

# AGENDA

## FINANCE COMMITTEE

MEETING DATE: JANUARY 23, 2017  
TIME: 10:00 A.M.  
LOCATION: 125 WORTH STREET  
BOARD ROOM

## BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE NOVEMBER 3, 2016 MINUTES

### I. SENIOR VICE PRESIDENT'S REPORTS

P.V. ANANTHARAM

- UPDATES
  - CASH FLOW
  - SUPPLEMENTAL FUNDING

### II. FINANCIAL REPORTS STATUS

- UTILIZATION
- REVENUES & EXPENSES

KRISTA OLSON  
MICHLINE FARAG

### III. INFORMATION ITEMS

- ❖ QUARTERLY PAYER MIX REPORTS (INPATIENT, ADULT & PEDIATRICS)
- ❖ SHORT TERM CAPITAL FINANCING

KRISTA OLSON  
LINDA DEHART

OLD BUSINESS  
NEW BUSINESS  
ADJOURNMENT

BERNARD ROSEN

# MINUTES

MEETING DATE: NOVEMBER 3, 2016

## FINANCE COMMITTEE

## BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on November 3, 2016 in the 5<sup>th</sup> floor Board Room with Bernard Rosen presiding as Chairperson.

### ATTENDEES

#### COMMITTEE MEMBERS

Bernard Rosen  
Ramanathan Raju, MD  
Gordon Campbell  
Emily Youssouf  
Mark Page

#### OTHER ATTENDEES

J. Agrawal, Analyst, Office of Management & Budget, (OMB)  
J. Cassidy, Analyst, OMB  
J. DeGeorge, Analyst, Office of the State Comptroller  
T. DeRubio, Analyst, Office of Management and Budget (OMB)  
M. Dolan, Senior Assistant Director, DC37  
M. Hecht, Analyst, NYC Comptroller's Office

#### HHC STAFF

P. Albertson, Vice President, Corporate Procurement  
P.V. Anantharam, Senior Vice President/CFO, Corporate Finance  
D. Ashkenase, AVP, Office of Medical & Professional Affairs (M&PA)  
M. Beverley, Assistant Vice President, Corporate Finance  
M. Brito, CFO, Coler/Carter Specialty Hospital & Nursing Facility  
D. Buzzeo, Deputy CFO, Harlem Hospital Center  
T. Carlisle, Associate Executive Director, Corporate Planning Services  
D. Collington, Associate Executive Director, Coney Island Hospital  
E. Cosme, CFO, Gouverneur Specialty Care Facility  
F. Covino, Senior Assistant Vice President, Corporate Budget

## Minutes of the November 3, 2016 Finance Committee Meeting

J. Cuda, CFO MetroPlus Health Plan, Inc.  
L. Dehart, Assistant Vice President, Corporate Reimbursement Services  
M. Farag, Corporate Budget Director, Corporate Budget  
S. Fass, AVP, Corporate Planning Services  
M. Figueroa, Senior Associate Director, North Central Bronx  
K. Garramone, CFO, North Bronx Health Network  
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  
E. Guzman, AVP, Corporate Comptroller's Office/ERP  
C. Hercules, Chief of Staff, Chairperson'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, CEO, Henry J. Carter Specialty Hospital & Nursing Facility  
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. Meagher, Senior Director, Office of Managed Care  
S. Newmark, Policy Advisor, Office of the President  
M. Novzen, Deputy CFO, Lincoln Medical & Mental Health Center  
K. Olson, Assistant Vice President, Corporate Budget  
A. Pai, Chief of Staff to the SVP Finance/CFO, Corporate Finance  
C. Parjohn, Director, Office of Internal Audits  
K. Park, Associate Executive Director, Elmhurst Hospital Center  
C. Philippou, Assistant Director, Corporate Planning Services  
M. Pode, Chief Executive Office, North Central Bronx Hospital  
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs  
A. Saul, CFO, Kings County Hospital Center  
B. Schultz, Senior AVP, Corporate EITS  
E. Soiman, CFO, Woodhull Medical & Mental Health Center  
B. Stacey, CFO, Queens Hospital Center  
B. Swensen, Associate Executive Director, Coney Island Hospital  
S. VanOrden, Assistant Vice President, Finance Systems  
J. Weinman, CFO, Bellevue Hospital Center  
R. Wilson, Senior Vice President, Chief Medical Officer

**CALL TO ORDER**

**BERNARD ROSEN**

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the September 8, 2016 meeting were approved as submitted.

**CHAIR'S REPORT**

**BERNARD ROSEN**

**SENIOR VICE PRESIDENT'S REPORT**

**P.V. ANANTHARAM**

Mr. Anantharam stated that from a cash perspective, H+H is maintaining a consistent flow; however, in doing so, there is need for constant pressure on the State to release a number of payments that have been forthcoming as part of the State cooperativeness in conjunction with the Federal in this regard. The details of H+H cash status would be present by Mr. Linhart. The reports have been reconfigured to better highlight the trends in utilization and by service line. Ms. Olson would provide more specifics relative to those changes. In terms of the FTE targeted reduction, H+H continues to do better in terms of the actual personnel throughout the system. However, given the level of reductions through attrition, there have been some increases in overtime in order to meet staffing requirements that will be reported by Mr. Covino.

**CASH FLOW**

**JAMES LINHART**

Mr. Linhart reported that H+H cash balance as of September 30, 2016 was \$254 million or 13 days of cash on hand (COH). Payments totaling \$300 million in DSH and UPL receipts are expected during the month that will provide a healthy cash balance through January 2017 of \$329 million or 17.2 days of COH.

**SUPPLEMENTAL FUNDING UPDATE**

Mr. Anantharam stated that he would be doing the update on behalf of Ms. Dehart who was on scheduled annual leave. The supplemental payments relative to inpatient UPL that were critical to H+H cash flow needs, Dr. Raju was able to complete previously reported negotiations with CMS for substantial advances on pending inpatient UPLs for 2015 and 2016. H+H received the first advance of \$128 million for 2015 last week and anticipate receiving \$315 million by mid November 2016. There has been a lag in finalizing the second advance payment due to the State's finalization of the process. H+H continues to follow up with both the State and CMS on this issue and expect that it will be resolved in time for the payment to be received as projected. Since last reported on the status of DSH and UPL payments, \$63 million was received in September 2016 as expected to close out outpatient UPL payments through 2014, and \$113 million of DSH payments, which was \$13 million higher than previously reported. H+H is continuing, in conjunction with the City, to work on securing new funding committed by the State - \$240 million for the Value Based Purchasing-Quality Improvement Programs and \$150 million of waiver funding for Care Restructuring Enhancement Pilot (CREP) programs. While these advances are critical to supporting current cash needs, H+H is working with the State and CMS to expedite finalization of all outstanding payments and commitments and to a timely resolution on an ongoing basis. As discussed the hospital payments for 2015 involve rebasing the calculations, which generates the longest delays in the review process. There have been positive preliminary responses

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from CMS on an approach to carry these calculations through 2017 UPLs, which are budgeted for payment during FY18.

Dr. Raju asked what the total amount H+H received as part of the advancement from CMS was. Mr. Anantharam stated that \$128 million for FY 15 and \$315 million for FY 16.

Ms. Youssouf asked what the agreement between the City and State was for securing those payments.

Mr. Anantharam stated that there are two different payment stream for improving H+H qualitative outcome through value base payments and another for appropriating for care management program for Behavioral Health and Long Term Care (LTC). \$120 million per year retroactive to last year which for the current FY 17 would total \$240 million. The CREP program at the State level totals \$400 million at a value of \$150 million for FY 17; however, both of these programs require the City to put up a local share and there are discussions with the City on these transactions. The reporting was concluded.

### KEY INDICATORS REPORT

KRISTA OLSON

Ms. Olson informed the Committee that the Key Indicator report has been broken out by Service Line. Starting with Acute Care Hospitals, visits were down by 3.2% compared with last year at this time. Discharges are down by 2.8%. The ALOS, a comparison of actual against the system-wide average. Coney Island was finally below the expected length of stay, as anticipated. The CMI was up from .93 to .99, or 6 percent over last year. Turning to Gotham, visits were down by 7 compared to last year. Finally, nursing home days were up by 1.4%, driven primarily by Gouverneur which opened 20 new beds in July 2016.

Ms. Youssouf questioned the utilization variance at Queens that reflected a 6.9% reduction. Ms. Olson stated that while there was a decrease there was an increase in discharges and a more in-depth review would be needed to determine whether the two were related. Additionally, during that time of the year there are variances that may or may not be reflective of an actual trend and as the year progress will eventually flatten out.

Mr. Page added that it would be important to know why some hospitals were going up and some were significantly down. Ms. Olson stated that a more detailed review would be required and would be done and the findings reported back to the Committee.

Dr. Raju added that a major contributor to those trends was related to the Two Midnight Rule which should be explained so that the Committee has an understanding of the impact on the process and how it relates to the hospitals compliance with that Rule. As part of that process, when a patient is admitted the expectation is that the stay would be at least two days. Some hospitals are getting ahead in the process by starting with the observation unit so as not to admit the patient if the stay will be less than two nights. Although it is the appropriate care treatment for the patient; however, the hospitals are being penalized as part of the reimbursement. Despite all of the reforms, the bottom-line is that the payment for an inpatient stay is greater than the observation unit stay. Additionally, the staffing

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requirement for providing that level of care, the fixed cost of taking care those patients continues to be set with a lower payment.

Mr. Page stated that as previously informed the payment for the observation is \$200 compared to \$600 for an inpatient stay.

Ms. Olson stated that it is several hundred of the observation and decrease in Medicine discharges. However, when it has been determined that these trends are solidified that would be the appropriate time to report back to the Committee with additional details.

Mr. Coleman as a follow-up question to Dr. Raju's comments asked Ms. Olson where the new payment structure was reflected.

Ms. Olson stated that it is evolving and there is a "risk pool" with MetroPlus and Healthfirst, whereby H+H has aligned its payments with patient care and reducing those costs. The Medicaid fee-for-service for the uninsured, the hospitals are paid for care fee-for-service Medicaid on the inpatient side but there is no reimbursement for those patients on the outpatient side.

Dr. Raju stated that the most difficult part of it is that H+H is in a transition in that on the ACO side, the hospitals are able to keep patients out of the hospital as part of that initiative and H+H has received additional funding for those efforts. However, on the hospital side, it is the opposite, the numbers are decreasing and as H+H moves through this transformation of less hospitalization and more outpatient these utilization changes will be more prevalent in the data trends which is of concern in terms of which ACO is being viewed. A MetroPlus perspective is good given that H+H would not pay for the inpatient. H+H's performance against DSRIP and ACO has been very good. However, in terms of the trends that are being reflected in the reporting it appears not to be a good performance; it is expected that eventually this will level out in terms of the projected expectations of the impact of those initiatives.

Ms. Youssouf asked if the decrease in utilization at the D&TCs was related to changes in the hours of operation which has been an issue.

Mr. Bussey stated that it is not an hours issue but rather better access that has been impacted by a decrease in providers and inefficiencies that are structural. Additionally, there are communities that are undergoing gentrification significantly and there is a lot of competition in those communities. A review is underway to make some improvements to ensure that those sites are optimizing for panel sizes.

Mr. Page commented that perhaps some thought should be given to the premise of reducing acute care with the expectation of increasing workload on the outpatient side.

Dr. Raju in response explained that the type of treatment those patients which included the ordering of specific tests that are very costly but necessary to the overall treatment and care of the patient; however, the level of reimbursement is not consistent with that level of requirement care. In terms of the reimbursement for the observation unit can be better defined by Ms. Katz.

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Ms. Katz explained that observation is paid as part of the emergency department and perhaps Medicare if the patient has both. Medicaid will pay for both the emergency department and observation but Medicare does not. It is costly given that hospitals are not required to have isolated observation units, any vacant bed can be used.

Dr. Raju added that the same level of resources are expended regardless of whether the patient is on observation or inpatient. There is a need for H+H to have a voice on this issue along with GNYHA and other advocates in terms of having an adjustment to the rate given those factors involved relative to the delivery of care to those patients.

Ms. Youssouf asked if it is one day or two and if the patient gets admitted would that change the reimbursement.

Ms. Katz stated that it would not in that there are different rules, for Medicaid it is up to 48 hours and Medicare 24 hours the patient can be on observation. However, if the patient gets admitted that day in observation is counted as part of the 2 Midnight Rule.

Mr. Page asked if there is a way to reduce the first day cost given the level of resources that might be required.

Dr. Raju stated that it would not be in the best interest of the patient to take that risk that could result in a misdiagnosis. These issues must be addressed through the appropriate clinical protocols set forth in creating the reimbursement structure for this service. However, hospitals must be proactive in getting this issue on the table so that it can be appropriately addressed. The reporting and discussions were concluded.

### CASH RECEIPTS & DISBURSEMENTS REPORTS

FRED COVINO

Mr. Covino reported that since last November H+H's staffing level has declined by over 1,700 people or 1,570 GFTes. This reduction has been accomplished solely through attrition. As Mr. Anantharam stated earlier, attrition does not allow for targeted reductions and can make maintaining operations extremely difficult. As such, the facilities have relied on increased overtime to meet their immediate operational needs. Going forward, H+H staffing adjustments will be guided by H+H's Transformation Plan. To that end, H+H has begun working with its Union partners to develop a redeployment agreement plan to help minimize the operational impact on the facilities and its employees. Comparing September 2016 cash receipts in comparison to last September, receipts for the month were up \$22 million; inpatient receipts were up by \$14 million, outpatient receipts were up by \$31 million and DSH/UPL receipts down by \$23 million. The fiscal year to date receipts were down by \$90 million. This decrease is primarily due a \$225 million decline in City payments resulting from the prepayment of \$400 million in FY 16 on behalf of FY 17. (Collective Bargaining (CB) \$194 million, Subsidy; \$140 million & programs \$66 million). This decline is offset by \$163 million increase in DSH/UPL. Cash disbursements for the month of September were up \$19 million compared to last year for the same period primarily due to increased OTPS, however year to date disbursements are still below last year's level. Disbursements were down by \$282 million, the reduction was primarily due to

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\$309 million payment to City in FY 16 (on behalf of FY 14). This reduction is offset by increased fringe payments related to an earlier pension payment and PS increases related to collective bargaining increases since last September. Comparing September cash receipts to the budget, receipts were down \$23 million for the month and fiscal year to date, due to a combination of some declines in workload and aggressive budgeting. Disbursements for the month were \$5.9 million over budget as a result of higher than planned OTPS disbursement as well as GFTE levels being greater than budgeted. Year-to-date through September 2016, disbursements were \$4.2 million over budget. This variance is primarily due to Personnel Services costs resulting from global FTEs being 257 above target as well as fringe benefit increases driven by increased Workers' Comp payments to date. The reporting was concluded.

### **ADJOURNMENT**

**BERNARD ROSEN**

There being no further business to discuss the meeting was adjourned at 10:56 a.m.



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



**KEY INDICATORS**  
**FISCAL YEAR 2017 UTILIZATION**

**Year to Date**  
**November 2016**

	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 %				
<b>Acute</b>										
Bellevue	237,956	248,597	-4.3%	9,231	9,702	-4.9%	6.8	6.9	1.2617	1.1505
Coney Island	138,920	140,744	-1.3%	5,733	5,863	-2.2%	6.6	7.0	1.0235	0.9946
Elmhurst	248,986	261,017	-4.6%	7,701	7,958	-3.2%	7.3	6.0	0.9782	0.9277
Harlem	126,434	130,405	-3.0%	4,963	4,959	0.1%	5.4	5.8	0.9220	0.9397
Jacobi	173,313	171,821	0.9%	7,328	7,335	-0.1%	6.7	6.8	1.0863	1.0359
Kings County	275,520	281,331	-2.1%	7,931	9,063	-12.5%	7.1	6.3	1.0411	0.9711
Lincoln	218,177	225,936	-3.4%	8,912	9,083	-1.9%	5.3	5.9	0.9348	0.8375
Metropolitan	156,995	165,200	-5.0%	3,834	4,108	-6.7%	5.0	5.5	0.9596	0.8157
North Central Bronx	85,839	87,655	-2.1%	2,718	2,634	3.2%	4.7	5.5	0.6906	0.6912
Queens	161,959	172,700	-6.2%	5,396	4,960	8.8%	5.4	5.0	0.7880	0.8227
Woodhull	188,177	198,416	-5.2%	4,422	4,405	0.4%	5.1	5.7	0.8971	0.8595
<b>Acute Total</b>	<b>2,012,276</b>	<b>2,083,822</b>	<b>-3.4%</b>	<b>68,169</b>	<b>70,070</b>	<b>-2.7%</b>	<b>6.1</b>	<b>6.1</b>	<b>0.9946</b>	<b>0.9428</b>
<b>Gotham</b>	VISITS									
Belvis DTC	21,096	23,478	-10.1%							
Cumberland DTC	26,661	30,609	-12.9%							
East New York	32,772	33,279	-1.5%							
Gouverneur DTC	98,444	104,292	-5.6%							
Morrisania DTC	32,438	34,059	-4.8%							
Renaissance	14,677	17,910	-18.1%							
<b>Gotham Total</b>	<b>226,088</b>	<b>243,627</b>	<b>-7.2%</b>							
<b>Post Acute Care</b>				DAYS						
Coler				113,292	110,731	2.3%				
Gouverneur SNF				33,852	31,155	8.7%				
H.J. Carter				47,915	47,360	1.2%				
McKinney				46,784	47,201	-0.9%				
Seaview				46,013	45,571	1.0%				
<b>Post Acute Care Total</b>				<b>287,856</b>	<b>282,018</b>	<b>2.1%</b>				
<b>Discharges/CMI-- All Acutes</b>				<b>68,169</b>	<b>70,070</b>	<b>-2.7%</b>			<b>0.9946</b>	<b>0.9428</b>
<b>Visits -- All DTCs &amp; Acutes</b>	<b>2,238,364</b>	<b>2,327,449</b>	<b>-3.8%</b>							
<b>Days-- All SNFs</b>				<b>287,856</b>	<b>282,018</b>	<b>2.1%</b>				

**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 Payor 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  
November 2016

	GLOBAL FTEs			RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
	Jun 16	Nov 16*	Target	actual	better / (worse)	actual	better / (worse)	better / (worse)	
<b>Acute</b>									
Bellevue	5,817	5,757	5,688	\$ 304,109	\$ (10,348)	\$ 335,376	\$ (6,693)	\$ (17,042)	-2.6%
Coney Island	3,180	3,172	3,109	\$ 124,654	1,993	172,398	1,177	3,170	1.1%
Elmhurst	4,493	4,412	4,392	\$ 211,065	2,765	235,628	(3,871)	(1,105)	-0.3%
Harlem	3,086	3,017	3,017	\$ 138,874	(4,972)	159,276	760	(4,211)	-1.4%
Jacobi	4,141	4,175	4,048	\$ 207,239	(6,436)	244,214	(6,011)	(12,447)	-2.8%
Kings County	5,381	5,437	5,260	\$ 279,608	(15,051)	282,164	3,890	(11,160)	-1.9%
Lincoln	4,278	4,127	4,182	\$ 215,891	(8,472)	216,190	(1,408)	(9,880)	-2.2%
Metropolitan	2,606	2,594	2,547	\$ 114,358	(7,005)	137,721	(655)	(7,659)	-3.0%
North Central Bronx	1,423	1,417	1,391	\$ 65,601	(638)	78,236	(2,436)	(3,074)	-2.2%
Queens	2,949	2,939	2,884	\$ 142,168	4,271	154,589	(1,444)	2,827	1.0%
Woodhull	3,051	3,048	2,982	\$ 147,442	(5,210)	166,690	2,442	(2,768)	-0.9%
<b>Acute Total</b>	<b>40,405</b>	<b>40,095</b>	<b>39,500</b>	<b>\$ 1,951,010</b>	<b>\$ (49,103)</b>	<b>\$ 2,182,481</b>	<b>\$ (14,247)</b>	<b>\$ (63,350)</b>	<b>-1.5%</b>
<b>Gotham</b>									
Belvis DTC	136	133	133	\$ 6,262	\$ (934)	\$ 6,435	\$ 359	\$ (575)	-4.1%
Cumberland DTC	218	212	213	\$ 5,786	(1,770)	11,746	365	(1,405)	-7.1%
East New York	237	229	232	\$ 8,258	(619)	10,200	655	36	0.2%
Gouverneur DTC	475	485	467	\$ 16,937	(3,759)	23,400	1,199	(2,560)	-5.7%
Morrisania DTC	257	247	251	\$ 8,896	(467)	11,408	564	97	0.5%
Renaissance	170	164	166	\$ 3,842	(378)	8,497	58	(319)	-2.5%
<b>Gotham Total</b>	<b>1,493</b>	<b>1,471</b>	<b>1,462</b>	<b>\$ 49,981</b>	<b>\$ (7,928)</b>	<b>\$ 71,687</b>	<b>\$ 3,202</b>	<b>\$ (4,726)</b>	<b>-3.6%</b>
<b>Post Acute Care</b>									
Coler	1,161	1,136	1,135	\$ 22,776	\$ (408)	\$ 54,766	\$ 876	\$ 467	0.6%
Gouverneur SNF	389	393	382	\$ 9,967	(5,570)	19,146	917	(4,653)	-13.1%
H.J. Carter	979	965	957	\$ 52,858	(1,989)	51,465	(207)	(2,196)	-2.1%
McKinney	455	471	445	\$ 12,626	(2,729)	19,704	(152)	(2,881)	-8.3%
Seaview	529	554	517	\$ 15,538	956	22,252	2,534	3,490	8.9%
<b>Post Acute Care Total</b>	<b>3,513</b>	<b>3,518</b>	<b>3,435</b>	<b>\$ 113,765</b>	<b>\$ (9,741)</b>	<b>\$ 167,333</b>	<b>\$ 3,969</b>	<b>\$ (5,772)</b>	<b>-2.0%</b>
Central Office	852	911	891	\$ 526,735	5,597	140,272	1,866	7,462	1.1%
Care Management	440	373	429	\$ 8,002	(8,625)	17,726	799	(7,826)	-22.3%
Enterprise IT/Epic	1,178	1,221	1,238	\$ 4	0	86,009	5,043	5,043	5.5%
<b>GRAND TOTAL</b>	<b>47,881</b>	<b>47,589</b>	<b>46,955</b>	<b>\$ 2,649,496</b>	<b>\$ (69,800)</b>	<b>\$ 2,665,508</b>	<b>\$ 631</b>	<b>\$ (69,168)</b>	<b>-1.3%</b>

\*Actual Global FTEs have dropped by 1,821 since November 2015.

Global Full-Time Equivalent (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 November 2016			Fiscal Year To Date November 2016		
	actual 2017	actual 2016	better / (worse)	actual 2017	actual 2016	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 47,742	\$ 69,684	\$ (21,942)	\$ 271,396	\$ 379,122	\$ (107,726)
Medicaid Managed Care	51,602	52,943	(1,341)	298,168	288,180	9,988
Medicare	53,921	43,705	10,216	219,098	229,556	(10,458)
Medicare Managed Care	27,316	22,139	5,177	133,860	108,518	25,341
Other	<u>20,612</u>	<u>16,581</u>	<u>4,031</u>	<u>99,260</u>	<u>85,029</u>	<u>14,231</u>
<b>Total Inpatient</b>	<b>\$ 201,192</b>	<b>\$ 205,052</b>	<b>\$ (3,860)</b>	<b>\$ 1,021,781</b>	<b>\$ 1,090,405</b>	<b>\$ (68,623)</b>
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 8,290	\$ 9,275	\$ (985)	\$ 40,020	\$ 58,424	\$ (18,404)
Medicaid Managed Care	25,848	34,586	(8,738)	231,574	197,306	34,268
Medicare	5,731	4,285	1,447	28,359	24,070	4,289
Medicare Managed Care	6,888	20,109	(13,221)	63,995	52,023	11,973
Other	<u>11,455</u>	<u>10,436</u>	<u>1,020</u>	<u>66,657</u>	<u>60,428</u>	<u>6,229</u>
<b>Total Outpatient</b>	<b>\$ 58,213</b>	<b>\$ 78,691</b>	<b>\$ (20,478)</b>	<b>\$ 430,605</b>	<b>\$ 392,251</b>	<b>\$ 38,354</b>
<b>All Other</b>						
Pools	\$ 73,799	\$ (1,664)	\$ 75,463	\$ 175,113	\$ 123,255	\$ 51,858
DSH / UPL	385,340	150,000	235,340	878,152	607,345	270,806
Grants, Intracity, Tax Levy	12,403	4,579	7,824	111,622	317,760	(206,138)
Appeals & Settlements	(1,707)	(4,116)	2,409	3,732	14,860	(11,128)
Misc / Capital Reimb	<u>6,345</u>	<u>5,281</u>	<u>1,064</u>	<u>28,491</u>	<u>35,300</u>	<u>(6,809)</u>
<b>Total All Other</b>	<b>\$ 476,180</b>	<b>\$ 154,079</b>	<b>\$ 322,101</b>	<b>\$ 1,197,110</b>	<b>\$ 1,098,520</b>	<b>\$ 98,590</b>
<b>Total Cash Receipts</b>	<b>\$ 735,585</b>	<b>\$ 437,822</b>	<b>\$ 297,763</b>	<b>\$ 2,649,496</b>	<b>\$ 2,581,176</b>	<b>\$ 68,321</b>
<b>Cash Disbursements</b>						
PS	\$ 205,438	\$ 211,188	\$ 5,750	\$ 1,157,009	\$ 1,132,404	\$ (24,605)
Fringe Benefits	71,753	63,440	(8,312)	394,229	353,522	(40,707)
OTPS	123,584	109,863	(13,721)	607,919	630,561	22,642
City Payments	-	-	0	-	309,405	309,405
Affiliation	112,703	81,604	(31,099)	471,150	432,380	(38,770)
HHC Bonds Debt	<u>6,866</u>	<u>6,858</u>	<u>(8)</u>	<u>35,201</u>	<u>33,798</u>	<u>(1,403)</u>
<b>Total Cash Disbursements</b>	<b>\$ 520,344</b>	<b>\$ 472,954</b>	<b>\$ (47,390)</b>	<b>\$ 2,665,508</b>	<b>\$ 2,892,070</b>	<b>\$ 226,562</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ 215,241</b>	<b>\$ (35,132)</b>	<b>\$ 250,373</b>	<b>\$ (16,011)</b>	<b>\$ (310,894)</b>	<b>\$ 294,883</b>

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

	Month of November 2016			Fiscal Year To Date November 2016		
	actual 2017	budget 2017	better / (worse)	actual 2017	budget 2017	better / (worse)
<b>Cash Receipts</b>						
<b>Inpatient</b>						
Medicaid Fee for Service	\$ 47,742	\$ 59,826	\$ (12,084)	\$ 271,396	\$ 313,590	\$ (42,194)
Medicaid Managed Care	51,602	67,501	(15,899)	298,168	325,226	(27,058)
Medicare	53,921	54,392	(472)	219,098	205,535	13,563
Medicare Managed Care	27,316	33,578	(6,262)	133,860	135,709	(1,849)
Other	20,612	18,788	1,824	99,260	88,646	10,613
<b>Total Inpatient</b>	<b>\$ 201,192</b>	<b>\$ 234,084</b>	<b>\$ (32,892)</b>	<b>\$ 1,021,781</b>	<b>\$ 1,068,706</b>	<b>\$ (46,925)</b>
<b>Outpatient</b>						
Medicaid Fee for Service	\$ 8,290	\$ 9,178	\$ (887)	\$ 40,020	\$ 50,361	\$ (10,341)
Medicaid Managed Care	25,848	33,584	(7,736)	231,574	255,364	(23,790)
Medicare	5,731	7,478	(1,746)	28,359	29,871	(1,512)
Medicare Managed Care	6,888	7,614	(726)	63,995	63,213	783
Other	11,455	10,986	469	66,657	59,823	6,834
<b>Total Outpatient</b>	<b>\$ 58,213</b>	<b>\$ 68,839</b>	<b>\$ (10,627)</b>	<b>\$ 430,605</b>	<b>\$ 458,631</b>	<b>\$ (28,027)</b>
<b>All Other</b>						
Pools	\$ 73,799	\$ 74,231	\$ (433)	\$ 175,113	\$ 176,041	\$ (928)
DSH / UPL	385,340	385,340	(0)	878,152	878,152	0
Grants, Intracity, Tax Levy	12,403	12,242	160	111,622	105,079	6,543
Appeals & Settlements	(1,707)	-	(1,707)	3,732	287	3,445
Misc / Capital Reimb	6,345	6,374	(29)	28,491	32,400	(3,909)
<b>Total All Other</b>	<b>\$ 476,180</b>	<b>\$ 478,188</b>	<b>\$ (2,008)</b>	<b>\$ 1,197,110</b>	<b>\$ 1,191,959</b>	<b>\$ 5,151</b>
<b>Total Cash Receipts</b>	<b>\$ 735,585</b>	<b>\$ 781,112</b>	<b>\$ (45,527)</b>	<b>\$ 2,649,496</b>	<b>\$ 2,719,296</b>	<b>\$ (69,800)</b>
<b>Cash Disbursements</b>						
PS	\$ 205,438	\$ 204,935	\$ (503)	\$ 1,157,009	\$ 1,151,878	\$ (5,131)
Fringe Benefits	71,753	71,232	(520)	394,229	390,853	(3,376)
OTPS	123,584	125,197	1,613	607,919	613,950	6,031
City Payments	-	-	0	-	-	0
Affiliation	112,703	112,429	(274)	471,150	470,424	(726)
HHC Bonds Debt	6,866	8,307	1,441	35,201	39,035	3,834
<b>Total Cash Disbursements</b>	<b>\$ 520,344</b>	<b>\$ 522,100</b>	<b>\$ 1,756</b>	<b>\$ 2,665,508</b>	<b>\$ 2,666,139</b>	<b>\$ 631</b>
<b>Receipts over/(under) Disbursements</b>	<b>\$ 215,241</b>	<b>\$ 259,012</b>	<b>\$ (43,771)</b>	<b>\$ (16,011)</b>	<b>\$ 53,157</b>	<b>\$ (69,168)</b>

**INFORMATION ITEM - PAYOR MIX REPORTS**

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**INPATIENT PAYOR MIX**  
**Fiscal Year 2017 1st Quarter Report**

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

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	Corporate Total
<b>Medicaid Total</b>												
2017	57.4	54.4	61.7	61.7	56.0	60.7	66.9	70.3	63.8	64.3	68.9	61.7
2016	59.8	52.7	65.1	63.4	60.1	62.1	67.7	67.3	66.5	66.0	72.9	63.4
<b>Medicaid</b>												
2017	21.4	20.1	20.5	17.7	14.5	20.6	17.8	21.7	15.6	27.3	19.1	19.8
2016	28.0	22.3	24.8	22.4	19.3	24.5	20.6	25.4	20.2	26.0	27.7	24.0
<b>Medicaid Plans</b>												
2017	36.0	34.3	41.2	44.0	41.4	40.1	49.1	48.6	48.2	37.0	49.8	41.9
2016	31.8	30.4	40.2	40.9	40.8	37.5	47.1	41.9	46.3	40.0	45.3	39.4
<b>Medicare Total</b>												
2017	18.0	35.2	21.2	22.9	24.1	18.0	22.9	19.9	18.7	22.7	20.0	21.9
2016	17.6	35.2	20.7	23.0	23.5	20.0	22.2	21.5	19.2	22.8	18.5	21.9
<b>Medicare</b>												
2017	9.3	25.5	10.3	9.1	12.4	8.7	7.9	8.9	9.1	10.2	10.2	10.8
2016	9.5	24.5	10.7	10.9	12.3	10.0	7.2	10.0	10.1	13.1	8.5	11.2
<b>Medicare Plans</b>												
2017	8.7	9.7	11.0	13.7	11.7	9.3	15.0	11.0	9.6	12.5	9.9	11.1
2016	8.1	10.6	10.0	12.1	11.2	10.0	15.0	11.5	9.1	9.7	10.0	10.7
<b>Commercial Total</b>												
2017	9.8	7.6	8.4	9.1	11.9	12.7	7.8	4.9	8.2	9.7	6.6	9.1
2016	9.1	9.2	7.8	7.6	11.9	10.4	7.8	5.3	7.7	8.1	5.7	8.6
<b>Other</b>												
2017	5.5	0.1	1.4	0.1	0.3	0.2	0.2	0.1	0.2	0.3	0.1	1.1
2016	6.6	0.1	2.1	0.3	0.2	0.1	0.3	0.2	0.3	0.3	0.2	1.4
<b>Uninsured</b>												
2017	9.3	2.6	7.2	6.2	7.8	8.4	2.2	4.9	9.1	3.0	4.3	6.1
2016	6.9	2.8	4.4	5.8	4.4	7.4	2.0	5.8	6.3	2.8	2.7	4.8

FY17 (run date: 11/16/16)

FY16 (run date: 11/18/15)

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Insurance & Managed Care Plans, Child Health Plus  
 No-Fault, Worker's Comp and Blue Cross

Other: Federal, State, City agencies, Uniformed Services and Prisoners

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**OUTPATIENT ADULT PAYOR MIX**  
(Excluding Emergency Room Visits)  
Fiscal Year 2017 1st 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
<b>Medicaid Total</b>																		
2017	37.1	36.1	39.8	47.8	44.7	44.8	44.6	45.4	49.6	37.1	39.9	47.7	42.9	51.2	31.7	49.5	42.4	41.9
2016	41.8	32.9	40.9	49.4	50.2	49.9	49.7	47.1	54.2	38.8	42.7	52.7	45.8	54.9	34.2	54.5	44.8	44.9
<b>Medicaid</b>																		
2017	6.0	8.8	10.1	9.4	8.2	10.4	8.3	7.9	8.7	9.9	4.0	3.8	3.3	6.9	4.0	5.3	4.9	7.7
2016	9.7	9.6	9.6	11.2	9.6	13.8	9.3	11.1	8.7	8.7	8.0	5.4	10.6	6.9	5.7	5.4	4.4	9.7
<b>Medicaid Plans</b>																		
2017	31.2	27.3	29.7	38.5	36.5	34.4	36.3	37.6	40.9	27.2	36.0	43.9	39.5	44.3	27.7	44.2	37.5	34.2
2016	32.1	23.3	31.3	38.2	40.6	36.1	40.4	36.0	45.6	30.1	34.7	47.3	35.2	48.0	28.5	49.0	40.4	35.1
<b>Medicare Total</b>																		
2017	20.0	20.0	15.9	20.6	18.9	15.5	22.6	20.9	16.6	18.9	20.1	15.5	13.3	17.9	25.8	14.9	18.8	19.3
2016	18.4	18.8	13.7	21.1	19.8	15.0	21.2	19.4	15.5	18.7	18.5	15.4	13.5	16.1	25.9	14.7	19.1	18.3
<b>Medicare</b>																		
2017	8.9	11.0	6.6	9.3	8.0	7.6	6.8	7.9	6.1	7.2	6.6	3.4	4.6	7.7	9.4	4.6	7.2	7.8
2016	7.9	11.7	5.9	9.5	9.3	7.3	6.3	7.1	6.2	7.9	6.1	3.9	5.1	6.4	9.6	4.9	7.4	7.5
<b>Medicare Plans</b>																		
2017	11.1	9.0	9.3	11.2	10.9	7.9	15.8	13.1	10.4	11.7	13.4	12.1	8.7	10.3	16.4	10.3	11.6	11.5
2016	10.4	7.1	7.8	11.6	10.5	7.7	14.9	12.3	9.3	10.8	12.4	11.6	8.4	9.7	16.3	9.8	11.7	10.8
<b>Commercial</b>																		
2017	13.6	8.0	5.4	12.1	10.7	16.5	15.2	8.0	10.0	7.8	11.1	11.9	16.7	16.1	14.5	14.4	13.6	12.0
2016	10.7	8.7	7.7	9.2	13.0	11.2	10.9	7.3	12.2	7.5	8.6	7.9	9.2	10.2	11.9	8.7	10.9	9.8
<b>Other</b>																		
2017	2.4	0.4	2.4	0.5	1.8	0.5	1.0	0.3	0.7	0.2	0.6	0.1	0.2	0.1	1.2	0.1	0.0	1.0
2016	2.6	0.4	0.8	0.5	1.6	0.4	1.1	0.2	0.3	0.2	0.6	0.0	0.2	0.0	1.3	0.0	0.0	0.9
<b>Uninsured</b>																		
2017	26.9	35.5	36.5	19.0	24.0	22.7	16.6	25.3	23.1	36.0	28.3	24.7	26.9	14.7	26.8	21.1	25.2	25.8
2016	26.5	39.2	37.0	19.8	15.4	23.6	17.2	26.0	17.7	34.7	29.6	24.1	31.3	18.8	26.8	22.1	25.2	26.2

FY17 (run date:10/25/16)  
FY16 (run date: 10/27/15)

Medicaid Plans: Medicaid Managed Care  
Medicare Plans: Medicare Advantage Plans  
Commercial Plans: Commercial Insurance and Managed Care Plans, No-Fault,  
Worker's Comp and Blue Cross  
Other: Federal, State, City agencies, Uniformed Services and Prisoners

Note: All numbers are percentages.



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**OUTPATIENT PEDIATRIC PAYOR MIX**  
(Excluding Emergency Room Visits)  
Fiscal Year 2017 1st 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
<b>Medicaid Total</b>																		
2017	83.1	73.5	79.9	84.2	72.6	71.9	85.5	88.9	74.0	67.2	80.1	86.2	79.6	78.4	80.1	84.7	78.3	79.3
2016	82.7	72.1	77.2	84.8	83.4	73.3	85.5	88.1	84.6	68.5	78.9	87.2	81.9	77.0	80.8	85.5	77.6	80.1
<b>Medicaid</b>																		
2017	4.5	10.1	5.5	5.6	7.1	5.3	4.8	3.3	7.3	6.8	4.1	3.9	3.6	4.4	4.5	4.0	4.8	5.3
2016	6.1	8.2	3.7	8.5	4.8	6.8	6.4	5.5	5.9	5.3	5.7	5.2	6.3	5.7	5.5	4.8	6.7	5.8
<b>Medicaid Plans</b>																		
2017	78.6	63.4	74.4	78.6	65.5	66.6	80.7	85.7	66.8	60.5	76.0	82.3	76.0	74.1	75.6	80.7	73.5	74.0
2016	76.6	63.9	73.5	76.2	78.6	66.5	79.1	82.6	78.7	63.2	73.2	82.0	75.6	71.4	75.3	80.7	71.0	74.3
<b>Commercial Total</b>																		
2017	11.8	18.5	10.3	10.6	19.3	17.3	9.9	7.2	18.0	20.7	12.4	8.4	11.0	14.0	14.1	8.6	13.9	13.3
2016	12.2	11.9	9.9	10.4	11.2	16.5	8.9	7.4	8.9	17.4	13.7	6.9	9.6	14.7	13.0	8.7	13.6	11.7
<b>Child Health Plus</b>																		
2017	4.1	5.6	5.9	3.1	4.1	5.6	5.0	3.8	3.4	4.8	4.8	4.5	4.7	5.1	4.6	3.7	3.1	4.6
2016	4.6	5.1	5.5	2.9	3.7	5.8	4.9	4.1	3.9	6.7	5.0	3.3	3.7	4.2	3.6	3.9	3.8	4.7
<b>Non-CHP Plans</b>																		
2017	7.7	12.8	4.4	7.5	15.2	11.6	4.9	3.4	14.7	15.8	7.6	3.9	6.4	8.9	9.5	4.8	10.8	8.7
2016	7.6	6.8	4.4	7.6	7.5	10.8	4.0	3.2	5.0	10.8	8.7	3.7	5.9	10.5	9.4	4.7	9.9	7.1
<b>Other</b>																		
2017	0.1	0.1	0.2	0.2	0.2	0.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
2016	0.3	0.1	0.1	0.2	0.5	0.5	1.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
<b>Uninsured</b>																		
2017	5.0	8.0	9.6	5.0	7.8	10.6	4.1	3.9	7.9	12.1	7.5	5.4	9.4	7.5	5.8	6.7	7.8	7.2
2016	4.9	15.9	12.8	4.6	4.9	9.7	4.6	4.6	6.5	14.0	7.4	5.9	8.5	8.3	6.2	5.9	8.7	7.9

FY17 (run date 10/25/16)  
FY16 (run date 10/28/15)

Note: All numbers are percentages.

Medicaid Plans: Medicaid Managed Care  
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

**INFORMATION ITEM - SHORT TERM CAPITAL FINANCING**

# **Short Term Capital Financing**

## **Quarterly Status Report**

### **to the Finance Committee**

**Date: January 23, 2017**



**JP Morgan Chase Loan Activity**  
(\$millions)

Date	Activity/Action	Remaining Loan Capacity	Borrowed Funds
7/9/2015	Issuance	60,000	0,000
7/9/2015	Initial Drawdown: Borrowed Amount	(10,000)	10,000
<b>Total</b>		<b>50,000</b>	<b>10,000</b>
<b>Vouched Capital Expenses as of January 4, 2017</b>			
Cost of Issuance			(54,916)
Vouched Funds To-Date			(0.128)
<b>Encumbrances as of January 4, 2017</b>			<b>(55,044)</b>
			<b>57,976</b>

- Terms:**

18 month drawdown period at variable rate (indexed to LIBOR), converting to a six year fixed rate loan (fixed rate based on 3-year Swap rate); converts on August 1, 2017
- Interest Rates:**

Average rate during the drawdown period (to date): 1.082%;  
Indicative rates as of 01/03/17: 1.3229% Variable, 2.0748% Fixed



## Citibank Loan Activity (\$millions)

Date	Activity/Action	Remaining Loan Capacity	Borrowed Funds
10/14/2015	Issuance	60.000	0.000
10/14/2015	Initial Loan Drawdown	(10.000)	10.000
<b>Total</b>		<b>50.000</b>	<b>10.000</b>
Vouched Capital Expenses as of January 4, 2017			
Cost of Issuance			(23.386)
<b>Vouched Funds To-Date</b>			<b>(23.636)</b>

### **Encumbrances as of January 4, 2017**

**53.275**

Note: Although \$53.2 million has been encumbered, the spending will likely be much lower due to the CFO's decision to use this loan for urgent needs only.

- **Terms**  
Variable rate revolving loan indexed to SIFMA, with three year maturity
- **Interest Rate:**  
Average during the drawdown period (to-date): 1.06%;  
1.47% indicative rate as of 12/30/16

