### **AGENDA**

FINANCE COMMITTEE

MEETING DATE: SEPTEMBER 8, 2015

TIME: 9:00 A.M.

LOCATION: 125 WORTH STREET

**BOARD ROOM** 

BOARD OF DIRECTORS

CALL TO ORDER BERNARD ROSEN

**ADOPTION OF THE JULY 14, 2015 MINUTES** 

SENIOR VICE PRESIDENT'S REPORTS

MARLENE ZURACK

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

ACTION ITEM LINDA DEHART

Amending a previously adopted resolution to Increase the authorization for one or more borrowings in an aggregate not to exceed amount from \$60,000,000 to \$120,000,000 and to expand the scope of allowable uses to include non-equipment capital projects.

### **INFORMATION ITEMS**

1. GLOBAL FTE REPORT FRED COVINO

2. PAYOR MIX REPORTS (INPATIENT, ADULT & PEDIATRICS) KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

**BERNARD ROSEN** 

### **MINUTES**

MEETING DATE: JULY 14, 2015

### FINANCE COMMITTEE

### BOARD OF DIRECTORS

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

### **ATTENDEES**

### **COMMITTEE MEMBERS**

**Bernard Rosen** 

Ramanathan Raju, MD
Josephine Bolus, RN
Emily Youssouf
Mark Page
Steven Newmark (representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)
Jennifer Yeaw (representing Commissioner Steven Banks in a voting capacity)

### **OTHER ATTENDEES**

- E. Alfenas, JP Morgan Chase
- J. Cassidy, Analyst, NYC OMB
- T. DeRubio, Analyst, OMB
- K. Cherny, Unit Head, OMB
- J. DeGeorge, Analyst, State Comptroller's Office
- M. Dolan, Senior Assistant Director, DC 37
- K. Fedele, Director, Citigroup
- M. Henning, Director, Citigroup
- M. Hecht, Analyst, NYC
- E. Kelly, Health Analyst, IBO
- J. Marron, Managing Director, Morgan Stanley
- R. McIntyre, Account Executive, Cerner
- B. Scudder-Pritchard, Executive Director, Morgan Stanley
- K. Raffaele, Analyst, OMB
- J. Wessler

### **HHC STAFF**

- M. Beverley, Assistant Vice President, Corporate Finance
- M. Brito, CFO, Coler/Hank Carter Specialty Hospital & Skilled Nursing Facility
- L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Relations
- T. Cartisle, Associate Executive Director, Corporate Planning
- D. Cates, Chief of Staff, Board Affairs
- D. Collington, Associate Executive Director, Coney Island Hospital
- E. Cosme, CFO, Gouverneur Specialty Care Facility
- F. Covino, Corporate Budget Director, Corporate Budget
- T. Edwards, Financial Analyst, Medical & Professional Affairs
- S. Fass, Assistant Vice President, Corporate Planning Services
- V. Fleming, Director, Corporate Office of Medical Affairs
- L. Free, Assistant Vice President, Corporate Managed Care
- G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
- K. Garramone, CFO, North Bronx Health Care Network
- T. Green, CFO, Metropolitan Hospital Center
- J. John, Corporate Comptroller, Corporate Comptroller's Office
- L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs
- M. Katz, Senior Assistant Vice President, Corporate Revenue Management
- K. Kolodziejski, Assistant Director, Workforce Development
- D. Lee, Intern, Intern, Central Office
- 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
- 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
- I. Michaels, Director, Corporate Communications
- A. Mirdita, CFO, PAGNY
- K. Olson, Assistant Vice President, Corporate Budget
- P. Pandolfini, CFO, Staten Island /Southern Brooklyn Network
- C. Parjohn, Director, Office of Internal Audits
- 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
- C. Samms, CFO, Generations Plus/Northern Manhattan Network
- J. Santiago, Controller, MetroPlus Health Plan, Inc.
- A. Saul, CFO, Central Brooklyn Health Care Network
- B. Stacey, Chief Financial Officer, Queens Health Network
- K. Toale, Senior Management Consultant, Bellevue Hospital Center
- R. Walker, CFO, North Brooklyn Health Network
- J. Weinman, CFO, South Manhattan Network
- R. Wilson, Senior Vice President/Chief Medical Officer, Office of Medical & Professional Affairs
- M. Zurack, Senior Vice President/CFO, Corporate Finance

CALL TO ORDER BERNARD ROSEN

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

CHAIR'S REPORT BERNARD ROSEN

Mr. Rosen informed the Committee that Steven Newmark was representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity and Jennifer Yeaw was representing Commissioner Steven Banks.

### SENIOR VICE PRESIDENT'S REPORT

**MARLENE ZURACK** 

Ms. Zurack stated that her report would include HHC's year-end cash status, the City's Adopted Budget and HHC's work plan for FY 16 relative to the financial plan and cash flow. Taking the Committee through HHC's year-end cash position, HHC ended FY 15 with a cash balance of \$547 million or 34 days of cash on hand (COH). This was achieved as previously reported to the Committee through a delay in HHC making its FY 14 City payments until July 2015; and the FY 15 and FY 16 payments have been scheduled on a quarterly basis throughout the current FY 16. The year-end cash balance is due largely to the continued delay of HHC payments to the City.

Ms. Youssouf asked if after those payments are made how much it would reduce the year-end cash balance.

Ms. Zurack stated that it would be reduced to \$240 million or 14 - 15 days of COH; however, HHC is awaiting the receipt of certain UPL payments in August 2015 that would increase that cash balance and COH to higher levels. Additionally, HHC will have a very difficult cash year this FY 16 and in order to remain afloat essentially HHC must achieve its below the line actions totaling \$309 million as part of its gap closing plan and continue to press the State and Federal governments to be more timely in the issuance of the UPL payments to HHC. HHC will need to explore seasonal borrowing from the City of NY in order to maintain an appropriate level of cash. HHC has been meeting with the State on identifying some additional revenue sources. Additionally, Corporate Finance is preparing a presentation to the City advising them of HHC's financial status and to get their guidance on how HHC should proceed. HHC is also in discussions with the City regarding seasonal borrowing. It is important to note that the majority of HHC's revenue that has been pending has been rolled over cash from prior years and programs that were in place last FY 15 such as the Interim Access Assurance Fund (IAAF) a one-time grant from the State that was not sustaining and not continuing. Therefore, other funding options to support that loss must be identified. HHC has been in discussion with CMS and their team and there are a significant number of items that HHC has been requesting and is in constant discussions with the City regarding its status.

Dr. Raju added that the City is very much aware of HHC's cash flow issues and HHC will continue to work with OMB and Deputy Mayors on addressing those issues that are critical to HHC financial stability.

Ms. Zurack stated that the City's Adopted Budget for FY 16 included some very significant changes for HHC most notably being the Correctional Health program which adds additional funding for both budget and expense totaling \$137 million for FY 16 growing to \$156 million in FY 17 – FY 19. The City has included in the Adopted Budget additional funding for collective bargaining (CB) for Doctors Council, plumbers, etc. On the capital side an additional \$12 million has been included for the primary care expansion. The Borough Presidents have added \$3.4 million for three major projects and \$11 million from the City Council for a variety of projects throughout HHC.

Ms. Youssouf asked how the seasonal borrowing would work. Ms. Zurack in response stated that HHC would borrow from the City in the form of a note.

Mr. Page added that from a technical standpoint, HHC can legally issue notes and those under NYS law are under some constraints, recently a legal investment for NYC.

Ms. Zurack stated that the City would purchase an HHC note.

Mrs. Bolus asked what would be the interest rate. Ms. Zurack stated that HHC is in process of exploring what that rate would be and will be negotiated. In the past when HHC did seasonal borrowing it was not at a low interest rate but rather market rate.

Mr. Rosen asked what HHC would pledge. Mr. Page interjected that it would be general credit to which Ms. Zurack agreed.

Mr. Page added that in the past when this mechanism was used it was at market rate for notes of this kind.

Ms. Bolus asked when the last time this type of borrowing was done by HHC. Ms. Zurack stated that it was in 1994.

Ms. Youssouf asked how the process would work for this type of borrowing and whether it would entail HHC getting a rating and would the issuance be in a formal way.

Ms. Zurack stated that it would be a formal issuance but no rating is required. Mr. Page added that it would depend upon what the buyer will require.

Ms. Zurack stated that there are some transactions required but it is not the same as a typical borrowing.

Mrs. Bolus asked if it would affect HHC rating. Ms. Youssouf stated that it could be impacted by the amount of debt HHC has. Ms. Zurack agreed.

Mr. Page added that the issue of HHC's rating and if the City agrees and there is a smooth mechanism to provide a steady cash flow that would help HHC. However, the underling cash problem regardless of these notes is of greater concern.

Ms. Zurack added that HHC has a structural budget problem that must be addressed and HHC has been meeting with CMS, the State and Federal governments in an effort to resolve the various issues impacting this problem. The cash flow is another layer of that but they intercept. If the appropriate level of revenue such as UPL payments were to flow as it should to HHC there would not be a cash flow problem.

Mrs. Bolus asked if the outsourcing that HHC has done would have an impact on the flow. Ms. Zurack stated that had HHC not done those outsourcing initiatives and not achieved the savings the structural problem would be greater.

Mr. Rosen commented that it would be a seasonal borrowing and HHC would be expected to repay the loan within the year.

Ms. Youssouf added that it is not the best approach for HHC considering the current status of HHC's revenues.

The reporting was concluded.

### **KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS**

KRISTA OLSON/FRED COVINO

Ms. Olson stated that the utilization report reflected data through May 2015 and that utilization continued to show a downward trend that has been ongoing throughout the year. Billed ambulatory care visits were down by 2.8%; D&TCs visits were down by 3.7%; discharges were down by 1.6%, excluding Coney Island discharges were down by 2.3% which is an improvement over the prior year whereby the downward trend was at 6.5%.

Ms. Youssouf asked if there were any significant changes in utilization given that across the system utilization was down.

Ms. Olson stated that NCB was due to the labor and delivery unit that reopened. Inpatient admissions were down due to the decline in readmissions and lower one-day stays. Some of the trends are positive and some are not relative to the impact on utilization.

Mr. Page asked how much of an impact it was. Ms. Olson stated that it was 50% and readmissions and one day stays are down at a greater rate than in prior years.

Ms. Youssouf added that the trend is going in the direction that HHC has expected. Ms. Olson agreed but added that it has had an adverse impact on utilization.

Ms. Zurack added that it is something that HHC has been working on in order to comply with the new regulations but it has not necessarily been in the best interest of HHC.

Ms. Olson continuing with the reporting stated that nursing home days are up by 2.1% compared to last year with Gouverneur showing the most improvement compared to Hank J. Carter which has remained flat.

Ms. Youssouf asked what the issues with Renaissance are. Ms. Olson stated that a few months ago, Mr. Samms, Network CFO addressed that issue with the Committee as it relates to the decline. The competition in the area has had a significant impact on the facility's workload; however, the facility has a plan to address the issue.

Ms. Zurack noted that Renaissance had to move to a less desirable location and new competition in the community have impacted their utilization; however, the facility has been addressing the issue and has developed a plan to restore its market share.

Ms. Olson stated that the LOS compared to the corporate-wide average overall, two facilities were above the average. Coney Island remains significantly above at 6.10 of a day. The CMI was up by 1.8% due to the decline in one-day stays.

Mr. Covino continuing with the reporting stated that FTEs were up by 436; however, for the month the increase was 162 due to the transitioning of per diems who were working full time as per diems to full time employees. In total 700 FTEs will be added to the full time headcount. Receipts were \$47 million worse and expenses were \$158 million worse than budget. Receipts and disbursement against last year's actuals through May 2015, receipts were \$379 million higher than last year due to the DSH/UPL payments of \$394 million. MetroPlus risk pools were up by \$16 million; Medicare and Medicare managed care were up by \$39 million and hospital medical home was up by \$23 million, offset by an \$88 million reduction in the SubSLIPA pools which was paid earlier in FY 14 as an advancement that reduce the payment by one for FY 15. Expenses were up by \$39 million and PS expenses were up by \$210 million of which \$170 million was due to CB increases; allowances were up by \$22 million; overtime was up by \$7 million compared to last year. Fringe benefits were up by \$36 million due to CB. OTPS expenses were up by \$102 million due to pharmaceutical cost relative to the change in the 340B policy changes and an increase in the cost of generic drugs. Purchased services were up by \$22 million; other than professional services were up by \$20 million and medical surgical expenses were up by \$17 million.

Mr. Page asked where on the report is the City's commitment to fund CB increases reflected.

Mr. Covino stated that it comes in as a receipt thru City services under the tax levy category. The fund are received and shown as an expense.

Ms. Zurack stated that it is in the tax levy category but there were other things that decreased that funding.

Mr. Page stated that by reporting it in that way was misleading and perhaps should be shown and reported differently, given that some of what is also booked in that category is HHC's obligation that is not related to the CB. Therefore it should be reported and booked differently. Also a lot of time was

spent on the reporting of the conversion of the per diems to full time employees; however, in actuality the numbers do not represent the actual headcount.

Ms. Zurack agreed and Mr. Covino added that next year's metric which will be based on global FTEs and will be more reflective of the actual headcount compared to the current metric that is not all inclusive.

Mr. Rosen added that based on his discussion with Mr. Covino the FTE change was basically a change in the payroll status. Mr. Page noted that was understood but the reporting was not reflective of what was shown on the report relative to the comparison.

Ms. Youssouf asked what was included in purchased services. Mr. Covino stated that it includes expenses for the Cerner project; IT initiatives; Meaningful Use initiative through QuadraMed and \$16 million in cost related to the lab initiative.

Ms. Youssouf asked if contracts such as Surgical Solutions would be included in that category. Mr. Covino stated that it wasn't clear whether it would be book under that category but would check and report back to the Committee.

Ms. Zurack added that it would be in the overall OTPS expenses; however, that level of detail would not be included on the report given that the report is based on the aggregated changes in the OTPS and would include all contracts as part of the OTPS expenses.

Ms. Youssouf stated that part of the rationale for all of the outsourcing initiatives was to generate savings and where those savings are being shown is not reflected on the report which is what the Committee would expect to see.

Ms. Zurack stated that at that level of the reporting the data is aggregated so it would be difficult to get to that level of detail that is embedded in the total expenses which is what HHC is spending for OTPS and those very fine changes would be difficult to pinpoint at that level of reporting.

Ms. Youssouf stated that the purpose of doing those types of program is for the overall changes and savings and if it is being done for that purpose, those savings are not being reflected in the reporting and it should be.

Ms. Zurack added that those savings are dwarfed by other growth in expenses which is unfortunate. Therefore, there is no net reduction in cost. It is not like HHC is doing those small programs that generate some savings. These initiatives do not reduce the spending but rather the spending is over one year over the next.

Ms. Youssouf stated that HHC has been able to generate some savings that trimmed or cut expenses and that is what the Board needs to know.

Mrs. Bolus added that it should be in the simplest form.

Mr. Page stated that while the numbers are dwarfed the results of those initiatives the question of initiatives to outsourcing of structural achieved savings in services warrants a separate report that would show what has been achieved in the last year to generate savings.

Ms. Zurack stated that reporting in that level of detail would not be recommended given that it would be looking backwards at something that is not included in HHC's financial plan which is what the Committee should be holding HHC accountable for. Those reductions total \$309 million which is not those initiatives but other things such as the global FTEs and various revenue items. By focusing on those initiatives that are currently reflected in the plan, the Board would be holding management to the strategic objectives which HHC has to achieve. If not achieved, HHC will be in a serious financial problem.

Mrs. Bolus added that it important for HHC to look forward; however, the Board needs to feel comfortable about the decisions it has made relative to those contract and the expectations that were identified as the reason for the outsourcing. At the end of the FY it is important for the Board to know whether those initiatives were successful which for the Board is a very critical issue.

Ms. Zurack stated that there are concerns about HHC's cash flow going forward and the request by the Committee are material things and it would be advisable for the Board to think of the future in a different way.

Mr. Rosen stated that it is a difficult analysis to do base on speculation of what might have occurred if HHC did not move forward with those initiatives. It is easier to measure input than output.

Ms. Zurack stated that there is a major program of actions that must be achieved otherwise it will be worse and the Board should try to focus on that. Perhaps in the future some type of analysis can be done in response to the Committee's request. Mr. Martin does an analysis of those types of initiatives which can be done at a future date for the Committee.

Mr. Martin stated that he would provide the Board with an annual report on those initiatives in conjunction with finance.

Ms. Youssouf stated that the Board will continue to be supportive of HHC; however, more detail is needed.

Mr. Covino continuing with the reporting stated that the comparison of the actual spending against the budget, receipts were down by \$85.5 million due to Medicaid fee-for-service (FFS) compared to the budget workload, paid Medicaid was down by 2,100 paid discharges; chronic days down by 23,000; psych days down by 4,500. Outpatient receipts were up by \$48 million due to an increase in the risk pool transfers from MetroPlus. All other receipts were down by \$9.7 million due to a shortfall in the budgeting of the pools. PS and fringe benefits were on budget; OTPS spending was up by \$105 million; affiliation expenses were over budget by \$4.5 million due to a shortfall in fringe benefits at Jacobi hospital. The reporting was concluded.

ACTION ITEM LINDA DEHART

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, First Southwest, Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation's debt issuances from August 2015 through July 2020 to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition.

Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.

Ms. Dehart stated that the resolution was for the approval of a number of firms to be authorized to serve as underwriters for the Corporation. This action would not result in a contract. The role of the underwriter is triggered upon approval by the Board of an authorization for HHC to issue debt. Imbedded in that issuance is the Board's approval of the development of a contract with the senior underwriter to serve in an advisory capacity in the development and execution of a deal; manages the sales and generally sells the largest share of the funds; and works directly with the co-manager firms who participate in the marketing and sales. As part of the selection process an RFP was issued in March 2015 for these services with proposals due in April 2015. There were nine firms that submitted proposals for senior underwriter and eleven submissions to serve as co-managing underwriters. The selection and review Committee consisted of representation from corporate finance, Office of Facility Development (OFD), Bellevue finance, OMB and the City's Comptroller's office. Six firms were interviewed in June 2015 and three were selected to serve as senior underwriters which include, Morgan Stanley, Citigroup and JP Morgan Chase. All of the remaining firms were deemed qualified to serve as co-managers for a total of seventeen. There were representatives from the three senior underwriter firms in attendance, from Citigroup, Katherine Fedele and Marjorie Henning, JP Morgan Chase, Edith Alfenas and from Morgan Stanley, Joan Marion and Barbara Scudder Pritchard.

Mr. Rosen stated that it is an annual contract. Ms. Dehart stated that it is a five-year contract.

Mr. Page added that it is not an annual contract but a contract each time HHC borrows.

Ms. Zurack stated that the procurement was for five years but as Mr. Page indicated a contract is needed each time HHC does borrowing.

Mr. Page added that it is important that HHC has a debt structure that has proven to be very resilient

up to now. In structuring the underwriters group for future debt issuance there is a need to have some fixed standard in terms of the capitalization of the firms that from time to time HHC uses in its bond issuance. There should be a commitment to have a group of underwriters who have the resiliency to genuinely support HHC in its marketing efforts and the placement of its debt going forward. To which Ms. Zurack and Ms. Dehart agreed.

Ms. Bolus stated that given that it is a large group how often would HHC need to consult with the whole group. Ms. Dehart stated that HHC would consult primarily with the senior underwriter who would manage the deal and for each deal one is selected to manage that deal.

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

### INFORMATION ITEM ESSENTIAL PLAN – THE BASIC HEALTH PROGRAM (BHP) IN NY

**LISA SBRANA** 

Ms. Zurack informed the Committee that Marjorie Cadogan, Executive Deputy Commissioner, Citywide Health Insurance Access, Human Resources Administration was also in attendance and she has been working closely with HHC on increasing its market share and MetroPlus enrollment. Ms. Sbrana has worked with HHC for a number of years and having her come to present to the Committee the BHP is extremely important to HHC's strategic efforts in assisting MetroPlus in its enrollment efforts.

Ms. Sbrana of the NYS of Health, the health insurance marketplace for NY stated that there is some excitement about moving forward in the new initiative this fall. NY is one of two states that took up the ACA option for the BHP that is for people between the federal poverty level (FPL) and 200% of the FPL. Those individuals currently get some cost sharing relief and premium assistance but not to the extent of getting into the new program. The premiums average depending on the tax credit could be \$50.00 per month and on the basic health program that would be approximately \$200.00 per month. deductible is also being eliminated so that individuals will have first dollar coverage when they come in. The BHP is required to provide all of the essential benefits that are currently in the plan and most of the plans that are providing qualified health plans today in the marketplace are also taking up the BHP. As such there should not be any shuffling in terms of continuity of care. The way the program is funded is through federal dollars that individuals will get for the premium tax credit or their cost sharing reductions the State will get 95% of that and the state funds used are from the savings form the Medicaid program. The population that will be in the State BHP will include individuals under the age of 65; a state resident; eligible for Medicaid or Child Health Plus (CHP); there will not be any children in NY on the BHP due to the coverage under the CHP that goes up to 400% of the FPL and BHP only goes up to 200%. The program is primarily for adults and the other groups are under the federal rules of 138% – 200%, 0-138% of the FPL who are not eligible for Medicaid under the federal rules. In NY the rules are more expansive but there are immigrants who will be in the basic health program.

Ms. Youssouf asked who those immigrants are. Ms. Sbrana stated that they are not undocumented. They are immigrants under the federal rules for those who have not had their status for five years those individuals are not eligible for federal Medicaid but are eligible for Medicaid in NYS and those individuals who are residing under color of law or Permanently Residing Under Color of Law (PRUCOL).

Mrs. Bolus asked if those individuals who are included in HHC Options would fit into that plan.

Ms. Zurack stated that some of the Options individuals will be eligible for that program and HHC will assist them in signing up to become eligible which is part of the reason for Ms. Sbrana presentation on the program to the Committee, as one of the things in HHC plan is to convert more people into health plans.

Ms. Sbrana stated that there are two major categories of Medicaid recipients who receive coverage and who will not go into the BHP due to the function of their medical needs and what is included in that program. Individuals who need long term care or under the ACA having minimal essential coverage, Medicaid wraps around that coverage which is usually employer base coverage that cannot be done through the BHP. Individuals who come into those categories will go back into Medicaid. There will be a wrap of Medicaid services around the BHP. The BHP is required to provide all of the essential benefits that people in the Qualified Health Plan (QHP) receive and that do not include some important Medicaid benefits such as non-emergency transportation, non-prescription drugs, adult dental, orthotic devices, orthotic footwear and vision care. The health plans will be asked to provide a premium for the Aliessa population in the Essential Plan that reflects the wrapped benefits. Under the federal rules, NYS was required to choose how it would go forward and choose a hybrid of Medicaid and commercial coverage rules. Individuals who are eligible for the BHP will not be locked into the open enrollment period and can enroll at any time during the years. The coverage is similar to Medicaid managed care and CHP. It is on the first or the following month depending on when an individual enrolls if before or after the 15<sup>th</sup> of the month. There is an opportunity under the federal rules to provide continuous coverage. As of now, if an individual enters the Medicaid program and the income increases the eligibility would not change. NYS health offers twelve month continuous coverage and this is being discussed with CMS for the BHP program as well. Renewals are every twelve months; verifications are the same, appeals for eligibility are through the market place but if there are coverage appeals those would follow the rules of the program that the individual is covered under.

Ms. Youssouf asked for clarification of the continuous coverage regardless of an increase in income.

Ms. Sbrana explained that it was not in the current terms of the program but rather what is being proposed under the BHP given that some individuals cycle in and out of employment. There are no premiums for those individuals who are below the FPL, 150% to 200% of the FPL for 200% of the FPL would be \$20.00. The premium level for 150-200% is \$20.00 and a 30-day grace period for none payment which follows the CHP rules.

Mr. Rosen asked if the program is subsidized by the federal government to cover the difference in what individuals will pay.

Ms. Sbrana stated that NYS under the federal rules allows for the acceptance of the federal funds that are placed in a designated trust fund. The BHP will be offering plans that include dental and vision and will have an increase premium. Individuals above 138 % that will be provided through Medicaid but for all other there will be an option for them to get the dental and vision benefits for a small or reduced fee. As part of the cost sharing there are no deductibles for any of the income groups which is different from

what individuals are receiving today as part of the 150-200% of the FPL. All of the co-pays are lower than what this group would pay currently.

Mr. Rosen asked for clarification of how the funding from the federal government as part of the subsidy would flow to the insurers.

Ms. Sbrana stated that the funds would flow to the plans and the plan would pay the providers. These are all commercial insurers. The rates are being set by DOH under the State law rather than the Department of Financial Services (DOFS). That group is working on the rates and is expected to have those completed by the end of July 2015 with negotiations to follow thereafter.

Ms. Youssouf asked how much the program would help HHC in achieving its plan's reduction of \$309 million.

Ms. Zurack stated that this is part of the MetroPlus strategic plan to get to the one million covered lives. This first bid was to get the Aliessa population into the BHP which is less important for HHC but more important for NYS. Essentially when the Aliessa population which was state only gets into this program the federal government will pick up a large share of that which is a big windfall for the NYS. However, next year when 138% - 200% of FPL comes into effect it will represent a significant portion of the MetroPlus strategic plan uptick. HHC will report back to the Committee on how much of that will benefit HHC as part of the BHP. HHC wants to be supportive of MetroPlus and its patients.

Ms. Youssouf asked if the self-pay population would be impact by that group.

Ms. Zurack stated that it would. Some of the people as part of the Options program are eligible for the BHP and HHC will work with them on getting enrolled for the coverage and MetroPlus will get the premiums and pay HHC the fees as expected benefits of the BHP. In the out years of the plan, HHC assumes \$104 million after the entire ACA is implemented through increase Medicaid eligibility and commercial eligibility.

Ms. Sbrana stated that the opening enrollment starts November 1, 2015; however, the Aliessa group has been transitioned in placed into the plan.

Ms. Zurack asked if the State has considered offering the BHP to the undocumented immigrants.

Ms. Sbrana stated that under the BHP it is not allowed to offer the program to that population. However, there are some discussions regarding that particular group but it is unclear as to how or what the outcome will be.

Mrs. Bolus asked if individuals could prepay for the year. Ms. Sbrana stated that it was unclear if that is permitted but will confirm and report back.

Dr. Raju thanked Ms. Sbrana for taking the time to come and present to the Committee adding that as a take away from what was presented unless the rates are set HHC will not be able to determine the network. There is opportunity for HHC to benefit from the BHP but there is also a potential threat for

HHC as well. HHC's options program is only for HHC as a source of treatment. Now as a MetroPlus member there are more choices for individuals and some will opt to go to another hospital system. Therefore there is a potential for HHC to lose more utilization. As such, it goes back to the patient care experience which is more critical given those options available to individuals and patients.

Ms. Sbrana stated that the networks are between the plans and John Ullberg's group at DOH. Ms. Zurack asked if it was the network or the premiums for that group. Ms. Sbrana stated that the rate setting is with Ullberg's group and the network is with another group.

Ms. Zurack asked if she had any insight into what the requirements of the network are.

Ms. Sbrana stated that the requirements are the same as for the QHP. Dr. Raju added that if that is the case that is a problem for HHC. Ms. Sbrana stated that the program is trying to ensure that continuity of care is there for individuals. In terms of the networks that are looking at provider ratio to patients and how many hospitals are in the network, and access. There have been some narrowing of the network that has been approved based on the rates but it is unclear whether that would work. Basically it is looking at whether the individuals will have the same access which would be a major factor.

Ms. Zurack stated that based on discussions with the State the premium was a mix of something between a commercial and Medicaid that would be higher than Medicaid but lower.

Ms. Sbrana stated that her office has not been a part of those discussions and therefore could not confirm that rate structure. The presentation was concluded.

ADJOURNMENT BERNARD ROSEN

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

### KEY INDICATORS FISCAL YEAR 2015 UTILIZATION

NETWORKS		VISITS	UTIL	IZATION	HARGES/I	DAYS		E LENGTH STAY	ALL PA	
IVEL W CIKES	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %	ACTUAL	EXPECTED	FY 15	FY 14
North Bronx	F X 13	* 1 17	V / L / /			77111 70				
Jacobi	415,216	427,122	-2.8%	18,553	19,609	-5.4%	5.9	6.2	1.0256	1.0062
North Central Bronx	203,863	200,698	1.6%	5,512	4,233	30.2%	5.0	5.1	0.7732	0.8942
Generations + Harlem	308,384	326,958	-5.7%	11,198	10,986	1.9%	5.4	5.9	0.9682	0.9403
Lincoln	536,486	550,808	-2.6%	23,239	23,929	-2.9%	5.1	5.4	0.8529	0.8393
Belvis DTC	54,061	52,980	2.0%	20,20	23,727	-2.770	3.1	5.4	0.0327	0.0575
Morrisania DTC	81,960	82,203	-0.3%							
Renaissance	43,788	48,728	-10.1%							
South Manhattan										
Bellevue	568,823	584,563	-2.7%	23,564	23,019	2.4%	6.4	6.3	1.1214	1.1266
Metropolitan	391,650	393,833	-0.6%	9,851	10,727	-8.2%	5.0	5.4	0.8293	0.7901
Coler				267,780		-2.7%				
Goldwater/H.J. Carter					114,346	0.1%				
Gouverneur - NF				73,174	53,491	36.8%				
Gouverneur - DTC	250,318	267,154	-6.3%							
North Central Brooklyn	(50,000	(00.010		01.000	00.470	0.09	6.3	(2	1.0228	0.0065
Kings County	678,900	688,918	-1.5%	21,982	22,478 12,779	-2.2% -11.3%	6.3 5.2	6.2 5.2	1.0228	0.9965 0.7984
Woodhull	470,661	488,608	-3.7%	,	114,027	-11.3%	3.2	3.2	0.8317	0.7964
McKinney Cumberland DTC	78,775	84,331	-6.6%	112,032	114,027	-1.076				
East New York	79,126	74,545	6.1%							
Southern Brooklyn / S I										
Coney Island	322,119	343,618	-6.3%	14.983	14,200	5.5%	6.8	6.2	1.0106	1.0267
Seaview	322,119	343,016	-0.570	- /	106,492	1.1%	0.0	0.2	1.0100	1.0207
Queens										
Elmhurst	616,961	622,739	-0.9%	20,220	21,072	-4.0%	5.8	5.5	0.9418	0.9021
Queens	410,408	414,931	-1.1%	12,236	12,042	1.6%	5.3	5.3	0.8594	0.8562
Discharges/CMI All Acutes				172,677	175,074	-1.4%			0.9559	0.9398
Visits All D&TCs & Acutes	5,511,499	5,652,737	-2.5%							
Days All SNFs				675,828	663,499	1.9%				

### 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.

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.

Average Length of Stav

length of stay using APR-DRGs

Actual: discharges divided by days; excludes one day stays Expected: weighted average of DRG specific corporate average

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.

1 of 4

NETWORKS	FTE's		REC	EIP.		Í	DISBURS	EM		1	BUDGET VAI	RIANCE
	VS 6/14/14		actual		better / (worse)		actual		better / (worse)		better / (worse)	
North Bronx	!											
Jacobi	(60.0)	\$	544,031	\$	(2,413)	\$	595,301	\$	(25,611)	\$	(28,024)	-2.5%
North Central Bronx	(21.0)		176,308		1,385	'	187,733		8,136	1	9,521	2.6%
	(81.0)	\$	720,340	\$	(1,028)	\$	783,034	\$	(17,475)	\$	(18,503)	-1.2%
Generations +							······································			_	(,,,	
Harlem	117.0	\$	345,648	\$	11,097	\$	397,763	\$	(29,687)	\$	(18,591)	-2.6%
Lincoln	221.0		537,444		13,707		526,965		21,714		35,422	3.3%
Belvis DTC	4.0		14,393		(1,004)		16,447		2,037		1,033	3.0%
Morrisania DTC	10.0		22,499		277		28,043		454		730	1.4%
Renaissance	<u>0.0</u>		14,952		<u>1,500</u>		<u>21,201</u>		(882)		<u>618</u>	1.8%
	352.0	\$	934,936	\$	25,577	\$	990,419	\$	(6,365)	\$	19,212	1.0%
South Manhattan												
Bellevue	147.5	\$	707,312	\$	5,395	\$	817,734	\$	(42,353)	\$	(36,958)	-2.5%
Metropolitan	101.0		281,728		(26,163)		333,032		3,560		(22,603)	-3.5%
Coler	(36.0)		79,655		(4,466)		146,057		(9,738)		(14,204)	-6.4%
Goldwater/H.J. Carter	(11.0)		77,494		(25,753)	1	124,919		(12,526)		(38,279)	-17.8%
Gouverneur	<u>99.0</u>		<u>77,505</u>		(8,472)		<u>106,697</u>		3,177		<u>(5,295)</u>	<u>-2.7%</u>
	300.5	\$	1,223,695	\$	(59,459)	\$	1,528,439	\$	(57,880)	\$	(117,339)	-4.3%
North Central Brooklyn												
Kings County	(10.5)	\$	712,389	\$	466	\$	743,301	\$	17,774	\$	18,240	1.2%
Woodhull	105.5		385,876		3,518		430,120		(12,396)		(8,878)	-1.1%
McKinney	18.5		48,097		3,292		48,681		1,475		4,767	5.0%
Cumberland DTC	(9.0)		23,428		(1,787)		30,081		1,793		5	0.0%
East New York	<u>8.5</u>		<u>22,906</u>		836		<u>26,747</u>		(312)		<u>524</u>	1.1%
	113.0	\$	1,192,697	\$	6,324	\$	1,278,930	\$	8,334	\$	14,658	0.6%
Southern Brooklyn/SI												
Coney Island	29.0	\$	306,681	\$	(48,854)	\$	414,538	\$	(13,739)	\$	(62,593)	-8.3%
Seaview	<u>56.0</u>		<u>45,750</u>		(2,000)		<u>57,482</u>		<u>2,061</u>		<u>61</u>	0.1%
	85.0	\$	352,430	\$	(50,853)	\$	472,020	\$	(11,679)	\$	(62,532)	-7.2%
Queens												
Elmhurst	53.5	\$	539,887	\$	242	\$	597,114	\$	(13,664)	\$	(13,422)	-1.2%
Queens	<u>150.0</u>		<u>356,139</u>	_	(4,586)		<u>389,167</u>		<u>(519)</u>		<u>(5,104)</u>	<u>-0.7%</u>
NICONIO DECOMO E	203.5	\$	896,025	\$	(4,343)	\$	986,281	\$	(14,183)	\$	(18,526)	-1.0%
NETWORKS TOTAL	973.0	\$	5,320,122	\$	(83,783)	\$	6,039,122	\$	(99,248)	\$	(183,031)	- <u>1.6</u> %
G . 1055			005.55		400 11-				_			
Central Office	7.0		927,257		(203,427)	1	295,249		6,514		(196,913)	-13.7%
HHC Health & Home Care	(4.0)	}	14,980		(17,207)		40,622		(6,183)		(23,390)	-35.1%
Enterprise IT	<u>59.5</u>		<u>13,341</u>		(3,839)		188,467		(1,417)		(5,256)	<u>-2.6%</u>
GRAND TOTAL	<u>1,035.5</u>	\$	6,275,701	\$	(308,256)	\$	6,563,460	\$	(100,335)	\$	(408,591)	- <u>3.1</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

		N	Iontl	n of June 2	015			Fiscal	Year	r To Date June	201	5
		actual		actual		better /		actual		actual		better /
		2015		2014		(worse)		2015		2014		(worse)
Cash Receipts										10		
Inpatient												
Medicaid Fee for Service	\$	72,954	\$	69,130	\$	3,825	\$	844,311	\$	852,212	\$	(7,901)
Medicaid Managed Care		58,679		50,998		7,681		659,583		636,439		23,144
Medicare		27,758		37,220		(9,462)		552,885		537,905		14,980
Medicare Managed Care		36,463		31,743		4,720		328,146		325,732		2,414
Other		18,994		23,628		( <u>4,635</u> )		227,421		236,460		( <u>9,039</u> )
Total Inpatient	\$	214,848	\$	212,719	\$	2,129	\$	2,612,346	\$	2,588,748	\$	23,598
Outpatient												
Medicaid Fee for Service	\$	12,054	\$	12,491	\$	(437)	\$	208,401	\$	180,446	\$	27,955
Medicaid Managed Care		36,980		36,550		429		595,386		530,042		65,344
Medicare		5,131		6,423		(1,292)		62,744		55,200		7,544
Medicare Managed Care		13,394		9,679		3,714		101,549		99,683		1,865
Other		10,808		11,560		( <u>752</u> )		168,874		166,393		2,480
Total Outpatient	\$	78,366	\$	76,703	\$	1,663	\$	1,136,953	\$	1,031,764	\$	105,189
All Other												
Pools	\$	5,392	\$	117,792	\$	(112,401)	\$	350,078	\$	545,887	\$	(195,809)
DSH / UPL		599,100		470,400		128,700		1,896,045		1,372,949		523,096
Grants, Intracity, Tax Levy		11,314		68,897		(57,583)		203,158		280,448		(77,290)
Appeals & Settlements		357		86		271		14,302		53,006		(38,704)
Misc / Capital Reimb		5,283		6,470		(1,187)		62,818		62,676		142
Total All Other	\$	621,445	\$	663,645	\$	(42,200)	\$	2,526,402	\$	2,314,966	\$	211,436
Total Cash Receipts	\$	914,660	\$	953,067	\$	(38,408)	\$	6,275,701	\$	5,935,478	\$	340,222
Cash Disbursements												
PS	\$	217,931	\$	191,003	\$	(26,928)	\$	2,672,067	\$	2,434,572	\$	(237,495)
Fringe Benefits	-	287,059	•	343,334	*	56,275	`	1,279,108	~	1,299,058	~	19,950
OTPS		164,356		142,599		(21,756)		1,529,778		1,405,394		(124,385)
City Payments		,		20,089		20,089		35,100		39,492		4,392
Affiliation		80,654		70,541		(10,113)		966,964		934,671		(32,293)
HHC Bonds Debt		<u>6,854</u>		<u>6,848</u>		(16,115) ( <u>6</u> )		80,443		77,144		(3,299)
Total Cash Disbursements	\$	756,854	\$	774,414	\$	17,561	\$	6,563,460	\$	6,190,331	\$	(373,129)
Receipts over/(under) Disbursements	\$	157,806	\$	178,653	\$	(20,847)	\$	(287,760)	\$	(254,853)	\$	(32,907)

### Notes:

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

		M	ont	h of June 20	15			Fiscal '	Year	To Date June	e <b>20</b> 1	.5
		actual		budget		better /		actual		budget		better /
		2015		2015		(worse)		2015		2015		(worse)
Cash Receipts									::			
Inpatient												
Medicaid Fee for Service	\$	72,954	\$	83,038	\$	(10,083)	\$	844,311	\$	896,986	\$	(52,675)
Medicaid Managed Care		58,679		62,753		(4,074)		659,583		668,392		(8,809)
Medicare		27,758		26,633		1,125		552,885		564,125		(11,239)
Medicare Managed Care		36,463		32,505		3,959		328,146		343,721		(15,575)
Other		18,994		<u>16,821</u>		2,173		<u>227,421</u>		231,644		(4,223)
Total Inpatient	\$	214,848	\$	221,749	\$	(6,901)	\$	2,612,346	\$	2,704,867	\$	(92,521)
Outpatient												
Medicaid Fee for Service	\$	12,054	\$	11,881	\$	172	\$	208,401	\$	204,708	\$	3,693
Medicaid Managed Care		36,980		56,232		(19,252)		595,386		579,363		16,024
Medicare		5,131		4,495		636		62,744		58,352		4,392
Medicare Managed Care		13,394		25,496		(12,102)		101,549		110,031		(8,483)
Other		10,808		11,532		( <u>724</u> )		<u>168,874</u>		167,843		1,030
Total Outpatient	\$	78,366	\$	109,636	\$	(31,270)	\$	1,136,953	\$	1,120,297	\$	16,656
All Other												
Pools	\$	5,392	\$	8,675	\$	(3,283)	\$	350,078	\$	361,964	\$	(11,886)
DSH / UPL		599,100		805,654		(206,555)		1,896,045		2,102,600		(206,555)
Grants, Intracity, Tax Levy		11,314		23,599		(12,285)		203,158		213,048		(9,890)
Appeals & Settlements		357		(1,156)		1,513		14,302		12,222		2,080
Misc / Capital Reimb		5,283		7,383		(2,100)		62,818		68,958		(6,140)
Total All Other	\$	621,445	\$	844,154	\$	(222,709)	\$	2,526,402	\$	2,758,792	\$	(232,391)
Total Cash Receipts	\$	914,660	\$	1,175,540	\$	(260,880)	\$	6,275,701	\$	6,583,957	\$	(308,256)
Cash Disbursements								it.				
PS	\$	217,931	\$	218,004	\$	73	\$	2,672,067	\$	2,668,950	\$	(3,117)
Fringe Benefits	-	287,059	*	311,951	4	24,893	*	1,279,108	Ψ	1,305,165	Ψ	26,057
OTPS		164,356		136,290		(28,066)		1,529,778		1,396,340		(133,438)
City Payments						(20,000)		35,100		35,100		(155,456)
Affiliation		80,654		93,106		12,452		966,964		974,981		8,017
HHC Bonds Debt		6,854		7,882		1,028		80,443		82,588		2,145
Total Cash Disbursements	\$	756,854	\$	767,233	\$	10,379	\$	6,563,460	\$	6,463,126	\$	(100,335)
Receipts over/(under)					_							
Disbursements	\$	157,806	\$	408,307	\$	(250,501)	\$	(287,760)	\$	120,831	\$	(408,591)

### Notes:

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### ACTION ITEM

### A RESOLUTION AMENDING A PREVIOUSLY ADOPTED RESOLUTION IN ORDER TO INCREASE THE AUTHORIZATION FOR ONE OR MORE BORROWINGS IN AN AGGREGATE NOT TO EXCEED AMOUNT FROM \$60,000,000 TO \$120,000,000 AND TO EXPAND THE SCOPE OF ALLOWABLE USES

WHEREAS, the President of New York City Health and Hospitals Corporation (the "Corporation") has issued that certain Operating Procedure (40-58 Debt Finance and Treasury) (the "Operating Procedures") relating to the delegation of certain powers for the incurrence of debt for various capital expenditures, including renovations, improvements, construction and equipment financing to the Corporation's Chief Financial Officer by resolution to be adopted by the Board of Directors of the Corporation; and

WHEREAS, the Board of Directors of the Corporation, and the Finance Committee of such Board, pursuant to Section 4(f)(i) of such Operating Procedures, have determined that it is necessary and desirable to expand the authorization for the incurrence of debt for equipment financing, as previously authorized by the Board of Directors by Resolution adopted April 30, 2015, from an aggregate amount from time to time not exceeding \$60,000,000, to an aggregate amount from time to time not exceeding \$120,000,000, in the form of tax-exempt or taxable loans borrowed by the Corporation from time to time from one or more lenders (the "Lenders"), to provide funds to finance, refinance and reimburse the Corporation for the costs of various capital expenditures, including renovations, improvements, construction and equipment and various related capital projects and expenditures at the Corporation's facilities, and to carry out the purposes permitted by law and set forth herein and consistent with the Operating Procedures;

### NOW, THEREFORE, BE IT RESOLVED, AS FOLLOWS:

**Section 101. Authority.** This Resolution is adopted pursuant to the authority contained in the New York City Health and Hospitals Corporation Act and in the Operating Procedures.

**Section 102. Principal Amount**. The incurrence of debt is hereby authorized in the aggregate principal amount of not exceeding \$120,000,000, from time to time, for the purpose of financing various capital expenditures, including renovations, improvements, construction and equipment and various related capital projects and expenditures at the Corporation's facilities. Such debt may take the form of borrowings, loan agreements, installment purchase agreements or lease agreements, all as contemplated by the Operating Procedures.

**Section 103. Interest.** Such debt shall bear interest as determined by the Chief Financial Officer of the Corporation as authorized in the Operating Procedures.

Section 104. Authorization of Related Documents. The Corporation is authorized to enter into one or more debt contracts, such as loan agreements, revolving credit agreements, notes, bonds, installment purchase agreements, rental arrangements or lease

agreements. The form, terms and provisions of the debt contracts, between the Corporation and a Lender, providing for the incurrence of such debt, shall be approved by an Authorized Officer (defined below) of the Corporation, as evidenced by his or her signature thereon. The President, the Senior Vice President of Finance/Chief Financial Officer, or any other authorized officer of the Corporation under the by-laws of the Corporation (each an "Authorized Officer") is authorized and empowered for and on behalf of the Corporation to execute, acknowledge and deliver the debt contracts, and the Secretary or any other Authorized Officer of the Corporation is hereby authorized and empowered to affix the seal of the Corporation and to attest to the same for and on behalf of the Corporation.

The President, the Senior Vice President of Finance/Chief Financial Officer, or any other Authorized Officer of the Corporation are each hereby authorized to take any action, execute any document, or give any consent which may from time to time be required by the Corporation under this Resolution or any such debt contracts. Any such action taken or document executed or consent given by such officer in his or her capacity of an officer of the Corporation shall be deemed to be an act by the Corporation.

Section 105. Effective Date. This Resolution shall take effect immediately upon its adoption by the Board of Directors of the Corporation, subsequent to its adoption by the Finance Committee of such Board.

### **EXECUTIVE SUMMARY**

Amending a Previously Adopted Resolution to Increase the Authorization for One or More Borrowings in an Aggregate Not To Exceed Amount from \$60,000,000 to \$120,000,000 and to Expand the Scope of Allowable Uses to Include Non-Equipment Capital Projects

The resolution amends a resolution previously adopted on April 30, 2015 to increase the authorization for the Corporation to borrow from one or more lenders, from time to time, in an aggregate not-to-exceed amount of \$60 million to \$120 million and to expand the scope of allowable uses for the proceeds of such borrowing to capital projects other than equipment. The overall negotiation, execution, and management of the borrowing under this resolution are delegated to the Corporation's Chief Financial Officer (CFO). Any borrowing under this resolution will be reported quarterly by the CFO to the Finance Committee.

The Corporation funds the vast majority of its major capital expenditures with the proceeds of tax-exempt bonds issued by the Corporation or the City of New York. However, corporate bond issuances result in the establishment of large capital project funds causing the Corporation to incur interest expense and face investment risk on unspent bond proceeds. The Corporation has previously determined that it is more suitable to finance shorter useful life projects such as equipment with loans provided by banks and/or leasing providers. This type of borrowing allows the Corporation to borrow in smaller amounts, as the need arises, incur minimal cost of issuance and minimize investment risk on borrowed proceeds. The Corporation now has the opportunity to also use this type of borrowing to fund non-equipment short-term capital projects and to provide initial financing for longer-term projects. This would minimize the need to establish capital project funds even for longer useful projects, as bond issuances could be used to convert or "fix out" amounts initially financed through these vehicles to longer term bond financing.

## INFORMATION ITEM #1

### GLOBAL FULL TIME EQUIVALENTS (FTES)

SEPTEMBER 8th, 2015

## Global Full Time Equivalents (FTES)

What is a Global FTE?

HHC employees, affiliate personnel and temporary service workers. A Global FTE is an HHC term that captures all types of work performed by

- What are the categories of Global FTEs?
- ➤ HHC Salaried Staff
- HHC Hourly and Per Diem Staff (Allowance)
- HHC Overtime Converted to FTEs based on # of hours worked
- Affiliate Staff
- Nursing Agency Staff
- Other Temporary Staff

### GLOBAL CAPS

- How are Global FTE CAPs determined?
- Global FTE CAPs are calculated by benchmarking FTEs based on the
- Benchmarking takes into account utilization, case mix index (CMI) and gross revenue to calculate facility staffing levels based on their productivity. workload of the facilities.
- The benchmarking identified that while overall workload has declined over resulting in reduced productivity. the last several years, Global FTEs have not followed the same trend,
- A Global FTE reduction target of 1,000 employees was set to align with previous years productivity levels.
- An 18 month Global FTE reduction plan commenced in January 2015

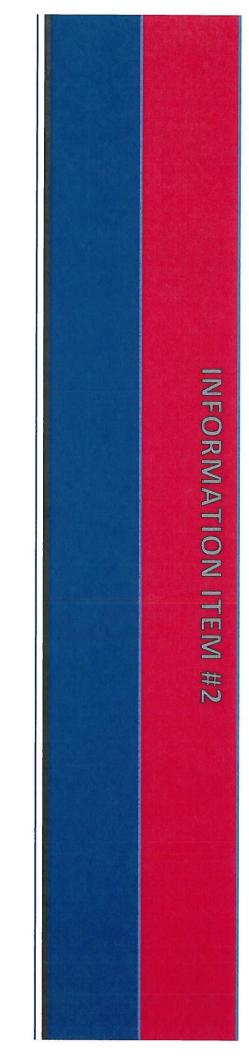
# FY 15 Actual Global FTEs by Category

46,005	(5.2)	1,721	1,442	1,812	1,568	5,059	34,408	TOTAL FACILITIES
7,411	0.0	143	230	259	209	1,399	5,170	Total
2,923	36.1	68	117	97	115	531	1,959	Queens
4,488	(36.1)	74	113	162	94	868	3,212	Queens Elmhurst
3,/61	1.2	83	0	69	417	364	2,828	Total
33/	(0.4)	200	0	13	130		394	Seaview
3,224	1.6	82		56	287	363	2,435	Coney Island
								So. Brooklyn/S.I.
9,639	(4.0)	475	255	344	285	476	7,809	Total
233	6.6	14	2	1	4	0	205	East New York
235	1.0	6	0	U.	_	19	202	Cumberland
464	4.9	27	36	21	34	0	341	McKinney
3,160	4.6	152	42	98	71	397	2,396	Woodhull
5,548	(21.0)	276	176	219	174	59	4,665	Kings County
								North Central Brooklyn
11,685	(37.0)	396	413	556	258	1,317	8,782	Total
889	14.8	19	0	5	60	56	735	Gouverneur
2,696	25.6	73	110	80	44	350	2,014	Metropolitan
969	19.8	30	00	68	57	80	706	Carter
1,219	(22.7)	31	6	128	50	33	995	Coler
5,912	(74.5)	244	289	275	47	799	4,333	Bellevue
								South Manhattan
7,947	35.5	487	378	255	388	817	5,586	Total
141	12.8	11	4	0	5	4	105	Belvis
174	7.3	4	2	_	4	20	137	Renaissance
261	22.1	21	4	3	2	14	196	Morrisania
4,189	(53.3)	254	232	168	224	392	2,971	Lincoln
3,182	46.7	197	137	83	152	387	2,179	Harlem
								Gen.+/N. Manhattan
5,562	(1.0)	136	166	330	11	686	4,234	Total
1,384	0.0	37	48	78	5	174	1,043	North Central Bronx
4,178	(1.0)	99	118	251	7	513	3,191	Jacobi
								North Brony
TOTAL	FTE Chargebacks	Temporary Services (Non-Nursing)	Temporary Services (Nursing)	Overtime	Allowances	Affiliate	HHC Staff	Facilities
	The state of	and the second second	The state of the s	The same of the sa				

## GLOBAL FTE Targets for FY 16

(100,000,000) 4,778,967,872	(100,000,000)	4,878,967,872	44,704	(1,000)	45,704	TOTAL FACILITIES
801,452,944	(2,111,600)	803,564,544	7,413	(8)	7,420	Total
319,801,294	3,222,465	316,578,829	2,989	61	2,928	Queens
481,651,650	(5,334,065)	486,985,715	4,424	(68)	4,492	Elmhurst
						Queens
356,519,281	(17,202,515)	373,721,796	3,422	(219)	3,641	Total
46,123,774	(774,939)	46,898,713	523	(10)	533	Seaview
310,395,507	(16,427,576)	326,823,083	2,900	(208)	3,108	Coney Island
						So. Brooklyn/S.I.
1,015,955,054	(26,194,917)	1,042,149,971	9,409	(320)	9,730	Total
21,684,324	(324,792)	22,009,116	222	(4)	226	East New York
25,072,248	(682,602)	25,754,850	232	(9)	241	Cumberland
42,227,665	3,722,595	38,505,069	515	50	465	McKinney
361,537,750	6,140,073	355,397,677	3,230	89	3,142	Woodhull
565,433,068	(35,050,191)	600,483,259	5,210	(446)	5,656	Kings County
						North Central Brooklyn
1,192,109,379	(12,468,497)	1,204,577,877	11,548	9	11,539	Total
91,008,212	(1,427,084)	92,435,296	897	(19)	917	Gouverneur
268,145,162	(2,521,589)	270,666,750	2,638	4	2,634	Metropolitan
110,035,961	12,260,691	97,775,270	1,147	168	980	Carter
90,161,587	(24,315,233)	114,476,820	997	(278)	1,275	Coler
632,758,458	3,534,718	629,223,740	5,868	134	5,734	Bellevue
						South Manhattan
769,817,378	(36,231,622)	806,049,000	7,338	(377)	7,715	Total
16,595,337	2,407,457	14,187,880	164	32	132	Belvis
13,706,774	(2,892,861)	16,599,635	136	(39)	175	Renaissance
23,599,842	(163,573)	23,763,414	244	(2)	246	Morrisania
451,410,064	18,803,026	432,607,038	4,387	316	4,070	Lincoln
264,505,362	(54,385,671)	318,891,032	2,407	(685)	3,092	Harlem
						Gen.+/N. Manhattan
643,113,834	(5,790,849)	648,904,683	5,574	(85)	5,659	Total
148,280,077	(11,562,460)	159,842,538	1,245	(167)	1,412	North Central Bronx
494,833,757	5,771,612	489,062,145	4,328	82	4,247	Jacobi
Dunger	Venuction	DASCILIC	FIECAL	avnenur	Баѕеппе	Facilities
Rudget	=	Giodal ro	FY 16 GIODAL	Keduction	Initial FIE	
EV 16 Clabel De		Clabal BC	EV 16 Ci-bi	Global FTE		
	The second secon					

& Fringe Benefits Global PS includes: Salaried Staff, Allowance, Overtime, Nursing Agency, Temporary Staff



### NEW YORK CITY HEALTH AND HOSPITALS CORPORATION INPATIENT PAYOR MIX

Fiscal Year 2015 4th Quarter Report

**INPATIENT: Percentage of Total Discharges For Each Facility** 

INPATIENT: Percen	tage of To	tal Disc	harges F	or Each	Facility							
	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Corporate Total
Medicaid Total												
2015 2014	61.6 53.1	51.8 50.3	65.2 63.1	64.8 63.9	62.4 62.8	62.3 61.9	68.4 66.4	67.9 68.5	62.8 58.9	64.2 63.4	72.9 71.5	63.8 61.9
Medicaid												
2015	30.5	21.8	23.5	23.4	19.5	24.8	20.0	24.9	21.6	24.8	27.3	24.1
2014	24.4	21.1	22.9	23.6	20.9	26.6	19.7	26.9	25.4	25.7	27.2	23.7
Medicaid Plans												
2015	31.2	30.0	41.7	41.4	42.9	37.5	48.4	43.0	41.2	39.5	45.6	39.7
2014	28.6	29.3	40.2	40.3	42.0	35.3	46.8	41.6	33.5	37.7	44.3	38.1
Medicare Total												
2015	17.6	36.5	21.0	23.4	21.6	19.5	22.7	19.9	23.3	23.4	19.1	22.0
2014	18.8	37.4	19.7	21.4	21.3	19.9	22.1	19.8	27.4	23.4	17.8	21.8
Medicare												
2015	9.6	26.9	11.4	10.8	12.1	9.5	8.5	9.3	12.6	12.6	9.2	11.6
2014	11.5	27.6	11.0	10.9	12.6	10.0	8.7	9.9	15.7	13.0	9.2	12.1
Medicare Plans												
2015	8.1	9.5	9.6	12.6	9.6	10.0	14.2	10.6	10.8	10.7	10.0	10.4
2014	7.3	9.8	8.6	10.5	8.7	9.9	13.4	9.9	11.8	10.4	8.6	9.7
Commercial Total												
2015	10.3	7.9	8.5	7.6	11.8	11.4	7.1	5.0	6.9	8.5	5.8	8.8
2014	10.5	7.2	8.9	7.6	10.9	11.2	7.4	5.4	7.1	8.0	5.5	8.7
Other												
2015	4.6	0.2	1.9	0.2	0.3	0.2	0.3	0.1	0.2	0.4	0.1	1.1
2014	8.2	0.1	2.0	0.2	0.4	0.2	0.4	0.1	0.3	0.3	0.2	1.6
Uninsured												* * *
2015	5.9	3.6	3.5	4.0	3.9	6.7	1.5	7.1	6.8	3.5	2.0	4.3
2014	9.5	5.0	6.2	6.9	4.6	6.7	3.7	6.1	6.3	4.9	5.0	6.0
HHC Options												
2015	2.1	1.1	2.2	1.2	1.6	0.9	1.0	2.5	1.3	1.0	1.2	1.5
2014	2.7	2.3	3.8	1.5	2.3	2.0	2.0	2.6	2.4	2.4	2.8	2.5
Self Pay												
2015	3.8	2.5	1.2	2.8	2.3	5.8	0.6	4.6	5.5	2.5	0.8	2.8
2014	6.8	2.7	2.5	5.4	2.3	4.8	1.8	3.5	3.9	2.5	2.3	3.6

FY15 (run date 8/7/15) FY14 (run date 8/8/14)

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 4th Quarter Report

**OUTPATIENT ADULT: Percentage of Total Visits For Each Facility** 

OUTPAT	TENT A	DULT	: Perce	entage	of Tol	al Vis	its For	Each	Facili	ty								-	
		Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Medicaid		40.0	25.0	42.0	=0.0		40.4	40.6	45.0	<b>50.0</b>	44.0	40.	=0.6	46.0	<b></b>			44.0	45.4
	2015 2014	40.8 39.7	35.9 38.3	43.0 41.4	50.0 48.6	50.2 50.5	48.4 48.0	49.6 46.9	47.8 48.3	53.8 54.3	41.8 41.5	42.6 43.5	53.6 51.7	46.3 49.1	53.2 51.0	35.7 36.7	54.1 53.5	44.8 41.8	45.1 44.7
Medicaid																			A
	2015	8.7	8.6	11.7	10.0	9.2	11.9	9.0	11.6	7.5	9.3	7.9	4.3	9.6	4.1	5.0	4.8	4.2	9.3
	2014	8.8	8.9	9.8	10.2	10.2	11.6	8.4	13.9	8.7	9.4	8.3	3.8	10.7	3.8	6.7	4.3	3.6	9.5
Medicaid	Plans																		
	2015	32.0	27.4	31.3	40.0	41.0	36.4	40.6	36.2	46.3	32.5	34.7	49.3	36.7	49.2	30.7	49.3	40.6	35.8
	2014	30.9	29.4	31.6	38.4	40.3	36.4	38.5	34.4	45.6	32.2	35.2	47.9	38.5	47.1	29.9	49.2	38.2	35.2
Medicare	Total		,																
	2015	18.7	18.9	15.3	21.9	20.7	16.0	21.4	20.5	15.8	19.1	18.5	14.7	13.5	16.1	25.0	15.1	18.9	18.8
	2014	18.0	20.1	15.0	21.9	19.8	15.3	20.3	19.9	15.4	19.1	18.4	14.5	12.5	16.0	24.6	14.3	18.1	18.4
Medicare	2015	8.3	11.4	6.4	10.5	9.7	7.9	6.3	7.9	6.5	7.9	6.5	4.1	5.7	5.9	9.0	5.0	6.8	7.9
	2013	8.3	11.4		10.5	9.8	7.9	6.7	8.0	7.3	8.2	6.7	4.3	5.2	6.2	9.5	4.8	6.4	8.0
Medicare	Plane																		
Wiedicare	2015	10.4	7.5	8.9	11.4	11.0	8.0	15.1	12.6	9.3	11.1	12.0	10.6	7.8	10.1	16.0	10.1	12.1	10.9
	2014	9.7	8.3	8.5	11.4	10.0		13.7	11.9	8.1		11.7	10.3	7.3	9.8	15.1	9.5	11.7	10.3
Commerc	rial																		
Commerc	2015	10.8	8.0	10.1	8.6	12.0	10.9	10.8	7.2	12.5	9.2	8.5	7.4	10.0	9.6	11.6	9.6	9.7	10.0
	2014	9.1	6.3	8.3	7.2	10.4	8.4	11.1	5.7	9.9	6.7	5.5	6.4	7.3	6.3	7.9	10.2	8.8	8.1
Other																			
	2015	2.8	0.6	0.9	0.4	1.5	0.4	1.0	0.2	0.3	0.4	0.6	0.0	0.2	0.1	1.4	0.0	0.0	0.9
	2014	3.0	0.4	1.0	0.4	1.2	0.4	1.0	0.2	0.2	0.5	0.6	0.0	0.2	0.0	1.2	0.0	0.0	0.9
Uninsure	d Total															1.			
	2015	26.9	36.6	30.7	19.1	15.7	24.3	17.2	24.3	17.7	29.6	29.8	24.2	30.1	21.1	26.2	21.3	26.5	25.2
	2014	30.2	34.9	34.3	21.9	18.1	27.9	20.6	25.9	20.2	32.2	32.1	27.3	30.9	26.7	29.7	22.1	31.2	27.9
HHC-Opt					16.6	10.1	16.7		16.5	16.5		0.5.5		25.5	165	25.5	10.5		
	2015 2014					10.1 11.1							16.4	27.0 28.2		22.3 25.3	18.6 20.1	17.7	17.9 20.6
	2014	21.1	43.0	20.7	12.9	11.1	44.3	10.5	17.3	14.0	22.9	41.4	20.3	20.2	۷1.۶	43.3	20.1	22.4	20.0
Self Pay	2015	0.0	20.5	62	0.0	5 C	<i>5</i> 0	0.0	6 1	16	07	A 0	70	2.0	4.0	2.0	27	ه ه	7.4
	2015 2014		20.5 11.1	6.3 7.7	8.2 9.0	5.6 6.9	5.8 5.6	8.0 10.2	6.1 6.4	4.6 5.4	8.7 9.4	4.8 4.9	7.8 6.8	3.0 2.7	4.9 4.7	3.9 4.4	2.7 2.0	8.8 8.8	7.4 7.3
	2017	7.0			<i>-</i>	5.7	5.0	10.2	J.7	Jr	7.7	1.7	5.0	٠.,	***	11	٠.٠	0.0	,.5

FY15 (run date 8/7/15) FY14 (run date 8/8/14)

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, 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 PEDIATRIC PAYOR MIX

(Excluding Emergency Room Visits) Fiscal Year 2015 4th Quarter Report

**OUTPATIENT PEDIATRIC: Percentage of Total Visits For Each Facility** 

		01 1 01 0	cuitus	01 10	tai visi	ts Ful	Each I	acility										
	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Belvis	Cumberland	East New York	Gouverneur	Morrisania	Renaissance	Corporate Total
Total	<b>81</b> <i>A</i>	77.0	<b>81</b> 7	85.2	82 9	74.2	85.2	88 3	84 0	72 8	76.7	87.6	81 N	76.7	81.2	85.2	73.2	80.7
2014	82.6	80.4	83.4	84.5	82.7	73.5	81.6	87.8	84.9	73.5	80.5	86.1	78.1	79.1	81.7	85.5	73.8	81.2
2015	6.6	8.5	4.3	7.6	5.0	6.5	5.0	6.2	4.7	5.6	6.3	3.8	5.4	3.6	5.2	4.6	6.2	5.6
2014	6.8	7.0	3.7	8.0	5.6	6.1	4.6	8.0	3.8	5.1	7.8	3.1	6.3	3.7	5.7	3.8	6.3	5.7
lans											j							
2015	74.7	68.5	77.5	77.7	77.9	67.7	80.2	82.1	79.4	67.2	70.4	83.8	75.6	73.1	76.0	80.6	67.0	75.1
2014	75.8	73.4	79.6	76.5	77.1	67.4	77.0	79.9	81.1	68.4	72.7	83.1	71.8	75.4	76.1	81.7	67.5	75.5
al Total																		
2015	12.3	11.2	10.0	10.4	11.1	15.0	9.4	7.2	8.7	16.2	13.6	7.3	9.6	13.5	12.8	7.5	12.3	11.4
2014	9.3	8.7	9.0	10.0	10.8	13.7	9.3	7.3	7.9	14.9	9.1	7.1	9.7	10.2	10.7	6.1	12.6	10.0
h Plus																		
						4.4					- 1							4.0
	3.2	3.7	5.6	2.4	3.6	4.1	2.9	4.2	3.5	5.8	3.7	3.2	3.7	3.0	4.0	2.5	3.3	3.9
		6.7	4.0	0.0	7.0	10.6		2.5	<i>c</i> 1	11.0	0.0	4.0		10.0	0.4	4.4	0.3	7.3
																		7.3 6.1
2014	0.1	5.0	3.4	1.5	1.2	7.5	0.7	3.1	7.7	7.1	5.4	3.7	0.0	0.0	0.7		7.5	0.1
2015							4.0		0.0		0.4			0.4		0.0	0.0	
																		0.2
	6.0	11 8	Q 1	41	57	10.5	44	45	73	10.0	9.6	5.1	9.5	9.8	5.9	74	145	7.7
	7.8										1				7.5		13.5	l
2015	1.2	0.5	0.5	0.4	0.7	5.2	0.3	0.4	1.3	1.1	1.9	1.2	2.5	3.4	0.9	3.2	0.2	1.5
2014	1.8	1.3	0.7	0.7	1.1	7.6	0.9	0.8	1.6	1.0	3.7	2.3	5.4	5.3	1.5	4.0	0.7	2.3
2015	4.9	11.2	7.5	3.7	5.0	5.2	4.1	4.1	5.9	9.9	7.7	3.9	6.9	6.4	5.0	4.2	14.2	6.2
2015	'''		, , , ,						0.,,	/./			0.,	٠	2.0	1.2	1 1.2	
1	2015 2014  2015 2014  lans 2015 2014  al Total 2015 2014  h Plus 2015 2014  Plans 2015 2014  Total 2015 2014  Total 2015 2014  Total 2015 2014	Total 2015 2014 82.6  2015 2014 82.6  2015 2014 6.8  lans 2015 74.7 2014 75.8  al Total 2015 2014 9.3  h Plus 2015 2014 3.2  Plans 2015 2014 6.1  2015 0.3 2014 0.3  Total 2015 2014 7.8  ons 2015 1.2 2014 1.8	Total 2015 2014 81.4 2015 82.6 80.4  2015 2014 6.8 7.0  lans 2015 74.7 68.5 2014 75.8 73.4  al Total 2015 2014 9.3 8.7  h Plus 2015 2014 3.2 3.7  Plans 2015 2014 6.1 5.0  2015 0.3 0.0 2014 0.3 0.1  Total 2015 2014 7.8 10.8  ons 2015 2014 1.8 1.3	Cotal         2015         81.4         77.0         81.7           2014         82.6         80.4         83.4           2015         6.6         8.5         4.3           2014         6.8         7.0         3.7           lans         2015         74.7         68.5         77.5           2014         75.8         73.4         79.6           al Total         2015         12.3         11.2         10.0           2014         9.3         8.7         9.0           h Plus         2015         3.6         4.5         5.9           2014         3.2         3.7         5.6           Plans         2015         8.8         6.7         4.2           2014         6.1         5.0         3.4           2015         0.3         0.0         0.2           2014         0.3         0.1         0.2           Total         2015         6.0         11.8         8.1           2015         1.2         0.5         0.5           2015         1.2         0.5         0.5           2015         1.2         0.5         0.5	Cotal         2015         81.4         77.0         81.7         85.2           2014         82.6         80.4         83.4         84.5           2015         6.6         8.5         4.3         7.6           2014         6.8         7.0         3.7         8.0           lans         2015         74.7         68.5         77.5         77.7           2014         75.8         73.4         79.6         76.5           al Total         2015         12.3         11.2         10.0         10.4           2014         9.3         8.7         9.0         10.0           h Plus         2015         3.6         4.5         5.9         2.1           2014         3.2         3.7         5.6         2.4           Plans         2015         8.8         6.7         4.2         8.3           2014         6.1         5.0         3.4         7.5           2015         0.3         0.0         0.2         0.3           2014         0.3         0.1         0.2         0.2           Total           2015         6.0         11.8         8.1	Cotal         2015         81.4         77.0         81.7         85.2         82.9           2014         82.6         80.4         83.4         84.5         82.7           2015         6.6         8.5         4.3         7.6         5.0           2014         6.8         7.0         3.7         8.0         5.6           lans         2015         74.7         68.5         77.5         77.7         77.9           2014         75.8         73.4         79.6         76.5         77.1           al Total         2015         12.3         11.2         10.0         10.4         11.1           2014         9.3         8.7         9.0         10.0         10.8           h Plus         2015         3.6         4.5         5.9         2.1         3.8           2014         3.2         3.7         5.6         2.4         3.6           Plans         2015         8.8         6.7         4.2         8.3         7.3           2014         6.1         5.0         3.4         7.5         7.2           2015         0.3         0.0         0.2         0.3         0.3	Total 2015 2014 81.4 77.0 81.7 85.2 82.9 74.2 2014 82.6 80.4 83.4 84.5 82.7 73.5  2015 2014 6.8 7.0 3.7 8.0 5.6 6.1  lans 2015 74.7 2014 75.8 73.4 79.6 76.5 77.7 77.9 67.7 2014 75.8 73.4 79.6 76.5 77.1 67.4  al Total 2015 2014 9.3 8.7 9.0 10.0 10.8 13.7  h Plus 2015 3.6 4.5 5.9 2.1 3.8 4.4 2014 3.2 3.7 5.6 2.4 3.6 4.1  Plans 2015 8.8 6.7 4.2 8.3 7.3 10.6 2014 6.1 5.0 3.4 7.5 7.2 9.5  2015 0.3 0.0 0.2 0.3 0.3 0.4 2014 0.3 0.1 0.2 0.2 0.4 0.4  Total 2015 2014 7.8 10.8 7.5 5.4 6.1 12.4  cons 2015 1.2 0.5 0.5 0.4 0.7 5.2 2014 1.8 1.3 0.7 0.7 1.1 7.6	Cotal         81.4         77.0         81.7         85.2         82.9         74.2         85.2           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6           lans         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0           81 Total         2015         12.3         11.2         10.0         10.4         11.1         15.0         9.4           2014         9.3         8.7         9.0         10.0         10.8         13.7         9.3           h Plus         2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9           2015         8.8         6.7         4.2         8.3         7.3         10.6         5.5           2014         0.3	Cotal         2015         81.4         77.0         81.7         85.2         82.9         74.2         85.2         88.3           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6         87.8           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0         6.2           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6         8.0           lans         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2         82.1           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0         79.9           al Total         2015         12.3         11.2         10.0         10.4         11.1         15.0         9.4         7.2           2014         9.3         8.7         9.0         10.0         10.8         13.7         9.3         7.3           h Plus         2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9         3.7           2015 </td <td>Rotal 2015 2014         81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 82.6 80.4 83.4 84.5 82.7 73.5 81.6 87.8 84.9           2015 6.6 8.5 4.3 7.6 5.0 6.5 5.0 6.2 4.7 2014 6.8 7.0 3.7 8.0 5.6 6.1 4.6 8.0 3.8 lans 2015 74.7 68.5 77.5 77.7 77.9 67.7 80.2 82.1 79.4 75.8 73.4 79.6 76.5 77.1 67.4 77.0 79.9 81.1           al Total 2015 2014 9.3 8.7 9.0 10.0 10.4 11.1 15.0 9.4 7.2 8.7 2014 3.2 3.7 5.6 2.4 3.6 4.1 2.9 4.2 3.5           Plans 2015 2014 3.2 3.7 5.6 2.4 3.6 4.1 2.9 4.2 3.5           Plans 2015 2014 6.1 5.0 3.4 7.5 7.2 9.5 6.4 3.1 4.4           2015 2014 7.8 10.8 7.5 5.4 6.1 12.4 8.1 4.8 7.2 ons           2015 2014 7.8 10.8 7.5 5.4 6.1 12.4 8.1 4.8 7.2 ons           2015 2014 7.8 10.8 7.5 0.5 0.4 0.7 5.2 0.3 0.4 1.3 2014 1.8 1.3 0.7 0.7 1.1 7.6 0.9 0.8 1.6</td> <td>Cotal         81.4         77.0         81.7         85.2         82.9         74.2         85.2         88.3         84.0         72.8           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6         87.8         84.9         73.5           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0         6.2         4.7         5.6           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6         8.0         3.8         5.1           Ians         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2         82.1         79.4         67.2           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0         79.9         81.1         68.4           3l Total         2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9         3.7         3.5         5.1           2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9         3.7</td> <td>Rotal         2015         81.4         77.0         81.7         85.2         82.9         74.2         85.2         88.3         84.0         72.8         76.7           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6         87.8         84.9         73.5         80.5           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0         6.2         4.7         5.6         6.3           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6         8.0         3.8         5.1         7.8           lans         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2         82.1         79.4         67.2         70.4           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0         79.9         81.1         68.4         72.7           3015         12.3         11.2         10.0         10.4         11.1         15.0         9.4         7.2         8.7         16.2         13.6         20.1         3.8         <t< td=""><td>Total 2015 2014 2015 2014 2016 2017 2018 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 2014 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 87.6 79.1 81.7 81.7 82.014 82.6 80.4 83.4 84.5 82.7 73.5 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.7 81.7 81</td><td>Total 2015</td><td>Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 81.0 76.7 81.2 85.2 73.2 82.0 74.2 85.2 88.3 84.0 72.8 76.7 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 82.1 82.1 82.1 82.1 82.1 82.1 82.1 82.1</td></t<></td>	Rotal 2015 2014         81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 82.6 80.4 83.4 84.5 82.7 73.5 81.6 87.8 84.9           2015 6.6 8.5 4.3 7.6 5.0 6.5 5.0 6.2 4.7 2014 6.8 7.0 3.7 8.0 5.6 6.1 4.6 8.0 3.8 lans 2015 74.7 68.5 77.5 77.7 77.9 67.7 80.2 82.1 79.4 75.8 73.4 79.6 76.5 77.1 67.4 77.0 79.9 81.1           al Total 2015 2014 9.3 8.7 9.0 10.0 10.4 11.1 15.0 9.4 7.2 8.7 2014 3.2 3.7 5.6 2.4 3.6 4.1 2.9 4.2 3.5           Plans 2015 2014 3.2 3.7 5.6 2.4 3.6 4.1 2.9 4.2 3.5           Plans 2015 2014 6.1 5.0 3.4 7.5 7.2 9.5 6.4 3.1 4.4           2015 2014 7.8 10.8 7.5 5.4 6.1 12.4 8.1 4.8 7.2 ons           2015 2014 7.8 10.8 7.5 5.4 6.1 12.4 8.1 4.8 7.2 ons           2015 2014 7.8 10.8 7.5 0.5 0.4 0.7 5.2 0.3 0.4 1.3 2014 1.8 1.3 0.7 0.7 1.1 7.6 0.9 0.8 1.6	Cotal         81.4         77.0         81.7         85.2         82.9         74.2         85.2         88.3         84.0         72.8           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6         87.8         84.9         73.5           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0         6.2         4.7         5.6           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6         8.0         3.8         5.1           Ians         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2         82.1         79.4         67.2           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0         79.9         81.1         68.4           3l Total         2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9         3.7         3.5         5.1           2015         3.6         4.5         5.9         2.1         3.8         4.4         3.9         3.7	Rotal         2015         81.4         77.0         81.7         85.2         82.9         74.2         85.2         88.3         84.0         72.8         76.7           2014         82.6         80.4         83.4         84.5         82.7         73.5         81.6         87.8         84.9         73.5         80.5           2015         6.6         8.5         4.3         7.6         5.0         6.5         5.0         6.2         4.7         5.6         6.3           2014         6.8         7.0         3.7         8.0         5.6         6.1         4.6         8.0         3.8         5.1         7.8           lans         2015         74.7         68.5         77.5         77.7         77.9         67.7         80.2         82.1         79.4         67.2         70.4           2014         75.8         73.4         79.6         76.5         77.1         67.4         77.0         79.9         81.1         68.4         72.7           3015         12.3         11.2         10.0         10.4         11.1         15.0         9.4         7.2         8.7         16.2         13.6         20.1         3.8 <t< td=""><td>Total 2015 2014 2015 2014 2016 2017 2018 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 2014 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019</td><td>Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 87.6 79.1 81.7 81.7 82.014 82.6 80.4 83.4 84.5 82.7 73.5 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.7 81.7 81</td><td>Total 2015</td><td>Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 81.0 76.7 81.2 85.2 73.2 82.0 74.2 85.2 88.3 84.0 72.8 76.7 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 82.1 82.1 82.1 82.1 82.1 82.1 82.1 82.1</td></t<>	Total 2015 2014 2015 2014 2016 2017 2018 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019	Total 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019	Total 2015 2014 2015 2014 2016 2017 2018 2018 2019 2019 2019 2019 2019 2019 2019 2019	Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 87.6 79.1 81.7 81.7 82.014 82.6 80.4 83.4 84.5 82.7 73.5 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.6 87.8 84.9 73.5 80.5 86.1 78.1 79.1 81.7 81.7 81.7 81.7 81.7 81.7 81.7 81	Total 2015	Total 2015 81.4 77.0 81.7 85.2 82.9 74.2 85.2 88.3 84.0 72.8 76.7 87.6 81.0 76.7 81.2 85.2 73.2 82.0 74.2 85.2 88.3 84.0 72.8 76.7 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 84.0 84.9 73.5 80.5 86.1 78.1 79.1 81.7 85.5 73.8 82.0 82.1 82.1 82.1 82.1 82.1 82.1 82.1 82.1

FY15 (run date 8/7/15) FY14 (run date 8/8/14)

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