

THE COUNCIL OF THE CITY OF NEW YORK



Hon. Christine C. Quinn
Speaker of the Council

Hon. Maria del Carmen Arroyo
Chair, Committee on Health

Hearing on the Fiscal 2014 Preliminary Budget & the Fiscal 2013 Preliminary Mayor's Management Report

Health and Hospitals Corporation

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Health and Hospitals Corporation Overview

The Health and Hospitals Corporation (HHC), the largest municipal hospital and health care system in the country, is a \$7 billion public benefit corporation. HHC is the successor entity for the Department of Hospitals and it provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community and school-based clinics. All of these services are provided to New York City residents regardless of their ability to pay. HHC also provides specialized services such as trauma, high risk neonatal and obstetric care and burn care. Its acute care hospitals serve as major teaching hospitals and it operates a certified home health agency and a health maintenance organization, MetroPlus.

HHC is the single largest provider of health care to uninsured New Yorkers. One in every six New Yorkers receives health services at an HHC facility. In 2011, HHC served approximately 1.3 million patients, 478,000 or 37 percent – which were uninsured patients, a six percent increase in the number of our uninsured patients compared to 2010.

The Corporation also provides emergency and inpatient services to New York City's correctional facilities' inmate population and conducts mental health evaluations for the family courts in the Bronx, Brooklyn, Queens, and Manhattan.

This report provides a review of the Fiscal 2014 Preliminary Budget for the HHC. The first section presents a financial summary, including proposed reductions, relevant state budget actions and Council Fiscal 2013 restorations and initiatives. Highlights of the Preliminary Mayor's Management Report for 2013 are presented in the Appendix.

Financial Summary

New York City Health & Hospitals Corporation 2014 Preliminary Plan (in millions)

	Actuals 2012	Projected 2013	Projected 2014	Projected 2015	Projected 2016	Projected 2017
RECEIPTS						
Third Party Receipts						
Medicaid Fee for Service	\$1,213	\$1,117	\$1,161	\$1,181	\$1,205	\$1,229
Upper Payment Limit	677	778	623	574	586	586
Disproportionate Share	1,022	818	761	741	721	622
Pools	438	442	421	421	421	372
Medicaid Managed Care	1,097	1,133	1,229	1,219	1,256	1,293
Medicare Fee for Service	646	541	548	524	511	497
Medicare Managed Care	371	326	340	324	307	303
Managed Care Other	373	346	365	365	365	365
<i>Subtotal: Third Party Receipts</i>	\$5,839	\$5,501	\$5,449	\$5,350	\$5,373	\$5,268
City Services						
Prisoner/Uniformed Services (Subsidy)	\$23	\$20	\$20	\$20	\$20	\$20
Prisoner/Uniform Services (HRA Intracity)	29	33	33	33	33	33
Other City Services	8	9	7	7	7	7
Unrestricted City Subsidy	22	21	15	15	15	15
Direct City Funded Programs	1	1	5	5	5	5
Homeland Security Grant	0	1	0	0	0	0
Nursing Training Initiative (CEO)	1	1	1	0	0	0
Medical Malpractice Transfer	17	17	17	17	17	17
Sexual Assault Response Team (SART) Grant	1	1	0	0	0	0
DOHMH Intracities	70	70	64	64	64	64
DOHMH - Child Health Clinics	11	12	0	0	0	0
DOHMH - Correctional Health	31	33	25	25	25	25
DOHMH - Intracity for Public Health	3	1	0	0	0	0
DOHMH - Intracity for Mental Hygiene	25	25	38	38	38	38
Other Intracities	7	6	10	10	10	10
Prior Year Intracities	22	26	15			
<i>Subtotal: City Services</i>	\$202	\$206	\$187	\$171	\$171	\$171
Grants	\$103	\$141	\$125	\$125	\$125	\$125
FEMA Related Grants		100				
FDNY/EMS	179	176	186	192	199	205
Other/Miscellaneous Receipts	160	195	159	161	163	165
<i>Subtotal: Grants & Other</i>	\$441	\$612	\$470	\$478	\$487	\$496
TOTAL RECEIPTS	\$6,482	\$6,319	\$6,106	\$5,999	\$6,030	\$5,934
DISBURSEMENTS						
Personal Services	\$2,493	\$2,489	\$2,492	\$2,524	\$2,556	\$2,589
Fringe Benefits	1,239	1,272	1,339	1,395	1,466	1,542

New York City Health & Hospitals Corporation						
2014 Preliminary Plan						
<i>(in millions)</i>						
Other Than Personal Services	1,548	1,644	1,608	1,654	1,702	1,744
Malpractice	148	224	136	136	136	136
Affiliations	889	923	951	979	1,009	1,039
Other City Services and Charges	1	1	1	1	1	1
Subtotal: Disbursements	\$6,318	\$6,553	\$6,528	\$6,689	\$6,869	\$7,050
HHC Debt Service	92	105	96	92	85	85
City Debt Service	144	158	156	143	144	153
Subtotal: Debt Service	236	263	252	235	229	239
TOTAL DISBURSEMENTS	\$6,555	\$6,816	\$6,779	\$6,924	\$7,098	\$7,289
Operating Receipts Over/(Under) Disbursements	(73)	(496)	(674)	(925)	(1,068)	(1,355)
Capital Receipts Over/(Under) Disbursements	(19)	(9)	5	14	33	-
<u>Corrective Actions</u>						
HHC Savings Initiatives/Cost Containment Restructuring			11	11	11	11
City Share of DSH Preservation			95	93	89	86
State and Federal Actions			37	46	46	46
Federal Reimbursement of Revenue Losses due to Sandy		183	550	825	925	950
Subtotal: Corrective Actions	-	\$183	\$693	\$987	\$1,071	\$1,093
Opening Cash Balance	\$553	\$462	\$139	\$163	\$239	\$275
Closing Cash Balance	\$462	\$139	\$163	\$239	\$275	\$13

*Continuation from previous page

Background

Under a 1992 financial agreement signed with the City, HHC has the authority to develop a consolidated annual expense and revenue budget, which is then approved by HHC's Board of Directors and subsequently by the City. The agreement allows HHC to develop non-city funding sources for new programs and allows for the retention of any surpluses during a fiscal year. Additionally, the agreement provides for payment of the City's tax levy to HHC in a lump sum thereby indemnifying the Corporation against changes in the City's budget during a fiscal year.

HHC's financial plan (as shown above) is operated on a cash basis. Cash basis accounting allows for the recognition of income at the time it is actually received. This means that invoiced income is not counted as an asset until payment for the invoice is actually in hand. The same approach is applied to debits, in that any expenses incurred are not posted until they are paid (e.g., not making allowances for bad debt). HHC prefers this method because it provides a better real-time assessment of the Corporation's current cash flow.

Projected Operating Deficit (Fiscal 2013 through Fiscal 2017)

According to its Preliminary 2014 Financial Plan, HHC anticipates a Fiscal 2014 operating loss of \$674 million. Based on current conditions, this deficit is projected to grow to \$1.4 billion by Fiscal 2017. These substantial deficits are a function of the Corporation's declining revenue that falls short of supporting the Corporation's growing needs. There have been five consecutive years of state Medicaid rate cuts to HHC totaling approximately \$500 million.

HHC is currently undertaking corrective actions to mitigate the gap. These corrective actions are comprised of cost containment initiatives and organizational restructuring, which is currently valued at \$693 million in savings. HHC has taken significant action to reduce its expenses and increase revenue, achieving more than \$400 million in cost containment and restructuring since 2009. Corrective actions are currently listed below the line of HHC's Operating Budget because many of these initiatives are only in the preliminary stages of implementation. By Fiscal 2017, when these corrective actions have been fully implemented (and moved above the line), HHC expects to achieve an additional \$1 billion in annual savings.

While these corrective actions should be effective in curtailing much of HHC's growing deficit, they are not a panacea for sustaining HHC's overall long-term financial health. Adverse budget actions at the City, State and federal levels each continue to threaten HHC's long-term financial solvency and long-term sustainability. HHC's cost containment and restructuring efforts can only do so much to compensate for these additional losses in government funding.

Receipts Highlights

Fiscal 2014 total revenue (or receipts) to HHC will decline by \$214 million, or 3.4 percent, from Fiscal 2013. Third party receipts, which comprise 89 percent of the HHC's total operating revenue, declines by one percent. Third party receipts include, among other things, reimbursements from pools, Medicaid, Medicare, Upper Payment Limit (UPL) and Disproportionate Share Hospital (DSH) funding. Slated reductions in DSH payments via healthcare reform become effective starting in 2014. Managed Care Other fluctuates from year to year based on variations in volume in HMOs and regulations for CHIP and FHP. Medicare and Medicaid Managed Care receipts declines due to rate reductions stemming from healthcare reform and the two percent reduction tied to the federal debt ceiling agreement.

City funds decline by 10 percent from Fiscal 2013 to Fiscal 2014. This decline is largely a function of \$15 million in Fiscal 2013 City Council restorations not baselined for Fiscal 2014, including funds for Child Health Clinics, rapid HIV testing, developmental evaluation clinic funding, client transportation and a portion of HHC's unrestricted subsidy. The DOHMH's intra-city funding to HHC for correctional health is reduced by \$7 million due to revised projections based on year-to-date cash actuals. These losses are partially offset by technical adjustments in direct city-funded programs, child health services and the DOHMH's intra-city funding to HHC for mental hygiene services.

Long term, HHC anticipates its operating revenue will decline by approximately six percent over the next four fiscal years. HHC's financial plan projects an 4.2 percent decline in third party receipts through Fiscal 2017, which is mainly attributed to: (1) reduced discharges across the HHC network and the City in general (there's a general citywide trend showing fewer people are utilizing inpatient services); and (2) ongoing Statewide efforts to move all Medicaid Fee For

Service (FFS) beneficiaries into some form of managed care; and planned reductions in Medicare reimbursements, Upper Payment Limits (UPL) and Disproportionate Share Hospital (DSH) payments, as prescribed by the Patient Protection and Affordable Care Act of 2010. In general, federal healthcare reform comprises several different moving parts, each with different implementation timelines and with most major reforms beginning implementation in 2014. Between now and 2014, it is possible aspects of healthcare reform law could change, altering the underlying assumptions currently incorporated into this financial plan.

As a general rule, HHC only recognizes enacted legislative and budgetary actions. Thus, HHC's financial plan does not include the latest round of proposed federal cuts.

Disbursements Highlights

Disbursements remain relatively flat from Fiscal 2013 to Fiscal 2014. However, HHC expects total operating expenses to grow from \$6.8 billion in Fiscal 2013 to \$7.3 billion by Fiscal 2017, an increase of nearly \$473 million, or seven percent. Personal Services (PS) costs (salaries) and fringe benefits comprise a majority of HHC's operating expenses and, respectively, account for 36.8 percent and 19.8 percent of the overall share of HHC's operating expenses. Projected spending for PS will increase from \$2.5 billion in Fiscal 2014 to \$2.6 billion in Fiscal 2017.

Fringe benefits paid out will substantially increase between Fiscal 2014 and Fiscal 2017. Fringe benefits are expected to grow from \$1.3 billion in Fiscal 2014 to \$1.5 billion in Fiscal 2017, reflecting a 15 percent or \$202 million overall increase. Much of the growth in fringe payments is attributed to revised Stabilization Fund/Medicare Part B, as well as the MTA Payroll Tax that was erroneously not added to Fiscal 2017.

With regard to other estimated expenses, OTPS expenses will see a reduction in EMS payments due to the City's new methodology. Malpractice expenses will see a reduction in Fiscal 2013 due to the re-estimate of medical malpractice settlements for Fiscal 2013.

Fiscal 2014 Preliminary Plan Actions

- **Reduction of Mental Hygiene Intra-City.** DOHMH will reduce funding by \$248,000 to HHC for substance abuse, work readiness programs and intensive care coordination services. Some services will not be interrupted as the Department anticipates they will be billable under Medicaid. All Work Readiness programs are being eliminated. Work readiness is an intensive pre-employment program for individuals with developmental disabilities who are not ready for Supported Employment. The goal is to prepare consumers for employment.
- **Elimination Sexual Assault Response Team (SART) Program.** This item was initially recommended for elimination in Fiscal 2012 to help HHC meet its Fiscal 2012 PEG target. The Council restored \$1.3 million during Fiscal 2012, and the Administration restored SART for Fiscal 2013; however, this restoration is not baselined in Fiscal 2014 and the outyears.

Fiscal 2013-2014 State Executive Budget Highlights

Reduction in DSH Payments. This proposal would revise the distribution of the Indigent Care Pool to comply with federal funding priorities and thus minimize New York's cut to federal Medicaid DSH payments. The passing of the Affordable Care Act has forced NY State to change its formula for calculating funds received through the Medicaid and Medicare Disproportionate Share Hospital (DSH) programs, which is intended to offset uncompensated care provided to low-income and underserved individuals. On the assumption that the number of uninsured and underinsured people will fall precipitously beginning in 2014, the Patient Protection and Affordable Care Act (ACA) decreases the amount of DSH payments under both programs.

The Executive Budget has proposed to redirect \$25 million that would otherwise go to HHC into a transition pool for voluntary hospitals that will see a reduction in DSH starting in Fiscal 2014. This move is intended to allow NY State to be in compliance and continue receiving DSH payments.

Rate Reductions. Rate reductions account for a \$49.3 million loss in revenue for HHC. The trend factor elimination removes the 1.7 percent inflator for increasing provider costs. This is the fifth consecutive year health care sectors have not received a trend increase. The 2013-2014 State Executive Budget proposes elimination of this trend factor completely. Also, a two percent across-the-board rate cut affects managed care providers and all institutional providers, including hospitals, nursing homes and clinics.

Article 6 Public Health Funding. The 2013-2014 State Executive Budget proposes several reforms to the Article 6, General Public Health Work, resulting in a \$3.8 million loss to HHC. This affects HIV funding and Child Health Clinics.

Council Initiatives and Funding

City Council funding provides a portion of HHC’s annual City-funds operating budget. In Fiscal 2013, the Council provided nearly \$15 million in supplemental operating funds for child health clinics, primary care facilities, rapid HIV testing, and mental health services. As Council funding is renegotiated annually and allocated on a one-time basis, it is not included in the Fiscal 2014 Preliminary Budget.

FY 2013 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
HHC direct allocations	
HHC Developmental Evaluation Clinic Funding	\$1,467
HHC Substance Abuse Services – PEG Restoration	50
HHC Unrestricted Operating Subsidy	6,000
Subtotal, HHC direct allocations	\$7,517
HHC (via DOHMH pass through)	
Child Health Clinics (HHC pass-through)*	\$5,000
Rapid HIV Testing (HHC pass-through)*	2,000
Subtotal, HHC (via DOHMH pass through)	\$7,000
TOTAL, HHC	\$14,517
* City tax levy dollars for these services may be eligible for a state match	

- HHC Developmental Evaluation Clinic Funding.** This allocation represents funding to restore the Developmental Evaluation Clinics (DECs) located at HHC's (1) Morrisania Diagnostic and Treatment Center; (2) Renaissance Health Care Network Diagnostic and Treatment Center; (3) Kings County Hospital; and (4) Queens Hospital Center. HHC’s DECs offer evaluation, diagnosis and targeted treatment for children with cerebral palsy, developmental disabilities and neurological impairments that limit intellectual, academic and communication potential.
- HHC Substance Abuse Services.** This allocation supports training sessions for clinicians working within chemical dependency treatment programs with a focus on improving program performance related to care coordination, recovery supports, and aftercare planning.
- HHC Unrestricted Operating Subsidy.** This subsidy serves as a lump-sum appropriation to HHC in recognition of the financial challenges of serving uninsured and Medicaid patients. Payments associated with these particular services and patients do not cover the full costs of care and are not sufficient to meet HHC’s financial needs.
- Child Health Clinics.** This allocation funds Child Health Clinics and ensures that child health clinics will remain open, and provide enhanced levels of access and quality care. HHC child health clinics provide the medical attention children need to stay healthy, including immunizations, physicals and treatment for just about everything from the common cold to more serious conditions, like asthma. Families also have access to specialists outside of the center, including a wide range of pediatric subspecialists.
- Rapid HIV Testing.** This funding expands HHC’s HIV rapid testing and counseling services on a routine basis at inpatient units and select outpatient settings at public hospitals and clinics.

Capital Program

Capital Budget Summary

The Preliminary Capital Commitment Plan includes \$720 million in Fiscal 2013-2016 for the Department of Health and Mental Hygiene (including City and Non-City funds). This represents 1.8 percent of the City’s total \$39.3 billion Preliminary Plan for Fiscal 2013-2016. The corporation’s Preliminary Commitment Plan for Fiscal 2013-2016 is 41 percent more than the \$510 million scheduled in the September Commitment Plan, an increase of \$210 million.

The majority of capital projects span multiple fiscal years and it is therefore common practice for an agency to roll unspent capital funds into future fiscal years. In Fiscal Year 2012, HHC committed \$273 million or 49 percent of its annual capital plan. Therefore, it is assumed that a portion of HHC’s Fiscal 2013 Capital Plan will be rolled into Fiscal 2014 increasing the size of the Fiscal 2014-2017 Capital Plan. Since adoption last June, the total Capital Commitment Plan for Fiscal 2014 has increased from \$31 million to \$117 million, an increase of \$86 million or 284 percent.

2013-2016 Commitment Plan: Adopted and Preliminary Budget					
<i>Dollars in Thousands</i>					
	FY13	FY14	FY15	FY16	Total
Adopted					
Total Capital Plan	\$426,705	\$30,503	\$17,595	\$35,104	\$509,907
Prelim					
Total Capital Plan	\$554,163	\$117,072	\$31,068	\$17,595	\$719,898
Change					
Level	\$127,458	\$86,569	\$13,473	(\$17,509)	\$209,991
Percentage	29.87%	283.80%	76.57%	-49.88%	41.18%

Capital Program Goals

- ✓ Major modernizations to replace or renovate aging facilities intended to improve market share, operational efficiencies and patient satisfaction;
- ✓ Satisfy regulatory requirements and/or correct code deficiencies;
- ✓ Rehabilitate building components and systems to improve safety, patient comfort and operations;
- ✓ Replace medical equipment; and
- ✓ Replace aging ambulance fleet for the FDNY/EMS.

Preliminary Budget Highlights

The Fiscal 2013 Capital Commitment Plan for HHC totals \$720 million, of which \$2.8 million is non-City funds. Major Capital projects in HHC's Fiscal 2014 Preliminary Capital Plan for Fiscal 2013-2016 include the following:

Harlem Hospital Center. Since Fiscal 2005, the City has committed a total of \$325 million towards HHC's Harlem Hospital Center modernization project. This campus-wide effort began in the fall of 2005 and it involves the construction of a new Diagnostic, Treatment, Emergency and Critical Care Pavilion of approximately 195,000 square feet (Phase 1) and the build out of the emergency department (Phase 2). Phase 2 is scheduled for completion by summer 2013.

Gouverneur Healthcare Services. Since Fiscal 2005, the City has committed \$247 million to Gouverneur Healthcare Services for an ongoing major modernization and expansion project. This modernization includes the construction of a new 108,000 square foot ambulatory care pavilion and long-term care bed tower and the renovation of the existing building.

Gouverneur Healthcare Services, a long-term care nursing facility and the largest City-run community health center, began construction in September 2008 on a five-year modernization project that will expand primary and preventive care services, transform the clinical and residential environments, and create a larger, modern, 295-bed nursing facility to serve the Lower East Side and Chinatown community. Completion is expected by spring 2014.

The modernization project has broken ground and is now in the construction phase. The project will upgrade the existing infrastructure and expand and consolidate the ambulatory care and nursing facilities within separate areas of the building. This will permit staffing and functional efficiencies, increase outpatient capacity and increase the number of beds. In addition, the long term care facility will have a more homelike atmosphere, centered around resident "neighborhoods" with a mix of private and semi-private rooms, living rooms and family-style eating areas.

North General. A total of \$285 million is included in the City's Plan for the consolidation and relocation of the Coler-Goldwater nursing home to North General Hospital in Harlem. The Coler-Goldwater Specialty Hospital and Nursing Facility is comprised of two campuses, the Coler campus on the north end and Goldwater campus on the south end. This project is four-fold. HHC will:

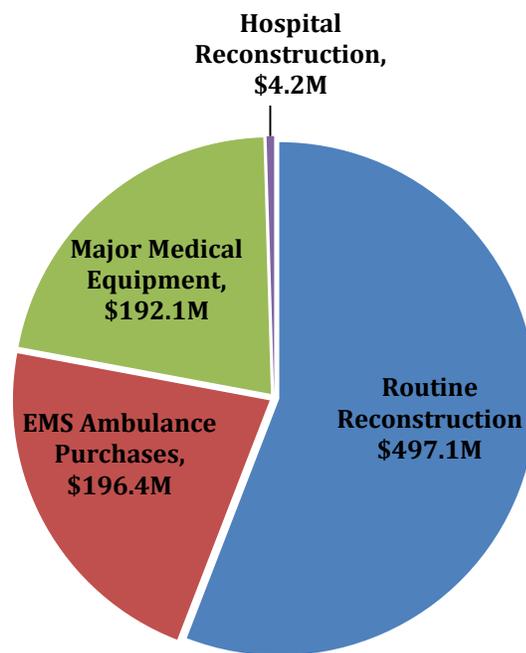
1. Renovate the existing North General Hospital in Harlem (by October 2013) and transition 201 Coler-Goldwater patients to the newly renovated site (by November 2013);
2. Construct a new 164-bed nursing facility on North General site;
3. Decant (removing all patients and programs from the facility) HHC's Goldwater site on Roosevelt Island south to prepare for use by Cornell University. Cornell will be responsible for the demolition of the physical plant and construct a two million square-foot applied science and engineering campus; and
4. Consolidate Roosevelt Island operations on its Coler site. The City has given Coler an additional \$51 million to meet code requirements and replace essential building systems (e.g., sprinkler).

Preliminary Ten-Year Strategy

The Preliminary Ten-Year Capital Strategy provides \$889.8 million in Fiscal 2014-2023 for the Corporation to continue to modernize many of its hospitals and facilities across the City. Presuming federal funding, this capital program includes \$410 million associated with Sandy storm damage with an additional \$300.2 million in Fiscal 2013.

Health and Hospitals Corporation Preliminary Capital Commitment Plan by Ten Year Plan Category

(All Funds in 000's)



FY 2014 Preliminary Ten-Year Capital Strategy											
<i>Dollars in thousands</i>	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
Information Systems	\$63,895	\$46,843	\$36,871	\$27,466	\$16,987	\$0	\$0	\$0	\$0	\$0	\$192,062
Emergency Medical Services Equipment	7,731	27,871	7,929	0	\$12,762	26,290	60,312	9,508	34,278	\$9,751	\$196,432
Major or Partial Hospital reconstructions	4,197	0	0	0	0	0	0	0	0	0	\$4,197
Routine Reconstruction	428,530	764	10,528	7,043	\$4,513	8,221	9,024	9,309	9,495	\$9,685	\$497,112
Total	\$504,353	\$75,478	\$55,328	\$34,509	\$34,262	\$34,511	\$69,336	\$18,817	\$43,773	\$19,436	\$889,803

Routine Reconstruction. Gouverneur Healthcare Services is in the midst of a major modernization and expansion project with \$3 million remaining in the ten year period. This modernization includes the constructions of a new 108,000 square foot ambulatory care pavilion and long-term bed tower and the renovation of the existing building.

HHC's other major reconstruction and modernization projects include \$56.9 million for Corporate-wide construction projects associated with ongoing maintenance and equipment purchases, \$4.5 million for the construction of a health center in Staten Island, and \$3.8 million for a power plant upgrade for the Coler campus.

Major medical Equipment. HHC is embarking on the replacement of its Electronic Medical Record system with \$192.1 million over the ten year period.

Emergency Medical Services Ambulance Purchases. The City will also provide \$196.4 million for the purchase of FDNY/EMS ambulances of the ten year period.

Appendix A: Budget Actions in the November and Preliminary Plans

<i>Dollars in Thousands</i>	FY 2013			FY 2014		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as of Adopted 2013 Plan	74,263	112,876	187,139	64,380	101,945	166,325
Program to Eliminate the Gap (PEGs)						
City Council Funding - HHC	\$0	(\$169)	(169)	\$0	\$0	\$0
<i>City Council Funding - Restoration</i>	0	169	169	0	0	0
Mental Hygiene Intra City with HHC	0	(105)	(105)	0	(248)	(248)
TOTAL, PEGs	\$0	(\$105)	(\$105)	\$0	(\$248)	(\$248)
New Needs						
None	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, New Needs	\$0	\$0	\$0	\$0	\$0	\$0
Other Adjustments						
CEO: HHC Career Ladder Program	\$0	\$0	\$0	\$1,005	\$0	\$1,005
Functional Transfer HHC to DOHMH	0	(225)	(225)	0	(449)	(449)
HHC CTL Takedown for IC	(3,278)	0	(3,278)	0	0	0
HHC-DOHMH Transfer	0	5,122	5,122	0	0	0
Homeland Security Grant	0	825	825	0	0	0
I/C with HHC	0	(126)	(126)	0	0	0
I/C with HHC - Alignment	0	0	0	0	(156)	(156)
IC w/ HHC - AOT	0	3,228	3,228	0	3,228	3,228
IC w/ HHC - Forensic Services	0	20	20	0	0	0
IC w/ HHC - SERG	0	15	15	0	0	0
IC w/ HHC - Winston Temps	0	178	178	0	0	0
IC w/ HHC - Article VI	0	2,306	2,306	0	0	0
IC w/ HHC - Correctional Health	0	312	312	0	0	0
IC w/ HHC - Manhattan Lupus Surv	0	10	10	0	0	0
IC w/ HHC - Queens Hospital Ctr	0	221	221	0	0	0
IC w/ HHC - Correctional Health	0	1,276	1,276	0	0	0
IC w/ HHC - Stop DWI Program	0	49	49	0	0	0
IC w/ HHC - WINSTON TEMPS	0	13	13	0	0	0
IC w/ HHC - Met Asthma	0	82	82	0	0	0
Kings County Capital Project	0	88	88	0	0	0
Sandy Expense Category B	0	100,000	100,000	0	0	0
OASAS State Aid Letters	0	77	77	0	77	77
NOV14 PEG Adjustment	0	105	105	0	32	32
Other	0	2,010	2,010	0	1,709	1,709
TOTAL, Other Adjustments	(\$3,278)	\$115,585	\$112,307	\$1,005	\$4,441	\$5,446
TOTAL, All Changes	(\$3,278)	\$115,480	\$112,202	\$1,005	\$4,193	\$5,198
Agency Budget as of Preliminary 2014 Plan	\$70,985	\$228,355	\$299,340	\$65,385	\$106,137	\$171,522

Appendix B

Fiscal 2013 Preliminary Mayor's Management Report

	FY 10 Actual	FY 11 Actual	FY 12 Actual	Target FY 13	4-Month Actual FY 13
Percentage of prenatal patients retained in care through delivery	86.5%	86.4%	85.8%		
Percent of eligible women aged 40-70 receiving a mammogram screening from HHC	72.8%	72.0%	73.0%	70.0%	72.2%
HIV Patients retained in care (%)	87.1%	87.4%	87.4%	80.0%	NA
Percent of two-year olds immunized	96.5%	97.0%	97.0%	98.0%	NA
General care average length of stay (days)	4.6	4.6	4.7	4.7	4.8
Emergency room revisits for adult asthma patients (%)	5.1%	5.1%	5.4%	5.0%	5.8%
Emergency room revisits for pediatric asthma patients (%)	3.2%	2.7%	3.7%	3.2%	3.5%
Percent of adult patients discharged with a principal psychiatry diagnosis who are readmitted within 15 days	5.1%	4.8%	4.6%	5.0%	3.9%
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Adult medicine	59.0	61.0	75.0	60.0	72.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Pediatric medicine	58.0	60.0	59.0	60.0	63.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Women's health	61.0	61.0	75.0	60.0	81.0
Uninsured patients served	452,576	477,957	478,731	*	N/A
Total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees	474,118	498,324	521,434	513,400	524,635
MetroPlus Medicaid, Child Health Plus and Family Health Plus enrollees	383,797	401,967	420,459	446,932	420,555
Net days of revenue for Accounts Receivable	55.5	52.3	56.4	56.0	59.4

The percentage of eligible women ages 40 to 70 receiving a mammogram, at the end of the first quarter of Fiscal 2012 to the end of the first quarter of Fiscal 2013 increased slightly to 72.2 percent and surpassed the Corporate target of 70 percent and the federal Health People 2020 target. All HHC hospitals have individual programs that focus on women's health needs. Outreach efforts such as "Give your Mother a Gift" mammogram outreach campaign, which provides mammograms at no cost to eligible patients, is offered every year during the month of May.

In the first four month of Fiscal 2013, HHC was able to retain 89.8 percent of prenatal patients through delivery as compared to 89.1 percent in the first quarter of last year. This increase may be attributed to facility efforts to promote prenatal patient education and patient-centered birthing environments. A number of HHC facilities have been recognized across the country for their family-friendly approach.

HHC has replaced the indicator "Percent of HIV patients using dedicated HIV clinics" with 'Percent of HIV patients retained in care.'