

AGENDA

FINANCE COMMITTEE

MEETING DATE: MARCH 21, 2017
TIME: 1:00 P.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE JANUARY 23, 2017 MINUTES

I. SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

II. ACTION ITEM

- RESOLUTION AUTHORIZING THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (THE "NYC HEALTH + HOSPITALS") TO EXECUTE AN AGREEMENT WITH CARDINAL HEALTH 200, INC. ("CARDINAL") TO PROVIDE MEDICAL AND SURGICAL DISTRIBUTION SERVICES AS REQUESTED OVER A THREE-YEAR TERM FOR A TOTAL NOT-TO-EXCEED AMOUNT OF \$369,722,040.

PAUL ALBERTSON & JUN AMORA

III. FINANCIAL REPORTS STATUS

- KEY INDICATORS
- CASH RECEIPTS AND DISBURSEMENTS

KRISTA OLSON
MICHLINE FARAG

IV. INFORMATION ITEMS

- PAYER MIX REPORTS (INPATIENT, ADULT & PEDIATRICS)

KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: JANUARY 23, 2017

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on January 23, 2017 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Stan Brezenoff
Gordon Campbell
Mark Page
Josephine Bolus

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of the State Comptroller
T. DeRubio, Analyst, Office of Management and Budget (OMB)
M. Elias, Analyst, IBO
C. Francisco, NYC Council
L. Garvey, Cerner Corporation
J. Merrill, NYC Council
A. Mirdita, CFO, PAGNY

HHC STAFF

P.V. Anantharam, Senior Vice President/CFO, Corporate Finance
D. Ashkenase, AVP, Office of Medical & Professional Affairs (M&PA)
S. Bussey, Chief, Ambulatory Care
T. Carlisle, Associate Executive Director, Corporate Planning Services
E. Cosme, CFO, Gouverneur Specialty Care Facility
F. Covino, Senior Assistant Vice President, Corporate Budget
J. Cuda, CFO MetroPlus Health Plan, Inc.
L. Dehart, Assistant Vice President, Corporate Reimbursement Services
M. Farag, Corporate Budget Director, Corporate Budget
R. Fischer, CFO, Bellevue
K. Garramone, CFO, North Bronx Health Network

Minutes of the January 23, 2017 Finance Committee Meeting

T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
D. Guzman, Acting CFO, Elmhurst Hospital Center
T. Hamilton, AVP, Central Office
C. Hercules, Chief of Staff, Chairperson's Office
R. Hughes, CEO, Coler
J. Linhart, Deputy Corporate Comptroller, Corporate Comptroller's Office
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Senior Director, Central Office Finance
F. Long, CEO, Henry J. Carter Specialty Hospital & Nursing Facility
A. Marengo, Senior Vice President, Corporate Communications/Marketing
M. McClusky, Post-Acute, Central Office
K. Olson, Assistant Vice President, Corporate Budget
E. Oren, Senior Director, Communications
A. Pai, Chief of Staff to the SVP Finance/CFO, Corporate Finance
K. Park, CFO, Coney Island Hospital
D. Rahman, Central Office, OIA
A. Saul, CFO, Kings County Hospital Center
B. Schultz, Senior AVP, Corporate Finance
E. Soiman, CFO, Woodhull Medical & Mental Health Center
B. Stacey, CFO, Queens Hospital Center
J. Weinman, Corporate Comptroller, Central Office

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 10:15 a.m. The minutes of the November 3, 2016 meeting were approved as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. Anantharam noted that it was the first meeting in the New Year, and the good news was that the cash position had improved significantly. This was in part due to the receipt of supplemental funding payments, including large UPL payments since last September and a recent \$531 million DHS payment. Other forthcoming supplemental payments through the end of the year included \$240 million (Value Based Payment Quality Improvement Program payment (VBPQIP) and \$163 million Care Restructuring Enhancement Pilot (CREP). More UPL is expected and with the receipt of these funds and payments to the City, at the end of this FY June 30, 2017, Health + Hospitals (H+H) cash flow is projected to be a little over \$100 million. In terms of utilization statistics, Health + Hospital's spending goals are holding steady while revenue projections are not as expected. In terms of headcount, Health + Hospitals is over 200 GFTes where we should be. H+H is retooling efforts, looking at hiring, and scaling back overtime. The facilities continue to look at headcount targets, and those targets may have to be increased. Overall, H+H has decreased over 1800 headcount since this reduction started. The reporting was concluded.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Olson began with the acute care hospitals, ambulatory care visits were down by 3.4%, compared to last year, and noted that the year-end was flat. Last month, although not reported, the decline was greater at 4.2%. However, it may be too early to determine whether that trend is reversing.—Acute discharges are down by 2.7% compared to last year with Kings County appearing to continue a trend of decline from last year currently at 12.5% of which 40% is due to an increase in observation days. The average length of stay comparison of the actual to the expected based on the complexity of the cases is constant, and Kings is higher by .8% of a day and Elmhurst has decreased its average length of stay by 1.3 days above the actual. All of the hospitals have seen a significant increase in the number of patients discharged nearly doubling this year. Long term patients are being transferred to post-acute facilities in lower cost settings. Nursing home days are up 2.1% with Gouverneur opening a number of new beds. The case mix index is up 5.49% over last year, including a change in how detox patients have been coded since October which may have an impact in revenue reporting—Ambulatory care visits at Gotham had a decrease from last year, which was a slight improvement, Renaissance was at -18.1% and Cumberland at -12.9%. Ambulatory Care continues its marketing and outreach efforts.

Mrs. Bolus requested that highlights of major changes in the data be put on the bottom of the report.

CASH RECEIPTS & DISBURSEMENTS REPORT

MICHLINE FARAG

Ms. Farag reported that through November 2016, GFTes have decreased 292 from the end of FY16, with a total decrease of 1820 GFTes since November 2015. In terms of receipts, through November, Health + Hospitals was \$69.8 million less than budgeted due to a drop in utilization while

disbursements were slightly better than budgeted by \$631 thousand. When comparing FY17 actuals against FY16 actuals, FY17 receipts were \$68.3 million higher than last fiscal year. Inpatient receipts were \$68.6 million lower than last year primarily due to a decline in Medicaid FFS receipts. Medicaid FFS was down \$108 million due in part to the behavioral health shift to managed care which happened in September last year as well as declines in utilization. Outpatient receipts were up by \$38 million from last year, primarily due to increased managed care receipts from the risk pool. DSH/UPL payments were \$271 million. FY17 disbursements are \$226.6 million less than last fiscal year, mainly due to a \$309 million city payment made in FY16 for FY14 payments due. There is a \$69.8 million decrease in FY17 actuals vs budget which is in alignment with the discharges. Inpatients receipts were down \$46.9 million, due to Medicaid FFS and Medicaid Managed Care. Outpatient receipts were down by \$28 million compared to budget, mainly due to Managed Care at \$24 million in addition to a decline in visits and not meeting the forecasted growth in MetroPlus. Disbursements are doing better with \$631 thousand for actuals which is below budget. The reporting was concluded.

INFORMATION ITEM

KRISTA OLSON

PAYOR MIX REPORTS (INPATIENT, ADULT AND PEDIATRICS – 1st QUARTER)

Ms. Olson reported that this is a first quarter report which was run in November. Medicaid FFS has shown a drop of nearly 2 percentage points. There is also a slight increase in commercial due to the Essential Plan. The percentage of uninsured New Yorkers grew from 4.8% to 6.1% with overall applications decreasing. Health + Hospitals is implementing its and City Hall's plan to enroll uninsured New Yorkers for inpatient and outpatient visits. There is upcoming training that MetroPlus will be doing with H+H HCIs, first for Inpatient and then for Outpatient. Site visits to identify process improvements continue.

Mr. Campbell asked if the facilities have specific targets for enrollments of the uninsured. Ms. Olson stated that there are enrollment efforts that are being undertaken H +H in conjunction with MetroPlus that are directly correlated with the facilities efforts as part of this initiative. Mr. Anantharam added that the Manatt report about a year ago identified enrollment opportunities around Medicaid and other insurers. Health + Hospitals is utilizing MetroPlus and its enrollment and outreach teams, as well as a citywide unit of approximately 34 staff who are focused on outreach and enrollment that includes making calls to those uninsured patients who have come to H+H hospitals. The overall target is approximately 90,000 this year compared to the previous target of 30,000. H+H is also focusing on training on the front-end, including collaborations and engagement efforts that are consistent across facilities with the expectation of increasing the number of insured patients which would allow H+H to bill retroactively for their services within the required 90 days. Additionally, H+H has identified some inconsistencies in its front-end practices for engaging the uninsured that are being addressed in conjunction with MetroPlus. It is anticipated that with these improved efforts there will be significant changes in enrollment in the months ahead in achieving the targets.

Ms. Olson continued the report on the Outpatient Adults payor mix decrease in Medicaid that is primarily offset by an increase in commercial that is related to the rollout of the Essential Plan and a slight increase in Medicare. Outpatient pediatrics had minimal movement and slight increase in

Medicaid, commercial and uninsured. However the trend has remained relatively steady. The reporting was concluded.

INFORMATION ITEM

LINDA DEHART

SHORT TERM CAPITAL FINANCING – QUARTERLY STATUS REPORT

Ms. Dehart reported that the presentation had been updated with an additional month of data since the last Capital Corp Committee meeting in October. Health + Hospitals has spent \$55 million of encumbered amount of the JP Morgan Chase loan of \$60 million. The Chase loan was converted from a variable rate to a fixed rate in October 2016. There was a noticeable change in the variable rate due to changes in market. The Citibank loan has encumbered \$53 million. Health + Hospitals is working with the City and Office of Facilities Development (OFD) to identify how much of those funds can be shifted to City Capital funds as oppose to drawing down against the loan. SIFMA to-date has been \$23.6 million. This is a revolving loan in that at the mature age which is October 2018 and at that time the loan would either be renewed or fixed out in some long term manner.

Mr. Rosen asked what SIFMA was, and Mr. Anantharam noted it is the Securities Industry and Financial Markets Association. Mr. Rosen asked what the funds from the Citibank loan were used for. Ms. Dehart answered that the funds were utilized for equipment and IT, noting that that the Citibank loan funds were more flexible, and could be used for other financing issues. The reporting and discussion were concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:41 a.m.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute an agreement with Cardinal Health 200, Inc. (“Cardinal”) to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.

WHEREAS, the NYC Health + Hospitals entered into a contract with Cardinal dated August 1, 2008 following an RFP process and pursuant to authorization given by the NYC Health + Hospitals’s Board of Directors to provide medical and surgical supply distribution services; and

WHEREAS, the current Cardinal agreement will expire July 31, 2017 and the estimated \$25,836,724 required to fund the contract through that date is already part of the FY 17 budget; and

WHEREAS, the NYC Health + Hospitals wishes to enter into a new agreement with Cardinal for its distribution services; and

WHEREAS, the NYC Health + Hospitals is currently engaged in a large and complex project to develop and roll- out an Enterprise Resource Planning program, referred to as “Project EVOLVE,” pursuant to the NYC Health + Hospitals’ Board of Directors’ resolution adopted December 17, 2015 authorizing a contract with Mythics, Inc. with the goal of updating and integrating the NYC Health + Hospitals’s financial, procurement and human resources management applications ; and

WHEREAS, although there is time before the expiration of the Cardinal contract to conduct a new RFP, it has been determined that changing distributors in the midst of Project EVOLVE will cause delays, complications and additional cost in Project EVOLVE which conclusion has been validated by the NYC Health + Hospitals’ implementation consultant for the project, Deloitte Touche Tohmatsu Limited; and

WHEREAS, a Request to Initiate a Sole Source Contract Negotiation was approved by the CRC on the basis set forth above; and

WHEREAS, the NYC Health + Hospitals will benefit from multiple negotiated cost savings relative to the current contract including an upfront retention discount in the amount of \$2.15M, a cost plus reduction on national branded products to 1.1% from 2.85% (a recurring \$1.5M per year based on \$88M in national branded sales); and

WHEREAS, the NYC Health + Hospitals will start to realize the above savings even prior to the expiration of the current contract on July 31, 2017; and

WHEREAS, the overall responsibility for monitoring the proposed contracts shall be vested with the Vice President, Supply Chain Services.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Cardinal Health 200, Inc. to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.

EXECUTIVE SUMMARY

Cardinal Health 200, LLC Vendor Distribution Agreement

Prior Agreement: Cardinal Health 200, LLC (“Cardinal”) currently provides NYC Health + Hospitals with medical and surgical distribution services including nationally branded and private label branded products. These services have been provided under an agreement dated March 3, 2008 as a result of a Request for Proposal released on January 28, 2008. The agreement will expire July 31, 2017.

Procurement: NYC Health + Hospitals is currently engaged in the implementation of an Enterprise Resource Planning program (“ERP”), entitled Project EVOLVE that will involve the integration of the medical and surgical distribution prime vendor, now Cardinal, including item master, EDI connections, locations, “ship-to’s”, and “bill to’s.” These integration points would be required to be re-created in the new NYC Health + Hospitals is there were to be a new prime vendor. For this reason, a new prime vendor would greatly complicate and delay Project EVOLVE, therefore jeopardizing its success, risk substantial additional costs and postponing the significant savings that Project EVOLVE hopes to achieve.

The Office of Supply Chain Services presented an application to negotiate a sole source contract with Cardinal to the Contract Review Committee at its January 11, 2017 meeting. The application was approved based, in part, on the attached supporting memo from the General Counsel.

Terms: The Office of Supply Chain Services has negotiated a favorable agreement with Cardinal to continue providing medical and surgical distribution services for a term of three years which is expected to match the duration of the Project EVOLVE implementation. These terms include a cost reduction for nationally branded products and Cardinal branded products in addition to Cardinal’s advance payment of an up-front discount of \$2,150,000, to be paid within 60 days of contract execution.

| | Q4-FY17* | FY18 | FY19 | FY20 |
|---|----------------------|-----------------------|-----------------------|-----------------------|
| Spend | \$ 28,441,186 | \$ 115,116,546 | \$ 116,484,412 | \$ 117,868,532 |
| Cost Plus Reduction | \$ (454,462) | \$ (1,839,447) | \$ (1,861,304) | \$ (1,883,421) |
| Up Front Discounts | \$ (2,150,000) | \$ - | \$ - | \$ - |
| Annual Savings Dollars | \$ (2,604,462) | \$ (1,839,447) | \$ (1,861,304) | \$ (1,883,421) |
| Total | \$ 25,836,724 | \$ 113,277,098 | \$ 114,623,108 | \$ 115,985,111 |
| Total Contract Value (Not to Exceed) | | | | \$ 369,722,040 |

*- Q4-FY17 is not new spend authority, already included in FY17 Budget.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: Medical & Surgical Distribution Services
Project Title & Number: n/a
Project Location: System Wide
Requesting Dept.: Supply Chain Services

Successful Respondent: Cardinal Health 200, LLC

Contract Amount: \$369,722,040

Contract Term: 40 months – April 1, 2017 to July 31, 2020

Number of Respondents: Sole Source
(If Sole Source, explain in Background section)

Range of Proposals: n/a

Minority Business Enterprise Invited: Yes No
If no, please explain: Sole Source Negotiation

Funding Source: General Care
 Capital
 Grant: explain
 Other: explain: Facility

Method of Payment: Time and Rate
 Other: explain

EEO Analysis:

Compliance with HHC's McBride Principles?

Vendex Clearance Yes No N/A
(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

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Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)?:

- An application to enter into a sole source negotiation was presented on the January 11, 2017 CRC Meeting.
- The application was approved pending action to obtain a letter from General Counsel, Office of Legal Affairs on January 24, 2017
- Confirmation letter from General Counsel, Office of Legal Affairs in support of sole source negotiation was provided to the CRC on January 20, 2017

Has the proposed contract’s scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No.

CONTRACT FACT SHEET

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

n/a

Scope of work and timetable:

n/a

Provide a brief costs/benefits analysis of the services to be purchased:

| | Q4-FY17* | FY18 | FY19 | FY20 |
|---|----------------------|-----------------------|-----------------------|-----------------------|
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*- Q4-FY17 is not new spend authority, already included in FY17 Budget.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

| | 2015 | 2016 |
|---------------------|----------------|----------------|
| Annual Spend | \$ 111,108,571 | \$ 112,428,813 |

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

n/a

- Will the contract produce artistic/creative/intellectual property?* Yes No
- Who will own It?* Yes No
- Will a copyright be obtained?* Yes No
- Will it be marketable?* Yes No
- Did the presence of such property and ownership thereof enter into contract price negotiations?* Yes No

CONTRACT FACT SHEET

Contract monitoring (include which Senior Vice President is responsible):

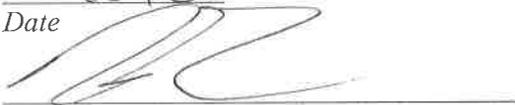
NAME: Paul A. Albertson
TITLE: Vice President, Supply Chain Services
ADDRESS: 160 Water Street
New York, NY 10038
TEL. NO. (212) 748-2256
EMAIL: Paul.Albertson@nychhc.org

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O.

12.20.16
Date

Analysis Completed By E.E.O.

12.20.16
Date

Name

31321A

TO: Boris Goltzman, Director
Supply Chain Services
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: December 20, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Cardinal Health, Inc., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Medical Capital Equipment

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Cardinal Health
Medical Supply Distribution Services Agreement
Sole Source Procurement

Paul A. Albertson, Vice President
Jun Amora, Senior Director
Supply Chain Services
March 2017



Background

- Cardinal Health distributes Medical and Surgical Supplies to NYC Health + Hospitals through HHC Contract 13-07-001, which expires on July 31, 2017.
- Supply Chain Services is seeking Board approval to enter into a 3-year Sole Source Contract with Cardinal Health for Medical/Surgical Supply Distribution Services.
- Cardinal Health distributes ~\$110M of medical/surgical supplies annually:
 - 80% are from vendors with whom Health+Hospitals has direct contracts
 - 20% are Cardinal-branded products
- Cardinal Health purchases all required supplies from our contracted vendors, warehouses them, and distributes them based on daily orders from the facilities.
- Cardinal Health receives a distribution fee of 2.85% .



Medical Surgical Supplies Integral to the Enterprise Resource Planning System (Project EVOLVE)

- NYC Health + Hospitals has been fast-tracking implementation of its Enterprise Resource Planning (“ERP”) for Finance and Supply Chain.
 - Building the new design, loading required data files and system testing
- Several Finance modules go “fully live” July 1 2017
- 3 modules – Purchasing, Inventory and Accounts Payable, require a 12 month rollout for facility staff training/change management - we will working in old and new systems.
- Embedded in the ERP software are the contracts for supplies and 90,000 items that are routinely purchased – including their contract number, item number, unit price, etc. – these are required to process the 110,000 purchase orders annually.
- Tables to support the names, locations and ship to/billing data of the 3,000 requisitioners are also embedded in the system.
- In order to meet the July 1 2017 ERP implementation date the files and tables that were built support the current business with Cardinal Health.



Item Master – More than 27 attributes define an Item, each field has 3-10 chart fields that define the attribute

| | | | | | | | | | |
|---------|------------------|--------------------------|------------|--------|----------|----------------|----------------|--------------------|----------------|
| Item ID | Long Description | Standard Unit of Measure | Item Group | Family | Category | Inventory Item | Non-Owned Item | Cost Profile Group | Consigned Flag |
|---------|------------------|--------------------------|------------|--------|----------|----------------|----------------|--------------------|----------------|

| | | | |
|---------|--------------------|-------------------------|------------------|
| Item ID | Reusable Item Flag | Special Disposable Flag | Long Description |
|---------|--------------------|-------------------------|------------------|

| | | | | |
|---------|-----------------|-----------------|----------------------|-------------------------|
| Item ID | Unit of Measure | Conversion Rate | Default Stocking UOM | Default Requisition UOM |
|---------|-----------------|-----------------|----------------------|-------------------------|

| | | |
|---------|-----------------|--------------------|
| Item ID | Unit of Measure | Inventory UOM Type |
|---------|-----------------|--------------------|

| | | | | | | |
|---------|------------------------|----------------|-------------------------|---------------------|-----------------------|----------------|
| Item ID | Account (Expense Code) | Standard Price | Purchase Lead Time Days | Inspection Required | Inspection Routing ID | Stockless Item |
|---------|------------------------|----------------|-------------------------|---------------------|-----------------------|----------------|

| | | | | |
|---------|-------------|----------------------------|------------------|------------------------|
| Item ID | Supplier ID | Item Supplier Priority Loc | Supplier Item ID | Item Supplier Priority |
|---------|-------------|----------------------------|------------------|------------------------|

| | | | | |
|---------|-----------------------|-------------------|-----------------------------|----------------|
| Item ID | Supplier ID (Numeric) | Supplier Location | Use Item Standard Lead Time | Lead Time Days |
|---------|-----------------------|-------------------|-----------------------------|----------------|

| | | | | | |
|---------|-----------------------|-------------------|-----------------|-----------------|----------------------|
| Item ID | Supplier ID (Numeric) | Supplier Location | Unit of Measure | Conversion Rate | Supplier Default UOM |
|---------|-----------------------|-------------------|-----------------|-----------------|----------------------|

| | | | | |
|---------|-----------------------|-------------------|-----------------|----------------|
| Item ID | Supplier ID (Numeric) | Supplier Location | Unit of Measure | Supplier Price |
|---------|-----------------------|-------------------|-----------------|----------------|

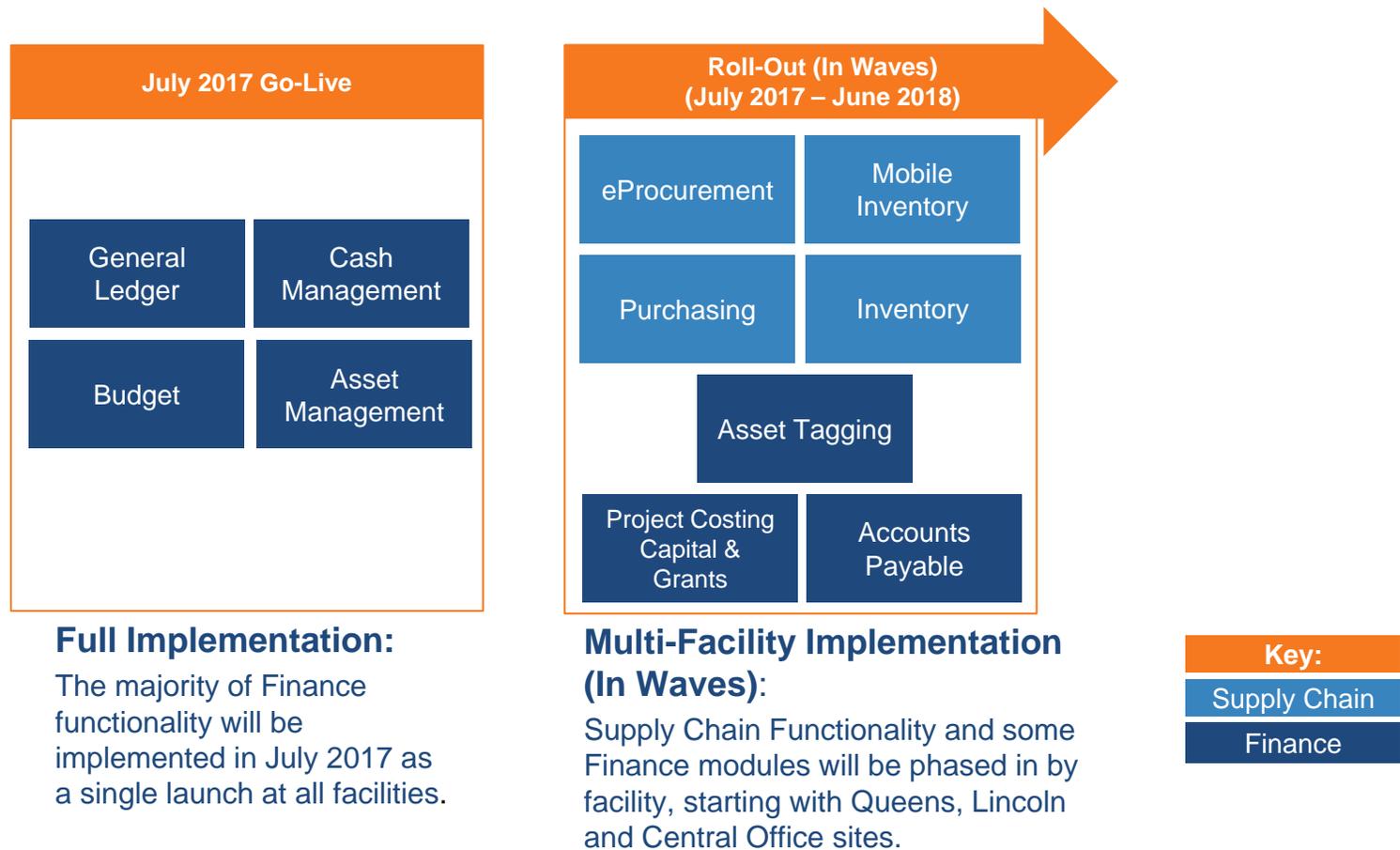
| | |
|---------|------------------|
| Item ID | Asset Profile ID |
|---------|------------------|

| | | |
|---------|-----------------|------------------------|
| Item ID | Manufacturer ID | Manufacturer's Item ID |
|---------|-----------------|------------------------|

| | | | | |
|---------|-----------------|------------------------|-----------------|------------|
| Item ID | Manufacturer ID | Manufacturer's Item ID | Unit of Measure | Identifier |
|---------|-----------------|------------------------|-----------------|------------|



PeopleSoft Scope and Modules Roll-Out



Sole Source Justification

1. Switching to another prime vendor will greatly complicate and delay the ERP project.
 - In particular the Prime Vendor's item master, Electronic Data Interface connections, locations, ship-to's, bill-to's would have to be re-created in a new system.
 - General Counsel advice was sought, and legal approval was granted
2. The results of the negotiation yielded \$8.1M savings over 3-year term.
 - \$2,150,000 - Up front discount (paid within 60 days of execution)
 - National Branded Products from 2.85% to 1.1% - \$1.5M annually
 - Cardinal Branded (nonPreSource) from 2.85% to 0% - \$260K annually
3. This allows for the continued transformation of the Inventory Management Process for Health + Hospitals, including the standardization of supplies across all facilities and implementation of a Low Unit of Measure Program, reducing inventory



Summary

| | Q4-FY17* | FY18 | FY19 | FY20 |
|---|----------------------|-----------------------|-----------------------|-----------------------|
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| Total Contract Value (Not to Exceed) | | | | \$ 369,722,040 |
| *- Q4-FY17 is not new spend authority, already in current agreement | | | | |

Supply Chain Services is seeking Board approval to enter into a Sole Source Contract (for 3 years) with Cardinal Health for Medical/ Surgical Supply Distribution Services.



Cash Position and Payment Terms

| Payment Terms | Cost Plus | 3 Year Savings |
|----------------------|------------------|-----------------------|
| NET 30 | 1.10% | \$ 8,188,634.69 |
| NET 45 | 1.48% | \$ 7,064,604.94 |
| NET 60 | 1.85% | \$ 5,970,154.93 |
| NET 75 | 2.35% | \$ 4,491,168.42 |
| NET 90 | 2.85% | \$ 3,012,181.91 |



KEY INDICATORS
FISCAL YEAR 2017 UTILIZATION

Year to Date
January 2017

| | UTILIZATION | | | | | | AVERAGE LENGTH OF STAY | | ALL PAYOR CASE MIX INDEX | |
|--|------------------|------------------|--------------|----------------|----------------|--------------|------------------------|------------|--------------------------|---------------|
| | VISITS | | | DISCHARGES | | | ACTUAL | EXPECTED | FY 17 | FY 16 |
| | FY 17 | FY 16 | VAR % | FY 17 | FY 16 | VAR % | | | | |
| <u>Acute</u> | | | | | | | | | | |
| Bellevue | 332,347 | 348,893 | -4.7% | 13,064 | 13,518 | -3.4% | 6.6 | 6.8 | 1.2596 | 1.1609 |
| Coney Island | 191,322 | 194,657 | -1.7% | 8,090 | 8,310 | -2.6% | 6.3 | 6.3 | 0.9994 | 0.9987 |
| Elmhurst | 350,228 | 365,723 | -4.2% | 10,540 | 11,053 | -4.6% | 7.0 | 5.8 | 0.9922 | 0.9436 |
| Harlem | 176,398 | 179,941 | -2.0% | 6,890 | 7,044 | -2.2% | 5.5 | 5.7 | 0.9370 | 0.9307 |
| Jacobi | 242,520 | 241,245 | 0.5% | 10,452 | 10,347 | 1.0% | 6.6 | 6.7 | 1.0959 | 1.0279 |
| Kings County | 382,949 | 387,934 | -1.3% | 11,344 | 12,457 | -8.9% | 6.9 | 6.1 | 1.0404 | 0.9907 |
| Lincoln | 306,417 | 314,977 | -2.7% | 12,584 | 12,869 | -2.2% | 5.1 | 5.9 | 0.9435 | 0.8517 |
| Metropolitan | 217,927 | 228,730 | -4.7% | 5,436 | 5,859 | -7.2% | 4.9 | 5.5 | 0.9569 | 0.8334 |
| North Central Bronx | 121,093 | 122,494 | -1.1% | 3,954 | 3,705 | 6.7% | 4.3 | 4.8 | 0.6975 | 0.6960 |
| Queens | 228,119 | 239,144 | -4.6% | 7,614 | 6,982 | 9.1% | 5.1 | 5.0 | 0.7859 | 0.8343 |
| Woodhull | 258,801 | 276,024 | -6.2% | 6,213 | 6,196 | 0.3% | 5.1 | 5.6 | 0.9245 | 0.8680 |
| Acute Total | 2,808,121 | 2,899,762 | -3.2% | 96,181 | 98,340 | -2.2% | 6.0 | 6.0 | 0.9985 | 0.9517 |
| <u>Gotham</u> | | | | | | | | | | |
| | | VISITS | | | | | | | | |
| Belvis DTC | 29,580 | 32,469 | -8.9% | | | | | | | |
| Cumberland DTC | 37,051 | 41,411 | -10.5% | | | | | | | |
| East New York | 44,642 | 46,737 | -4.5% | | | | | | | |
| Gouverneur DTC | 136,362 | 143,429 | -4.9% | | | | | | | |
| Morrisania DTC | 46,296 | 46,881 | -1.2% | | | | | | | |
| Renaissance | 20,441 | 24,572 | -16.8% | | | | | | | |
| Gotham Total | 314,372 | 335,499 | -6.3% | | | | | | | |
| <u>Post Acute Care</u> | | | | | | | | | | |
| | | | | | DAYS | | | | | |
| Coler | | | | 159,419 | 154,558 | 3.1% | | | | |
| Gouverneur SNF | | | | 47,818 | 43,832 | 9.1% | | | | |
| H.J. Carter | | | | 67,595 | 66,067 | 2.3% | | | | |
| McKinney | | | | 66,031 | 66,408 | -0.6% | | | | |
| Seaview | | | | 64,603 | 63,892 | 1.1% | | | | |
| Post Acute Care Total | | | | 405,466 | 394,757 | 2.7% | | | | |
| Discharges/CMI-- All Acutes | | | | 96,181 | 98,340 | -2.2% | | | 0.9985 | 0.9517 |
| Visits -- All DTCs & Acutes | 3,122,493 | 3,235,261 | -3.5% | | | | | | | |
| Days-- All SNFs | | | | 405,466 | 394,757 | 2.7% | | | | |

Utilization

Discharges: exclude psych and rehab

Visits: Beginning with the November 2015 Board Report, FY16 and FY17 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

Average Length of Stay

Actual: days divided by discharges; excludes one day stays

Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

All Pavor CMI

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

KEY INDICATORS

FISCAL YEAR 2017 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
January 2017

| | GLOBAL FTEs | | | RECEIPTS | | DISBURSEMENTS | | BUDGET VARIANCE | |
|------------------------------|---------------|---------------|---------------|---------------------|---------------------|---------------------|--------------------|---------------------|--------------|
| | Jun 16 | Jan 17* | Target | actual | better / (worse) | actual | better / (worse) | better / (worse) | |
| Acute | | | | | | | | | |
| Bellevue | 5,817 | 5,678 | 5,627 | \$ 458,586 | \$ (21,135) | \$ 480,017 | \$ (11,961) | \$ (33,096) | -3.5% |
| Coney Island | 3,180 | 3,133 | 3,053 | \$ 189,968 | 3,494 | 241,087 | 1,615 | 5,108 | 1.2% |
| Elmhurst | 4,493 | 4,333 | 4,334 | \$ 334,300 | 5,660 | 335,028 | (4,198) | 1,461 | 0.2% |
| Harlem | 3,086 | 2,999 | 2,987 | \$ 220,779 | (7,230) | 224,645 | (148) | (7,378) | -1.6% |
| Jacobi | 4,141 | 4,157 | 4,067 | \$ 326,219 | (15,675) | 343,055 | (10,477) | (26,152) | -3.9% |
| Kings County | 5,381 | 5,319 | 5,260 | \$ 448,306 | (28,590) | 403,314 | 5,420 | (23,170) | -2.6% |
| Lincoln | 4,278 | 4,126 | 4,087 | \$ 325,698 | (8,693) | 305,426 | (3,051) | (11,744) | -1.8% |
| Metropolitan | 2,606 | 2,544 | 2,519 | \$ 177,864 | (10,623) | 193,499 | (1,853) | (12,477) | -3.3% |
| North Central Bronx | 1,423 | 1,409 | 1,390 | \$ 105,818 | (3,313) | 110,701 | (4,767) | (8,080) | -3.8% |
| Queens | 2,949 | 2,919 | 2,858 | \$ 233,421 | (515) | 222,046 | (2,718) | (3,233) | -0.7% |
| Woodhull | 3,051 | 2,971 | 2,922 | \$ 244,677 | (9,233) | 238,805 | 4,054 | (5,179) | -1.0% |
| Acute Total | 40,405 | 39,587 | 39,103 | \$ 3,065,636 | \$ (95,854) | \$ 3,097,623 | \$ (28,085) | \$ (123,939) | -2.0% |
| Gotham | | | | | | | | | |
| Belvis DTC | 136 | 130 | 132 | \$ 11,568 | \$ (771) | \$ 9,233 | \$ 427 | \$ (344) | -1.6% |
| Cumberland DTC | 218 | 204 | 201 | \$ 9,185 | (1,510) | 17,346 | (160) | (1,670) | -6.0% |
| East New York | 237 | 223 | 222 | \$ 15,035 | (302) | 14,524 | 1,125 | 822 | 2.7% |
| Gouverneur DTC | 475 | 465 | 454 | \$ 25,148 | (4,614) | 33,527 | 1,723 | (2,892) | -4.4% |
| Morrisania DTC | 257 | 241 | 240 | \$ 15,468 | (356) | 16,063 | 842 | 486 | 1.5% |
| Renaissance | 170 | 166 | 162 | \$ 7,155 | (34) | 11,919 | 192 | 157 | 0.8% |
| Gotham Total | 1,493 | 1,429 | 1,412 | \$ 83,560 | \$ (7,587) | \$ 102,613 | \$ 4,147 | \$ (3,440) | -1.7% |
| Post Acute Care | | | | | | | | | |
| Coler | 1,161 | 1,122 | 1,095 | \$ 42,913 | \$ 1,553 | \$ 77,534 | \$ 3,662 | \$ 5,215 | 4.3% |
| Gouverneur SNF | 389 | 375 | 372 | \$ 15,618 | (6,467) | 27,431 | 1,753 | (4,714) | -9.2% |
| H.J. Carter | 979 | 937 | 935 | \$ 80,944 | (1,491) | 75,508 | (1,999) | (3,489) | -2.2% |
| McKinney | 455 | 461 | 459 | \$ 16,823 | (4,202) | 28,215 | 2,041 | (2,161) | -4.2% |
| Seaview | 529 | 545 | 540 | \$ 21,358 | 693 | 32,242 | 4,656 | 5,348 | 9.3% |
| Post Acute Care Total | 3,513 | 3,440 | 3,401 | \$ 177,656 | \$ (9,914) | \$ 240,930 | \$ 10,113 | \$ 199 | 0.0% |
| Central Office | 852 | 1,002 | 970 | \$ 552,689 | 3,777 | 211,301 | 1,231 | 5,009 | 0.7% |
| Care Management | 440 | 382 | 373 | \$ 15,878 | (8,021) | 26,109 | 296 | (7,725) | -15.4% |
| Enterprise IT/Epic | 1,178 | 1,163 | 1,172 | \$ 5 | 0 | 120,385 | 4,413 | 4,413 | 3.5% |
| GRAND TOTAL | 47,881 | 47,002 | 46,431 | \$ 3,895,426 | \$ (117,599) | \$ 3,798,962 | \$ (7,884) | \$ (125,483) | -1.6% |

*Actual Global FTEs have dropped by 2,151 since January 2016.

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 2017 vs Fiscal Year 2016 (in 000's)
TOTAL CORPORATION

| | Month of January 2017 | | | Fiscal Year To Date January 2017 | | |
|--|-----------------------|-------------------|---------------------|----------------------------------|---------------------|---------------------|
| | actual 2017 | actual 2016 | better / (worse) | actual 2017 | actual 2016 | better / (worse) |
| Cash Receipts | | | | | | |
| Inpatient | | | | | | |
| Medicaid Fee for Service | \$ 51,883 | \$ 54,201 | \$ (2,318) | \$ 393,919 | \$ 503,019 | \$ (109,099) |
| Medicaid Managed Care | 59,004 | 55,204 | 3,800 | 418,675 | 412,705 | 5,970 |
| Medicare | 38,023 | 35,322 | 2,701 | 294,258 | 326,141 | (31,883) |
| Medicare Managed Care | 22,186 | 22,532 | (345) | 182,881 | 160,511 | 22,370 |
| Other | <u>18,903</u> | <u>15,240</u> | <u>3,664</u> | <u>134,341</u> | <u>120,903</u> | <u>13,437</u> |
| Total Inpatient | \$ 190,000 | \$ 182,499 | \$ 7,501 | \$ 1,424,074 | \$ 1,523,278 | \$ (99,205) |
| Outpatient | | | | | | |
| Medicaid Fee for Service | \$ 8,500 | \$ 7,406 | \$ 1,094 | \$ 60,014 | \$ 95,960 | \$ (35,946) |
| Medicaid Managed Care | 98,403 | 28,370 | 70,033 | 365,917 | 272,507 | 93,410 |
| Medicare | 4,806 | 2,524 | 2,282 | 38,116 | 32,239 | 5,876 |
| Medicare Managed Care | 7,036 | 4,461 | 2,574 | 90,612 | 73,213 | 17,399 |
| Other | <u>45,056</u> | <u>9,381</u> | <u>35,675</u> | <u>124,777</u> | <u>78,695</u> | <u>46,082</u> |
| Total Outpatient | \$ 163,801 | \$ 52,142 | \$ 111,659 | \$ 679,436 | \$ 552,615 | \$ 126,821 |
| All Other | | | | | | |
| Pools | \$ 5,768 | \$ 2,030 | \$ 3,738 | \$ 186,505 | \$ 137,576 | \$ 48,929 |
| DSH / UPL | 535,069 | 716,140 | (181,071) | 1,424,808 | 1,323,485 | 101,323 |
| Grants, Intracity, Tax Levy | 14,094 | 15,809 | (1,715) | 134,522 | 347,327 | (212,805) |
| Appeals & Settlements | 396 | 22,663 | (22,267) | 3,963 | 23,795 | (19,831) |
| Misc / Capital Reimb | <u>6,490</u> | <u>5,979</u> | <u>511</u> | <u>42,118</u> | <u>45,952</u> | <u>(3,833)</u> |
| Total All Other | \$ 561,817 | \$ 762,620 | \$ (200,804) | \$ 1,791,917 | \$ 1,878,135 | \$ (86,218) |
| Total Cash Receipts | \$ 915,618 | \$ 997,262 | \$ (81,644) | \$ 3,895,426 | \$ 3,954,027 | \$ (58,601) |
| Cash Disbursements | | | | | | |
| PS | \$ 206,299 | \$ 207,453 | \$ 1,154 | \$ 1,675,830 | \$ 1,650,901 | \$ (24,929) |
| Fringe Benefits | 82,440 | 293,445 | 211,006 | 540,410 | 709,081 | 168,671 |
| OTPS | 121,871 | 98,743 | (23,128) | 878,633 | 855,521 | (23,111) |
| City Payments | - | - | 0 | - | 309,405 | 309,405 |
| Affiliation | 86,605 | 84,340 | (2,265) | 654,177 | 622,796 | (31,381) |
| HHC Bonds Debt | <u>7,162</u> | <u>6,848</u> | <u>(314)</u> | <u>49,913</u> | <u>47,787</u> | <u>(2,126)</u> |
| Total Cash Disbursements | \$ 504,377 | \$ 690,829 | \$ 186,452 | \$ 3,798,962 | \$ 4,195,491 | \$ 396,529 |
| Receipts over/(under) Disbursements | \$ 411,241 | \$ 306,433 | \$ 104,808 | \$ 96,463 | \$ (241,464) | \$ 337,927 |

NYC Health + Hospitals
Actual vs Budget Report
Fiscal Year 2017 (in 000's)
TOTAL CORPORATION

| | Month of January 2017 | | | Fiscal Year To Date January 2017 | | |
|--|-----------------------|-------------------|---------------------|----------------------------------|---------------------|---------------------|
| | actual 2017 | budget 2017 | better / (worse) | actual 2017 | budget 2017 | better / (worse) |
| Cash Receipts | | | | | | |
| Inpatient | | | | | | |
| Medicaid Fee for Service | \$ 51,883 | \$ 60,613 | \$ (8,730) | \$ 393,919 | \$ 449,390 | \$ (55,471) |
| Medicaid Managed Care | 59,004 | 67,174 | (8,170) | 418,675 | 458,744 | (40,069) |
| Medicare | 38,023 | 38,541 | (517) | 294,258 | 283,248 | 11,010 |
| Medicare Managed Care | 22,186 | 23,795 | (1,608) | 182,881 | 187,571 | (4,690) |
| Other | <u>18,903</u> | <u>18,200</u> | <u>703</u> | <u>134,341</u> | <u>125,850</u> | <u>8,491</u> |
| Total Inpatient | \$ 190,000 | \$ 208,323 | \$ (18,323) | \$ 1,424,074 | \$ 1,504,803 | \$ (80,729) |
| Outpatient | | | | | | |
| Medicaid Fee for Service | \$ 8,500 | \$ 9,178 | \$ (677) | \$ 60,014 | \$ 69,146 | \$ (9,132) |
| Medicaid Managed Care | 98,403 | 104,247 | (5,844) | 365,917 | 404,095 | (38,179) |
| Medicare | 4,806 | 5,501 | (695) | 38,116 | 41,261 | (3,145) |
| Medicare Managed Care | 7,036 | 7,614 | (579) | 90,612 | 91,248 | (636) |
| Other | <u>45,056</u> | <u>41,207</u> | <u>3,849</u> | <u>124,777</u> | <u>112,617</u> | <u>12,160</u> |
| Total Outpatient | \$ 163,801 | \$ 167,748 | \$ (3,947) | \$ 679,436 | \$ 718,367 | \$ (38,931) |
| All Other | | | | | | |
| Pools | \$ 5,768 | \$ 5,962 | \$ (194) | \$ 186,505 | \$ 187,964 | \$ (1,459) |
| DSH / UPL | 535,069 | 535,069 | 0 | 1,424,808 | 1,424,808 | 0 |
| Grants, Intracity, Tax Levy | 14,094 | 14,564 | (470) | 134,522 | 131,780 | 2,742 |
| Appeals & Settlements | 396 | - | 396 | 3,963 | 287 | 3,676 |
| Misc / Capital Reimb | <u>6,490</u> | <u>6,260</u> | <u>230</u> | <u>42,118</u> | <u>45,016</u> | <u>(2,897)</u> |
| Total All Other | \$ 561,817 | \$ 561,854 | \$ (37) | \$ 1,791,917 | \$ 1,789,855 | \$ 2,061 |
| Total Cash Receipts | \$ 915,618 | \$ 937,925 | \$ (22,307) | \$ 3,895,426 | \$ 4,013,025 | \$ (117,599) |
| Cash Disbursements | | | | | | |
| PS | \$ 206,299 | \$ 206,050 | \$ (248) | \$ 1,675,830 | \$ 1,669,191 | \$ (6,639) |
| Fringe Benefits | 82,440 | 82,314 | (126) | 540,410 | 537,422 | (2,988) |
| OTPS | 121,871 | 122,208 | 337 | 878,633 | 877,971 | (662) |
| City Payments | - | - | 0 | - | - | 0 |
| Affiliation | 86,605 | 84,957 | (1,649) | 654,177 | 650,846 | (3,331) |
| HHC Bonds Debt | <u>7,162</u> | <u>8,307</u> | <u>1,145</u> | <u>49,913</u> | <u>55,648</u> | <u>5,735</u> |
| Total Cash Disbursements | \$ 504,377 | \$ 503,835 | \$ (541) | \$ 3,798,962 | \$ 3,791,078 | \$ (7,884) |
| Receipts over/(under) Disbursements | \$ 411,241 | \$ 434,089 | \$ (22,848) | \$ 96,463 | \$ 221,947 | \$ (125,483) |

NEW YORK CITY HEALTH + HOSPITALS
INPATIENT PAYOR MIX
 Fiscal Year 2017 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 | | | | | | | | | | | | |
| 2017 | 58.2 | 54.6 | 63.3 | 63.1 | 56.7 | 62.2 | 66.4 | 69.5 | 63.5 | 64.5 | 69.0 | 62.2 |
| 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 |
| Medicaid | | | | | | | | | | | | |
| 2017 | 22.2 | 19.7 | 21.6 | 18.4 | 14.2 | 20.8 | 17.0 | 21.4 | 15.4 | 26.9 | 19.5 | 19.9 |
| 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 |
| Medicaid Plans | | | | | | | | | | | | |
| 2017 | 35.9 | 35.0 | 41.7 | 44.7 | 42.5 | 41.4 | 49.4 | 48.1 | 48.1 | 37.6 | 49.5 | 42.3 |
| 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 |
| Medicare Total | | | | | | | | | | | | |
| 2017 | 18.1 | 35.6 | 22.7 | 23.2 | 23.7 | 18.8 | 23.6 | 20.0 | 19.4 | 23.2 | 20.5 | 22.4 |
| 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 |
| Medicare | | | | | | | | | | | | |
| 2017 | 9.4 | 25.9 | 11.2 | 9.4 | 12.0 | 9.2 | 8.0 | 9.2 | 9.6 | 11.0 | 9.4 | 11.1 |
| 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 |
| Medicare Plans | | | | | | | | | | | | |
| 2017 | 8.7 | 9.7 | 11.5 | 13.8 | 11.6 | 9.6 | 15.6 | 10.8 | 9.7 | 12.2 | 11.1 | 11.3 |
| 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 |
| Commercial | | | | | | | | | | | | |
| 2017 | 10.0 | 7.5 | 8.3 | 8.6 | 12.5 | 11.6 | 7.5 | 5.4 | 8.3 | 9.5 | 6.8 | 9.1 |
| 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 |
| Other | | | | | | | | | | | | |
| 2017 | 5.1 | 0.1 | 1.1 | 0.1 | 0.2 | 0.2 | 0.3 | 0.1 | 0.1 | 0.2 | 0.1 | 1.0 |
| 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 |
| Uninsured | | | | | | | | | | | | |
| 2017 | 8.6 | 2.2 | 4.5 | 5.0 | 6.9 | 7.3 | 2.2 | 4.9 | 8.8 | 2.6 | 3.6 | 5.3 |
| 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 |

FY17 (July 2016 - December 2016) run on 2/27/17

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)
Fiscal Year 2017 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 | | | | | | | | | | | | | | | | | | |
| 2017 | 39.0 | 36.9 | 37.3 | 48.2 | 46.6 | 47.4 | 45.0 | 45.4 | 50.7 | 36.8 | 41.5 | 49.8 | 45.9 | 53.1 | 34.4 | 53.2 | 43.6 | 42.9 |
| 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 |
| Medicaid | | | | | | | | | | | | | | | | | | |
| 2017 | 6.5 | 9.3 | 7.3 | 8.4 | 8.3 | 9.5 | 7.9 | 7.5 | 7.2 | 8.5 | 3.9 | 3.3 | 3.6 | 6.5 | 4.2 | 5.1 | 4.8 | 7.3 |
| 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 |
| Medicaid Plans | | | | | | | | | | | | | | | | | | |
| 2017 | 32.6 | 27.6 | 29.9 | 39.8 | 38.4 | 37.9 | 37.1 | 37.9 | 43.5 | 28.2 | 37.7 | 46.5 | 42.3 | 46.5 | 30.2 | 48.1 | 38.9 | 35.6 |
| 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 |
| Medicare Total | | | | | | | | | | | | | | | | | | |
| 2017 | 19.8 | 20.5 | 16.6 | 21.7 | 20.3 | 16.0 | 21.8 | 20.5 | 17.3 | 20.1 | 20.3 | 15.9 | 13.7 | 17.7 | 25.5 | 15.3 | 19.0 | 19.5 |
| 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 |
| Medicare | | | | | | | | | | | | | | | | | | |
| 2017 | 8.7 | 11.4 | 6.8 | 9.7 | 8.3 | 8.0 | 6.5 | 7.4 | 6.3 | 6.9 | 6.8 | 3.3 | 5.1 | 7.7 | 9.2 | 4.4 | 7.1 | 7.8 |
| 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 |
| Medicare Plans | | | | | | | | | | | | | | | | | | |
| 2017 | 11.1 | 9.1 | 9.8 | 12.0 | 11.9 | 8.0 | 15.3 | 13.1 | 11.0 | 13.3 | 13.5 | 12.6 | 8.6 | 10.0 | 16.3 | 10.9 | 11.9 | 11.7 |
| 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 |
| Commercial | | | | | | | | | | | | | | | | | | |
| 2017 | 12.4 | 8.3 | 5.6 | 11.0 | 10.7 | 14.4 | 15.4 | 7.6 | 10.0 | 7.1 | 9.8 | 9.8 | 13.2 | 15.4 | 12.3 | 12.0 | 13.1 | 11.0 |
| 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 |
| Other | | | | | | | | | | | | | | | | | | |
| 2017 | 2.5 | 0.6 | 2.7 | 0.5 | 1.7 | 0.4 | 0.9 | 0.3 | 0.7 | 0.3 | 0.6 | 0.0 | 0.2 | 0.1 | 1.0 | 0.0 | 0.1 | 1.0 |
| 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 |
| Uninsured | | | | | | | | | | | | | | | | | | |
| 2017 | 26.2 | 33.8 | 37.8 | 18.6 | 20.7 | 21.7 | 16.9 | 26.2 | 21.2 | 35.7 | 27.8 | 24.6 | 27.0 | 13.8 | 26.7 | 19.5 | 24.2 | 25.6 |
| 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 |

FY17 (July 2016 - December 2016) run on 2/27/17
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, No-Fault, Worker's Comp and Blue Cross
Other: Federal, State, City agencies, Uniformed Services and Prisoners

NEW YORK CITY HEALTH + HOSPITALS
OUTPATIENT PEDIATRICS PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2017 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 | | | | | | | | | | | | | | | | | | |
| 2017 | 83.0 | 75.2 | 80.0 | 84.4 | 74.5 | 72.9 | 83.9 | 89.6 | 75.2 | 68.5 | 79.0 | 87.5 | 79.3 | 77.4 | 81.6 | 83.1 | 75.3 | 79.4 |
| 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 |
| Medicaid | | | | | | | | | | | | | | | | | | |
| 2017 | 4.3 | 10.1 | 3.5 | 4.8 | 6.2 | 5.4 | 3.9 | 3.2 | 5.8 | 6.1 | 3.8 | 3.3 | 3.5 | 4.1 | 4.9 | 3.1 | 5.0 | 4.7 |
| 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 |
| Medicaid Plans | | | | | | | | | | | | | | | | | | |
| 2017 | 78.7 | 65.1 | 76.5 | 79.6 | 68.3 | 67.5 | 80.0 | 86.4 | 69.4 | 62.5 | 75.2 | 84.2 | 75.9 | 73.3 | 76.8 | 80.0 | 70.3 | 74.6 |
| 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 |
| Commercial Total | | | | | | | | | | | | | | | | | | |
| 2017 | 12.4 | 18.2 | 10.4 | 11.1 | 18.4 | 17.3 | 12.1 | 7.0 | 18.4 | 19.1 | 12.6 | 8.1 | 10.4 | 13.7 | 13.6 | 9.0 | 12.5 | 13.5 |
| 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 |
| Child Health Plus | | | | | | | | | | | | | | | | | | |
| 2017 | 8.2 | 12.5 | 4.6 | 7.9 | 14.4 | 11.4 | 5.2 | 3.3 | 15.2 | 12.9 | 7.7 | 3.6 | 5.7 | 8.8 | 8.7 | 5.1 | 9.5 | 8.6 |
| 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 |
| Non-CHP Plans | | | | | | | | | | | | | | | | | | |
| 2017 | 4.2 | 5.7 | 5.8 | 3.2 | 4.0 | 5.9 | 6.9 | 3.7 | 3.2 | 6.2 | 4.9 | 4.5 | 4.7 | 5.0 | 4.8 | 3.9 | 3.0 | 4.9 |
| 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 |
| Other | | | | | | | | | | | | | | | | | | |
| 2017 | 0.2 | 0.4 | 0.3 | 0.2 | 0.9 | 0.3 | 0.5 | 0.0 | 0.3 | 0.3 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.3 |
| 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 |
| Uninsured Total | | | | | | | | | | | | | | | | | | |
| 2017 | 4.5 | 6.1 | 9.2 | 4.3 | 6.3 | 9.4 | 3.5 | 3.4 | 6.1 | 12.1 | 8.3 | 4.3 | 10.3 | 8.8 | 4.7 | 7.9 | 12.2 | 6.9 |
| 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 |

FY17 (July 2016 - December 2016) run on 2/27/17

FY16 (July 2015 - December 2015) run on 2/21/16

Note: All numbers are percentages.

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