SENATE HEARING
UNIVERSITY HOSPITAL AT BROOKLYN
2013-14 SUSTAINABILITY PLAN

JUNE 4, 2013

SUNY The State University of New York

UNIVERSITY HOSPITAL SUNY DOWNSTATE
LICH • CENTRAL BROOKLYN • BAY RIDGE

WHAT IS AT STAKE

The significant weakening of the SUNY System and SUNY Downstate Medical Center, a vital medical and health professions education resource, would be catastrophic for Brooklyn, and the City and State of New York.

Simply put...SUNY Downstate Medical School educates more minority physicians than almost anyplace else; it educates large numbers of new physicians who stay in New York City; and it is critical to meeting the shortage of primary care physicians needed for an aging and chronically ill Brooklyn population.

SUNY Downstate matters even more in the current environment, and it is therefore essential to safeguard the future of this academic enterprise.

THE SUNY DOWNSTATE SITUATION

The pressing financial difficulties of SUNY Downstate's clinical enterprise at University Hospital of Brooklyn (UHB) have reached the point where they imperil the future viability of Downstate's academic enterprise and SUNY's prescribed mission to provide the people of New York educational services of the highest quality.

The current state can no longer be maintained. The challenges are immense, the complexity of the State system is overwhelming, and many of the solutions that could be utilized to protect the enterprise from insolvency and achieve a successful rescue of the enterprise, such as bankruptcy, are not options available for consideration as UHB continues to be a State enterprise.

DOWNSTATE EXISTS WITHIN A "MUCH STUDIED" COMMUNITY IN A HEALTHCARE CRISIS

"Despite the variety of healthcare facilities and clinicians in Brooklyn, a combination of factors raises serious concerns regarding access to care, quality of care, and population health in Brooklyn. High rates of chronic disease are compounded by socioeconomic barriers to healthcare…At the same time it appears that…the delivery system is ill-equipped in some areas to address complex health issues facing communities."

"Safety net, community hospitals can play an important role in this new world of coordinated care and performance-based reimbursement, but must be proactive in adapting to it. Because these new models emphasize prevention and deploy performance- and risk-based payment mechanisms, they demand a fundamental reconfiguration of Brooklyn's health care delivery system from a strategic, organizational, physical, and financial perspective."

~Excerpts from the Brooklyn MRT Report, 2011

"This [MRT] report endorses the creation of integrated systems of care aligned with community needs as a means of improving individual health and community health, while reducing unnecessary healthcare spending."

~Excerpt from the Stephen Berger MRT Report transmittal letter to Nirav Shah, 2011

WHAT IS THE SOLUTION?

- Four options were assessed.
  1. *UHB is restructured with Part Q Flex Legislation and provided State support.*
  2. *SUNY exits hospital operations at Downstate and a 501c3 public-private entity is formed for the narrow purposes of being a hospital operator in the UHB facilities.*
  3. *UHB is restructured with Part Q Flex Legislation, and a Brooklyn-based public benefit corporation is established to support, in part, the development of an integrated academic and clinical provider consortium for managed care contracting, improving quality and reducing the cost of care. UHB will become a smaller, more efficient hospital.*
  4. *Another hospital or hospital system acquires UHB in whole or in part or absorbs clinical services.*
- There is potential for significant improvement in the operation of UHB with intense focus on restructuring and maximum support for proposed actions with good progress reported to-date.
- The plan must allow for additional planning and stakeholder input, with a bridge period to prevent jeopardizing the academic programs of SUNY and SUNY Downstate.
- All options require at least 24-36 months to implement.
- The plan must be developed within the context of a community in need and consider the needs of various stakeholders.
- The State must partner with and support SUNY Downstate to achieve the best outcome.

New Approaches are Needed

"The world we created today has problems which cannot be solved by thinking the way we thought when we created them."

Albert Einstein

THE SUNY PLAN

SUNY Downstate's education mission depends on strong and sustainable healthcare organizations in Brooklyn. To achieve this goal, and to support solutions for the hospital and public health challenges in Brooklyn, SUNY requests:

1. A transition period for a restructured UHB to continue to operate under SUNY auspices, with benefits offered by the new Flex legislation, and continued State support; and
2. The creation by the State of a new Brooklyn Health Improvement public benefit corporation that will 1) support, in part, the formation of a Brooklyn-based provider network to position member organizations for the changing healthcare environment; 2) serve as a strong academic network for Downstate Medical Center; and 3) allow UHB to become a smaller, more efficient hospital.

A Phased Approach for the Sustainability Plan

Phase 1 Restructure

- Focus on Restructuring UHB to reach as close to a sustainable operation as possible.

Phase 2 Plan

- Request the State to create a new public benefit organization, a Brooklyn Health Improvement PBC, to support health-improvement initiatives and promote the formation of a Brooklyn provider-based network.
- With support from the State, work with providers to plan the model for a Brooklyn-based network to achieve a critical mass of providers to improve quality of care through clinical integration, for managed care contracting, and to support the teaching programs at SUNY Downstate.
- Engage the community and other stakeholders.

Phase 3 Implement

- Implement a staged plan for the network for IT linkages and the data analytics to support clinical data reporting and benchmarking and clinical staff to drive change management.
- With the expansion of the academic network, Downstate can expand its clinical affiliated sites to other locations and UHB can become a smaller, more efficient hospital.
- With clinical integration established, launch managed care contracting to increase revenue to network members.

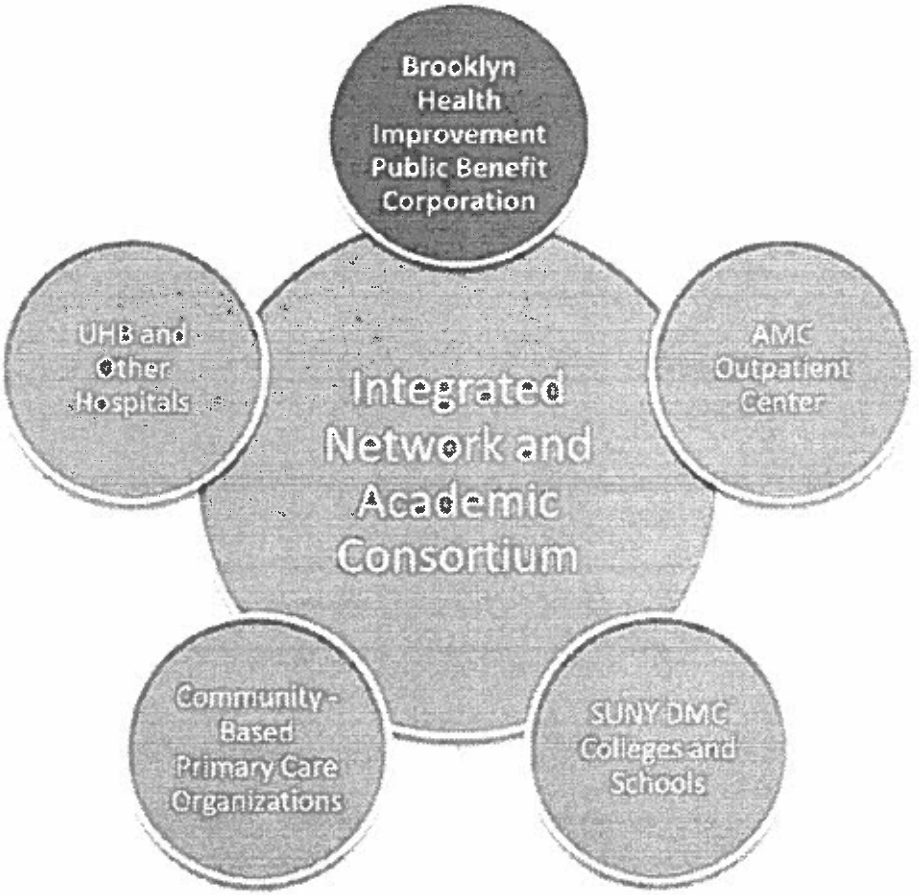
Suggested Role for a Brooklyn Health Improvement Public Benefit Corporation (PBC)

- **The corporation will not operate hospitals.**
- It will be:
  - A catalyst and funding source for health improvement initiatives in Brooklyn.
  - A vehicle for public input into health needs.
  - A monitor for the achievement of project goals for public funds provided through the PBC.
  - A sponsor of initiatives such as a Brooklyn-based healthcare network (a subset of Brooklyn hospitals focused on the safety net), primary care initiatives, public health studies, etc. The PBC would not be the operator of the network.
  - A support for a forum of all Brooklyn providers for tracking changes in the healthcare environment , stimulating responses across providers, and offering grant funding (as available) to support its goals.
  - A vehicle for capital formation (not contemplated at this time but may be a goal in the future).
  - An entity with the power to form subsidiary corporations in support of its purposes.
  - An entity that can change its purpose and scope in response to the changing healthcare environment.

A VISION FOR HEALTHCARE IN BROOKLYN

A BROOKLYN PROVIDER-BASED SOLUTION

- A Brooklyn Health Improvement Public Benefit Corporation (BHI) is formed to promote and provide funds to improve the quality of healthcare in Brooklyn's most underserved communities.
- **BHI will not operate hospitals.** It will support the formation of a clinically integrated network that will allow the expansion of clinical training sites for Downstate and improve quality and value by/through:
  - Joint managed care contracting for revenue enhancement
  - Pursuing risk contracts
  - Cultivating shared network goals ***(while retaining separate ownership and management)***
  - Support of and benefits from Academic Mission of the Medical School including GME program
  - Vital Access Provider rate for network members
  - IT connectivity and care redesign
- Support expansion of primary care and improve linkages (IT) and care coordination to improve health outcomes and reduce inpatient utilization.
- BHI and the Network may have their purposes and functions expanded as the environment changes; **BHI would not operate the network**.



UNIVERSITY HOSPITAL SUNY DOWNSTATE

SUNY Downstate Path for Realizing the Goal for an Integrated Clinical and Academic Medical Network for Brooklyn

Phase 1

A Restructured UHB with the benefits offered by Flex Legislation

Phase 2

- Planning Process and formation of Public Benefit Corporation (PBC)
- Planning Process and launch of provider Network and initiatives

Phase 3

- Downstate, UHB and other providers begin managed care contracting, drive quality improvement, prepare for ACOs, expand primary care linkages and the network is supporting the academic mission of SUNY
- UHB becomes a smaller, more efficient hospital

UHB Restructured with Flex					
Cash	**FYE 13**	**FYE 14**	**FYE 15**	**FYE 16**	**FYE 17**
Continued State and SUNY Support		($44,000)	($44,000)	($44,000)	($44,000)
Closing the Gap Restructuring with Flex (minus LICH)[1]		($81,000)	($60,000)	($37,000)	($47,000)
LICH[2]		($35,000)	($54,000)	($20,000)	($20,000)
Investment for new structure		See schedule	See schedule	See schedule	See schedule

1. Funding gap is based on identified and validated restructuring and efficiency actions at this time. It is expected that UHB will continue to identify restructuring and savings opportunities to further reduce this gap.
2. SUNY will review all responses received to the request for information and determine the most expeditious and financially responsible course of action to enable Downstate to exit from the operation of the Long Island College Hospital facility.

UNIVERSITY HOSPITAL SUNY DOWNSTATE
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SUNY

TRANSITION FUNDING NEEDS

State restructuring assistance

Categories	FYE 14	FYE 15	FYE 16	FYE 17
UHB				
UHB (closing the cash gap)[1]	$81.0M	$60.0M	$37.0M	$47.0M
Long Island College Hospital (LICH) costs	$35.0M	$54.0M	$20.0M	$20.0M
State grant for UHB MD recruitment and programs (above capital budget)	$5.0M	$14.0M	$14.0M	$9.0M
Health Improvement PBC				
Brooklyn State grant for planning and formation of PBC	$1.0M	$1.0M	$1.0M	$1.0M
Operating budget 2015 and beyond	TBD	TBD	TBD	TBD
State grants for primary care expansion and linkages initiatives	TBD	TBD	TBD	TBD
Network[2]				
State grant for network planning and implementation	$6.0M	$6.0M		
State grant for network systems development (IT programs, interfaces, dashboards, change management clinical staff, EHR linkages)	$4.0M	$7.0M	$7.0M	$3.0M
State grant for initial staffing and ongoing network operations		$5.0M	$6.0M	$6.0M
Ongoing operation outsourced for IT systems/clinical support staff			$3.5M	$3.5M
Support for academic network development (Caribbean school issues, academic program support, shared service support)		TBD	TBD	TBD

1. Funding gap is based on identified and validated restructuring and efficiency actions at this time. It is expected that UHB will continue to identify restructuring and savings opportunities to further reduce this gap .

[2] Assumes clinically integrated network is financially sustainable after FYE 17.

NOTE: State and SUNY support of $44M annually continues for all years.

CONCLUSION

The advice from every panel, workgroup, and commission since at least 2006 has been the same: Brooklyn healthcare is broken and needs a game-changing solution that requires integrating organizations and changing the way care is delivered to a largely minority and poor population.

The SUNY System and SUNY Downstate Medical Center and its education programs are a critical and singular resource needed for the City and State of New York for addressing the healthcare problems in Brooklyn. Now is the time for SUNY Downstate (with its education and research programs), SUNY and the State to be the instruments of this change in order to insure the continuation of medical and health professions education and the creation of a better healthcare system for one of the most underserved communities in the State.

James Clancy, Assistant Commissioner
Office of Governmental and External Affairs
New York State Department of Health
Testimony
Joint Senate Health/Higher Education Hearing
June 4, 2013 – 10:00AM
Regarding SUNY Downstate Hospital/Long Island College Hospital

Good Morning Senators Hannon and LaValle. My name is Jim Clancy and I am the Assistant Commissioner for Governmental and External Affairs for the Department of Health. Let me begin by first passing along Dr. Shah's regrets for not being available to appear before you today. Unfortunately, he had a previously scheduled meeting with the new director of the Centers for Medicare and Medicaid Services in Washington DC.

He is there to advocate for the initiatives imperative to all New Yorkers. Specifically, impressing upon our federal representatives the importance of reinvesting a significant amount of federal dollars back into New York's health care system.

One of the first major challenges Dr. Shah confronted was dealing with the complex problems facing the Brooklyn Healthcare delivery system. Because of this, Governor Cuomo directed the Commissioner to create the Brooklyn MRT Health Systems Redesign Work Group. While the focus and charge of the workgroup was to make recommendations that would lead to a high quality, financially secure and sustainable health care system in Brooklyn, it was hoped that this would also be a template for responding to the needs of distressed healthcare providers and unmet healthcare needs throughout the state.

The workgroup, led by Stephen Berger, issued a report titled...*At the Brink of Transformation: Restructuring the Healthcare Delivery System in Brooklyn*. That report identified specific challenges facing the Brooklyn health care delivery system, some of them being:

- Brooklyn's daunting population health challenges, particularly the high rates of chronic disease;
- Brooklyn hospitals compete for market share amongst themselves and a significant percentage of Brooklyn patients seek their medical services in Manhattan;
- Brooklyn residents are not using appropriate, effective and less costly primary care.

Again, these are just a few examples of the challenges facing the Brooklyn healthcare delivery system.

The major recommendation made by the workgroup was that Brooklyn health care providers must create integrated systems of care and service delivery models: including hospitals, physicians, FQHC's, nursing homes, behavioral health providers and other such entities. Bottom line, the Brooklyn health care delivery system must look within itself; individual facilities must find relationships and collaborations that help fortify their existence and create a sustainable system for their communities.
In addition to the Brooklyn MRT Health Systems Redesign Work Group report, several other reports have assessed the Brooklyn healthcare delivery system and identified its strengths and weaknesses. These other reports are:

- Community Health Care Association of NYS Report: *A Plan for Expanding Sustainable Community Health Centers in New York*
- Brooklyn Health Improvement Plan
- Navigant Report (HEAL NY 21 Project): *The Brooklyn Hospital Center: Keeping Brooklyn Healthy*

All four reports agree that increased primary care access is vital in reducing unnecessary emergency room visits and inappropriate hospital admissions and ensuring that Brooklyn residents are using the most appropriate, preventive and least costly care available.

High rates of non-emergency or preventable emergency room visits suggest that accessible primary and preventive care is lacking in Brooklyn.

Prevention Quality Indicators or PQIs, are measures the Department uses to identify potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions. These indicators are intended to reflect issues of access to, and quality of, ambulatory care in a given geographic area.

High rates of non-emergency or preventable emergency room use, together with PQI hospitalizations suggest a significant portion of hospital care in Brooklyn could more appropriately be delivered in the community, if access to high quality primary care services were improved.

And of course, this must all happen without an excessive reliance on state dollars. As you know, the state is no longer in the position of having federally authorized investment dollars to help support failing or struggling facilities. We must make strategic decisions about where to best spend limited funds in order to ensure financially stable and sustainable systems. Previously, one of the best tools we have had to help struggling facilities was the HEAL NY program, but again, as you know, the federal matching of state dollars in the HEAL NY program ends March 2014.

Governor Cuomo directed the Department to reserve $150 million from HEAL NY 21 to support additional efforts to improve the health care delivery system in Brooklyn. We continue to work with several health systems in Brooklyn to restructure and transform both inpatient and outpatient service delivery. But let me be direct...this money is intended to be used in situations where it is clear that strong; viable and sustainable health care delivery systems will result from the investment.

We look forward to continuing discussions with you, our partners in the Legislature, to create new tools to assist in the strengthening of the health care delivery system in Brooklyn and other communities throughout the state. One such tool was part of Governor Cuomo's Executive Budget, the Capital Access or Private Equity pilot program. This initiative would have allowed for two pilot programs, one in Brooklyn and another elsewhere in the state, through which business corporations with access to investor capital and expanded debt financing opportunities would have been formed to operate hospitals. While we acknowledge the uniqueness of this initiative, please understand it was made with the intent of creating financial opportunities and potential investment where there currently is very little. Reliance on state dollars is simply no longer a viable and lasting solution.

Another policy initiative put forward by the Governor this previous budget would have provided the Department with the authority to oversee Retail or Convenience Clinics.

These entities are a reality and are actually already opening throughout the state.

Recently, in the retail industry's boldest push yet into an area long controlled by physicians, a chain pharmacy announced plans to expand medical services at more than 300 clinics across the country. This move puts the chain in a potentially lucrative business of treating customers with long-term medical problems, diabetes, asthma, high-cholesterol. The pharmacy officials have stated their intentions to have nurse practitioners and physician assistants at their clinics to do tests and make diagnoses as well as write prescriptions, refer patients for additional tests and help manage their conditions. This is evidence that retail clinics are here to stay and likely to be expanding. We need to have the ability of controlling what services they provide, to whom they provide them and hold them to the same standards of quality as other health care facilities. They can, and will, be another front line defense in our efforts to bolster primary care access.

On a personal note, I want to thank you Senator Hannon for partnering with us to support the Temporary Operator initiative, which was enacted as part of this year's budget. While this new authority will not help us, or SUNY, with the current situation at Downstate Medical Center, it is our belief this initiative will help us prevent or, at the very least, mitigate further hospital closures throughout New York.

As you are aware, the enacted budget contained language calling on Chancellor Zimpher to submit to the Governor and Legislature a Sustainability Plan for the continuing viability of Downstate Medical Center. The Commissioner and Budget Director have begun the process of reviewing the challenges, needs and recommendations outlined in the plan. We look forward to working with you to find the best solution for the residents of Brooklyn and all New Yorkers.

Thank you.

CHCANYS DEFINING NEW DIRECTIONS
COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE

Testimony Presented by Elizabeth Swain
for the Public Hearing of the
Senate Standing Committee on Health and the
Senate Standing Committee on Higher Education

June 4, 2013

Subject: SUNY Downstate/Long Island College Hospital (LICH) and their sustainability

Purpose: To consider SUNY Downstate/LICH and the sustainability plan required by the 2013-14 Budget

Good morning, my name is Elizabeth Swain and I'm the President and CEO of the Community Health Care Association of New York State (CHCANYS). Thank you for the invitation to testify this morning.

Introduction and Background

Founded 40 years ago, CHCANYS is New York State's Primary Care Association. CHCANYS mission is to ensure that all New Yorkers, including those who are medically underserved, have continuous access to high-quality, community-based health care services, including a primary care home. To do this, CHCANYS serves as the voice of community health centers as leading providers of primary health care in New York State. CHCANYS works closely with more than 60 federally qualified health centers (FQHCs) that operate approximately 600 sites across the state. These community health centers are not-for-profit, patient-centered medical homes located in medically underserved areas. They provide high quality, cost-effective primary health care to anyone seeking care, regardless of the patients' insurance status or ability to pay.

Health centers serve 1.5 million New Yorkers annually and are central to New York's health care safety net. The model of care provided by FQHCs is comprehensive and includes medical, dental, and behavioral health care, as well as care coordination and care management for a historically underserved patient population. FQHCs serve low income patients, two-thirds are below the poverty level; one-fifth are best served in a language other than English; three-fourths are racial and ethnic minorities; one-quarter are uninsured; nearly 100,000 FQHC patients are homeless, and a similar number are elderly. FQHCs provide a model of care which is well integrated with affiliated specialty and hospital partners in communities all over New York State.

Strengthening and expanding primary care is integral to any health system restructuring effort. As I will discuss later in my Brooklyn specific remarks, anything done in Brooklyn to address major health system reform must address the need to build

capacity in the primary care system as an important first step. As we know from the research, preventable hospitalizations and potentially avoidable emergency department (ED) visits are notably higher among residents of northern and central Brooklyn. During the past several years, as a result of the investments made by the Federal government through the ARRA and the ACA, FQHC capacity in Brooklyn has grown significantly.

- In 2011 about 218,000 Brooklyn residents received care at an FQHC, a 39% increase from 2006.
- FQHC expansion was greater in the six UHF neighborhoods comprising 21 ZIP codes in **northern and central Brooklyn**, which saw a 49% increase in FQHC caseloads over the five years, compared to a 25% increase elsewhere in Brooklyn.
- By comparison, FQHC patient volume grew by 36% Citywide and 31% Statewide.

CHCANYS Recently Released "A Plan for Expanding Sustainable Community Health Centers in New York State."[1]

CHCANYS has recently completed a statewide plan for increasing the capacity of New York's FQHCs to serve more patients. We know that now is our opportunity to transform the health system as never before. While the Plan focuses on increasing capacity, which is critical to ensuring that people have access to care, it also highlights opportunities that increase capacity *and* can help further transformation toward a Triple Aim-oriented system of care.

We can now access data that enables state, regional, county and community-level planning. While this Plan is statewide, we believe it can help facilitate and provide resources to support other levels of planning, particularly community-level planning.

Increasing capacity to FQHCs and other community-based primary care is critical to ensuring access to care, especially for low income populations. Both Federal and State health reform require expanded care capacity:

- Central to Governor Cuomo's Medicaid Redesign Team's Action Plan; and
- Needed to care for the influx of newly insured people under the Health Exchange and ensure a strong safety net for those who remain uninsured.

For the past 18 months, CHCANYS has led a team of staff and consultants to complete this major planning project. The Plan focuses on two goals: **1) expanding the primary care capacity of existing primary care providers to serve more patients, highlighting untapped opportunities to get additional capacity out of the existing primary care system and 2) expanding physical capacity, looking at communities throughout New**

[1] "A Plan for Expanding Sustainable Community Health Centers in New York," April 2013, NYSHealth..http://www.chcanys.org/clientuploads/2013%20PDFs/Statewide%20Expansion/CHCANYS_ExpanSustain_April2013.pdf

York that are "primary care deserts" and prioritizes areas for sustainable expansion.

The Plan outlines findings and recommendations in four areas:

1. Development of High-Performing Community-Based Primary Care

All existing and new community-based primary care providers, including FQHCs, should deliver care and operate at the highest level of performance. At a minimum, a primary care provider who is high performing should adhere to the patient centered medical home (PCMH) model of care. This includes ensuring access and continuity of care, using data to identify and manage patient populations, planning and managing care for individual patients, providing self care support and community resources, tracking and coordinating care, and measuring and improving performance. Additionally, high performing primary care providers must operate efficiently, be cost effective, and optimize both productivity and quality. They must be able to break out of traditional modes of operating and deliver care outside of face-to-face visits and in collaboration with other providers. They must also address community health, the social determinants of health, and health and health care disparities.

2. Primary Care Workforce Recruitment and Retention

Primary care providers must be able to recruit, train, and keep a workforce that is stable and well-qualified to serve low income patients. Filling vacant positions is an immediate means to expand the capacity of existing providers to serve more patients. In addition, the next generation primary care workforce will need a thorough understanding of and skills for providing advanced models of care, including PCMHs, Accountable Care Organizations, Health Homes, and other forms of integrated care, as well as for the FQHC model of care delivery. This requires ensuring that FQHCs have the right workforce in place now, as well as developing a future workforce pipeline.

3. Access to Affordable Capital

As this plan illustrates, there is the need to build a larger system of FQHCs and other community-based primary care providers in many regions of the State. Capacity expansions require access to affordable capital. Capital funds help providers build new sites, expand their existing sites, purchase health information technology, renovate outdated facilities, and increase patient access through the use of telemedicine and mobile medical vans. They also support the development of new community-based primary care. Investments by the State should give priority to projects that leverage other funds and attract other investments, including loans, foundation grants, and owner's equity. In addition, a program of technical assistance should be established to help community-based primary care providers accurately assess their capital needs, assess their risks, and identify and secure capital financing for expansions.

4. Community-Level Planning

This plan should be supplemented by additional and ongoing planning efforts at the community level. Community-level planning will support the development of plans that are relevant and actionable at the local level and will be an important complement to the regional planning efforts. Under the leadership of the Regional Health Improvement Collaboratives (RHICs), community-level planning efforts will require resources to develop the infrastructure for and support the implementation of this level of planning. In addition to conducting data analyses on needs and opportunities, the community planning work should also include conducting environmental assessments, considering social determinants of health, soliciting input from all stakeholders, and facilitating the community planning process.

To restate our key operating assumption, strengthening and expanding primary care is integral to health system restructuring. Our research and that of others [2] supports the continued expansion of high quality primary care through growth in FQHC capacity in Brooklyn.

- A high performing cost effective health care system requires strong primary care at the center. New care models such as PCMH, Health Homes and ACOs require a strong primary care core.
- Access to high quality primary care reduces reliance on ERs and hospitals, and is key to health care cost savings.
- Without an actionable primary care plan, system wide restructuring including closing and downsizing hospitals will reduce access to primary care and further fragment care for vulnerable populations.
- Expanding sustainable primary care through increasing community health center capacity has to be at the core of any health system restructuring in Brooklyn.

Looking more closely at our Brooklyn data, we make some important observations:

- Brooklyn FQHCs are responding to many of the same population health issues and adapting their services at the same demanding rate as other potential partners in the community. Comparing those centers headquartered in Brooklyn in 2008 and 2011, we notice a 43% increase in visits by patients with a primary diagnosis of diabetes, and a 58% increase for patients with a primary diagnosis of heart disease. (Similar increases are observed if we include other FQHCs located outside of Brooklyn but serving significant numbers of Brooklyn residents).
- Brooklyn FQHCs have expanded services in response to Brooklyn's needs. Visits by patients with a primary diagnosis of anxiety or depression grew by one-third in the three years (2008 to 2011) and visits by other mental health patients more than doubled.

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[2] "At the Brink of Transformation: Restructuring the Healthcare Delivery System in Brooklyn Group", Stephen Berger et al. 11.28.11 & Brooklyn Health Improvement Project, Dr. Grace Wang, 2011.

- Dental services are also expanding among FQHCs across New York State, and we see that trend in Brooklyn as well. By 2011, Brooklyn FQHCs provided twice as many oral exams as in 2008, and increased the number of dental prophylaxis visits by 75%.
- More than 2/3^{rds} of the Brooklyn FQHCs are recognized as Patient Centered Medical Homes as compared to 20% nationwide. The majority of the Brooklyn health centers with PCMH recognition have achieved at least Level II designation.
- The six UHF neighborhoods in northern and central Brooklyn are home to 57% of the Borough's low-income population (below 200% of FPL), but they account for 72% of the recent FQHC growth.
- Nonetheless, total FQHC caseloads in northern and central Brooklyn represent only 22% of that area's low-income residents, compared to 48% in the Bronx. (Borough wide, FQHC patients correspond to about 20% of Brooklyn's low-income population.)
- To reach roughly 50% of the low-income population of northern and central Brooklyn, capacity would need to grow by 160,000 patients or about 750,000 to 800,000 annual visits.
- Borough wide, such a targeted service rate would require the capacity to deliver an additional 1.5 million visits per year.

Conclusion

Any efforts to transform the health system in Brooklyn must have as a centerpiece the expansion of high quality primary care. CHCANYS stands ready to work with partners in the health system and community to expand sustainable community heath centers as the core of Brooklyn's health system transformation.

Please feel free to contact Elizabeth Swain for additional information at eswain@chcanys.org.

New York State
NURSES
ASSOCIATION

June 4, 2013
Testimony of the New York State Nurses Association for the Senate Standing Committee on Higher Education & the Senate Standing Committee on Health

Julie Semente, RN

Good afternoon, my name is Julie Semente. I have been a registered nurse at Long Island College Hospital, also known as LICH, since 1983, caring for patients in the intensive care unit and critical care division. I am also an elected leader in the New York State Nurses Association.

Today I am speaking on behalf of my colleagues, the NYSNA nurses at LICH.

I'd like to thank the Committee for affording me this opportunity today. Senator LaValle, you may remember me from our fight to save SUNY's Stony Brook Southampton campus from closure in 2010 and the students' lawsuit, in which my daughter, Tara, was one of the six plaintiffs.

Just as we were successful in preserving Southampton campus for that community, it is imperative that we succeed in preserving Long Island College Hospital as the full service teaching hospital that has been so important to the Brooklyn community for past 155 years. Long Island College Hospital's nurses have been fighting for many months to save our hospital and we are going to keep doing whatever it takes to keep LICH open for care as a full service primary and acute care facility – because every day that we keep LICH open for care, we are saving lives.

When SUNY withdrew its closure plan, we were optimistic for LICH's future but we also knew that we had to keep working to transition LICH to a new operator because SUNY is no longer interested in operating this hospital. To keep LICH open as a full service hospital, we are ready to work with any new operator that will put quality care for Brooklyn patients first.

We're encouraged that SUNY's sustainability plan included $129 million for the transfer of LICH to a new operator over the next 4 years, and that several operators have expressed interest in running the hospital. However, SUNY Downstate has still not fully disclosed their financial statements, and they have continued to behave in a way that is neither transparent nor democratic – including holding a so-called town hall meeting instead of participating in meaningful consultation with NYSNA and other stakeholders to give us a voice in the process.

As a LICH nurse, I can tell you that our hospital is viable and very much needed in our community. Brooklyn is the fastest growing borough in New York City and most of the new real

estate development is concentrated in the Downtown area neighborhoods that are served by LICH.

In addition to new housing and commercial development, the 18,000 seat Barclays Center is nearby and one third of the people needing emergency care at the stadium are treated at LICH. The revitalized and expanded Brooklyn Bridge Park is just steps from our hospital. Even before the expansion, the park received more than 60,000 visitors on an average summer weekend. LICH is the only full service hospital in this area, serving a wide swath of Brooklyn, its residents, workers, and visitors. We should be investing in quality care for our expanding population instead of cutting services.

In times of crisis, LICH has been essential to our community. After the World Trade Center attack, our ambulances were among the first to respond and LICH cared for many New Yorkers who evacuated to Brooklyn. When a ferry crashed into docks at Lower Manhattan, LICH emergency crews were able to be at the scene within minutes. After Hurricane Sandy, LICH accepted patients evacuated from hospitals that were in harm's way. In the course of one month from December to January over 1000 patients were cared for at LICH as the city suffered from the worst flu epidemic in recent history. After the tragedy of the Boston marathon bombings, it should be clear that we need more hospitals like LICH that are prepared to handle large-scale catastrophes, not fewer.

Our hospital is highly utilized with a reputation for providing exceptional quality care. In the 2012-2013 US News and World Report, sixty-nine of our physicians were ranked as being among the best in the nation. The same report ranks LICH as the second safest hospital in Brooklyn. Our pulmonary, neurology, nephrology and neurosurgery departments were ranked close to the best and are nationally known.

Averaging an occupancy rate of 90 percent capacity, LICH serves patients throughout all of Brooklyn. Last year, LICH's emergency room saw 58,710 patients and 15,812 patients were discharged from its in-patient units, many of them children. Other Brooklyn emergency rooms are already overcrowded and understaffed. If LICH closes or ceases to be a full service hospital, the system will be stretched beyond capacity and Brooklyn patients will not get the care that they need.

Hospital closures impact everyone, but do the most harm to low-income communities of color that are already medically underserved. Red Hook, Brooklyn is a federally designated healthcare professional shortage area and depends on LICH for its primary, acute, and emergency healthcare.

Fifteen New York City hospitals have closed in the past 10 years and now 4 Brooklyn hospitals are at risk of closure – including LICH and SUNY Downstate. Hospitals across the city have faced financial distress and services have been cut without regard to community needs like those of Red Hook residents.

We must keep LICH and all other Brooklyn hospitals – including SUNY Downstate – open for care.

We're encouraged that Governor Cuomo is seeking federal assistance for financially distressed Brooklyn hospitals and we will continue to work with state and federal elected leaders on solutions to secure funding to keep our hospitals open for care.

We know that LICH is a good hospital and will continue to provide quality care to Brooklyn patients as a full service hospital for another 150 years – if it's managed properly. Let's work together to ensure that we bring in a new operator that is committed to doing just that.

Any sustainability plan implemented by SUNY and approved by the state must guarantee that our full hospital, not just pieces of it, stays open for care. Our community needs LICH as a full service primary and acute care facility. We will not allow our hospital to be sold off for its real estate value. Our patient's lives are more important than any real estate deal.

As a nurse, my job is to care for patients at their bedside but it is also to advocate for them in every way that I can—whether that means marching across Brooklyn, doing early morning interviews with TV reporters, getting on buses to Purchase, or coming here to testify in Albany.

I'm here today for my patients. I'm asking you to work with my union NYSNA, myself and every other advocate for Brooklyn patients, to keep LICH and all Brooklyn hospitals open for care.

1199SEIU
United Healthcare Workers East

Talking Points – SUNY Downstate Plan

- I am here representing the 230,000 members of 1199 SEIU United Healthcare Workers East in New York State to testify on the sustainability plan for SUNY Downstate.
- As a healthcare worker, I know firsthand the needs of our communities here in Brooklyn. As the Medicaid Redesign Team's Brooklyn Task Force report pointed out, our borough has rates of diabetes, heart disease and obesity that are higher than the City average. There are significant health disparities within Brooklyn affecting African-Americans and Latinos, including higher rates of premature death. 15% of our population is uninsured. There is a lack of access to primary care providers.
- Our community institutions, including Downstate Hospital and its Long Island College Hospital Campus, can be vital parts of a transformed healthcare delivery system that meets the needs of Brooklyn's population.
- It is clear that the existing health care delivery system in Brooklyn is not able to meet the challenge of preserving and improving the health of our population. Many of our hospitals, including Downstate, are struggling with serious financial instability. Years of budget cuts, low reimbursement, mismanagement and profiteering have left some institutions unable to provide the high quality care that Brooklynites deserve.
- As the final MRT report indicated, the only path to achieve a "high-quality, accessible and financially stable health care delivery system," is through a deliberate planning process, supported by increased State oversight powers and funding. For too long, the leadership of some individual institutions have refused to collaborate or make decisions to improve the delivery system as a whole, hoping instead to be the "last man standing" as other institutions fell. We cannot afford to allow this to continue. Too much is at stake.
- We are glad that the SUNY leadership has recognized this problem but it is unclear if the proposed public benefit corporation can truly function as the planning process that Brooklyn needs.
- Institutions must be evaluated and supported based on the services they are able to provide to populations in need.
- As the Union representing over 2,000 employees at Long Island College Hospital, we are pleased that the leadership of SUNY Downstate withdrew its closure plan for LICH. This was a recognition of the financial viability of the hospital, which has the second highest rate of commercial payor discharges in Brooklyn[1] and provides many medical services that are unique to the area, including a stroke center and psychiatric inpatient services. In 2008, the Department of Health

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* required the hospital to maintain its obstetrical, maternity and pediatric care because of demonstrated community need.[1] LICH is also the primary provider of services in underserved areas, including 50% of patients with ER visits in Red Hook, which is designated as a Health Professional Shortage Area.[1]
* Now that the closure plan is withdrawn, SUNY Downstate must follow through on the responses to the Request for Information process working with the State Department of Health to identify and contract with alternative operators who will preserve vital community services at LICH.
* We need all of us at the table to develop a collaborative vision to transform the healthcare delivery system in Brooklyn and [illegible] together [illegible], including the approval by the federal government of the much needed 1115 waiver funding.

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[illegible]

Testimony of

Donald Morgenstern

New York State Public Employees Federation

Council Leader SUNY Downstate

to the

Senate Health Committee

Kemp Hannon, Chair

and

Senate Higher Education Committee

Kenneth P. LaValle, Chair

on the

State University of New York's

Proposed Sustainability Plan

for the

State University of New York Downstate Medical Center

June 4, 2013

My name is Donald Morgenstern, and I am an Executive Board member of the Public Employees Federation and PEF's Council Leader at SUNY Downstate. PEF represents 54,000 state employees in the professional, scientific and technical unit and over 650 members at SUNY Downstate, mostly nurses. President Kent could not be here today because of a prior commitment in Washington DC.

Since 1974 I have been employed as a Research Scientist, assigned to the Department of Cell Biology in Downstate's College of Medicine. Over that time frame I have been involved in cardiac and muscle cell research on a molecular level. I am proud of the fact that the work that I have done in the basic sciences has been directly used by many other researchers and indirectly has helped in the treatment of thousands of patients. If the reorganization plan for Downstate proceeds, I will be one of the 600 or so employees laid off.

Dr. Desingarao Jothianandan is also a PEF Research Scientist at Downstate who has been at the facility for over 40 years. He is a coauthor on many of the scientific papers for which Dr. Robert Furchgott was awarded the Nobel Prize. Should the Downstate reorganization plan proceed unchanged, Dr. Jothianandan, Downstate's sole remaining link to its Nobel Prize winning work, will be laid off.

These two positions, as well as many other positions that are slated for layoff in the College of Medicine, are fully funded by the State in the budget that you pass, and are not dependent on hospital income for funding. There is no reason for these layoffs to occur if the core principles that all the unions here today have outlined are implemented. Nor does the State have to provide an extraordinary subsidy to SUNY Downstate, outside its historical norms.

There is a great deal of evidence available that shows that Downstate can be made sustainable. Attached to my testimony is a summary of ten years of financial statements prepared by Dr. Fred Hyde one of the nation's preeminent hospital finance experts (Attachment 1). Page six shows the amount of bad debt carried by Downstate through fiscal year 2011, the most recent audited financial statements available and which in 2011 includes the assets and liabilities of LICH. In 2011 SUNY Downstate's bad debt was over $77 million or fourteen percent of its total operating revenue and sixty-six percent of its total operating deficit. A financially stable hospital has bad debt less than half that size. Why do I think that SUNY Downstate can get its bad debt into that range? Because, historically they have been able to achieve that goal.

In 2010 their total bad debt was $33.6 million or about seven percent of its operating revenue. SUNY Downstate's bad debt has ranged between five percent and eight percent since 2005. What happened between 2010 and 2011to increase SUNY Downstate's bad debt? SUNY Downstate absorbed LICH, their financial systems were incompatible and management focused on its new acquisition rather than attending to the business of running a hospital.

Further evidence of SUNY downstate's inattention to the business of running a hospital is clear from an analysis of the federal data collected by the Centers for Medicare and Medicaid Services (CMS, the federal agency responsible for oversight of both programs). CMS data concerning charge and payments by DRG code of the three SUNY medical campuses which is also attached to my testimony (Attachment 2). This analysis shows that SUNY Downstate has the lowest charges

in 59 of the 67 DRG codes the three hospitals have in common. SUNY Downstate should have the highest charges due to the higher cost of providing hospital services in New York City. If SUNY Downstate's new management can charge correctly for the medical services it provides it will result in greater financial stability.

I have outlined two important financial areas that SUNY Downstate can easily improve which would go a long way to improving its financial stability and eliminating its operating deficit without laying off additional personnel. There is another reason SUNY Downstate can succeed. It ranks very high on various quality of service measurements traditionally used to rate hospitals.

Since 2005, CMS has undertaken to measure "value" in the hospitals for which services are paid under those programs. The so called "value-based purchasing" program ranks hospitals by a percentage penalty or bonus, for the year beginning October 1, 2012. Hospitals can obtain as much as 1% increase or suffer a penalty as much as 1% decrease in their total Medicare reimbursement. When analyzing similar Brooklyn hospitals and other SUNY hospitals SUNY Downstate, was right behind Lutheran Medical Center as the top performer in this "Value Based Purchasing" sample. Stony Brook was in the middle and SUNY Upstate in the bottom half.

I have also attached an analysis by Dr. Hyde which assesses Brooklyn and SUNY hospitals' "hospital-acquired conditions" (Attachment 3). These conditions include foreign objects retained after surgery; air embolism; blood incompatibility; pressure ulcer, advanced stages; falls; catheter associated blood infection; catheter associated urinary tract infections; and manifestations of poor glycemic control. A rate per 1,000 discharges is calculated, and compared to a national rate. The boxes highlighted in green show results better than the national average, those in red results worse than the national average.

Brookdale, Kingsbrook Jewish, Long Island College Hospital and Lutheran Medical Center all show only one result worse than national averages of the eight measured factors. Maimonides, SUNY Downstate and Stony Brook show two results worse than national average. Kings County shows three results worse than national average.

If SUNY Downstate is correctly marketed and establishes its own decentralized emergency centers it will not be subject to the out migration to Manhattan hospitals that has been recently been occurring for many Brooklyn hospitals.

Finally I want to refer back to Attachment 1, page four which documents the total level of annual State support to SUNY Downstate according to its audited financial statements. Since 2001 the State's annual support has ranged between $126.8 million and $21.3 million which is about the current level of support. The Division of Budget has informed us that the 2006 level of State support of almost $127 million is misleading because it of the manner in which medical malpractice payments are accounted. Nonetheless the average annual State support for SUNY Downstate since 2001, excluding the 2006 data, was $78 million and today it receives abut $21 million, over $50 million less than its average annual State support since 2001. This is another major cause of its current operating deficit.

I would also like to comment briefly on the costs of Downstate's employees, which the SUNY Sustainability Plan mentions are 70% of its budget. Fringe benefit costs were listed as increasing

43.6% over a 5 year period, also well within normal ranges, and as the report noted, will be decreasing due to the newly negotiated Union contracts. Similarly, the report notes that contributions to the Employee Retirement System increased by 100% to $19.6 million over a 5 year period, but as we know, with the turnaround in the economy and with increases in the assets of the ERS, employer contributions are expected to be reduced over the next few years. Finally, the Registered Nurses who PEF represents at Downstate have salaries near the median of salaries for nurses in Brooklyn, and the cost of these salaries does not contribute to the so called higher costs associated with Downstate being a State hospital.

If the recommendations included in our joint statement are adopted SUNY Downstate's personnel costs will be the same percentage of its total operating costs as the other SUNY Hospitals.

In summary, other than the layoffs that it calls for and as long as the proposed Public Benefit Corporation has no operational responsibilities for any SUNY Downstate operations including the satellite emergency departments, PEF does not object to the sustainability plan put forth by SUNY. However, that plan must be expanded to include the core principles outlined in our joint statement. As part of the restructuring called for in the first phase of SUNY's Plan, SUNY Downstate must fix its hospital business by implementing improved financial management achieved though the publication of revenue cycle goals and a measurement of progress toward their achievement. Most importantly, SUNY Downstate must use the revenue achieved though the sale/leaseback or straight lease of LICH toward the development of self-sustaining decentralized emergency centers staffed by re-trained in-patient State employees currently employed at SUNY Downstate.

If there is going to be a meaningful effort at transformation (from inpatient to outpatient service), there must be organization and accountability at SUNY Downstate. Therefore, we suggest (1) the creation of a separate section on development of new careers in ambulatory care, (2) designation of Dr. Williams as responsible for this effort, with a requirement to report every six months to the appropriate committee of the Legislature, and (3) a budget for this purpose. Without these three -- identification of the priority, designation of a responsible individual and reporting, and money, it is unlikely that the goal of transforming jobs will be achieved.

SUNY Downstate, as an urban safety net academic medical center is an asset and the solution to Brooklyn's current heath care crisis. Any sustainability plan that will provide a permanent financial stability must first fix SUNY Downstate's hospital business before engaging in collaborative efforts with other financially distressed Brooklyn hospitals as contemplated in SUNY's sustainability plan. The State must provide the revenue requested in SUNY's sustainability plan supplemented by the funds realized through a sale/leaseback or lease of LICH which can put 600 trained health care workers to work in providing desperately needed primary and ambulatory care in central and western Brooklyn rather than laying them off. By the end of 2016 these employees will generate the admissions and revenue necessary to reduce the State subsidy for SUNY Downstate to at most its current level.

Thank you for the opportunity to testify on this important issue

Attachment 1-Audited Financial Statements, SUNY UHB (Brooklyn), 2002-2011
Highlighted material under "Income Statement" shows declining subsidy from the State of New York, from a high of $127 million in 2006,to a low of $21 million in 2011.

Audited Financial Statements, Balance Sheet, SUNY UHB (Brooklyn) 2001-2011

Balance Sheets	[redacted]				[redacted]			[redacted]			
Assets											
Current assets:											
Cash and cash equivalents	8,079,676	62,608,382	76,590,455	33,174,310		60,716,079	63,779,529	114,227,206	32,409,168	92,159,611	28,852,623
Cash and cash held by the State					64,613,099						
Patient accounts receivables, less allowances for uncollectibles (UHB: $57,317,000 in 2001, $67,423,000 in 2002, $74,940,000 in 2003, $76,923,000 in 2004, $84,926,000 in 2005, $78,702,000 in 2006, $85,500,000 in 2007, $96,400,000 in 2008, $114,300,000 in 2009, $128,721,000 in 2010, $185,523,000 in 2011)	101,021,137	62,757,057	69,147,827	61,243,100	46,598,199	47,136,598	49,740,115	42,144,941	38,970,071	31,854,131	29,757,217
Due from State of New York	18,720,545	19,720,545	23,320,545	17,220,545	20,720,544	26,050,632	22,776,642				
Inventories	6,405,342	5,261,709	5,084,465	6,978,760	6,035,301	6,042,655	5,404,002	3,955,645	3,763,605	4,089,625	3,284,663
Estimated receivable from third-party payors, net	51,390,475	60,659,039	54,811,122	113,779,168	118,584,526	108,195,251	99,483,240	58,863,692	79,528,138		31,103,804
Due from affiliates								22,787,812	20,056,097	25,069,847	22,765,788
Other current assets	30,799,257	632,365	807,188	262,863	569,867	487,452	450,588	480,859	384,924	253,632	324,922
Total current assets	**216,416,432**	**211,639,097**	**229,761,602**	**232,658,746**	**257,121,536**	**248,628,667**	**241,634,116**	**242,460,155**	**175,112,003**	**153,426,846**	**116,089,017**
Capital assets, net	246,097,954	136,695,461	127,514,712	126,535,818	116,693,884	109,559,771	99,717,654	94,814,060	85,234,634	76,347,553	68,170,321
Due from State of New York, net of current portion	325,000,000	365,000,000	371,400,000	373,500,000	357,000,000	346,669,913	286,943,903				
Unexpended bond proceeds			17,809,581	16,006,628	18,250,222	11,703,991	17,663,305	16,444,498	14,026,664	18,132,635	25,961,019
Internally designated	3,039,298	3,469,997	3,984,786	4,557,861	4,594,046	4,533,011	3,600,418	18,425,816	881,063	2,326,748	2,193,314
Capital lease agreement			20,108,959	10,101,988	2,935,263	20,514,764	34,808,163	5,287,111	4,491,139	8,424,455	991,820
Unexpended bond and capital lease proceeds	22,081,257	46,142,080									
Estimated due from third-party payors, net	5,450,832	8,509,610	13,469,331	10,591,650	13,988,904	8,828,627	7,946,896				
Due from affiliates								229,186,905	181,034,233	112,544,608	78,209,000
Other assets	14,153,966	10,489,174	7,838,190	7,485,819	7,346,973	5,950,166	2,866,782	2,972,538	3,118,638	499,510	3,623,828
Total assets	**832,239,739**	**781,945,419**	**791,887,161**	**781,438,510**	**777,930,828**	**756,388,910**	**695,181,237**	**609,591,083**	**463,898,374**	**371,702,355**	**295,238,319**

Balance Sheets	[redacted]	[redacted]	[redacted]								
Liabilities and Net Assets (Deficit)											
Current liabilities:											
Current maturities of long term debt and capital lease obligations	20,533,555	14,737,973	14,303,170	14,264,724	15,272,910	11,915,798	12,876,483	8,027,050	2,985,180	3,892,378	3,615,315
Current portion of estimated professional liability	16,000,000	17,000,000	20,600,000	14,500,000	18,000,000	20,000,000	20,000,000	31,767,539	25,518,593	25,652,382	16,943,000
Accounts payable and accrued expenses	49,682,250	36,088,046	31,676,480	34,947,178	40,612,518	29,885,362	29,061,831	21,594,037	28,134,946	20,964,572	26,150,609
Accrued salaries and benefits	63,124,760	48,576,412	46,380,700	41,633,272	41,381,627	33,134,476	28,602,377	47,770,995	39,900,937	35,731,993	39,940,656
Accrued interest payable	1,034,034	1,115,370	1,197,930	975,288	1,066,647	2,782,314	1,081,879	890,279	737,857	939,096	837,880
Due to affiliates								2,670,428	2,063,138	2,677,441	7,721,298
Estimated due to third-party payors	32,089,957	10,836,642	10,252,252	9,803,374	7,620,357	10,875,696	15,023,219			26,759,393	
Due to State of New York	33,783,362	13,129,872	2,116,643	2,183,572	5,104,577	4,157,225	3,133,614				
Total current liabilities	**216,247,918**	**141,484,315**	**126,527,175**	**118,307,408**	**129,058,636**	**112,750,871**	**109,779,403**	**112,720,328**	**99,340,651**	**116,617,255**	**95,208,758**
Obligation to Dormitory Authority	186,058,371	70,074,288	72,224,410	77,587,633	84,190,871	76,029,677	79,769,859	76,867,635	69,995,357	61,431,670	60,358,335
Capital lease obligations	26,971,748	38,835,173	26,571,990	19,592,333	13,139,172	23,373,742	34,409,245	21,191,441	5,242,440	7,280,044	1,451,593
Employee benefits accrued, net of current portion	30,081,538	25,254,407	24,114,970	20,546,101	30,106,188	18,580,481	15,612,208				
Estimated professional liability, net of current portion	325,000,000	365,000,000	371,400,000	373,500,000	357,000,000	350,000,000	287,000,000	210,498,071	170,381,407	102,609,528	78,209,000
Estimated due to third-party payors, net	60,497,428	20,530,810	31,001,880	23,835,205	28,010,658	28,604,902	27,071,299	72,607,945	15,621,182		
Due to State of New York, net of current portion	8,595,914	9,783,752	16,242,078	22,645,591	28,334,356	37,627,279	38,502,352				
Due to affiliates, net of current portion								38,021,984	48,229,121	47,705,659	50,635,221
Due to Health Science Center at Brooklyn Foundation, Inc.	140,447,577										
Other	3,919,846	632,296	675,437	411,315	434,550	434,550	647,804	1,482,509	3,346,118	3,504,230	3,949,206
Total Liabilities	**997,820,340**	**671,595,041**	**668,757,940**	**656,425,586**	**670,274,431**	**647,401,502**	**592,792,170**	**533,389,913**	**412,156,276**	**339,148,386**	**289,812,113**
Net assets (deficit):											
Unrestricted net assets	(195,996,060)	51,502,837	88,431,247	92,848,769	82,462,015	78,913,295	77,776,711	52,752,170	29,821,098	28,810,508	2,681,128
Invested in capital assets, net of related debt	30,415,459	58,847,541	34,697,974	32,164,155	25,194,382	30,074,113	24,612,356	23,449,000	21,921,000	3,743,461	2,745,078
Total net assets (deficit)	**(165,580,601)**	**110,350,378**	**123,129,221**	**125,012,924**	**107,656,397**	**108,987,408**	**102,389,067**	**76,201,170**	**51,742,098**	**32,553,969**	**5,426,206**
Total liabilities and net assets (deficit)	**832,239,739**	**781,945,419**	**791,887,161**	**781,438,510**	**777,930,828**	**756,388,910**	**695,181,237**	**609,591,083**	**463,898,374**	**371,702,355**	**295,238,319**

Audited Financial Statements, Income Statement (Operations), SUNY UHB (Brooklyn)

Income Statement (Consolidated Statements of Operations and Changes in Net Assets)	[redacted]				[redacted]			[redacted]			
Operating revenues:											
Net patient service revenue								328,581,845	294,762,519	271,807,351	235,910,240
Net patient service revenue (UHB net of provision for bad debts of approximately $19,840,000 in 2005, $23,650,000 in 2006, $25,047,000 in 2007, $34,766,000 in 2008, $39,494,000 in 2009, $33,681,000 in 2010, and $77,000,000 in 2011).	548,968,054	460,215,911	443,905,104	408,157,751	387,093,581	358,908,471	343,174,347				
Operating transfers from the State of New York								107,502,169	113,431,922	61,524,477	75,096,469
Other Revenue	7,784,161	4,111,826	10,086,211	7,263,381	8,541,488	6,685,136	4,334,528	1,294,404	2,367,416	1,785,315	2,209,017
Total operating revenue	**556,752,215**	**464,327,737**	**453,991,315**	**415,421,132**	**395,635,069**	**365,593,607**	**347,508,875**	**437,378,418**	**410,561,857**	**335,117,143**	**313,215,726**
Operating expenses:											
Salaries	378,808,735	285,184,331	277,088,395	249,844,730	230,419,240	211,903,119	189,094,268	177,093,606	154,376,145	140,506,609	124,246,185
Employee benefits	129,380,587	88,805,537	81,897,494	71,898,478	79,032,756	67,981,570	60,314,894	55,975,591	40,521,366	31,013,115	39,371,498
Supplies and other	139,894,367	122,236,015	158,091,767	156,902,057	144,619,487	193,786,658	175,732,125	153,638,016	170,670,755	112,852,229	127,223,024
Provision for bad debts								10,536,543	10,893,412	13,313,785	10,341,553
Depreciation and amortization	26,011,018	17,403,301	15,712,732	12,344,776	12,036,136	10,147,127	10,224,343	12,617,094	9,233,897	9,044,451	8,964,043
Total operating expenses	**674,094,707**	**513,629,184**	**532,790,388**	**490,990,041**	**466,107,619**	**483,818,474**	**435,365,630**	**409,860,850**	**385,695,575**	**306,730,189**	**310,146,303**
Operating Net (Deficit)	**(117,342,492)**	**(49,301,447)**	**(78,799,073)**	**(75,568,909)**	**(70,472,550)**	**(118,224,867)**	**(87,856,755)**	**27,517,568**	**24,866,282**	**28,386,954**	**3,069,423**

Income Statement (Consolidated Statements of Operations and Changes in Net Assets) Non-operating revenue:	[redacted]										
HEAL grant revenue	25,900,000										
Appropriation from the State of New York	(4,633,441)	37,850,257	71,649,556	78,807,519	70,249,329	127,185,891	115,119,740			3,285,218	3,016,571
Interest expense on capital-related debt	(11,539,212)	(3,875,708)	(3,383,546)	(6,851,119)	(7,115,934)	(7,181,172)	(4,907,952)	(5,727,418)	(2,169,352)	(4,868,583)	(5,761,692)
Interest income	169,830	315,542	392,300	2,516,248	5,538,522	5,182,306	3,739,980	1,759,479	241,665	324,174	367,668
Loss on acquisition	(166,996,184)										
Other acquistion fees	(1,536,190)										
Total non-operating revenue, net	**(158,535,197)**	**34,290,091**	**68,658,310**	**74,272,648**	**68,671,917**	**125,186,985**	**113,951,768**	**(3,967,939)**	**(1,927,687)**	**(1,259,191)**	**(2,377,453)**
Excess (deficiency) of revenue over expenses	**(275,877,689)**	**(15,011,356)**	**(10,140,763)**	**(1,296,261)**	**(1,800,633)**	**6,962,118**	**26,095,013**	**23,549,629**	**22,938,595**	**27,127,763**	**691,970**
Capital transfers from the State University of New York	[redacted]										
Capital transfers to the State University of New York				[redacted]							
Change in net assets	**(275,930,979)**	**(12,778,843)**	**(1,883,703)**	**13,383,169**	**(1,331,011)**	**6,598,341**	**26,187,897**	**24,459,072**	**19,188,129**	**27,127,763**	**691,970**
Net assets at beginning of year	**110,350,378**	**123,129,221**	**125,012,924**	**111,629,755**	**108,987,408**	**102,389,067**	**76,201,170**	**51,742,098**	**32,553,969**	**5,426,206**	**4,734,236**
Net assets at end of year	**(165,580,601)**	**110,350,378**	**123,129,221**	**125,012,924**	**107,656,397**	**108,987,408**	**102,389,067**	**76,201,170**	**51,742,098**	**32,553,969**	**5,426,206**
[redacted]	[redacted]				0				0		

Audited Financial Statements, Statement of Cash Flows, SUNY UHB (Brooklyn)

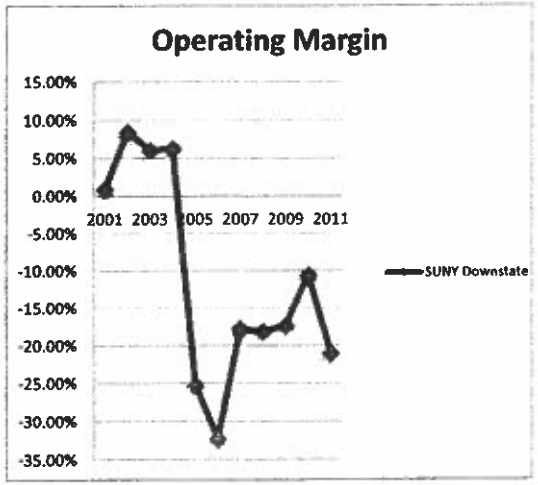
Statement of Cash Flows	[redacted]				[redacted]			[redacted]			
Cash flows from operating activities:											
Services to patients	561,330,080	455,788,664	499,970,419	399,699,790	368,232,849	349,091,068	256,499,302	368,217,930	157,821,594	153,384,913	146,852,425
Medicaid Disproportionate Share Hospital Payments										133,704,068	34,656,859
Pools payments								13,894,032	15,189,677	11,722,535	11,184,020
Pass-through payments								8,979,144	11,857,563	13,650,599	9,424,927
Other	(11,150,085)	1,635,665	8,896,506	6,405,825	6,870,175	3,407,840	4,334,528	1,000,708	11,191,516	1,267,630	1,247,125
Payroll	(374,811,699)	(283,252,969)	(272,144,765)	(251,174,879)	(221,762,646)	(204,402,747)	(185,662,114)	(169,044,873)	(148,070,354)	(140,747,327)	(122,415,182)
Employee benefits	(104,575,350)	(86,972,174)	(78,591,755)	(74,191,312)	(66,969,141)	(66,957,959)	(59,622,558)	(49,470,238)	(37,998,409)	(35,638,210)	(8,324,889)
Supplies and other expenses	(159,585,082)	(114,914,219)	(161,420,298)	(154,568,785)	(138,413,861)	(131,048,892)	(105,574,599)	(93,721,744)	(84,504,441)	(71,737,222)	(72,134,527)
Net cash used in operating activities:	**(88,792,136)**	**(27,715,033)**	**(3,289,893)**	**(73,829,361)**	**(52,042,624)**	**(49,910,690)**	**(90,025,441)**	**79,854,959**	**(74,512,854)**	**65,606,986**	**490,758**
Cash flows from noncapital financing activities:											
Shared service								6,443	(388,139)	(464,509)	(354,963)
Net appropriations from the State of New York	26,924,818	41,204,678	67,867,136	65,646,865	65,415,105	63,822,074	51,432,958	28,997,360	23,960,097	17,738,055	(27,155,596)
Due to affiliates								(4,558,977)	(613,135)		
Decrease in assets limited as to use								(20,758,559)	9,484,972	262,315	8,098,011
Net cash provided by noncapital financing activities	**26,924,818**	**41,204,678**	**67,867,136**	**65,646,865**	**65,415,105**	**63,822,074**	**51,432,958**	**3,686,267**	**32,443,795**	**17,535,861**	**(19,412,548)**
Cash flows from capital and related financing activities:											
Proceeds from issuance of long-term debt		2,948,013	5,443,017	3,916,684	9,509,232		4,707,906	9,152,927	5,000,000	9,157,564	1,143,178
Procees from tax exempt leasing program		25,000,000	20,000,000	20,000,000			25,000,000	25,200,000			
Interest paid on long-term debt	(11,620,548)	(3,958,268)	(4,382,934)	(8,660,623)	(4,047,425)	(5,480,737)	(4,716,352)	(5,117,941)	(2,169,352)	(4,868,583)	(5,761,692)
Grants for future construction											
Repayment of long-term debt and capital lease obligations	(22,857,280)	(17,400,149)	(14,064,081)	(14,515,176)	(11,127,052)	(15,684,554)	(8,738,446)	(6,489,778)	(2,747,157)	(4,580,152)	(4,728,188)

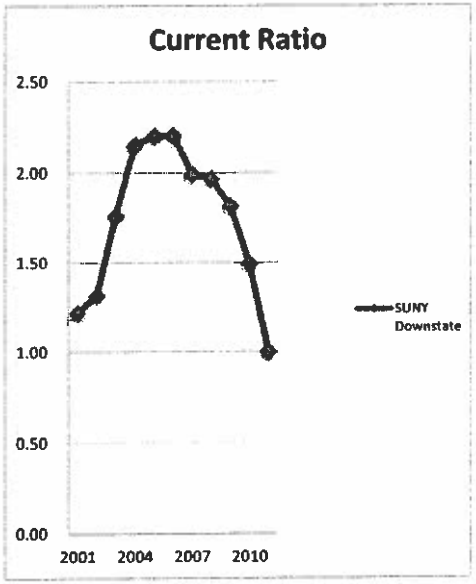
Statement of Cash Flows	[redacted]				[redacted]				[redacted]		
Due to affiliates										(2,929,562)	44,284,695
Purchases of capital assets	(25,926,912)	(26,543,111)	(17,024,776)	(22,845,335)	(20,699,277)	(20,311,969)	(15,788,615)	(26,227,875)	(18,006,540)	(16,939,300)	(12,995,032)
Capital debt service subsidy from New York State		(124,994)	(287,775)	1,218,856	378,302						
Proceeds from Research Foundation	15,000,000										
Proceeds from HEAL Grant	25,900,000										
(Increase) decrease in assets limited as to use	26,673,522	(7,708,751)									
Net cash provided by (used in) capital and related financing activities:	**7,168,782**	**(27,787,260)**	**(10,316,549)**	**(20,885,594)**	**(25,986,220)**	**(41,477,260)**	**464,493**	**(3,482,667)**	**(17,923,049)**	**(20,160,033)**	**21,942,961**
Cash flows from investing activities:											
Interest income received on cash accounts	169,830	315,542	392,300	2,516,248	5,538,523	5,182,306	3,594,774	1,759,479	241,665	324,174	367,668
Decrease in assets limited as to use					10,972,236	20,252,713	1,686,692				
Increase in assets limited as to use			(11,236,849)	(4,886,947)		(932,593)	(17,601,153)				
Net cash provided by investing activities:	**169,830**	**315,542**	**(10,844,549)**	**(2,370,699)**	**16,510,759**	**24,502,426**	**(12,319,687)**	**1,759,479**	**241,665**	**324,174**	**367,668**
Net change in cash and cash held by the State	(54,528,706)	(13,982,073)	43,416,145	(31,438,789)	3,897,020	(3,063,450)	(50,447,677)	81,818,038	(59,750,443)	63,306,988	3,388,839
Cash and cash held by the State:											
Beginning of year	62,608,382	76,590,455	33,174,310	64,613,099	60,716,079	63,779,529	114,227,206	32,409,168	92,159,611	28,852,623	25,463,784
End of year	8,079,676	62,608,382	76,590,455	33,174,310	64,613,099	60,716,079	63,779,529	114,227,206	32,409,168	92,159,611	28,852,623
Cash flows from operating activities:											
Operating loss	**(117,342,492)**	**(49,301,447)**		**(75,568,909)**	**(70,472,551)**	**(118,224,867)**	**(87,856,755)**				
Adjustments to reconcile operating loss to net cash used in operating activities:											
Depreciation and amortization	26,011,018	17,403,301		12,344,776	12,036,136	10,147,127	10,224,343				
Provision for bad debts	77,009,278	33,681,461		34,766,193	25,047,365	23,654,844	19,839,728				
Loss (gain) on disposal	103,621	188,702		605,122	1,454,570	270,909	(340,439)				

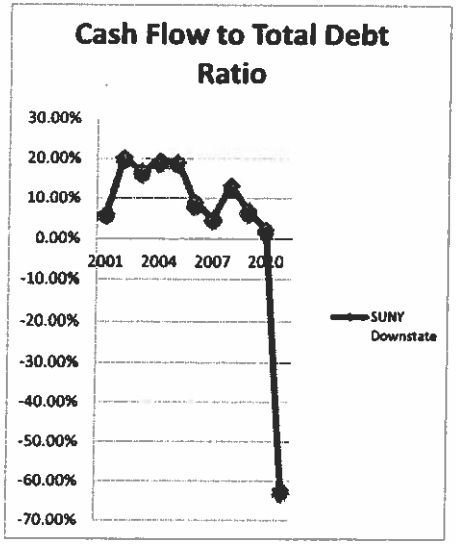
Audited Financial Statements, Statement of Cash Flows, SUNY UHB (Brooklyn)

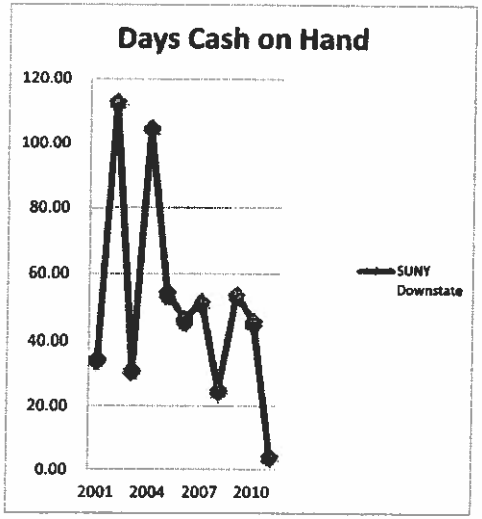
Statement of Cash Flows	[redacted]				[redacted]		[redacted]
Malpractice provision and general liability losses	(32,994,449)	(3,354,421)	4,000,000	13,000,000	5,000,000		
Other noncash transactions	(53,290)	2,357,507					
Changes in operating assets and liabilities:							
Patient accounts receivable	(115,273,358)	(27,290,691)	(47,388,968)	(49,411,094)	(24,508,966)	(21,051,327)	(27,434,902)
Inventories, prepaid expenses, and other assets	(18,985,674)	(2,883,046)	997,599	(775,302)	(1,471,868)	(3,758,899)	(1,312,330)
Estimated due to/due from third-party payors, net	49,844,267	(10,774,876)	63,705,919	6,210,175	(19,399,131)	(12,207,665)	(79,772,208)
Accounts payable, accrued expnses, and interest payable						823,531	7,659,394
Accounts payable and accrued expenses	13,594,204	10,907,886	(3,270,699)	(5,665,340)	4,230,836		
Accrued salaries and benefits	9,046,026	3,335,149	8,316,297	(701,977)	19,772,857	7,500,372	4,124,489
Due to State of New York, net	19,466,874	(1,941,417)	(6,470,441)	(8,609,770)	(3,731,872)	148,539	943,554
Liability in malpractice claims						63,000,000	64,734,390
Decrease in deferred revenue						(213,254)	(834,705)
Other liabilities	781,839	(43,141)	264,123	(23,235)			
Net cash used in operating activities	**(88,792,136)**	**(27,715,033)**	**20,153,830**	**(73,829,361)**	**(52,042,624)**	**(49,910,690)**	**(90,025,441)**
Supplemental disclosures of cash flow information:							
Assets from LICH acquisition	142,761,863						
Liabilities from LICH acquisition	309,758,047						

Operating Margin	-21.08%	-10.62%	-17.36%	-18.19%	-17.81%	-32.34%	-25.28%	6.29%	6.06%	8.47%	0.98%
Current Ratio	1.00	1.50	1.82	1.97	1.99	2.21	2.20	2.15	1.76	1.32	1.22
Cash Flow to Total Debt Ratio	-62.12%	2.19%	6.96%	13.13%	5.02%	8.87%	19.21%	19.56%	16.78%	20.32%	6.21%
Days Cash on Hand	4.55	46.05	54.06	25.30	51.94	46.79	54.76	104.96	31.42	113.00	34.97






Cash Flow to Total Debt Ratio
30.00%
20.00%
10.00%
0.00%
-10.00%
-20.00%
-30.00%
-40.00%
-50.00%
-60.00%
-70.00%
2001
2004
2007
SUNY Downstate


Days Cash on Hand
120.00
100.00
80.00
60.00
40.00
20.00
0.00
2001
2004
2007
2010
SUNY Downstate

Attachment 2 - Charges and Payments, by DRG Code, three SUNY Medical Campuses

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Ratio of Payment to Charge
057 - DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	**97**	**$30,667**		**$11,677**		**0.43**
UNIVERSITY HOSPITAL (STONY BROOK)	42	$40,047		$11,411		0.28
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$18,584	1	$12,852	1	0.69
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	41	$33,070		$10,769		0.33
064 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	**182**	**$49,792**		**$21,968**		**0.46**
UNIVERSITY HOSPITAL (STONY BROOK)	54	$50,436		$18,515		0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$45,501	1	$25,992	1	0.57
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	98	$53,439		$21,397		0.40
065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	**196**	**$31,109**		**$12,659**		**0.42**
UNIVERSITY HOSPITAL (STONY BROOK)	60	$33,601		$11,320		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	43	$25,504	1	$15,043	1	0.59
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	92	$34,221		$11,613		0.34
066 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	**119**	**$22,466**		**$8,913**		**0.42**
UNIVERSITY HOSPITAL (STONY BROOK)	40	$27,681		$8,131		0.29
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	15	$17,808	1	$10,975	1	0.62
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	64	$21,906		$7,633		0.35
069 - TRANSIENT ISCHEMIA	**128**	**$19,973**		**$8,009**		**0.44**
UNIVERSITY HOSPITAL (STONY BROOK)	41	$24,274		$7,406		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	22	$13,986	1	$9,367	1	0.67
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	65	$21,658		$7,255		0.33
074 - CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	**54**	**$25,448**		**$10,032**		**0.43**
UNIVERSITY HOSPITAL (STONY BROOK)	21	$32,993		$9,079		0.28
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	13	$18,134	1	$11,951	1	0.66
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	20	$25,217		$9,065		0.36
101 - SEIZURES W/O MCC	**146**	**$20,548**		**$8,663**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	65	$27,171		$8,433		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	38	$13,447	1	$10,009	1	0.74
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	43	$21,027		$7,548		0.36
149 - DYSEQUILIBRIUM	**64**	**$15,661**		**$6,941**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	32	$18,272		$6,590		0.36
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	21	$11,098	1	$8,347	1	0.75
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	11	$17,614		$5,885		0.33
189 - PULMONARY EDEMA & RESPIRATORY FAILURE	**88**	**$31,662**		**$14,278**		**0.54**
UNIVERSITY HOSPITAL (STONY BROOK)	55	$42,794		$14,119		0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	12	$16,504	1	$15,163	1	0.92
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	21	$35,688		$13,551		0.38
190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	**133**	**$28,002**		**$13,596**		**0.55**
UNIVERSITY HOSPITAL (STONY BROOK)	57	$38,787		$13,241		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	36	$18,139	1	$15,492	1	0.85
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	40	$27,079		$12,056		0.45
191 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	**163**	**$19,261**		**$10,434**		**0.58**
UNIVERSITY HOSPITAL (STONY BROOK)	81	$25,069		$10,009		0.40
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	28	$14,429	1	$12,716	1	0.88
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	44	$18,284		$8,576		0.47

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Ratio of Payment to Charge
192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	**102**	**$13,674**		**$7,784**		**0.62**
UNIVERSITY HOSPITAL (STONY BROOK)	31	$18,772		$7,654		0.41
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	34	$10,222	1	$9,141	1	0.89
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	37	$12,028		$6,558		0.55
193 - SIMPLE PNEUMONIA & PLEURISY W MCC	**141**	**$37,241**		**$16,493**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	76	$49,549		$15,629		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$28,530	1	$19,524	1	0.68
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	35	$33,643		$14,327		0.43
194 - SIMPLE PNEUMONIA & PLEURISY W CC	**237**	**$22,285**		**$11,029**		**0.55**
UNIVERSITY HOSPITAL (STONY BROOK)	109	$28,975		$10,466		0.36
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	50	$15,306	1	$13,340	1	0.87
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	78	$22,575		$9,280		0.41
195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	**93**	**$15,678**		**$7,817**		**0.51**
UNIVERSITY HOSPITAL (STONY BROOK)	39	$18,876		$7,322		0.39
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	27	$13,741	1	$9,784	1	0.71
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	27	$14,416		$6,346		0.44
202 - BRONCHITIS & ASTHMA W CC/MCC	**58**	**$18,347**		**$9,102**		**0.53**
UNIVERSITY HOSPITAL (STONY BROOK)	27	$26,160		$8,989		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	16	$15,232		$10,837	1	0.71
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	15	$13,649		$7,479		0.55
207 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	**63**	**$129,668**		**$60,036**		**0.53**
UNIVERSITY HOSPITAL (STONY BROOK)	26	$193,342		$60,319		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$79,903	1	$65,358	1	0.82
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	23	$115,760		$54,431		0.47
208 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	**100**	**$56,016**		**$24,820**		**0.49**
UNIVERSITY HOSPITAL (STONY BROOK)	34	$82,053		$24,396		0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	25	$42,730	1	$29,664	1	0.69
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	41	$43,266		$20,400		0.47
247 - PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	**251**	**$36,952**		**$19,848**		**0.66**
UNIVERSITY HOSPITAL (STONY BROOK)	183	$56,661		$19,856		0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	54	$21,101	1	$22,799	1	1.08
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	14	$33,095		$16,890		0.51
249 - PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	**95**	**$33,893**		**$17,880**		**0.60**
UNIVERSITY HOSPITAL (STONY BROOK)	63	$50,591		$17,470		0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	19	$22,578	1	$21,070	1	0.93
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	13	$28,509		$15,100		0.53
252 - OTHER VASCULAR PROCEDURES W MCC	**90**	**$66,595**		**$33,782**		**0.64**
UNIVERSITY HOSPITAL (STONY BROOK)	36	$98,888		$34,571		0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	42	$33,092	1	$37,129	1	1.12
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	12	$67,804		$29,646		0.44
280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	**223**	**$48,061**		**$20,777**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	142	$65,431		$20,629		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	43	$35,882	1	$23,662	1	0.66
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	38	$42,869		$18,040		0.42

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payments?	Ratio of Payment to Charge
281 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	**138**	**$27,766**		**$12,906**		**0.49**
UNIVERSITY HOSPITAL (STONY BROOK)	104	$32,219		$11,980		0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	12	$22,289	1	$15,609	1	0.70
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	22	$28,789		$11,128		0.39
287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	**305**	**$22,327**		**$11,586**		**0.64**
UNIVERSITY HOSPITAL (STONY BROOK)	209	$27,458		$11,099		0.40
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	70	$18,432	1	$13,813	1	0.75
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	26	$21,090		$9,845		0.47
291 - HEART FAILURE & SHOCK W MCC	**240**	**$41,413**		**$18,613**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	95	$51,036		$16,526		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	88	$22,669	1	$19,006	1	0.84
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	57	$50,535		$20,306		0.40
292 - HEART FAILURE & SHOCK W CC	**333**	**$27,607**		**$11,584**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	144	$36,196		$11,216		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	103	$16,521	1	$13,206	1	0.80
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	86	$30,105		$10,329		0.34
293 - HEART FAILURE & SHOCK W/O CC/MCC	**162**	**$15,407**		**$7,704**		**0.55**
UNIVERSITY HOSPITAL (STONY BROOK)	51	$17,343		$6,949		0.40
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	73	$10,466	1	$8,950	1	0.86
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	38	$18,412		$7,213		0.39
300 - PERIPHERAL VASCULAR DISORDERS W CC	**96**	**$27,004**		**$11,443**		**0.44**
UNIVERSITY HOSPITAL (STONY BROOK)	49	$34,490		$10,688		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	19	$26,086		$14,783	1	0.57
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	27	$20,436		$8,858		0.43
301 - PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	**52**	**$16,722**		**$7,149**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	21	$14,581		$6,584		0.45
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	19	$9,401	1	$8,018	1	0.85
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	12	$26,184		$6,846		0.26
303 - ATHEROSCLEROSIS W/O MCC	**126**	**$15,867**		**$6,560**		**0.50**
UNIVERSITY HOSPITAL (STONY BROOK)	65	$18,611		$6,250		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	47	$8,456	1	$7,460	1	0.88
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	14	$20,535		$5,969		0.29
305 - HYPERTENSION W/O MCC	**113**	**$13,752**		**$6,662**		**0.55**
UNIVERSITY HOSPITAL (STONY BROOK)	69	$20,135		$6,442		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	29	$9,067	1	$7,760	1	0.86
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	15	$12,054		$5,764		0.48
308 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	**103**	**$34,044**		**$14,828**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	51	$46,581		$14,544		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	27	$24,952	1	$18,262	1	0.73
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	25	$30,600		$11,678		0.38
309 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	**199**	**$20,926**		**$9,483**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	124	$24,797		$9,282		0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	44	$16,070	1	$11,223	1	0.70
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	31	$21,912		$7,943		0.36

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Ratio of Payment to Charge
310 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	**155**	**$12,069**		**$6,082**		**0.57**
UNIVERSITY HOSPITAL (STONY BROOK)	101	$16,528		$5,941		0.36
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	31	$7,827	1	$7,180	1	0.92
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	23	$11,823		$5,126		0.43
312 - SYNCOPE & COLLAPSE	**383**	**$16,060**		**$8,200**		**0.54**
UNIVERSITY HOSPITAL (STONY BROOK)	167	$18,435		$7,375		0.40
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	163	$12,108	1	$9,958	1	0.82
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	53	$17,637		$7,267		0.41
313 - CHEST PAIN	**363**	**$12,846**		**$6,057**		**0.53**
UNIVERSITY HOSPITAL (STONY BROOK)	205	$14,550		$5,659		0.39
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	108	$8,136	1	$7,068	1	0.87
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	50	$15,851		$5,443		0.34
314 - OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	**122**	**$47,595**		**$20,657**		**0.51**
UNIVERSITY HOSPITAL (STONY BROOK)	44	$70,087		$20,971		0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	42	$26,998	1	$22,277	1	0.83
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	36	$45,701		$18,722		0.41
329 - MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	**67**	**$141,697**		**$61,712**		**0.46**
UNIVERSITY HOSPITAL (STONY BROOK)	27	$187,214		$59,096		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	17	$109,907	1	$70,511	1	0.64
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	23	$127,969		$55,530		0.43
330 - MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	**58**	**$72,798**		**$29,808**		**0.53**
UNIVERSITY HOSPITAL (STONY BROOK)	21	$113,440		$31,079		0.27
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$33,227	1	$30,978		0.93
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	23	$71,727		$27,368		0.38
372 - MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	**81**	**$31,633**		**$14,398**		**0.51**
UNIVERSITY HOSPITAL (STONY BROOK)	55	$46,125		$14,623		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	11	$21,941	1	$16,860	1	0.77
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	15	$26,833		$11,711		0.44
377 - G.I. HEMORRHAGE W MCC	**72**	**$79,318**		**$34,516**		**0.42**
UNIVERSITY HOSPITAL (STONY BROOK)	36	$79,914		$22,744		0.28
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	25	$114,717		$61,177	1	0.53
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	11	$43,322		$19,627		0.45
378 - G.I. HEMORRHAGE W CC	**190**	**$26,415**		**$11,220**		**0.46**
UNIVERSITY HOSPITAL (STONY BROOK)	87	$36,418		$10,769		0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	52	$21,917		$13,523	1	0.62
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	51	$20,909		$9,368		0.45
379 - G.I. HEMORRHAGE W/O CC/MCC	**62**	**$17,299**		**$7,887**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	19	$25,740		$7,564		0.29
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	24	$11,387	1	$9,456	1	0.83
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	19	$14,769		$6,642		0.45
389 - G.I. OBSTRUCTION W CC	**72**	**$24,444**		**$10,842**		**0.46**
UNIVERSITY HOSPITAL (STONY BROOK)	34	$32,147		$9,973		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$21,374		$13,055	1	0.61
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	24	$19,810		$8,897		0.45

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payments?	Ratio of Payment to Charge
390 - G.I. OBSTRUCTION W/O CC/MCC	**50**	**$16,081**		**$7,305**		**0.49**
UNIVERSITY HOSPITAL (STONY BROOK)	17	$22,876		$7,355		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	13	$13,692		$8,657	1	0.63
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	20	$11,676		$5,903		0.51
391 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	**72**	**$32,655**		**$13,495**		**0.60**
UNIVERSITY HOSPITAL (STONY BROOK)	29	$52,068		$14,863		0.29
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	29	$12,012	1	$14,362		1.20
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	14	$33,886		$11,261		0.33
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	**419**	**$15,717**		**$7,869**		**0.58**
UNIVERSITY HOSPITAL (STONY BROOK)	208	$20,683		$7,544		0.36
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	124	$9,479	1	$9,212	1	0.97
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	87	$16,989		$6,821		0.40
394 - OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	**90**	**$25,978**		**$11,947**		**0.49**
UNIVERSITY HOSPITAL (STONY BROOK)	52	$33,358		$11,358		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	17	$19,165	1	$13,393	1	0.70
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	21	$25,410		$11,091		0.44
470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	**329**	**$38,700**		**$21,710**		**0.56**
UNIVERSITY HOSPITAL (STONY BROOK)	155	$44,491		$20,780		0.47
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	22	$32,056	1	$25,385	1	0.79
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	152	$39,552		$18,966		0.48
602 - CELLULITIS W MCC	**51**	**$31,168**		**$15,941**		**0.69**
UNIVERSITY HOSPITAL (STONY BROOK)	24	$50,920		$15,715		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	15	$14,532	1	$18,539	1	1.28
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	12	$28,052		$13,569		0.48
603 - CELLULITIS W/O MCC	**240**	**$20,987**		**$9,539**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	105	$30,473		$9,675		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	51	$13,094	1	$11,056	1	0.84
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	84	$19,395		$7,885		0.41
638 - DIABETES W CC	**146**	**$20,804**		**$9,416**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	36	$26,075		$8,851		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	82	$17,166	1	$11,205	1	0.65
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	28	$19,171		$8,192		0.43
640 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	**136**	**$26,644**		**$12,447**		**0.59**
UNIVERSITY HOSPITAL (STONY BROOK)	39	$39,050		$12,486		0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	57	$13,988	1	$14,103	1	1.01
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	39	$23,894		$10,751		0.45
641 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	**252**	**$18,136**		**$8,041**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	81	$18,733		$7,280		0.39
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	65	$14,154	1	$9,671	1	0.68
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	106	$21,521		$7,171		0.33
682 - RENAL FAILURE W MCC	**154**	**$37,426**		**$18,347**		**0.57**
UNIVERSITY HOSPITAL (STONY BROOK)	83	$52,205		$17,808		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	40	$22,553	1	$20,843	1	0.92
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	31	$37,520		$16,389		0.44

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Ratio of Payment to Charge
683 - RENAL FAILURE W CC	**224**	**$25,519**		**$11,781**		**0.49**
UNIVERSITY HOSPITAL (STONY BROOK)	140	$29,515		$10,705		0.36
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	38	$19,165	1	$13,322	1	0.70
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	46	$27,877		$11,315		0.41
689 - KIDNEY & URINARY TRACT INFECTIONS W MCC	**110**	**$38,390**		**$15,549**		**0.45**
UNIVERSITY HOSPITAL (STONY BROOK)	59	$57,471		$15,026		0.26
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$29,662		$19,587	1	0.66
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	21	$28,038		$12,035		0.43
690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	**401**	**$21,033**		**$8,904**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	204	$28,114		$8,522		0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	104	$14,253	1	$10,572	1	0.74
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	93	$20,731		$7,618		0.37
696 - OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	**84**	**$60,059**		**$23,980**		**0.40**
UNIVERSITY HOSPITAL (STONY BROOK)	42	$63,394		$19,003		0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$61,318		$31,182	1	0.51
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	28	$55,466		$21,756		0.39
699 - OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	**153**	**$27,407**		**$11,350**		**0.45**
UNIVERSITY HOSPITAL (STONY BROOK)	71	$33,984		$11,084		0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	46	$19,129	1	$13,164	1	0.69
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	36	$29,107		$9,801		0.34
811 - RED BLOOD CELL DISORDERS W MCC	**90**	**$34,216**		**$14,847**		**0.48**
UNIVERSITY HOSPITAL (STONY BROOK)	30	$43,469		$14,426		0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	37	$22,507	1	$16,122	1	0.72
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	23	$36,670		$13,992		0.38
812 - RED BLOOD CELL DISORDERS W/O MCC	**189**	**$19,881**		**$8,974**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	55	$27,538		$8,498		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	67	$12,118	1	$10,308	1	0.85
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	67	$19,987		$8,116		0.41
853 - INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	**66**	**$159,377**		**$73,229**		**0.52**
UNIVERSITY HOSPITAL (STONY BROOK)	21	$247,735		$87,249		0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	13	$95,855	1	$71,457		0.75
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	32	$134,540		$60,980		0.45
870 - SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	**51**	**$137,719**		**$64,279**		**0.64**
UNIVERSITY HOSPITAL (STONY BROOK)	19	$211,999		$66,424		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	15	$87,499	1	$71,235	1	0.81
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	17	$113,658		$55,178		0.49
871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	**471**	**$52,267**		**$22,798**		**0.47**
UNIVERSITY HOSPITAL (STONY BROOK)	220	$73,503		$22,420		0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	106	$39,116	1	$26,822	1	0.69
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	145	$44,153		$19,152		0.43
872 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	**111**	**$32,320**		**$13,182**		**0.46**
UNIVERSITY HOSPITAL (STONY BROOK)	51	$48,269		$13,416		0.28
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	20	$22,234	1	$15,534	1	0.70
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	40	$26,458		$10,595		0.40

DRG Codes, SUNY Campuses	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Ratio of Payment to Charge
948 - SIGNS & SYMPTOMS W/O MCC	127	$20,177		$8,777		0.45
UNIVERSITY HOSPITAL (STONY BROOK)	61	$21,448		$7,372		0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	24	$18,074	1	$12,199	1	0.67
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	42	$21,010		$6,759		0.32
Net/Average	10362	$36,565	59	$16,495		

Notes

This analysis is based on only the DRGs in common with all the three hospitals.
SUNY Downstate has the highest reimbursement value for 64 out of 67 codes.
SUNY Downstate has the highest payment to charge ratio of .76, which is more than double that of Stony Brook and almost double that of SUNY Upstate.
SUNY Downstate has the lowest charges in 59 of the 67 codes.

Average Payment to Charge

UNIVERSITY HOSPITAL (STONY BROOK)	0.51
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	0.33
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	0.32

Attachment 3 - Charges and Payments, by DRG Code, Select Brooklyn and Manhattan Hospitals

DRG Codes, Select Brooklyn and Manhattan Hospitals	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	LICH Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payments?	Downstate Lowest Medicare Payments?	LICH Highest Medicare Payments?	LICH Lowest Medicare Payments?	Medicare Payments to Charges
057 - DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	**356**	**$29,069.76**			**$12,182.45**					**0.48**
KINGS COUNTY HOSPITAL CENTER	15	$16,525.20			$12,511.00					0.76
LONG ISLAND COLLEGE HOSPITAL	13	$27,314.00		0	$11,063.31			0	1	0.41
MAIMONIDES MEDICAL CENTER	49	$38,575.37			$11,960.24					0.31
MOUNT SINAI HOSPITAL	102	$31,751.00			$12,580.09					0.40
NEW YORK-PRESBYTERIAN HOSPITAL	183	$41,609.16			$12,116.48					0.29
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	14	$18,583.86	0		$12,851.57	1	0			0.69
064 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	**418**	**$70,473.17**			**$27,122.97**					**0.41**
KINGS COUNTY HOSPITAL CENTER	23	$47,566.00			$27,598.91					0.58
LONG ISLAND COLLEGE HOSPITAL	14	$97,668.43		0	$30,672.86			1	0	0.31
MAIMONIDES MEDICAL CENTER	94	$82,982.65			$26,858.01					0.32
MOUNT SINAI HOSPITAL	62	$66,406.73			$25,758.00					0.39
NEW YORK-PRESBYTERIAN HOSPITAL	195	$82,704.03			$26,057.97					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$45,501.20	1		$25,992.07	0	0			0.57
065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	**494**	**$39,487.26**			**$14,914.26**					**0.42**
KINGS COUNTY HOSPITAL CENTER	34	$26,488.15			$16,174.97					0.61
LONG ISLAND COLLEGE HOSPITAL	17	$37,476.53		0	$13,700.12			0	0	0.37
MAIMONIDES MEDICAL CENTER	104	$69,575.77			$16,207.20					0.23
MOUNT SINAI HOSPITAL	85	$35,342.65			$14,670.79					0.42
NEW YORK-PRESBYTERIAN HOSPITAL	201	$42,536.86			$13,689.14					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	43	$25,503.60	1		$15,043.35	0	0			0.59
069 - TRANSIENT ISCHEMIA	**360**	**$20,713.98**			**$9,980.43**					**0.48**
KINGS COUNTY HOSPITAL CENTER	18	$17,941.39			$9,906.44					0.55
LONG ISLAND COLLEGE HOSPITAL	18	$20,475.89		0	$8,272.50			0	1	0.40
MAIMONIDES MEDICAL CENTER	88	$28,635.70			$8,882.93					0.31
MOUNT SINAI HOSPITAL	72	$19,575.15			$8,812.50					0.45
NEW YORK-PRESBYTERIAN HOSPITAL	142	$23,470.20			$8,641.68					0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	22	$13,985.55	1		$9,366.50	0	0			0.67
190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	**475**	**$30,162.88**			**$15,044.10**					**0.62**
KINGS COUNTY HOSPITAL CENTER	16	$14,295.13			$16,591.13					1.16
LONG ISLAND COLLEGE HOSPITAL	13	$23,443.15		0	$13,410.46			0	1	0.57
MAIMONIDES MEDICAL CENTER	124	$50,087.88			$15,789.25					0.32
MOUNT SINAI HOSPITAL	144	$29,812.34			$14,248.78					0.48
NEW YORK-PRESBYTERIAN HOSPITAL	142	$45,219.50			$14,732.56					0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	36	$18,139.31	0		$15,492.44	0	0			0.85
191 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	**469**	**$23,451.26**			**$11,891.46**					**0.64**
KINGS COUNTY HOSPITAL CENTER	27	$9,993.04			$12,583.89					1.26
LONG ISLAND COLLEGE HOSPITAL	19	$20,493.63		0	$11,154.68			0	1	0.54
MAIMONIDES MEDICAL CENTER	100	$39,085.60			$12,095.39					0.31
MOUNT SINAI HOSPITAL	144	$23,888.86			$11,620.35					0.49
NEW YORK-PRESBYTERIAN HOSPITAL	151	$32,819.44			$11,168.84					0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	28	$14,428.96	0		$12,715.61	1	0			0.88
192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	**342**	**$17,944.43**			**$8,867.83**					**0.49**
KINGS COUNTY HOSPITAL CENTER	23	$9,657.65			$9,854.43					1.02
LONG ISLAND COLLEGE HOSPITAL	18	$18,241.50		0	$8,474.89			0	1	0.46
MAIMONIDES MEDICAL CENTER	90	$24,972.04			$8,851.98					0.35
MOUNT SINAI HOSPITAL	74	$19,243.14			$8,835.95					0.46
NEW YORK-PRESBYTERIAN HOSPITAL	103	$25,330.45			$8,589.16					0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	34	$10,221.82	0		$9,140.59	0	0			0.89
193 - SIMPLE PNEUMONIA & PLEURISY W MCC	**450**	**$43,165.81**			**$19,482.56**					**0.52**
KINGS COUNTY HOSPITAL CENTER	18	$25,610.11			$21,830.94					0.85
LONG ISLAND COLLEGE HOSPITAL	26	$35,096.69		0	$16,909.85			0	1	0.48
MAIMONIDES MEDICAL CENTER	114	$72,548.11			$21,936.55					0.30
MOUNT SINAI HOSPITAL	97	$34,482.12			$17,945.30					0.52
NEW YORK-PRESBYTERIAN HOSPITAL	165	$62,728.17			$18,748.82					0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$28,529.67	0		$19,523.90	0	0			0.68
194 - SIMPLE PNEUMONIA & PLEURISY W CC	**802**	**$25,965.15**			**$12,736.89**					**0.50**
KINGS COUNTY HOSPITAL CENTER	26	$14,394.77			$14,163.42					0.98
LONG ISLAND COLLEGE HOSPITAL	34	$23,436.18		0	$11,622.18			0	1	0.50
MAIMONIDES MEDICAL CENTER	139	$38,296.83			$12,625.94					0.33
MOUNT SINAI HOSPITAL	216	$27,355.10			$12,801.66					0.46
NEW YORK-PRESBYTERIAN HOSPITAL	337	$37,002.28			$12,068.42					0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	50	$15,305.72	0		$13,339.72	0	0			0.87
208 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	**348**	**$62,358.26**			**$29,502.47**					**0.58**
KINGS COUNTY HOSPITAL CENTER	21	$26,084.76			$31,318.05					1.20
LONG ISLAND COLLEGE HOSPITAL	17	$58,744.24		0	$25,867.00			0	1	0.44
MAIMONIDES MEDICAL CENTER	100	$97,328.02			$32,658.81					0.34
MOUNT SINAI HOSPITAL	68	$51,261.21			$27,003.59					0.53

DRG Codes, Select Brooklyn and Statewide Hospitals	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	LICH Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Downstate Lowest Medicare Payment?	LICH Highest Medicare Payment?	LICH Lowest Medicare Payment?	Ratio of Payment to Charge
NEW YORK-PRESBYTERIAN HOSPITAL	117	$98,021.15			$30,503.23					0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	25	$42,730.20	0		$29,664.12	0	0			0.69
287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	**958**	**$30,832.11**			**$13,450.76**					**0.50**
KINGS COUNTY HOSPITAL CENTER	12	$20,357.75			$15,311.25					0.75
LONG ISLAND COLLEGE HOSPITAL	43	$27,738.02		0	$12,361.07			0	1	0.45
MAIMONIDES MEDICAL CENTER	173	$45,488.67			$13,971.77					0.31
MOUNT SINAI HOSPITAL	199	$31,935.65			$12,843.30					0.40
NEW YORK-PRESBYTERIAN HOSPITAL	461	$41,040.36			$13,204.27					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	70	$16,432.01	1		$13,812.93	0	0			0.75
291 - HEART FAILURE & SHOCK W MCC	**923**	**$48,470.97**			**$20,367.29**					**0.55**
KINGS COUNTY HOSPITAL CENTER	26	$19,887.64			$19,546.04					0.98
LONG ISLAND COLLEGE HOSPITAL	46	$42,015.60		0	$17,187.19			0	1	0.41
MAIMONIDES MEDICAL CENTER	230	$94,116.44			$27,012.26					0.29
MOUNT SINAI HOSPITAL	217	$39,227.95			$18,498.01					0.47
NEW YORK-PRESBYTERIAN HOSPITAL	312	$72,909.15			$20,884.12					0.29
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	66	$22,669.01	0		$19,005.60	0	0			0.84
292 - HEART FAILURE & SHOCK W CC	**1250**	**$31,739.37**			**$13,043.80**					**0.56**
KINGS COUNTY HOSPITAL CENTER	48	$10,924.98			$13,257.85					1.21
LONG ISLAND COLLEGE HOSPITAL	66	$31,228.88		0	$11,888.44			0	1	0.38
MAIMONIDES MEDICAL CENTER	312	$55,928.32			$13,968.65					0.25
MOUNT SINAI HOSPITAL	246	$31,992.80			$12,695.37					0.40
NEW YORK-PRESBYTERIAN HOSPITAL	475	$43,639.47			$13,246.96					0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	103	$16,520.76	0		$13,205.54	0	0			0.80
293 - HEART FAILURE & SHOCK W/O CC/MCC	**503**	**$16,748.46**			**$8,709.19**					**0.57**
KINGS COUNTY HOSPITAL CENTER	24	$8,648.71			$9,392.58					1.06
LONG ISLAND COLLEGE HOSPITAL	25	$19,482.52		0	$8,364.96			0	0	0.43
MAIMONIDES MEDICAL CENTER	150	$30,994.29			$8,969.17					0.29
MOUNT SINAI HOSPITAL	92	$18,756.22			$8,588.51					0.46
NEW YORK-PRESBYTERIAN HOSPITAL	139	$23,885.22			$7,984.19					0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	73	$10,465.79	0		$8,949.71	0	0			0.86
308 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	**347**	**$37,644.01**			**$16,866.47**					**0.83**
KINGS COUNTY HOSPITAL CENTER	15	$23,617.80			$17,878.27					0.75
LONG ISLAND COLLEGE HOSPITAL	11	$21,841.18		1	$13,951.91			0	1	0.64
MAIMONIDES MEDICAL CENTER	93	$73,516.12			$16,696.81					0.25
MOUNT SINAI HOSPITAL	70	$39,022.21			$16,968.31					0.43
NEW YORK-PRESBYTERIAN HOSPITAL	131	$42,014.98			$15,441.63					0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	27	$24,951.78	0		$18,261.89	0	0			0.73
309 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	**525**	**$25,901.78**			**$10,705.87**					**0.49**
KINGS COUNTY HOSPITAL CENTER	18	$13,337.39			$11,645.61					0.87
LONG ISLAND COLLEGE HOSPITAL	18	$27,324.78		0	$9,767.11			0	1	0.36
MAIMONIDES MEDICAL CENTER	95	$46,726.91			$10,900.03					0.23
MOUNT SINAI HOSPITAL	127	$23,707.86			$10,104.02					0.43
NEW YORK-PRESBYTERIAN HOSPITAL	223	$28,241.43			$10,594.07					0.38
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	44	$16,070.32	0		$11,222.57	0	0			0.70
312 - SYNCOPE & COLLAPSE	**1328**	**$19,535.19**			**$9,169.99**					**0.83**
KINGS COUNTY HOSPITAL CENTER	67	$13,361.82			$10,375.04					0.78
LONG ISLAND COLLEGE HOSPITAL	83	$19,348.84		0	$8,476.77			0	0	0.44
MAIMONIDES MEDICAL CENTER	226	$32,608.62			$8,940.16					0.27
MOUNT SINAI HOSPITAL	288	$19,720.62			$8,885.20					0.45
NEW YORK-PRESBYTERIAN HOSPITAL	501	$19,863.38			$8,344.81					0.42
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	163	$12,107.86	1		$9,957.93	0	0			0.82
313 - CHEST PAIN	**1150**	**$13,022.24**			**$6,819.83**					**0.56**
KINGS COUNTY HOSPITAL CENTER	61	$9,629.87			$7,835.15					0.81
LONG ISLAND COLLEGE HOSPITAL	52	$13,543.17		0	$8,329.75			0	0	0.47
MAIMONIDES MEDICAL CENTER	222	$19,126.19			$6,857.05					0.36
MOUNT SINAI HOSPITAL	216	$12,124.16			$8,513.87					0.54
NEW YORK-PRESBYTERIAN HOSPITAL	491	$15,573.77			$8,313.27					0.41
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	108	$8,136.27	1		$7,068.09	0	0			0.87
314 - OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	**449**	**$51,662.00**			**$23,633.19**					**0.60**
KINGS COUNTY HOSPITAL CENTER	21	$18,309.14			$24,001.48					1.31
LONG ISLAND COLLEGE HOSPITAL	24	$51,027.79		0	$22,962.54			0	0	0.45
MAIMONIDES MEDICAL CENTER	45	$84,899.04			$26,437.84					0.31
MOUNT SINAI HOSPITAL	152	$55,167.88			$22,460.97					0.41
NEW YORK-PRESBYTERIAN HOSPITAL	165	$72,909.66			$23,659.22					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	42	$26,998.48	0		$22,277.10	0	1			0.83
377 - G.I. HEMORRHAGE W MCC	**339**	**$66,518.77**			**$29,672.64**					**0.59**
KINGS COUNTY HOSPITAL CENTER	17	$16,042.24			$23,914.47					1.49

DRG Codes, Select Brooklyn and Manhattan Hospitals	Total Discharges	Average Covered Charges	Downstate Lowest Charges	LICH Lowest Charges	Average Total Payments	Downstate Highest Medicare Payment	Downstate Lowest Medicare Payment	LICH Highest Medicare Payment	LICH Lowest Medicare Payment	Ratio of Payment to Charge
LONG ISLAND COLLEGE HOSPITAL	16	$50,033.06		0	$21,925.50			0	0	0.43
MAIMONIDES MEDICAL CENTER	81	$104,833.32			$28,663.95					0.27
MOUNT SINAI HOSPITAL	77	$43,015.09			$20,172.30					0.47
NEW YORK-PRESBYTERIAN HOSPITAL	123	$69,572.20			$22,182.84					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	25	$114,716.72	0		$61,176.60	1	0			0.53
378 - G.I. HEMORRHAGE W CC	**662**	**$27,609.31**			**$12,782.77**					**0.56**
KINGS COUNTY HOSPITAL CENTER	28	$12,494.96			$14,196.19					1.14
LONG ISLAND COLLEGE HOSPITAL	24	$29,029.71		0	$12,136.17			0	0	0.42
MAIMONIDES MEDICAL CENTER	139	$37,970.96			$12,615.63					0.33
MOUNT SINAI HOSPITAL	189	$25,883.79			$12,189.46					0.47
NEW YORK-PRESBYTERIAN HOSPITAL	232	$38,359.51			$12,033.84					0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	52	$21,916.90	0		$13,523.33	0	0			0.62
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	**1348**	**$17,381.86**			**$8,941.37**					**0.63**
KINGS COUNTY HOSPITAL CENTER	47	$8,243.77			$9,973.28					1.21
LONG ISLAND COLLEGE HOSPITAL	55	$22,972.96		0	$8,548.65			0	0	0.37
MAIMONIDES MEDICAL CENTER	250	$23,612.39			$8,865.26					0.38
MOUNT SINAI HOSPITAL	332	$17,689.19			$8,813.63					0.49
NEW YORK-PRESBYTERIAN HOSPITAL	540	$22,294.07			$8,435.33					0.38
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	124	$9,476.77	0		$9,212.08	0	0			0.97
603 - CELLULITIS W/O MCC	**722**	**$23,216.15**			**$10,586.13**					**0.61**
KINGS COUNTY HOSPITAL CENTER	30	$18,045.63			$11,981.70					0.66
LONG ISLAND COLLEGE HOSPITAL	45	$20,071.44		0	$9,555.22			0	1	0.48
MAIMONIDES MEDICAL CENTER	142	$32,409.79			$10,622.51					0.33
MOUNT SINAI HOSPITAL	200	$23,621.31			$10,174.48					0.43
NEW YORK-PRESBYTERIAN HOSPITAL	254	$32,054.76			$10,126.53					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	51	$13,093.96	1		$11,056.37	0	0			0.84
638 - DIABETES W CC	**418**	**$23,395.82**			**$10,460.62**					**0.49**
KINGS COUNTY HOSPITAL CENTER	30	$14,514.67			$11,772.10					0.81
LONG ISLAND COLLEGE HOSPITAL	19	$29,024.79		0	$10,015.53			0	0	0.35
MAIMONIDES MEDICAL CENTER	67	$24,658.94			$9,638.12					0.39
MOUNT SINAI HOSPITAL	94	$25,377.54			$10,505.69					0.41
NEW YORK-PRESBYTERIAN HOSPITAL	126	$29,633.21			$9,627.33					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	82	$17,165.57	0		$11,204.73	0	0			0.65
640 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	**408**	**$36,173.55**			**$15,010.27**					**0.49**
KINGS COUNTY HOSPITAL CENTER	15	$29,887.00			$17,233.93					0.58
LONG ISLAND COLLEGE HOSPITAL	16	$48,453.31		0	$14,878.88			0	0	0.31
MAIMONIDES MEDICAL CENTER	58	$50,130.60			$15,233.74					0.30
MOUNT SINAI HOSPITAL	93	$33,704.54			$14,113.59					0.42
NEW YORK-PRESBYTERIAN HOSPITAL	169	$40,878.22			$14,498.97					0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	57	$13,987.61	1		$14,102.53	0	1			1.01
641 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	**801**	**$21,336.51**			**$8,962.14**					**0.46**
KINGS COUNTY HOSPITAL CENTER	37	$13,860.32			$9,835.43					0.71
LONG ISLAND COLLEGE HOSPITAL	28	$23,282.21		0	$8,454.04			0	0	0.36
MAIMONIDES MEDICAL CENTER	136	$28,702.35			$8,742.19					0.30
MOUNT SINAI HOSPITAL	204	$21,215.33			$8,789.29					0.41
NEW YORK-PRESBYTERIAN HOSPITAL	331	$26,804.76			$8,300.77					0.31
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	65	$14,154.06	0		$9,671.14	0	0			0.68
682 - RENAL FAILURE W MCC	**640**	**$42,450.48**			**$20,973.27**					**0.50**
KINGS COUNTY HOSPITAL CENTER	31	$28,453.19			$23,514.39					0.83
LONG ISLAND COLLEGE HOSPITAL	39	$32,657.41		0	$18,307.90			0	1	0.56
MAIMONIDES MEDICAL CENTER	107	$82,619.01			$24,403.26					0.29
MOUNT SINAI HOSPITAL	159	$38,775.58			$19,920.75					0.51
NEW YORK-PRESBYTERIAN HOSPITAL	264	$49,445.10			$18,850.67					0.38
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	40	$22,552.55	1		$20,842.85	0	0			0.92
683 - RENAL FAILURE W CC	**775**	**$29,002.73**			**$13,012.31**					**0.51**
KINGS COUNTY HOSPITAL CENTER	19	$16,151.11			$14,434.66					0.89
LONG ISLAND COLLEGE HOSPITAL	25	$26,896.32		0	$11,849.20			0	1	0.44
MAIMONIDES MEDICAL CENTER	141	$40,921.16			$13,001.66					0.32
MOUNT SINAI HOSPITAL	230	$31,913.02			$13,028.58					0.41
NEW YORK-PRESBYTERIAN HOSPITAL	322	$38,969.61			$12,437.24					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	38	$19,165.18	0		$13,322.47	0	0			0.70
689 - KIDNEY & URINARY TRACT INFECTIONS W MCC	**368**	**$37,220.39**			**$16,373.63**					**0.50**
KINGS COUNTY HOSPITAL CENTER	13	$17,660.62			$16,072.23					0.91
LONG ISLAND COLLEGE HOSPITAL	20	$44,884.95		0	$16,281.45			0	0	0.36
MAIMONIDES MEDICAL CENTER	104	$50,865.12			$15,836.30					0.31
MOUNT SINAI HOSPITAL	53	$34,398.13			$15,617.72					0.45
NEW YORK-PRESBYTERIAN HOSPITAL	148	$46,051.33			$14,844.61					0.32
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	30	$29,662.20	0		$19,587.47	1	0			0.66

DRG Codes, Select Brooklyn and Manhattan Hospitals	Total Discharges	Average Covered Charges	Downstate Lowest Charges?	LICH Lowest Charges?	Average Total Payments	Downstate Highest Medicare Payment?	Downstate Lowest Medicare Payment?	LICH Highest Medicare Payment?	LICH Lowest Medicare Payment?	Ratio of Payment to Charge
690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	1179	$22,952.46			$10,655.48					0.49
KINGS COUNTY HOSPITAL CENTER	33	$15,987.33			$11,243.70					0.70
LONG ISLAND COLLEGE HOSPITAL	37	$24,253.38		0	$9,402.05			0	1	0.39
MAIMONIDES MEDICAL CENTER	314	$30,827.02			$9,983.59					0.32
MOUNT SINAI HOSPITAL	228	$20,831.40			$9,671.58					0.46
NEW YORK-PRESBYTERIAN HOSPITAL	463	$31,583.02			$9,459.90					0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	104	$14,252.61	1		$10,572.07	0	0			0.74
811 - RED BLOOD CELL DISORDERS W MCC	290	$35,189.61			$16,580.37					0.53
KINGS COUNTY HOSPITAL CENTER	26	$22,699.42			$20,101.77					0.89
LONG ISLAND COLLEGE HOSPITAL	21	$38,047.62		0	$14,808.87			0	1	0.39
MAIMONIDES MEDICAL CENTER	48	$55,564.31			$17,181.56					0.31
MOUNT SINAI HOSPITAL	78	$29,086.97			$15,214.69					0.52
NEW YORK-PRESBYTERIAN HOSPITAL	80	$43,112.05			$16,053.13					0.37
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	37	$22,507.27	1		$16,122.41	0	0			0.72
812 - RED BLOOD CELL DISORDERS W/O MCC	751	$20,984.16			$10,125.59					0.57
KINGS COUNTY HOSPITAL CENTER	55	$11,269.56			$11,241.91					1.00
LONG ISLAND COLLEGE HOSPITAL	31	$27,721.94		0	$9,715.13			0	0	0.35
MAIMONIDES MEDICAL CENTER	121	$25,366.91			$9,941.12					0.39
MOUNT SINAI HOSPITAL	216	$20,100.19			$9,492.19					0.47
NEW YORK-PRESBYTERIAN HOSPITAL	261	$29,148.13			$10,055.61					0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	67	$12,118.21	0		$10,307.57	0	0			0.85
870 - SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	356	$161,093.38			$76,435.56					0.62
KINGS COUNTY HOSPITAL CENTER	19	$67,938.89			$76,934.89					1.13
LONG ISLAND COLLEGE HOSPITAL	20	$182,290.35		0	$76,337.60			0	0	0.42
MAIMONIDES MEDICAL CENTER	142	$247,117.92			$87,363.06					0.35
MOUNT SINAI HOSPITAL	66	$102,814.17			$66,105.79					0.64
NEW YORK-PRESBYTERIAN HOSPITAL	94	$218,899.91			$74,636.76					0.34
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	15	$87,499.07	0		$71,235.20	0	0			0.81
871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1577	$56,500.32			$25,678.69					0.52
KINGS COUNTY HOSPITAL CENTER	73	$31,967.56			$27,324.30					0.85
LONG ISLAND COLLEGE HOSPITAL	73	$81,624.47		0	$23,574.34			0	0	0.38
MAIMONIDES MEDICAL CENTER	483	$88,348.18			$27,795.25					0.32
MOUNT SINAI HOSPITAL	326	$42,960.93			$23,395.32					0.54
NEW YORK-PRESBYTERIAN HOSPITAL	516	$78,984.53			$25,162.21					0.33
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	106	$39,116.24	0		$26,821.91	0	0			0.69
872 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	328	$37,028.17			$14,844.99					0.48
KINGS COUNTY HOSPITAL CENTER	21	$17,595.33			$15,295.67					0.87
LONG ISLAND COLLEGE HOSPITAL	14	$56,362.71		0	$15,386.86			0	0	0.27
MAIMONIDES MEDICAL CENTER	73	$44,619.56			$14,643.95					0.33
MOUNT SINAI HOSPITAL	83	$35,502.73			$14,619.23					0.41
NEW YORK-PRESBYTERIAN HOSPITAL	117	$45,654.21			$13,590.13					0.30
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	20	$22,234.45	0		$15,534.10	1	0			0.70
Total/Average	[illegible]	[illegible]	11	1	[illegible]	5	2	1	18	0.45

Notes

This analysis is based on only the DRGs in common with all six hospitals.
LICH has the lowest reimbursement value for 18 out of 35 codes.
LICH has the highest reimbursement value for 1 out of 35 codes.
LICH has the lowest charges for 1 out of 35 codes.
SUNY Downstate has the highest reimbursement value for 5 out of 35 codes.
SUNY Downstate has the lowest reimbursement value for 2 out of 35 codes.
SUNY Downstate has the lowest charges for 11 out of 35 codes.

Average Payment to Charge	
KINGS COUNTY HOSPITAL CENTER	0.62
LONG ISLAND COLLEGE HOSPITAL	0.42
MAIMONIDES MEDICAL CENTER	0.31
MOUNT SINAI HOSPITAL	0.46
NEW YORK-PRESBYTERIAN HOSPITAL	0.35
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	0.76

Good morning, Honorable Senator Kenneth LaValle, Honorable Senator Kemp Hannon and honored guests. I'm Grace Wong, the Principal Investigator of the Brooklyn Healthcare Improvement Project and the Vice President of Managed Care & Clinical Business at SUNY Downstate Medical Center. Prior to Downstate, I spent two decades in hospital administration, public finance, consulting and was a VP of Managed Care in a large hospital system in NYC. I'm here to support and advocate for the SUNY Sustainability Plan.

For those who are not familiar with the Brooklyn Healthcare Improvement Project (i.e. BHIP), I want to give you a brief background. BHIP was funded by a HEAL 9 grant from the NYS DOH back in 2009. The goal of the grant was to develop a comprehensive community planning process with multiple stakeholders that articulates the healthcare vision for Central and Northern Brooklyn and recommends how that vision can be implemented. Our final report, "Making the Connection to Care in Northern and Central Brooklyn" was issued in August last year.

Central and Northern Brooklyn cover 15 zip codes and 22.2 square miles. These are the neighborhoods of East New York, Bedford Stuyvesant, Bushwick, and Williamsburg among others. The area has a population of one million, which translates to 5.2% of the NYS population. 81% of the population are minorities, a substantial portion of which come from lower social economic status. More than 35 languages are spoken there. The BHIP partners are composed of more than 30 organizations including 6 area hospitals, 9 major insurance carriers, community-based organizations, federally health qualified centers (FQHCs), Brooklyn Chamber of Commerce, NYC Health and Mental Hygiene, Primary Care Development Corporation, SUNY Downstate School of Public Health, Brooklyn Health Disparities Center and a pharmaceutical company.

Through our 3-year concerted effort of coalition building, intense research and monthly meetings, we obtained approval from all 6 hospital Institutional Review Boards, hired and trained more than 100 surveyors, and conducted 15-20 minute interviews of 11,600 patients and 400 providers in the Emergency Department of Kings County, University Hospital of Brooklyn, Brookdale, Kingsbrook Jewish, Interfaith and Woodhull. Additionally, we conducted a block by block survey of all the healthcare providers in the study area and analyzed millions of records from the SPARCS dataset and claims data shared by our insurance partners. We found that more than 43% of the patients surveyed stated that they came to the emergency department for non-emergent care. Their main reasons were their preference for one stop shopping and difficulties in accessing primary care. ED utilization for this population was almost double the non-studied Brooklyn neighborhoods, the admission rate was 47% higher and potential avoidable hospitalization rate was even higher, at 65%. Although more healthcare dollars are spent on this population, its health status is one of the worst in the State. It has some of the highest incidences of high blood pressure, heart disease, diabetes, HIV/AIDS and infant mortality rates. 17% of the ED patients who enrolled in Medicaid Managed Care plans didn't know that they had a PCP. By NYS law, every Managed Medicaid enrollee has to choose a PCP or one will be auto-assigned to them. However, the law does not require an enrollee to see a PCP to qualify for Medicaid! From our block by block survey, we found

22% of the providers listed on provider directories from insurers were inaccurate. While patients are crying out loud for accessible quality care, our providers are also crying out loud for more patients. Brooklyn healthcare is indeed broken and urgently needs a game changing solution.

The vision of BHIP is to ensure access to affordable, quality, and timely care for all residents in Northern and Central Brooklyn, effectively eliminating disparities in health outcomes, through a coordinated health systems planning process that engages and fosters collaboration among multiple stake holders.

The SUNY plan offers real solutions to implement our vision and transform the healthcare landscape in Brooklyn. The provider system in Central & Northern Brooklyn is in dire need to be restructured, right sized, streamlined, simplified, connected and coordinated to meet patient healthcare needs and become financially stable. While the insurance market is consolidating to achieve economies of scale and amass clout to deal with large provider networks, Brooklyn hospitals in locations with better payer mix are also allying themselves with more richly resourced hospital systems in Manhattan and the Bronx. Safety net hospitals in our study area, however, are left to struggle individually on their own. Without the bargaining power of a network, safety net facilities not only suffer lower reimbursement rates, their costs are actually higher because their patients have more needs. They might not have transportation upon discharge, money for prescriptions, or anyone to care for them at home which complicates discharge planning leading to increased length of stay, unnecessary admissions and readmissions, and lots of placement issues which are not fully reimbursed.

While the ACA did not squarely address poverty, it did set in motion healthcare system transformation. Through the creation of a Brooklyn based provider network that expands primary care, joint contracting, IT linkages and clinical integration, we can start managing our population, form ACOs and share the gains with insurers by reducing unnecessary admissions and utilization and achieving better health and better care. The system cannot self-correct; it needs fresh resources and intervention. New York State can play a major role and an anchored entity such as the Brooklyn Health Improvement Public Benefit Corporation, backed by the in depth research engine of SUNY and leadership in coalition building, can lead this effort and track performance and monitor progress.

Healthcare transformation will not succeed without active patient engagement, empowerment and education. The Brooklyn Health Improvement Public Benefit Corporation can mobilize grass roots involvement through churches, schools, community based organizations, hair salons and the like. SUNY Downstate will continue to train members of this community to be healthcare providers who mostly likely will stay and serve in this community. Health educators and patient navigators will be trained to help our community in negotiating the fast changing healthcare landscape and ever confusing terms such as, Medicaid Health Home, Hospital Medical Home, Patient Centered Medical Home. As far as our patients are concerned, home is where you go to sleep and registrars in the ED and admitting offices of safety net facilities all know, for homeless

patients, their home addresses are the hospitals where they land.

Prior to SUNY Downstate, I was the VP of Managed Care of New York Presbyterian Hospital and its affiliated institutions and the CFO of its New York Hospital Community Health Plan, where I actually consolidated all the managed care departments of the multihospital system into a single contract entity. I know first-hand the difference between a powerful network and a stand-alone facility and how insurers will treat them. We can provide the same services, but require more resources for our high need population. Yet we get paid less. It is an old tale, the rich get richer, the poor get poorer. The SUNY plan is sound and well thought-out. As health providers and policy makers, we need determination and conviction to execute the SUNY plan which will ensure the continuation of medical and health professions education and the creation of a better healthcare system for one of the most underserved communities in the State. Thank you for this opportunity to testify. I trust, as public officials, it is also your passion to be in public service to right the wrong, to strike a balance of public interest, and fight for equity and justice for all. It is our hope that you **Will** endorse the SUNY plan. The time for action is now.

Coalition Membership

Community Based Organizations

Brooklyn Chamber of Commerce
Church Ave Merchants Block Association
Caribbean American Chamber of Commerce
Christopher Blenman Senior Center
St. Gabriel's Senior Center

Civic

Brooklyn Borough President's Office
Community Board 8
NYC Department of Health & Mental Hygiene
United Hospital Fund

Community Based Health Organizations

Bedford Stuyvesant Family Health Center
Brownsville Multi-Service FHC
Brooklyn Perinatal Network, Inc.
Caribbean Women's Health Association
Coalition of Behavioral Health Agencies, Inc.
Primary Care Development Corporation
Brooklyn Health Disparities Center
SUNY Downstate School of Public Health

Hospital Partners

Brookdale University Hospital & Medical Center
Interfaith Medical Center
Kingsbrook Jewish Medical Center
Kings County Hospital Center
University Hospital of Brooklyn
Woodhull Medical & Mental Health Center

Health Insurers

1199 National Benefit Fund
Aetna
EmblemHealth-HIP/GHI
Empire Blue Cross Blue Shield
HealthFirst
HealthPlus
MetroPlus
Neighborhood Health Providers
United Healthcare

Pharmaceutical Company

Novartis

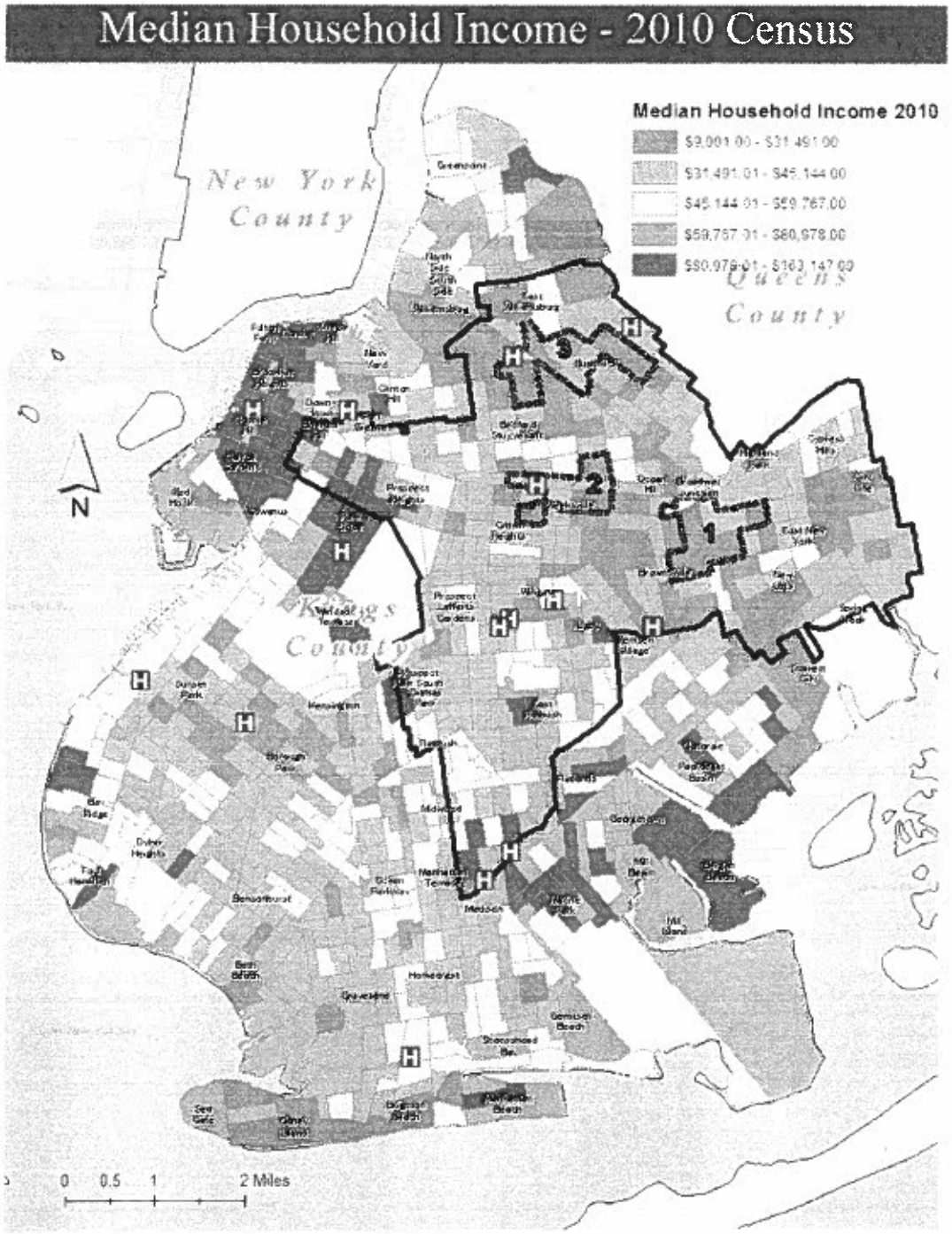
Mission/Vision

Mission Statement:

Our mission is to improve the wellness of our population by addressing access, quality, and cost of health care in Northern and Central Brooklyn

Vision Statement:

BHIP seeks to ensure access to affordable, quality, and timely care for all residents in Northern and Central Brooklyn, effectively eliminating disparities in health outcomes, through a coordinated health systems planning process that engages and fosters collaboration among multiple stake holders.



- Dark Green indicates Lower Median Income <$31.5K
- Dark Red Higher >$80K

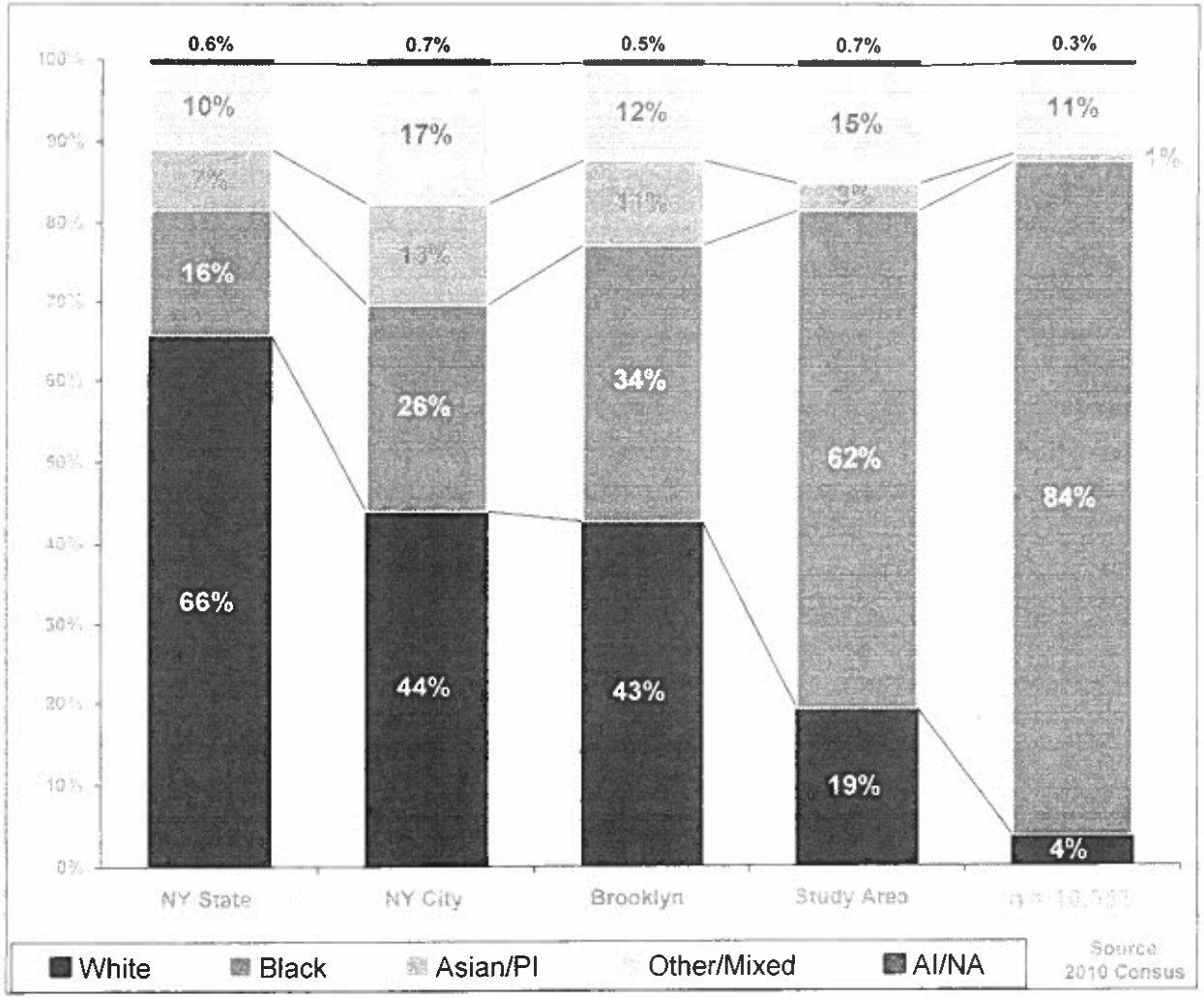
ED Patient Survey Characteristics - Race

- NYC: 8.2mil
- Brooklyn: 2.5mil
- Study Area
  - 1.05mil
  - 42% of Brooklyn
  - 13% of NYC

- Asian/PI includes:
  - Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.

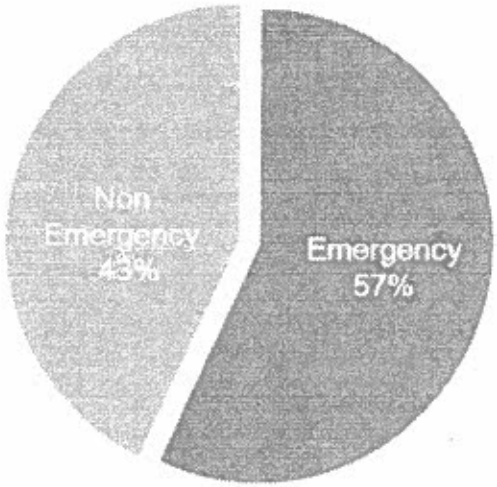
- AI/NA includes:
  - American Indian, Native Alaskan, Native Hawaiian, Guamanian, Samoan.

- Other/Mixed:
  - Two or more Races or Some other self Identified Race

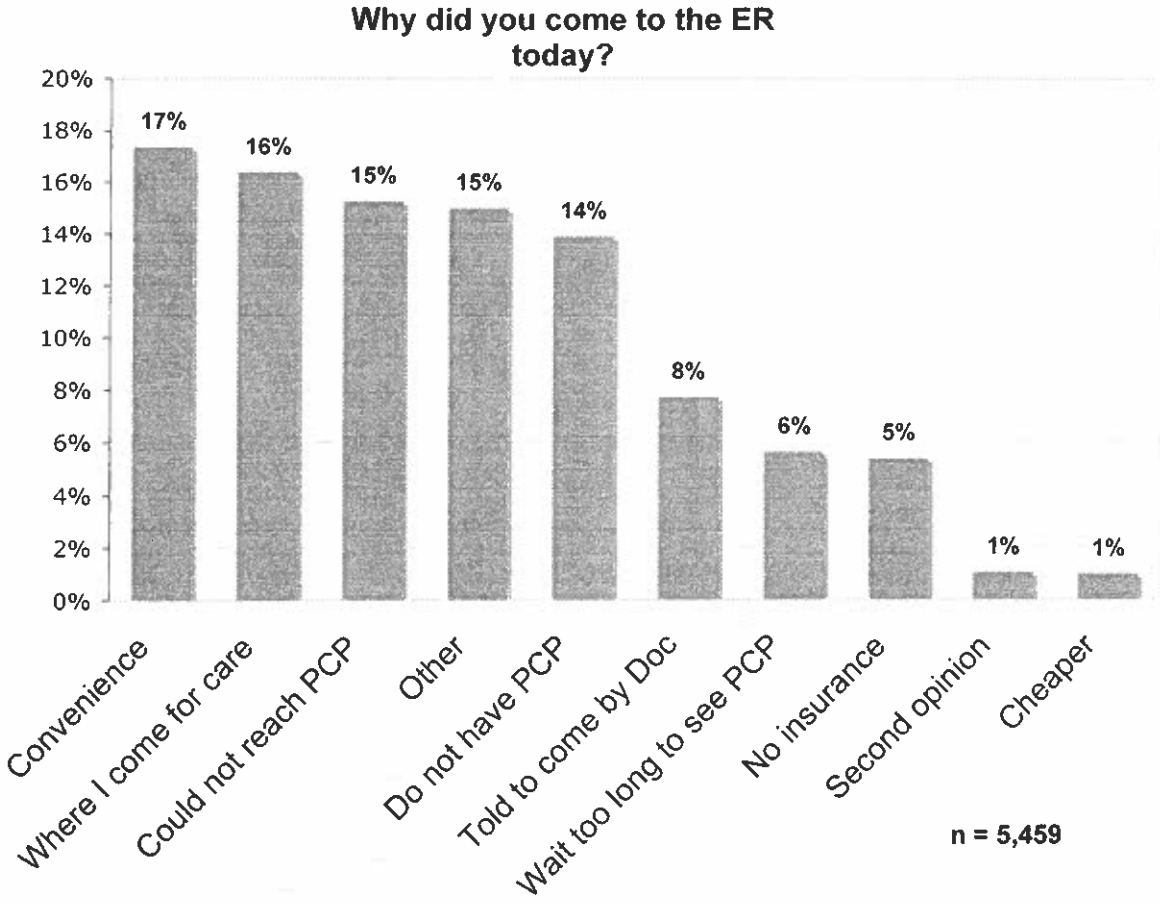


ED Patient Survey

Why did you come to the ER?



N = 11,008



Hot Spots

	#1	#2	#3	BHIP Study Area	Non-BHIP Study Area	**Brooklyn**	**New York City**	**New York State**
Population	30,319	21,392	49,669	1,049,685	1,455,015	**2,504,700**	**8,175,133**	**19,378,102**
% of Brooklyn Population	*1.2%*	*0.9%*	*2.0%*	*44%*	*58%*	***100%***		
SPARCS Data 2007 - 2009								
Avg Annual ED Visits[1]	18,959	11,075	30,279	439,292	280,646	**719,937**	**2,407,739**	**5,440,859**
Age Adj. ED Visits / 1,000	612	504	594	387	200	**284**	**294**	**282**
% of Brooklyn ED Visits	2.6%	1.5%	4.2%	61%	39%	**100%**		
Avg Annual Disch	6,068	4,105	9,001	153,388	164,773	**318,161**	**1,213,492**	**2,854,965**
Age Adj Disch Rate / 1,000	225	235	211	147	100	**132**	**152**	**146**
% of Brooklyn Disch	1.9%	1.3%	2.8%	48%	52%	**100%**		
Avg Annual ACSC Disch	1,281	865	1,851	27,380	22,672	**50,052**	**188,236**	**411,724**
Adj ACSC Rate / 1,000	50	44	46	28	17	**21**	**24**	**21**
% of Brooklyn ACSC Disch	2.6%	1.7%	3.7%	55%	45%	**100%**		

[1] *ED Visits w/o admission*

Potential Savings Projections

	BHIP Study Area	Non-BHIP Study Area	Brooklyn	Encounters Saved @ Non-BHIP Brooklyn Rates	Potential Savings / Year	Encounters Saved @ Brooklyn Rates	Potential Savings / Year
Population	1,049,685	1,455,015	2,504,700				
% of Total Population	44%	56%	100%				
SPARCS 2007 - 2009							
Avg Annual ED Visits[1]	439,292	280,646	719,937		@ $125/Visit		@ $125/Visit
Age Adj ED Visits / 1,000	387	200	284	**196,291**	**$24,536,387**	**108,118**	**$13,514,694**
% of Brooklyn ED Visits	63%	37%	100%				
Avg Annual Disch	153,388	164,773	318,161		@ $10,000/DC		@ $10,000/DC
Age Adjusted Disch / 1,000	147	100	132	**49,725**	**$383,888,834**	**16,376**	**$99,729,820**
% of Brooklyn Disch	48%	52%	100%				
Avg Annual ACSC Discharges	27,380	22,672	50,052		@ $5,000/DC		@ $5,000/DC
Age Adjusted ACSC Disch / 1,000	28	17	21	**11,337**	**$56,682,990**	**6,403**	**$32,015,393**
% of Brooklyn ACSC Disch	55%	45%	100%				
Potential Yearly Savings					**$465,108,211**		**$145,259,907**

[1] *ED Visits w/o admission*

WRITTEN TESTIMONY re SUNY-DOWNSTATE AND LONG ISLAND COLLEGE HOSPITAL **6/4/13**

To: New York State Senate Standing Committee on Higher Education, Senator Kenneth P. Lavalle, Chairman

From: B. Gartner, Brooklyn Heights Resident and LICH Patient (bgart13@earthlink.net)

Maintaining Long Island College Hospital (LICH) as a full-service acute-care hospital is essential to meeting the medical needs of the surrounding communities. Just two years ago, SUNY-Downstate acquired LICH, ostensibly to operate the hospital. Given SUNY-Downstate's subsequent actions to close LICH, I respectfully urge the NYS Senate Standing Committee on Higher Education to condition any approval of SUNY-Dowstate's Sustainability Plan on the Plan's including the following:

1) that SUNY-Downstate will not close LICH, but rather SUNY-Downstate, or an interim Trustee, will operate LICH as a full-service acute-care hospital until such time as LICH is acquired by a new hospital operator.
2) that a committee including reporesentatives of community organizations; LICH physicians, nurses, and staff, and elected officials will be empowered to solicit, respond to, and negotiate with potential operators for the acquisition and operation of LICH as a full-service acute-care hospital so as to relieve SUNY-Downstate of its ownership of LICH and assure the continuation of the hospital.

NEW YORK STATE AUTHORITIES' APPROVAL AND SUPPORT FOR SUNY-DOWNSTATE'S 2011 ACQUISITION OF LICH WAS BASED ON SUNY-DOWNSTATE'S ASSUMING OPERATION OF LICH AS A FULL-SERVICE ACUTE CARE HOSPITAL

On October 14, 2010, Governor Paterson announced that SUNY-Downstate was awarded a $40 million State (HEAL) grant *"to acquire and operate Long Island College Hospital (LICH). The grant will enable SUNY Downstate to expand UHB's capacity to meet the expected growth in demand for inpatient services and specialized care."*

In May 2011, the NYS Department of Health and Hospitals, the NYS Supreme Court (Index #9188) and the NYS Attorney General's Charities Bureau approved the transfer of LICH's operatons and valuable real estate holdings to SUNY-Downstate. Among statements in the Court documents:

LICH will remain a full service acute care hospital at its existing site, and LICH's employees and physicians will continute to work and care for patients at the site. (LICH Verified Petition to the NYS Supreme Court)

WHEREAS, upon the closing of the Transaction, SUNY-Downstate will continue Petitioner's operation as a hospital;. . ." (5/13/11 NYS Supreme Court Order approving the Transfer)

WHEREAS, the State University of New York, Downstate Medical Center ("SUNY-Downstate") has agreed to assume Petitioner's operation as a hospital and thus continue its charitable mission in return for the conveyance of the majority of Petitioner's assets as described in the Petition . . . (5/3/11 NYS Supreme Court Order Index #9189)

APPPROVAL OF SUNY-DOWNSTATE'S 2011 ACQUISITION OF LICH WAS ALSO CONDITIONED ON SUNY'S AGREEMENT TO ASSUME THE LEGAL OBLIGATION TO REPAY APPROXIMATELY $140 MILLION TO LICH'S PERMANENTLY RESTRICTED OTHMER ENDOWMENT FUNDS, BEQUEATHED TO AND FOR THE BENEFIT OF LICH BY BROOKLYN HEIGHTS RESIDENTS DONALD AND MILDRED OTHMER

On May 13, 2011, the NYS Supreme Court (Index #9188), with the agreement of the NYS Attorney General's Charities Bureau, approved the release of the donors' restrictions on the Othmer Endowment Funds, authorizing $87.5 million to be borrowed from the Funds for the purpose of paying off prior medical malpractice claims via a newly created "Medical Malpractice Trust." The NYS Supreme Court Order stated that

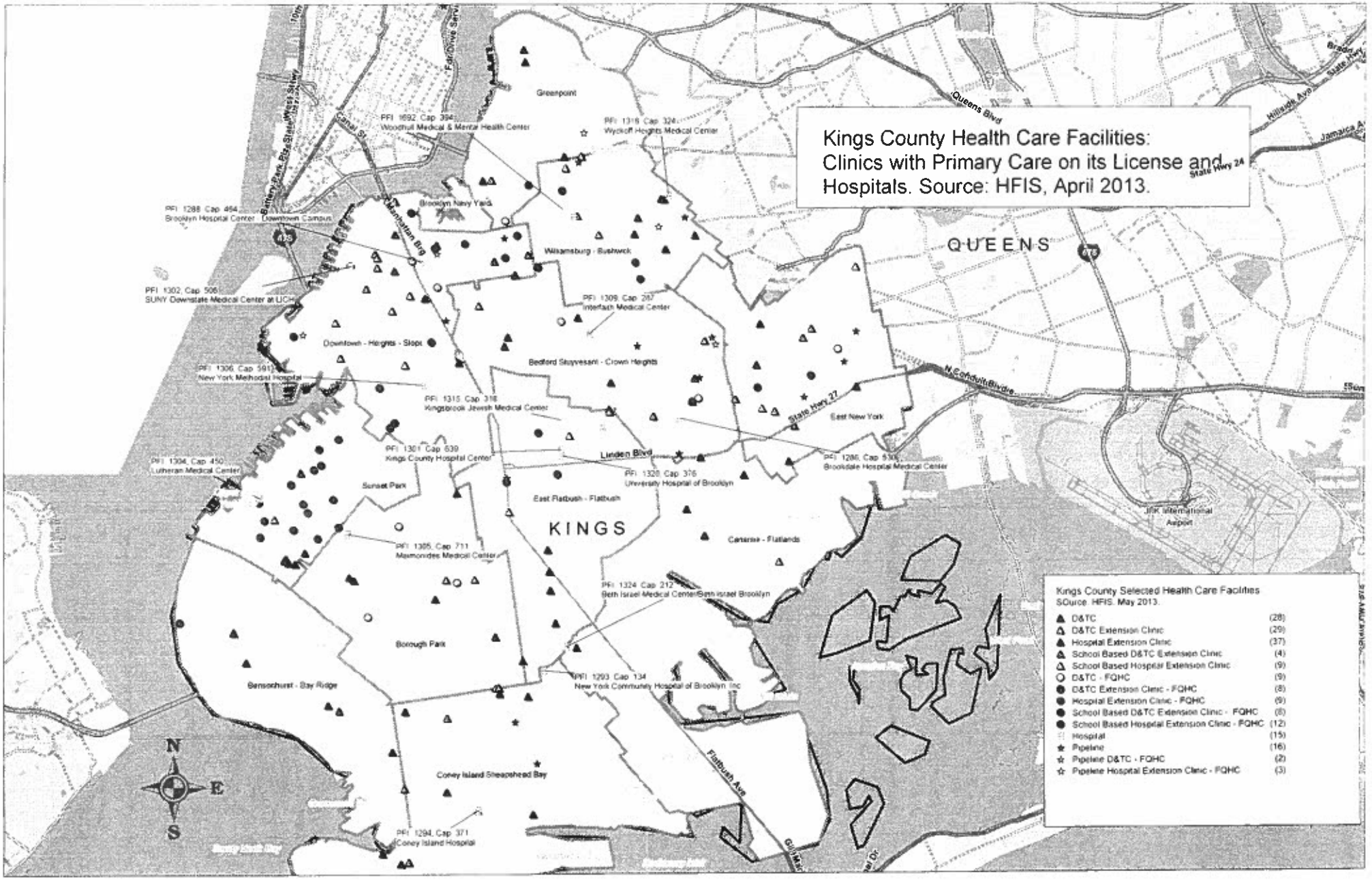
"the release of the restrictions on the Othmer Funds is essential to the execution of the Transaction [the transfer to SUNY]."

The Court specifically ordered that *"the approval herein is conitioned upn the assumption by SUNY-Downstate, following the closing of the Transaction, of the liability for repayment of the Othmer Funds for this borrowing as requested by the Petition and all prior borrowings. . ."* 5/13/11 NYS Supreme Court Order Index # 9188

DESPITE THESE AGREEMENTS, AFTER THE TRANSFER OF LICH'S ASSETS TO SUNY-DOWNSTATE WAS APPROVED AND EFFECTED, SUNY-DOWNSTATE HAS BEGUN DE FACTO CLOSURE OF THE HOSPITAL

Since acquiring LICH on May 13, 2011, SUNY-Downstate has, among other actions,

July 2011	announced the closing of LICH School of Nursing (which held its last graduation this May)
January 2013	wrote to the NYS Comptroller, "SUNY will replenish the Trust only when and if it is able to."
February 2013	voted to close LICH (closure stayed by the NYS Supreme Court and later rescinded)
Spring 2013	failing to provide needed staff, equipment and supplies; removing equipment to SUNY-Downstate
March 2013	sent 90-day lay-off notices to LICH staff
April 2013	announced that no further elective surgeries would be scheduled at LICH (later rescinded)
May 2013	issued an RFI for an operator of some level of health services [not necessarily a hospital] "on the [LICH] campus or in the community around" the hospital
May 2013	stated in a footnote to ita Sustainabillity Plan its intention to exit from operating LICH
May 2013	forced LICH to withdraw its medical residency program


Kings County Health Care Facilities:
Clinics with Primary Care on its License and
Hospitals. Source: HFIS, April 2013.
KINGS
QUEENS
Greenpoint
Williamsburg - Bushwick
Downtown - Heights - Slope
Bedford Stuyvesant - Crown Heights
East New York
Sunset Park
East Flatbush - Flatbush
Canarsie - Flatlands
Borough Park
Bensonhurst - Bay Ridge
Coney Island Sheepshead Bay
Brooklyn Navy Yard
JFK International Airport
PFI 1692, Cap 394
Woodhull Medical & Mental Health Center
PFI 1316, Cap 324
Wyckoff Heights Medical Center
PFI 1288, Cap 464
Brooklyn Hospital Center - Downtown Campus
PFI 1302, Cap 506
SUNY Downstate Medical Center at LICH
PFI 1309, Cap 287
Interfaith Medical Center
PFI 1306, Cap 591
New York Methodist Hospital
PFI 1315, Cap 318
Kingsbrook Jewish Medical Center
PFI 1301, Cap 639
Kings County Hospital Center
PFI 1304, Cap 450
Lutheran Medical Center
PFI 1320, Cap 376
University Hospital of Brooklyn
PFI 1286, Cap 530
Brookdale Hospital Medical Center
PFI 1305, Cap 711
Maimonides Medical Center
PFI 1324, Cap 212
Beth Israel Medical Center/Beth Israel Brooklyn
PFI 1293, Cap 134
New York Community Hospital of Brooklyn, Inc
PFI 1294, Cap 371
Coney Island Hospital
Kings County Selected Health Care Facilities
SOurce: HFIS, May 2013.
D&TC (28)
D&TC Extension Clinic (29)
Hospital Extension Clinic (37)
School Based D&TC Extension Clinic (4)
School Based Hospital Extension Clinic (9)
D&TC - FQHC (9)
D&TC Extension Clinic - FQHC (8)
Hospital Extension Clinic - FQHC (9)
School Based D&TC Extension Clinic - FQHC (8)
School Based Hospital Extension Clinic - FQHC (12)
Hospital (15)
Pipeline (16)
Pipeline D&TC - FQHC (2)
Pipeline Hospital Extension Clinic - FQHC (3)
N
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BHA BROOKLYN HEIGHTS ASSOCIATION
55 Pierrepont Street, Box 17D Brooklyn, NY 11201 (716) 858 9193 info@thebha.org www.thebha.org

Brooklyn Heights Association Testimony to New York State Senate Standing Committee on Higher Education

We thank Senator LaValle and the members of the Committee for the opportunity to submit written testimony. We are extremely disappointed that no community representatives in downtown Brooklyn were invited to speak regarding Long Island College Hospital.

The Brooklyn Heights Association believes that Long Island College Hospital should remain in its current location as a full service teaching hospital.

A full service hospital in downtown Brooklyn is essential to the health needs of the residents and workers of our communities. Long Island College Hospital (LICH) has been a teaching hospital since 1858 and serves one of the fastest growing business and residential areas, with thousands of new families, in Brooklyn. Downtown Brooklyn is home to four public housing projects with over 13,400 residents. Seven colleges and universities educate 32,000 students here and there are 70,000 workers in Metro-Tech and Dumbo, along with thousands of lawyers, employees and citizens who work in or attend state and federal court. Nearby are bustling shopping and commercials area such as Fulton and Smith Streets, as well as the 17,000-seat Barclay's Center Arena. It is also important to note that no other precinct is responsible for more potential terrorist target sites than the 84th Precinct in Downtown Brooklyn.

We believe that LICH is a viable full service hospital and that SUNY Downstate is not the right operator for this institution. In a February 4, 2013 letter to our elected officials, SUNY President Carl McCall outlined the fiscal and management challenges facing SUNY Downstate – all of which predate SUNY's affiliation with LICH. We think that SUNY Downstate has not been able to manage LICH properly in the context of its own mounting problems.

Although there appear to be no audited financial statements for 2011 and 2012 for LICH, the Concerned Physicians of LICH and the New York State Nurses Association have compiled data that indicate that LICH has a high occupancy rate and a very good payor mix (second in Kings County). Other metrics for the hospital are strong despite an extremely poor (and costly) billing performance by Continuum. We insist that the adoption of the Sustainability Plan be contingent on SUNY Downstate providing credible financial information to the public regarding its own operations at University Hospital and LICH in order that any institutions interested in operating LICH have audited financial statements.

We wish to remind the Committee that SUNY Downstate University Hospital and its management issues are distinct from the important role SUNY Downstate plays as an educational institution training physicians, nurses, and other health-related personnel. We agree with SUNY Downstate that its medical education mission is important for Brooklyn. LICH,

independent of SUNY, can continue to be a strong partner, as it has been for many years, in providing the clinical training that is so critical to medical education.

We are opposed to any plan that replaces LICH with a lesser institution – a free-standing Emergency Room or an outpatient clinic. Anyone in healthcare will confirm that an emergency room without the back-up of strong medical and surgical departments is simply a "treat and release" operation. Without the release of the financial information, no serious affiliation bid can be considered or made. We submit that closing a hospital without serious consideration of all alternatives (as is prescribed by the New York State Department of Health) is unacceptable to the residents of the communities in Western Brooklyn who depend upon LICH.

We are convinced that there is strong community and political support to maintain LICH and we hope that relieving SUNY Downstate of the burden of operating LICH will be a big step in assisting SUNY Downstate to become sustainable in the future.

Fw: for NY Senate Committee on Higher Education June 4th hearing on SUNY Downstate & LICH

[redacted]

06/05/2013 05:01 PM

[redacted]

Kenneth P. LaValle
NYS Senator
631-473-1461

[redacted]

Brooklyn Heights Association Testimony to New York State Senate Standing Committee on Higher Education

We thank Senator LaValle and the members of the Committee for the opportunity to submit written testimony. We are extremely disappointed that no community representatives in downtown Brooklyn were invited to speak regarding Long Island College Hospital.

The Brooklyn Heights Association believes that Long Island College Hospital should remain in its current location as a full service teaching hospital. A full service hospital in downtown Brooklyn is essential to the health needs of the residents and workers of our communities.

Long Island College Hospital (LICH) has been a teaching hospital since 1858 and serves one of the fastest growing business and residential areas, with thousands of new families, in Brooklyn. Downtown Brooklyn is home to four public housing projects with over 13,400 residents. Seven colleges and universities educate 32,000 students here, and there are 70,000 workers in Metro-Tech and Dumbo, along with thousands of lawyers, employees and citizens who work in or attend state and federal court. Nearby are bustling shopping and commercial areas such as Fulton and Smith Streets, as well as the 17,000-seat Barclay's Center Arena. It is also important to note that no other precinct is responsible for more potential terrorist target sites than the 84th Precinct in Downtown Brooklyn.

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