

AGENDA

FINANCE COMMITTEE

MEETING DATE: MAY 12, 2015
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE APRIL 14, 2015 MINUTES

SENIOR VICE PRESIDENT'S REPORTS

MARLENE ZURACK

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

INFORMATION ITEMS

1. FINANCIAL PLAN UPDATE

MARLENE ZURACK

2. INPATIENT/ADULT/PEDIATRICS PAYOR MIX REPORTS

KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: APRIL 14, 2015

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on April 14, 2015 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Josephine Bolus, RN
Mark Page
Patsy Yang, (Representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)

OTHER ATTENDEES

T. DeRubio, Analyst, OMB
J. DeGeorge, Analyst, State Comptroller's Office
M. Dolan, Senior Assistant Director, DC 37
R. McIntyre, Account Executive, Cerner
S. Newmark, Deputy Mayor Office
K. Raffaele, Analyst, OMB
J. Wessler

HHC STAFF

M. Brito, CFO, Coler/Hank Carter Hospital & Nursing Facility
J. Bender, Corporate Media Relations
M. Beverley, Assistant Vice President, Corporate Finance/Managed Care
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel
D. Cates, Chief of Staff, Board Affairs

Minutes of the April 14, 2015 Finance Committee Meeting

E. Cosme, CFO, Gouverneur Specialty Care Facility
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, CFO, MetroPlus Health Plan, Inc.
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
V. Fleming, Director, Corporate Office of Medical Affairs
L. Free, Assistant Vice President, Corporate Managed Care
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
K. Garramone, CFO, North Bronx Health Care Network
M. Genee, Deputy Corporate Comptroller, Corporate Comptroller's Office
C. Jacobs, Senior Vice President,
J. John, Corporate Comptroller, Corporate Comptroller's Office
K. Kolodziejcki, Assistant Director, Workforce Development
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Marengo, Senior Vice President, Corporate Marketing/Communications
R. Mark, Chief of Staff, Office of the President
A. Martin, Executive Vice President/COO, Office of the President
K. McGrath, Senior Director, Corporate Communications/Marketing
I. Michaels, Director, Corporate Communications/Marketing
A. Moran, CFO, Elmhurst Hospital Center
K. Olson, Assistant Vice President, Corporate Budget
C. Parjohn, Director, Office of Internal Audits
N. Petersen, Senior Associate Director, Woodhull Medical & Mental Health Center
S. Ritzel, Associate Director, Kings County Hospital Center
S. Russo, Senior Vice President/General Counsel, Office of Legal Affairs
L. Sainbert, Assistant Director, Office of the Chairman
A. Saul, Deputy CFO, Central Brooklyn Health Network
C. Samms, CFO, Generations Plus/Northern Manhattan Network
W. Sanders, Assistant Vice President, Corporate Intergovernmental Relations
P. Slesarchik, Assistant Vice President, Labor Relations
B. Stacey, Chief Financial Officer, Queens Health Network
L. Villalon, Deputy CFO, Coler Specialty/Nursing Facility
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, CFO, South Manhattan Network
M. Williams, Senior Assistant Vice President, EEO/Affirmative Action
R. Wilson, Senior Vice President/CMO, Medical & Professional Affairs
M. Zurack, Senior Vice President/CFO, Corporate Finance

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the March 10, 2015 were approved as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack informed the Committee that her report would include three items, cash flow, the Soarian project update and an update of the State budget based on the information provided to the Committee a month ago. As of April 10, 2015, HHC's cash flow was at 24 days of cash on hand (COH) and is projected to be at 27 days by the end of the current FY 15. The UPL payments which are a major factor in the cash balance are expected in April, May and June 2015. The status of these payments will be reported to the Committee.

Soarian Update

Ms. Zurack stated that a few years ago, HHC began a project to convert from the existing revenue cycle system Unity to the new integrated revenue cycle system, Soarian. Initially, the roll-out included division support, document imaging and scheduling. The final phase of the installation is the financials which are comprised of all the registration and billing functions. On March 23, 2015, HHC had its first "go live" of Soarian at Coney Island and Seaview Nursing Home. The "go live" was supported by a team of approximately fifty staff consisting of representation from revenue management, information technology (IT) and Cerner, the current proprietor of the Soarian product. On all accounts, the installation was a success. However, there were some problems in the installment process of the first "go live." There were some sign in issues for the users. There were users who were not identified as users before the "go live" and therefore were not trained and resulted in "on the spot" training. Also a system for reporting all of the problems that can be tracked corporate wide via SharePoint product was setup and was very effective. In terms of feedback from the users, while the new system offers the ability to access a lot data on line and using analytics, many of the users were not adaptive to that function and preferred having the old reports delivered to them. While there was a post live team resident at Coney Island and Seaview it was determined that there was a need for more hands on support and as a function of that immediately following the Committee meeting, a site visit is scheduled for HHC's CFOs to go to Coney Island to review the install as a lesson learned.

Dr. Raju extended thank to the finance team for managing the installation without any major issues and for addressing those issues promptly on-site which was tremendous progress.

Ms. Zurack added that it was a major installation; however, it is important not to be overly congratulatory in that the finance team in conjunction with the Coney Island team performed

tremendously and the Coney Island team had just undergone a JCAHO survey but were extremely upbeat.

State Budget Update

Ms. Zurack stated that the UPL language that HHC had required was passed. The indigent care was extended; however, HHC's requirement as part of the indigent care for the Affordable Care Act (ACA) and DSH cut did not pass. The global cap was extended. The rate cut restorations were passed which is a positive for HHC. The Basic Health Plan (BHP) passed for this year and the State will be allowed to take the non-federally participating individuals which are the qualified immigrants and put them on the BHP, a tax benefit to the State this year as oppose to a new enrollment benefit. However, the year after, the BHP will increase to 200% of the federal poverty level which is an expansion of Medicaid currently at 138% except for children and pregnant women. This will allow additional enrollment market share for MetroPlus. The Medicare/Medicaid crossover cut did not pass which is positive for HHC. The State included monies for vital access providers which for HHC this is not good in that it excludes public hospitals from being eligible for that funding. There is a \$1.4 billion in capital funding of which \$700 million is for central and east Brooklyn and the remainder is for a combination of debt restructuring, PCDC and nonprofits who provide behavioral health managed care transitioning. The additional capital funds requires that those hospitals that applied for the \$1.2 billion in concert with DSRIP to reapply which will be a major task for HHC, in that the projects that were submitted must now be resubmitted. HHC's One City DSRIP, the partnership original capital request totaled \$743 million of which \$449 million was for HHC. HHC must decide whether to reapply for those of any other HHC projects that may be eligible for the \$700 million for central and east Brooklyn and can only apply to one of the two. Christina Jenkins, Senior Assistant Vice President, DSRIP has been working with the group on the completion of the application for HHC.

Ms. Zurack announced the retirement of Marty Genee, Deputy Corporate Comptroller who after forty years of City service is retiring. HHC is losing an incredible employee. Mr. Genee before transferring to HHC worked at OMB. He has worked in the Corporate Comptroller office for thirty two years and has done an exceptional job at monitoring HHC cash, payroll and investments and a variety of other key functions. HHC will miss him.

Dr. Raju extended thanks to Mr. Genee for his dedicated service adding that the greatest asset that HHC has is its employees and employees such as Mr. Genee who worked hard to ensure the integrity of Corporation's finances will be missed.

Mr. Genee thanked Dr. Raju and Ms. Zurack for their leadership and his role in the participation of the various functions of the Corporation's financial performance and his appreciation for having had the opportunity to work at HHC which he views as a great organization.

Mr. Rosen on behalf of the Committee congratulated Mr. Genee on his retirement and for his years of dedicated and committed service to HHC and the City.

The reporting was concluded.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

Ms. Olson reported that utilization as of February 2015 was a continuation of the slight downward trend in both ambulatory visits and discharges. Billed ambulatory care visits were down by 2.1%; D&TC visits were down by 2.4%. Discharges were down by 2.3% excluding Coney Island the decline was 3.2% which was a slight improvement from last year which was down by 6.5%. Nursing home days were up by 2.6% which is an improvement over last year's decline. Henry J. Carter was down by 2.4% compared to 25% earlier this fiscal year.

Dr. Raju asked the CFO, Manuela Brito to share with the Committee the status of the facility's workload and actions taken to address the issues.

Ms. Brito stated that in order for the Committee to understand the current status of Coler/Henry J. Carter it was important to share some background of the process that began in 2010 as part of the Corporation's Restructuring Initiatives/The Road Ahead and the modernization of Coler/Goldwater. Prior to the opening of Henry J. Carter, Coler/Goldwater Specialty Facilities located on Roosevelt Island had a total of 991 beds compared to a decrease of 365 beds. This reduction was achieved through right sizing and redeployment of employees mostly within the existing South Manhattan network. The change in the census is due to an increase in the level of acuity in both the long term care (LTC) and skilled nursing facility (SNF). In November 2013, the LTC occupancy rate was at 57% compared to the current rate of 79%. This calculation is based on the full occupancy of 201 beds by excluding the 38 beds that are not in service, the occupancy would be at 97%. The reason for the increase is that the hospital has developed relationships with some of the voluntaries in the immediate community who have referred or sent their ventilator (vent) patients to the hospital vent unit. On the SNF side at the time of the initial move, the occupancy was at 68% compared to 99% currently including the 20-bed vent unit which has a waiting list. The downsizing of the beds has impacted the hospital's financials, in 2014 a two-year profit and loss (P&L) statement was completed of the hospital's financial whereby a \$6 million deficit was projected for the new facility, HJ Carter. However, currently the deficit is projected to be higher but less than the projected \$50 million deficit in the prior years before the downsizing of the beds. The projected deficit based on the current operating expenses is \$30 million; however, there were some contributing factors. The financial plan did not include certain factors for example; in the plan a 98% occupancy was projected which did not materialize except for the SNF. The LTC is much lower at 79%. Additionally there was a change in the payor mix. The initial projection included no undocumented in the LTC; however, the State has made the emergency Medicaid criteria very restricted whereby patients transferred from within HHC, the hospital was not meeting the criteria. Under the current criteria, twenty patients are not meeting those criteria which translate to a

Minutes of the April 14, 2015 Finance Committee Meeting

\$5 - \$6 million loss in revenue for FY 15 increasing in FY 16. Additionally, there is an anticipated increase in the rate for the enhanced SNF vent unit. The State is working on this issue and the anticipation is that upon the State's ruling on that appeal, the hospital will be able to bill at the new SNF vent rate which would be at 75% more than the current rate. It is a high cost unit and in 2016 the funding will be forthcoming and the billing will be retroactive to the initial date of occupancy. Another factor is that the CMI was budgeted at 1.14 compared to the current CMI of 1.17 due to the current level of acuity previously noted. This has taken a toll on the nursing resources through the use of overtime. In 2014 the State noted a deficiency in the staffing which the hospital has addressed through the conversion of full time vacancies to part time positions to allow for coverage on the unit as needed.

Ms. Bolus asked for clarification of the conversion of the full time position to a part time to cover the shortages on the unit citing some concerns relative to the nursing contract and whether those part timers would be allowed to work in that capacity.

Ms. Brito stated that based on the scheduling of the full time nurses on the various unit/tours any shortage due to sick leaves and annual leaves, the nursing department has the flexibility to use the part time nurses where there are shortages on the units. The time is split between two part time/hourly employees to cover the full time vacancy on the unit. The staff was done in conjunction with the labor union.

Mr. Russo, HHC's legal counsel stated a follow up on that issue would be done and reported back to the Committee.

Ms. Brito stated that due to the new capital for the new HJ Cater, the hospital has seen an improvement in its Medicaid rate beginning in 2014 and 2015. The initial capital portion of the Medicaid rate was at \$31.00 per day compared to projected \$248.00 per day. The reimbursement rate increased from \$700 per day to \$920 per day. It is expected that the increase will continue in 2016 once all the capital has been included which will impact the rate significantly by 2016. The hospital realizes its challenges and is making every effort to achieve the projected goal.

Dr. Raju in thanking Ms. Brito for the overall insight into the issues and the projected outcome due to the various rate adjustments added that it underscores the difficulty in projecting the financials given some of the underlying factors but it also highlights the importance of achieving some of the tasks that are key to getting the maximum reimbursement for the SNF/LTC hospitals.

Ms. Zurack added that Ms. Olsen and Mr. Covino have been presenting the status of the performance compared to the budget for HJ Cater/Coler hospitals to the Committee and as Ms. Brito noted the deficit has decreased from \$50 million to \$30 million compared to the expected of \$16 million given the issues and the facilities efforts in putting forth a solution to those problems. The objective is to

continue to address the issue given the biggest challenge by the State in its change in the rule which is part of the mix that needs to be taken into account.

Mr. Rosen asked if the emergency department visits were included in the total ambulatory visits reported by Ms. Olsen. Ms. Olsen responded in the affirmative. Continuing with the reporting the LOS comparison of the corporate average, one facility was above that average, Coney Island Hospital which is being addressed with the facility. The CMI is up by 3% over last years.

Mr. Covino continuing with the reporting stated that FTEs compared to FY 2014 year end were up by 263. The anticipated increase for FY 15 is 325 FTEs. To-date the increase is comprised of an increase of 56 FTEs at Lincoln due to the expansion of the emergency department (ED) and psych unit; an increase of 92.5 FTEs at Bellevue due to the transitioning of registry nurses to full time nurses and a transfer of residents from Coler; Gouverneur is up by 55 FTEs due to the new beds and Elmhurst and Queens hospitals are up by 87.5 FTEs due to the transitioning of hourly employees to full time staff. Receipts were \$96 million worse than budget compared to disbursements at \$43 million overspent.

Dr. Raju noted that there has been a significant improvement at Lincoln that should be shared with the Committee. Caswell Samms, Network CFO was asked to present to the Committee the detail of that progress.

Mr. Samms stated that at Lincoln the disbursements were impacted by the receipt of the UPL which allowed the hospital to increase its OTPS budget. Last year a conscious decision was made not to spend the excess fund giving the budget circumstances within the network relative to the underlying deficits for the network as a whole. It was a one-time infusion of funding that may not be available in the future. Additionally, to ensure that the spending remains within the projected expenses, all GHX requisitions must be reviewed and approved by his office which has generated a significant amount of reviews and discussions. In terms of the revenue, on the inpatient side, orthopedic services were expanded through the development of a business plan with the network affiliation, PAGNY. The volume increase in that service has materialized. Multiple joint procedures are done on a daily basis. Additionally, a value stream (VSA) was conducted at Lincoln that included working with the staff to create standard work to improve inpatient and outpatient collections. This has worked extremely well due to the daily meetings that are held to address any and all issues that occur and resolving those problems as quickly as possible. From an outpatient perspective, the decentralization of registration, initially, Lincoln had centralized registration which created some issues relative to patient experiences. The staff could not specialize in the required area of focus; for example dental was an area for improvement whereby, initially collections were at \$17.00 per visit compared to an increase of more than \$1 million due to that change in registration. The most important aspect for the hospital is that more work is required as steps are taken to improve the work flow and revenues by focusing on any and all areas where there might be an opportunity.

Minutes of the April 14, 2015 Finance Committee Meeting

Ms. Zurack noted that Mr. Samms leads the corporate dental billing and improvement project, whereby the successes at Lincoln are shared with the other HHC facilities.

Dr. Raju asked if the potential areas of opportunities are being implemented at other facilities/networks.

Mr. Samms stated that dental has been implemented across the Corporation and there have been discussions regarding behavioral health as another area of opportunity as well.

Mr. Page commented that it would appear that the efforts on behalf of the hospital in addressing issues and finding solutions are extremely good.

Mr. Covino continuing with the reporting stated that a comparison of the prior year actuals to the current year, receipts were \$102 million higher than last year; DSH and UPL payments were up by \$194 million; Medicare and Managed Care payments were up by \$41 million. Those increases were offset by a reduction in the SLIPA pool due to an advancement of a payment as a result of HHC's cash flow problem that was initially scheduled for FY 2015. Consequently of the scheduled three payments, one was advanced. MetroPlus risk pool payments are down by \$50 million compared to last year's payment of \$150 million compared to \$100 million received through the period. However, as of March 2015, \$82 million was received which will exceed last year's actual due to a timing issue. Expenses were \$255 million higher than last year; personal services were up by \$139 million of which \$110 million was due to collective bargaining and \$17 million in allowances and hourly expenses. An increase of \$80 million due to an increase of 263 FTEs year to date. Fringe benefits were up by \$13.8 million due to FICA and supplemental welfare fund payments related to collective bargaining. OTPS expenses were up by \$61 million due to a reduction in the number of days in accounts payable from 81 days to 65 days. However, there are significant increases in three major areas, pharmaceuticals are up by \$20 million due to the 340B policy change on mixed use; other professional services are up by \$16 million due to hospital medical home and the DSRIP and Momentum IT consulting contracts. The FEMA contract with Arcadis, purchased services up by \$11 million due to the labs, Cerner IT contract and Meaningful Use contract with QuadraMed. Affiliation expenses are up by \$23 million compared to last year due to the change in the payment process whereby payments are made on a biweekly basis as opposed to monthly. Additionally, there was a \$3.2 million payment at the Queens Network for performance indicators and a prior year payment at Bellevue for \$4 million based on a recalculation for prior year expenses. The comparison of actual to budget, inpatient receipts were down by \$90 million due to Medicaid fee-for-service down by \$48 million due to a decrease in workload. Paid Medicaid discharges were down by 2,100 days; chronic days were down by 15,000; SNF down by 14,000 and psych by 4,700 days. Outpatient receipts were up by \$4.7 million and all other was down by \$10.7 million due to appeals and settlements that are being tracked for the difference between the paid Medicaid fee-for-service reimbursement was paid at 98% of the rate. The 2% retroactive payment is expected this year. PS expenses were \$6.5 million over budget; fringe benefits were \$4.8 million under

Minutes of the April 14, 2015 Finance Committee Meeting

budget; OTPS expenses were \$41.8 million over budget due to the reduction in the number of days in accounts payable. The reporting was concluded.

Mr. Rosen asked if HHC had received the funding from the City for the collective bargaining payments. Mr. Covino stated that HHC is working with the City on the payments for the collective bargaining, whereby as contracts are settled the funds are transferred. When an agreement is reached the funds are transferred to HHC. It is important to note that the City's payments for retroactivity to HHC are made from the accruals based on actuals.

Mr. Russo updated the Committee on the nursing issue raised by Mrs. Bolus earlier in the meeting, stating that based on a review of the contract there is specific language that allows for hourly nurses which is within the collective bargaining agreement.

The reporting was concluded.

ACTION ITEMS

MARLENE ZURACK/LINDA DEHART

A resolution amending a previously adopted resolution to increase the authorization for one or more borrowings from an aggregated not to exceed amount of \$40,000,000 to a new not to exceed amount of \$60,000,000.

Ms. Dehart stated that the resolution relates to the vouching and equipment financing program for HHC. The goal of that program is to have a very routine mechanism whereby there is a way to respond to the Corporation's equipment financial needs without having to establish a project fund. This authorization is an amendment to a previously approved resolution by the Board for \$40 million borrowing increasing that authority to \$60 million that is expected to meet HHC's spending need through the ends of FY 16.

Mr. Rosen asked if any of the initial \$40 million was spent. Ms. Dehart in response stated the HHC was not able to execute the financing previously, therefore, HHC has worked with the various departments and divisions to identify emergency equipment needs that resulted in the authorization of \$12 million for those emergency needs. Two years ago, HHC received authorization from the Board to establish a financing vehicle but was unsuccessful in getting traditional financing. However, in an effort to identify an alternate funding mechanism a secondary lien structure was developed by working with HHC's bond counsel and financial advisor and members of the Committee, Mr. Page and Ms. Youssouf, HHC was successful in getting a structure that was of interest to some lenders that resulted in HHC reaching an agreement with JP Morgan Chase for financing up to \$60 million. The agreement is being finalized and is expected to close by early May 2015. The details of the new structure that has been established and the existing lien have allowed HHC to have a successful bond financing program. Patient revenues are deposited into a daily lockbox and held to cover debt service needs prior to being made available to HHC which is very attractive to lenders. A secondary version of the lien was developed which is

subordinate to the lockbox of the lien for the bond holders which gives the lenders who are participating in the equipment financing program a secondary lien on those revenues. When those revenues are released from the lockbox for the bond debt services they would be pledged to the new equipment financing. The way this will work is not exactly comparable in that there would not be another lockbox established to hold those funds in reserve unless there was an actual default in the payment. In that event a lockbox would be triggered. Additionally, lenders would have first lien on the assets financed by the funding. The details of the deal with JP Morgan as previously noted will fund up to \$60 million. The funding is available for upgrading equipment purchases, medical equipment, IT systems and to cover the cost of issuance the security on the equipment and secondary lien on patient revenues. In order to meet HHC's needs for flexibility and concerns relative to having funds accruing interest prior to being spent is a twelve month drawdown period whereby HHC can drawdown the funds needed at a variable rate and at the end of the 12 months, the entire amount would be converted to a fixed rate six year loan. The rates are competitive and the current variable rate would be .9249% and fixed at 1.7062%.

Dr. Raju asked if HHC drawdowns the full \$60 million within the twelve month period would HHC pay only the flexible rate.

Ms. Dehart stated that HHC would convert to the fixed rate.

Mr. Page added that the rate are very flexible and the fixed is at a very low rate and asked if at the end of the twelve months HHC did not spend the full \$60 million what would happen.

Ms. Dehart stated that HHC would begin additional deals which is the expectation of having multiple deals to cover longer periods of time to avoid a delay in meeting HHC's needs in the future with the expectation of using this structure as a model for future transactions.

Ms. Zurack added that this deal is specific to JP Morgan Chase and would not be transferrable and would therefore require re-negotiations with that bank.

Mr. Page asked what would happen to the unspent funds and whether HHC would drawdown the full amount and keeps the balance or let it go. Ms. Dehart stated that HHC would let it go. However, HHC is seeking two additional deals to have in place that would allow HHC to have access to additional capacity which would not be in excess of the \$60 million but there is an opportunity to negotiate with other lenders. HHC will continue to report to the Committee the status of this financing.

Dr. Raju asked if there are funding needs that would cover the full \$60 million to which Ms. Dehart responded in the affirmative.

Mr. Rosen asked if HHC spends the \$60 million and repays the loan can HHC re-borrow. Ms. Dehart stated that it would require the approval of the Board to go beyond the initial \$60 million which would be an additional borrowing authorization.

Minutes of the April 14, 2015 Finance Committee Meeting

Ms. Zurack added that in terms of the other two banks if there is a need above the \$60 million the Board would need to approve that new need.

Dr. Raju asked if the financing would add to the debt structure and would it have a negative impact on HHC's bond rate. Ms. Zurack in response stated that it is not par.

The resolution was approved for the full Board's consideration.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:37 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS

**KEY INDICATORS
FISCAL YEAR 2015 UTILIZATION**

**Year to Date
March 2015**

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 15	FY 14
	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %				
<u>North Bronx</u>										
Jacobi	307,777	315,868	-2.6%	14,103	14,915	-5.4%	6.0	6.2	1.0185	0.9965
North Central Bronx	150,019	148,277	1.2%	3,930	3,348	17.4%	5.1	5.2	0.7894	0.8866
<u>Generations +</u>										
Harlem	229,595	244,442	-6.1%	8,345	8,198	1.8%	5.5	5.9	0.9730	0.9543
Lincoln	397,115	407,217	-2.5%	17,552	17,903	-2.0%	5.1	5.5	0.8463	0.8354
Belvis DTC	40,103	39,645	1.2%							
Morrisania DTC	60,343	61,140	-1.3%							
Renaissance	32,975	35,791	-7.9%							
<u>South Manhattan</u>										
Bellevue	420,086	430,229	-2.4%	17,641	17,196	2.6%	6.3	6.3	1.1166	1.1018
Metropolitan	289,999	289,180	0.3%	7,150	8,526	-16.1%	5.0	5.5	0.8409	0.7634
Coler				201,533	207,377	-2.8%				
Goldwater/H.J. Carter				85,954	86,944	-1.1%				
Gouverneur - NF				54,799	36,711	49.3%				
Gouverneur - DTC	187,039	199,000	-6.0%							
<u>North Central Brooklyn</u>										
Kings County	503,909	510,818	-1.4%	16,379	16,946	-3.3%	6.4	6.3	1.0313	0.9764
Woodhull	348,324	362,172	-3.8%	8,633	9,627	-10.3%	5.2	5.3	0.8396	0.7924
McKinney				84,585	85,476	-1.0%				
Cumberland DTC	59,653	62,614	-4.7%							
East New York	59,616	54,303	9.8%							
<u>Southern Brooklyn / S I</u>										
Coney Island	240,966	253,108	-4.8%	11,364	10,486	8.4%	6.8	6.2	1.0050	1.0109
Seaview				81,373	79,467	2.4%				
<u>Queens</u>										
Elmhurst	460,944	462,838	-0.4%	15,355	16,031	-4.2%	5.9	5.6	0.9393	0.8911
Queens	300,053	303,200	-1.0%	9,357	9,109	2.7%	5.4	5.3	0.8509	0.8540
<u>Discharges/CMI-- All Acutes</u>										
Visits-- All D&TCs & Acutes	4,088,516	4,179,842	-2.2%	129,809	132,285	-1.9%			0.9560	0.9285
Days-- All SNFs				508,244	495,975	2.5%				

Notes:

Utilization

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery
D&TC: reimbursable visits
LTC: SNF and Acute days

All Payor CMI

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 14 and FY 15.

Average Length of Stay

Actual: discharges divided by days; excludes one day stays
Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

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

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

KEY INDICATORS

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

Year to Date
March 2015

NETWORKS	FTE's VS 6/14/14	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	(30.5)	\$ 435,577	\$ (3,474)	\$ 433,230	\$ (14,699)	\$ (18,172)	-2.1%
North Central Bronx	(17.5)	<u>140,097</u>	<u>(1,724)</u>	<u>138,908</u>	<u>5,094</u>	<u>3,370</u>	<u>1.2%</u>
	(48.0)	\$ 575,674	\$ (5,198)	\$ 572,138	\$ (9,605)	\$ (14,803)	-1.3%
<u>Generations +</u>							
Harlem	28.0	\$ 275,483	\$ 8,647	\$ 282,652	\$ (16,399)	\$ (7,752)	-1.5%
Lincoln	48.5	434,163	13,602	390,345	12,862	26,464	3.2%
Belvis DTC	1.0	12,470	701	11,693	2,063	2,764	10.8%
Morrisania DTC	9.5	18,948	2,136	20,438	1,128	3,264	8.5%
Renaissance	<u>(1.0)</u>	<u>13,655</u>	<u>3,938</u>	<u>15,729</u>	<u>564</u>	<u>4,503</u>	<u>17.3%</u>
	86.0	\$ 754,719	\$ 29,024	\$ 720,857	\$ 218	\$ 29,242	2.0%
<u>South Manhattan</u>							
Bellevue	94.5	\$ 559,155	\$ (4,153)	\$ 590,712	\$ (19,533)	\$ (23,686)	-2.1%
Metropolitan	35.5	230,520	(18,664)	243,349	3,950	(14,714)	-3.0%
Coler	(33.5)	65,155	(6,555)	108,239	(9,617)	(16,172)	-9.5%
Goldwater/H.J. Carter	(20.5)	63,664	(22,143)	91,792	(10,082)	(32,225)	-19.2%
Gouverneur	<u>52.5</u>	<u>64,220</u>	<u>(1,942)</u>	<u>77,134</u>	<u>2,215</u>	<u>273</u>	<u>0.2%</u>
	128.5	\$ 982,715	\$ (53,458)	\$ 1,111,227	\$ (33,066)	\$ (86,524)	-4.1%
<u>North Central Brooklyn</u>							
Kings County	(47.5)	\$ 564,621	\$ (4,133)	\$ 537,312	\$ 17,209	\$ 13,077	1.2%
Woodhull	33.0	312,744	4,643	317,397	(12,344)	(7,701)	-1.3%
McKinney	3.5	39,909	2,890	36,224	530	3,419	4.6%
Cumberland DTC	(13.0)	19,429	1,594	20,384	2,230	3,824	9.5%
East New York	<u>6.5</u>	<u>19,588</u>	<u>2,480</u>	<u>18,959</u>	<u>240</u>	<u>2,721</u>	<u>7.5%</u>
	(17.5)	\$ 956,290	\$ 7,475	\$ 930,276	\$ 7,865	\$ 15,340	0.8%
<u>Southern Brooklyn/SI</u>							
Coney Island	(12.0)	\$ 253,509	\$ (31,847)	\$ 304,616	\$ (6,714)	\$ (38,561)	-6.6%
Seaview	<u>4.5</u>	<u>37,410</u>	<u>(1,538)</u>	<u>41,943</u>	<u>1,885</u>	<u>347</u>	<u>0.4%</u>
	(7.5)	\$ 290,919	\$ (33,385)	\$ 346,559	\$ (4,829)	\$ (38,214)	-5.7%
<u>Queens</u>							
Elmhurst	42.5	\$ 432,538	\$ 5,913	\$ 434,735	\$ (8,149)	\$ (2,236)	-0.3%
Queens	<u>32.0</u>	<u>288,823</u>	<u>(1,632)</u>	<u>284,422</u>	<u>(4,628)</u>	<u>(6,260)</u>	<u>-1.1%</u>
	74.5	\$ 721,361	\$ 4,282	\$ 719,157	\$ (12,778)	\$ (8,496)	-0.6%
NETWORKS TOTAL	<u>216.0</u>	<u>\$ 4,281,677</u>	<u>\$ (51,260)</u>	<u>\$ 4,400,213</u>	<u>\$ (52,195)</u>	<u>\$ (103,455)</u>	<u>-1.2%</u>
Central Office	2.0	106,641	4,497	214,910	3,927	8,424	2.6%
HHC Health & Home Care	(7.0)	10,894	(13,156)	29,946	(4,811)	(17,967)	-36.5%
Enterprise IT	<u>35.0</u>	<u>13,339</u>	<u>(592)</u>	<u>129,309</u>	<u>13,530</u>	<u>12,938</u>	<u>8.3%</u>
GRAND TOTAL	<u>246.0</u>	<u>\$ 4,412,551</u>	<u>\$ (60,510)</u>	<u>\$ 4,774,378</u>	<u>\$ (39,550)</u>	<u>\$ (100,060)</u>	<u>-1.1%</u>

Notes:

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

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

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

	Month of March 2015			Fiscal Year To Date March 2015		
	actual 2015	actual 2014	better / (worse)	actual 2015	actual 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 80,746	\$ 65,284	\$ 15,463	\$ 626,371	\$ 627,238	\$ (867)
Medicaid Managed Care	62,315	47,903	14,412	487,104	480,065	7,039
Medicare	49,747	44,473	5,275	438,789	415,195	23,593
Medicare Managed Care	24,930	31,869	(6,939)	247,434	232,019	15,414
Other	<u>19,090</u>	<u>20,225</u>	<u>(1,135)</u>	<u>169,678</u>	<u>171,495</u>	<u>(1,818)</u>
Total Inpatient	\$ 236,829	\$ 209,753	\$ 27,076	\$ 1,969,375	\$ 1,926,013	\$ 43,362
Outpatient						
Medicaid Fee for Service	\$ 33,095	\$ 10,423	\$ 22,672	\$ 164,731	\$ 139,976	\$ 24,754
Medicaid Managed Care	98,737	55,611	43,125	446,947	428,964	17,983
Medicare	5,109	4,016	1,094	46,807	38,149	8,658
Medicare Managed Care	5,982	10,121	(4,140)	70,179	74,772	(4,594)
Other	<u>23,983</u>	<u>14,836</u>	<u>9,147</u>	<u>128,029</u>	<u>130,676</u>	<u>(2,648)</u>
Total Outpatient	\$ 166,906	\$ 95,007	\$ 71,899	\$ 856,692	\$ 812,538	\$ 44,155
All Other						
Pools	\$ 5,274	\$ 5,968	\$ (694)	\$ 246,945	\$ 335,317	\$ (88,372)
DSH / UPL	-	-	0	1,096,946	902,550	194,396
Grants, Intracity, Tax Levy	12,861	35,811	(22,949)	172,108	186,352	(14,244)
Appeals & Settlements	(2,482)	16,471	(18,953)	25,281	43,887	(18,606)
Misc / Capital Reimb	<u>4,321</u>	<u>3,276</u>	<u>1,045</u>	<u>45,204</u>	<u>46,523</u>	<u>(1,320)</u>
Total All Other	\$ 19,974	\$ 61,525	\$ (41,551)	\$ 1,586,484	\$ 1,514,628	\$ 71,856
Total Cash Receipts	\$ 423,709	\$ 366,286	\$ 57,423	\$ 4,412,551	\$ 4,253,179	\$ 159,372
Cash Disbursements						
PS	\$ 224,539	\$ 188,790	\$ (35,749)	\$ 2,038,121	\$ 1,863,620	\$ (174,501)
Fringe Benefits	60,063	63,839	3,776	836,899	826,829	(10,071)
OTPS	125,663	111,930	(13,733)	1,077,493	1,002,678	(74,815)
City Payments	-	-	0	35,100	19,403	(15,697)
Affiliation	77,765	76,150	(1,615)	727,247	702,301	(24,946)
HHC Bonds Debt	<u>5,802</u>	<u>5,669</u>	<u>(133)</u>	<u>59,518</u>	<u>56,251</u>	<u>(3,267)</u>
Total Cash Disbursements	\$ 493,832	\$ 446,378	\$ (47,454)	\$ 4,774,378	\$ 4,471,081	\$ (303,297)
Receipts over/(under) Disbursements	\$ (70,123)	\$ (80,092)	\$ 9,969	\$ (361,827)	\$ (217,902)	\$ (143,925)

Notes:

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

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

New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of March 2015			Fiscal Year To Date March 2015		
	actual 2015	budget 2015	better / (worse)	actual 2015	budget 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 80,746	\$ 84,546	\$ (3,799)	\$ 626,371	\$ 678,532	\$ (52,161)
Medicaid Managed Care	62,315	55,753	6,563	487,104	494,134	(7,029)
Medicare	49,747	46,683	3,065	438,789	448,358	(9,570)
Medicare Managed Care	24,930	28,682	(3,751)	247,434	253,853	(6,419)
Other	<u>19,090</u>	<u>16,821</u>	<u>2,269</u>	<u>169,678</u>	<u>179,940</u>	<u>(10,263)</u>
Total Inpatient	\$ 236,829	\$ 232,484	\$ 4,346	\$ 1,969,375	\$ 2,054,817	\$ (85,442)
Outpatient						
Medicaid Fee for Service	\$ 33,095	\$ 37,835	\$ (4,740)	\$ 164,731	\$ 170,030	\$ (5,299)
Medicaid Managed Care	98,737	69,077	29,660	446,947	407,487	39,460
Medicare	5,109	4,495	614	46,807	44,462	2,345
Medicare Managed Care	5,982	7,537	(1,556)	70,179	69,460	718
Other	<u>23,983</u>	<u>13,696</u>	<u>10,287</u>	<u>128,029</u>	<u>126,278</u>	<u>1,751</u>
Total Outpatient	\$ 166,906	\$ 132,640	\$ 34,265	\$ 856,692	\$ 817,718	\$ 38,975
All Other						
Pools	\$ 5,274	\$ 6,448	\$ (1,174)	\$ 246,945	\$ 254,204	\$ (7,259)
DSH / UPL	-	-	0	1,096,946	1,096,946	0
Grants, Intracity, Tax Levy	12,861	11,578	1,283	172,108	164,579	7,529
Appeals & Settlements	(2,482)	-	(2,482)	25,281	35,159	(9,878)
Misc / Capital Reimb	<u>4,321</u>	<u>5,306</u>	<u>(985)</u>	<u>45,204</u>	<u>49,639</u>	<u>(4,435)</u>
Total All Other	\$ 19,974	\$ 23,331	\$ (3,358)	\$ 1,586,484	\$ 1,600,527	\$ (14,043)
Total Cash Receipts	\$ 423,709	\$ 388,456	\$ 35,253	\$ 4,412,551	\$ 4,473,061	\$ (60,510)
Cash Disbursements						
PS	\$ 224,539	\$ 230,873	\$ 6,334	\$ 2,038,121	\$ 2,037,894	\$ (227)
Fringe Benefits	60,063	58,734	(1,329)	836,899	840,348	3,449
OTPS	125,663	123,471	(2,192)	1,077,493	1,033,500	(43,993)
City Payments	-	-	0	35,100	35,100	0
Affiliation	77,765	77,547	(219)	727,247	727,045	(202)
HHC Bonds Debt	<u>5,802</u>	<u>6,882</u>	<u>1,080</u>	<u>59,518</u>	<u>60,941</u>	<u>1,423</u>
Total Cash Disbursements	\$ 493,832	\$ 497,507	\$ 3,675	\$ 4,774,378	\$ 4,734,828	\$ (39,550)
Receipts over/(under) Disbursements	\$ (70,123)	\$ (109,051)	\$ 38,928	\$ (361,827)	\$ (261,767)	\$ (100,060)

Notes:

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

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

INFORMATION ITEM – FINANCIAL PLAN UPDATE

New York City Health and Hospitals Corporation
FINANCIAL PLAN UPDATE
(Increase Gap)/Decrease Gap
(\$ in Millions)

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
Gap to be Closed - January 2016 Plan	\$ 343.2	\$ (753.1)	\$ (1,007.4)	\$ (1,368.7)	\$ (1,537.4)	
Revenue Changes						
Medicaid	\$ (6.5)	\$ 79.1	\$ 41.4	\$ 44.7	\$ 45.3	
Disproportionate Share Payment	\$ (3.3)	\$ 17.2	\$ 11.5	\$ 1.6	\$ 2.6	
Upper Payment Limit	\$ (203.0)	\$ (44.4)	\$ (44.3)	\$ (44.3)	\$ (44.3)	
Medicare	\$ 35.9	\$ 44.0	\$ 64.0	\$ 64.0	\$ 64.0	
City Services	\$ 53.5	\$ 17.8	\$ 26.4	\$ 33.7	\$ 33.9	
Grants	\$ (18.1)	\$ 19.5	\$ -	\$ -	\$ -	
FDNY/Other Misc.	\$ (24.9)	\$ 5.0	\$ 2.6	\$ 2.5	\$ 2.5	
Total Revenue Changes	\$ (166.4)	\$ 138.2	\$ 101.7	\$ 102.2	\$ 104.0	
Expense Changes						
Personal Services	\$ (40.9)	\$ (5.9)	\$ (12.6)	\$ (18.9)	\$ (18.9)	
Fringe Benefits	\$ (46.2)	\$ (0.8)	\$ (1.3)	\$ (2.2)	\$ (1.4)	
Other than Personal Services	\$ (3.0)	\$ 2.7	\$ 5.1	\$ (8.8)	\$ (23.7)	
Medical Malpractice	\$ 11.5	\$ -	\$ -	\$ -	\$ -	
Debt Service	\$ 3.1	\$ 1.1	\$ 0.6	\$ 0.4	\$ (0.7)	
Total Expense Changes	\$ (75.5)	\$ (2.9)	\$ (8.2)	\$ (29.5)	\$ (44.7)	
Total Changes since January	\$ (241.9)	\$ 135.3	\$ 93.5	\$ 72.7	\$ 59.3	
Remaining Surplus/ (Gap)	\$ 101.3	\$ (617.8)	\$ (913.9)	\$ (1,296.0)	\$ (1,478.0)	
Cash from /(to) Capital	\$ 32.5	\$ (2.0)	\$ (6.7)	\$ (14.2)	\$ 25.9	
Gap Closing Program						
Restructuring	\$ -	\$ 50.9	\$ 48.0	\$ 48.0	\$ 48.0	
HHC Actions	\$ -	\$ 300.0	\$ 300.0	\$ 350.0	\$ 350.0	
State & Federal Actions	\$ -	\$ -	\$ 300.0	\$ 350.0	\$ 400.0	
DSRIP	\$ 60.2	\$ 65.9	\$ 199.3	\$ 335.9	\$ 295.6	
MetroPlus	\$ 15.0	\$ 58.2	\$ 94.3	\$ 129.8	\$ 159.9	
Total Gap Closing Program	\$ 75.2	\$ 475.0	\$ 941.6	\$ 1,213.7	\$ 1,253.5	
Surplus/ (Gap) After Gap Closing Program & Capital	\$ 209.0	\$ (144.8)	\$ 21.0	\$ (96.5)	\$ (198.6)	
Cash Roll	\$ (209.0)	\$ 144.8	\$ (21.0)	\$ 96.5	\$ 198.6	
Final Gap	\$ -	\$ -	\$ -	\$ -	\$ -	
Closing Cash Balances	\$ 287.5	\$ 496.5	\$ 351.6	\$ 372.6	\$ 276.2	\$ 77.5

New York City Health and Hospitals Corporation
EXECUTIVE BUDGET
(Increase Gap)/Decrease Gap
(\$ in Millions)

	FY2015	FY2016	FY2017	FY2018	FY2019
Revenue Changes					
Medicaid	\$ (6.5)	\$ 79.1	\$ 41.4	\$ 44.7	\$ 45.3
Prisoner Medicaid (FFS)	\$ 1.6	\$ 59.8	\$ 30.7	\$ 30.7	\$ 30.7
Restore Rate to 100% (FFS)	\$ -	\$ 23.1	\$ 18.5	\$ 18.5	\$ 18.5
State Budget Restoration of Rate Cuts	\$ -	\$ 8.1	\$ 6.5	\$ 6.5	\$ 6.5
Eliminate Managed Care Trend FY 15	\$ (16.2)	\$ (16.2)	\$ (16.2)	\$ (16.2)	\$ (16.2)
All Other (A/S)	\$ 8.1	\$ 4.3	\$ 1.9	\$ 5.2	\$ 5.8
Upper Payment Limit	\$ (203.0)	\$ (44.4)	\$ (44.3)	\$ (44.3)	\$ (44.3)
Inpatient	\$ (88.8)	\$ (5.2)	\$ (5.1)	\$ (5.1)	\$ (5.1)
Outpatient	\$ (110.3)	\$ (35.0)	\$ (35.0)	\$ (35.0)	\$ (35.0)
DTC Pool	\$ (3.9)	\$ (4.2)	\$ (4.2)	\$ (4.2)	\$ (4.2)
Disproportionate Share	\$ (3.3)	\$ 17.2	\$ 11.5	\$ 1.6	\$ 2.6
BD&CC Indigent Care	\$ (3.3)	\$ (4.5)	\$ (6.6)	\$ (5.6)	\$ (4.6)
DSH Max	\$ -	\$ 21.7	\$ 21.8	\$ -	\$ -
City Share Maintained in Plan	\$ -	\$ -	\$ (3.6)	\$ 7.2	\$ 7.2
Medicare	\$ 35.9	\$ 44.0	\$ 64.0	\$ 64.0	\$ 64.0
Medicare Re-estimate	\$ 17.0	\$ 17.0	\$ 17.0	\$ 17.0	\$ 17.0
Medicare Advantage Re-estimate	\$ 17.0	\$ 17.0	\$ 17.0	\$ 17.0	\$ 17.0
Prior Year Medicare Settlements	\$ 1.9	\$ 10.0	\$ 30.0	\$ 30.0	\$ 30.0
Other Third Party Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
City Services	\$ 53.5	\$ 17.8	\$ 26.4	\$ 33.7	\$ 33.9
Collective Bargaining	\$ 54.1	\$ 13.5	\$ 20.8	\$ 28.0	\$ 28.3
Ebola Re-estimate	\$ (9.9)	\$ -	\$ -	\$ -	\$ -
Family Justice Centers	\$ -	\$ 2.0	\$ 3.3	\$ 3.3	\$ 3.3
Intracity Re-estimate	\$ 9.3	\$ 2.3	\$ 2.3	\$ 2.3	\$ 2.3
Grants	\$ (18.1)	\$ 19.5	\$ -	\$ -	\$ -
Medicaid Admin Settlement Rolled to FY 16	\$ (18.1)	\$ 19.5	\$ -	\$ -	\$ -
FDNY/Other Misc.	\$ (24.9)	\$ 5.0	\$ 2.6	\$ 2.5	\$ 2.5
FDNY Re-estimate FY 15	\$ (26.4)	\$ 3.5	\$ 1.1	\$ 1.0	\$ 1.0
Miscellaneous Receipts/Assessments	\$ 1.5	\$ 1.5	\$ 1.5	\$ 1.5	\$ 1.5
Revenue Gap (Increase)/Decrease	\$ (166.4)	\$ 138.2	\$ 101.7	\$ 102.2	\$ 104.0

New York City Health and Hospitals Corporation
EXECUTIVE BUDGET
(Increase Gap)/Decrease Gap
(\$ in Millions)

	FY2015	FY2016	FY2017	FY2018	FY2019
Expense Changes					
Personal Services	\$ (40.9)	\$ (5.9)	\$ (12.6)	\$ (18.9)	\$ (18.9)
Managers Retroactive	\$ (16.0)	\$ -	\$ -	\$ -	\$ -
Local 237 & Local 300 Retroactive	\$ (3.0)	\$ -	\$ -	\$ -	\$ -
Community Interns & Residents	\$ (6.4)	\$ (6.6)	\$ (10.2)	\$ (13.7)	\$ (13.7)
Local 1180 CWA	\$ (5.8)	\$ (5.9)	\$ (9.0)	\$ (11.8)	\$ (11.8)
NYSNA Structured Retiree Payment	\$ (16.3)	\$ -	\$ -	\$ -	\$ -
Restructuring Savings	\$ 6.6	\$ 6.6	\$ 6.6	\$ 6.6	\$ 6.6
Fringe Benefits	\$ (46.2)	\$ (0.8)	\$ (1.3)	\$ (2.2)	\$ (1.4)
Health Insurance Savings (Not Achieved)	\$ (37.1)	\$ -	\$ -	\$ -	\$ -
Collective Bargaining (Welfare/FICA)	\$ (7.3)	\$ (0.4)	\$ (1.0)	\$ (2.0)	\$ (2.3)
Medicare Part B Re-estimate	\$ (3.3)	\$ (1.6)	\$ (1.6)	\$ (1.6)	\$ (1.6)
Restructuring Savings	\$ 1.5	\$ 1.3	\$ 1.4	\$ 1.4	\$ 1.5
Workers' Compensation Correction	\$ -	\$ -	\$ -	\$ -	\$ 1.0
Other than Personal Services	\$ (3.0)	\$ 2.7	\$ 5.1	\$ (8.8)	\$ (23.7)
Reduce OTPS Inflation in FY 18	\$ -	\$ -	\$ -	\$ (14.1)	\$ (28.9)
Adjust Correctional Health Payments to Receipts	\$ (2.5)	\$ 7.5	\$ 7.5	\$ 7.5	\$ 7.5
Increase in Pharmacy Costs	\$ (30.5)	\$ (30.5)	\$ (30.5)	\$ (30.5)	\$ (30.5)
OTPS Savings	\$ 31.3	\$ 31.3	\$ 31.3	\$ 31.3	\$ 31.3
EMS Adjustment	\$ -	\$ (3.9)	\$ (1.1)	\$ (1.0)	\$ (1.0)
All Other	\$ (1.3)	\$ (1.7)	\$ (2.1)	\$ (2.0)	\$ (2.1)
Medical Malpractice	\$ 11.5	\$ -	\$ -	\$ -	\$ -
Medical Malpractice Re-estimate	\$ 11.5	\$ -	\$ -	\$ -	\$ -
Affiliations	\$ -	\$ -	\$ -	\$ -	\$ -
Debt Service	\$ 3.1	\$ 1.1	\$ 0.6	\$ 0.4	\$ (0.7)
Debt Re-estimate	\$ 3.1	\$ 1.1	\$ 0.6	\$ 0.4	\$ (0.7)
Expense Gap (Increase)/Decrease	\$ (75.5)	\$ (2.9)	\$ (8.2)	\$ (29.5)	\$ (44.7)

INFORMATION ITEM – PAYOR MIX REPORTS

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
INPATIENT PAYOR MIX
Fiscal Year 2015 3rd 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												
2015	55.4	49.7	64.2	65.5	63.8	62.7	67.2	68.9	60.3	64.6	72.6	62.8
2014	51.4	48.6	60.5	62.9	63.3	60.1	65.3	67.5	59.0	61.9	70.0	60.5
Medicaid												
2015	26.6	21.2	24.2	24.7	21.1	27.5	20.1	27.3	25.2	26.5	28.0	24.6
2014	22.8	20.3	20.5	22.2	20.9	25.1	18.2	25.9	23.9	24.7	25.6	22.4
Medicaid Plans												
2015	28.8	28.5	40.0	40.9	42.8	35.2	47.1	41.6	35.1	38.1	44.7	38.2
2014	28.6	28.4	40.0	40.7	42.4	35.0	47.1	41.6	35.1	37.2	44.3	38.1
Medicare Total												
2015	18.9	37.5	19.5	21.2	21.1	20.1	21.8	20.2	26.2	23.5	17.4	21.7
2014	18.8	37.5	19.4	21.0	21.0	20.0	21.8	20.2	25.9	23.2	17.3	21.6
Medicare												
2015	11.6	27.9	11.0	11.0	12.7	10.4	8.6	10.0	15.3	12.9	9.1	12.2
2014	11.5	27.9	10.9	10.8	12.6	10.3	8.5	9.9	15.0	12.7	9.1	12.1
Medicare Plans												
2015	7.3	9.6	8.5	10.2	8.4	9.7	13.3	10.2	10.9	10.6	8.3	9.5
2014	7.3	9.6	8.5	10.2	8.4	9.8	13.2	10.2	10.9	10.5	8.2	9.5
Commercial Total												
2015	10.6	7.5	8.8	7.6	10.7	11.3	7.3	5.5	7.3	7.6	5.6	8.6
2014	10.4	7.2	8.8	7.4	10.7	11.2	7.3	5.5	7.2	7.8	5.4	8.6
Other												
2015	8.2	0.1	2.2	0.2	0.3	0.2	0.4	0.1	0.3	0.3	0.2	1.6
2014	8.2	0.1	2.1	0.1	0.3	0.2	0.4	0.1	0.3	0.3	0.2	1.6
Uninsured												
2015	6.9	5.2	5.3	5.5	4.0	5.7	3.2	5.3	6.0	4.1	4.2	5.2
2014	11.3	6.5	9.1	8.6	4.7	8.5	5.2	6.7	7.6	6.7	7.2	7.6
HHC Options												
2015	3.5	2.6	4.3	1.5	2.6	2.4	2.8	2.8	2.7	2.9	3.3	3.0
2014	2.5	2.4	4.0	1.4	1.5	1.5	1.5	2.4	2.0	2.5	3.3	2.3
Self Pay												
2015	3.5	2.6	1.0	3.9	1.3	3.3	0.4	2.5	3.3	1.1	0.8	2.3
2014	8.8	4.1	5.2	7.2	3.2	6.9	3.7	4.3	5.6	4.3	3.8	5.4

FY15 (July 2014 - March 2015) run on 4/21/15

FY14 (July 2013 - March 2014) run on 4/21/14

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Insurance, Managed Care Plans, Child Health Plus

No-Fault, Worker's Comp and Blue Cross

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

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2015 3rd Quarter Report

OUTPATIENT ADULT: Percentage of Total Visits For Each Facility

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Medicaid Total																		
2015	39.2	37.4	40.4	47.1	49.4	46.8	47.3	47.4	53.6	41.0	43.2	52.0	48.4	49.8	35.7	53.3	41.0	43.9
2014	38.6	37.3	40.5	47.2	49.7	46.8	46.5	47.8	53.6	40.5	43.4	51.7	48.7	49.7	35.5	53.2	40.6	43.9
Medicaid																		
2015	9.6	8.8	10.2	9.7	9.7	11.4	8.8	12.9	8.7	9.9	8.4	4.3	10.1	4.1	7.9	4.8	3.8	9.6
2014	8.4	8.2	9.7	9.9	10.0	10.9	8.9	14.0	8.9	9.4	8.8	4.2	10.1	3.8	6.7	4.9	3.5	9.4
Medicaid Plans																		
2015	29.6	28.6	30.2	37.3	39.7	35.4	38.4	34.5	45.0	31.0	34.7	47.7	38.4	45.7	27.8	48.5	37.2	34.3
2014	30.2	29.1	30.8	37.3	39.6	35.9	37.6	33.8	44.7	31.1	34.6	47.5	38.5	45.9	28.8	48.3	37.1	34.5
Medicare Total																		
2015	17.9	19.8	14.8	22.0	19.6	15.4	20.3	20.4	15.4	18.9	18.3	14.5	12.7	16.2	24.1	14.2	18.2	18.3
2014	17.7	19.7	14.6	21.3	19.2	15.0	19.9	19.6	15.0	18.7	17.7	14.3	12.3	15.8	24.4	13.7	17.4	18.0
Medicare																		
2015	8.3	11.7	6.6	10.4	9.7	8.0	6.5	8.5	7.3	8.4	6.7	3.9	5.5	6.5	9.5	4.3	6.2	8.1
2014	8.3	11.4	6.5	10.1	9.8	7.8	6.7	8.1	7.3	8.2	6.7	4.2	5.4	6.0	9.5	4.3	6.2	8.0
Medicare Plans																		
2015	9.6	8.0	8.1	11.6	9.9	7.4	13.8	11.9	8.1	10.6	11.6	10.6	7.2	9.7	14.6	9.9	12.0	10.2
2014	9.3	8.3	8.1	11.2	9.4	7.2	13.2	11.5	7.6	10.5	10.9	10.1	6.9	9.9	14.9	9.3	11.3	10.0
Commercial																		
2015	9.0	6.2	8.6	7.8	10.2	8.1	11.1	5.8	9.3	6.4	5.2	6.4	7.0	5.5	7.1	8.4	7.7	7.9
2014	8.6	6.0	7.8	7.1	10.4	8.1	11.5	5.6	9.5	6.2	5.1	6.3	7.1	5.3	6.8	9.7	7.9	7.7
Other																		
2015	2.9	0.3	0.9	0.4	1.2	0.4	1.0	0.2	0.1	0.5	0.6	0.0	0.1	0.0	1.2	0.0	0.0	0.9
2014	3.1	0.4	0.9	0.4	1.3	0.4	1.0	0.2	0.1	0.5	0.6	0.0	0.2	0.0	1.3	0.0	0.1	0.9
Uninsured Total																		
2015	31.0	36.2	35.3	22.7	19.6	29.3	20.3	26.1	21.5	33.2	32.8	27.1	31.7	28.5	31.9	24.0	33.1	28.9
2014	32.1	36.7	36.1	23.9	19.5	29.8	21.1	26.9	21.8	34.1	33.3	27.7	31.8	29.1	32.0	23.4	34.0	29.5
HHC-Options																		
2015	21.5	21.9	27.5	12.6	12.5	23.2	9.9	20.0	15.6	23.6	27.5	19.1	28.5	22.6	26.2	21.5	22.7	21.0
2014	20.5	22.0	28.0	12.5	11.4	22.7	8.8	19.7	14.9	24.1	27.0	17.8	28.2	22.0	25.8	20.4	21.0	20.6
Self Pay																		
2015	9.5	14.4	7.8	10.1	7.1	6.0	10.4	6.1	5.9	9.6	5.3	8.0	3.2	5.9	5.7	2.6	10.4	8.0
2014	11.6	14.6	8.1	11.4	8.0	7.1	12.4	7.1	6.9	9.9	6.2	9.8	3.6	7.1	6.2	3.0	13.0	9.0

FY15 (July 2014 -March 2015) run on 4/21/15
FY14 (July 2013 -March 2014) run on 4/21/14

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

Note: All numbers are percentages.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT PEDIATRIC PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2015 3rd Quarter Report

OUTPATIENT PEDIATRIC: Percentage of Total Visits For Each Facility

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Medicaid Total																		
2015	82.2	79.9	83.2	84.2	82.8	73.0	82.6	87.5	84.5	73.9	80.4	86.8	77.9	79.4	81.6	84.9	73.7	81.0
2014	82.1	79.7	83.4	84.1	82.0	73.4	80.5	87.6	84.2	73.7	80.3	86.6	77.1	79.0	82.4	85.7	74.0	80.9
Medicaid																		
2015	6.9	6.3	4.1	7.9	6.0	6.5	5.2	6.9	4.8	5.6	7.8	2.9	6.0	4.5	6.9	3.6	5.9	5.9
2014	6.4	6.7	4.2	7.7	5.7	6.4	6.1	8.2	4.1	5.6	8.0	2.9	5.5	4.1	5.7	4.0	5.6	5.9
Medicaid Plans																		
2015	75.3	73.6	79.1	76.2	76.8	66.5	77.4	80.6	79.7	68.3	72.6	83.9	71.9	74.9	74.8	81.3	67.7	75.2
2014	75.7	73.0	79.3	76.4	76.3	66.9	74.4	79.5	80.1	68.1	72.3	83.6	71.6	74.9	76.7	81.7	68.4	75.1
Commercial Total																		
2015	9.2	9.1	9.0	10.1	11.0	13.7	9.9	7.6	8.3	15.1	9.3	7.1	9.5	9.9	10.4	6.4	12.4	10.1
2014	8.8	8.9	8.9	9.7	10.8	13.5	10.7	7.2	8.1	14.8	9.2	6.9	9.5	10.1	10.3	6.0	12.3	9.9
Child Health Plus																		
2015	3.4	3.8	5.7	2.7	3.7	4.5	3.1	4.5	3.6	5.7	3.8	3.4	3.7	3.7	4.0	2.7	3.6	4.0
2014	3.3	4.0	5.6	2.6	3.6	4.3	3.0	4.4	3.5	5.8	3.8	3.3	3.7	3.7	4.1	2.7	3.7	4.0
Non-CHP Plans																		
2015	5.8	5.3	3.3	7.4	7.3	9.2	6.8	3.0	4.7	9.4	5.5	3.7	5.8	6.2	6.4	3.7	8.8	6.0
2014	5.4	4.9	3.2	7.1	7.2	9.2	7.6	2.8	4.6	9.0	5.5	3.6	5.8	6.4	6.2	3.2	8.6	6.0
Other																		
2015	0.3	0.1	0.2	0.2	0.4	0.5	0.9	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.3
2014	0.3	0.1	0.2	0.1	0.4	0.5	0.9	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.2
Uninsured Total																		
2015	8.3	10.9	7.6	5.6	5.7	12.8	6.6	4.9	7.1	11.0	10.2	6.1	12.6	10.7	8.0	8.7	13.9	8.6
2014	8.8	11.3	7.5	6.1	6.7	12.7	7.9	5.2	7.7	11.5	10.3	6.5	13.4	10.8	7.3	8.3	13.7	8.9
HHC-Options																		
2015	1.9	1.2	0.8	0.6	1.1	7.6	0.9	0.9	1.6	1.0	3.0	2.1	5.4	4.9	1.2	3.8	0.5	2.2
2014	1.7	1.1	0.7	0.5	1.0	7.1	0.5	0.8	1.5	1.1	2.8	1.6	4.1	4.1	0.9	3.5	0.4	1.9
Self Pay																		
2015	6.5	9.8	6.8	5.0	4.6	5.2	5.8	4.0	5.6	9.9	7.2	4.1	7.2	5.7	6.8	4.9	13.4	6.4
2014	7.2	10.2	6.9	5.6	5.7	5.6	7.4	4.4	6.2	10.5	7.5	4.9	9.3	6.6	6.3	4.8	13.3	6.9

FY15 (July 2014 - March 2015) run on 4/21/15
FY14 (July 2013 -March 2014) run on 4/21/14

Note: All numbers are percentages.

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