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To the Members of the New York State Congressional Delegation, 115th Congress:

We are members of the Board of Trustees of the Healthcare Association of New York State (HANYS), representing New York's not-for-profit and public hospitals and health systems, including skilled nursing facilities, home health agencies, and hospices. We offer our congratulations on the re-election of returning members and election of new members of the New York State Congressional Delegation.

HANYS' membership—from the largest academic medical centers in New York City to the smallest Critical Access Hospitals in remote locations in the North Country—has long been grateful for the Delegation's leadership and tireless bipartisan work to protect New York's hospitals, health systems, continuing care providers, and the patients we serve. HANYS' members look forward to working with you on healthcare matters that are critically important to all New Yorkers, including consideration of the future of the Affordable Care Act (ACA) and the Medicaid and Medicare programs.

We believe there is opportunity to amend and modify ACA to address vital concerns of consumers, insurers, states and localities, and providers. We should build upon ACA's coverage expansion, essential consumer protections, and delivery system reform embraced by providers to improve health and healthcare for all, while ensuring healthcare providers are able to innovate and provide the care our communities deserve. However, on behalf of New York's hospitals and health systems, the HANYS Board of Trustees urges that if repeal of ACA is pursued, then replacement must be simultaneous and *meaningful*:

- **for patients in the form of affordable, robust, and continuous health coverage at least as expansive as under ACA;**
- **for the State of New York and its localities that jointly support Medicaid; and**
- **for hospitals and health systems that need predictable and reasonable public and private coverage policies and appropriate payments to continue the transformation of the healthcare system, safeguarding access to care for all New Yorkers.**

Repeal of ACA—in whole or in part—without simultaneous, meaningful replacement, would:

- **upend coverage for millions;**
- **destabilize insurance markets;**
- **cause a fiscal crisis for the state and localities; and**
- **profoundly undermine hospitals' and health systems' ability to transform care, harming our core mission of access to quality care for all.**

New York's Hospitals and Health Systems: Reducing Cost, Innovating Care Delivery, Employing 800,000 New Yorkers

Hospitals and health systems across New York, through public and private initiatives, are making strides in transforming the delivery of care to reduce healthcare costs while improving care quality. These care transformation initiatives in communities around the state include Accountable Care Organizations, population health collaboratives, care and payment “bundles,” and medical home programs, all underpinned by sophisticated use of electronic health records to improve and manage care. This transformation requires substantial investment, long-term commitment, reconfiguration of care delivery, and accepting risk and responsibility for healthcare in entire communities through partnerships with health and social services providers.

In addition to providing care, HANYS' members are among the largest if not *the* largest employers in every community they serve, with nearly 800,000 jobs generated by hospitals and health systems statewide. Collectively, in 2016 HANYS' members generated 10% of the state's overall Gross Domestic Product, with \$141 billion in economic activity through employment and purchasing of goods and services. New York's hospitals and health systems generate more than \$24 billion in annual tax dollars for their localities and state and federal government.

Safeguarding and Expanding Meaningful Coverage

We urge the Delegation to ensure that any changes to ACA result in healthcare coverage that is affordable, adequate, and continuous, and at least as expansive as under ACA. Simply repealing ACA would put about 2.7 million New Yorkers at risk of losing coverage.

Any plan to repeal but delay replacement would be destabilizing to patients, insurance markets, and providers. By mid-2017, health plans are required to submit their 2018 proposals for New York's Exchange and Medicaid managed care program. If there is no clear path forward, these plans may reasonably choose to opt out of participation. Many plans have contract clauses that allow mid-year coverage termination in circumstances where programs appear to be ending.

Any stop-gap measures to infuse funding to insurers to encourage them to stay in challenged ACA exchanges during a gap period should be coupled with policies to make sure that insurers provide comprehensive coverage and robust provider networks. The stability of providers and patient access to care must be prioritized.

Access to a variety of insurance products for consumers is only sufficient if those insurance products ensure access to healthcare services through reasonable and affordable deductibles, premiums, and other cost sharing; meaningful coverage for preventive, acute, and post-acute services; and responsible reimbursement to providers.

For example, the rise of high-deductible health plans over the last several years has provided important lessons: consumers may not set aside or have adequate savings to cover increasingly large deductibles and co-pays, and will, as a direct consequence, delay preventive and necessary care. Delays in such care lead inevitably to higher and more acute treatment costs, while hospital bad debt increases because of the size and collectability of deductibles.

Similarly, insurance products that provide first dollar coverage, inadequate breadth of coverage, and insufficient networks of providers or consumer protections, only provide the illusion of health insurance coverage.

The New Yorkers who benefitted from Medicaid expansion and New York's Exchange's Qualified Health Plans overwhelmingly have modest incomes and few assets. High-deductible or out-of-state plans

that offer modest coverage and/or substantial out-of-pocket cost requirements would shift more of a cost burden to this population, which cannot afford it.

Medicaid and Children's Health Insurance Programs Cover 25% of New Yorkers

With about 1.9 million New Yorkers receiving healthcare coverage through ACA's Medicaid expansion—any change in the federal government's contribution to the joint federal/localities has tremendous implications for coverage, the fiscal health of the state, counties, hospitals, and health systems, all of which provide care to Medicaid patients in our hospitals, physician practices, clinics, nursing homes, home health agencies, and hospices.

New York State has made a commitment to bending the cost curve by capping the rate of growth of Medicaid expenditures to the rate of general inflation and has embarked on major structural reforms to the delivery of care to low-income populations through its federal waiver. While these reforms and other factors have tightened reimbursement to providers, this effort has shown a collective commitment between New York State and its hospitals and health systems to provide high quality care to Medicaid beneficiaries while reducing Medicaid expenditures. Since these reforms were pursued in 2011, Medicaid per-recipient spending has decreased by more than 12%, from \$9,443 in 2010 to \$8,305 in 2015.

Repeal of ACA coverage expansion provisions alone would be an overall loss of about \$4 billion annually to New York State, including \$595 million of which could be the county share. Those figures would grow over time. Such a massive cut in federal support would undermine the state's successful efforts to control Medicaid spending growth and endanger ongoing delivery system reform. In addition, it would create a substantial deficit in state and county budgets that could result in reduced provision of healthcare and other vital services.

Medicaid Block Grants Would Undermine Innovation and Access to Care for the Most Vulnerable

In addition to repeal of Medicaid expansion we are extremely concerned by proposals under discussion that would alter the nature and structure of the Medicaid program, changing it to a block grant agreement between the federal government and states.

Prior block grant proposals, such as that from the federal fiscal year 2017 House Budget Resolution, would have resulted in federal defunding of the Medicaid and CHIP programs by \$1 trillion over a ten-year period nationwide. The devastation that would result in such massive defunding cannot be abided.

The HANYS Board urges the Delegation to fully guard against Medicaid proposals that would undermine innovations that leverage broad coverage to reduce costs and improve care for our state's most vulnerable populations. Block grants, or per capita caps, should not be used as mechanisms to undermine Medicaid program coverage and patient access to care.

New York Provides More in Taxes to the Federal Government than it Receives

In any debate that could result in reduced federal funding overall and redistribution of remaining funds between states, it is important to emphasize that New York State's taxpayers provide more to the federal government than the state receives back through all federal programs combined.

According to a [2013 report](#) by the New York State Comptroller, New York receives about 91 cents in federal benefit for each tax dollar it sends to the federal government.

While New York's Medicaid program is more expansive than most states', it receives the lowest federal match to its state and county contributions of any state. In other words, New Yorkers subsidize the Medicaid programs in many other states, but the converse is not true.

New York is one of only about 16 states where counties contribute to the cost of Medicaid. New York counties' contributions have been capped in recent years. Repeal of ACA's extended federal support for certain populations covered by New York's Medicaid program, let alone defunding of federal support for the Medicaid and CHIP programs as part of any change in the funding allocation mechanism, would make counties fiscally vulnerable as they strive to maintain coverage.

Healthcare Delivery Transformation Should be Supported via Meaningful Coverage, and Reasonable and Adequate Medicaid and Medicare Reimbursement and Policies

Prior plans to repeal ACA, such as under H.R. 3762, passed by the 114th Congress, yet vetoed by the President, would have repealed the coverage expansions under ACA, but left in place all of the Medicare cuts to healthcare providers originally designed to offset the cost of coverage expansion.

If all ACA-established provider cuts were to remain in place under a “repeal and delay” scenario, New York’s hospitals and health systems would be subject to more than \$24 billion in Medicare and federal Medicaid cuts over the next ten years without the benefit of coverage expansion.

Note: Enclosed is a hospital-specific impact file, by congressional district of these reductions in your communities.

And, Medicare and federal Medicaid cuts are not even the whole story. According to a report prepared by healthcare economics firm Dobson|DaVanzo, if ACA were repealed as laid out in H.R. 3762, the loss of coverage would have a net negative impact on hospitals nationwide of \$165.8 billion in new uncompensated care exposure.

Hospitals and health systems in New York are among the most financially fragile in the nation. The average New York hospital operating margin in 2015 was an anemic 1.3%; second worst in the country, and far below the national average of 6.4%. HANYS' member hospitals' lack of margin makes basic reinvestment in infrastructure, staff, technology, cyber security, and new services a true struggle in many communities. However, amid these challenges, hospitals and health systems are committed to transforming the healthcare delivery system. HANYS' members are striving to change the way care is provided to reduce costs, modernize delivery systems to make care patient- and family-centric, and improving the health and healthcare of the entire population in our communities.

To continue the healthcare delivery system's dramatic transformation, continued support from the Medicaid, CHIP, and Medicare programs is essential.

Together, the Medicaid and Medicare programs account for more than 55% of hospital funding, and in many cases, the vast majority of patients for whom our hospitals provide care. Reimbursement by these programs is often less than the cost of providing care. Continued federal support for Medicaid, via the existing or a remodeled funding allocation mechanism, must be maintained at a level that can support adequate reimbursement to enable hospitals to continue to provide necessary services for their communities.

Medicare has undergone tremendous change since ACA, linking payment for care with quality performance and outcomes, shifting the way care is provided.

We urge the Delegation to ensure the thoughtful implementation of the Medicare program's delivery system reforms and the continuation of programs that provide special considerations for Critical Access Hospitals, Sole Community Hospitals, Rural Referral Centers, Medicare Dependent Hospitals, and hospitals that continuously manage inadequate patient volumes.

Disproportionate Share Hospital (DSH) payments under both the Medicaid and Medicare programs should be restored to help cover the cost of uncompensated care and covered care for which payments are less than cost.

Medicare support for Graduate Medical Education (GME) must be enhanced. We appreciated the universal support Delegation members in the 114th Congress showed for teaching hospitals and academic medical centers through cosponsorship of bipartisan legislation by Senator Charles Schumer in the Senate (S. 1148) and Representative Joseph Crowley in the House (H.R. 2124) that would have increased the number of Medicare supported residency slots nationwide.

New York's teaching hospitals and academic medical centers are the strongest in the nation. The latest innovations, research, treatments, and cures often have their point of origin in New York's academic medical centers and teaching hospitals. More physicians are trained in New York than in any other state. While the physicians we train venture to every state in the nation to provide care, roughly half remain in New York. With a looming, worsening of the existing physician shortage given the aging of the population, we cannot afford to reduce Medicare support for GME.

If the transformation of the healthcare delivery system is to continue, hospitals and health systems need stability and predictability with continued, meaningful coverage expansion, including within the Medicaid and CHIP programs, and sustained Medicare programs and payments.

Any consideration of repeal must ensure replacement would be simultaneous and meaningful for patients in the form of affordable, robust, and continuous health coverage at least as expansive as under ACA; for the State of New York and its localities that jointly support Medicaid; and for hospitals and health systems that need predictable and reasonable public and private coverage policies and appropriate payments to continue the transformation of the healthcare system, safeguarding access to care for all New Yorkers.

For further information, contact Susan Van Meter, HANYS' Senior Vice President, Federal Relations, at (202) 488-1272 or at svanmete@hanys.org.

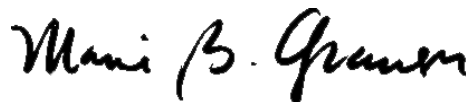
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Enclosure



**HANYs' Analysis of
Marketbasket and Federal Disproportionate Share Hospital (DSH) Cuts on
New York State Hospitals and Health Systems (2016 - 2025)
(Estimated Impact on Medicare Fee-for-Service (FFS) and Medicare Advantage Payments)
115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
1st District - Rep. Lee Zeldin			(\$365,538,400)	(\$185,103,300)	(\$226,504,300)	(\$777,146,000)
Brookhaven Memorial Hospital Medical Center			(\$49,849,600)	(\$31,894,400)	(\$15,309,500)	(\$97,053,500)
Eastern Long Island Hospital			(\$8,278,100)	(\$11,671,200)	(\$930,600)	(\$20,879,900)
John T. Mather Memorial Hospital			(\$46,583,100)	\$0	(\$3,885,900)	(\$50,469,000)
Peconic Bay Medical Center	Northwell Health		(\$29,972,900)	(\$10,514,900)	(\$3,520,000)	(\$44,007,800)
Southampton Hospital			(\$19,497,900)	(\$5,909,000)	(\$4,291,400)	(\$29,698,300)
St. Catherine of Siena Medical Center	Catholic Health Services of Long Island		(\$46,542,900)	\$0	(\$2,067,400)	(\$48,610,300)
St. Charles Hospital	Catholic Health Services of Long Island		(\$25,383,700)	(\$26,048,700)	(\$4,630,200)	(\$56,062,600)
Stony Brook University Hospital			(\$139,430,200)	(\$99,065,100)	(\$191,869,300)	(\$430,364,600)
2nd District - Rep. Peter T. King			(\$178,212,000)	(\$111,744,600)	(\$23,121,500)	(\$313,078,100)
Brunswick Hospital Center		Psychiatric Hospital	(\$9,265,400)	\$0	\$0	(\$9,265,400)
Good Samaritan Hospital Medical Center	Catholic Health Services of Long Island		(\$72,963,700)	(\$60,216,500)	(\$13,210,600)	(\$146,390,800)
South Oaks Hospital	Northwell Health	Psychiatric Hospital	(\$10,240,200)	\$0	\$0	(\$10,240,200)
Southside Hospital	Northwell Health		(\$63,317,600)	(\$51,528,100)	(\$4,570,900)	(\$119,416,600)
St. Joseph Hospital (Bethpage)	Catholic Health Services of Long Island		(\$22,425,100)	\$0	(\$5,340,000)	(\$27,765,100)
3rd District - Rep. Thomas Suozzi			(\$715,530,300)	(\$469,992,700)	(\$120,703,100)	(\$1,306,226,100)
Glen Cove Hospital	Northwell Health		(\$25,528,100)	\$0	(\$7,753,200)	(\$33,281,300)
Huntington Hospital	Northwell Health		(\$51,427,800)	\$0	(\$4,885,800)	(\$56,313,600)
Long Island Jewish Medical Center	Northwell Health		(\$252,436,600)	(\$349,039,000)	(\$46,400,000)	(\$647,875,600)
North Shore University Hospital (district includes Manhasset and Syosset Divisions)	Northwell Health		(\$223,380,400)	(\$120,953,700)	(\$54,944,200)	(\$399,278,300)
Plainview Hospital	Northwell Health		(\$37,190,000)	\$0	(\$2,277,000)	(\$39,467,000)
St. Francis Hospital, The Heart Center	Catholic Health Services of Long Island		(\$125,567,400)	\$0	(\$4,442,900)	(\$130,010,300)
4th District - Rep. Kathleen Rice			(\$539,018,200)	(\$551,723,700)	(\$321,700,200)	(\$1,412,442,100)
Long Island Jewish Medical Center (district includes Long Island Jewish Valley Stream)	Northwell Health		(\$252,436,600)	(\$349,039,000)	(\$46,400,000)	(\$647,875,600)
Mercy Medical Center	Catholic Health Services of Long Island		(\$35,384,100)	(\$25,843,100)	(\$10,040,200)	(\$71,267,400)
Nassau University Medical Center			(\$33,299,600)	(\$72,643,600)	(\$248,570,100)	(\$354,513,300)
South Nassau Communities Hospital	Winthrop-South Nassau University Health System		(\$76,365,700)	(\$39,172,700)	(\$7,167,700)	(\$122,706,100)
Winthrop-University Hospital	Winthrop-South Nassau University Health System		(\$141,532,200)	(\$65,025,300)	(\$9,522,200)	(\$216,079,700)
5th District - Rep. Gregory W. Meeks			(\$98,454,900)	(\$241,695,700)	(\$64,382,900)	(\$404,533,500)
Jamaica Hospital Medical Center	MediSys Health Network		(\$56,792,800)	(\$167,837,200)	(\$56,565,500)	(\$281,195,500)
St. John's Episcopal Hospital (Far Rockaway)			(\$41,662,100)	(\$73,858,500)	(\$7,817,400)	(\$123,338,000)
6th District - Rep. Grace Meng			(\$479,846,000)	(\$1,007,999,100)	(\$447,876,900)	(\$1,935,722,000)
Flushing Hospital Medical Center	MediSys Health Network		(\$37,213,300)	(\$102,591,100)	(\$8,671,800)	(\$148,476,200)
Long Island Jewish Medical Center (district includes Long Island Jewish Forest Hills)	Northwell Health		(\$252,436,600)	(\$349,039,000)	(\$46,400,000)	(\$647,875,600)
NewYork-Presbyterian/Queens	NewYork-Presbyterian Healthcare System		(\$125,367,600)	(\$215,163,700)	(\$468,000)	(\$340,999,300)
NYC Health + Hospitals / Elmhurst	NYC Health + Hospitals		(\$38,760,900)	(\$214,270,100)	(\$192,092,400)	(\$445,123,400)
NYC Health + Hospitals / Queens	NYC Health + Hospitals		(\$26,067,600)	(\$126,935,200)	(\$200,244,700)	(\$353,247,500)



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New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
7th District - Rep. Nydia M. Velazquez			(\$367,707,400)	(\$516,071,200)	(\$349,198,200)	(\$1,232,976,800)
NYC Health + Hospitals / Woodhull	NYC Health + Hospitals		(\$25,483,100)	(\$165,251,900)	(\$234,130,000)	(\$424,865,000)
NYU Hospitals Center (district includes NYU Luthern)			(\$293,482,400)	(\$204,330,900)	(\$82,910,500)	(\$580,723,800)
Wyckoff Heights Medical Center			(\$48,741,900)	(\$146,488,400)	(\$32,157,700)	(\$227,388,000)
8th District - Rep. Hakeem Jeffries			(\$81,535,300)	(\$248,842,700)	(\$22,892,600)	(\$353,270,600)
Interfaith Medical Center			(\$22,508,500)	(\$91,052,500)	(\$16,686,000)	(\$130,247,000)
The Brooklyn Hospital Center			(\$59,026,800)	(\$157,790,200)	(\$6,206,600)	(\$223,023,600)
9th District - Rep. Yvette D. Clarke			(\$554,202,000)	(\$1,267,953,800)	(\$812,260,400)	(\$2,634,416,200)
Brookdale University Hospital and Medical Center			(\$52,823,600)	(\$163,222,400)	(\$31,679,600)	(\$247,725,600)
Kingsbrook Jewish Medical Center			(\$47,591,100)	(\$55,711,800)	(\$3,692,700)	(\$106,995,600)
Mount Sinai Beth Israel — All Divisions (district includes Brooklyn Division)	Mount Sinai Health System		(\$185,164,200)	(\$284,039,000)	(\$27,365,600)	(\$496,568,800)
New York Community Hospital	NewYork-Presbyterian Healthcare System		(\$31,012,600)	(\$47,030,100)	(\$2,744,600)	(\$80,787,300)
NewYork-Presbyterian Brooklyn Methodist Hospital	NewYork-Presbyterian Healthcare System		(\$133,532,100)	(\$192,214,100)	(\$428,300)	(\$326,174,500)
NYC Health + Hospitals / Kings County	NYC Health + Hospitals		(\$47,632,400)	(\$301,806,300)	(\$438,813,000)	(\$788,251,700)
SUNY Downstate Medical Center			(\$56,446,000)	(\$223,930,100)	(\$307,536,600)	(\$587,912,700)
10th District - Rep. Jerrold Nadler			(\$858,954,600)	(\$1,029,419,200)	(\$161,106,200)	(\$2,049,480,000)
Maimonides Medical Center			(\$171,246,600)	(\$244,415,700)	(\$2,601,100)	(\$418,263,400)
Mount Sinai St. Luke's (district includes West and St. Luke's Divisions)	Mount Sinai Health System		(\$131,254,300)	(\$241,295,100)	(\$60,632,800)	(\$433,182,200)
NewYork-Presbyterian Hospital (district includes Lower Manhattan Hospital)	NewYork-Presbyterian Healthcare System		(\$556,453,700)	(\$543,708,400)	(\$97,872,300)	(\$1,198,034,400)
11th District - Rep. Daniel Donovan			(\$241,223,000)	(\$329,128,300)	(\$47,556,800)	(\$617,908,100)
NYC Health + Hospitals / Coney Island	NYC Health + Hospitals		(\$47,995,500)	(\$69,142,400)	(\$8,937,700)	(\$126,075,600)
Richmond University Medical Center			(\$49,205,100)	(\$102,393,600)	(\$8,021,800)	(\$159,620,500)
Staten Island University Hospital (district includes both North and South Divisions)	Northwell Health		(\$144,022,400)	(\$157,592,300)	(\$30,597,300)	(\$332,212,000)
12th District - Rep. Carolyn B. Maloney			(\$1,730,878,200)	(\$1,526,368,800)	(\$621,290,900)	(\$3,878,537,900)
Gracie Square Hospital	NewYork-Presbyterian Healthcare System	Psychiatric Hospital	(\$13,938,800)	\$0	\$0	(\$13,938,800)
Hospital for Special Surgery			(\$70,314,800)	\$0	(\$4,411,800)	(\$74,726,600)
Lenox Hill Hospital	Northwell Health		(\$108,767,900)	(\$55,833,400)	(\$17,414,300)	(\$182,015,600)
Memorial Sloan-Kettering Cancer Center		Cancer Hospital	(\$115,958,900)	\$0	(\$26,096,700)	(\$142,055,600)
Mount Sinai Beth Israel — All Divisions (district includes Petrie Division)	Mount Sinai Health System		(\$185,164,200)	(\$284,039,000)	(\$27,365,600)	(\$496,568,800)
New York Eye and Ear Infirmary of Mount Sinai	Mount Sinai Health System		(\$22,796,400)	(\$1,748,700)	(\$16,015,800)	(\$40,560,900)
NewYork-Presbyterian Hospital (district includes Cornell Division)	NewYork-Presbyterian Healthcare System		(\$556,453,700)	(\$543,708,400)	(\$97,872,300)	(\$1,198,034,400)
NYC Health + Hospitals / Bellevue	NYC Health + Hospitals		(\$50,294,000)	(\$160,175,500)	(\$301,725,500)	(\$512,195,000)
NYC Health + Hospitals / Coler	NYC Health + Hospitals	Long-Term Care Hospital	(\$221,100)	\$0	\$0	(\$221,100)
NYU Hospitals Center (district includes NYU Langone Medical Center, The Rusk Institute, and Hospital for Joint Diseases)			(\$293,482,400)	(\$204,330,900)	(\$82,910,500)	(\$580,723,800)
The Mount Sinai Hospital (district includes Mount Sinai Queens)	Mount Sinai Health System		(\$313,486,000)	(\$276,532,900)	(\$47,478,400)	(\$637,497,300)
The Rockefeller University		Clinic	\$0	\$0	\$0	\$0



**HANYs' Analysis of
Marketbasket and Federal Disproportionate Share Hospital (DSH) Cuts on
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115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
13th District - Rep. Adriano Espaillat			(\$1,312,844,300)	(\$2,087,137,200)	(\$611,908,500)	(\$4,011,890,000)
Montefiore Medical Center (district includes Henry & Lucy Moses Division)	Montefiore Health System		(\$379,073,900)	(\$941,095,400)	(\$32,646,500)	(\$1,352,815,800)
NewYork-Presbyterian Hospital (district includes Allen Pavilion, and Columbia University Medical Center)	NewYork-Presbyterian Healthcare System		(\$556,453,700)	(\$543,708,400)	(\$97,872,300)	(\$1,198,034,400)
NYC Health + Hospitals / Carter	NYC Health + Hospitals	Long-Term Care Hospital	(\$6,179,000)	\$0	(\$10,624,400)	(\$16,803,400)
NYC Health + Hospitals / Harlem	NYC Health + Hospitals		(\$26,732,900)	(\$122,863,000)	(\$205,541,200)	(\$355,137,100)
NYC Health + Hospitals / Metropolitan	NYC Health + Hospitals		(\$20,012,100)	(\$126,892,400)	(\$135,239,300)	(\$282,143,800)
NYC Health + Hospitals / North Central Bronx	NYC Health + Hospitals		(\$10,906,700)	(\$76,045,100)	(\$82,506,400)	(\$169,458,200)
The Mount Sinai Hospital (district includes The Mount Sinai Hospital)	Mount Sinai Health System		(\$313,486,000)	(\$276,532,900)	(\$47,478,400)	(\$637,497,300)
14th District - Rep. Joseph Crowley			(\$455,484,800)	(\$1,129,223,900)	(\$223,192,300)	(\$1,807,901,000)
Calvary Hospital		Long-Term Care Hospital	(\$30,382,600)	\$0	(\$1,232,500)	(\$31,615,100)
Montefiore Medical Center (district includes Weiler Hospital A, Einstein College and Westchester Square Division)	Montefiore Health System		(\$379,073,900)	(\$941,095,400)	(\$32,646,500)	(\$1,352,815,800)
NYC Health + Hospitals / Jacobi	NYC Health + Hospitals		(\$46,028,300)	(\$188,128,500)	(\$189,313,300)	(\$423,470,100)
15th District - Rep. Jose E. Serrano			(\$183,745,600)	(\$939,447,400)	(\$273,042,200)	(\$1,396,235,200)
Bronx-Lebanon Hospital Center (district includes Concourse and Fulton Divisions)			(\$83,466,400)	(\$418,874,700)	(\$116,409,000)	(\$618,750,100)
NYC Health + Hospitals / Lincoln	NYC Health + Hospitals		(\$51,495,500)	(\$272,444,300)	(\$125,786,200)	(\$449,726,000)
SBH Health System			(\$48,783,700)	(\$248,128,400)	(\$30,847,000)	(\$327,759,100)
16th District - Rep. Eliot L. Engel			(\$517,371,100)	(\$1,154,700,000)	(\$93,933,300)	(\$1,766,004,400)
NewYork-Presbyterian/Lawrence Hospital	NewYork-Presbyterian Healthcare System		(\$26,793,100)	(\$18,797,500)	(\$3,065,900)	(\$48,656,500)
Montefiore Medical Center (district includes Wakefield campus)	Montefiore Health System		(\$379,073,900)	(\$941,095,400)	(\$32,646,500)	(\$1,352,815,800)
Montefiore Mount Vernon Hospital	Montefiore Health System		(\$9,950,600)	(\$11,339,300)	(\$16,512,500)	(\$37,802,400)
Montefiore New Rochelle Hospital	Montefiore Health System		(\$26,995,400)	(\$29,287,100)	(\$10,787,400)	(\$67,069,900)
Saint Joseph's Medical Center (district includes Saint Joseph's Medical Center (Yonkers))			(\$30,490,200)	(\$42,802,400)	(\$30,142,700)	(\$103,435,300)
St. John's Riverside Hospital (district includes Park Care and Andrus Pavilions)			(\$44,067,900)	(\$111,378,300)	(\$778,300)	(\$156,224,500)
17th District - Rep. Nita M. Lowey			(\$1,001,469,000)	(\$1,001,076,700)	(\$382,730,900)	(\$2,385,276,600)
Blythedale Children's Hospital		Children's Hospital	\$0	\$0	(\$2,709,000)	(\$2,709,000)
Good Samaritan Regional Medical Center	WMC Health		(\$52,037,400)	(\$40,330,300)	(\$2,731,200)	(\$95,098,900)
Helen Hayes Hospital			(\$13,908,300)	\$0	(\$12,158,100)	(\$26,066,400)
Montefiore Nyack Hospital	Montefiore Health System		(\$46,753,800)	(\$35,690,800)	(\$3,006,300)	(\$85,450,900)
NewYork-Presbyterian/Hudson Valley Hospital	NewYork-Presbyterian Healthcare System		(\$27,530,300)	(\$10,776,200)	(\$3,380,300)	(\$41,686,800)
NewYork-Presbyterian Hospital (district includes Westchester Division)	NewYork-Presbyterian Healthcare System		(\$556,453,700)	(\$543,708,400)	(\$97,872,300)	(\$1,198,034,400)
Northern Westchester Hospital	Northwell Health		(\$29,364,600)	\$0	(\$2,922,400)	(\$32,287,000)
Phelps Memorial Hospital Center	Northwell Health		(\$31,081,600)	(\$29,367,500)	(\$2,401,700)	(\$62,850,800)
Saint Joseph's Medical Center (district includes St. Vincent's Westchester)			(\$30,490,200)	(\$42,802,400)	(\$30,142,700)	(\$103,435,300)
St. John's Riverside Hospital (district includes Dobbs Ferry Pavilion)			(\$44,067,900)	(\$111,378,300)	(\$778,300)	(\$156,224,500)
The Burke Rehabilitation Hospital, Inc.	Montefiore Health System		(\$21,526,100)	\$0	(\$274,600)	(\$21,800,700)
Westchester Medical Center (district includes Westchester Medical Center)	WMC Health		(\$97,346,100)	(\$162,442,300)	(\$220,491,000)	(\$480,279,400)
White Plains Hospital	Montefiore Health System		(\$50,909,000)	(\$24,580,500)	(\$3,863,000)	(\$79,352,500)



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115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
18th District - Rep. Sean Patrick Maloney			(\$328,836,800)	(\$262,213,100)	(\$254,314,900)	(\$845,364,800)
Bon Secours Community Hospital	WMC Health		(\$13,969,600)	(\$13,760,700)	(\$3,965,500)	(\$31,695,800)
Orange Regional Medical Center	Greater Hudson Valley Health System		(\$74,035,900)	(\$27,543,900)	(\$7,871,000)	(\$109,450,800)
Putnam Hospital Center	Health Quest		(\$24,720,200)	\$0	(\$4,237,200)	(\$28,957,400)
St. Anthony Community Hospital	WMC Health		(\$8,066,300)	\$0	(\$1,212,600)	(\$9,278,900)
St. Luke's Cornwall Hospital (district includes Cornwall Hospital and Newburgh Division)	Montefiore Health System		(\$36,148,300)	(\$23,395,800)	(\$6,138,600)	(\$65,682,700)
Vassar Brothers Medical Center	Health Quest		(\$74,550,400)	(\$35,070,400)	(\$10,399,000)	(\$120,019,800)
Westchester Medical Center (district includes MidHudson Regional Hospital of Westchester Medical Center)	WMC Health		(\$97,346,100)	(\$162,442,300)	(\$220,491,000)	(\$480,279,400)
19th District - Rep. John Faso			(\$173,183,900)	(\$47,005,100)	(\$55,507,700)	(\$275,696,700)
Aurelia Osborn Fox Memorial Hospital	Bassett Healthcare Network	SCH/RRC	(\$10,417,400)	\$0	(\$2,763,400)	(\$13,180,800)
Bassett Medical Center	Bassett Healthcare Network	SCH/RRC	(\$67,289,000)	\$0	(\$6,848,100)	(\$74,137,100)
Catskill Regional Medical Center	Greater Hudson Valley Health System	SCH/RRC	(\$15,595,300)	(\$10,753,700)	(\$13,177,800)	(\$39,526,800)
Catskill Regional Medical Center/Grover M. Hermann Division	Greater Hudson Valley Health System	CAH	\$0	\$0	(\$1,009,300)	(\$1,009,300)
Cobleskill Regional Hospital	Bassett Healthcare Network	SCH	(\$4,038,600)	\$0	(\$1,732,900)	(\$5,771,500)
Columbia Memorial Hospital		RRC	(\$27,829,500)	(\$11,580,200)	(\$3,778,000)	(\$43,187,700)
Ellenville Regional Hospital		CAH	\$0	\$0	(\$2,640,200)	(\$2,640,200)
HealthAlliance Hospital - Broadway Campus	WMC Health	RRC	(\$22,515,500)	(\$15,552,600)	(\$10,807,900)	(\$48,876,000)
HealthAlliance Hospital - Mary's Ave Campus	WMC Health	RRC	(\$10,960,500)	(\$9,118,600)	(\$6,504,100)	(\$26,583,200)
Margaretville Hospital	WMC Health	CAH	(\$186,300)	\$0	(\$804,100)	(\$990,400)
Northern Dutchess Hospital	Health Quest		(\$13,279,500)	\$0	(\$2,003,100)	(\$15,282,600)
O'Connor Hospital	Bassett Healthcare Network	CAH	\$0	\$0	(\$977,300)	(\$977,300)
Tri-Town Regional Hospital	Bassett Healthcare Network	Emergency Care Facility	(\$1,072,300)	\$0	(\$1,443,000)	(\$2,515,300)
UHS Delaware Valley Hospital	United Health Services	CAH	\$0	\$0	(\$1,018,500)	(\$1,018,500)
20th District - Rep. Paul Tonko			(\$334,768,400)	(\$339,772,700)	(\$48,611,600)	(\$723,152,700)
Albany Medical Center Hospital (district includes Albany Medical Center and the South Clinical Campus)			(\$99,013,900)	(\$136,804,700)	(\$10,082,300)	(\$245,900,900)
Albany Memorial Hospital	St. Peter's Health Partners		(\$14,880,100)	(\$7,916,000)	(\$2,945,500)	(\$25,741,600)
Burdett Care Center			(\$92,900)	(\$91,600)	(\$431,800)	(\$616,300)
Ellis Medicine (district includes Ellis Hospital, Bellevue Women's Care Center, and Ellis Health Center)			(\$55,129,100)	(\$73,195,200)	(\$11,417,500)	(\$139,741,800)
Samaritan Hospital	St. Peter's Health Partners		(\$22,042,500)	(\$13,471,700)	(\$4,087,500)	(\$39,601,700)
Saratoga Hospital			(\$30,652,500)	(\$19,961,600)	(\$4,093,600)	(\$54,707,700)
St. Mary's Healthcare (district includes Amsterdam Memorial and St. Mary's Hospital (Amsterdam))		MDH	(\$11,837,500)	(\$11,465,100)	(\$3,065,600)	(\$26,368,200)
St. Mary's Hospital	St. Peter's Health Partners		(\$14,211,500)	(\$21,574,100)	(\$4,189,400)	(\$39,975,000)
St. Peter's Hospital	St. Peter's Health Partners	RRC	(\$76,785,000)	(\$55,292,700)	(\$8,044,700)	(\$140,122,400)
Sunnyview Rehabilitation Hospital	St. Peter's Health Partners		(\$10,123,400)	\$0	(\$253,700)	(\$10,377,100)



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115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
21st District - Rep. Elise Stefanik			(\$188,422,000)	(\$40,866,200)	(\$37,590,100)	(\$266,878,300)
Adirondack Medical Center (district includes Lake Placid and Saranac Divisions)		SCH/RRC	(\$11,920,200)	\$0	(\$2,864,400)	(\$14,784,600)
Canton-Potsdam Hospital	St. Lawrence Health System	SCH	(\$16,472,500)	\$0	(\$1,906,400)	(\$18,378,900)
Carthage Area Hospital		CAH	(\$185,600)	\$0	(\$1,321,100)	(\$1,506,700)
Claxton-Hepburn Medical Center		SCH	(\$14,648,300)	\$0	(\$870,100)	(\$15,518,400)
Clifton-Fine Hospital		CAH	\$0	\$0	(\$463,500)	(\$463,500)
Glens Falls Hospital			(\$48,552,600)	(\$32,184,500)	(\$6,482,400)	(\$87,219,500)
Gouverneur Hospital	St. Lawrence Health System	CAH	(\$239,700)	\$0	(\$833,900)	(\$1,073,600)
Lewis County General Hospital		CAH	(\$585,500)	\$0	(\$4,943,200)	(\$5,528,700)
Massena Memorial Hospital		SCH	(\$5,417,800)	\$0	(\$2,646,000)	(\$8,063,800)
Moses-Ludington Hospital		CAH	\$0	\$0	(\$853,100)	(\$853,100)
Nathan Littauer Hospital		MDH	(\$8,136,500)	(\$8,681,700)	(\$3,960,300)	(\$20,778,500)
River Hospital		CAH	\$0	\$0	(\$1,099,900)	(\$1,099,900)
Samaritan Medical Center		SCH	(\$24,708,800)	\$0	(\$3,877,700)	(\$28,586,500)
The University of Vermont Health Network-Alice Hyde Medical Center	The University of Vermont Health Network	SCH	(\$8,619,600)	\$0	(\$2,605,200)	(\$11,224,800)
The University of Vermont Health Network-Champlain Valley Physicians Hospital	The University of Vermont Health Network	SCH/RRC	(\$48,934,900)	\$0	(\$1,968,500)	(\$50,903,400)
The University of Vermont Health Network-Elizabethtown Community Hospital	The University of Vermont Health Network	CAH	\$0	\$0	(\$894,400)	(\$894,400)
22nd District - Rep. Claudia Tenney			(\$232,438,500)	(\$151,706,600)	(\$37,401,000)	(\$421,546,100)
Community Memorial Hospital		CAH	(\$214,700)	\$0	(\$1,631,300)	(\$1,846,000)
Cortland Regional Medical Center		SCH	(\$11,513,700)	\$0	(\$1,522,200)	(\$13,035,900)
Faxton St. Luke's Healthcare (district includes Faxton and St. Luke's Divisions)	Mohawk Valley Health System		(\$43,578,200)	(\$38,958,800)	(\$2,160,400)	(\$84,697,400)
Little Falls Hospital	Bassett Healthcare Network	CAH	\$0	\$0	(\$1,655,500)	(\$1,655,500)
Oneida Healthcare			(\$9,949,500)	(\$7,113,500)	(\$1,467,800)	(\$18,530,800)
Our Lady of Lourdes Memorial Hospital		RRC	(\$41,176,900)	(\$17,846,700)	(\$7,586,400)	(\$66,610,000)
Rome Memorial Hospital			(\$12,497,500)	(\$11,145,900)	(\$1,367,700)	(\$25,011,100)
St. Elizabeth Medical Center	Mohawk Valley Health System		(\$39,409,800)	(\$24,594,200)	(\$2,410,800)	(\$66,414,800)
UHS Chenango Memorial Hospital	United Health Services	MDH	(\$4,972,000)	(\$3,594,300)	(\$3,817,900)	(\$12,384,200)
United Health Services Hospitals, Inc. (district includes Binghamton and Wilson divisions)	United Health Services		(\$69,126,200)	(\$48,453,200)	(\$13,781,000)	(\$131,360,400)



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115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
23rd District - Rep. Thomas Reed			(\$162,104,400)	(\$144,978,500)	(\$31,087,500)	(\$338,170,400)
Arnot Ogden Medical Center	Arnot Health		(\$34,760,000)	(\$31,107,400)	(\$1,976,500)	(\$67,843,900)
Brooks Memorial Hospital			(\$7,263,500)	(\$11,023,500)	(\$918,900)	(\$19,205,900)
Cayuga Medical Center at Ithaca	Cayuga Health System	SCH	(\$22,026,500)	(\$7,911,500)	(\$3,786,000)	(\$33,724,000)
Clifton Springs Hospital and Clinic	Rochester Regional Health System		(\$7,642,800)	(\$15,162,400)	(\$919,200)	(\$23,724,400)
Cuba Memorial Hospital		CAH	(\$9,400)	\$0	(\$1,355,700)	(\$1,365,100)
Geneva General Hospital	Finger Lakes Health		(\$15,092,000)	(\$9,535,500)	(\$2,416,600)	(\$27,044,100)
Guthrie Corning Hospital			(\$11,038,600)	(\$4,883,300)	(\$2,975,600)	(\$18,897,500)
Ira Davenport Memorial Hospital, Inc.	Arnot Health	MDH	(\$1,489,300)	(\$690,500)	(\$2,295,600)	(\$4,475,400)
Jones Memorial Hospital		SCH	(\$5,474,100)	(\$3,854,700)	(\$2,046,200)	(\$11,375,000)
Olean General Hospital		RRC	(\$19,985,700)	(\$12,405,500)	(\$2,146,200)	(\$34,537,400)
Schuyler Hospital, Inc.	Cayuga Health System	CAH	(\$749,600)	\$0	(\$2,003,800)	(\$2,753,400)
Soldiers and Sailors Memorial Hospital	Finger Lakes Health	CAH	(\$406,700)	\$0	(\$1,711,400)	(\$2,118,100)
St. James Mercy Hospital		SCH	(\$5,024,900)	(\$11,815,100)	(\$962,200)	(\$17,802,200)
St. Joseph's Hospital (Elmira)	Arnot Health	MDH	(\$7,125,400)	(\$13,547,600)	(\$1,559,200)	(\$22,232,200)
TLC Health Network (district includes Lake Shore Health Care and Tri-County Memorial)			(\$4,362,700)	\$0	(\$2,230,000)	(\$6,592,700)
UPMC Chautauqua WCA			(\$18,540,000)	(\$23,041,500)	(\$1,072,300)	(\$42,653,800)
Westfield Memorial Hospital			(\$1,113,200)	\$0	(\$712,100)	(\$1,825,300)
24th District - Rep. John Katko			(\$290,984,700)	(\$285,444,600)	(\$260,660,600)	(\$837,089,900)
Auburn Community Hospital		SCH	(\$16,537,700)	\$0	(\$2,115,000)	(\$18,652,700)
Crouse Hospital			(\$54,051,800)	(\$107,039,900)	(\$6,866,700)	(\$167,958,400)
Newark-Wayne Community Hospital	Rochester Regional Health System		(\$11,873,900)	(\$10,310,100)	(\$3,996,400)	(\$26,180,400)
Oswego Health		SCH	(\$15,344,700)	\$0	(\$1,737,700)	(\$17,082,400)
St. Joseph's Hospital Health Center (Syracuse)			(\$105,290,800)	(\$65,801,600)	(\$8,045,800)	(\$179,138,200)
Upstate University Hospital (district includes Upstate University Hospital and Community Divisions)			(\$87,885,800)	(\$102,293,000)	(\$237,899,000)	(\$428,077,800)
25th District - Rep. Louise M. Slaughter			(\$399,785,700)	(\$564,676,800)	(\$55,592,300)	(\$1,020,054,800)
Highland Hospital	UR Medicine	RRC	(\$40,212,200)	(\$74,564,700)	(\$8,347,000)	(\$123,123,900)
Monroe Community Hospital			(\$110,700)	\$0	(\$13,500)	(\$124,200)
Rochester General Hospital	Rochester Regional Health System		(\$128,763,200)	(\$134,960,200)	(\$19,378,400)	(\$283,101,800)
Strong Memorial Hospital	UR Medicine	RRC	(\$166,864,100)	(\$259,294,600)	(\$18,750,300)	(\$444,909,000)
Unity Hospital (district includes Park Ridge and Genesee Divisions)	Rochester Regional Health System		(\$63,835,500)	(\$95,857,300)	(\$9,103,100)	(\$168,795,900)
26th District - Rep. Brian Higgins			(\$424,330,500)	(\$648,268,200)	(\$113,065,600)	(\$1,185,664,300)
Erie County Medical Center	Great Lakes Health System of Western New York		(\$52,426,900)	(\$90,421,000)	(\$8,683,600)	(\$230,531,500)
Kaleida Health (district includes Buffalo General, Children's, DeGraff, and Millard Fillmore Divisions)	Great Lakes Health System of Western New York		(\$175,100,100)	(\$336,261,200)	(\$8,797,200)	(\$520,158,500)
Kenmore Mercy Hospital	Catholic Health System		(\$28,851,200)	(\$13,099,800)	(\$1,673,300)	(\$43,624,300)
Mercy Hospital of Buffalo	Catholic Health System		(\$73,417,100)	(\$71,398,600)	(\$4,553,700)	(\$149,369,400)
Niagara Falls Memorial Medical Center			(\$15,245,200)	(\$42,334,400)	(\$225,100)	(\$57,804,700)
Roswell Park Cancer Institute		Cancer Hospital	(\$30,157,700)	\$0	(\$4,360,900)	(\$34,518,600)
Sisters of Charity Hospital of (district includes St. Joseph Hospital (Cheektowaga) and Sisters of Charity)	Catholic Health System		(\$49,132,300)	(\$94,753,200)	(\$5,771,800)	(\$149,657,300)



**HANYs' Analysis of
Marketbasket and Federal Disproportionate Share Hospital (DSH) Cuts on
New York State Hospitals and Health Systems (2016 - 2025)
(Estimated Impact on Medicare Fee-for-Service (FFS) and Medicare Advantage Payments)
115th Congress**

	Hospital System	Special Medicare Status *	Marketbasket Cuts <small>(See Note 1 for details)</small>	Medicare DSH Cuts <small>(See Note 2)</small>	Federal Medicaid DSH Cuts <small>(See Note 3)</small>	Total 10 Year Marketbasket & DSH Cuts (2016-2025)
New York State Total			(\$8,397,487,600)	(\$11,079,332,600)	(\$4,847,559,800)	(\$24,324,380,000)
27th District - Rep. Chris Collins			(\$77,036,500)	(\$89,692,300)	(\$11,203,700)	(\$177,932,500)
Bertrand Chaffee Hospital			(\$3,094,800)	\$0	(\$702,400)	(\$3,797,200)
Eastern Niagara Hospital (district includes Lockport and Newfane Divisions)			(\$12,426,300)	(\$29,120,800)	(\$933,500)	(\$42,480,600)
F.F. Thompson Hospital			(\$16,693,100)	\$0	(\$1,809,100)	(\$18,502,200)
Mount St. Mary's Hospital and Health Center	Catholic Health System		(\$19,706,200)	(\$31,547,600)	(\$1,123,800)	(\$52,377,600)
Nicholas H. Noyes Memorial Hospital			(\$7,591,600)	(\$4,342,900)	(\$1,251,300)	(\$13,185,800)
Orleans Community Health		CAH	(\$1,245,100)	\$0	(\$957,300)	(\$2,202,400)
United Memorial Medical Center	Rochester Regional Health System		(\$11,523,800)	(\$24,681,000)	(\$1,596,900)	(\$37,801,700)
Wyoming County Community Health System		SCH	(\$4,755,600)	\$0	(\$2,829,400)	(\$7,585,000)

* CAH: Critical Access Hospital
MDH: Medicare Dependent Hospital
RRC: Rural Referral Center
SCH: Sole-Community Hospital



**HANY'S' Analysis of
Marketbasket and Federal Disproportionate Share Hospital Cuts on
New York State Hospitals and Health Systems (2016-2025)
(Estimated Impact on Medicare Fee-for-Service (FFS) and Medicare Advantage Payments)**

Report Description

December 2016

This analysis evaluates marketbasket and federal Disproportionate Share Hospital (DSH) reductions in Medicare FFS payments and federal Medicaid funds under current law. In addition, HANY'S' analysis includes an estimate of the potential impact of Medicare managed care contracts that tie the Inpatient Prospective Payment System (IPPS) or Outpatient Prospective Payment System (OPPS) Medicare payments to the Medicare FFS rates. The potential risk if contracts are based on FFS rates was determined by applying a managed care (MC) add-on factor to the estimated FFS impacts, where applicable. For IPPS payments, the managed care add-on factor was determined using the ratio of inpatient Medicare managed care to inpatient Medicare FFS acute care discharges from Exhibit 32 of the latest available New York State (NYS) Institutional Cost Report (ICR) (2013 or 2014). For OPSS payments the add-on was determined by using the ratio of outpatient Medicare managed care to outpatient Medicare FFS visits for emergency room, ambulatory surgery, and general clinic from Exhibit 33 of the latest available NYS ICR (2013 or 2014). The impacts shown in this analysis may differ from those provided by other organizations due to differences in source data and analytic methods. In cases where hospitals/health systems cross district lines, the total system gain/loss is shown in both districts. As a result, the district-specific impacts cannot be added to determine the New York State total impact.

(1) **ACA Marketbasket Reductions-** Reflects the Affordable Care Act (ACA) of 2010 authorized pre-determined Medicare marketbasket and productivity reductions and MACRA requirement that provides a 1.0% cap to the marketbasket updates made to inpatient rehabilitation facilities, skilled nursing facilities (SNFs), home health, and long-term care hospitals in federal fiscal year (FFY)/calendar year (CY) 2018.

Source: Medicare payment data are from:

- **Inpatient Hospital:** The Centers for Medicare and Medicaid Services' (CMS) federal fiscal year (FFY) 2016 IPPS final rule Impact File (*includes MC*);
- **Outpatient Hospital:** CMS' calendar year (CY) 2016 OPSS final rule Impact File (*includes MC*);
- **Inpatient Rehabilitation Facility (IRF):** CMS' FFY 2016 IRF PPS final rule Impact File;
- **Inpatient Psychiatric Facility (IPF):** Medicare cost report data (latest of 2012, 2013, or 2014);
- **Skilled Nursing Facility (SNF):** Medicare cost report data (latest of 2012, 2013, or 2014);
- **Long-term Care Hospital (LTCH):** CMS' standard analytic file for 2014
- **Home Health (HH):** Medicare cost report data (latest of 2012, 2013, or 2014).

These impacts are calculated by estimating baseline revenue at the full projected marketbasket value as provided by CMS (calculated by Global Insight, Inc. for the third quarter of 2015). The baseline is then compared to estimated revenue at the ACA-reduced marketbasket value, which includes pre-determined ACA reductions for each year (through 2019) and productivity adjustments.

(2) **Inpatient Medicare DSH Payment Reductions-** ACA reduces Medicare DSH payments, beginning in FFY 2014. Twenty-five percent of Medicare DSH payments will continue to be paid to each hospital based on the current methodology, while the other 75% will be subject to reductions that reflect decreases in the uninsured population and a new distribution methodology based on uncompensated care (UCC). The FFY 2016 uncompensated care payment (UCP) and per-discharge payment are calculated by CMS and the total UCP amount represents the final, prospectively determined, total uncompensated care payment amount for each hospital. (*includes MC*)

Source: Impacts are based on the FFY 2016 DSH Supplemental File (Factor 3) published in the FFY 2016 IPPS final rule Correction Notice. Total national UCC DSH payments (Factor 1) are based on the final FFY 2016 final rule with subsequent years projected forward by applying the appropriate market basket factor(s) for each year. For 2016, final reduction amounts (Factor 2) are taken from the IPPS final rule. The Congressional Budget Office's (CBO) March 2015 estimates of insurance expansion are used as the best available proxy for determining Factor 2 in future years. Hospital impacts are determined by distributing the national reduction (Factor 2) based on the hospitals share of the UCC pool (Factor 3). Each hospital's share of the UCC pool(Factor 3) is held constant at 2016 levels for future years.

(3) **Inpatient Medicaid DSH Payment Reductions-** The ACA Federal Medicaid DSH funding reductions were scheduled to begin in FFY 2014 and end in FFY 2020. Subsequent legislation has delayed and/or extended the Medicaid DSH reductions (The Bipartisan Budget Act of 2013 delayed the cuts for two years and extended the reductions through 2023; and the Protecting Access to Medicare Act of 2014, delayed the start of the cuts until FFY 2017, while extending the reductions through 2024). MACRA of 2015 delays the cuts one year until FFY 2018 and extends the reductions one additional year through 2025. HANY'S' impacts include only the reduction in Federal Medicaid DSH funds and **NOT** any potential reduction in state funds

Source: Impacts were analyzed by allocating the mandated national DSH funding reduction to each hospital using the New York State Department of Health's (NYS DOH) projected state fiscal year (SFY) 2014 Indigent Care Pool, Indigent Care adjustment and public hospital DSH intergovernmental transfers distributions.