

Public Meeting
of the
**Indigent Care
Technical Advisory
Committee**

June 13, 2007

**PUBLIC MEETING OF THE
INDIGENT CARE TECHNICAL ADVISORY COMMITTEE**

SWYER THEATER IN THE EGG

**JUNE 13, 2007
9:00 a.m. – 12:00 p.m.**

AGENDA

- 1. 9:00 a.m. – 9:30 a.m. Opening Remarks**
 - Commissioner Richard Daines
 - Senator Kemp Hannon
 - Assemblyman Richard Gottfried
- 2. 9:30 a.m. – 10:30 a.m. Presentation by Department of Health Staff on Background of Indigent Care Pool**
 - Ms. Deborah Bachrach, Deputy Commissioner, Department of Health
 - Mr. John Ulberg, Director, Division of Health Care Financing
 - Mr. John Gahan, Assistant Director, Bureau of Primary and Acute Care Reimbursement
- 3. 10:30 a.m. – 11:30 a.m. Questions & Answers**
- 4. 11:30 a.m. – 12:00 p.m. Next Steps**



Hospital Indigent Care Pool Technical Advisory Committee Summary

NYS Department of Health

June 13, 2007



The Charge to the Indigent Care Technical Advisory Committee

- Assist the Commissioner of Health and the Chairs of the Senate and Assembly Health Committees in their evaluation of the \$847 million in hospital indigent care pool monies
- Evaluate the type and amount of services provided by hospitals and the costs incurred by hospitals in relation to receipt of monies from the indigent care pool
- Evaluate the relationship between the indigent care pool monies and the hospitals' obligation under the newly enacted hospital patient financial aid law

Evaluation Process For Technical Advisory Committee

- June 13, 2007
First meeting of TAC to review current law, rules and data
- July/August 2007
Public hearings in NYC and Syracuse
- September 2007
Meeting of TAC in NYC
- November 2007
Final meeting of TAC in Albany
- December 2007
Commissioner of Health issues report

Overview of Indigent Care Pool

- **Public Health Law (PHL) and Regulations set forth the funding and distribution methodologies for the pool**
- **\$847M annually funded through state Medicaid appropriations**
- **Payments are Medicaid Disproportionate Share Payments (DSH) and are subject to Federal Disproportionate Share payment caps**
 - ✓ DSH are Medicaid payments to hospitals to recognize the additional costs in treating larger numbers of Medicaid and low income patients
- **PHL allocates pool resources to provide specified subsidies for:**
 - ✓ Public hospitals
 - ✓ Voluntary hospitals
 - ✓ Rural hospitals (federal or state rural designation or low density population within their service area)
 - ✓ Voluntary high need hospitals
- **Distributions from these allocations are based upon several different methodologies**

Funding Sources for \$847M Indigent Care Pool

- **50% Federal Title XIX(I.e., Medicaid) matching funds for hospital DSH payments**

- **50% NYS HCRA Pool proceeds including:**
 - ✓ Patient services surcharges on specified revenue received for hospital, comprehensive diagnostic and treatment centers and freestanding ambulatory surgery rendered services
 - ✓ Covered-Lives assessment applies to insurers for each enrolled resident
 - ✓ 1% Assessment on hospital net inpatient revenues
 - ✓ Dedicated receipts from the sale of stocks to convert Empire Blue Cross and Blue Shield to a for-profit insurer
 - ✓ A portion of NYS Cigarette tax receipts

Medicaid Disproportionate Share Payments

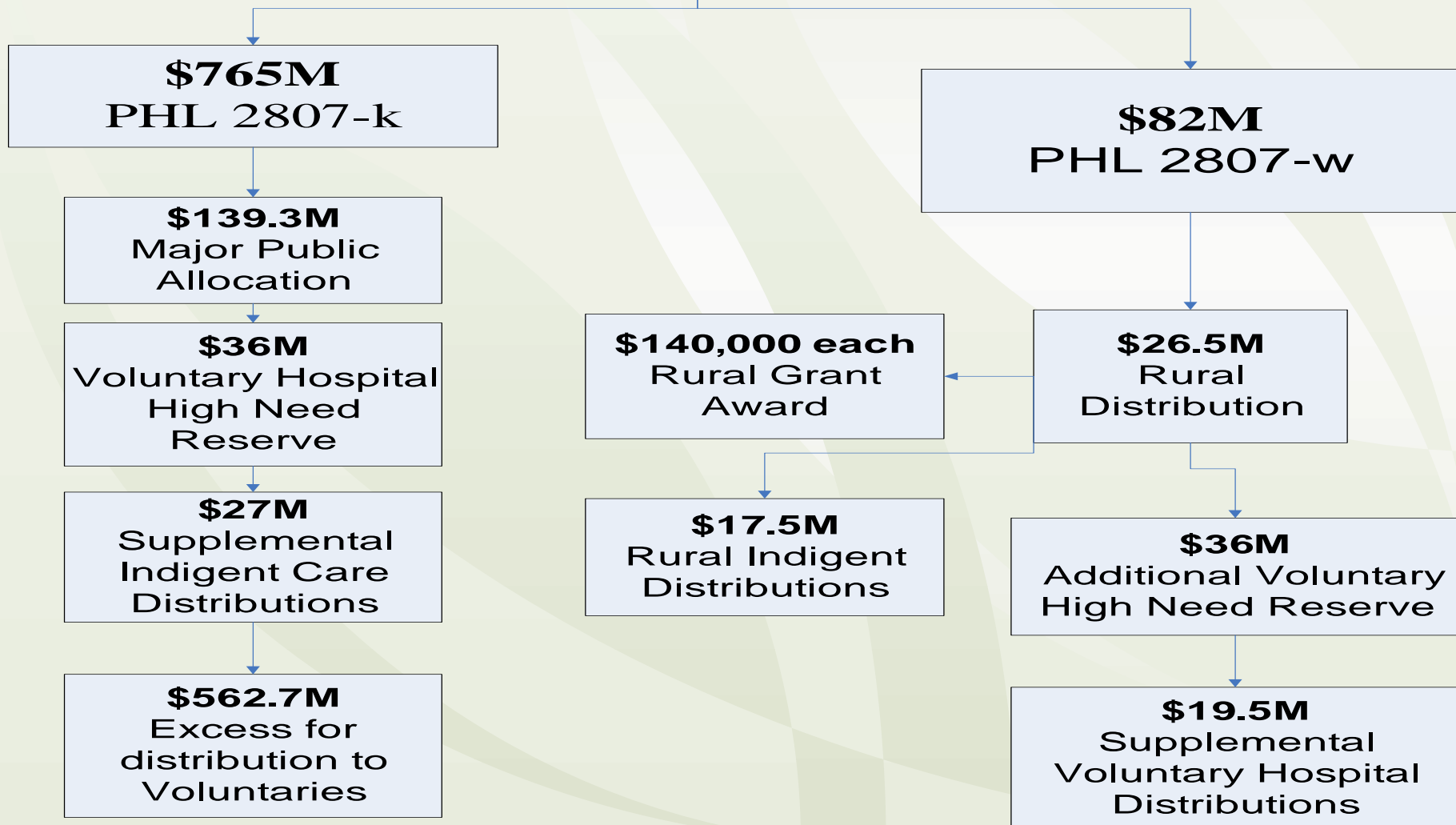
- Medicaid Disproportionate Share (DSH) payments
 - ✓ Allows us to fund these expenditures through a 50% federal match.
 - ✓ Federal law limits each hospital's receipt of such payments to their annually established Medicaid and Self Pay losses (DSH Cap)
 - ✓ Medicaid State Plan requires that each hospital's annual DSH cap be determined by losses reported through Exhibit 47 of the ICR submitted by the hospital

- For any portion of an annual award that remains above the "final" DSH Cap, State law allows the hospital to receive the non-Federal share component (i.e., 50%) of such amount

- Only 6 hospitals had their Indigent Care distributions reduced due to the DSH cap for 2004, which resulted in a gross impact of \$13.2M

Indigent Care Pool		
	2007	

Total Funds Available
\$847M



Glossary of Key Terms for Need Based Methodologies

➤ **Uncompensated Care (PHL 2807-k)**

- ✓ The cost of Bad Debts and Charity Care (BDCC) for hospital inpatient and outpatient services, excluding referred ambulatory services (ancillary services provided by hospital as a result of an outside physician's referral)

➤ **Bad Debts (Part 86-1.11)**

- ✓ Amounts which are considered to be uncollectible from payers (including self pay) related to services provided to patients. Bad debts are determined in accordance with generally accepted accounting principles which recognize the direct charge-off method, the reserve method, or a combination of the direct charge-off method and the reserve method (bad debts include co-pay and deductibles not paid; insured services which are denied payment; or patients who do not pay their bill)

➤ **Charity Care (Part 86-1.11)**

- ✓ The reduction in charges made by the provider of services because the patient is “indigent or medically indigent.” Courtesy allowances, such as free or reduced-charges to other than the “indigent or medically indigent”, are not considered charity care (charity care includes services rendered to patients without financial means to pay for such services)

Glossary of Key Terms for Need Based Methodologies (con't)

➤ Targeted Need (PHL 2807-k)

- ✓ The relationship of Bad Debt and Charity Care need (BDCC) to hospital costs expressed as a percentage

➤ Nominal Payment Amount (NPA) (PHL 2807-k)

- ✓ The total dollars attributable to the application of an increasing coverage scale applied to the hospital's BDCC

➤ Uninsured Care (PHL 2807-k(1)(e))

- ✓ Losses from the cost of bad debts and charity care (BDCC) of a general hospital for inpatient and ambulatory services (excluding referred ambulatory services), which are not eligible for payment in whole or in part by a governmental agency, insurer or other third-party payor on behalf of a patient

New York State Public Health Law establishes the methodology for distributions for each sub-allocation of the Indigent Care Pool

- Funds for Voluntary Hospitals, Supplemental Voluntary, Supplemental, Rural and Voluntary High Need distributions are allocated based upon “uncompensated care need”
- Funds in the Major Public, Rural and Supplemental Indigent Care allocations are distributed based upon alternative methodologies

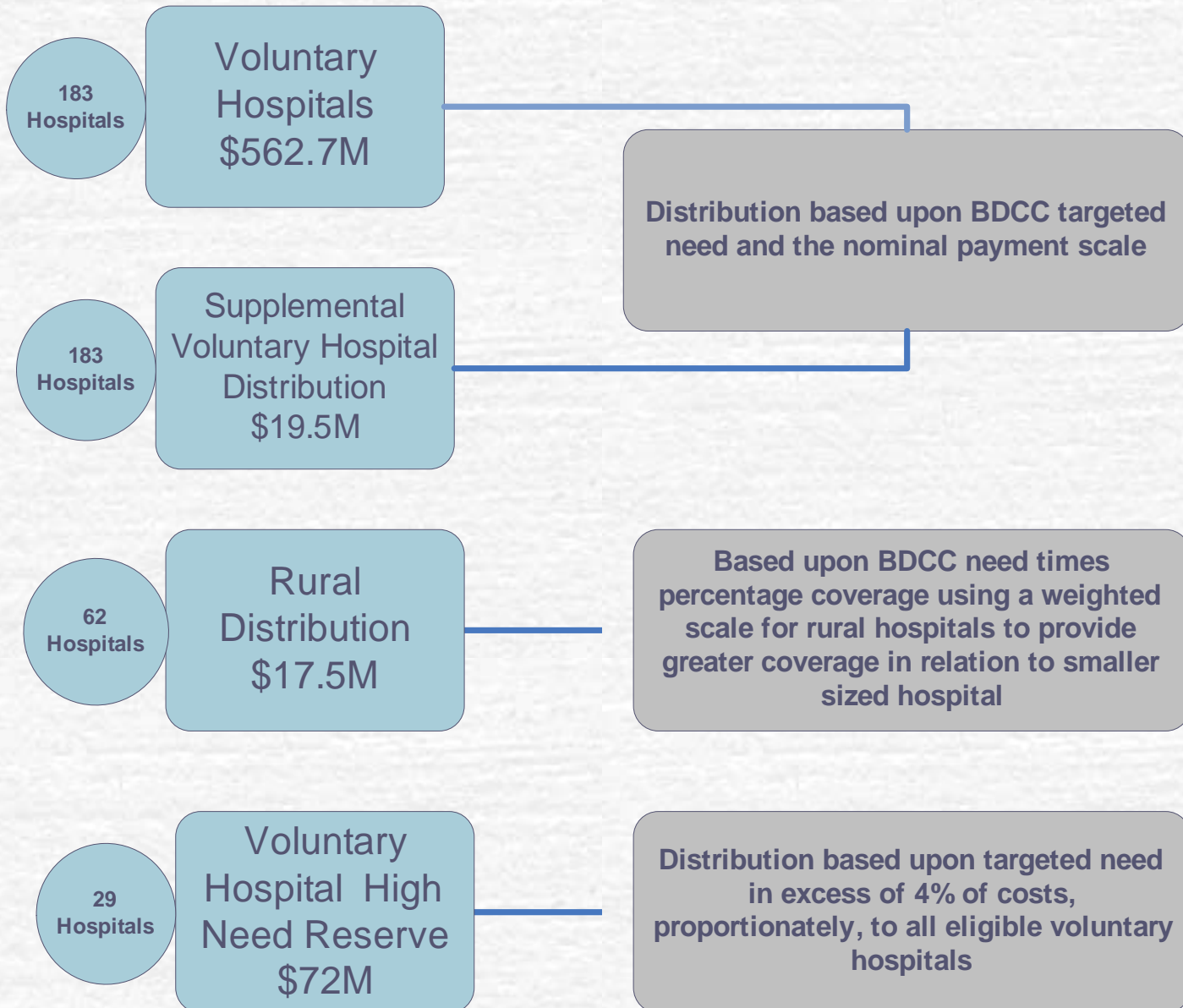
Example of Calculation of BDCC

Data Elements		
Inpatient Costs	\$ 80,000,000	
Inpatient Reported Charges	\$ 200,000,000	
Inpatient Charge Converter	40%	
Inpatient Reported Bad Debts	\$ 4,000,000	
Inpatient Reported Charity Care	\$ 4,250,000	
Inpatient Bad Debt & Charity Care at Cost (Line 4 +Line 5) X Line 3		\$ 3,300,000
Outpatient Costs	\$ 20,000,000	
Outpatient Reported Charges	\$ 40,000,000	
Outpatient Charge Converter	50%	
Outpatient Reported Bad Debts	\$ 1,400,000	
Outpatient Reported Charity Care	\$ 1,000,000	
Outpatient Bad Debt and Charity Care at Cost (Line 10 + Line 11) x Line 9		\$ 1,200,000
Hospital Inpatient and Outpatient Uncompensated Care at Cost (Line 6+Line 12)		\$ 4,500,000

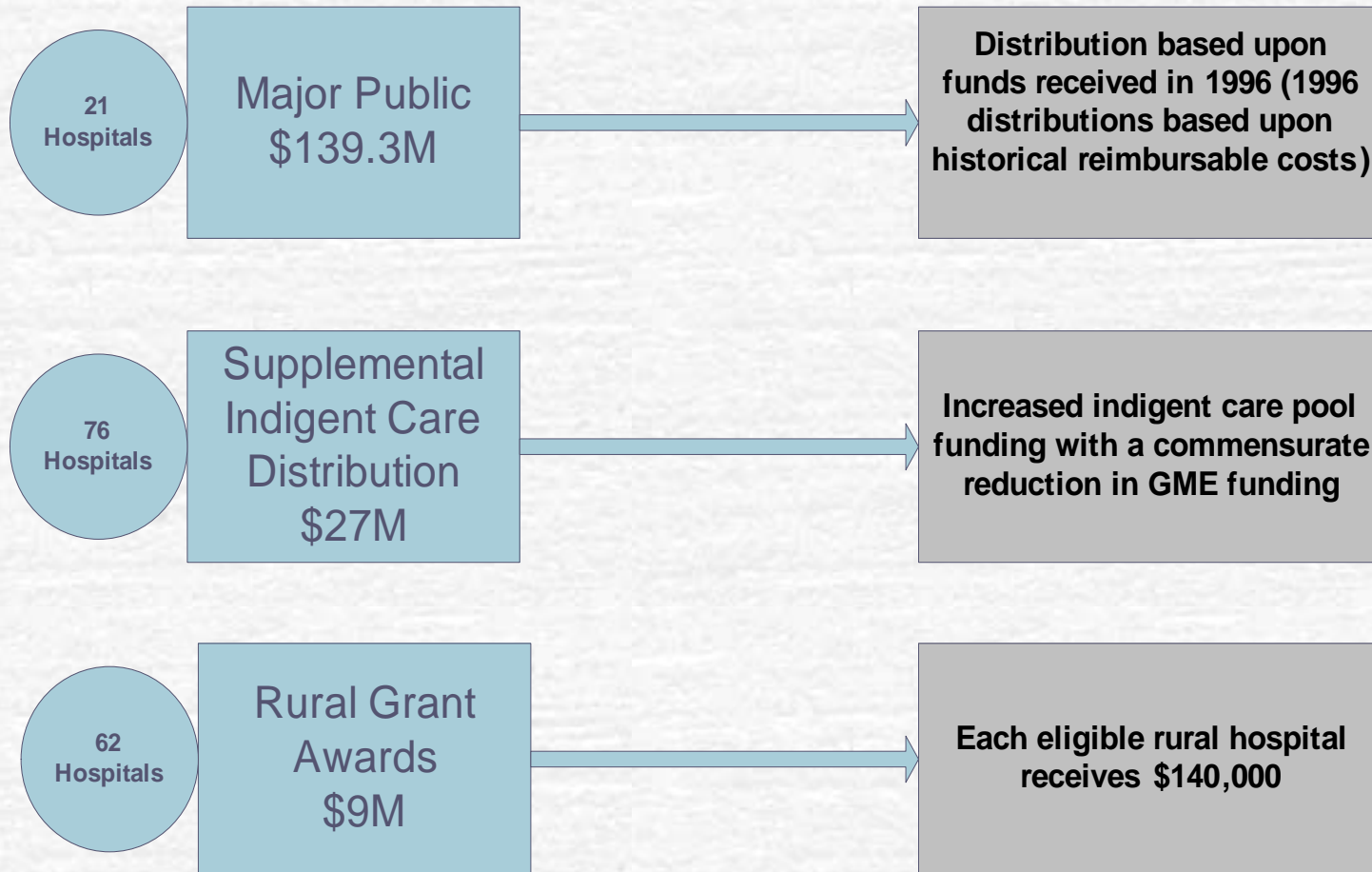
Calculation of Nominal Payment Amount and Distribution

Elements:			
Hospital Inpatient and Outpatient Uncompensated Care	\$ 4,500,000		
Hospital Inpatient and Outpatient Cost	\$ 100,000,000		
Targeted Need Percentage:	4.50%		
Targeted Need Percentage of Costs	Targeted Need	Statutory Coverage Ratio	Nominal Payment Amount
> 0% to < .5%	\$ 50,000	60%	30,000
>.5% to < 2%	\$ 1,500,000	65%	975,000
> 2% to < 3%	\$ 1,000,000	70%	700,000
> 3% to < 4%	\$ 1,000,000	75%	750,000
> 4% to < 5%	\$ 950,000	80%	760,000
> 5% to < 6%	\$ -	85%	-
> 6% to < 7%	\$ -	90%	-
> 7% to < 8%	\$ -	95%	-
>8%	\$ -	100%	-
Total	\$ 4,500,000		\$ 3,215,000
Resources Available			\$ 562,700,000
Total Voluntary Nominal Payment Amount (NPA)			773,364,486
Coverage Ratio of NPA			72.8%
Hospital Projected Distribution:			<u>\$ 2,339,234</u>

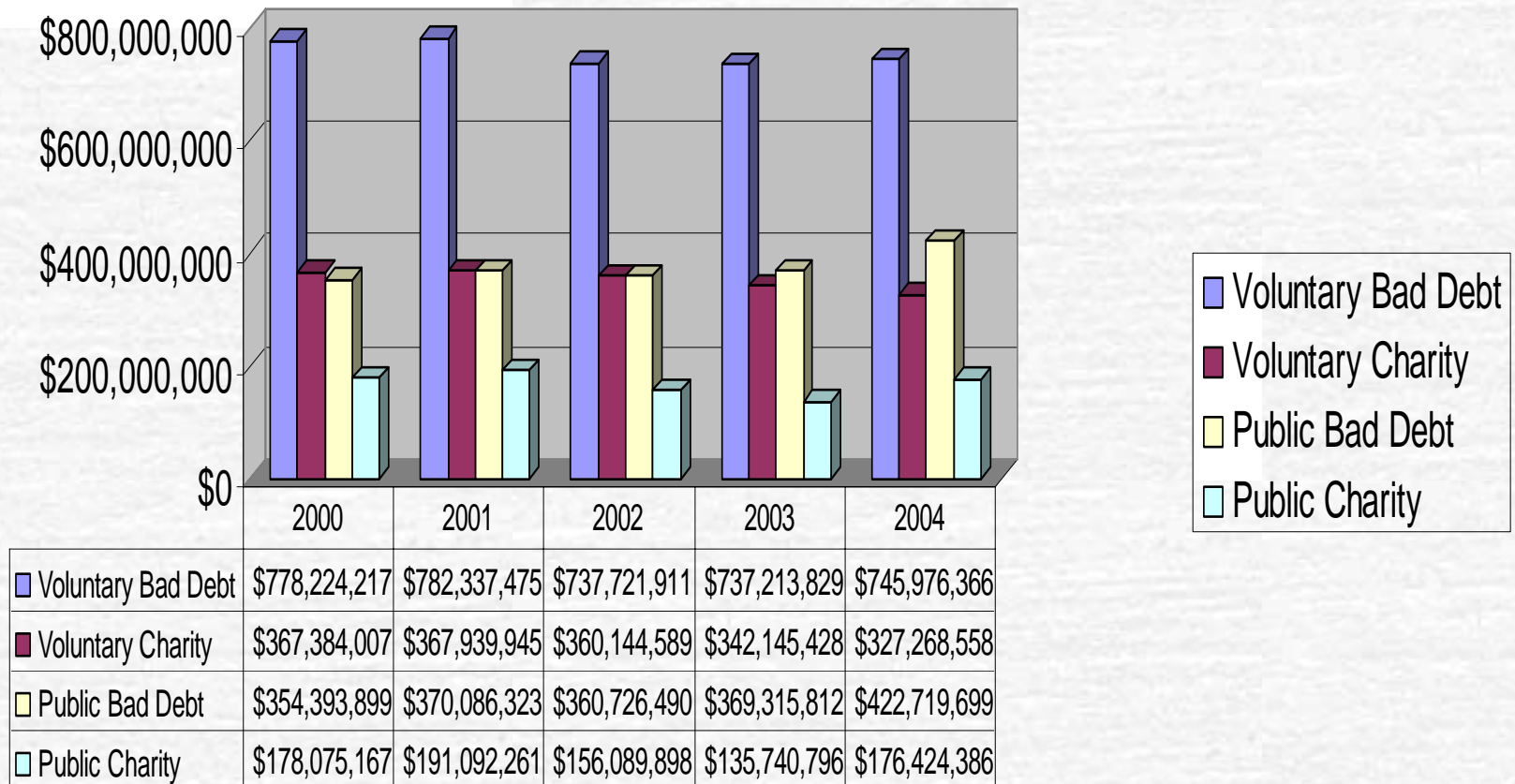
Distributions based upon Uncompensated Care Need



Distributions Based Upon Alternative Methodologies



Hospitals report almost twice as much Bad Debt as they do Charity Care for both Voluntary and Public Hospitals



Since 2000, voluntary hospitals on average have received in excess of 60 cents for each dollar of reported BDCC from the Indigent Care Pool

Pool Year	Pool Resources/Distributions	BDCC ⁽¹⁾	Overall Coverage Ratio
2000	\$707.7	\$ 1,031.2	68.6%
2001	\$707.7	\$ 1,138.6	62.2%
2002	\$707.7	\$ 1,145.6	61.8%
2003	\$707.7	\$ 1,151.3	61.5%
2004	\$707.7	\$ 1,086.7	65.1%
2005	\$707.7	\$ 1,080.6	65.5%
2006	\$707.7	\$ 1,073.2	65.9%

(In Millions)

(1) Based upon two year prior to pool year

Coverage ratios for individual voluntary hospitals range from 46% to 352% of reported uncompensated care need

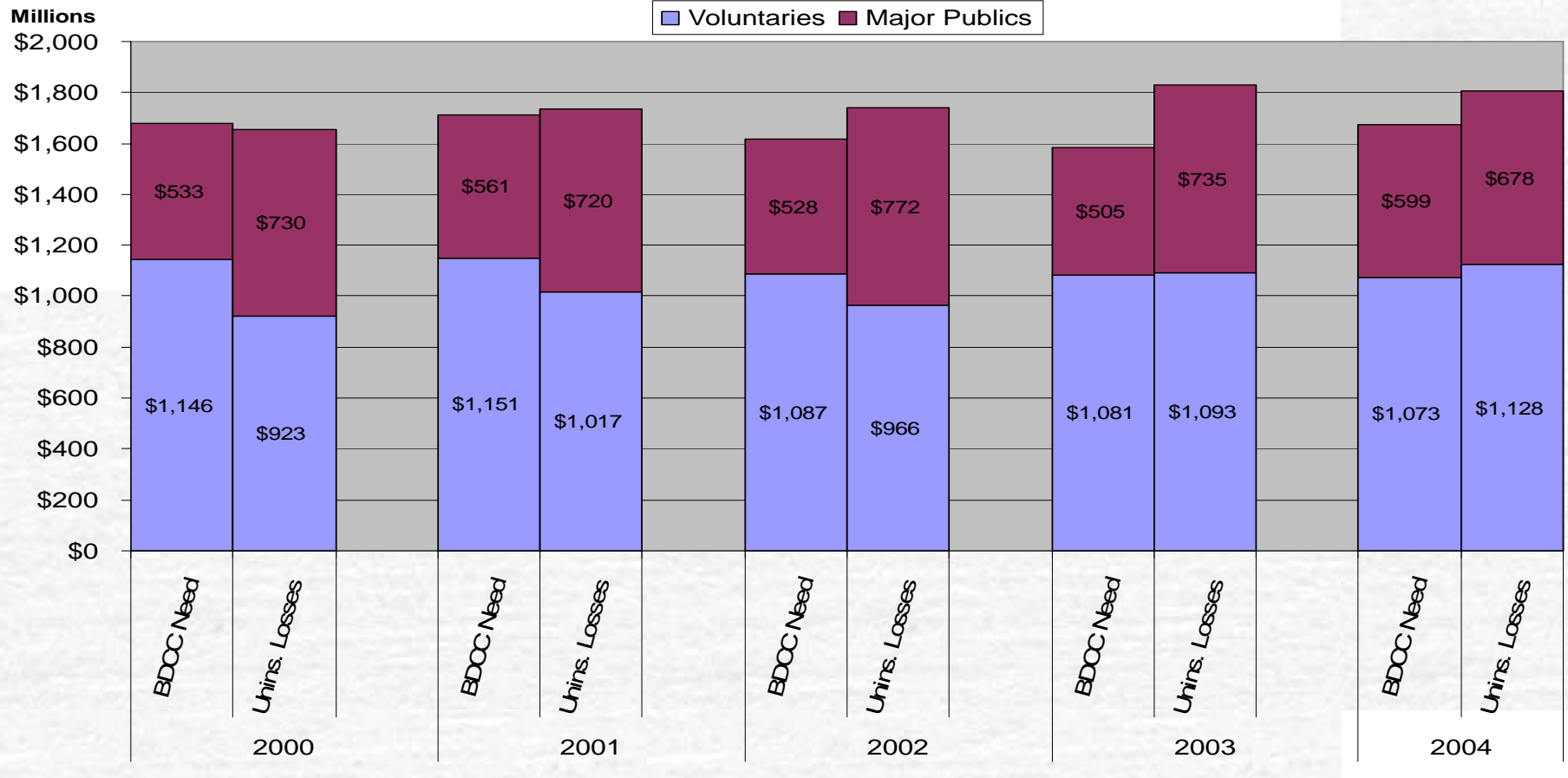
Since 2000, public hospitals on average have received in excess of 20 cents for each dollar of report BDCC from the Indigent Care Pool

	Pool Resources	BDCC	Coverage Ratio
Pool Year	Public	Public	Public (1)
2000	\$139.3	\$668.5	20.8%
2001	\$139.3	\$646.6	21.5%
2002	\$139.3	\$532.5	26.2%
2003	\$139.3	\$561.2	24.8%
2004	\$139.3	\$528.0	26.4%
2005	\$139.3	\$505.1	27.6%
2006	\$139.3	\$599.1	23.3%

(In Millions)

(1) Does not reflect supplemental payments totaling \$411M, which increases coverage ratio to over 100% in some cases

Reported Uninsured Losses Exceed Reported BDCC Need



- ❖ Consistent with PHL 2807-k(1)(e) for cost reporting purposes, uninsured is defined as patients without insurance or other third party coverage for the unit of service billed, including units of service, which, although provided to patients who are insured, are not covered. It shall not encompass instances of underinsurance for patients who may have some insurance
- ❖ Uninsured losses are determined as the difference between cost and revenue related to service provided to the uninsured patients for inpatient and outpatient services

Reported uninsured units of service

Category of Service	Voluntary Uninsured Units of Service ⁽¹⁾	Public Uninsured Units of Service ⁽¹⁾	Total Uninsured Units of Service
Inpatient			
Discharges	50,059	21,831	71,890
Exempt Patient Days	67,067	39,204	106,271
Emergency	696,117	335,237	1,031,354
Clinics ⁽²⁾	897,251	837,021	1,734,272

(1) Uninsured units of service based upon 2004 self pay and free (no-pay) statistics reported on the Institutional Cost Report

(2) Does not include such services as Ambulatory Surgery, Methadone, Renal Dialysis and specialty services that are reimbursed above the clinic rate (i.e. chemotherapy)

In addition to submitting the annual cost report (ICR) hospitals must comply with the following to participate in the indigent care pools

- Incur uncompensated care costs greater than .50% of the hospital inpatient and outpatient costs
- Provide an annual Independent CPA certification that their billing, collection and account write-off procedures are consistent with standards specified in a certification statement as prescribed by law and regulations
- Comply with the requirements established by the hospital patient financial aid law effective January 1, 2007

Hospital Patient Financial Aid Statute

- Laws of 2006 added a new subdivision to Article 2807-k setting forth new requirements for participation in the indigent care pool for 2009
- The new requirements included minimum financial aid eligibility standards including:
 - ✓ caps on fees charged (may not exceed higher of Medicare, Medicaid or highest volume commercial carrier)
 - ✓ collection efforts
 - ✓ reporting requirements
 - ✓ applies to uninsured individuals with household incomes < or equal to 300% of FPL
- Services required to be covered by the financial aid policies include emergency services for all low income uninsured residents of New York and non-emergent medically necessary services in the hospitals' primary service area
- Hospitals are not obligated to provide financial aid to insured patients

Hospital Patient Financial Aid Statute

Discounting Requirements

Income Level	Cap
Below 100% of FPL	Minimum established by Commissioner
Between 101% and 150%	Sliding fee schedule in equal increments up to 20% of Medicare, Medicaid or commercial carrier rates
Between 151% and 250%	Sliding fee schedule in equal increments of the Medicare, Medicaid or commercial carrier rates
Between 251% and 300%	No more than Medicare, Medicaid or commercial carrier rates

Federal Poverty Level (FPL) : \$30,000 for Family of 4

Hospital Patient Financial Aid Statute

- **Adds new reporting requirements for hospitals effective January 1, 2007:**
 - ✓ Hospital costs incurred and uncollected amounts in providing services to eligible patient without insurance
 - ✓ Hospital costs incurred and uncollected amounts in providing services to eligible patient with insurance
 - ✓ Number of patients by zip code who applied for financial assistance
 - ✓ Reimbursement from the Indigent Care Pool
 - ✓ Funds expended from charitable bequests for the purpose of charity care
 - ✓ Where allowed, the number of Medicaid applications that hospitals assisted patients in completing
 - ✓ Hospital financial losses resulting from services provided under Medicaid
 - ✓ Number of liens placed on primary care residences through the hospitals collection process

Appendices

➤ **Appendix A**

- ✓ Technical Advisory Committee Members

➤ **Appendix B: Public Health Law**

- ✓ 2807-K
- ✓ 2807-W

➤ **Appendix C: Regulations**

- ✓ Part 86-1.11

➤ **Appendix D:**

- ✓ 2006 Indigent Care Model

➤ **Appendix E:**

- ✓ ICR Components
- ✓ Exhibits 32, 33, 46 & 47

INDIGENT CARE TECHNICAL ADVISORY COMMITTEE MEMBERS

NAME	ORGANIZATION
Ms. Elisabeth Benjamin	Community Service Society of New York
Ms. Trilby deJung Staff Attorney	Empire Justice Center
Mr. Peter Epp, CPA Managing Director	RSM McGladrey Business Services, Inc.
Mr. David Hardy Chief Financial Officer	Cortland Regional Medical Center
Ms. June Hoeflich Interim Chief Executive Officer	Sheehan Memorial Hospital
Mr. John Holahan	Urban Institute
Ms. Rochelle Korman Partner	Patterson, Belknap, Webb and Tyler, LLP
Mr. Rick Langfelder Executive Vice President and Chief Financial Officer	Lutheran Medical Center
Ms. Phyllis Lantos Chief Financial Officer	New York Presbyterian Hospital
Mr. Mark Scherzer Counsel	New Yorkers for Accessible Health Coverage
Mr. Robert Shapiro Senior Vice President and Chief Financial Officer	North Shore-Long Island Jewish Health System
Mr. Len Shute	Strong Memorial Hospital
Ms. Marlene Zurack	Health and Hospital Corporation
Senator Kemp Hannon Chair	Senate Committee on Health
Mr. Richard N. Gottfried Chair	Assembly Committee on Health
Richard F. Daines, M.D. Commissioner	New York State Department of Health
Deborah Bachrach Deputy Commissioner	New York State Department of Health
John Ulberg	New York State Department of Health
John Gahan	New York State Department of Health

§ 2807-k. General hospital indigent care pool. 1. Definitions. For purposes of this section, the following words or phrases shall have the following meanings, unless the context otherwise requires:

(a) "Major public general hospital" means all state operated general hospitals, all general hospitals operated by the New York city health and hospitals corporation as established by chapter one thousand sixteen of the laws of nineteen hundred sixty-nine as amended and all other public general hospitals having annual inpatient operating costs in excess of twenty-five million dollars.

(b) "Nominal payment amount" shall mean the sum of the dollars attributable to the application of an incrementally increasing proportion of reimbursement for percentage increases in targeted need according to a scale.

(c) "Targeted need" shall mean the relationship of uncompensated care need to reported costs expressed as a percentage. Reported costs shall mean costs allocated as prescribed by the commissioner to general hospital inpatient and ambulatory services, excluding referred ambulatory services. Targeted need shall be determined based on base year data and statistics for the calendar year two years prior to the distribution period. Base year data and statistics for the calendar year two years prior to the distribution period shall be considered final, for purposes of this section, one hundred twenty days after hospitals receive the department's initial statewide rates for the same period as the distribution period and shall include any appropriate revisions reported by hospitals during such one hundred twenty days.

(d) "Uncompensated care need" means losses from bad debts reduced to cost and the costs of charity care of a general hospital for inpatient and ambulatory services, excluding referred ambulatory services. The cost of services provided as an employment benefit or as a courtesy shall not be included.

(e) "Uninsured care" means losses from bad debts reduced to cost and the costs of charity care of a general hospital for inpatient and ambulatory services, excluding referred ambulatory services, which are not eligible for payment in whole or in part by a governmental agency, insurer or other third-party payor on behalf of a patient, including payments made directly to the general hospital and indemnity or similar payments made to the person who is a payor of hospital services. The cost of services denied reimbursement, other than emergency room services, for lack of medical necessity or lack of compliance with prior authorization requirements, or provided as an employment benefit, or as a courtesy shall not be included.

(f) "Ambulatory services" of a general hospital shall mean all services delivered on an ambulatory basis, including, for periods on and after January first, two thousand four, services provided at qualified hospital-controlled diagnostic and treatment centers except as otherwise provided in subdivision thirteen of this section.

(g) "Qualified hospital-controlled diagnostic and treatment center" shall mean a voluntary, non-profit diagnostic and treatment center providing a comprehensive range of primary health care services that is controlling, controlled by, or under common control with a general hospital, and as of June thirtieth, two thousand three:

(i) qualified for an allocation of funds pursuant to section twenty-eight hundred seven-p of this article or pursuant to section seven of chapter four hundred thirty-three of the laws of nineteen hundred ninety-seven, as amended; or

(ii) the outpatient department of such general hospital had been designated a federally-qualified health center under section 330 of the

Public Health Service Act (42 U.S.C. § 254b) and had directly received a grant under such section.

2. To the extent of funds appropriated therefor, funds shall be made available for distribution by or on behalf of the state in accordance with the following methodology, as payments under the state medical assistance program provided pursuant to title eleven of article five of the social services law, from a general hospital indigent care pool established by the commissioner.

3. (a) Each major public general hospital shall be allocated for distribution from the pools established pursuant to this section for each year through December thirty-first, two thousand seven, an amount equal to the amount allocated to such major public general hospital from the regional pool established pursuant to subdivision seventeen of section twenty-eight hundred seven-c of this article for the period January first, nineteen hundred ninety-six through December thirty-first, nineteen hundred ninety-six.

(b) For the period January first, two thousand eight through March thirty-first, two thousand eight each major public general hospital shall be allocated for distribution from the pools established pursuant to this section for such period, an amount equal to one-quarter the amount calculated pursuant to paragraph (a) of this subdivision.

4. (a) From funds in the pool for each year, thirty-six million dollars shall be reserved on an annual basis through December thirty-first, two thousand seven and nine million dollars shall be reserved for the period January first, two thousand eight through March thirty-first, two thousand eight, for distribution as high need adjustments in accordance with subdivision six of this section.

(a-1) From funds in the pool for each year, twenty-seven million dollars shall be reserved on an annual basis for the periods January first, two thousand through December thirty-first, two thousand seven and six million seven hundred fifty thousand dollars shall be reserved for the period January first, two thousand eight through March thirty-first, two thousand eight, for distribution in accordance with subdivision sixteen of this section.

(b) The balance of funds in a pool not allocated in accordance with subdivision three of this section or reserved for distributions pursuant to subdivisions six and sixteen of this section shall be distributed to eligible general hospitals, excluding major public general hospitals, on the basis of each general hospital's targeted need share, adjusted for transition factors in accordance with subdivision seven of this section.

(c) To be eligible for distributions from the pool, a general hospital's targeted need must exceed one-half of one percent.

(d) For the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight, and January first, nineteen hundred ninety-nine through December thirty-first, nineteen hundred ninety-nine and on and after January first, two thousand, each eligible general hospital's targeted need share shall mean the relationship of each general hospital's nominal payment amount of uncompensated care need determined in accordance with the scale specified in subdivision five of this section to the nominal payment amounts of uncompensated care need for all eligible general hospitals applied to funds available in the pool.

5. The scale utilized for development of each eligible general hospital's nominal payment amount shall be as follows:

Percentage of Reimbursement
Attributable to that Portion

Targeted Need Percentage	of Targeted Need
0 - .5%	60%
.5+ - 2%	65%
2+ - 3%	70%
3+ - 4%	75%
4+ - 5%	80%
5+ - 6%	85%
6+ - 7%	90%
7+ - 8%	95%
8+	100%

6. Funds reserved for high need adjustments shall be distributed to general hospitals, excluding major public general hospitals, with nominal need in excess of four percent as follows: each general hospital's share of the reserved amount shall be based on such hospital's aggregate share of nominal need above four percent compared to the total aggregate nominal need above four percent of all eligible hospitals.

7. (a) Hospital specific transition adjustment. Notwithstanding any inconsistent provision of this section, distributions to general hospitals determined in accordance with subdivision four of this section shall be adjusted as follows:

(i) For general hospitals which qualified for distributions pursuant to paragraph (c) of subdivision nineteen of section twenty-eight hundred seven-c of this article as of December thirty-first, nineteen hundred ninety-five:

(A) for the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, each such general hospital shall receive as an allocation one hundred percent of the projected distribution, as of June first, nineteen hundred ninety-seven, to such general hospital pursuant to subdivisions fourteen-c and seventeen and paragraph (c) of subdivision nineteen of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six; and

(B) for the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight, each such general hospital shall receive as an allocation seventy-five percent of the amount determined in accordance with clause (A) of this subparagraph and twenty-five percent of the amount determined in accordance with subdivision four of this section; and

(C) for the period January first, nineteen hundred ninety-nine through December thirty-first, nineteen hundred ninety-nine, each such general hospital shall receive as an allocation fifty percent of the amount determined in accordance with clause (A) of this subparagraph and fifty percent of the amount determined in accordance with subdivision four of this section; and

(D) for the period January first, two thousand through December thirty-first, two thousand, each such general hospital shall receive as an allocation twenty-five percent of the amount determined in accordance with clause (A) of this subparagraph and seventy-five percent of the amount determined in accordance with subdivision four of this section provided, however, that for any general hospital whose distribution is greater when determined solely in accordance with subdivisions four and six of this section than when determined according to this clause, such general hospital's distribution shall not be adjusted pursuant to this clause; and

(E) for periods on and after January first, two thousand one, each such general hospital shall receive as an allocation one hundred percent

of the amount determined in accordance with subdivision four of this section.

(ii) For all other general hospitals, excluding major public general hospitals, general hospitals qualifying for an adjustment pursuant to subparagraph (i) of this paragraph, general hospitals which qualified for an adjustment pursuant to subdivision fourteen-d of section twenty-eight hundred seven-c of this article and rural general hospitals that met the qualifications as a rural general hospital pursuant to paragraph (f) of subdivision four of section twenty-eight hundred seven-c of this article in nineteen hundred ninety-six:

(A) for the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, each such general hospital shall receive as an allocation fifty percent of the projected distribution, as of June first, nineteen hundred ninety-seven, to such general hospital pursuant to subdivision seventeen of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six and fifty percent of the amount determined in accordance with subdivision four of this section; and

(B) for the period January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight, each such general hospital shall receive as an allocation twenty-five percent of the projected distribution, as of June first, nineteen hundred ninety-seven, to such general hospital pursuant to subdivision seventeen of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six and seventy-five percent of the amount determined in accordance with subdivision four of this section.

(b) Hospital category adjustment. Notwithstanding any inconsistent provision of this section, distributions to each general hospital, excluding major public general hospitals, for nineteen hundred ninety-seven determined in accordance with subdivision four of this section and paragraph (a) of this subdivision within the categories specified in subparagraph (i) of this paragraph shall be adjusted in accordance with subparagraph (ii) of this paragraph.

(i)(A) General hospitals that qualified for distributions in accordance with subdivision fourteen-d of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six.

(B) Rural general hospitals that met the qualifications as a rural general hospital pursuant to paragraph (f) of subdivision four of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six.

(C) All other general hospitals, excluding general hospitals that qualified for distributions pursuant to paragraph (c) of subdivision nineteen of section twenty-eight hundred seven-c of this article.

(ii) For each category specified in subparagraph (i) of this paragraph, fifty percent of the amount by which the allocation pursuant to subdivision four of this section and paragraph (a) of this subdivision to a general hospital within such category exceeds the projected distribution, as of June first, nineteen hundred ninety-seven, pursuant to subdivision seventeen and, if applicable, subdivision fourteen-d of section twenty-eight hundred seven-c of this article for nineteen hundred ninety-six to such general hospital shall be reserved by the commissioner for allocation to general hospitals within such category that would experience a loss based on such comparison based on each such general hospital's proportionate share of the aggregate losses for all general hospitals within such category; provided however, that the amount reserved within a category shall not exceed the aggregate amount of losses within such category.

8. Notwithstanding any inconsistent provision of this section, up to five percent of the amount allocated for each of the periods for distributions pursuant to this section may be transferred by the commissioner, to the extent of funds appropriated therefor, and allocated for distributions pursuant to the child health insurance plan established pursuant to title one-A of article twenty-five of this chapter.

9. In order for a general hospital to participate in the distribution of funds from the pool, the general hospital must implement minimum collection policies and procedures approved by the commissioner and must be in compliance with bad debt and charity care reporting requirements established pursuant to this article.

9-a. (a) As a condition for participation in pool distributions authorized pursuant to this section and section twenty-eight hundred seven-w of this article for periods on and after January first, two thousand nine, general hospitals shall, effective for periods on and after January first, two thousand seven, establish financial aid policies and procedures, in accordance with the provisions of this subdivision, for reducing charges otherwise applicable to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges, and also, at the hospital's discretion, for reducing or discounting the collection of co-pays and deductible payments from those individuals who can demonstrate an inability to pay such amounts.

(b) Such reductions from charges for uninsured patients with incomes below at least three hundred percent of the federal poverty level shall result in a charge to such individuals that does not exceed the greater of the amount that would have been paid for the same services by the "highest volume payor" for such general hospital as defined in subparagraph (v) of this paragraph, or for services provided pursuant to title XVIII of the federal social security act (medicare), or for services provided pursuant to title XIX of the federal social security act (medicaid), and provided further that such amounts shall be adjusted according to income level as follows:

(i) For patients with incomes at or below at least one hundred percent of the federal poverty level, the hospital shall collect no more than a nominal payment amount, consistent with guidelines established by the commissioner;

(ii) For patients with incomes between at least one hundred one percent and one hundred fifty percent of the federal poverty level, the hospital shall collect no more than the amount identified after application of a proportional sliding fee schedule under which patients with lower incomes shall pay the lowest amount. Such schedule shall provide that the amount the hospital may collect for such patients increases from the nominal amount described in subparagraph (i) of this paragraph in equal increments as the income of the patient increases, up to a maximum of twenty percent of the greater of the amount that would have been paid for the same services by the "highest volume payor" for such general hospital, as defined in subparagraph (v) of this paragraph, or for services provided pursuant to title XVIII of the federal social security act (medicare) or for services provided pursuant to title XIX of the federal social security act (medicaid);

(iii) For patients with incomes between at least one hundred fifty-one percent and two hundred fifty percent of the federal poverty level, the hospital shall collect no more than the amount identified after application of a proportional sliding fee schedule under which patients with lower income shall pay the lowest amounts. Such schedule shall provide that the amount the hospital may collect for such patients

increases from the twenty percent figure described in subparagraph (ii) of this paragraph in equal increments as the income of the patient increases, up to a maximum of the greater of the amount that would have been paid for the same services by the "highest volume payor" for such general hospital, as defined in subparagraph (v) of this paragraph, or for services provided pursuant to title XVIII of the federal social security act (medicare) or for services provided pursuant to title XIX of the federal social security act (medicaid); and

(iv) For patients with incomes between at least two hundred fifty-one percent and three hundred percent of the federal poverty level, the hospital shall collect no more than the greater of the amount that would have been paid for the same services by the "highest volume payor" for such general hospital as defined in subparagraph (v) of this paragraph, or for services provided pursuant to title XVIII of the federal social security act (medicare), or for services provided pursuant to title XIX of the federal social security act (medicaid).

(v) For the purposes of this paragraph, "highest volume payor" shall mean the insurer, corporation or organization licensed, organized or certified pursuant to article thirty-two, forty-two or forty-three of the insurance law or article forty-four of this chapter, or other third-party payor, which has a contract or agreement to pay claims for services provided by the general hospital and incurred the highest volume of claims in the previous calendar year.

(vi) A hospital may implement policies and procedures to permit, but not require, consideration on a case-by-case basis of exceptions to the requirements described in subparagraphs (i) and (ii) of this paragraph based upon the existence of significant assets owned by the patient that should be taken into account in determining the appropriate payment amount for that patient's care, provided, however, that such proposed policies and procedures shall be subject to the prior review and approval of the commissioner and, if approved, shall be included in the hospital's financial assistance policy established pursuant to this section, and provided further that, if such approval is granted, the maximum amount that may be collected shall not exceed the greater of the amount that would have been paid for the same services by the "highest volume payor" for such general hospital as defined in subparagraph (v) of this paragraph, or for services provided pursuant to title XVIII of the federal social security act (medicare), or for services provided pursuant to title XIX of the federal social security act (medicaid). In the event that a general hospital reviews a patient's assets in determining payment adjustments such policies and procedures shall not consider as assets a patient's primary residence, assets held in a tax-deferred or comparable retirement savings account, college savings accounts, or cars used regularly by a patient or immediate family members.

(vii) Nothing in this paragraph shall be construed to limit a hospital's ability to establish patient eligibility for payment discounts at income levels higher than those specified herein and/or to provide greater payment discounts for eligible patients than those required by this paragraph.

(c) Such policies and procedures shall be clear, understandable, in writing and publicly available in summary form and each general hospital participating in the pool shall ensure that every patient is made aware of the existence of such policies and procedures and is provided, in a timely manner, with a summary of such policies and procedures upon request. Any summary provided to patients shall, at a minimum, include specific information as to income levels used to determine eligibility for assistance, a description of the primary service area of the

hospital and the means of applying for assistance. For general hospitals with twenty-four hour emergency departments, such policies and procedures shall require the notification of patients during the intake and registration process, through the conspicuous posting of language-appropriate information in the general hospital, and information on bills and statements sent to patients, that financial aid may be available to qualified patients and how to obtain further information. For specialty hospitals without twenty-four hour emergency departments, such notification shall take place through written materials provided to patients during the intake and registration process prior to the provision of any health care services or procedures, and through information on bills and statements sent to patients, that financial aid may be available to qualified patients and how to obtain further information. Application materials shall include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine the patient's eligibility pursuant to the hospital's financial assistance policy, the patient may disregard any bills until the hospital has rendered a decision on the application in accordance with this paragraph.

(d) Such policies and procedures shall include clear, objective criteria for determining a patient's ability to pay and for providing such adjustments to payment requirements as are necessary. In addition to adjustment mechanisms such as sliding fee schedules and discounts to fixed standards, such policies and procedures shall also provide for the use of installment plans for the payment of outstanding balances by patients pursuant to the provisions of the hospital's financial assistance policy. The monthly payment under such a plan shall not exceed ten percent of the gross monthly income of the patient, provided, however, that if patient assets are considered under such a policy, then patient assets which are not excluded assets pursuant to subparagraph (vi) of paragraph (b) of this subdivision may be considered in addition to the limit on monthly payments. The rate of interest charged to the patient on the unpaid balance, if any, shall not exceed the rate for a ninety-day security issued by the United States Department of Treasury, plus .5 percent and no plan shall include an accelerator or similar clause under which a higher rate of interest is triggered upon a missed payment. If such policies and procedures include a requirement of a deposit prior to non-emergent, medically-necessary care, such deposit must be included as part of any financial aid consideration. Such policies and procedures shall be applied consistently to all eligible patients.

(e) Such policies and procedures shall permit patients to apply for assistance within at least ninety days of the date of discharge or date of service and provide at least twenty days for patients to submit a completed application. Such policies and procedures may require that patients seeking payment adjustments provide appropriate financial information and documentation in support of their application, provided, however, that such application process shall not be unduly burdensome or complex. General hospitals shall, upon request, assist patients in understanding the hospital's policies and procedures and in applying for payment adjustments. Application forms shall be printed in the "primary languages" of patients served by the general hospital. For the purposes of this paragraph, "primary languages" shall include any language that is either (i) used to communicate, during at least five percent of patient visits in a year, by patients who cannot speak, read, write or understand the English language at the level of proficiency necessary for effective communication with health care providers, or (ii) spoken

by non-English speaking individuals comprising more than one percent of the primary hospital service area population, as calculated using demographic information available from the United States Bureau of the Census, supplemented by data from school systems. Decisions regarding such applications shall be made within thirty days of receipt of a completed application. Such policies and procedures shall require that the hospital issue any denial/approval of such application in writing with information on how to appeal the denial and shall require the hospital to establish an appeals process under which it will evaluate the denial of an application. Nothing in this subdivision shall be interpreted as prohibiting a hospital from making the availability of financial assistance contingent upon the patient first applying for coverage under title XIX of the social security act (medicaid) or another insurance program if, in the judgment of the hospital, the patient may be eligible for medicaid or another insurance program, and upon the patient's cooperation in following the hospital's financial assistance application requirements, including the provision of information needed to make a determination on the patient's application in accordance with the hospital's financial assistance policy.

(f) Such policies and procedures shall provide that patients with incomes below three hundred percent of the federal poverty level are deemed presumptively eligible for payment adjustments and shall conform to the requirements set forth in paragraph (b) of this subdivision, provided, however, that nothing in this subdivision shall be interpreted as precluding hospitals from extending such payment adjustments to other patients, either generally or on a case-by-case basis. Such policies and procedures shall provide financial aid for emergency hospital services, including emergency transfers pursuant to the federal emergency medical treatment and active labor act (42 USC 1395dd), to patients who reside in New York state and for medically necessary hospital services for patients who reside in the hospital's primary service area as determined according to criteria established by the commissioner. In developing such criteria, the commissioner shall consult with representatives of the hospital industry, health care consumer advocates and local public health officials. Such criteria shall be made available to the public no less than thirty days prior to the date of implementation and shall, at a minimum:

(i) prohibit a hospital from developing or altering its primary service area in a manner designed to avoid medically underserved communities or communities with high percentages of uninsured residents;

(ii) ensure that every geographic area of the state is included in at least one general hospital's primary service area so that eligible patients may access care and financial assistance; and

(iii) require the hospital to notify the commissioner upon making any change to its primary service area, and to include a description of its primary service area in the hospital's annual implementation report filed pursuant to subdivision three of section twenty-eight hundred three-1 of this article.

(g) Nothing in this subdivision shall be interpreted as precluding hospitals from extending payment adjustments for medically necessary non-emergency hospital services to patients outside of the hospital's primary service area. For patients determined to be eligible for financial aid under the terms of a hospital's financial aid policy, such policies and procedures shall prohibit any limitations on financial aid for services based on the medical condition of the applicant, other than typical limitations or exclusions based on medical necessity or the clinical or therapeutic benefit of a procedure or treatment.

(h) Such policies and procedures shall not permit the forced sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill and shall require the hospital to refrain from sending an account to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, while the hospital determines the patient's eligibility for such aid. Such policies and procedures shall provide for written notification, which shall include notification on a patient bill, to a patient not less than thirty days prior to the referral of debts for collection and shall require that the collection agency obtain the hospital's written consent prior to commencing a legal action. Such policies and procedures shall require all general hospital staff who interact with patients or have responsibility for billing and collections to be trained in such policies and procedures, and require the implementation of a mechanism for the general hospital to measure its compliance with such policies and procedures. Such policies and procedures shall require that any collection agency under contract with a general hospital for the collection of debts follow the hospital's financial assistance policy, including providing information to patients on how to apply for financial assistance where appropriate. Such policies and procedures shall prohibit collections from a patient who is determined to be eligible for medical assistance pursuant to title XIX of the federal social security act at the time services were rendered and for which services medicaid payment is available.

(i) Reports required to be submitted to the department by each general hospital as a condition for participation in the pools, and which contain, in accordance with applicable regulations, a certification from an independent certified public accountant or independent licensed public accountant or an attestation from a senior official of the hospital that the hospital is in compliance with conditions of participation in the pools, shall also contain, for reporting periods on and after January first, two thousand seven:

(i) a report on hospital costs incurred and uncollected amounts in providing services to eligible patients without insurance, including the amount of care provided for a nominal payment amount, during the period covered by the report;

(ii) hospital costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage;

(iii) the number of patients, organized according to United States postal service zip code, who applied for financial assistance pursuant to the hospital's financial assistance policy, and the number, organized according to United States postal service zip code, whose applications were approved and whose applications were denied;

(iv) the reimbursement received for indigent care from the pool established pursuant to this section;

(v) the amount of funds that have been expended on charity care from charitable bequests made or trusts established for the purpose of providing financial assistance to patients who are eligible in accordance with the terms of such bequests or trusts;

(vi) for hospitals located in social services districts in which the district allows hospitals to assist patients with such applications, the number of applications for eligibility under title XIX of the social security act (medicaid) that the hospital assisted patients in completing and the number denied and approved;

(vii) the hospital's financial losses resulting from services provided under medicaid; and

(viii) the number of liens placed on the primary residences of patients through the collection process used by a hospital.

(j) Within ninety days of the effective date of this subdivision each hospital shall submit to the commissioner a written report on its policies and procedures for financial assistance to patients which are used by the hospital on the effective date of this subdivision. Such report shall include copies of its policies and procedures, including material which is distributed to patients, and a description of the hospital's financial aid policies and procedures. Such description shall include the income levels of patients on which eligibility is based, the financial aid eligible patients receive and the means of calculating such aid, and the service area, if any, used by the hospital to determine eligibility.

10. In order for a general hospital to be eligible for distribution of funds from the pool, such general hospital if it provides obstetrical care and services must be in compliance with the provisions of paragraph (e) of subdivision sixteen of section twenty-eight hundred seven-c of this article.

11. Minimum hospital procedures to determine the availability of insurance or other third-party coverage for hospital services shall be specified by the commissioner.

12. Each general hospital shall submit reports to the department at such time and in such form as the commissioner shall require of:

(a) hospital costs incurred and uncollected amounts in providing services to the uninsured during the period covered by the report; and

(b) hospital costs incurred and uncollected amounts for deductibles and coinsurance for patients with insurance or other third-party payor coverage.

(c) Such reports shall comply with the reporting requirements established for receipt of bad debt and charity care pool payments as provided in accordance with section twenty-eight hundred seven-c of this article and regulations promulgated thereunder for periods prior to January first, nineteen hundred ninety-seven.

13. Distributions to general hospitals pursuant to this section and the adjustments provided in accordance with subdivision fourteen-f of section twenty-eight hundred seven-c of this article shall be considered disproportionate share payments for inpatient hospital services to general hospitals serving a disproportionate number of low income patients with special needs for purposes of providing assurances to the secretary of health and human services as necessary to meet federal requirements for securing federal financial participation pursuant to title XIX of the federal social security act.

14. Notwithstanding any inconsistent provision of law to the contrary, the availability or payment of funds to a general hospital pursuant to this section shall not be admissible as a defense, offset or reduction in any action or proceeding relating to any bill or claim for amounts due for hospital services provided.

15. Revenue from distributions pursuant to this section and adjustments pursuant to subdivision fourteen-f of section twenty-eight hundred seven-c of this article shall not be included in gross revenue received for purposes of the assessments pursuant to subdivision eighteen of section twenty-eight hundred seven-c of this article, subject to the provisions of paragraph (e) of subdivision eighteen of section twenty-eight hundred seven-c of this article, and shall not be included in gross revenue received for purposes of the assessments pursuant to section twenty-eight hundred seven-d of this article, subject to the provisions of subdivision twelve of section twenty-eight hundred seven-d of this article.

16. Supplemental indigent care distributions. From available resources established pursuant to paragraph (a-1) of subdivision four of this section, each hospital shall receive a proportionate share, provided that no hospital shall receive less than the reduction amount calculated pursuant to paragraph (d) of subdivision three of section twenty-eight hundred seven-m of this article, subject to hospital specific disproportionate share payment limits calculated in accordance with subdivision twenty-one of section twenty-eight hundred seven-c of this article.

§ 2807-w. High need indigent care adjustment pool. Funds allocated pursuant to paragraph (p) of subdivision one of section twenty-eight hundred seven-v of this article, shall be deposited as authorized and used for the purpose of making medicaid disproportionate share payments of up to eighty-two million dollars on an annualized basis pursuant to subdivision twenty-one of section twenty-eight hundred seven-c of this article, for the period January first, two thousand through March thirty-first, two thousand eight, in accordance with the following:

1. From the funds in the pool each year: (a) Each eligible rural hospital shall receive one hundred forty thousand dollars on an annualized basis for the periods January first, two thousand through December thirty-first, two thousand seven and thirty-five thousand dollars for the period January first, two thousand eight through March thirty-first, two thousand eight, provided as a disproportionate share payment; provided, however, that if such payment pursuant to this paragraph exceeds a hospital's applicable disproportionate share limit, then the total amount in excess of such limit shall be provided as a nondisproportionate share payment in the form of a grant directly from this pool without allocation to the special revenue funds - other, indigent care fund - 068, or any successor fund or account;

(b) Each such hospital shall also receive an amount calculated by multiplying the facility's uncompensated care need by the appropriate percentage from the following scale based on hospital rankings developed in accordance with each eligible rural hospital's weight as defined by this section.

Rank	Percentage Coverage of Uncompensated Care Need
1-9	60.0%
10-17	52.5%
18-25	45.0%
26-33	37.5%
34-41	30.0%
42-49	22.5%
50-57	15.0%
58+	7.5%

For purposes of calculating the distribution amount to an eligible rural hospital which has merged with another hospital on or after December thirty-first, nineteen hundred ninety-nine, and continues to be an eligible rural hospital in accordance with paragraph (c) of this subdivision, such merged facility's uncompensated care need pursuant to this paragraph shall be calculated from data provided in the eligible rural hospital's institutional cost report filed for the rate period two years prior to the distribution period, or if such report is not required for such rural hospital, the distribution amount shall be based upon the last institutional cost report required to be filed by such rural hospital.

(c) "Eligible rural hospital", as used in this section, shall mean a general hospital that as of December thirty-first, nineteen hundred ninety-nine or thereafter, was classified as a rural hospital for purposes of determining payment for inpatient services provided to beneficiaries of title XVIII of the federal social security act (medicare) or under state regulations, or a general hospital, which during the same time period, had a service area which has an average population of less than one hundred seventy-five persons per square mile, or a general hospital which has a service area which has an

average population of less than two hundred persons per square mile measured as population density by zip code. The average population of the service area is calculated by multiplying annual patient discharges by the population density per square mile of the county of origin or zip code as applicable for each patient discharge and dividing by total discharges. Annual patient discharges shall be determined using discharge data for the nineteen hundred ninety-seven rate year, as reported to the commissioner by October first, nineteen hundred ninety-eight. Population density shall be determined utilizing United States census bureau data for nineteen hundred ninety-seven. If an eligible rural hospital merges with another general hospital, on or after December thirty-first, nineteen hundred ninety-nine, and the merger results in separate facilities operating under a single facility operating certificate, such eligible rural hospital shall continue to be a separate eligible rural hospital for purposes of this subdivision until June thirtieth, two thousand three, and payments provided in accordance with this section shall be made to the merged entity; provided, however, that payments shall only be made to the merged entity if such separate eligible rural hospital continues to provide inpatient and/or outpatient hospital services at the same location at which it operated prior to the merger. If an eligible rural hospital merges with another general hospital on or after December thirty-first, nineteen hundred ninety-nine, and the merger results in such rural hospital continuing to operate under a separate facility operating certificate, such rural hospital will continue to be an eligible rural hospital after the merger; provided, however, that payments shall only be made to such rural hospital if such eligible rural hospital continues to provide inpatient and/or outpatient hospital services at the same location at which it is operated prior to the merger.

(d) "Eligible rural hospital weight", as used in this section, shall mean the result of adding, for each eligible rural hospital:

(i) The eligible rural hospital's targeted need, as defined in section twenty-eight hundred seven-k of this article, minus the mean targeted need for all eligible rural hospitals, divided by the standard deviation of the targeted need of all eligible rural hospitals; and

(ii) The mean number of beds of all eligible rural hospitals minus the number of beds for an individual hospital, divided by the standard deviation of the number of beds for all eligible rural hospitals.

2. From the funds in the pool each year, thirty-six million dollars on an annualized basis for the periods January first, two thousand through December thirty-first, two thousand seven and nine million dollars for the period January first, two thousand eight through March thirty-first, two thousand eight, of the funds not distributed in accordance with subdivision one of this section, shall be distributed in accordance with the formula set forth in subdivision six of section twenty-eight hundred seven-k of this article.

3. From the funds in the pool each year, any funds not distributed in accordance with subdivision one or two of this section, shall be distributed in accordance with the formula set forth in paragraph (b) of subdivision four of section twenty-eight hundred seven-k of this article.

4. In order for a general hospital to be eligible to participate in the distribution of funds pursuant to this section, such general hospital must be in compliance with the provisions of subdivisions nine, ten and twelve of section twenty-eight hundred seven-k of this article.

Part 86-1.11

(g) Bad debt and charity care regional pools and allowances. Regional pools will be established from which allowances will be added to hospital rates to help pay for the costs of bad debt and charity care for the three year period commencing January 1, 1983, and ending December 31, 1985. Such pools shall receive funds from hospitals pursuant to this subdivision and section 86-1.37 of this Subpart. For the rates established in 1983, the resources available for purposes of establishing the bad debt and charity care pools shall be calculated on the basis of two percent of the total statewide general hospital (including both major public hospitals and all other hospitals) reimbursable inpatient operating costs after application of the trend factor plus the addition of capital costs. For the rates established in 1984 and 1985, the resources available for establishing these pools shall be calculated on the basis of three percent and four percent, respectively of total statewide general hospital reimbursable inpatient operating costs in the respective rate year after application of the trend factor plus the addition of capital costs.

(1) To be eligible to receive an allowance from the bad debt and charity care pool funded by paragraph (4) of this subdivision and the financially distressed hospital pool funded by subdivisions (f)(1) and (g)(8) of this section, a facility must meet the following criteria. Compliance with these criteria shall be subject to audit.

(i) **The costs of bad debt and charity care must be determined according to the following definitions and must be reported in the appropriate sections of the facility's Institutional Cost Report.**

(a) **Bad debt.** Bad debts are the amounts which are considered to be uncollectible from accounts and notes receivable which were created or acquired in providing services. "Accounts receivable" and "notes receivable" are designations for claims arising from rendering services, and are collectable in money in the next operating cycle. Bad debts shall be determined in accordance with generally accepted accounting principles which recognize the direct charge-off method, the reserve method, or a combination of the direct charge-off method and the reserve method. Additionally, the debt must be related to a service which the facility has been authorized by the commissioner to provide. If an amount previously written off as a bad debt is recovered in a subsequent accounting period, the amount written off must be used to reduce the cost of bad debt for the period in which the collection is made.

(b) **Charity care.** Charity care is the reduction in charges made by the provider of services because the patient is indigent or medically indigent. Reductions in charge for employees which are accounted for as fringe benefits, such as hospitalization and personnel health programs, are not considered charity care. Courtesy allowances, such as free or reduced-charge services provided to other than the indigent or medically indigent, are not considered charity care.

(ii) The facility must maintain reasonable collection efforts and procedures.

(a) The hospital must utilize commonly accepted business methods and practices to collect unpaid amounts from all classes of payors. Such methods may differ for inpatient and outpatient services. The hospital shall utilize good business judgment and practices in determining the amounts to be collected.

(b) The hospital must determine the patient's ability to pay for the services rendered and document the method under which the determination was made.

(c) The hospital must generate and maintain written documentation of requests for payment for services provided.

(d) The hospital must take any subsequent actions as appropriate within good business practice such as subsequent billings, collection letters or telephone calls. These subsequent actions must be documented.

(e) The hospital may turn accounts over to a collection agency. Amounts so turned over may be written off as a bad debt at the time of turnover. Amounts collected by the facility after write-off constitute a recovery of bad debts in the period collected.

(f) The hospital shall not be required to pursue judgment claims before the account can be written off.

(g) A policy which is consistent and follows commonly accepted business methods and practices concerning the time period that must elapse between initial billing and the determination that an unpaid bill is a bad debt must be maintained from January 1, 1981 to December 31, 1985. A finding of inconsistency may be waived upon demonstration by the facility that a policy change served to make bad debt determination policies consistent with the requirements of this subdivision.

(iii) The facility shall submit by October 1, 1983 and thereafter within 120 days from the beginning of a rate year, a report containing an opinion by its independent certified public accountant or independent licensed public accountant in a form approved by the commissioner after consultation with the New York State Society of Certified Public Accountants, as to whether the facility meets the criteria of this subdivision for eligibility for a distribution from the bad debt and charity pool. The commissioner may accept a report containing an opinion that the facility is in compliance with the criteria of this subdivision as establishing initial eligibility as of the first day of each rate year for distribution from the pool. Thereafter if the commissioner determines that the facility is not in compliance, such noncompliance shall be applicable for the entire rate year. The facility may appeal this noncompliance determination pursuant to the provisions of section 86-1.17(i) of this Subpart. If the facility chooses to appeal the commissioner's determination, the facility will continue to receive payments from its regional pools, if otherwise eligible, until a final determination has been made. If it is finally determined that the facility is not in compliance or if the facility chooses not to appeal the commissioner's determination that it is out of compliance, the facility shall repay to its regional pools all monies received from these pools for the period during which it was out of compliance. If a facility fails to repay such monies to its regional pools within a reasonable period of time, major third-party payors shall adjust the facility's rates as directed by the commissioner to reflect money owed to the pools and shall pay these monies to the pool administrator.

(2) For the purpose of this subdivision only, the following words or phrases shall be defined as follows:

(i) Major public sector shall mean all State-operated general hospitals, all general hospitals operated by the New York City Health and Hospitals Corporation as established by chapter 1016 of the Laws of 1969, as amended and all other public general hospitals having annual inpatient operating costs in excess of \$25 million.

(ii) Voluntary sector shall mean all voluntary nonprofit, private proprietary and public general hospitals other than major public general hospitals.

(3) Hospital need shall be the sum of inpatient bad debts, charity care, and outpatient deficits, each to be calculated as follows. Inpatient bad debts and charity care will be reduced to cost through application of the inpatient charge converter. The inpatient charge converter is the ratio of adjusted inpatient costs to inpatient gross charges. To the resulting amount will be added outpatient deficits. Outpatient deficits will equal adjusted outpatient costs (not to include the costs of referred ambulatory care) less the difference between outpatient charges (not to include charges for referred ambulatory care) and outpatient bad debts, charity care, and contractual adjustments and other allowances, and less deficits resulting from governmental payments below average visit costs. Grants received to finance operating expenses, and the income and, where appropriate, principal, from those endowment funds and special purpose funds

whose use is restricted to pay for the costs of care provided to those unable to pay, shall also be considered in the calculation of outpatient deficits and inpatient bad debts and charity care. Regional need shall be the sum of hospital need for each region. Statewide need shall be the sum of regional need. Notwithstanding any inconsistent provision of this subdivision, as an interim payment mechanism for 1985, hospitals, other than major public general hospitals, whose 1983 hospital need increased by at least one million dollars over 1982 hospital need shall have their distributions from the bad debt and charity care pool in 1985 limited to 120 percent of their 1982 hospital need. Subsequent to this initial limitation, the department shall review 1982 and 1983 hospital need of the affected hospitals. Hospital need for final distribution from the bad debt and charity care pool in 1985 shall be revised to reflect the actual need determined by this review.

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Convertor</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	\$101,025,039	\$521,278,309	0.193802	\$12,265,068	\$2,955,338	\$2,949,753
BRUNSWICK HOSPITAL CENTER INC	\$65,648,692	\$167,541,476	0.391835	\$7,022,120	\$254,157	\$2,851,103
CENTRAL SUFFOLK HOSPITAL	\$36,828,617	\$133,796,085	0.275259	\$2,413,603	\$192,959	\$717,480
EASTERN LONG ISLAND HOSPITAL	\$17,394,094	\$42,731,252	0.407058	\$1,100,011	\$9,350	\$451,574
FRANKLIN HOSPITAL MEDICAL CENTER	\$85,045,943	\$248,021,888	0.342897	\$2,536,398	\$3,839,794	\$2,186,377
GOOD SAMARITAN HOSPITAL / WEST ISLIP	\$180,534,989	\$629,898,506	0.286610	\$3,865,031	\$1,497,672	\$1,537,002
HUNTINGTON HOSPITAL	\$126,346,293	\$305,934,297	0.412985	\$1,240,312	\$2,189,093	\$1,416,293
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	\$87,375,380	\$258,208,125	0.338391	\$2,972,131	\$376,824	\$1,133,257
LONG BEACH MEDICAL CENTER	\$45,911,015	\$256,934,724	0.178687	\$2,693,885	\$342,042	\$542,482
MERCY MEDICAL CENTER	\$129,673,368	\$366,175,097	0.354129	\$3,919,790	\$649,570	\$1,618,145
NEW ISLAND HOSPITAL	\$60,535,990	\$200,494,611	0.301933	\$1,937,688	\$395,664	\$704,517
NORTH SHORE / GLEN COVE	\$81,800,253	\$245,981,834	0.332546	\$3,580,037	\$1,793,497	\$1,786,947
NORTH SHORE / PLAINVIEW	\$96,140,235	\$272,327,501	0.353032	\$2,241,276	\$1,651,898	\$1,374,414
NORTH SHORE UNIVERSITY HOSPITAL	\$716,375,894	\$1,743,305,607	0.410930	\$10,634,830	\$13,519,724	\$9,925,821
SOUTH NASSAU COMMUNITIES HOSPITAL	\$117,656,934	\$443,858,176	0.265078	\$4,795,973	\$751,602	\$1,470,539
SOUTHAMPTON HOSPITAL	\$43,097,148	\$111,065,377	0.388034	\$2,629,068	\$370,796	\$1,164,049
SOUTHSIDE HOSPITAL	\$141,586,125	\$449,609,043	0.314909	\$11,068,134	\$2,652,133	\$4,320,641
ST CATHERINE OF SIENA	\$109,632,622	\$342,581,121	0.320019	\$2,358,764	\$157,137	\$805,137
ST CHARLES HOSPITAL	\$103,931,493	\$250,001,502	0.415723	\$2,996,225	\$283,733	\$1,363,556
ST FRANCIS HOSPITAL OF ROSLYN	\$253,044,121	\$701,690,752	0.360621	\$1,547,210	\$779,150	\$838,933
WINTHROP UNIVERSITY HOSPITAL	\$332,116,162	\$839,023,525	0.395837	\$4,653,541	\$1,401,365	\$2,396,753
NASSAU UNIVERSITY MEDICAL CENTER	\$219,176,173	\$357,519,353	0.613047	\$24,871,895	\$0	\$15,247,641
UNIVERSITY HOSPITAL AT STONY BROOK	\$400,339,187	\$808,984,451	0.494866	\$40,022,308	\$1,866,698	\$20,729,460

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	\$68,311,098	\$246,463,574	0.277165	\$14,865,628	\$1,855,884	\$4,634,619	\$7,584,372
BRUNSWICK HOSPITAL CENTER INC	\$6,659,194	\$14,161,212	0.470242	\$553,353	\$0	\$260,210	\$3,111,313
CENTRAL SUFFOLK HOSPITAL	\$21,048,036	\$51,035,054	0.412423	\$728,907	\$28,113	\$312,213	\$1,029,693
EASTERN LONG ISLAND HOSPITAL	\$3,650,132	\$5,862,016	0.622675	\$164,658	\$17,921	\$113,687	\$565,262
FRANKLIN HOSPITAL MEDICAL CENTER	\$23,061,477	\$59,986,176	0.384447	\$2,342,226	\$2,504,978	\$1,863,491	\$4,049,867
GOOD SAMARITAN HOSPITAL / WEST ISLIP	\$93,099,027	\$247,023,495	0.376883	\$10,759,234	\$3,243,040	\$5,277,223	\$6,814,225
HUNTINGTON HOSPITAL	\$33,861,028	\$83,973,279	0.403236	\$1,705,526	\$2,866,383	\$1,843,557	\$3,259,850
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	\$44,715,048	\$100,917,011	0.443087	\$5,653,043	\$16,417	\$2,512,066	\$3,645,323
LONG BEACH MEDICAL CENTER	\$17,580,890	\$29,297,647	0.600079	\$1,879,820	\$710,324	\$1,554,290	\$2,096,772
MERCY MEDICAL CENTER	\$42,186,213	\$86,093,047	0.490007	\$5,546,906	\$813,382	\$3,116,587	\$4,734,732
NEW ISLAND HOSPITAL	\$23,629,262	\$47,742,454	0.494932	\$2,451,491	\$0	\$1,213,321	\$1,917,838
NORTH SHORE / GLEN COVE	\$40,062,969	\$60,209,804	0.665389	\$3,095,647	\$9,132,503	\$8,136,482	\$9,923,429
NORTH SHORE / PLAINVIEW	\$20,479,536	\$55,976,711	0.365858	\$1,850,565	\$1,568,977	\$1,251,067	\$2,625,481
NORTH SHORE UNIVERSITY HOSPITAL	\$182,889,604	\$405,405,609	0.451127	\$7,436,661	\$21,722,361	\$13,154,436	\$23,080,257
SOUTH NASSAU COMMUNITIES HOSPITAL	\$63,893,970	\$144,242,454	0.442962	\$4,531,753	\$489,816	\$2,224,366	\$3,694,905
SOUTHAMPTON HOSPITAL	\$18,470,797	\$68,168,902	0.270956	\$1,976,939	\$0	\$535,664	\$1,699,714
SOUTHSIDE HOSPITAL	\$42,634,615	\$66,390,779	0.642177	\$5,780,389	\$421,347	\$3,982,611	\$8,303,252
ST CATHERINE OF SIENA	\$32,960,892	\$90,674,407	0.363508	\$1,555,072	\$52,006	\$584,186	\$1,389,323
ST CHARLES HOSPITAL	\$32,074,337	\$64,586,261	0.496612	\$974,087	\$55,571	\$511,341	\$1,874,896
ST FRANCIS HOSPITAL OF ROSLYN	\$33,473,112	\$87,177,927	0.383963	\$2,269,909	\$138,570	\$924,767	\$1,763,700
WINTHROP UNIVERSITY HOSPITAL	\$84,928,001	\$157,204,338	0.540240	\$4,224,482	\$723,936	\$2,673,331	\$5,070,084
NASSAU UNIVERSITY MEDICAL CENTER	\$90,904,691	\$113,864,656	0.798357	\$46,787,859	\$7,060,395	\$42,990,152	\$58,237,793
UNIVERSITY HOSPITAL AT STONY BROOK	\$104,600,791	\$148,463,133	0.704557	\$16,691,990	\$4,958	\$11,763,957	\$32,493,417

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	169,336,137	7,584,372	4.48%	5,263,151	0	\$5,263,151	\$3,829,392
BRUNSWICK HOSPITAL CENTER INC	72,307,886	3,111,313	4.30%	2,145,588	0	\$2,145,588	\$1,561,098
CENTRAL SUFFOLK HOSPITAL	57,876,653	1,029,693	1.78%	654,831	0	\$654,831	\$476,446
EASTERN LONG ISLAND HOSPITAL	21,044,226	565,262	2.69%	369,378	0	\$369,378	\$268,754
FRANKLIN HOSPITAL MEDICAL CENTER	108,107,420	4,049,867	3.75%	2,740,105	0	\$2,740,105	\$1,993,660
GOOD SAMARITAN HOSPITAL / WEST ISLIP	273,634,016	6,814,225	2.49%	4,427,915	0	\$4,427,915	\$3,221,686
HUNTINGTON HOSPITAL	160,207,321	3,259,850	2.03%	2,081,636	0	\$2,081,636	\$1,514,568
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	132,090,428	3,645,323	2.76%	2,386,613	0	\$2,386,613	\$1,736,465
LONG BEACH MEDICAL CENTER	63,491,905	2,096,772	3.30%	1,397,976	0	\$1,397,976	\$1,017,147
MERCY MEDICAL CENTER	171,859,581	4,734,732	2.76%	3,099,488	0	\$3,099,488	\$2,255,142
NEW ISLAND HOSPITAL	84,165,252	1,917,838	2.28%	1,237,280	0	\$1,237,280	\$900,227
NORTH SHORE / GLEN COVE	121,863,222	9,923,429	8.14%	7,760,357	0	\$7,760,357	\$5,646,322
NORTH SHORE / PLAINVIEW	116,619,771	2,625,481	2.25%	1,692,062	0	\$1,692,062	\$1,231,120
NORTH SHORE UNIVERSITY HOSPITAL	899,265,498	23,080,257	2.57%	15,032,098	0	\$15,032,098	\$10,937,135
SOUTH NASSAU COMMUNITIES HOSPITAL	181,550,904	3,694,905	2.04%	2,359,495	0	\$2,359,495	\$1,716,734
SOUTHAMPTON HOSPITAL	61,567,945	1,699,714	2.76%	1,112,840	0	\$1,112,840	\$809,686
SOUTHSIDE HOSPITAL	184,220,740	8,303,252	4.51%	5,767,553	0	\$5,767,553	\$4,196,387
ST CATHERINE OF SIENA	142,593,514	1,389,323	0.97%	867,412	0	\$867,412	\$631,116
ST CHARLES HOSPITAL	136,005,830	1,874,896	1.38%	1,184,681	0	\$1,184,681	\$861,957
ST FRANCIS HOSPITAL OF ROSLYN	286,517,233	1,763,700	0.62%	1,074,776	0	\$1,074,776	\$781,991
WINTHROP UNIVERSITY HOSPITAL	417,044,163	5,070,084	1.22%	3,191,294	0	\$3,191,294	\$2,321,939
NASSAU UNIVERSITY MEDICAL CENTER	310,080,864	58,237,793	18.78%	0	7,547,805	\$0	\$7,547,805
UNIVERSITY HOSPITAL AT STONY BROOK	504,939,978	32,493,417	6.44%	0	6,488,961	\$0	\$6,488,961

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
BRUNSWICK HOSPITAL CENTER INC	\$0	\$0	\$0	\$0	\$0
CENTRAL SUFFOLK HOSPITAL	\$0	\$0	\$0	\$0	\$0
EASTERN LONG ISLAND HOSPITAL	\$0	\$0	\$0	\$0	\$0
FRANKLIN HOSPITAL MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
GOOD SAMARITAN HOSPITAL / WEST ISLIP	\$0	\$0	\$0	\$0	\$0
HUNTINGTON HOSPITAL	\$0	\$0	\$0	\$0	\$0
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	\$0	\$0	\$0	\$0	\$0
LONG BEACH MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
MERCY MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
NEW ISLAND HOSPITAL	\$0	\$0	\$0	\$0	\$0
NORTH SHORE / GLEN COVE	\$2,885,828	\$701,841	\$0	\$0	\$0
NORTH SHORE / PLAINVIEW	\$0	\$0	\$0	\$0	\$0
NORTH SHORE UNIVERSITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
SOUTH NASSAU COMMUNITIES HOSPITAL	\$0	\$0	\$0	\$0	\$0
SOUTHAMPTON HOSPITAL	\$0	\$0	\$0	\$0	\$0
SOUTHSIDE HOSPITAL	\$0	\$0	\$0	\$0	\$0
ST CATHERINE OF SIENA	\$0	\$0	\$0	\$0	\$0
ST CHARLES HOSPITAL	\$0	\$0	\$0	\$0	\$0
ST FRANCIS HOSPITAL OF ROSLYN	\$0	\$0	\$0	\$0	\$0
WINTHROP UNIVERSITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
NASSAU UNIVERSITY MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
UNIVERSITY HOSPITAL AT STONY BROOK	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	\$0	\$134,119	\$0	\$3,963,510	\$7,584,372	52.3%
BRUNSWICK HOSPITAL CENTER INC	\$0	\$54,675	\$4,348	\$1,620,122	\$3,111,313	52.1%
CENTRAL SUFFOLK HOSPITAL	\$0	\$16,687	\$0	\$493,132	\$1,029,693	47.9%
EASTERN LONG ISLAND HOSPITAL	\$0	\$9,413	\$0	\$278,167	\$565,262	49.2%
FRANKLIN HOSPITAL MEDICAL CENTER	\$0	\$69,825	\$0	\$2,063,485	\$4,049,867	51.0%
GOOD SAMARITAN HOSPITAL / WEST ISLIP	\$0	\$112,835	\$76,964	\$3,411,485	\$6,814,225	50.1%
HUNTINGTON HOSPITAL	\$0	\$53,046	\$6,202	\$1,573,815	\$3,259,850	48.3%
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	\$0	\$60,817	\$0	\$1,797,282	\$3,645,323	49.3%
LONG BEACH MEDICAL CENTER	\$0	\$35,624	\$16,923	\$1,069,694	\$2,096,772	51.0%
MERCY MEDICAL CENTER	\$0	\$78,983	\$2,813	\$2,336,938	\$4,734,732	49.4%
NEW ISLAND HOSPITAL	\$0	\$31,529	\$0	\$931,756	\$1,917,838	48.6%
NORTH SHORE / GLEN COVE	\$701,841	\$197,754	\$42,451	\$7,290,210	\$9,923,429	73.5%
NORTH SHORE / PLAINVIEW	\$0	\$43,118	\$0	\$1,274,238	\$2,625,481	48.5%
NORTH SHORE UNIVERSITY HOSPITAL	\$0	\$383,057	\$1,323,840	\$12,644,032	\$23,080,257	54.8%
SOUTH NASSAU COMMUNITIES HOSPITAL	\$0	\$60,126	\$42,701	\$1,819,561	\$3,694,905	49.2%
SOUTHAMPTON HOSPITAL	\$0	\$28,358	\$0	\$838,044	\$1,699,714	49.3%
SOUTHSIDE HOSPITAL	\$0	\$146,972	\$44,790	\$4,388,150	\$8,303,252	52.8%
ST CATHERINE OF SIENA	\$0	\$22,104	\$0	\$653,220	\$1,389,323	47.0%
ST CHARLES HOSPITAL	\$0	\$30,189	\$22,947	\$915,093	\$1,874,896	48.8%
ST FRANCIS HOSPITAL OF ROSLYN	\$0	\$27,388	\$33,099	\$842,478	\$1,763,700	47.8%
WINTHROP UNIVERSITY HOSPITAL	\$0	\$81,323	\$588,906	\$2,992,167	\$5,070,084	59.0%
NASSAU UNIVERSITY MEDICAL CENTER	\$0	\$0	\$0	\$7,547,805	\$58,237,793	13.0%
UNIVERSITY HOSPITAL AT STONY BROOK	\$0	\$0	\$0	\$6,488,961	\$32,493,417	20.0%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Convertor</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
BETH ISRAEL / KINGS HIGHWAY DIV	\$71,002,499	\$339,174,995	0.209339	\$1,225,288	\$552,845	\$372,232
BETH ISRAEL MEDICAL CENTER	\$382,419,600	\$1,176,338,798	0.325093	\$27,296,248	\$12,221,441	\$12,846,927
BRONX-LEBANON HOSPITAL CENTER	\$224,599,890	\$476,776,826	0.471080	\$32,809,014	\$2,071,229	\$16,431,375
BROOKDALE HOSPITAL MEDICAL CENTER	\$215,039,497	\$366,613,460	0.586556	\$15,694,772	\$133,672	\$9,284,276
BROOKLYN HOSPITAL	\$162,669,219	\$289,593,395	0.561716	\$5,387,245	\$957,462	\$3,563,923
CABRINI MEDICAL CENTER	\$97,712,671	\$349,571,578	0.279521	\$1,879,280	\$0	\$525,299
CALVARY HOSPITAL	\$66,398,575	\$80,110,700	0.828835	\$1,478,052	\$110,400	\$1,316,565
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS	\$198,908,790	\$543,774,961	0.365792	\$17,992,037	\$6,687,021	\$9,027,414
EPISCOPAL HEALTH SERVICES, INC	\$89,957,472	\$197,752,871	0.454898	\$984,323	\$1,260,729	\$1,021,271
FLUSHING HOSPITAL AND MEDICAL CENTER	\$111,950,240	\$182,407,734	0.613736	\$10,281,874	\$394,147	\$6,552,261
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUT	\$85,162,299	\$180,713,674	0.471255	\$79,157	\$0	\$37,303
HOSPITAL FOR SPECIAL SURGERY	\$149,240,367	\$373,107,043	0.399993	\$1,047,398	\$123,090	\$468,188
INTERFAITH MEDICAL CENTER	\$111,886,166	\$376,585,078	0.297107	\$3,078,021	\$210,564	\$977,063
JAMAICA HOSPITAL	\$181,028,773	\$298,202,650	0.607066	\$20,393,626	\$2,509,568	\$13,903,757
KINGSBROOK JEWISH MEDICAL CENTER	\$106,871,636	\$305,184,003	0.350188	\$3,310,932	\$480,221	\$1,327,615
LENOX HILL HOSPITAL	\$354,169,283	\$1,683,171,542	0.210418	\$18,413,654	\$8,077,944	\$5,574,304
LONG ISLAND COLLEGE HOSPITAL	\$187,260,406	\$605,503,741	0.309264	\$12,012,335	\$16,231,486	\$8,734,792
LONG ISLAND JEWISH-HILLSIDE MED CTR	\$504,479,649	\$1,361,963,348	0.370406	\$15,150,937	\$24,169,314	\$14,564,464
LUTHERAN MEDICAL CENTER	\$201,601,248	\$301,711,209	0.668193	\$12,864,986	\$155,980	\$8,700,515
MAIMONIDES MEDICAL CENTER	\$404,860,809	\$1,211,098,864	0.334292	\$3,957,249	\$4,446,977	\$2,809,467
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$4,058,641	\$8,554,872	0.474425	\$309,537	\$253,779	\$267,251
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEA	\$398,298,627	\$604,422,611	0.658974	\$167,242	\$1,487,116	\$1,090,178
MONTEFIORE HOSPITAL & MEDICAL CENTER	\$708,092,722	\$2,375,751,196	0.298050	\$8,725,946	\$3,828,857	\$3,741,959
MOUNT SINAI HOSPITAL	\$706,435,789	\$1,541,026,288	0.458419	\$24,192,149	\$158,528	\$11,162,814
MOUNT SINAI HOSPITAL OF QUEENS	\$67,492,880	\$145,566,892	0.463655	\$2,503,803	\$834,017	\$1,547,598
NEW YORK PRESBYTERIAN HOSPITAL	\$1,546,218,164	\$3,608,409,601	0.428504	\$54,888,004	\$32,294,566	\$37,358,085
NORTH GENERAL HOSPITAL	\$67,792,595	\$114,214,941	0.593553	\$1,793,083	\$468,311	\$1,342,257
NORTH SHORE / FOREST HILLS	\$87,418,528	\$236,739,548	0.369260	\$2,477,340	\$3,737,857	\$2,295,026
NY COMMUNITY / BROOKLYN	\$46,430,027	\$101,428,470	0.457761	\$609,009	\$0	\$278,781

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
BETH ISRAEL / KINGS HIGHWAY DIV	\$15,230,001	\$38,500,242	0.395582	\$5,657,911	\$2,162,376	\$3,093,564	\$3,465,797
BETH ISRAEL MEDICAL CENTER	\$184,315,052	\$252,393,869	0.730268	\$32,827,098	\$16,427,887	\$35,969,317	\$48,816,244
BRONX-LEBANON HOSPITAL CENTER	\$124,329,775	\$170,097,663	0.730932	\$51,971,080	\$2,167,715	\$39,571,762	\$56,003,137
BROOKDALE HOSPITAL MEDICAL CENTER	\$126,669,846	\$182,426,258	0.694362	\$8,921,962	\$10,467,511	\$13,463,312	\$22,747,588
BROOKLYN HOSPITAL	\$99,304,071	\$152,782,413	0.649971	\$11,461,138	\$2,016,517	\$8,760,079	\$12,324,002
CABRINI MEDICAL CENTER	\$39,233,187	\$74,011,265	0.530098	\$1,392,182	\$2,054,000	\$1,826,812	\$2,352,111
CALVARY HOSPITAL	\$2,834,839	\$2,719,700	1.042335	\$0	\$12,613	\$13,147	\$1,329,712
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS	\$156,271,046	\$265,721,755	0.588100	\$20,883,232	\$3,859,051	\$14,550,944	\$23,578,358
EPISCOPAL HEALTH SERVICES, INC	\$42,580,142	\$53,392,472	0.797493	\$3,116,923	\$2,968,483	\$4,853,071	\$5,874,342
FLUSHING HOSPITAL AND MEDICAL CENTER	\$50,917,285	\$91,248,899	0.558004	\$4,835,286	\$6,635,114	\$6,400,533	\$12,952,795
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUT	\$47,060,623	\$66,732,083	0.705217	\$3,683,140	\$0	\$2,597,414	\$2,634,717
HOSPITAL FOR SPECIAL SURGERY	\$69,079,379	\$85,652,762	0.806505	\$652,263	\$318,223	\$782,702	\$1,250,889
INTERFAITH MEDICAL CENTER	\$69,543,265	\$77,619,874	0.895947	\$11,143,983	\$11,480,521	\$20,270,348	\$21,247,411
JAMAICA HOSPITAL	\$115,853,303	\$219,951,485	0.526722	\$40,395,828	\$1,584,259	\$22,111,839	\$36,015,595
KINGSBROOK JEWISH MEDICAL CENTER	\$80,923,494	\$117,294,293	0.689918	\$10,533,044	\$2,819,798	\$9,212,372	\$10,539,986
LENOX HILL HOSPITAL	\$57,300,168	\$97,518,361	0.587583	\$3,695,202	\$938,151	\$2,722,481	\$8,296,785
LONG ISLAND COLLEGE HOSPITAL	\$92,772,224	\$140,763,372	0.659065	\$21,956,315	\$3,773,086	\$16,957,350	\$25,692,142
LONG ISLAND JEWISH-HILLSIDE MED CTR	\$252,965,221	\$399,795,933	0.632736	\$10,555,788	\$6,382,983	\$10,717,768	\$25,282,232
LUTHERAN MEDICAL CENTER	\$142,206,305	\$197,138,283	0.721353	\$11,184,755	\$14,405,856	\$18,459,866	\$27,160,381
MAIMONIDES MEDICAL CENTER	\$123,146,327	\$229,780,600	0.535930	\$11,840,206	\$38,968,218	\$27,229,761	\$30,039,227
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$34,919,894	\$62,014,212	0.563095	\$2,326,862	\$4,040,174	\$3,585,246	\$3,852,497
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEA	\$369,559,107	\$525,963,123	0.702633	\$5,847,988	\$6,279,591	\$8,521,239	\$9,611,417
MONTEFIORE HOSPITAL & MEDICAL CENTER	\$366,154,848	\$665,250,061	0.550402	\$51,441,000	\$10,512,893	\$34,099,536	\$37,841,495
MOUNT SINAI HOSPITAL	\$148,351,034	\$289,845,989	0.511827	\$17,873,884	\$14,336,355	\$16,486,073	\$27,648,887
MOUNT SINAI HOSPITAL OF QUEENS	\$23,704,914	\$46,996,068	0.504402	\$5,229,089	\$115,313	\$2,695,727	\$4,243,326
NEW YORK PRESBYTERIAN HOSPITAL	\$574,947,612	\$900,801,138	0.638263	\$7,589,388	\$19,031,835	\$16,991,329	\$54,349,414
NORTH GENERAL HOSPITAL	\$43,777,842	\$73,696,143	0.594032	\$4,277,776	\$6,157,001	\$6,198,588	\$7,540,845
NORTH SHORE / FOREST HILLS	\$21,776,540	\$49,294,064	0.441768	\$1,409,578	\$2,000,095	\$1,506,284	\$3,801,310
NY COMMUNITY / BROOKLYN	\$8,026,592	\$12,711,806	0.631428	\$812,274	\$0	\$512,893	\$791,673

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
BETH ISRAEL / KINGS HIGHWAY DIV	86,232,500	3,465,797	4.02%	2,363,033	0	\$2,363,033	\$1,719,308
BETH ISRAEL MEDICAL CENTER	566,734,652	48,816,244	8.61%	38,756,704	0	\$38,756,704	\$28,198,811
BRONX-LEBANON HOSPITAL CENTER	348,929,665	56,003,137	16.05%	49,809,635	0	\$49,809,635	\$36,240,761
BROOKDALE HOSPITAL MEDICAL CENTER	341,709,343	22,747,588	6.66%	16,970,308	0	\$16,970,308	\$12,347,348
BROOKLYN HOSPITAL	261,973,290	12,324,002	4.70%	8,614,828	0	\$8,614,828	\$6,268,023
CABRINI MEDICAL CENTER	136,945,858	2,352,111	1.72%	1,494,636	0	\$1,494,636	\$1,087,475
CALVARY HOSPITAL	69,233,414	1,329,712	1.92%	847,004	0	\$847,004	\$616,268
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS	355,179,836	23,578,358	6.64%	17,579,929	0	\$17,579,929	\$12,790,899
EPISCOPAL HEALTH SERVICES, INC	132,537,614	5,874,342	4.43%	4,069,920	0	\$4,069,920	\$2,961,214
FLUSHING HOSPITAL AND MEDICAL CENTER	162,867,525	12,952,795	7.95%	10,065,726	0	\$10,065,726	\$7,323,675
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUT	132,222,922	2,634,717	1.99%	1,679,511	0	\$1,679,511	\$1,221,987
HOSPITAL FOR SPECIAL SURGERY	218,319,746	1,250,889	0.57%	758,498	0	\$758,498	\$551,872
INTERFAITH MEDICAL CENTER	181,429,431	21,247,411	11.71%	18,027,038	0	\$18,027,038	\$13,116,209
JAMAICA HOSPITAL	296,882,076	36,015,595	12.13%	30,745,939	0	\$30,745,939	\$22,370,295
KINGSBROOK JEWISH MEDICAL CENTER	187,795,130	10,539,986	5.61%	7,597,474	0	\$7,597,474	\$5,527,811
LENOX HILL HOSPITAL	411,469,451	8,296,785	2.02%	5,293,413	0	\$5,293,413	\$3,851,410
LONG ISLAND COLLEGE HOSPITAL	280,032,630	25,692,142	9.17%	20,721,563	0	\$20,721,563	\$15,076,706
LONG ISLAND JEWISH-HILLSIDE MED CTR	757,444,870	25,282,232	3.34%	16,878,701	0	\$16,878,701	\$12,280,695
LUTHERAN MEDICAL CENTER	343,807,553	27,160,381	7.90%	21,075,008	0	\$21,075,008	\$15,333,867
MAIMONIDES MEDICAL CENTER	528,007,136	30,039,227	5.69%	21,705,292	0	\$21,705,292	\$15,792,452
MANHATTAN EYE EAR AND THROAT HOSPITAL	38,978,535	3,852,497	9.88%	3,160,628	0	\$3,160,628	\$2,299,627
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEA	767,857,734	9,611,417	1.25%	6,055,457	0	\$6,055,457	\$4,405,862
MONTEFIORE HOSPITAL & MEDICAL CENTER	1,074,247,570	37,841,495	3.52%	25,426,941	0	\$25,426,941	\$18,500,270
MOUNT SINAI HOSPITAL	854,786,823	27,648,887	3.23%	18,386,002	0	\$18,386,002	\$13,377,386
MOUNT SINAI HOSPITAL OF QUEENS	91,197,794	4,243,326	4.65%	2,961,471	0	\$2,961,471	\$2,154,723
NEW YORK PRESBYTERIAN HOSPITAL	2,121,165,776	54,349,414	2.56%	35,393,133	0	\$35,393,133	\$25,751,525
NORTH GENERAL HOSPITAL	111,570,437	7,540,845	6.76%	5,643,163	0	\$5,643,163	\$4,105,883
NORTH SHORE / FOREST HILLS	109,195,068	3,801,310	3.48%	2,550,696	0	\$2,550,696	\$1,855,849
NY COMMUNITY / BROOKLYN	54,456,619	791,673	1.45%	500,974	0	\$500,974	\$364,501

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
BETH ISRAEL / KINGS HIGHWAY DIV	\$0	\$0	\$0	\$0	\$0
BETH ISRAEL MEDICAL CENTER	\$16,087,318	\$3,912,480	\$0	\$0	\$0
BRONX-LEBANON HOSPITAL CENTER	\$35,852,448	\$8,719,414	\$0	\$0	\$0
BROOKDALE HOSPITAL MEDICAL CENTER	\$3,301,935	\$803,040	\$0	\$0	\$0
BROOKLYN HOSPITAL	\$0	\$0	\$0	\$0	\$0
CABRINI MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
CALVARY HOSPITAL	\$0	\$0	\$0	\$0	\$0
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS	\$3,372,735	\$820,259	\$0	\$0	\$0
EPISCOPAL HEALTH SERVICES, INC	\$0	\$0	\$0	\$0	\$0
FLUSHING HOSPITAL AND MEDICAL CENTER	\$3,551,025	\$863,619	\$0	\$0	\$0
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUT	\$0	\$0	\$0	\$0	\$0
HOSPITAL FOR SPECIAL SURGERY	\$0	\$0	\$0	\$0	\$0
INTERFAITH MEDICAL CENTER	\$10,769,861	\$2,619,260	\$0	\$0	\$0
JAMAICA HOSPITAL	\$18,870,655	\$4,589,395	\$0	\$0	\$0
KINGSBROOK JEWISH MEDICAL CENTER	\$85,668	\$20,835	\$0	\$0	\$0
LENOX HILL HOSPITAL	\$0	\$0	\$0	\$0	\$0
LONG ISLAND COLLEGE HOSPITAL	\$9,520,258	\$2,315,353	\$0	\$0	\$0
LONG ISLAND JEWISH-HILLSIDE MED CTR	\$0	\$0	\$0	\$0	\$0
LUTHERAN MEDICAL CENTER	\$7,322,706	\$1,780,902	\$0	\$0	\$0
MAIMONIDES MEDICAL CENTER	\$585,006	\$142,275	\$0	\$0	\$0
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$1,601,487	\$389,486	\$0	\$0	\$0
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEA	\$0	\$0	\$0	\$0	\$0
MONTEFIORE HOSPITAL & MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
MOUNT SINAI HOSPITAL	\$0	\$0	\$0	\$0	\$0
MOUNT SINAI HOSPITAL OF QUEENS	\$0	\$0	\$0	\$0	\$0
NEW YORK PRESBYTERIAN HOSPITAL	\$0	\$0	\$0	\$0	\$0
NORTH GENERAL HOSPITAL	\$1,180,346	\$287,063	\$0	\$0	\$0
NORTH SHORE / FOREST HILLS	\$0	\$0	\$0	\$0	\$0
NY COMMUNITY / BROOKLYN	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
BETH ISRAEL / KINGS HIGHWAY DIV	\$0	\$60,216	\$0	\$1,779,524	\$3,465,797	51.3%
BETH ISRAEL MEDICAL CENTER	\$3,912,480	\$987,622	\$970,546	\$37,981,939	\$48,816,244	77.8%
BRONX-LEBANON HOSPITAL CENTER	\$8,719,414	\$1,269,280	\$0	\$54,948,869	\$56,003,137	98.1%
BROOKDALE HOSPITAL MEDICAL CENTER	\$803,040	\$432,448	\$480,288	\$14,866,163	\$22,747,588	65.4%
BROOKLYN HOSPITAL	\$0	\$219,528	\$466,280	\$6,953,831	\$12,324,002	56.4%
CABRINI MEDICAL CENTER	\$0	\$38,087	\$160,843	\$1,286,405	\$2,352,111	54.7%
CALVARY HOSPITAL	\$0	\$21,584	\$0	\$637,852	\$1,329,712	48.0%
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS	\$820,259	\$447,983	\$352,422	\$15,231,821	\$23,578,358	64.6%
EPISCOPAL HEALTH SERVICES, INC	\$0	\$103,712	\$119,950	\$3,184,876	\$5,874,342	54.2%
FLUSHING HOSPITAL AND MEDICAL CENTER	\$863,619	\$256,501	\$215,543	\$9,522,958	\$12,952,795	73.5%
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUT	\$0	\$42,798	\$99,436	\$1,364,222	\$2,634,717	51.8%
HOSPITAL FOR SPECIAL SURGERY	\$0	\$19,329	\$282,650	\$853,851	\$1,250,889	68.3%
INTERFAITH MEDICAL CENTER	\$2,619,260	\$459,376	\$61,544	\$18,875,649	\$21,247,411	88.8%
JAMAICA HOSPITAL	\$4,589,395	\$783,487	\$158,611	\$32,491,183	\$36,015,595	90.2%
KINGSBROOK JEWISH MEDICAL CENTER	\$20,835	\$193,604	\$46,081	\$5,809,165	\$10,539,986	55.1%
LENOX HILL HOSPITAL	\$0	\$134,890	\$832,154	\$4,818,454	\$8,296,785	58.1%
LONG ISLAND COLLEGE HOSPITAL	\$2,315,353	\$528,040	\$505,766	\$20,741,217	\$25,692,142	80.7%
LONG ISLAND JEWISH-HILLSIDE MED CTR	\$0	\$430,114	\$1,672,013	\$14,382,822	\$25,282,232	56.9%
LUTHERAN MEDICAL CENTER	\$1,780,902	\$537,046	\$174,431	\$19,607,149	\$27,160,381	72.2%
MAIMONIDES MEDICAL CENTER	\$142,275	\$553,108	\$656,036	\$17,286,146	\$30,039,227	57.5%
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$389,486	\$80,541	\$31,637	\$3,190,777	\$3,852,497	82.8%
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEA	\$0	\$154,309	\$890,695	\$5,450,866	\$9,611,417	56.7%
MONTEFIORE HOSPITAL & MEDICAL CENTER	\$0	\$647,945	\$2,038,969	\$21,187,184	\$37,841,495	56.0%
MOUNT SINAI HOSPITAL	\$0	\$468,523	\$1,798,550	\$15,644,459	\$27,648,887	56.6%
MOUNT SINAI HOSPITAL OF QUEENS	\$0	\$75,466	\$0	\$2,230,189	\$4,243,326	52.6%
NEW YORK PRESBYTERIAN HOSPITAL	\$0	\$901,910	\$3,452,864	\$30,106,299	\$54,349,414	55.4%
NORTH GENERAL HOSPITAL	\$287,063	\$143,803	\$12,458	\$4,836,270	\$7,540,845	64.1%
NORTH SHORE / FOREST HILLS	\$0	\$64,998	\$129,113	\$2,049,961	\$3,801,310	53.9%
NY COMMUNITY / BROOKLYN	\$0	\$12,766	\$0	\$377,267	\$791,673	47.7%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Converter</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
NY EYE AND EAR INFIRMARY	\$5,336,070	\$12,939,848	0.412375	\$785,196	\$1,173,856	\$807,864
NY MEDICAL CTR OF QUEENS	\$254,228,435	\$694,187,552	0.366224	\$6,924,928	\$5,473,928	\$4,540,764
NY METHODIST HOSPITAL OF BROOKLYN	\$264,907,339	\$670,532,207	0.395070	\$5,985,825	\$14,210,220	\$7,978,857
NY UNIVERSITY MED CTR	\$486,198,574	\$1,169,594,390	0.415698	\$9,965,869	\$269,000	\$4,254,619
NY WESTCHESTER SQUARE MEDICAL CENTER	\$46,587,682	\$111,562,029	0.417594	\$722,112	\$0	\$301,550
NYU DOWNTOWN HOSPITAL	\$73,215,648	\$131,935,150	0.554937	\$4,611,735	\$0	\$2,559,221
OUR LADY OF MERCY MEDICAL CTR	\$141,969,176	\$285,377,213	0.497479	\$7,991,986	\$0	\$3,975,845
PARKWAY HOSPITAL	\$55,095,948	\$435,213,368	0.126595	\$4,706,887	\$0	\$595,870
PENINSULA HOSPITAL CENTER	\$52,015,224	\$91,836,326	0.566391	\$1,172,821	\$28,439	\$680,382
ROCKEFELLER UNIVERSITY HOSPITAL	\$4,238,241	\$3,956,250	1.071277	\$0	\$0	\$0
SISTERS OF CHARITY MEDICAL CENTER	\$166,128,294	\$363,083,908	0.457548	\$9,251,217	\$1,263,923	\$4,811,181
ST BARNABAS HOSPITAL	\$132,322,750	\$317,636,867	0.416585	\$952,287	\$5,382,865	\$2,639,129
ST LUKES / ROOSEVELT HOSPITAL CENTER	\$487,459,273	\$1,452,031,994	0.335708	\$18,622,249	\$12,662,261	\$10,502,471
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	\$300,361,261	\$721,920,570	0.416059	\$15,090,254	\$206,010	\$6,364,142
ST VINCENTS MIDTOWN HOSPITAL	\$43,318,837	\$64,434,008	0.672298	\$4,250,338	\$59,817	\$2,897,707
STATEN ISLAND UNIVERSITY HOSPITAL	\$329,555,373	\$971,215,308	0.339323	\$10,201,335	\$2,383,316	\$4,270,257
VICTORY MEMORIAL HOSPITAL	\$57,153,701	\$311,866,278	0.183263	\$5,577,646	\$16,764	\$1,025,251
WYCKOFF HEIGHTS HOSPITAL	\$151,011,455	\$306,416,374	0.492831	\$302,277	\$260,195	\$277,204
BELLEVUE HOSPITAL CENTER	\$329,671,505	\$530,511,670	0.621422	\$26,527,968	\$4,148,243	\$19,062,866
CITY HOSPITAL CENTER AT ELMHURST	\$243,013,712	\$445,081,152	0.545999	\$8,103,262	\$0	\$4,424,370
COLER MEMORIAL HOSPITAL	\$38,189,570	\$82,510,884	0.462843	\$524,371	\$0	\$242,701
CONEY ISLAND HOSPITAL	\$152,781,071	\$249,341,291	0.612739	\$3,028,153	\$1,392,861	\$2,708,927
GOLDWATER MEMORIAL HOSPITAL	\$79,423,923	\$164,591,760	0.482551	\$137,233	\$0	\$66,222
HARLEM HOSPITAL CENTER	\$176,349,315	\$211,492,000	0.833834	\$5,914,299	\$0	\$4,931,546
JACOBI MEDICAL CENTER	\$245,885,045	\$385,508,922	0.637819	\$5,611,249	\$4,842,253	\$6,667,446
KINGS COUNTY HOSPITAL CENTER	\$289,530,642	\$479,892,143	0.603324	\$10,713,908	\$54,886,890	\$39,578,562
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$175,967,900	\$246,907,516	0.712687	\$6,809,145	\$0	\$4,852,793
METROPOLITAN HOSPITAL CENTER	\$153,215,464	\$242,908,133	0.630755	\$4,432,803	\$0	\$2,796,012
NORTH CENTRAL BRONX HOSPITAL	\$84,872,736	\$133,067,692	0.637816	\$3,159,211	\$756,853	\$2,497,729
QUEENS HOSPITAL CENTER	\$112,209,488	\$151,225,379	0.742002	\$2,636,242	\$0	\$1,956,096
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	\$198,943,205	\$271,386,437	0.733062	\$3,993,322	\$0	\$2,927,354
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL C	\$276,060,595	\$296,670,440	0.930529	\$2,613,205	\$4,683,571	\$6,789,865

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
NY EYE AND EAR INFIRMARY	\$54,682,723	\$146,795,322	0.372510	\$2,811,602	\$3,122,331	\$2,210,449	\$3,018,313
NY MEDICAL CTR OF QUEENS	\$94,469,454	\$150,572,112	0.627403	\$6,420,678	\$9,933,785	\$10,260,846	\$14,801,609
NY METHODIST HOSPITAL OF BROOKLYN	\$80,982,097	\$157,454,582	0.514320	\$8,155,215	\$7,099,256	\$7,845,685	\$15,824,542
NY UNIVERSITY MED CTR	\$125,587,970	\$209,036,620	0.600794	\$6,917,028	\$0	\$4,155,710	\$8,410,329
NY WESTCHESTER SQUARE MEDICAL CENTER	\$15,871,061	\$26,899,515	0.590013	\$1,617,097	\$0	\$954,108	\$1,255,658
NYU DOWNTOWN HOSPITAL	\$46,530,358	\$54,553,477	0.852931	\$757,747	\$0	\$646,306	\$3,205,527
OUR LADY OF MERCY MEDICAL CTR	\$61,351,109	\$111,580,865	0.549835	\$5,733,458	\$4,283,683	\$5,507,779	\$9,483,624
PARKWAY HOSPITAL	\$13,241,288	\$75,537,059	0.175295	\$816,943	\$0	\$143,206	\$739,076
PENINSULA HOSPITAL CENTER	\$17,338,054	\$21,093,852	0.821948	\$2,150,065	\$29,987	\$1,791,890	\$2,472,272
ROCKEFELLER UNIVERSITY HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0	\$0
SISTERS OF CHARITY MEDICAL CENTER	\$99,888,927	\$133,398,242	0.748802	\$10,231,386	\$4,175,303	\$10,787,764	\$15,598,944
ST BARNABAS HOSPITAL	\$116,995,582	\$192,278,224	0.608470	\$4,521,731	\$18,330,690	\$13,905,019	\$16,544,148
ST LUKES / ROOSEVELT HOSPITAL CENTER	\$205,115,928	\$428,952,560	0.478179	\$43,367,568	\$26,837,875	\$33,570,739	\$44,073,211
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	\$110,754,005	\$211,707,702	0.523146	\$19,477,171	\$6,652,485	\$13,669,621	\$20,033,763
ST VINCENTS MIDTOWN HOSPITAL	\$30,876,652	\$33,121,691	0.932218	\$4,396,034	\$146,265	\$4,234,415	\$7,132,122
STATEN ISLAND UNIVERSITY HOSPITAL	\$140,042,938	\$247,315,617	0.566252	\$6,695,700	\$910,402	\$4,306,970	\$8,577,227
VICTORY MEMORIAL HOSPITAL	\$41,163,540	\$104,689,251	0.393197	\$1,539,120	\$396,574	\$761,110	\$1,786,361
WYCKOFF HEIGHTS HOSPITAL	\$71,420,437	\$84,738,592	0.842832	\$11,611,696	\$9,995,122	\$18,210,928	\$18,488,131
BELLEVUE HOSPITAL CENTER	\$153,804,219	\$202,110,113	0.760992	\$21,549,306	\$28,441,707	\$38,042,771	\$57,105,636
CITY HOSPITAL CENTER AT ELMHURST	\$176,593,119	\$207,555,676	0.850823	\$29,400,010	\$0	\$25,014,201	\$29,438,572
COLER MEMORIAL HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0	\$242,701
CONEY ISLAND HOSPITAL	\$97,852,080	\$88,354,044	1.107500	\$8,587,394	\$7,436,257	\$17,746,189	\$20,455,116
GOLDWATER MEMORIAL HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0	\$66,222
HARLEM HOSPITAL CENTER	\$112,789,841	\$101,077,498	1.115875	\$19,106,138	\$0	\$21,320,059	\$26,251,606
JACOBI MEDICAL CENTER	\$187,817,230	\$211,594,109	0.887630	\$15,933,275	\$13,947,315	\$26,522,901	\$33,190,347
KINGS COUNTY HOSPITAL CENTER	\$203,465,286	\$211,054,344	0.964042	\$43,701,754	\$73,813,764	\$113,289,914	\$152,868,476
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$164,332,325	\$168,169,382	0.977183	\$42,086,253	\$0	\$41,125,987	\$45,978,779
METROPOLITAN HOSPITAL CENTER	\$110,676,341	\$101,515,998	1.090235	\$12,934,001	\$0	\$14,101,107	\$16,897,118
NORTH CENTRAL BRONX HOSPITAL	\$71,331,615	\$80,440,172	0.886766	\$13,941,856	\$9,050,883	\$20,389,181	\$22,886,910
QUEENS HOSPITAL CENTER	\$127,140,487	\$123,132,944	1.032546	\$25,002,887	\$0	\$25,816,643	\$27,772,739
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	\$122,099,505	\$121,021,913	1.008904	\$24,886,680	\$0	\$25,108,274	\$28,035,628
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL C	\$84,475,661	\$177,664,297	0.475479	\$5,882,345	\$8,286,177	\$6,736,836	\$13,526,701

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
NY EYE AND EAR INFIRMARY	60,018,793	3,018,313	5.03%	2,130,430	0	\$2,130,430	\$1,550,070
NY MEDICAL CTR OF QUEENS	348,697,889	14,801,609	4.24%	10,184,973	0	\$10,184,973	\$7,410,437
NY METHODIST HOSPITAL OF BROOKLYN	345,889,436	15,824,542	4.58%	11,016,659	0	\$11,016,659	\$8,015,560
NY UNIVERSITY MED CTR	611,786,544	8,410,329	1.37%	5,313,767	0	\$5,313,767	\$3,866,219
NY WESTCHESTER SQUARE MEDICAL CENTER	62,458,743	1,255,658	2.01%	800,887	0	\$800,887	\$582,714
NYU DOWNTOWN HOSPITAL	119,746,006	3,205,527	2.68%	2,094,186	0	\$2,094,186	\$1,523,699
OUR LADY OF MERCY MEDICAL CTR	203,320,285	9,483,624	4.66%	6,621,128	0	\$6,621,128	\$4,817,436
PARKWAY HOSPITAL	68,337,236	739,076	1.08%	463,315	0	\$463,315	\$337,101
PENINSULA HOSPITAL CENTER	69,353,278	2,472,272	3.56%	1,663,483	0	\$1,663,483	\$1,210,326
ROCKEFELLER UNIVERSITY HOSPITAL	0	0	0.00%	0	0	\$0	\$0
SISTERS OF CHARITY MEDICAL CENTER	266,017,221	15,598,944	5.86%	11,330,478	0	\$11,330,478	\$8,243,890
ST BARNABAS HOSPITAL	249,318,332	16,544,148	6.64%	12,334,220	0	\$12,334,220	\$8,974,198
ST LUKES / ROOSEVELT HOSPITAL CENTER	692,575,201	44,073,211	6.36%	32,566,994	0	\$32,566,994	\$23,695,268
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	411,115,266	20,033,763	4.87%	14,074,213	0	\$14,074,213	\$10,240,191
ST VINCENTS MIDTOWN HOSPITAL	74,195,489	7,132,122	9.61%	5,815,152	0	\$5,815,152	\$4,231,020
STATEN ISLAND UNIVERSITY HOSPITAL	469,598,311	8,577,227	1.83%	5,457,798	0	\$5,457,798	\$3,971,014
VICTORY MEMORIAL HOSPITAL	98,317,241	1,786,361	1.82%	1,136,555	0	\$1,136,555	\$826,941
WYCKOFF HEIGHTS HOSPITAL	222,431,892	18,488,131	8.31%	14,539,965	0	\$14,539,965	\$10,579,066
BELLEVUE HOSPITAL CENTER	483,475,724	57,105,636	11.81%	0	14,324,406	\$0	\$14,324,406
CITY HOSPITAL CENTER AT ELMHURST	419,606,831	29,438,572	7.02%	0	6,774,681	\$0	\$6,774,681
COLER MEMORIAL HOSPITAL	38,189,570	242,701	0.64%	0	2,434,621	\$0	\$2,434,621
CONEY ISLAND HOSPITAL	250,633,151	20,455,116	8.16%	0	3,857,457	\$0	\$3,857,457
GOLDWATER MEMORIAL HOSPITAL	79,423,923	66,222	0.08%	0	3,520,356	\$0	\$3,520,356
HARLEM HOSPITAL CENTER	289,139,156	26,251,606	9.08%	0	8,554,787	\$0	\$8,554,787
JACOBI MEDICAL CENTER	433,702,275	33,190,347	7.65%	0	8,596,565	\$0	\$8,596,565
KINGS COUNTY HOSPITAL CENTER	492,995,928	152,868,476	31.01%	0	15,013,975	\$0	\$15,013,975
LINCOLN MEDICAL & MENTAL HEALTH CENTER	340,300,225	45,978,779	13.51%	0	9,421,550	\$0	\$9,421,550
METROPOLITAN HOSPITAL CENTER	263,891,805	16,897,118	6.40%	0	7,345,640	\$0	\$7,345,640
NORTH CENTRAL BRONX HOSPITAL	156,204,351	22,886,910	14.65%	0	4,940,311	\$0	\$4,940,311
QUEENS HOSPITAL CENTER	239,349,975	27,772,739	11.60%	0	6,144,656	\$0	\$6,144,656
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	321,042,710	28,035,628	8.73%	0	7,637,122	\$0	\$7,637,122
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL C	360,536,256	13,526,701	3.75%	0	5,635,643	\$0	\$5,635,643

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
NY EYE AND EAR INFIRMARY	\$0	\$0	\$0	\$0	\$0
NY MEDICAL CTR OF QUEENS	\$0	\$0	\$0	\$0	\$0
NY METHODIST HOSPITAL OF BROOKLYN	\$0	\$0	\$0	\$0	\$0
NY UNIVERSITY MED CTR	\$0	\$0	\$0	\$0	\$0
NY WESTCHESTER SQUARE MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
NYU DOWNTOWN HOSPITAL	\$0	\$0	\$0	\$0	\$0
OUR LADY OF MERCY MEDICAL CTR	\$0	\$0	\$0	\$0	\$0
PARKWAY HOSPITAL	\$0	\$0	\$0	\$0	\$0
PENINSULA HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
ROCKEFELLER UNIVERSITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
SISTERS OF CHARITY MEDICAL CENTER	\$689,789	\$167,759	\$0	\$0	\$0
ST BARNABAS HOSPITAL	\$2,361,487	\$574,320	\$0	\$0	\$0
ST LUKES / ROOSEVELT HOSPITAL CENTER	\$4,863,986	\$1,182,935	\$0	\$0	\$0
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	\$0	\$0	\$0	\$0	\$0
ST VINCENTS MIDTOWN HOSPITAL	\$2,847,333	\$692,479	\$0	\$0	\$0
STATEN ISLAND UNIVERSITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
VICTORY MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
WYCKOFF HEIGHTS HOSPITAL	\$5,642,690	\$1,372,318	\$0	\$0	\$0
BELLEVUE HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
CITY HOSPITAL CENTER AT ELMHURST	\$0	\$0	\$0	\$0	\$0
COLER MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
CONEY ISLAND HOSPITAL	\$0	\$0	\$0	\$0	\$0
GOLDWATER MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
HARLEM HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
JACOBI MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
KINGS COUNTY HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$0	\$0	\$0	\$0	\$0
METROPOLITAN HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
NORTH CENTRAL BRONX HOSPITAL	\$0	\$0	\$0	\$0	\$0
QUEENS HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	\$0	\$0	\$0	\$0	\$0
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL C	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
NY EYE AND EAR INFIRMARY	\$0	\$54,289	\$30,991	\$1,635,350	\$3,018,313	54.2%
NY MEDICAL CTR OF QUEENS	\$0	\$259,540	\$328,665	\$7,998,642	\$14,801,609	54.0%
NY METHODIST HOSPITAL OF BROOKLYN	\$0	\$280,733	\$305,270	\$8,601,563	\$15,824,542	54.4%
NY UNIVERSITY MED CTR	\$0	\$135,409	\$1,088,367	\$5,089,995	\$8,410,329	60.5%
NY WESTCHESTER SQUARE MEDICAL CENTER	\$0	\$20,409	\$0	\$603,123	\$1,255,658	48.0%
NYU DOWNTOWN HOSPITAL	\$0	\$53,365	\$77,948	\$1,655,013	\$3,205,527	51.6%
OUR LADY OF MERCY MEDICAL CTR	\$0	\$168,724	\$224,333	\$5,210,492	\$9,483,624	54.9%
PARKWAY HOSPITAL	\$0	\$11,806	\$0	\$348,908	\$739,076	47.2%
PENINSULA HOSPITAL CENTER	\$0	\$42,390	\$19,547	\$1,272,262	\$2,472,272	51.5%
ROCKEFELLER UNIVERSITY HOSPITAL	\$0	\$0	\$0	\$0	\$0	0.0%
SISTERS OF CHARITY MEDICAL CENTER	\$167,759	\$288,730	\$294,099	\$9,162,236	\$15,598,944	58.7%
ST BARNABAS HOSPITAL	\$574,320	\$314,308	\$193,027	\$10,630,174	\$16,544,148	64.3%
ST LUKES / ROOSEVELT HOSPITAL CENTER	\$1,182,935	\$829,892	\$959,925	\$27,850,955	\$44,073,211	63.2%
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	\$0	\$358,648	\$623,129	\$11,221,968	\$20,033,763	56.0%
ST VINCENTS MIDTOWN HOSPITAL	\$692,479	\$148,185	\$6,735	\$5,770,899	\$7,132,122	80.9%
STATEN ISLAND UNIVERSITY HOSPITAL	\$0	\$139,079	\$392,514	\$4,502,607	\$8,577,227	52.5%
VICTORY MEMORIAL HOSPITAL	\$0	\$28,962	\$0	\$855,903	\$1,786,361	47.9%
WYCKOFF HEIGHTS HOSPITAL	\$1,372,318	\$370,516	\$98,027	\$13,792,245	\$18,488,131	74.6%
BELLEVUE HOSPITAL CENTER	\$0	\$0	\$0	\$14,324,406	\$57,105,636	25.1%
CITY HOSPITAL CENTER AT ELMHURST	\$0	\$0	\$0	\$6,774,681	\$29,438,572	23.0%
COLER MEMORIAL HOSPITAL	\$0	\$0	\$0	\$2,434,621	\$242,701	1003.1%
CONEY ISLAND HOSPITAL	\$0	\$0	\$0	\$3,857,457	\$20,455,116	18.9%
GOLDWATER MEMORIAL HOSPITAL	\$0	\$0	\$0	\$3,520,356	\$66,222	5316.0%
HARLEM HOSPITAL CENTER	\$0	\$0	\$0	\$8,554,787	\$26,251,606	32.6%
JACOBI MEDICAL CENTER	\$0	\$0	\$0	\$8,596,565	\$33,190,347	25.9%
KINGS COUNTY HOSPITAL CENTER	\$0	\$0	\$0	\$15,013,975	\$152,868,476	9.8%
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$0	\$0	\$0	\$9,421,550	\$45,978,779	20.5%
METROPOLITAN HOSPITAL CENTER	\$0	\$0	\$0	\$7,345,640	\$16,897,118	43.5%
NORTH CENTRAL BRONX HOSPITAL	\$0	\$0	\$0	\$4,940,311	\$22,886,910	21.6%
QUEENS HOSPITAL CENTER	\$0	\$0	\$0	\$6,144,656	\$27,772,739	22.1%
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	\$0	\$0	\$0	\$7,637,122	\$28,035,628	27.2%
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL C	\$0	\$0	\$0	\$5,635,643	\$13,526,701	41.7%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Converter</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
BENEDICTINE HOSPITAL	\$46,371,694	\$140,924,101	0.329054	\$3,470,299	\$1,721,643	\$1,708,431
BLYTHEDALE CHILDRENS HOSPITAL	\$24,214,951	\$46,767,219	0.517776	\$243,403	\$936,848	\$611,106
BON SECOURS COMMUNITY HOSPITAL	\$32,868,608	\$117,240,212	0.280353	\$6,439,367	\$359,612	\$1,906,112
BURKE REHABILITATION CENTER	\$45,944,447	\$62,984,868	0.729452	\$349,718	\$137,277	\$355,240
CATSKILL REGIONAL MED CTR - G HERMANN SITE	\$2,646,335	\$2,196,488	1.204803	\$416,822	\$51,242	\$563,925
CATSKILL REGIONAL MEDICAL CENTER	\$38,724,871	\$88,190,787	0.439103	\$2,549,062	\$1,103,166	\$1,603,706
COLUMBIA MEMORIAL HOSPITAL	\$33,754,470	\$69,548,467	0.485337	\$1,386,543	\$231,351	\$785,224
COMMUNITY HOSPITAL AT DOBBS FERRY	\$9,952,135	\$18,365,853	0.541883	\$631,712	\$111,870	\$402,934
DELAWARE VALLEY HOSPITAL INC	\$5,098,417	\$9,119,305	0.559080	\$313,904	\$330	\$175,682
ELLENVILLE REGIONAL HOSPITAL	\$3,816,486	\$4,779,435	0.798522	\$410,897	\$10,589	\$336,566
GOOD SAMARITAN HOSPITAL / SUFFERN	\$104,928,337	\$466,272,393	0.225037	\$14,276,061	\$521,813	\$3,330,063
HUDSON VALLEY HOSPITAL CENTER	\$42,922,389	\$136,223,203	0.315089	\$702,500	\$2,225,669	\$922,633
KINGSTON HOSPITAL	\$40,707,000	\$77,952,867	0.522200	\$1,827,108	\$31,630	\$970,633
LAWRENCE HOSPITAL	\$69,534,922	\$166,918,113	0.416581	\$1,345,974	\$813,646	\$899,657
MARGARETVILLE MEMORIAL HOSPITAL	\$2,681,123	\$4,618,454	0.580524	\$122,802	\$17,194	\$81,271
MOUNT VERNON HOSPITAL	\$48,007,890	\$91,148,888	0.526697	\$675,840	\$1,065,669	\$917,248
NORTHERN DUTCHESS HOSPITAL	\$19,415,639	\$64,924,225	0.299051	\$552,798	\$119,137	\$200,943
NORTHERN WESTCHESTER HOSPITAL	\$65,924,248	\$117,711,042	0.560052	\$1,611,677	\$648,898	\$1,266,038
NYACK HOSPITAL	\$88,941,910	\$358,089,713	0.248379	\$6,698,922	\$2,036,675	\$2,169,738
OCONNOR HOSPITAL	\$1,962,806	\$1,411,478	1.390603	\$23,124	\$352	\$32,646
ORANGE REGIONAL MEDICAL CENTER	\$138,963,500	\$431,466,773	0.322072	\$4,963,703	\$405,385	\$1,729,235
PHELPS MEMORIAL HOSPITAL ASSOCIATION	\$67,516,444	\$175,648,123	0.384385	\$1,502,762	\$1,291,107	\$1,073,920
PUTNAM COMMUNITY HOSPITAL	\$55,175,685	\$223,754,577	0.246590	\$4,460,636	\$1,377,015	\$1,439,508
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	\$90,610,215	\$139,273,726	0.650591	\$3,626,598	\$8,253,342	\$7,728,981
ST ANTHONY COMMUNITY HOSPITAL	\$20,316,845	\$84,314,394	0.240965	\$1,902,025	\$514,675	\$582,341
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	\$68,410,612	\$222,226,652	0.307842	\$6,455,638	\$671,499	\$2,194,029
ST JOHNS RIVERSIDE HOSPITAL	\$95,358,880	\$187,046,886	0.509813	\$6,216,989	\$1,367,987	\$3,866,917
ST JOSEPHS HOSPITAL YONKERS	\$42,715,285	\$75,896,491	0.562810	\$2,705,923	\$76,451	\$1,565,947
ST LUKES CORNWALL HOSPITAL / CORNWALL	\$77,790,559	\$269,742,228	0.288389	\$7,927,558	\$1,305,529	\$2,662,716
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	\$20,670,727	\$29,239,609	0.706943	\$1,204,962	\$0	\$851,839
VASSAR BROTHERS MEDICAL CENTER	\$153,530,782	\$647,646,627	0.237059	\$5,622,335	\$2,989,341	\$2,041,480
WHITE PLAINS HOSPITAL MEDICAL CENTER	\$106,856,627	\$226,232,337	0.472331	\$2,582,158	\$317,017	\$1,369,371
HELEN HAYES HOSPITAL	\$44,876,989	\$59,976,965	0.748237	-\$1,373,353	\$0	-\$1,027,594
WESTCHESTER MEDICAL CENTER	\$388,699,261	\$919,074,606	0.422925	\$8,270,538	\$0	\$3,497,814

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
BENEDICTINE HOSPITAL	\$13,943,332	\$26,903,539	0.518271	\$720,929	\$460,200	\$612,145	\$2,320,577
BLYTHEDALE CHILDRENS HOSPITAL	\$8,981,167	\$15,830,328	0.567339	\$206,597	\$4,789	\$119,928	\$731,033
BON SECOURS COMMUNITY HOSPITAL	\$10,407,124	\$68,892,274	0.151064	\$3,768,743	\$726,128	\$679,012	\$2,585,124
BURKE REHABILITATION CENTER	\$4,095,563	\$5,121,806	0.799633	\$786,742	\$66,544	\$682,315	\$1,037,555
CATSKILL REGIONAL MED CTR - G HERMANN SITE	\$1,086,979	\$2,437,962	0.445856	\$3,620	\$67,810	\$31,847	\$595,772
CATSKILL REGIONAL MEDICAL CENTER	\$21,669,098	\$40,618,874	0.533474	\$777,521	\$3,019,893	\$2,025,820	\$3,629,526
COLUMBIA MEMORIAL HOSPITAL	\$21,894,568	\$53,340,551	0.410468	\$2,806,653	\$36,696	\$1,167,103	\$1,952,327
COMMUNITY HOSPITAL AT DOBBS FERRY	\$6,990,873	\$9,685,635	0.721777	\$331,359	\$8,621	\$245,390	\$648,324
DELAWARE VALLEY HOSPITAL INC	\$5,207,997	\$7,533,980	0.691268	\$888,549	\$1,394	\$615,189	\$790,871
ELLENVILLE REGIONAL HOSPITAL	\$3,800,638	\$5,528,853	0.687419	\$837,606	\$122,516	\$660,006	\$996,572
GOOD SAMARITAN HOSPITAL / SUFFERN	\$59,339,345	\$278,376,877	0.213162	\$9,839,346	\$627,835	\$2,231,204	\$5,561,267
HUDSON VALLEY HOSPITAL CENTER	\$19,884,759	\$50,874,481	0.390859	\$2,009,076	\$2,652,030	\$1,821,836	\$2,744,469
KINGSTON HOSPITAL	\$16,807,435	\$44,425,891	0.378325	\$1,157,336	\$27,733	\$448,341	\$1,418,975
LAWRENCE HOSPITAL	\$23,393,295	\$53,116,916	0.440411	\$2,370,836	\$37,768	\$1,060,777	\$1,960,433
MARGARETVILLE MEMORIAL HOSPITAL	\$3,813,885	\$4,670,155	0.816651	\$221,848	\$991	\$181,982	\$263,253
MOUNT VERNON HOSPITAL	\$25,863,286	\$29,823,417	0.867214	\$4,841,654	\$7,634,331	\$10,819,349	\$11,736,598
NORTHERN DUTCHESS HOSPITAL	\$9,574,320	\$24,231,961	0.395111	\$819,152	\$169,702	\$390,707	\$591,650
NORTHERN WESTCHESTER HOSPITAL	\$28,220,455	\$61,066,067	0.462130	\$697,216	\$934,382	\$754,010	\$2,020,049
NYACK HOSPITAL	\$37,412,721	\$112,182,099	0.333500	\$3,184,369	\$512,678	\$1,232,965	\$3,402,702
OCONNOR HOSPITAL	\$3,540,493	\$5,027,082	0.704284	\$227,283	\$16,951	\$172,010	\$204,656
ORANGE REGIONAL MEDICAL CENTER	\$49,398,001	\$128,469,330	0.384512	\$5,573,459	\$123,402	\$2,190,512	\$3,919,746
PHELPS MEMORIAL HOSPITAL ASSOCIATION	\$29,420,221	\$67,219,686	0.437673	\$1,755,017	\$2,158,127	\$1,712,676	\$2,786,597
PUTNAM COMMUNITY HOSPITAL	\$27,298,421	\$85,682,344	0.318600	\$2,433,821	\$515,884	\$939,777	\$2,379,284
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	\$29,638,995	\$55,556,406	0.533494	\$1,446,654	\$3,292,265	\$2,528,184	\$10,257,164
ST ANTHONY COMMUNITY HOSPITAL	\$9,334,071	\$61,065,629	0.152853	\$1,517,743	\$251,630	\$270,454	\$852,795
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	\$28,167,294	\$53,503,970	0.526452	\$1,874,068	\$318,022	\$1,154,031	\$3,348,060
ST JOHNS RIVERSIDE HOSPITAL	\$42,812,465	\$57,509,663	0.744440	\$1,540,836	\$2,171,679	\$2,763,743	\$6,630,660
ST JOSEPHS HOSPITAL YONKERS	\$39,234,950	\$41,508,655	0.945223	\$3,019,566	\$1,410,995	\$4,187,870	\$5,753,817
ST LUKES CORNWALL HOSPITAL / CORNWALL	\$31,492,255	\$100,838,758	0.312303	\$7,195,377	\$541,344	\$2,416,202	\$5,078,918
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	\$22,501,270	\$20,354,167	1.105487	\$736,296	\$2,711,646	\$3,811,656	\$4,663,495
VASSAR BROTHERS MEDICAL CENTER	\$41,121,434	\$137,556,602	0.298942	\$4,997,638	\$4,091,736	\$2,717,195	\$4,758,674
WHITE PLAINS HOSPITAL MEDICAL CENTER	\$78,874,547	\$133,043,924	0.592846	\$3,206,692	\$1,668,542	\$2,890,263	\$4,259,634
HELEN HAYES HOSPITAL	\$15,411,463	\$12,084,009	1.275360	\$1,116,486	\$0	\$1,423,922	\$396,328
WESTCHESTER MEDICAL CENTER	\$124,092,447	\$89,426,715	1.387644	\$7,474,086	\$0	\$10,371,371	\$13,869,185

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
BENEDICTINE HOSPITAL	60,315,026	2,320,577	3.85%	1,574,566	0	\$1,574,566	\$1,145,631
BLYTHEDALE CHILDRENS HOSPITAL	33,196,118	731,033	2.20%	470,228	0	\$470,228	\$342,131
BON SECOURS COMMUNITY HOSPITAL	43,275,732	2,585,124	5.97%	1,883,606	0	\$1,883,606	\$1,370,484
BURKE REHABILITATION CENTER	50,040,010	1,037,555	2.07%	663,738	0	\$663,738	\$482,926
CATSKILL REGIONAL MED CTR - G HERMANN SITE	3,733,314	595,772	15.96%	529,506	0	\$529,506	\$385,261
CATSKILL REGIONAL MEDICAL CENTER	60,393,969	3,629,526	6.01%	2,647,535	0	\$2,647,535	\$1,926,308
COLUMBIA MEMORIAL HOSPITAL	55,649,038	1,952,327	3.51%	1,311,210	0	\$1,311,210	\$954,018
COMMUNITY HOSPITAL AT DOBBS FERRY	16,943,008	648,324	3.83%	439,650	0	\$439,650	\$319,883
DELAWARE VALLEY HOSPITAL INC	10,306,414	790,871	7.67%	609,614	0	\$609,614	\$443,546
ELLENVILLE REGIONAL HOSPITAL	7,617,124	996,572	13.08%	861,368	0	\$861,368	\$626,719
GOOD SAMARITAN HOSPITAL / SUFFERN	164,267,682	5,561,267	3.39%	3,719,214	0	\$3,719,214	\$2,706,046
HUDSON VALLEY HOSPITAL CENTER	62,807,148	2,744,469	4.37%	1,897,241	0	\$1,897,241	\$1,380,405
KINGSTON HOSPITAL	57,514,435	1,418,975	2.47%	921,389	0	\$921,389	\$670,389
LAWRENCE HOSPITAL	92,928,217	1,960,433	2.11%	1,256,143	0	\$1,256,143	\$913,951
MARGARETVILLE MEMORIAL HOSPITAL	6,495,008	263,253	4.05%	179,751	0	\$179,751	\$130,784
MOUNT VERNON HOSPITAL	73,871,176	11,736,598	15.89%	10,425,384	0	\$10,425,384	\$7,585,357
NORTHERN DUTCHESS HOSPITAL	28,989,959	591,650	2.04%	377,918	0	\$377,918	\$274,967
NORTHERN WESTCHESTER HOSPITAL	94,144,703	2,020,049	2.15%	1,296,353	0	\$1,296,353	\$943,208
NYACK HOSPITAL	126,354,631	3,402,702	2.69%	2,223,948	0	\$2,223,948	\$1,618,112
OCONNOR HOSPITAL	5,503,299	204,656	3.72%	138,358	0	\$138,358	\$100,667
ORANGE REGIONAL MEDICAL CENTER	188,361,501	3,919,746	2.08%	2,508,370	0	\$2,508,370	\$1,825,054
PHELPS MEMORIAL HOSPITAL ASSOCIATION	96,936,665	2,786,597	2.87%	1,829,447	0	\$1,829,447	\$1,331,079
PUTNAM COMMUNITY HOSPITAL	82,474,106	2,379,284	2.88%	1,562,406	0	\$1,562,406	\$1,136,784
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	120,249,210	10,257,164	8.53%	8,122,741	0	\$8,122,741	\$5,909,987
ST ANTHONY COMMUNITY HOSPITAL	29,650,916	852,795	2.88%	559,893	0	\$559,893	\$407,370
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	96,577,906	3,348,060	3.47%	2,245,456	0	\$2,245,456	\$1,633,761
ST JOHNS RIVERSIDE HOSPITAL	138,171,345	6,630,660	4.80%	4,648,214	0	\$4,648,214	\$3,381,973
ST JOSEPHS HOSPITAL YONKERS	81,950,235	5,753,817	7.02%	4,339,310	0	\$4,339,310	\$3,157,219
ST LUKES CORNWALL HOSPITAL / CORNWALL	109,282,814	5,078,918	4.65%	3,544,041	0	\$3,544,041	\$2,578,592
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	43,171,997	4,663,495	10.80%	3,897,192	0	\$3,897,192	\$2,835,540
VASSAR BROTHERS MEDICAL CENTER	194,652,216	4,758,674	2.44%	3,087,757	0	\$3,087,757	\$2,246,607
WHITE PLAINS HOSPITAL MEDICAL CENTER	185,731,174	4,259,634	2.29%	2,749,580	0	\$2,749,580	\$2,000,554
HELEN HAYES HOSPITAL	60,288,452	396,328	0.66%	0	1,630,284	\$0	\$1,630,284
WESTCHESTER MEDICAL CENTER	512,791,708	13,869,185	2.70%	0	8,709,412	\$0	\$8,709,412

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
BENEDICTINE HOSPITAL	\$0	\$0	\$140,000	\$348,086	\$488,086
BLYTHEDALE CHILDRENS HOSPITAL	\$0	\$0	\$0	\$0	\$0
BON SECOURS COMMUNITY HOSPITAL	\$152,577	\$37,107	\$0	\$0	\$0
BURKE REHABILITATION CENTER	\$0	\$0	\$0	\$0	\$0
CATSKILL REGIONAL MED CTR - G HERMANN SITE	\$380,173	\$92,459	\$140,000	\$357,463	\$497,463
CATSKILL REGIONAL MEDICAL CENTER	\$231,776	\$56,369	\$140,000	\$1,633,287	\$1,773,287
COLUMBIA MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$292,849	\$432,849
COMMUNITY HOSPITAL AT DOBBS FERRY	\$0	\$0	\$0	\$0	\$0
DELAWARE VALLEY HOSPITAL INC	\$197,357	\$47,998	\$140,000	\$474,522	\$614,522
ELLENVILLE REGIONAL HOSPITAL	\$556,683	\$135,387	\$140,000	\$597,943	\$737,943
GOOD SAMARITAN HOSPITAL / SUFFERN	\$0	\$0	\$0	\$0	\$0
HUDSON VALLEY HOSPITAL CENTER	\$0	\$0	\$0	\$0	\$0
KINGSTON HOSPITAL	\$0	\$0	\$140,000	\$212,846	\$352,846
LAWRENCE HOSPITAL	\$0	\$0	\$0	\$0	\$0
MARGARETVILLE MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$157,952	\$297,952
MOUNT VERNON HOSPITAL	\$7,470,537	\$1,816,855	\$0	\$0	\$0
NORTHERN DUTCHESS HOSPITAL	\$0	\$0	\$140,000	\$221,869	\$361,869
NORTHERN WESTCHESTER HOSPITAL	\$0	\$0	\$0	\$0	\$0
NYACK HOSPITAL	\$0	\$0	\$0	\$0	\$0
OCONNOR HOSPITAL	\$0	\$0	\$140,000	\$122,794	\$262,794
ORANGE REGIONAL MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
PHELPS MEMORIAL HOSPITAL ASSOCIATION	\$0	\$0	\$0	\$0	\$0
PUTNAM COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	\$3,312,772	\$805,675	\$0	\$0	\$0
ST ANTHONY COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	\$0	\$0	\$0	\$0	\$0
ST JOHNS RIVERSIDE HOSPITAL	\$0	\$0	\$0	\$0	\$0
ST JOSEPHS HOSPITAL YONKERS	\$1,061,301	\$258,111	\$0	\$0	\$0
ST LUKES CORNWALL HOSPITAL / CORNWALL	\$0	\$0	\$0	\$0	\$0
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	\$2,170,312	\$527,826	\$0	\$0	\$0
VASSAR BROTHERS MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
WHITE PLAINS HOSPITAL MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
HELEN HAYES HOSPITAL	\$0	\$0	\$0	\$0	\$0
WESTCHESTER MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
BENEDICTINE HOSPITAL	\$0	\$40,124	\$35,654	\$1,709,496	\$2,320,577	73.7%
BLYTHEDALE CHILDRENS HOSPITAL	\$0	\$11,983	\$0	\$354,114	\$731,033	48.4%
BON SECOURS COMMUNITY HOSPITAL	\$37,107	\$47,999	\$0	\$1,492,698	\$2,585,124	57.7%
BURKE REHABILITATION CENTER	\$0	\$16,914	\$0	\$499,840	\$1,037,555	48.2%
CATSKILL REGIONAL MED CTR - G HERMANN SITE	\$92,459	\$13,493	\$0	\$1,081,136	\$595,772	181.5%
CATSKILL REGIONAL MEDICAL CENTER	\$56,369	\$67,466	\$0	\$3,879,798	\$3,629,526	106.9%
COLUMBIA MEMORIAL HOSPITAL	\$0	\$33,413	\$0	\$1,420,280	\$1,952,327	72.7%
COMMUNITY HOSPITAL AT DOBBS FERRY	\$0	\$11,203	\$0	\$331,086	\$648,324	51.1%
DELAWARE VALLEY HOSPITAL INC	\$47,998	\$15,535	\$0	\$1,169,599	\$790,871	147.9%
ELLENVILLE REGIONAL HOSPITAL	\$135,387	\$21,950	\$0	\$1,657,386	\$996,572	166.3%
GOOD SAMARITAN HOSPITAL / SUFFERN	\$0	\$94,775	\$0	\$2,800,821	\$5,561,267	50.4%
HUDSON VALLEY HOSPITAL CENTER	\$0	\$48,347	\$0	\$1,428,752	\$2,744,469	52.1%
KINGSTON HOSPITAL	\$0	\$23,479	\$47,432	\$1,094,147	\$1,418,975	77.1%
LAWRENCE HOSPITAL	\$0	\$32,010	\$0	\$945,961	\$1,960,433	48.3%
MARGARETVILLE MEMORIAL HOSPITAL	\$0	\$4,581	\$0	\$433,316	\$263,253	164.6%
MOUNT VERNON HOSPITAL	\$1,816,855	\$265,666	\$65,147	\$11,549,881	\$11,736,598	98.4%
NORTHERN DUTCHESS HOSPITAL	\$0	\$9,630	\$0	\$646,466	\$591,650	109.3%
NORTHERN WESTCHESTER HOSPITAL	\$0	\$33,034	\$0	\$976,242	\$2,020,049	48.3%
NYACK HOSPITAL	\$0	\$56,672	\$0	\$1,674,784	\$3,402,702	49.2%
OCONNOR HOSPITAL	\$0	\$3,526	\$0	\$366,986	\$204,656	179.3%
ORANGE REGIONAL MEDICAL CENTER	\$0	\$63,920	\$0	\$1,888,973	\$3,919,746	48.2%
PHELPS MEMORIAL HOSPITAL ASSOCIATION	\$0	\$46,619	\$0	\$1,377,698	\$2,786,597	49.4%
PUTNAM COMMUNITY HOSPITAL	\$0	\$39,814	\$0	\$1,176,598	\$2,379,284	49.5%
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	\$805,675	\$206,989	\$141,543	\$7,869,870	\$10,257,164	76.7%
ST ANTHONY COMMUNITY HOSPITAL	\$0	\$14,268	\$0	\$421,637	\$852,795	49.4%
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	\$0	\$57,220	\$0	\$1,690,981	\$3,348,060	50.5%
ST JOHNS RIVERSIDE HOSPITAL	\$0	\$118,449	\$0	\$3,500,421	\$6,630,660	52.8%
ST JOSEPHS HOSPITAL YONKERS	\$258,111	\$110,577	\$45,445	\$3,829,463	\$5,753,817	66.6%
ST LUKES CORNWALL HOSPITAL / CORNWALL	\$0	\$90,311	\$0	\$2,668,904	\$5,078,918	52.5%
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	\$527,826	\$99,311	\$0	\$3,990,502	\$4,663,495	85.6%
VASSAR BROTHERS MEDICAL CENTER	\$0	\$78,684	\$0	\$2,325,291	\$4,758,674	48.9%
WHITE PLAINS HOSPITAL MEDICAL CENTER	\$0	\$70,066	\$0	\$2,070,620	\$4,259,634	48.6%
HELEN HAYES HOSPITAL	\$0	\$0	\$0	\$1,630,284	\$396,328	411.3%
WESTCHESTER MEDICAL CENTER	\$0	\$0	\$0	\$8,709,412	\$13,869,185	62.8%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Convertor</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
ALBANY MEDICAL CENTER HOSPITAL	\$291,222,369	\$661,844,173	0.440017	\$7,231,475	\$669,192	\$3,476,424
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	\$500,796	\$658,909	0.760038	\$199	\$0	\$151
AMSTERDAM MEMORIAL HOSPITAL	\$3,068,668	\$4,463,668	0.687477	\$50,517	\$0	\$34,729
BASSETT HOSPITAL OF SCHOHARIE	\$5,056,015	\$7,247,004	0.697670	\$96,566	\$0	\$67,371
BELLEVUE WOMANS HOSPITAL	\$11,533,070	\$21,302,827	0.541387	\$137,090	\$0	\$74,219
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL	\$74,412,026	\$149,871,208	0.496506	\$1,542,416	\$0	\$765,820
EDDY COHOES REHABILITATION CENTER	\$7,446,406	\$9,532,354	0.781172	\$0	\$0	\$0
ELIZABETHTOWN COMMUNITY HOSPITAL	\$2,722,330	\$4,181,216	0.651086	\$245,189	\$2,659	\$161,370
ELLIS HOSPITAL	\$107,225,283	\$381,756,957	0.280873	\$4,705,425	\$994,797	\$1,601,039
GLENS FALLS HOSPITAL	\$80,523,143	\$168,885,590	0.476791	\$3,559,888	\$576,545	\$1,972,214
MEMORIAL HOSPITAL OF ALBANY	\$31,174,578	\$57,795,286	0.539397	\$1,076,061	\$0	\$580,424
MOSES-LUDINGTON HOSPITAL	\$3,039,500	\$2,901,944	1.047401	\$25,719	\$5,440	\$32,636
NATHAN LITTAUER HOSPITAL	\$21,461,305	\$35,778,013	0.599846	\$319,026	\$96,671	\$249,354
SAMARITAN HOSPITAL OF TROY	\$41,132,457	\$91,004,490	0.451983	\$1,921,048	\$0	\$868,281
SARATOGA HOSPITAL	\$46,041,151	\$111,995,773	0.411097	\$1,463,406	\$246,031	\$702,745
SETON HEALTH SYSTEM	\$39,938,054	\$94,914,811	0.420778	\$1,396,400	\$297,710	\$712,844
ST CLARES HOSPITAL OF SCHENECTADY	\$39,309,646	\$67,036,286	0.586394	\$2,372,275	\$0	\$1,391,087
ST MARYS HOSPITAL AT AMSTERDAM	\$32,612,988	\$58,415,238	0.558296	\$1,101,888	\$117,587	\$680,828
ST PETERS HOSPITAL	\$163,599,801	\$464,035,276	0.352559	\$4,688,775	\$385,747	\$1,789,068
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	\$20,980,101	\$38,903,118	0.539291	\$102,246	\$0	\$55,140
ADIRONDACK MEDICAL CENTER	\$22,755,235	\$33,880,894	0.671624	\$616,935	\$0	\$414,349
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$12,864,384	\$25,638,782	0.501755	\$400,828	\$34,905	\$218,631
ALICE HYDE MEMORIAL HOSPITAL	\$14,992,460	\$25,878,651	0.579337	\$524,202	\$63,308	\$340,366
AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$25,256,282	\$40,697,117	0.620591	\$968,641	\$339,144	\$811,600
CANTON-POTSDAM HOSPITAL	\$19,001,096	\$28,062,348	0.677103	\$414,097	\$113,426	\$357,187
CARTHAGE AREA HOSPITAL INC	\$12,852,763	\$18,063,931	0.711515	\$149,680	\$56,610	\$146,778
CHENANGO MEMORIAL HOSPITAL INC	\$9,970,850	\$18,486,865	0.539348	\$388,912	\$12,272	\$216,378
CLAXTON-HEPBURN MEDICAL CENTER	\$24,999,963	\$36,797,899	0.679386	\$1,557,877	\$53,274	\$1,094,593
CLIFTON-FINE HOSPITAL	\$1,610,395	\$1,003,488	1.604797	\$6,309	\$0	\$10,125
COMMUNITY MEMORIAL HOSPITAL INC	\$12,138,118	\$23,585,859	0.514635	\$223,603	\$63,607	\$147,808
EDWARD JOHN NOBLE / GOUVERNEUR	\$5,141,720	\$7,695,429	0.668152	\$245,266	\$0	\$163,875
LEWIS COUNTY GENERAL HOSPITAL	\$7,978,541	\$13,430,554	0.594059	\$230,953	\$67,771	\$177,460
LITTLE FALLS HOSPITAL	\$8,778,474	\$14,604,218	0.601092	\$234,834	\$11,607	\$148,134
MARY IMOGENE BASSETT HOSPITAL	\$65,129,194	\$113,825,347	0.572185	\$965,366	\$788,497	\$1,003,535
MASSENA MEMORIAL HOSPITAL	\$14,068,675	\$23,585,514	0.596496	\$558,688	\$0	\$333,255
ONEIDA HEALTHCARE CENTER	\$19,821,692	\$32,540,875	0.609132	\$319,362	\$142,373	\$281,258
OSWEGO HOSPITAL	\$23,639,361	\$37,192,772	0.635590	\$508,966	\$551,812	\$674,220
RIVER HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$30,743,937	\$69,090,277	0.444982	\$1,969,628	\$169,628	\$951,931
SAMARITAN MEDICAL CENTER	\$59,099,104	\$101,365,266	0.583031	\$1,267,745	\$815,453	\$1,214,569
ST ELIZABETH MEDICAL CENTER	\$91,839,726	\$184,796,166	0.496979	\$995,342	\$678,802	\$832,014
ST LUKES MEMORIAL HOSPITAL CENTER	\$101,695,430	\$219,240,554	0.463853	\$3,098,278	\$500,731	\$1,669,412

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
ALBANY MEDICAL CENTER HOSPITAL	\$43,843,991	\$122,641,096	0.357498	\$5,403,526	\$114,749	\$1,972,774	\$5,449,198
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	\$13,885,023	\$33,921,130	0.409333	\$148,842	\$14,447	\$66,840	\$66,991
AMSTERDAM MEMORIAL HOSPITAL	\$8,399,722	\$17,209,941	0.488074	\$195,182	\$0	\$95,263	\$129,992
BASSETT HOSPITAL OF SCHOHARIE	\$7,160,486	\$11,671,557	0.613499	\$759,544	\$0	\$465,979	\$533,350
BELLEVUE WOMANS HOSPITAL	\$3,413,964	\$10,945,869	0.311895	\$70,439	\$0	\$21,970	\$96,188
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL	\$36,695,334	\$89,789,473	0.408682	\$4,060,139	\$0	\$1,659,305	\$2,425,125
EDDY COHOES REHABILITATION CENTER	\$302,855	\$288,768	1.048783	\$0	\$0	\$0	\$0
ELIZABETHTOWN COMMUNITY HOSPITAL	\$3,700,772	\$5,145,874	0.719173	\$0	\$56,901	\$40,922	\$202,292
ELLIS HOSPITAL	\$30,139,823	\$90,072,191	0.334619	\$3,653,646	\$86,910	\$1,251,659	\$2,852,699
GLENS FALLS HOSPITAL	\$45,962,351	\$94,698,941	0.485352	\$4,071,089	\$561,422	\$2,248,400	\$4,220,614
MEMORIAL HOSPITAL OF ALBANY	\$19,108,056	\$46,648,870	0.409615	\$2,293,623	\$0	\$939,501	\$1,519,925
MOSES-LUDINGTON HOSPITAL	\$3,900,636	\$7,792,503	0.500563	\$569,947	\$16,722	\$293,665	\$326,301
NATHAN LITTAUER HOSPITAL	\$14,528,757	\$33,702,748	0.431085	\$1,431,930	\$30,114	\$630,266	\$879,620
SAMARITAN HOSPITAL OF TROY	\$24,037,542	\$56,332,810	0.426706	\$2,564,344	\$0	\$1,094,221	\$1,962,501
SARATOGA HOSPITAL	\$23,342,510	\$67,444,131	0.346101	\$2,720,376	\$103,559	\$977,368	\$1,680,113
SETON HEALTH SYSTEM	\$40,863,868	\$88,358,212	0.462480	\$3,724,840	\$162,633	\$1,797,877	\$2,510,721
ST CLARES HOSPITAL OF SCHENECTADY	\$21,859,879	\$48,382,233	0.451816	\$3,402,522	\$72,873	\$1,570,240	\$2,961,327
ST MARYS HOSPITAL AT AMSTERDAM	\$21,501,016	\$37,820,330	0.568504	\$1,246,505	\$249,659	\$850,576	\$1,531,403
ST PETERS HOSPITAL	\$59,635,831	\$159,191,345	0.374617	\$961,526	\$544,743	\$564,274	\$2,353,343
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	\$851,201	\$925,552	0.919668	\$0	\$0	\$0	\$55,140
ADIRONDACK MEDICAL CENTER	\$13,469,629	\$24,682,268	0.545721	\$1,452,482	\$0	\$792,650	\$1,206,998
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$6,377,548	\$13,194,762	0.483339	\$1,013,527	\$23,070	\$501,028	\$719,659
ALICE HYDE MEMORIAL HOSPITAL	\$12,564,141	\$23,700,502	0.530121	\$475,952	\$16,232	\$260,917	\$601,284
AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$22,496,900	\$33,781,806	0.665947	\$1,547,264	\$62,888	\$1,072,276	\$1,883,876
CANTON-POTSDAM HOSPITAL	\$12,712,610	\$16,848,310	0.754533	\$318,092	\$80,719	\$300,916	\$658,103
CARTHAGE AREA HOSPITAL INC	\$3,788,656	\$14,054,987	0.269560	\$471,040	-\$26,528	\$119,822	\$266,601
CHENANGO MEMORIAL HOSPITAL INC	\$13,340,581	\$34,913,836	0.382100	\$2,297,353	\$61,252	\$901,223	\$1,117,601
CLAXTON-HEPBURN MEDICAL CENTER	\$17,913,704	\$30,368,015	0.589887	\$100,495	\$40,692	\$83,284	\$1,177,877
CLIFTON-FINE HOSPITAL	\$1,204,581	\$1,789,336	0.673200	\$67,600	\$0	\$45,508	\$55,633
COMMUNITY MEMORIAL HOSPITAL INC	\$10,763,960	\$15,493,514	0.694740	\$478,696	\$33,989	\$356,183	\$503,991
EDWARD JOHN NOBLE / GOUVERNEUR	\$4,402,343	\$7,206,175	0.610913	\$224,864	\$0	\$137,372	\$301,247
LEWIS COUNTY GENERAL HOSPITAL	\$6,141,616	\$9,713,116	0.632301	\$425,651	\$31,047	\$288,771	\$466,230
LITTLE FALLS HOSPITAL	\$7,288,543	\$13,409,609	0.543531	\$744,314	\$12,951	\$411,597	\$559,731
MARY IMOGENE BASSETT HOSPITAL	\$93,941,307	\$169,818,276	0.553187	\$2,684,285	\$465,386	\$1,742,358	\$2,745,893
MASSENA MEMORIAL HOSPITAL	\$17,129,359	\$37,243,018	0.459935	\$853,194	\$0	\$392,414	\$725,669
ONEIDA HEALTHCARE CENTER	\$10,731,173	\$22,254,537	0.482202	\$1,008,220	\$45,780	\$508,240	\$789,498
OSWEGO HOSPITAL	\$13,133,817	\$24,089,612	0.545207	\$662,318	\$480,985	\$623,336	\$1,297,557
RIVER HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0	\$0
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$10,036,900	\$31,669,121	0.316930	\$435,842	\$36,464	\$149,688	\$1,101,619
SAMARITAN MEDICAL CENTER	\$25,959,683	\$44,496,215	0.583413	\$1,831,512	\$195,211	\$1,182,417	\$2,396,986
ST ELIZABETH MEDICAL CENTER	\$42,399,362	\$75,219,088	0.563678	\$2,327,506	\$489,010	\$1,587,609	\$2,419,622
ST LUKES MEMORIAL HOSPITAL CENTER	\$56,565,025	\$128,111,316	0.441530	\$2,723,635	\$86,980	\$1,240,972	\$2,910,383

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
ALBANY MEDICAL CENTER HOSPITAL	335,066,360	5,449,198	1.63%	3,458,212	0	\$3,458,212	\$2,516,145
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	14,385,819	66,991	0.47%	0	0	\$0	\$0
AMSTERDAM MEMORIAL HOSPITAL	11,468,390	129,992	1.13%	81,628	0	\$81,628	\$59,391
BASSETT HOSPITAL OF SCHOHARIE	12,216,501	533,350	4.37%	368,652	0	\$368,652	\$268,226
BELLEVUE WOMANS HOSPITAL	14,947,034	96,188	0.64%	58,786	0	\$58,786	\$42,772
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL	111,107,360	2,425,125	2.18%	1,558,703	0	\$1,558,703	\$1,134,090
EDDY COHOES REHABILITATION CENTER	7,749,261	0	0.00%	0	0	\$0	\$0
ELIZABETHTOWN COMMUNITY HOSPITAL	6,423,102	202,292	3.15%	134,055	0	\$134,055	\$97,537
ELLIS HOSPITAL	137,365,106	2,852,699	2.08%	1,825,183	0	\$1,825,183	\$1,327,976
GLENS FALLS HOSPITAL	126,485,494	4,220,614	3.34%	2,817,626	0	\$2,817,626	\$2,050,063
MEMORIAL HOSPITAL OF ALBANY	50,282,634	1,519,925	3.02%	1,001,666	0	\$1,001,666	\$728,798
MOSES-LUDINGTON HOSPITAL	6,940,136	326,301	4.70%	228,075	0	\$228,075	\$165,944
NATHAN LITTAUER HOSPITAL	35,990,062	879,620	2.44%	570,746	0	\$570,746	\$415,267
SAMARITAN HOSPITAL OF TROY	65,169,999	1,962,501	3.01%	1,292,658	0	\$1,292,658	\$940,519
SARATOGA HOSPITAL	69,383,661	1,680,113	2.42%	1,089,349	0	\$1,089,349	\$792,595
SETON HEALTH SYSTEM	80,801,922	2,510,721	3.11%	1,660,835	0	\$1,660,835	\$1,208,400
ST CLARES HOSPITAL OF SCHENECTADY	61,169,525	2,961,327	4.84%	2,078,506	0	\$2,078,506	\$1,512,291
ST MARYS HOSPITAL AT AMSTERDAM	54,114,004	1,531,403	2.83%	1,004,340	0	\$1,004,340	\$730,743
ST PETERS HOSPITAL	223,235,632	2,353,343	1.05%	1,473,864	0	\$1,473,864	\$1,072,362
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	21,831,302	55,140	0.25%	0	0	\$0	\$0
ADIRONDACK MEDICAL CENTER	36,224,864	1,206,998	3.33%	805,630	0	\$805,630	\$586,165
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	19,241,932	719,659	3.74%	486,829	0	\$486,829	\$354,210
ALICE HYDE MEMORIAL HOSPITAL	27,556,601	601,284	2.18%	386,453	0	\$386,453	\$281,177
AURELIA OSBORN FOX MEMORIAL HOSPITAL	47,753,182	1,883,876	3.95%	1,281,586	0	\$1,281,586	\$932,463
CANTON-POTSDAM HOSPITAL	31,713,706	658,103	2.08%	421,030	0	\$421,030	\$306,335
CARTHAGE AREA HOSPITAL INC	16,641,419	266,601	1.60%	169,130	0	\$169,130	\$123,057
CHENANGO MEMORIAL HOSPITAL INC	23,311,431	1,117,601	4.79%	783,351	0	\$783,351	\$569,955
CLAXTON-HEPBURN MEDICAL CENTER	42,913,667	1,177,877	2.74%	770,872	0	\$770,872	\$560,875
CLIFTON-FINE HOSPITAL	2,814,976	55,633	1.98%	35,458	0	\$35,458	\$25,799
COMMUNITY MEMORIAL HOSPITAL INC	22,902,078	503,991	2.20%	324,166	0	\$324,166	\$235,859
EDWARD JOHN NOBLE / GOUVERNEUR	9,544,063	301,247	3.16%	199,689	0	\$199,689	\$145,291
LEWIS COUNTY GENERAL HOSPITAL	14,120,157	466,230	3.30%	310,842	0	\$310,842	\$226,164
LITTLE FALLS HOSPITAL	16,067,017	559,731	3.48%	375,614	0	\$375,614	\$273,291
MARY IMOGENE BASSETT HOSPITAL	159,070,501	2,745,893	1.73%	1,745,063	0	\$1,745,063	\$1,269,682
MASSENA MEMORIAL HOSPITAL	31,198,034	725,669	2.33%	468,971	0	\$468,971	\$341,216
ONEIDA HEALTHCARE CENTER	30,552,865	789,498	2.58%	514,458	0	\$514,458	\$374,312
OSWEGO HOSPITAL	36,773,178	1,297,557	3.53%	872,041	0	\$872,041	\$634,484
RIVER HOSPITAL	0	0	0.00%	0	0	\$0	\$0
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	40,780,837	1,101,619	2.70%	720,157	0	\$720,157	\$523,976
SAMARITAN MEDICAL CENTER	85,058,787	2,396,986	2.82%	1,571,567	0	\$1,571,567	\$1,143,449
ST ELIZABETH MEDICAL CENTER	134,239,088	2,419,622	1.80%	1,539,195	0	\$1,539,195	\$1,119,896
ST LUKES MEMORIAL HOSPITAL CENTER	158,260,455	2,910,383	1.84%	1,852,184	0	\$1,852,184	\$1,347,622

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
ALBANY MEDICAL CENTER HOSPITAL	\$0	\$0	\$0	\$0	\$0
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	\$0	\$0	\$0	\$0	\$0
AMSTERDAM MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$48,747	\$188,747
BASSETT HOSPITAL OF SCHOHARIE	\$0	\$0	\$140,000	\$320,010	\$460,010
BELLEVUE WOMANS HOSPITAL	\$0	\$0	\$0	\$0	\$0
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL	\$0	\$0	\$140,000	\$181,884	\$321,884
EDDY COHOES REHABILITATION CENTER	\$0	\$0	\$0	\$0	\$0
ELIZABETHTOWN COMMUNITY HOSPITAL	\$0	\$0	\$140,000	\$106,203	\$246,203
ELLIS HOSPITAL	\$0	\$0	\$0	\$0	\$0
GLENS FALLS HOSPITAL	\$0	\$0	\$140,000	\$316,546	\$456,546
MEMORIAL HOSPITAL OF ALBANY	\$0	\$0	\$0	\$0	\$0
MOSES-LUDINGTON HOSPITAL	\$0	\$0	\$140,000	\$97,890	\$237,890
NATHAN LITTAUER HOSPITAL	\$0	\$0	\$140,000	\$197,914	\$337,914
SAMARITAN HOSPITAL OF TROY	\$0	\$0	\$0	\$0	\$0
SARATOGA HOSPITAL	\$0	\$0	\$0	\$0	\$0
SETON HEALTH SYSTEM	\$0	\$0	\$0	\$0	\$0
ST CLARES HOSPITAL OF SCHENECTADY	\$0	\$0	\$0	\$0	\$0
ST MARYS HOSPITAL AT AMSTERDAM	\$0	\$0	\$140,000	\$229,711	\$369,711
ST PETERS HOSPITAL	\$0	\$0	\$0	\$0	\$0
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	\$0	\$0	\$0	\$0	\$0
ADIRONDACK MEDICAL CENTER	\$0	\$0	\$140,000	\$362,100	\$502,100
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$323,847	\$463,847
ALICE HYDE MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$225,481	\$365,481
AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$706,454	\$846,454
CANTON-POTSDAM HOSPITAL	\$0	\$0	\$140,000	\$197,431	\$337,431
CARTHAGE AREA HOSPITAL INC	\$0	\$0	\$140,000	\$99,975	\$239,975
CHENANGO MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$670,561	\$810,561
CLAXTON-HEPBURN MEDICAL CENTER	\$0	\$0	\$140,000	\$265,022	\$405,022
CLIFTON-FINE HOSPITAL	\$0	\$0	\$140,000	\$29,207	\$169,207
COMMUNITY MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$226,796	\$366,796
EDWARD JOHN NOBLE / GOUVERNEUR	\$0	\$0	\$140,000	\$158,155	\$298,155
LEWIS COUNTY GENERAL HOSPITAL	\$0	\$0	\$140,000	\$244,771	\$384,771
LITTLE FALLS HOSPITAL	\$0	\$0	\$140,000	\$251,879	\$391,879
MARY IMOGENE BASSETT HOSPITAL	\$0	\$0	\$140,000	\$411,884	\$551,884
MASSENA MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$326,551	\$466,551
ONEIDA HEALTHCARE CENTER	\$0	\$0	\$140,000	\$236,849	\$376,849
OSWEGO HOSPITAL	\$0	\$0	\$140,000	\$291,950	\$431,950
RIVER HOSPITAL	\$0	\$0	\$140,000	\$0	\$140,000
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
SAMARITAN MEDICAL CENTER	\$0	\$0	\$140,000	\$179,774	\$319,774
ST ELIZABETH MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
ST LUKES MEMORIAL HOSPITAL CENTER	\$0	\$0	\$140,000	\$75,950	\$215,950

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
ALBANY MEDICAL CENTER HOSPITAL	\$0	\$88,124	\$730,681	\$3,334,950	\$5,449,198	61.2%
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	\$0	\$0	\$301	\$301	\$66,991	0.4%
AMSTERDAM MEMORIAL HOSPITAL	\$0	\$2,080	\$0	\$250,219	\$129,992	192.5%
BASSETT HOSPITAL OF SCHOHARIE	\$0	\$9,394	\$0	\$737,630	\$533,350	138.3%
BELLEVUE WOMANS HOSPITAL	\$0	\$1,498	\$0	\$44,270	\$96,188	46.0%
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL	\$0	\$39,720	\$0	\$1,495,694	\$2,425,125	61.7%
EDDY COHOES REHABILITATION CENTER	\$0	\$0	\$0	\$0	\$0	0.0%
ELIZABETHTOWN COMMUNITY HOSPITAL	\$0	\$3,416	\$0	\$347,156	\$202,292	171.6%
ELLIS HOSPITAL	\$0	\$46,510	\$7,836	\$1,382,323	\$2,852,699	48.5%
GLENS FALLS HOSPITAL	\$0	\$71,800	\$0	\$2,578,410	\$4,220,614	61.1%
MEMORIAL HOSPITAL OF ALBANY	\$0	\$25,525	\$0	\$754,323	\$1,519,925	49.6%
MOSES-LUDINGTON HOSPITAL	\$0	\$5,812	\$0	\$409,646	\$326,301	125.5%
NATHAN LITTAUER HOSPITAL	\$0	\$14,544	\$0	\$767,725	\$879,620	87.3%
SAMARITAN HOSPITAL OF TROY	\$0	\$32,940	\$0	\$973,460	\$1,962,501	49.6%
SARATOGA HOSPITAL	\$0	\$27,759	\$0	\$820,354	\$1,680,113	48.8%
SETON HEALTH SYSTEM	\$0	\$42,322	\$0	\$1,250,722	\$2,510,721	49.8%
ST CLARES HOSPITAL OF SCHENECTADY	\$0	\$52,966	\$74,617	\$1,639,873	\$2,961,327	55.4%
ST MARYS HOSPITAL AT AMSTERDAM	\$0	\$25,593	\$0	\$1,126,047	\$1,531,403	73.5%
ST PETERS HOSPITAL	\$0	\$37,558	\$78,683	\$1,188,603	\$2,353,343	50.5%
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	\$0	\$0	\$0	\$0	\$55,140	0.0%
ADIRONDACK MEDICAL CENTER	\$0	\$20,530	\$0	\$1,108,794	\$1,206,998	91.9%
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$0	\$12,406	\$0	\$830,462	\$719,659	115.4%
ALICE HYDE MEMORIAL HOSPITAL	\$0	\$9,848	\$0	\$656,506	\$601,284	109.2%
AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$0	\$32,658	\$0	\$1,811,575	\$1,883,876	96.2%
CANTON-POTSDAM HOSPITAL	\$0	\$10,729	\$0	\$654,495	\$658,103	99.5%
CARTHAGE AREA HOSPITAL INC	\$0	\$4,310	\$0	\$367,342	\$266,601	137.8%
CHENANGO MEMORIAL HOSPITAL INC	\$0	\$19,962	\$0	\$1,400,477	\$1,117,601	125.3%
CLAXTON-HEPBURN MEDICAL CENTER	\$0	\$19,644	\$0	\$985,541	\$1,177,877	83.7%
CLIFTON-FINE HOSPITAL	\$0	\$904	\$0	\$195,909	\$55,633	352.1%
COMMUNITY MEMORIAL HOSPITAL INC	\$0	\$8,261	\$0	\$610,915	\$503,991	121.2%
EDWARD JOHN NOBLE / GOUVERNEUR	\$0	\$5,089	\$0	\$448,534	\$301,247	148.9%
LEWIS COUNTY GENERAL HOSPITAL	\$0	\$7,921	\$0	\$618,856	\$466,230	132.7%
LITTLE FALLS HOSPITAL	\$0	\$9,572	\$0	\$674,742	\$559,731	120.5%
MARY IMOGENE BASSETT HOSPITAL	\$0	\$44,469	\$72,365	\$1,938,400	\$2,745,893	70.6%
MASSENA MEMORIAL HOSPITAL	\$0	\$11,951	\$0	\$819,718	\$725,669	113.0%
ONEIDA HEALTHCARE CENTER	\$0	\$13,110	\$0	\$764,271	\$789,498	96.8%
OSWEGO HOSPITAL	\$0	\$22,222	\$0	\$1,088,656	\$1,297,557	83.9%
RIVER HOSPITAL	\$0	\$0	\$0	\$140,000	\$0	0.0%
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$0	\$18,351	\$0	\$542,327	\$1,101,619	49.2%
SAMARITAN MEDICAL CENTER	\$0	\$40,048	\$0	\$1,503,271	\$2,396,986	62.7%
ST ELIZABETH MEDICAL CENTER	\$0	\$39,223	\$34,638	\$1,193,756	\$2,419,622	49.3%
ST LUKES MEMORIAL HOSPITAL CENTER	\$0	\$47,199	\$5,250	\$1,616,020	\$2,910,383	55.5%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Convertor</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
ARNOT-OGDEN MEMORIAL HOSPITAL	\$62,247,437	\$130,039,329	0.478682	\$1,360,280	\$501,425	\$891,164
AUBURN MEMORIAL HOSPITAL	\$35,972,082	\$68,513,134	0.525039	\$619,085	\$0	\$325,044
CAYUGA MEDICAL CENTER AT ITHACA	\$43,631,574	\$59,500,472	0.733298	\$617,093	\$0	\$452,513
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRAC	\$62,160,891	\$107,518,559	0.578141	\$1,014,080	\$349,622	\$788,412
CORNING HOSPITAL	\$21,807,444	\$35,717,075	0.610561	\$935,535	\$94,354	\$628,810
CORTLAND MEMORIAL HOSPITAL INC	\$24,297,575	\$36,287,523	0.669585	\$618,551	\$242,033	\$576,234
CROUSE HOSPITAL	\$148,404,919	\$281,896,055	0.526453	\$3,318,395	\$158,267	\$1,830,298
IRA DAVENPORT MEMORIAL HOSPITAL INC	\$6,352,190	\$10,399,209	0.610834	\$226,485	\$116,976	\$209,798
OUR LADY OF LOURDES MEMORIAL HOSPITAL	\$53,122,102	\$98,312,323	0.540340	\$1,335,552	\$856,853	\$1,184,645
SCHUYLER HOSPITAL	\$7,481,423	\$14,876,840	0.502891	\$331,129	\$103,301	\$218,471
ST JAMES MERCY HOSPITAL	\$17,285,773	\$34,304,437	0.503893	\$1,178,046	\$276,119	\$732,744
ST JOSEPHS HOSPITAL HEALTH CENTER	\$187,483,618	\$355,845,801	0.526868	\$4,134,326	\$1,967,237	\$3,214,716
ST JOSEPHS HOSPITAL OF ELMIRA	\$35,408,122	\$70,668,817	0.501043	\$1,421,833	\$237,075	\$831,184
UNITED HEALTH SERVICES, INC	\$141,251,498	\$263,854,326	0.535339	\$2,629,801	\$1,972,992	\$2,464,054
SUNY HEALTH SCIENCE CENTER AT SYRACUSE	\$261,371,010	\$337,950,885	0.773399	\$9,055,451	\$0	\$7,003,480
CLIFTON SPRINGS HOSPITAL AND CLINIC	\$16,333,044	\$29,483,882	0.553965	\$305,874	\$199,190	\$279,788
F F THOMPSON HOSPITAL	\$22,865,659	\$30,569,052	0.748000	-\$69,577	\$58,423	-\$8,343
GENEVA GENERAL HOSPITAL	\$24,629,473	\$39,683,198	0.620652	\$777,010	\$307,268	\$672,960
HIGHLAND HOSPITAL OF ROCHESTER	\$88,032,761	\$137,088,173	0.642162	\$1,590,519	\$426,271	\$1,295,105
LAKESIDE MEMORIAL HOSPITAL	\$12,053,796	\$21,926,581	0.549734	\$1,558,022	\$1,374	\$857,254
NICHOLAS H NOYES MEMORIAL HOSPITAL	\$15,659,951	\$33,053,372	0.473778	\$344,745	\$240,387	\$277,223
PARK RIDGE HOSPITAL	\$104,486,261	\$160,011,368	0.652993	\$2,254,684	\$970,040	\$2,105,721
ROCHESTER GENERAL HOSPITAL	\$209,356,698	\$355,142,228	0.589501	\$4,687,442	\$0	\$2,763,252
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YAT	\$9,172,696	\$15,177,198	0.604373	\$223,916	\$135,704	\$217,345
STRONG MEMORIAL HOSPITAL	\$394,219,764	\$695,269,591	0.567003	\$5,300,208	\$1,132,998	\$3,647,645
WAYNE HEALTH CARE	\$16,302,534	\$34,773,831	0.468816	\$694,979	\$132,205	\$387,797
MONROE COMMUNITY HOSPITAL	\$138,163	\$38,687	3.571303	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
ARNOT-OGDEN MEMORIAL HOSPITAL	\$25,520,728	\$46,565,342	0.548063	\$1,611,650	\$64,950	\$918,882	\$1,810,046
AUBURN MEMORIAL HOSPITAL	\$16,470,077	\$34,182,789	0.481824	\$1,611,697	\$0	\$776,554	\$1,101,598
CAYUGA MEDICAL CENTER AT ITHACA	\$19,525,959	\$26,096,824	0.748212	\$903,492	\$0	\$676,004	\$1,128,517
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRAC	\$17,626,338	\$32,106,221	0.549001	\$1,102,952	\$70,571	\$644,265	\$1,432,677
CORNING HOSPITAL	\$24,883,481	\$52,293,455	0.475843	\$2,372,703	\$246,405	\$1,246,285	\$1,875,094
CORTLAND MEMORIAL HOSPITAL INC	\$10,285,258	\$22,651,549	0.454064	\$1,571,737	\$266,534	\$834,693	\$1,410,927
CROUSE HOSPITAL	\$53,532,571	\$122,312,414	0.437671	\$4,942,191	\$1,007,572	\$2,604,037	\$4,434,335
IRA DAVENPORT MEMORIAL HOSPITAL INC	\$5,603,061	\$7,835,612	0.715076	\$461,872	\$108,103	\$407,576	\$617,373
OUR LADY OF LOURDES MEMORIAL HOSPITAL	\$68,897,084	\$144,994,039	0.475172	\$2,562,719	\$1,301,589	\$1,836,210	\$3,020,855
SCHUYLER HOSPITAL	\$5,762,141	\$9,903,864	0.581807	\$761,153	\$117,414	\$511,157	\$729,628
ST JAMES MERCY HOSPITAL	\$19,563,172	\$34,165,087	0.572607	\$1,337,542	\$275,848	\$923,839	\$1,656,582
ST JOSEPHS HOSPITAL HEALTH CENTER	\$87,505,175	\$137,814,067	0.634951	\$4,628,874	\$350,537	\$3,161,682	\$6,376,398
ST JOSEPHS HOSPITAL OF ELMIRA	\$12,327,780	\$23,938,101	0.514986	\$1,253,556	\$68,836	\$681,013	\$1,512,197
UNITED HEALTH SERVICES, INC	\$100,876,497	\$194,153,967	0.519570	\$7,593,226	\$1,245,108	\$4,592,130	\$7,056,184
SUNY HEALTH SCIENCE CENTER AT SYRACUSE	\$108,011,426	\$110,139,764	0.980676	\$5,712,764	\$0	\$5,602,371	\$12,605,851
CLIFTON SPRINGS HOSPITAL AND CLINIC	\$11,144,963	\$26,747,355	0.416675	\$404,992	\$305,298	\$295,960	\$575,748
F F THOMPSON HOSPITAL	\$20,251,785	\$33,126,207	0.611352	\$1,355,330	\$36,983	\$851,194	\$842,851
GENEVA GENERAL HOSPITAL	\$16,748,891	\$35,694,523	0.469229	\$1,079,225	\$64,206	\$536,531	\$1,209,490
HIGHLAND HOSPITAL OF ROCHESTER	\$52,713,154	\$84,076,686	0.626965	\$1,548,821	\$396,048	\$1,219,365	\$2,514,470
LAKESIDE MEMORIAL HOSPITAL	\$6,093,717	\$12,644,884	0.481912	-\$10,939	\$1,123	-\$4,730	\$852,523
NICHOLAS H NOYES MEMORIAL HOSPITAL	\$8,655,343	\$20,492,494	0.422367	\$856,324	\$47,446	\$381,722	\$658,945
PARK RIDGE HOSPITAL	\$128,927,600	\$171,655,005	0.751086	\$3,631,028	\$1,734,041	\$4,029,626	\$6,135,347
ROCHESTER GENERAL HOSPITAL	\$140,614,360	\$234,545,392	0.599519	\$12,787,467	\$0	\$7,666,326	\$10,429,578
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YAT	\$6,447,318	\$10,412,498	0.619190	\$548,983	\$65,244	\$380,323	\$597,668
STRONG MEMORIAL HOSPITAL	\$169,499,346	\$273,728,955	0.619223	\$12,334,347	\$980,857	\$8,245,085	\$11,892,730
WAYNE HEALTH CARE	\$6,446,000	\$24,848,539	0.259412	\$2,308,842	\$212,991	\$654,193	\$1,041,990
MONROE COMMUNITY HOSPITAL	\$0	\$0	0.000000	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
ARNOT-OGDEN MEMORIAL HOSPITAL	87,768,165	1,810,046	2.06%	1,157,322	0	\$1,157,322	\$842,051
AUBURN MEMORIAL HOSPITAL	52,442,159	1,101,598	2.10%	705,566	0	\$705,566	\$513,359
CAYUGA MEDICAL CENTER AT ITHACA	63,157,533	1,128,517	1.79%	717,746	0	\$717,746	\$522,222
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRAC	79,787,229	1,432,677	1.80%	911,293	0	\$911,293	\$663,044
CORNING HOSPITAL	46,690,925	1,875,094	4.02%	1,278,294	0	\$1,278,294	\$930,068
CORTLAND MEMORIAL HOSPITAL INC	34,582,833	1,410,927	4.08%	964,473	0	\$964,473	\$701,737
CROUSE HOSPITAL	201,937,490	4,434,335	2.20%	2,851,613	0	\$2,851,613	\$2,074,792
IRA DAVENPORT MEMORIAL HOSPITAL INC	11,955,251	617,373	5.16%	438,092	0	\$438,092	\$318,749
OUR LADY OF LOURDES MEMORIAL HOSPITAL	122,019,186	3,020,855	2.48%	1,962,074	0	\$1,962,074	\$1,427,577
SCHUYLER HOSPITAL	13,243,564	729,628	5.51%	524,168	0	\$524,168	\$381,377
ST JAMES MERCY HOSPITAL	36,848,945	1,656,582	4.50%	1,150,233	0	\$1,150,233	\$836,893
ST JOSEPHS HOSPITAL HEALTH CENTER	274,988,793	6,376,398	2.32%	4,119,742	0	\$4,119,742	\$2,997,464
ST JOSEPHS HOSPITAL OF ELMIRA	47,735,902	1,512,197	3.17%	1,002,874	0	\$1,002,874	\$729,677
UNITED HEALTH SERVICES, INC	242,127,995	7,056,184	2.91%	4,636,669	0	\$4,636,669	\$3,373,572
SUNY HEALTH SCIENCE CENTER AT SYRACUSE	369,382,436	12,605,851	3.41%	0	4,116,766	\$0	\$4,116,766
CLIFTON SPRINGS HOSPITAL AND CLINIC	27,478,007	575,748	2.10%	368,676	0	\$368,676	\$268,243
F F THOMPSON HOSPITAL	43,117,444	842,851	1.95%	537,074	0	\$537,074	\$390,767
GENEVA GENERAL HOSPITAL	41,378,364	1,209,490	2.92%	794,920	0	\$794,920	\$578,372
HIGHLAND HOSPITAL OF ROCHESTER	140,745,915	2,514,470	1.79%	1,599,219	0	\$1,599,219	\$1,163,568
LAKESIDE MEMORIAL HOSPITAL	18,147,513	852,523	4.70%	595,818	0	\$595,818	\$433,508
NICHOLAS H NOYES MEMORIAL HOSPITAL	24,315,294	658,945	2.71%	430,867	0	\$430,867	\$313,493
PARK RIDGE HOSPITAL	233,413,861	6,135,347	2.63%	4,002,976	0	\$4,002,976	\$2,912,507
ROCHESTER GENERAL HOSPITAL	349,971,058	10,429,578	2.98%	6,863,241	0	\$6,863,241	\$4,993,593
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YAT	15,620,014	597,668	3.83%	405,296	0	\$405,296	\$294,888
STRONG MEMORIAL HOSPITAL	563,719,110	11,892,730	2.11%	7,620,262	0	\$7,620,262	\$5,544,391
WAYNE HEALTH CARE	22,748,534	1,041,990	4.58%	725,536	0	\$725,536	\$527,890
MONROE COMMUNITY HOSPITAL	138,163	0	0.00%	0	0	\$0	\$0

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
ARNOT-OGDEN MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
AUBURN MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$82,620	\$222,620
CAYUGA MEDICAL CENTER AT ITHACA	\$0	\$0	\$140,000	\$169,277	\$309,277
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRAC	\$0	\$0	\$0	\$0	\$0
CORNING HOSPITAL	\$0	\$0	\$140,000	\$703,160	\$843,160
CORTLAND MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$317,459	\$457,459
CROUSE HOSPITAL	\$0	\$0	\$0	\$0	\$0
IRA DAVENPORT MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$370,424	\$510,424
OUR LADY OF LOURDES MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
SCHUYLER HOSPITAL	\$0	\$0	\$140,000	\$437,777	\$577,777
ST JAMES MERCY HOSPITAL	\$0	\$0	\$140,000	\$496,975	\$636,975
ST JOSEPHS HOSPITAL HEALTH CENTER	\$0	\$0	\$0	\$0	\$0
ST JOSEPHS HOSPITAL OF ELMIRA	\$0	\$0	\$0	\$0	\$0
UNITED HEALTH SERVICES, INC	\$0	\$0	\$0	\$0	\$0
SUNY HEALTH SCIENCE CENTER AT SYRACUSE	\$0	\$0	\$0	\$0	\$0
CLIFTON SPRINGS HOSPITAL AND CLINIC	\$0	\$0	\$0	\$0	\$0
F F THOMPSON HOSPITAL	\$0	\$0	\$140,000	\$189,641	\$329,641
GENEVA GENERAL HOSPITAL	\$0	\$0	\$140,000	\$272,135	\$412,135
HIGHLAND HOSPITAL OF ROCHESTER	\$0	\$0	\$0	\$0	\$0
LAKESIDE MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
NICHOLAS H NOYES MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$247,104	\$387,104
PARK RIDGE HOSPITAL	\$0	\$0	\$0	\$0	\$0
ROCHESTER GENERAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YAT	\$0	\$0	\$140,000	\$313,776	\$453,776
STRONG MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
WAYNE HEALTH CARE	\$0	\$0	\$140,000	\$468,896	\$608,896
MONROE COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
ARNOT-OGDEN MEMORIAL HOSPITAL	\$0	\$29,492	\$0	\$871,542	\$1,810,046	48.2%
AUBURN MEMORIAL HOSPITAL	\$0	\$17,980	\$0	\$753,959	\$1,101,598	68.4%
CAYUGA MEDICAL CENTER AT ITHACA	\$0	\$18,290	\$0	\$849,789	\$1,128,517	75.3%
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRAC	\$0	\$23,222	\$21,920	\$708,186	\$1,432,677	49.4%
CORNING HOSPITAL	\$0	\$32,574	\$0	\$1,805,802	\$1,875,094	96.3%
CORTLAND MEMORIAL HOSPITAL INC	\$0	\$24,577	\$0	\$1,183,772	\$1,410,927	83.9%
CROUSE HOSPITAL	\$0	\$72,667	\$134,585	\$2,282,043	\$4,434,335	51.5%
IRA DAVENPORT MEMORIAL HOSPITAL INC	\$0	\$11,164	\$0	\$840,337	\$617,373	136.1%
OUR LADY OF LOURDES MEMORIAL HOSPITAL	\$0	\$49,999	\$0	\$1,477,575	\$3,020,855	48.9%
SCHUYLER HOSPITAL	\$0	\$13,357	\$0	\$972,510	\$729,628	133.3%
ST JAMES MERCY HOSPITAL	\$0	\$29,311	\$0	\$1,503,179	\$1,656,582	90.7%
ST JOSEPHS HOSPITAL HEALTH CENTER	\$0	\$104,982	\$209,487	\$3,311,933	\$6,376,398	51.9%
ST JOSEPHS HOSPITAL OF ELMIRA	\$0	\$25,556	\$0	\$755,233	\$1,512,197	49.9%
UNITED HEALTH SERVICES, INC	\$0	\$118,154	\$156,742	\$3,648,469	\$7,056,184	51.7%
SUNY HEALTH SCIENCE CENTER AT SYRACUSE	\$0	\$0	\$0	\$4,116,766	\$12,605,851	32.7%
CLIFTON SPRINGS HOSPITAL AND CLINIC	\$0	\$9,395	\$0	\$277,638	\$575,748	48.2%
F F THOMPSON HOSPITAL	\$0	\$13,686	\$0	\$734,094	\$842,851	87.1%
GENEVA GENERAL HOSPITAL	\$0	\$20,257	\$0	\$1,010,764	\$1,209,490	83.6%
HIGHLAND HOSPITAL OF ROCHESTER	\$0	\$40,752	\$221,277	\$1,425,598	\$2,514,470	56.7%
LAKESIDE MEMORIAL HOSPITAL	\$0	\$15,183	\$0	\$448,691	\$852,523	52.6%
NICHOLAS H NOYES MEMORIAL HOSPITAL	\$0	\$10,980	\$0	\$711,577	\$658,945	108.0%
PARK RIDGE HOSPITAL	\$0	\$102,006	\$91,307	\$3,105,820	\$6,135,347	50.6%
ROCHESTER GENERAL HOSPITAL	\$0	\$174,893	\$309,429	\$5,477,916	\$10,429,578	52.5%
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YAT	\$0	\$10,328	\$0	\$758,991	\$597,668	127.0%
STRONG MEMORIAL HOSPITAL	\$0	\$194,184	\$1,274,478	\$7,013,053	\$11,892,730	59.0%
WAYNE HEALTH CARE	\$0	\$18,489	\$0	\$1,155,274	\$1,041,990	110.9%
MONROE COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0	0.0%

<u>Hospital Name</u>	<u>Total Inpatient Costs</u>	<u>Total Inpatient Charges</u>	<u>Inpatient Charge Convertor</u>	<u>Inpatient Bad Debts</u>	<u>Inpatient Charity</u>	<u>Inpatient BDCC @ Cost</u>
BERTRAND CHAFFEE HOSPITAL	\$5,506,422	\$6,975,210	0.789427	\$427,673	\$3,643	\$340,493
BROOKS MEMORIAL HOSPITAL	\$14,525,196	\$23,996,739	0.605299	\$240,366	\$53,264	\$177,734
CUBA MEMORIAL HOSPITAL INC	\$2,408,862	\$3,003,566	0.802001	\$76,646	\$650	\$61,991
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFAN	\$8,988,555	\$15,589,571	0.576575	\$227,749	\$17,184	\$141,222
KALEIDA HEALTH	\$436,397,452	\$1,036,773,086	0.420919	\$7,852,173	\$820,152	\$3,650,346
KENMORE MERCY HOSPITAL	\$44,385,845	\$123,964,359	0.358053	\$1,184,111	\$162,213	\$482,056
LOCKPORT MEMORIAL HOSPITAL	\$21,484,185	\$34,076,238	0.630474	\$459,024	\$0	\$289,403
MEDINA MEMORIAL HOSPITAL	\$8,747,698	\$10,358,495	0.844495	\$291,631	\$5,677	\$251,075
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A	\$11,601,313	\$15,118,261	0.767371	\$246,543	\$232,491	\$367,597
MERCY HOSPITAL OF BUFFALO	\$115,619,387	\$310,925,570	0.371856	\$3,272,962	\$565,688	\$1,427,423
MOUNT ST MARYS HOSPITAL HEALTH CENTER	\$38,248,544	\$83,443,895	0.458374	\$486,108	\$125,609	\$280,395
NIAGARA FALLS MEMORIAL MEDICAL CENTER	\$38,759,921	\$81,115,067	0.477839	\$1,216,661	\$104,686	\$631,391
OLEAN GENERAL HOSPITAL	\$31,361,075	\$61,072,700	0.513504	\$1,259,917	\$126,613	\$711,989
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	\$5,653,777	\$6,235,290	0.906738	\$985,510	\$0	\$893,600
SISTERS OF CHARITY HOSPITAL	\$80,033,877	\$206,116,662	0.388294	\$1,469,829	\$86,406	\$604,277
ST JOSEPH HOSPITAL	\$35,190,662	\$103,371,423	0.340429	\$1,178,992	\$40,803	\$415,254
TLC HEALTH NETWORK	\$12,536,528	\$22,725,189	0.551658	\$276,175	\$70,707	\$191,360
UNITED MEMORIAL MEDICAL CENTER	\$22,637,162	\$47,390,324	0.477675	\$599,900	\$391,680	\$473,653
WESTFIELD MEMORIAL HOSPITAL INC	\$3,295,008	\$4,320,094	0.762717	\$123,002	\$0	\$93,816
WOMANS CHRISTIAN ASSOCIATION	\$45,855,398	\$88,056,746	0.520748	\$1,127,897	\$333,847	\$761,201
WYOMING COUNTY COMMUNITY HOSPITAL	\$14,204,099	\$18,313,078	0.775626	\$427,458	\$13,858	\$342,296
ERIE COUNTY MEDICAL CENTER	\$144,450,726	\$199,480,626	0.724134	\$4,089,707	\$0	\$2,961,496
ROSWELL PARK MEMORIAL INSTITUTE	\$68,648,192	\$121,018,080	0.567256	\$62,266	\$0	\$35,321

<u>Hospital Name</u>	<u>Total Outpatient Costs</u>	<u>Total Outpatient Charges</u>	<u>Outpatient Charge Convertor</u>	<u>Outpatient Bad Debt</u>	<u>Outpatient Charity Care</u>	<u>Outpatient BDCC @ Cost</u>	<u>Total Uncompensated Care</u>
BERTRAND CHAFFEE HOSPITAL	\$4,650,096	\$6,607,395	0.703771	\$0	\$9,420	\$6,630	\$347,122
BROOKS MEMORIAL HOSPITAL	\$8,473,946	\$17,180,505	0.493230	\$481,409	\$15,749	\$245,213	\$422,947
CUBA MEMORIAL HOSPITAL INC	\$2,810,881	\$3,383,656	0.830723	\$72,320	\$55,414	\$106,112	\$168,103
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFAN	\$4,609,069	\$5,959,473	0.773402	\$322,553	\$4,040	\$252,588	\$393,810
KALEIDA HEALTH	\$185,322,506	\$421,348,873	0.439831	\$13,760,575	\$131,215	\$6,110,047	\$9,760,393
KENMORE MERCY HOSPITAL	\$21,684,314	\$44,504,188	0.487242	\$1,494,079	\$37,347	\$746,175	\$1,228,231
LOCKPORT MEMORIAL HOSPITAL	\$7,648,286	\$13,188,925	0.579902	\$578,723	\$0	\$335,603	\$625,005
MEDINA MEMORIAL HOSPITAL	\$9,765,693	\$13,931,602	0.700974	\$283,930	\$1,130	\$199,820	\$450,895
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A	\$11,933,222	\$15,422,718	0.773743	\$402,307	\$33,290	\$337,040	\$704,637
MERCY HOSPITAL OF BUFFALO	\$43,160,688	\$79,956,467	0.539802	\$3,520,555	\$19,376	\$1,910,863	\$3,338,286
MOUNT ST MARYS HOSPITAL HEALTH CENTER	\$11,527,345	\$31,827,222	0.362185	\$160,956	\$52,474	\$77,301	\$357,697
NIAGARA FALLS MEMORIAL MEDICAL CENTER	\$12,915,656	\$22,651,719	0.570184	\$837,895	\$29,010	\$494,296	\$1,125,686
OLEAN GENERAL HOSPITAL	\$19,143,848	\$29,025,453	0.659554	\$1,000,312	\$14,675	\$669,439	\$1,381,427
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	\$2,549,263	\$1,467,891	1.736684	\$249,693	\$141,119	\$678,717	\$1,572,317
SISTERS OF CHARITY HOSPITAL	\$33,595,863	\$59,733,428	0.562430	\$2,241,531	\$2,107,875	\$2,446,236	\$3,050,513
ST JOSEPH HOSPITAL	\$17,903,500	\$37,708,289	0.474790	\$1,219,575	\$8,706	\$583,175	\$998,429
TLC HEALTH NETWORK	\$12,308,643	\$17,826,399	0.690473	\$897,767	\$19,474	\$633,330	\$824,690
UNITED MEMORIAL MEDICAL CENTER	\$13,042,474	\$28,433,676	0.458698	\$607,800	\$570,682	\$540,567	\$1,014,220
WESTFIELD MEMORIAL HOSPITAL INC	\$2,867,956	\$6,750,905	0.424825	\$132,152	\$54,723	\$79,389	\$173,205
WOMANS CHRISTIAN ASSOCIATION	\$22,029,149	\$47,124,922	0.467463	\$1,165,825	\$129,485	\$605,509	\$1,366,710
WYOMING COUNTY COMMUNITY HOSPITAL	\$7,870,845	\$12,318,292	0.638956	\$272,600	\$5,366	\$177,608	\$519,904
ERIE COUNTY MEDICAL CENTER	\$63,533,771	\$93,068,407	0.682657	\$5,212,910	\$0	\$3,558,628	\$6,520,124
ROSWELL PARK MEMORIAL INSTITUTE	\$104,037,620	\$219,812,770	0.473301	\$569,434	\$0	\$269,514	\$304,834

<u>Hospital Name</u>	<u>Total Inpatient & Outpatient Cost</u>	<u>Uncompensated Care Need</u>	<u>Targeted Need Percentage</u>	<u>Nominal Payment Amount</u>	<u>Major Public 1996 Final Pool Distributions</u>	<u>Nominal Payment Amount Voluntary non Maj.Pub.</u>	<u>All Hospitals Targeted Need Share</u>
BERTRAND CHAFFEE HOSPITAL	10,156,518	347,122	3.42%	232,411	0	\$232,411	\$169,099
BROOKS MEMORIAL HOSPITAL	22,999,142	422,947	1.84%	269,166	0	\$269,166	\$195,841
CUBA MEMORIAL HOSPITAL INC	5,219,743	168,103	3.22%	111,723	0	\$111,723	\$81,288
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFAN	13,597,624	393,810	2.90%	258,670	0	\$258,670	\$188,204
KALEIDA HEALTH	621,719,958	9,760,393	1.57%	6,188,825	0	\$6,188,825	\$4,502,899
KENMORE MERCY HOSPITAL	66,070,159	1,228,231	1.86%	781,833	0	\$781,833	\$568,850
LOCKPORT MEMORIAL HOSPITAL	29,132,471	625,005	2.15%	401,088	0	\$401,088	\$291,826
MEDINA MEMORIAL HOSPITAL	18,513,391	450,895	2.44%	292,485	0	\$292,485	\$212,808
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A	23,534,535	704,637	2.99%	463,828	0	\$463,828	\$337,474
MERCY HOSPITAL OF BUFFALO	158,780,075	3,338,286	2.10%	2,138,325	0	\$2,138,325	\$1,555,814
MOUNT ST MARYS HOSPITAL HEALTH CENTER	49,775,889	357,697	0.72%	220,059	0	\$220,059	\$160,112
NIAGARA FALLS MEMORIAL MEDICAL CENTER	51,675,577	1,125,686	2.18%	723,386	0	\$723,386	\$526,325
OLEAN GENERAL HOSPITAL	50,504,923	1,381,427	2.74%	903,868	0	\$903,868	\$657,641
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	8,203,040	1,572,317	19.17%	1,426,713	0	\$1,426,713	\$1,038,055
SISTERS OF CHARITY HOSPITAL	113,629,740	3,050,513	2.68%	1,993,322	0	\$1,993,322	\$1,450,312
ST JOSEPH HOSPITAL	53,094,162	998,429	1.88%	635,705	0	\$635,705	\$462,530
TLC HEALTH NETWORK	24,845,171	824,690	3.32%	550,193	0	\$550,193	\$400,313
UNITED MEMORIAL MEDICAL CENTER	35,679,636	1,014,220	2.84%	665,355	0	\$665,355	\$484,102
WESTFIELD MEMORIAL HOSPITAL INC	6,162,964	173,205	2.81%	113,540	0	\$113,540	\$82,610
WOMANS CHRISTIAN ASSOCIATION	67,884,547	1,366,710	2.01%	871,841	0	\$871,841	\$634,339
WYOMING COUNTY COMMUNITY HOSPITAL	22,074,944	519,904	2.36%	336,339	0	\$336,339	\$244,716
ERIE COUNTY MEDICAL CENTER	207,984,497	6,520,124	3.13%	0	4,171,029	\$0	\$4,171,029
ROSWELL PARK MEMORIAL INSTITUTE	172,685,812	304,834	0.18%	0	2,474,478	\$0	\$2,474,478

<u>Hospital Name</u>	<u>High Need Reserve Eligible NPA</u>	<u>High Need Reserve Allocation</u>	<u>Annual Rural Amount</u>	<u>Minimum Rural BDCC</u>	<u>Total Rural Share</u>
BERTRAND CHAFFEE HOSPITAL	\$0	\$0	\$140,000	\$182,239	\$322,239
BROOKS MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$95,163	\$235,163
CUBA MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$88,254	\$228,254
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFAN	\$0	\$0	\$140,000	\$177,214	\$317,214
KALEIDA HEALTH	\$0	\$0	\$0	\$0	\$0
KENMORE MERCY HOSPITAL	\$0	\$0	\$0	\$0	\$0
LOCKPORT MEMORIAL HOSPITAL	\$0	\$0	\$0	\$0	\$0
MEDINA MEMORIAL HOSPITAL	\$0	\$0	\$140,000	\$169,086	\$309,086
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A	\$0	\$0	\$140,000	\$317,087	\$457,087
MERCY HOSPITAL OF BUFFALO	\$0	\$0	\$0	\$0	\$0
MOUNT ST MARYS HOSPITAL HEALTH CENTER	\$0	\$0	\$0	\$0	\$0
NIAGARA FALLS MEMORIAL MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
OLEAN GENERAL HOSPITAL	\$0	\$0	\$140,000	\$207,214	\$347,214
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	\$1,098,591	\$267,180	\$0	\$0	\$0
SISTERS OF CHARITY HOSPITAL	\$0	\$0	\$0	\$0	\$0
ST JOSEPH HOSPITAL	\$0	\$0	\$0	\$0	\$0
TLC HEALTH NETWORK	\$0	\$0	\$280,000	\$247,407	\$527,407
UNITED MEMORIAL MEDICAL CENTER	\$0	\$0	\$280,000	\$228,200	\$508,200
WESTFIELD MEMORIAL HOSPITAL INC	\$0	\$0	\$140,000	\$90,933	\$230,933
WOMANS CHRISTIAN ASSOCIATION	\$0	\$0	\$140,000	\$102,503	\$242,503
WYOMING COUNTY COMMUNITY HOSPITAL	\$0	\$0	\$140,000	\$155,971	\$295,971
ERIE COUNTY MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0
ROSWELL PARK MEMORIAL INSTITUTE	\$0	\$0	\$0	\$0	\$0

<u>Hospital Name</u>	<u>Supplemental High Need Allocation</u>	<u>Voluntary Hospital Supplemental Distribution</u>	<u>GME Supplemental Distribution</u>	<u>Final Calculated 2006 Distributions</u>	<u>Total Uncompensated Care Need</u>	<u>Actual Coverage of Uncompensated Care Need</u>
BERTRAND CHAFFEE HOSPITAL	\$0	\$5,922	\$0	\$497,261	\$347,122	143.3%
BROOKS MEMORIAL HOSPITAL	\$0	\$6,859	\$0	\$437,863	\$422,947	103.5%
CUBA MEMORIAL HOSPITAL INC	\$0	\$2,847	\$0	\$312,389	\$168,103	185.8%
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFAN	\$0	\$6,592	\$0	\$512,011	\$393,810	130.0%
KALEIDA HEALTH	\$0	\$157,707	\$694,451	\$5,355,057	\$9,760,393	54.9%
KENMORE MERCY HOSPITAL	\$0	\$19,923	\$0	\$588,773	\$1,228,231	47.9%
LOCKPORT MEMORIAL HOSPITAL	\$0	\$10,221	\$0	\$302,047	\$625,005	48.3%
MEDINA MEMORIAL HOSPITAL	\$0	\$7,453	\$0	\$529,346	\$450,895	117.4%
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A	\$0	\$11,820	\$0	\$806,380	\$704,637	114.4%
MERCY HOSPITAL OF BUFFALO	\$0	\$54,490	\$38,893	\$1,649,197	\$3,338,286	49.4%
MOUNT ST MARYS HOSPITAL HEALTH CENTER	\$0	\$5,608	\$0	\$165,719	\$357,697	46.3%
NIAGARA FALLS MEMORIAL MEDICAL CENTER	\$0	\$18,434	\$10,582	\$555,341	\$1,125,686	49.3%
OLEAN GENERAL HOSPITAL	\$0	\$23,033	\$2,121	\$1,030,009	\$1,381,427	74.6%
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	\$267,180	\$36,356	\$0	\$1,608,773	\$1,572,317	102.3%
SISTERS OF CHARITY HOSPITAL	\$0	\$50,795	\$37,693	\$1,538,800	\$3,050,513	50.4%
ST JOSEPH HOSPITAL	\$0	\$16,199	\$0	\$478,729	\$998,429	47.9%
TLC HEALTH NETWORK	\$0	\$14,020	\$0	\$941,740	\$824,690	114.2%
UNITED MEMORIAL MEDICAL CENTER	\$0	\$16,955	\$0	\$1,009,257	\$1,014,220	99.5%
WESTFIELD MEMORIAL HOSPITAL INC	\$0	\$2,893	\$0	\$316,436	\$173,205	182.7%
WOMANS CHRISTIAN ASSOCIATION	\$0	\$22,217	\$0	\$899,059	\$1,366,710	65.8%
WYOMING COUNTY COMMUNITY HOSPITAL	\$0	\$8,571	\$0	\$549,258	\$519,904	105.6%
ERIE COUNTY MEDICAL CENTER	\$0	\$0	\$0	\$4,171,029	\$6,520,124	64.0%
ROSWELL PARK MEMORIAL INSTITUTE	\$0	\$0	\$0	\$2,474,478	\$304,834	811.7%

OpCert	Name of Facility	2004 rural uncomp. care need	2004 targeted need percentage	average targeted need %	B - C targeted need less average	targeted need standard deviation	D / E targeted need stat	(I) BDCC need %	2004 Beds in Service	average beds in service	H - G average less fac. beds	beds standard deviation
5263700	CATSKILL REGIONAL MED CTR - G HERMAN DIV	\$595,772	15.96%	3.47%	12.49%	2.38%	525.23%	525.23%	15	111.00	96	85.48
5526001	ELLENVILLE COMMUNITY HOSPITAL	\$996,572	13.08%	3.47%	9.61%	2.38%	404.29%	404.29%	51	111.00	60	85.48
1229000	DELAWARE VALLEY HOSPITAL INC	\$790,871	7.67%	3.47%	4.20%	2.38%	176.72%	176.72%	33	111.00	78	85.48
4823000	SCHUYLER HOSPITAL	\$729,628	5.51%	3.47%	2.04%	2.38%	85.67%	85.67%	46	111.00	65	85.48
1226701	MARGARETVILLE MEMORIAL HOSPITAL	\$263,253	4.05%	3.47%	0.58%	2.38%	24.42%	24.42%	15	111.00	96	85.48
5022000	IRA DAVENPORT MEMORIAL HOSPITAL INC	\$617,373	5.16%	3.47%	1.69%	2.38%	71.15%	71.15%	66	111.00	45	85.48
4720001	BASSETT HOSPITAL OF SCHOHARIE	\$533,350	4.37%	3.47%	0.89%	2.38%	37.57%	37.57%	40	111.00	71	85.48
824000	CHENANGO MEMORIAL HOSPITAL INC	\$1,117,601	4.79%	3.47%	1.32%	2.38%	55.59%	55.59%	58	111.00	53	85.48
1254700	A LINDSAY & OLIVE B OCONNOR HOSPITAL	\$204,656	3.72%	3.47%	0.25%	2.38%	10.35%	10.35%	23	111.00	88	85.48
226700	CUBA MEMORIAL HOSPITAL INC	\$168,103	3.22%	3.47%	-0.25%	2.38%	-10.61%	-10.61%	20	111.00	91	85.48
1552701	ELIZABETHTOWN COMMUNITY HOSPITAL	\$202,292	3.15%	3.47%	-0.32%	2.38%	-13.60%	-13.60%	25	111.00	86	85.48
6120000	SOLDIERS AND SAILORS MEMORIAL HOSP OF YATES CO INC	\$597,668	3.83%	3.47%	0.35%	2.38%	14.87%	14.87%	54	111.00	57	85.48
1427000	BERTRAND CHAFFEE HOSPITAL	\$347,122	3.42%	3.47%	-0.05%	2.38%	-2.31%	-2.31%	49	111.00	62	85.48
632000	WESTFIELD MEMORIAL HOSPITAL INC	\$173,205	2.81%	3.47%	-0.66%	2.38%	-27.86%	-27.86%	32	111.00	79	85.48
2424000	LEWIS COUNTY GENERAL HOSPITAL	\$466,230	3.30%	3.47%	-0.17%	2.38%	-7.19%	-7.19%	54	111.00	57	85.48
4458700	CLIFTON-FINE HOSPITAL	\$55,633	1.98%	3.47%	-1.50%	2.38%	-62.95%	-62.95%	9	111.00	102	85.48
4423000	EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR	\$301,247	3.16%	3.47%	-0.32%	2.38%	-13.31%	-13.31%	51	111.00	60	85.48
5263000	CATSKILL REGIONAL MEDICAL CENTER - HARRIS	\$3,629,526	6.01%	3.47%	2.54%	2.38%	106.73%	106.73%	161	111.00	(50)	85.48
5820000	NEWARK-WAYNE COMMUNITY HOSPITAL INC	\$1,041,990	4.58%	3.47%	1.11%	2.38%	46.60%	46.60%	120	111.00	(9)	85.48
2625000	COMMUNITY MEMORIAL HOSPITAL INC	\$503,991	2.20%	3.47%	-1.27%	2.38%	-53.51%	-53.51%	40	111.00	71	85.48
3701000	ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$719,659	3.74%	3.47%	0.27%	2.38%	11.25%	11.25%	67	111.00	44	85.48
4402000	MASSENA MEMORIAL HOSPITAL	\$725,669	2.33%	3.47%	-1.15%	2.38%	-48.24%	-48.24%	50	111.00	61	85.48
3154000	INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC	\$393,810	2.90%	3.47%	-0.58%	2.38%	-24.25%	-24.25%	71	111.00	40	85.48
2129000	LITTLE FALLS HOSPITAL	\$559,731	3.48%	3.47%	0.01%	2.38%	0.46%	0.46%	100	111.00	11	85.48
228000	MEM HOSP OF WM F & GERT F JONES A/K/A JONES MEMORIAL	\$704,637	2.99%	3.47%	-0.48%	2.38%	-20.14%	-20.14%	81	111.00	30	85.48
3622000	MEDINA MEMORIAL HOSPITAL	\$450,895	2.44%	3.47%	-1.04%	2.38%	-43.63%	-43.63%	70	111.00	41	85.48
2527000	NICHOLAS H NOYES MEMORIAL HOSPITAL	\$658,945	2.71%	3.47%	-0.76%	2.38%	-32.08%	-32.08%	72	111.00	39	85.48
2238001	CARTHAGE AREA HOSPITAL INC	\$266,601	1.60%	3.47%	-1.87%	2.38%	-78.69%	-78.69%	48	111.00	63	85.48
5001000	CORNING HOSPITAL	\$1,875,094	4.02%	3.47%	0.54%	2.38%	22.85%	22.85%	111	111.00	0	85.48
1624000	ALICE HYDE MEMORIAL HOSPITAL	\$601,284	2.18%	3.47%	-1.29%	2.38%	-54.30%	-54.30%	76	111.00	35	85.48
2801000	AMSTERDAM MEMORIAL HOSPITAL	\$129,992	1.13%	3.47%	-2.34%	2.38%	-98.40%	-98.40%	39	111.00	72	85.48
3801000	AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$1,883,876	3.95%	3.47%	0.47%	2.38%	19.87%	19.87%	128	111.00	(17)	85.48
1327000	NORTHERN DUTCHESS HOSPITAL	\$591,650	2.04%	3.47%	-1.43%	2.38%	-60.23%	-60.23%	78	111.00	33	85.48
427000	TLC Health Network	\$824,690	3.32%	3.47%	-0.15%	2.38%	-6.45%	-6.45%	124	111.00	(13)	85.48
2601001	ONEIDA CITY HOSPITAL	\$789,498	2.58%	3.47%	-0.89%	2.38%	-37.38%	-37.38%	101	111.00	10	85.48
1564701	MOSES-LUDINGTON HOSPITAL	\$326,301	4.70%	3.47%	1.23%	2.38%	51.70%	51.70%	15	111.00	96	85.48
2221700	RIVER HOSPITAL	\$0	0.00%	3.47%	-3.47%	2.38%	-146.09%	-146.09%	15	111.00	96	85.48
1623001	ADIRONDACK MEDICAL CENTER	\$1,206,998	3.33%	3.47%	-0.14%	2.38%	-5.92%	-5.92%	97	111.00	14	85.48
5002001	ST JAMES MERCY HOSPITAL	\$1,656,582	4.50%	3.47%	1.02%	2.38%	43.03%	43.03%	177	111.00	(66)	85.48
6027000	WYOMING COUNTY COMMUNITY HOSPITAL	\$519,904	2.36%	3.47%	-1.12%	2.38%	-47.01%	-47.01%	102	111.00	9	85.48
4429000	CANTON-POTSDAM HOSPITAL	\$658,103	2.08%	3.47%	-1.40%	2.38%	-58.79%	-58.79%	94	111.00	17	85.48
1801000	UNITED MEMORIAL HOSPITAL	\$1,014,220	2.84%	3.47%	-0.63%	2.38%	-26.51%	-26.51%	126	111.00	(15)	85.48
3402000	GENEVA GENERAL HOSPITAL	\$1,209,490	2.92%	3.47%	-0.55%	2.38%	-23.12%	-23.12%	132	111.00	(21)	85.48
4401000	HEPBURN HOSPITAL	\$1,177,877	2.74%	3.47%	-0.73%	2.38%	-30.62%	-30.62%	130	111.00	(19)	85.48

OpCerti	Name of Facility	I / J beds in service stat	(2) Bed need % need %	F + K need + beds stat	high to low Ranking	Minimum Rural Coverage %	A x N Minimum Rural BDCC Coverage \$	Annual Rural Amount	O + P Total Rural Share	Q / A Total Rural % of need
5263700	CATSKILL REGIONAL MED CTR - G HERMAN DIV	112.31%	111.82%	637.54%	1	60.00%	\$357,463	\$140,000	\$497,463	83.50%
5526001	ELLENVILLE COMMUNITY HOSPITAL	70.19%	69.70%	474.48%	2	60.00%	\$597,943	\$140,000	\$737,943	74.05%
1229000	DELAWARE VALLEY HOSPITAL INC	91.25%	90.76%	267.97%	3	60.00%	\$474,522	\$140,000	\$614,522	77.70%
4823000	SCHUYLER HOSPITAL	76.04%	75.55%	161.72%	4	60.00%	\$437,777	\$140,000	\$577,777	79.19%
1226701	MARGARETVILLE MEMORIAL HOSPITAL	112.31%	111.82%	136.73%	5	60.00%	\$157,952	\$140,000	\$297,952	113.18%
5022000	IRA DAVENPORT MEMORIAL HOSPITAL INC	52.64%	52.15%	123.79%	6	60.00%	\$370,424	\$140,000	\$510,424	82.68%
4720001	BASSETT HOSPITAL OF SCHOHARIE	83.06%	82.57%	120.63%	7	60.00%	\$320,010	\$140,000	\$460,010	86.25%
824000	CHENANGO MEMORIAL HOSPITAL INC	62.00%	61.51%	117.60%	8	60.00%	\$670,561	\$140,000	\$810,561	72.53%
1254700	A LINDSAY & OLIVE B OCONNOR HOSPITAL	102.95%	102.46%	113.30%	9	60.00%	\$122,794	\$140,000	\$262,794	128.41%
226700	CUBA MEMORIAL HOSPITAL INC	106.46%	105.97%	95.85%	10	52.50%	\$88,254	\$140,000	\$228,254	135.78%
1552701	ELIZABETHTOWN COMMUNITY HOSPITAL	100.61%	100.12%	87.01%	11	52.50%	\$106,203	\$140,000	\$246,203	121.71%
6120000	SOLDIERS AND SAILORS MEMORIAL HOSP OF YATES CO INC	66.68%	66.19%	81.56%	12	52.50%	\$313,776	\$140,000	\$453,776	75.92%
1427000	BERTRAND CHAFFEE HOSPITAL	72.53%	72.04%	70.22%	13	52.50%	\$182,239	\$140,000	\$322,239	92.83%
632000	WESTFIELD MEMORIAL HOSPITAL INC	92.42%	91.93%	64.56%	14	52.50%	\$90,933	\$140,000	\$230,933	133.33%
2424000	LEWIS COUNTY GENERAL HOSPITAL	66.68%	66.19%	59.50%	15	52.50%	\$244,771	\$140,000	\$384,771	82.53%
4458700	CLIFTON-FINE HOSPITAL	119.33%	118.83%	56.38%	16	52.50%	\$29,207	\$140,000	\$169,207	304.15%
4423000	EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR	70.19%	69.70%	56.89%	17	52.50%	\$158,155	\$140,000	\$298,155	98.97%
5263000	CATSKILL REGIONAL MEDICAL CENTER - HARRIS	-58.49%	-58.98%	48.23%	18	45.00%	\$1,633,287	\$140,000	\$1,773,287	48.86%
5820000	NEWARK-WAYNE COMMUNITY HOSPITAL INC	-10.53%	-11.02%	36.07%	19	45.00%	\$468,896	\$140,000	\$608,896	58.44%
2625000	COMMUNITY MEMORIAL HOSPITAL INC	83.06%	82.57%	29.55%	20	45.00%	\$226,796	\$140,000	\$366,796	72.78%
3701000	ALBERT LINDLEY LEE MEMORIAL HOSPITAL	51.47%	50.98%	62.72%	21	45.00%	\$323,847	\$140,000	\$463,847	64.45%
4402000	MASSENA MEMORIAL HOSPITAL	71.36%	70.87%	23.12%	22	45.00%	\$326,551	\$140,000	\$466,551	64.29%
3154000	INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC	46.79%	46.30%	22.54%	23	45.00%	\$177,214	\$140,000	\$317,214	80.55%
2129000	LITTLE FALLS HOSPITAL	12.87%	12.38%	13.33%	24	45.00%	\$251,879	\$140,000	\$391,879	70.01%
228000	MEM HOSP OF WM F & GERT F JONES A/K/A JONES MEMORIAL	35.10%	34.60%	14.96%	25	45.00%	\$317,087	\$140,000	\$457,087	64.87%
3622000	MEDINA MEMORIAL HOSPITAL	47.96%	47.47%	4.33%	26	37.50%	\$169,086	\$140,000	\$309,086	68.55%
2527000	NICHOLAS H NOYES MEMORIAL HOSPITAL	45.62%	45.13%	13.54%	27	37.50%	\$247,104	\$140,000	\$387,104	58.75%
2238001	CARTHAGE AREA HOSPITAL INC	73.70%	73.21%	-4.99%	28	37.50%	\$99,975	\$140,000	\$239,975	90.01%
5001000	CORNING HOSPITAL	0.00%	-0.49%	22.85%	29	37.50%	\$703,160	\$140,000	\$843,160	44.97%
1624000	ALICE HYDE MEMORIAL HOSPITAL	40.95%	40.45%	-13.35%	30	37.50%	\$225,481	\$140,000	\$365,481	60.78%
2801000	AMSTERDAM MEMORIAL HOSPITAL	84.23%	83.74%	-14.17%	31	37.50%	\$48,747	\$140,000	\$188,747	145.20%
3801000	AURELIA OSBORN FOX MEMORIAL HOSPITAL	-19.89%	-20.38%	-0.02%	32	37.50%	\$706,454	\$140,000	\$846,454	44.93%
1327000	NORTHERN DUTCHESS HOSPITAL	38.61%	38.11%	-21.63%	33	37.50%	\$221,869	\$140,000	\$361,869	61.16%
427000	TLC Health Network	-15.21%	-15.70%	-21.66%	34	30.00%	\$247,407	\$280,000	\$527,407	63.95%
2601001	ONEIDA CITY HOSPITAL	11.70%	11.21%	-25.68%	35	30.00%	\$236,849	\$140,000	\$376,849	47.73%
1564701	MOSES-LUDINGTON HOSPITAL	112.31%	111.82%	164.01%	36	30.00%	\$97,890	\$140,000	\$237,890	72.91%
2221700	RIVER HOSPITAL	112.31%	111.82%	-33.78%	37	30.00%	\$0	\$140,000	\$140,000	0.00%
1623001	ADIRONDACK MEDICAL CENTER	16.38%	15.89%	10.46%	38	30.00%	\$362,100	\$140,000	\$502,100	41.60%
5002001	ST JAMES MERCY HOSPITAL	-77.21%	-77.70%	-34.18%	39	30.00%	\$496,975	\$140,000	\$636,975	38.45%
6027000	WYOMING COUNTY COMMUNITY HOSPITAL	10.53%	10.04%	-36.48%	40	30.00%	\$155,971	\$140,000	\$295,971	56.93%
4429000	CANTON-POTSDAM HOSPITAL	19.89%	19.40%	-38.90%	41	30.00%	\$197,431	\$140,000	\$337,431	51.27%
1801000	UNITED MEMORIAL HOSPITAL	-17.55%	-18.04%	-44.06%	42	22.50%	\$228,200	\$280,000	\$508,200	50.11%
3402000	GENEVA GENERAL HOSPITAL	-24.57%	-25.06%	-47.69%	43	22.50%	\$272,135	\$140,000	\$412,135	34.08%
4401000	HEPBURN HOSPITAL	-22.23%	-22.72%	-52.85%	44	22.50%	\$265,022	\$140,000	\$405,022	34.39%

OpCert	Name of Facility	2004	2004	average targeted need %	B - C targeted need less average	targeted need standard deviation	D / E targeted need stat	(1) BDCC need %	2004 Beds in Service	average beds in service	H - G	
		rural uncomp. care need	targeted need percentage								average less fac. beds	beds standard deviation
601000	BROOKS MEMORIAL HOSPITAL	\$422,947	1.84%	3.47%	-1.63%	2.38%	-68.73%	-68.73%	99	111.00	12	85.48
1701000	NATHAN LITTAUER HOSPITAL	\$879,620	2.44%	3.47%	-1.03%	2.38%	-43.27%	-43.27%	124	111.00	(13)	85.48
3702000	OSWEGO HOSPITAL	\$1,297,557	3.53%	3.47%	0.06%	2.38%	2.35%	2.35%	164	111.00	(53)	85.48
3429000	F F THOMPSON HOSPITAL	\$842,851	1.95%	3.47%	-1.52%	2.38%	-63.85%	-63.85%	113	111.00	(2)	85.48
1101000	CORTLAND MEMORIAL HOSPITAL INC	\$1,410,927	4.08%	3.47%	0.61%	2.38%	25.54%	25.54%	196	111.00	(85)	85.48
2801001	ST MARYS HOSPITAL AT AMSTERDAM	\$1,531,403	2.83%	3.47%	-0.64%	2.38%	-27.04%	-27.04%	155	111.00	(44)	85.48
1001000	COLUMBIA-GREENE MEDICAL CENTER	\$1,952,327	3.51%	3.47%	0.04%	2.38%	1.50%	1.50%	192	111.00	(81)	85.48
5501001	KINGSTON HOSPITAL	\$1,418,975	2.47%	3.47%	-1.01%	2.38%	-42.30%	-42.30%	160	111.00	(49)	85.48
5501000	BENEDICTINE HOSPITAL	\$2,320,577	3.85%	3.47%	0.37%	2.38%	15.76%	15.76%	222	111.00	(111)	85.48
401001	OLEAN GENERAL HOSPITAL	\$1,381,427	2.74%	3.47%	-0.74%	2.38%	-31.02%	-31.02%	186	111.00	(75)	85.48
3824000	MARY IMOGENE BASSETT HOSPITAL	\$2,745,893	1.73%	3.47%	-1.75%	2.38%	-73.47%	-73.47%	180	111.00	(69)	85.48
3202001	Faxton Hospital **	\$506,333	1.26%	3.47%	-2.21%	2.38%	-93.08%	-93.08%	166	111.00	(55)	85.48
5401001	CAYUGA MEDICAL CENTER	\$1,128,517	1.79%	3.47%	-1.69%	2.38%	-70.92%	-70.92%	204	111.00	(93)	85.48
501000	AUBURN MEMORIAL HOSPITAL	\$1,101,598	2.10%	3.47%	-1.37%	2.38%	-57.72%	-57.72%	249	111.00	(138)	85.48
2201000	SAMARITAN MEDICAL CENTER	\$2,396,986	2.82%	3.47%	-0.65%	2.38%	-27.54%	-27.54%	287	111.00	(176)	85.48
901001	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	\$2,425,125	2.18%	3.47%	-1.29%	2.38%	-54.27%	-54.27%	341	111.00	(230)	85.48
602001	WOMANS CHRISTIAN ASSOCIATION	\$1,366,710	2.01%	3.47%	-1.46%	2.38%	-61.39%	-61.39%	342	111.00	(231)	85.48
5601000	GLENS FALLS HOSPITAL	\$4,220,614	3.34%	3.47%	-0.14%	2.38%	-5.72%	-5.72%	410	111.00	(299)	85.48
62	Total	\$61,631,978	215.31%	215.31%	0.00%	2.38%	0.00%	0.00%	6,856	111.00		85.48
	Average		3.47%						110.58			
	Standard Deviation		2.38%						85.48			
	* As of 4/15/03 a new hospital corporation was formed called The River Hospital.											
	** Faxton based upon 1999 base data - Per 2807-w (1)(b)											

OpCert	Name of Facility	I / J beds in service stat	(2) Bed need %	F + K need + beds stat	high to low Ranking	Minimum Rural Coverage %	A x N Minimum Rural BDCC Coverage \$	Annual Rural Amount	O + P Total Rural Share	Q / A Total Rural % of need
601000	BROOKS MEMORIAL HOSPITAL	14.04%	13.55%	-54.69%	45	22.50%	\$95,163	\$140,000	\$235,163	55.60%
1701000	NATHAN LITTAUER HOSPITAL	-15.21%	-15.70%	-58.48%	46	22.50%	\$197,914	\$140,000	\$337,914	38.42%
3702000	OSWEGO HOSPITAL	-62.00%	-62.49%	-59.65%	47	22.50%	\$291,950	\$140,000	\$431,950	33.29%
3429000	F F THOMPSON HOSPITAL	-2.34%	-2.83%	-66.19%	48	22.50%	\$189,641	\$140,000	\$329,641	39.11%
1101000	CORTLAND MEMORIAL HOSPITAL INC	-99.44%	-99.93%	-73.90%	49	22.50%	\$317,459	\$140,000	\$457,459	32.42%
2801001	ST MARYS HOSPITAL AT AMSTERDAM	-51.47%	-51.96%	-78.51%	50	15.00%	\$229,711	\$140,000	\$369,711	24.14%
1001000	COLUMBIA-GREENE MEDICAL CENTER	-94.76%	-95.25%	-93.26%	51	15.00%	\$292,849	\$140,000	\$432,849	22.17%
5501001	KINGSTON HOSPITAL	-57.32%	-57.81%	-99.62%	52	15.00%	\$212,846	\$140,000	\$352,846	24.87%
5501000	BENEDICTINE HOSPITAL	-129.85%	-130.34%	-114.09%	53	15.00%	\$348,086	\$140,000	\$488,086	21.03%
401001	OLEAN GENERAL HOSPITAL	-87.74%	-88.23%	-118.76%	54	15.00%	\$207,214	\$140,000	\$347,214	25.13%
3824000	MARY IMOGENE BASSETT HOSPITAL	-80.72%	-81.21%	-154.19%	55	15.00%	\$411,884	\$140,000	\$551,884	20.10%
3202001	Faxton Hospital **	-64.34%	-64.83%	-157.42%	56	15.00%	\$75,950	\$140,000	\$215,950	42.65%
5401001	CAYUGA MEDICAL CENTER	-108.80%	-109.29%	-179.72%	57	15.00%	\$169,277	\$140,000	\$309,277	27.41%
501000	AUBURN MEMORIAL HOSPITAL	-161.44%	-161.93%	-219.16%	58	7.50%	\$82,620	\$140,000	\$222,620	20.21%
2201000	SAMARITAN MEDICAL CENTER	-205.90%	-206.38%	-233.44%	59	7.50%	\$179,774	\$140,000	\$319,774	13.34%
901001	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	-269.07%	-269.56%	-323.34%	60	7.50%	\$181,884	\$140,000	\$321,884	13.27%
602001	WOMANS CHRISTIAN ASSOCIATION	-270.24%	-270.73%	-331.63%	61	7.50%	\$102,503	\$140,000	\$242,503	17.74%
5601000	GLENS FALLS HOSPITAL	-349.79%	-350.28%	-355.50%	62	7.50%	\$316,546	\$140,000	\$456,546	10.82%
62	Total	30.42%	0.00%	30.42%			\$17,333,669	\$8,960,000	\$26,293,669	42.66%
	Average									
	Standard Deviation									
	* As of 4/15/03 a new hospital corporation was formed called The River Hos									
	** Faxton based upon 1999 base data - Per 2807-w (1)(b)									

RUN DATE:
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HOSPITAL
REPORT FOR THE PERIOD _____ TO _____

EXHIBIT 32 - PATIENT DAYS AND DISCHARGES BY SOURCE OF PAYMENT

		ACUTE																			
SOURCE OF PAYMENT	LINE REF. NO.	ADULT & PED DAYS (EXC. ALC & NEWBORN)				NEWBORN DAYS				ADULT & PED DISCHARGES (EXC. NEWBORN)				NEWBORN DISCHARGES				ALC PATIENT DAYS			
		4	3	1	8	4	3	1	9	4	3	2	0	4	3	2	1	4	3	2	2
TOTAL	011																				
Medicare	012																				
Medicaid	014																				
Non-Profit Indemnity Insurance	013																				
Commercial Indemnity Insurance	020																				
HMO/Medicare	204																				
HMO/PHSP Medicaid	200																				
HMO/PHSP Other	203																				
Self Insured	205																				
Workers Compensation	015																				
No Fault	206																				
Self Pay	016																				
Government	207																				
Free (Charity, Hill-Burton)	208																				
Courtesy	209																				

		PSYCHIATRIC									CPEP OBSERVATION BEDS									
SOURCE OF PAYMENT	LINE REF. NO.	PATIENT DAYS (EXC. ALC)				DISCHARGES		ALC PATIENT DAYS			PATIENT DAYS (EXC. ALC)				DISCHARGES		ALC PATIENT DAYS			
		4	3	2	8	4	3	3	0	4	3	3	2	4	3	6	0	4	3	6
TOTAL	011																			
Medicare	012																			
Medicaid	014																			
Non-Profit Indemnity Insurance	013																			
Commercial Indemnity Insurance	020																			
HMO/Medicare	204																			
HMO/PHSP Medicaid	200																			
HMO/PHSP Other	203																			
Self Insured	205																			
Workers Compensation	015																			
No Fault	206																			
Self Pay	016																			
Government	207																			
Free (Charity, Hill-Burton)	208																			
Courtesy	209																			

		HIV						ALCOHOL REHAB																	
SOURCE OF PAYMENT	LINE REF. NO.	PATIENT DAYS (EXC. ALC)				DISCHARGES		ALC PATIENT DAYS		PATIENT DAYS (EXC. ALC)				DISCHARGES		ALC PATIENT DAYS									
		4	3	8	8	4	3	9	0	4	3	9	2	4	4	3	8	4	4	4	0	4	4	4	2
TOTAL	011																								
Medicare	012																								
Medicaid	014																								
Non-Profit Indemnity Insurance	013																								
Commercial Indemnity Insurance	020																								
HMO/Medicare	204																								
HMO/PHSP Medicaid	200																								
HMO/PHSP Other	203																								
Self Insured	205																								
Workers Compensation	015																								
No Fault	206																								
Self Pay	016																								
Government	207																								
Free (Charity, Hill-Burton)	208																								
Courtesy	209																								

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REPORT FOR THE PERIOD _____ TO _____

EXHIBIT 32 - PATIENT DAYS AND DISCHARGES BY SOURCE OF PAYMENT

SOURCE OF PAYMENT	LINE REF. NO.	DRUG REHAB			EPILEPSY		
		PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS	PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS
		4 4 4 8	4 4 5 0	4 4 5 2	4 4 5 8	4 4 6 0	4 4 6 2
TOTAL	011						
Medicare	012						
Medicaid	014						
Non-Profit Indemnity Insurance	013						
Commercial Indemnity Insurance	020						
HMO/Medicare	204						
HMO/PHSP Medicaid	200						
HMO/PHSP Other	203						
Self Insured	205						
Workers Compensation	015						
No Fault	206						
Self Pay	016						
Government	207						
Free (Charity, Hill-Burton)	208						
Courtesy	209						

SOURCE OF PAYMENT	LINE REF. NO.	OTHER			PHYSICAL MEDICINE REHAB		
		PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS	PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS
		4 4 6 8	4 4 7 0	4 4 7 2	4 4 8 8	4 4 9 0	4 4 9 2
TOTAL	011						
Medicare	012						
Medicaid	014						
Non-Profit Indemnity Insurance	013						
Commercial Indemnity Insurance	020						
HMO/Medicare	204						
HMO/PHSP Medicaid	200						
HMO/PHSP Other	203						
Self Insured	205						
Workers Compensation	015						
No Fault	206						
Self Pay	016						
Government	207						
Free (Charity, Hill-Burton)	208						
Courtesy	209						

SOURCE OF PAYMENT	LINE REF. NO.	TRAUMATIC BRAIN INJURY/COMA			ALCOHOL AND DRUG DETOX		
		PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS	PATIENT DAYS (EXC. ALC)	DISCHARGES	ALC PATIENT DAYS
		4 3 5 2	4 3 5 4	4 3 5 6	4 4 9 6	4 4 9 7	4 4 9 8
TOTAL	011						
Medicare	012						
Medicaid	014						
Non-Profit Indemnity Insurance	013						
Commercial Indemnity Insurance	020						
HMO/Medicare	204						
HMO/PHSP Medicaid	200						
HMO/PHSP Other	203						
Self Insured	205						
Workers Compensation	015						
No Fault	206						
Self Pay	016						
Government	207						
Free (Charity, Hill-Burton)	208						
Courtesy	209						

DOH Instructions - Exhibit 32

Exhibit 32 - Patient Days And Discharges By Source Of Payment -Definitions Specific Payor Codes

Statistical information is to be reported in its entirety for EACH different rate code provided by the facility. Detailed payors' data maintained by the facility should be reported in the most appropriate category and not combined or reported in the "Other" category.

Alternate level of care (ALC) days should not be included in the "Patient Days" column, but should be listed separately in the "ALC Patient Days" column; For each service- ALC days should be reported whether or not the patients were housed in a separate unit.

Patient days and discharges are defined as follows:

PATIENT DISCHARGES - an inpatient shall be defined as discharged when:

- (1) the patient is released from the facility to a non-acute care setting; or
- (2) the patient expires in the facility; or
- (3) the patient is transferred to a facility or unit that is exempt from the case-based system except when the patient is a newborn transferred to an exempt hospital for neonatal services. Such infants shall be classified as transfer patients; or
- (4) it is a neonate being released from a hospital providing neonatal specialty services back to the community hospital of birth for weight gain.

PATIENT DAYS - the number of days during which a patient remains in acute care or exempt unit status. This is computed according to the following guidelines: (1) each day begins at midnight and continues for twenty-four hours; (2) the day of admission is counted as a full day; (3) the day of death, transfer, or discharge is not counted. If discharge, transfer or death occurs on the same day as admission, the length of stay is considered to be one patient day.

ALC DAYS - the number of days that services were provided by a hospital to a patient for whom it has been determined that inpatient hospital services are not medically necessary, but that post-hospital extended care services are medically necessary, consistent with utilization review standards, and are being provided by the hospital and are not otherwise available.

TRANSFERS - an inpatient who is not discharged, as defined herein, or moved between divisions of a merged or consolidated facility, or who is not assigned to a DRG specifically identified as a DRG for transferred patients only, and who meets one of the following conditions:

- (1) is transferred from an acute care facility reimbursed under the DRG case-based payment system to another acute care facility reimbursed under this system;
- (2) is transferred to an out-of-state acute care facility; or
- (3) is a neonate who is being transferred to an exempt hospital for neonatal services.

Transfers shall include, but not be limited to transfers between more than two acute care facilities, and transfers from those hospitals excluded from the DRG case-based system because of participation in an approved Medicaid cost control program or demonstration, to a hospital reimbursed pursuant to the DRG case-based payment system.

ADMISSION - patients admitted upon referral and under the care of a licensed and currently registered practitioner who is granted admitting privileges by the governing body.

Rate codes are defined as follows:

ACUTE - for the purpose of this section of the ICR, the category "Acute", in addition to medical/surgical, shall include areas such as ICU, CCU, pediatrics, maternity, routine nursery (newborn), neonatal, approved premature nursery, as well as any services for which the hospital did not receive exempt unit status and any similar corresponding separate rates. Alcohol and Drug Detox programs certified by OASAS should be reported separately.

PSYCHIATRIC - any patient days/discharges/ALC patient days for those service areas incurred in providing daily bedside care to Psychiatric inpatients on the basis of physicians' orders and approved nursing care plans.

Comprehensive Psychiatric Emergency Program (CPEP), Extended Observation Beds
Beds operated by the Comprehensive Psychiatric Emergency Program which are located in or adjacent to the emergency room of a CPEP and are available 24 hours per day, seven days per week to provide extended assessment and evaluation as well as a safe and humane environment for up to 72 hours for those presenting to the CPEP. This program is one of four program components which, when provided together, form the Office of Mental Health licensed Comprehensive Psychiatric Emergency Program (CPEP). The other program components of the CPEP are: Crisis Intervention (CPEP, Code 3130), Crisis Outreach (CPEP, Code 1680), and Crisis Residence (CPEP, Code 1910). Please note: Extended Observation Beds utilizes ICR Cost Center 216.

HIV - any patient days/discharges/ALC patient days incurred in providing daily bedside care to Human Immunodeficiency Virus (HIV) positive patients for those services which are organized and provided on a concentrated or continuous basis to meet special health care needs. Each service shall be provided with a concentration of professional staff and supportive services that are appropriate to the scope of services provided.

ALCOHOL REHAB - any patient days/discharges/ALC patient days incurred in providing daily bedside care to Alcohol Rehabilitation patients. The hospital must also employ specially trained personnel to staff this unit. and at least one psychiatrist on the medical staff.

DRUG REHAB - any patient days/discharges/ALC days incurred in providing daily bedside care to Drug Rehabilitation patients. The hospital must also employ specially trained personnel to staff this unit with at least one psychiatrist on the medical staff.

EPILEPSY - any patient days/discharges/ALC days incurred in providing daily bedside care to Epilepsy patients for those services which are organized and provided on a concentrated or continuous basis to meet special health care needs. Each service shall be provided with a concentration of professional staff and supportive services that are appropriate to the scope of services provided.

OTHER SPECIFY - any patient days/discharges/ALC days incurred in providing daily bedside care for the patients specified. This cost center should be specified in Title 10 NYCRR.

PHYSICAL MEDICAL REHAB - any patient days/discharges/ALC days incurred in providing

daily bedside care for the Medical Rehabilitation patients for rehabilitation services consistent with the needs of the patients. Individualized, goal-oriented, comprehensive and coordinated services will be designed to minimize the effects of physical, mental, social and vocational disadvantages and to effect a realization of the patient's potential for useful and productive activity while ensuring the health and safety of the patient.

TBI/COMA - any patient days/discharges/ALC days incurred in providing daily bedside care to TBI/COMA patients. Inpatient rehabilitation programs for traumatic brain injured patients are intensive rehabilitation programs designed to prevent and/or minimize chronic disabilities while restoring the individual to the optimal level of physical, cognitive, and behavioral functioning.

A coma recovery program is closely linked though may be separate from the inpatient rehabilitation unit. It is designed to assess and manage Rancho level 1-3 patients who are not yet able to participate in an inpatient rehabilitation program.

ALCOHOL AND DRUG DETOX – any patient days/discharges/ALC days incurred in providing daily bedside care for those inpatients in Alcohol or drug Detox programs certified by OASAS.

Payor source are defined as follows:

MEDICARE - utilization for patients for which billing for services has been directly submitted to the Medicare third party fiscal intermediary; these persons are over 65 years of age or disabled and receiving Social Security benefits for over two years or those people with End Stage Renal Disease (ESRD) and are eligible to receive federal health insurance for the aged and disabled through Title XVIII of the Social Security Act.

MEDICAID - utilization for patients for which billing for services has been directly submitted to the Medicaid third party fiscal intermediary; these people are medically indigent and are eligible to receive health care benefits through Provisions of the State Social Services Law. This program is government funded and State administered to provide medical benefits for certain low income persons.

NON-PROFIT MEDICAL INDEMNITY INSURANCE - utilization for patients for which billing for services has been directly submitted to a non-profit medical indemnity insurance carrier licensed pursuant to Article 43 of the State Insurance Law for payment of services provided to beneficiaries insured through a medical indemnity insurance policy with such carriers. Article 43 carriers licensed by the State Insurance Department include indemnity insurance policies offered by Blue Cross Plans, Blue Shield, GHI and other miscellaneous indemnity non-profit insurance carriers.

COMMERCIAL INDEMNITY INSURANCE - utilization for patients for which billing for services has been directly submitted to for-profit medical indemnity medical insurance carrier licensed under Article 42 of the State Insurance Law for payment of services provided to beneficiaries insured through a medical indemnity insurance policy with such carrier.

HMO/MEDICARE - utilization for Medicare patients whose services are covered under a premium policy with a federally authorized Health Maintenance Organization which has been billed directly for services rendered.

HMO/PHSP MEDICAID - utilization for Medicaid patients whose services are covered under a

premium policy with a Health Maintenance Organization or NYS licensed Prepaid Health Service Plan (PHSP) which has been billed directly for services rendered. This would include patients covered by the Family Health Plus program.

HMO/PHSP OTHER - utilization for Non-Medicare/Non-Medicaid patients whose services are covered under a premium policy with a Health Maintenance Organization or NYS licensed Prepaid Health Service Plan which has been directly billed for services rendered. This would include patients covered by the Children's Health Plus program.

SELF INSURED - any utilization for patients whose services are covered by a self-insured fund which is either self-administered or administered by a third-party agent for the purpose of processing claims on such funds behalf.

WORKER'S COMPENSATION - utilization for patients for which billing has been submitted to the Worker's Compensation because the patient's admission or service is the result of occupational related illness or injury.

NO FAULT - utilization for patients for which billing for services has been submitted to an insurance carrier for services rendered to patients for illness or injury arising from the use, maintenance or operation of a motor vehicle.

SELF-PAY - utilization for patients having no third-party or other insurance coverage and are thus solely responsible for payment of the charges, whether in full or in part, for the services rendered. In cases where the patient is insured but the service provided is completely uncovered by the insurer, the case is to be considered a self-pay case. Conversely, if the service provided is partially covered by a third-party insurance carrier the case should not be designated as self-pay and should be reported in accordance with the definitions established for other patient categories described herein.

GOVERNMENT - utilization for patients in which services rendered will be paid by programs administered by Federal, State, or Local governments other than Medicaid and Medicare. Examples of such programs include Physically Handicapped Children's Program, CHAMPUS/VA, payments made by correction facilities for services rendered to inmates, etc.

FREE (Charity, Hill Burton) - utilization provided to a patient free of charge as a result of a patient's indigent income status. This will include free care provided to cases in compliance with obligations entered into under the Hill-Burton Program as well as other forms of care provided consistent with this definition.

COURTESY - utilization for patients whose services are provided at reduced rates or free of charge through a courtesy arrangement established with a specific class of patients, e.g. employees, clergy, etc.

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REPORT FOR THE PERIOD _____ TO _____

**EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
BY SOURCE OF PAYMENT**

		ADULT DAY CARE										ALCOHOL CLINIC							
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				
		0	1	6	2	0	2	4	2		0	1	6	1	0	2	4	1	
TOTAL	575									075									
Medicare	564									064									
Medicaid	566									066									
Non-Profit Indemnity Insurance	565									065									
Commercial Indemnity Insurance	572									072									
HMO/Medicare	579									079									
HMO/PHSP Medicaid	573									073									
HMO/PHSP Other	577									077									
Self Insured	580									080									
Workers Compensation	567									067									
No Fault	578									078									
Self Pay	588									068									
Government	581									081									
Free (Charity, Hill-Burton)	582									082									
Courtesy	583									083									

		ALCOHOL DAY REHAB CLINIC								AMBULATORY SURGERY								
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT. ADM.				LINE REF. NO.	NUMBER OF PROCEDURES				PROCEDURES EXC. INPT ADM.			
		0	1	6	1	0	2	4	1		0	1	6	0	0	2	4	0
TOTAL	325									125								
Medicare	314									114								
Medicaid	316									116								
Non-Profit Indemnity Insurance	315									115								
Commercial Indemnity Insurance	322									122								
HMO/Medicare	329									129								
HMO/PHSP Medicaid	323									123								
HMO/PHSP Other	327									127								
Self Insured	330									130								
Workers Compensation	317									117								
No Fault	328									128								
Self Pay	318									118								
Government	331									131								
Free (Charity, Hill-Burton)	332									132								
Courtesy	333									133								

		BIRTHING CENTER								CHEMOTHERAPY CLINIC								
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM			
		0	1	6	1	0	2	4	1		0	1	6	2	0	2	4	2
TOTAL	625									325								
Medicare	614									314								
Medicaid	618									316								
Non-Profit Indemnity Insurance	615									315								
Commercial Indemnity Insurance	622									322								
HMO/Medicare	629									329								
HMO/PHSP Medicaid	623									323								
HMO/PHSP Other	627									327								
Self Insured	630									330								
Workers Compensation	617									317								
No Fault	628									328								
Self Pay	618									318								
Government	631									331								
Free (Charity, Hill-Burton)	632									332								
Courtesy	633									333								

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**EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
BY SOURCE OF PAYMENT**

SOURCE OF PAYMENT		CLINIC								CPEP									
		NUMBER OF VISITS				VISITS EXC. INPT ADM				NUMBER OF VISITS				VISITS EXC. INPT ADM					
		0	1	6	1	0	2	4	1			0	1	6	1	0	2	4	1
TOTAL	025									225									
Medicare	014									214									
Medicaid	016									216									
Non-Profit Indemnity Insurance	015									215									
Commercial Indemnity Insurance	022									222									
HMO/Medicare	029									229									
HMO/PHSP Medicaid	023									223									
HMO/PHSP Other	027									227									
Self Insured	030									230									
Workers Compensation	017									217									
No Fault	028									228									
Self Pay	018									218									
Government	031									231									
Free (Charity, Hill-Burton)	032									232									
Courtesy	033									233									

		OASAS PROGRAMS												DAY HOSPITAL									
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM								
		0	1	6	2	0	2	4	2		0	1	6	0	0	2	4	0					
TOTAL	175									425													
Medicare	164									414													
Medicaid	166									416													
Non-Profit Indemnity Insurance	165									415													
Commercial Indemnity Insurance	172									422													
HMO/Medicare	179									429													
HMO/PHSP Medicaid	173									423													
HMO/PHSP Other	177									427													
Self Insured	180									430													
Workers Compensation	167									417													
No Fault	178									428													
Self Pay	168									418													
Government	181									431													
Free (Charity, Hill-Burton)	182									432													
Courtesy	183									433													

		EARLY INTERVENTION										EMERGENCY SERVICE							
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				
		0	1	6	1	0	2	4	1		0	1	6	0	0	2	4	0	
TOTAL	425									025									
Medicare	414									014									
Medicaid	416									016									
Non-Profit Indemnity Insurance	415									015									
Commercial Indemnity Insurance	422									022									
HMO/Medicare	429									029									
HMO/PHSP Medicaid	423									023									
HMO/PHSP Other	427									027									
Self Insured	430									030									
Workers Compensation	417									017									
No Fault	428									028									
Self Pay	418									018									
Government	431									031									
Free (Charity, Hill-Burton)	432									032									
Courtesy	433									033									

RUN DATE:
MEDICARE PROVIDER #
OP. CERT:

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EFFECTIVE DATE:
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REPORT FOR THE PERIOD _____ TO _____
**EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
 BY SOURCE OF PAYMENT**

SOURCE OF PAYMENT		FAMILY CLINIC								FAMILY PLANNING									
		NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.		NUMBER OF VISITS				VISITS EXC. INPT ADM			
		0	1	6	2	0	2	4	2			0	1	6	0	0	2	4	0
TOTAL	425									475									
Medicare	414									484									
Medicaid	416									466									
Non-Profit Indemnity Insurance	415									465									
Commercial Indemnity Insurance	422									472									
HMO/Medicare	429									479									
HMO/PHSP Medicaid	423									473									
HMO/PHSP Other	427									477									
Self Insured	430									480									
Workers Compensation	417									467									
No Fault	428									478									
Self Pay	418									468									
Government	431									481									
Free (Charity, Hill-Burton)	432									482									
Courtesy	433									483									

		HEAD INJURY										HIV CLINIC							
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM				
		0	1	6	1	0	2	4	1		0	1	6	0	0	2	4	0	
TOTAL	475									075									
Medicare	464									064									
Medicaid	466									066									
Non-Profit Indemnity Insurance	465									065									
Commercial Indemnity Insurance	472									072									
HMO/Medicare	479									079									
HMO/PHSP Medicaid	473									073									
HMO/PHSP Other	477									077									
Self Insured	480									080									
Workers Compensation	467									067									
No Fault	478									078									
Self Pay	468									068									
Government	481									081									
Free (Charity, Hill-Burton)	482									082									
Courtesy	483									083									

		HYPERBARIC CLINIC										IV GAMMA GLOBULIN PED CLINIC									
SOURCE OF PAYMENT		LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM.				LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM.					
			0	1	6	2		0	2	4	2		0	1	6	0		0	2	4	0
TOTAL		475									525										
Medicare		464									514										
Medicaid		466									516										
Non-Profit Indemnity Insurance		465									515										
Commercial Indemnity Insurance		472									522										
HMO/Medicare		479									529										
HMO/PHSP Medicaid		473									523										
HMO/PHSP Other		477									527										
Self Insured		480									530										
Workers Compensation		467									517										
No Fault		478									528										
Self Pay		468									518										
Government		481									531										
Free (Charity, Hill-Burton)		482									532										
Courtesy		483									533										

RUN DATE:
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REPORT FOR THE PERIOD _____ TO _____

**EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
BY SOURCE OF PAYMENT**

		MENTAL HEALTH CLINIC				PROS			
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				NUMBER OF VISITS			
		0	1	6	2	0	1	6	0
TOTAL	025								
Medicare	014								
Medicaid	016								
Non-Profit Indemnity Insurance	015								
Commercial Indemnity Insurance	022								
HMO/Medicare	029								
HMO/PHSP Medicaid	023								
HMO/PHSP Other	027								
Self Insured	030								
Workers Compensation	017								
No Fault	028								
Self Pay	018								
Government	031								
Free (Charity, Hill-Burton)	032								
Courtesy	033								

		MENTAL HEALTH CONTINUING DAY TREATMENT				MENTAL HEALTH DAY TREATMENT			
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				NUMBER OF VISITS			
		0	1	6	0	0	1	6	2
TOTAL	325								
Medicare	314								
Medicaid	316								
Non-Profit Indemnity Insurance	315								
Commercial Indemnity Insurance	322								
HMO/Medicare	329								
HMO/PHSP Medicaid	323								
HMO/PHSP Other	327								
Self Insured	330								
Workers Compensation	317								
No Fault	328								
Self Pay	318								
Government	331								
Free (Charity, Hill-Burton)	332								
Courtesy	333								

		MENTAL HEALTH INTENSIVE PSYCH REHAB				MENTAL HEALTH PARTIAL HOSP			
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				NUMBER OF VISITS			
		0	1	6	2	0	1	6	0
TOTAL	075								
Medicare	064								
Medicaid	066								
Non-Profit Indemnity Insurance	065								
Commercial Indemnity Insurance	072								
HMO/Medicare	079								
HMO/PHSP Medicaid	073								
HMO/PHSP Other	077								
Self Insured	080								
Workers Compensation	067								
No Fault	078								
Self Pay	068								
Government	081								
Free (Charity, Hill-Burton)	082								
Courtesy	083								

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REPORT FOR THE PERIOD _____ TO _____

**EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
 BY SOURCE OF PAYMENT**

		ALL OTHER OMH PROGRAMS					METHADONE MAINTENANCE				
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM	NUMBER OF VISITS				VISITS EXC. INPT ADM
		0	1	6	1	0	2	4	1		
TOTAL	175										
Medicare	164										
Medicaid	166										
Non-Profit Indemnity Insurance	165										
Commercial Indemnity Insurance	172										
HMO/Medicare	179										
HMO/PHSP Medicaid	173										
HMO/PHSP Other	177										
Self Insured	180										
Workers Compensation	167										
No Fault	178										
Self Pay	168										
Government	181										
Free (Charity, Hill-Burton)	182										
Courtesy	183										

		ONCOLOGY CLINIC					PEDIATRIC CLINIC				
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM	NUMBER OF VISITS				VISITS EXC. INPT ADM
		0	1	6	1	0	2	4	1		
TOTAL	525										
Medicare	514										
Medicaid	516										
Non-Profit Indemnity Insurance	515										
Commercial Indemnity Insurance	522										
HMO/Medicare	529										
HMO/PHSP Medicaid	523										
HMO/PHSP Other	527										
Self Insured	530										
Workers Compensation	517										
No Fault	528										
Self Pay	518										
Government	531										
Free (Charity, Hill-Burton)	532										
Courtesy	533										

		REHABILITATION CLINIC					REFERRED AMBULATORY				
SOURCE OF PAYMENT	LINE REF. NO.	NUMBER OF VISITS				VISITS EXC. INPT ADM	NUMBER OF VISITS				VISITS EXC. INPT ADM
		0	1	6	0	0	2	4	0		
TOTAL	575										
Medicare	564										
Medicaid	566										
Non-Profit Indemnity Insurance	565										
Commercial Indemnity Insurance	572										
HMO/Medicare	579										
HMO/PHSP Medicaid	573										
HMO/PHSP Other	577										
Self Insured	580										
Workers Compensation	567										
No Fault	578										
Self Pay	568										
Government	581										
Free (Charity, Hill-Burton)	582										
Courtesy	583										

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HOSPITAL _____ TO _____
REPORT FOR THE PERIOD
EXHIBIT 33 - STATISTICAL DATA, PATIENT VISITS, PATIENT CHARACTERISTICS
BY SOURCE OF PAYMENT

		BY SOURCE OF PAYMENT								SPINA BIFADA CLINIC									
SOURCE OF PAYMENT		LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM			LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM						
			0	1	6	1	0	2	4	1		0	1	6	1	0	2	4	1
TOTAL		125							575										
Medicare		114							564										
Medicaid		116							566										
Non-Profit Indemnity Insurance		115							565										
Commercial Indemnity Insurance		122							572										
HMO/Medicare		129							579										
HMO/PHSP Medicaid		123							573										
HMO/PHSP Other		127							577										
Self Insured		130							580										
Workers Compensation		117							567										
No Fault		128							578										
Self Pay		118							568										
Government		131							581										
Free (Charity, Hill-Burton)		132							582										
Courtesy		133							583										

		2 1 2 0 0 OTHER								2 1 2 0 1 OTHER									
		001								001									
SOURCE OF PAYMENT		LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM			LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM						
			0	1	6	2	0	2	4	2		0	1	6	0	0	2	4	0
TOTAL		625							675										
Medicare		614							664										
Medicaid		616							666										
Non-Profit Indemnity Insurance		615							665										
Commercial Indemnity Insurance		622							672										
HMO/Medicare		629							679										
HMO/PHSP Medicaid		623							673										
HMO/PHSP Other		627							677										
Self Insured		630							680										
Workers Compensation		617							667										
No Fault		626							678										
Self Pay		618							668										
Government		631							681										
Free (Charity, Hill-Burton)		632							682										
Courtesy		633							683										

		2 1 2 0 2 OTHER								2 1 2 0 3 OTHER									
		001								001									
SOURCE OF PAYMENT		LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM			LINE REF. NO.	NUMBER OF VISITS			VISITS EXC. INPT ADM						
			0	1	6	1	0	2	4	1		0	1	6	2	0	2	4	2
TOTAL		675							675										
Medicare		664							664										
Medicaid		666							666										
Non-Profit Indemnity Insurance		665							665										
Commercial Indemnity Insurance		672							672										
HMO/Medicare		679							679										
HMO/PHSP Medicaid		673							673										
HMO/PHSP Other		677							677										
Self Insured		680							680										
Workers Compensation		667							667										
No Fault		678							678										
Self Pay		668							668										
Government		681							681										
Free (Charity, Hill-Burton)		682							682										
Courtesy		683							683										

DOH Instructions - Exhibit 33

Exhibit 33 - Statistical Data, Patient Visits, Patient Characteristics, Ambulatory Visits for Source of Payment

The provider should refer to Exhibit 32 instructions regarding definitions for Payor Source.

The provider should complete those outpatient services statistics which are applicable to the hospital. Space has been provided for up to 4 "Other" Services not hardcoded. The provider should type the specific name in the space provided.

Both columns, "Number of Visits" and "Excluding Inpatient Admissions" must be completed even if the number of visits are the same for both columns.

Do not include Home Health Agency visits on this Exhibit. Those statistics should be entered on Exhibit 34.

The statistic for Ambulatory Surgery is procedures, not visits.

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REPORT FOR THE PERIOD _____ TO _____

**EXHIBIT 46 - HOSPITAL SERVICE REVENUE - SUMMARY - ALL SERVICES
WHOLE DOLLARS ONLY**

GROSS CHARGES TO PATIENTS	LINE REF. NO.	TOTAL ALL SERVICES	TOTAL INPATIENT SERVICES
21002	21003	0036	0023
Allowances & Other Payor Specific Deductions <Additions>:			
Allowances:			
Medicare	202		
Medicaid	204		
Non-Profit Indemnity Insurance	203		
Commercial Indemnity Insurance	350		
HMO/Medicare	351		
HMO/PHSP Medicaid	209		
HMO/PHSP Other	352		
Self insured	353		
Workers Compensation	212		
No-Fault	213		
Self-Pay	215		
Government	354		
Free (Charity, Hill Burton)	355		
Courtesy	206		
Third Party Rate Adjustments Prior Period Lump Sum:			
Medicare	359		
Medicaid	360		
Other Deductions <Additions> to Charges:			
Disproportionate Share & Professional Education Payments			
Indigent Care Pool Distribution	230		
Intergovernmental Transfer Revenue	361		
Public Indigent Care Adjustment	362		
OMH/OASAS Disproportionate Share	356		
Professional Education Pool Distribution	357		
Health Care Surcharges/Assessment:			
Indigent Care	231		
Inpatient Gross Revenue Assessment	363		
Health Facility Cash Assessment	364		
Professional Education Pool Contribution	358		
Subtotal-Allowances and Other Payor Specific Deductions <Additions>	249		
Bad Debts (Net of Recoveries):			
Medicare	250		
Medicaid	251		
Non-Profit Indemnity Insurance	252		
Commercial Indemnity Insurance	258		
Self-Insured	365		
Self-Pay	254		
Other	259		
Subtotal-Bad Debts	289		
Total Deductions From Gross Charges	290		
Net Patient Service Revenue	300		

DOH Instructions - Exhibit 46

Exhibit 46 - Hospital Service Revenue

The data required by this exhibit is the supporting details of certain information contained on Exhibit 26 and 26A of the ICR. The net and total revenue data found on these forms must agree.

The "summary" columns will automatically total amounts for Inpatient and Total All Services.

The NYS ICR software programming requires revenue reporting of all Exhibit 11 activated cost centers. The column structure has been developed to conform with those cost centers established in the ICR.

Those facilities which have operated a non-distinct ambulatory surgery service must report the associated revenues in this section.

This Exhibit has been expanded to require the reporting of gross charges by Payor. In addition, the allowances and Bad Debt detail have been modified. This data is needed to better identify payor revenues and must be reported by hospitals. Failure to report may result in the report being determined incomplete and unacceptable.

Note that routine and ancillary service charges are required to be reported separately for ALC patients, whether or not the facility had a discrete ALC unit or received a separate ALC rate.

Purpose

This schedule is meant to provide a breakdown of revenue into the components of revenue by routine and ancillary service, and allowance by payer. It will also be used to determine the outpatient bad debt need for the Bad Debt & Charity Care and Distressed Hospital Pools.

Definitions

Gross Charges - full established rates for services rendered undiminished by related deductions except corrections.

ROUTINE SERVICES

Daily Care - Inpatient

This line item is used to report the routine gross charges for inpatient daily hospital services. Typically this charge includes room, dietary, nursing services, minor medical and surgical supplies, medical and psychiatric social services, and use of equipment and facilities for which a separate charge is not made. Referred to as the room and board charge.

Visit Fees - Outpatient

This group of accounts is used to report the routine gross charges earned from services provided to patients that were not admitted to a bed. Emergency Service, Ambulance, and Home Health Agency Fees should not be reported on this line as they are reported separately.

Emergency Service Fees

This item is used to report the routine gross charges earned from emergency treatment to the ill and injured who require immediate medical or surgical care on an unscheduled basis.

Ambulance Fee

This item is used to report gross charges for the transportation of the sick and injured via ambulance.

Home Health Agency-All Purchased Services

This item is used to report all the gross charges earned from providing care to patients in their residence on the basis of physician's orders and an approved plan of care established and periodically reviewed by the physician. It is for patients who require convalescent and/or major restorative services at a level less intensive than institutional requirements.

GROSS CHARGES BY PAYOR

These lines should be used to report all gross charges, routine and ancillary, by payor.

ALLOWANCES AND OTHER SPECIFIC DEDUCTIONS (ADDITIONS)**ALLOWANCES****Definition:**

Allowance - the difference between gross charges from services rendered and amounts received (or to be received) from patients or third party payers. Allowances should be distinguished from uncollectible accounts resulting from credit losses.

Medicare Allowances

Report allowances for patients for which billing for services has been directly submitted to the Medicare third party fiscal intermediary for those persons over 65 years of age, or the disabled receiving Social Security benefits for over two years, or those with ESRD and are eligible to receive federal health insurance for the aged and disabled through Title XVIII of the Social Security Act.

Medicaid Allowances

Report allowances for patients for which billing for services has been directly submitted to the Medicaid third party fiscal intermediary for those who are medically indigent and are eligible to receive health care benefits through Provisions of the State Social Services Law. Dollars received by Non - Public hospitals for recruitment and retention of health care workers should be treated as all other Medicaid revenues. For Public hospitals, monies received related to health care recruitment and retention should be reported on Exhibit 27. Public hospitals receiving monies related to Upper Payment Limit, should report 100 % of these monies as Medicaid revenues.

Non-Profit Indemnity Insurance

Report allowances for patients' services which have been billed directly to a not for profit medical indemnity insurance carriers licensed pursuant to Article 43 of the State Insurance Law for payment of services provided to beneficiaries insured through a medical indemnity insurance policy with such carriers.

Commercial Indemnity Insurance

Report allowances for patients' services which have been billed directly to proprietary medical indemnity insurance carriers licensed pursuant to Article 42 of the State Insurance Law for payment of services provided to beneficiaries insured through a medical indemnity insurance

policy with such carriers.

HMO/Medicare

Report allowances for Medicare patients' services which have been billed directly to a federally authorized Health Maintenance Organization for patients covered under such premium policies.

HMO/PHSP Medicaid

Report allowances for Medicaid patients' services which have been billed directly to a Health Maintenance Organization or NYS licensed Prepaid Health Service Plan for patients covered under such premium policies.

HMO/PHSP Other

Report allowances for Non-Medicare/Non-Medicaid patients' services which have been billed directly to a Health Maintenance Organization or NYS licensed Prepaid Health Services Plan for patients covered under such premium policies.

Self Insured

Report allowances for patients' services which are covered by a self insured fund which is either self administered or administered by a third party agent for the purpose of processing claims on behalf of such funds.

Worker's Compensation

Report allowances for patients' services which have been billed to Worker's Compensation because the services rendered are the result of occupational related illness or injury.

No Fault

Report allowances for patients' services which have been billed to an insurance carrier for services rendered to patients for illness or injury arising from the use or maintenance of a motor vehicle.

Self Pay

Report allowances for patients having no third party or other insurance coverage and is thus solely responsible for payment of the charges, whether in full or in part, for the services rendered. In cases where the patient is insured but the service provided is completely uncovered by the insurer, the case is to be considered a self pay case. Conversely, if the service provided is partially covered by a third-party insurance carrier, the case should not be designated as self-pay and should be reported in accordance with the definitions established for other patient categories described herein.

Governmental

Report allowances for patients' services that will be paid by programs administered by Federal, State, or Local governments other than Medicaid or Medicare. Examples of such programs include Physically Handicapped Children's Program, CHAMPUS/VA, payments made by correction facilities for services rendered to inmates, etc.

Free (Charity, Hill Burton)

Report allowances for patients' services provided free of charge to indigent patients. This should include obligations entered into under the Hill Burton Program as well as charity care.

Courtesy

Report allowances for patients' services provided at reduced rates or free of charge through a courtesy arrangement established with a specific class of patients, e.g. employees, clergy, etc.

Third Party Rate Adjustments Prior Period Lump Sum

Report any Medicare or Medicaid adjustments to current year's revenue resulting from adjustments to prior period rates that were not accrued for in the prior period(s).

Employee Discounts

Effective 1/1/98 all employee discounts should be shown as courtesy allowances.

OTHER DEDUCTIONS (ADDITIONS) TO CHARGES

DISPROPORTIONATE SHARE AND PROFESSIONAL EDUCATION PAYMENTS - entries in this section should be negative since they represent increases to revenues.

Indigent Care Pool Distribution

This line item should be used to report all receipts, expected receipts, and prior year recasts from the Indigent Care Pool.

This line would also include any funds received from the Tobacco Control and Initiative Pool. (Rural and High Need Indigent Care Adjustment payments as referenced in Section 2807-w of the Public Health Law.)

Intergovernmental Transfer Revenue

This line item should be used by public hospitals to report uncompensated care payments associated with intergovernmental transfers.

Public Indigent Care Adjustment

This line item should be used by public hospitals to report payments made in accordance with Section 2807-c14-f of the Public Health Law as contained in the HealthCare Reform Act of 1996.

OMH/OASAS Disproportionate Share

This adjustment represents accrued disproportionate share (DSH) payments for hospitals, in accordance with Chapter 119 of the Laws of 1997. These payments replace Office of Mental Health and/or Office of Alcoholism and Substance Abuse Services (OASAS) approved net deficit financing in certain Article 28 voluntary hospitals effective April 1, 1997. These payments must be reported within the appropriate mental health or alcoholism and substance abuse program.

Professional Education Pool Distribution

This line item should be used to report all receipts and expected receipts from the Professional Education pool.

HEALTH CARE SURCHARGES/ASSESSMENTS - entries in this section should be positive.

Indigent Care Pool Contribution

This line item should be used to report all payments and expected payments to the Indigent Care Pool. This contribution should be reported in inpatient columns only.

Inpatient Gross Revenue Assessment

This line item should be used to report the 1% assessment on net-inpatient revenue. The inpatient gross revenue assessment is also referred to as the "Statewide Bad Debt and Charity Care Pool Assessment."

Health Facility Cash Assessment

Each month, hospitals licensed under Article 28 of the Public Health Law are assessed a percentage on cash receipts from patient services and general operations. This assessment is on both inpatient and outpatient services and as such should be reported in the appropriate columns.

Professional Education Pool Contribution

This line item should be used to report all payments and expected payments to the Professional Education Pool. This contribution should be reported in inpatient columns only.

BAD DEBT

These deductions represent the estimated amount of current revenue that will not be realized as a result of credit losses on accounts or notes receivable that were created or acquired in providing services to patients.

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 REPORT FOR THE PERIOD _____ TO _____

EXHIBIT 47 - DISPROPORTIONATE SHARE PAYMENT LIMIT REPORT

	LINE REF. NO.	NET PATIENT SERVICES REVENUE				TOTAL EXPENSES				NET GAIN/LOSS			
		4	8	0	1	4	8	0	2	4	8	0	3
Medicaid Inpatient	001												
Uninsured Inpatient	002												
Other Inpatient	003												
Total Inpatient	010												
Medicaid Outpatient	030												
Uninsured Outpatient	031												
Other Outpatient	032												
Total Outpatient	033												
TOTAL	050												
Medicaid Revenue Reported on Lines 001 and 030 which applies to periods prior to implementation of the DSH Cap.	051												

DOH Instructions - Exhibit 47

Exhibit 47 - Disproportionate Share Payment Limit (DSH) Report

The purpose of this report is to establish the maximum payment limit for DSH payments in accordance with federal statute. DSH payments include indigent care pool distributions, public indigent care adjustment payments, OMH/OASAS disproportionate share payments and intergovernmental transfer DSH payments. The law states that DSH payments cannot exceed the costs of providing inpatient and outpatient services to Medicaid and uninsured patients, net of revenues received.

For each of the listed categories, enter the net patient services revenue, total expenses and the calculated net gain/(loss).

All reported amounts should be in accordance with generally accepted accounting principles and be consistent with the reporting of revenues and expenses on the Statement of Revenues and Expenses (Exhibit 26A, lines 005 and 006) of the ICR and the audited financial statements.

Within the context of this report, uninsured shall mean patients without insurance or other third party coverage for the unit of service billed including units of service, which, although provided to patients who are insured, are not covered. Uninsured shall not encompass instances of underinsurance such as where services are provided to patients who, although they are insured, are not fully covered for that unit of service.

Medicaid revenues and expenses reported shall apply to only inpatient (including exempt units) and outpatient hospital services. Please report all skilled nursing facility revenue and expenses (including Medicaid and uninsured) on the "other" lines of this report.

Medicaid and uninsured outpatient revenues and expenses shall include referred ambulatory services.

Medicaid revenues and expenses include both Medicaid fee-for-service and Medicaid Managed Care (i.e. HMO-Medicaid) revenues and expenses.

Note: Medicaid revenues must include 100% of any payments made to public hospitals related to Upper Payment Limits.

Medicaid and uninsured inpatient and outpatient revenues should not include indigent care pool payments, public indigent care adjustment payments, OMH/OASAS disproportionate share payments and intergovernmental transfer DSH payments. Further, do not include payments from the professional education pool as Medicaid revenue. All of these DSH revenues shall be included in "other" revenues.

For exempt hospitals and exempt units of hospitals whose inpatient billings are on a per diem basis, there may be instances where some units of services (days) are insured and others are not, e.g., lengths of stay during which benefits are fully exhausted. Those units of service (days) occurring after the exhaustion of benefits will be deemed uninsured for the purposed of this report. This treatment does not apply to non-exempt, per discharge billings.

Net patient services revenue: reported on an accrual basis, net of any discounts or allowances, consistent with aggregate revenue reporting on the ICR and Audited Financial

Statements, i.e., if retroactive rate adjustments are recorded as current year income in the aggregate on the ICR and Audited Financial Statements, such adjustments must be reflected in revenue on the DSH limit report. Please note that there is a separate line on Exhibit 47 to report Medicaid inpatient revenues which are being reported in the current year, but apply to periods prior to the implementation of the DSH payment limits (April 1, 1994 for public hospitals and April 1, 1995 for non-public hospitals).

Expenses: include all costs incurred in the provision of services to Medicaid and uninsured patients. Costs are to be allocated using one of the following methods:

- (1) RCC - Ratio of costs to charges;
- (2) Payor gross charges to total gross charges by service; or
- (3) Days (flat rate providers only).

Note: Any transaction between a public hospital and its sponsoring government entity should be reported as an other Revenue/Expense item, and therefore would not be included on Exhibit 47.

Net gain/(loss): for each of the categories listed, net gain/(loss) equals net patient services revenue less total expenses.

Note: There should be records and worksheets to support the assertions in this statement in the custody of the facility. These records include, but are not limited to ledger abstracts, income summaries and expense records.

Any questions relating to this exhibit should be directed to Roland Guilz of the Bureau of Financial Management and Information Support at (518) 474-1673.