

AGENDA

FINANCE COMMITTEE

MEETING DATE: DECEMBER 9, 2014

TIME: 9:00 A.M.

LOCATION: 125 WORTH STREET

BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE NOVEMBER 12, 2014 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS & CASH RECEIPTS/DISBURSEMENTS REPORTS

KRISTA OLSON
FRED COVINO

INFORMATION ITEM

PERSONAL SERVICES KEY INDICATORS QUARTERLY REVIEW FY 15 – 1ST QUARTER

FRED COVINO

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: NOVEMBER 12, 2014

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on November 12, 2014 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Steven Banks, Commissioner, HRA
Josephine Bolus, RN
Emily Youssouf
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 IBO
S. Newmark, Advisor, Mayor's Office
A. Mirdita, Chief Financial Officer (CFO), PAGNY
S. Rothstein, New York State of Health
J. Wessler

HHC STAFF

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
E. Casey, Assistant Director, Corporate Planning
D. Cates, Chief of Staff, Board Affairs

MINUTES OF THE NOVEMBER 12, 2014 FINANCE COMMITTEE MEETING

A. Cohen, CFO, Southern Manhattan Health Network
D. Collington, Assistant Director, Coney Island Hospital
F. Covino, Corporate Budget Director, Corporate Budget
V. Fleming, Assistant Controller, Coney Island Hospital
D. Frimer, Controller, Coney Island Hospital
K. Garramone, CFO, North Bronx Health Care Network
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
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
P. Lockhart, Secretary to the Corporation, Office of the Chairman
R. Mark, Chief of Staff, Office of the President
H. Mason, Deputy Executive Director, Kings County Hospital Center
C. Mastromano, Chief Operating Officer, Gouverneur Healthcare Services
A. Moran, CFO, Elmhurst Hospital Center
K. Olson, Assistant Vice President, Corporate Budget
C. Parjohn, Director, Internal Audits
K. Park, Associate Executive Director, Queens Health Network
N. Peterson, Senior Associate Director, Woodhull Medical & Mental Health Center
J. Quinones, Senior Assistant Vice President, Corporate Contracting/Management
R. Rossdale, Deputy Executive director, Queens Hospital Center
S. Russo, Senior Vice President, General Counsel, Office of Legal Affairs
C. Samms, CFO, Generations Plus/Northern Manhattan Network
W. Saunders, Assistant Vice President, Intergovernmental Relations
B. Stacey, Chief Financial Officer, Queens Health Network
J. Wale, Senior Assistant Vice President, Office of Behavioral Health
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
R. Wilson, Senior Vice President/CMO, Medical & Professional Affairs
M. Zurack, Senior Vice President/CFO, Corporate Finance

MINUTES OF THE NOVEMBER 12, 2014 FINANCE COMMITTEE MEETING

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the October 7, 2014, Finance Committee meeting were adopted as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack informed the Committee that included on the agenda was a presentation by Danielle Holahan who was unable to attend but was being represented by Sara Rothstein, who would be presenting the status of the NYS health exchanges. The presentation is of importance in that open enrollment as part of the Affordable Care Act (ACA) begins on November 15, 2014 and that HHC through the Exchanges will continue benefit in its efforts to convert uninsured individuals into exchange members or qualified health plans (QHP) in addition to assisting MetroPlus, HHC's health plan in its enrollment efforts. Last week there was a hearing conducted by Councilman Johnson, Chair, and Committee on Health on collaborations with key representatives of various City agencies, City DOH, HRA and HHC focusing on preparation for the Exchanges and the next enrollment period. Representing HHC in the hearing, Ms. Zurack stated that the overall outcome was very successful in terms of the issues that were raised at that time. There have been subsequent discussions and meetings about the group's efforts in working with community based organizations (CBOs) in addressing some of the concerns relative to the enrollment process. During the first year of the enrollment, there were presentations to this Committee on HHC's preparation for the exchange relative to the training of HHC's staff, of which 570 employees were trained as certified application counselors (CAC), MetroPlus successfully enrolled 40,000 individuals into a QHP and the transitioning to a new Medicaid process. Each year there is a new enrollment period and HHC's goal is to improve in the process. The purpose of the background information was to provide the Committee with a context for the presentation by Ms. Rothstein. In addition to the payor mix report that would be presented later on the agenda by Ms. Olson.

FEMA FUNDING UPDATE

Last week a press conference was held at Coney Island Hospital whereby Mayor De Blasio and Senator Schumer announced the outcome of the FEMA application for public assistance that resulted in an award for repairs and mitigation totaling \$1.6 billion for HHC, \$900 million for Coney Island, \$376 million to Bellevue, \$120 million, Metropolitan and \$181 million to Coler SNF. There is a lot of work and process to be undertaken as well as the completion of those projects. In response to Mr. Page's question on whether the \$1.6 billion would cover the actual cost, Ms. Zurack stated that it would depend on a number of factors that could cause the cost to increase. However, the funding award for HHC was a major achievement in many ways for Senator Schumer, in that he authored the 428 program which is new, whereby the total funding is capped at a certain level by FEMA for mitigation

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projects. In exchange for that cap, relief is given in the process requirements. In calculating the cap which is the \$1.6 billion, HHC with the assistance of its contracted engineering firm reviewed multiple alternatives for mitigation for each facility. The alternative that drove the cap is more expensive than the one HHC is likely to do which is allowed. Consequently the cap is in excess of HHC's calculation of which the project costs are likely to be. In that regard it is achievable. However, on the other side it will depend on whether there is a change in the scope or a delay in the completion of those projects which poses some risk. Therefore, HHC must be vigilant in its project management given that HHC is subject to the cap which was an option that HHC decided to take. If not the cap, there may have been some restrictions on doing some of the things HHC had proposed to do and ultimately delayed the funding award for perhaps a couple of years.

Mrs. Bolus asked whether HHC would be affected by the recent actions taken by FEMA whereby some homeowners affected by the storm and got FEMA funding have been asked to return that funding after a review of their applications and if HHC is at risk of having that happen after the completion of those projects.

Ms. Zurack deferred to Mr. Russo, General Counsel adding that HHC is in the process of getting a letter of undertaking that would provide some protection of HHC's interest in the process. There are project worksheets that document the detailed requirements for each project. At the press conference there was some concern regarding a congressional back-track which Senator Schumer indicated would not be likely given that appropriations were passed at the time; therefore there would not be a need to go back to Congress to request funding.

Mr. Russo added that there is no guarantee given the political shifts that could occur in the future but as reasonable as possible HHC is protected in that event under the current set of circumstances.

Ms. Youssouf asked if HHC has addressed the possibility that there will be changes given the background of capital projects that are labor intensive and the detailed planning phases are yet to be determined.

Ms. Zurack stated that there is an enormous amount of detailed information housed in binders on those projects that were incorporated into the actual application with the assistance of a reputable architectural and engineering firm, Arcadis. There was a lot of pre-work done relative to the FEMA requirements; therefore, the pre-work for the actual projects must be done. In terms of the scoping, the FEMA requirements were far more rigorous than the requirements for the pre-work for a regular capital project. However, just to reiterate, if there are changes or deviations in the scope there is likely to be an impact on the budget.

Mr. Rosen asked if the \$1.6 billion was for new work or for work that already has been completed.

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Ms. Zurack stated that there is a small amount included in that allocation for work that has been done particularly at Coney Island and Bellevue hospitals whereby some of the permanent repair work was done. In other words, there is another grant for emergency preparedness and restoration that the claims process is yet to be completed. In doing the restorations there was some permanent work done. Therefore, some of the funding for that permanent work will be reimbursed through the \$1.6 billion with the expectation of getting more claims processed through the pending grant process relative to cash relief for another \$200 million in addition to the \$1.6 billion that could increase to \$1.8 billion which is yet to be finalized by FEMA.

CASH FLOW

Ms. Zurack reported that HHC was successful in getting CMS to approve the down payment on the UPL payments in which \$287 million was received on November 5, 2014 with an additional \$65.7 million expected by November 21, 2014. The cash on hand (COH) was at 24 days which was higher than reported in the prior months. However, it is important to note that HHC is very much dependent on getting additional supplemental Medicaid payments that are reflected in its cash flow that are scheduled for receipt in December 2014 and January 2015. There is a \$731 million in DSH payments that is needed by early January 2015 and with receipt of those funds, HHC's cash flow will be in good standing through the end of the current FY 2015. There being no further discussions, the reporting was concluded.

Dr. Raju extended thanks to Ms. Zurack, staff, and FEMA staff for the enormous amount of work that was done in addition to reaching an agreement with CMS on the methodology for the UPL payments and for the City's assistance in getting it done.

KEY INDICATORS/CASH RECEIPTS&DISBURSEMENTS REPORTS

Ms. Zurack informed the Committee that as part the monthly reporting, the Key Indicators/Cash Receipts and Disbursements reports were included in the package and in the essence of time those reports would be entered into the record.

PAYOR MIX REPORTS, INPATIENT, ADULT AND PEDIATRICS

KRISTA OLSON

Before Ms. Olson began the reporting, Ms. Zurack stated that last year as HHC prepared for the exchange as part of the ACA and how it would affect HHC, there wasn't sufficient data to measure HHC's performance; however, some data has been made available from NYS on how HHC has performed and with the second open enrollment period starting, November 15th it is important to keep track of how HHC is doing. The payor mix data reflects the uninsured as well as Medicaid data that will provide some insight relative to the impact of the ACA.

Ms. Olson stated that the first quarter for the current FY 15 is the first report to show the impact of the ACA compared to last year's first quarter which was prior to the implementation date for the open

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enrollment period. The first quarter particularly for inpatient was susceptible to changes in timing given the lag in processing Medicaid applications which can take several months. Overall the percentage of Medicaid has increased from 59.4% to 60.9%. The process for applying for Medicaid has changed significantly and by facility those changes have had a very different impact in that some have improved and some have worsened. However, overall the share of Medicaid has increased and the uninsured has decreased from 9.2% to 7.9%. Some of the change may be due to an increase in the processing of the Medicaid applications. Over time, HHC will be able to determine how much of that decrease is attributable to a change in enrollment.

Ms. Youssouf asked if there is a trend where there has been decrease at the facilities.

Ms. Zurack stated that there have been some problems relative to retroactive processing; therefore, it is anticipated that a positive trend will result as those issues are resolved. There are some cases in the pipeline. It is not expected to deteriorate. On the inpatient side the lag and processing issues are more prevalent.

Ms. Olson stated that the adult outpatient payor mix report showed a greater improvement in the share of Medicaid from 42.9% to 45.4%, commercial from 7.4% to 8.5% uninsured down from 30% to 26.9%.

Ms. Zurack stated that the facilities are doing more outpatient applications which are being processed faster, in twenty minutes.

Ms. Olson stated that on the pediatrics side less dramatic changes have occurred. There was a slight improvement in Medicaid; commercial decreased slightly and uninsured remained flat. This may be due to fewer eligibility changes for the pediatrics population. The reporting was concluded.

NYS EXCHANGE UPDATE

SARA ROTHSTEIN

Ms. Zurack introduced Ms. Rothstein of the NYS of Health who would be presenting to the Committee an update on the Exchanges.

Ms. Rothstein stated that the reporting would cover how NYS ended last year; open enrollment; and where NYS is headed this year. Open enrollment last year started October 1, 2014 through April 15, 2013 during that period NYS enrolled nearly 1 million NYers over half were enrolled in Medicaid; 38% in QHP; and 7% in CHP. There was an even split between men and women who enrolled; 63% of those who enrolled in the QHP were previously uninsured; 93% enrolled in Medicaid were insured and 87% enrolled in CHP were uninsured. These were all very positive indicators in terms of reaching some of the uninsured population. More than half of the enrollees came from NYC; 14% from Long Island and the balance from upstate. More than half of the consumers who enrolled did it in person and 41% enrolled on line with no assistors; 11% with customer service. Lower income individuals were more

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likely to use or required an in-person or assistor than people who had higher income or did not need or qualify for financial assistance.

Mrs. Bolus asked if there were any issues relative to language barriers.

Ms. Rothstein stated that if there were it was not an issue. If there is a need for language other than English there are ways individuals can get that assistance. The navigators who are funded by the State provide assistance in 48 different languages. A lot of that language capacity is in NYC and people tend to speak the language of the communities that they serve. Assistance is available through customer service center for translation or interpretation.

Ms. Zurack stated that at the City Council hearing there were questions raised regarding the availability of material in the various languages and when that material would be available to the consumers.

Ms. Rothstein stated that the first priority last year was to get the website up and working and that Spanish was important and the website for that language is launching and other language will be added; however it is too soon to know when it will all be completed and available. There is a commitment to get things done as soon as possible. There are some complicated issues relative to Information Technology (IT) in the translation and the manual coding of each page to commit to a completion time frame. The marketing materials are being expanded in other language this year.

Ms. Youssouf asked if the languages were being tracked that would identify the most in demand.

Ms. Rothstein stated that the tracking is done at the customer service center. The breakdown of those languages although the actual data was not readily available included Spanish, Haitian Creole, Mandarin, Cantonese, Russian, Polish and English.

Ms. Zurack stated that given that the process is evolving it is important that all of HHC staff and the CBOs work together.

Ms. Youssouf added that it is important to keep track of those languages given the constant changes.

Ms. Rothstein stated that the language request through the customer service center is tracked and getting the website up and running in the various languages is a very complex process that requires extensive lead time. Any demand for a new language cannot be accomplished immediately; however, the customer service center is available to meet that demand.

Ms. Rothstein stated that the age of the enrollees, 3% under 18 will go into CHP plans; one third between the ages of 18-34; 18% between 35 – 44; and 45 – 48 or older three fourths qualified for a QHP financial assistance. There were sixteen insurers in the marketplace and a good distribution of enrollment across those insurers. The enrollment included in the various plans included more than half in silver plans including cost saving reductions; 13% in platinum; 10% gold and 19% bronze; and 2% catastrophic plans.

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Mr. Rosen asked if the silver was the most popular. Ms. Rothstein stated that it was the choice for those individuals who chose cost sharing reductions. The in-person assistance and the assistors at HHC enrolled more than 26,000 individuals. Reports were distributed on statewide data in June 2014 for each county of the state that included uninsured data, enrollment, gender, age, self-reported ethnicity, language, plan etc. The data has been expanded to include zip codes level up to 10 zip codes in the search data. NYS is preparing for 2015 and on Saturday November 15, 2014 the open enrollment period starts. NYS has two goals for this year. First to keep the enrollees who signed up last year; and the second is to enroll more people. An automatic renewal process is currently being undertaken for the first time that NY in any of its program has done an automatic renewal process. The goal is to have as many people as possible to automatically renew their eligibility to provide their plan enrollment so that they do not need to take any action to stay ensured. If the consumer wants to change their plan, the goal is to reduce the burden on the consumer as much as possible. For consumers in household for some of the QHP and for commercial insurances, renewal letters have been sent out over the past few weeks and by Friday, November 14, 2014 notification will be sent out on whether they are automatically renewed in their health plan or whether there would be a need for them to come and update their application in order to have coverage for next year. For consumers that only have public coverage in their household, only Medicaid or CHP that is happening on a roll-in basis and none will lose coverage before their renewal unless there is a change in the application.

Mr. Rosen asked if there is no change the individuals can stay in their current plan. Ms. Rothstein stated that is the goal and if that is the case, a letter will be sent stating that the coverage has been successfully renewed. On the website there is video detailing information on how to renew coverage. There is a lot of material that is being review to make it consumer friendly. There has been a revamping of the marketing efforts through a variety of different ways. There are a number of consumer tools; a video on how to choose a health plan in an effort to address some of the issues raised by the consumers. A more robust comparison plan tool has been added that will allow consumers the ability to understand the difference between plans and contrasts the difference. The premium calculations will be available. There are theme campaigns, presentations, and tear off cards available for use by the consumers as part of the improvements to the website and for the users. Key date open enrollment sign-up by February 15, 2015 and applications are processed faster.

Ms. Youssouf asked what the expectations for enrollment this year are.

Ms. Rothstein stated that when the marketplace was established the expectation of the enrollment based on the full implementation over the three year period included an estimate that 615,000 would sign-up for QHPs. In the first year 370,000 signed up; however, it is yet to be determine whether there will be a repeat of that number this year or of the 615,000 the majority of the enrollees occurred in the first year and a much lower rate in the second year would be expected. There are arguments that could be made both ways. The estimate is that by the end of the three years, 615,000 will be signed up.

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Ms. Zurack stated that there is some concern about Medicaid relative to the renewal process and how it will work for Medicaid.

Ms. Rothstein stated that it will work the same. An effort will be made to automatically renew eligibility determination and health plan enrollment. Whether it is automatic or not will depend on a number of factors such as the information originally submitted in the application against the federal data. There could be a greater share of people in Medicaid than in QHPs. However, every effort is being made to make the process automatic.

Ms. Zurack stated that would be an improvement. Another concern is whether the estimated income when applying for QHP premium subsidy is adjusted after individuals have filed their tax returns.

Ms. Rothstein stated that when individual come to the marketplace and request financial assistance an estimate of income for the year is used and the federal government determines the tax credit based on that income estimate. For the 2014 year the 8962 form is completed as a reconciliation of income. Outreach to consumers is being done to assist in that process.

Ms. Zurack asked if individuals will be notified before April 15, 2015. Ms. Rothstein stated that it will depend on when the individual files their taxes next year. The forms will be sent to the consumers by January 31, 2015. Ms. Zurack added that might be an important milestone and the assistors might be challenged and may require some training in that area.

Ms. Rothstein stated that NYS is creating that level of expertise. Federal funds were received for consumer assistance to assist with the tax credit reconciliation and the completion of the tax form and tax preparers were included in the distribution of that information. The message is that NYS is trying to keep people covered.

Commissioner Banks asked if there is a capacity concern if the 615,000 expected enrollees increase.

Ms. Rothstein stated that from a system's perspective if the volume should increase it can be accommodated; however, from a provider perspective she was not in a position to comment.

Dr. Raju asked whether the discussions with the consumers regarding the increase is done with and without the subsidy given that it could help in choosing the right plan in that the plans could increase but the subsidy could increase as well.

Ms. Rothstein stated that the exact wording for the renewal letter would need to be reviewed in terms of how that particular language would be incorporated given that the amount of the tax credit could vary and change.

Ms. Zurack stated that last year MetroPlus was the lowest plan and being able to compare plans and to decide whether to stay with the current plan or switch to another plan is an important factor for

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consumers. In light of that, what can HHC do at the local level with the CBOs to prepare in the event there is an increase in enrollment.

Ms. Rothstein stated that the best effort would be to reach out to the community and have the assistors be the face of the community to provide a personal message in helping to sign up, to enroll and to understand how insurances work and what works in the communities.

Ms. Zurack stated that HHC will continue to work closely with the State to ensure that the goals for the enrollment are successful. The reporting was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:05 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS



KEY INDICATORS
FISCAL YEAR 2015 UTILIZATION

Year to Date
October 2014

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 15	FY 14
	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %				
<u>North Bronx</u>										
Jacobi	144,840	143,824	0.7%	6,674	6,809	-2.0%	5.7	5.9	0.9626	0.9813
North Central Bronx	69,567	67,889	2.5%	1,403	1,730	-18.9%	5.7	6.1	0.8739	0.8445
<u>Generations +</u>										
Harlem	106,960	118,508	-9.7%	3,935	3,770	4.4%	5.5	5.9	0.9510	0.9331
Lincoln	183,704	189,291	-3.0%	7,807	8,105	-3.7%	5.1	5.5	0.8334	0.8280
Belvis DTC	18,198	19,053	-4.5%							
Morrisania DTC	27,892	28,048	-0.6%							
Renaissance	15,644	17,097	-8.5%							
<u>South Manhattan</u>										
Bellevue	197,973	192,531	2.8%	8,133	7,940	2.4%	6.5	6.3	1.1342	1.0985
Metropolitan	137,346	132,889	3.4%	2,799	4,000	-30.0%	5.0	5.4	0.8632	0.7503
Coler				91,511	90,533	1.1%				
Goldwater/H.J. Carter				38,283	46,485	-17.6%				
Gouverneur - NF				24,715	15,065	64.1%				
Gouverneur - DTC	90,031	94,712	-4.9%							
<u>North Central Brooklyn</u>										
Kings County	235,805	236,855	-0.4%	7,473	7,703	-3.0%	6.4	6.3	1.0274	1.0084
Woodhull	164,527	167,863	-2.0%	4,011	4,403	-8.9%	5.3	5.3	0.8384	0.7908
McKinney				38,100	38,547	-1.2%				
Cumberland DTC	28,373	29,347	-3.3%							
East New York	27,943	24,895	12.2%							
<u>Southern Brooklyn / S I</u>										
Coney Island	116,137	116,251	-0.1%	5,275	4,563	15.6%	6.7	6.1	0.9585	0.9646
Seaview				36,682	36,744	-0.2%				
<u>Queens</u>										
Elmhurst	215,847	215,005	0.4%	6,977	7,681	-9.2%	5.7	5.5	0.9118	0.8650
Queens	136,117	139,933	-2.7%	4,234	4,165	1.7%	5.3	5.2	0.8189	0.8412
<u>Discharges/CMI-- All Acutes</u>										
Visits-- All D&TCs & Acutes	1,916,904	1,933,991	-0.9%	58,721	60,869	-3.5%			0.9422	0.9186
Days-- All SNFs				229,291	227,374	0.8%				

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 14 and FY 15 as of December 2013. Beginning in September 2014, FY 14 discharges are regrouped using the 2013 scheme.

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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.

Average Length of Stay

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

KEY INDICATORS

FISCAL YEAR 2015 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
October 2014

NETWORKS	FTE's VS 5/31/14	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	9.0	\$ 149,804	\$ (5,282)	\$ 184,880	\$ (6,174)	\$ (11,456)	-3.4%
North Central Bronx	<u>2.0</u>	<u>45,680</u>	<u>(2,967)</u>	<u>59,898</u>	<u>2,513</u>	<u>(454)</u>	<u>-0.4%</u>
	11.0	\$ 195,485	\$ (8,249)	\$ 244,778	\$ (3,661)	\$ (11,910)	-2.7%
<u>Generations +</u>							
Harlem	(17.5)	\$ 97,940	\$ 514	\$ 123,850	\$ (9,091)	\$ (8,577)	-4.0%
Lincoln	40.0	146,382	428	164,334	8,133	8,561	2.7%
Belvis DTC	4.0	3,714	280	4,658	1,148	1,429	15.5%
Morrisania DTC	7.0	6,557	711	8,240	858	1,570	10.5%
Renaissance	<u>3.0</u>	<u>7,751</u>	<u>2,763</u>	<u>6,915</u>	<u>52</u>	<u>2,815</u>	<u>23.5%</u>
	36.5	\$ 262,344	\$ 4,697	\$ 307,997	\$ 1,100	\$ 5,797	1.0%
<u>South Manhattan</u>							
Bellevue	55.0	\$ 208,117	\$ (7,929)	\$ 244,133	\$ (6,429)	\$ (14,358)	-3.2%
Metropolitan	(22.5)	77,954	(10,949)	103,999	1,467	(9,482)	-4.9%
Coler	(30.5)	18,176	(4,854)	47,626	(5,155)	(10,009)	-15.3%
Goldwater/H.J. Carter	0.5	22,818	(9,310)	40,710	(5,294)	(14,604)	-21.6%
Gouverneur	<u>26.5</u>	<u>24,350</u>	<u>1,158</u>	<u>33,420</u>	<u>1,346</u>	<u>2,504</u>	<u>4.3%</u>
	29.0	\$ 351,415	\$ (31,883)	\$ 469,888	\$ (14,066)	\$ (45,949)	-5.5%
<u>North Central Brooklyn</u>							
Kings County	3.5	\$ 211,303	\$ 1,865	\$ 229,183	\$ 6,390	\$ 8,255	1.9%
Woodhull	40.0	105,399	(2,956)	134,249	(4,364)	(7,319)	-3.1%
McKinney	7.5	10,336	(2,300)	15,729	10	(2,291)	-8.1%
Cumberland DTC	5.0	10,674	727	8,912	1,068	1,795	9.0%
East New York	<u>(7.5)</u>	<u>8,776</u>	<u>2,655</u>	<u>7,977</u>	<u>130</u>	<u>2,785</u>	<u>19.6%</u>
	48.5	\$ 346,489	\$ (8)	\$ 396,050	\$ 3,234	\$ 3,226	0.4%
<u>Southern Brooklyn/SI</u>							
Coney Island	(13.0)	\$ 93,248	\$ (14,809)	\$ 127,156	\$ (3,485)	\$ (18,294)	-7.9%
Seaview	<u>7.5</u>	<u>11,701</u>	<u>(893)</u>	<u>17,780</u>	<u>(132)</u>	<u>(1,025)</u>	<u>-3.4%</u>
	(5.5)	\$ 104,949	\$ (15,702)	\$ 144,936	\$ (3,617)	\$ (19,319)	-7.4%
<u>Queens</u>							
Elmhurst	47.0	\$ 152,518	\$ (2,475)	\$ 185,352	\$ (5,879)	\$ (8,355)	-2.5%
Queens	<u>44.0</u>	<u>96,313</u>	<u>(3,843)</u>	<u>122,018</u>	<u>(2,238)</u>	<u>(6,080)</u>	<u>-2.8%</u>
	91.0	\$ 248,831	\$ (6,318)	\$ 307,370	\$ (8,117)	\$ (14,435)	-2.6%
NETWORKS TOTAL	<u>210.5</u>	<u>\$ 1,509,512</u>	<u>\$ (57,464)</u>	<u>\$ 1,871,020</u>	<u>\$ (25,126)</u>	<u>\$ (82,589)</u>	<u>-2.4%</u>
Central Office	9.0	72,967	6,493	101,713	2,933	9,426	5.5%
HHC Health & Home Care	(1.5)	4,958	(5,922)	12,699	(2,055)	(7,977)	-37.1%
Enterprise IT	<u>22.0</u>	<u>4</u>	<u>4</u>	<u>63,283</u>	<u>2,812</u>	<u>2,816</u>	<u>4.3%</u>
GRAND TOTAL	<u>240.0</u>	<u>\$ 1,587,442</u>	<u>\$ (56,889)</u>	<u>\$ 2,048,716</u>	<u>\$ (21,437)</u>	<u>\$ (78,325)</u>	<u>-2.1%</u>

Notes:

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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 2015 vs Fiscal Year 2014 (in 000's)
TOTAL CORPORATION

	Month of October 2014			Fiscal Year To Date October 2014		
	actual 2015	actual 2014	better / (worse)	actual 2015	actual 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 76,272	\$ 76,661	\$ (389)	\$ 275,725	\$ 287,315	\$ (11,590)
Medicaid Managed Care	57,850	62,252	(4,402)	217,199	215,208	1,991
Medicare	49,331	36,983	12,348	194,012	167,077	26,936
Medicare Managed Care	25,599	20,733	4,866	111,606	91,102	20,504
Other	<u>15,973</u>	<u>19,976</u>	<u>(4,003)</u>	<u>74,812</u>	<u>77,088</u>	<u>(2,276)</u>
Total Inpatient	\$ 225,025	\$ 216,605	\$ 8,420	\$ 873,354	\$ 837,789	\$ 35,565
Outpatient						
Medicaid Fee for Service	\$ 13,766	\$ 42,516	\$ (28,750)	\$ 78,210	\$ 81,174	\$ (2,964)
Medicaid Managed Care	31,124	24,872	6,252	132,655	214,276	(81,621)
Medicare	4,747	3,701	1,046	21,548	15,679	5,869
Medicare Managed Care	7,912	5,795	2,117	32,603	30,685	1,918
Other	<u>12,512</u>	<u>11,192</u>	<u>1,320</u>	<u>48,853</u>	<u>62,642</u>	<u>(13,790)</u>
Total Outpatient	\$ 70,061	\$ 88,076	\$ (18,015)	\$ 313,868	\$ 404,456	\$ (90,588)
All Other						
Pools	\$ 107,614	\$ 5,995	\$ 101,619	\$ 126,488	\$ 113,208	\$ 13,280
DSH / UPL	-	-	0	143,000	152,000	(9,000)
Grants, Intracity, Tax Levy	7,403	31,109	(23,706)	118,665	83,449	35,216
Appeals & Settlements	(2,405)	9,058	(11,463)	(7,382)	6,937	(14,318)
Misc / Capital Reimb	<u>4,060</u>	<u>3,361</u>	<u>700</u>	<u>19,448</u>	<u>18,142</u>	<u>1,306</u>
Total All Other	\$ 116,672	\$ 49,523	\$ 67,149	\$ 400,219	\$ 373,736	\$ 26,483
Total Cash Receipts	\$ 411,757	\$ 354,204	\$ 57,553	\$ 1,587,442	\$ 1,615,982	\$ (28,540)
Cash Disbursements						
PS	\$ 256,376	\$ 185,851	\$ (70,524)	\$ 928,816	\$ 827,913	\$ (100,904)
Fringe Benefits	91,869	83,831	(8,038)	281,408	303,470	22,062
OTPS	139,778	137,129	(2,648)	486,562	451,245	(35,317)
City Payments	-	-	0	-	-	0
Affiliation	80,009	76,137	(3,872)	324,899	296,018	(28,881)
HHC Bonds Debt	<u>7,179</u>	<u>6,575</u>	<u>(604)</u>	<u>27,031</u>	<u>24,927</u>	<u>(2,104)</u>
Total Cash Disbursements	\$ 575,210	\$ 489,524	\$ (85,686)	\$ 2,048,716	\$ 1,903,572	\$ (145,144)
Receipts over/(under) Disbursements	\$ (163,453)	\$ (135,320)	\$ (28,133)	\$ (461,274)	\$ (287,591)	\$ (173,683)

Notes:

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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
Actual vs. Budget Report
Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of October 2014			Fiscal Year To Date October 2014		
	actual 2015	budget 2015	better / (worse)	actual 2015	budget 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 76,272	\$ 84,716	\$ (8,444)	\$ 275,725	\$ 304,552	\$ (28,827)
Medicaid Managed Care	57,850	56,097	1,754	217,199	224,387	(7,188)
Medicare	49,331	45,272	4,059	194,012	200,610	(6,598)
Medicare Managed Care	25,599	29,092	(3,493)	111,606	112,543	(937)
Other	<u>15,973</u>	<u>21,609</u>	<u>(5,635)</u>	<u>74,812</u>	<u>83,953</u>	<u>(9,142)</u>
Total Inpatient	\$ 225,025	\$ 236,785	\$ (11,760)	\$ 873,354	\$ 926,046	\$ (52,692)
Outpatient						
Medicaid Fee for Service	\$ 13,766	\$ 15,028	\$ (1,262)	\$ 78,210	\$ 82,366	\$ (4,156)
Medicaid Managed Care	31,124	29,684	1,440	132,655	130,234	2,421
Medicare	4,747	4,888	(141)	21,548	20,174	1,374
Medicare Managed Care	7,912	7,517	395	32,603	31,815	788
Other	<u>12,512</u>	<u>12,876</u>	<u>(364)</u>	<u>48,853</u>	<u>50,517</u>	<u>(1,665)</u>
Total Outpatient	\$ 70,061	\$ 69,992	\$ 69	\$ 313,868	\$ 315,106	\$ (1,238)
All Other						
Pools	\$ 107,614	\$ 108,715	\$ (1,101)	\$ 126,488	\$ 127,737	\$ (1,249)
DSH / UPL	-	-	0	143,000	143,000	0
Grants, Intracity, Tax Levy	7,403	7,201	202	118,665	110,652	8,012
Appeals & Settlements	(2,405)	-	(2,405)	(7,382)	-	(7,382)
Misc / Capital Reimb	<u>4,060</u>	<u>4,553</u>	<u>(492)</u>	<u>19,448</u>	<u>21,789</u>	<u>(2,341)</u>
Total All Other	\$ 116,672	\$ 120,468	\$ (3,797)	\$ 400,219	\$ 403,179	\$ (2,959)
Total Cash Receipts	\$ 411,757	\$ 427,245	\$ (15,488)	\$ 1,587,442	\$ 1,644,331	\$ (56,889)
Cash Disbursements						
PS	\$ 256,376	\$ 256,551	\$ 176	\$ 928,816	\$ 933,864	\$ 5,048
Fringe Benefits	91,869	93,354	1,485	281,408	283,578	2,170
OTPS	139,778	116,887	(22,890)	486,562	458,393	(28,169)
City Payments	-	-	0	-	-	0
Affiliation	80,009	80,026	17	324,899	324,916	17
HHC Bonds Debt	<u>7,179</u>	<u>6,882</u>	<u>(297)</u>	<u>27,031</u>	<u>26,529</u>	<u>(502)</u>
Total Cash Disbursements	\$ 575,210	\$ 553,701	\$ (21,509)	\$ 2,048,716	\$ 2,027,280	\$ (21,437)
Receipts over/(under) Disbursements	\$ (163,453)	\$ (126,456)	\$ (36,997)	\$ (461,274)	\$ (382,949)	\$ (78,325)

Notes:

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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PS KEY INDICATORS QUARTERLY REVIEW

FY 15





nyc.gov/hhc

Review of Personal Services Key Indicators (FY 2015 thru October)

PS Disbursements – Actual vs. Budget

Network/Facility	Budgeted PS thru October 2014 (\$ In 000's)	Actual PS thru October 2014 (\$ In 000's)	(over)/under (\$ In 000's)
North Bronx			
Jacobi	\$85,642	\$83,271	\$2,371
NCB	\$28,182	\$27,552	\$630
Subtotal	\$113,824	\$110,823	\$3,001
Generations +			
Harlem	\$52,777	\$53,064	(\$287)
Lincoln	\$74,805	\$74,720	\$85
Morrisania	\$4,601	\$4,715	(\$114)
Renaissance	\$3,360	\$3,415	(\$55)
S.R. Belvis	\$2,818	\$2,855	(\$37)
Subtotal	\$138,361	\$138,769	(\$408)
South Manhattan			
Bellevue	\$109,079	\$107,895	\$1,184
Metropolitan	\$47,299	\$47,639	(\$340)
Coler	\$24,099	\$24,794	(\$695)
Gouverneur	\$19,475	\$17,646	\$1,829
H. J. Carter	\$18,731	\$19,637	(\$906)
Subtotal	\$218,683	\$217,611	\$1,072
North Central Brooklyn			
Kings County	\$131,969	\$132,814	(\$845)
Woodhull	\$58,283	\$58,680	(\$397)
McKinney	\$8,074	\$7,931	\$143
Cumberland	\$4,937	\$5,059	(\$122)
ENY	\$5,128	\$5,073	\$55
Subtotal	\$208,391	\$209,557	(\$1,166)
S. Brooklyn / Staten Is.			
Coney Island	\$61,135	\$61,132	\$3
Seaview	\$10,961	\$10,652	\$309
Subtotal	\$72,096	\$71,784	\$312
Queens			
Elmhurst	\$82,333	\$81,172	\$1,161
Queens	\$49,050	\$50,824	(\$1,774)
Subtotal	\$131,383	\$131,996	(\$613)
Facilities Total	\$882,738	\$880,540	\$2,198
Central Office	\$22,103	\$21,306	\$797
Certified Home Health	\$6,399	\$5,709	\$690
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$22,626	\$21,263	\$1,363
Grand Total	\$933,866	\$928,818	\$5,048

FTE Variance 06/14/14 – 10/18/14

Network/Facility	FTEs as of 6/14/14	FTEs as of 10/18/14	Increase (Decrease) in FTEs thru 10/18/14
North Bronx			
Jacobi	3,251.0	3,260.0	9.0
NCB	1,063.5	1,065.5	2.0
Subtotal	4,314.5	4,325.5	11.0
Generations +			
Harlem	2,061.5	2,044.0	(17.5)
Lincoln	2,750.0	2,790.0	40.0
Morrisania	185.5	192.5	7.0
Renaissance	136.5	139.5	3.0
S.R. Belvis	100.5	104.5	4.0
Subtotal	5,234.0	5,270.5	36.5
South Manhattan			
Bellevue	4,185.5	4,240.5	55.0
Metropolitan	1,912.5	1,890.0	(22.5)
Coler	1,030.5	1,000.0	(30.5)
Gouverneur	635.5	662.0	26.5
H. J. Carter	717.0	717.5	0.5
Subtotal	8,481.0	8,510.0	29.0
North Central Brooklyn			
Kings County	4,675.5	4,679.0	3.5
Woodhull	2,290.5	2,330.5	40.0
McKinney	322.5	330.0	7.5
Cumberland	211.0	216.0	5.0
ENY	196.0	188.5	(7.5)
Subtotal	7,695.5	7,744.0	48.5
S. Brooklyn / Staten Is.			
Coney Island	2,405.5	2,392.5	(13.0)
Seaview	337.5	345.0	7.5
Subtotal	2,743.0	2,737.5	(5.5)
Queens			
Elmhurst	3,158.0	3,205.0	47.0
Queens	1,808.5	1,852.5	44.0
Subtotal	4,966.5	5,057.5	91.0
Facilities T otal	33,434.5	33,645.0	210.5
Central Office	665.5	673.5	8.0
Certified Home Health	176.5	175.0	(1.5)
Accountable Care Org.	2.0	3.0	1.0
Enterprise IT	680.5	702.5	22.0
Grand T otal	34,959.0	35,199.0	240.0

Note: RESIDENT HEADCOUNT FOR FISCAL YEAR END 2014 UTILIZES 5/31/14

Corporate-wide FTE Variance by Category

Staffing Change June 2014 vs. October 2014	FTEs
Nurses *	76.5
Managers	66.0
Tech/Spec	54.0
Environmental/Hotel	29.0
Aides/Ord	27.0
Residents	14.0
Physicians	5.0
Clerical	(31.5)
Total	240.0

*Nurses include LPNs RNs & Nurse Practitioners

FY 2015 Overtime Actual vs. Budget

Network/Facility	OT Budget thru October 2014	Actual OT thru October 2014	(over)/under (\$ in 000's)
North Bronx			
Jacobi	\$6,315,721	\$5,956,023	\$359,698
NCB	\$2,654,433	\$2,155,829	\$498,604
Subtotal	\$8,970,154	\$8,111,852	\$858,302
Generations +			
Harlem	\$2,929,030	\$2,523,006	\$406,024
Lincoln	\$4,393,545	\$4,763,459	(\$369,914)
Morrisania	\$109,839	\$86,762	\$23,077
Renaissance	\$64,073	\$16,430	\$47,643
S.R. Belvis	\$36,613	\$11,403	\$25,210
Subtotal	\$7,533,100	\$7,401,060	\$132,040
South Manhattan			
Bellevue	\$6,224,189	\$6,151,960	\$72,229
Metropolitan	\$2,379,837	\$2,554,179	(\$174,342)
Coler	\$2,379,837	\$2,919,812	(\$539,975)
Gouverneur	\$146,451	\$169,507	(\$23,056)
H. J. Carter	\$1,464,515	\$2,039,441	(\$574,926)
Subtotal	\$12,594,829	\$13,834,899	(\$1,240,070)
North Central Brooklyn			
Kings County	\$6,224,189	\$4,917,221	\$1,306,968
Woodhull	\$3,013,239	\$2,565,994	\$447,245
McKinney	\$915,322	\$484,491	\$430,831
Cumberland	\$183,064	\$198,428	(\$15,364)
ENY	\$60,411	\$50,060	\$10,351
Subtotal	\$10,396,225	\$8,216,194	\$2,180,031
S Brooklyn / Staten Is.			
Coney Island	\$1,281,451	\$1,676,499	(\$395,048)
Seaview	\$347,822	\$395,042	(\$47,220)
Subtotal	\$1,629,273	\$2,071,541	(\$442,268)
Queens			
Elmhurst	\$4,649,835	\$4,384,551	\$265,284
Queens	\$2,562,901	\$2,540,751	\$22,150
Subtotal	\$7,212,736	\$6,925,302	\$287,434
Facilities Total	\$48,336,317	\$46,560,848	\$1,775,469
Central Office	\$201,371	\$198,636	\$2,735
Certified Home Health	\$45,766	\$85,566	(\$39,800)
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$823,790	\$214,095	(\$609,695)
Grand Total	\$49,407,244	\$47,059,145	\$2,348,099

Overtime by Major Category

FY 2015 vs. FY 2014

FYTD OCTOBER 2013 vs. FYTD OCTOBER 2014

GROUP	FYTD OCTOBER 2013	FYTD OCTOBER 2014	Inc./(Dec.) \$	Inc./(Dec.) %
NURSING	\$14,534,839	\$15,637,130	\$1,102,291	7.6%
PLANT MAINT	\$12,908,753	\$10,908,910	(\$1,999,843)	-15.5%
ALL OTHERS	<u>\$20,830,338</u>	<u>\$20,513,105</u>	<u>(\$317,233)</u>	<u>-1.5%</u>
TOTAL	\$48,273,930	\$47,059,145	(\$1,214,785)	-2.5%

Nurse Registry FY 2015 vs. FY 2014

Network/Facility	Nurse Registry thru October 2013	Nurse Registry thru October 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$2,786,872	\$2,244,365	(\$542,507)
NCB	\$534,268	\$166,542	(\$367,726)
Subtotal	\$3,321,140	\$2,410,907	(\$910,233)
Generations +			
Harlem	\$3,428,740	\$6,245,256	\$2,816,516
Lincoln	\$5,677,307	\$7,192,866	\$1,515,559
Morrisania	\$52,008	\$10,626	(\$41,382)
Renaissance	\$16,639	\$0	(\$16,639)
S.R. Belvis	\$47,446	\$1,688	(\$45,758)
Subtotal	\$9,222,140	\$13,450,436	\$4,228,296
South Manhattan			
Bellevue	\$1,710,113	\$4,519,588	\$2,809,475
Metropolitan	\$930,133	\$4,016,796	\$3,086,663
Coler	\$7,511	\$112,560	\$105,049
Gouverneur	\$0	\$7,875	\$7,875
H. J. Carter	\$200,543	\$48,154	(\$152,389)
Subtotal	\$2,848,300	\$8,704,973	\$5,856,673
North Central Brooklyn			
Kings County	\$2,715,223	\$2,659,901	(\$55,322)
Woodhull	\$601,148	\$305,898	(\$295,250)
McKinney	\$779,345	\$726,922	(\$52,423)
Cumberland	\$0	\$0	\$0
ENY	\$22,133	\$29,535	\$7,402
Subtotal	\$4,117,849	\$3,722,256	(\$395,593)
S Brooklyn / Staten Is.			
Coney Island	\$0	\$0	\$0
Seaview	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
Queens			
Elmhurst	\$1,623,986	\$856,496	(\$767,490)
Queens	\$2,836,352	\$2,519,731	(\$316,621)
Subtotal	\$4,460,338	\$3,376,227	(\$1,084,111)
Facilities Total	\$23,969,767	\$31,664,799	\$7,695,032
Central Office	\$21,550	\$0	(\$21,550)
Certified Home Health	\$1,019,065	\$1,247,670	\$228,605
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$0	\$0	\$0
Grand Total	\$25,010,382	\$32,912,469	\$7,902,087

Allowances FY 2015 vs. FY 2014

Network/Facility	Allowances thru October 2013	Allowances thru October 2014	Increase/(Decrease)
North Bronx			
Jacobi	\$196,696	\$169,150	(\$27,546)
NCB	\$77,522	\$165,148	\$87,626
Subtotal	\$274,218	\$334,298	\$60,080
Generations +			
Harlem	\$1,301,745	\$2,919,255	\$1,617,510
Lincoln	\$2,525,192	\$4,468,220	\$1,943,028
Morrisania	\$50,092	\$67,878	\$17,786
Renaissance	\$39,641	\$63,073	\$23,432
S.R. Belvis	\$88,654	\$112,143	\$23,489
Subtotal	\$4,005,324	\$7,630,569	\$3,625,245
South Manhattan			
Bellevue	\$1,605,052	\$1,803,494	\$198,442
Metropolitan	\$1,293,010	\$1,711,259	\$418,249
Coler	\$534,447	\$610,479	\$76,032
Gouverneur	\$1,228,063	\$1,760,641	\$532,578
H. J. Carter	\$625,820	\$717,606	\$91,786
Subtotal	\$5,286,392	\$6,603,479	\$1,317,087
North Central Brooklyn			
Kings County	\$4,194,698	\$6,880,057	\$2,685,359
Woodhull	\$1,089,550	\$1,700,704	\$611,154
McKinney	\$383,384	\$622,493	\$239,109
Cumberland	\$43,163	\$45,688	\$2,525
ENY	\$63,812	\$133,769	\$69,957
Subtotal	\$5,774,607	\$9,382,711	\$3,608,104
S. Brooklyn / Staten Is.			
Coney Island	\$2,321,631	\$3,852,892	\$1,531,261
Seaview	\$2,081,642	\$2,649,110	\$567,468
Subtotal	\$4,403,273	\$6,502,002	\$2,098,729
Queens			
Elmhurst	\$874,471	\$1,791,483	\$917,012
Queens	\$2,245,397	\$3,271,257	\$1,025,860
Subtotal	\$3,119,868	\$5,062,740	\$1,942,872
Facilities Total	\$22,863,682	\$35,515,799	\$12,652,117
Central Office	\$246,498	\$265,950	\$19,452
Certified Home Health	\$548,113	\$1,032,093	\$483,980
Accountable Care Org.	\$0	\$0	\$0
Enterprise IT	\$59,774	\$50,778	(\$8,996)
Grand Total	\$23,718,067	\$36,864,620	\$13,146,553