FINANCE COMMITTEE AGENDA

Date: March 19, 2019
Time: 10:00 am
Location: 125 Worth Street, Board Room

Call to Order — Freda Wang
Adoption of the December 13, 2018 Minutes

I. Senior Vice President's Report — John Ulberg

II. Financial Reports Status

- Key Indicators — Krista Olson
- Cash Receipts and Disbursements — Michline Farag

Old Business
New Business — Freda Wang
Adjournment

MINUTES

Finance Committee **Meeting Date: December 13, 2018**

Board of Directors
The meeting of the Finance Committee of the Board of Directors was held on December 13, 2018 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS
Bernard Rosen
Gordon Campbell
Helen Arteaga Landaverde
Dr. Mitchell Katz

OTHER ATTENDEES
T. Cosgrave, Cerner
J. DeGeorge, State Comptroller's Office
M. Elias, IBO
L. Garvey, Cerner
S. Shrier, OMB

HHC STAFF
B. Addai, Senior Accountant, Metropolitan Hospital
S. Asad, Central Office
R. Bridgemother, Central Office
D. Collington, Coney Island Hospital
F. Covino, Senior Assistant Vice President, Corporate Budget
J. Cuda, CFO, MetroPlus
L. DeHart, Assistant Vice President, Finance
N. Fleming, Comptroller's Office, Central Office
M. Gronchi, Central Office
R. Fischer, CFO, Bellevue
M. Farag, Corporate Budget Director, Corporate Budget
C. Hercules, Chief of Staff, Board Office
B. Ingraham-Roberts, Assistant Vice President, Central Office
N. Lauro, Central Office
J. Liburd, Assistant Vice President, Central Office Accreditation
J. Linhart, Deputy Corporate Comptroller, Central Office
A. Marengo, Senior Vice President
N. Moscoso, Deputy CFO, Queens Hospital
Novzen, Deputy CFO, Lincoln
K. Olson, Assistant Vice President, Corporate Budget
A. Pai, Central Finance
K. Park, CFO, Coney Island
L. Saravia, Senior Executive Secretary, Board Office
J. Ulberg, Senior Vice President/CFO, Corporate Finance

J. Weinman, Corporate Comptroller, Corporate Finance
S. Van Orden, Assistant Vice President, Central Finance

CALL TO ORDER **GORDON CAMPBELL**

Mr. Gordon Campbell called the meeting to order at 11:02AM. Before the adjournment of the meeting, Mr. Bernard Rosen called for the approval of the minutes, and the minutes of the October 15, 2018, meeting were approved as submitted.

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

Mr. John Ulberg introduced a new member of the team, Mr. Justin Stec. At this time, Mr. Ulberg also announced that this would be the last meeting Mr. Kiho Park, CFO of Coney Island Hospital, and Mr. Robert Malone, CFO of Queens Hospital, who will be retiring. Mr. Ulberg thanked Mr. Park and Mr. Malone for their years of service. Mr. Ulberg also introduced a new format for presenting to the Finance Committee using a slide deck to highlight pertinent information from the monthly board reports and to allow for a deeper analysis into variances.

Mr. Ulberg began the presentation by stating the cash position is holding steady at $460 million. This is a small drop from last month, as expected. He indicated there might be a small additional drop in December. A supplemental payment from the State of $900 million is anticipated. Mr. Ulberg stated that disbursements against the budget are doing well with actuals only being $2 million off from the budget through Quarter 1. Revenue was off by $26 million which translates to less than 1% off on the net. Patient care revenue is $43 million off of the target, but he is confident it will be caught up by the end of the fiscal year. On the expenditure side, there was an uptick in staffing which in many ways was planned as investments are made in Nursing and Revenue Cycle positions.

CASH RECEIPTS & DISBURSEMENTS REPORT **MICHLINE FARAG**

Ms. Michline Farag began her reporting on global full-time equivalents (GFTEs). For Global FTEs, Health + Hospitals grew by 391 for Quarter 1, which reflects the investments that have been made to move towards more full time staffing and away from temp hires. The main drivers of the growth have been investments made in nursing, clinical business plans, and revenue cycle positions.

Mr. Ulberg acknowledged the good growth that has been seen in staffing and introduced the "pause" on system-wide hiring. This was an opportunity to establish industry standards, particularly in nursing. Each of the facilities is now being given their numbers so staff can review and return their plans. Mr. Ulberg stated that they are finding the right balance between the numbers that needs to be hit and resource adjustments so Health + Hospitals can continue to provide good quality care. Mr. Gordon Campbell asked if the finance team has signed off on the plan, and if the facilities have carte blanche in terms of hiring or would they still go through the vacancy control board (VCB) process. Mr. Ulberg responded that facilities are being given a suggested plan but also being asked to develop their own facility plan. Mr. Ulberg continued that some of the VCB review process is being taken out of the process so that facilities are more accountable for monitoring headcount and that budget targets are being met. Dr. Mitchell Katz noted that the VCB review process has acted as a work around since there are no plans or agreements in place as to how many staff a hospital needs and each facility has its own idea for its staffing. Dr. Katz went on to say that Central Office does not want the review process. He would like each facility to know that it can hire a certain number of people then go out and do that, such as what has been done with the nursing model.

Mr. Campbell followed up by asking how much real time information Central Office is going to have in terms of hiring. Mr. Ulberg reiterated Dr. Katz's previous statement that Central Office is trying to put themselves in a situation where they define the level of resources needed and then extract themselves from the process. Mr. Ulberg then stated that another important component of that process is taking advantage of the data resources available. For example, PeopleSoft allows coding by unit. Those codes need to be implemented in order to know in a real time basis how many staff are on board versus the model. That is something they are working towards. Ms. Farag will head up a team of CFOs to get to the next level of budget which would have more of a variable element so if there is an uptick in a specific area there can be a corresponding adjustment in the budget on the expenditure and revenue side. Mr. Fred Covino added that there is a module in PeopleSoft called Position Control. They would like to use that to create a link with the budget which will help make the process more automatic. Dr. Katz would like a report six months out to update on where Finance is in the process.

Ms. Farag continued her report with Patient Care Revenue against the budget broken down by facility. The $43 million patient care revenue referenced earlier is not among all the facilities as there are some facilities such as NCB, Queens, Jacobi, and Bellevue which have exceeded their targets.

Mr. Robert Melican introduced the Pathways to Revenue Improvement the first of which is increasing staff productivity through training and education which is being rolled out in collaboration with the unions. Another pathway is improving the registration of ED and making sure to capture the insurance and get all of the elements for a clean claim to go through. Another element is the AR partnership contracts which are on path to start in January. The Clinical Documentation Improvement (CDI) and Coding Initiatives are going well. All of the CDI hires from the past year have been maintained. Automatic coding using 3M software is starting and on path. The ED Charge Capture Initiative is still monitoring the ability to improve the E and M levels of the patients as they come through the ED.

Mr. Ulberg shared that they are getting a first glimpse of data coming out of Epic, in terms of payments received. Mr. Melican indicated the charges are up and there is a lot of lift in the front end and back end in making sure claims get out. Mr. Ulberg followed up by stating Health + Hospitals is beating industry standard on some measures, but not all measures. Ms. Helen Arteaga Landaverde asked if the individuals mentioned earlier are from the Coding Academy. Mr. Melican responded that yes, they are from the Coding Academy. The Coding Academy is one element of the coding improvement with the Epic improvement being the other.

KEY INDICATORS REPORT **KRISTA OLSON**

Ms. Krista Olson began the utilization report with the overall discharges and visits through Quarter 1 of FY19 as compared to Quarter 1 of FY18. This is useful to get a directional sense for the year but as a reminder it does only show three months of data and sometimes with a shorter period of data more variation is seen. There is an approximately 3% decline in both discharges and visits, which is a continuation of the decline that had been seen previously.

Ms. Olson continued reporting discharges by facility for Quarter 1 of FY19 as compared to the same time period in FY18. Discharges are down by 3.4% with Metropolitan showing the most significant decrease at 14%, and NCB growing by 2%. Ms. Olson explained that the decline at Metropolitan is primarily through a decline in ED admissions. It appeared to be related to some community specific issues including a new medical center opening in conjunction with the facility doing a better job of managing their population through some of the DSRIP-funded activities. Metropolitan is also seeing a decline in readmissions to the ED. Dr. Katz noted that

this is a difficult metric as more money is made by reducing readmissions and unnecessary admissions. So it is reflective of fewer people seeking Health + Hospitals for care, which can be positive if Health + Hospitals is providing better primary care, reducing patient readmission or decreasing utilization of the ED. Ms. Olson added that work on developing more value-based metrics may be included.

Ms. Olson compared visits by facility in Quarter 1 of FY19 against Quarter 1 of FY18. Visits were down 3.1% overall with acute facilities having gone down by 3.1%, and Gotham decreasing by 2.5%. Some facilities have increased slightly such as Coney, Elmhurst, Metropolitan, and Queens. Dr. Katz noted that if Metropolitan decreased its inpatient visits and increased its outpatient visits then they are doing exactly what they should be doing.

Ms. Olson continued by looking at Post-Acute Days in Quarter 1 of FY19 as they compare to Quarter 1 of FY18. Days have dropped 3.3% overall, which is primarily driven by Coler which is down by 14%. Gouverneur was up by 17% which reflects the new beds that were opened up during the course of last year. Dr. Katz stated that Coler is not an issue, reflecting its location and physical configuration of four-bed rooms, and that patients may choose other facilities for that level of care.

Ms. Olson continued reporting on case-mix index (CMI) and noted that the percentage increase had been corrected for the meeting against the published meeting package, in that the CMI has increased 8.6% year to date over FY18, primarily the result of clinical documentation improvement and coding initiatives that ramped up during the course of last year. The variance was shown here starkly but it is likely that as last year's ramp up is captured in the data this will start to even out. Dr. Katz asked to confirm that the periods we are comparing here are Quarter 1 of FY19 and Quarter 1 of FY18. Ms. Olson confirmed that is the case and that any efforts that were made mid-year would not be reflected in Quarter 1 data for FY18. Dr. Katz noted that the 8.6% improvement is quite an improvement.

Ms. Olson then went on to length of stay (LOS) as compared to the citywide average adjusted for case mix. The variance against that benchmark last year (.5 days) was shown in comparison to the variance this year (.3 days). Ms. Olson stated that there are reasons why Health + Hospitals performs against the citywide average including patients and their needs varying from those across the city. Another reason is there are likely improvement opportunities in terms of discharge planning. CMI is a component of the LOS projection, and the complexity of Health + Hospital patients is not completely captured. Dr. Katz concurred that Health + Hospitals is likely at the correct length of stay in terms of the population being served.

Ms. Olson continued reporting on payor mix and detailed that the proportion of uninsured encounters declined in all service areas in Quarter 1 of FY19 as compared to Quarter 1 of FY18. This decrease was anticipated in the financial plan initiative to improve enrollment of the uninsured. Ms. Olson introduced the final utilization metric regarding observation, as was requested by the committee at the September Finance meeting. Observation is currently provided at eight out of the eleven acute facilities with variation across facilities.

Mr. Ulberg informed the Board that for the past three months new initiatives have been requested that have an opportunity for return on investment, using the DSRIP Venture Fund as a source of startup funding with the intention that these initiatives become self-sustaining after the startup phase. Mr. Ulberg continued by summarizing the Financial Work Plan Process that has been introduced system-wide to help implement new initiatives as well as address below-the-line items. Each initiative is assigned to a workgroup who meet monthly. Ms. Olson added that one of the reasons this has become so important for the organization is that it allows for

the review of investments in FTEs and making sure they are aligned with the strategy of the system. Business plans are developed and reviewed; when approved, this becomes the means by which the hires can be approved and added to the budget. As these plans are implemented, the process flows into the monitoring and metric measuring phase to ensure the initiatives are performing as expected. The Financial Work Plan process came out of the need to streamline the process to implement financial plan initiatives to reach financial plan targets. Mr. Campbell noted that it is important to have these new initiatives as backup for any gaps in the plan that may arise. Mr. Ulberg added that they are currently in the process of monetizing the workplan process so they can evaluate how the system is performing against the budget targets.

Mr. Ulberg then addressed some of the external risks that Health + Hospitals is facing, the first of which is the public charge. The proposed Federal policy could result in a financial loss of up to $362 million for Health + Hospitals. The issue will continue to be monitored, but as always, Health + Hospitals remains committed to serving all patients regardless of insurance status. Ms. Arteaga Landaverde asked if the $362 million included what would be lost at Gotham. Mr. Ulberg confirmed it did. The other area of concern is the Federal DSH cuts in FY20 and declining UPL. They are currently working with local and Federal partners to work on an advocacy strategy to avoid those cuts.

Mr. Ulberg added that they are also working on the Clinical Efficiency Analysis and are lining themselves up for after the New Year. Ms. Arteaga Landaverde requested a notation for post-acute care utilization data as those facilities are operating near capacity, and that utilization increases would be minimal. Mr. Ulberg confirmed that a notation could be added to reflect the high occupancy rate at those facilities.

Mr. Rosen asked if there were any additional questions on the board reports, particularly the variance in receipts. Mr. Covino noted that the primary reason for increased receipts this year was the significant increase in DSH and UPL receipts this year over last. Additionally, the Supp/SLIPA Pool was up by over $20 million for Quarter 1. Those two items offset the slight decline in patient care revenue. FY19 has also seen more regular timing for the Risk Pool payments. On the expense side PS is up slightly even though it is lower than it was at this time last year. This slight increase is due to retroactive collective bargaining and an increase in overtime. Additionally, Health + Hospitals is in a much better financial position now then this time last year. All of the pension payments have been made on time. Mr. Rosen asked if the payments are made on a monthly or quarterly basis. Mr. Covino responded that the payments are made on a monthly basis. Once the anticipated $900 million payment from the State is received, a full pension payment for the remaining amount will be made so there will be no additional assessments to our pension for the year.

Mr. Covino continued to explain the variances between FY19 actuals to FY19 budget. There is a slight decline on the receipts side, but there are a number of initiatives going into effect. As previously mentioned PS is a bit over target, but they are working with the facilities to bring that back in line with the plan.

Mr. Rosen asked if Krista would like to speak to the payor mix. Ms. Olson noted that the uninsured is improving in all five areas. Ms. Olson also noted that the positive offset is going into Medicare and Commercial rather than Medicaid. One note that is being further explored is an increase in the Other category within Pediatrics.

ADJOURNMENT **BERNARD ROSEN**

There being no further business to discuss, Mr. Rosen adjourned the meeting at 11:41 am.

NYC HEALTH + HOSPITALS

NYC Health + Hospitals

Finance Committee – March 19, 2019

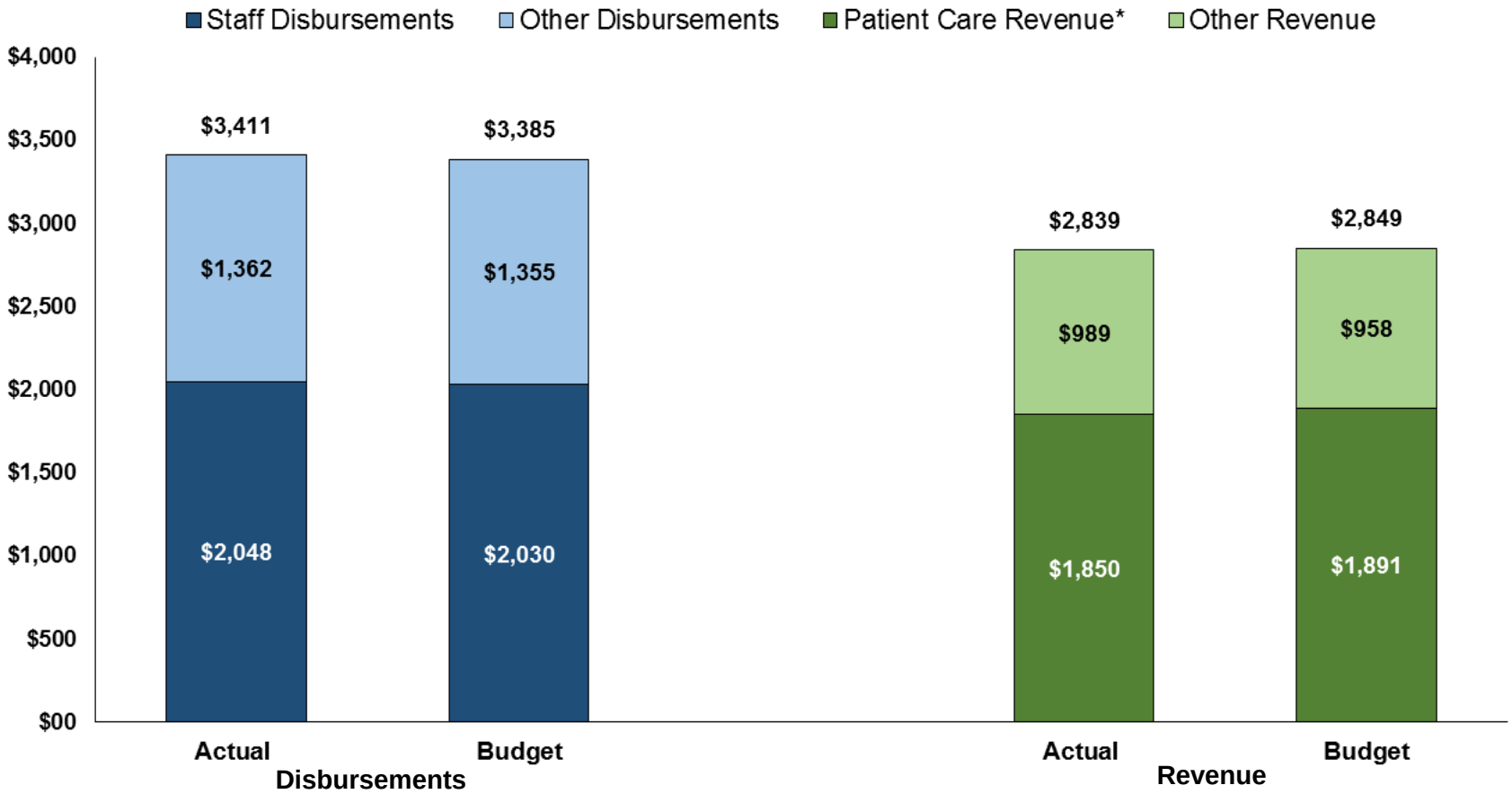
NYC HEALTH+ HOSPITALS

Financial Performance

Quarter 2, Fiscal Year 2019

Overall Revenue and Expense Track Close to Budget; Net Margin at (1%)

- Overall revenue continues to grow year-over-year in line with transformation plan. Through Quarter 2, revenue is close to target (-$10M; -0.5%), with patient care revenue currently -$40M (2% below budget).
- Disbursements outpaced budget by $25M (0.7%) mainly due to nursing and revenue cycle hires.



*The revenue budget is less than the expense budget due to cash flow and timing of anticipated receipts including FY19 City pre-payment made in FY18, and collective bargaining in FY19.

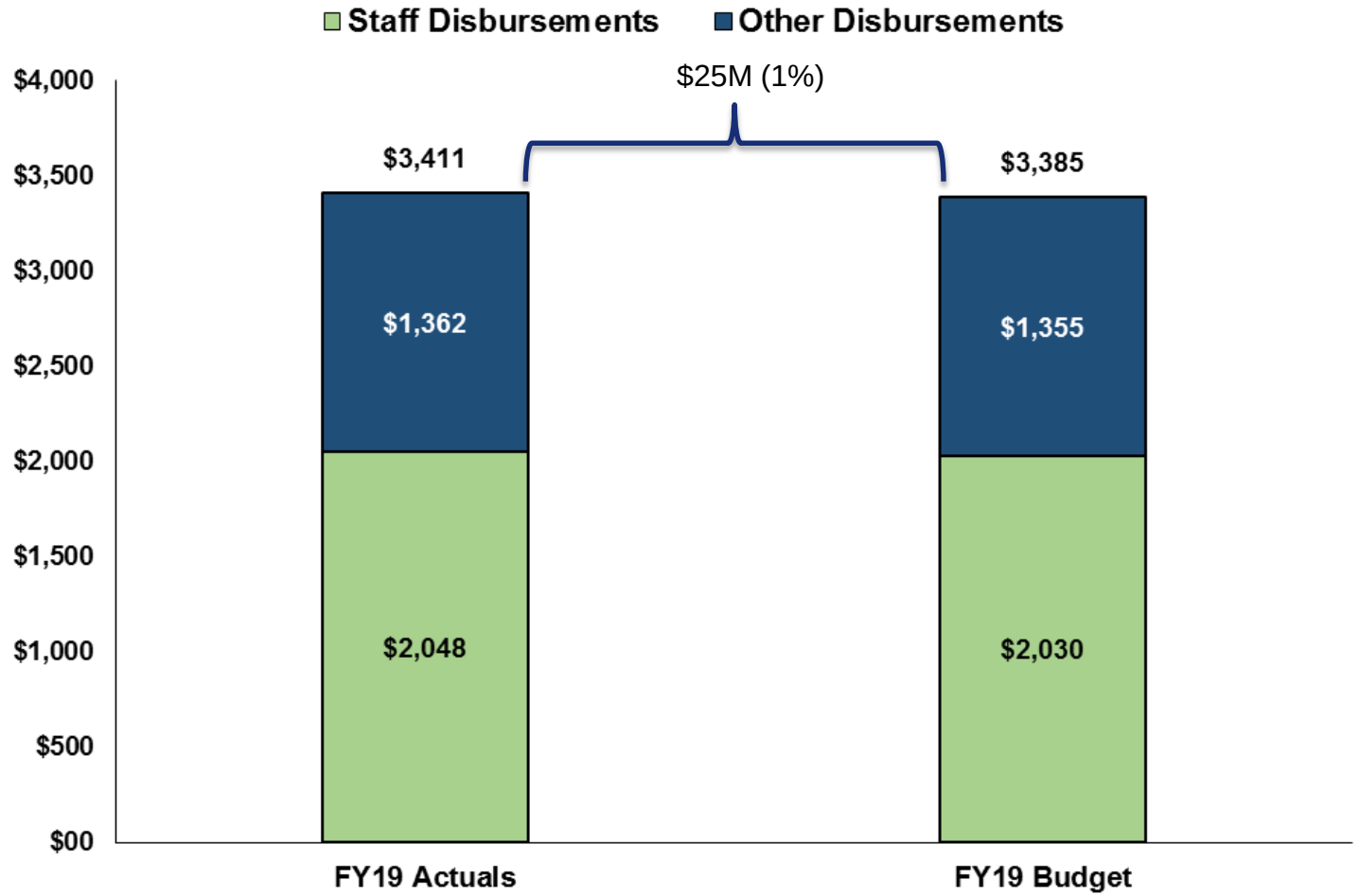
NYC HEALTH+ HOSPITALS

Expense Performance

Quarter 2, Fiscal Year 2019

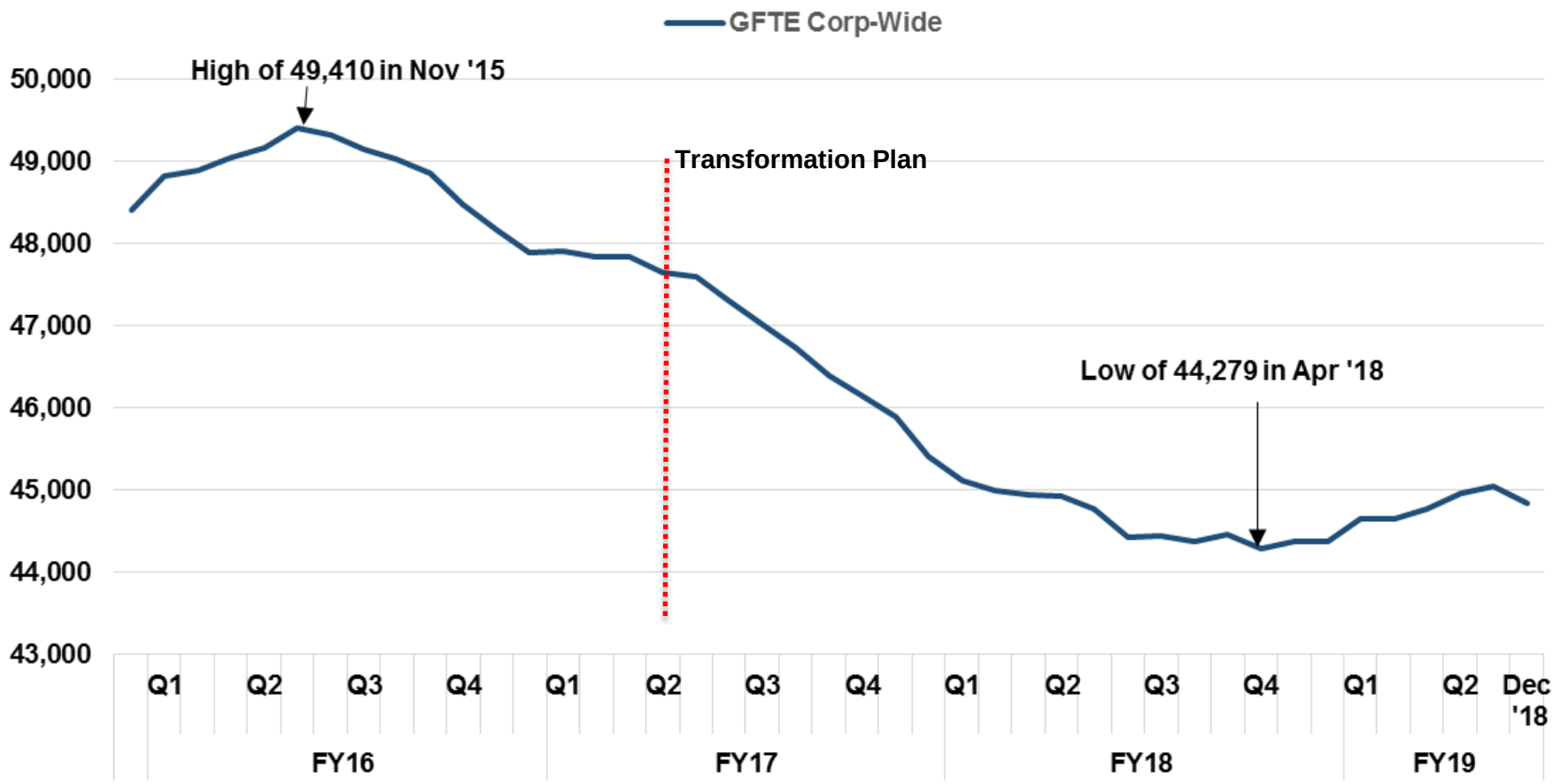
Quarter 2 Expense at (1%) From Budget

- Overall, H+H is less than 1% ($25M) away from the expense target mainly due to staffing investments in clinical models including our nursing model, key business initiatives, and revenue cycle in anticipation of better patient care and higher return on investment (ROI).
- A hiring pause was put in place to allow facilities to reset their budgets.



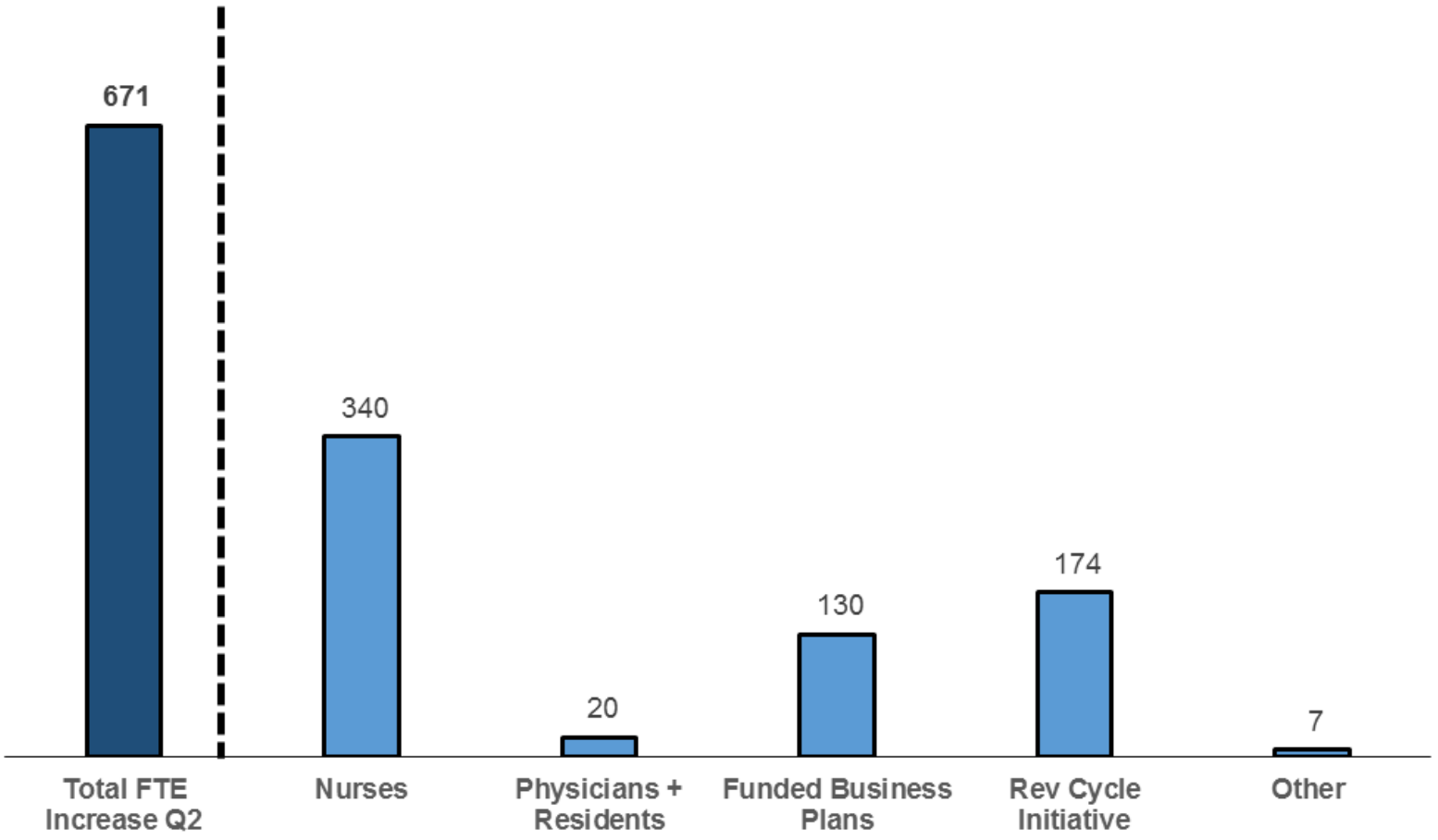
Historic Staffing Numbers Have Dropped Significantly

- Historical Global Full Time Equivalents (GFTEs) hit a high of 49,410 in Nov ’15, and decreased to a low of 44,279 in April ’18. After targeted investments, H+H has inched up to 44,835 in FY19 Quarter 2.



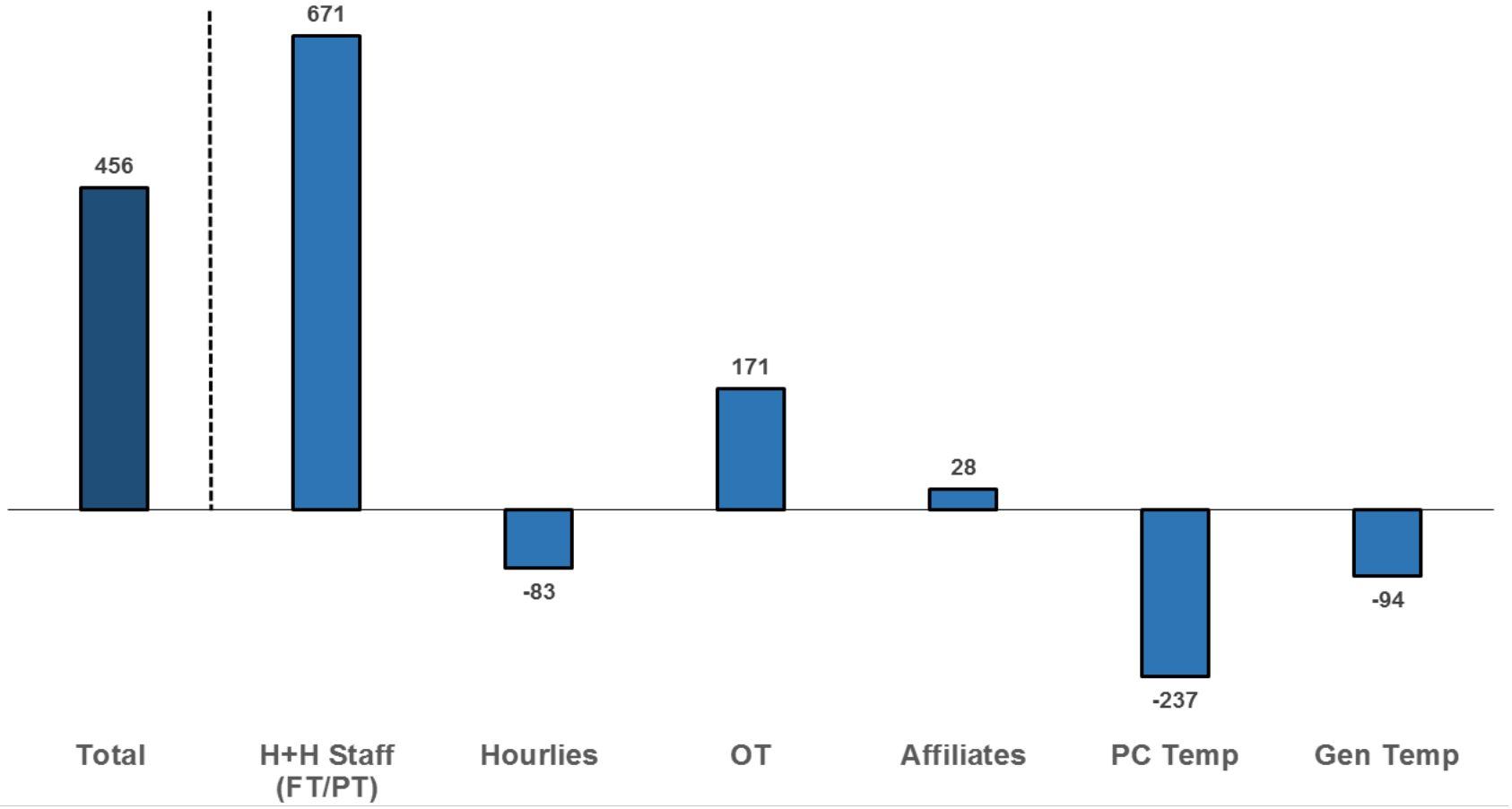
H+H Recalibrating Staffing Mix to Support Clinical and Revenue Generating Investments

- H+H staff growth for Quarter 2 is in line with NYC H+H Strategic Direction, with significant investments in clinical and revenue cycle staff.



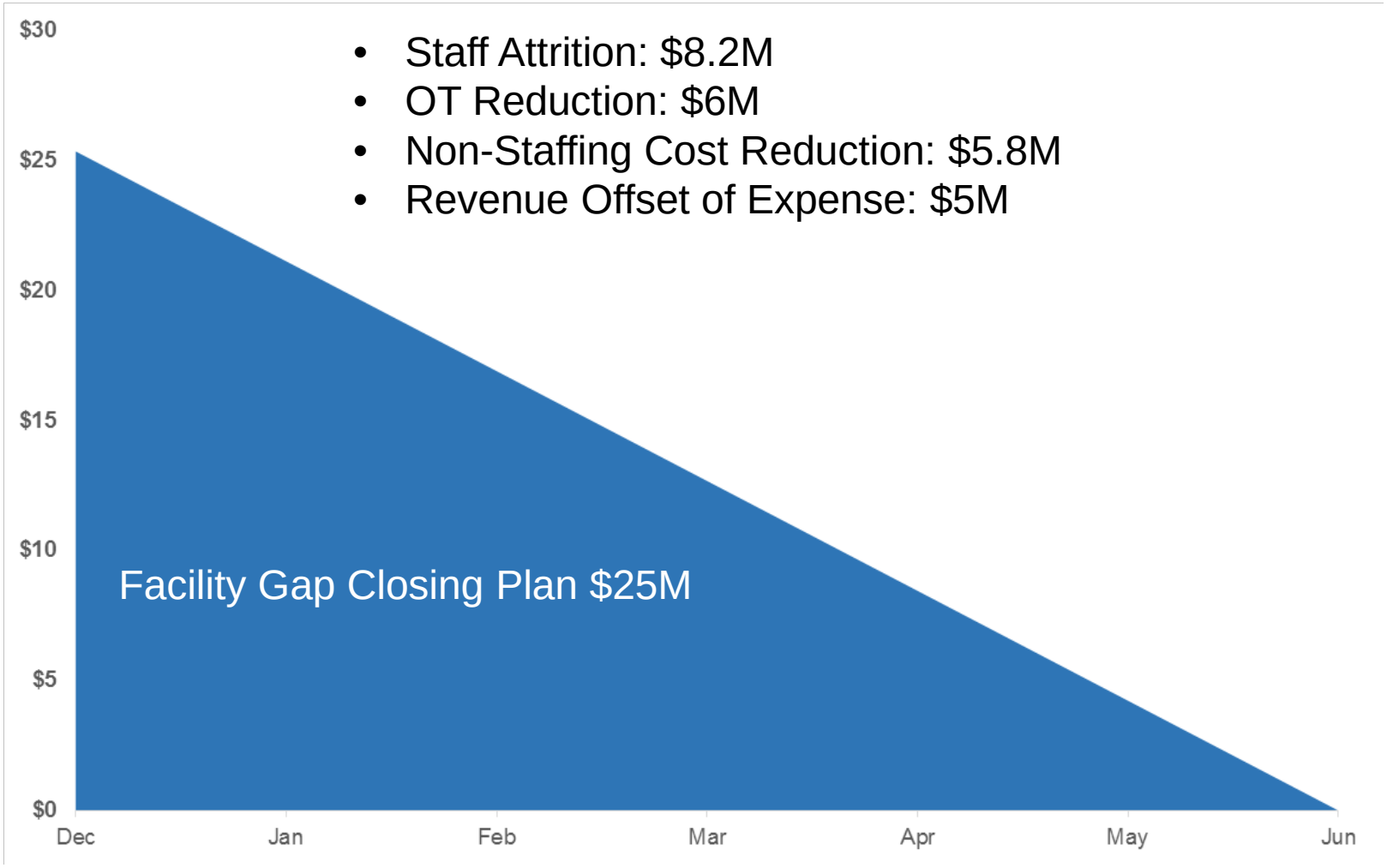
H+H Staff Growth Has Shifted From Temps to Full-Time

- Global Full Time Equivalents (GFTEs) grew by **456 through Quarter 2**, 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.



H+H has a Glide Path to Right Size Facility Reinvestment

- For year-to-date (YTD) expenses, facility action plans have been submitted to round out the year on-track.



NYC HEALTH+ HOSPITALS

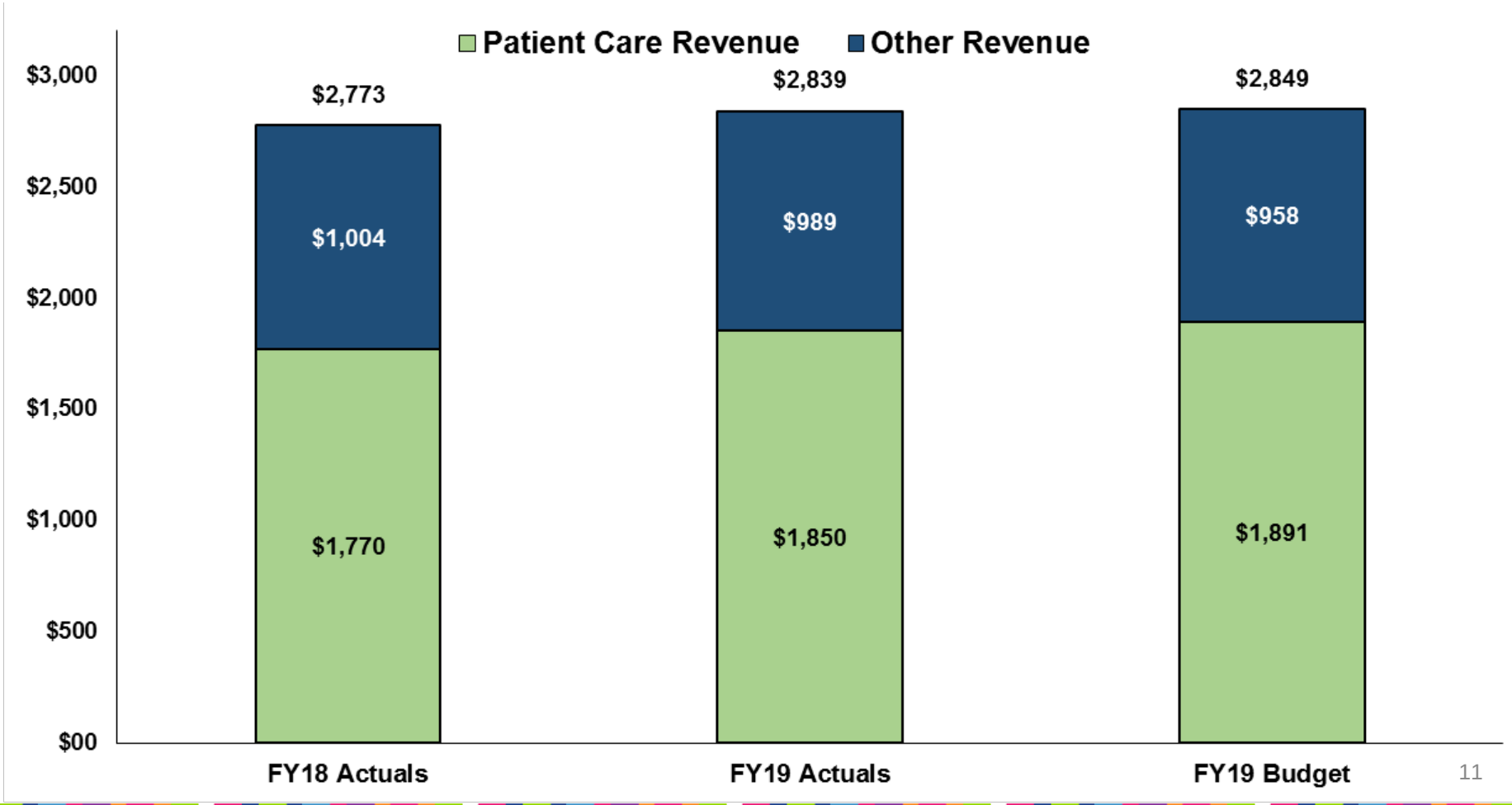
Revenue Performance

Quarter 2, Fiscal Year 2019

Corporate-wide Revenue is on Track

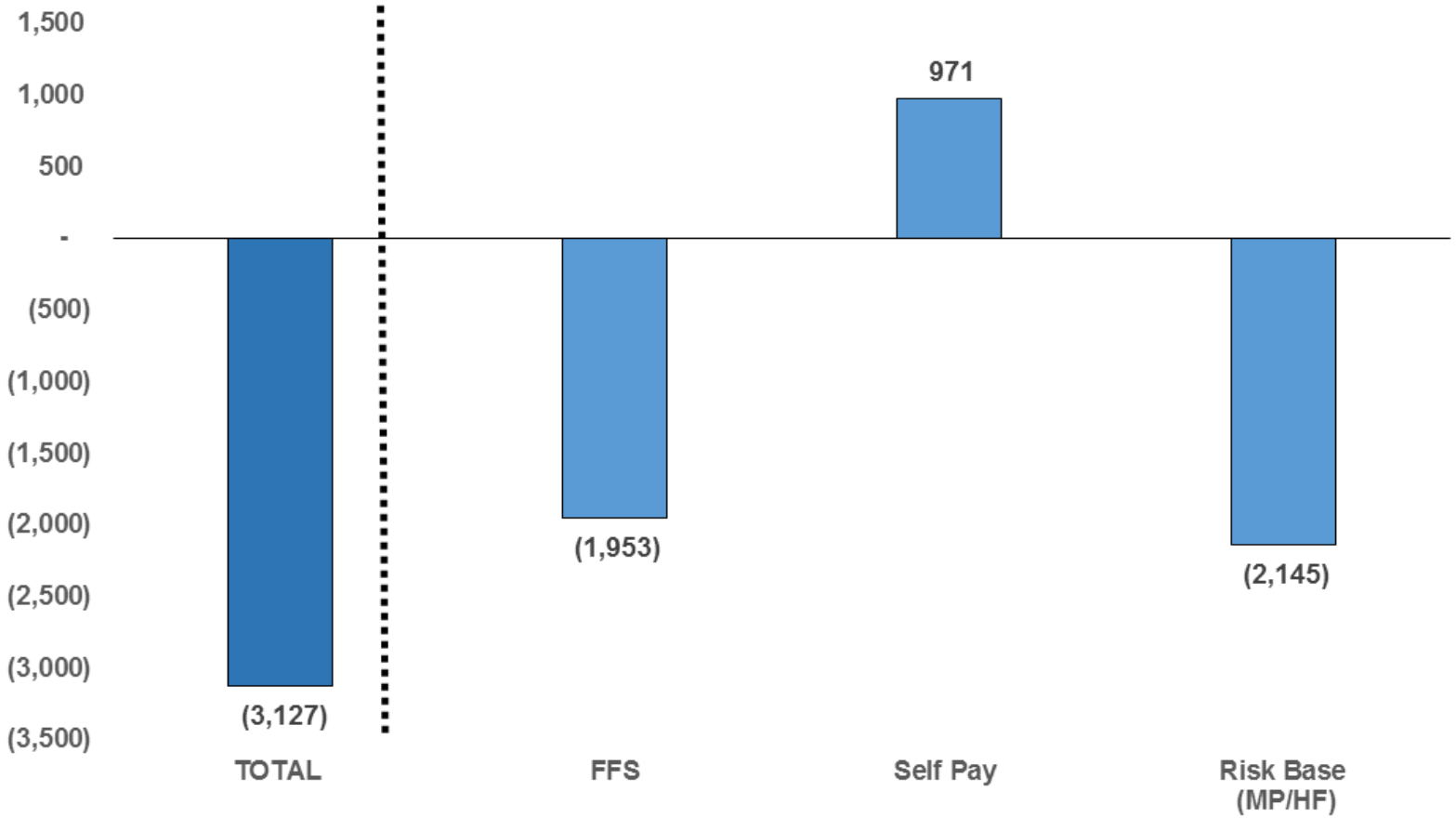
Quarter 2, FY19
$ in Millions

- FY19 revenue is **$65M higher than** FY18 actuals, and **close to FY19** target.
- Total patient care revenue is up $80M vs FY18 actuals driven by stronger risk contract performance.



Patient Volume Declined 3.8%, Only One-Third is Fee For Service (FFS) Impacting Revenue

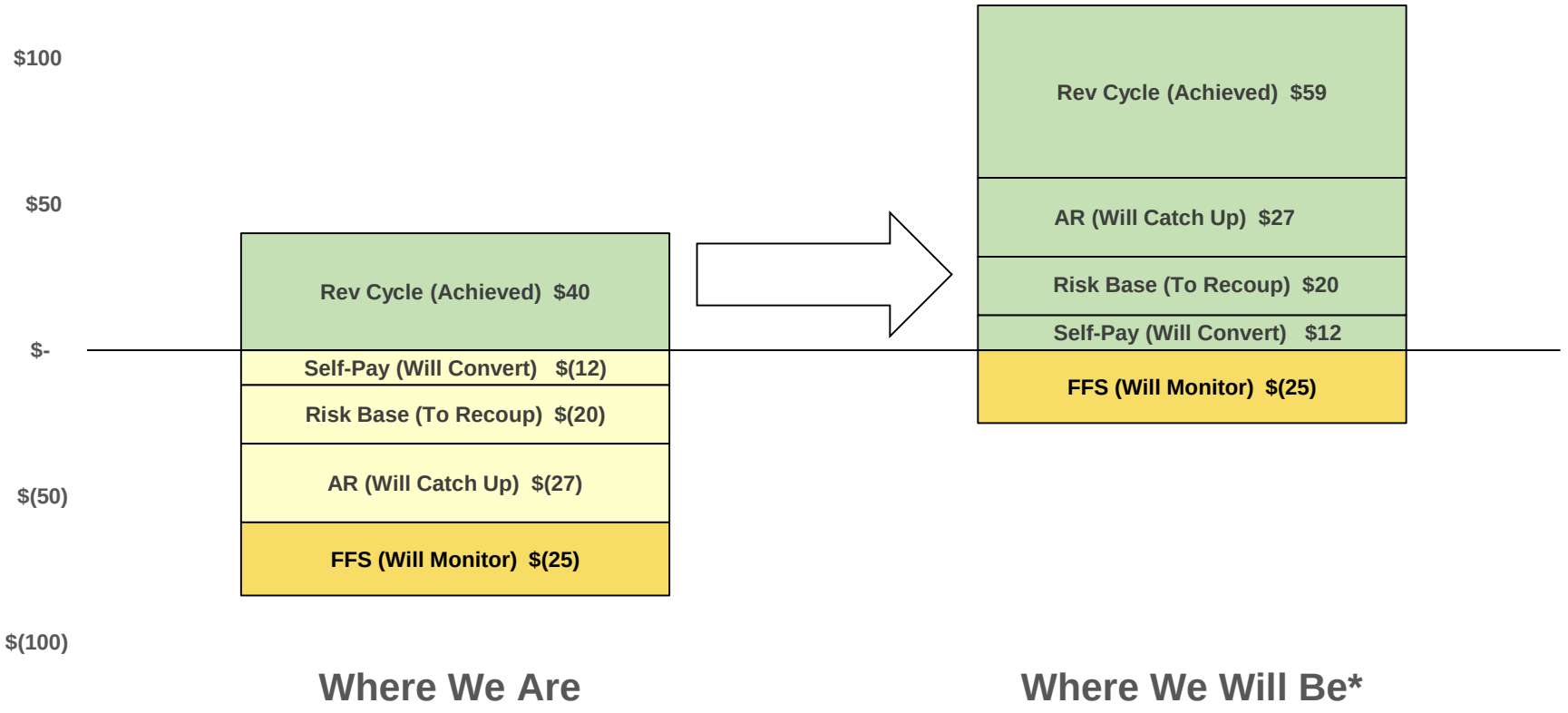
- Approximately two-thirds of the decline in discharges vs. FY18 are associated with our risk-based health plans, Metroplus and HealthFirst, helping drive improved risk pool revenue.
- Although there is an uptick in self-pay, it is expected to convert to insurance.



* Although overall volume is dropping, attribution levels have increased by 8,095 covered lives. Chart includes psych and rehab.

Planned Actions: Patient Care Revenue

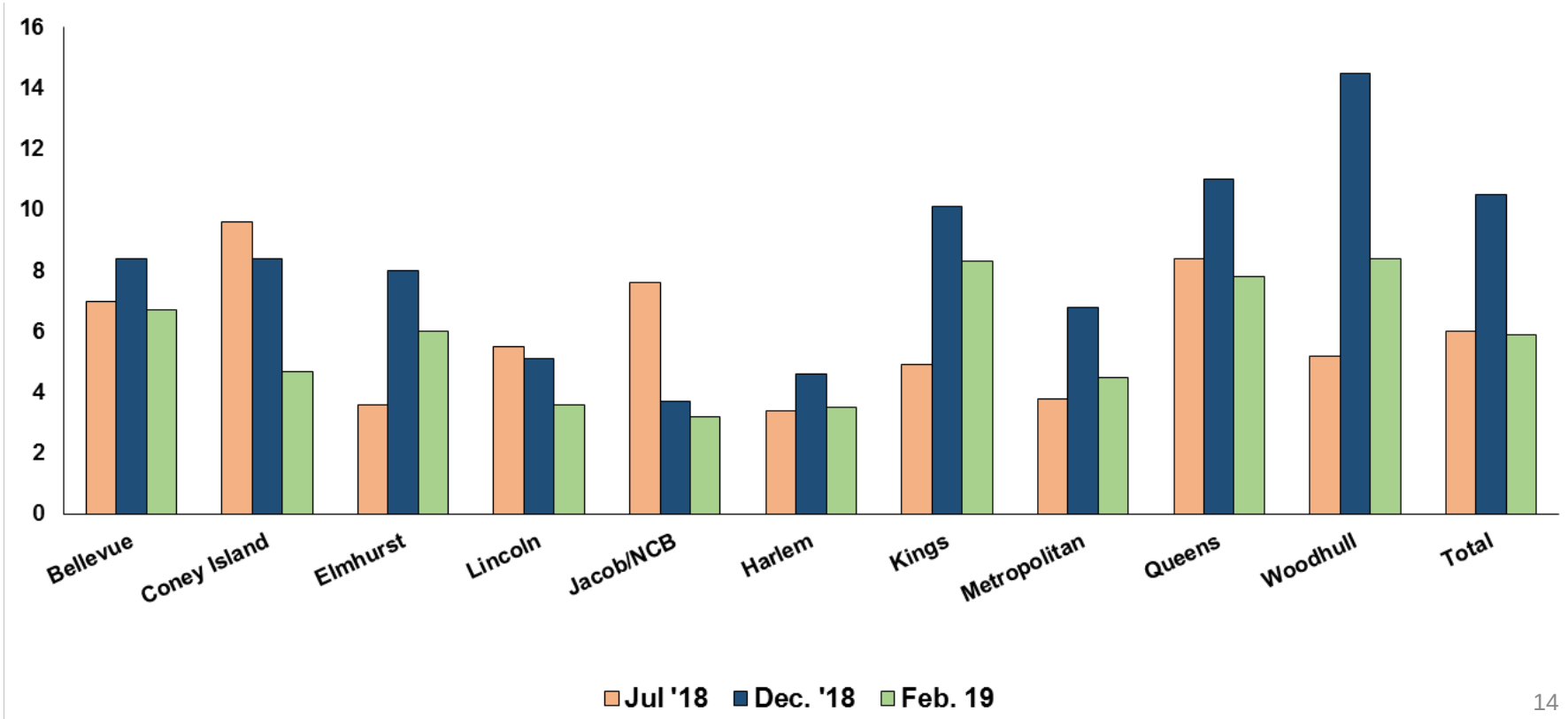
- Although discharges are down by 3.8%, they are being offset by achieved improvements in coding and documentation, recoupment of delays related to Epic implementation, and anticipated risk pool revenue.



** To be received by the end of FY20.*

Revenue Variance – Candidate For Billing (CFB)

- CFB increased by 4.4 days between July 2018 and December 2018 **$27M (net value)**
  - Epic sites at highest level since go-live
  - Has since been fully mitigated and is on par with July 2018

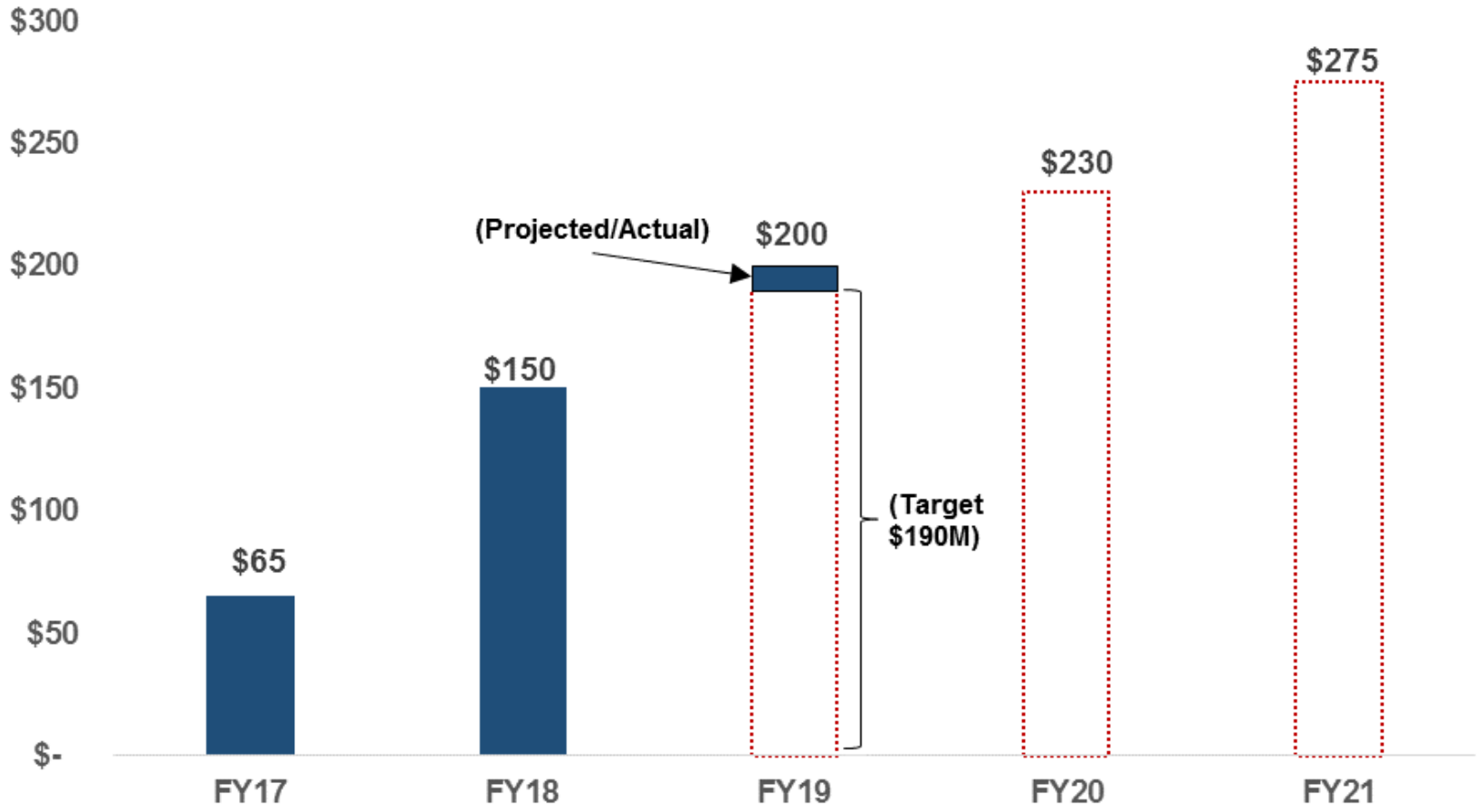


Revenue Variance Mitigation

- As authorized by the Board in October 2018 we are proceeding with implementation of Accounts Receivable (AR) partnerships to work previously unworked:
  - High volume, low dollar insured accounts;
  - “Early out” self-pay outreach to help identify insurance coverage.
- First vendors slated to be live March 8, 2019.
- Candidate for Billing has declined at all facilities between December 2018 to present, allowing for revenue capture.
- Billing follow up has increased significantly at Epic sites; collaborative efforts with facilities, revenue management and Epic team to address.
- Self Pay AR
  - Delay in insurance identification at Epic live sites associated with go-live
  - Delay in sending patient statements resulting in delay of conversions to insurance

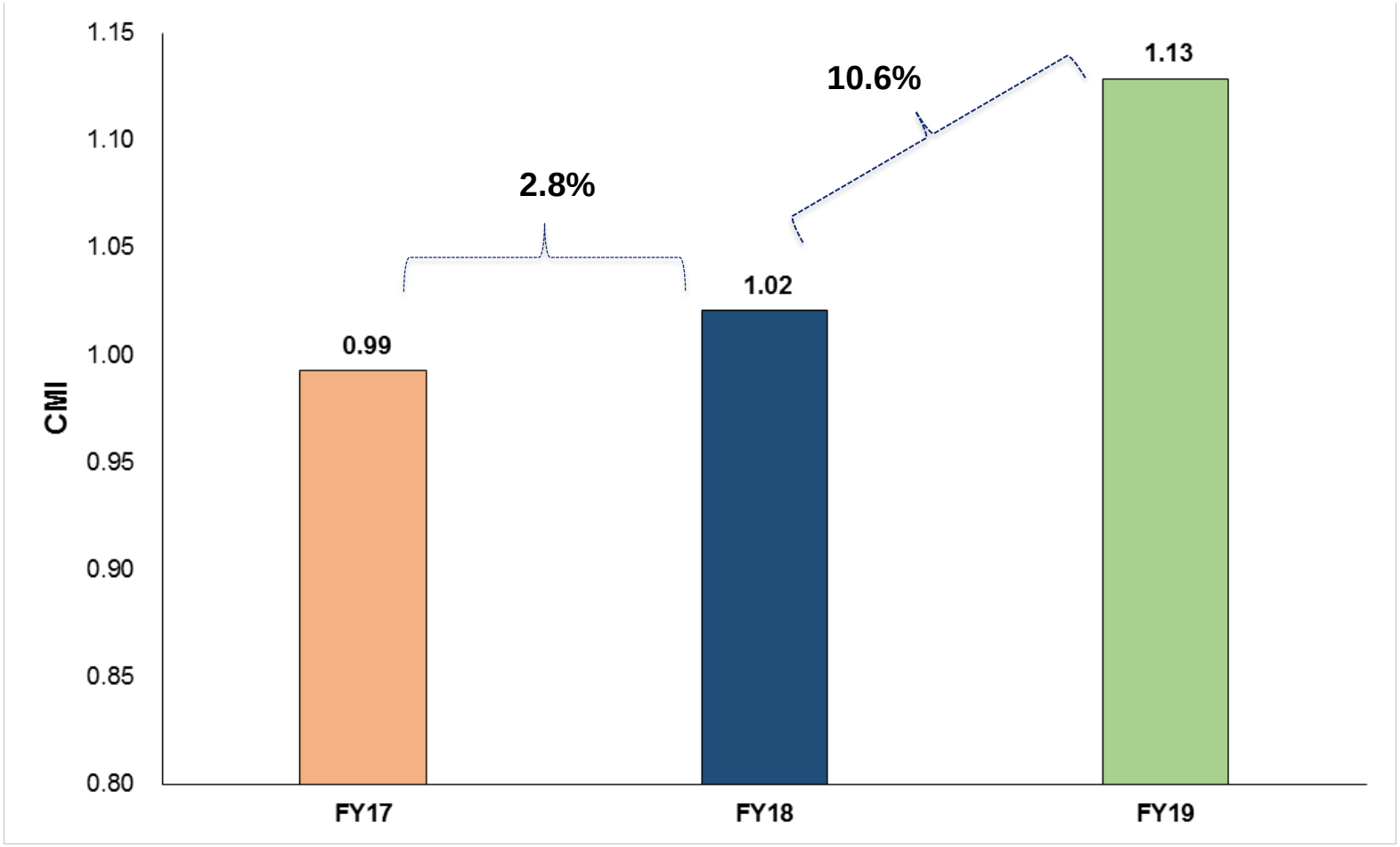
Revenue Cycle Growth Trajectory

- Revenue cycle targets have increased over time in accordance with the transformation plan.



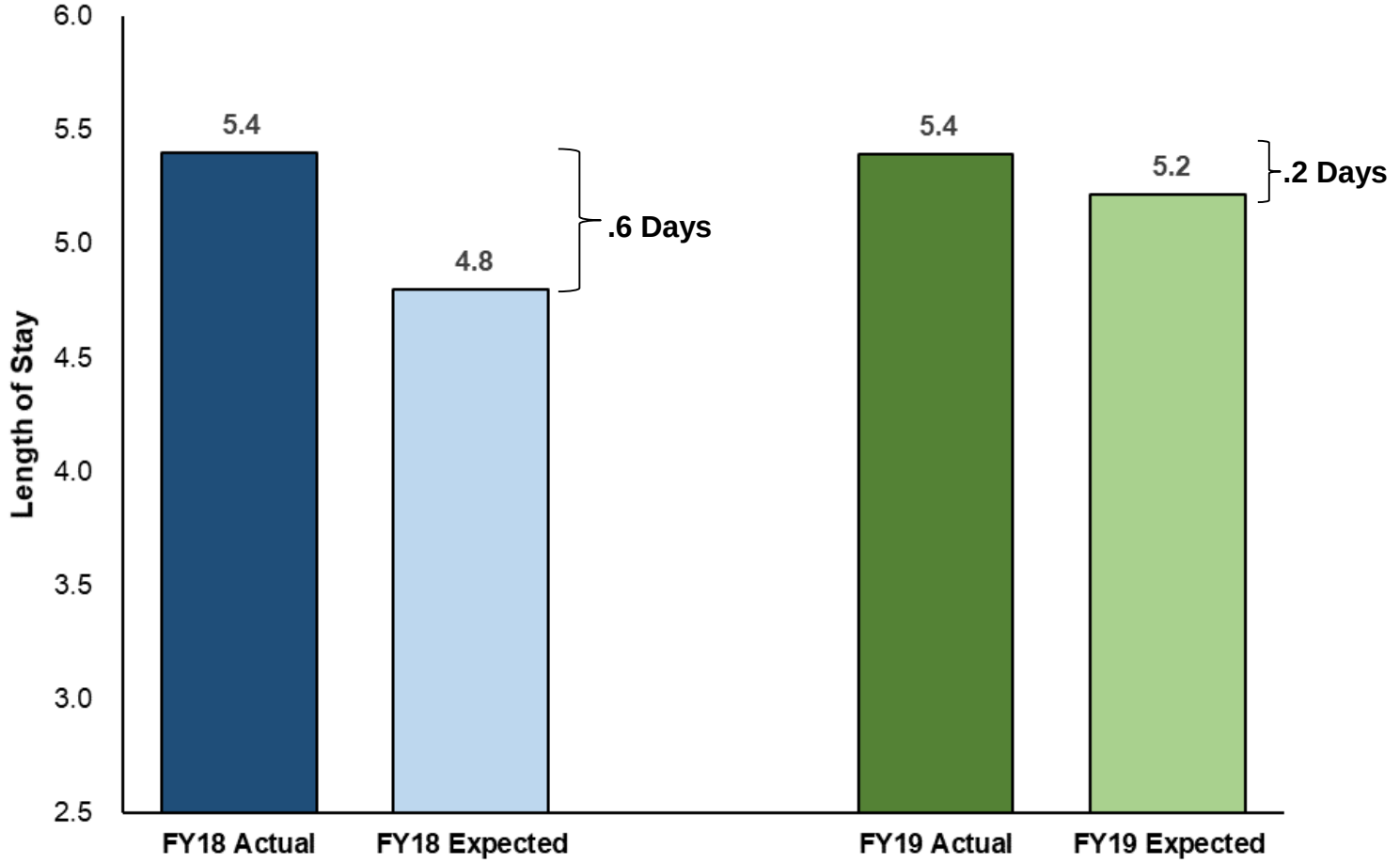
Increased Case Mix Index (CMI) Follows Revenue Cycle Improvements

- Case Mix Index has increased 10.6% year-to-date over FY18, primarily the result of clinical documentation improvement and coding initiatives.



Length of Stay Closer to Expected

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



Risk/Avail

Risks:

- Governor's Initial Budget
  - Change in Nursing Home CMI
  - Avoidable Hospitalization Penalty
  - Change in payment for Medicare Part B Dual-eligible services
- Governor's 30-day Amendment Repealing 2% Hospital increases
  - Repealing 1.5% Nursing Home increases
  - Across the Board 0.8% Reduction
- Public Charge
- President's Budget
- Federal DSH Cuts

Avail:

- Metroplus retro rate increase
- Medicaid Admin Grant

KEY INDICATORS

FISCAL YEAR 2019 UTILIZATION

Year to Date
December 2018

	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS*			DISCHARGES						
	FY 19	FY 18	VAR %	FY 19	FY 18	VAR %	ACTUAL	EXPECTED	FY 19	FY 18
Acute										
Bellevue	262,552	270,421	-2.9%	10,619	10,979	-3.3%	6.0	5.7	1.4359	1.2443
Coney Island	150,191	151,555	-0.9%	6,713	6,692	0.3%	6.4	5.2	1.0856	1.0254
Elmhurst	286,173	275,621	3.8%	8,950	9,222	-2.9%	6.2	5.2	1.1339	1.0178
Harlem	142,295	145,283	-2.1%	5,365	5,406	-0.8%	5.4	4.9	1.0615	1.0135
Jacobi	189,882	194,093	-2.2%	8,985	9,028	-0.5%	5.2	5.8	1.2191	1.0818
Kings County	317,975	330,904	-3.9%	8,735	9,592	-8.9%	5.7	5.3	1.1495	1.0419
Lincoln	251,550	259,273	-3.0%	10,123	10,526	-3.8%	4.2	5.0	1.0658	0.9784
Metropolitan	183,838	180,318	2.0%	3,330	3,942	-15.5%	5.0	4.9	1.0390	1.0018
North Central Bronx	99,627	98,541	1.1%	3,337	3,385	-1.4%	3.9	4.4	0.7748	0.7100
Queens	192,008	190,737	0.7%	6,089	6,341	-4.0%	5.0	5.1	1.0322	0.8486
Woodhull	172,465	205,497	-16.1%	4,777	4,927	-3.0%	5.1	4.8	0.9279	0.9177
Acute Total	**2,248,556**	**2,302,243**	**-2.3%**	**77,023**	**80,040**	**-3.8%**	**5.4**	**5.2**	**1.1285**	**1.0207**
Gotham	VISITS*									
Belvis DTC	23,086	24,701	-6.5%							
Cumberland DTC	41,739	30,998	34.7%							
East New York	35,864	35,578	0.8%							
Gouverneur DTC	101,131	105,027	-3.7%							
Morrisania DTC	32,645	37,451	-12.8%							
Renaissance	16,620	16,072	3.4%							
Gotham Total	**251,085**	**249,827**	**0.5%**							
Post Acute Care				DAYS						
Coler				111,089	130,434	-14.8%				
Gouverneur SNF				47,572	43,128	10.3%				
H.J. Carter				52,177	54,424	-4.1%				
McKinney				54,295	57,418	-5.4%				
Seaview				52,543	54,502	-3.6%				
Post Acute Care Total				**317,676**	**339,906**	**-6.5%**				
Discharges/CMI-- All Acutes				**77,023**	**80,040**	**-3.8%**			**1.1285**	**1.0207**
Visits -- All DTCs & Acutes	**2,499,641**	**2,552,070**	**-2.1%**							
Days-- All SNFs				**317,676**	**339,906**	**-6.5%**				

Utilization

Incorporates data from Unity, Soarian and Epic Systems, Epic data is preliminary.
Discharges: exclude psych and rehab.

*Visits: Billable visits, excluding ancillaries, and including open visits.
Epic data currently excludes dental visits.
FY18 and FY19 prior month data has been refreshed and updated, to normalize with Epic Methodology.
Off-site clinic volumes have been shifted from Actue Care hospitals to Gotham over course of FY18 and FY19.

LTC: SNF and Long-term Acute Care days.

Average Length of Stay(LOS)

Actual length of stay calculated for all discharges, regardless of length of stay.

Calculation is as follows:
Actual: Total 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

All stays, regardless of payor, adjusted to APR-DRG (All Patients Refined Diagnosis Related Groups).

KEY INDICATORS

FISCAL YEAR 2019 BUDGET PERFORMANCE ($s in 000s)

Year to Date
December 2018

	GLOBAL FTEs		RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 18	Dec 18*	actual	better / (worse)	actual	better / (worse)	better / (worse)	
Acute								
Bellevue	5,443	5,606	$380,398	$3,840	$437,692	($10,520)	(6,680)	-0.8%
Coney Island	2,946	3,013	146,929	(69)	213,526	(270)	(339)	-0.1%
Elmhurst	4,136	4,225	266,891	(7,688)	298,497	(3,412)	(11,100)	-1.9%
Harlem	2,845	2,811	179,150	(11,596)	203,439	(754)	(12,350)	-3.1%
Jacobi	3,827	3,843	294,765	12,468	298,187	(155)	12,313	2.1%
Kings County	4,985	4,965	328,723	(15,050)	366,534	(2,614)	(17,664)	-2.5%
Lincoln	3,864	3,856	227,345	(17,163)	275,033	(6,171)	(23,334)	-4.5%
Metropolitan	2,354	2,361	125,686	(6,994)	166,048	2,099	(4,895)	-1.6%
North Central Bronx	1,360	1,369	87,696	3,388	99,475	(1,015)	2,373	1.3%
Queens	2,644	2,716	200,439	4,647	194,768	(5,339)	(692)	-0.2%
Woodhull	2,743	2,734	189,042	(1,291)	202,711	(2,885)	(4,176)	-1.1%
Acute Total	37,146	37,499	$2,427,064	($35,508)	$2,755,910	($31,036)	($66,544)	-1.3%
Gotham								
Belvis DTC	132	141	$7,739	($2,185)	$9,474	($422)	($2,607)	-13.7%
Cumberland DTC	189	229	13,689	5,428	16,210	615	6,043	24.1%
East New York	200	215	11,707	(899)	13,255	(487)	(1,386)	-5.5%
Gouverneur DTC	451	458	28,525	3,498	32,366	(868)	2,630	4.7%
Morrisania DTC	210	236	11,865	(2,600)	15,201	289	(2,311)	-7.7%
Renaissance	151	155	7,130	1,671	10,787	(57)	1,614	10.0%
Gotham Total	1,332	1,434	$80,655	$4,913	$97,293	($930)	$3,983	2.3%
Post Acute Care								
Coler	973	923	$44,350	$5,075	$58,863	$1,880	$6,955	7.0%
Gouverneur SNF	379	381	20,140	2,717	26,470	(849)	1,868	4.3%
H.J. Carter	777	761	55,580	1,483	53,923	1,845	3,328	3.0%
McKinney	435	430	23,618	4,363	25,333	(833)	3,530	8.1%
Seaview	498	481	25,850	6,026	27,149	524	6,550	13.8%
Post Acute Care Total	3,061	2,975	$169,538	$19,664	$191,738	$2,567	$22,231	6.5%
Central Office	1,146	1,247	$146,766	$4,636	$213,570	$1,506	$6,142	1.7%
At Home	430	408	$14,759	($3,907)	$27,358	$2,145	($1,762)	-3.7%
Enterprise IT/Epic	1,263	1,272	$0	$0	$124,675	$418	$418	0.3%
GRAND TOTAL	**44,379**	**44,835**	**$2,838,781**	**($10,200)**	**$3,410,542**	**($25,331)**	**($35,531)**	**-0.6%**

*Actual Global FTEs have dropped by 4,574 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 December 2018		
	actual 2019	**actual 2018**	**better / (worse)**
Cash Receipts			
Inpatient			
Medicaid Fee for Service	$345,112	$361,482	(16,370)
Medicaid Managed Care	410,454	418,922	(8,467)
Medicare	243,557	230,974	12,583
Medicare Managed Care	181,014	160,415	20,599
Other	113,287	130,934	(17,647)
Total Inpatient	1,293,425	1,302,728	(9,302)
Outpatient			
Medicaid Fee for Service	56,318	75,744	(19,425)
Medicaid Managed Care	161,375	167,880	(6,506)
Medicare	46,338	37,717	8,621
Medicare Managed Care	43,678	50,948	(7,270)
Other	71,157	81,036	(9,879)
Total Outpatient	378,867	413,325	(34,458)
Total Direct Patient Care Revenue	1,672,292	1,716,053	(43,760)
Risk Pools	177,921	53,768	124,153
Total Patient Care Revenue	1,850,212	1,769,820	80,392
All Other			
Pools	163,552	140,130	23,423
DSH / UPL	456,253	640,771	(184,518)
Grants, Intracity, Tax Levy	279,169	162,331	116,837
Appeals & Settlements	31,791	12,752	19,039
Misc / Capital Reimb	57,804	47,598	10,206
Total All Other	988,569	1,003,583	(15,014)
Total Cash Receipts	**$2,838,781**	**$2,773,403**	**$65,378**
Cash Disbursements			
PS	$1,362,758	$1,314,469	(48,289)
Fringe Benefits	685,532	481,394	(204,138)
OTPS	740,257	722,355	(17,902)
City Payments	-	136,682	136,682
Affiliation	566,068	578,160	12,092
HHC Bonds Debt	55,927	45,383	(10,544)
Total Cash Disbursements	**$3,410,542**	**$3,278,443**	**($132,099)**
Receipts over/(under) Disbursements	**($571,761)**	**($505,040)**	**($66,721)**

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

	Fiscal Year To Date December 2018		
	actual 2019	**budget 2019**	**better / (worse)**
Cash Receipts			
Inpatient			
Medicaid Fee for Service	$345,112	$341,529	3,583
Medicaid Managed Care	410,454	435,701	(25,247)
Medicare	243,557	246,115	(2,558)
Medicare Managed Care	181,014	167,312	13,702
Other	113,287	130,853	(17,566)
Total Inpatient	1,293,425	1,321,510	(28,085)
Outpatient			
Medicaid Fee for Service	56,318	76,900	(20,582)
Medicaid Managed Care	161,375	170,618	(9,243)
Medicare	46,338	44,883	1,456
Medicare Managed Care	43,678	52,792	(9,114)
Other	71,157	80,171	(9,013)
Total Outpatient	378,867	425,363	(46,497)
Total Direct Patient Care Revenue	1,672,292	1,746,873	(74,582)
Risk Pools	177,921	144,000	33,921
Total Patient Care Revenue	1,850,212	1,890,874	(40,661)
All Other			
Pools	163,552	165,350	(1,797)
DSH / UPL	456,253	456,253	0
Grants, Intracity, Tax Levy	279,169	278,610	559
Appeals & Settlements	31,791	7,773	24,019
Misc / Capital Reimb	57,804	50,123	7,680
Total All Other	988,569	958,108	30,461
Total Cash Receipts	**$2,838,781**	**$2,848,981**	**($10,200)**
Cash Disbursements			
PS	$1,362,758	$1,344,993	(17,765)
Fringe Benefits	685,532	685,313	(220)
OTPS	740,257	732,908	(7,349)
City Payments	-	-	0
Affiliation	566,068	566,070	2
HHC Bonds Debt	55,927	55,928	0
Total Cash Disbursements	**$3,410,542**	**$3,385,211**	**($25,331)**
Receipts over/(under) Disbursements	**($571,761)**	**($536,230)**	**($35,531)**