

AGENDA

FINANCE COMMITTEE

MEETING DATE: SEPTEMBER 9, 2014
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE JULY 8 2014 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS & CASH RECEIPTS/DISBURSEMENTS REPORTS

KRISTA OLSON
FRED COVINO

INFORMATION ITEMS

1. PS QUARTERLY KEY INDICATORS REPORT FY 14 YEAR-END

FRED COVINO

2. INPATIENT, OUTPATIENT ADULT/PEDIATRICS PAYOR MIX REPORTS

KRISTA OLSON

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: JULY 8, 2014

FINANCE COMMITTEE BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on July 8, 2014 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Josephine Bolus, RN
Mark Page
Patsy Yang, (Representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)

OTHER ATTENDEES

J. DeGeorge, Analyst, State Comptroller's Office
M. Dolan, Senior Assistant Director, DC 37
C. Fiorentini, Analyst, NYC Independent Budget Office (IBO)
E. Lee, DC 37
K. Raffaele, Analyst, OMB
J. Wessler

HHC STAFF

B. Ancona, Chief Financial Officer, (CFO), Gouverneur Healthcare Services
P. Albertson, Senior Assistant Vice President, Corporate Operations/Procurement
M. Brito, CFO, Coler/Hank Carter Hospital & Nursing Facility
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel
T. Carlisle, Associate Executive Director, Corporate Planning
D. Cates, Chief of Staff, Board Affairs

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A. Cohen, CFO, Southern Manhattan Health Network
F. Covino, Corporate Budget Director, Corporate Budget
L. Free, Assistant Vice President, Managed Care/Finance
K. Garramone, CFO, North Bronx Health Network
M. Genee, Deputy Corporate Comptroller, Corporate Comptroller's Office
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
C. Jacobs, Senior Vice President, Patient Safety & Human Development
J. John, CFO, Central Brooklyn Health Network
L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
Z. Kelley, Assistant Director, Office of Internal Audits
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement/Debt Financing Services
N. Mar, Director, Debt Financing/Reimbursement Services
R. Mark, Chief of Staff, Office of the President
H. Mason, Deputy Executive Director, Kings County Hospital Center
M. Meagher, Director, Managed Care/Finance
A. Mera, Special Assistant to the President/CEO, Office of the President
I. Michaels, Director, Corporate Communications & Marketing
A. Moran, CFO, Elmhurst Hospital Center
M. Novzen, Senior Associate Director, Woodhull Medical & Mental Health Center
K. Olson, Assistant Vice President, Corporate Budget
P. Pandolfini, CFO, Southern Bklyn/Staten Island Health Network
K. Park, Associate Executive Director, Queens Health Network
C. Samms, CFO, Generations Plus/Northern Manhattan Network
A. Saperstein, Executive Director, MetroPlus Health Plan, Inc
W. Saunders, Assistant Vice President, Corporate Intergovernmental Affairs
J. Wales, Senior Assistant Vice President, Behavioral Health
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
M. Zurack, Senior Vice President, Corporate Finance/Managed Care

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CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the June 10, 2014 Finance Committee meeting were adopted as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack stated that her report would include two announcements and an update on HHC's cash flow status. HHC was informed by the State of its award for the Interim Access Assurance Fund (IAAF) grant which totals \$152 million of which \$35.5 million was received in FY 14 and \$40 million is expected in July 2014. These funds are expected to help HHC's cash flow problem. HHC's IAAF application totaled \$213 million. The details of how the allocation was awarded by the State will be forthcoming and will be presented to the Committee. The second item relates to the collective bargaining contracts that were recently settled by the City's office of Labor Relations and HHC's office of labor relations. The three major contracts, the New York State Nurses Association (NYSNA) and 1199 reached an agreement for 18% over a nine year period and DC37's tentative agreement of 10% over a seven year period has yet to be ratified.

Mr. Russo added that it was particularly noteworthy that the final agreement settlements were achieved and brought to closure by the City's Labor Commissioner through very skillful and experienced negotiating tactics.

Ms. Zurack stated that HHC's financial plan does not include funding to cover these contractual settlements; however, there have been discussions with the City of NY and OMB regarding the funding for those contracts. The final outcome of these discussions will be presented to the Committee. Mr. Covino would share with the Committee, the costs for those collective bargaining settlements for HHC.

Mr. Covino stated that over the life of HHC's financial plan it is estimated that if these settlement trends are given to all of the unions at an 18% or 10% increase the total cost will be approximately \$900 million through FY 18 including fringe benefits. The personal service costs would be approximately \$684 million.

Mr. Rosen asked if the \$900 million was all inclusive of fringes, health, etc. Mr. Covino replied in the affirmative. Mr. Page asked also if pensions cost were also included in that estimate. Mr. Covino stated that a 30% initial estimate was included.

Ms. Zurack continuing with the report stated that later on the agenda, Dr. Saperstein, Executive Director MetroPlus Health Plan, Inc. would present to the Committee information relative the plan's enrollment and the impact of the ACA/Exchanges. Finally, in terms of HHC's cash flow, FY 15 cash on

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hand (COH) like FY 14 will be extremely tight. HHC ended FY 14 with 16 days of COH and is currently at 9.5 days of COH. The State has agreed to accelerate a DSH payment to July 23, 2014. However, the outstanding 2-year UPL issue for the inpatient UPL is still pending with CMS. This issue has been escalated to all levels of the State and Federal governments. If this payment is received by 8/31/2014 and Year 1 that relates to 2012, the cash balance will be positive through May 2015 but during the middle of August 2014, the COH drops to 5 days. However, the recent award of the \$152 million has not been factored into the cash flow. The projected cash flow reflects a negative cash balance in June 2015; however, there are a number of circumstances that are subject to change during that time frame. The Delivery System Reform Incentive Payment (DSRIP) program was not factored into the cash flow. In order for HHC to achieve the project flow, the State and CMS cannot continue to lag in processing UPL payments. HHC is assuming that there will be a catch-up at some point by the end of FY 14 that will require that the state and CMS makes this a priority for HHC.

Mr. Page asked how much is HHC's payable to the City for deferred payments and whether that has been factored into the cash flow as of 6/30/14.

Ms. Zurack stated that HHC has delayed paying the City for EMS, medical malpractice cost, overhead costs, fringe benefits and debt service, etc. There were partial payments made for FY 13 but no payments for FY 14. As of the end of FY 14, there is a payable of \$299.8 million due to the City for FY 13 and \$468 million for FY 14 totaling \$768 million in deferred payments to the City. For FY 15 approximately \$440 million is due in payments throughout the life of the cash flow plan.

Mr. Page asked how the \$440 million for FY 15 was derived. Ms. Zurack stated that in total funding in FY 15, if HHC catches up which is assumed in the cash flow the catch-up totals \$1.2 billion realizing that those UPL payments that are delayed half are City funds.

Mr. Page added that eventually the City's accounting will need to finalize this issue given that at some point the City's audit will refuse to recognize the value of the receivable from HHC.

Mr. Rosen stated that since FY 15 has only begun there is enough time to resolve this issue given that there is an obligation in the City's statute that HHC should pay. Ms. Zurack interjected that there is no obligation that HHC should pay. It is at the discretion of HHC in conjunction with its Board.

Mr. Page stated that it would be in the best interest of HHC not to take that approach given that a write-off of the payable to the City would take all of the pressure off of the federally matched money and in the scheme of things there should be a commonality. The value of getting the appropriate participation from the state and federal governments is enormous and vitally important than simply opting not to pay the receivable to the City.

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Ms. Zurack agreed and moved on to concluding her reporting, stating that the City adopted its budget and for HHC there were no major issues relative to restorations as in previous years. HHC received \$250,000 for a number of initiatives and programs through the DOH with the largest being \$100,000 for the Guns Downs Life Up program; and \$60,000 for the hepatitis program at Bellevue. On the capital side, HHC received \$13.1 million for new capital items, the largest being \$3 million for the emergency department at Elmhurst Hospital. The reporting was concluded.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

Ms. Olson reported that utilization through May 2014 reflected a continuation of the downward trend as seen in prior months but slightly offset by the re-openings of Bellevue and Coney Island hospitals. Excluding those facilities, visits were down by 3.3%; acute care facilities were down by 3.6% and D&TCs down by 1.3%. Excluding Coney Island and Bellevue, discharges were down by 6.7% or over 8,000 discharges; nursing home days were down by 13.4%. The ALOS has remained relatively constant in comparison to the previous year. There were two facilities above the corporate average, Coney Island and Kings County; however, Kings has shown significant improvement in comparison to being much higher earlier in the year. The CMI was up by 1.5% compared to last year.

Mr. Covino continuing with the reporting stated that FTEs were down by 76 and that central office headcount was up by 55 FTEs due to the centralization of procurement and EEO. Enterprise IT was up by 20 FTEs due to the electronic medical record (EMR) and consultants conversions. Coney Island is up by 88 FTEs which reflects a slight reduction from the previous 119 FTE level. The facility has submitted a plan that reduces the FTE count to the budgeted level by the end of the first quarter of FY 15. Through May 2014, receipts were \$238 million worse than budget and expenses were \$48 million over budget for a net negative variance of \$285 million. A comparison of the prior actual to the current year actual, receipts were \$383 million less than last year due to additional DSH payments received last year of \$524 million referred to as the "spend-up." Expenses were \$130 million more than last year primarily due to a \$213 million in pension payments; FICA expenses were \$24 million worse due to the non-recurring portion of the FICA recovery for residents received in FY 13; health and welfare benefits were up by \$18 million. Those increases were offset by a decline in payments to the City of \$122 million primarily for EMS, medical malpractice and debt service. A comparison of the current actual to budget for FY 14 through May 2014, receipts were down by \$134 million due to a decline in Medicaid fee-for-service down by \$167 million and utilization is significantly below the budgeted levels; paid Medicaid discharges are down by 8,500; psych days are down by 50,000 and SNF days are down by 85,000 compared to budget. Outpatient receipts were down by \$100 million against the budget and all other receipts are up by \$3.4 million. Expenses were \$13.4 million higher than budget due to an increased spending in allowances and overtime. Fringe benefits were up by \$5.1 million due to \$2.5 million for a FICA refund and the timing of health insurance payments. OTPS expenses were up by \$34 million due to a relief in the cash caps for increasing days in accounts payable, currently at 78 days

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compared to 84 days. Affiliation payments are up by \$7.4 million due to contractual increases for prior years. The reporting was concluded.

INFORMATION ITEM

ARNOLD SAPERSTEIN, MD

Dr. Saperstein in providing the Committee with some background relative to MetroPlus mission, vision and values stated that the MetroPlus mission is to provide its members with access to the highest quality, cost-effective health care including comprehensive program of care management, health education and customer service. This is accomplished by partnering with the New York City Health and Hospitals Corporation (HHC) and its dedicated providers. The MetroPlus vision is to provide access to the highest quality, cost-effective health care for its members, to achieve superior provider, member and employee satisfaction, and to be a fiscally responsible, ongoing financial asset to HHC. MetroPlus will continue to strive to be the only managed health care partner that HHC will ever need. This will be accomplished by its fully engaged, highly motivated MetroPlus staff. MetroPlus' values include: **Performance excellence** – holding MetroPlus and its providers to the highest standards to ensure that the members receive quality care; **Fiscal responsibility** - assure that the revenues received are used effectively; **Regulatory compliance** with all City, State and Federal laws, regulations and contracts; **Team work** - everyone at MetroPlus will work together internally and with our providers to deliver the highest quality care and service to the members; **Accountability** - to each other, the members and providers; **Respectfulness** - in the way that MetroPlus treat everyone encountered. The indicators included in the presentation are based on overall quality and a consumer satisfaction survey conducted by the State. One of the challenges cited in the survey is that one thing that MetroPlus does not do as well as it could do is in the members' perception of their access to care. The members have indicated that the care is provided as quickly as it should but MetroPlus has not done well in this area. The survey issue is that the State does their survey every other year and the numbers count for two years. Therefore, the results data will not change next year and if MetroPlus improves during that period it will take up to two years before those improvements are reflected. Another challenge is the Medicare population. There is a State incentive that if MetroPlus scores high on the overall State results it could result in as much as \$40 million in additional revenue. However, MetroPlus anticipates receiving approximately \$15-20 million less than in prior years due to the plan's standing. There were two years that MetroPlus received the maximum of \$40 million. Although MetroPlus Medicare population is relatively small, there is a need to meet the Star ratings that are based on clinical and quality results. There are 37 Part C indicators and 18 Part D measures that are the pharmaceutical portion. MetroPlus was a 3-Star plan for the last three years. MetroPlus in Part D went from 2.5 to 3.0 rating and in Part C from 3.0 to 3.5 rating. However due to the statistics, MetroPlus while being very close to getting a 3.5 rating remained at a 3.0. The goal is to reach a 4-Star certification by 2015 to avoid the risk of losing \$5 million of potential revenue in 2015 for the Medicare population. In terms of the indicators, where MetroPlus has scored high, the access indicators are problematic due to the weighted value; the clinical rate and access at level at 3 which is three times as much. All of the NYS plans are in the same

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place as MetroPlus in that MetroPlus is not doing worse than the other plans in that all of the plans are at a 3-Star. There is no plan at 4-Star. In terms of administrative cost comparison, MetroPlus is extremely conservative and is able to invest the majority of its revenue into the medical side. There is a full risk arrangement with HHC. A lot of the risk surplus that MetroPlus has generated has been the differential of having a low administrative cost that allows for the cash surplus to flow into the potential for risk arrangement. MetroPlus comparison in terms of cost for the various plans, CHP is at \$22.20 per member per month (PMPM); FHP at \$22.53 PMPM compared to \$38.84 for the other plans; Medicaid at \$22.59 PMPM compared to \$35.50 for the other plans. There is a \$13.00 to \$16.00 differential for MetroPlus for its 472,000 members that generates a significant amount of surplus funding. In terms of where MetroPlus' members go, as of June 1, 2014, membership was at 469,843 which are reflective of growth in the past sixteen months of 93,527 members. A significant portion of that growth is due to the new exchange population; approximately 46,000 members in the healthcare reform population. The primary care assignment for the total population, 54% get care at HHC and 46% get primary care in the community. A significant amount of the population does come into HHC from the community. However, there was a 2% decline in HHC from last year to this year. In terms of how MetroPlus did relative to the Exchange, in total 45,754 members were enrolled for the qualified health plan (QHP) as of June 1, 2014. The programs as defined by the plan include silver; platinum, gold and bronze of which silver is the core program for the advance premium tax credit subsidies. The actual levels of the incomes are lower and the deductibles are low; the bronze is the least expensive program with very high deductibles; platinum is the most expensive program with no deductibles or co-pays and gold is between the platinum and silver. Nineteen percent of the members chose the standard program which is the regular healthcare reform essential health benefit package offered by MetroPlus. Last year MetroPlus offered the potential of dental and vision coverage for \$17.00 PMPM. Eighty one percent chose the no-standard buying the extra dental. People were very selective in their choices. In terms of market share, MetroPlus was 15% of the State's QHP enrollment with Health Republic insurance of New at 19%; Fidelis Care, a state-wide plan at 17%; and Empire Blue Cross at 14%. For MetroPlus that was exceptional given that it is only in four counties of NYC. In terms of market share by county, in the Bronx, MetroPlus received 44%; 29% in NYC; 38% in Kings County; and 35% of Queens. This in terms of the overall enrollment for the State was very significant. MetroPlus enrollment was comprised of a very young population; 50% of the population enrollment was under the age of 40; 70% under the age of 50. Dr. Saperstein stated that the reason MetroPlus increased its rates was due to an actuarial calculation; in that one of the things that is included in the ACA is that if a plan has a low risk population and other plans have a high risk population, a portion of the low risk plan revenue must be returned which for MetroPlus is estimated at 11% of the total revenue to other plans due to the healthy population. Therefore, MetroPlus increased its rates based on the actuarial estimates in order to compensate for that projected loss of \$10-12 million in revenue in 2014. If this were not dollars attached to the severity of illness, MetroPlus would have done very well this year.

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Mrs. Bolus asked for clarification of why MetroPlus would be required to give-back a portion of its revenue due to its healthy population.

Dr. Saperstein explained that 70% of MetroPlus' population is under the age of 50 which is a very young population and statewide MetroPlus has a very healthy population and after a review by the actuaries based on the requirements of ACA, if a plan has a less sicker population compared to another plan, monies must be returned to support a plan with a sicker population. One of the challenges is that there were only a few months of data and all of the rates for next year are basically estimates. The rate will improve as the year's progress.

Mrs. Bolus asked if MetroPlus would be required to take some of the sicker patients. Dr. Saperstein stated that it is not patients but rather monies due to the younger population being healthier.

Mr. Page asked who would make that determination. Dr. Saperstein stated that it is a federal calculation as part of the ACA. HHS not the State exchanges but it is within the State that the funds must be shifted.

Mr. Page asked if it was known why the decision to even out within the state as opposed to the country, etc. and how the geographic decisions were made.

Dr. Saperstein stated that those requirements were not clear at this time given that the review was conducted by the actuaries in determining the impact on MetroPlus.

Mrs. Bolus asked who would make the decision on where the funds would go. Dr. Saperstein stated that the monies will be pooled and based on the HHS guidelines the State will determine which plan monies will be redistributed based on a full risk adjustment fund.

Mr. Rosen asked if at some point the increase in the rates would be given back to some of the plans. Dr. Saperstein stated that the forecast provided by the actuaries was for next year based on what the trend would be and if MetroPlus keeps the same population and included dollars in the revenue to allow for funds to be transferred and if MetroPlus maintains a low severity population. All of those factors were taken into consideration as part of the rate adjustment. At this time it is difficult to predict what might happen next year.

Ms. Zurack added that it is too soon to know what the actual outcome will be.

Mr. Page asked what is included in the definition of low severity and whether it only relates to age.

Dr. Saperstein stated that it is not based on age it is based on coding analysis similar to the clinical risk groups (CRG) that will raise the severity of the population, the actual utilization base coding determination of the severity.

Ms. Zurack stated that if there is a possibility that it will be implemented prospectively as opposed retrospectively.

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Dr. Saperstein stated that the issue is that it is hard to predict what the population would be; therefore, it is a way to protect the plan like an insurance coverage so that if a plan gets sicker patients it would adjust. Returning to the presentation, on average, MetroPlus sends out 46,000 bills per month. The members must pay or be dropped after 30-90 days. MetroPlus has lost between 300 and 800 member per month.

Mrs. Bolus asked if during the probationary period the services are being utilized by the members. Dr. Saperstein stated that the members would be allowed to use the services within that period. The policy is that the plan must inform the provider that the member is on a grace period but are required to treat the patients.

Mrs. Bolus asked whether the provider could refuse to treat the patient. Dr. Saperstein stated that MetroPlus has not had this to happen and if it did the provider would be terminated by the plan for failure to adhere to the policy. There are steps taken by MetroPlus to remind its members to pay the premium before the grace period ends and before being terminated from the plan. Fifty six percent of MetroPlus QHP members are assigned to HHC and when assigning members 100% are assigned to HHC and 44% of the members have requested a switch to a community provider; given that it is a new population and some had community providers and did not desire to go to a hospital for their care. Based on quarterly reports revenues were \$18.3 million with \$18.7 million in expenses. However, it takes up to 120 days to complete the data; therefore there is a lag in the actual payments.

Mr. Page asked if it was due to a lag in getting the claim information from the providers or does it take that long to calculate the claim information.

Dr. Saperstein stated that MetroPlus pays within 7 to 9 days; however, it takes the providers time to get MetroPlus all of the claims. It is important to allow the providers sufficient time so that MetroPlus gets 100% of the claims and that the severity of the illnesses is captured.

Mr. Page added that in essence there is lag in terms of knowing what is and has happened. Dr. Saperstein stated that due to the lag, the 2015 rate proposal was based on a fraction of MetroPlus' payments. Moving back to the presentation, the total revenue of \$51.1 million was received in the last couple of months. The actual claims that were paid the total cost of healthcare increased in May 2014 of \$5 million for the month compared to \$10 million in revenue. After 180 days everything evens out. However, the quarterly reports were based on estimates. What MetroPlus did for its rate proposal between 2014 and 2015, included in the silver plan MetroPlus changed the standard from 359 to 421 a 70% increase and 374 to 439 in the no standard. This was based on estimates. In terms of how this compares to the other health plans, rate requested not approved and it is likely that the rates will be challenged and may result in a reduction. The larger plans like MetroPlus, Health Republic increased by 17 to 18 percent. Plans with no members dropped their rates dramatically. HealthFirst and Affinity with very few members are now below MetroPlus.

Ms. Zurack stated that the ACA requirement for risk adverse selection pool over time the rates are expected to become more aligned for all of the plans.

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Dr. Saperstein stated that the rates should get narrower. As an example, the platinum plan, the lowest cost is \$525.00 and the highest \$861.00, a \$340.00 difference. The good news is that 80% of the population gets advance premium tax credits and reductions in their rates which could be as low as a \$5 to \$7.00 increase based on their tax credit. There were a couple of other factors taken into account in adjusting the rates; the risk stratification pharmacy costs are higher than expected due to the hepatitis C drugs which at a cost of therapy ranges from \$86,000 to \$140,000 per patient. Another factor is the DSH rate adjustment that occurred in October 2013 whereby the DSH funding was incorporated into the Medicare rate as oppose to a separate funding; and the hospitals costs are increasing significantly. Those were the three major factors that were taken into account in adjusting the rates. The question has been asked several times regarding how many of MetroPlus members leave the plan. One thousand to two thousand members leave the plan per month. Last year the network grew from 17,800 to 19,000 providers that included the addition of Montefiore as a hospital and Jamaica and Flushing hospitals in addition to an increase of HHC's PCPs by nine. In terms of leakage data the percentage of time members come to HHC for their admissions based on the data, in all of the discharges, 77% of their admissions are at HHC and at the community, 54% of the time. The members are coming to HHC. Surgery is a problem; however, in maternity and newborn, 88% of the times the members are coming to HHC and in the community 78% of the time. The CRG relative to the Medicaid index score combined, MetroPlus does well given that the highest will determine the rate for 2015 to 2016. MetroPlus' FHP index score declined by .51% from 2010 to 2011 while the Medicaid index score declined only by .03%.

Dr. Saperstein stated that in terms of the managed long term care (MLTC), MetroPlus was granted a license for operating an MLTC plan in the Fall of 2013 and began offering full services for enrolled members as of January 2013 and received its first auto-assigned members in February 2013. Managed long-term care (MLTC) offers assistance to people who are chronically ill or have disabilities and who need health and long-term care services, such as home care or adult day care. The goal of the MLTC plan is to allow these individuals to stay in their homes and communities for as long as possible. The MetroPlus MLTC plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place. Effective October 1, 2014, the Demonstration program between CMS and NYSDOH and MetroPlus were allowed to manage long term care for the dual eligible population. In summary, MetroPlus is a strong financial asset to HHC and is challenged by the lack of access in the HHC facilities. MetroPlus and HHC have many opportunities to strengthen their existing partnerships to ensure continued success in Medicare enrollment; access improvement; care management linkages; MLTC referrals and FIDA referrals and the coordination of behavioral health care. The presentation was concluded and well received by the Committee.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:17 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS



KEY INDICATORS
FISCAL YEAR 2014 UTILIZATION

Year to Date
June 2014

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 14	FY 13
	FY 14	FY 13	VAR %	FY 14	FY 13	VAR %				
<u>North Bronx</u>										
Jacobi	427,122	452,628	-5.6%	19,609	18,422	6.4%	5.6	6.1	1.0062	1.0677
North Central Bronx	200,698	221,987	-9.6%	4,233	7,597	-44.3%	5.6	6.0	0.8942	0.7212
<u>Generations +</u>										
Harlem	326,958	320,091	2.1%	10,986	11,511	-4.6%	5.3	5.8	0.9403	0.9316
Lincoln	550,808	564,597	-2.4%	23,929	23,200	3.1%	4.7	5.4	0.8393	0.8694
Belvis DTC	52,980	57,210	-7.4%							
Morrisania DTC	82,203	83,320	-1.3%							
Renaissance	48,728	59,046	-17.5%							
<u>South Manhattan</u>										
Bellevue	584,563	502,547	16.3%	23,019	16,992	35.5%	6.8	6.5	1.1266	1.0986
Metropolitan	393,833	416,779	-5.5%	10,727	12,487	-14.1%	4.7	5.3	0.7901	0.7850
Coler				275,143	214,693	28.2%				
Goldwater/H.J. Carter				114,346	272,935	-58.1%				
Gouverneur - NF				53,491	49,066	9.0%				
Gouverneur - DTC	267,154	252,632	5.7%							
<u>North Central Brooklyn</u>										
Kings County	688,918	715,782	-3.8%	22,478	24,178	-7.0%	6.5	6.1	0.9965	0.9558
Woodhull	488,608	487,568	0.2%	12,779	13,692	-6.7%	5.0	5.0	0.7984	0.8069
McKinney				114,027	113,818	0.2%				
Cumberland DTC	84,331	90,313	-6.6%							
East New York	74,545	76,566	-2.6%							
<u>Southern Brooklyn / S I</u>										
Coney Island	343,618	288,811	19.0%	14,200	9,409	50.9%	6.8	6.3	1.0267	1.0541
Seaview				106,492	108,312	-1.7%				
<u>Queens</u>										
Elmhurst	622,739	654,326	-4.8%	21,072	23,531	-10.5%	5.6	5.4	0.9021	0.9085
Queens	414,931	424,969	-2.4%	12,042	12,826	-6.1%	5.7	5.3	0.8562	0.8728
Discharges/CMI-- All Acutes				175,074	173,845	0.7%			0.9398	0.9274
Visits-- All D&TCs & Acutes	5,652,737	5,669,172	-0.3%							
Days-- All SNFs				663,499	758,824	-12.6%				

Notes:

Utilization

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery
D&TC: reimbursable visits
LTC: SNF and Acute days

All Payor CMI

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 13 and FY 14 beginning December 2013.

Average Length of Stay

Actual: discharges divided by days; excludes one day stays
Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

As of April 10, 2014, all services at Coney Island have been fully restored.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

KEY INDICATORS

FISCAL YEAR 2014 UTILIZATION: Psychiatry and Rehabilitation Services Year-end Update

PSYCHIATRY NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY	
	DISCHARGES			DAYS			FY 14	FY 13
	FY 14	FY 13	VAR %	FY 14	FY 13	VAR %		
<u>North Bronx</u>								
Jacobi	2,174	1,877	15.8%	30,847	38,227	-19.3%	14.2	20.4
North Central Bronx	1,231	1,015	21.3%	18,372	20,164	-8.9%	14.9	19.9
<u>Generations +</u>								
Harlem	1,704	1,499	13.7%	19,817	21,436	-7.6%	11.6	14.3
Lincoln	1,176	771	52.5%	16,048	13,747	16.7%	13.6	17.8
<u>South Manhattan</u>								
Bellevue	6,097	4,443	37.2%	98,987	79,240	24.9%	16.2	17.8
Metropolitan	2,658	2,526	5.2%	34,475	40,044	-13.9%	13.0	15.9
<u>North Central Brooklyn</u>								
Kings County	3,559	3,407	4.5%	66,363	69,981	-5.2%	18.6	20.5
Woodhull	2,372	2,373	0.0%	38,242	41,482	-7.8%	16.1	17.5
<u>Southern Brooklyn / S I</u>								
Coney Island	1,016	866	17.3%	16,087	15,065	6.8%	15.8	17.4
<u>Queens</u>								
Elmhurst	3,133	2,555	22.6%	56,962	56,645	0.6%	18.2	22.2
Queens	1,768	1,593	11.0%	23,940	26,067	-8.2%	13.5	16.4
Total - All Acutes	26,888	22,925	17.3%	420,140	422,098	-0.5%	15.6	18.4

REHABILITATION NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY	
	DISCHARGES			DAYS			FY 14	FY 13
	FY 14	FY 13	VAR %	FY 14	FY 13	VAR %		
<u>North Bronx</u>								
Jacobi	475	535	-11.2%	5,669	6,226	-8.9%	11.9	11.6
<u>Generations +</u>								
Harlem	157	175	-10.3%	2,035	2,409	-15.5%	13.0	13.8
<u>South Manhattan</u>								
Bellevue	550	445	23.6%	10,807	9,137	18.3%	19.6	20.5
Metropolitan	302	326	-7.4%	4,069	4,948	-17.8%	13.5	15.2
<u>North Central Brooklyn</u>								
Kings County	295	328	-10.1%	4,586	5,320	-13.8%	15.5	16.2
<u>Southern Brooklyn / S I</u>								
Coney Island	56	60	-6.7%	936	879	6.5%	16.7	14.7
<u>Queens</u>								
Elmhurst	295	324	-9.0%	4,204	4,580	-8.2%	14.3	14.1
Queens	176	190	-7.4%	2,300	2,583	-11.0%	13.1	13.6
Total All Acutes	2,306	2,383	-3.2%	34,606	36,082	-4.1%	15.0	15.1

Notes:

Psychiatry includes all services billed as inpatient: Adult, Child & Adolescent Psychiatry, Prisoner, Extended Observation and Inpatient CP

Days: Total patient days for patients discharged during year.

FY 13 reflects the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012).

Bellevue Hospital reopened in February 2013.

As of April 10, 2014, all services at Coney Island were fully restored. Rehab did not open until February 2014.

KEY INDICATORS

FISCAL YEAR 2014 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
June 2014

NETWORKS	FTE's VS 6/15/13	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	(45.5)	\$ 530,641	\$ (4,156)	\$ 570,018	\$ (12,670)	\$ (16,826)	-1.5%
North Central Bronx	<u>(24.5)</u>	<u>163,030</u>	<u>(25,298)</u>	<u>173,197</u>	<u>35,199</u>	<u>9,901</u>	<u>2.5%</u>
	(70.0)	\$ 693,670	\$ (29,454)	\$ 743,216	\$ 22,529	\$ (6,925)	-0.5%
<u>Generations +</u>							
Harlem	45.5	\$ 326,661	\$ (18,028)	\$ 363,110	\$ (19,452)	\$ (37,479)	-5.4%
Lincoln	33.0	508,456	14,816	485,248	16,481	31,297	3.1%
Belvis DTC	(4.0)	16,716	(601)	17,618	2,472	1,872	5.0%
Morrisania DTC	(3.0)	25,132	1,004	27,679	1,762	2,766	5.2%
Renaissance	<u>(7.0)</u>	<u>15,080</u>	<u>(3,389)</u>	<u>22,381</u>	<u>201</u>	<u>(3,188)</u>	<u>-7.8%</u>
	64.5	\$ 892,046	\$ (6,197)	\$ 916,036	\$ 1,465	\$ (4,733)	-0.3%
<u>South Manhattan</u>							
Bellevue	36.0	\$ 660,374	\$ (36,463)	\$ 752,650	\$ (21,140)	\$ (57,604)	-4.0%
Metropolitan	(34.5)	294,925	(15,790)	312,253	9,524	(6,266)	-1.0%
Coler	34.5	77,222	(17,451)	142,693	(23,227)	(40,677)	-19.0%
Goldwater/H.J. Carter	(369.0)	82,046	(16,011)	143,839	(31,667)	(47,678)	-22.7%
Gouverneur	<u>38.5</u>	<u>74,430</u>	<u>(8,236)</u>	<u>93,853</u>	<u>2,049</u>	<u>(6,187)</u>	<u>-3.5%</u>
	(294.5)	\$ 1,188,997	\$ (93,951)	\$ 1,445,288	\$ (64,461)	\$ (158,412)	-5.9%
<u>North Central Brooklyn</u>							
Kings County	39.5	\$ 696,616	\$ (4,539)	\$ 707,461	\$ 5,380	\$ 841	0.1%
Woodhull	62.5	357,439	(40,315)	414,314	(13,522)	(53,838)	-6.7%
McKinney	4.5	41,400	(1,806)	47,667	(1,339)	(3,145)	-3.5%
Cumberland DTC	(10.0)	22,616	(7,937)	34,922	1,595	(6,342)	-9.5%
East New York	<u>4.5</u>	<u>21,347</u>	<u>(2,669)</u>	<u>25,280</u>	<u>1,241</u>	<u>(1,428)</u>	<u>-2.8%</u>
	101.0	\$ 1,139,418	\$ (57,265)	\$ 1,229,644	\$ (6,646)	\$ (63,911)	-2.6%
<u>Southern Brooklyn/SI</u>							
Coney Island	83.0	\$ 279,174	\$ (43,762)	\$ 377,788	\$ (7,040)	\$ (50,802)	-7.3%
Seaview	<u>(12.0)</u>	<u>46,194</u>	<u>3,077</u>	<u>54,599</u>	<u>(600)</u>	<u>2,477</u>	<u>2.6%</u>
	71.0	\$ 325,368	\$ (40,686)	\$ 432,386	\$ (7,640)	\$ (48,325)	-6.1%
<u>Queens</u>							
Elmhurst	1.0	\$ 538,145	\$ (13,467)	\$ 563,757	\$ 14,048	\$ 581	0.1%
Queens	<u>(11.0)</u>	<u>354,014</u>	<u>(757)</u>	<u>373,965</u>	<u>(4,791)</u>	<u>(5,548)</u>	<u>-0.8%</u>
	(10.0)	\$ 892,159	\$ (14,224)	\$ 937,722	\$ 9,257	\$ (4,967)	-0.3%
NETWORKS TOTAL	<u>(138.0)</u>	<u>\$ 5,131,658</u>	<u>\$ (241,777)</u>	<u>\$ 5,704,292</u>	<u>\$ (45,496)</u>	<u>\$ (287,273)</u>	<u>-2.6%</u>
Central Office	62.5	709,622	38,145	250,273	311	38,456	4.2%
HHC Health & Home Care	6.0	14,597	(14,488)	37,746	(6,781)	(21,269)	-35.4%
Enterprise IT	<u>22.5</u>	<u>53,651</u>	<u>579</u>	<u>172,069</u>	<u>(89)</u>	<u>490</u>	<u>0.2%</u>
GRAND TOTAL	<u>(47.0)</u>	<u>\$ 5,909,529</u>	<u>\$ (217,541)</u>	<u>\$ 6,164,381</u>	<u>\$ (52,055)</u>	<u>\$ (269,596)</u>	<u>-2.2%</u>

Notes:

FY 13 reflects the impact of the temporary closures and suspension of operations at Bellevue and Coney Island hospitals as a result of Hurricane Sandy (Oct 2012)

As of April 10, 2014, all services at Coney Island have been fully restored.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2014 vs Fiscal Year 2013 (in 000's)
TOTAL CORPORATION

	Month of June 2014			Fiscal Year To Date June 2014		
	actual 2014	actual 2013	better / (worse)	actual 2014	actual 2013	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 69,130	\$ 70,122	\$ (992)	\$ 852,212	\$ 866,192	\$ (13,980)
Medicaid Managed Care	50,998	49,749	1,249	636,439	623,464	12,974
Medicare	37,220	23,638	13,582	537,905	462,445	75,460
Medicare Managed Care	31,743	23,323	8,420	325,732	240,050	85,682
Other	<u>23,628</u>	<u>16,188</u>	<u>7,440</u>	<u>236,460</u>	<u>211,695</u>	<u>24,765</u>
Total Inpatient	\$ 212,719	\$ 183,021	\$ 29,699	\$ 2,588,748	\$ 2,403,847	\$ 184,901
Outpatient						
Medicaid Fee for Service	\$ 12,491	\$ 8,630	\$ 3,860	\$ 180,446	\$ 166,508	\$ 13,938
Medicaid Managed Care	36,550	27,875	8,675	530,042	448,979	81,063
Medicare	6,423	5,266	1,156	55,200	56,180	(981)
Medicare Managed Care	9,679	7,137	2,542	99,683	103,686	(4,003)
Other	<u>11,560</u>	<u>10,113</u>	<u>1,447</u>	<u>166,393</u>	<u>148,537</u>	<u>17,856</u>
Total Outpatient	\$ 76,703	\$ 59,022	\$ 17,681	\$ 1,031,764	\$ 923,890	\$ 107,874
All Other						
Pools	\$ 117,792	\$ 10,010	\$ 107,783	\$ 545,887	\$ 445,820	\$ 100,067
DSH / UPL	470,400	-	470,400	1,347,000	1,402,035	(55,035)
Grants, Intracity, Tax Levy	68,897	28,341	40,557	280,448	339,134	(58,686)
Appeals & Settlements	86	2,904	(2,818)	53,006	37,367	15,639
Misc / Capital Reimb	<u>6,470</u>	<u>9,129</u>	<u>(2,659)</u>	<u>62,676</u>	<u>78,739</u>	<u>(16,063)</u>
Total All Other	\$ 663,645	\$ 50,383	\$ 613,262	\$ 2,289,016	\$ 2,303,095	\$ (14,079)
Total Cash Receipts	\$ 953,067	\$ 292,426	\$ 660,642	\$ 5,909,529	\$ 5,630,832	\$ 278,697
Cash Disbursements						
PS	\$ 191,003	\$ 186,941	\$ (4,063)	\$ 2,434,572	\$ 2,427,269	\$ (7,303)
Fringe Benefits	343,334	467,561	124,227	1,299,058	1,168,734	(130,324)
OTPS	142,599	143,050	451	1,405,394	1,381,197	(24,197)
City Payments	20,089	-	(20,089)	39,492	141,363	101,871
Affiliation	70,541	76,008	5,467	908,721	924,984	16,263
HHC Bonds Debt	<u>6,848</u>	<u>6,325</u>	<u>(523)</u>	<u>77,144</u>	<u>96,238</u>	<u>19,094</u>
Total Cash Disbursements	\$ 774,414	\$ 879,884	\$ 105,470	\$ 6,164,381	\$ 6,139,785	\$ (24,596)
Receipts over/(under) Disbursements	\$ 178,653	\$ (587,459)	\$ 766,112	\$ (254,853)	\$ (508,954)	\$ 254,101

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New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2014 (in 000's)
TOTAL CORPORATION

	Month of June 2014			Fiscal Year To Date June 2014		
	actual 2014	budget 2014	better / (worse)	actual 2014	budget 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 69,130	\$ 85,852	\$ (16,722)	\$ 852,212	\$ 1,036,429	\$ (184,217)
Medicaid Managed Care	50,998	55,835	(4,837)	636,439	703,536	(67,097)
Medicare	37,220	36,981	239	537,905	501,529	36,376
Medicare Managed Care	31,743	20,228	11,515	325,732	251,823	73,910
Other	<u>23,628</u>	<u>18,275</u>	<u>5,353</u>	<u>236,460</u>	<u>234,410</u>	<u>2,049</u>
Total Inpatient	\$ 212,719	\$ 217,171	\$ (4,451)	\$ 2,588,748	\$ 2,727,727	\$ (138,979)
Outpatient						
Medicaid Fee for Service	\$ 12,491	\$ 17,575	\$ (5,085)	\$ 180,446	\$ 237,621	\$ (57,176)
Medicaid Managed Care	36,550	38,219	(1,668)	530,042	544,023	(13,980)
Medicare	6,423	5,874	548	55,200	76,365	(21,166)
Medicare Managed Care	9,679	11,737	(2,057)	99,683	101,649	(1,966)
Other	<u>11,560</u>	<u>10,441</u>	<u>1,119</u>	<u>166,393</u>	<u>178,901</u>	<u>(12,508)</u>
Total Outpatient	\$ 76,703	\$ 83,846	\$ (7,143)	\$ 1,031,764	\$ 1,138,559	\$ (106,795)
All Other						
Pools	\$ 117,792	\$ 120,355	\$ (2,563)	\$ 545,887	\$ 552,438	\$ (6,551)
DSH / UPL	470,400	470,400	0	1,347,000	1,347,000	(0)
Grants, Intracity, Tax Levy	68,897	38,108	30,789	280,448	246,922	33,526
Appeals & Settlements	86	(1,725)	1,811	53,006	49,772	3,234
Misc / Capital Reimb	<u>6,470</u>	<u>4,886</u>	<u>1,584</u>	<u>62,676</u>	<u>64,651</u>	<u>(1,975)</u>
Total All Other	\$ 663,645	\$ 632,024	\$ 31,621	\$ 2,289,016	\$ 2,260,783	\$ 28,234
Total Cash Receipts	\$ 953,067	\$ 933,041	\$ 20,026	\$ 5,909,529	\$ 6,127,069	\$ (217,541)
Cash Disbursements						
PS	\$ 191,003	\$ 186,132	\$ (4,871)	\$ 2,434,572	\$ 2,416,319	\$ (18,253)
Fringe Benefits	343,334	339,115	(4,219)	1,299,058	1,299,996	938
OTPS	142,599	141,931	(668)	1,405,394	1,370,358	(35,035)
City Payments	20,089	20,089	0	39,492	39,492	(0)
Affiliation	70,541	78,283	7,742	908,721	909,017	296
HHC Bonds Debt	<u>6,848</u>	<u>4,076</u>	<u>(2,772)</u>	<u>77,144</u>	<u>77,144</u>	<u>0</u>
Total Cash Disbursements	\$ 774,414	\$ 769,625	\$ (4,789)	\$ 6,164,381	\$ 6,112,326	\$ (52,055)
Receipts over/(under) Disbursements	\$ 178,653	\$ 163,416	\$ 15,237	\$ (254,853)	\$ 14,743	\$ (269,596)

Notes:

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PS QUARTERLY KEY INDICATORS REPORT FY 14
INFORMATION ITEM



nyc.gov/hhc

Review of Personal Services Key Indicators (FY 2014 4th Quarter)

PS Disbursements – Actual vs. Budget

Network/Facility	Budgeted PS thru June 2014 (\$ in 000's)	Actual PS thru June 2014 (\$ in 000's)	(over)/under (\$ in 000's)
North Bronx			
Jacobi	\$224,320	\$230,170	(\$5,850)
NCB	\$73,362	\$66,007	\$7,355
Subtotal	\$297,682	\$296,177	\$1,505
Generations +			
Harlem	\$129,108	\$136,056	(\$6,948)
Lincoln	\$189,736	\$186,548	\$3,188
Morrisania	\$12,204	\$13,021	(\$817)
Renaissance	\$8,704	\$8,940	(\$236)
S.R. Belvis	\$7,626	\$8,464	(\$838)
Subtotal	\$347,378	\$353,029	(\$5,651)
South Manhattan			
Bellevue	\$282,953	\$284,796	(\$1,843)
Metropolitan	\$124,228	\$125,974	(\$1,746)
Coler	\$63,635	\$62,069	\$1,566
Goldwater	\$22,276	\$28,845	(\$6,569)
Gouverneur	\$45,376	\$44,566	\$810
H. J. Carter	\$29,991	\$30,095	(\$104)
Subtotal	\$568,459	\$576,345	(\$7,886)
North Central Brooklyn			
Kings County	\$354,308	\$352,279	\$2,029
Woodhull	\$150,681	\$151,072	(\$391)
McKinney	\$19,970	\$21,381	(\$1,411)
Cumberland	\$13,778	\$14,198	(\$420)
ENY	\$13,255	\$13,556	(\$301)
Subtotal	\$551,992	\$552,486	(\$494)
S Brooklyn / Staten Is.			
Coney Island	\$152,153	\$156,173	(\$4,020)
Seaview	\$25,969	\$27,393	(\$1,424)
Subtotal	\$178,122	\$183,566	(\$5,444)
Queens			
Elmhurst	\$209,946	\$211,692	(\$1,746)
Queens	\$128,743	\$131,060	(\$2,317)
Subtotal	\$338,689	\$342,752	(\$4,063)
Facilities Total	\$2,282,322	\$2,304,355	(\$22,033)
Central Office	\$61,064	\$60,606	\$458
Certified Home Health	\$14,078	\$13,906	\$172
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$58,855	\$55,705	\$3,150
Grand Total	\$2,416,319	\$2,434,572	(\$18,253)

FTE Variance 06/15/13 – 6/14/14

Network/Facility	FTEs as of 6/15/13	FTEs as of 6/14/14	Increase (Decrease) in FTEs thru 6/14/14
North Bronx			
Jacobi	3,296.5	3,251.0	(45.5)
NCB	1,088.0	1,063.5	(24.5)
Subtotal	4,384.5	4,314.5	(70.0)
Generations +			
Harlem	2,016.0	2,061.5	45.5
Lincoln	2,717.0	2,750.0	33.0
Morrisania	188.5	185.5	(3.0)
Renaissance	143.5	136.5	(7.0)
S.R. Belvis	104.5	100.5	(4.0)
Subtotal	5,169.5	5,234.0	64.5
South Manhattan			
Bellevue	4,149.5	4,185.5	36.0
Metropolitan	1,947.0	1,912.5	(34.5)
Coler	996.0	1,030.5	34.5
Goldwater	1,086.0	717.0	(369.0)
Gouverneur	597.0	635.5	38.5
H. J. Carter	-	-	-
Subtotal	8,775.5	8,481.0	(294.5)
North Central Brooklyn			
Kings County	4,636.0	4,675.5	39.5
Woodhull	2,228.0	2,290.5	62.5
McKinney	318.0	322.5	4.5
Cumberland	221.0	211.0	(10.0)
ENY	191.5	196.0	4.5
Subtotal	7,594.5	7,695.5	101.0
S. Brooklyn / Staten Is.			
Coney Island	2,322.5	2,405.5	83.0
Seaview	349.5	337.5	(12.0)
Subtotal	2,672.0	2,743.0	71.0
Queens			
Elmhurst	3,157.0	3,158.0	1.0
Queens	1,819.5	1,808.5	(11.0)
Subtotal	4,976.5	4,966.5	(10.0)
Facilities Total	33,572.5	33,434.5	(138.0)
Central Office	605.0	665.5	60.5
Certified Home Health	170.5	176.5	6.0
Accountable Care Org.	-	2.0	2.0
Enterprise IT	658.0	680.5	22.5
Grand Total	35,006.0	34,959.0	(47.0)

Note: RESIDENT HEADCOUNT FOR FISCAL YEAR END 2013 UTILIZES JUNE 1, 2013.

Corporate-wide FTE Variance by Category

Staffing Change June 2013 vs. June 2014	FTEs
Nurses *	223.5
Managers	151.5
Tech/Spec	47.5
Residents	35.0
Clerical	(226.0)
Environmental/Hotel	(151.0)
Aides/Ord	(111.0)
Physicians	(16.5)
Total	(47.0)

*Nurses include LPNs RNs & Nurse Practitioners

FY 2014 Overtime Actual vs. Budget

Network/Facility	OT Budget thru June 2014	Actual OT thru June 2014	(over)/under (\$ in 000's)
North Bronx			
Jacobi	\$17,000,000	\$17,414,453	(\$414,453)
NCB	\$7,000,000	\$6,633,651	\$366,349
Subtotal	\$24,000,000	\$24,048,104	(\$48,104)
Generations +			
Harlem	\$7,315,000	\$8,131,075	(\$816,075)
Lincoln	\$11,420,000	\$13,099,571	(\$1,679,571)
Morrisania	\$200,000	\$294,170	(\$94,170)
Renaissance	\$280,000	\$64,321	\$215,679
S.R. Belvis	\$75,000	\$102,871	(\$27,871)
Subtotal	\$19,290,000	\$21,692,008	(\$2,402,008)
South Manhattan			
Bellevue	\$15,105,000	\$18,240,457	(\$3,135,457)
Metropolitan	\$5,710,000	\$6,496,680	(\$786,680)
Coler	\$3,922,902	\$6,900,703	(\$2,977,801)
Goldwater	\$3,111,390	\$7,027,466	(\$3,916,076)
Gouverneur	\$360,000	\$315,617	\$44,383
H. J. Carter	\$3,645,687	\$0	\$3,645,687
Subtotal	\$31,854,979	\$38,980,923	(\$7,125,944)
North Central Brooklyn			
Kings County	\$18,210,000	\$15,715,196	\$2,494,804
Woodhull	\$7,710,000	\$7,742,652	(\$32,652)
McKinney	\$2,315,000	\$1,841,344	\$473,656
Cumberland	\$500,000	\$508,841	(\$8,841)
ENY	\$165,000	\$147,104	\$17,896
Subtotal	\$28,900,000	\$25,955,137	\$2,944,863
S Brooklyn / Staten Is.			
Coney Island	\$3,510,000	\$3,671,698	(\$161,698)
Seaview	\$955,000	\$1,059,414	(\$104,414)
Subtotal	\$4,465,000	\$4,731,112	(\$266,112)
Queens			
Elmhurst	\$12,554,620	\$13,103,087	(\$548,467)
Queens	\$7,315,000	\$7,072,636	\$242,364
Subtotal	\$19,869,620	\$20,175,723	(\$306,103)
Facilities Total	\$128,379,599	\$135,583,007	(\$7,203,408)
Central Office	\$550,000	\$383,965	\$166,035
Certified Home Health	\$125,000	\$130,021	(\$5,021)
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$850,000	\$629,246	(\$220,754)
Grand Total	\$129,904,599	\$136,726,239	(\$6,821,640)

Overtime by Major Category

FY 2014 vs. FY 2013

FYTD JUNE 2013 vs. FYTD JUNE 2014

GROUP	FYTD JUNE 2013	FYTD JUNE 2014	Inc./(Dec.) \$	Inc./(Dec.) %
NURSING	\$42,546,893	\$43,864,651	\$1,317,758	3.1%
PLANT MAINT	\$34,524,759	\$34,166,015	(\$358,744)	-1.0%
ALL OTHERS	<u>\$55,954,858</u>	<u>\$58,695,573</u>	<u>\$2,740,715</u>	<u>4.9%</u>
TOTAL	\$133,026,510	\$136,726,239	\$3,699,729	<u>2.8%</u>

Nurse Registry FY 2014 vs. FY 2013

Network/Facility	Nurse Registry thru June 2013	Nurse Registry thru June 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$9,765,602	\$9,792,637	\$27,035
NCB	\$1,827,747	\$2,349,151	\$521,404
Subtotal	\$11,593,349	\$12,141,788	\$548,439
Generations +			
Harlem	\$7,732,270	\$10,072,717	\$2,340,447
Lincoln	\$14,087,372	\$11,016,805	(\$3,070,567)
Morrisania	\$197,508	\$108,466	(\$99,042)
Renaissance	\$61,487	\$45,324	(\$16,163)
S.R. Belvis	\$120,757	\$101,417	(\$19,340)
Subtotal	\$22,199,394	\$21,344,729	(\$854,665)
South Manhattan			
Bellevue	\$6,493,329	\$11,267,110	\$4,773,781
Metropolitan	\$3,262,231	\$4,935,529	\$1,673,298
Coler	\$143,017	\$264,408	\$121,391
Goldwater	\$1,094,665	\$565,307	(\$529,358)
Gouverneur	\$139,633	\$0	(\$139,633)
H. J. Carter	\$0	\$0	\$0
Subtotal	\$11,132,875	\$17,032,354	\$5,899,479
North Central Brooklyn			
Kings County	\$7,475,260	\$8,429,381	\$954,121
Woodhull	\$2,408,712	\$2,555,378	\$146,666
McKinney	\$3,769,691	\$2,373,861	(\$1,395,830)
Cumberland	\$0	\$0	\$0
ENY	\$81,517	\$53,067	(\$28,450)
Subtotal	\$13,735,180	\$13,411,687	(\$323,493)
S Brooklyn / Staten Is.			
Coney Island	\$855	\$0	(\$855)
Seaview	\$0	\$0	\$0
Subtotal	\$855	\$0	(\$855)
Queens			
Elmhurst	\$4,470,946	\$4,716,013	\$245,067
Queens	\$8,947,807	\$9,300,124	\$352,317
Subtotal	\$13,418,753	\$14,016,137	\$597,384
Facilities Total	\$72,080,406	\$77,946,695	\$5,866,289
Central Office	\$0	\$31,800	\$31,800
Certified Home Health	\$2,956,165	\$3,854,690	\$898,525
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$0	\$7,125	\$7,125
Grand Total	\$75,036,571	\$81,840,310	\$6,803,739

Allowances FY 2014 vs. FY 2013

Network/Facility	Allowances thru June 2013	Allowances thru June 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$804,049	\$620,264	(\$183,785)
NCB	\$308,553	\$408,088	\$99,535
Subtotal	\$1,112,602	\$1,028,352	(\$84,250)
Generations +			
Harlem	\$3,478,776	\$5,043,837	\$1,565,061
Lincoln	\$6,936,188	\$9,984,284	\$3,048,096
Morrisania	\$101,449	\$197,351	\$95,902
Renaissance	\$75,456	\$161,160	\$85,704
S.R. Belvis	\$214,252	\$330,516	\$116,264
Subtotal	\$10,806,121	\$15,717,148	\$4,911,027
South Manhattan			
Bellevue	\$4,914,653	\$4,892,479	(\$22,174)
Metropolitan	\$4,319,578	\$4,210,947	(\$108,631)
Coler	\$1,768,921	\$1,692,216	(\$76,705)
Goldwater	\$2,186,796	\$1,594,993	(\$591,803)
Gouverneur	\$3,876,840	\$4,245,521	\$368,681
H. J. Carter	\$0	\$0	\$0
Subtotal	\$17,066,788	\$16,636,156	(\$430,632)
North Central Brooklyn			
Kings County	\$13,135,520	\$16,062,658	\$2,927,138
Woodhull	\$2,706,748	\$4,021,311	\$1,314,563
McKinney	\$1,245,440	\$1,409,599	\$164,159
Cumberland	\$179,984	\$125,946	(\$54,038)
ENY	\$226,325	\$287,836	\$61,511
Subtotal	\$17,494,017	\$21,907,350	\$4,413,333
S Brooklyn / Staten Is.			
Coney Island	\$7,385,970	\$8,110,531	\$724,561
Seaview	\$6,367,772	\$6,943,836	\$576,064
Subtotal	\$13,753,742	\$15,054,367	\$1,300,625
Queens			
Elmhurst	\$1,427,527	\$4,260,232	\$2,832,705
Queens	\$4,674,367	\$8,128,622	\$3,454,255
Subtotal	\$6,101,894	\$12,388,854	\$6,286,960
Facilities Total	\$66,335,164	\$82,732,227	\$16,397,063
Central Office	\$723,706	\$777,189	\$53,483
Certified Home Health	\$1,693,116	\$2,163,879	\$470,763
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$213,449	\$166,266	(\$47,183)
Grand Total	\$68,965,435	\$85,839,561	\$16,874,126

PAYOR MIX REPORTS – INPATIENT, ADULT AND PEDIATRICS SVCS

INFORMATION ITEM



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
INPATIENT PAYOR MIX
Fiscal Year 2014 4th 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												
2014	53.1	50.3	63.1	63.9	62.8	61.9	66.4	68.5	58.9	63.4	71.5	61.9
2013	54.6	47.8	61.7	65.1	61.8	63.4	66.9	68.2	69.1	62.8	72.9	63.1
Medicaid												
2014	24.4	21.1	22.9	23.6	20.9	26.6	19.7	26.9	25.4	25.7	27.2	23.7
2013	25.4	21.8	21.6	24.6	21.0	27.7	19.1	27.2	20.4	24.5	27.5	23.8
Medicaid Plans												
2014	28.6	29.3	40.2	40.3	42.0	35.3	46.8	41.6	33.5	37.7	44.3	38.1
2013	29.2	26.1	40.2	40.5	40.7	35.7	47.8	41.0	48.8	38.3	45.4	39.3
Medicare Total												
2014	18.8	37.4	19.7	21.4	21.3	19.9	22.1	19.8	27.4	23.4	17.8	21.8
2013	18.0	38.4	20.4	21.3	21.8	19.6	21.2	20.6	18.4	23.0	16.7	21.1
Medicare												
2014	11.5	27.6	11.0	10.9	12.6	10.0	8.7	9.9	15.7	13.0	9.2	12.1
2013	11.5	28.9	12.1	11.3	13.4	10.8	9.1	11.0	11.4	13.6	9.2	12.2
Medicare Plans												
2014	7.3	9.8	8.6	10.5	8.7	9.9	13.4	9.9	11.8	10.4	8.6	9.7
2013	6.5	9.4	8.3	10.0	8.3	8.8	12.0	9.5	7.0	9.4	7.5	8.9
Commercial												
2014	10.5	7.2	8.9	7.6	10.9	11.2	7.4	5.4	7.1	8.0	5.5	8.7
2013	9.9	7.6	8.4	7.6	11.6	11.3	7.2	5.2	6.8	7.3	5.6	8.5
Other												
2014	8.2	0.1	2.0	0.2	0.4	0.2	0.4	0.1	0.3	0.3	0.2	1.6
2013	8.2	0.2	2.7	0.3	0.4	0.2	0.6	0.1	0.4	0.7	0.1	1.5
Uninsured												
2014	9.5	5.0	6.2	6.9	4.6	6.7	3.7	6.1	6.3	4.9	5.0	6.0
2013	9.3	6.0	6.8	5.7	4.4	5.5	4.2	5.8	5.3	6.2	4.7	5.9
HHC Options												
2014	2.7	2.3	3.8	1.5	2.3	2.0	2.0	2.6	2.4	2.4	2.8	2.5
2013	2.6	3.0	3.4	2.0	1.7	2.3	2.3	2.6	2.3	3.0	3.1	2.6
Self Pay												
2014	6.8	2.7	2.5	5.4	2.3	4.8	1.8	3.5	3.9	2.5	2.3	3.6
2013	6.8	3.0	3.4	3.7	2.7	3.2	1.8	3.2	3.0	3.2	1.6	3.3

FY14 (run date 8/8/14)
FY13 (run date: 8/7/13)

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

Note: All numbers are percentages.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OUTPATIENT ADULT PAYOR MIX
(Excluding Emergency Room Visits)
Fiscal Year 2014 4th 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																		
2014	39.7	38.3	41.4	48.6	50.5	48.0	46.9	48.3	54.3	41.5	43.5	51.7	49.1	51.0	36.7	53.5	41.8	44.7
2013	36.2	35.4	38.9	46.0	48.9	46.8	46.0	47.3	55.6	40.2	44.2	52.1	49.5	51.3	35.9	53.0	40.0	43.5
Medicaid																		
2014	8.8	8.9	9.8	10.2	10.2	11.6	8.4	13.9	8.7	9.4	8.3	3.8	10.7	3.8	6.7	4.3	3.6	9.5
2013	9.1	6.8	8.0	8.7	9.7	10.2	8.4	12.6	9.6	7.8	8.2	4.0	9.3	3.9	7.5	4.1	3.5	8.8
Medicaid Plans																		
2014	30.9	29.4	31.6	38.4	40.3	36.4	38.5	34.4	45.6	32.2	35.2	47.9	38.5	47.1	29.9	49.2	38.2	35.2
2013	27.1	28.5	30.9	37.3	39.2	36.7	37.6	34.6	46.0	32.3	35.9	48.1	40.2	47.4	28.4	48.8	36.5	34.8
Medicare Total																		
2014	18.0	20.1	15.0	21.9	19.8	15.3	20.3	19.9	15.4	19.1	18.4	14.5	12.5	16.0	24.6	14.3	18.1	18.4
2013	18.8	20.7	14.8	23.6	19.2	14.3	21.0	19.9	14.2	19.1	18.7	14.3	12.8	16.1	25.7	14.0	15.9	18.4
Medicare																		
2014	8.3	11.8	6.5	10.5	9.8	7.9	6.7	8.0	7.3	8.2	6.7	4.3	5.2	6.2	9.5	4.8	6.4	8.0
2013	9.3	12.3	6.8	12.2	9.9	7.6	7.8	9.0	7.4	9.0	7.6	4.6	5.6	6.2	10.3	5.1	5.2	8.6
Medicare Plans																		
2014	9.7	8.3	8.5	11.4	10.0	7.4	13.7	11.9	8.1	10.9	11.7	10.3	7.3	9.8	15.1	9.5	11.7	10.3
2013	9.6	8.5	8.0	11.4	9.3	6.6	13.2	10.9	6.8	10.1	11.2	9.6	7.2	9.8	15.4	9.0	10.8	9.9
Commercial																		
2014	9.1	6.3	8.3	7.2	10.4	8.4	11.1	5.7	9.9	6.7	5.5	6.4	7.3	6.3	7.9	10.2	8.8	8.1
2013	8.6	6.7	7.5	6.5	10.7	7.8	11.5	5.5	9.1	5.8	5.0	6.0	7.8	4.7	5.8	7.9	6.0	7.6
Other																		
2014	3.0	0.4	1.0	0.4	1.2	0.4	1.0	0.2	0.2	0.5	0.6	0.0	0.2	0.0	1.2	0.0	0.0	0.9
2013	2.8	0.6	1.0	0.4	1.4	0.4	0.9	0.2	0.2	0.5	0.5	0.0	0.2	0.0	1.2	0.0	0.0	0.8
Uninsured Total																		
2014	30.2	34.9	34.3	21.9	18.1	27.9	20.6	25.9	20.2	32.2	32.1	27.3	30.9	26.7	29.7	22.1	31.2	27.9
2013	33.5	36.6	37.8	23.5	19.8	30.8	20.6	27.1	20.8	34.5	31.6	27.6	29.8	27.9	31.4	25.1	38.1	29.6
HHC-Options																		
2014	21.1	23.8	26.7	12.9	11.1	22.3	10.3	19.5	14.8	22.9	27.2	20.5	28.2	21.9	25.3	20.1	22.4	20.6
2013	22.7	22.3	29.7	12.8	11.0	22.9	9.5	19.4	14.5	23.3	25.7	18.9	26.0	21.9	25.4	22.0	22.3	20.8
Self Pay																		
2014	9.0	11.1	7.7	9.0	6.9	5.6	10.2	6.4	5.4	9.4	4.9	6.8	2.7	4.7	4.4	2.0	8.8	7.3
2013	10.8	14.3	8.1	10.7	8.8	7.8	11.1	7.7	6.4	11.2	5.9	8.7	3.8	6.0	6.0	3.1	15.8	8.9

FY14 (run date 8/8/14)

FY13 (run date: 8/7/13)

Medicaid Plans: Medicaid Managed Care and Family Health Plus Plans

Medicare Plans: Medicare Advantage Plans

Commercial Plans: Commercial Insurance, Managed Care Plans, No-Fault,

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 2014 4th 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																		
2014	82.6	80.4	83.4	84.5	82.7	73.5	81.6	87.8	84.9	73.5	80.5	86.1	78.1	79.1	81.7	85.5	73.8	81.2
2013	81.7	80.2	83.0	84.4	80.7	73.0	79.7	87.9	83.0	72.6	81.5	86.3	78.6	78.5	82.0	87.0	72.7	80.6
Medicaid																		
2014	6.8	7.0	3.7	8.0	5.6	6.1	4.6	8.0	3.8	5.1	7.8	3.1	6.3	3.7	5.7	3.8	6.3	5.7
2013	7.4	7.2	4.2	8.0	5.7	7.1	6.1	7.9	4.1	5.7	7.7	3.8	4.9	4.2	6.6	3.9	6.6	6.1
Medicaid Plans																		
2014	75.8	73.4	79.6	76.5	77.1	67.4	77.0	79.9	81.1	68.4	72.7	83.1	71.8	75.4	76.1	81.7	67.5	75.5
2013	74.3	73.0	78.8	76.4	75.0	65.9	73.6	80.0	78.9	66.8	73.8	82.5	73.7	74.4	75.4	83.1	66.2	74.5
Commercial Total																		
2014	9.3	8.7	9.0	10.0	10.8	13.7	9.3	7.3	7.9	14.9	9.1	7.1	9.7	10.2	10.7	6.1	12.6	10.0
2013	8.8	9.7	8.8	10.2	11.7	14.2	11.6	7.3	9.8	15.4	8.9	7.8	9.8	10.9	11.5	5.9	13.8	10.5
Child Health Plus																		
2014	3.2	3.7	5.6	2.4	3.6	4.1	2.9	4.2	3.5	5.8	3.7	3.2	3.7	3.6	4.0	2.5	3.3	3.9
2013	3.5	4.1	5.8	3.1	4.2	4.5	3.6	4.3	4.6	6.8	4.0	4.0	4.5	4.4	4.5	2.8	4.7	4.4
Non-CHP Plans																		
2014	6.1	5.0	3.4	7.5	7.2	9.5	6.4	3.1	4.4	9.1	5.4	3.9	6.0	6.6	6.7	3.5	9.3	6.1
2013	5.2	5.5	3.1	7.1	7.4	9.8	8.1	3.0	5.2	8.6	4.8	3.8	5.3	6.5	7.0	3.1	9.2	6.1
Other																		
2014	0.3	0.1	0.2	0.2	0.4	0.4	1.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.2
2013	0.2	0.2	0.2	0.2	0.5	0.4	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.2
Uninsured Total																		
2014	7.8	10.8	7.5	5.4	6.1	12.4	8.1	4.8	7.2	11.5	10.3	6.8	12.2	10.6	7.5	8.5	13.5	8.6
2013	9.4	10.0	7.9	5.2	7.1	12.4	7.8	4.7	7.2	12.0	9.5	5.9	11.6	10.5	6.4	7.1	13.4	8.7
HHC-Options																		
2014	1.8	1.3	0.7	0.7	1.1	7.6	0.9	0.8	1.6	1.0	3.7	2.3	5.4	5.3	1.5	4.0	0.7	2.3
2013	1.9	0.8	0.7	0.4	0.9	6.1	0.6	0.5	1.4	0.8	2.2	1.8	2.8	4.0	1.4	2.9	0.2	1.7
Self Pay																		
2014	6.0	9.5	6.8	4.6	5.0	4.8	7.2	4.0	5.6	10.5	6.6	4.5	6.8	5.2	6.1	4.4	12.8	6.3
2013	7.5	9.2	7.2	4.8	6.2	6.3	7.2	4.2	5.8	11.2	7.3	4.1	8.8	6.4	5.0	4.2	13.2	6.9

FY14 (run date 8/8/14)
FY13 (run date: 8/7/13)

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