

**PUBLIC MEETING OF THE
HOSPITAL RATE-SETTING
TECHNICAL ADVISORY COMMITTEE**

**JUNE 20, 2008
10:30 a.m. – 12:30 p.m.**

AGENDA

- 1. 10:30 a.m. – 10:45 a.m. Opening Remarks**
 - Commissioner Richard Daines
 - Senator Kemp Hannon
 - Assemblyman Richard Gottfried

- 2. 10:45 a.m. – 11:45 a.m. Presentation by Department of Health Staff on Background of Medicaid Rate Setting**
 - Commissioner Richard Daines
 - Deborah Bachrach, Deputy Commissioner, Department of Health
 - John Ulberg, Director, Division of Health Care Financing
 - Gregory Allen, Director, Financial Planning and Policy
 - John Gahan, Assistant Director, Bureau of Primary and Acute Care Reimbursement

- 3. 11:45 p.m. – 12:30 a.m. Questions & Answers & Discussion**

Health Care Reform

Hospital Rate-Setting Technical Advisory Committee

June 20, 2008

Drivers of Health Care Reform in NYS

- NYS ranks high on health care spending per capita and per Medicaid beneficiary
- NYS ranks average on health care quality and below average on avoidable hospitalizations
- There are approximately 2.3 million uninsured New Yorker's; one-half are eligible for Medicaid/Family Health Plus/Child Health Plus
- During an economic downturn, enrollment in Medicaid increases
- NYS is projecting a FY 2009/10 Budget deficit exceeding \$5 billion

FY 2008/09 Budget Took Key Steps Advancing Health Care Reform

- Requires that Medicaid inpatient rates move from 1981 cost base to 2005 cost base over four years
- Consistent with rebasing, reduces inpatient rates by \$154 million annually effective December 1, 2008; in addition, reduces inpatient detox rates by approximately \$70 million annually, phased in over four years
- Begins to reinvest Medicaid dollars from inpatient rates to ambulatory care rates in hospital clinics, community clinics and physician offices

FY 2008/09 Budget Took Key Steps Advancing Health Care Reform (cont.)

- Authorizes new ambulatory care reimbursement methodology
- Additional inpatient rate reductions and ambulatory care rate enhancements anticipated in next year's budget
- Effective January 1, 2009, primary care clinicians in all settings will be expected to meet minimum standards of care (See Appendix A)

FY 2008/09 Budget Established a Technical Advisory Committee (TAC) to Continue Medicaid Inpatient Rate Reform

- Evaluate inpatient reimbursement methodology
- Review data showing amount by which hospital Medicaid inpatient revenue exceeds Medicaid inpatient costs
- Examine impact of proposed methodological changes on hospitals

FY 2008/09 Budget Established TAC to Continue Medicaid Inpatient Rate Reform (cont.)

- Review data showing differences between Medicaid outpatient costs and Medicaid payments
- Examine role of hospitals in delivering ambulatory care services to Medicaid beneficiaries
- Commissioner of Health to issue findings and recommendations by November 1

Objectives for Today:

- Describe current inpatient Medicaid reimbursement
- Describe both current and future outpatient Medicaid reimbursement
- Highlight some inpatient levers and dials that can be used to advance health care reform
- Review the preliminary inpatient and outpatient gap analysis
- Review principles for Medicaid inpatient reform





TAC Work Plan*

Meeting Schedule	Proposed Topics
June 20, 2008 : Albany	<ul style="list-style-type: none">• Background on current rate methodologies• Review difference in Medicaid inpatient payments vs. Medicaid inpatient costs (i.e., “Gap”)
September 26, 2008 : NYC	<ul style="list-style-type: none">• Consider inpatient methodology reform• Assess outpatient payment implications
October 22, 2008 : Albany	<ul style="list-style-type: none">• Review impact of potential reforms on patients and hospitals• Review draft findings and recommendations

*Stakeholder meetings will be held throughout the summer

How an Inpatient Medicaid Rate is Built

Components of Current Inpatient Medicaid Rate

- Operating (1981 Base Rate and Service Intensity Weight (SIW)) 
- Graduate Medical Education (GME) 
- Workforce Recruitment and Retention Add-on 
- Additional Legislative Add-ons (excluding Medicaid DSH payments made to subsidize indigent care) 
- Capital

Inpatient Medicaid Rate (cont.)

DRG Case Payment System

Service Intensity Weight

X

Base Rate

=

Operating Case Payment

+

Add on Components

Relative cost of the average case in a DRG to the average cost of all patients in all DRGs

1981 total non-Medicare costs inflated to current year; adjusted for volume, NYPHRM and GME adjustments to reimbursable costs

Inlier

- Worker Retention
- Supplemental Add-ons
- Capital

Example:

DRG	Trim Points	SIW	Base Rate	Case Payment
Chest Pain (DRG 143)	1-4 days	0.5862	x \$7,500	= \$4,397
Lung Transplant (DRG 795)	4-36 days	34.0356	x \$7,500	= \$255,267

Inpatient Medicaid Rate (cont.)

- Factors Affecting the Hospital - Specific Base Rate
 - **Blended Rates** – 45% hospital-specific costs; 55% peer group average
 - **Peer Groups** – hospitals with similar characteristics and missions (i.e., regions, sponsorship, teaching/non-teaching) (See Appendix B)
 - **WEF/PEF** (Wage Equalization Factor and Power Equalization Factor)– hospital-specific adjustment factor for wage and power costs
 - **Volume** – adjustments reflecting changes in hospital-specific volume (i.e., as volume declines; rates are increased)

Inpatient Medicaid Rate (cont.)

- Outliers are payments made for patients that fall outside the cost and day parameters established for each DRG category

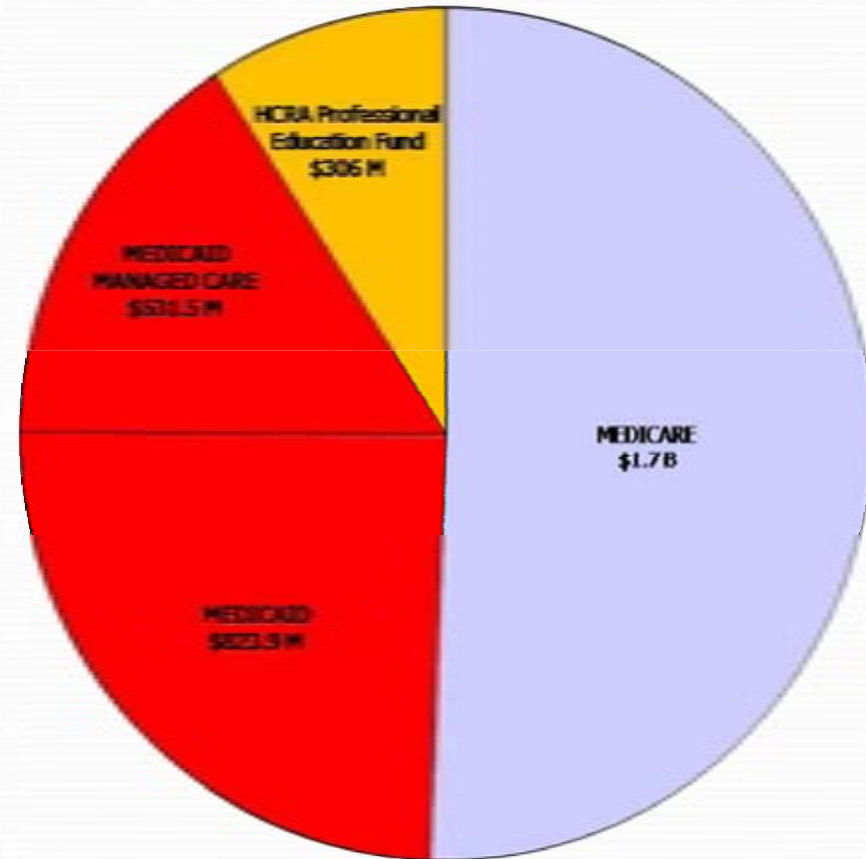
Outlier Type	Description	Payment Principle
Short Stay	Patients who stay less than the low trimpoint for a specific DRG	Discounted payment
Long Stay	Patients who require a longer stay for their acute services than the high trimpoint	Discounted payment
High Cost	Patient whose stay results in costs that exceed certain high cost thresholds	Discounted payment

Inpatient Medicaid Rate (cont.)

- Certain inpatient services are paid on a per day basis rather than a per case (DRG) basis
 - Applicable for cancer, children, and rehabilitation hospitals. Also used in payments made for services provided in psychiatric, medical/alcohol/drug rehabilitation, AIDS treatment, epilepsy, and bone marrow transplant units
 - Per-diem rates generally held to 110% of the regional group average
 - Annually adjusted for changes in average patient acuity

Public GME Funding

- ❑ \$ 1.7 Billion - Medicare
 - ❑ \$ 1.35 Billion - Medicaid
 - ❑ (\$531.5M – Medicaid Managed Care Wrap Around)
 - ❑ \$ 306 Million HCRA PEP
-
- ❑ \$ 3.36 Billion _ TOTAL



Medicaid Graduate Medical Education (GME) Component

- Direct Medical Education (DME)
 - Medicaid reimbursement for resident and faculty salaries and fringe benefits, other related direct costs (e.g. GME program staff, classroom, etc.), and hospital allocated overhead
 - Payments based on 2001 non-Medicare costs, inflated by use of annual “trend factor”
 - Added to inpatient DRG rates prior to application of Service Intensity Weight (SIW)

Medicaid GME Component (cont.)

- Indirect Medical Education (IME)
 - Reimbursement for patient care costs in teaching hospitals due to:
 - Higher case mix intensity
 - Use of advanced medical technology
 - Increased use of services for academic purposes
 - Calculated using 1988 Medicare formula applied to 2001 reported costs trended to rate year
 - Each 10% increase in the ratio of interns and residents to beds results in 7.7% of costs passed through as IME (Medicare currently funds only 5.5%; MedPac recommends 3.5%)

HCRA GME Pool Payments

- State-only payments made to most hospitals with teaching programs in 1995; initially intended to subsidize GME costs associated with care of commercially-insured patients
- Funded at \$306 million in 2008-09 Budget
(See Appendix C for distributions)
- Distributed based on formulaic methodology that uses Medicare payment data and resident counts from 1995

Workforce Recruitment and Retention Add-on to Medicaid Inpatient Rates

- \$292 million Medicaid add-on to Medicaid inpatient rates (Major public hospitals \$49M and voluntary hospitals \$243.5M) to reflect incremental increase in **total** labor costs as of 2002.
- Incremental inpatient labor costs for Medicaid estimated at only \$50 million
- Allocation of funds based on proportional share of labor costs (50%) and a proportional share of inpatient Medicaid utilization (50%)

Current Workforce Recruitment and Retention Allocation Formula

Hospitals Portion of Medicaid Discharges (FFS and MMC)	Current Allocation		Statewide Medicaid Discharges
	Dollars (in millions)	%	%
High Volume Medicaid Hospitals (Medicaid Discharges > 35%) (39 Hospitals)	\$ 102.9	35%	51%
Low Volume Medicaid Hospitals (Medicaid Discharges < 35%) (174 Hospitals)	\$ 189.6	65%	49%
Total	\$ 292.5	100%	100%

\$158 Million of Supplemental Add-ons to Medicaid Inpatient Rates (See Appendix D for details)

Add-ons	Purpose
High Volume Medicaid Hospitals (\$60M)	Supplement for voluntary hospitals with Medicaid discharges greater than 35%
Medium Volume – non-NYC (\$42M)	Supplement for voluntary hospitals with Medicaid discharges less than 35%, but greater than 17.5%
Long Island (\$5M)	Supplement for all Long Island hospitals
Public non-NYC (\$6M)	Supplement for major public hospitals located outside of NYC
Rural Hospitals (\$7M)	Supplement for rural hospitals to meet essential health care needs of rural communities
NYC Hospitals (\$38M)	Provides funding to NYC voluntary hospitals for translation costs related to services provided to non-English speaking patients

Distributions all based upon Medicaid utilization

Capital Add-on to Medicaid Inpatient Rates

- Initially based on reported budgeted capital costs for the rate year
- Subsequently reconciled to actual costs based on cost report information for the rate period
- Major Movable Equipment (MME) reimbursed at 56% of actual reported costs

Ambulatory Care Reimbursement

Current Ambulatory Care Rate-Setting Methods

- Separate per-visit/procedure rates set for:
 - Emergency Rooms
 - Ambulatory Surgery
 - General Medical Clinics
 - Specialty Clinics
- Components
 - Operating
 - Capital

Current Ambulatory Care

Rate-Setting (cont.)

- Operating Component (prior to implementation of 2008/09 Budget adjustments)
 - Based on two-year old reported costs trended to rate year and capped at \$125 (1/1/07), then \$140 (1/1/08) per visit (pending federal approval) for emergency rooms and \$67.50 per visit for general medical clinics
 - Specialty clinics are subject to higher ceilings depending on services covered

Current Ambulatory Care

Rate-Setting (cont.)

- Ambulatory Surgery based on use of a Product of Ambulatory Surgery (PAS) methodology which categorizes and weights outpatient surgical procedures to provide variable payments based on a relative resource use
- Capital
 - Based on two year old actual capital costs
 - Building and fixed reimbursed at 100% of costs
 - Major Moveable Equipment (MME) is reimbursed at 56% of costs

Ambulatory Care

- Medicaid patients rely heavily on hospital ambulatory care services:

		<u>Percent of total visits</u>
• Emergency Room	1.8M visits	(29%)
• Clinics	6.9M visits	(41%)
• Ambulatory Surgery	0.2M visits	(13%)

- Over 80% of Medicaid hospital ambulatory care visits are provided in teaching hospitals

(See Appendix D for facility specific Ambulatory Care Visits)

FY 2008/09 Budget Authorized \$178M Annual Investment in Hospital Ambulatory Care Services

- Current budget increases outpatient rates and requires the use of an Ambulatory Patient Group (i.e., APG) classification system effective on and after 12/1/08

(Gross \$ in millions)	SFY 08/09 Budget	SFY 09/10	Effective Date
Outpatient Clinic	\$ 25.3	\$ 76.0 (1)	12/1/08
Ambulatory Surgery	\$ 23.3	\$ 70.0	1/1/09
Emergency Room	\$ 8.0	\$ 32.0	1/1/09
Total	\$ 56.6	\$ 178.0	

(1) \$76M is 25% of projected full investment

FY 2008/09 Budget Authorized a New Outpatient Payment Method (APG) Replacing Per Visit Methodology in ERs, Hospital and Community Based Clinics

- Greater clarity and transparency of payment structure and methodology
- Superior to “Threshold Visit” as payment varies based on service intensity
- Payment homogeneity for comparable services across ambulatory care settings (i.e., OPD, Amb Surg, ED, DTC)
- Emphasizes diagnosis and procedures over service volume
- Features more frequent payment updates to:
 - Better acknowledge the impact of medical advances
 - Accommodate changes in service delivery patterns
- Uses standard HIPAA-compliant code sets (HCPCS and ICD-9 codes)

Investment in Ambulatory Care Services Goes Beyond Hospitals

(Gross \$ in millions)	SFY 08/09	SFY 09/10	Effective Date
Freestanding Clinics	\$ 1.0	\$ 12.5	3/1/09
Primary Care Enhancements <ul style="list-style-type: none"> •Asthma & Diabetes Education •Expanded “After Hours” Access •Social Worker Counseling 	\$ 14.0	\$ 38.0	1/1/09
Physicians	\$ 30.0	\$ 120.0	1/1/09
Totals	\$ 45.0	\$ 170.5	

Cost and Gap Analysis

- Inpatient and Outpatient Services
- Data Sources
 - Institutional cost report (ICR): filed annually by all hospitals reporting
 - SPARCS
 - All inpatient, Emergency Room patient level information
 - Medicaid Claims (EMEDNY)
 - Actual claims for all Medicaid inpatients and ambulatory care services provided to Medicaid eligible recipients (includes charges and diagnosis related data on each claim)

Cost and Gap Analysis (cont.)

Develop Medicaid only costs:

Ratio of Cost to Charge (RCC)

For each service, an RCC is calculated as follows:

Step One:

$$\begin{array}{|c|} \hline \text{Total} \\ \text{Department} \\ \text{Costs} \\ \hline \end{array} \div \begin{array}{|c|} \hline \text{Total} \\ \text{Department} \\ \text{Charges} \\ \text{(Billings)} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{RCC} \\ \text{Factor} \\ \hline \end{array}$$

Step Two:

$$\begin{array}{|c|} \hline \text{Reported} \\ \text{Charge from} \\ \text{Medicaid} \\ \text{Billing} \\ \hline \end{array} \times \begin{array}{|c|} \hline \text{RCC} \\ \text{Factor} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Total} \\ \text{Medicaid} \\ \text{Costs} \\ \hline \end{array}$$

RCC Example (Med Surg. Dept)

Total "Stepdown"
Med Surg. Costs \$1,000,000

÷

Total Reported
Med Surg. Charges \$2,000,000

RCC Converter 0.5

Reported Medicaid
Med Surg. Charges \$200,000

RCC Converter X 0.5

Total
Medicaid Cost \$100,000

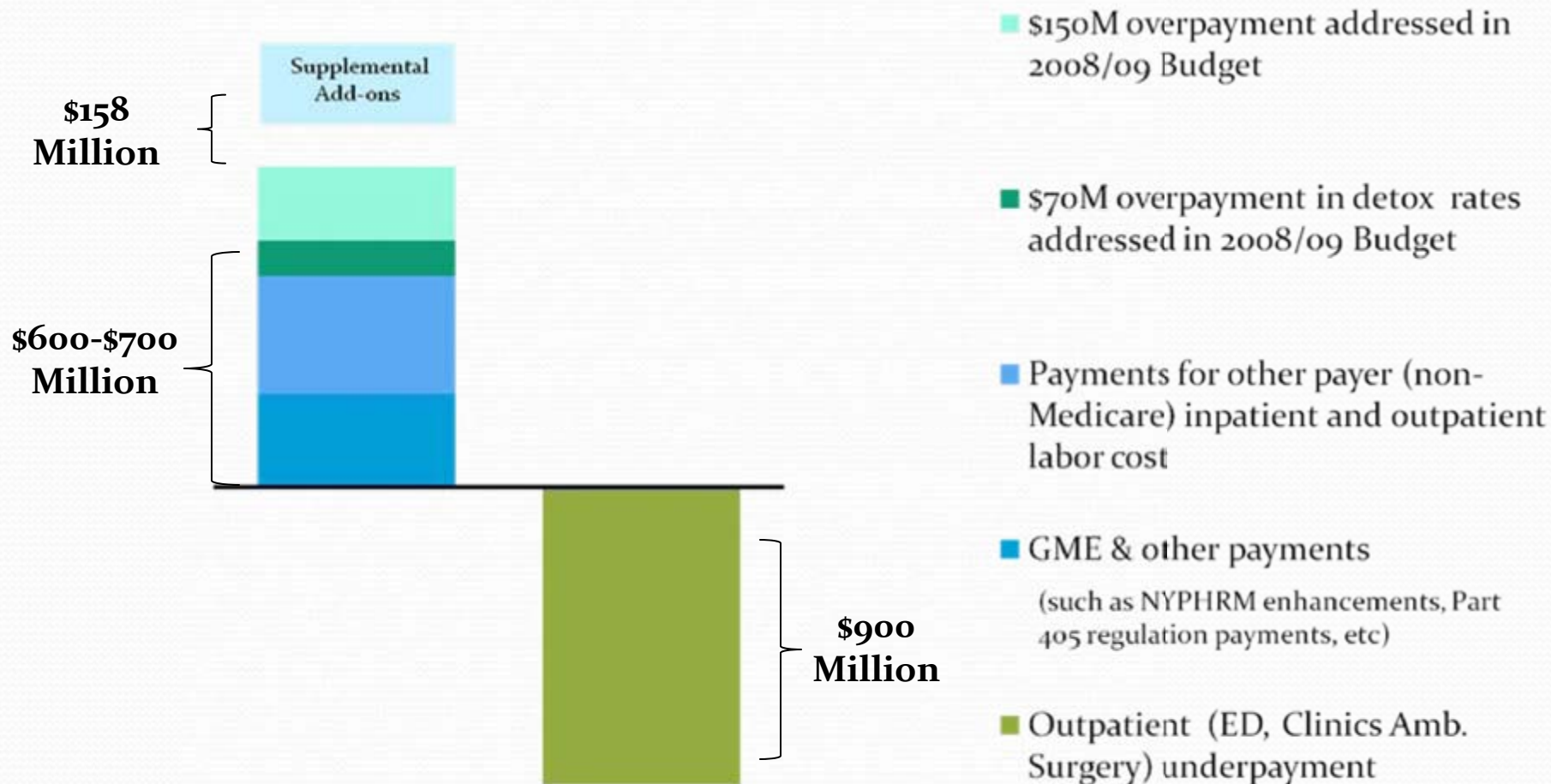
Cost of Medicaid Patient "A": Hospital Stay

- Med. Surg cost = \$100,000
- Laboratory cost = \$25,000
- Cat Scan cost = \$500

Total Cost \$125,500

Cost and Gap Analysis (cont.)

DOH Preliminary Gap Estimate (Based on 2005 costs)



Medicaid Reform Principles

- **Medicaid Rates should:**
 1. Be transparent
 2. Reflect costs of efficient hospital
 3. Pay for Medicaid patients
 4. Not cross-subsidize commercial payers
 5. Encourage cost-effective, quality care
 6. Encourage care in the right setting
 7. Advance state health care priorities
 8. Be updated periodically
 9. Comply with Federal Medicaid rules
 10. Be consistent with Budget constraints

Discussion

Reform Principles

1. Be transparent
2. Reflect costs of efficient hospital
3. Pay for Medicaid patients
4. Not cross-subsidize commercial payers
5. Encourage cost-effective, quality care
6. Encourage care in the right setting
7. Advance state health care priorities
8. Be updated periodically
9. Comply with Federal Medicaid rules
10. Be consistent with Budget constraints

Building Blocks of Inpatient Medicaid Reimbursement

1. Operating (1981 Base Rate and Service Intensity Weight (SIW))
2. Graduate Medical Education (GME)
3. Workforce Recruitment and Retention Add-on
4. Additional Legislative Add-ons (excluding Medicaid DSH payments made to subsidize indigent care)
5. Capital

Appendices

- Appendix A: Medicaid Develops Primary Care Standards for Clinicians
- Appendix B: Hospital Grouping and Members
- Appendix C: HCRA GME Pool Payments
- Appendix D: Allocation of Supplemental Add-ons to Medicaid Inpatient Rates
- Appendix E: Ambulatory Visits by Group
- Appendix F: Section 2807-c (33)
- Appendix G: Technical Advisory Committee Members

Medicaid Develops Primary Care Standards for Clinicians

Avoiding Hospitalization Through Better Primary Care

ALBANY, N.Y. (June 12, 2008) – As part of its multi-year initiative to enhance the quality of primary and preventive care, improve the health status of New Yorkers and reduce avoidable hospitalizations and emergency department visits, the Department of Health today announced that all primary care clinicians and programs participating in New York Medicaid will be required to meet a comprehensive set of practice standards beginning in January 2009. Draft standards have been released for public comment at www.nyhealth.gov/health_care/medicaid/standards.

A team of experienced clinicians and Medicaid analysts in the Department has drafted these primary care standards to provide guidance on the Health Department's expectations of primary care clinicians and programs that contract with Medicaid. The team is led by James J. Figge, M.D., and Foster C. Gesten, M.D., the Medical Directors of New York Medicaid.

"Practices and hospital clinics should put refinement and implementation of these quality standards at the top of their agendas," said state Health Commissioner Richard F. Daines, M.D. "Medicaid patients receive their primary care in settings ranging from private offices to freestanding health centers to the outpatient departments of teaching hospitals. Development of explicit standards will ensure that in each of these settings, patients will receive the same high quality of care and will have an ongoing relationship with a team of clinicians who knows them and their medical history."

The draft standards include the following:

- Patients should be offered the opportunity to select or change their own primary care clinician;
- Patients will know the name of their primary care clinician and be given every opportunity to develop an ongoing relationship with that clinician, who will provide continuous, comprehensive care, and when necessary, arrange for inpatient care and consultations with specialists;
- Primary care clinicians will be expected to coordinate findings and recommendations of specialists, and interpret findings to the patient and patient's family as appropriate and allowable under confidentiality rules;
- Practices must provide 24 hours a day/seven days a week coverage, reminders to patients who require routine and follow-up services, and referrals for patients who need assistance maintaining or obtaining public or private health insurance.

Commissioner Daines added, "The primary care clinics of our great teaching hospitals are critically important. Not only do many Medicaid patients receive their care in those settings, the standards of care demanded and the attention given to the professional development of trainees will define the primary care environment and create the professional workforce of the future. New York training programs are already national leaders in achieving many of these objectives."

Draft standards applicable to primary care training programs include:

- One full-time supervising faculty attending for every four residents working at the clinic;
- Full-time ambulatory training sites must operate at least 40 hours per week, including at least eight hours during evenings/weekends;
- Where a resident is designated as the primary care clinician, that resident must be part of a stable team including at least one permanent attending clinician.
- Residents in primary care training must be available to patients several times each week and throughout most of the academic year regardless of other assignments and rotations.

- Medicaid patients should have the right to request and receive direct care and contact from the supervising attending physician in addition to the resident.
- Hospitals must measure and report to the Department of Health the percentage of visits in which patients see their assigned primary care clinician.
- When the designated physician is not available, the primary care team must have a regular coverage arrangement and means to communicate important patient information back to the regular primary care physician.

In recent weeks the Health Department also announced other initiatives as part of its continuous strategy to improve health care quality, ensure patient safety, and avoid unnecessary Medicaid costs. They include:

- In October 2008 Medicaid will cease reimbursement for hospital care that results from "never events" – which are hospital system failures, such as objects left in the patient during surgery or incompatible blood transfusions.
- Starting in 2009, Medicaid will use its contracting authority to limit the hospitals with which it will contract for bariatric surgery and breast cancer surgery based on quality.
- Issuance of a Request for Proposals for a contractor to perform retrospective utilization review of medical services. The selected contractor will review Medicaid claims to identify practice patterns that do not conform to evidence-based standards and/or inappropriate resource utilization and notify medical providers.

Revised: June 2008

New York State Department of Health Memorandum - Draft Medicaid Primary Care Standards

June 9, 2008

From

- Richard F. Daines, M.D.
Commissioner of Health
- Deborah Bachrach
Deputy Commissioner of Health & Medicaid Director

Subject

Draft Medicaid Primary Care Standards / Comments Due by August 8, 2008

- [Draft Medicaid Primary Care Standards](#)

The Department of Health has embarked on a multi-year, multi-pronged strategy to address the State's high rates of avoidable hospitalizations and to improve access to and the quality of primary and preventive care for all New Yorkers. As part of this strategy, Medicaid has determined to require primary care clinicians, in both office settings and clinics, to meet minimal [standards of practice](#) as of January 2009.

A [draft of these primary care standards](#), some of which are taken from existing standards contained in Medicaid managed care contracts or from primary care residency requirements, are attached for comment. In particular, we are seeking input as follows:

- Are these the 'right' baseline standards for Medicaid to require? That is, are they likely to improve the quality, continuity, and coordination of primary care for Medicaid members? If not, what standards should be added or deleted? Please explain your reasoning.
- Are most providers presently able to meet these standards? Are there some standards that should be delayed; and, if so, for how long?
- Do some of these standards require additional clarification? If so, please elaborate.

We appreciate the expertise that you and/or your organization contribute to informing this critical initiative. Please address your comments to Foster Gesten, MD, Medical Director, Office of Health Insurance Programs at fcg01@health.state.ny.us by August 8, 2008.

Questions or comments: fcg01@health.state.ny.us

Revised: June 2008

Draft Medicaid Primary Care Standards

June 9, 2008

General Standards (apply to all primary care clinicians in all settings)

1. All Medicaid patients shall be offered the opportunity to select or change their own primary care clinician (PCC).
2. Primary care physicians (MD/DO) must be Board Certified or Board Eligible in their area of specialty, or have completed an accredited residency program in Internal Medicine, Family Practice, Pediatrics, or Obstetrics/Gynecology, or meet the standards for residents training in those fields as described in [Additional Standards for Article 28 Facilities with Training Programs in Internal Medicine, Pediatrics, and/or Family Practice](#)".
3. Primary care nurse practitioners must be certified in a primary care specialty.
4. Physicians must either have admitting privileges at one or more hospitals or have an arrangement for hospital coverage (hospitalist is acceptable) provided there is a mechanism to share patient information for continuity and follow up care.
5. Clinicians billing for primary care services shall provide health counseling, education and advice; conduct baseline and periodic health examinations with content consistent with EPSDT/CTHP requirements and professional guidelines including the US Preventive Services Task Force; diagnose and treat conditions not requiring services of another specialist; arrange inpatient care, consultations with specialists, laboratory and radiologic services when medically necessary; coordinate findings and recommendations of specialists and diagnostic results; interpret findings to the patient and patient's family as appropriate and allowable under confidentiality rules; maintain a current medical record for the patient.
6. Practices must provide 24 hour/7 day week coverage (after hours and weekend/vacation number to call that leads to a person or message that can be returned within one half hour).
7. Practices must: 1) identify to patients the name of the person who is their primary care clinician; 2) promote an ongoing relationship with an identified primary care clinician who will provide continuous and comprehensive care; 3) make use of a practice care team when necessary to assure continuity.
8. Practices must monitor appointment availability and time slots to ensure timely access to routine or planned care as well as expedited or same day care for immediate health care needs; allow sufficient time for physical examinations and treatments; allow sufficient time for patient education.
9. Practices must provide reminders/call backs to patients needing continued or follow-up services for primary and secondary prevention.
10. Practices must provide self-management support (education, care plans, etc.), directly or through use of ancillary staff for individuals with chronic conditions including but not limited to diabetes and asthma.
11. Practices must have the means to incorporate evidence based guidelines into practice for periodicity/prevention schedules, and guidelines for at least one chronic disease of high prevalence.
12. Practices must provide assistance, or referral for assistance, to patients/families to obtain public insurance if uninsured.
13. Clinicians must agree to participate in Medicaid utilization review programs and quality improvement initiatives (through health plan or through the Department of Health or its designated vendor(s)).

Additional Standards for Article 28 Facilities with Training Programs in Internal Medicine, Pediatrics, and/or Family Practice

1. Full time ambulatory care sites must operate at least 40 hours/week including at least eight (8) hours during evenings or weekends.

2. All Medicaid patients shall be assigned a primary care clinician (PCC) who shall be an attending physician, nurse practitioner, or resident physician (provided the requirements for supervision and care continuity are met). Programs will ensure that Medicaid patients are seen by their PCC to the maximum extent possible.
3. Residents shall be assigned to a stable team consisting of at least one permanent attending physician (team lead and preceptor) and one or more permanent nurse practitioner(s), who provide continuity of care for a panel of patients. Members of the team will see patients when the assigned PCC is not available.
4. Residents, as part of a team which includes the attending physician, may be designated as the PCC for Medicaid patients, and will follow patients over the course of their training period; these visits must be under the supervision of the team's attending physician / preceptor.
5. Programs shall report annually a measure of continuity which calculates the percent of patient visits in which patients see their designated PCC.
6. Residents must be available in an ambulatory care setting at least twenty (20) percent of the total training time with no less than ten (10) percent of training time in any training year in ambulatory care setting and no fewer than nine (9) months of a year in ambulatory care setting; residents are not away from ambulatory setting for periods longer than six consecutive weeks.
7. Medicaid patients have the right to request and receive care by their attending/preceptor in addition to or instead of being seen by a resident.
8. There shall be no less than one (1) full time supervising faculty attending for every four (4) residents working the clinic.
9. There must be regular and formal mechanisms for sharing clinical information regarding patients among team members.
10. Programs must have systems to facilitate the scheduling of regular appointments for ongoing care with the primary care attending team.
11. Programs must have the capacity to track and monitor consultations/referrals and hospitalized patients.

Questions or Comments: fcg01@health.state.ny.us

Revised: June 2008

NON-TEACHING UPSTATE (0-99 BEDS) (27 Hospitals)
ADIRONDACK MEDICAL CENTER
ALB MED CTR SO CLINICAL CAMP
ALBERT LINDLEY LEE MEM HOSP
ALICE HYDE MEDICAL CENTER
BASSETT HOSP OF SCHOHARIE
BELLEVUE WOMAN'S HOSPITAL
BERTRAND CHAFFEE HOSPITAL
CANTON-POTSDAM HOSPITAL
CARTHAGE AREA HOSPITAL INC
CHENANGO MEMORIAL HOSPITAL
COMMUNITY MEMORIAL HOSPITAL
E J NOBLE HOSP / GOUVERNEUR
INTER-COMMUNITY MEM HOSP
IRA DAVENPORT MEMORIAL HOSP
JONES MEMORIAL HOSPITAL
LAKESIDE MEMORIAL HOSPITAL
LEWIS COUNTY GENERAL HOSP
MASSENA MEMORIAL HOSPITAL
MEDINA MEMORIAL HOSPITAL
MONROE COMMUNITY HOSPITAL
NICHOLAS H NOYES MEMORIAL
NORTHERN DUTCHESS HOSPITAL
SHEEHAN MEMORIAL EMERGENCY
SOLDIERS AND SAILORS MEMORIAL
ST ANTHONY COMMUNITY HOSP
TLC HEALTH NETWORK
WESTFIELD MEMORIAL HOSP

NON-TEACHING UPSTATE (100+ BEDS) (50 Hospitals)
ARNOT OGDEN MEDICAL CENTER
AUBURN MEMORIAL HOSPITAL
AURELIA OSBORN FOX MEM HOSP
BENEDICTINE HOSPITAL
BON SECOURS COM HOSP (MERCY)
BROOKS MEMORIAL HOSPITAL
CATSKILL REG MED CTR (HARRIS)
CAYUGA MEDICAL CENTER
CHAMPLAIN VALLEY PHYSICIANS
CLAXTON-HEPBURN MED CTR
CLIFTON SPRINGS HOSPITAL
COLUMBIA MEMORIAL HOSPITAL
COMM-GEN / GREATER SYRACUSE
CORNING HOSPITAL
CORTLAND REGIONAL MEDICAL CTR
F F THOMPSON HOSPITAL
FAXTON-ST LUKES HEALTHCARE
GENEVA GENERAL HOSPITAL
GLENS FALLS HOSPITAL
KENMORE MERCY HOSPITAL
KINGSTON HOSPITAL
LOCKPORT MEMORIAL HOSPITAL
MEMORIAL HOSPITAL OF ALBANY
MOUNT ST MARYS HOSPITAL
NATHAN LITTAUER HOSPITAL
NIAGARA FALLS MEMORIAL
OLEAN GENERAL HOSPITAL
ONEIDA HEALTHCARE CENTER
ORANGE REGIONAL MED CTR
OSWEGO HOSPITAL
OUR LADY OF LOURDES MEMORIAL
PUTNAM COMMUNITY HOSPITAL
ROME MEMORIAL HOSPITAL
SAMARITAN HOSPITAL OF TROY
SAMARITAN MEDICAL CENTER
SARATOGA HOSPITAL
SETON HEALTH SYSTEMS
ST CLARES HOSP / SCHENECTADY
ST ELIZABETH HOSPITAL
ST FRANCIS HOSP / POUGH
ST JAMES MERCY HOSPITAL
ST JOSEPH HOSPITAL
ST JOSEPHS HOSP / ELMIRA
ST LUKES / CORNWALL HOSPITAL
ST MARYS HOSP / AMSTERDAM
UNITED MEM MED CTR (GENESEE)
VASSAR BROTHERS MED CTR
WAYNE HEALTH CARE
WOMANS CHRISTIAN ASSOCIATION
WYOMING CO COMMUNITY HOSP

TEACHING UPSTATE (13 Hospitals)
CROUSE-IRVING MEMORIAL HOSP
ELLIS HOSPITAL
HIGHLAND HOSP OF ROCHESTER
KALEIDA HEALTH
KALEIDA HLTH (WOMEN & CHILD.)
MARY IMOGENE BASSETT HOSP
MERCY HOSPITAL OF BUFFALO
ROCHESTER GENERAL HOSPITAL
SISTERS OF CHARITY HOSPITAL
ST JOSEPHS HOSP HLTH CTR
ST PETERS HOSPITAL
THE UNITY HOSP OF ROCHESTER
UNITED HEALTH SERVICES INC
NON-TEACHING DOWNSTATE (36 Hospitals)
BETH ISRAEL / KINGS HIGHWAY
BLYTHEDALE CHILDRENS HOSP
BROOKHAVEN MEMORIAL HOSPITAL
COMMUNITY HOSP / DOBBS FERRY
EASTERN LONG ISLAND HOSPITAL
FRANKLIN HOSPITAL
GLEN COVE HOSPITAL
GOOD SAMARITAN / SUFFERN
GOOD SAMARITAN / WEST ISLIP
HUDSON VALLEY HOSPITAL CTR
HUNTINGTON HOSPITAL
JOHN T MATHER MEMORIAL HOSP
LAWRENCE HOSPITAL
LONG BEACH MEDICAL CENTER
MERCY MEDICAL CENTER
MOUNT SINAI HOSP OF QUEENS
NEW ISLAND HOSPITAL
NORTHERN WESTCHESTER HOSP
NY COMMUNITY / BROOKLYN
NY WESTCHESTER SQUARE MED CTR
NYACK HOSPITAL
PARKWAY HOSPITAL
PECONIC BAY MEDICAL CENTER
PHELPS MEMORIAL HOSPITAL
PLAINVIEW HOSPITAL
SOUTH NASSAU COMMUNITIES
SOUTHAMPTON HOSPITAL
SOUTHSIDE HOSPITAL
ST BARNABAS HOSPITAL
ST CATHERINE OF SIENA
ST CHARLES HOSPITAL
ST FRANCIS HOSP / ROSLYN
ST JOHNS RIVERSIDE HOSPITAL
ST JOSEPHS HOSPITAL YONKERS
VICTORY MEMORIAL HOSPITAL
WHITE PLAINS HOSPITAL

TEACHING DOWNSTATE (35 Hospitals)
BETH ISRAEL MEDICAL CENTER
BETH ISRAEL MEDICAL CENTER_
BRONX-LEBANON HOSPITAL CTR
BROOKDALE HOSPITAL MED CTR
BROOKLYN HOSPITAL
CABRINI MEDICAL CENTER (Closing)
CARITAS PLANNING
EPISCOPAL HEALTH SERVICES
FLUSHING HOSPITAL
FOREST HILLS HOSPITAL
HOSPITAL FOR JOINT DISEASES
HOSPITAL FOR SPECIAL SURGERY
INTERFAITH MEDICAL CENTER
JAMAICA HOSPITAL
KINGSBROOK JEWISH MED CTR
LENOX HILL HOSPITAL
LONG ISLAND COLLEGE HOSPITAL
LONG ISLAND JEWISH
LUTHERAN MEDICAL CENTER
MAIMONIDES MEDICAL CENTER
MANHATTAN EYE EAR AND THROAT
MOUNT VERNON HOSPITAL
NEW YORK DOWNTOWN HOSPITAL
NORTH GENERAL HOSPITAL
NORTH SHORE UNIVERSITY HOSP
NY EYE AND EAR INFIRMARY
NY MED CTR OF QUEENS
NY METHODIST HOSP / BROOKLYN
OUR LADY OF MERCY MED CTR
PENINSULA HOSPITAL CENTER
RICHMOND UNIVERSITY MED CTR
SOUND SHORE MEDICAL CENTER
ST LUKES / ROOSEVELT HOSP
STATEN ISLAND UNIV HOSP
SVCMC ST VINCENTS MANHAT
WINTHROP UNIVERSITY HOSPITAL
WYCKOFF HEIGHTS HOSPITAL

ACADEMIC MEDICAL CENTERS (11 Hospitals)
ALBANY MEDICAL CENTER HOSP
ERIE COUNTY MEDICAL CENTER
MONTEFIORE HOSPITAL
MOUNT SINAI HOSPITAL
NY PRESBYTERIAN HOSP
NYU HOSPITALS CENTER
STATE UNIV HOSP / DOWNSTATE
STRONG MEMORIAL HOSPITAL
SUNY HLTH SCIENCE CTR
UNIV HOSP AT STONY BROOK
WESTCHESTER MEDICAL CENTER
MAJOR PUBLICS (12 Hospitals)
BELLEVUE HOSPITAL CENTER
CITY HOSP CTR AT ELMHURST
CONEY ISLAND HOSPITAL
HARLEM HOSPITAL CENTER
JACOBI MEDICAL CENTER
KINGS COUNTY HOSPITAL CENTER
LINCOLN MEDICAL
METROPOLITAN HOSPITAL CENTER
NASSAU UNIVERSITY MED CTR
NORTH CENTRAL BRONX HOSPITAL
QUEENS HOSPITAL CENTER
WOODHULL MEDICAL

HCRA GME Pool Payments

<u>NAME</u>	<u>2008 POOL DISTRIBUTIONS</u>
ALBANY MEDICAL CENTER	\$ 7,188,187
ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	\$ 3,870
BELLEVUE HOSPITAL CENTER	\$ 2,589,260
BENEDICTINE HOSPITAL	\$ 458,691
BETH ISRAEL MEDICAL CENTER	\$ 12,388,501
BRONX-LEBANON HOSPITAL CENTER	\$ 36,524
BROOKDALE HOSPITAL MEDICAL CENTER	\$ -
BROOKLYN HOSPITAL CENTER DOWNTOWN CAMPUS	\$ 5,832,094
CABRINI MEDICAL CENTER	\$ 338,643
CARTIS HEALTH CARE	\$ 2,806,623
CITY HOSPITAL CENTER AT ELMHURST	\$ 2,186,438
COLER MEMORIAL HOSPITAL	\$ 628
COMMUNITY HOSPITAL OF GREATER SYRACUSE	\$ 195,836
CONEY ISLAND HOSPITAL	\$ 977,600
CROUSE HOSPITAL	\$ 956,349
ELLIS HOSPITAL	\$ -
ERIE COUNTY MEDICAL CENTER	\$ 596,353
FAXTON-ST. LUKE'S HEALTHCARE	\$ 23,375
FLUSHING HOSPITAL MEDICAL CENTER	\$ -
FOREST HILLS HOSPITAL	\$ 1,310,747
FRANKLIN HOSPITAL	\$ -
GLEN COVE HOSPITAL	\$ 470,303
GOLDWATER MEMORIAL HOSPITAL	\$ 9,826
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	\$ 587,772
HARLEM HOSPITAL CENTER	\$ 1,966,467
HELEN HAYES HOSPITAL	\$ -
HIGHLAND HOSPITAL OF ROCHESTER	\$ 2,838,384
HOSP FOR JOINT DISEASE-ORTHOPEDIC INST	\$ 1,677,639
HOSPITAL FOR SPECIAL SURGERY	\$ 3,188,803
HUNTINGTON HOSPITAL	\$ 64,032
INTERFAITH MEDICAL CENTER	\$ 816,563
JACOBI MEDICAL CENTER	\$ 2,045,452
JAMAICA HOSPITAL MEDICAL CENTER	\$ 1,164,094
KALEIDA HEALTH	\$ 4,925,568
KINGS COUNTY HOSPITAL CENTER	\$ 3,812,680
KINGSBROOK JEWISH MEDICAL CENTER	\$ 119,132

HCRA GME Pool Payments

<u>NAME</u>	<u>2008 POOL DISTRIBUTIONS</u>
KINGSTON HOSPITAL	\$ 429,382
LENOX HILL HOSPITAL	\$ 10,753,018
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$ 2,965,112
LONG BEACH MEDICAL CENTER	\$ -
LONG ISLAND COLLEGE HOSPITAL	\$ 3,386,187
LONG ISLAND JEWISH MEDICAL CENTER	\$ 17,879,023
LUTHERAN MEDICAL CENTER	\$ -
MAIMONIDES MEDICAL CENTER	\$ -
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$ 408,810
MARY IMOGENE BASSETT HOSPITAL	\$ 471,379
MEMORIAL HOSP FOR CANCER & ALLIED DISEASE	\$ 5,726,950
MERCY HOSPITAL OF BUFFALO	\$ 318,900
MERCY MEDICAL CENTER	\$ -
METROPOLITAN HOSPITAL CENTER	\$ 1,541,899
MONTEFIORE MEDICAL CENTER	\$ 24,074,335
MOUNT SINAI HOSPITAL	\$ 18,353,847
MOUNT VERNON HOSPITAL	\$ 114,743
N.Y. EYE AND EAR INFIRMARY	\$ 400,466
NASSAU UNIVERSITY MEDICAL CENTER	\$ 1,778,411
NEW YORK METHODIST HOSPITAL	\$ 3,738,866
NEW YORK DOWNTOWN HOSPITAL	\$ -
NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	\$ 3,121,217
NIAGARA FALLS MEMORIAL	\$ -
NORTH CENTRAL BRONX HOSPITAL	\$ 741,320
NORTH GENERAL HOSPITAL	\$ -
NORTH SHORE UNIVERSITY HOSPITAL	\$ 13,084,527
NY HOSPITAL CENTER	\$ 13,240,625
NY PRESBYTERAN HOSPITAL	\$ 26,845,765
OLEAN GENERAL HOSPITAL	\$ 24,752
OUR LADY OF MERCY MEDICAL CENTER	\$ 88,670
PENINSULA HOSPITAL CENTER	\$ -
QUEENS HOSPITAL CENTER	\$ 544,116
RICHMOND UNIVERSITY MEDICAL CENTER	\$ 2,234,012
ROCHESTER GENERAL HOSPITAL	\$ 3,544,500
ROSWELL PARK MEMORIAL INSTITUTE	\$ 1,648,649
SISTERS OF CHARITY HOSPITAL	\$ -

HCRA GME Pool Payments

<u>NAME</u>	<u>2008 POOL DISTRIBUTIONS</u>
SOUND SHORE MED CT OF WESTCHESTER	\$ 155,401
SOUTH NASSAU COMMUNITIES HOSPITAL	\$ 529,037
SOUTHSIDE HOSPITAL	\$ -
ST. BARNABAS HOSPITAL	\$ -
ST. CHARLES HOSPITAL	\$ 248,790
ST. CLARE'S HOSPITAL	\$ 958,136
ST. ELIZABETH MEDICAL CENTER	\$ 7,868
ST. FRANCIS HOSPITAL OF ROSLYN	\$ 424,550
St. JOHN'S EPISCOPAL HEALTH SERVICES INC.	\$ -
ST. JOSEPH'S HOSPITAL HEALTH CENTER	\$ 2,689,963
ST. JOSEPH'S HOSPITAL YONKERS	\$ -
ST. LUKE'S-ROOSEVELT HOSPITAL CENTER	\$ 8,664,962
ST. PETER'S HOSPITAL	\$ 999,034
ST. VINCENT'S MIDTOWN HOSPITAL	\$ -
STATEN ISLAND UNIVERSITY HOSPITAL	\$ 4,993,354
STRONG MEMORIAL HOSPITAL	\$ 11,665,204
SVCMS - ST. VINCENT'S MANHATTAN	\$ 5,246,552
THE UNITY HOSPITAL	\$ 570,518
UNITED HEALTH SERVICES,INC	\$ 1,137,737
UNIVERSITY HOSPITAL	\$ 13,163,290
UNIVERSITY HOSPITAL OF BROOKLYN	\$ 4,042,256
UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTE	\$ 6,969,299
WESTCHESTER COUNTY MEDICAL CENTER	\$ 16,567,753
WINTHROP UNIVERSITY HOSP.	\$ 6,055,952
WOODHULL MEDICAL & MENTAL HEALTH CENTER	\$ 860,842
WYCKOFF HEIGHTS MEDICAL CENTER	\$ 1,208,003
	\$ 306,194,415

Hospital 2007-2008

Appendix D

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
5123000	BROOKHAVEN MEM HOSP	\$0	\$0	\$1,028,845	\$0	\$268,808	\$0	\$1,297,653
5120000	BRUNSWICK HOSP CTR	\$0	\$0	\$0	\$0	\$97,310	\$0	\$97,310
5155000	CENTRAL SUFFOLK HOSPITAL	\$0	\$0	\$439,481	\$0	\$114,824	\$0	\$554,305
5127000	EASTERN LONG ISLAND	\$0	\$85,147	\$315,959	\$0	\$82,551	\$0	\$483,657
2910000	FRANKLIN HOSPITAL	\$0	\$0	\$0	\$0	\$151,918	\$0	\$151,918
2901000	GLEN COVE HOSPITAL	\$0	\$0	\$0	\$0	\$48,901	\$0	\$48,901
5154001	GOOD SAM / WEST ISLIP	\$0	\$0	\$0	\$0	\$352,441	\$0	\$352,441
5153000	HUNTINGTON HOSPITAL	\$0	\$0	\$0	\$0	\$171,104	\$0	\$171,104
5149000	JOHN T MATHER MEMORIAL	\$0	\$0	\$0	\$0	\$60,806	\$0	\$60,806
2902000	LONG BEACH MED CTR	\$0	\$0	\$546,809	\$0	\$142,866	\$0	\$689,675
2909000	MERCY MEDICAL CENTER	\$0	\$0	\$0	\$0	\$205,148	\$0	\$205,148
2952006	NEW ISLAND HOSPITAL	\$0	\$0	\$0	\$0	\$23,122	\$0	\$23,122
2951001	NORTH SHORE UNIV HOSP	\$0	\$0	\$0	\$0	\$307,673	\$0	\$307,673
2952005	PLAINVIEW HOSPITAL	\$0	\$0	\$0	\$0	\$64,644	\$0	\$64,644
2950001	SOUTH NASSAU COMMUNITIES	\$0	\$0	\$0	\$0	\$163,823	\$0	\$163,823
5126000	SOUTHAMPTON HOSPITAL	\$0	\$0	\$0	\$0	\$100,852	\$0	\$100,852
5154000	SOUTHSIDE HOSPITAL	\$0	\$253,698	\$2,203,431	\$0	\$575,693	\$0	\$3,032,822
5157003	ST CATHERINE OF SIENA	\$0	\$0	\$0	\$0	\$125,745	\$0	\$125,745
5149001	ST CHARLES HOSPITAL	\$0	\$0	\$0	\$0	\$84,913	\$0	\$84,913
2953000	ST FRANCIS / ROSLYN	\$0	\$0	\$0	\$0	\$50,180	\$0	\$50,180
2908000	WINTHROP UNIVERSITY	\$0	\$0	\$0	\$0	\$259,067	\$0	\$259,067
	Long Island Region	\$0	\$338,845	\$4,534,525	\$0	\$3,452,388	\$0	\$8,325,758
	New York City							

Hospital 2007-2008

Appendix D

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
7002002	BETH ISRAEL MED CTR	\$0	\$4,019,215	Not Applicable	\$ 1,148,275	\$0	\$0	\$5,167,490
7001041	BETH ISRAEL/KINGS HIGHWAY	\$0	\$0	Not Applicable	\$ 49,054	\$0	\$0	\$49,054
7000001	BRONX-LEBANON HOSP CTR	\$0	\$5,389,098	Not Applicable	\$ 1,803,310	\$0	\$0	\$7,192,408
7001002	BROOKDALE HOSP MED CTR	\$0	\$2,947,887	Not Applicable	\$ 1,082,198	\$0	\$0	\$4,030,085
7001003	BROOKLYN HOSPITAL	\$0	\$2,671,136	Not Applicable	\$ 956,648	\$0	\$0	\$3,627,784
7002003	CABRINI MEDICAL CTR	\$0	\$0	Not Applicable	\$ 197,716	\$0	\$0	\$197,716
7000011	CALVARY HOSPITAL	\$0	\$0	Not Applicable	\$ 32,094	\$0	\$0	\$32,094
7003008	CATHOLIC MEDICAL CENTER	\$0	\$2,773,957	Not Applicable	\$ 1,107,341	\$0	\$0	\$3,881,298
7001024	EPISCOPAL HEALTH SVCS	\$0	\$1,356,008	Not Applicable	\$ 423,585	\$0	\$0	\$1,779,593
7003001	FLUSHING HOSPITAL MED CTR	\$0	\$1,869,869	Not Applicable	\$ 694,320	\$0	\$0	\$2,564,189
7003013	FOREST HILLS HOSPITAL	\$0	\$0	Not Applicable	\$ 189,826	\$0	\$0	\$189,826
7002011	HOSP FOR JOINT DISEASES	\$0	\$0	Not Applicable	\$ 365,566	\$0	\$0	\$365,566
7002012	HOSP FOR SPECIAL SURGERY	\$0	\$0	Not Applicable	\$ 114,762	\$0	\$0	\$114,762
7001046	INTERFAITH MED CTR	\$0	\$1,908,520	Not Applicable	\$ 847,969	\$0	\$0	\$2,756,489
7003003	JAMAICA HOSPITAL	\$0	\$2,985,299	Not Applicable	\$ 1,739,776	\$0	\$0	\$4,725,075
7001033	KINGSBROOK JEWISH MED CTR	\$0	\$0	Not Applicable	\$ 221,955	\$0	\$0	\$221,955
7002017	LENOX HILL HOSPITAL	\$0	\$0	Not Applicable	\$ 161,234	\$0	\$0	\$161,234
7001017	LONG ISLAND COLLEGE	\$0	\$481,488	Not Applicable	\$ 646,762	\$0	\$0	\$1,128,250
7003004	LONG ISLAND JEWISH	\$0	\$0	Not Applicable	\$ 820,401	\$0	\$0	\$820,401
7001019	LUTHERAN MEDICAL CTR	\$0	\$2,895,857	Not Applicable	\$ 2,487,050	\$0	\$0	\$5,382,907
7001020	MAIMONIDES MED CTR	\$0	\$4,092,306	Not Applicable	\$ 1,545,021	\$0	\$0	\$5,637,327
7002019	MANHATTAN EYE EAR & THROAT	\$0	\$0	Not Applicable	\$ 41,026	\$0	\$0	\$41,026
7002020	MEMORIAL HOSP FOR CANCER	\$0	\$0	Not Applicable	\$ 428,805	\$0	\$0	\$428,805
7000006	MONTEFIORE HOSPITAL	\$0	\$0	Not Applicable	\$ 2,563,247	\$0	\$0	\$2,563,247
7002024	MOUNT SINAI HOSPITAL	\$0	\$0	Not Applicable	\$ 1,319,040	\$0	\$0	\$1,319,040
7003015	MOUNT SINAI OF QUEENS	\$0	\$0	Not Applicable	\$ 217,389	\$0	\$0	\$217,389
7002000	NEW YORK DOWNTOWN HOSP	\$0	\$1,452,388	Not Applicable	\$ 716,006	\$0	\$0	\$2,168,394
7002052	NORTH GENERAL HOSP	\$0	\$1,327,020	Not Applicable	\$ 564,934	\$0	\$0	\$1,891,954
7001008	NY COMMUNITY / BROOKLYN	\$0	\$0	Not Applicable	\$ 97,951	\$0	\$0	\$97,951
7002026	NY EYE & EAR INFIRMARY	\$0	\$0	Not Applicable	\$ 381,459	\$0	\$0	\$381,459
7003010	NY MED CTR OF QUEENS	\$0	\$0	Not Applicable	\$ 902,576	\$0	\$0	\$902,576
7001021	NY METHODIST / BROOKLYN	\$0	\$0	Not Applicable	\$ 1,029,016	\$0	\$0	\$1,029,016
7002054	NY PRESBYTERIAN HOSP	\$0	\$1,568,303	Not Applicable	\$ 4,021,966	\$0	\$0	\$5,590,269
7002053	NY UNIVERSITY MED CTR	\$0	\$0	Not Applicable	\$ 150,535	\$0	\$0	\$150,535
7000025	NY WESTCHESTER SQUARE	\$0	\$0	Not Applicable	\$ 39,222	\$0	\$0	\$39,222
7000005	OUR LADY OF MERCY MED CTR	\$0	\$1,561,652	Not Applicable	\$ 450,303	\$0	\$0	\$2,011,955
7003020	PARKWAY HOSPITAL	\$0	\$860,482	Not Applicable	\$ 195,121	\$0	\$0	\$1,055,603
7003006	PENINSULA HOSP CTR	\$0	\$0	Not Applicable	\$ 211,229	\$0	\$0	\$211,229
7002031	ROCKEFELLER UNIVERSITY	\$0	\$0	Not Applicable	\$ 2,208	\$0	\$0	\$2,208
7004008	SISTERS OF CHARITY MED CTR	\$0	\$2,504,143	Not Applicable	\$ 930,346	\$0	\$0	\$3,434,489
7000014	ST BARNABAS HOSPITAL	\$0	\$4,788,768	Not Applicable	\$ 1,590,008	\$0	\$0	\$6,378,776
7002032	ST LUKES / ROOSEVELT	\$0	\$1,535,697	Not Applicable	\$ 1,905,800	\$0	\$0	\$3,441,497
7002037	ST VINCENTS / NYC	\$0	\$924,022	Not Applicable	\$ 885,366	\$0	\$0	\$1,809,388
7002033	ST VINCENTS MIDTOWN HOSP	\$0	\$1,097,839	Not Applicable	\$ 367,691	\$0	\$0	\$1,465,530
7004003	STATEN ISLAND UNIV HOSP	\$0	\$0	Not Applicable	\$ 948,195	\$0	\$0	\$948,195
7001032	VICTORY MEMORIAL HOSP	\$0	\$0	Not Applicable	\$ 280,475	\$0	\$0	\$280,475
7001035	WYCKOFF HEIGHTS HOSP	\$0	\$2,924,350	Not Applicable	\$ 1,125,223	\$0	\$0	\$4,049,573
	New York City Region	\$0	\$53,935,304	\$0	\$38,000,000	\$0	\$0	\$91,935,304

Commission: Shaded Areas = Facility to Close, Dashed Outline = Division(s) of Facility to Close

Hospital 2007-2008

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
Northern Metropolitan								
5501000	BENEDICTINE HOSPITAL	\$0	\$104,964	\$0	\$0	\$0	\$206,668	\$311,632
5957000	BLYTHEDALE CHILDRENS HOSP	\$0	\$57,977	\$0	\$0	\$0	\$0	\$57,977
3535001	BON SECOURS COMMUNITY	\$0	\$0	\$367,929	\$0	\$0	\$0	\$367,929
5902002	BURKE REHAB CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5263700	CATSKILL REGIONAL G HERMANN	\$0	\$0	\$0	\$0	\$0	\$10,217	\$10,217
5263000	CATSKILL REGIONAL HARRIS	\$0	\$497,284	\$693,680	\$0	\$0	\$349,704	\$1,540,668
1001000	COLUMBIA MEMORIAL	\$0	\$0	\$477,893	\$0	\$0	\$152,716	\$630,609
5925000	COMM / DOBBS FERRY	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1229700	DELAWARE VALLEY HOSP	\$0	\$0	\$86,992	\$0	\$0	\$55,207	\$142,199
5526700	ELLENVILLE REGIONAL HOSP	\$0	\$0	\$0	\$0	\$0	\$34,056	\$34,056
4329000	GOOD SAM / SUFFERN	\$0	\$0	\$1,009,639	\$0	\$0	\$0	\$1,009,639
5901000	HUDSON VALLEY HOSP CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5501001	KINGSTON HOSPITAL	\$0	\$0	\$506,138	\$0	\$0	\$207,564	\$713,702
5922000	LAWRENCE HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1226701	MARGARETVILLE MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$2,689	\$2,689
5903000	MOUNT VERNON HOSPITAL	\$0	\$228,106	\$621,374	\$0	\$0	\$0	\$849,480
1327000	NORTHERN DUTCHESS HOSP	\$0	\$0	\$0	\$0	\$0	\$55,386	\$55,386
5920000	NORTHERN WESTCHESTER HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4324000	NYACK HOSPITAL	\$0	\$0	\$1,512,011	\$0	\$0	\$0	\$1,512,011
1254700	O'CONNOR HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$179	\$179
3523000	ORANGE REGIONAL MED CTR	\$0	\$0	\$1,469,832	\$0	\$0	\$0	\$1,469,832
5932000	PHELPS MEMORIAL HOSP	\$0	\$0	\$684,265	\$0	\$0	\$0	\$684,265
3950000	PUTNAM COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5904000	SOUND SHORE MED CTR	\$0	\$1,246,745	\$0	\$0	\$0	\$0	\$1,246,745
3529000	ST ANTHONY COMMUNITY HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1302000	ST FRANCIS / POUGH	\$0	\$90,504	\$744,896	\$0	\$0	\$0	\$835,400
5907001	ST JOHNS RIVERSIDE HOSP	\$0	\$1,833,448	\$0	\$0	\$0	\$0	\$1,833,448
5907002	ST JOSEPHS / YONKERS	\$0	\$230,787	\$884,234	\$0	\$0	\$0	\$1,115,021
3522000	ST LUKES CORNWALL	\$0	\$0	\$1,056,713	\$0	\$0	\$0	\$1,056,713
1302001	VASSAR BROTHERS MED CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5902001	WHITE PLAINS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	No Metropolitan Region	\$0	\$4,289,815	\$10,115,595	\$0	\$0	\$1,074,386	\$15,479,796

Hospital 2007-2008

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
Northeastern								
0101005	ALB MED CTR SO CLINICAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0101000	ALBANY MED CTR	\$0	\$0	\$2,178,576	\$0	\$0	\$0	\$2,178,576
2801000	AMSTERDAM MEM HOSP	\$0	\$0	\$0	\$0	\$0	\$8,783	\$8,783
4720001	BASSETT OF SCHOHARIE	\$0	\$0	\$0	\$0	\$0	\$5,557	\$5,557
4652001	BELLEVUE WOMAN'S HOSP	\$0	\$0	\$338,555	\$0	\$0	\$0	\$338,555
0901001	CHAMPLAIN VALLEY PHYSICIANS	\$0	\$0	\$762,219	\$0	\$0	\$356,516	\$1,118,735
0102001	EDDY COHOES REHAB CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1552701	ELIZABETHTOWN COMM HOSP	\$0	\$0	\$0	\$0	\$0	\$2,868	\$2,868
4601001	ELLIS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5601000	GLENS FALLS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$415,307	\$415,307
0101003	MEMORIAL HOSP / ALBANY	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1564701	MOSES-LUDINGTON HOSP	\$0	\$0	\$0	\$0	\$0	\$4,302	\$4,302
1701000	NATHAN LITTAUER HOSP	\$0	\$0	\$376,214	\$0	\$0	\$175,659	\$551,873
4102002	SAMARITAN OF TROY	\$0	\$0	\$567,522	\$0	\$0	\$0	\$567,522
4501000	SARATOGA HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4102003	SETON HEALTH SYSTEMS	\$0	\$0	\$657,150	\$0	\$0	\$0	\$657,150
4601002	ST CLARES / SCHENECTADY	\$0	\$0	\$628,153	\$0	\$0	\$0	\$628,153
2801001	ST MARYS / AMSTERDAM	\$0	\$0	\$515,929	\$0	\$0	\$205,055	\$720,984
0101004	ST PETERS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4601004	SUNNYVIEW HOSP & REHAB	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Northeastern Region	\$0	\$0	\$6,024,317	\$0	\$0	\$1,174,047	\$7,198,364

Hospital 2007-2008

Appendix D

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
Utica-Watertown								
1623001	ADIRONDACK MEDICAL CTR	\$0	\$0	\$0	\$0	\$0	\$53,773	\$53,773
3701000	ALBERT LINDLEY LEE	\$0	\$0	\$0	\$0	\$0	\$38,000	\$38,000
1624000	ALICE HYDE MED CTR	\$0	\$0	\$228,967	\$0	\$0	\$101,810	\$330,777
3801000	AURELIA OSBORN FOX	\$0	\$0	\$364,163	\$0	\$0	\$145,367	\$509,530
4429000	CANTON-POTSDAM HOSP	\$0	\$0	\$429,690	\$0	\$0	\$178,168	\$607,858
2238001	CARTHAGE AREA HOSP	\$0	\$0	\$156,662	\$0	\$0	\$59,867	\$216,529
0824000	CHENANGO MEM HOSP	\$0	\$0	\$151,766	\$0	\$0	\$68,292	\$220,058
4401000	CLAXTON-HEPBURN MED CTR	\$0	\$0	\$414,626	\$0	\$0	\$174,225	\$588,851
2625000	COMMUNITY MEM HOSP	\$0	\$0	\$0	\$0	\$0	\$61,839	\$61,839
4423000	EJ NOBLE / GOUVERNEUR	\$0	\$0	\$108,081	\$0	\$0	\$51,264	\$159,345
3202003	FAXTON-ST LUKES HEALTHCARE	\$0	\$0	\$1,388,865	\$0	\$0	\$67,216	\$1,456,081
2129700	LITTLE FALLS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$66,141	\$66,141
3824000	MARY IMOGENE BASSETT HOSP	\$0	\$0	\$0	\$0	\$0	\$210,432	\$210,432
2601001	ONEIDA HEALTHCARE CTR	\$0	\$0	\$332,529	\$0	\$0	\$143,216	\$475,745
3702000	OSWEGO HOSPITAL	\$0	\$0	\$650,372	\$0	\$0	\$316,006	\$966,378
2221700	RIVER HOSPITAL, INC	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3201002	ROME HOSP & MURPHY	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2201000	SAMARITAN MED CTR	\$0	\$0	\$750,168	\$0	\$0	\$321,563	\$1,071,731
3202002	ST ELIZABETH MED CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Utica-Watertown Region	\$0	\$0	\$4,975,889	\$0	\$0	\$2,057,179	\$7,033,068
Central								
0701000	ARNOT OGDEN MED CTR	\$0	\$0	\$760,713	\$0	\$0	\$0	\$760,713
0501000	AUBURN MEMORIAL HOSP	\$0	\$0	\$437,221	\$0	\$0	\$174,583	\$611,804
5401001	CAYUGA MEDICAL CENTER	\$0	\$0	\$0	\$0	\$0	\$167,593	\$167,593
3301000	COMM-GEN / GTR SYRACUSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5001000	CORNING HOSPITAL	\$0	\$0	\$292,234	\$0	\$0	\$128,697	\$420,931
1101000	CORTLAND REGIONAL MED CTR	\$0	\$0	\$443,247	\$0	\$0	\$189,819	\$633,066
3301008	CROUSE HOSPITAL	\$0	\$0	\$2,162,759	\$0	\$0	\$0	\$2,162,759
5022000	IRA DAVENPORT MEMORIAL	\$0	\$0	\$157,038	\$0	\$0	\$58,433	\$215,471
0301001	OUR LADY OF LOURDES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4823700	SCHUYLER HOSPITAL	\$0	\$0	\$102,809	\$0	\$0	\$54,132	\$156,941
5002001	ST JAMES MERCY HOSP	\$0	\$0	\$447,766	\$0	\$0	\$203,083	\$650,849
0701001	ST JOSEPHS / ELMIRA	\$0	\$0	\$447,389	\$0	\$0	\$0	\$447,389
3301003	ST JOSEPHS HOSP HLTH CTR	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0303001	UNITED HEALTH SERVICES	\$0	\$0	\$1,354,219	\$0	\$0	\$0	\$1,354,219
	Central Region	\$0	\$0	\$6,605,396	\$0	\$0	\$976,340	\$7,581,736

Hospital 2007-2008

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
Rochester								
3421000	CLIFTON SPRINGS HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3429000	F F THOMPSON HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$91,952	\$91,952
3402000	GENEVA GENERAL HOSP	\$0	\$0	\$333,659	\$0	\$0	\$116,867	\$450,526
2701001	HIGHLAND OF ROCHESTER	\$0	\$0	\$1,248,774	\$0	\$0	\$0	\$1,248,774
2728001	LAKESIDE MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2701006	MONROE COMMUNITY HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2527000	NICHOLAS H NOYES MEM	\$0	\$0	\$231,980	\$0	\$0	\$95,895	\$327,875
2754001	PARK RIDGE HOSPITAL	\$0	\$0	\$1,161,405	\$0	\$0	\$0	\$1,161,405
2701003	ROCHESTER GENERAL HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6120700	SOLDIERS AND SAILORS MEMORIAL	\$0	\$0	\$0	\$0	\$0	\$27,424	\$27,424
2701005	STRONG MEMORIAL HOSP	\$0	\$0	\$2,811,248	\$0	\$0	\$0	\$2,811,248
5820000	WAYNE HEALTH CARE	\$0	\$0	\$369,812	\$0	\$0	\$134,612	\$504,424
	Rochester Region	\$0	\$0	\$6,156,877	\$0	\$0	\$466,750	\$6,623,627
Western								
1427000	BERTRAND CHAFFEE HOSP	\$0	\$0	\$0	\$0	\$0	\$34,773	\$34,773
0601000	BROOKS MEMORIAL HOSP	\$0	\$0	\$245,160	\$0	\$0	\$120,452	\$365,612
0226700	CUBA MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$1,434	\$1,434
3154000	INTER-COMMUNITY MEM HOSP	\$0	\$0	\$0	\$0	\$0	\$45,886	\$45,886
0228000	JONES MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$108,084	\$108,084
1401014	KALEIDA HEALTH	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1401002	KALEIDA/WOMEN AND CHILDREN	\$0	\$1,247,240	\$0	\$0	\$0	\$0	\$1,247,240
1404000	KENMORE MERCY HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3101000	LOCKPORT MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3622000	MEDINA MEMORIAL HOSP	\$0	\$0	\$0	\$0	\$0	\$30,651	\$30,651
1401008	MERCY HOSP OF BUFFALO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3121001	MOUNT ST MARYS HOSP HLTH	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3102000	NIAGARA FALLS MEMORIAL	\$0	\$0	\$910,596	\$0	\$0	\$0	\$910,596
0401001	OLEAN GENERAL HOSP	\$0	\$0	\$0	\$0	\$0	\$92,131	\$92,131
1401006	SHEEHAN MEMORIAL	\$0	\$188,796	\$0	\$0	\$0	\$0	\$188,796
1401013	SISTERS OF CHARITY HOSP	\$0	\$0	\$1,386,229	\$0	\$0	\$0	\$1,386,229
1455000	ST JOSEPHS HOSPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0427000	TLC HEALTH NETWORK	\$0	\$0	\$271,145	\$0	\$0	\$101,452	\$372,597
1801000	UNITED MEMORIAL MED CTR	\$0	\$0	\$0	\$0	\$0	\$108,622	\$108,622
0632000	WESTFIELD MEM HOSP	\$0	\$0	\$72,305	\$0	\$0	\$36,386	\$108,691
0602001	WOMANS CHRISTIAN ASSOC	\$0	\$0	\$701,965	\$0	\$0	\$309,733	\$1,011,698
	Western Region	\$0	\$1,436,036	\$3,587,400	\$0	\$0	\$989,604	\$6,013,040

Hospital 2007-2008

\$158M Allocation of Supplemental Add-ons to Medicaid Inpatient Rates

		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,000	
OPCERT	NAME	Reinvest	Priority	Rest of State	NYC Vol /	LI	Rural	Total
		Publics	Restoration	<17.5%:>35%	Translation	Allocation		Facility
Public Hospitals								
7002001	BELLEVUE HOSPITAL CTR	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7003000	CITY HOSP CTR AT ELMHURST	\$0	\$0	N/A	\$0	\$0	\$0	\$0
4458700	CLIFTON-FINE HOSP	\$0	\$0	N/A	\$0	\$0	\$1,792	\$1,792
7002051	COLER MEMORIAL HOSP	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7001009	CONEY ISLAND HOSPITAL	\$0	\$0	N/A	\$0	\$0	\$0	\$0
1401005	ERIE COUNTY MED CTR	\$632,473	\$0	N/A	\$0	\$0	\$0	\$632,473
7002050	GOLDWATER MEM HOSP	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7002009	HARLEM HOSPITAL CTR	\$0	\$0	N/A	\$0	\$0	\$0	\$0
4322000	HELEN HAYES HOSPITAL	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7000002	JACOBI MEDICAL CENTER	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7001016	KINGS COUNTY HOSP CTR	\$0	\$0	N/A	\$0	\$0	\$0	\$0
2424000	LEWIS COUNTY GENERAL	\$0	\$0	N/A	\$0	\$0	\$63,452	\$63,452
7000008	LINCOLN MEDICAL	\$0	\$0	N/A	\$0	\$0	\$0	\$0
4402000	MASSENA MEMORIAL HOSP	\$0	\$0	N/A	\$0	\$0	\$98,763	\$98,763
7002021	METROPOLITAN HOSPITAL CTR	\$0	\$0	N/A	\$0	\$0	\$0	\$0
2950002	NASSAU UNIV MED CTR	\$1,641,417	\$0	N/A	\$0	\$1,008,127	\$0	\$2,649,544
7000024	NORTH CENTRAL BRONX	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7003007	QUEENS HOSPITAL CTR	\$0	\$0	N/A	\$0	\$0	\$0	\$0
1401010	ROSWELL PARK	\$0	\$0	N/A	\$0	\$0	\$0	\$0
7001037	STATE UNIV / DOWNSTATE	\$1,097,375	\$0	N/A	\$0	\$0	\$0	\$1,097,375
4353000	SUMMIT PARK HOSPITAL	\$63,440	\$0	N/A	\$0	\$0	\$0	\$63,440
3301007	SUNY HLTH SCIENCE CTR	\$575,281	\$0	N/A	\$0	\$0	\$0	\$575,281
5151001	UNIV AT STONY BROOK	\$878,381	\$0	N/A	\$0	\$539,485	\$0	\$1,417,866
5957001	WESTCHESTER MED CTR	\$1,111,633	\$0	N/A	\$0	\$0	\$0	\$1,111,633
7001045	WOODHULL MEDICAL	\$0	\$0	N/A	\$0	\$0	\$0	\$0
6027000	WYOMING CO COMMUNITY HOSP	\$0	\$0	N/A	\$0	\$0	\$97,688	\$97,688
	Public Hospitals	\$6,000,000	\$0	\$0	\$0	\$1,547,612	\$261,695	\$7,809,307
Non-Public Totals (NYPHRM Region)		\$0	\$60,000,000	\$42,000,000	\$38,000,000	\$3,452,388	\$6,738,306	\$150,190,694
Public Hospitals Total		\$6,000,000	\$0	\$0	\$0	\$1,547,612	\$261,695	\$7,809,307
Non-Public & Public Hospitals Totals		\$6,000,000	\$60,000,000	\$42,000,000	\$38,000,000	\$5,000,000	\$7,000,001	\$158,000,001

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
ADIRONDACK MEDICAL CENTER	13057	1898	14.5%	30,330	4,342	14.3%	1577	141	8.9%
ALBANY MEDICAL CENTER HOSPITAL	48835	5629	11.5%	12,446	7,315	58.8%	11681	807	6.9%
ALBANY MEDICAL CTR SOUTH CLINICAL CAMPUS	0	0	0.0%	-	-	0.0%	11394	1216	10.7%
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	11856	3629	30.6%	5,627	701	12.5%	2212	400	18.1%
ALICE HYDE MEMORIAL HOSPITAL	11007	2549	23.2%	33,765	5,633	16.7%	4526	335	7.4%
AMSTERDAM MEMORIAL HOSPITAL	0	0	0.0%	21,003	7,435	35.4%	4503	438	9.7%
ARNOT OGDEN MEDICAL CENTER	30564	8272	27.1%	24,379	3,292	13.5%	6641	583	8.8%
AUBURN MEMORIAL HOSPITAL	18672	5150	27.6%	18,434	2,929	15.9%	5254	378	7.2%
AURELIA OSBORN FOX MEMORIAL HOSPITAL	15574	2260	14.5%	114,564	10,593	9.2%	2151	123	5.7%
BASSETT HOSPITAL OF SCHOHARIE	11342	2023	17.8%	22,228	2,369	10.7%	853	68	8.0%
BELLEVUE HOSPITAL CENTER	70509	27371	38.8%	356,569	176,812	49.6%	8861	4458	50.3%
BELLEVUE WOMANS HOSPITAL	0	0	0.0%	-	-	0.0%	2374	175	7.4%
BENEDICTINE HOSPITAL	18317	3740	20.4%	5,557	2,102	37.8%	7326	402	5.5%
BERTRAND CHAFFEE HOSPITAL	7603	1119	14.7%	1,735	210	12.1%	2181	66	3.0%
BETH ISRAEL / KINGS HIGHWAY DIV	21523	4593	21.3%	-	-	0.0%	3025	234	7.7%
BETH ISRAEL MEDICAL CENTER	50625	18776	37.1%	150,504	69,587	46.2%	27945	4176	14.9%
BLYTHEDALE CHILDRENS HOSPITAL	0	0	0.0%	12,114	3,439	28.4%	0	0	0.0%
BON SECOURS COMMUNITY HOSPITAL	24663	5719	23.2%	4,984	1,833	36.8%	2262	125	5.5%
BRONX-LEBANON HOSPITAL CENTER	101660	37340	36.7%	253,566	109,552	43.2%	6041	1991	33.0%
BROOKDALE HOSPITAL MEDICAL CENTER	83132	34589	41.6%	133,714	84,941	63.5%	6939	2159	31.1%
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER INC	49047	9349	19.1%	16,610	2,702	16.3%	10586	517	4.9%
BROOKLYN HOSPITAL	50821	22905	45.1%	88,395	49,021	55.5%	8308	2389	28.8%
BROOKS MEMORIAL HOSPITAL	13781	3769	27.3%	-	-	0.0%	2164	267	12.3%
BRUNSWICK HOSPITAL CENTER INC	0	0	0.0%	-	-	0.0%	0	0	0.0%
BURKE REHABILITATION CENTER	0	0	0.0%	59,431	2,062	3.5%	0	0	0.0%
CABRINI MEDICAL CENTER	11174	1935	17.3%	26,765	8,271	30.9%	7936	268	3.4%
CALVARY HOSPITAL	0	0	0.0%	3,046	808	26.5%	0	0	0.0%
CANTON-POTSDAM HOSPITAL	16670	3569	21.4%	21,295	4,678	22.0%	3666	278	7.6%
CARTHAGE AREA HOSPITAL INC	7930	1862	23.5%	40,687	4,283	10.5%	1874	166	8.9%
CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS, INC	70749	27526	38.9%	153,644	97,187	63.3%	8323	2443	29.4%
CATSKILL REGIONAL MED CTR - G HERMANN SITE	2838	654	23.0%	-	-	0.0%	0	0	0.0%
CATSKILL REGIONAL MEDICAL CENTER	20331	6640	32.7%	10,177	6,811	66.9%	4164	538	12.9%
CAYUGA MEDICAL CENTER AT ITHACA	22309	4794	21.5%	33,452	5,795	17.3%	5408	440	8.1%
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	44967	11313	25.2%	31,969	12,796	40.0%	14435	723	5.0%
CHENANGO MEMORIAL HOSPITAL INC	12588	3829	30.4%	71,285	19,213	27.0%	1454	220	15.1%
CITY HOSPITAL CENTER AT ELMHURST	100926	52212	51.7%	473,616	257,559	54.4%	7176	4628	64.5%
CLAXTON-HEPBURN MEDICAL CENTER	13784	3797	27.5%	31,508	8,312	26.4%	5045	682	13.5%
CLIFTON SPRINGS HOSPITAL AND CLINIC	7306	942	12.9%	13,735	4,068	29.6%	2344	205	8.7%
CLIFTON-FINE HOSPITAL	1366	330	24.2%	5,501	1,191	21.7%	0	0	0.0%
COLER MEMORIAL HOSPITAL	0	0	0.0%	-	-	0.0%	0	0	0.0%

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
COLUMBIA MEMORIAL HOSPITAL	27172	6179	22.7%	115,521	19,573	16.9%	2335	265	11.3%
COMMUNITY HOSPITAL AT DOBBS FERRY	8668	614	7.1%	-	-	0.0%	2698	53	2.0%
COMMUNITY MEMORIAL HOSPITAL INC	10236	1787	17.5%	37,764	2,575	6.8%	1850	108	5.8%
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE	20221	4111	20.3%	4,322	872	20.2%	4768	388	8.1%
CONEY ISLAND HOSPITAL	53350	19422	36.4%	234,370	103,109	44.0%	4592	2174	47.3%
CORNING HOSPITAL	19292	5032	26.1%	-	-	0.0%	8746	798	9.1%
CORTLAND REGIONAL MEDICAL CENTER	17473	4779	27.4%	9,936	3,099	31.2%	1922	280	14.6%
CROUSE HOSPITAL	25177	5633	22.4%	69,389	38,154	55.0%	13867	1265	9.1%
CUBA MEMORIAL HOSPITAL INC	10818	1274	11.8%	17,831	7,485	42.0%	0	0	0.0%
DELAWARE VALLEY HOSPITAL INC	5175	1083	20.9%	21,854	3,453	15.8%	135	13	9.6%
EASTERN LONG ISLAND HOSPITAL	6617	649	9.8%	9,255	4,880	52.7%	3594	35	1.0%
EDDY COHOES REHABILITATION CENTER	0	0	0.0%	6,176	77	1.2%	0	0	0.0%
EDWARD JOHN NOBLE / GOUVERNEUR	7446	2245	30.2%	7,405	1,538	20.8%	702	116	16.5%
ELIZABETHTOWN COMMUNITY HOSPITAL	3706	674	18.2%	15,935	1,851	11.6%	143	4	2.8%
ELLENVILLE REGIONAL HOSPITAL	7964	1894	23.8%	-	-	0.0%	246	14	5.7%
ELLIS HOSPITAL	26006	4053	15.6%	23,720	1,819	7.7%	13714	588	4.3%
EPISCOPAL HEALTH SERVICES, INC	21904	7896	36.0%	40,713	19,538	48.0%	2199	612	27.8%
ERIE COUNTY MEDICAL CENTER	35250	10838	30.7%	189,859	60,204	31.7%	7612	959	12.6%
F F THOMPSON HOSPITAL	21572	1422	6.6%	35,746	871	2.4%	4604	212	4.6%
FAXTON - ST LUKES HEALTHCARE	30595	6782	22.2%	133,051	29,071	21.8%	16285	1682	10.3%
FLUSHING HOSPITAL AND MEDICAL CENTER	31955	14359	44.9%	65,431	49,879	76.2%	6574	1909	29.0%
FOREST HILLS HOSPITAL	19374	5120	26.4%	9,035	6,280	69.5%	3896	654	16.8%
FRANKLIN HOSPITAL	25717	4104	16.0%	2,207	1,709	77.4%	4102	237	5.8%
GENEVA GENERAL HOSPITAL	17192	2926	17.0%	12,707	3,749	29.5%	7615	435	5.7%
GLEN COVE HOSPITAL	14406	1764	12.2%	33,487	9,732	29.1%	5055	101	2.0%
GLENS FALLS HOSPITAL	37374	4269	11.4%	165,514	16,615	10.0%	11649	529	4.5%
GOLDWATER MEMORIAL HOSPITAL	0	0	0.0%	-	-	0.0%	0	0	0.0%
GOOD SAMARITAN HOSPITAL / SUFFERN	39178	6119	15.6%	3,426	-	0.0%	4568	303	6.6%
GOOD SAMARITAN HOSPITAL / WEST ISLIP	65234	10027	15.4%	8,430	2,632	31.2%	16825	662	3.9%
HARLEM HOSPITAL CENTER	59965	30736	51.3%	181,776	96,661	53.2%	4353	2348	53.9%
HELEN HAYES HOSPITAL	0	0	0.0%	62,919	6,955	11.1%	284	270	95.1%
HIGHLAND HOSPITAL OF ROCHESTER	20264	3515	17.3%	226,670	63,223	27.9%	5275	409	7.8%
HOSPITAL FOR JOINT DISEASE - ORTHOPEDIC INSTITUTE	0	0	0.0%	75,002	40,376	53.8%	10358	589	5.7%
HOSPITAL FOR SPECIAL SURGERY	0	0	0.0%	26,270	14,696	55.9%	15484	276	1.8%
HUDSON VALLEY HOSPITAL CENTER	28082	3533	12.6%	-	-	0.0%	4742	162	3.4%
HUNTINGTON HOSPITAL	33771	3473	10.3%	-	-	0.0%	9374	198	2.1%
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC	5807	809	13.9%	13,689	5,069	37.0%	3424	174	5.1%
INTERFAITH MEDICAL CENTER	33349	18322	54.9%	66,847	47,175	70.6%	3059	1427	46.6%
IRA DAVENPORT MEMORIAL HOSPITAL INC	6616	1571	23.7%	14,111	7,293	51.7%	1191	198	16.6%
JACOBI MEDICAL CENTER	85172	42402	49.8%	367,092	207,343	56.5%	8853	4442	50.2%

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
JAMAICA HOSPITAL	89289	39100	43.8%	281,583	210,789	74.9%	6071	2491	41.0%
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON NE	31720	2593	8.2%	17,916	1,656	9.2%	13608	130	1.0%
JONES MEMORIAL HOSPITAL	11510	2062	17.9%	52,980	9,061	17.1%	2204	132	6.0%
KALEIDA HEALTH	83803	23067	27.5%	206,472	68,839	33.3%	18933	1627	8.6%
KALEIDA HEALTH / WOMEN AND CHILDRENS HOSP	39634	21009	53.0%	120,818	80,073	66.3%	10785	3749	34.8%
KENMORE MERCY HOSPITAL	20964	3409	16.3%	23,224	7,829	33.7%	10203	278	2.7%
KINGS COUNTY HOSPITAL CENTER	94725	37642	39.7%	377,501	169,443	44.9%	11389	5555	48.8%
KINGSBROOK JEWISH MEDICAL CENTER	16321	5834	35.7%	111,855	61,198	54.7%	4427	1244	28.1%
KINGSTON HOSPITAL	20108	5062	25.2%	16,944	6,778	40.0%	3281	383	11.7%
LAKESIDE MEMORIAL HOSPITAL	12690	2160	17.0%	5,599	716	12.8%	1419	110	7.8%
LAWRENCE HOSPITAL	25441	2073	8.1%	-	-	0.0%	6317	69	1.1%
LENOX HILL HOSPITAL	29138	3635	12.5%	2,864	1,598	55.8%	14366	889	6.2%
LEWIS COUNTY GENERAL HOSPITAL	9151	1911	20.9%	10,067	1,238	12.3%	1667	94	5.6%
LINCOLN MEDICAL & MENTAL HEALTH CENTER	119284	59330	49.7%	343,801	187,230	54.5%	7987	4667	58.4%
LITTLE FALLS HOSPITAL	10579	2900	27.4%	14,954	3,597	24.1%	1323	100	7.6%
LOCKPORT MEMORIAL HOSPITAL	12345	3042	24.6%	-	-	0.0%	4849	250	5.2%
LONG BEACH MEDICAL CENTER	10426	1605	15.4%	54,833	30,565	55.7%	1412	117	8.3%
LONG ISLAND COLLEGE HOSPITAL	53535	17100	31.9%	65,729	37,025	56.3%	14813	3296	22.3%
LONG ISLAND JEWISH-HILLSIDE MED CTR	41621	8595	20.7%	186,194	92,837	49.9%	19349	1878	9.7%
LUTHERAN MEDICAL CENTER	39241	16694	42.5%	498,545	294,474	59.1%	12152	5397	44.4%
MAIMONIDES MEDICAL CENTER	70317	31078	44.2%	184,740	117,836	63.8%	9662	3315	34.3%
MANHATTAN EYE EAR AND THROAT HOSPITAL	0	0	0.0%	25,682	3,975	15.5%	12414	406	3.3%
MARGARETVILLE MEMORIAL HOSPITAL	3693	484	13.1%	11,151	1,050	9.4%	440	19	4.3%
MARY IMOGENE BASSETT HOSPITAL	11828	2080	17.6%	507,202	82,887	16.3%	5728	864	15.1%
MASSENA MEMORIAL HOSPITAL	12394	4134	33.4%	96,485	17,195	17.8%	3651	166	4.5%
MEDINA MEMORIAL HOSPITAL	9318	780	8.4%	-	-	0.0%	771	23	3.0%
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	2131	273	12.8%	445,674	37,035	8.3%	49070	3176	6.5%
MEMORIAL HOSPITAL OF ALBANY	27952	3255	11.6%	28,597	1,211	4.2%	6113	233	3.8%
MERCY HOSPITAL OF BUFFALO	54124	8328	15.4%	65,406	20,352	31.1%	14163	990	7.0%
MERCY MEDICAL CENTER	29343	6184	21.1%	18,787	11,763	62.6%	11076	507	4.6%
METROPOLITAN HOSPITAL CENTER	54692	27577	50.4%	249,469	135,833	54.4%	5898	3096	52.5%
MONROE COMMUNITY HOSPITAL	0	0	0.0%	-	-	0.0%	0	0	0.0%
MONTEFIORE HOSPITAL & MEDICAL CENTER	156413	20055	12.8%	623,956	208,159	33.4%	29848	3467	11.6%
MOSES-LUDINGTON HOSPITAL	6559	1146	17.5%	-	-	0.0%	613	174	28.4%
MOUNT SINAI HOSPITAL	59800	28568	47.8%	190,935	96,660	50.6%	44362	7842	17.7%
MOUNT SINAI HOSPITAL OF QUEENS	33724	11919	35.3%	31,243	17,850	57.1%	3722	998	26.8%
MOUNT ST MARYS HOSPITAL HEALTH CENTER	16966	2885	17.0%	7,437	4,237	57.0%	6951	295	4.2%
MOUNT VERNON HOSPITAL	17170	6267	36.5%	26,900	15,427	57.3%	2466	275	11.2%
NASSAU UNIVERSITY MEDICAL CENTER	55907	14032	25.1%	182,655	70,553	38.6%	3267	1203	36.8%
NATHAN LITTAUER HOSPITAL	21280	6184	29.1%	75,735	16,285	21.5%	6201	619	10.0%

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
NEW ISLAND HOSPITAL	28218	1220	4.3%	3,408	956	28.1%	7706	288	3.7%
NEW YORK DOWNTOWN HOSPITAL	27091	7779	28.7%	78,720	55,923	71.0%	6292	1125	17.9%
NEW YORK PRESBYTERIAN HOSPITAL	181917	74193	40.8%	539,879	357,215	66.2%	49067	6975	14.2%
NIAGARA FALLS MEMORIAL MEDICAL CENTER	21934	8199	37.4%	32,292	11,409	35.3%	5953	739	12.4%
NICHOLAS H NOYES MEMORIAL HOSPITAL	10474	2144	20.5%	7,234	1,602	22.1%	5096	432	8.5%
NORTH CENTRAL BRONX HOSPITAL	49971	27355	54.7%	181,130	108,758	60.0%	2266	1274	56.2%
NORTH GENERAL HOSPITAL	27301	15638	57.3%	7,228	5,725	79.2%	2761	1161	42.0%
NORTH SHORE UNIVERSITY HOSPITAL	52126	4795	9.2%	100,237	35,529	35.4%	28994	890	3.1%
NORTHERN DUTCHESS HOSPITAL	12555	1249	9.9%	3,584	407	11.4%	3526	88	2.5%
NORTHERN WESTCHESTER HOSPITAL	21806	1239	5.7%	2,614	1,894	72.5%	10449	154	1.5%
NY COMMUNITY / BROOKLYN	9454	2310	24.4%	-	-	0.0%	1740	265	15.2%
NY EYE AND EAR INFIRMARY	0	0	0.0%	127,843	58,310	45.6%	48687	6694	13.7%
NY MEDICAL CTR OF QUEENS	57511	18618	32.4%	123,267	78,937	64.0%	15963	3001	18.8%
NY METHODIST HOSPITAL OF BROOKLYN	48794	15785	32.4%	55,719	36,762	66.0%	18242	3575	19.6%
NY WESTCHESTER SQUARE MEDICAL CENTER	16306	3177	19.5%	-	-	0.0%	7182	184	2.6%
NYACK HOSPITAL	30610	6099	19.9%	14,414	7,099	49.3%	7578	1221	16.1%
NYU HOSPITALS CENTER	27033	1816	6.7%	212,520	15,711	7.4%	14150	249	1.8%
OCONNOR HOSPITAL	4914	749	15.2%	12,725	1,042	8.2%	103	8	7.8%
OLEAN GENERAL HOSPITAL	21885	5175	23.6%	4,222	1,183	28.0%	8269	693	8.4%
ONEIDA HEALTHCARE CENTER	19051	4735	24.9%	8,256	2,893	35.0%	2634	348	13.2%
ORANGE REGIONAL MEDICAL CENTER	48249	9728	20.2%	10,004	1,779	17.8%	21386	1458	6.8%
OSWEGO HOSPITAL	14934	3453	23.1%	30,423	2,494	8.2%	1778	215	12.1%
OUR LADY OF LOURDES MEMORIAL HOSPITAL	30228	7858	26.0%	268,548	56,773	21.1%	17656	971	5.5%
OUR LADY OF MERCY MEDICAL CTR	38951	5045	13.0%	39,248	23,752	60.5%	9084	714	7.9%
PARKWAY HOSPITAL	6499	1083	16.7%	2,729	89	3.3%	3047	331	10.9%
PECONIC BAY MEDICAL CENTER	21655	2311	10.7%	3,299	-	0.0%	5858	193	3.3%
PENINSULA HOSPITAL CENTER	22549	5036	22.3%	37,311	15,825	42.4%	2097	422	20.1%
PHELPS MEMORIAL HOSPITAL ASSOCIATION	16687	2111	12.7%	28,592	5,445	19.0%	3036	267	8.8%
PLAINVIEW HOSPITAL	23087	1385	6.0%	-	-	0.0%	5493	140	2.5%
PUTNAM COMMUNITY HOSPITAL	20092	1416	7.0%	3,730	-	0.0%	8465	115	1.4%
QUEENS HOSPITAL CENTER	57476	25940	45.1%	287,466	146,185	50.9%	4657	2572	55.2%
RIVER HOSPITAL	6770	1071	15.8%	8,948	1,185	13.2%	0	0	0.0%
ROCHESTER GENERAL HOSPITAL	66982	23923	35.7%	527,727	161,591	30.6%	4749	597	12.6%
ROCKEFELLER UNIVERSITY HOSPITAL	0	0	0.0%	-	-	0.0%	0	0	0.0%
ROME MEMORIAL HOSPITAL	15783	3390	21.5%	26,512	12,667	47.8%	9989	936	9.4%
ROSWELL PARK MEMORIAL INSTITUTE	0	0	0.0%	169,969	14,706	8.7%	3387	286	8.4%
SAMARITAN HOSPITAL OF TROY	32530	6039	18.6%	48,396	13,927	28.8%	5818	495	8.5%
SAMARITAN MEDICAL CENTER	35866	6253	17.4%	70,023	10,913	15.6%	10852	765	7.0%
SARATOGA HOSPITAL	27854	3862	13.9%	27,490	2,689	9.8%	10912	629	5.8%
SCHUYLER HOSPITAL	8340	1219	14.6%	24,374	1,568	6.4%	1115	125	11.2%

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
SETON HEALTH SYSTEM	20273	4833	23.8%	227,346	31,742	14.0%	11285	805	7.1%
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC	0	0	0.0%	7,709	2,501	32.4%	0	0	0.0%
SISTERS OF CHARITY HOSPITAL	25580	8481	33.2%	49,732	18,907	38.0%	16250	1032	6.4%
SISTERS OF CHARITY MEDICAL CENTER	53111	20421	38.4%	89,634	57,030	63.6%	17051	1990	11.7%
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY	6527	1391	21.3%	7,668	2,522	32.9%	1235	67	5.4%
SOUND SHORE MEDICAL CENTER OF WESTCHESTER	28871	8513	29.5%	35,193	26,708	75.9%	8280	509	6.1%
SOUTH NASSAU COMMUNITIES HOSPITAL	34857	5765	16.5%	66,830	11,118	16.6%	13735	405	2.9%
SOUTHAMPTON HOSPITAL	20667	2567	12.4%	40,629	2,571	6.3%	6198	116	1.9%
SOUTHSIDE HOSPITAL	46624	12234	26.2%	32,041	9,286	29.0%	6870	901	13.1%
ST ANTHONY COMMUNITY HOSPITAL	14344	1159	8.1%	-	-	0.0%	3336	54	1.6%
ST BARNABAS HOSPITAL	77023	23537	30.6%	164,493	108,897	66.2%	4964	2543	51.2%
ST CATHERINE OF SIENA	24510	2664	10.9%	424	23	5.4%	14808	319	2.2%
ST CHARLES HOSPITAL	21253	1988	9.4%	123,834	7,310	5.9%	6376	124	1.9%
ST CLARES HOSPITAL OF SCHENECTADY	33531	8972	26.8%	45,803	22,302	48.7%	8954	562	6.3%
ST ELIZABETH MEDICAL CENTER	19520	4371	22.4%	147,018	21,579	14.7%	4839	496	10.3%
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	25390	3368	13.3%	12,755	7,453	58.4%	5566	197	3.5%
ST FRANCIS HOSPITAL OF ROSLYN	9183	251	2.7%	64,151	249	0.4%	10729	130	1.2%
ST JAMES MERCY HOSPITAL	10854	2659	24.5%	113,736	27,512	24.2%	2662	255	9.6%
ST JOHNS RIVERSIDE HOSPITAL	26033	8388	32.2%	91,744	67,060	73.1%	7386	836	11.3%
ST JOSEPH HOSPITAL	21431	3265	15.2%	6,731	492	7.3%	8232	346	4.2%
ST JOSEPHS HOSPITAL HEALTH CENTER	38455	11290	29.4%	89,633	42,758	47.7%	7871	484	6.1%
ST JOSEPHS HOSPITAL OF ELMIRA	12775	3507	27.5%	60,854	13,099	21.5%	2848	198	7.0%
ST JOSEPHS HOSPITAL YONKERS	28262	12249	43.3%	59,776	41,168	68.9%	3699	953	25.8%
ST LUKES / ROOSEVELT HOSPITAL CENTER	132306	47467	35.9%	311,197	190,046	61.1%	25461	4470	17.6%
ST LUKES CORNWALL HOSPITAL / CORNWALL	49689	12543	25.2%	7,999	482	6.0%	4652	306	6.6%
ST MARYS HOSPITAL AT AMSTERDAM	25097	5824	23.2%	59,462	25,132	42.3%	6391	422	6.6%
ST PETERS HOSPITAL	37883	5925	15.6%	157,636	57,675	36.6%	22472	892	4.0%
ST VINCENTS MIDTOWN HOSPITAL	23754	6868	28.9%	38,798	27,342	70.5%	1507	301	20.0%
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL CENTER	51516	23205	45.0%	134,949	67,300	49.9%	9270	3157	34.1%
STATEN ISLAND UNIVERSITY HOSPITAL	67528	15669	23.2%	176,277	73,028	41.4%	15795	1676	10.6%
STRONG MEMORIAL HOSPITAL	66216	19000	28.7%	135,088	57,281	42.4%	16554	2347	14.2%
SUMMIT PARK HOSPITAL / ROCKLAND CO INFIRMARY	0	0	0.0%	14,765	8,338	56.5%	0	0	0.0%
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	0	0	0.0%	5,179	803	15.5%	0	0	0.0%
SVCMC ST VINCENTS - MANHATTAN	44798	10832	24.2%	216,872	116,197	53.6%	12915	2448	19.0%
THE UNITY HOSPITAL OF ROCHESTER	38230	7089	18.5%	401,755	132,370	32.9%	16075	924	5.7%
TLC HEALTH NETWORK	15191	2340	15.4%	43,577	19,729	45.3%	932	105	11.3%
UNITED HEALTH SERVICES, INC	49276	14667	29.8%	177,434	49,390	27.8%	23646	2453	10.4%
UNITED MEMORIAL MEDICAL CENTER	16986	3695	21.8%	17,430	3,697	21.2%	9306	565	6.1%
UNIVERSITY HOSPITAL AT STONY BROOK	51313	6993	13.6%	30,277	24,781	81.8%	16570	2024	12.2%
UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	39995	14429	36.1%	98,533	39,613	40.2%	5235	639	12.2%

Ambulatory Visits by Group

Hospital	Emergency Department Visits			Clinics Visits			Ambulatory Surgery Visits		
	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage	Total	Medicaid (FFS and MC)	Percentage
VASSAR BROTHERS MEDICAL CENTER	45814	7502	16.4%	16,665	11,122	66.7%	8565	526	6.1%
VICTORY MEMORIAL HOSPITAL	16589	4636	27.9%	48,325	25,303	52.4%	9531	1957	20.5%
WAYNE HEALTH CARE	15917	3008	18.9%	746	33	4.4%	2309	206	8.9%
WESTCHESTER MEDICAL CENTER	21261	5589	26.3%	41,104	24,965	60.7%	12923	1857	14.4%
WESTFIELD MEMORIAL HOSPITAL INC	6605	740	11.2%	738	3	0.4%	1579	62	3.9%
WHITE PLAINS HOSPITAL CENTER	35458	5964	16.8%	42,761	5,346	12.5%	13223	322	2.4%
WINTHROP UNIVERSITY HOSPITAL	36268	5847	16.1%	18,577	6,147	33.1%	17694	536	3.0%
WOMANS CHRISTIAN ASSOCIATION	29717	9265	31.2%	30,710	11,364	37.0%	9168	972	10.6%
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	81997	44090	53.8%	270,836	160,411	59.2%	5274	2830	53.7%
WYCKOFF HEIGHTS HOSPITAL	64887	36344	56.0%	82,727	57,682	69.7%	6164	3122	50.6%
WYOMING COUNTY COMMUNITY HOSPITAL	9831	1278	13.0%	18,902	5,041	26.7%	1480	44	3.0%

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1 public health law, section 21 of chapter 1 of the laws of 1999, and any
2 other contrary provision of law, but subject to subparagraph (iii) of
3 paragraph (b) of subdivision 33 of section 2807-c of the public health
4 law, in determining rates of payments by state governmental agencies
5 effective for services provided on and after April 1, 2008, for inpa-
6 tient and outpatient services provided by general hospitals, for inpa-
7 tient services and adult day health care outpatient services provided by
8 residential health care facilities pursuant to article 28 of the public
9 health law, except for residential health care facilities that provide
10 extensive nursing, medical, psychological and counseling support
11 services to children, for home health care services provided pursuant to
12 article 36 of the public health law by certified home health agencies
13 and long term home health care programs, other than for services
14 provided to home care patients diagnosed with AIDS as determined by
15 applicable regulations, and personal care services provided pursuant to
16 paragraph (e) of subdivision two of section 365-a of the social services
17 law, the commissioner of health shall apply a trend factor projection
18 equal to sixty-five percent of the otherwise applicable trend factor
19 projection attributable to the period January 1, 2008 through December
20 31, 2008 in accordance with paragraph (c) of subdivision 10 of section
21 2807-c of the public health law.

22 2. The commissioner of health shall adjust rates of payment to reflect
23 the exclusion pursuant to this section of such specified trend factor
24 projections or adjustments.

25 § 12. Section 2807-c of the public health law is amended by adding a
26 new subdivision 33 to read as follows:

27 33. Notwithstanding any provision of law which is inconsistent with or
28 contrary to the structure established by this subdivision and subdivi-
29 sion two-a of section twenty-eight hundred seven of this article in
30 order to transition from nineteen hundred eighty-one base year costs to
31 two thousand five base year costs by no later than December thirty-
32 first, two thousand twelve, and subject to the availability of federal
33 financial participation, medicaid per diem and per discharge rates of
34 payment for general hospital inpatient services for discharges and days
35 occurring on and after December first, two thousand eight, shall be
36 computed in accordance with the following:

37 (a) (i) for the period December first, two thousand eight through March
38 thirty-first, two thousand nine, such rates shall be subject to a
39 uniform transition adjustment which shall be based on each general
40 hospital's proportional share of projected medicaid reimbursable inpa-
41 tient operating costs and result in an aggregate reduction in such rates
42 equal to fifty-one million five hundred thousand dollars, as determined
43 by the commissioner, provided, however, that such transition adjustment
44 shall not apply to rates computed pursuant to paragraph (1) of subdivi-
45 sion four of this section; and

46 (ii) for the period April first, two thousand nine through March thir-
47 ty-first, two thousand ten, such rates shall be revised pursuant to a
48 chapter of the laws of two thousand nine and as reflecting the findings
49 and recommendations of the commissioner as issued pursuant to the
50 provisions of paragraph (b) of this subdivision, provided, however, that
51 such revisions shall reflect an aggregate reduction in such rates of no
52 less than one hundred fifty-four million five hundred thousand dollars;
53 and

54 (iii) for the periods April first, two thousand ten through March
55 thirty-first, two thousand twelve, rates shall reflect prior year rate
56 reductions and such additional reductions as are required to establish

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1 rates based on two thousand five reported allowable Medicaid costs
2 pursuant to a chapter of the laws of two thousand ten.

3 (b) In consultation with the chairs of the senate and assembly health
4 committees, the commissioner shall, by no later than July first, two
5 thousand eight, establish a technical advisory committee for the
6 purposes of examining data and evaluating rate-setting methodological
7 issues, including the impact on hospitals of different methodologies in
8 preparation for the phased transition to the utilization of reported
9 allowable two thousand five operating costs for the purpose of setting
10 inpatient rates of payment for periods on and after April first, two
11 thousand nine, which phased transition shall be authorized in accordance
12 with a chapter of the laws of two thousand nine. The technical advisory
13 committee shall consist of three representatives of hospital associ-
14 ations, two representatives of the health care industry and three repre-
15 sentatives of community providers and consumers as determined by the
16 commissioner. By no later than August first, two thousand eight, the
17 commissioner shall make available to the technical advisory committee
18 updated data and documentation relevant to the projected phased transi-
19 tion to utilization of reported allowable two thousand five operating
20 costs for rate-setting purposes. The issues to be examined by the tech-
21 nical advisory committee shall include, but not be limited to, hospital
22 re-basing, workforce recruitment and retention funding, graduate medical
23 education funding, peer group pricing, wage equalization factors, case
24 mix and such other related elements of the general hospital inpatient
25 reimbursement system as deemed appropriate by the commissioner. The
26 technical advisory committee shall also examine the scope and volume of
27 hospital out-patient services. By no later than November first, two
28 thousand eight the commissioner shall issue a report setting forth find-
29 ings and recommendations, including divergent views of members of the
30 technical advisory committee members concerning the matters examined by
31 the technical advisory committee and the projected phased transition to
32 utilization of two thousand five base year reported allowable operating
33 costs for inpatient rates of payments on and after April first, two
34 thousand nine.

35 (c) Paragraph (a) of this subdivision shall be effective the later of:
36 (i) December first, two thousand eight; (ii) after the commissioner
37 receives final approval of federal financial participation in payments
38 made for beneficiaries eligible for medical assistance under title XIX
39 of the federal social security act for the rate methodology established
40 pursuant to subdivision two-a of section twenty-eight hundred seven of
41 this article; or (iii) after the commissioner determines that the
42 department of health has the capability, for payments made pursuant to
43 subdivision two-a of section twenty-eight hundred seven of this article,
44 to electronically receive and process claims and transmit payments with
45 remittance statements. Prior to the commissioner making such a determi-
46 nation, the department shall provide training sessions on the rate meth-
47 odology and billing requirements for services pursuant to subdivision
48 two-a of section twenty-eight hundred seven of this article and opportu-
49 nity for hospitals to perform end-to-end testing on claims submission,
50 processing and payment.

51 § 13. Paragraph (a-2) of subdivision 1 of section 2807-c of the public
52 health law, as amended by section 37-a of part A of chapter 58 of the
53 laws of 2007, is amended to read as follows:

54 (a-2) (i) With the exception of those enrollees covered under a
55 payment rate methodology agreement negotiated with a general hospital,
56 payments for inpatient hospital services provided to patients eligible

HOSPITAL RATE-SETTING TECHNICAL ADVISORY COMMITTEE MEMBERS

NAME	ORGANIZATION
James Barba President & CEO	Albany Medical Center
Roseanne Berger, MD Senior Associate Dean for GME	Graduate Medical/Dental Education Consortium of Buffalo
Gary Fitzgerald President	Iroquois Healthcare Alliance
Arthur A. Gianelli President	Nassau University Medical Center
Lee Goldman, MD Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Health Sciences and of Medicine	Columbia University
Vito Grasso, CAE Executive Vice President	New York Academy of Family Physicians
Karen Heller Executive Vice President & Executive Director	Greater New York Hospital Association
Martin Hickey Sr. Vice President of Government Programs and Health Innovation	Excellus
Ronda Kotelchuck Executive Director	Primary Care Development Corporation
Paul Kronenberg, MD President & CEO	Crouse Hospital
Herbert Pardes, MD President & CEO	New York Presbyterian Hospital
Steven M. Safyer, MD President & CEO	Montefiore Medical Center
Dan Sisto President & CEO	Hospital Association of New York State
Denise Soffel Coordinator for Medicaid Matters	National Center for Law and Economic Justice
William F. Streck, MD President & CEO	Bassett Healthcare
Elizabeth Swain CEO	Community Health Care Association of New York State
Marlene Zurack Senior Vice President, Finance	NYC Health and Hospitals Corporation
Senator Kemp Hannon Chair	Senate Committee on Health
Richard N. Gottfried Chair	Assembly Committee on Health
Richard F. Daines, MD 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
Lora Lefebvre	New York State Department of Health
John Gahan	New York State Department of Health
Rick Pellegrini	New York State Department of Health
Greg Allen	New York State Department of Health