



COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

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**Summary of Report prepared for**

**The Commission on the Public's Health System**

**PAYING NEW YORK STATE HOSPITALS MORE  
FAIRLY FOR THEIR CARE TO  
UNINSURED PATIENTS**

By: Prof. Alan Sager

August 2011

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## Introduction

New York has a long history of using public financing to help hospitals provide care to uninsured and underinsured patients. The State remains committed to supporting those institutions that provide this care. If you examine the way in which that money has been allocated, however, some inconsistencies arise. The formulas that allocate bad debt and charity care funds are complex and opaque. It is not clear how the allocation of money connects back to actual care provided to actual patients. CPHS has long advocated for a more transparent system, where money indeed follows the patient.

In the current fiscal climate it becomes even more important that public funds are used for their intended purposes. As funding for health care tightens, and as the allocation of public money is subject to increased scrutiny, it is time to revisit the formulas that drive the indigent care pool funding. Under new federal law funding will be reduced and the means by which it is allocated will be re-evaluated. These factors make it essential that we revisit the goals of New York's indigent care pool, and work to create a transparent funding methodology that assures that public dollars are being spent appropriately.

## Background

The Commission on the Public's Health System (CPHS) is a city-wide, community-based, membership health advocacy organization located in New York City, whose mission is to "fight for equal access to quality health care services for everyone regardless of race, ethnicity, language spoken, diagnosis, or ability to pay." For the last twenty years, CPHS has monitored the allocation of public dollars to health care institutions with an eye toward ensuring that those dollars are spent in the most equitable and transparent way. The State of New York policy is tilted towards the protection of academic medical centers. This hospital-centric focus is often to the detriment of public and community hospitals, community health centers, and the communities that they serve.

Over a period of years, CPHS documented the allocation of public dollars from the State's \$847 million Hospital Indigent Care Pool intended to compensate hospitals for the indigent care they provided. As a result of this effort, CPHS published two reports that showed little or no relationship between the actual dollars received by the hospitals from the hospital Charity Care Pool and the amount of health care services they provided to the uninsured. It is interesting to note that there is a separate community health center pool to pay for the care of the uninsured. This pool of dollars is much smaller than the hospital pool and is funding allocated to health centers based on their reporting care that they provide to the uninsured. **CPHS believes that it is always prudent to spend public money wisely, in an accountable and transparent way. It**

**is even more critical to do so in tough economic times such as what we are living through now.**

New York, like Massachusetts and New Jersey, deregulated its rate setting while maintaining funding of “public goods.” One of those defined goods is paying hospitals for the care of uninsured and underinsured patients. Massachusetts and New Jersey required hospitals to document care provided to uninsured patients in order to access their state’s charity care pool. In those states, the money follows the patient. This has not been the case in New York, where despite efforts by advocates to change the allocation of charity care dollars, money continues to be allocated on the basis of an antiquated accounting methodology that is completely opaque, and also compensates hospitals for bad debt as well as charity care. **CPHS believes that uncompensated care payments to hospitals from the state’s Charity Care Pool should follow the patient. Hospitals should be paid from the charity care pool for providing care to uninsured patients.**

Despite recent efforts to change the allocation of charity care dollars, political provider resistance has maintained the system almost untouched. There has, however, been movement over the last several years to ensure that the uninsured have access to health services regardless of their ability to pay. The first change was passage of the Hospital Financial Assistance Law (Subdivision 9-a of Section 2807-k of the New York State Public Health Law) -- also called Manny’s Law. For the first time, the State requires that all hospitals to develop a charity care sliding fee policy for New York residents with incomes at or below 300% of the Federal Poverty Level, post these policies, and notify patients of their right to a sliding fee scale for payments based on income and family size.

The second important change came as the result of a 2008 State Task Force which reviewed the hospital charity care system, and resulted in the requirement that 10% of the total \$847 million in the hospital Charity Care pool be distributed on the strength of the hospital showing they had cared for numbers of uninsured patients. The benefit of this very small movement is that in order to receive a share of the 10%, hospitals have to report all of the care they delivered to people with no health insurance. This reporting has enabled a more in-depth look at what hospitals are doing to provide care and to match that care to the dollars being distributed to these institutions, thus making this report possible. Attached is a table listing New York State Hospitals’ provision of Charity Care and distribution of dollars. The chart was prepared by Denise Soffel with data excerpted from *Paying New York State Hospitals More Fairly for Their Care to Uninsured Patients*.

With passage of the Affordable Care Act in 2010 has come concern about continued federal funding under the Disproportionate Share Hospital (DSH) program to provide

services for the uninsured,. A portion of these federal dollars are targeted to pay for expansion of health insurance coverage – an important goal. For the population that will not be eligible, or able to take advantage of eligibility for this expanded coverage, it becomes even more important to propose ways for continuing access to care and payment for that care. **Under ACA, the Secretary of HHS will make a determination about allocation of the remaining dollars based on the remaining number of uninsured residents and allocation of DSH/charity care dollars to hospitals providing care for the uninsured and Medicaid patients. If New York does not change its current method of distribution of DSH, it stands to lose hundreds of millions of needed dollars.**

### **The Need for a Review of Charity Care Allocations and Proposals for Alternatives**

Since 1983, New York State has been providing funding for uncompensated care services at hospitals. Uncompensated care mixes and co-mingles reporting on actual charity care (services provided for the uninsured) and bad debt (which is a charge written off by the hospital as uncollectable). New York retained its “Indigent Care Pools” when it deregulated its reimbursement rate setting system in 1996, but did not improve its reporting system for the allocation of these funds. Some of the problems identified by the State Health Department Task Force:

- The foundation for charity care payments are the hospitals’ own reports on bad debt and charity care. Although the State claims that these reports are certified, CPHS was able to find significant mistakes in the reports of several hospitals.
- The dollars do not follow services to individual patients.
- Although there are very specific requirements of hospitals in implementation of “Manny’s Law, there is no monitoring or tracking of hospitals’ compliance.

### **The Report**

With support from the Robert Sterling Clark Foundation and a donor-advised grant from the North Star Fund, CPHS contracted with Prof. Alan Sager, Professor and Director of the Health Reform Program at the Boston University School of Public Health. Prof. Sager was asked to review the efficacy of the current system and propose alternative allocation methods. CPHS set up an advisory committee\* which participated in reviewing the concepts that were being developed. CPHS also committed to develop messaging about and organizing for the alternative methods developed, as well as to look at the practices of hospitals in New York City (separate report).

This report describes the current system of charity care allocation in New York State, which includes reimbursement for “claimed” bad debt costs. Anyone with a casual

understanding of the geography of hospitals throughout the state will recognize that there is little rhyme or reason to the current system of charity care reimbursement. Hospitals in overlapping or contiguous neighborhoods with near-identical patient populations nevertheless receive wildly divergent payments. Comparing public and some voluntary hospitals, along with community-based health centers, that traditionally make up the healthcare safety-net to larger academic medical centers which see a smaller share of Medicaid and uninsured patients reinforces the notion that the current system does not reflect the stated intent of charity care.

A review of data shows that some hospitals may be overpaid and others underpaid. (see CPHS report at [www.cphsnyc.org/publications](http://www.cphsnyc.org/publications)). Dr. Sager has proposed a new system to more fairly compensate hospitals for the care of the uninsured patients. The very complex current system is made less complicated and is based on funding following the uninsured patients. Because of recommendations from a State Department of Health Task Force in 2008 and action by the State Legislature, data is now available from all hospitals showing the amounts and types of care (e.g., inpatient, outpatient, emergency) provided for people with no insurance, or whose insurance does not cover the service being provided. The system developed for this report also recognizes the extra effort of some hospitals in providing a larger share of care for these patients.

### **The Proposal**

Prof. Sager constructs new methods of allocating uncompensated care funds (see chart for summary explanation). The first measure reflects the money follows the patient principle (CARE). CARE rests on the provision of actual volumes of care as measured through four areas of services (acute inpatient discharges, ER visits, general clinic visits, and ambulatory surgery). Reporting on uninsured care is actually broken down into 17 different categories, but the four listed above represent 90% of all care for the uninsured. This volume of care is then multiplied based on a weighted mean statewide Medicaid rate. This method does not, however, recognize regional differences in costs or the acuity (complexity) of the care provided.

So the second method, attempts to capture inter-hospital variation by adjusting for severity of patient mix and institution-specific costs (BASE). Finally, to recognize the efforts of hospitals that provide larger shares of care for the uninsured, the third method progressively increases funding based on increased care provided for the uninsured (BASE STEEP).



**Summary of Three Aspects of Five Methods of Paying for Uncompensated Care  
Paying New York State Hospitals More Fairly for Their Care to Uninsured Patients**

<b>Method</b>	<b>Volumes of care</b>	<b>Pricing</b>	<b>Progressivity</b>
<b>90% Current</b>	As asserted by hospital but not reported	Charges, reduced to cost by hospital-wide cost-to-charge ratio	negligible
<b>10% current</b>	As reported by hospital, but not subject to audit, income level, or insurance status	Price paid by Medicaid to each hospital for each of the four services	None
<b>CARE</b>	As reported by hospital, but not subject to audit, or income level.	Statewide weighted mean Medicaid price for each of the four services.	None
<b>BASE</b>	As reported by hospital, but not subject to audit, or income level.	<u>Inpatient</u> : Statewide base price, adjusted for each hospital's input costs and case mix; excludes GME and capital  <u>Outpatient</u> : APG prices paid by Medicaid in 2010 to each hospital	None
<b>BASE-STEEP</b>	As reported by hospital, but not subject to audit, or income level.	As BASE	Some

Finally in recognition of federal changes likely to occur in the availability of federal Disproportionate Share Hospital (DSH) dollars, Prof. Sager looked at ways of structuring the pools so that the 21 major public hospitals in the state (of a total of 200 hospitals) would be positioned to gain a larger share of the State's charity care dollars than they currently receive. The public hospitals share is currently capped at \$139 million of the \$847 million distributed annually across the state. The capping of these dollars does not consider any increases, or decreases, in the level of care provided to uninsured patients. If the public hospitals are included in the larger pool, Prof. Sager recommends using the BASE method, rather than BASE STEEP as this method would sharply reduce payments to the non-public hospitals.

The 2010 federal Affordable Care Act reduces federal Medicaid DSH dollars that are currently provided for care of uninsured people. However, the law allows the secretary of the federal Department of Health and Human Services to determine reductions to states based three criteria: (1) on the state using the DSH funding appropriately; (2) the number of remaining uninsured residents in the population; and, (3) targeting

hospitals with high levels of Medicaid. The State could lose federal DSH dollars if the funding does not meet these criteria.

Public hospitals in the past have had access to other public dollars, primarily federal Disproportionate Share Hospitals funding (DSH) matched by city/county funds, but this too is subject to change. Although representing a small number of the hospitals statewide, in 2008, the 21 major public hospitals provided 25.3% of uninsured discharges, 31.4% of ER visits, 55.5% of regular clinic visits, and 43.7% of ambulatory surgery procedures. Of particular note, the large numbers and percent of clinic visits for the uninsured is one way of preventing unnecessary hospitalizations. If these changes are made and the public hospitals receive a greater share of the statewide pool, Dr. Sager recommends the use of the BASE method as the one that most fairly compensates both public and private hospitals for the volume of uncompensated care they provide.

### **Conclusion**

The recommended changes in this report are necessary on an ethical and financial basis, but could be disruptive if not done thoughtfully. Some hospitals are receiving large sums of charity care funding, but not providing much care for the uninsured. Public funds should be used for their intended purpose, in this instance, paying for the care of the uninsured. Had the changes proposed over the years been implemented before, the reallocation of dollars would not have as large an impact. CPHS has made other payment reform proposals for safety-net providers that are outside the purview of this report. As part of any reimbursement reform, special attention should be paid to Medicaid payment reform that ensures the continued viability of safety net health care providers in low-income, medically underserved communities.

CPHS would like to thank Prof. Alan Sager for his hard work and his willingness to go back to the drawing board to help us arrive at a methodology which ensures that the money follows the patients for care received. We also thank the members of our Advisory Group (listed below) for their important contributions to the understanding of the current situation and their astute proposals for change.

Given the compelling evidence offered in the report, CPHS believes that a realignment of the charity care funds is in the best interest of the people of New York State. CPHS provides this report with the intent of making a clear cut argument for the need for change in New York State's Charity Care pools and an important contribution to the ways that the allocations can be made more fair and equitable so that uninsured patients can benefit from these changes. We hope that you will join us in this effort!

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Nisha Agarwal, New York Lawyers for the Public Interest  
LaRay Brown, Health and Hospitals Corporation  
Linda DeHart, Health and Hospitals Corporation  
Moirá Dolan, District Council 37  
Tim Foley, Committee of Interns & Residents  
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# Paying New York State Hospitals More Fairly For Their Care to Uninsured Patients.

## Exhibit A. Public Hospitals

Public Hospital	\$139M Total Distributions in 2010	2008 Acute Self-Pay		2008 Emergency Room		2008 Clinic		2008 Ambulatory	
		Uninsured Discharge	Uninsured Visits	Uninsured Discharge	Uninsured Visits	Uninsured Discharge	Uninsured Visits	Uninsured Discharge	Uninsured Visits
Bellevue Hospital Center	\$14,324,406	1,853	25,987	1,853	25,987	1,853	110,368	1,853	2,772
City Hospital at Elmhurst	7,478,708	840	27,131	840	27,131	840	123,801	840	1,421
Coler Memorial Hospital	2,214,098								
Coney Island Hospital	4,153,473	746	16,690	746	16,690	746	65,004	746	1,202
Erie County Medical Center	4,216,936	1232	6,672	1232	6,672	1232	11,310	1232	170
Goldwater Memorial Hospital	3,211,610								
Harlem Hospital Center	8,242,942	463	17,063	463	17,063	463	41,172	463	731
Helen Hayes Hospital	1,467,256						284		54
Jacobi Medical Center	8,791,419	1,210	28,320	1,210	28,320	1,210	46,443	1,210	1,452
King County Hospital Center	15,301,576	1,535	43,880	1,535	43,880	1,535	138,269	1,535	4,347
Lincoln Medical & Mental Hlth	9,618,489	1,002	41,523	1,002	41,523	1,002	77,194	1,002	1,727
Metropolitan Hospital Center	7,288,090	644	16,240	644	16,240	644	71,514	644	1,501
Nassau Univ. Medical Center	7,424,335	1,537	21,203	1,537	21,203	1,537	40,639	1,537	740
North Central Bronx Hospital	4,841,757	490	16,957	490	16,957	490	24,676	490	457
Queens Hospital Center	6,535,095	1,091	19,934	1,091	19,934	1,091	94,689	1,091	1,354
Roswell Park Memorial Instit.	2,227,030						800		
State University Downstate	5,417,60	921	10,173	921	10,173	921	7,860	921	246
SUNY Health Sci. Syracuse	3,889,107	503	5,225	503	5,225	503	5,721	503	71
Westchester Medical Center	8,154,949	698	3,354	698	3,354	698	6,746	698	203
Woodhull Medical	8,020,616	1,291	30,429	1,291	30,429	1,291	96,618	1,291	1,791
University Hosp. Stony Brook	6,334,467	1,662	11,074	1,662	11,074	1,662	57	1,662	381

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**Data Source:** Sager, A. Improving the fairness of uncompensated care payments to hospitals in New York State. 2011.

# Paying New York State Hospitals More Fairly For Their Care to Uninsured Patients.

## Exhibit B. Voluntary Hospitals

<u>Hospital Name</u>	\$707.7M Total Distributions in 2010	2008 Acute Self-Pay & Free Dis- charges	Ranking by Dis- charges	2008 Emergency Room Unins. and Free Visits	Ranking by ER visits	2008 Total Clinic Unins. + Free Visits	Ranking by clinic visits	2008 Ambulatory Surgery Unins. + Free Procedures	Ranking by Amb Surg
Bronx Lebanon Hospital Center- Fulton Div.	\$44,658,196	1140	5	28,210	1	9,832	27	886	5
Jamaica Hospital	\$34,640,623	961	11	23,764	4	16,023	18	229	31
Lutheran Medical Center	\$34,476,556	1,035	8	11,718	13	0	147	398	19
St Luke's - Roosevelt Hospital Center	\$25,112,436	1,498	3	28,117	2	20,579	10	523	11
Montefiore Hospital & Medical Center	\$23,289,016	807	17	21,172	5	34,479	3	472	14
Brookdale Hospital Medical Center	\$23,128,650	498	38	16,957	8	3,866	56	78	83
St Barnabas Hospital	\$22,559,706	1385	4	19,927	6	17,653	14	123	63
New York-Presbyterian Hospital	\$20,351,378	1,933	2	26,925	3	20,971	9	953	4
North Shore University Hospital	\$16,652,310	1,038	7	6,471	37	24,567	7	1,363	3
Maimonides Medical Center	\$14,949,411	536	34	8,912	21	31,558	4	129	53
Mount Sinai Hospital	\$13,547,268	595	28	14,365	9	34,738	2	814	6
Beth Israel Medical Center	\$13,372,697	315	61	10,436	16	6,183	40	492	13
Interfaith Medical Center	\$12,917,697	209	84	8,370	25	3,862	57	74	86
Sound Shore Med Ctr of Westchester	\$10,764,435	1060	6	9,307	19	6,222	39	583	8
Mount Vernon Hospital	\$10,480,597	510	37	7,520	30	3,312	64	29	136
Catskill Regional Hospital - Harris	\$9,193,498	448	43	4,901	49	252	132	124	62
Long Island Jewish-Hillside Med Ctr	\$8,784,455	870	15	4,635	55	25,587	6	250	26
Wyckoff Heights Hospital	\$8,711,830	815	16	11,741	12	2,009	84	72	87
St Joseph's Hospital Yonkers	\$8,606,253	619	25	8,279	27	9,649	29	104	70
Good Samaritan Hospital Med. Ctr.	\$8,527,566	341	56	9,609	17	316	128	135	50
Strong Memorial Hospital	\$8,375,740	797	19	7,100	34	6,065	41	130	52

Staten Island Univ. H. – N. and S. Divisions	\$8,230,807	972	10	5,753	41	30,208	5	465	15
Rochester General Hospital	\$8,059,197	899	14	11,915	10	36,028	1	316	23
Southside Hospital	\$7,912,849	613	26	11,547	14	96	138	108	69
Memorial H. For Cancer and Allied Diseases	\$7,708,682	0	171	0	167	10,109	26	2431	1
Lenox Hill H. (Incl. Manh. Eye And Ear)	\$7,653,348	600	27	4,338	59	3,521	61	322	22
New York H. Medical Center of Queens	\$7,628,852	927	13	8,866	22	2,963	67	198	37
Flushing Hospital And Medical Center	\$7,578,235	341	57	7,248	33	9,222	30	242	29
Richmond University Medical Center	\$7,484,123	623	24	6,112	40	4,664	45	161	45
Brookhaven Memorial Hospital Med. Ctr.	\$7,368,646	944	12	7,372	31	2,621	71	201	36
New York Downtown Hospital	\$6,531,943	479	40	6,653	35	2,070	81	113	66
Long Island College Hospital	\$6,153,303	452	42	7,639	29	4,812	44	142	48
NYU Hospitals (Includes H. for Joint Diseases)	\$5,195,446	442	44	3,528	71	3,959	54	213	33
Vassar Brothers Hospital	\$5,127,337	746	20	9,346	18	4,305	52	329	21
Albany Medical Center Hospital	\$5,067,711	666	22	6,556	36	60	140	92	74
Winthrop University Hospital	\$4,941,591	991	9	3,131	76	3	144	102	71
Mount Sinai Hospital of Queens	\$4,909,036	431	45	10,462	15	1,394	93	42	115
Brooklyn Hospital	\$4,612,165	419	47	8,946	20	6,484	37	128	54
St Joseph's Hospital Health Center (Syracuse)	\$4,607,994	531	35	6,205	38	7,515	33	139	49
United Health Services, Inc	\$4,438,134	592	29	5,013	46	18,320	13	433	16
Good Samaritan Hospital of Suffern	\$4,416,633	301	62	4,297	60	865	105	10	151
M. Fillmore Sub/Kaleida (Excl. Women/Child)	\$4,209,956	560	33	8,319	26	6,680	36	249	27
New York Methodist H. of Brooklyn	\$4,091,989	641	23	7,326	32	2,743	70	813	7
Glens Falls Hospital	\$4,007,540	563	32	5,718	42	16,464	17	164	43
St John's Riverside-Yonkers	\$3,958,386	5334	1	4,734	52	11,914	24	90	77
St Francis Hospital Of Poughkeepsie	\$3,934,448	117	118	4,988	47	460	122	36	125
Ellis H. (Includes St. Clare's Schenectady)	\$3,928,892	492	39	8,245	28	4,444	50	286	24

Summit Park Hospital-Rockland County	\$3,775,686	0	170	0	165	22,174	8	0	177
Huntington Hospital	\$3,767,766	423	46	4,575	57	0	149	207	35
South Nassau Communities Hospital	\$3,760,612	574	30	3,875	64	7,261	34	56	99
Crouse-Irving Memorial Hospital	\$3,639,982	382	50	3,297	73	13,374	22	145	47
The Unity Hospital Of Rochester	\$3,588,274	199	85	2,798	84	16,989	15	186	38
Bon Secours Community Hospital	\$3,536,049	220	79	3,788	66	1,235	97	7	157
Cornwall Hospital	\$3,519,072	461	41	8,732	24	0	157	49	105
Mary Imogene Bassett Hospital	\$3,476,216	288	64	1,369	127	20,007	11	552	9
St Peters Hospital	\$3,467,897	404	48	3,546	70	16,775	16	173	41
St. Vincent's Hospital	\$3,251,035	734	21	11,754	11	9,688	28	213	34
Glen Cove Hospital	\$3,212,726	164	96	2,684	88	10,456	25	44	112
Franklin General Hospital	\$2,944,310	261	70	4,521	58	0	170	4	160
Mercy Medical Center	\$2,797,050	350	53	3,839	65	1,418	92	91	76
Samaritan Medical Center	\$2,614,340	187	89	3,666	68	1,614	89	86	80
Via Health of Wayne	\$2,518,376	186	90	2,655	89	0	159	42	117
Faxton - St Luke's Health Care	\$2,472,655	397	49	18,079	7	19,770	12	127	58
Nyack Hospital	\$2,439,854	217	80	4,622	56	3,034	66	55	100
Kingston Hospital	\$2,384,860	197	86	3,016	80	1,732	86	44	113
Sisters Of Charity Hospital	\$2,356,040	175	94	3,476	72	4,386	51	392	20
Columbia-Greene Medical Center	\$2,318,849	151	102	3,995	62	3,952	55	69	90
Benedictine Hospital	\$2,173,392	170	95	2,569	90	300	129	125	59
Corning Hospital	\$2,157,942	139	108	2,456	94	0	152	125	60
White Plains Hospital Medical Center	\$2,128,645	515	36	4,800	50	1,558	91	135	51
Seton Health System	\$2,128,434	221	78	857	144	4,832	43	125	61
Mercy of Buffalo & Our Lady Of Victory	\$2,097,104	280	65	5,224	43	2,919	68	128	55
Champlain Valley Physicians Hospital	\$2,065,925	266	68	110	164	0	153	109	67
Samaritan Hospital of Troy	\$2,057,903	191	88	4,931	48	2,484	76	71	88
Putnam Community Hospital	\$2,054,930	346	54	2,189	96	0	156	68	92
John T Mather Memorial Hospital	\$2,051,361	211	83	2,179	98	2,147	79	47	108
Nathan Littauer Hospital	\$2,034,085	159	98	3,048	78	7,909	32	40	120
Saratoga Hospital	\$2,001,529	262	69	3,278	74	3,541	60	178	40



Orange Regional Medical Center	\$1,953,147	806	18	8,804	23	410	124	405	18
Our Lady Of Lourdes Memorial Hospital	\$1,926,264	183	92	4,213	61	15,909	19	413	17
NY Eye And Ear Infirmary	\$1,913,494	124	116	0	166	13,579	21	1671	2
Peconic Bay Medical Center	\$1,865,577	299	63	3,948	63	0	163	29	137
St Elizabeth Hospital	\$1,852,118	273	66	3,118	77	6,232	38	69	91
Forest Hills Hospital	\$1,848,759	325	59	2,879	82	958	104	32	130
Cayuga Medical Center At Ithaca	\$1,840,419	151	103	2,734	87	3,480	62	161	44
Adirondack Medical Center	\$1,804,808	96	125	1,652	115	2,080	80	34	127
Ellenville Community Hospital	\$1,766,415	0	154	1,734	113	149	136	19	141
Episcopal Health Services	\$1,765,807	150	105	3,668	67	1,381	94	40	118
Highland Hospital Of Rochester	\$1,731,973	565	31	2,150	100	13,892	20	31	132
Hudson Valley Hospital Center	\$1,726,687	215	81	5,197	44	0	154	79	82
Chenango Memorial Hospital Inc	\$1,645,289	102	123	5,085	45	11,969	23	500	12
Oswego Hospital	\$1,632,439	336	58	1,525	118	591	113	12	150
North General Hospital	\$1,602,560	255	72	6,156	39	0	151	168	42
St Charles Hospital	\$1,602,089	57	143	2,515	91	4,473	48	64	94
Arnot-Ogden Memorial Hospital	\$1,590,012	272	67	4,746	51	173	135	127	57
Aurelia Osborn Fox Memorial Hospital	\$1,582,895	131	113	1,224	132	3,782	58	29	134
TLC Health Care Network	\$1,571,425	109	120	1,314	130	3,450	63	15	146
Woman's Christian Association	\$1,565,697	196	87	2,952	81	2,382	78	77	84
Long Beach Medical Center	\$1,558,320	137	110	1,652	114	6,928	35	86	79
Peninsula Hospital Center	\$1,547,764	240	74	4,640	54	1,321	96	51	101
Phelps Memorial Hospital Association	\$1,539,863	232	75	1,406	125	5,489	42	47	109
Kingsbrook Jewish Medical Center	\$1,504,177	104	122	0	176	0	174	0	172
Northern Dutchess Hospital	\$1,460,048	83	131	1,514	119	34	141	62	95
Kaleida Health - Women And Childrens	\$1,402,198	323	60	2,806	83	3,056	65	87	78
Lawrence Hospital	\$1,392,195	359	51	3,031	79	0	155	76	85
Geneva General Hospital	\$1,387,966	212	82	2,137	101	1,730	87	121	64
Southampton Hospital	\$1,370,154	343	55	1,997	107	4,523	47	59	96
New Island Hospital	\$1,363,814	249	73	2,776	85	0	148	232	30
Cortland Memorial Hospital Inc	\$1,345,583	145	106	2,182	97	1,617	88	29	135
Northern Westchester Hospital	\$1,333,518	124	115	1,882	108	0	150	182	39

St James Mercy Hospital	\$1,331,487	78	136	1,318	129	8,179	31	59	97
Olean General Hospital	\$1,319,367	357	52	3,211	75	2,524	75	118	65
Beth Israel Medical Ctr. - Kings Hwy. Div.	\$1,291,175	92	127	2,475	93	0	168	8	154
Canton-Potsdam Hospital	\$1,263,497	76	137	1,735	112	2,570	74	69	89
Ira Davenport Memorial Hospital Inc	\$1,245,931	80	135	1,264	131	2,404	77	22	140
Niagara Falls Memorial Medical Ctr.	\$1,238,660	140	107	2,775	86	582	115	93	73
Albany Memorial Hospital	\$1,210,885	104	121	4,644	53	487	120	127	56
St Mary's Hospital At Amsterdam	\$1,195,848	159	97	3,575	69	4,460	49	82	81
Community-General H. of Greater Syracuse	\$1,166,388	223	77	2,166	99	33	142	57	98
Alice Hyde Memorial Hospital	\$1,153,914	226	76	1,324	128	1,747	85	49	104
St Catherine of Siena	\$1,150,810	93	126	664	152	0	160	38	121
Massena Memorial Hospital	\$1,135,071	134	111	2,058	102	4,610	46	49	106
St Josephs Hospital Of Elmira	\$1,058,161	125	114	2,049	103	813	106	31	133
St Francis Hospital Of Roslyn	\$1,057,133	101	124	479	158	4	143	32	131
NY Westchester Square Medical Center	\$1,028,580	258	71	1,643	116	0	161	37	123
Auburn Memorial Hospital	\$1,027,548	156	100	0	168	2,902	69	273	25
Oneida Healthcare Center	\$1,017,657	71	138	2,488	92	279	130	35	126
Plainview Hospital	\$976,003	184	91	2,004	106	0	162	33	129
Hospital For Special Surgery	\$966,032	151	104	0	170	1,215	98	245	28
Rome Memorial Hospital	\$955,479	138	109	2,406	95	994	101	152	46
Soldiers and Sailors Mem. H. of Yates County	\$918,559	0	160	706	149	335	127	42	116
Cobleskill Regional Hospital	\$912,505	9	151	1,416	123	512	119	17	142
Lewis County General Hospital	\$885,659	81	134	1,026	138	514	118	37	122
United Memorial	\$880,922	158	99	1,547	117	626	112	51	102
Eastern Long Island Hospital	\$860,545	59	141	871	141	2,058	82	46	110
Nicholas H Noyes Memorial Hospital	\$844,567	45	146	905	140	589	114	66	93
Little Falls Hospital	\$844,518	0	156	1,440	121	546	116	13	148
Claxton Hepburn Medical Center	\$819,858	120	117	1,401	126	2,032	83	33	128
Kenmore Mercy Hospital	\$818,060	112	119	1,879	109	1,003	100	213	32
F F Thompson Hospital	\$804,348	134	112	1,824	110	978	102	44	111



Cuba Memorial Hospital Inc	\$789,459	0	155	1,474	120	470	121	0	170
Community Memorial Hospital Inc	\$752,834	83	132	1,415	124	3,668	59	50	103
Schuyler Hospital	\$746,823	0	166	476	159	1,140	99	98	72
Wyoming County Community Hospital	\$689,740	91	129	1,065	136	635	110	25	139
Calvary Hospital	\$686,321	0	176	0	175	0	172	0	167
Jones Memorial Hospital	\$663,385	154	101	1,129	134	4,134	53	40	119
Mount St Mary's H. of Niagara Falls	\$635,869	181	93	1,104	135	970	103	92	75
New York Community – Brooklyn	\$630,656	88	130	1,814	111	0	167	9	153
Carthage Area Hospital Inc	\$618,629	45	147	763	147	2,616	72	13	147
Tri-Town Regional Healthcare	\$593,120	0	157	1,064	137	0	179	0	179
St Joseph Intercomm. Hosp (Cheektowaga)	\$588,318	0	153	2,005	105	101	137	109	68
Margaretville Memorial Hospital	\$582,330	0	165	479	157	684	108	2	161
Inter-Community Memorial H. at Newfane	\$578,192	48	145	567	155	1,592	90	9	152
Brooks Memorial Hospital	\$563,383	71	139	1,433	122	0	164	27	138
Delaware Valley Hospital Inc	\$554,207	0	168	370	161	534	117	0	171
Edward John Noble Hospital of Gouverneur	\$552,394	52	144	731	148	630	111	17	143
Catskill Regional Hospital - Herman	\$546,619	0	163	586	154	0	173	0	168
River Hospital	\$514,421	0	162	668	151	786	107	1	163
Medina Memorial Hospital	\$493,136	70	140	859	143	0	166	15	145
Moses-Ludington Hospital	\$438,413	0	158	829	145	0	169	8	155
O'Connor Hospital	\$436,106	0	164	532	156	234	134	1	162
Clifton Springs Hospital And Clinic	\$433,273	37	149	971	139	271	131	12	149
Elizabethtown Community Hospital	\$418,944	0	167	384	160	679	109	4	159
Lockport Memorial Hospital	\$417,909	82	133	1,150	133	0	165	17	144
Bertrand Chaffee Hospital	\$389,829	24	150	637	153	1	145	7	156
St Anthony Community Hospital	\$389,372	91	128	2,008	104	0	177	0	176
Lakeside Memorial Hospital	\$359,933	59	142	868	142	2,601	73	6	158
Westfield Memorial Hospital Inc	\$292,889	43	148	202	162	67	139	43	114
Community Hospital at Dobbs Ferry	\$259,481	0	159	797	146	0	158	47	107

Amsterdam Memorial	\$206,567	0	161	669	150	244	133	36	124
Blythedale Childrens Hospital	\$200,697	0	172	0	169	1,329	95	0	165
Clifton-Fine Hospital	\$193,184	0	169	141	163	410	125	0	169
Burke Rehabilitation Center	\$172,670	0	174	0	172	340	126	0	166
Sunnyview H. And Rehabilitation Center	\$125,260	0	179	0	179	0	178	0	178
Albany Medical Center Hospital – S. Campus	\$58,542	9	152	0	173	0	146	537	10
Rockefeller University Hospital	\$42,834	0	178	0	178	0	176	0	174
Sheehan Memorial Emergency Hospital Inc	\$25,066	0	173	0	171	443	123	0	175
Albert Lindley Lee Memorial Hospital	\$0	0	175	0	174	0	171	0	164
Monroe Community Hospital	\$0	0	177	0	177	0	175	0	173

Commission on the Public's Health System. 45 Clinton St, NY, NY 10002. 212-246-0803. [www.cphsnyc.org](http://www.cphsnyc.org)  
**Data Source:** Sager, A. Improving the fairness of uncompensated care payments to hospitals in New York State. 2011.