



**STRATEGIC PLANNING COMMITTEE
OF THE BOARD OF DIRECTORS**

October 11, 2017
Boardroom
125 Worth Street, Room 532

AGENDA

- I. Call to Order** **Gordon J. Campbell**
- II. Adoption of May 9, 2017
Strategic Planning Committee Meeting Minutes** **Gordon J. Campbell**
- III. Action Item**
- a. RESOLUTION Adopting NYC Health + Hospitals' Mission Statement and Performance Measures for Fiscal Year 2017 as required by the Public Authorities Reform Act of 2009 which require a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.
- IV. Information Items**
- a. Revised system scorecard **Dr. Ross Wilson,
Senior Vice President
Office of Transformation**
- b. Intergovernmental Affairs Update **John Jurenko, Vice President
Government, Community Relations, and Planning**
- V. Old Business**
- VI. New Business**
- VII. Adjournment** **Gordon J. Campbell**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

MAY 9, 2017

The meeting of the Strategic Planning Committee of the Board of Directors was held on May 9, 2017 in NYC Health + Hospitals' Boardroom, which is located at 125 Worth Street with Mr. Gordon Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairman of the Board, Chairperson of the Strategic Planning Committee
Stanley Brezenoff, President, CEO
Robert F. Nolan
Mark Page
Bernard Rosen

OTHER ATTENDEES

M. Elias, IBO
K. Kreutz, PAGNY

NYC HEALTH + HOSPITALS STAFF

P. Albertson, VP, Operations
D. Ashkanase, Strategic Advisor-Finance, Office of Transformation
M. Allen, Interim Chief Medical Officer
J. Bender, Director, Media, Central Office
M. Beverly, Assistant Vice President, Finance
E. Carrington, CEO, Health + Hospitals | Harlem
M. Chidester, Chief of Staff, Office of Transformation
A. Cohen, Vice President, Office of Transformation
R. Colon-Kolacko, Chief People Officer
S. Diamond, COO, MetroPlus
T. DiVittis, AED, Planning, NYC Health + Hospitals | Woodhull
M. Elivert, Chief Experience Officer, Health + Hospitals | Queens

S. Fass, Assistant Vice President, Central Office, Planning
W. Foley, Senior Vice President, Hospitals
J. Goldstein, Assistant Director, Central Office, Planning
S. Gillen, Senior Assistant Vice President, Ambulatory Care
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
J. Jurenko, Vice President, Intergovernmental Affairs
C. Keeley, Director, Office of Transformation
S. Kleinbart, Director of Planning, NYC Health + Hospitals | Coney Island
M. Leta, Executive Secretary, Central Office, Population Health
P. Lockhart, Secretary to the Corporation, Office of the Chairman of the Board of Directors
L. Lombardi, Chief Strategy Officer, NYC Health + Hospitals | Bellevue
S. Loville, Senior Management Consultant, Finance, Revenue Management
N. Peterson, DSRIP Lead, Health + Hospitals | Woodhull
C. Philippou, Associate Director, Central Office, Planning
S. Ritzel, Associate Director, NYC Health + Hospitals | Kings County
S. Russo, Senior Vice President, General Counsel, Legal Affairs
A. Shkolnik, Assistant Director, Medical and Professional Affairs
D. Thompson, Strategic Planning, Health + Hospitals | Kings County
R. Wilson, Senior Vice President, Chief Transformation Officer, Office of Transformation
V. Yogeshwar, Senior Director, Office of Transformation

CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of the May 9, 2017 Strategic Planning Committee to order. The minutes of the March 16, 2016 meeting were adopted.

INFORMATIONAL ITEMS

Intergovernmental Affairs Legislative Update

John Jurenko, Vice President

Government, Community Relations, and Planning

Presentation: Federal and State Budget Legislative Update

The American Health Care Act passed by the House with a vote of 217 to 213 included some new amendments which allow states to seek waivers for Essential Health Benefits, community ratings and funding added for pre-existing conditions. It was also passed without new Congressional Budget Office (CBO) score. Now the bill will face vote in the Senate and might be very different from the way it was passed in the House. Senators have concerns about passing this without a CBO score and the Majority Leader Mitch McConnell has formed a workgroup to look into all the rules that apply, but this could be a long process and some senators are still not completely behind passing this bill. It appears that there are 12-13 republican senators who have concerns about voting on the bill. Health + Hospitals are already talking to NY Senator Charles Schumer and have raised their concerns. H+H is also trying to get the DSH funding cuts delayed.

On the State Adopted Budget update there is an allocation of a new state funding of \$20 million gross over two years for enhanced safety net hospitals. H+H might get 40-50% of that per year. The exact nature of the distribution is still not clear but the state is relying on HANYS to come up with the allocation.

An allocation of Capital funding from the state for \$500 million for the statewide Health Care Facility Transformation Program to support projects that facilitate health care transformation with up to \$300 million for projects not funded under last year's capital request was passed. Of the total, at least \$75 million will be dedicated to community-based providers and \$50 million is designated for Montefiore Medical Center.

Another proposal which was passed was the removal of juveniles from Rikers no later than 10/1/18 for which H+H will be working with Correctional Health about implications and its spillover effects at the Family Court systems instead of criminal court systems.

Summary of Commission Briefs on One New York: Health Care for Our Neighborhoods

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: Recommendations from the Commission

The Commission on One New York Health Care for Our Neighborhoods led by First Deputy Mayor Anthony Shorris and Deputy Mayor for Health and Human Services Hermenia Palacio also included outside experts including Dr. Jo Ivey Boufford, a board member at H+H, and released a report a little while ago, after studying and working hard with the information they had. The Commission came up with recommendations which were consistent with the “Triple Aim” of improving the patient experience, improving the health of populations, and reducing the cost of care, informing NYC Health + Hospitals’ efforts to transform into a sustainable high-performing system that keeps New Yorkers healthy throughout their lives, three major ones are below:

- **Re-envisioning Clinical Infrastructure**
- **Building Clinical Partnerships**
- **Strategies to Sustain the Safety Net**

The recommendations are consistent with the plans and direction H+H is currently-on, in their Transformation path. The link to the Commission briefs were included in the presentation.

System Scorecard

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: System Scorecard, CY2017, Q1

H+H is on target for all metrics tied to increasing efficiency through investments in technology and capital.

Two indicators failed to meet targets this quarter:

- **Staff Completing Leadership Programs:** This was due to delays in executing contract with the Advisory Board to provide the program. It will soon be on track in the next quarters as Fellowship Program, Leading in Times of Change and Middle Manager Leadership Development programs get underway in the near future.
- **Unique Patients(Thousands):** A combination of decreasing inpatient utilization city-wide, unavailability of appointments due to physician shortages in adult primary care and enrollment in health insurance giving patients several provider options have affected the Unique Patient count. Efforts underway are towards increasing access and appointment availability, MetroPlus working to ensure more patients are assigned to H+H PCPs and efforts to expand MetroPlus membership base into the communities especially in the Bronx. Hospital leaders are aggressively working to

enroll patients by having enrollment centers in prime traffic areas in the hospitals, improving referral relationships and a quick enrollment process. This Elmhurst hospital's approach to enrollment is good model to replicate.

- CLABSI-SIR shows a minor due to base line methodology being changed by CDC and is not reflective of any major change in our infection rates.
- DSRIP payments are not expected for First Quarter until July of 2017 and Employee Engagement Pulse survey was not conducted in first Quarter, therefore appear as TBD in the scorecard.

Update on Transformation

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: Our Future State

Guided by the Mayors report from last year and the Commission's recommendation the Future state encompasses elements like being best-in-class integrated health system that is the provider of choice for our patients by delivering accessible, high quality, culturally competent, patient/family centered care and partners with others to holistically meet community health needs. Also to do this we need to be a data-driven, financially sustainable system that provides care to patients in the most appropriate setting, with integration of health and social needs that can succeed in population health driven value-based-purchasing environment. To be able to deliver this future state we have to be entirely consistent with our mission, where care will continue to be available for all regardless of their ability to pay. Many key elements to achieve this were presented including importance of a clearly articulated strategy, an appropriately sized inpatient and ambulatory care capacity to meet the demands, etc. all keeping in line with the recommendations of the commission report. The strategic goals provide framework for the future included Quality of care, Patient experience of care, Staff engagement scores being nationally competitive and most importantly a culture of continuous improvement and shared-learning to be fostered to deliver these strategies.

There were no action items to discuss.

There was no old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell

Resolution

Adopting NYC Health + Hospitals' Mission Statement and Performance Measures for Fiscal Year 2017 as required by the Public Authorities Reform Act of 2009 which require a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.

RESOLUTION

Adopting NYC Health + Hospitals' Mission Statement and Performance Measures for Fiscal Year 2017 as required by the Public Authorities Reform Act of 2009 which require a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.

WHEREAS, the New York State Public Authorities Reform Act of 2009 requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the Office of the State Comptroller's Authorities Budget Office (ABO) requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain additional questions, on a form provided by that office and requires that the Board of Directors read and understand the mission statement and read and understand the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals has posted on its website a mission statement that is a refined version of the purposes of NYC Health + Hospitals as expressed in the legislation which created NYC Health + Hospitals and in the NYC Health + Hospitals By-Laws; and

WHEREAS, NYC Health + Hospitals keeps extensive data on numerous performance measures for internal monitoring and external reporting which is included each year in the Mayor's Management Report; and

WHEREAS, the attached "Mission Statement and Performance Measures" uses the same indicators as reflected in the Mayor's Management Report;

NOW, THEREFORE, be it

RESOLVED that the attached "Mission Statement and Performance Measures" is hereby adopted, as required by the Public Authorities Reform Act of 2009, which requires a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.

Executive Summary

NYC Health + Hospitals is required to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office ("ABO") each year a mission statement and performance measures to assist the System in determining how well it is carrying out its mission. The ABO requires completion of a specific form to achieve this reporting, as well as to respond to some additional questions. Attached is the complete report of our mission statement and the performance measures and the additional responses, all of which require the Board's adoption.

The attached "Mission Statement and Performance Measures" uses the same indicators as included in the Mayor's Management Report.

There have been minor variations on the Mission Statement over the years. All are refined versions of the purposes of NYC Health + Hospitals as expressed in the legislation which created System and in the System By-Laws. The mission statement on the ABO form is the version currently included on our website.

Authority Mission Statement and Performance Measurements

Name of Public Authority:

New York City Health and Hospitals Corporation (“NYC Health + Hospitals”)

Public Authority's Mission Statement:

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect;

To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;

To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

Date Adopted: October 26, 2017

List of Performance Measurements:

| | Indicator | FY 2016 | FY 2017 | Desired direction |
|----|---|----------------|----------------|--------------------------|
| 1 | Eligible women receiving a mammogram screening (%) | 76.4% | 75.4% | Up |
| 2 | Emergency room revisits for adult asthma patients (%) | 6.2% | 6.9% | Down |
| 3 | Emergency room revisits for pediatric asthma patients (%) | 3.2% | 3.6% | Down |
| 4 | Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%) | 6.8% | 7.1% | Down |
| 5 | Inpatient satisfaction rate (%) | 62.0% | 61.0% | Up |
| 6 | Outpatient satisfaction rate (%) | 77.8% | 81.3% | Up |
| 7 | Hospital-acquired Central Line-acquired Bloodstream Infection (CLABSI) rate | n/a | 1.438 | Down |
| 8 | HIV patients retained in care (%) (annual) | 85.7% | 83.5% | Up |
| 9 | Calendar days to third next available new appointment - adult medicine | 23.0 | 18.6 | Down |
| 10 | Calendar days to third next available new appointment - pediatric medicine | 5.0 | 5.1 | Down |
| 11 | Patient Cycle Time - Adult Medicine | 88 | 79 | Down |
| 12 | Patient Cycle Time - Pediatrics | 70 | 70 | Down |
| 13 | Patient Cycle Time - Women's Health | 76 | 88 | Down |
| 14 | Prenatal patients retained in care through delivery (%) | 87.0% | 86.1% | Up |
| 15 | General care average length of stay (days) | 5.2 | 5.4 | Down |

Note: Due to change in reporting methodology, CLABSI FY 2016 is not available.

ADDITIONAL QUESTIONS:

- 1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

Yes.

- 2. Who has the power to appoint the management of the public authority?**

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

- 3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

- 4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

Yes.

Revised System Scorecard

Dr. Ross Wilson
Chief Transformation Officer

Strategic Planning Committee
October 11, 2017

Vision for our Future State

- A best-in-class integrated health system that is the provider of choice for our patients by delivering accessible, high quality, culturally competent, patient/family centered care, and partners with others to holistically meet community health needs
- A data-driven, financially sustainable system that provides care to patients in the most appropriate setting, with integration of health and social needs that can succeed in population health driven value-based-purchasing environment

Key Elements of our Future State

1. A clearly articulated plan
2. Appropriately-sized inpatient and ambulatory care capacity to meet demand
3. Expanded primary care capacity
4. Redesigned distribution of clinical services across settings based on quality and community need
5. Fully integrated expanded care management services that proactively anticipates demand and improves outcomes and utilization
6. New relationships with old and new partners (affiliates, labor, providers, academic affiliates, community-based organizations) that drive growth, quality and efficiencies
7. Population health management and financial risk management to ensure competitive performance in value-based payment arrangements
8. A right-sized workforce to meet patients' needs in a financially sustainable way, that is also engaged, talented and set up for success (e.g., clearly defined roles, standardized trainings, continuous development)
9. Standardized processes, procedures, and organizational structure that support effective decision making and execution, with explicit operating and business models and clear accountabilities
10. Robust informatics and analytic capabilities to provide insights and tools to manage performance

Strategic Goals

Executive Sponsor

Quality & Outcomes

- Standardize care based on best practice
- Improve care using a system-wide population health approach
- Improve care using system-wide care management

CMO

OneCity Health CEO

OneCity Health CEO

Patient Experience

- Improvement in patient & family experience and engagement across all settings

CNO

Access to Care

- Improve appointment availability to meet community expectations for primary care, specialty care and urgent care
- Use technology to create a welcoming front door for scheduling, advice and care
- Reconfigure clinical services to optimize quality and meet community needs

SVP of Acute/Amb Care

CIO+

CMO

Strategic Goals

Executive Sponsor

Staff Engagement

- Transform employee and physician experience improving engagement to enable the delivery of the best patient experience

Chief People Officer

Financially Sustainable

Maximize Revenue

- Maximize patient revenue through a highly-effective revenue cycle system
- Maximize non-patient revenue
- Improve synergism with health plans, including reduction of patient “leakage” and disenrollment

CFO

CFO

SVP of Acute/Amb Care

Minimize expenses

- Operating model that reduces the cost of an ambulatory visit
- Reduce expenses by optimizing size and productivity of workforce
- Highly efficient management of OTPS spend, including supply chain

SVP of Acute/Amb Care

SVP of Acute/ Amb Care
and SVP PAC

VP, Supply Chain

System scorecard design

- ✓ Designed to track and report on strategic priorities – aligned to the Strategic Plan
- ✓ Scorecard should maintain a focused, Board level perspective, with a manageable number of standard metrics
- ✓ Presentation should show trends over time, with visible benchmarks and targets; information should be displayed in a format that is easy to digest
- ✓ The operational scorecards for acute, post-acute and ambulatory service lines will reflect the strategic priorities in the system level scorecard, as well as more operational metrics
- ✓ Requires quality data with frequent reporting periods to the Board; data should be automated where possible
- ✓ Low performance should be tied to formal action plans

SYSTEM SCORECARD FY 2018- OCTOBER

| | | EXECUTIVE SPONSOR | REPORTING FREQUENCY | TARGET 2018 | ACTUAL FOR PERIOD* | VARIANCE TO TARGET | PRIOR PERIOD** | PRIOR YEAR SAME PERIOD*** |
|---|--|---------------------|---------------------|--------------|------------------------|--------------------|------------------------|---------------------------|
| Quality and Outcomes | | | | | | | | |
| 1 | 3-hour Sepsis Bundle Compliance | CMO | Quarterly | 63.5% | 61.88% | -3% | N/A | N/A |
| 2 | Follow-up appointment kept within 30 days after behavioral health discharge | CMO | Quarterly | 66.0% | N/A | 0% | N/A | 62% |
| Patient Satisfaction scores in top (50th) percentile over next 5 years | | | | | | | | |
| 3 | Inpatient care – overall rating (Top Box) | CNO | Quarterly | 65.4 | 60.8 | -7% | 60.4 | 60.2 |
| 4 | Ambulatory care (Medical practice) - Recommend Provider Office (Top Box) | CNO | Quarterly | 83.6 | 82.1 | -2% | 81.5 | 80.4 |
| 5 | Post-acute care – likelihood to recommend (Mean) | CNO/SVP PAC | Semi-Annually | 84.3 | N/A | N/A | 82.3 | 82.3 |
| Access to Care | | | | | | | | |
| 6 | % of sites within target appointment availability for both new and revisit adult primary care patients (Less than 14 days) | SVP Acute/ Amb Care | Monthly | 100% | 50% | -50% | 52.9% | 33.3% |
| 7 | Total unique primary care patients* (5% over baseline) | SVP Acute/ Amb Care | Monthly | Baseline TBD | metric calculation TBD | 0% | metric calculation TBD | metric calculation TBD |
| Staff engagement | | | | | | | | |
| 8 | Employee engagement – overall system score | CPO | Quarterly/ Annual | 3.77 | N/A | N/A | 3.7 | 3.68 |
| 9 | Physician engagement – overall system score | CPO | Quarterly/ Annual | 3.62 | N/A | N/A | 3.51 | 3.43 |
| Financially Sustainable | | | | | | | | |
| 10 | FTE per adjusted occupied bed (acute) | SVP Acute/ Amb Care | Monthly | 6.0 | 5.38 | -10% | 5.36 | 5.64 |
| 11 | FTE per adjusted occupied bed (post-acute) | SVP PAC | Monthly | 1.45 | 1.58 | +9% | 1.60 | 1.71 |
| 12 | % of M+ members assigned to H+H PCP | SVP Acute/ Amb Care | Monthly | 50% | 44% | -12% | 44% | 47% |
| 13 | Total AR days (excluding in-house) | CFO | Monthly | 45 | 47 | +4% | 45.5 | 55.4 |
| 14 | Supply chain revenue/savings in \$ Millions | SVP Supply Chain | Monthly | \$133 | \$21 | N/A | N/A | \$16 |
| 15 | EMR on track | CIO | Monthly | 100% | 93% | -7% | 100% | 98% |
| | | | | TARGET | ACTUAL FOR PERIOD* | VARIANCE | PRIOR PERIOD** | PRIOR YEAR SAME PERIOD*** |

GLOSSARY

Quality and Outcomes

| | | |
|---|---|---|
| 1 | 3-hour Sepsis Bundle Compliance | NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score. 3-hour bundle: Timely initial lactate level collection Timely blood culture collection prior to antibiotic administration Timely administration of a broad spectrum antibiotic |
| 2 | Follow-up appointment kept within 30 days after behavioral health discharge | MCO (Emblem & MetroPlus) data for VBP submission. Follow-up appointment kept with-in 30 days after behavioral health discharge as reported by the MCO (Emblem & MetroPlus) data for VBP QIP submission. |

Patient Satisfaction scores in top (50th) percentile over next 5 years

| | | |
|---|--|---|
| 3 | Inpatient care – overall rating (Top Box) | Each of the three Patient Satisfaction metrics will be based on national benchmarks. Each metric will have an annual baseline, target and stretch goal which covers a five year period (2018-2022). The data source will be HCAHPS. Aggregate system-wide Acute Care/Hospital score.HCAHPS Rate the Hospital 0-10 (Top Box) |
| 4 | Ambulatory care (Medical practice) - Recommend Provider Office (Top Box) | Each of the three Patient Satisfaction metrics will be based on national benchmarks. Each metric will have an annual baseline, target and stretch goal which covers a five year period (2018-2022). The data source will be CAHPS. Aggregate system-wide Ambulatory/Outpatient medical practice score. CAHPS Recommend Provider Office (Top Box). |
| 5 | Post-acute care – likelihood to recommend (Mean) | Each of the three Patient Satisfaction metrics will be based on national benchmarks. Each metric will have an annual baseline, target and stretch goal which covers a five year period (2018-2022). The data source will be CAHPS. Aggregate system-wide Post-acute care score. Press Ganey Survey. Likelihood to recommend (mean). |

Access to Care

| | | |
|---|--|---|
| 6 | % of sites within target appointment availability for both new and revisit adult primary care patients (Less than 14 days) | 100% of sites <14 day target for TNAA (Third Next Available Appointment). Scheduling System (Soarian/Epic), validated weekly by sites |
| 7 | Total unique primary care patients* (5% over baseline) | * Member with one or more primary care visit in the last 3 years. 5% increase over baseline. Financial encounter data |

Staff engagement

| | | |
|---|---|--|
| 8 | Employee engagement – overall system score | Pulse survey/ Press Ganey Each facility will be given a target to support the overall annual system wide goals. Pulse survey on a quarterly basis by facility with particular focus to critical question: 1) career development opportunities; 2) The person I report to treats me with respect . |
| 9 | Physician engagement – overall system score | Pulse survey/ Press Ganey. Each facility will be given a target to support the overall annual system wide goals. Pulse survey on a quarterly basis by facility with particular focus to critical questions: 1) effective teamwork between physicians and nurses at the organization; 2) effective communication between nursing staff and physicians regarding patient care. |

Financially Sustainable

| | | |
|----|---|---|
| 10 | FTE per adjusted occupied bed (acute) | Global FTE report/utilization report/Board report. FTEs / Adjusted Occupied bed FTEs = Global FTEs as in metrics 15 Adjusted Occupied Bed = (Average Daily Census Acute * Case-Mix-Index + Average Daily Census Other) * Gross-up |
| 11 | FTE per adjusted occupied bed (post-acute) | H+H Finance. (Total PAC Facility Revenues/ Inpatient PAC Facility Revenues) x (Total Bed Days/ Number of Days in the Period). Total Paid FTE's: H+H Staff, H+H Overtime, Paid Agency Staff, Non-physician Affiliate staff, physician FTEs, physician extender FTEs. The Paid FTE's also include staff who are on Paid Leave. |
| 12 | % of M+ members assigned to H+H PCP | MetroPlus. Members assigned to H+H PCP (manual & auto)/ total assignments *100 |
| 13 | Total AR days (excluding in-house) | Unity/Soarian. Total AR days, excluding in-house |
| 14 | Supply chain revenue/savings in \$ Millions | Supply chain financial tracker. Revenue = FY to-date received monies (net), verified by Finance Savings = FY to-date implemented reduction in negotiated contract pricing + previous year(s) contract reductions for life of multi-year agreements, verified by Finance |
| 15 | EMR on track | EITS. Estimate of milestones completed on time |

REPORTING PERIOD

| Metric | ACTUAL FOR PERIOD* | PRIOR PERIOD** | PRIOR YEAR SAME PERIOD*** |
|--|---|--------------------------|---------------------------|
| Quality and Outcomes | | | |
| 1 3-hour SEPSIS bundle compli | Q1, 2017 | Different methodology | |
| 2 Follow-up appointment kept within 30 days after behavioral health discharge | Baseline data 04/01/2016 - 03/31/2017 | N/A | N/A |
| Patient Satisfaction scores in top (50th) percentile over next 5 years | | | |
| 3 Inpatient care - Overall rating | Q2, 2017 | Q1, 2017 | FY17 |
| 4 Ambulatory care (Medical practice) - Recommend Provider Office (Top Box) | Q2, 2017 | Q1, 2017 | FY17 |
| 5 Post-acute care – likelihood to recommend (Mean) | N/A | 12/1/2016 - 3/31/2017 | 12/1/2016 - 3/31/2017 |
| Access to Care | | | |
| 6 % of sites within target appointment availability for both new and revisit adult primary care patients (Less than 14 days) | Aug 2017 | Jul 2017 | Aug 2016 |
| 7 Total unique primary care patients* (5% over baseline) | N/A | N/A | N/A |
| Staff engagement | | | |
| 8 Employee engagement – overall system score | N/A | Nov 2016 | Nov 2016 |
| 9 Physician engagement – overall system score | N/A | Nov 2016 | Nov 2016 |
| Financially Sustainable | | | |
| 10 FTE per adjusted occupied bed (acute) | Aug 2017 | Jul 2017 | Aug 2016 |
| 11 FTE per adjusted occupied bed (post-acute) | Aug 2017 | Jul 2017 | Aug 2016 |
| 12 % of M+ members assigned to H+H PCP | Sep 2017 | Aug 2017 | Sep 2016 |
| 13 Total AR days (excluding in-house) | Sep 2017 | Aug 2017 | Sep 2016 |
| 14 Supply chain revenue/savings in \$ Millions | FY YTD | N/A | FY17 YTD |
| 15 EMR on track | Q2, 2017 | Q1, 2017 | Q2, 2016 |

Federal and State Budget and Legislative Update

John Jurenko

Vice President

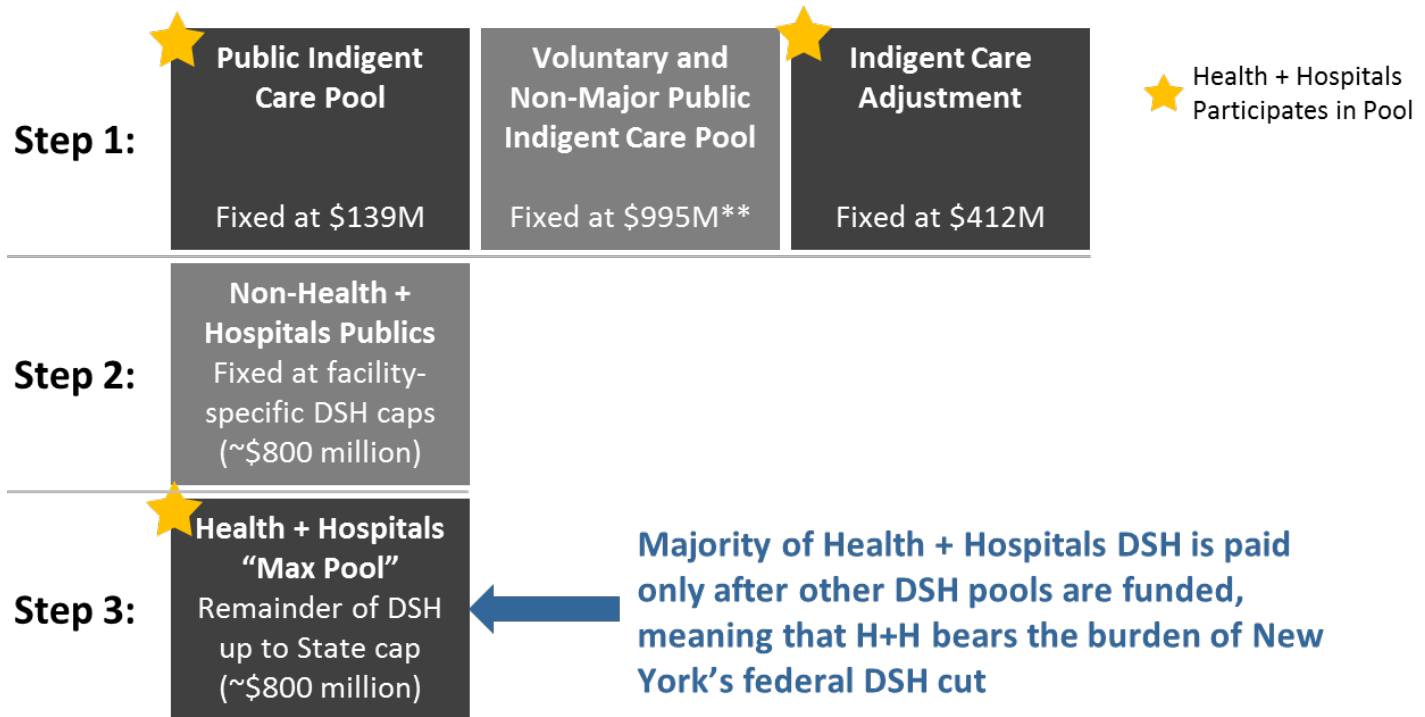
Government, Community Relations, and Planning

Strategic Planning Committee

October 11, 2017

Medicaid DSH Funding Overview

Current total NYS DSH funding is capped at \$3.5B* (\$1.764B federal share)



Notes:

*\$3.5 B is a FFY 2017 estimate (from CMS proposed rule) and is comprised of \$2.9 B for acute care hospitals and \$605M for OMH facilities.

**Voluntary and Non-Major Public Indigent Care Pool includes \$339M in UPL payments.

Medicaid DSH Cuts State Timeline

