AGENDA

FINANCE COMMITTEE

MEETING DATE: MARCH 8, 2016
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER — BERNARD ROSEN

ADOPTION OF THE FEBRUARY 9, 2016 MINUTES

SENIOR VICE PRESIDENT'S REPORTS — P.V. ANANTHARAM

- CASH FLOW — JULIAN JOHN
- SUPPLEMENTAL MEDICAID STATUS UPDATE — LINDA DEHART

KEY INDICATORS
CASH RECEIPTS & DISBURSEMENTS REPORTS — FRED COVINO

INFORMATION ITEMS

1. NORTH BRONX GLOBAL FTE REDUCTION PLAN STATUS — CHRIS FUGAZY, GREG CALLISTE
2. PAYOR MIX REPORTS (INPATIENT, OUTPATIENT & PEDIATRICS) — KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT — BERNARD ROSEN

MINUTES

MEETING DATE: FEBRUARY 9, 2016

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on February 9, 2016 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES
COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Lilliam Barrios-Paoli
Josephine Bolus, RN
Mark Page

OTHER ATTENDEES

J. Agrawal, Analyst, NYC OMB
K. Cherny, Unit Head, OMB
J. DeGeorge, Analyst, State Comptroller's Office
E. Eng, Finance Analyst, NYC
L. Garvey, Account Executive, Cerner Corporation
M. Hecht, Analyst, NYC Comptroller's Office
E. Kelly, Analyst, IBO
R. Santander, Assistant Director, DC 37
S. Wheeler, Budget Analyst, OMB

HHC STAFF

P. Albertson, Senior Assistant Vice President, Corporate Operations
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
J. Bender, Assistant Director, Media, Communications/Marketing
M. Beverley, Assistant Vice President, Corporate Finance
M. Brito, CFO, Coler/Hank Carter Specialty Hospital & Skilled Nursing Facility
G. Calliste, Executive Director, North Central Bronx Hospital
T. Carlisle, Associate Executive Director, Corporate Planning Services
E. Casey, Director, Corporate Planning Services

D. Collington, Associate Executive Director, Coney Island Hospital
E. Cosme, CFO, Gouverneur Specialty Care Facility
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, CFO, MetroPlus Health Plan, Inc.
V. Fleming, Director, Corporate Office of Medical Affairs
S. Fass, Assistant Vice President, Corporate Planning Services
L. Free, Assistant Vice President, Corporate Managed Care
V. Fleming, Associate Director, Medical & Professional Affairs
K. Garramone, CFO, North Bronx Health Care Network
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
D. Green, Interim Chief Executive Officer, Queens Hospital Center
T. Green, CFO, Metropolitan Hospital Center
L. Guttman, Assistant Vice President, Intergovernmental Relations
E. Guzman, Assistant Vice President, Corporate Comptroller's Office
C. Hercules, Chief of Staff, Chairperson's Office
W. Hicks, Interim CEO, Bellevue Hospital Center
R. Hughes, Chief Operating Officer, Coney Island Hospital
J. John, Corporate Comptroller, Corporate Comptroller's Office
J. Jurenko, Interim Senior Vice President, Corporate Planning/Intergovernmental/Community Services
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
B. Keller, Deputy Counsel, Office of Legal Affairs
J. Linhart, Deputy Corporate Comptroller, Corporate Comptroller's Office
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
F. Long, Acting Executive Director, Coler/Henry J. Carter
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Marengo, Senior Vice President, Corporate Communications/Marketing
R. Mark, Chief of Staff, Office of the President
A. Martin, Executive Vice President/COO, Office of the President
A. Moran, CFO, Elmhurst Hospital Center
D. Nunziato, Interim CFO, North Brooklyn Health Network
K. Olson, Assistant Vice President, Corporate Budget
P. Pandolfini, CFO, Staten Island /Southern Brooklyn Network
C. Parjohn, Director, Office of Internal Audits
K. Park, Associate Executive Director, Elmhurst Hospital Center
A. Rajkumar, Executive Director, Metropolitan Hospital
C. Samms, CFO, Generations Plus/Northern Manhattan Network
A. Saul, CFO, Central Brooklyn Health Care Network
B. Stacey, CFO, Queens Network
M. Sullivan, Executive Director, Gouverneur Healthcare Services
S. Tyler, Assistant Director, Corporate
C. Uber, Senior Budget Analyst, PAGNY
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, CFO, South Manhattan Network
O. Worthy, CFO, Gotham Health
W. Zimmerman, Interim Chief Executive Officer, Elmhurst Hospital

CALL TO ORDER **BERNARD ROSEN**

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the January 12, 2016, meeting were approved as submitted.

CHAIR'S REPORT **BERNARD ROSEN**

SENIOR VICE PRESIDENT'S REPORT **P.V. ANANTHARAM**

Mr. Anantharam informed the Committee that there were some improvements in the Health + Hospital's financial status. Since December 2015, the cash on hand improved significantly during the month of January 2016 in that some of the pending UPL and DSH supplemental payments were received. Julian John, Corporate Comptroller would update the Committee on the details of those payments. Corporate Finance is in the process of updating the financial plan that will reflect some improvements since the Adopted Budget. These improvements are primarily attributable to the City's forgiveness of H+H debt service and malpractice payments that reflect significant additions to the plan for FY 16. There were some improvements in the global FTE target since December 2015 in that there was a decrease that Fred Covino would discussed later in the reporting. There were no significant changes in utilization since December 2015 and given that there are no significant changes from month to month going forward the reporting would be changed from monthly to quarterly. However, the report will continue to be included in the monthly Committee packet. The reporting was concluded.

Mr. John stated that as Mr. Anantharam reported H+H ended the month of December 2015 with a cash balance of $218 million. During the month of January 2016 there was an influx of payments for both DSH and UPL totaling $710 million, $538 million in DSH and $172 million in UPL. This was due largely to the efforts of Dr. Raju, Mr. Anantharam and Ms. Dehart for keeping the pressure on the City and State to ensure that those payments were processed timely. With the receipt of those payments, H+H ended the month of January 2016 with a cash balance of $512 million or 32 days of cash on hand. It is important to note that the receipt of those payments, H+H financial outlook remains tenuous in that $1.1 billion is expected for DSH and UPL payments by the end of the fiscal year (FY), and the cash balance is projected at $100 million by FY end.

Mr. Page asked what the total DSH and UPL payments were for the current FY. Mr. John stated that the total is $2.2 billion.

Dr. Raju acknowledged the City's allocation of $337 million to H+H and CMS and the State for their assistance in moving those payments forward. The reporting was concluded.

KEY INDICATORS REPORT **KISTA OLSON**

Ms. Olson reported that utilization through December 2015 was consistent with the prior month trends. Ambulatory care visits were down by 1% compared to last year thru the same period; acute visits were up by 1.5%; D&TCs were down by 3.1%. Discharges were up by 2.9%; nursing home days were down by 1.2%. The LOS, Coney Island remained 8/10 of a day above the average while all of the

other hospitals were within the corporate average. The CMI was up by 2.9% compared to last year. The reporting was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT **FRED COVINO**

Mr. Covino reported that as Mr. Anantharam reported earlier global FTEs decreased by 96 in December 2015 and another 82 FTEs in January 2016. This is reflective of a decrease in allowances and temporary staffing.

Mr. Rosen asked if that trend was reflective of some progress in meeting the targeted FTE reduction. Mr. Covino stated that it was reflective of the progress that has been made by the hospitals in meeting their targets. As a result of actions taken to expedite progress in this area, the centralized VCB will be reinstituted. However, there are significant actions that must be undertaken in order to meet the targeted FTE reduction by 6/30/16. The FTE targeted reductions by network/facility include 64 FTEs or 1.1% at North Bronx; Generations + 861 or 10%; South Manhattan 286 or 2.4%; NCB 197 or 2%; Southern Brooklyn 454 or 11%; Queens 92 FTEs or 1.2%. The Queens Network would present its global FTE reduction plan to the Committee later on the agenda. It would appear that the network target is attainable given that the Network's monthly attrition averages 50-60 separations each month.

Mr. Page asked what H+H's attrition rate is. Mr. Covino stated that it is 6%. Mr. Page asked whether full attrition for the remainder of the year would be attainable given that H+H has less than half year remaining in the FY.

Mr. Covino stated that achieving that target by year-end will be difficult; however, there are approximately 400 separations per month. Therefore, there is opportunity given that there will be some critical backfills.

Mr. Anantharam stated that to Mr. Page's point, it is apparent that H+H cannot rely solely on attrition to meet the targeted reduction and as part of the completion of the January Plan a closer review of the actions required for meeting the target in conjunction with a review of the critical hires that are needed and how to best accommodate those needs appropriately within the plan.

Dr. Raju added that the overall concept is that while H+H recognizes that achieving the target for this FY will be extremely difficult; however, a closer review of those separations will be undertaken to ensure that patient care is not compromised. Mr. Martin has been charged to take a judicious approach in approving those actions. Every effort will be made to achieve the target in conjunction with meeting the staffing needs required to meet the quality level of care to H+H's patient population.

Mr. Page asked if there is flexibility to move staff around to where there maybe staffing shortages and whether H+H can do that within the existing staff.

Dr. Raju in response stated that in order to address that question it would require input from labor relations as part of that process that would be undertaken.

Mr. Russo added that an assessment of the types of positions that are needed would be required in addition to the skill set of those employees who would be transferred to do those functions.

Mrs. Bolus asked if there is a cap on how long a position can remain vacant.

Mr. Martin stated that H+H has been reviewing that issue and making an assessment of those types of vacancies. This process will continue as H+H moves forward with the VCB.

Mr. Rosen stated that it was important to note that attrition is random and is difficult to control which requires that H+H be judicious.

Mr. Page stated that the longevity of vacancies should be taken into account as part of the VCB review process, given that there is a level of unfilled positions in terms of the daily operations at any given time.

Mr. Covino stated that it is an important part of the VCB's criteria in that if a vacancy is over six months it must be resubmitted as a new position.

Dr. Raju stated that the Committee's suggestions will be taken under advisement as part of the VCB review process. Notwithstanding, there is also an important aspect of the process that must be considered in deciding whether a positon should be backfilled based on those criteria. There are some hard to recruit positons that take longer to fill due to various reasons, such as the salary level that may require some negotiating. However, there is a process that H+H will be undertaking to evaluate the replacement and backfill of those types of positions in conjunction with a review of temporary agency staffing in those instances in determining the best approach in backfilling those positions.

Ms. Paoli added that it may be possible as part of the process to review cross-training of staff whereby there may be some staff that can be crossed trained to learn different skills that can provide an opportunity to move staff around or to promote employees as an incentive to take on additional responsibilities as part of the functions that would be needed as a result of those vacancies.

Mr. Page added that the work was probably being covered by other staff without the position being filled and perhaps that should be taken into account in terms of recognizing that an employee has taken on additional responsibilities and should be compensated accordingly.

Dr. Raju agreed that the Committee's recommendations were all valid and would be taken into account by Mr. Martin as part of the VCB process.

Mr. Covino continuing with the reporting stated that receipts were $35 million worse than budget while disbursements were $110 million worse. The details of those variances would be presented as part of the budget versus actual. A comparison of the current actual to the prior year for the same period, receipts were $382 million higher than last year due to an increase in grants, intracity and DSH/UPL funds. Grants were up by $199 million due to an advancement from the City for collective bargaining of $173 million; $14 million for new intracities and $7 million in new grants such as the

EBOLA grants. DSH and UPL payments were up by $176 million due to the receipt of DSH payments. Inpatient receipts were up by $40.5 million. Expenses were $570 million higher than last year; personal services were up by $113 million due to an extra payroll of $92 million and an increase in FTEs. Fringe benefits were up by $17.9 million due to an increase in health insurances and welfare fund rates in addition to the increase in FTEs. OTPS expenses were up by $30.6 million due to the decline in the number of days in accounts payable from 69 compared to 57 to-date which is being extended to maximize discounts. City payments were up by $309 million due to non-payment to the city last year during this period compared to payments made for FY 14 during this FY. Going forward there will not be any payments due to the City for FY 16. Affiliation expenses were up by $47.4 million due to collective bargaining and new contracts. A comparison of the budget to actuals, inpatient receipts were down by $30 million; Medicaid fee-for-service was down by $7.3 million compared to the budget due to a decline of 986 discharges. The largest other decline was in "all other" which included workers compensation; bad debt, no-fault, and managed care down by $5 million. Outpatient receipts were down by $16 million across all categories while all other was up by $10 million due to appeals and settlements and miscellaneous receipts. PS and fringes were up by $35.7 million due to the level of increase in FTEs. OTPS expenses were up by $63.8 million in addition to the increase in the number of days in accounts payable and an increase in med surge supplies that were up by $17 million and pharmaceuticals were up by $16 million.

Mr. Rosen commented that it would appear that the increase is not related to an increase in ordering but rather an increase in the supply cost. Mr. Covino stated that it was a combination of both in that when the days in accounts payable are lower the cost is more current and a portion of the increase was due to that. However, for example, pharmaceutical costs have continued to increase year over year and more significantly over the last two years. Concluding the reporting, affiliation expenses were up by $6.7 million due to prior year payments.

INFORMATION ITEM
QUEENS NETWORK-GLOBAL FTE STATUS REPORT **WAYNE ZIMMERMAN**
DONNA GREEN

Mr. Zimmerman, Interim Chief Executive Officer, introduced the team, Donna Green, Interim Chief Executive Officer, Queens Hospital, Alina Moran, Chief Financial Officer, Elmhurst Hospital, and Brian Stacey, Network Chief Financial Officer. As an overview, Mr. Zimmerman stated that the purpose of the presentation was to present the Network's plan for managing the global FTE reduction target and that Mr. Stacey would take the lead on the presentation followed by Ms. Moran. Both Queens and Elmhurst are challenged given the pending rollout of EPIC as the leading Network and every effort is being made to ensure that the rollout is successful. In addition to the EPIC rollout, Elmhurst is scheduled for JCAHO this year which poses another challenge in ensuring a successful completion of the survey. Those are the two major priorities for the Network that will be discussed in more detail in the presentation.

Mr. Stacey stated that the management of the global FTE target through December 2015 as a Network, expenses were $5.7 million less than the target and the expectations are that the Network will end the year under the target. As Mr. Zimmerman stated there are significant challenges that the Network has

been addressing this year, however, the Network will continue its efforts to control expenses. As part of those efforts, best practices are shared across the two hospitals and Ms. Moran has partnered in that efforts that reflect similar approaches relative to the overall management of the budget and expenses. In terms of the budget, there are biweekly VCB meetings at the hospitals, chaired by the CEO, budget director, HR director, and CFOs. All requests for backfilled are reviewed at those meetings and prior to those meetings a lot of analytical work is done by the hospital's budget department that the VCB Committee uses in its review of all hiring requests. The analyses include comparison of expense to budget and the target and projections on how many hires can be accommodated within the budget. In determining that number, there are various statistics that are reviewed such as the attrition rate; the average # of hires; return from leaves of absences, etc. and based on the impact of those factors, a decision is made on the # if any, of hires that can be done within the global cap. Using those parameters, the next step is to have each division with vacancies provide a detailed justification for each vacancy request. Additionally, in conjunction with those analyses, the Network VCB reviews utilization, patient safety, regulatory requirement and the current staffing patterns for that department. All request for new positions must show some return on investment and as noted by the Committee earlier, the Network reviews the length of time a position has been vacant in determining whether a backfill is needed. There is a joint oversight Committee for the two facilities in conjunction with Mount Sinai, the Network's affiliate, the CFOs, CEO, and the leadership at Mount Sinai medical director and CFO in addition to the chief Administrator. Those meetings include discussions relative to the overall management of the contract and a complete review of Mount Sinai's financial positon, whereby a review based on the affiliate's monthly financial statement that provides a status of their performance against the budget. Another significant part of that review are vacancies requests.

Mr. Rosen asked if Mount Sinai shares their financial statement with the hospital. Mr. Stacey responded in the affirmative and that the Network works very closely with its affiliate. As part of the monthly review of the affiliate expenses, the Network has requested very specific monthly financial documents that must be submitted to the hospital and the same analyses required by the Network are also required of the affiliates. It is also important for the Network to define how positions are funded so as to avoid the need for additional funding. If there are new needs a review of all existing vacancies are conducted and where feasible dollars are move around to fund those critical needs. Those discussions are all conducted at the joint oversight committee (JOC). However, the final approval of all hires rest solely with the CEO of the Network/hospital.

Ms. Paoli asked if there were synergies between the two hospitals in terms of staffing or each hospitals is managed independently.

Mr. Stacey stated that as a Network there are some departments that are shared between the two hospitals. A number of the finance departments and the JOC are shared.

Ms. Paoli asked if it is the same for affiliation staffing. Ms. Stacey that that it is the same for the affiliation and that the administration for the affiliation is the same for both hospitals. Another significant part of managing the global cap is controlling overtime expenses. The Network has used Breakthrough that has included various value streams. One of the significant one involved a cost

reduction in terms of the finance value stream. This process included extending beyond finance to include hospital police and the engineering departments. The review includes an analysis of where and how overtime was being used to identify efficiencies that has resulted in a reduction in expense in those areas.

Mr. Page asked if the Network has a sense of what an ideal overtime level would be and making that determination is there a calculation on the overtime usage factoring in fringe benefits.

Mr. Stacey stated that the Network reviews overtime usage by the various departments and the various factors that result in overtime and there are many components that make-up that expense.

Dr. Raju asked if the question was whether there is a threshold beyond which overtime would be converted to an FTE given that the overtime usage has reached the level of a full time position.

Mr. Page stated that was the question, however, at some point zero overtime may not be the cheapest way to do it given that some overtime is cheaper than adding a regular full time staff.

Ms. Moran added that in response to Mr. Page's point some of those positions are related to other factors such as the staffing requirements that may necessitate the need to hire from a certification pool. There is no mathematical solution but is something that the Network will explore further.

Dr. Raju stated that the issue is somewhat complex relative to the fixed overtime given that there will be a need for a fixed number of hours for overtime due to staff shortages, coverage and vacancies and variable overtime. However, overtime can be monitored to determine what the overtime needs would be based on various factors, assuming that there will always be some level of variability that would necessitate the need for overtime. Also from a patient safety perspective particular in nursing whereby nursing staff working excessive hours may pose a safety risk for the patients.

Ms. Moran added that in addition to what Mr. Stacey presented, the Network also reviews temp agency usage for non-nursing usage that include extensive reviews in this area that are conducted by both hospitals in terms of whether those positons can be eliminated or converted to full time staff. After an expense review at each hospital, there were some positive outcomes. On the Elmhurst side $1.4 million was reduced in temp agency usage and at Queens, $1.3 million.

Mr. Rosen asked if those were annual dollars to which Ms. Moran responded that those were year-to-date dollars. In nursing, as Dr. Raju mentioned there are ongoing reviews of staffing levels to identify possible reductions in overtime and agency nursing in conjunction with utilization on each floor to ensure that from a patient safety perspective, the nursing staffing levels are sufficient. Regular meeting are held with the nursing departments and meetings with NASH on the analytics model by reviewing and collecting data to determine whether there are opportunities to reduce premium cost. There were some reductions in overtime at Elmhurst of $344,000 but there was an increase in the nurse registry due to staff shortages relative to leave of absences. At Queens there was a $368,000 saving. Some of the challenges that have occurred during the year included the SOARIAN financial implementation that took place in August 2015. As part of that implementation there are some

nuisances in adjusting to the new system. Recently a Cerner consultant team was on-site at Elmhurst and is scheduled to go to Queens next week. The purpose of the site visit was to ensure that the hospitals were optimizing the system functions and to ensure that all of the issues were being addressed. Primarily the issue related to an adjustment to the new system after using the former system for than thirty years. The implementation of the ICD 9 to 10 in October 2015 impacted some changes to the staff and the number of codes and working with the clinical staff on documenting all of the requirements as part of the ICD 10 compared to ICD 9. Lastly, the Network as previously noted by Mr. Zimmerman earlier is scheduled to go live with EPIC in April 2016 which is a major component for the Network in that a significant amount of training is required for all aspects of the staff providers, nursing and clinical support staff. Across both hospitals, there are approximately 9,000 employees who are required to be trained. This will be a major challenge for the Network as it moves forward with these major systems implementations. The reporting was concluded.

ADJOURNMENT **BERNARD ROSEN**

There being no further business to discuss the meeting was adjourned at 9:53 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KEY INDICATORS
FISCAL YEAR 2016 UTILIZATION

Year to Date
January 2016

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS						
	FY 16	FY 15	VAR %	FY 16	FY 15	VAR %	ACTUAL	EXPECTED	FY 16	FY 15
North Bronx										
Jacobi	241,245	244,876	-1.5%	10,347	11,242	-8.0%	5.9	6.2	1.0279	0.9668
North Central Bronx	122,494	119,076	2.9%	3,705	2,895	28.0%	4.6	4.7	0.6960	0.7594
Generations +										
Harlem	179,941	179,101	0.5%	7,044	6,611	6.5%	5.3	5.7	0.9307	0.9384
Lincoln	314,977	315,006	0.0%	12,869	13,801	-6.8%	5.0	5.4	0.8517	0.8096
Belvis DTC	32,469	31,558	2.9%							
Morrisania DTC	46,881	48,090	-2.5%							
Renaissance	24,572	24,126	1.8%							
South Manhattan										
Bellevue	348,893	340,602	2.4%	13,518	13,872	-2.6%	6.3	6.3	1.1609	1.0892
Metropolitan	228,730	230,634	-0.8%	5,859	5,384	8.8%	4.9	5.3	0.8334	0.8418
Coler				154,558	158,665	-2.6%				
H.J. Carter				66,067	67,207	-1.7%				
Gouverneur - NF				43,832	43,128	1.6%				
Gouverneur - DTC	143,429	148,076	-3.1%							
North Central Brooklyn										
Kings County	387,934	398,649	-2.7%	12,457	12,828	-2.9%	6.0	5.9	0.9907	0.9935
Woodhull	276,024	278,362	-0.8%	6,196	6,855	-9.6%	4.9	5.2	0.8680	0.8280
McKinney				66,408	66,499	-0.1%				
Cumberland DTC	41,411	46,320	-10.6%							
East New York	46,737	48,128	-2.9%							
Southern Brooklyn / S I										
Coney Island	199,777	187,168	6.7%	8,310	8,965	-7.3%	7.1	6.2	0.9987	0.9515
Seaview				63,892	63,931	-0.1%				
Queens										
Elmhurst	384,662	365,172	5.3%	11,053	12,075	-8.5%	6.0	5.6	0.9436	0.8885
Queens	241,721	244,474	-1.1%	6,982	7,357	-5.1%	5.2	5.3	0.8343	0.8075
Discharges/CMI-- All Acutes				98,340	101,885	-3.5%			0.9517	0.9198
Visits-- All D&TCs & Acutes	3,261,897	3,249,418	0.4%							
Days-- All SNFs				394,757	399,430	-1.2%				

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY15 and FY16 utilization is now based on date of service, and includes open visits. HIV counseling visits that are no longer billable have been excluded. Visits continue to include Clinics, Emergency Department and Ambulatory Surgery.

LTC: SNF and Acute days

All Payor CMI

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

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

KEY INDICATORS

FISCAL YEAR 2016 BUDGET PERFORMANCE ($s in 000s)

Year to Date
January 2016

NETWORKS	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 15	Jan 16	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
North Bronx									
Jacobi	4,189	4,210		$ 300,211	$ (22,299)	$ 390,566	$ (18,405)	$ (40,705)	-5.9%
North Central Bronx	1,391	1,451		99,834	(1,394)	120,585	3,815	2,421	1.1%
	5,580	5,661	5,612	$ 400,046	$ (23,693)	$ 511,151	$ (14,591)	$ (38,284)	-4.2%
Generations +									
Harlem	3,191	3,210		$ 212,670	$ 6,215	$ 256,378	$ (15,561)	$ (9,346)	-2.1%
Lincoln	4,197	4,368		315,218	8,415	340,038	3,638	12,052	1.9%
Belvis DTC	141	142		7,992	362	11,177	(45)	317	1.7%
Morrisania DTC	261	262		12,634	761	18,330	(1,339)	(578)	-2.0%
Renaissance	174	181		6,969	(50)	13,182	(517)	(567)	-2.9%
	7,964	8,163	7,362	$ 555,483	$ 15,702	$ 639,106	$ (13,824)	$ 1,878	0.2%
South Manhattan									
Bellevue	5,899	5,988		$ 450,887	$ (6,948)	$ 518,723	$ (29,272)	$ (36,220)	-3.8%
Metropolitan	2,709	2,715		176,125	3,531	208,640	(12,713)	(9,182)	-2.5%
Coler	1,224	1,214		64,053	1,770	85,860	(3,884)	(2,114)	-1.5%
H.J. Carter	972	1,022		72,775	(2,324)	88,134	(7,250)	(9,574)	-6.1%
Gouverneur	890	892		43,334	(8,368)	70,296	(651)	(9,019)	-7.4%
	11,694	11,831	11,601	$ 807,173	$ (12,338)	$ 971,653	$ (53,770)	$ (66,108)	-3.8%
North Central Brooklyn									
Kings County	5,559	5,561		$ 446,664	$ 4,705	$ 492,161	$ 11,416	$ 16,121	1.7%
Woodhull	3,148	3,154		236,411	8,211	264,372	(8,183)	29	0.0%
McKinney	467	464		22,423	(3,329)	29,246	754	(2,576)	-4.6%
Cumberland DTC	236	225		12,237	(486)	18,608	(3,546)	(4,032)	-14.5%
East New York	233	232		13,645	412	17,597	446	858	2.7%
	9,643	9,636	9,439	$ 731,380	$ 9,514	$ 821,984	$ 887	$ 10,400	0.7%
Southern Brooklyn/SI									
Coney Island	3,229	3,345		$ 187,166	$ (23,553)	$ 271,716	$ (19,099)	$ (42,651)	-9.2%
Seaview	538	557		28,539	(221)	34,750	(3,553)	(3,774)	-6.3%
	3,767	3,902	3,466	$ 215,705	$ (23,774)	$ 306,466	$ (22,652)	$ (46,425)	-8.9%
Queens									
Elmhurst	4,492	4,521		$ 295,347	$ (12,708)	$ 371,799	$ (11,035)	$ (23,743)	-3.6%
Queens	2,918	2,977		190,806	(12,355)	270,050	(9,172)	(21,528)	-4.6%
	7,410	7,498	7,428	$ 486,153	$ (25,063)	$ 641,849	$ (20,208)	$ (45,271)	-4.0%
NETWORKS TOTAL	**46,058**	**46,691**	**44,908**	**$ 3,195,940**	**$ (59,652)**	**$ 3,892,209**	**$ (124,157)**	**$ (183,809)**	**-2.6%**
Central Office	770	788	770	743,619	10,897	180,164	3,030	13,928	1.5%
Care Management	518	512	518	14,463	(10,270)	26,539	(1,454)	(11,723)	-23.5%
Enterprise IT/Epic	1,060	1,162	1,238	5	(79)	96,578	12,482	12,402	11.4%
GRAND TOTAL	**48,406**	**49,153**	**47,434**	**$ 3,954,027**	**$ (59,104)**	**$ 4,195,491**	**$ (110,098)**	**$ (169,202)**	**-2.1%**

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

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

NYC Health + Hospitals
Cash Receipts and Disbursements (CRD)
Fiscal Year 2016 vs Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of January 2016			Fiscal Year To Date January 2016		
	actual 2016	actual 2015	better / (worse)	actual 2016	actual 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	$ 54,201	$ 68,942	$ (14,740)	$ 503,019	$ 471,927	$ 31,091
Medicaid Managed Care	55,204	57,085	(1,881)	412,705	372,440	40,265
Medicare	35,322	49,344	(14,022)	326,141	343,423	(17,282)
Medicare Managed Care	22,532	21,716	816	160,511	198,342	(37,832)
Other	15,240	20,520	(5,280)	120,903	131,776	(10,873)
Total Inpatient	$ 182,499	$ 217,606	$ (35,107)	$ 1,523,278	$ 1,517,910	$ 5,369
Outpatient						
Medicaid Fee for Service	$ 7,406	$ 15,284	$ (7,878)	$ 95,960	$ 115,372	$ (19,412)
Medicaid Managed Care	28,370	29,441	(1,071)	272,507	313,989	(41,482)
Medicare	2,524	4,593	(2,069)	32,239	37,482	(5,243)
Medicare Managed Care	4,461	6,806	(2,345)	73,213	58,230	14,983
Other	9,381	7,314	2,067	78,695	93,809	(15,113)
Total Outpatient	$ 52,142	$ 63,438	$ (11,295)	$ 552,615	$ 618,883	$ (66,268)
All Other						
Pools	$ 2,030	$ 99,675	$ (97,646)	$ 137,576	$ 236,317	$ (98,741)
DSH / UPL	716,140	666,059	50,081	1,323,485	1,096,946	226,540
Grants, Intracity, Tax Levy	15,809	17,575	(1,766)	347,327	150,227	197,099
Appeals & Settlements	22,663	14,604	8,059	23,795	3,948	19,846
Misc / Capital Reimb	5,979	6,707	(729)	45,952	35,730	10,222
Total All Other	$ 762,620	$ 804,621	$ (42,000)	$ 1,878,135	$ 1,523,168	$ 354,966
Total Cash Receipts	**$ 997,262**	**$ 1,085,665**	**$ (88,403)**	**$ 3,954,027**	**$ 3,659,961**	**$ 294,066**
Cash Disbursements						
PS	$ 207,453	$ 287,005	$ 79,553	$ 1,650,901	$ 1,616,661	$ (34,240)
Fringe Benefits	293,445	292,190	(1,255)	709,081	689,922	(19,159)
OTPS	98,743	110,262	11,519	855,521	836,488	(19,033)
City Payments	-	35,100	35,100	309,405	35,100	(274,305)
Affiliation	84,340	77,753	(6,587)	622,796	568,550	(54,245)
HHC Bonds Debt	6,848	7,160	312	47,787	46,868	(919)
Total Cash Disbursements	**$ 690,829**	**$ 809,471**	**$ 118,642**	**$ 4,195,491**	**$ 3,793,590**	**$ (401,901)**
Receipts over/(under) Disbursements	**$ 306,433**	**$ 276,194**	**$ 30,239**	**$ (241,464)**	**$ (133,629)**	**$ (107,835)**

NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2016 (in 000's)
TOTAL CORPORATION

	Month of January 2016			Fiscal Year To Date January 2016		
	actual 2016	budget 2016	better / (worse)	actual 2016	budget 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	$ 54,201	$ 68,216	$ (14,014)	$ 503,019	$ 524,349	$ (21,330)
Medicaid Managed Care	55,204	57,780	(2,576)	412,705	419,037	(6,332)
Medicare	35,322	41,562	(6,240)	326,141	321,773	4,368
Medicare Managed Care	22,532	22,857	(325)	160,511	171,889	(11,378)
Other	15,240	19,147	(3,907)	120,903	143,307	(22,404)
Total Inpatient	$ 182,499	$ 209,562	$ (27,063)	$ 1,523,278	$ 1,580,355	$ (57,076)
Outpatient						
Medicaid Fee for Service	$ 7,406	$ 12,140	$ (4,734)	$ 95,960	$ 94,312	$ 1,648
Medicaid Managed Care	28,370	32,264	(3,894)	272,507	284,283	(11,776)
Medicare	2,524	5,393	(2,869)	32,239	42,172	(9,933)
Medicare Managed Care	4,461	7,640	(3,178)	73,213	78,687	(5,473)
Other	9,381	10,501	(1,119)	78,695	84,821	(6,125)
Total Outpatient	$ 52,142	$ 67,938	$ (15,796)	$ 552,615	$ 584,274	$ (31,660)
All Other						
Pools	$ 2,030	$ 7,343	$ (5,314)	$ 137,576	$ 145,931	$ (8,355)
DSH / UPL	716,140	716,137	3	1,323,485	1,323,482	3
Grants, Intracity, Tax Levy	15,809	16,342	(533)	347,327	345,560	1,767
Appeals & Settlements	22,663	-	22,663	23,795	(4,674)	28,468
Misc / Capital Reimb	5,979	3,583	2,395	45,952	38,203	7,748
Total All Other	$ 762,620	$ 743,406	$ 19,215	$ 1,878,135	$ 1,848,502	$ 29,632
Total Cash Receipts	**$ 997,262**	**$ 1,020,905**	**$ (23,644)**	**$ 3,954,027**	**$ 4,013,131**	**$ (59,104)**
Cash Disbursements						
PS	$ 207,453	$ 199,038	$ (8,415)	$ 1,650,901	$ 1,606,833	$ (44,069)
Fringe Benefits	293,445	293,035	(410)	709,081	704,691	(4,390)
OTPS	98,743	108,743	10,001	855,521	801,710	(53,812)
City Payments	-	-	0	309,405	309,405	0
Affiliation	84,340	83,262	(1,079)	622,796	615,049	(7,746)
HHC Bonds Debt	6,848	6,815	(33)	47,787	47,705	(82)
Total Cash Disbursements	**$ 690,829**	**$ 690,893**	**$ 64**	**$ 4,195,491**	**$ 4,085,392**	**$ (110,098)**
Receipts over/(under) Disbursements	**$ 306,433**	**$ 330,012**	**$ (23,579)**	**$ (241,464)**	**$ (72,261)**	**$ (169,202)**

INFORMATION ITEM – NETWORK PRESENTATION

NYC HEALTH+ HOSPITALS

Global Headcount Update

NYC HEALTH+ HOSPITALS | Jacobi

NYC HEALTH+ HOSPITALS | North Central Bronx

Presented to NYC Health + Hospitals
Finance Committee

March 8, 2016

NYC HEALTH+ HOSPITALS

NBHN Global Headcount Hiring Cadence

CO Global FTE Target for June 2016, Actuals as of January 31, 2016 and Central Office VCB Pipeline

	Actuals as of January 31, 2016							Pipeline		Adjustments & Separations				
Central Office Published Global FTE Target 6/30/2016	H+H FTE (includes Allowances)	PAGNY FTE (Includes Sesssional FTEs)	Overtime	Temporary Services (Nursing)	Temporary Services (Non-Nursing)	TOTAL FTEs	(Under)/ Over Target	February Orientation H+H Personnel	March and April Orientation H+H Personnel	PAGNY Net Hires	Temp Adjust	Separations prior to January 31st - off payroll by June 30th	Estimated Net Attrition, LOA, RTD February Thru June	(Under)/ Over Target by 6/30/16
5,612	4,291	713	308	175	176	5,663	49	11	20	0	(13)	(20)	(64)	(15)

- North Bronx June 30, 2016 Target: 5,612
- Current Status
  - 49 Global FTEs to be reduced.
  - $3.2 Million better fiscal year to date.
- On average NBHN has 20 separations per month.
- Affiliate plans to maintain current FTEs.
- Will reach the June 30th FTE target.

NYC HEALTH+ HOSPITALS

Messaging to Staff

- Global Cap kick-off meetings were held in April 2015 at Jacobi and NCB and were attended by over 150 staff involved in scheduling overtime.
- Collaboration with divisions to formulate plans.
- Focus on increasing efficiencies through discussions with managers and staff.
- Network holds monthly Financial Sustainability meetings, chaired by the CFO, to address significant financial issues and accomplishments.
  - Global Cap strategies and updates are presented routinely.
- Central Office Budget presented an overview of the NYC Health + Hospitals financial condition at the November Financial Sustainability meeting.
  - Attended by over 100 leaders on both the physician and hospital side.
- Town Hall meetings provide Global Cap updates to a broad hospital audience.

NYC HEALTH+ HOSPITALS

Global FTE Management Efforts

- Jacobi and NCB hold bi-weekly VCB (Vacancy Control Board) meetings.
- The committee determines the most important staffing requirements balanced against the number of actions that can be approved in order to meet our global headcount plan.
  - Justifications are required for consideration of requests, including utilization, direct impact on patient safety, regulatory requirements, current staffing patterns, and return on investment.
- The scope of the local VCB was expanded in November 2015 to include new temporary agency requests and agency staff extensions to reduce agency usage.
- With Central Office VCB controls, this group still meets to determine priorities and staffing cadence.

NYC HEALTH+ HOSPITALS

Overtime Reductions

Process

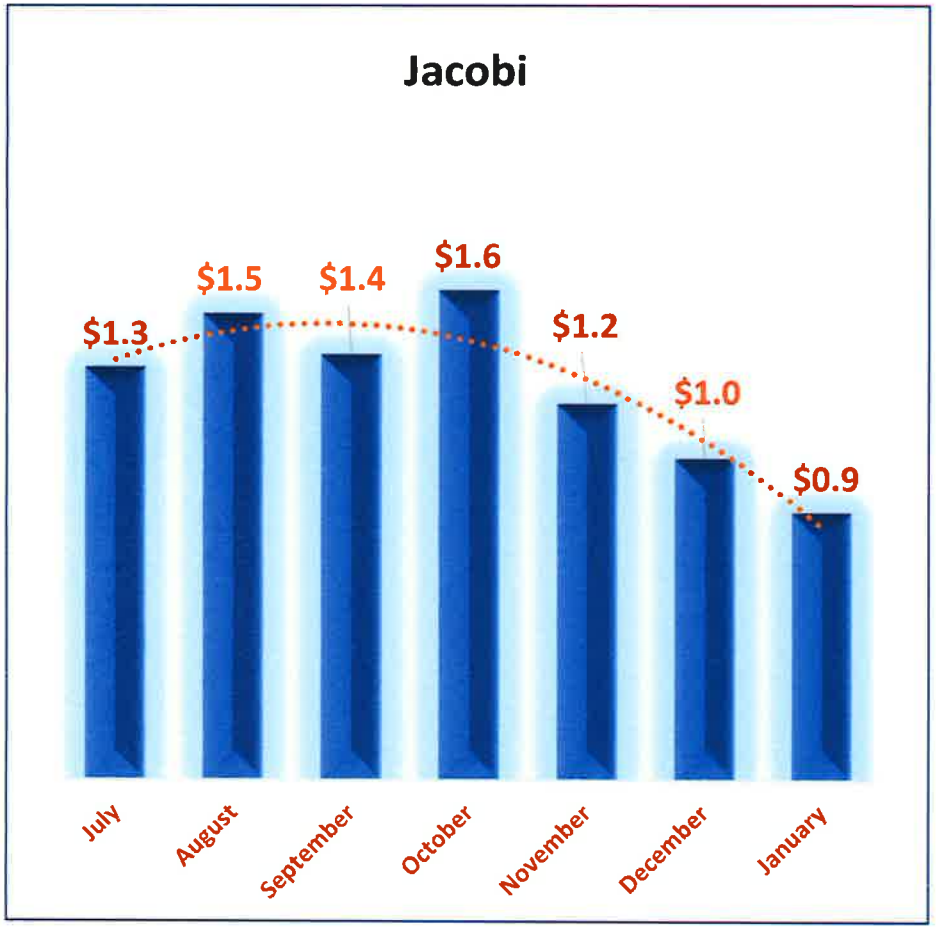
- Work with staff and managers and incorporate suggestions to reduce overtime through efficiencies.
- Work with departments, in conjunction with HR, to modify staff schedules.
- Instituted a standardized overtime pre-authorization form in December.
- Senior Staff is required to pre-approve all scheduled OT.
- Standardized review for overtime pre-authorization compliance and review of weekly overtime expenditures.

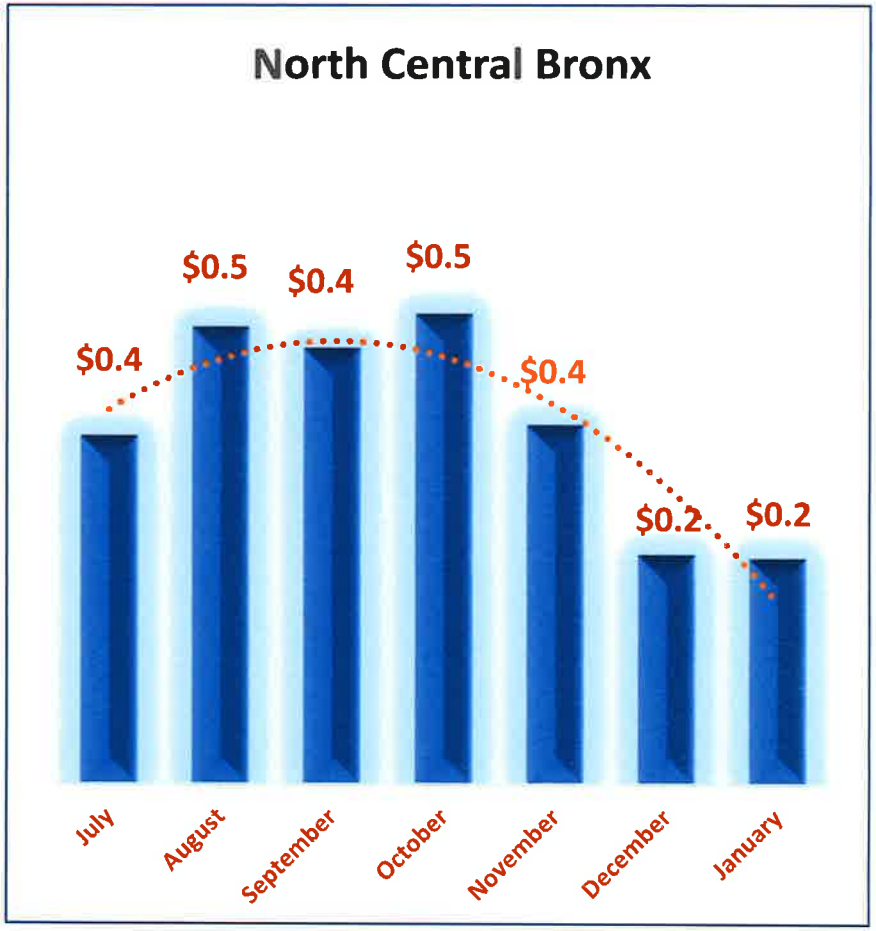
Reports and Feedback

- Bi-Weekly Overtime Expenditure and Hours Report distributed to Division Heads.
- High Overtime Earners Report shared with Senior Managers.
- Meet with managers as necessary.

NYC HEALTH+ HOSPITALS

NBHN is $1.5M under Overtime Budget (10%) Year to Date.





*Monthly totals from Jacobi and North Central Bronx Bi-Weekly PSER Actuals

NYC HEALTH+ HOSPITALS

Non-Nursing Agency

Jacobi

- Human Resources spearheaded the reduction of temp hours for non-clinical staff.
  - In December, 10 temporary employees were eliminated; savings projected at $ 240,000 this fiscal year. Annual value is $480,000.
  - Beginning with the first week of February, reduced an equivalent of 8 FTEs by re-evaluating hours.
    - Total reduction of over 13,000 hours for a value of $300,000 for the balance of the fiscal year. Annual value is $784,000.
- Projected reduction of $540,000 in this category in FY16.

North Central Bronx

- NCB has a smaller pool of non-nursing agency staff, so most of the reductions have focused on overtime and hiring cadence.

NYC HEALTH+ HOSPITALS

Reduce Nursing 1:1s

- Nursing re-wrote the observation policy in conjunction with physician leadership to include close observation status.
  - This would enable the use of one staff member to watch up to four patients who meet the criteria for close observation.
- Closer collaboration between nursing and physician leadership to review the actual use of 1:1s and close observation of up to 1:4.

NYC HEALTH+ HOSPITALS

PS Global Cap Strategy & Performance

- Both hospitals have put many initiatives in place to reduce overall global headcount spending and will continue to sustain savings through the end of this fiscal year.

INFORMATION ITEM

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
FY 2016 & FY 2015 2nd 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												
2016	**60.2**	**51.8**	**64.7**	**63.4**	**60.5**	**62.6**	**68.5**	**69.1**	**66.8**	**65.0**	**72.9**	**63.5**
2015	**53.2**	**54.0**	**64.7**	**62.1**	**61.7**	**59.9**	**67.6**	**67.6**	**58.3**	**62.9**	**72.9**	**61.7**
Medicaid												
2016	27.2	20.5	24.0	21.3	18.8	24.2	19.7	25.3	19.1	26.5	25.8	23.2
2015	23.3	22.5	22.6	22.2	19.9	23.9	19.9	24.3	22.5	24.1	28.6	22.8
Medicaid Plans												
2016	33.0	31.3	40.7	42.1	41.7	38.3	48.8	43.8	47.7	38.5	47.1	40.4
2015	29.9	31.5	42.0	39.9	41.8	36.0	47.7	43.3	35.8	38.8	44.3	38.9
Medicare Total												
2016	**17.5**	**36.2**	**20.9**	**23.1**	**23.4**	**19.8**	**22.2**	**20.8**	**20.1**	**22.8**	**18.5**	**21.9**
2015	**17.2**	**34.8**	**19.9**	**23.2**	**20.8**	**18.9**	**22.1**	**18.1**	**25.7**	**22.3**	**18.2**	**21.3**
Medicare												
2016	9.3	25.9	10.4	11.0	12.3	10.0	7.3	9.3	10.8	12.8	8.4	11.2
2015	9.5	25.5	10.8	10.7	12.0	9.5	8.3	8.9	14.1	12.1	8.8	11.4
Medicare Plans												
2016	8.1	10.3	10.5	12.1	11.1	9.8	14.9	11.4	9.2	10.0	10.0	10.7
2015	7.7	9.2	9.1	12.5	8.8	9.5	13.8	9.2	11.7	10.2	9.5	9.9
Commercial Total												
2016	**9.4**	**9.0**	**8.2**	**8.2**	**12.2**	**11.2**	**7.2**	**5.1**	**7.3**	**8.8**	**5.7**	**8.8**
2015	**9.7**	**7.1**	**8.7**	**7.6**	**11.1**	**11.4**	**7.6**	**4.6**	**7.1**	**8.2**	**5.3**	**8.6**
Other												
2016	**6.4**	**0.1**	**1.9**	**0.2**	**0.2**	**0.1**	**0.3**	**0.1**	**0.2**	**0.3**	**0.1**	**1.3**
2015	**8.0**	**0.1**	**2.1**	**0.2**	**0.3**	**0.1**	**0.3**	**0.1**	**0.2**	**0.4**	**0.1**	**1.6**
Uninsured												
2016	**6.4**	**2.9**	**4.3**	**5.1**	**3.8**	**6.4**	**1.9**	**4.9**	**5.7**	**3.2**	**2.8**	**4.4**
2015	**11.8**	**4.0**	**4.7**	**6.9**	**6.2**	**9.6**	**2.5**	**9.6**	**8.7**	**6.2**	**3.5**	**6.8**
HHC Options												
2016	1.3	1.2	1.4	1.1	1.1	1.0	0.8	1.8	0.9	0.6	1.8	1.2
2015	1.4	1.6	2.2	1.2	1.4	0.7	0.7	1.7	1.1	0.8	0.8	1.2
Self Pay												
2016	5.1	1.7	2.9	4.0	2.7	5.3	1.1	3.1	4.8	2.5	1.0	3.2
2015	10.4	2.4	2.5	5.8	4.8	8.8	1.8	7.8	7.6	5.3	2.7	5.5

FY15 (July 2014 - December 2014) run on 1/23/15
FY16 (July 2015 -December 2015) run on 2/21/16

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 + HOSPITALS
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
FY 2016 & FY 2015 2nd 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																		
2016	**40.3**	**33.6**	**40.6**	**48.8**	**49.8**	**49.1**	**48.5**	**47.0**	**53.9**	**37.7**	**41.9**	**52.6**	**46.4**	**55.3**	**34.2**	**54.2**	**45.7**	**44.2**
2015	**41.5**	**37.3**	**44.1**	**50.8**	**49.9**	**48.7**	**49.2**	**48.6**	**53.0**	**42.4**	**44.9**	**53.9**	**47.9**	**53.5**	**37.9**	**54.1**	**42.8**	**45.9**
Medicaid																		
2016	8.7	8.5	9.5	10.9	9.7	13.3	9.2	10.9	8.4	8.3	7.2	5.0	11.1	7.5	6.1	5.4	4.7	9.4
2015	9.8	8.0	11.6	10.9	9.2	11.8	8.6	12.0	7.5	9.3	8.6	4.2	9.1	4.6	5.7	4.2	3.9	9.5
Medicaid Plans																		
2016	31.6	25.0	31.1	37.9	40.1	35.8	39.4	36.0	45.4	29.4	34.8	47.6	35.3	47.9	28.1	48.8	40.9	34.9
2015	31.7	29.3	32.6	39.8	40.7	36.8	40.6	36.6	45.5	33.1	36.3	49.7	38.8	49.0	32.1	49.8	38.9	36.3
Medicare Total																		
2016	**18.8**	**18.9**	**14.0**	**22.3**	**20.7**	**15.8**	**21.7**	**20.0**	**16.5**	**18.8**	**19.0**	**15.1**	**13.2**	**16.3**	**25.3**	**14.9**	**19.0**	**18.8**
2015	**18.3**	**20.4**	**15.0**	**21.6**	**20.6**	**15.3**	**20.4**	**20.9**	**16.2**	**19.0**	**18.4**	**14.0**	**13.6**	**15.5**	**24.9**	**14.7**	**18.6**	**18.6**
Medicare																		
2016	8.3	11.6	6.2	10.4	10.0	8.0	6.9	7.3	6.9	7.7	6.5	3.6	5.0	6.4	9.6	5.0	7.4	7.9
2015	8.5	11.9	6.3	10.6	10.2	7.6	6.3	8.1	7.0	7.9	6.5	3.8	5.6	5.6	9.1	5.2	5.9	7.9
Medicare Plans																		
2016	10.5	7.4	7.8	11.9	10.7	7.8	14.7	12.7	9.6	11.1	12.5	11.5	8.1	9.9	15.7	9.9	11.7	10.8
2015	9.8	8.5	8.7	11.0	10.4	7.7	14.1	12.7	9.2	11.1	11.9	10.1	7.9	9.9	15.8	9.6	12.7	10.7
Commercial																		
2016	**11.2**	**8.1**	**6.7**	**9.3**	**12.9**	**11.6**	**11.3**	**7.3**	**12.4**	**7.3**	**9.0**	**8.1**	**10.8**	**10.3**	**12.3**	**8.1**	**10.8**	**9.9**
2015	**9.4**	**7.1**	**9.2**	**7.2**	**11.2**	**8.9**	**10.8**	**6.3**	**11.1**	**7.8**	**6.0**	**7.6**	**7.1**	**7.2**	**8.9**	**10.6**	**10.0**	**8.6**
Other																		
2016	**2.7**	**0.5**	**1.1**	**0.5**	**1.5**	**0.4**	**1.0**	**0.2**	**0.3**	**0.3**	**0.7**	**0.0**	**0.2**	**0.0**	**1.2**	**0.0**	**0.0**	**0.9**
2015	**2.7**	**0.6**	**0.9**	**0.5**	**1.4**	**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**
Uninsured Total																		
2016	**27.0**	**38.9**	**37.6**	**19.2**	**15.0**	**23.1**	**17.5**	**25.5**	**16.9**	**35.9**	**29.4**	**24.2**	**29.5**	**18.1**	**26.9**	**22.8**	**24.5**	**26.2**
2015	**28.0**	**34.7**	**30.7**	**19.8**	**16.9**	**26.7**	**18.6**	**24.0**	**19.4**	**30.3**	**30.2**	**24.5**	**31.3**	**23.7**	**27.1**	**20.7**	**28.7**	**26.0**
HHC-Options																		
2016	19.2	30.0	29.5	11.3	10.0	17.7	9.6	18.9	13.3	26.9	25.2	17.1	26.9	15.1	23.7	20.4	16.3	19.8
2015	18.2	22.1	25.4	11.0	10.2	20.2	9.2	18.0	14.0	21.6	24.8	16.1	27.4	17.5	22.7	18.2	19.5	18.7
Self Pay																		
2016	7.8	8.9	8.1	7.9	5.0	5.4	7.9	6.6	3.6	9.0	4.2	7.1	2.6	3.0	3.2	2.4	8.3	6.4
2015	9.8	12.6	5.4	8.8	6.7	6.5	9.4	6.0	5.4	8.7	5.4	8.4	3.9	6.2	4.4	2.5	9.2	7.3

FY15 (July 2014 - December 2014) run on 1/23/15
FY16 (July 2015 - December 2015) run on 2/21/16

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care and Family Health Plus
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 + HOSPITALS
OUTPATIENT PEDIATRIC PAYOR MIX
(Excluding Emergency Room Visits)
FY 2016 & FY 2015 2nd 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																		
2016	**81.7**	**75.2**	**77.9**	**85.2**	**83.6**	**74.4**	**85.8**	**88.7**	**85.8**	**67.6**	**77.9**	**87.6**	**82.1**	**77.5**	**81.0**	**85.9**	**75.0**	**80.4**
2015	**84.2**	**79.0**	**82.0**	**85.5**	**82.2**	**72.9**	**83.8**	**88.0**	**82.5**	**74.3**	**81.6**	**86.9**	**79.7**	**80.0**	**83.1**	**85.5**	**74.1**	**81.4**
Medicaid																		
2016	6.2	7.6	3.8	7.6	5.2	6.8	6.6	5.4	5.6	4.8	5.3	5.2	6.0	6.2	5.4	4.7	6.1	5.7
2015	7.1	7.2	4.4	7.9	4.9	6.8	5.1	6.8	4.4	5.2	7.9	3.8	5.8	4.9	5.1	4.6	6.7	5.8
Medicaid Plans																		
2016	75.4	67.5	74.0	77.6	78.4	67.6	79.2	83.3	80.2	62.8	72.6	82.4	76.2	71.3	75.6	81.2	68.9	74.7
2015	77.1	71.9	77.5	77.6	77.3	66.1	78.7	81.2	78.1	69.1	73.7	83.1	74.0	75.1	78.0	81.0	67.4	75.6
Commercial Total																		
2016	**12.7**	**11.3**	**9.1**	**10.5**	**10.9**	**16.1**	**9.1**	**7.3**	**8.6**	**15.9**	**13.0**	**6.8**	**9.4**	**14.5**	**13.2**	**7.8**	**12.7**	**11.4**
2015	8.8	9.4	8.9	8.7	10.6	13.6	9.4	6.8	8.8	14.2	8.4	7.6	8.8	9.7	10.2	6.4	12.0	9.7
Child Health Plus																		
2016	4.0	4.8	5.3	3.0	3.6	5.5	5.0	4.2	3.7	5.9	4.5	3.4	4.0	4.6	3.8	3.4	3.5	4.5
2015	3.4	4.5	5.3	1.9	3.5	4.2	4.0	3.4	3.7	5.2	3.8	3.3	3.6	3.3	3.9	2.8	3.0	3.9
Non-CHP Plans																		
2016	8.7	6.5	3.8	7.6	7.3	10.5	4.1	3.1	4.9	10.0	8.5	3.4	5.4	9.9	9.4	4.4	9.2	6.9
2015	5.4	5.0	3.6	6.9	7.1	9.5	5.4	3.5	5.1	9.0	4.6	4.3	5.2	6.4	6.3	3.6	8.9	5.8
Other																		
2016	**0.2**	**0.3**	**0.4**	**0.2**	**0.8**	**0.5**	**0.9**	**0.0**	**0.2**	**0.2**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.3**
2015	**0.3**	**0.0**	**0.2**	**0.4**	**0.5**	**0.4**	**1.0**	**0.1**	**0.0**	**0.0**	**0.1**	**0.0**	**0.0**	**0.1**	**0.1**	**0.0**	**0.1**	**0.2**
Uninsured Total																		
2016	**5.4**	**13.2**	**12.6**	**4.1**	**4.7**	**9.0**	**4.3**	**4.0**	**5.3**	**16.2**	**9.0**	**5.6**	**8.4**	**8.0**	**5.9**	**6.3**	**12.3**	**7.9**
2015	**6.7**	**11.5**	**8.9**	**5.4**	**6.7**	**13.0**	**5.8**	**5.1**	**8.6**	**11.4**	**9.9**	**5.5**	**11.5**	**10.2**	**6.7**	**8.1**	**13.8**	**8.6**
HHC-Options																		
2016	1.1	1.4	0.9	0.4	0.6	4.4	0.2	0.4	1.0	1.6	1.4	1.1	2.2	2.9	0.9	2.9	0.3	1.4
2015	1.1	0.8	0.6	0.6	0.9	7.3	0.4	0.5	1.7	1.1	2.7	1.5	4.2	4.4	1.1	4.3	0.2	1.9
Self Pay																		
2016	4.3	11.8	11.7	3.7	4.1	4.6	4.0	3.6	4.4	14.6	7.6	4.5	6.3	5.1	5.0	3.4	12.0	6.5
2015	5.6	10.7	8.4	4.9	5.8	5.7	5.4	4.6	7.0	10.3	7.2	4.0	7.3	5.9	5.6	3.8	13.6	6.7

FY15 (July 2014 - December 2014) run on 1/23/15
FY16 (July 2015 -December 2015) run on 2/21/16

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care and Family Health Plus 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, Medicare and Prisoners