two firms submitted proposals on June 25, and both firms were invited to present to the selection committee on August 6. Ms. Emily Youssouf asked for confirmation that only two firms submitted proposals. Mr. Rosen noted Health + Hospitals does not issue that much debt, therefore, there is not much activity. Ms. Youssouf concurred but noted that serving as bond counsel to Health + Hospitals is a big deal, and that she thought more firms would be interested in bidding. Mr. Rosen asked for confirmation that Hawkins had served as bond counsel before, and that the funds are not spent unless the services are used, and Health + Hospitals will be charged at the noted government rates. Mr. Gordon Campbell asked how long Hawkins had served as bond counsel, and Ms. Lok answered since 1993. Mr. Campbell asked if the MWBE requirement would be met, and Ms. Lok noted that the requirement had been waived for this contract in the past. Although the RFP requested this participation through the released procurement, there may be an issue meeting this requirement. Michaela Daliana, a Partner at Hawkins, was asked to join the discussion. She has been with Hawkins since 1995, including working on Health + Hospitals matters. Ms. Daliana noted that the Health + Hospitals MWBE requirement seemed to address minority representation for general contractors and subcontractors. The intent seems to be that Health + Hospitals interacts with the contractor, and insulates themselves from interactions with the subcontractors. However, legal firms are serving as counsel, and not subcontracting the work. The firm's malpractice insurance would not cover subcontractors. Mr. Campbell asked if the requirement should have been included, if it is not possible for bond counsel services to meet the requirement, and asked for a review by Supply Chain and Legal. Ms. Youssouf agreed that the requirement should not be included, if it is not applicable for bond counsel services. Mr. Rosen asked if the City of New York uses Hawkins services. Ms. Daliana answered, not currently as bond counsel, but the City did in the past.

Ms. Lok continued the presentation. The committee scored and selected the firm on August 6. The selected vendor was Hawkins Delafield & Wood LLP. The contract terms are three years, with two 1-year renewal options. The three year term is from December 1, 2018 through November 30, 2021. The resolution was brought for motion, seconded, and the motion carried.

ACCOUNTS RECEIVABLE ACTION ITEM

MARJI KARLIN, BOB MELICAN

Ms. Marji Karlin and Mr. Bob Melican presented a resolution to authorize New York City Health and Hospitals Corporation (the "System") to execute an agreement with six vendors for the provision of accounts receivable ("AR") services, in four specialized AR areas, as requested by the System. The six vendors are Betz Mitchell Associates, Inc., JZanus Ltd., MedMetrix LLC, nThrive Inc., PhyCare Solutions, Inc., and Sutherland Healthcare Solutions, Inc. Each agreement shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with a total amount over the combined five-year term not to exceed \$46,381,321 to the six vendors.

The Office of Revenue Management received approval on July 24 to release an RFP for long-term Accounts Receivable (AR) vendors across 4 categories - Insured Low Dollar & High Volume, Self-Pay Early Out, Workers Compensation, and Out-of-State Medicaid. The Self-Pay Early Out work is not a traditional collection activity. The vendors serve as supplemental business office to collect self-pay, and will provide due diligence on patient balances, prior to collection agency referral. All vendors have certified financial aid counselors to help

patients apply for Medicaid and/or H+H Options. The contracts are contingency-based reimbursement with terms of 3 years starting in October 2018 with two renewals each of one year. Mr. Rosen asked about the percentages taken by the vendors, and Ms. Karlin noted that it varied by category, with a range of 5.3% to 12%. Ms. Youssouf noted that the contingency-based reimbursement was important, and recommended including that in the resolution. Mr. Rosen asked for Legal to review and edit, and Ms. Andy Cohen confirmed Legal would.

Mr. Campbell asked if these are vendors that Health + Hospitals worked with in the past, and Ms. Karlin noted that these vendors have not worked in these categories. For example, there had been work on inpatient bad debt. Mr. Campbell asked if this contract would be similar to Huron, in terms of the end point where Health + Hospitals staff will completely take over the work at the end of the contract. Ms. Karlin noted that the need for vendors will not necessarily end completely, but there would be a reduced reliance over time. She also noted a cost threshold in which it is more cost effective to have vendors doing some work versus hiring internal staff do the work. Mr. Campbell agreed on the trade-off, and asked if internal resident experts on staff would be developed. Ms. Karlin confirmed that there would be a balance. Mr. Rosen noted that the collection activity should not harass patients, and Mr. Ulberg agreed.

Health + Hospitals is partnering with vendors to supplement existing staff activities. Vendors will receive referrals of accounts receivable that Health + Hospitals is unable to address. Over the five-year term of the contract, the projected expenses are not to exceed of \$46,381,000 with an annual contract value of \$9.4 Million over four categories. The projected net revenue is about \$442 million. The Insured Low Dollar & High Volume annual revenue is projected at about \$64.7 million with an annual expense of \$6.1 million. The Self Pay Early Out annual revenue is projected at about \$29.3 million with an annual expense of \$2.6 million. The Workers Compensation annual revenue is projected at about \$2.2 million with an annual expense of \$0.6 million. The Out-of-State Medicaid annual revenue is projected at about \$1.3 million with an annual expense of \$0.1 million. Mr. Rosen noted that the projections were very high. Ms. Youssouf asked where the projections came from. Mr. Melican noted that Health + Hospitals worked with Huron on the projections, and that they were the middle of the road estimates focused on new populations. Ms. Karlin noted that the data models utilized historical AR numbers and historical write-offs, how much was collected, how much was collectible, and then discounted those numbers.

Ms. Youssouf asked what was counted in the low dollar and high volume category. Ms. Karlin answered that it was focused on outpatient accounts, including insurance balances of low dollar value, approximately \$3,000-\$8,000 across the facilities, and what staff was not following-up on when there was no response from insurance companies. Ms. Youssouf asked why the work on accurate billing would not address this. Ms. Arteaga Landaverde asked if the work was focusing on past accounts. Ms. Karlin noted that it was both old and current/ongoing referrals, as staff are being hired and trained, and as EPIC is being implemented. Ms. Youssouf asked if the low dollar threshold was less than \$10,000, and Ms. Karlin noted that it varied by facility. Mr. Campbell asked if it was pursuing money left on the table, and Mr. Ulberg answered it was focusing on cases that staff were not focusing on, and that EPIC would also help with this work. Ms. Youssouf noted that prior reports at Committee meetings noted finances looking better because of the revenue cycle work being done, and asked if this work had not been pursued before. Mr. Fred Covino noted that this work was focusing on getting to all the cases, including partial payments and denials, and Ms. Karlin answered that the revenue cycle work was focused on doing the work right the first time, obtaining a much higher pay rate the first time through Huron work, EPIC implementation, and training, and getting paid more cleanly upfront. Mr. Campbell

asked if this work did not include those efforts, including the Huron work. Ms. Youssouf asked if this was in Huron's scope of work. Ms. Karlin noted that Huron had recommendations about the categories of AR work that should include developing partnerships to work on these receivables. However, the focus of the Huron work was not implementation of that work, but creating a framework for Health + Hospitals to do that work. Huron helped develop a dashboard that included these metrics.

Ms. Youssouf asked if self-pay was the uninsured. Ms. Karlin answered that it was a combination of both uninsured and balances after insurance. Ms. Youssouf expressed concern that the work was focusing on a population that cannot afford to pay, and that it was worrisome that collection agencies would be calling those patients. Ms. Karlin noted that this was not traditional collection agency work, this is not dialing for dollars. The goal was to qualify individuals for insurance or to apply for the Options program. These vendors have certified financial counselors to work with patients. Mr. Campbell asked if the projected \$97.5 million was in the 2020 financial plan, and Mr. Ulberg confirmed it was.

Six vendors were selected across the four categories. Ms. Youssouf asked if the vendors had hospital system references, and have those references been called. Ms. Karlin noted that there were references, they have not been called yet, and that they would be contacted. She noted that she did have some knowledge of a few of the proposed vendors from her prior work. Insured Low Dollar & High Volume vendors are MedMetrix, nThrive, and Sutherland. Self-Pay Early Out vendors are Betz Mitchell, JZanus, and Sutherland. The Workers Compensation vendor is Betz Mitchell, and the Out-of-State Medicaid vendor is PhyCare. All vendors agree to participate in the MWBE process with four vendors have identified MWBE partners. The Office of Legal Affairs will work with remaining two vendors to ensure compliance with the MWBE program. The low dollar, high volume and the self-pay early out categories will have three vendors each to allow for comparison of efficiency; better performing vendors will receive more referrals. Ms. Youssouf asked if there was a way to track complaints about vendors harassing patients, and Mr. Rosen noted that the vendors should not be too aggressive. Ms. Karlin noted that three vendors were selected so that referrals could be made among the three, and so that one agency would not become overwhelmed with all the referrals. If patient complaints are high among a particular vendor, then referrals could be made to the other vendors. Mr. Campbell noted that Health + Hospitals does not want to leave the projected \$29.3 million of the Self-Pay Early Out on the table. Ms. Youssouf agreed, and also noted that self-pay work has always been a challenge. Mr. Campbell noted that progress is being made, and that it would be reported at the Strategic Planning Committee.

The resolution was brought for motion pending the revised resolution language noting the contingency-based reimbursement, seconded, and the motion carried pending the revised resolution language.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss, Mr. Rosen adjourned the meeting at 12:54 pm.



NYC Health + Hospitals

Finance Committee – December 13, 2018



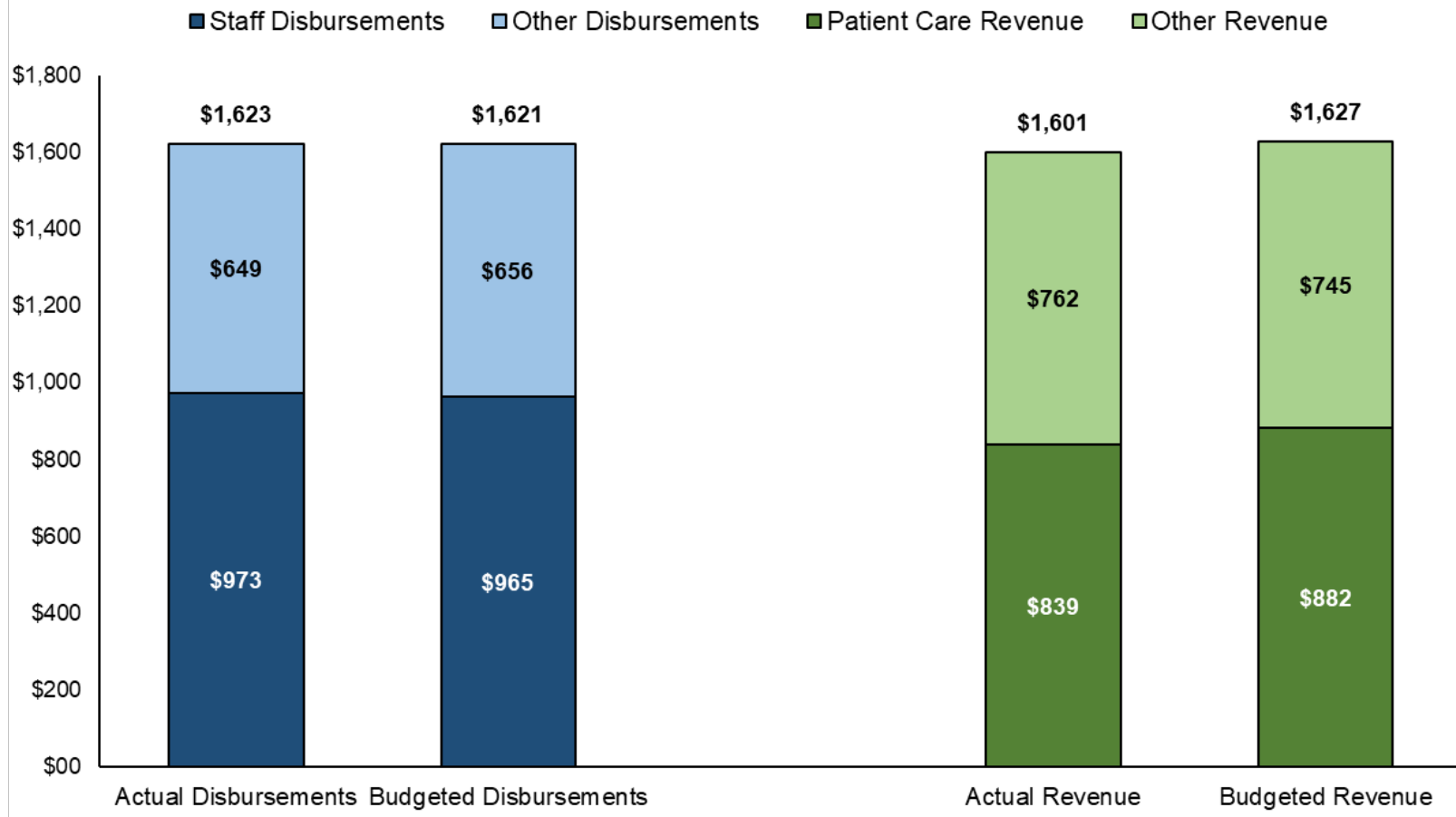
Financial Performance

Quarter 1, Fiscal Year 2019

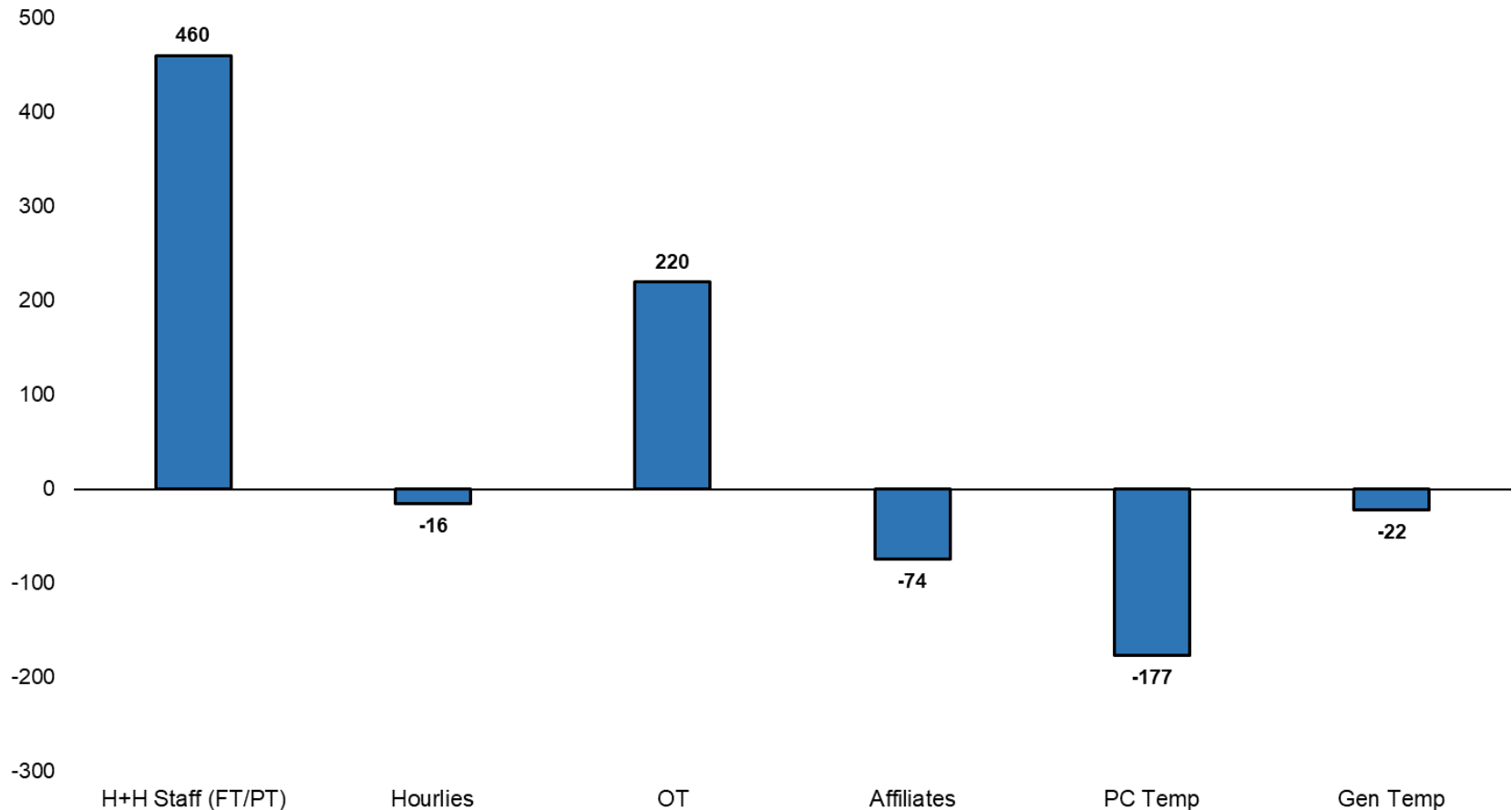
Expense and Revenue: Actuals vs Budget

Quarter 1, FY19
\$ in Millions

- Net Margin was break even through Q1 (within 1%) with both Revenues and Expenditures tracking close to Budget.
- Patient Care Revenue is \$43M off FY19 Target but holding steady against FY18 while Disbursements for staffing outpaced estimates due to Strategic Hires.



- Global FTEs grew by 391 for Q1, moving away from temp hires and toward full time staffing.
- Growth in staffing is in line with NYC H+H Strategic Direction with significant investments in clinical staff (including nursing) and revenue cycle positions.



- Implemented “pause” on system-wide hiring through end of January to better manage our resources and ensure targeted growth.
(exceptions include health and safety staff; exemptions include physicians and residents)
- Made investments into Clinical Models, including our nursing model, DSRIP-funded initiatives and revenue cycle in anticipation of better patient care and higher ROIs.
- During the pause, facilities will submit their attrition and OT control plans to meet adjusted gaps beyond the approved models.

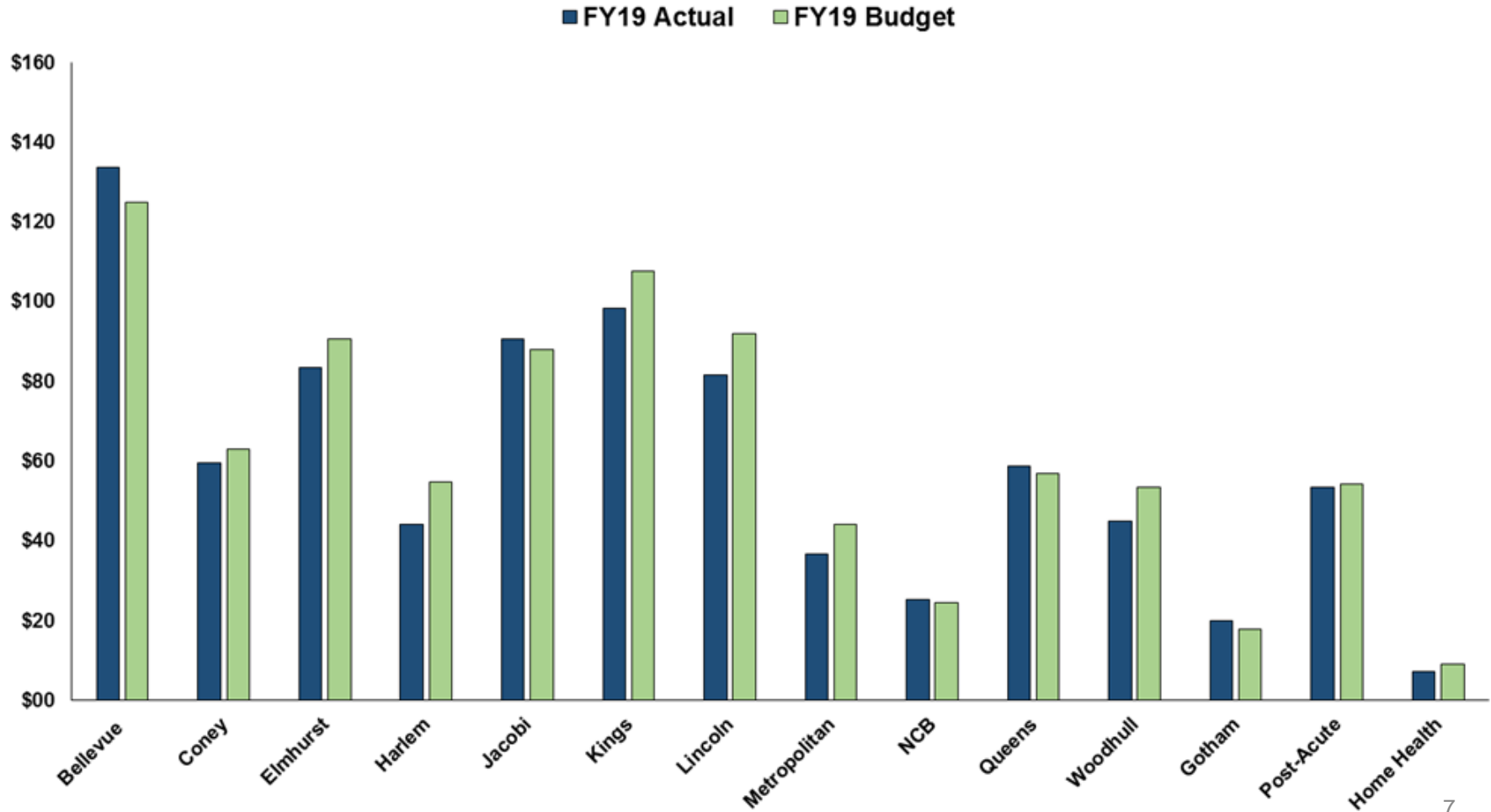
Patient Care Revenue

Quarter 1, Fiscal Year 2019

Patient Care Revenue: Facility View

Quarter 1, FY19

- \$43M Revenue short of budget is not spread across all facilities: NCB, Queens, Jacobi, and Bellevue, have exceeded their direct patient care revenue budget.

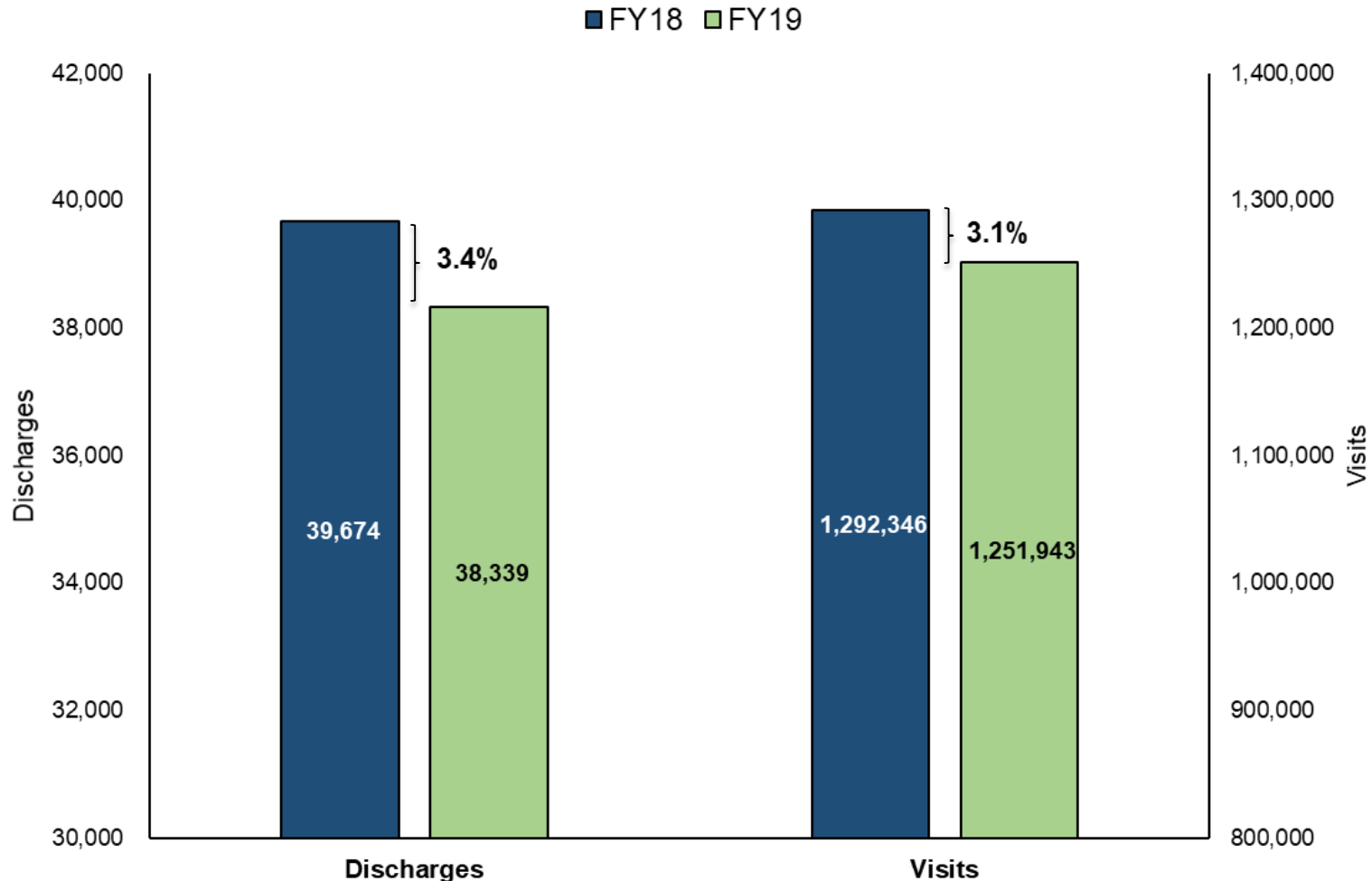


- Increase staff productivity:
 - Collaboration with Facilities and Union to train and coach staff to improve outcomes
- Improve ED Registration Accuracy:
 - Incomplete/incorrect information leads to billing delays
- One-time and recurring vendor placements
- Clinical Documentation Improvement (CDI) and Coding Initiatives
- ED Charge Capture Initiative

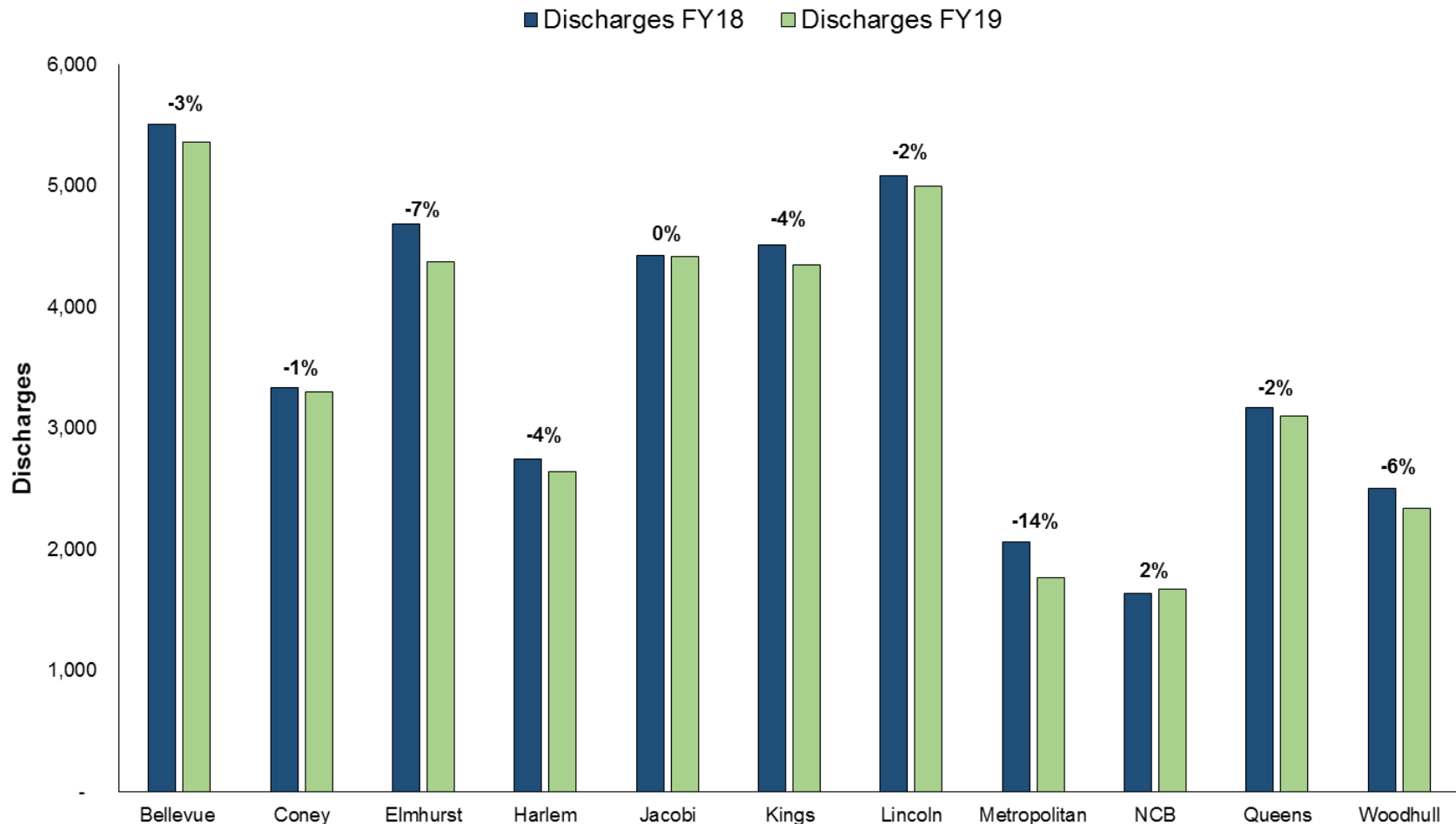
Utilization

Quarter 1, Fiscal Year 2019

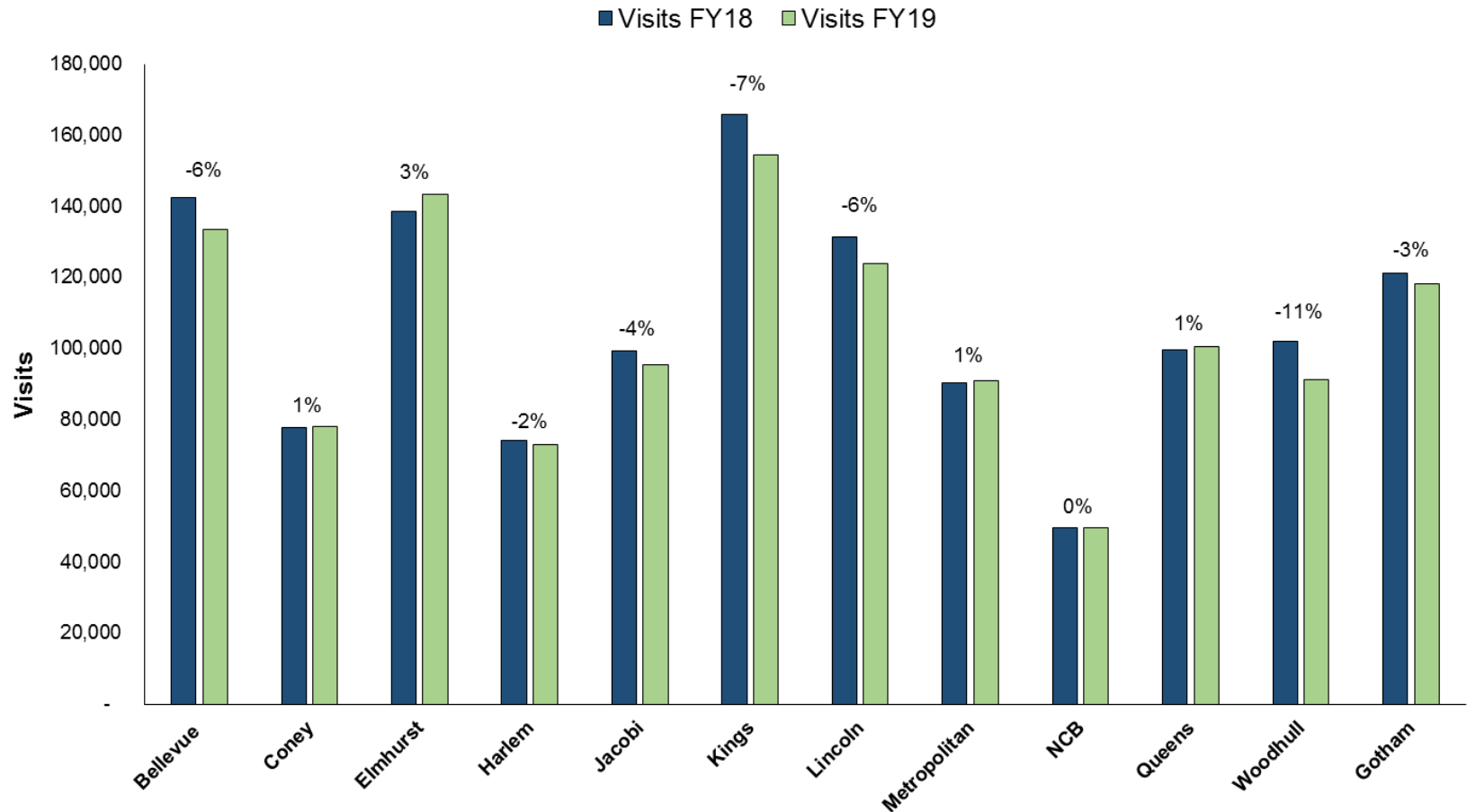
- Utilization is down across the system, both in discharges and visits.
- FY19 utilization continues decline seen in FY18 of approximately 3%.



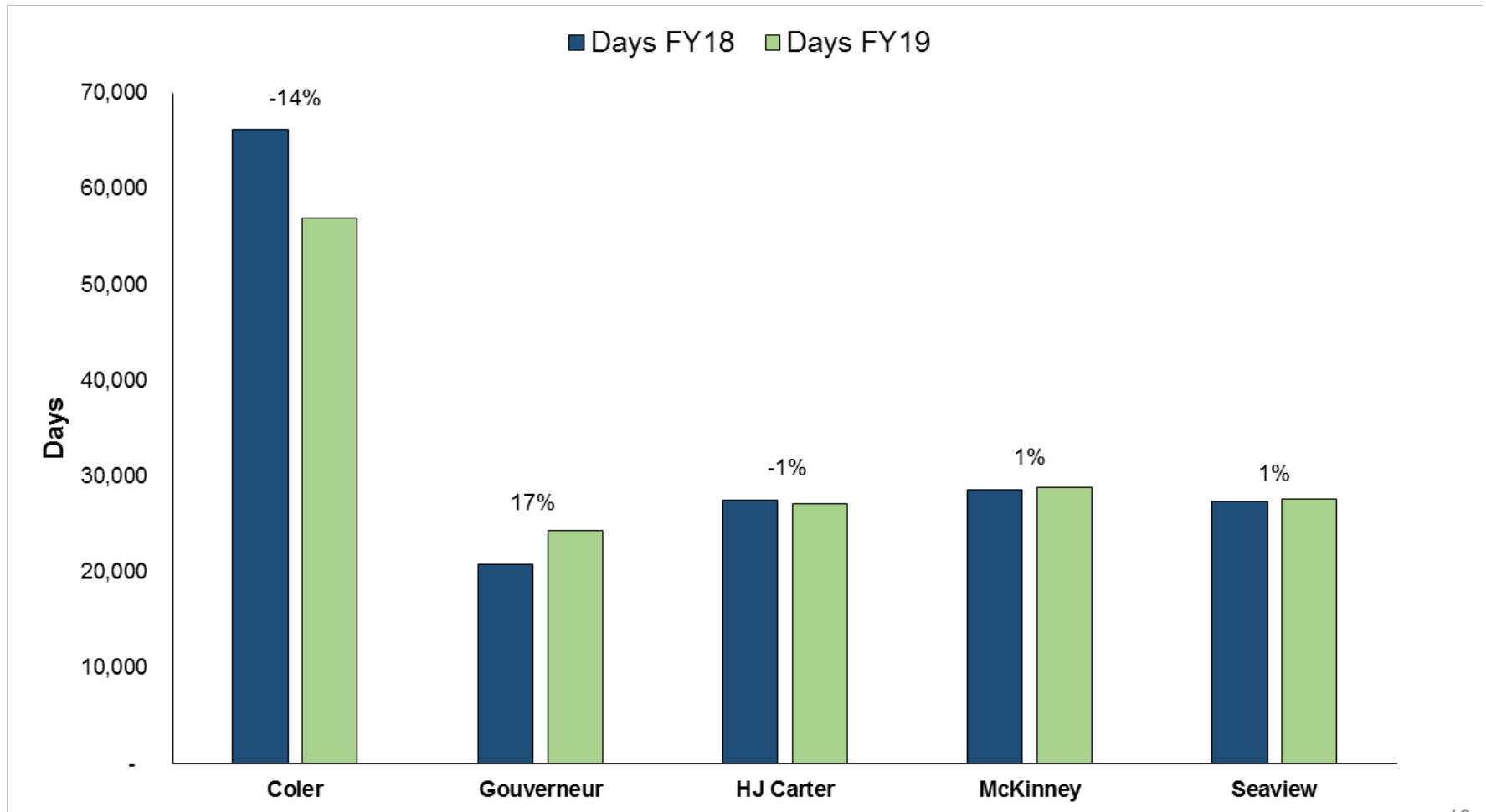
- Acute Facilities' discharges went down on average 3.4%, with Metropolitan dropping the most (-14%) and NCB growing by 2%, and Jacobi and Coney dropping marginally.



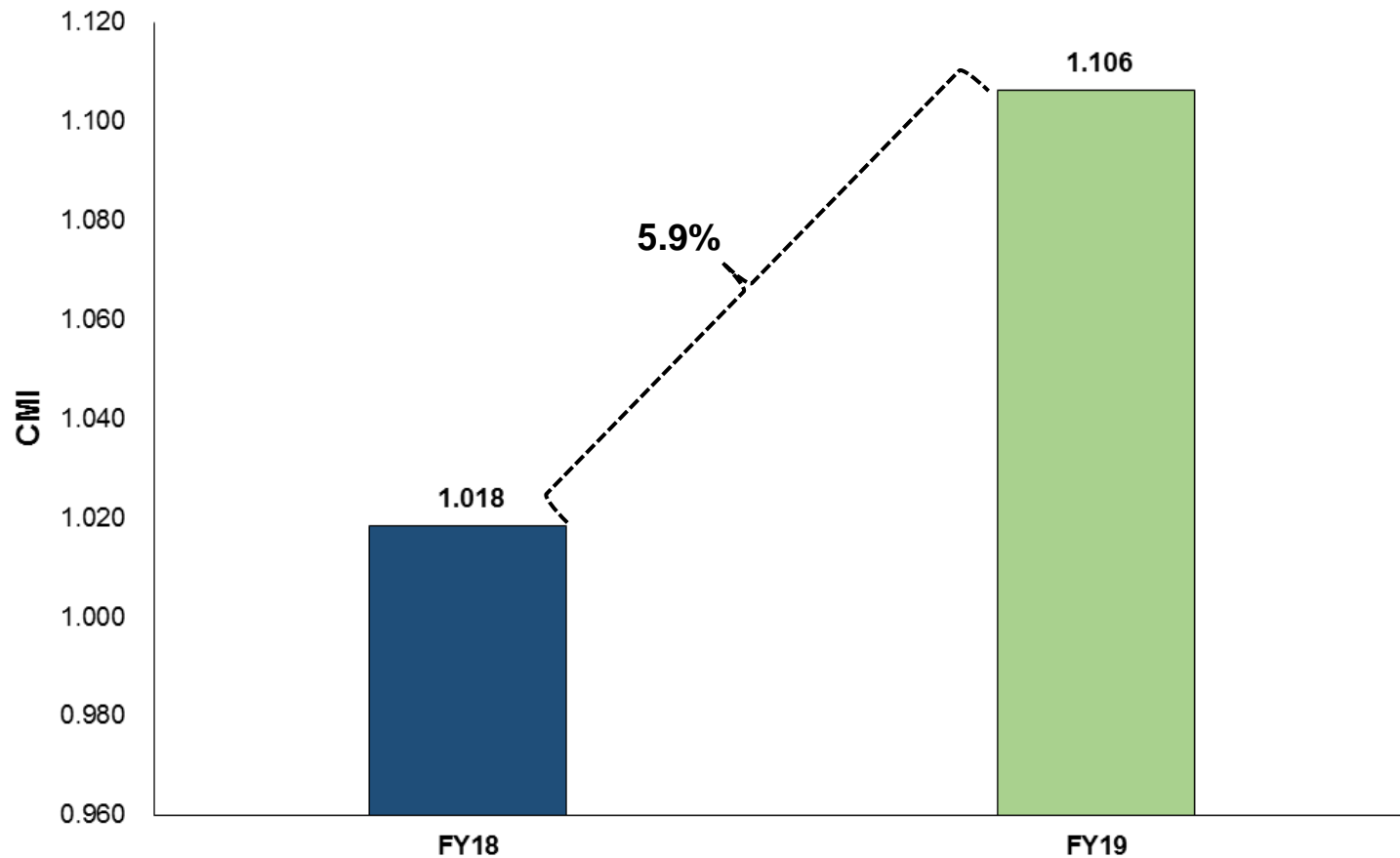
- Visits (Acutes and DTCs) are down -3.1% overall, Acutes are down by -3.2%; DTCs by -2.5%. A number of facilities increased slightly (Coney, Elmhurst, Metropolitan, and Queens).
- Substantial drops have occurred at Bellevue, Kings, Lincoln, and Woodhull.



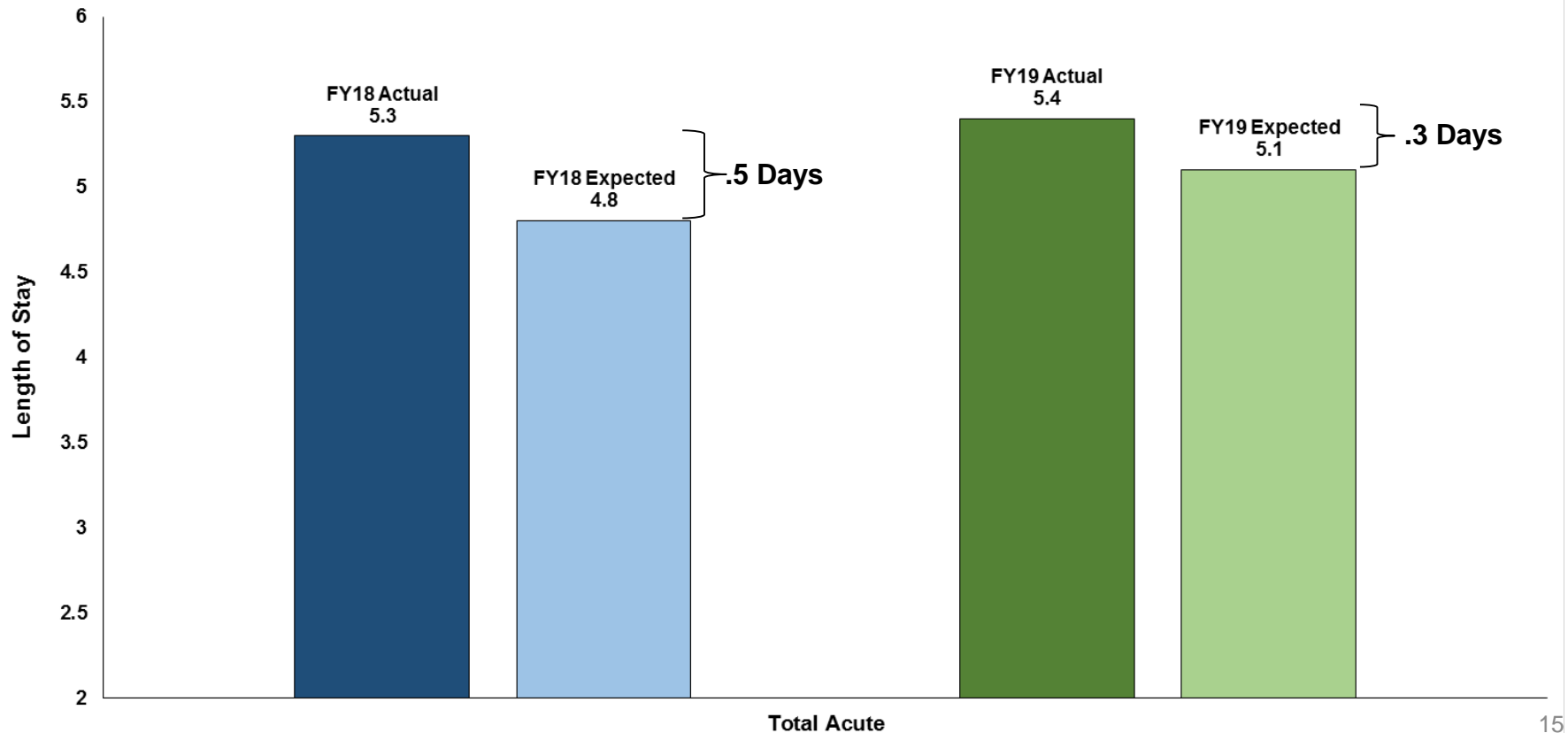
- Post-Acute care days are down 3.3% overall, driven primarily by Coler, which is down by 14.1%.



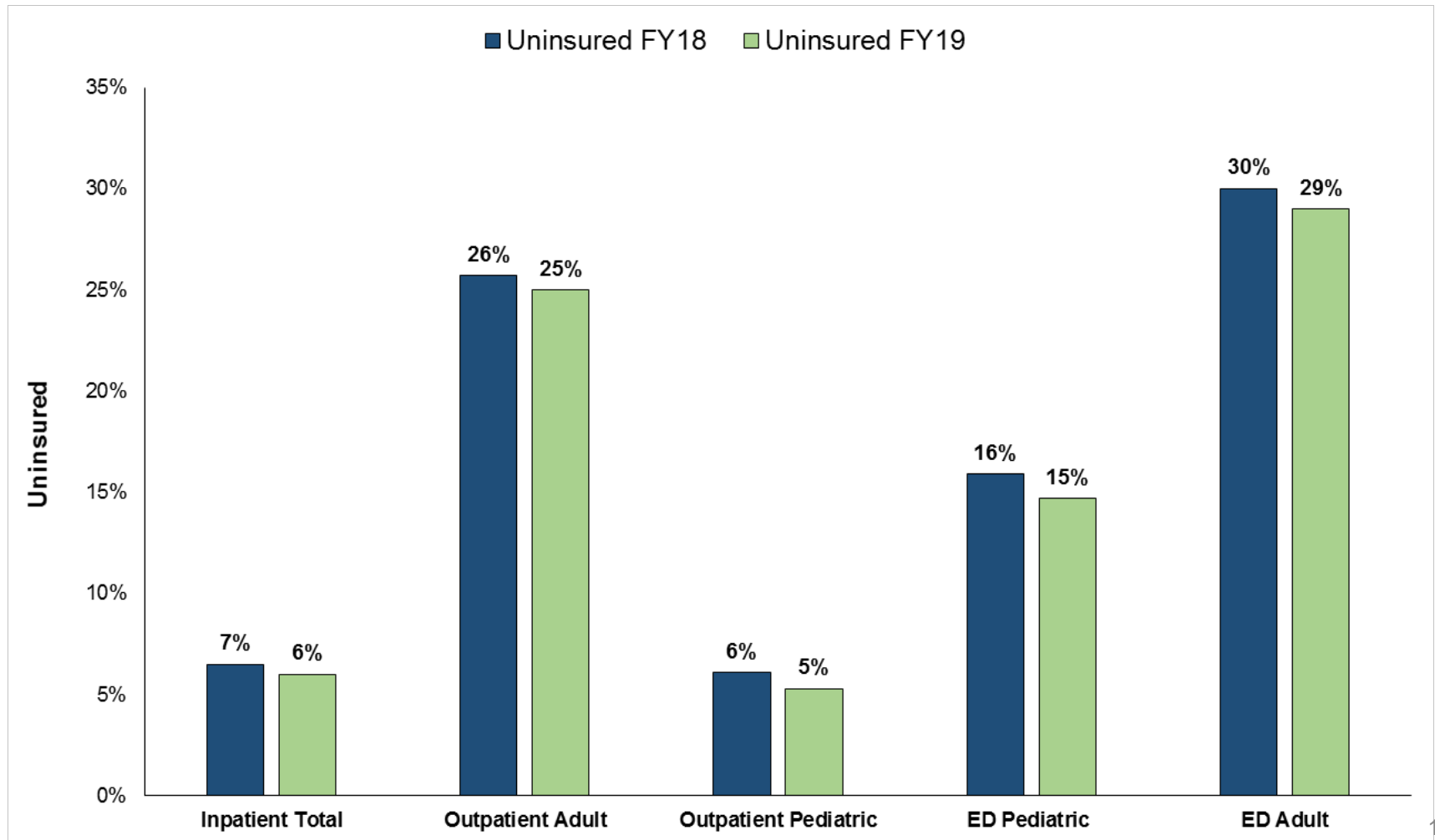
- CMI has increased 5.9% year to date over FY18, primarily the result of clinical documentation improvement and coding initiatives.



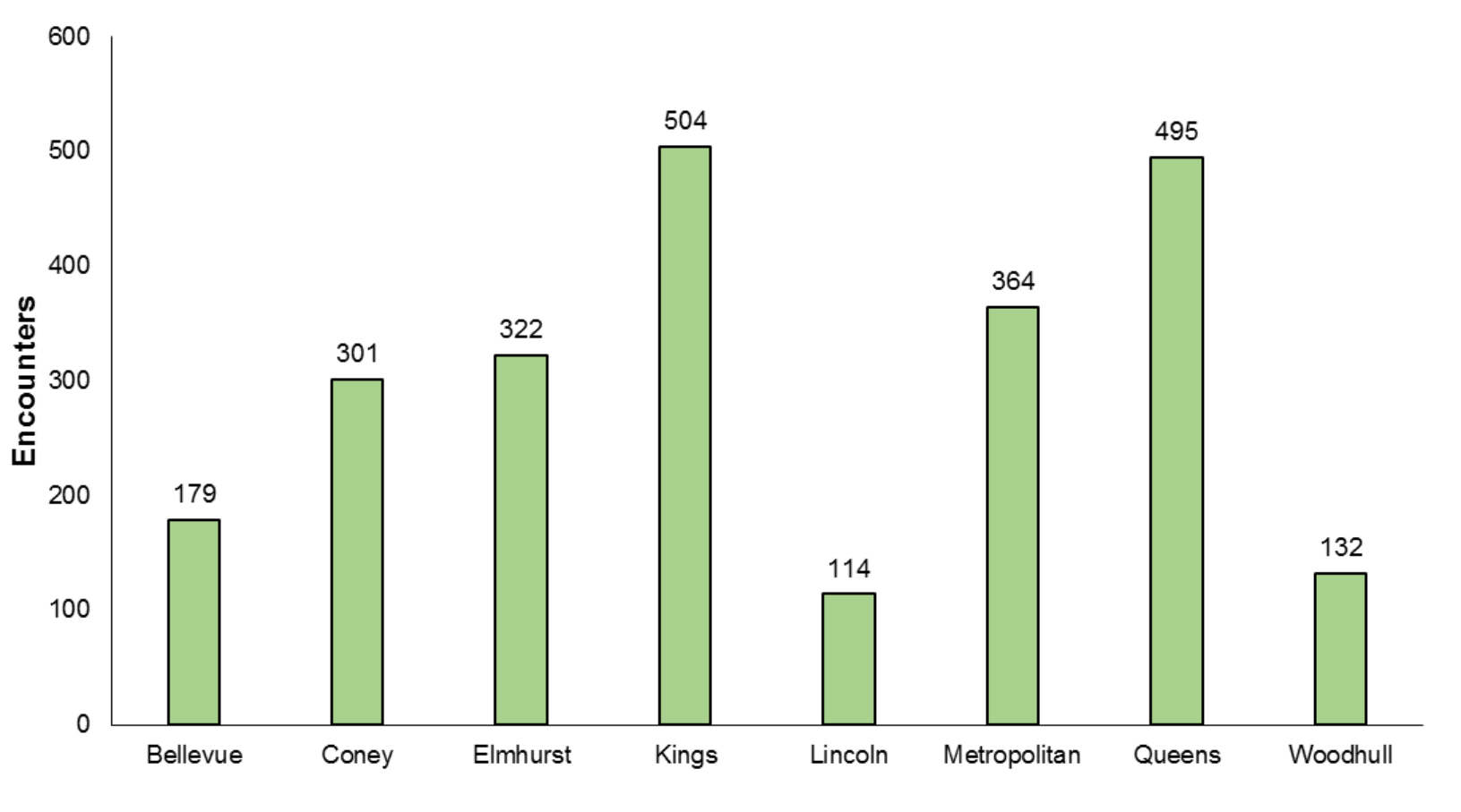
- The gap between LOS actual vs. expected decreased this year compared to year to date FY18.
- Expected LOS is adjusted for CMI; the reduction year over year is aligned with the improved CMI seen on the previous slide.



- Proportion of uninsured encounters declined in all service areas, as anticipated in the financial plan initiative to improve enrollment of the uninsured.



- Observation care by facility for FY19 Q1, provided at eight out of our eleven Acute facilities.*



*Jacobi, NCB and Harlem, not in above.

Work Plan Process

Project/Initiative Flow

1. Ideation

2. Planning

3. Execution

4. Monitoring



Strategy

- ✓ Strategic Planning
 - Mission/Vision
 - Financial Plan
 - Clinical Services Model
 - Operational Roadmap
 - IT Roadmap

Pro Forma

- ✓ Landscape/Market Share Analysis
- ✓ Capacity Analysis
- ✓ Comprehensive Financial Assumptions

Plan

- ✓ Facilities
- ✓ IT/Clinical Systems
- ✓ Rev Management/Billing
- ✓ Managed Care Contracting
- ✓ Recruiting/Hiring Plan
- ✓ Affiliations
- ✓ Marketing Plan
- ✓ Procurement Plan
- ✓ Capital Planning/Approval
- ✓ CON/Licensure & Approvals

Execute

- ✓ Hiring
 - Recruiting
 - Credentialing
 - Onboarding
- ✓ RFP
 - BAF
 - CRC
 - Release and Eval
 - Board Approval
 - Contract Execution
- ✓ Construction
- ✓ Equipment Purchase

*An initiative with revenue and/or expense impact or investment of any kind, will require a comprehensive business plan, **regardless of funding source**. These projects require a Business Plan prior to a Financial Work Plan.*

Risks and Highlights

- Public Charge
 - Proposed Federal Policy could result in a financial loss of up to \$362M.
 - H+H remains committed to serving all patients regardless of insurance status.
- Federal DSH cuts in FY20 and declining UPL.

KEY INDICATORS
FISCAL YEAR 2019 UTILIZATION

Year to Date
September 2018

	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	FY 19	FY 18	VAR %	FY 19	FY 18	VAR %	ACTUAL	EXPECTED	FY 19	FY 18
<u>Acute</u>										
Bellevue	133,331	142,426	-6.4%	5,358	5,506	-2.7%	5.8	5.6	1.3999	1.2331
Coney Island	78,075	77,662	0.5%	3,305	3,334	-0.9%	6.1	5.0	1.0337	0.9877
Elmhurst	143,225	138,510	3.4%	4,375	4,682	-6.6%	6.1	5.1	1.0996	0.9932
Harlem	72,871	74,241	-1.8%	2,643	2,747	-3.8%	5.3	4.8	1.0419	1.0313
Jacobi	95,573	99,389	-3.8%	4,420	4,430	-0.2%	5.3	5.7	1.2230	1.0982
Kings County	154,581	165,877	-6.8%	4,349	4,517	-3.7%	5.9	5.2	1.1155	1.0570
Lincoln	123,871	131,412	-5.7%	5,000	5,084	-1.7%	4.3	5.0	1.0560	0.9886
Metropolitan	90,963	90,411	0.6%	1,771	2,061	-14.1%	5.6	5.1	1.0834	0.9817
North Central Bronx	49,603	49,734	-0.3%	1,677	1,643	2.1%	4.0	4.2	0.7637	0.7248
Queens	100,509	99,501	1.0%	3,098	3,167	-2.2%	4.9	4.9	0.9903	0.8215
Woodhull	91,283	102,042	-10.5%	2,343	2,503	-6.4%	5.0	4.7	0.9317	0.9353
Acute Total	1,133,885	1,171,205	-3.2%	38,339	39,674	-3.4%	5.4	5.1	1.1063	1.0184
<u>Gotham</u>										
	VISITS									
Belvis DTC	11,459	12,278	-6.7%							
Cumberland DTC	16,820	15,791	6.5%							
East New York	17,167	17,817	-3.6%							
Gouverneur DTC	49,303	48,932	0.8%							
Morrisania DTC	15,509	18,380	-15.6%							
Renaissance	7,800	7,943	-1.8%							
Gotham Total	118,058	121,141	-2.5%							
<u>Post Acute Care</u>										
				DAYS						
Coler				56,899	66,231	-14.1%				
Gouverneur SNF				24,298	20,831	16.6%				
H.J. Carter				27,161	27,447	-1.0%				
McKinney				28,868	28,558	1.1%				
Seaview				27,587	27,329	0.9%				
Post Acute Care Total				164,813	170,396	-3.3%				
Discharges/CMI-- All Acutes				38,339	39,674	-3.4%			1.1063	1.0184
Visits -- All DTCs & Acutes	1,251,943	1,292,346	-3.1%							
Days-- All SNFs				164,813	170,396	-3.3%				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY18 and FY19

utilization is now based on date of service, and includes open visits. HIV

counseling visits that are no longer billable have been excluded. Visits

continue to include Clinics, Emergency Department and Ambulatory Surgery.

LTC: SNF and Acute days

Average Length of Stay(LOS)

Previous LOS calculations excluded one-day stays and outliers. Expected length of stay was based on H+H system average adjusted for case-mix.

As of September 2017, Actual LOS includes all stays, regardless of length.

Calculation is as follows:

Actual: days divided by discharges; excludes psych and rehab

Expected: Expected Length of Stay based on New York City SPARCS data, using facility specific case-mix

All Payor CMI

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

KEY INDICATORS
FISCAL YEAR 2019 BUDGET PERFORMANCE (\$s in 000s)
**Year to Date
September 2018**

	GLOBAL FTEs		RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 18	Sep 18*	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>Acute</u>								
Bellevue	5,443	5,556	\$228,131	\$6,657	\$203,806	(\$1,903)	\$4,754	1.1%
Coney Island	2,946	2,968	78,507	(2,195)	99,913	2,083	(112)	-0.1%
Elmhurst	4,136	4,184	144,298	(7,858)	139,976	(286)	(8,144)	-2.8%
Harlem	2,845	2,827	111,594	(7,711)	96,942	(1,024)	(8,735)	-4.1%
Jacobi	3,827	3,846	169,587	3,553	140,570	(195)	3,358	1.1%
Kings County	4,985	5,029	197,171	(6,818)	178,211	(619)	(7,437)	-1.9%
Lincoln	3,864	3,867	112,249	(9,469)	134,074	(1,896)	(11,365)	-4.5%
Metropolitan	2,354	2,355	72,723	(5,148)	78,701	1,306	(3,842)	-2.4%
North Central Bronx	1,360	1,351	51,944	1,027	47,571	(1,272)	(245)	-0.3%
Queens	2,644	2,701	121,856	1,594	89,938	(880)	714	0.3%
Woodhull	2,743	2,719	117,456	(7,548)	94,381	(456)	(8,004)	-3.7%
Acute Total	37,146	37,402	\$1,405,516	(\$33,916)	\$1,304,083	(\$5,142)	(\$39,058)	-1.4%
<u>Gotham</u>								
Belvis DTC	132	138	\$4,134	\$378	\$4,299	(\$2)	\$376	4.7%
Cumberland DTC	189	233	7,603	2,905	7,549	339	3,244	25.8%
East New York	200	208	6,284	1,187	6,148	(46)	1,141	10.2%
Gouverneur DTC	451	459	13,595	1,317	15,245	(125)	1,192	4.4%
Morrisania DTC	210	235	5,882	200	6,845	452	652	5.0%
Renaissance	151	152	3,838	667	4,960	(4)	663	8.2%
Gotham Total	1,332	1,424	\$41,336	\$6,654	\$45,046	\$614	\$7,268	9.0%
<u>Post Acute Care</u>								
Coler	973	956	\$12,664	(\$605)	\$27,851	\$1,558	\$953	2.2%
Gouverneur SNF	379	382	6,388	(841)	12,464	(125)	(966)	-4.9%
H.J. Carter	777	780	27,129	(865)	25,768	1,155	290	0.5%
McKinney	435	438	8,686	1,542	12,016	(118)	1,424	7.5%
Seaview	498	492	7,786	950	12,305	1,048	1,998	9.9%
Post Acute Care Total	3,061	3,047	\$62,653	\$181	\$90,404	\$3,518	\$3,699	2.4%
Central Office	1,146	1,179	\$83,743	\$2,875	\$108,038	(\$1,124)	\$1,751	0.9%
At Home	430	430	\$7,669	(\$1,827)	\$13,226	\$1,286	(\$541)	-2.3%
Enterprise IT/Epic	1,263	1,288	\$0	\$0	\$61,726	(\$643)	(\$643)	-1.1%
GRAND TOTAL	<u>44,379</u>	<u>44,770</u>	<u>\$1,600,917</u>	<u>(\$26,033)</u>	<u>\$1,622,522</u>	<u>(\$1,492)</u>	<u>(\$27,525)</u>	<u>-0.8%</u>

*Actual Global FTEs have dropped by 4,639 since November 2015.

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

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

NYC Health + Hospitals
Cash Receipts and Disbursements (CRD)
Fiscal Year 2019 vs Fiscal Year 2018 (in 000's)
TOTAL CORPORATION

	Fiscal Year To Date September 2018		
	actual 2019	actual 2018	better / (worse)
Cash Receipts			
Inpatient			
Medicaid Fee for Service	\$175,482	\$169,012	6,470
Medicaid Managed Care	201,028	205,889	(4,861)
Medicare	107,851	107,281	571
Medicare Managed Care	91,073	79,983	11,090
Other	<u>57,077</u>	<u>65,871</u>	<u>(8,794)</u>
Total Inpatient	632,512	628,036	4,476
Outpatient			
Medicaid Fee for Service	33,374	46,264	(12,889)
Medicaid Managed Care	86,742	84,761	1,980
Medicare	24,068	17,676	6,392
Medicare Managed Care	24,991	23,988	1,003
Other	<u>37,411</u>	<u>41,439</u>	<u>(4,028)</u>
Total Outpatient	206,586	214,128	(7,542)
Total Direct Patient Care Revenue	839,098	842,164	(3,066)
Risk Pools	<u>85,555</u>	<u>24,406</u>	<u>61,148</u>
Total Patient Care Revenue	924,653	866,570	58,083
All Other			
Pools	82,708	57,467	25,241
DSH / UPL	427,500	107,685	319,815
Grants, Intracity, Tax Levy	120,673	117,223	3,450
Appeals & Settlements	19,813	5,018	14,795
Misc / Capital Reimb	<u>25,571</u>	<u>22,117</u>	<u>3,454</u>
Total All Other	<u>676,265</u>	<u>309,510</u>	<u>366,755</u>
Total Cash Receipts	<u>\$1,600,917</u>	<u>\$1,176,080</u>	<u>\$424,837</u>
Cash Disbursements			
PS	\$622,517	\$616,075	(6,442)
Fringe Benefits	350,637	312,268	(38,369)
OTPS	378,916	377,940	(976)
City Payments	-	136,690	136,690
Affiliation	245,820	283,679	37,860
HHC Bonds Debt	<u>24,632</u>	<u>20,569</u>	<u>(4,063)</u>
Total Cash Disbursements	<u>\$1,622,522</u>	<u>\$1,747,221</u>	<u>\$124,700</u>
Receipts over/(under) Disbursements	<u>(\$21,605)</u>	<u>(\$571,141)</u>	<u>\$549,536</u>

NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2019 (in 000's)
TOTAL CORPORATION

	Fiscal Year To Date September 2018		
	actual 2019	budget 2019	better / (worse)
Cash Receipts			
Inpatient			
Medicaid Fee for Service	\$175,482	\$175,830	(348)
Medicaid Managed Care	201,028	224,593	(23,565)
Medicare	107,851	116,854	(9,003)
Medicare Managed Care	91,073	82,910	8,163
Other	<u>57,077</u>	<u>65,441</u>	<u>(8,364)</u>
Total Inpatient	632,512	665,629	(33,117)
Outpatient			
Medicaid Fee for Service	33,374	40,816	(7,441)
Medicaid Managed Care	86,742	87,769	(1,028)
Medicare	24,068	21,544	2,524
Medicare Managed Care	24,991	26,441	(1,449)
Other	<u>37,411</u>	<u>39,748</u>	<u>(2,336)</u>
Total Outpatient	206,586	216,317	(9,731)
Total Direct Patient Care Revenue	839,098	881,946	(42,848)
Risk Pools	<u>85,555</u>	<u>84,226</u>	<u>1,328</u>
Total Patient Care Revenue	924,653	966,172	(41,520)
All Other			
Pools	82,708	82,675	33
DSH / UPL	427,500	427,500	0
Grants, Intracity, Tax Levy	120,673	119,417	1,256
Appeals & Settlements	19,813	6,124	13,688
Misc / Capital Reimb	<u>25,571</u>	<u>25,062</u>	<u>509</u>
Total All Other	<u>676,265</u>	<u>660,778</u>	<u>15,487</u>
Total Cash Receipts	<u>\$1,600,917</u>	<u>\$1,626,950</u>	<u>(\$26,033)</u>
Cash Disbursements			
PS	\$622,517	\$616,884	(5,633)
Fringe Benefits	350,637	348,251	(2,386)
OTPS	378,916	384,668	5,752
City Payments	-	-	0
Affiliation	245,820	246,508	688
HHC Bonds Debt	<u>24,632</u>	<u>24,719</u>	<u>87</u>
Total Cash Disbursements	<u>\$1,622,522</u>	<u>\$1,621,029</u>	<u>(\$1,492)</u>
Receipts over/(under) Disbursements	<u>(\$21,605)</u>	<u>\$5,921</u>	<u>(\$27,526)</u>

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
Fiscal Year 2019 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												
2019	61.9	53.6	58.8	62.4	57.0	57.6	63.6	69.6	64.2	59.7	67.2	60.7
2018	61.4	54.5	61.7	62.4	56.2	59.1	64.8	70.1	64.8	62.0	68.0	61.6
Medicaid												
2019	24.8	17.3	20.8	15.3	16.5	18.7	18.0	20.1	16.2	23.3	18.8	19.5
2018	23.0	18.7	22.0	16.4	15.9	19.5	15.6	18.8	15.1	22.5	20.8	19.3
Medicaid Plans												
2019	37.1	36.4	37.9	47.2	40.5	38.9	45.6	49.5	48.0	36.4	48.4	41.2
2018	38.4	35.9	39.8	46.0	40.3	39.6	49.2	51.3	49.7	39.4	47.1	42.4
Medicare Total												
2019	18.3	36.4	23.1	23.3	25.4	22.4	24.2	18.5	19.3	25.1	22.0	23.4
2018	17.4	35.1	21.4	22.4	23.9	20.8	24.2	19.1	18.6	24.7	21.9	22.5
Medicare												
2019	8.7	25.1	10.6	9.7	11.7	10.0	7.1	6.9	7.4	11.5	8.3	10.6
2018	8.6	24.9	9.7	9.9	12.1	9.6	7.0	7.7	9.1	12.1	8.9	10.7
Medicare Plans												
2019	9.6	11.3	12.5	13.6	13.7	12.4	17.1	11.6	11.9	13.6	13.7	12.8
2018	8.8	10.2	11.7	12.5	11.7	11.1	17.2	11.4	9.4	12.6	13.0	11.8
Commercial												
2019	10.7	8.1	9.2	8.1	12.2	11.7	8.4	7.3	8.3	8.3	6.6	9.4
2018	9.6	7.3	8.9	8.0	12.8	11.0	7.7	5.2	8.3	8.4	6.1	8.9
Other												
2019	1.6	0.1	0.9	0.2	0.2	0.1	0.1	0.1	0.3	0.4	0.1	0.5
2018	2.0	0.2	0.6	0.0	0.3	0.2	0.3	0.2	0.1	0.3	0.1	0.5
Uninsured												
2019	7.5	1.8	8.1	6.1	5.3	8.2	3.8	4.6	7.9	6.5	4.1	6.0
2018	9.5	2.9	7.4	7.2	6.8	9.0	2.9	5.4	8.1	4.7	4.0	6.5

FY19 run on 10/22/2018

FY18 run on 10/25/2017

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Plans, Child Health Plus, and Blue Cross

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

No-Fault, Worker's Comp

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT ADULT PAYOR MIX
Fiscal Year 2019 1st Quarter Report

OUTPATIENT ADULT (Excluding Emergency Room Visits): 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																		
2019	41.6	31.4	31.7	48.2	41.7	48.5	50.0	44.7	44.1	32.0	41.6	51.2	42.0	55.9	37.3	53.2	45.4	41.7
2018	39.5	36.2	39.6	46.6	45.6	48.3	48.2	44.8	51.2	38.0	41.1	53.2	44.2	55.6	36.3	53.4	44.9	43.6
Medicaid																		
2019	8.3	8.6	5.7	7.0	12.1	10.0	11.6	7.2	9.1	9.5	3.1	4.6	5.0	8.5	6.5	4.6	4.6	8.2
2018	5.5	8.1	6.2	7.0	7.0	8.9	8.3	8.2	6.0	8.1	3.6	3.9	5.1	6.9	4.8	5.0	5.1	6.9
Medicaid Plans																		
2019	33.3	22.8	26.0	41.2	29.6	38.5	38.4	37.5	35.0	22.5	38.5	46.6	37.0	47.4	30.9	48.6	40.8	33.5
2018	34.1	28.2	33.4	39.6	38.6	39.5	39.9	36.6	45.2	29.9	37.5	49.3	39.1	48.7	31.5	48.4	39.8	36.7
Medicare Total																		
2019	18.6	23.5	22.1	19.7	26.8	16.7	21.8	20.8	25.4	26.1	22.2	13.0	13.3	18.6	27.2	15.1	17.4	21.5
2018	18.5	22.5	15.6	21.0	22.0	17.0	21.6	20.3	17.9	20.5	21.5	14.6	14.1	17.0	24.8	14.6	16.9	19.6
Medicare																		
2019	8.1	10.2	5.8	8.2	7.8	7.4	5.2	5.9	6.0	6.4	5.9	2.6	4.5	7.1	9.1	3.6	5.2	6.9
2018	8.1	11.8	5.4	9.7	8.0	8.3	5.9	7.1	6.0	6.4	6.2	3.2	4.9	7.5	8.9	4.0	6.3	7.4
Medicare Plans																		
2019	10.5	13.3	16.3	11.5	19.0	9.3	16.6	14.9	19.4	19.7	16.3	10.4	8.8	11.4	18.1	11.5	12.2	14.6
2018	10.5	10.8	10.2	11.4	14.0	8.7	15.7	13.2	11.9	14.1	15.4	11.3	9.1	9.5	15.8	10.6	10.6	12.2
Commercial																		
2019	13.4	8.2	6.6	12.2	11.7	14.8	13.0	8.7	9.7	7.0	9.6	11.7	11.2	13.0	11.2	15.1	13.7	10.9
2018	14.9	6.8	5.1	11.6	10.2	13.9	13.4	8.1	8.8	5.9	9.5	9.7	11.9	13.8	12.0	14.0	12.7	10.3
Other																		
2019	2.2	0.3	1.8	0.3	1.7	0.4	0.8	0.2	0.6	0.6	0.5	0.0	0.4	0.0	0.9	0.1	0.0	0.9
2018	1.7	0.5	1.8	0.6	1.6	0.3	0.8	0.2	0.8	0.3	0.5	0.0	0.2	0.1	1.0	0.0	0.1	0.8
Uninsured																		
2019	24.1	36.5	37.8	19.6	18.1	19.6	14.4	25.6	20.2	34.3	26.0	24.0	33.2	12.5	23.3	16.5	23.4	25.0
2018	25.4	33.9	37.9	20.2	20.6	20.4	15.9	26.5	21.3	35.3	27.3	22.5	29.6	13.4	25.9	17.9	25.3	25.7

EMERGENCY DEPARTMENT ADULT: Percentage of Total Visits For Each Facility

ED Uninsured																		
2019	35.2	25.9	41.5	21.5	22.8	31.4	23.5	27.9	24.1	29.3	29.9							29.0
2018	35.4	30.6	41.7	21.9	28.9	30.5	25.0	28.3	26.4	30.9	27.7							30.0

FY19 run on 10/22/2018

FY18 run on 10/25/2017

Note: All numbers are percentages.

Adult visits defined by age of patient >= 19 at time of visit.

Medicaid Plans: Medicaid Managed Care

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Plans, Child Health Plus, and Blue Cross

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

No-Fault, Worker's Comp

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT PEDIATRICS PAYOR MIX
Fiscal Year 2019 1st Quarter Report

OUTPATIENT PEDIATRIC (Excluding Emergency Room Visits): 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																		
2019	83.6	69.2	71.9	84.8	62.7	72.8	85.8	88.7	64.2	56.8	83.9	88.3	79.8	81.0	80.8	87.0	77.7	76.2
2018	82.1	78.6	82.0	84.1	76.1	72.2	86.1	89.6	78.1	70.8	81.4	88.3	79.0	80.1	81.5	85.5	81.0	80.4
Medicaid																		
2019	4.6	9.1	3.2	3.5	7.3	4.9	5.4	2.1	6.3	5.9	2.4	5.4	2.9	8.0	5.0	4.4	4.6	4.9
2018	3.8	11.4	3.2	3.9	5.2	4.7	3.5	2.1	4.5	7.5	2.9	4.8	4.2	7.8	4.8	4.1	4.9	4.6
Medicaid Plans																		
2019	79.0	60.1	68.7	81.3	55.5	67.8	80.4	86.6	57.9	50.9	81.6	82.9	76.9	73.0	75.8	82.6	73.1	71.3
2018	78.3	67.2	78.8	80.2	70.9	67.5	82.6	87.5	73.7	63.4	78.6	83.5	74.8	72.3	76.7	81.5	76.1	75.7
Commercial Total																		
2019	13.3	18.9	12.9	11.2	21.4	18.2	10.6	6.9	21.1	22.7	11.9	8.8	12.6	14.7	14.2	9.6	14.6	14.8
2018	13.8	15.5	10.1	11.2	16.6	17.5	11.0	6.5	16.8	18.3	12.0	9.0	11.5	14.2	15.0	10.0	13.1	13.3
Child Health Plus																		
2019	4.9	9.4	8.6	3.2	6.9	7.0	5.9	3.8	5.3	9.8	6.2	5.5	5.8	6.7	5.9	4.5	4.2	6.4
2018	4.7	5.3	6.3	2.8	4.7	7.2	5.9	3.9	4.1	7.8	5.6	5.8	4.4	5.8	6.4	4.8	3.8	5.5
Non-CHP Plans																		
2019	8.3	9.5	4.3	8.0	14.6	11.3	4.7	3.2	15.8	12.9	5.6	3.3	6.7	7.9	8.4	5.1	10.4	8.4
2018	9.1	10.2	3.7	8.3	11.9	10.4	5.1	2.7	12.7	10.5	6.4	3.2	7.0	8.4	8.6	5.3	9.4	7.8
Other																		
2019	0.1	7.1	8.2	0.1	10.0	0.2	0.2	0.0	10.6	11.8	0.2	0.0	0.0	0.0	0.1	0.0	0.0	3.6
2018	0.3	0.3	0.3	0.7	0.8	0.3	0.5	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.3
Uninsured																		
2019	3.0	4.9	7.0	4.0	5.9	8.7	3.4	4.3	4.1	8.6	4.0	2.9	7.6	4.3	4.8	3.4	7.8	5.3
2018	3.8	5.6	7.6	4.1	6.4	10.0	2.4	3.9	5.0	10.6	6.5	2.7	9.6	5.6	3.5	4.4	5.9	6.1

EMERGENCY DEPARTMENT PEDIATRIC: Percentage of Total Visits For Each Facility

ED Uninsured																		
2019	16.0	13.8	9.5	13.4	16.8	20.9	14.4	14.4	11.6	16.2	17.7							14.7
2018	20.3	17.0	10.1	14.6	18.0	21.9	16.0	13.7	15.4	17.5	15.7							15.9

FY19 run on 10/22/2018

FY18 run on 10/25/2017

Note: All numbers are percentages.

Adult visits defined by age of patient >= 19 at time of visit.

Medicaid Plans: Medicaid Managed Care

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Plans, Child Health Plus, and Blue Cross

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No-Fault, Worker's Comp