

# Dispelling the Myths



**New York's Hospital Finances:  
Another View - 2007**



## Executive Summary

New York's hospitals, in recent years, have complained that overall hospital finances have been on the decline. However, a closer look at hospital figures over the past several years shows the picture is not as bleak as first presented. In fact, for the majority of hospitals, the picture is positive and profitable.

### Key Points:

- ✓ Hospital finances have improved by \$544 million overall from 2002-2004.
- ✓ In 2004, those hospitals with positive net incomes earned more than \$871 million statewide.
- ✓ More than 62 percent of hospitals made money compared to 37 percent that either broke even or lost money.
- ✓ The profitable hospitals are getting more profitable and those losing money remain weak.
- ✓ If New York moves forward with the Berger Commission closures, the benefit in terms of savings for the provider community is estimated at approximately \$721 million annually. The Commission's recommendations promote stability, which would make the hospital industry much stronger and more profitable.
- ✓ Evaluation and analysis of "outcomes" of the system restructuring — closures, downsizing and hospital consolidations — will need to be considered to determine ultimate impact and future viability of New York's health care system.

## New York's Health Care System

*“Our health care system is broken and needs repair. Today's recommendations are the first step in what must be an ongoing process to create a stronger and more vibrant health care delivery system.”*

With those words, Stephen Berger, chair of the Commission on Health Care Facilities in the 21<sup>st</sup> Century (the Commission), and Commission Executive Director David Sandman issued the Commission's sweeping recommendations to restructure the hospital and nursing home systems in New York. The recommendations of the bi-partisan commission came after 18 months of extensive examination of New York's health care capacity and resources, and were designed to reduce excess capacity, eliminate waste and put the state on a path to a stronger health care system and improved quality of care for its residents.

The need for the Commission and its recommendations came about because the previous effort to enact wholesale change in New York's health care system fell far short of its goals. In 1996, New York created the Health Care Reform Act — HCRA — to replace the heavily regulated, highly bureaucratic New York Prospective Hospital Reimbursement Methodology (NYPHRM) system. HCRA was supposed to substantially change the way New York financed its health care system. It was also designed to introduce other significant changes in New York's approach to financing health care — changes aimed at promoting competition in the marketplace, reducing inefficiencies and improving health care affordability for more New Yorkers. Historic institution-based subsidies and special financial support prevented rightsizing. After waiting a decade for these things to be realized, the Commission provided New York a roadmap.

The work done by the Commission and the recommendations offered are a start, not an end. It is a first step on the path toward a stronger, more viable, coordinated and cost-effective health care system, and improved access to health care for more New Yorkers. But it is just the first step.

## Hospital Complaining Continues

Days before the Commission released its report, the Healthcare Association of New York State (HANYs) issued a press release announcing New York's hospitals lost money in 2005 — the eighth consecutive year of losses.<sup>1</sup> According to HANYs's analysis of hospital financial reports, overall, the state's hospitals lost \$95.4 million in 2005. That is a \$31.6 million improvement compared to losses of more than \$127 million in 2004, which was a huge improvement over the 2003 reported losses of \$391 million. The trend clearly shows overall hospital finances are improving. From 2003 to 2005, hospital losses were reduced by 75%.

In addition to the constant lament and year after year bleak depiction, the picture presented by the hospitals is distorted. HANYs annual analysis of hospital finance reports examines operating margins only, omitting hospital revenue such as investments, government grants and other business revenues that are positive contributions to the bottom line.

Moreover, there is also a confusing “disconnect” between figures cited by different segments of the hospital community. While HANYs continues to report hospitals operating in the red, the Greater New York Hospital Association (GNYHA) in its recent white paper, “Shared Responsibility: A Prescription for Comprehensive Health Care Reform in New York State,” shows hospitals had a net income of \$231 million in 2004 versus HANYs's claimed loss of \$127 million. While earning a profit, GNYHA's point of view is that it is not a big enough profit as compared to other industries such as health plans, pharmaceutical companies and medical device manufacturers.

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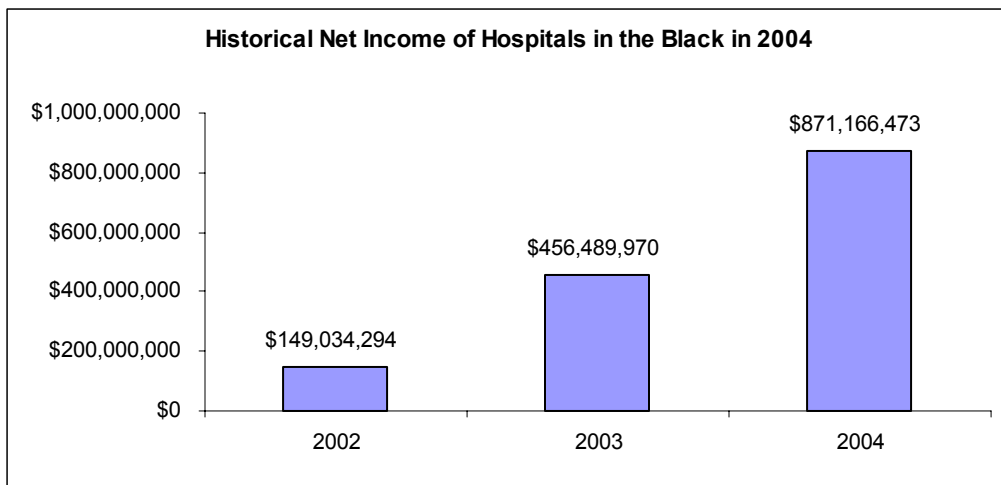
<sup>1</sup> HANYs press release, November 16, 2006

The New York Health Plan Association (HPA) conducted an analysis of hospital revenue data reported to the State Department of Health (DOH) via the data base product of Treo Solutions. These data are the only publicly reported figures available. A review of these available data provides a different view.

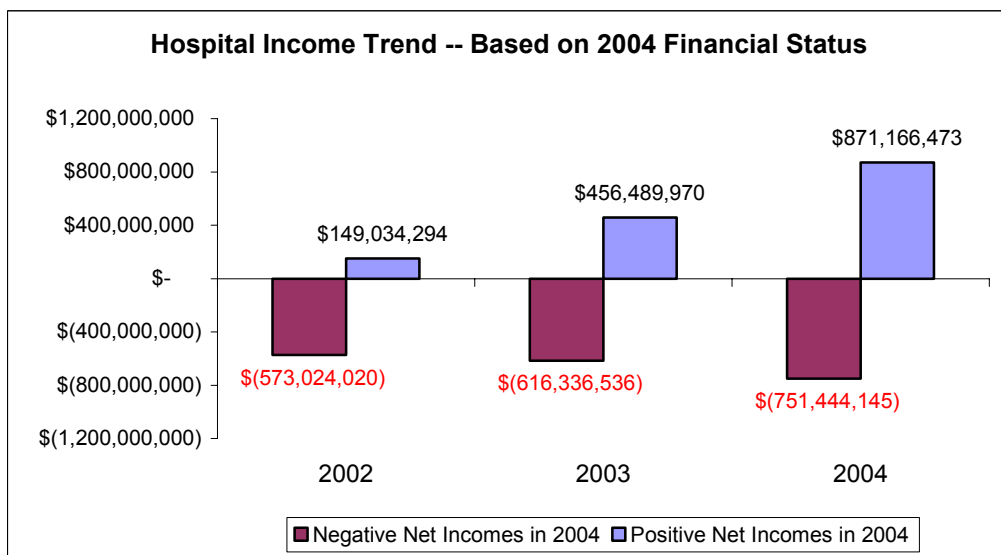
### Statewide Performance

Data examined by HPA reports on net income versus operating income. Looking at 2004 hospital cost reports for 200 hospitals for which there are complete data, HPA found 125 collectively earned \$871,166,473 in 2004. Thus, 62.5% of hospitals had positive net incomes. The remaining hospitals (37.5%) had collective losses of \$751,444,155, resulting in a statewide net income of more than \$119.7 million for the hospital industry.

More telling is the even broader picture revealed when looking at hospital earnings over time. The 125 hospitals that saw earnings of \$871 million in 2004 collectively earned nearly \$1.5 billion over the last three years.



Comparing the hospitals that had positive incomes from 2002 to 2004 to those experiencing losses during that same period clearly shows that the strong get stronger while the fiscal condition of the weaker facilities continues to deteriorate.



## Winners and Losers

Looking not at the net earnings but at the oft cited “operating margins” of these 125 hospitals:

- ✓ 63 (50%) had operating margins of 2% or greater.
- ✓ 36 had an operating margin of 4% or greater.
- ✓ 15 had a positive operating margin of 6% or greater.

On the other side of the balance sheet, 75 hospitals comprise those in the red. Of this total, 24.4% are due to losses at New York City’s Health and Hospitals Corporation facilities as well as the Westchester County Medical Center. These losses, though, are misleading as these facilities receive significant extraordinary funding from the counties they serve. For example, the Westchester County Medical Center received a “three-year, \$160 million bailout”<sup>2</sup> in 2006, including \$85 million from Westchester County. More importantly, when you add in the collective losses of the nine facilities proposed for closure by the Berger Commission, this explains roughly 50% of the losses statewide.

Top 30 Profitable Hospitals	2004 Net Income	Top 30 Unprofitable Hospitals	2004 Net Income
NYU Downtown Hospital+	\$77,397,679	SVCMC/St. Vincent's Hospital and Medical Center	(\$147,577,000)
North Shore University Hospital at Manhasset	\$65,694,000	Beth Israel Medical Center-Herbert & Nell Singer Division	(\$56,846,291)
New York-Presbyterian Hospital	\$56,527,000	Lenox Hill Hospital	(\$55,785,000)
St. Francis Hospital	\$47,444,019	Westchester Medical Center*	(\$49,926,744)
Mount Sinai Hospital-Manhattan/Queens	\$36,239,000	Southside Hospital	(\$32,444,000)
University Hospital - SUNY at Stonybrook	\$32,980,129	Jacobi Medical Center*	(\$29,832,294)
Cayuga Medical Center at Ithaca	\$27,324,311	Kaleida Health System	(\$26,677,416)
Montefiore Medical Center	\$27,203,000	Kings County Hospital Center*	(\$26,623,280)
University Hospital of Brooklyn SUNY Health Science Center	\$24,459,072	Interfaith Medical Center	(\$23,176,994)
Seton Health System	\$21,872,452	Elmhurst Hospital Center*	(\$21,072,061)
St. Joseph's Hospital Health Center (Syracuse)	\$21,567,017	Lincoln Medical and Mental Health Center*	(\$18,849,209)
Memorial Hospital for Cancer and Allied Diseases	\$21,512,036	Our Lady of Mercy Medical Center	(\$17,989,583)
Strong Memorial Hospital	\$20,812,172	Beth Israel Medical Center-Milton & Carroll Petrie Division	(\$16,791,887)
Albany Medical Center Hospital	\$16,754,962	Flushing Hospital Medical Center	(\$14,630,000)
Hospital for Special Surgery	\$15,527,680	Mercy Medical Center	(\$14,298,756)
St. Peter's Hospital, Albany	\$14,410,892	Woodhull Medical and Mental Health Center*	(\$13,471,210)
Rochester General Hospital	\$12,980,309	Cabrini Medical Center	(\$13,109,543)
Long Island Jewish Medical Center	\$10,397,000	St. Luke's-Roosevelt Hospital Center	(\$12,792,922)
Beth Israel Medical Center-Kings Highway Division	\$10,348,934	Long Island College Hospital	(\$11,040,000)
Vassar Brothers Medical Center	\$10,311,176	St. Catherine of Siena Medical Center	(\$10,500,206)
Maimonides Medical Center	\$9,542,515	St. Charles Hospital and Rehabilitation Center	(\$8,985,087)
Our Lady of Lourdes Memorial	\$8,973,758	North Central Bronx Hospital	(\$7,540,944)
Geneva General Hospital	\$8,955,279	Franklin Hospital Medical Center	(\$6,691,000)
Mary Imogene Bassett Hospital	\$8,945,744	Harlem Hospital Center	(\$6,432,834)
Phelps Memorial Hospital Center	\$8,421,662	New Island Hospital	(\$6,267,220)
St. Anthony Community Hospital	\$7,870,851	Victory Memorial Hospital	(\$5,691,427)
Glens Falls Hospital	\$7,603,448	Queens Hospital Center*	(\$5,337,742)
South Nassau Communities Hospital	\$7,357,739	Corning Hospital	(\$5,257,469)
Saratoga Hospital	\$7,183,975	Metropolitan Hospital Center*	(\$4,542,065)
Brooklyn Hospital Center	\$7,131,000	Jamaica Hospital Medical Center	(\$4,514,521)

Data Source: Treo Solutions using hospital reported ICR data

\* = HHC or other County operated facilities

+ Net Income includes other non-operating income (i.e. real estate transactions, investment income, etc.).

<sup>2</sup> “Pataki sees flaws in medical center bailout proposal”, Westchester County Business Journal, June 26, 2006.

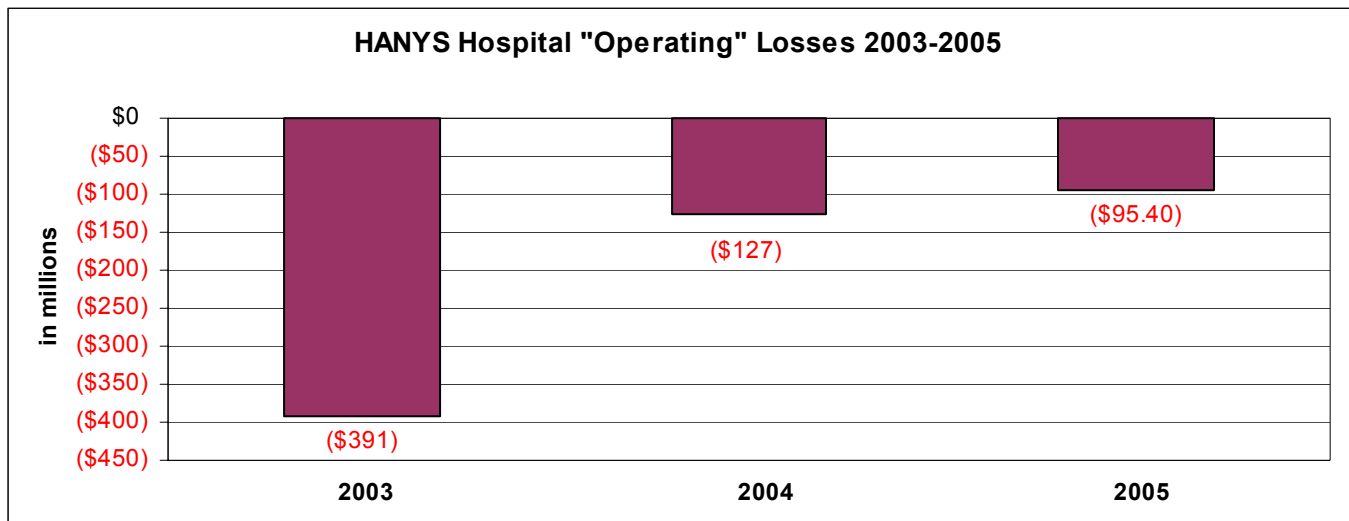
When the Commission began its work, its charge was to undertake a rational, independent review of health care capacity and resources in New York State. In doing so, it acknowledged its final recommendations on rightsizing the state's health care system would likely include possible consolidation, closure, conversion, and restructuring of institutions. Issuing those recommendations, the Commission report stated, "Peer-reviewed evidence from past hospital closures confirm that the closure of institutions may contribute to the vitality of remaining institutions."<sup>3</sup> Moreover, a noted Boston University Professor said, "Closing some hospitals will boost the market power of the survivors, allowing them to raise prices and revenue, thereby raising our costs and our health insurance premiums."

### "Operating" vs. Total Margins

As noted previously, looking only at operating margins magnifies the losses reported by the hospital community. Operating margins don't tell the whole story though.

Total margins reflect all revenue and costs including non patient-related revenue such as investment income, real estate income, government grants, and other ancillary "operating" income (lab services, collection agencies, parking garages, gift shops, cafeterias, etc.) received by the hospital.

According to HANYS, "operating" losses for New York hospitals in 2005 were \$95.4 million. Although decrying the "loss," the overall losses have actually been shrinking from year to year. In 2003 HANYS reported losses of \$391 million. In 2004 the loss shrank to \$127 million—a \$264 million improvement in one year. In 2005, the \$95.4 million loss represents another \$31.6 million improvement. The total \$295 million improvement in hospital finances represents a 75% reduction in losses from 2003 to 2005.



<sup>3</sup> "A Plan to Stabilize and Strengthen New York's Health Care System," Final Report of the Commission on Health Care Facilities for the 21<sup>st</sup> Century, December 2006.

## Hospitals vs. Health Plans—Profit vs. Surplus

The hospital community continues to compare hospital “operating” losses with health plan “profits.” This, however, is not an apples-to-apples type of comparison because it compares hospital operating margins to overall health plan finances.

Moreover, New York law requires health plans operating in the state to maintain substantial financial reserves—there is no similar requirement for hospitals. Under the recently revised Subpart 98-1 Regulation governing health plan and prepaid health services plan operations, reserve requirements have been substantially increased, requiring health plans to have a minimum of 12.5% of their annual net premium income in reserve, up from the previous requirement of 5%. In recent years, plans in the state have been building reserves in order to meet the new requirements. It seems ironic that the same hospital community that today is critical of plans improved financial status was, just a few years ago, criticizing health plans whose financial reserves fell below New York’s statutory requirements.

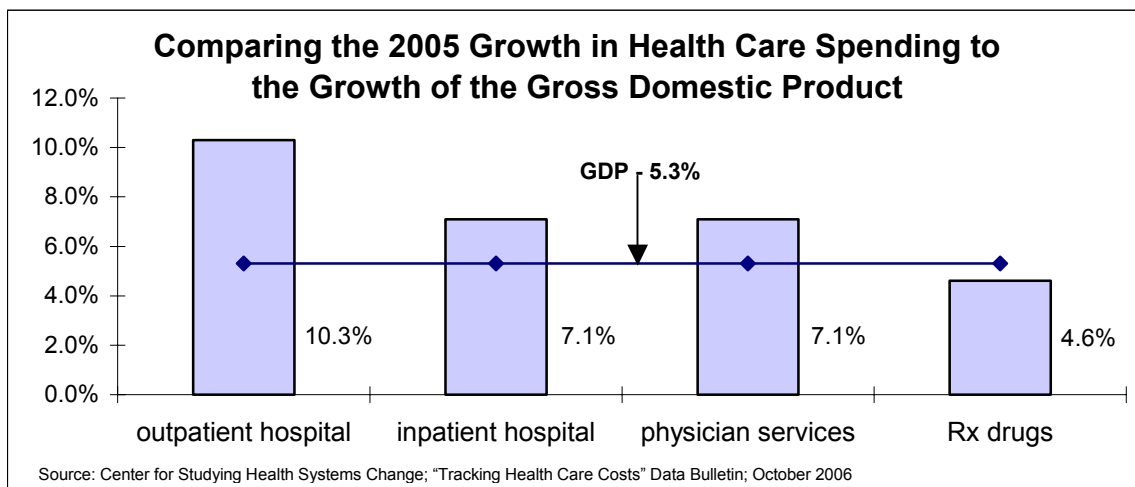
Additionally, health plans reinvest much of their surplus back into the health care system. In recent years, plans have been investing significant dollars in health information technology (HIT) and the development of HIT systems that will benefit both providers and payers such as clinical data sharing projects and electronic health records. At the same time, plans are also seeking to respond to consumer and employer demands for greater health coverage. These efforts include expanding geographical coverage areas as well as offering new coverage options by developing an increasing number of products that will better meet the needs of New York’s diverse population while also providing health care affordability.

## Hospitals vs. Health Plans Operating Margins

As noted, comparing hospital margins to health plan earnings is not an apples-to-apples comparison. A side-by-side comparison of hospital and plan operating margins offers a decidedly different picture. In many instances in various regions of the state, plan operating margins are the same or even lower than those of hospitals operating in the area.

## Hospital Spending Growth Continues

Total spending on hospital services increased for the eighth year in a row in 2005. Moreover, the annual increases for hospital costs — both inpatient and outpatient — have consistently outpaced the rate of inflation over the past several years. While there was a slight decrease in outpatient costs in 2005, the year-to-year spending change continued in the double digits. Growth in spending on inpatient and outpatient hospital care accounted for 51% of the total health care spending increase in 2005.<sup>4</sup>



<sup>4</sup> "Tracking Health Care Costs: Continued Stability But at High Rates in 2005"; Health Affairs; October 3, 2006

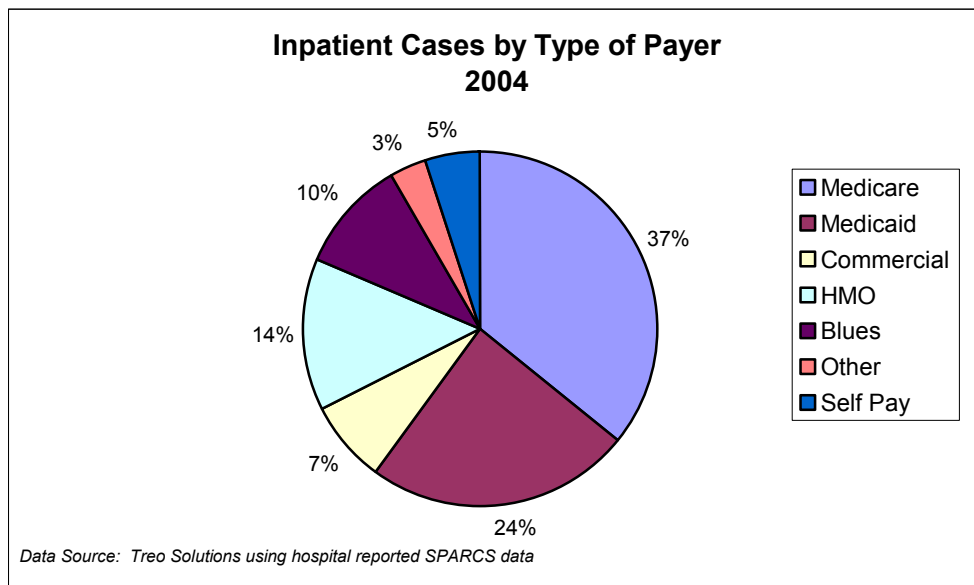
While health care spending overall has moderated, and spending on prescription drugs has decreased significantly, hospital spending — particularly for outpatient services — remains high.

### New York’s Higher Hospital Costs

Many of the contributing factors to the less than rosy finances of New York hospitals are the very things cited by the Commission as it began to evaluate the system and factors that weighed in its final recommendations.

- ✓ Average length of stay (ALOS) remains stubbornly high and use rates are well above national levels. New York’s ALOS is nearly 37% higher than the national average<sup>5</sup>.
- ✓ New York’s High cost academic medical centers and the fact that New York has a larger number of such centers than elsewhere in the nation.
- ✓ The level of bond indebtedness is high and growing. A 2005 report from the state Comptroller showed New York’s total debt grew from \$14.4 billion in 1990 to \$46.9 billion in 2004, with \$43 billion of that debt bonded through public authorities.<sup>6</sup> The state Dormitory Authority is carrying more than \$8 billion in bonds, loans and mortgage insurance for private, non-profit hospitals and nursing homes. A provision included in the 2005-06 state budget added another \$750 million to that debt total.
- ✓ Discretionary spending by hospital management continues to soar as they seek to compete in a technological arms race — a “me too” syndrome whereby every hospital feels it needs the very latest in equipment and programs.

Another factor in hospital losses — cited by the hospital community itself — is reduced reimbursement from Medicare and Medicaid. In 2004, Medicaid and Medicare accounted for more than 60% of all hospital discharges in New York.<sup>7</sup> In fact, cases from all private third party insurers combined are less than the cases reimbursed by Medicare alone. Given this reality, there’s no doubt that reduced Medicaid and Medicare payments would impact hospitals’ bottom line. It is important to note, however, that the reductions in these government payments are an effort to reduce the overall increasing costs of the Medicare and Medicaid programs. With Medicaid accounting for approximately 40% of New York’s total budget, there is tremendous pressure to control growth in the program.

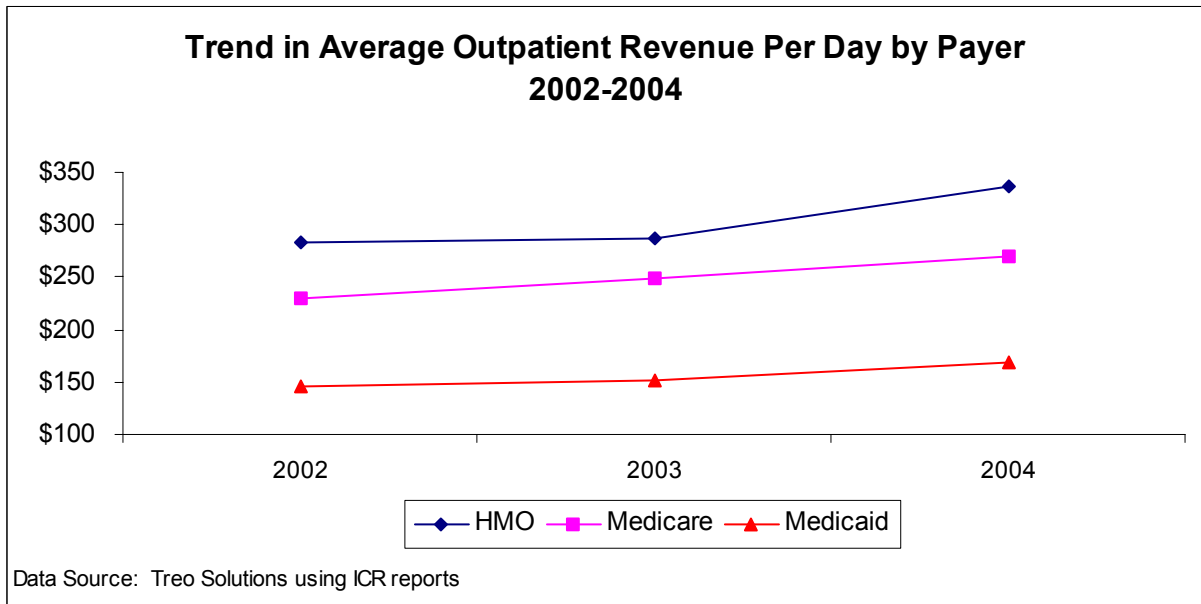
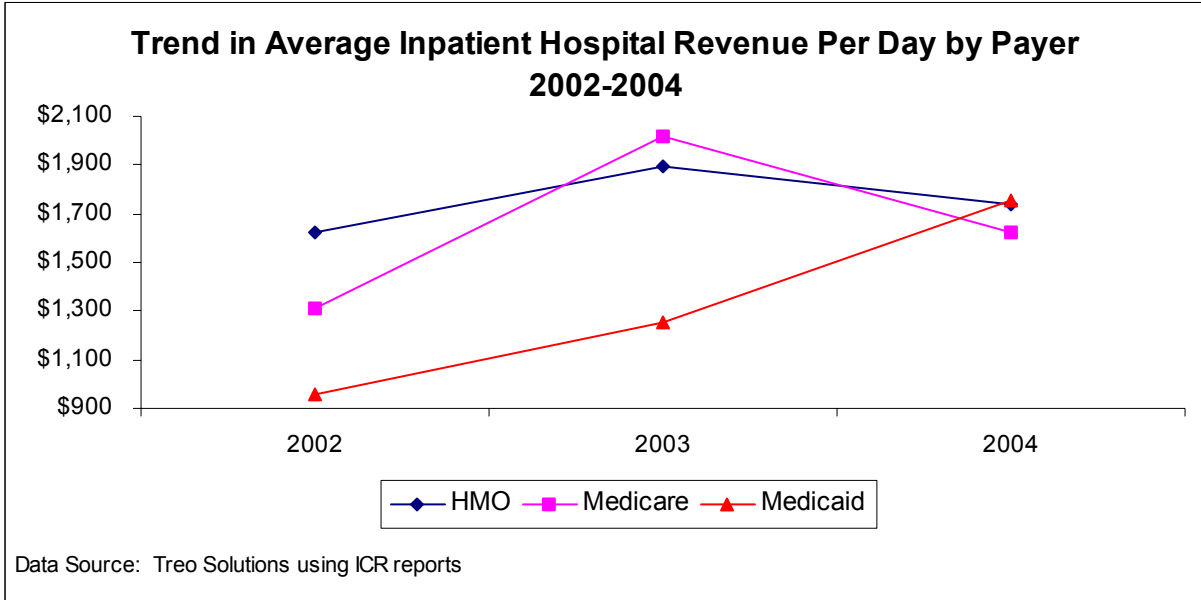


<sup>5</sup> 2003 data: New York State Department of Health report to the Commission on Health Care Facilities in the 21<sup>st</sup> Century, November 2005; and Agency for Healthcare Research and Quality.

<sup>6</sup> “New York State’s Debt Policy, A Need for Reform”, Office of the New York State Comptroller, February 2005

<sup>7</sup> Treo Solutions, based on New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2004 hospital patient discharges.

The impact of Medicaid and Medicare payments is further illustrated when comparing revenue from different payers. The average inpatient revenue per day received from HMOs has remained fairly steady while Medicaid payments have risen steadily and Medicare payments have been fluctuating. On the outpatient side, HMO payments have increased but, more importantly, remain higher than both Medicaid and Medicare.



## New York's Health Care System—A Changing Landscape

The past decade has seen tremendous clinical advances in medicine. Greater use of pharmaceuticals coupled with emerging technologies and many other factors have contributed to the migration of care out of the hospital and into less intensive settings. The evolution of the health care landscape should result in some natural downsizing and continued consolidations. This has been the case with health plans, which have had numerous consolidations in New York from 1996-2006.

Over the past 10 years, 20 health plan closings, mergers and consolidations occurred as a result of marketplace pressures. The hospital sector has likewise witnessed some mega mergers (i.e., New York Hospital and Presbyterian, North Shore and Long Island Jewish) as well as creation of “network” models that seek to increase economies of scale, efficiencies and, more importantly, negotiating power with payers. The New York-Presbyterian network, which was formed in 1998, now lists more than 30 hospital members. The North Shore-LIJ system includes 15 hospitals while the competing Long Island Health Network represents 10 member hospitals.

When it began its task of examining New York's health care system top to bottom, the Commission noted, “New York is struggling to maintain a 20<sup>th</sup> century institutional structure in the face of mounting costs, excess capacity, and unmet need for community based alternatives.”<sup>8</sup> Its report and final recommendations for restructuring and rightsizing, designed to serve as a roadmap to a stronger health care system for our state and improved quality of care for its residents, focused on the need to maintain “access” for New Yorkers while eliminating waste in the system. Access to quality health care should be our common goal.

## Conclusion

While some of New York's hospitals are losing money, the reality is that overall hospital finances have been improving in recent years. The majority of hospitals in New York have positive net incomes. In fact, twice as many hospitals reported earnings as losses. Moreover, what losses there are have continued to shrink from year to year.

The hospital community compares hospital “operating” losses with health plan “profits.” This comparison of hospital operating margins to overall health plan finances is unfair and provides a distorted picture. A side-by-side comparison of hospital and plan operating margins shows that in many instances in regions around the state, plan operating margins are the same or even lower than those of hospitals operating in the area.

There is too much time and energy spent on assessing the “winners” and “losers.” The finger pointing must stop. The challenge and opportunity before us is to reshape our health care system into one that meets the needs of all New Yorkers and, while doing so, treats all parties — providers, payers, and patients — fairly.

The challenge is tremendous, but by working together is attainable. The recommendations of the Commission will start us on the path toward a stronger, more viable, coordinated and cost-effective health care system, and improved access to health care for more New Yorkers. In the end, everyone will win.

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<sup>8</sup> “Planning for the Future: Capacity Needs in a Changing Health Care System”, Commission on Health Care Facilities in the 21<sup>st</sup> Century, February 2006

## Appendix

### 2004 Hospital data

*(Data were available for 200 hospitals, with the facilities for which data were not available identified at the end. Source: Treo Solutions)*

## 2004 Data Table

Hospital	Operating Margin	Net Income*
NYU Downtown Hospital	(13.0%)	\$77,397,679
North Shore University Hospital at Manhasset	6.9%	\$65,694,000
New York-Presbyterian Hospital	0.8%	\$56,527,000
St. Francis Hospital	13.1%	\$47,444,019
Mount Sinai Hospital-Manhattan/Queens	(5.2%)	\$36,239,000
University Hospital - SUNY at Stonybrook	5.1%	\$32,980,129
Cayuga Medical Center at Ithaca	18.7%	\$27,324,311
Montefiore Medical Center	1.7%	\$27,203,000
University Hospital of Brooklyn SUNY Health Science Center	5.7%	\$24,459,072
Seton Health System	15.6%	\$21,872,452
St. Joseph's Hospital Health Center (Syracuse)	5.5%	\$21,567,017
Memorial Hospital for Cancer and Allied Diseases	1.6%	\$21,512,036
Strong Memorial Hospital	4.9%	\$20,812,172
Albany Medical Center Hospital	4.1%	\$16,754,962
Hospital for Special Surgery	4.3%	\$15,527,680
St. Peter's Hospital, Albany	5.3%	\$14,410,892
Rochester General Hospital	2.3%	\$12,980,309
Long Island Jewish Medical Center	1.2%	\$10,397,000
Beth Israel Medical Center-Kings Highway Division	10.6%	\$10,348,934
Vassar Brothers Medical Center	4.7%	\$10,311,176
Maimonides Medical Center	1.4%	\$9,542,515
Our Lady of Lourdes Memorial	5.3%	\$8,973,758
Geneva General Hospital	8.9%	\$8,955,279
Mary Imogene Bassett Hospital	3.8%	\$8,945,744
Phelps Memorial Hospital Center	5.8%	\$8,421,662
St. Anthony Community Hospital	19.1%	\$7,870,851
Glens Falls Hospital	3.4%	\$7,603,448
South Nassau Communities Hospital	(1.5%)	\$7,357,739
Saratoga Hospital	7.0%	\$7,183,975
Brooklyn Hospital Center	4.6%	\$7,131,000
St. Barnabas Hospital	2.3%	\$7,016,874
St. John's Episcopal Hospital-South Shore	4.3%	\$6,912,000
Samaritan Hospital (Rensselaer)	4.9%	\$6,636,102
Sisters of Charity Hospital	4.4%	\$6,401,689
Coney Island Hospital	2.2%	\$5,925,371
Park Ridge Hosp.-St. Mary's Hosp. of the Sisters of Charity	2.2%	\$5,810,210
Lawrence Hospital	3.6%	\$5,800,384
Winthrop-University Hospital	0.0%	\$5,536,477
New York Hospital Medical Center of Queens	3.1%	\$5,457,000
Good Samaritan Hospital Medical Center	1.7%	\$5,423,201
Hudson Valley Hospital Center	6.3%	\$5,421,917
Cortland Regional Medical Center	2.1%	\$5,392,130
Samaritan Medical Center (Jefferson)	3.2%	\$5,307,063
Cornwall Hospital	1.6%	\$5,171,104
Orange Regional Medical Center	1.2%	\$4,803,745
Putnam Hospital Center	4.7%	\$4,781,560
Huntington Hospital	2.6%	\$4,645,614
Albany Memorial Hospital	4.1%	\$4,460,796
North Shore University Hospital at Glen Cove	3.1%	\$4,441,815
United Health Services Hospitals	1.5%	\$4,294,276
Massena Memorial Hospital	11.9%	\$4,283,403
Good Samaritan Hospital (Suffern)	1.9%	\$4,236,343
St. Francis Hospital-Poughkeepsie	1.2%	\$3,789,418
Highland Hospital of Rochester	2.4%	\$3,590,640
Northern Westchester Hospital	3.0%	\$3,525,989
St. Elizabeth Medical Center	2.2%	\$3,391,570
St. Mary's Hospital at Amsterdam	2.6%	\$3,247,847

Hospital	Operating Margin	Net Income*
Crouse Hospital	1.3%	\$3,200,377
Arnot-Ogden Medical Center	0.7%	\$2,961,426
Ellis Hospital	1.1%	\$2,958,209
Oswego Hospital	4.0%	\$2,946,234
New York Methodist Hospital	0.9%	\$2,922,862
Carthage Area Hospital	9.6%	\$2,671,819
Alice Hyde Hospital	3.1%	\$2,249,693
Monroe Community Hospital	3.0%	\$2,229,099
Cortland Memorial Hospital	1.9%	\$2,212,783
Oneida Healthcare Center	4.0%	\$2,191,312
Mercy Hospital of Buffalo	1.2%	\$2,165,321
St. James Mercy Hospital	3.7%	\$2,096,627
Kingston Hospital	(0.0%)	\$2,069,189
NYU Hospitals Center	1.0%	\$2,047,000
Nicholas H. Noyes Memorial Hospital	5.4%	\$1,994,439
Northern Dutchess Hospital	4.7%	\$1,808,438
Kenmore Mercy Hospital	1.0%	\$1,707,460
Sound Shore Medical Center of Westchester	1.1%	\$1,682,980
Albany Medical Center-South Clinical Campus	6.8%	\$1,650,666
Margaretville Memorial Hospital	0.6%	\$1,605,657
White Plains Hospital Center	0.2%	\$1,601,558
Bellevue Hospital Center	0.3%	\$1,533,668
Canton-Potsdam Hospital	3.2%	\$1,504,838
New York Community Hospital	2.6%	\$1,474,282
Soldiers and Sailors Memorial Hospital	3.1%	\$1,434,249
Staten Island University Hospital	0.3%	\$1,427,000
Niagara Falls Memorial Medical Center	2.1%	\$1,423,219
Lutheran Medical Center	0.4%	\$1,333,453
TLC Health Network	2.0%	\$1,277,236
Brookhaven Memorial Hospital Medical Center	0.7%	\$1,252,400
Albert Lindley Lee Memorial Hospital	3.4%	\$1,227,905
St. Joseph's Hospital (Elmira)	0.9%	\$1,193,269
Eddy Cohoes Rehabilitation Center	6.7%	\$1,189,043
Bon Secours Community Hospital	1.3%	\$1,188,949
Nathan Littauer Hospital & Nursing Home	1.2%	\$1,112,042
Amsterdam Memorial Hospital	0.8%	\$993,223
Sunnyview Hospital and Rehabilitation Center	(1.5%)	\$933,450
Ira Davenport Memorial Hospital	0.9%	\$913,558
Basset Regional Hospital of Schoharie County	5.2%	\$893,391
Hospital for Joint Diseases Orthopedic Institute	1.1%	\$761,000
Rome Memorial Hospital	1.2%	\$745,430
Nyack Hospital	(1.2%)	\$722,972
Community General Hospital of Greater Syracuse	0.7%	\$721,467
Wyckoff Heights Medical Center	0.5%	\$716,135
Adirondack Medical Center	(1.0%)	\$702,227
Bronx-Lebanon Hospital Center	0.2%	\$686,850
St. Joseph's Hospital (Yonkers)	0.5%	\$627,848
Moses-Ludington Hospital	7.0%	\$577,318
Claxton-Hepburn Medical Center	0.0%	\$560,510
Columbia Memorial Hospital	0.2%	\$538,185
Clifton Springs Hospital and Clinic	0.6%	\$515,297
Brooks Memorial Hospital	0.5%	\$514,407
River Hospital	11.8%	\$513,921
Lewis County General Hospital	1.1%	\$449,529
Bellevue Maternity Hospital	(1.1%)	\$400,387
Erie County Medical Center	0.1%	\$391,632
O'Connor Hospital	3.6%	\$360,605
Summit Park Hospital	0.3%	\$258,707
NY Westchester Square Med Ctr	0.3%	\$226,350

Hospital	Operating Margin	Net Income*
St. John's Riverside Hospital - St. John's/Park Care	0.1%	\$194,542
Eastern Long Island Hospital	0.7%	\$194,267
St. Joseph Hospital of Cheektowaga	0.3%	\$181,284
Central Suffolk Hospital	0.3%	\$179,250
Inter-Community Memorial Hospital	1.0%	\$178,510
Faxton-St. Luke's Healthcare	0.1%	\$166,334
ViaHealth of Wayne	0.0%	\$160,419
Community Memorial Hospital	0.0%	\$151,833
Brookdale University Hospital and Medical Center	(0.3%)	\$37,584
Bertrand Chaffee Hospital	(0.4%)	(\$67,846)
Medina Memorial Hospital	(0.3%)	(\$89,405)
St. Clare's Hospital and Health Center	(0.2%)	(\$174,860)
Lockport Memorial Hospital	(0.7%)	(\$222,436)
Elizabethtown Community Hospital	(11.7%)	(\$305,032)
United Memorial Medical Center	1.6%	(\$457,840)
Clifton-Fine Hospital	(10.7%)	(\$485,504)
Calvary Hospital	(5.2%)	(\$491,900)
Manhattan Eye, Ear & Throat Hospital	(5.0%)	(\$514,000)
Westfield Memorial Hospital	(7.1%)	(\$546,837)
Delaware Valley Hospital	(17.0%)	(\$560,775)
Jones Memorial Hospital	(2.0%)	(\$568,029)
Kingsbrook Jewish Medical Center	0.1%	(\$616,425)
Champlain Valley Physicians Hospital	(1.1%)	(\$1,012,176)
Edward John Noble Hospital	(6.6%)	(\$1,042,455)
John T. Mather Memorial Hospital	(1.5%)	(\$1,046,190)
Chenango Memorial Hospital	(3.7%)	(\$1,237,355)
A.O. Fox Memorial Hospital	(2.9%)	(\$1,287,898)
Wyoming County Community Hospital	(3.6%)	(\$1,393,509)
North Shore University Hospital at Forest Hills	(1.1%)	(\$1,400,637)
North Shore University Hospital at Plainview	(1.2%)	(\$1,473,480)
Schuyler Hospital	(6.8%)	(\$1,684,691)
Little Falls Hospital	(7.6%)	(\$1,685,158)
Woman's Christian Association Hospital	(2.0%)	(\$1,772,909)
Hospital (The)	(12.9%)	(\$1,925,402)
Mount St. Mary's Hospital	(3.5%)	(\$2,064,000)
Southampton Hospital	(2.8%)	(\$2,128,870)
University Hospital SUNY Health Science Center (Syracuse)	(0.5%)	(\$2,216,159)
Long Beach Medical Center	(2.6%)	(\$2,242,516)
North General Hospital	(1.9%)	(\$2,302,649)
Catskill Regional Medical Center-Harris Div./Hermann Div	(0.3%)	(\$2,338,965)
Mount Vernon Hospital	1.0%	(\$2,367,894)
F.F. Thompson Hospital	(3.5%)	(\$2,450,778)
Olean General Hospital	(4.9%)	(\$2,499,059)
Community Hospital at Dobbs Ferry	(16.0%)	(\$2,614,444)
St. Clare's Hospital (Schenectady)	(5.4%)	(\$2,708,976)
Peninsula Hospital Center	(2.8%)	(\$2,713,524)
Benedictine Hospital	(4.5%)	(\$2,864,723)
Lakeside Memorial Hospital	(5.9%)	(\$3,037,210)
Auburn Memorial Hospital	(4.9%)	(\$3,100,098)
Nassau University Medical Center	(0.9%)	(\$3,107,117)
New York Eye and Ear Infirmary	(4.1%)	(\$3,302,036)
Blythedale Children's Hospital	(19.1%)	(\$3,305,656)
Parkway Hospital	(5.0%)	(\$3,416,141)
Brunswick Hospital Center	(5.0%)	(\$3,905,876)
Jamaica Hospital Medical Center	(1.5%)	(\$4,514,521)
Metropolitan Hospital Center	(1.7%)	(\$4,542,065)
Corning Hospital	(9.7%)	(\$5,257,469)
Queens Hospital Center	(2.2%)	(\$5,337,742)
Victory Memorial Hospital	(3.6%)	(\$5,691,427)
New Island Hospital	(7.6%)	(\$6,267,220)
Harlem Hospital Center	(2.2%)	(\$6,432,834)

Hospital	Operating Margin	Net Income*
Franklin Hospital Medical Center	(5.1%)	(\$6,691,000)
North Central Bronx Hospital	(5.0%)	(\$7,540,944)
St. Charles Hospital and Rehabilitation Center	(6.3%)	(\$8,985,087)
St. Catherine of Siena Medical Center	(6.4%)	(\$10,500,206)
Long Island College Hospital	(3.6%)	(\$11,040,000)
St. Luke's-Roosevelt Hospital Center	(1.6%)	(\$12,792,922)
Cabrini Medical Center	(9.1%)	(\$13,109,543)
Woodhull Medical and Mental Health Center	(4.3%)	(\$13,471,210)
Mercy Medical Center	(7.9%)	(\$14,298,756)
Flushing Hospital Medical Center	(9.3%)	(\$14,630,000)
Beth Israel Medical Center-Milton & Carroll Petrie Division	(2.3%)	(\$16,791,887)
Our Lady of Mercy Medical Center	(8.8%)	(\$17,989,583)
Lincoln Medical and Mental Health Center	(5.6%)	(\$18,849,209)
Elmhurst Hospital Center	(5.1%)	(\$21,072,061)
Interfaith Medical Center	(13.0%)	(\$23,176,994)
Kings County Hospital Center	(5.6%)	(\$26,623,280)
Kaleida Health System	(3.5%)	(\$26,677,416)
Jacobi Medical Center	(7.1%)	(\$29,832,294)
Southside Hospital	(18.0%)	(\$32,444,000)
Westchester Medical Center	(9.5%)	(\$49,926,744)
Lenox Hill Hospital	(12.4%)	(\$55,785,000)
Beth Israel Medical Center-Herbert & Nell Singer Division	(90.5%)	(\$56,846,291)
SVCMC/St. Vincent's Hospital and Medical Center	(9.2%)	(\$147,577,000)
<b>Data Not Available</b>		
Sheehan Memorial Hospital		
Our Lady of Victory Hospital		
Island Medical Center		
Mary McClellan Hospital and SNF		
St. Agnes Hospital		
New York United Hospital Medical Center		
Roswell Park Cancer Institute		
Helen Hayes Hospital		





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