

FINANCE COMMITTEE AGENDA

Date: January 10, 2022
Time: 12:00 P.M.
Location: 50 Water Street, 15th Floor,
Boardroom - VIRTUAL

- | | |
|---|-------------|
| I. Call to Order
Adoption of the December 7, 2021 Minutes | Freda Wang |
| II. Financial Update | John Ulberg |
| III. Old Business | Freda Wang |
| IV. New Business | |
| V. Adjournment | |

Finance Committee VIRTUAL MEETING - December 7, 2021

As Reported By: Freda Wang

Committee Members Present: Freda Wang, Matthew Siegler, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora - left at 12:03, Barbara Lowe - joined at 10:50, José Pagán

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 10:43 a.m.

Ms. Wang requested a motion to AMEND the minutes of the Finance Committee meeting held on October 18, 2021 to reflect the approval of the minutes of the Finance Committee meeting held July 21, 2021 was duly adopted.

Upon motion passed and duly seconded the AMENDED minutes of the Finance Committee meeting held on October 18, 2021 were adopted.

ACTION ITEM: Housing Recovery Operations: COVID-19 Resource Navigator Agreements

Dr. Johnson introduced the Housing Recovery Operations: COVID-19 Resource Navigator Agreements action item by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the "**System**") to assume requirements contracts with each of BronxWorks, the Chinese-American Planning Council Inc. and the City University of New York Graduate School of Public Health and Health Policy, (the "**Agencies**") from the Housing Recovery Operations unit of the New York City Mayor's Office ("**HRO**") to provide client engagement services in connection with the Test + Trace Resource Navigator Program ("**RNav**") and the AfterCare Program ("**ANav**") for the period January 1, 2022 through June 30, 2022 for an amount for all three Agencies not to exceed \$17,273,816.

Dr. Amanda Johnson, Assistant Vice President Ambulatory Care and Population Health and Director of Take Care Pillar, Test and Trace Corps presented on the action item's background and current state. In May 2020, the Office of Housing Recovery Operations (HRO) unit of the NYC Mayor's office was directed by the city to conduct an emergency procurement to contract with 11 qualified vendors to support the City's Test and Trace (TEST AND TRACE) program through resource navigators (RNav) and aftercare navigators (ANav) in order to meet the needs of New Yorkers quarantined at home.

Dr. Johnson continued and stated that in September 2021, HRO was instructed to redirect its resources to support the recovery from Hurricane Ida and lost the capacity to fully support Take Care through the Resource Navigator Program (despite the reduction in contracts). Consequently, HRO is no longer able to properly support the Navigator Program.

Hence, there is a need to reassign three contracts* - CPC, CUNY, and BronxWorks - for the balance of their terms (January - June 2022) to another city agency with the appropriate portfolio of work.

The three larger, remaining CBOs will cover the following boroughs:

- Chinese-American Planning Council (CPC): Brooklyn, Queens, and parts of Staten Island
- CUNY Graduate School of Public Health and Health Policy: Manhattan, parts of Brooklyn and Queens, and parts of Staten Island
- BronxWorks: the Bronx
 - All zip codes in the 5 boroughs will be covered by one of these three CBOs

Dr. Johnson highlighted the following program portfolio for the Take Care pillar of TEST AND TRACE.

- Resource Navigation
- Emergency food delivery through GetFoodNYC
- Hotel Isolation Program
- Take Care Package distribution
- Each of these programs have their own separate contracts, without any duplication of services. Resource Navigators are able to refer or connect Test and Trace cases and contacts to these other programs as needed.

Mr. Peña-Mora asked Dr. Johnson to elaborate as to why we would end some contracts, despite decreasing need but with a possible rising demand of the omicron variant.

Dr. Johnson responded that with the three larger agreements, H+H can still provide coverage across all five boroughs, across all ZIP codes. Assignment of responsibility is done by ZIP code first so that we can leverage local resources. Having gone from the larger program, we have become more efficient and have absorbed some of the resource knowledge gained from the formerly structured community-based organizations. The vast majority of the work is now done telephonically, so a physical presence is not essential for delivery of navigational services. That said, there are also research navigators that do work in the field, conducting rapid testing. With these two avenues of support, Dr. Johnson

is confident that there will be adequate coverage to address community need across all five boroughs.

Mr. Peña-Mora also requested that this presentation be updated to include the above information and explain performance, reference checks, language capacity, and Board and Staff diversity demographics for the remaining three agreements. The Chair of the committee agreed.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by Board.

ACTION ITEM: REQUEST TO INCREASE NTE FOR TESTING VENDORS

Dr. Long introduced the Request to Increase NTE for testing vendors action item by reading the Resolution.

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to increase the funding for the 12 vendors listed in Annex A attached to this Resolution (each a "**Vendor**" and together, the "**Vendors**") from the \$250,480,410 set in July 2021 when the Board of Directors authorized contracts for the Vendors to perform COVID testing both in schools and in the community on an as-needed basis by \$205,000,000 to bring the total amount for all Vendors to a new amount not to exceed \$455,562,279.

Prior to presenting the action item background, Dr. Long, Senior Vice President of Ambulatory Care and Executive Director of the Test and Trace Corps acknowledged the rising omicron variant and the need to keep it in our line of sight, active and open.

He further stated that to this end, the need for this request is now urgent more than ever. To meet an expanding need of testing capacity, Test and Trace conducted an RFP in June 2021 to cover operations from August 2021 to June 2022 for COVID-19 testing through two modalities: school testing in all of NYC's public schools on a routine basis and community testing via mobile units and other types of testing at-home, saliva, employee testing mandate.

He provided a background and current state update, programmatic changes, community impact, projected spend and NTE request, and vendors performance.

Ms. Hernandez-Piñero inquired as to testing logistics for the Department of Education. She asked for confirmation on testing students once a month vs weekly. Dr. Long confirmed that they will be the testing frequency. A random sample of 10% of unvaccinated students (with parental consent) will be taken weekly as they are at higher risk for spreading the virus.

Mr. Peña-Mora noted the varying percentages amongst the vendors and inquired about vendor performance and if there is a sense of the vendors' current capacity to perform the level of services needed. Further, Mr.

Peña-Mora requested clarification on what the criteria are for test assignment.

Dr. Long acknowledged the varying percentages amongst the vendors. However, the team works to build rapport with each vendor, level-set expectations, and closely monitors performance. Based on performance of the metrics, vendors are allowed to ramp up if they are doing well in meeting the demand of their current volume. The table is only a snapshot of performance at this point in time.

Dr. Katz inquired as to where Somos conducts its tests. Dr. Long would need to confirm the location. However, Dr. Katz noted that not all the vendors are performing the exact same service. Ms. Ford confirmed that this is in fact, with some vendors only collecting test while others have lab capabilities.

Mr. Peña-Mora concluded with a request on the possibility of including actual capacity in the vendor performance table. Further, Mr. Peña-Mora requested an explanation for Premier Assist's MWBE certification pending for this length of time. Lastly, Mr. Peña-Mora requested confirmation on the possibility of having trajectory data to show improvements and assignments volume, and start date.

Ms. Barbara Lowe complimented Dr. Long on the success of this effort. Dr. Long offered to share an article he published on peer review testing. The Committee requests that copy of this article be disseminated for review.

Ms. Wang inquired as to whether or not there will be an offset of savings on brick and mortar costs, now replaced by mobile testing.

Ms. Lum responded affirmatively that there will be an offset in savings due to brick and mortar replacement.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: STREET HEALTH OUTREACH AND WELLNESS

Dr. Long introduced the Street Health Outreach and Wellness application to enter into contract Rapid Reliable Testing NY, Inc. action item by reading the Resolution.

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to sign a 2-year contract with Rapid Reliable Testing NY, LLC (the "**Vendor**") to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness ("**SHOW**") program with two 1-year options to renew that can be exercised only by the System at a cost not-to-exceed \$21.8M over the potential four-year term.

Dr. Long presented the background and current state of the SHOW program. He further presented the staffing model, an overview of the procurement, the proposed vendor experience, the RFP criteria, and the MWBE subcontracting plan.

Ms. Wang opened the floor to questions.

Mr. Peña-Mora asked about the vendor's capacity to handle this contract and the NTE request contract requested in this presentation. Dr. Long offered that the sub-vendors will be the same. However, he noted that Rapid Reliable Testing NY, LLC is only providing vehicles under this contract. H+H will be providing the clinical services.

Mr. Peña-Mora also inquired about the history of Rapid Reliable Testing NY, LLC and its track record in business. Mr. Keely replied that this vendor has been operating as an ambulance company for a number of years to many NY sports organizations and provides a number of services. They are now stepping into the COVID space.

A request was made for Dr. Long to provide information on the history of the organization, references, performance, and capacity for the Board consideration.

Ms. Hernandez-Piñero asked what was the staffing model used in the six months of service to H+H. She also expressed concerned about the reallocation of funding and staffing.

Dr. Long replied that the staffing model is similar and has been proposed and used within the last six months but it is still evolving. Ms. Hernandez-Piñero followed up and inquired as to the number of patients that have been helped within the last six months of service. Dr. Long responded that over 70,000 patients have been serviced during this period.

Ms. Hernandez-Piñero also inquired if vaccines are provided. Dr. Long responded that yes, vaccines are provided.

Ms. Wang asked if there was a way to track the effectiveness of shifting care for patients transitioned into H+H. Dr. Long responded that yes, there is. There is data at Harlem Hospital of patients seen in this setting that return for follow up care.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

Ms. Freda Wang concluded the action items and introduced the financial update for a brief ten-minute summary of the highlights, to be followed in January, 2022 with a full report.

FINANCIAL UPDATE

Mr. John Ulberg provided brief financial highlights by stating that the system is stable throughout COVID.

Mr. Ulberg summarized the FY-22 Quarter 1 Highlights. October closed with a cash balance of \$350M. However, the quarter closed with a negative net budget variance of \$151.6M due to COVID disbursements not yet covered with Federal relief dollars. Despite the delay, we have the full attention and support of FEMA and Senator Schumer.

Direct patient Care receipts (inpatient and outpatient) came in \$117.7M higher than the same period in FY-21 continuing the pace of positive performance that we experienced during FY-21, where direct patient care revenue came in at year end \$467.8M over the prior year.

Patient care volume is returning to pre-COVID levels in Q1 of FY-22, but still 4% below Q1 FY-20 in discharges and 6% below in visits. Revenue base remains strong and resilient primarily driven by higher average rate and returning volume.

Overall, our strategic financial initiatives remain on track with our post-COVID strategies, generating over \$160.3M in Quarter 1 with a line of sight of \$606.4M.

Areas of strong net performance as of Quarter 1 include:

- Revenue Cycle Improvement (\$87.3M)
- Managed Care Contract Negotiations (\$23.3M)
- 340B Contract Pharmacy (\$18.5M)
- Service Line Improvements (\$15.8M) and Medical Necessity Denials (\$7.5M)

Mr. Ulberg presented the cash projections.

- The system closed October with approximately \$350 million.
- We expect to close November with approximately \$400 million. By the end of Q2, we are hoping to receive portions of the following revenue sources to maintain a sustainable cash balance, which will close our shortfall:
 - FEMA
 - UPL/UPL Conversion
 - VBP QIP

Mr. Ulberg's team continues to work closely with the City on remaining liabilities H+H owes due to them and continues to closely monitor the cash position in relation to any ongoing uncertainty around COVID-19.

Mr. Ulberg presented the external risks.

- State/H+H/City Medicaid Initiatives - (UPL Conversion approved by DOH; funds beginning to flow from the MCO plans)

- State/City Budget Risks - (State mid-year update reported no gap through FY25; revenues exceeding target by \$4B. We do not expect any likely Medicaid cuts in the upcoming State budget. The City will continue to review our ongoing requests and position in the Preliminary plan.)
- FEMA Reimbursement - (Direct COVID spending through October 2021 totals \$2.5B. FEMA reimbursement to-date totals \$266M with \$354M anticipated based on FEMA's preliminary approval of temporary staffing costs. We will be submitting a reimbursement package for PPE.)
- Vaccine Mandate - (Initial estimate, contract nurse costs total \$52.9M; enhanced nurse OT costs total \$6M; union settlement costs TBD; under further review by OMB for the Preliminary plan.) The enhanced nursing OT program has been a great success for H+H. This program will be used going forward in lieu of contractors.

Dr. Katz had no questions but expressed confidence in the work performed by Finance.

Ms. Hernandez-Piñero inquired about the amount of H+H liabilities to NYC. Mr. Cassidy responded that H+H owes \$600M to NYC. Overall, H+H plans to repay it this year. The funding will be provided this year.

Dr. Katz stated that this is not unusual and that he had a similar experience during his California tenure.

Ms. Barbara Lowe asked what questions would Governor Hochul ask of H+H.

Mr. Ulberg replied that he will be meeting tomorrow with members of the Legislature and Ways and Means Committee. He is not anticipating any cuts to our budget. He looks forward to being a good partner with the State as the budget is put together.

ADJOURNMENT

There being no further business the meeting was adjourn at 12:13 p.m.



**NYC Health + Hospitals
Finance Committee Meeting
January 10, 2022**

John Ulberg, Chief Finance Officer







FY22 Quarter 1 Highlights

- Closed the quarter with a **negative Net Budget Variance of \$151.6M due to COVID disbursements** not yet covered with Federal Relief dollars.
- Direct Patient Care Receipts (I/P and O/P) came in **\$117.7M higher than the same period in FY21** continuing the pace of positive performance that we experienced during FY21, where direct patient care revenue came in at year end **\$467.8M** over the prior year.
- Patient care **volume is returning to pre-COVID levels** in Q1 of FY22, but still 4% below Q1 FY20 in discharges and 6% below in visits. Revenue base remains strong and resilient primarily driven by higher average rate and returning volume.
- Overall, our strategic Financial Initiatives remain on track with our post-COVID strategies, generating over **\$160.3M in Quarter 1** with a line of sight of \$606.4M. Areas of strong net performance as of Quarter 1 include:
 - Revenue Cycle Improvement (\$87.3M)
 - Managed Care Contract Negotiations (\$23.3M)
 - 340B Contract Pharmacy (\$18.5M)
 - Service Line Improvements (\$15.8M) and Medical Necessity Denials (\$7.5M)

- The system closed November with approximately \$450 million (20 days cash-on-hand).
- The system also expects to close December with approximately \$300 million (14 days cash-on-hand).
- During the first half of Q3, we are hoping to receive portions of the following revenue sources to maintain a sustainable cash balance:
 - FEMA
 - DSH
- We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around COVID-19.

- H+H has paid out approximately \$2.5B on direct COVID-19 expenses through October 2021. Current commitments are \$3.0B.
- We have received \$266M in FEMA advances to-date with an expectation of additional \$354M in the coming months associated with temporary surge staffing for cumulative reimbursement totaling \$620M.
- The system is preparing a subsequent FEMA reimbursement package for PPE.
- To date, H+H has received \$1.2B thus far, largely from the High Impact (\$754M), Safety-Net (\$359M), and General Allocation Provider Relief Fund (\$69M)
- We have submitted our required financial reporting to HRSA for Provider Relief Fund (PRF) Phase 1 for revenues/expenses through June 30th, 2021.
- We received approximately \$15M in PRF Phase 4 funds in mid-December.

Risk	Status
<p>State/H+H/City Medicaid Initiatives (UPL Conversion approved by DOH; funds beginning to flow from the MCO plans)</p>	
<p>State/City Budget Risks (State mid-year update reported no gap through FY25; revenues exceeding target by \$4B. We do not expect any likely Medicaid cuts in the upcoming State budget. The City will continue to review our ongoing requests and position in the Preliminary plan.)</p>	
<p>FEMA Reimbursement (Direct COVID spending through October 2021 totals \$2.5B. FEMA reimbursement to-date totals \$266M with \$354M anticipated based on FEMA's preliminary approval of temporary staffing costs. We will be submitting a reimbursement package for PPE.)</p>	
<p>Vaccine Mandate (contract nurse costs and enhanced nurse OT costs are under further review by OMB for the Preliminary plan. Some of the Nursing resources NYC H+H established to support the Vax mandate are now shifting to support COVID Surge IV)</p>	



Surge IV (Omicron) COVID Response FY22

NYC H+H initiated emergency planning in anticipation of the winter surge and modeled peak for February.

The first level of COVID response (estimated at an initial value of \$111M) prepares the system for January volume with an anticipated increase to our baseline model staffing:

- Agency Temp Staffing to support ICU, Med Surg, emergency rooms, I/P COVID BH Units and nursing homes
 - Nursing requests of about 800 FTEs across the Acutes, Post Acutes and new I/P COVID BH units. We are also adding other vendors to allow for securing out of State resources to fill specialized critical nursing needs;
 - Credentialed Providers requests of 287 FTEs across the hospitals;
 - Other non-clinical staff over 210 FTEs.

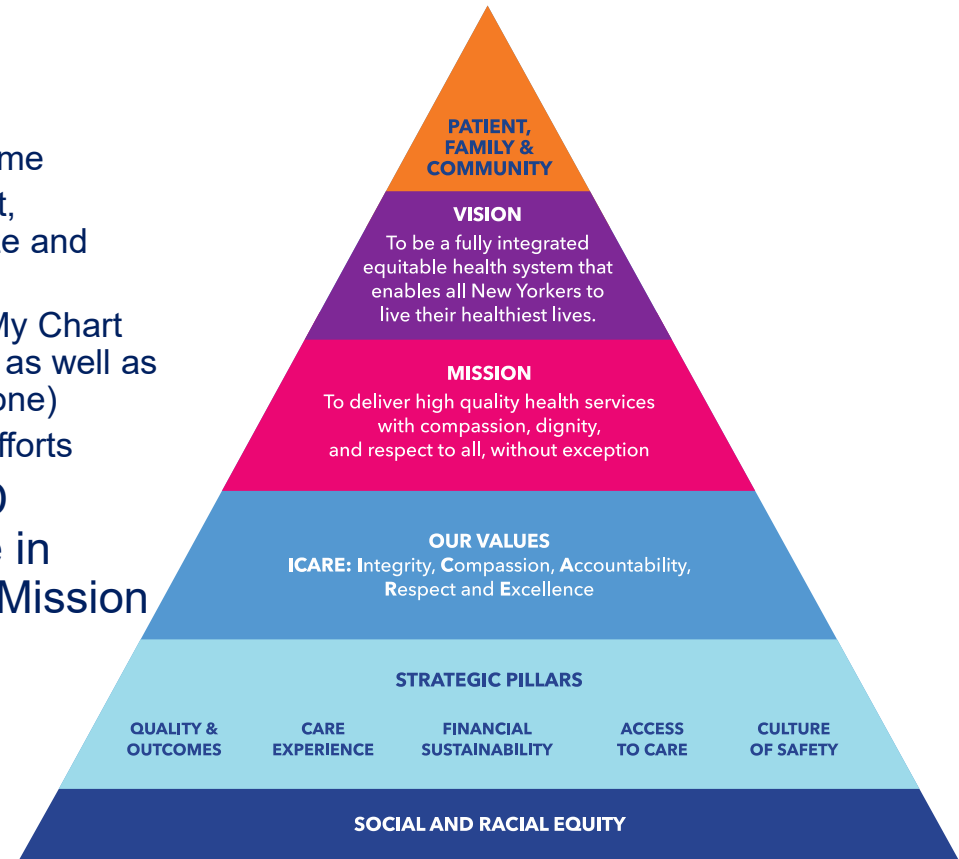
- Expanded RN and provider OT and shifts

Budget Development FY 2022



■ FY22 Budget

- Build on FY21 successes:
 - OR efforts and growing our surgical volume
 - VBP and focusing on panel management, expanding primary care patient panel size and sustaining membership growth
 - Ambulatory care optimization including My Chart outreach and performance improvement as well as maximizing visit mix (in person/video/phone)
 - Continued pharmacy and supply chain efforts
- Support continued city-wide COVID recovery and city initiatives that are in alignment with overall H+H Vision, Mission and Values
 - NYC CARE,
 - Public Health Corp,
 - T2,
 - Healing NYC
- Right size the budget to fund Staffing Models including Nursing IP, Nursing ED and EVS



FY22 Executive Financial Plan

(includes COVID/T2)

	FY21	FY22	FY23	FY24	FY25
Total Revenues	12,041.9	10,454.0	8,851.6	8,451.4	8,372.0
Total Expenses	11,996.4	10,412.5	8,873.6	8,782.2	8,731.5
<i>Income/(Loss) = Net Margin</i>	45.5	41.4	(22.1)	(330.8)	(359.5)
<u>Closing Cash Balance</u>	<u>733.7</u>	<u>775.1</u>	<u>753.0</u>	<u>422.2</u>	<u>62.7</u>

- The City, in conjunction with H+H, released our FY22 Executive financial plan in early May.
- The plan shows the system with a positive operating margin of \$46M in FY21 and \$41M in FY22 coupled with strong cash balances of \$734M and \$775M, respectively (33-35 days cash-on-hand).
- This includes Strategic Initiatives totaling \$1.4B in FY22, growing to \$1.8B by FY25 due to the anticipated DSH cuts beginning as of October 1, 2023 (resulting in \$600M in cuts annually).
 - If the DSH cuts continue to be delayed, net margin would remain approximately break even.
- The plan also assumes that the City will be made whole for its expenses associated with COVID through a combination of Provider Relief Funds (PRF) and FEMA.

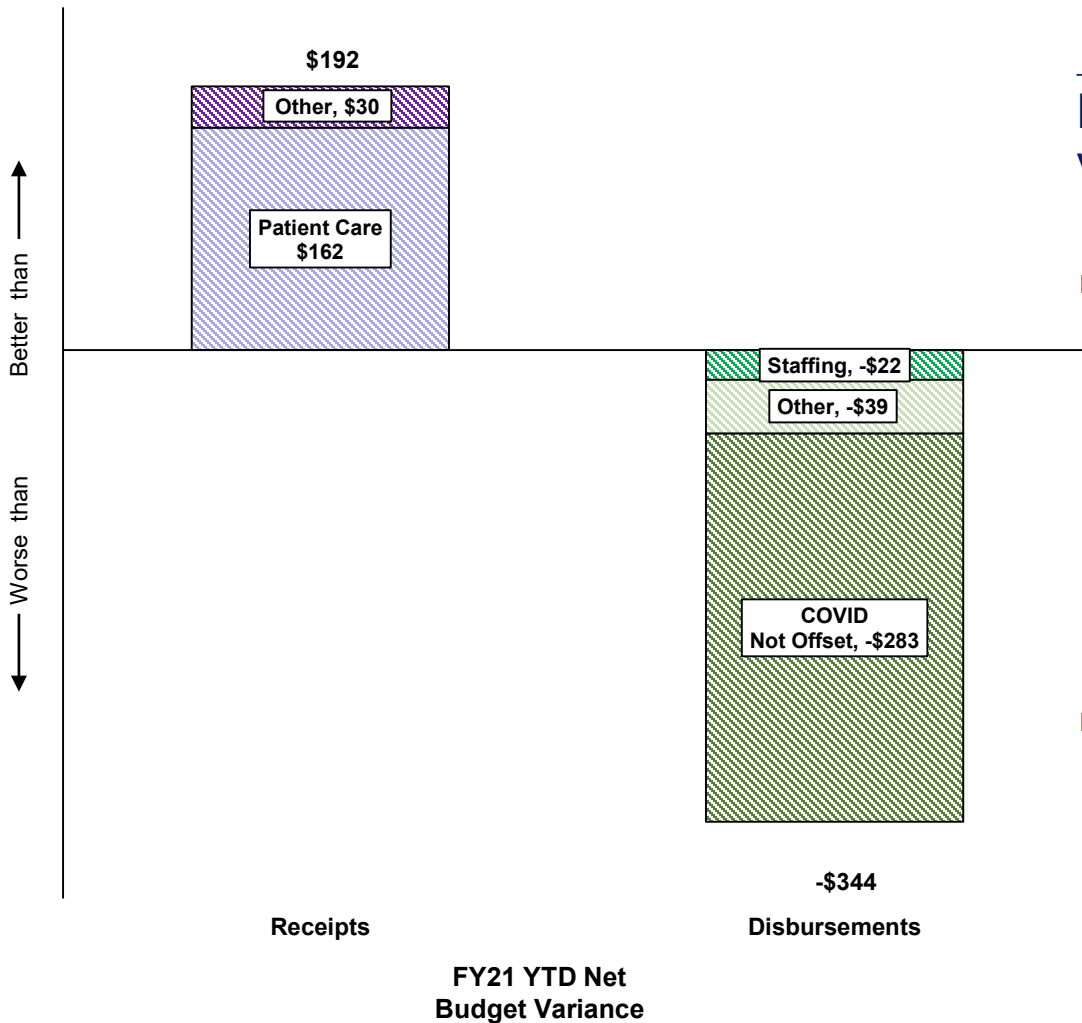
Financial Performance

FY 2022 Q1



FY22 thru September

Net Budget Variance



Highlights

Ended Q1 with a net budget variance of $-\$151.7\text{M}$ (-4%) where

- Receipts exceeded budget by $\$192\text{M}$ ($\$162\text{M}$ in Patient Care) I/P and O/P volume and average rates are higher than budgeted. Risk is higher due to MetroPlus payment on behalf of prior year.
- Disbursements exceeded budget by $\$344\text{M}$, which includes $\$283\text{M}$ spend associated with COVID that was not offset and $\$55\text{M}$ OTPS prior years payment catch-up.

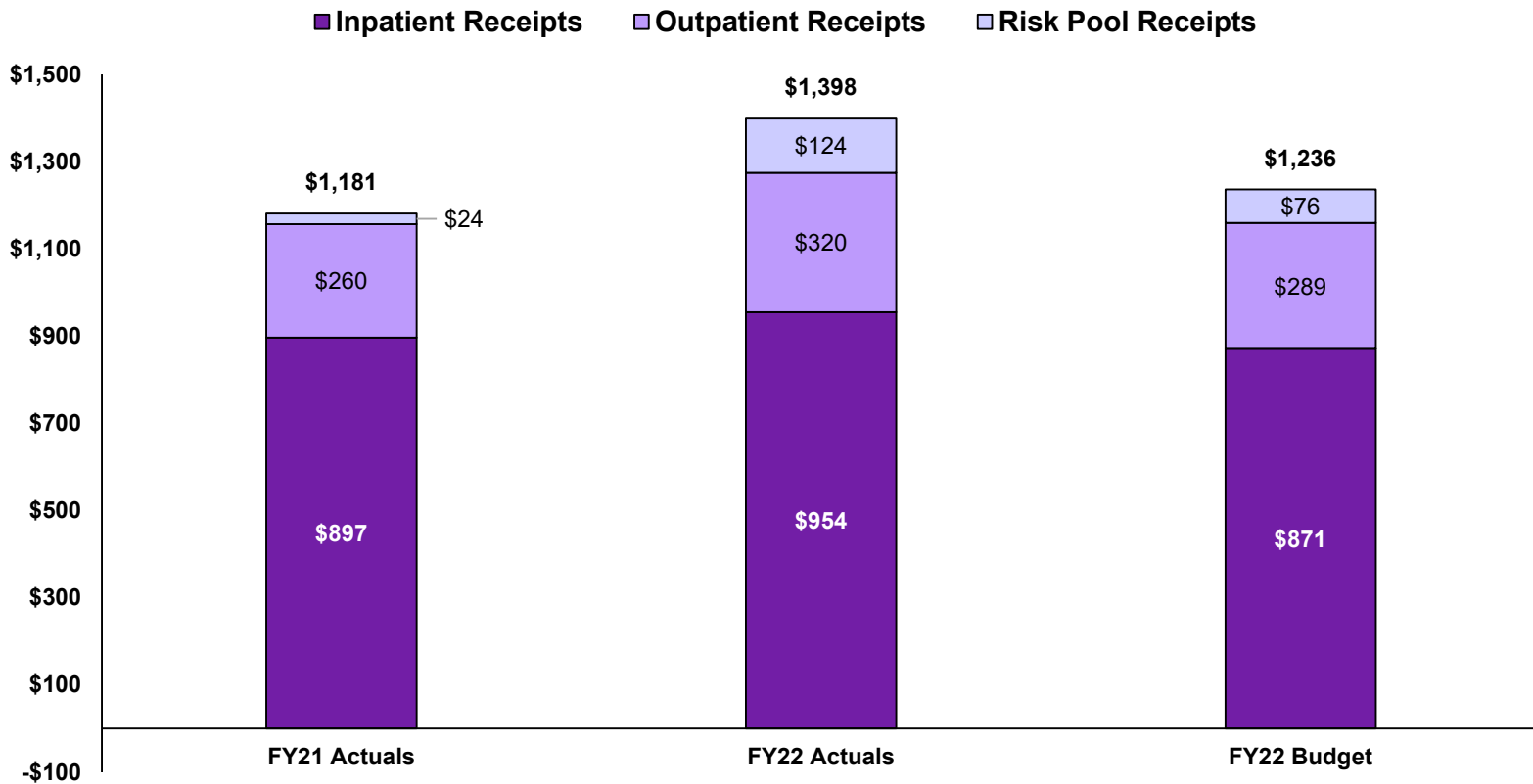
Notes:

- The "COVID Not Offset" amount of $\$283\text{M}$ can be offset once additional Federal relief funds are received.
- Test and Trace not included in the Net Budget Variance.

FY22 thru September

Revenue Performance

- FY22 direct patient care revenue (I/P & O/P) is \$117.7M higher than FY21 actuals.
- Patient revenue improvements year-over-year can be attributed to a combination of higher volume, solid performance and continued improvement in revenue cycle and other strategic initiatives, as well as increased average rates, and an extra Medicaid payment week in FY22 (14 in Q1 compared to 13 in Q1 last year).
- Compared to same time last year, discharges are up 16%, visits are up 10% (excludes testing) and Case Mix Index (CMI) is slightly higher (+0.5%).







System-wide Revenue and Savings Initiative

FY22 Q1 Update



Strategic Initiatives Financial Update – FY22 Q1

Summary Initiative Category	FY22 Net Target	FY22 Q1 Performance	FY22 Line Of Sight	Initiative highlights
 Growth and Other Service Line Improvements	\$188.2	\$41.9	\$141.4	<ul style="list-style-type: none"> • 340B Contract Pharmacy (\$66.3M) • Medical Necessity Denials Reduction (\$30.1M) • Service Line Improvements (\$45M)
 Revenue Cycle	\$161.6	\$87.3	\$313.5	<ul style="list-style-type: none"> • Revenue Cycle Initiatives (\$313M)
 System Efficiencies	\$34.1	\$5.3	\$23.5	<ul style="list-style-type: none"> • EITS Consultant Savings (\$4M) • H2O Consultant Savings (\$9M)
 Value-Based Payment Initiatives and Managed Care Initiatives	\$123.6	\$25.8	128.1	<ul style="list-style-type: none"> • HARP/SNP Conversions (\$21.5M) • Amb Care Initiatives & Panel Size Alignment (\$5.3M) • Improve CRG & Close Care Gaps (\$8M) • Managed Care High Cost Outliers and Contract Negotiations (\$93M)
Grand Total	\$507.5	\$160.3	\$606.4	

❑ Q1 performance may be under-reported in some categories within Growth/Service Line Improvements and System Efficiencies. Programs will be monitored closely and lagging Q1 performance values will be incorporated in Q2 update.

❑ Q1 Highlights:

- Increased surgical cases through ongoing efficiency efforts, completing 25,455 cases in Q1
- Completed 223 HARP conversions, representing 21% of target members
- Current negotiations with Empire, Aetna, CIGNA, 1199 and other smaller plans
- Revenue Cycle initiatives (see next slide)

FY 22 Revenue Cycle Targets

	FY22 Q1 Target	FY22 Q1 Actuals
Accounts Receivable Improvements	\$3.05	\$15.50
Administrative Denial Reduction	\$20.88	\$30.95
Clinical Documentation Improvement	\$4.40	\$21.44
Coverage for the Eligible Uninsured	\$11.33	\$18.13
Medicaid FFS High Cost Outliers	\$0.00	\$1.05
Miscellaneous Revenue Initiatives	\$0.75	\$0.19
Professional Billing	\$0.00	\$0.00
Revenue Cycle Total	\$40	\$87
Medical Necessity Denial Improvement	\$2.20	\$7.50
Grand Total	\$43	\$95

- Administrative denials comprised of several categories – significant progress in timely filing and provider enrollment.
- Applying process improvement framework to each denial category with cross-system workgroups.



Revenue Cycle Update

FY 2022 Q1



Revenue Cycle Highlight: Financial Assistance

Financial Assistance Screening Rates

	OP	IP	ED
FYTD '22 Target	75%	95%	85%
FYTD '22 Actual	91%	97%	87%
FY '21 Actual	59%	96%	87%
FYTD '22 Vs FY '21	↑	↑	↑

- Year over year total Financial Assistance screening rates have increased from 81% to 92%; significant improvement in outpatient.
- Currently 85% of patients screened are enrolled in Health Insurance or NYC Care.
- 66% of Outpatients were screened prior to or on day of service.

	FY21	FYTD 22
% of Uninsured Patients with a Financial Counseling (FC) Interaction	81%	92%
% Patients with FC interaction Enrolled in Health Insurance or Financial Assistance	80%	85%

ED Screening within 72 Hrs. of Discharge	OP Screening prior to or day of service
84%	66%



Test and Trace



Test and Trace Financial Update

- ❑ H+H incurred \$1.4 billion of expenses in FY21 for Test and Trace Corps
- ❑ T2 has committed approximately \$330 million in expenses for Q1 in FY22
- ❑ OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date
 - ❑ Revenue includes CDC ELC grants, FEMA funding, CTL, ARP, and billing revenue

	FY21 Expenses	Total FY22 Projected Expenses
Testing	\$ 736M	\$ 861M
Tracing	\$ 417M	\$ 270M
Take Care	\$ 122M	\$ 132M
Vaccine	\$ 69M	\$ 66M
Data Analytics, Program Management, and Public Awareness	\$ 97M	\$ 147M
Total Expenses	\$ 1,441M	\$ 1,478M

Test and Trace Phase IV Omicron Response FY22 (subject to change)

- ❑ Testing (~\$141M additional per month)
 - ❑ Increased staffing and expanded hours at all T2 brick and mortar sites including Gotham/Acute sites
 - ❑ Expanded use of vendor mobile units
 - ❑ Launch of “fixed pop-up” vendor run sites
 - ❑ Purchase of At Home Testing Kits to distribute to schools, CBOS and to testing sites with long lines
 - ❑ Expanded staff for COVID-19 Hotline
 - ❑ Increased testing for school surveillance program from 10% to 20% of unvaccinated students
- ❑ Tracing (~\$6M additional per month)
 - ❑ Hiring 500 Optum Monitors due to previous attrition
 - ❑ Hiring 100 temporary staff and 50 Community Engagement Specialists in School Situation Room
 - ❑ Launch of automatic calls to close contacts
- ❑ Take Care (~\$9M additional per month)
 - ❑ Opening of a third and fourth hotel
- ❑ Vaccine (~\$2m additional per month)
 - ❑ Increased staffing at T2 vaccine sites

Appendix



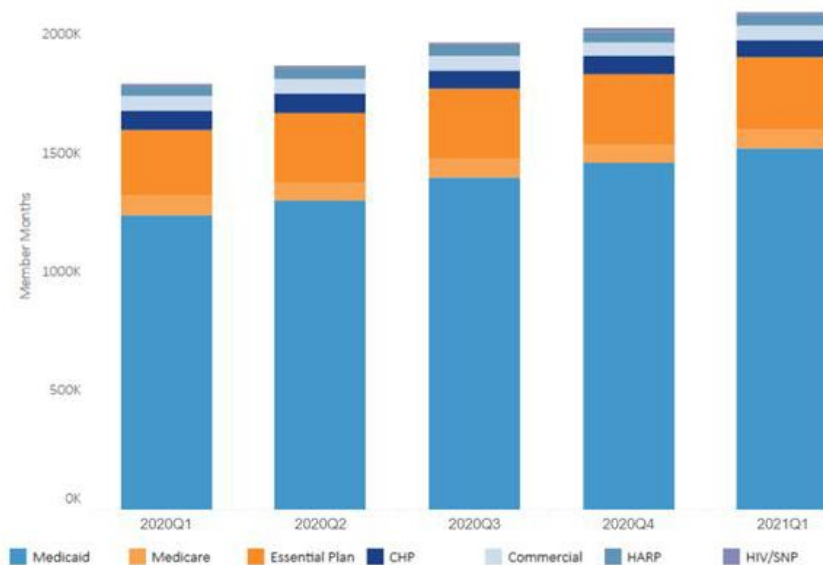
VBP Performance

- Risk surplus performance in our MetroPlus and Healthfirst risk contracts has remained steady since the start of the COVID-19 Pandemic, resulting in \$359M in surplus revenue for CY2020 and \$72M in CY21 Q1. Surplus has remained high compared to prior years due to continued deferred utilization.
- In April 2020, NYS suspended Medicaid and Essential Plan recertification periods which remains suspended through January 2022.
- H+H Medicaid and EP membership has increased by over 101k and 12k respectively since January 2020.

Risk Premium, Medical Expenses, and Surplus Trend



Member Months by Product



Revenue Cycle Highlight: Revenue Cycle Institute (RCI)

- Trained more than 4,955 individuals in a variety of revenue cycle topics;
 - 14 ongoing educational classes
 - 133 e-learning options
 - Customized classes as needed



RCI Course Road Map

