

AGENDA

FINANCE COMMITTEE

MEETING DATE: APRIL 12, 2016
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE MARCH 8, 2016 MINUTES

SENIOR VICE PRESIDENT'S REPORTS

P.V. ANANTHARAM

- CASH FLOW JULIAN JOHN
- SUPPLEMENTAL MEDICAID STATUS UPDATE LINDA DEHART
- STATE BUDGET REVIEW JOHN JURENKO

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

INFORMATION ITEM

QUARTERLY UPDATE ON SHORT TERM FINANCING

LINDA DEHART

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: MARCH 8, 2016

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on March 8, 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
Emily Youssouf

OTHER ATTENDEES

J. Cassidy, Analyst, OMB
K. Cherny, Unit Head, OMB
T. DeRubio, Analyst, OMB
M. Dolan, Senior Assistant Director, DC 37
L. Garvey, Account Executive, Cerner Corporation
M. Hecht, Analyst, NYC Comptroller's Office
E. Kelly, Analyst, IBO
S. Newmark, Mayor's Office
J. Wessler

HHC STAFF

P. Albertson, Senior Assistant Vice President, Corporate Operations
M. Allen, Deputy Chief Medical Officer, Medical & Professional Affairs
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
E. Baris, Associate Executive Director, Jacobi Medical Center
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

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D. Chokshi, Assistant Vice President, Medical & Professional Affairs
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.
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
S. Fass, Assistant Vice President, Corporate Planning Services
R. Fischer, Associate Executive Director, Bellevue Hospital Center
V. Fleming, Associate Director, Medical & Professional Affairs
O. Freeman, Assistant Director, Kings County Hospital Center
C. Fugazy, Interim Chief Executive Officer, Jacobi Medical Center
K. Garramone, CFO, North Bronx Health Care Network
L. Glover, Strategy Adviser to the CMO, Medical & Professional Affairs
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
E. Guzman, Assistant Vice President, Corporate Comptroller's Office
C. Hercules, Chief of Staff, Chairperson's Office
W. Hicks, Interim CEO, Bellevue Hospital Center
J. John, Corporate Comptroller, Corporate Comptroller's Office
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
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
M. Mehlmann, Associate Executive Director, Jacobi Medical Center
I. Michaels, Director, Corporate Communication/Media
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
C. Philippou, Assistant Director, Corporate Planning Services
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
C. Samms, CFO, Generations Plus/Northern Manhattan Network
A. Saul, CFO, Central Brooklyn Health Care Network
B. Stacey, CFO, Queens Network
C. Uber, Senior Budget Analyst, PAGNY
J. Weinman, CFO, South Manhattan Network
R. Wilson, Senior Vice President, Chief Medical Officer

Minutes of the March 8, 2016 Finance Committee Meeting

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the February 9, 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 February 2016 was a sustainable month in that the cash received in January 2016, resulted in a cash balance of over \$500 million. Julian John, Corporate Comptroller would update the Committee on the status of Health + Hospitals' cash as of February 2016. FTEs continued to decline thanks much to the efforts of Mr. Martin, Chief Operating Officer which was reflective of a major change since December 2015 through the current period.

Cash Flow

Mr. John stated that Health + Hospitals ended the month of February 2016 with approximately \$375 million or 23.42 days cash on hand (COH). The cash flow was adjusted to reflect increased funding from the City in the amount of \$206 million to support the local share of UPL funds and the removal of the D&TCs UPL payments of \$37.5 million and the State's FY 16 nursing home UPL payment of \$46.7 million. Ms. Dehart will update the Committee on the status of those payments. In February 2016, there were no UPL or DSH revenue received, and no payments are expected in March 2016; however, approximately \$643 million is expected in UPL payments.

Supplemental Medicaid Update

Ms. Dehart stated that as Mr. John discussed there were some UPL payments removed from the cash flow due to a change in the anticipated receipt of those funds in FY 17 as oppose to the current FY 16. However, CMS and DOH continue to work through technical issues in the calculation and processing of prior year UPL payments. Outpatient hospital UPLs through 2014 and nursing home UPL for 2014 are expect to be resolved before the end of April, providing estimated payments of \$73 million and \$63 million respectively. The cash flow also reflects receipt in April of 2015 inpatient and outpatient payments estimated at \$361 million and \$146 million. While achievable within that timeframe, those payments do have a higher risk of being delayed due to the 2015 hospital payments in that the 2015 calculations will reflect a new base year data and will incorporate new CMS polices that were not in affect for the prior year's calculations.

Ms. Youssouf asked for clarification of the technical issues. Ms. Dehart explained that those issues relate to methodology with the calculation in some instances. For example one issue that surfaced related to how H+H accounts for its lab costs which was sustainable resolved but not entirely in that there is a similar issue related to the identification of drug costs. In the 2015 new calculation, there is a need to determine how to account for recoupments by OMIG and how those should affect the calculation. That was a policy issue that CMS has deferred in prior years. There are a number of other data issues in terms of how the State extracts information from their Medicaid data base and whether CMS thinks it is valid.

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Mr. Anantharam added that the majority of those technical issues relate to the appropriateness of the base amount in addition to some type of retroactivity which as part of the computation on the base affects the limits and at some point are revisited by CMS.

Mr. Rosen asked what the components of the DSH/UPL are to which Ms. Dehart responded that it is City and Federal. H+H's cash flow anticipates receipt of \$265 million of DSH at the end of the current fiscal year. There continue to be substantial risks to the receipt of this funding resulting from the prioritization in state law of DSH payments to other hospitals over payments to Health + Hospitals. The State has not made any assurances regarding availability of DSH payments for the remainder of this year. It is important to note that the risks is related to an "unwind" of prior year UPL payments to voluntary hospitals: \$60 million for 2013 and \$127 million for 2014, and from increased payments to other public hospitals. Ms. Dehart further reported that in consideration of the expected continued decline in UPL values as more Medicaid patients transition to managed care, as well as the ongoing difficulty of obtaining timely UPL approvals, H+H is working with DOH to exercise an option in the Medicaid waiver allowing conversion of UPL funding to DSRIP like performance based payments. In conjunction with MetroPlus, Health + Hospitals have submitted a proposal to the State for a Medicaid patient engagement program that would increase utilization of primary and preventive care, and reduce Medicaid disenrollment rates. H+H is awaiting the State's direction on next steps. In addition to these efforts, additional waiver funds (CREP) are being pursued. H+H continues to work with the State to finalize implementation of a commitment made in May 2015 to make \$400 million of additional waiver funds available to support H+H initiatives in the areas of health homes, behavioral health and managed long term care. The reporting was concluded.

CASH RECEIPTS & DISBURSEMENT REPORT

FRED COVINO

Mr. Covino reported that in January global FTEs declined by 159, this is in addition to reduction of 97 in December 2015. In February 2016 this trend continued, FTEs were down by 75. However, Global FTEs are still up 747 this fiscal year and 1,719 above the target for June of 2016. Comparing FYTD January 2016 cash receipts versus last year, receipts for the month were down \$88 million due to a delay in the Supp/Slipa pool payment. However year to date receipts are up by \$294 million. This increase was due primarily to increases in DSH/UPL and Tax levy receipts from the City. A comparison of FYTD January 2016 cash disbursements to the prior year, disbursements for the month were down \$118 million due to one less payroll in January that was paid in December 2015 and a City payment made last year. However, YTD disbursements are up by \$401 million. This increase was primarily due to payments made to the City, increased staffing levels and the collective bargaining for the affiliates as part of the new contracts. A comparison of actual to budget, FYTD January 2016 cash receipts vs Budget, Receipts were down \$23 million for the month and \$59 million year to date. A comparison of the FYTD January 2016 cash disbursements vs budget, disbursements for the month were on budget; however, YTD disbursements were \$110 million over budget. This variance is primarily due to increased staffing levels, increased OTPS expenditures and prior year affiliates costs.

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INFORMATION ITEM

NORTH BRONX NETWORK GLOBAL FTE REDUCTION PLAN STATUS

CHRIS FUGAZY
GREG CALLISTE

Representing the Network were Chris Fugazy, Interim Chief Executive Officer, Jacobi Hospital, Greg Calliste, Interim Chief Executive Officer, North Bronx Hospital and Kathy Garramone, Network Chief Financial Officer.

Ms. Garramone began the presentation stating that the Network was on target in achieving its targeted global FTE reduction. Currently there are 49 global FTEs to be reduced by 6/30/16 and the presentation would reflect the Network's efforts in achieving that target. The Network has recouped \$3.2 million YTD as part of the PS expense reduction. The review process in ensuring that the Network remained on target in achieving its target includes a review of the orientation list, separation rates, and return to duties. This is essential for the Network to do an appropriate expense projection. As of to-date that projection reflects a year-end surplus of which some critical vacancies will be backfilled as part of the VCB process at the Network level in conjunction with central office VCB.

Ms. Youssef asked whether those backfills were factored into the projected savings. Ms. Garramone stated that there would be a small number of backfills primarily in nursing that would be requested through the central office VCB.

Mr. Calliste continuing with the presentation stated that the goal of the Network was to ensure that the staff at both facilities were engaged in the project that included a very careful and strategic planning on how the messaging to staff would be done. For example, there was a global FTE kick-off meeting last year in April 2015 that included all of the staff that would be involved in those efforts. A collaboration with all of the division in the development of the plan was done and the majority of the focus centered on doing more with less and increasing efficiencies. On a monthly basis there are financial meetings that are chaired by the Network CFO and finance staff, in addition to monthly meetings that are attended by all of the staff whereby information relative to the Network's efforts in achieving the target is presented.

Mr. Fugazy stated that the Network's VCB was comprised of the Network CFO, budget director, chief nursing executive, and the affiliation manager. In balancing a hiring cadence, the Network's focus has centered primarily on overtime and temp agency cost reductions and hiring has been limited to registered nurses and patient care associates. Approximately 60% of the hires during the FY have been in those areas. The one exception that is made relative to temp agencies is to continue to invest in agency staff that are revenue generating such as coders and outpatient staff that have a return on investment. The affiliation is also included in the VCB process that includes a full review process from a mini VCB process to the joint oversight committee (JOC) and a central office review by Mr. Martin's office.

Mr. Calliste stated that the majority of the Network's focus relates to reducing overtime that involved a rigorous process of changing the overall approval process with the Network's plan for reducing overtime costs. This process included working with the various managers to ensure reinforcement of that process by the department heads and human resources. In achieving the targets, it was important to include human resources in the process particularly as it related to modifying some of the staffing schedules. A pre-authorization form has been implemented and must be approved prior to the overtime being worked. It was important to note that a significant amount of work has gone into monitoring and compliance with the overtime requirement process.

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Mrs. Bolus asked how emergency overtime was being handled as part of the pre-authorization process. Mr. Calliste stated that emergency overtime has not been an issue but rather scheduling and coverage due to staffing shortages.

Mrs. Bolus asked how the pre-approval process on all of the tours was being addressed.

Mr. Calliste stated that if it is an emergency the management staff would provide the approval; however, there is a specific process for those instances.

Ms. Garramone added that there is a separate form for emergent overtime that includes a narrowing of the definition of emergent and prior reviews are done. There have not been any issues in this area.

Mr. Calliste stated that there are overtime reports that are distributed to various departments and the high earners are identified and follow-up meetings with the managers are conducted as needed to ensure compliance.

Mr. Fugazy stated that the Network has had success in reduce overtime costs; Jacobi by \$1.6 million and NCB by \$500,000 and the Network's YTD overtime expenses are \$1.5 million under budget. Jacobi has made some significant gains in the non-nursing agencies reduction. In December 2015, agencies cost was reduced by \$240,000 or 10 FTEs; and there has been a reduction in the number of hours resulting in a \$300,000 savings this year. NCB does not use non-nursing agencies.

Mr. Calliste stated that another area of focus has been one to one coverage as part of direct observation. There has been an effort to reduce cost in this area. Nursing and physician leadership have been working on revising the policy in this area as an effort to reduce cost.

Mr. Fugazy stated that the Network has made some process in its efforts in this area but there is more that has to be done in order to achieve the targeted savings. A new approach has been undertaken on a particular nursing unit whereby the physicians were asked to only issue one to one for patient suicidal, homicidal or those patient that presented an immediate threat to themselves. Additionally, authorization was given to the head nurse for the unit that has resulted in a 50% reduction in that area. What was determined after that undertaking was that the admitting physician which is usually a PGY 1 or 2 was putting patients on "one to one" based on the potential risk. Based on those finding that protocol will be changed and the new protocol will be expanded to the various units hospital-wide. It is anticipated that a significant reduction in the cost for this services will be achieved. Additionally, the patient care associates who are used to do the one to one coverage has created a reduction in the patient experience that has devastated the nursing staff.

Mrs. Bolus asked how the one to one coverage is being done on the various units.

Mr. Fugazy stated that as part of the protocol, the patients are congregated in similar room or same geographic areas on all of the units and closer to the nursing stations. To date this action appears to be working.

Ms. Garramone stated that in conclusion the Network's plan has been working and it is expected that the efforts achieved will continue.

Ms. Youssouf asked if the savings were related to any major reductions in utilization. Mr. Fugazy stated that overall at Jacobi utilization has remained flat with one shift of the OB population back to NCB.

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Mr. Calliste stated that at NCB the only change has been the OB shift from Jacobi back to NCB. The reporting was concluded.

INFORMATION ITEM

KRISTA OLSON

PAYOR MIX REPORTS – INPATIENT, ADULT & PEDIATRICS

Ms. Olson reported that there was no significant change from the 1st Quarter report presented in November for any of the categories. The inpatient payor mix report compared to FY15 through December, the percentage of discharges that were Medicaid were up slightly – increasing from 61.7% to 63.5% - increasing in both FFS and Medicaid Managed Care categories. The uncompensated care is down slightly from 6.6% to 4.4% which was a positive trend. The outpatient adult payor mix, Medicaid was down slightly from last year at this time, but commercial was up from 8.6% to 9.9%. Medicare, Uncompensated Care and Other categories remain flat. On the outpatient pediatric payor mix report, there was a small increase in the share of Commercial visits – both CHP and non-CHP – going from 9.7% of visits to 11.4%. This was offset primarily by slight reductions in Medicaid Managed Care.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 9:41 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KEY INDICATORS
FISCAL YEAR 2016 UTILIZATION

Year to Date
February 2016

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 16	FY 15
	FY 16	FY 15	VAR %	FY 16	FY 15	VAR %				
North Bronx										
Jacobi	275,524	276,181	-0.2%	11,823	12,578	-6.0%	6.0	6.3	1.0517	0.9833
North Central Bronx	140,764	134,924	4.3%	4,226	3,388	24.7%	4.6	4.7	0.6985	0.7605
Generations +										
Harlem	204,953	203,563	0.7%	8,038	7,422	8.3%	5.2	5.6	0.9343	0.9419
Lincoln	359,653	355,245	1.2%	14,625	15,647	-6.5%	5.1	5.4	0.8580	0.8141
Belvis DTC	36,985	35,871	3.1%							
Morrisania DTC	53,387	53,809	-0.8%							
Renaissance	28,063	27,227	3.1%							
South Manhattan										
Bellevue	398,212	385,330	3.3%	15,334	15,634	-1.9%	6.3	6.3	1.1644	1.0963
Metropolitan	261,556	260,125	0.6%	6,676	6,220	7.3%	4.9	5.3	0.8366	0.8355
Coler				174,611	178,865	-2.4%				
H.J. Carter				74,874	76,162	-1.7%				
Gouverneur - NF				49,720	48,650	2.2%				
Gouverneur - DTC	162,452	166,227	-2.3%							
North Central Brooklyn										
Kings County	441,623	451,096	-2.1%	14,095	14,551	-3.1%	6.1	6.0	1.0031	0.9924
Woodhull	314,395	314,112	0.1%	7,068	7,725	-8.5%	4.9	5.2	0.8753	0.8333
McKinney				75,248	75,175	0.1%				
Cumberland DTC	46,632	52,322	-10.9%							
East New York	53,336	54,348	-1.9%							
Southern Brooklyn / S I										
Coney Island	226,818	212,719	6.6%	9,491	10,103	-6.1%	7.1	6.2	1.0063	0.9622
Seaview				72,526	72,295	0.3%				
Queens										
Elmhurst	436,599	411,980	6.0%	12,471	13,586	-8.2%	6.1	5.6	0.9536	0.8905
Queens	274,549	276,438	-0.7%	8,067	8,344	-3.3%	5.2	5.3	0.8361	0.8136
Discharges/CMI-- All Acutes										
Visits-- All D&TCs & Acutes	3,715,501	3,671,517	1.2%	111,914	115,198	-2.9%			0.9600	0.9246
Days-- All SNFs				446,979	451,147	-0.9%				

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
February 2016

NETWORKS	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 15	Feb 16	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>									
Jacobi	4,189	4,196		\$ 337,594	\$ (22,496)	\$ 436,188	\$ (20,084)	\$ (42,580)	-5.5%
North Central Bronx	1,391	1,451		111,103	(1,917)	135,341	4,061	2,144	0.8%
	5,580	5,647	5,612	\$ 448,696	\$ (24,413)	\$ 571,529	\$ (16,023)	\$ (40,436)	-3.9%
<u>Generations +</u>									
Harlem	3,191	3,193		\$ 239,430	\$ 13,120	\$ 286,230	\$ (18,523)	\$ (5,403)	-1.1%
Lincoln	4,197	4,362		355,507	11,811	379,826	7,127	18,939	2.6%
Belvis DTC	141	140		8,575	142	12,416	44	186	0.9%
Morrisania DTC	261	263		13,562	344	20,414	(1,429)	(1,085)	-3.4%
Renaissance	174	180		7,572	2	14,632	(558)	(556)	-2.6%
	7,964	8,138	7,362	\$ 624,645	\$ 25,419	\$ 713,518	\$ (13,339)	\$ 12,081	0.9%
<u>South Manhattan</u>									
Bellevue	5,899	5,980		\$ 500,438	\$ (8,290)	\$ 583,886	\$ (31,907)	\$ (40,197)	-3.8%
Metropolitan	2,709	2,669		196,643	5,361	233,816	(13,612)	(8,251)	-2.0%
Coler	1,224	1,204		69,313	2,585	96,634	(5,130)	(2,545)	-1.6%
H.J. Carter	972	1,008		77,942	(2,818)	97,939	(7,667)	(10,486)	-6.1%
Gouverneur	890	894		48,895	(8,790)	78,832	(1,073)	(9,863)	-7.3%
	11,694	11,755	11,627	\$ 893,231	\$ (11,952)	\$ 1,091,107	\$ (59,390)	\$ (71,342)	-3.7%
<u>North Central Brooklyn</u>									
Kings County	5,559	5,545		\$ 489,742	\$ 6,818	\$ 545,694	\$ 13,952	\$ 20,770	2.0%
Woodhull	3,148	3,159		259,337	8,304	297,405	(8,515)	(211)	0.0%
McKinney	467	467		25,726	(2,625)	32,841	959	(1,667)	-2.7%
Cumberland DTC	236	225		12,793	(828)	20,812	(4,079)	(4,908)	-16.2%
East New York	233	239		14,477	64	19,571	512	576	1.7%
	9,643	9,635	9,439	\$ 802,075	\$ 11,733	\$ 916,324	\$ 2,829	\$ 14,562	0.9%
<u>Southern Brooklyn/SI</u>									
Coney Island	3,229	3,307		\$ 209,824	\$ (26,984)	\$ 303,610	\$ (20,253)	\$ (47,238)	-9.1%
Seaview	538	558		31,433	(111)	38,959	(4,058)	(4,169)	-6.3%
	3,767	3,865	3,466	\$ 241,256	\$ (27,095)	\$ 342,569	\$ (24,311)	\$ (51,406)	-8.8%
<u>Queens</u>									
Elmhurst	4,492	4,538		\$ 327,636	\$ (16,302)	\$ 418,772	\$ (12,333)	\$ (28,635)	-3.8%
Queens	2,918	2,977		214,649	(10,105)	300,769	(9,268)	(19,373)	-3.8%
	7,410	7,515	7,428	\$ 542,285	\$ (26,407)	\$ 719,541	\$ (21,601)	\$ (48,008)	-3.8%
NETWORKS TOTAL	46,058	46,555	44,934	\$ 3,552,189	\$ (52,716)	\$ 4,354,587	\$ (131,835)	\$ (184,550)	-2.4%
Central Office	770	785	770	793,874	14,263	209,899	1,525	15,788	1.6%
Care Management	518	511	518	16,636	(11,761)	30,357	(1,988)	(13,749)	-24.2%
Enterprise IT/Epic	1,060	1,167	1,238	6	(79)	118,360	17,008	16,929	12.5%
GRAND TOTAL	48,406	49,018	47,460	\$ 4,362,704	\$ (50,293)	\$ 4,713,204	\$ (115,290)	\$ (165,583)	-1.8%

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 February 2016			Fiscal Year To Date February 2016		
	actual 2016	actual 2015	better / (worse)	actual 2016	actual 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 59,893	\$ 73,697	\$ (13,803)	\$ 562,912	\$ 545,624	\$ 17,288
Medicaid Managed Care	61,546	52,349	9,197	474,251	424,789	49,462
Medicare	38,436	45,618	(7,182)	364,577	389,041	(24,464)
Medicare Managed Care	32,247	24,161	8,086	192,758	222,503	(29,745)
Other	<u>17,396</u>	<u>18,811</u>	<u>(1,416)</u>	<u>138,299</u>	<u>150,588</u>	<u>(12,289)</u>
Total Inpatient	\$ 209,519	\$ 214,636	\$ (5,117)	\$ 1,732,797	\$ 1,732,545	\$ 251
Outpatient						
Medicaid Fee for Service	\$ 8,313	\$ 16,263	\$ (7,950)	\$ 104,273	\$ 131,636	\$ (27,363)
Medicaid Managed Care	25,156	34,222	(9,066)	297,663	348,211	(50,548)
Medicare	4,078	4,216	(138)	36,317	41,698	(5,381)
Medicare Managed Care	7,228	5,967	1,261	80,441	64,197	16,244
Other	<u>11,374</u>	<u>10,236</u>	<u>1,138</u>	<u>90,070</u>	<u>104,045</u>	<u>(13,975)</u>
Total Outpatient	\$ 56,149	\$ 70,904	\$ (14,755)	\$ 608,763	\$ 689,786	\$ (81,023)
All Other						
Pools	\$ 4,771	\$ 5,354	\$ (583)	\$ 142,347	\$ 241,671	\$ (99,324)
DSH / UPL	69,201	-	69,201	1,392,687	1,096,946	295,741
Grants, Intracity, Tax Levy	51,433	9,020	42,414	398,760	159,247	239,513
Appeals & Settlements	7,011	23,815	(16,804)	30,806	27,763	3,042
Misc / Capital Reimb	<u>10,593</u>	<u>5,153</u>	<u>5,440</u>	<u>56,544</u>	<u>40,883</u>	<u>15,662</u>
Total All Other	\$ 143,010	\$ 43,342	\$ 99,668	\$ 2,021,144	\$ 1,566,510	\$ 454,634
Total Cash Receipts	\$ 408,677	\$ 328,881	\$ 79,796	\$ 4,362,704	\$ 3,988,842	\$ 373,862
Cash Disbursements						
PS	\$ 233,479	\$ 196,921	\$ (36,558)	\$ 1,884,381	\$ 1,813,583	\$ (70,798)
Fringe Benefits	81,161	86,914	5,754	790,241	776,836	(13,405)
OTPS	105,946	115,342	9,395	961,468	951,830	(9,638)
City Payments	-	-	0	309,405	35,100	(274,305)
Affiliation	82,855	80,931	(1,924)	705,651	649,481	(56,169)
HHC Bonds Debt	<u>14,271</u>	<u>6,848</u>	<u>(7,423)</u>	<u>62,058</u>	<u>53,716</u>	<u>(8,342)</u>
Total Cash Disbursements	\$ 517,713	\$ 486,957	\$ (30,756)	\$ 4,713,204	\$ 4,280,546	\$ (432,657)
Receipts over/(under) Disbursements	\$ (109,036)	\$ (158,075)	\$ 49,040	\$ (350,499)	\$ (291,704)	\$ (58,795)

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

	Month of February 2016			Fiscal Year To Date February 2016		
	actual 2016	budget 2016	better / (worse)	actual 2016	budget 2016	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 59,893	\$ 68,216	\$ (8,322)	\$ 562,912	\$ 592,564	\$ (29,652)
Medicaid Managed Care	61,546	54,905	6,642	474,251	473,941	309
Medicare	38,436	41,562	(3,126)	364,577	363,335	1,242
Medicare Managed Care	32,247	21,684	10,563	192,758	193,573	(815)
Other	<u>17,396</u>	<u>18,398</u>	<u>(1,003)</u>	<u>138,299</u>	<u>161,706</u>	<u>(23,407)</u>
Total Inpatient	\$ 209,519	\$ 204,765	\$ 4,754	\$ 1,732,797	\$ 1,785,119	\$ (52,323)
Outpatient						
Medicaid Fee for Service	\$ 8,313	\$ 12,140	\$ (3,827)	\$ 104,273	\$ 106,452	\$ (2,180)
Medicaid Managed Care	25,156	30,422	(5,266)	297,663	314,705	(17,043)
Medicare	4,078	5,393	(1,315)	36,317	47,566	(11,248)
Medicare Managed Care	7,228	7,264	(36)	80,441	85,951	(5,509)
Other	<u>11,374</u>	<u>10,110</u>	<u>1,265</u>	<u>90,070</u>	<u>94,930</u>	<u>(4,860)</u>
Total Outpatient	\$ 56,149	\$ 65,330	\$ (9,181)	\$ 608,763	\$ 649,604	\$ (40,840)
All Other						
Pools	\$ 4,771	\$ 6,448	\$ (1,677)	\$ 142,347	\$ 152,379	\$ (10,032)
DSH / UPL	69,201	69,201	0	1,392,687	1,392,683	3
Grants, Intracity, Tax Levy	51,433	50,707	726	398,760	396,267	2,493
Appeals & Settlements	7,011	-	7,011	30,806	(4,674)	35,480
Misc / Capital Reimb	<u>10,593</u>	<u>3,415</u>	<u>7,177</u>	<u>56,544</u>	<u>41,619</u>	<u>14,926</u>
Total All Other	\$ 143,010	\$ 129,771	\$ 13,238	\$ 2,021,144	\$ 1,978,274	\$ 42,870
Total Cash Receipts	\$ 408,677	\$ 399,866	\$ 8,811	\$ 4,362,704	\$ 4,412,997	\$ (50,293)
Cash Disbursements						
PS	\$ 233,479	\$ 223,132	\$ (10,347)	\$ 1,884,381	\$ 1,829,964	\$ (54,416)
Fringe Benefits	81,161	73,286	(7,874)	790,241	777,977	(12,264)
OTPS	105,946	118,960	13,013	961,468	920,669	(40,798)
City Payments	-	-	0	309,405	309,405	0
Affiliation	82,855	83,262	406	705,651	698,311	(7,340)
HHC Bonds Debt	<u>14,271</u>	<u>13,881</u>	<u>(390)</u>	<u>62,058</u>	<u>61,586</u>	<u>(472)</u>
Total Cash Disbursements	\$ 517,713	\$ 512,521	\$ (5,192)	\$ 4,713,204	\$ 4,597,913	\$ (115,290)
Receipts over/(under) Disbursements	\$ (109,036)	\$ (112,655)	\$ 3,620	\$ (350,499)	\$ (184,917)	\$ (165,583)

INFORMATION ITEM

Short Term Capital Financing

Quarterly Status Report

to the Finance Committee

Date: April 12, 2016



Short Term Loan Activity (\$millions)

■ JP Morgan Chase

Date	Activity/Action	Remaining Loan Capacity	Borrowed Funds
7/9/2015	Issuance	60,000	0,000
7/9/2015	Initial Drawdown	(10,000)	10,000
Total		50,000	10,000
Vouchered Capital Expenses as of March 29, 2016			
Cost of Issuance			(8,421)
Unspent Borrowed Funds Balance			(0,187)
Encumbrances as of March 29, 2016			1,392
			46,809

- Terms: 12 month drawdown period at variable rate, converting to a six year fixed rate loan; July 9, 2016 conversion
- Interest Rates: Drawdown Period: 1.0925%; Fixed Loan: 1.6681% (Indicative rates as of 3/24/16)



Short Term Loan Activity (\$millions)

- Citibank

Date	Activity/Action	Remaining Loan Capacity	Borrowed Funds
10/14/2015	Issuance	60,000	0,000
10/14/2015	Initial Drawdown	(10,000)	10,000
Total		50,000	10,000
Vouchered Capital Expenses as of March 29, 2016			
Cost of Issuance			(0.973)
Unspent Borrowed Funds Balance			(0.250)
Encumbrances as of March 29, 2016			8.777

- Terms Variable rate revolving loan with three year maturity
- Interest Rate: 0.9900% (Indicative rate as of 3/24/16)

5.965

