

THE COUNCIL OF THE CITY OF NEW YORK

Hon. Corey Johnson
Speaker of the Council

Hon. Carlina Rivera
Chair, Committee on Hospitals



Report of the Finance Division on the
Fiscal 2022 Preliminary Plan for

New York City Health + Hospitals (H+H)

March 22, 2021

Finance Division

John Cheng, Financial Analyst
Crielhien Francisco, Unit Head

Latonia McKinney, Director
Regina Poreda Ryan, Deputy Director

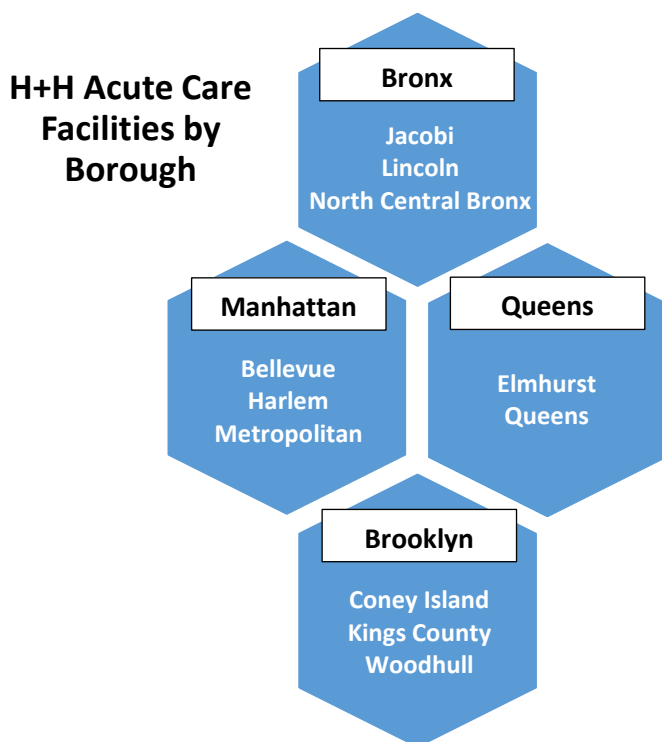
Nathan Toth, Deputy Director
Paul Scimone, Deputy Director

Table of Contents

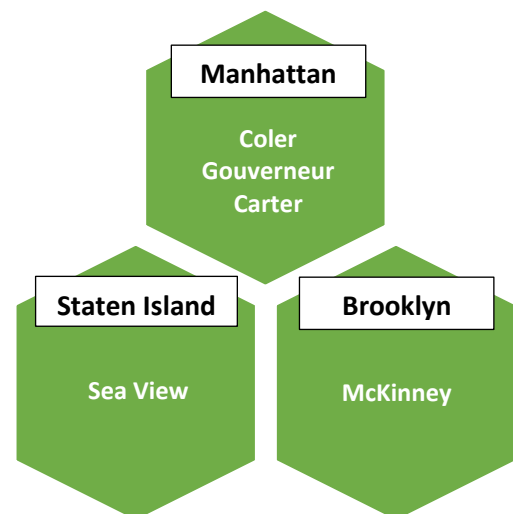
New York City Health + Hospitals Overview	1
COVID-19 Operations.....	1
H+H Budget Overview.....	1
COVID-19 Impact	2
Fiscal 2022 Preliminary Plan	2
H+H Operating Budget.....	2
City Support to H+H Operating Budget	3
Changes in the Preliminary Plan	4
State Budget Outlook	5
Fiscal 2021 Council Priorities	6
Discretionary Expense	6
Discretionary Capital.....	6
Terms and Conditions.....	6
Fiscal 2021 Preliminary Mayor’s Management Report	6
Capital Plan Overview	7
Fiscal 2022-2025 Preliminary Capital Budget	7
Preliminary Capital Commitment Plan for Fiscal 2021-2025	7
Preliminary Ten-Year Capital Strategy: Fiscal 2022-2031.....	9
Appendices	11
A. Budget Actions in the November and the Preliminary Plans	11
B. Fiscal 2022 Preliminary Plan Other Revenue by Funding Source	13
C. Utilization Rates.....	14
D. Correctional Health Services Staffing	15

New York City Health + Hospitals Overview

New York City Health + Hospitals (H+H) is the largest municipal healthcare system in the United States—comprised of 11 acute care facilities, five skilled nursing facilities, and several dozen community-based health centers. H+H additionally operates a Certified Home Health Agency (CHHA), an Accountable Care Organization (ACO), MetroPlus Health Plan, and Correctional Health Services (CHS). The system, which has a budgeted headcount of 37,272, has long served as a safety net for the City’s most vulnerable individuals, and particularly for Medicaid and uninsured patients. H+H delivers a range of preventive care, primary care, and behavioral health services, as well as trauma care, burn care, high-risk neonatal and obstetric care, and other specialized services across the City.



H+H Skilled Nursing Facilities by Borough



COVID-19 Operations

Over the course of the past year, H+H has played a central role in the City’s response to the COVID-19 pandemic. H+H rapidly expanded intensive care unit (ICU) capacity; added several thousand nurses, doctors, physician assistants, nurse practitioners, and other healthcare personnel; and conducted over 950,000 telehealth visits, as of mid-January 2021, across specialty areas. H+H has operated the City’s Test and Trace Corps (T2) since its launch in June 2020 and continues to partner with community-based organizations (CBOs) to facilitate engagement with the T2 program. The hospital system administers COVID-19 vaccines across a range of locations, including hospitals, Gotham Health clinics, and 24/7 mega-sites. Additionally, H+H has opened COVID Centers of Excellence (COEs) in the Bronx and in Jackson Heights, Queens, with a third expected in Bushwick, Brooklyn, to provide comprehensive outpatient services to recovering COVID-19 patients.

H+H Budget Overview

H+H is a public benefit corporation with an operating budget distinct from the City of New York’s Expense Budget. H+H’s operating revenues have traditionally encompassed patient service revenues,

supplemental Medicaid payments, and financial support from the City. The hospital system's operating expenses are typically made up of Personal Services (PS), fringe, affiliations, and Other Than Personal Services (OTPS) spending. H+H continues to pursue its Transformation Plan objectives (now known as Strategic Initiatives)—intended to stabilize revenues, expand community-based care, improve operational efficiency, and facilitate adoption of outcomes-based payment models.

As of H+H's Fiscal 2022 January Financial Plan, the hospital system's projected losses amount to \$137.7 million in Fiscal 2021 and \$294.5 million in Fiscal 2022, inclusive of various revenue-generating and expense-reducing strategic initiatives; the gap between operating revenues and expenses, in lieu of strategic initiatives, reaches approximately \$1.1 billion in Fiscal 2021 and again in Fiscal 2022.

COVID-19 Impact

Over the past year, COVID has had a significant impact on H+H's finances. The system reports expected COVID commitments of at least \$1.9 billion through June 2021, and actual COVID expenditures of \$1.6 billion thus far. Federal COVID-related aid received at H+H includes \$1.2 billion from the HHS Provider Relief Fund and an advance of \$199 million from the Federal Emergency Management Agency (FEMA) on H+H's initial reimbursement package, among other sources.

Fiscal 2022 Preliminary Plan

H+H Operating Budget

As of H+H's Fiscal 2022 January Plan, H+H projects losses, inclusive of Strategic Initiatives, in each year except for Fiscal 2023. In Fiscal 2021, operating revenues amount to \$10.1 billion and expenses amount to \$11.1 billion, while revenue-generating initiatives total \$902.3 million and expense-reducing initiatives total \$16.3 million, for a loss of \$137.7 million. In Fiscal 2022, H+H expects a loss of \$294.5 million, reflecting operating revenues of \$8.1 billion and expenses of \$9.2 billion, as well as revenue-generating initiatives of \$773.8 million and expense-reducing initiatives of \$32.9 million.

Supplemental Medicaid programs (\$653 million in Fiscal 2021, \$300 million in each of the subsequent years) and revenue cycle and managed care improvements (\$143.2 million in Fiscal 2021, \$218.6 million in the subsequent years) constitute the bulk of the value of H+H's Strategic Initiatives.

H+H ended February 2021 with approximately \$400 million, or 18 days, cash on hand. The hospital system is working with the State to receive its forthcoming Disproportionate Share Hospital (DSH) payment of \$511 million in March 2021 and seeks \$330 million in FEMA funds in April 2021 as part of an effort to expedite processing of its next reimbursement package.

Table 1: H+H Fiscal 2022 January Financial Plan (Cash Basis)

<i>Dollars in Millions</i>	Projected 2021	Projected 2022	Projected 2023	Projected 2024	Projected 2025
OPERATING REVENUES					
Third Party Revenue					
Medicaid	\$2,413	\$2,358	\$2,430	\$2,452	\$2,477
Medicare	1,453	1,414	1,438	1,451	1,465
Other Managed Care	547	418	410	414	418
Supplemental Medicaid	2,480	1,530	1,919	1,297	1,297
Disproportionate Share Hospital (DSH)	2,187	1,456	1,438	816	816
DSH eFMAP Glitch Impact	(383)	(408)	-	-	-
Other Supplemental Payments	676	482	482	482	482
Subtotal: Third Party Revenue	6,893	5,719	6,197	5,614	5,657
Other Revenue					
City Services ¹	1,881	1,476	1,258	1,267	1,267
Grants and Other	1,284	862	742	662	537
Subtotal: Other Revenue	3,165	2,338	2,000	1,929	1,804
REVENUES (In Lieu of Revenue-Generating Strategic Initiatives)	10,058	8,057	8,197	7,543	7,461
Strategic Initiatives					
Supplemental Medicaid Programs	653	300	300	300	300
Federal & State Charity Care	-	-	-	62	62
Revenue Cycle and Managed Care	143	219	219	219	219
Service Line Improvements	21	56	56	56	56
Value-Based Payments	23	67	67	67	67
Growth	62	133	183	233	233
Subtotal: Strategic Initiatives	902	774	824	936	936
REVENUES (Inclusive of Revenue-Generating Strategic Initiatives)	10,960	8,831	9,020	8,479	8,397
EXPENSES					
Personal Services	3,156	3,210	3,223	3,238	3,256
Fringe Benefits	1,661	1,711	1,736	1,740	1,746
Affiliations	1,315	1,355	1,397	1,432	1,456
Other Than Personal Services	4,982	2,882	2,554	2,550	2,516
Subtotal: Expenses	11,114	9,159	8,910	8,959	8,973
Strategic Initiatives					
System Efficiencies	11	23	23	23	23
Restructuring and Personnel	5	10	85	235	310
Subtotal: Strategic Initiatives	16	33	108	258	333
EXPENSES (Inclusive of Expense-Reducing Strategic Initiatives)	11,098	9,126	8,802	8,701	8,640
INCOME/(LOSS) (In Lieu of Strategic Initiatives)	(1,056)	(1,101)	(714)	(1,417)	(1,512)
INCOME/(LOSS) (Inclusive of Strategic Initiatives)	(138)	(295)	218	(223)	(244)

City Support to H+H Operating Budget

The Preliminary Plan includes \$1.64 billion in Fiscal 2021 and \$1.28 billion in Fiscal 2022 for H+H; support for the hospital system amounts to 1.7 percent of the City's Expense Budget of \$95.1 billion in Fiscal 2021 and 1.3 percent of the City's Expense Budget of \$92.3 billion in Fiscal 2022. The

¹ City Services revenue figures in H+H's Fiscal 2022 January Financial Plan may differ from what appears in **H+H Financial Summary, Appendix A, and Appendix B** due to additional funding for the T2 program not yet reflected in the City's budget runs, according to discussions with the New York City Mayor's Office of Management and Budget (OMB).

contribution to H+H in both Fiscal 2021 and Fiscal 2022 is substantially above the \$1.16 billion budgeted at Fiscal 2021 Adoption, as well as reported actuals of \$830.2 million for Fiscal 2020.

Approximately one-half, or nearly \$813 million, of the \$1.64 billion in support to H+H's operating budget in Fiscal 2021, as of the Preliminary Plan, consists of COVID-19 funds related to the T2 program. Federal aid constitutes about three-quarters, or approximately \$609.9 million, of COVID-19 funds in Fiscal 2021; this amount consists of \$507.4 million in CDC Epidemiology and Laboratory Capacity (ELC) and \$102.6 million in FEMA Public Assistance (PA) funding to the hospital system. The above-referenced COVID funds are not reflected in Fiscal 2022, as of the Preliminary Plan.

The H+H subsidy (\$274.3 million), correctional health (\$276.6 million), and collective bargaining (\$78.9 million) altogether account for nearly two-fifths, or \$629.9 million, of the \$1.64 billion in outside revenue (i.e. support to H+H's operating budget) in Fiscal 2021. Over fourth-fifths, or \$1.07 billion, of the \$1.28 billion in outside revenue in Fiscal 2022 at H+H is comprised of the subsidy (\$264.3 million), correctional health (\$277.2 million), and collective bargaining (\$531.3 million). These three areas similarly comprise over 80 percent of outside revenue at H+H in the outyears of the Plan.²

NYC Care, the health care access program at H+H for New Yorkers who do not qualify for or cannot afford health insurance, garners City funds of \$75 million in Fiscal 2021, and \$100 million in Fiscal 2022 and in each of the outyears of the Preliminary Plan. The Administration continues to project the ratio of patient care-to-non-patient care expenses at NYC Care at approximately 4:1. The program has been active in all five boroughs since its expansion to Manhattan and Queens in September 2020.

Table 2: H+H Financial Summary (i.e. City Support to Operating Budget)

<i>Dollars in Thousands</i>	2019 Actual	2020 Actual	2021 Adopted	2021 November	2021 Current	2022 January
City Funds			\$1,074,883	\$1,040,349	\$925,827	\$1,193,267
State			-	-	\$1,380	\$1,380
Federal			-	\$266,843	\$611,321	\$1,380
Intra City			\$88,452	\$99,417	\$105,519	\$80,306
Total	\$1,034,601	\$830,222	\$1,163,335	\$1,406,609	\$1,644,048	\$1,276,334

Changes in the Preliminary Plan

The Fiscal 2022 Preliminary Plan adds \$237.4 million to the City's support—comprised, in turn, of City, Intra-City, State, and Other Federal/State segments—to H+H's operating budget in Fiscal 2021, in comparison to the November 2020 Plan. This reflects, on net, \$200 million in new needs and \$37.4 million in other adjustments in Fiscal 2021; changes in Fiscal 2022 and beyond consist solely of the impact of other adjustments, totaling \$4.1 million in Fiscal 2022 and \$2.8 million in Fiscal 2023 and Fiscal 2024 each. Discussed below are major actions at H+H as of the Preliminary Plan.³

² The budget line for correctional health (2015-714), as referenced above, captures a combination of City, Intra-City, State, and Federal funds—and excludes the CHS Forensic Clinic, which is denoted as a separate program area (2019-714). CHS Forensic Clinic is budgeted at \$4.9 million in City funds for each fiscal year of the Fiscal 2022 Preliminary Plan.

³ Note that the Fiscal 2022 Preliminary Plan reflects a \$212.4 million payment in Fiscal 2021 from H+H for reimbursement of the debt service the City pays on behalf of the hospital system; this appears as a reduction under the Citywide Savings Program. Note additionally that the City's Labor Reserve—a segment of the City's miscellaneous budget that contains funding for collective bargaining agreements and related adjustments—shows a \$59.9 million decrease in Fiscal 2021 as a consequence, according to OMB, of an agreement between the City and H+H for the hospital system to self-fund labor expenses for NYSNA members; these are costs that would typically be reimbursed by the Labor Reserve.

New Needs

- The Preliminary Plan includes a new need of \$200 million in City funds for the T2 program at H+H in Fiscal 2021, to cover expenses ineligible for or in excess of federal grants.

Other Adjustments

- The Plan reflects a \$315 million reduction in City funds for H+H in Fiscal 2021, consisting of a supplemental Medicaid adjustment related to the conversion of Upper Payment Limit (UPL) funding to Medicaid reimbursement rate enhancements at the hospital system.
- The Plan indicates the addition of \$343.1 million in Federal COVID-19 aid (i.e. CDC ELC, FEMA) for T2 in Fiscal 2021, as well as other COVID-19 funding of \$980,000, in the form of an Intra-City transfer from the Department of Social Services (DSS) to H+H in Fiscal 2021, and a swap of \$2.04 million in City funds from the unrestricted subsidy to the T2 budget to serve as the local share of the FEMA-eligible cost of DOB security at T2 sites in Fiscal 2021—an action that the City reports it is in the process of reversing, as of February 2021, due to the Biden administration's commitment to reimbursing FEMA-eligible expenses at 100 percent.
- The Plan adds \$1.9 million in City funding across Fiscal 2021 and Fiscal 2022 at H+H for the City's pilot program for dispatching Emergency Medical Services (EMS) mental health teams in response to 911 calls. The hospital system reports that the EMS mental health teams funding allocation encompasses supplies, training, and salaries and benefits for 10 social workers. The Plan also includes \$2.8 million in combined federal and State funding in each fiscal year for the Healthstat program at CHS. These are the sole actions—among those explicitly denoted under H+H in the Detail Initiative Funding Report for the Fiscal 2022 Preliminary Plan—observed to have any impact in Fiscal 2022 and/or in the outyears.

Table 3: Support to H+H, Changes from November 2020 Plan to Preliminary Plan 2022

<i>Dollars in Thousands</i>	FY 2021	FY 2022	FY 2023	FY 2024
H+H, November Plan	\$1,406,609	\$1,272,248	\$1,255,286	\$1,264,350
Total Change	\$237,439	\$4,086	\$2,761	\$2,761
New Needs	\$200,000	-	-	-
City	\$200,000	-	-	-
Other Adjustments	\$37,439	\$4,086	\$2,761	\$2,761
City	(\$314,522)	\$1,325	-	-
Intra-City	\$6,102	-	-	-
OtherFS	\$344,479	\$1,380	\$1,380	\$1,380
State	\$1,380	\$1,380	\$1,380	\$1,380
H+H, Preliminary Plan	\$1,644,048	\$1,276,334	\$1,258,047	\$1,267,111

State Budget Outlook

The State Executive Budget proposes a series of actions that the City estimates would result in losses of \$473 million at H+H across Fiscal 2021 and Fiscal 2022. In particular, the Mayoral Administration has expressed concern about a proposed 1 percent across-the-board cut to Medicaid providers, as well as the discontinuation of the State share of the Public Indigent Care Pool (ICP), which provides funding to eligible hospital providers to assist with the cost of care to low-income patients; both of these measures is anticipated to cost the hospital system \$60 million each, on an annual basis. The State Executive Budget also proposes new investments in Essential Plan coverage and additional flexibility for reimbursement of telehealth services that may have a salutary effect on H+H's finances; the Council is continuing to seek updated estimates for the projected budget impact on H+H.

Fiscal 2021 Council Priorities

Discretionary Expense

The Fiscal 2021 Adopted Budget included \$1.8 million in Council discretionary expense funding administered by H+H, to designated providers that include both non-profit organizations and H+H, through several Council initiatives such as Supports for Persons Involved in the Sex Trade and the Immigrant Health Initiative; allocations are listed by initiative in the table to the right.

Post-Adoption transfers include, *inter alia*, the re-allocation of \$79,812 in NORCs funding from H+H to New Partners, Inc., through the

Department for the Aging (DFTA) as the new contracting agency, as well as the re-allocation of \$100,000 in Supports for Persons Involved in the Sex Trade funding from H+H to Sanctuary for Families, Inc., through the Mayor's Office of Criminal Justice (MOCJ).

For more details on Council discretionary expense allocations in the Fiscal 2021 Adopted Budget, please consult the Fiscal 2021 Adopted Expense Budget Summary/Schedule C at the following [link](#).

Discretionary Capital

The Council added \$624.5 million in discretionary capital funding across the City at Fiscal 2021 Adoption—including approximately \$18.4 million for 31 capital projects at H+H. This funding supports equipment and renovation needs across the system's acute care facilities, skilled nursing facilities, and community health clinics. For a list of all capital projects in the Supporting Detail for Fiscal Year 2021 – Changes to the Executive Capital Budget Adopted by the City Council, please visit the link [here](#).

Terms and Conditions

The Fiscal 2021 Adopted Budget contains two Terms and Conditions applicable to H+H—one requiring submission of a report on utilization and average length of stay, in total and disaggregated by facility, and another mandating submission of a report on budgeted and actual headcount for correctional health staff by title. Data from both reports, received by the Council in February 2021, are displayed, respectively, in **Appendix C: Utilization Rate** and **Appendix D: Correctional Health Services Staffing**.

Fiscal 2021 Preliminary Mayor's Management Report

The COVID-19 pandemic has shaped outcomes on several patient access and quality indicators at H+H in the Fiscal 2021 Preliminary Mayor's Management Report (PMMR), as outlined below.

- **Unique Patient Volume.** About one-third, or 227,528, of unique patients seen at the hospital system during the July-October 2020 period (683,450) received care for COVID-19; total unique patient volume rose from 603,520 during the comparable period in Fiscal 2020.
- **Telehealth.** H+H recorded 246,845 telehealth visits in the July-October 2020 period, nearly the total for the entirety of Fiscal 2020 (289,238). COVID has driven growth in telehealth visits, though H+H anticipates this to level off as patients return for in-person visits.

Table 4: Council Expense Funding Administered by H+H

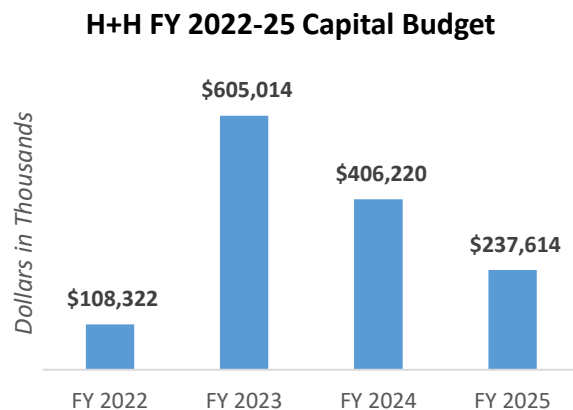
Initiative	FY 2021 Adoption
Ending the Epidemic	\$197,869
Immigrant Health Initiative	\$435,000
Crisis Management System	\$200,000
Naturally Occurring Retirement Communities (NORCs)	\$95,775
Supports for Persons Involved in the Sex Trade	\$700,000
Speaker's Initiative	\$125,000
Other Discretionary	\$40,000
Total	\$1,793,644

- **Behavioral Health.** The share of follow-up appointments kept within 30 days of behavioral health discharge at H+H fell to 45.6 percent during the July-October 2020 period, from 60.1 percent in the same period for the previous fiscal year. This is due to both the pandemic and to a change in the definition of indicator; the denominator now includes all discharged patients, rather than only patients discharged with a follow-up appointment.
- **Emergency Care.** The share of patients in emergency departments who left without being seen decreased to 3.3 percent in the July-October 2020 period, from 7.5 percent during the same period in Fiscal 2020. This is explained by a decline in ED utilization overall, as a consequence of the pandemic, as well as by staffing, patient tracking, and operational improvements.

The full text of the Fiscal 2021 PMMR is available [here](#).

Capital Plan Overview

Fiscal 2022-2025 Preliminary Capital Budget



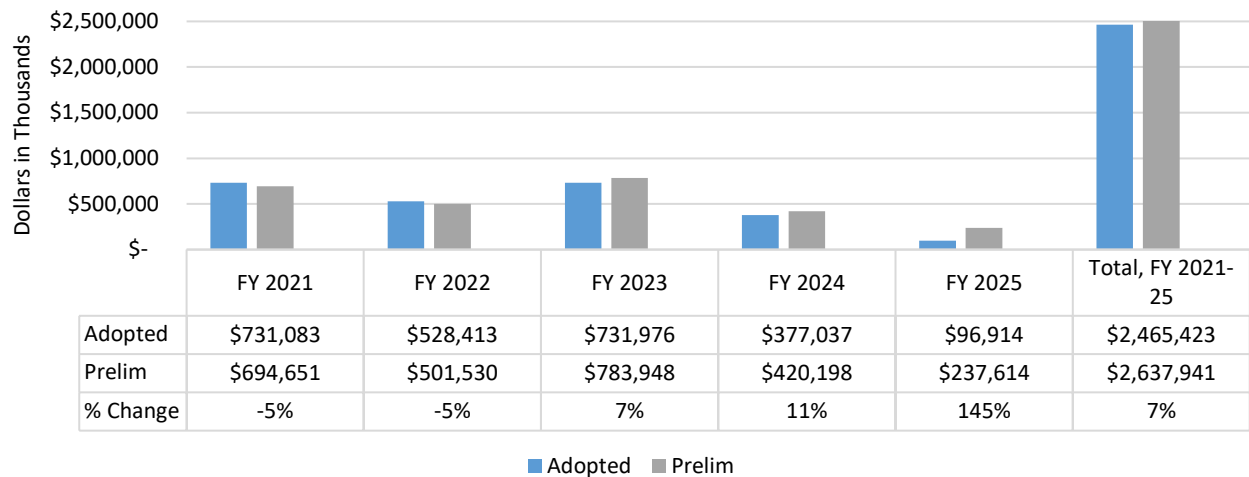
As shown in the chart at left, H+H's Fiscal 2022 Preliminary Capital Budget includes \$1.36 billion in Fiscal 2022-2025. This represents approximately 2.5 percent of the City's total \$53.6 billion Capital Budget for 2022-2025. H+H's Fiscal 2022 Preliminary Capital Budget is an estimate of the additional appropriations needed in addition to the projected excess appropriations for Fiscal 2021 to fully fund the hospital system's capital projects planned for next year. As of November 2020, H+H had approximately \$1.3 billion in available appropriations for Fiscal 2021. The

Preliminary Budget proposes additional appropriations in Fiscal 2022 of \$108.3 million for H+H.

Preliminary Capital Commitment Plan for Fiscal 2021-2025

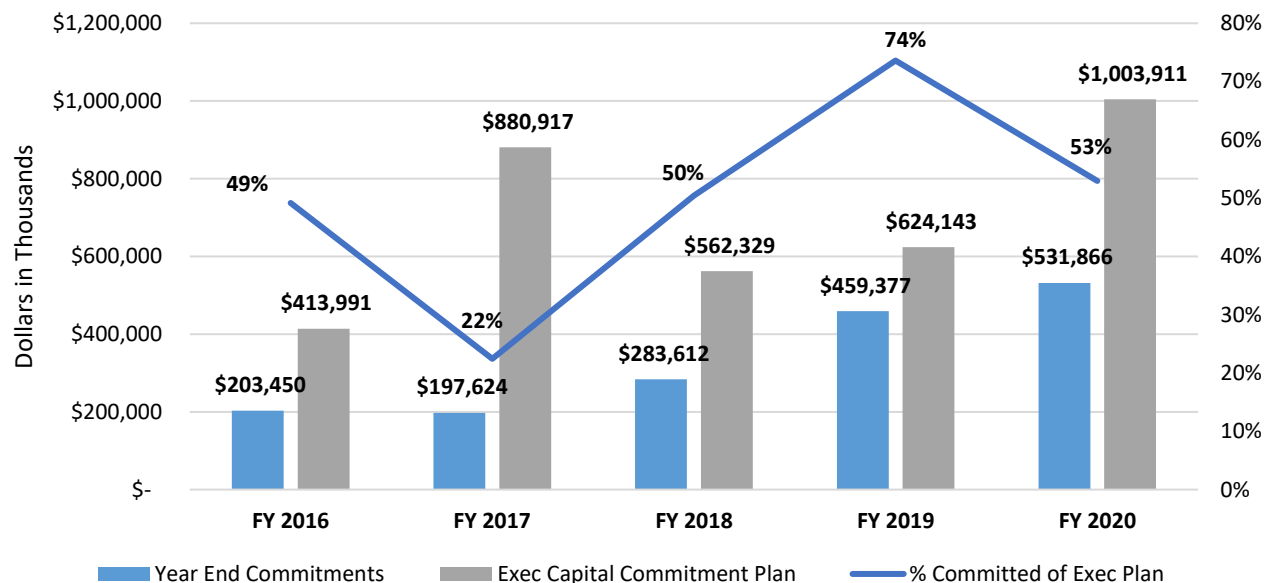
H+H's Preliminary Capital Commitment Plan includes \$2.6 billion in Fiscal 2021-2025. This represents approximately three percent of the City's total \$84.1 billion Preliminary Capital Commitment Plan. The Fiscal 2021-2025 Preliminary Commitment Plan for H+H has increased by \$172.5 million—or approximately 7 percent—in comparison to the hospital system's Adopted Commitment Plan. The Preliminary Capital Commitment Plan tends to shift funding for the hospital system's projects—particularly funding from the current fiscal year—into the later years of the Plan.

H+H Capital Commitment Plan



H+H had year-end commitments of \$532 million in Fiscal 2020, indicating a commitment rate of 53 percent—or the share of H+H’s capital plan committed per fiscal year. The chart below compares actual commitments against planned commitments in the Fiscal 2016-2020 Executive Budgets.

H+H Capital Commitment Rate



A sample of major capital projects included at H+H in the Fiscal 2021-2025 Preliminary Commitment Capital Plan are outlined below.

- **Sandy-Related Design and Construction Management at Coney Island Hospital (CIH):** \$300.5 million in funding for the five-year Capital Commitment Plan period (\$217.9 million in Fiscal 2021, \$56.9 million in Fiscal 2022, and \$25.7 million in Fiscal 2023).
- **Sandy-Related Corporate-Wide Reconstruction:** \$418.4 million in funding for the Plan period (\$126.9 million in Fiscal 2022, \$186 million in Fiscal 2023, and \$105.4 million in Fiscal 2024).

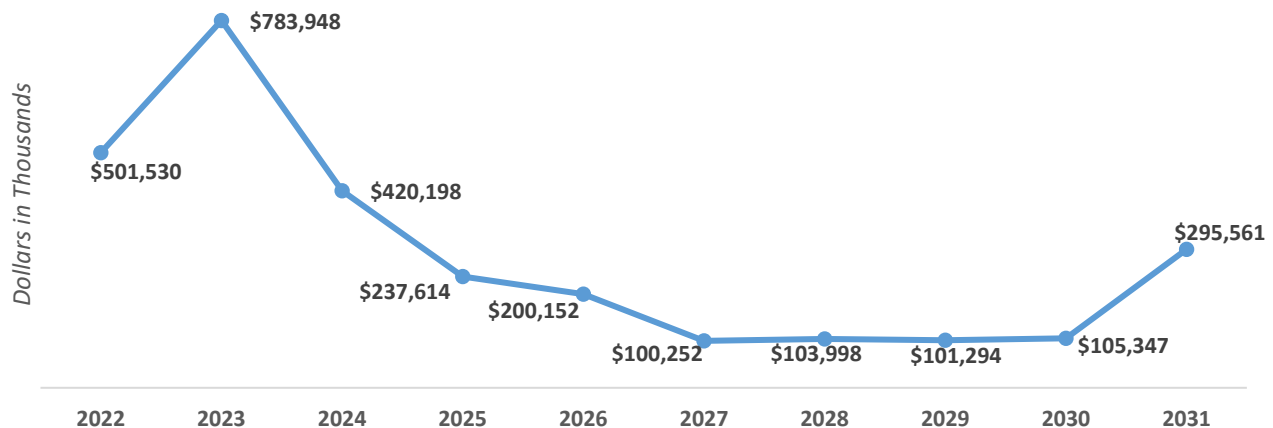
- **COVID-19 Centers of Excellence (Bushwick, Roosevelt, and Tremont):** \$86.7 million for the Plan period (\$51 million in Fiscal 2021 for the Bushwick COE; \$17.9 million in Fiscal 2021 for the Roosevelt COE, in Jackson Heights; and \$16.6 million in Fiscal 2021 and \$1.2 million in Fiscal 2022 for the Tremont COE, in the Bronx). H+H announced plans to establish the three COEs—community health clinics to provide comprehensive outpatient services to recovering COVID patients—in June 2020. The Tremont COE opened in November 2020 and the Roosevelt COE opened in February 2021; the Bushwick COE is scheduled to open later in the year.

Preliminary Ten-Year Capital Strategy: Fiscal 2022-2031

The City's Ten-Year Strategy totals \$118.8 billion (all funds), which is \$1.9 billion larger than the \$116.9 billion Fiscal 2020-2029 Ten-Year Strategy. H+H's Ten-Year Capital Strategy totals \$2.85 billion, or 2.4 percent of the City's total Strategy. Approximately 75 percent of the agency's Ten-Year Strategy consists of City funds (\$2.14 billion), with the remainder comprised of federal funds (\$713.2 million).

The chart below shows the distribution of H+H's Preliminary Capital Strategy by fiscal year. H+H's funding is concentrated in the first half of the Ten-Year Strategy, with \$783.9 million—or over a quarter of the total value of the Ten-Year Strategy—allocated in Fiscal 2023, attributable primarily to \$723.2 million in funding (\$437.9 million in City funds, \$285.3 million in federal funds) for routine reconstruction. H+H's Ten-Year Strategy is composed solely of City funds beginning in Fiscal 2026.

H+H FY 2022-31 Preliminary Ten-Year Capital Strategy



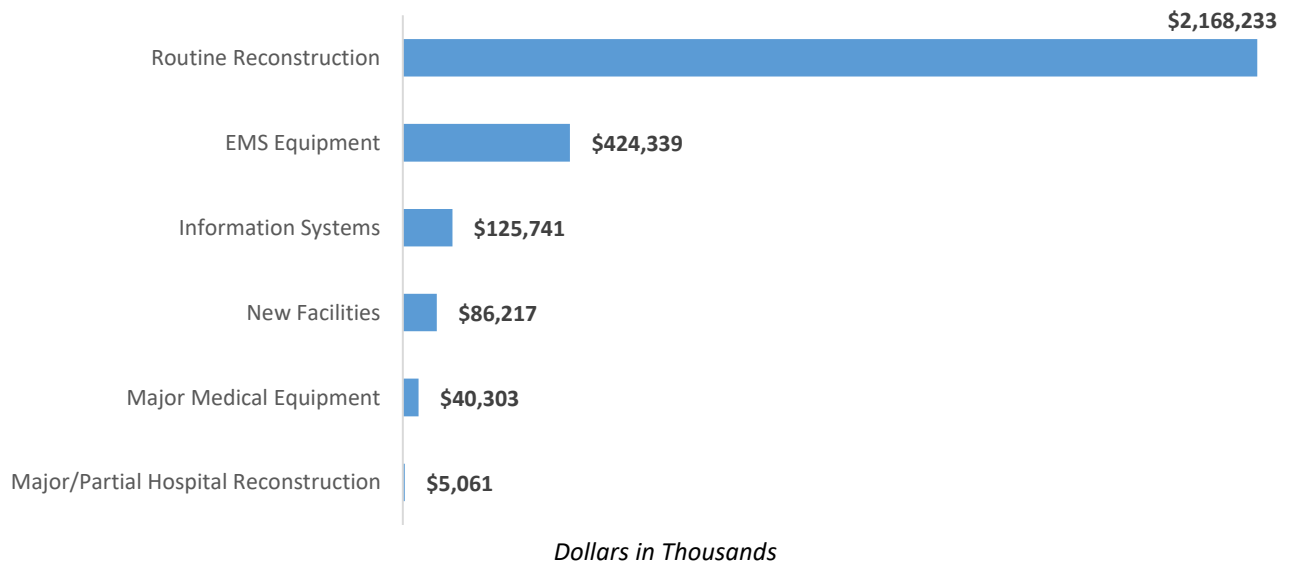
H+H's Preliminary Ten-Year Capital Strategy encompasses several areas, as shown in the next chart.

- **Routine Reconstruction.** The Preliminary Ten-Year Capital Strategy provides nearly \$2.2 billion for routine reconstruction (\$1.5 billion in City funds, \$635.9 million in federal funds) at H+H, or 76 percent of total funding for the agency. This category includes Sandy-related damage and mitigation projects, as well as work associated with outposted therapeutic units at CHS.
- **Emergency Medical Services (EMS) Equipment.** The Preliminary Ten-Year Capital Strategy provides approximately \$424.3 million in City funds for H+H, or about 15 percent of total funding for the agency, for the purchase of FDNY/EMS ambulances.
- **Information Technology Systems.** The Preliminary Ten-Year Capital Strategy provides \$125.7 million in City funds for H+H, or approximately 4.4 percent of total funding for the agency, to

fund a range of major information technology projects, such as the replacement of the hospital system's revenue cycle management and electronic medical record (EMR) systems.

- **New Facilities.** The Preliminary Ten-Year Capital Strategy provides over \$86 million for new facilities (\$9.7 million in City funds, \$76.5 million in federal funds) at H+H, or 3 percent of total funding for the agency, including funding for the construction of a flood wall at Bellevue.
- **Major Medical Equipment.** The Preliminary Ten-Year Capital Strategy provides over \$40 million for the purchase of medical equipment (\$39.6 million in City funds, \$741,000 in federal funds) at H+H, or about 1.4 percent of total funding for the agency.
- **Major or Partial Hospital Reconstruction.** The Preliminary Ten-Year Capital Strategy provides \$5.1 million in City funds, or less than one percent of total funding for the agency, for the completion of an ambulatory care pavilion at Queens Hospital, as well as the modernization of Harlem Hospital and inpatient/ambulatory care facilities at Coney Island Hospital.

H+H FY 2022-31 Ten-Year Capital Strategy by Category



Appendices

A. Budget Actions in the November and the Preliminary Plans

Description <i>Dollars in Thousands</i>	FY 2021					FY 2022				
	CITY	ICITY	STATE	OTHERFS	TOTAL	CITY	ICITY	STATE	OTHERFS	TOTAL
H+H, as of the Adopted 2021 Plan	\$1,074,883	\$88,452	\$0	\$0	\$1,163,335	\$1,157,926	\$88,452	\$0	\$0	\$1,246,378
Other Adjustments, Nov. 2020 Plan										
FY22 Fund Deferral Savings	\$0	\$0	\$0	\$0	\$0	34,315	\$0	\$0	\$0	34,315
H+H CMS Transfer	100	0	0	0	100	0	0	0	0	0
H+H DOHMH Transfer	(300)	0	0	0	(300)	(300)	0	0	0	(300)
Managerial/OJ Furlough Savings - H+H	(10)	0	0	0	(10)	0	0	0	0	0
OEO Funding Adjustment	(9)	0	0	0	(9)	0	0	0	0	0
Union fund deferral savings	(34,315)	0	0	0	(34,315)	0	0	0	0	0
CHS - Article 6	0	(1,990)	0	0	(1,990)	0	(1,990)	0	0	(1,990)
CHS - Article 6	0	1,990	0	0	1,990	0	1,990	0	0	1,990
Energy Personnel	0	280	0	0	280	0	0	0	0	0
ExCEL Projects	0	84	0	0	84	0	0	0	0	0
H+H DOHMH Transfer	0	375	0	0	375	0	375	0	0	375
IC W/ H+H	0	(7,975)	0	0	(7,975)	0	(8,223)	0	0	(8,223)
IC W/ H+H - CHS Program	0	100	0	0	100	0	0	0	0	0
IC W/ H+H - CME/CNE	0	3	0	0	3	0	0	0	0	0
IC W/ H+H - Cure Violence Prog	0	223	0	0	223	0	0	0	0	0
IC W/ H+H - HIV Testing	0	3,125	0	0	3,125	0	0	0	0	0
IC W/ H+H - Metropolitan EHACE	0	110	0	0	110	0	0	0	0	0
IC W/ H+H - MHQI Case Abstract	0	800	0	0	800	0	0	0	0	0
IC W/ H+H - NFP Program	0	155	0	0	155	0	0	0	0	0
IC W/ H+H - Pharmaceuticals	0	7,162	0	0	7,162	0	0	0	0	0
IC W/ H+H - Pharmaceuticals	0	4,234	0	0	4,234	0	0	0	0	0
IC W/ H+H - SBHC Springfield	0	245	0	0	245	0	0	0	0	0
IC W/ H+H - Winston Temps	0	963	0	0	963	0	0	0	0	0
IC W/ H+H - Woodhull Asthma Ca	0	102	0	0	102	0	0	0	0	0
IC W/ H+H -Centering Parenting	0	105	0	0	105	0	0	0	0	0
IC W/ H+H -Correctional Health	0	(298)	0	0	(298)	0	(298)	0	0	(298)
IC W/ H+H -Lincoln Asthma Case	0	99	0	0	99	0	0	0	0	0
IC W/H+H - Factory 4th Floor	0	1,075	0	0	1,075	0	0	0	0	0
FY21 Jul-Aug T2 ELC	0	0	0	126,133	126,133	0	0	0	0	0
FY21 Jul-Aug T2 FEMA	0	0	0	61,887	61,887	0	0	0	0	0
FY21 Sept T2 ELC	0	0	0	55,098	55,098	0	0	0	0	0
FY21 T2 DDC	0	0	0	14,818	14,818	0	0	0	0	0
FY21 T2 DOB FEMA	0	0	0	3,140	3,140	0	0	0	0	0
FY21 T2 DOIIT	0	0	0	4,592	4,592	0	0	0	0	0

Description <i>Dollars in Thousands</i>	FY 2021					FY 2022				
	CITY	ICITY	STATE	OTHERFS	TOTAL	CITY	ICITY	STATE	OTHERFS	TOTAL
FY21 T2 DoITT Contracts	0	0	0	1,175	1,175	0	0	0	0	0
Subtotal, Other Adjustments, Nov. 2020 Plan	(\$34,534)	\$10,965	\$0	\$266,843	\$243,274	\$34,015	(\$8,146)	\$0	\$0	\$25,869
Total, All Changes, Nov. 2020 Plan	(\$34,534)	\$10,965	\$0	\$266,843	\$243,274	\$34,015	(\$8,146)	\$0	\$0	\$25,869
H+H, as of the Nov. 2020 Plan	\$1,040,349	\$99,417	\$0	\$266,843	\$1,406,609	\$1,191,941	\$80,306	\$0	\$0	\$1,272,248
New Needs, Jan. 2022 Plan										
Test and Trace	200,000	0	0	0	200,000	0	0	0	0	0
Subtotal, New Needs, Jan. 2022 Plan	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0
Other Adjustments, Jan. 2022 Plan										
EMS MH Teams Transfer	535	0	0	0	535	1,325	0	0	0	1,325
FY21 T2 DOB CTL	(2,036)	0	0	0	(2,036)	0	0	0	0	0
FY21 T2 DOB CTL	2,036	0	0	0	2,036	0	0	0	0	0
Naturally Occurring Retirement Communities	(80)	0	0	0	(80)	0	0	0	0	0
OEO Funding Adjustment	23	0	0	0	23	0	0	0	0	0
Supplemental Medicaid Adjustment	(315,000)	0	0	0	(315,000)	0	0	0	0	0
CDC Health & Hospitals	0	980	0	0	980	0	0	0	0	0
ExCEL Program	0	2,905	0	0	2,905	0	0	0	0	0
IC W/ H+H - CHS Program	0	572	0	0	572	0	0	0	0	0
IC W/ H+H - Pharmaceuticals	0	359	0	0	359	0	0	0	0	0
IC W/ H+H - SBHC	0	509	0	0	509	0	0	0	0	0
IC W/ H+H - Winston Temps	0	777	0	0	777	0	0	0	0	0
FY21 T2 DOB FEMA Q2	0	0	0	1,943	1,943	0	0	0	0	0
FY21 T2 DOITT Contracts	0	0	0	34,175	34,175	0	0	0	0	0
FY21 T2 NYCEM	0	0	0	220	220	0	0	0	0	0
Healthstat	0	0	0	1,380	1,380	0	0	0	1,380	1,380
T2 ELC December	0	0	0	106,691	106,691	0	0	0	0	0
T2 ELC November	0	0	0	83,959	83,959	0	0	0	0	0
T2 ELC October	0	0	0	80,523	80,523	0	0	0	0	0
T2 FEMA December	0	0	0	14,081	14,081	0	0	0	0	0
T2 FEMA November	0	0	0	11,346	11,346	0	0	0	0	0
T2 FEMA October	0	0	0	10,161	10,161	0	0	0	0	0
Healthstat	0	0	1,380	0	1,380	0	0	1,380	0	1,380
Subtotal, Other Adjustments, Jan. 2022 Plan	(\$314,522)	\$6,102	\$1,380	\$344,479	\$37,439	\$1,325	\$0	\$1,380	\$1,380	\$4,086
Total, All Changes, Jan. 2022 Plan	(\$114,522)	\$6,102	\$1,380	\$344,479	\$237,439	\$1,325	\$0	\$1,380	\$1,380	\$4,086
H+H, as of the Jan. 2022 Plan	\$925,827	\$105,519	\$1,380	\$611,321	\$1,644,048	\$1,193,267	\$80,306	\$1,380	\$1,380	\$1,276,334

B. Fiscal 2022 Preliminary Plan Other Revenue by Funding Source⁴

PROGRAM <i>Dollars in Thousands</i>	FUNDING	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Correctional Health	<i>City</i>	\$236,310	\$237,519	\$237,888	\$238,103	\$238,103
Subsidy	<i>City</i>	274,318	264,361	264,361	264,361	264,361
Collective Bargaining	<i>City</i>	78,940	531,362	514,032	522,880	522,880
CHS Forensic Clinic	<i>City</i>	4,893	4,893	4,893	4,893	4,893
Medical Malpractice Transfer	<i>City</i>	17,277	17,277	17,277	17,277	17,277
DOI	<i>City</i>	8,625	8,635	8,635	8,635	8,635
DCAS Rental Subsidy	<i>City</i>	3,056	3,056	3,056	3,056	3,056
SART	<i>City</i>	1,272	1,272	1,272	1,272	1,272
DOHMH: Mental Health	<i>City</i>	9,362	9,362	9,362	9,362	9,362
Mental Health Service Corps	<i>City</i>	12,402	13,193	11,868	11,868	11,868
Community Board Leases	<i>City</i>	19	19	19	19	19
NYC Care	<i>City</i>	75,000	100,000	100,000	100,000	100,000
Test & Trace	<i>City</i>	202,036	-	-	-	-
Total, City		\$923,511	\$1,190,950	\$1,172,663	\$1,181,726	\$1,181,726
DOHMH: Mental Health	<i>Intra-City</i>	34,561	26,928	26,928	26,928	26,928
DOHMH: Physical Health	<i>Intra-City</i>	15,023	3,438	3,438	3,438	3,438
Correctional Health	<i>Intra-City</i>	37,552	36,881	36,881	36,881	36,881
ACS	<i>Intra-City</i>	6,795	6,795	6,795	6,795	6,795
HRA and NYPD	<i>Intra-City</i>	6,224	6,224	6,224	6,224	6,224
DCAS Energy Staff	<i>Intra-City</i>	3,269	-	-	-	-
Dept. of Environmental Protection	<i>Intra-City</i>	-	-	-	-	-
Dept. of Emergency Management	<i>Intra-City</i>	-	-	-	-	-
Community Board Leases	<i>Intra-City</i>	1,096	21	21	21	21
Test & Trace	<i>Intra-City</i>	980	-	-	-	-
Total, Intra-City		\$105,500	\$80,288	\$80,288	\$80,288	\$80,288
Correctional Health	<i>State</i>	1,380	1,380	1,380	1,380	1,380
Total, State		\$1,380	\$1,380	\$1,380	\$1,380	\$1,380
FEMA	<i>Federal</i>	-	-	-	-	-
UASI- Homeland Security FFY17	<i>Federal</i>	-	-	-	-	-
Test & Trace	<i>Federal</i>	609,941	-	-	-	-
FEMA: COVID-19	<i>Federal</i>	-	-	-	-	-
Correctional Health	<i>Federal</i>	1,380	1,380	1,380	1,380	1,380
Total, Federal		\$611,321	\$1,380	\$1,380	\$1,380	\$1,380
DOI	<i>City Non-Cash</i>	862	862	862	862	862
Law Department	<i>City Non-Cash</i>	532	532	532	532	532
Comptroller's Office	<i>City Non-Cash</i>	213	213	213	213	213
DCAS Inspectors/ Public Service Corp	<i>City Non-Cash</i>	230	230	230	230	230
DCAS Exams	<i>City Non-Cash</i>	378	378	378	378	378
DOITT: Telephone & Communications	<i>City Non-Cash</i>	121	121	121	121	121
Total, City Non-Cash		\$2,335	\$2,336	\$2,336	\$2,336	\$2,336
Grand Total		\$1,644,048	\$1,276,334	\$1,258,047	\$1,267,111	\$1,267,111

⁴ City and Intra-City totals here may differ from corresponding values in **Appendix A** and in **H+H Financial Summary**. The January 2022 Budfile for H+H categorizes \$18,911 in annual Community Board lease funding as City dollars.

C. Utilization Rates⁵**H+H Hospital Utilization, FY 2020**

	Beds- in-Use	Avg. Daily Census	Occup. Rate %	ALOS
Bellevue	782	598	76.5%	6.9
Coney Island	365	291	79.9%	6.9
Elmhurst	510	364	71.3%	6.0
Harlem	267	186	69.5%	6.0
Jacobi	429	350	81.6%	6.1
Kings County	560	420	75.0%	6.7
Lincoln	320	252	78.8%	4.7
Metropolitan	295	165	55.9%	4.9
NCB	152	119	78.0%	4.8
Queens	239	214	89.4%	5.2
Woodhull	280	203	72.5%	5.5
Total Acute Hospitals	4,199	3,162	75.3%	5.9

H+H SNF Utilization, FY 2020

	Beds- in-Use	Avg. Daily Census	Occup. Rate %	ALOS
Coler	815	507	62.3%	596
Carter	365	290	79.4%	157
Gouverneur	295	271	91.9%	96
McKinney	320	309	96.6%	208
Sea View	304	289	95.2%	221
Total SNF Facilities	2,099	1,666	79.4%	201

⁵ Hospital and SNF utilization report from H+H, provided February 16, 2021, per Fiscal 2021 Terms & Conditions.

D. Correctional Health Services Staffing⁶**H+H/CHS Service Providers Staffing, January 2021**

Department	Service Providers	Budgeted FTE	Filled FTE
Medicine	NP	6	6
	PA	52.8	50.8
	MD	76.5	71.1
	<i>Medicine Subtotal</i>	<i>135.3</i>	<i>127.9</i>
Nursing	NP	3	3
	RN	258.5	231.5
	<i>Nursing Subtotal</i>	<i>261.5</i>	<i>234.5</i>
Mental Health	NP	15.2	12.6
	PA	13.6	12.7
	MD	26.1	20.6
	<i>Mental Health Subtotal</i>	<i>54.9</i>	<i>45.9</i>
	Total	451.7	408.3

⁶ CHS service provider staffing report from H+H, provided February 1, 2021, per Fiscal 2021 Terms & Conditions.