REPEAL & REPLACE/ BLOCK GRANT COMPENDIUM

- Preserve coverage for **800,000** New Jersey residents
- If ACA is repealed, ensure simultaneous replacement
- If ACA is repealed without simultaneous replacement, restore funding
- Maintain Medicaid services for **1.8 million** New Jersey residents

2/3/2017

New Jersey Hospital Association
NJHA

REPEAL & REPLACE/BLOCK GRANT COMPENDIUM

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REPEAL & REPLACE

Repeal and Replace – Executive Summary

Our take:

- ***About 800,000 New Jersey residents now enjoy health coverage under the Affordable Care Act.***
- ***If the ACA is repealed, Congress must approve a simultaneous replacement plan that preserves that same level of healthcare coverage.***
- ***Barring a simultaneous replacement plan, billions of dollars in provider cuts under the ACA must be restored so that our hospitals and other healthcare providers can continue caring for those who once again find themselves uninsured.***

President Trump has declared that the repeal and replacement of the Affordable Care Act is one of his highest priorities, and that the two steps will occur "essentially simultaneously." Congress is currently in the process of considering a repeal coupled with alternatives to the reform law. Health systems, hospitals and post-acute providers in New Jersey are concerned that if the ACA is repealed the number of uninsured will rise. Many New Jersey residents will no longer have access to primary and specialty physicians and will be forced to use the hospital emergency room for primary care. It is essential that the gains in the number of Americans with health insurance be maintained by a replacement plan. As many as 800,000 New Jersey residents stand to lose health insurance coverage if the ACA is repealed without a simultaneous replacement plan that ensures coverage. Loss of coverage for this large portion of New Jersey residents could lead to a public health crisis, as individuals would lose their insurance coverage and no longer be able to follow their prescribed regime of care.

Additionally, ACA-related reduced payments to providers in combination with a rapidly escalating number of uninsured would present serious challenges to health systems, hospitals and post-acute providers that would be forced to absorb the cost of uncompensated care associated with these newly uninsured individuals.

The repeal of the coverage expansion associated with the ACA comes at a challenging time for healthcare providers. The lost revenue associated with the repeal of the ACA could be counter-productive to the overarching goal of bending the cost curve.

As Congress considers the repeal and replacement process the health systems, hospitals and post-acute providers in New Jersey urge the members of our congressional delegation to consider the following:

- Preserve coverage for the 800,000 New Jersey residents that are benefiting from health insurance coverage through Medicaid expansion or the healthcare marketplace.

- If the ACA is repealed, Congress should ensure that a replacement program that continues to provide coverage is implemented simultaneously.

- If the ACA is repealed without a simultaneous replacement plan, Congress should restore health system, hospital and post-acute provider payment reductions implemented in support of the ACA and coverage expansion.

American Hospital Association®

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www.aha.org

January 27, 2017

The Honorable Donald Trump
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

We are writing in regard to the ongoing debate over the future of the Affordable Care Act (ACA). We understand the ACA needs change and hospitals and health systems have offered solutions to fix it, and we are committed to working with you on legislation that maintains coverage and improves America's health care system through patient-centered care. Our shared goal is to ensure continued high-quality health care for our patients in urban and rural communities alike.

As organizations representing hospitals and health systems that provide the entire continuum of care from acute to post-acute care, we would like to outline our top priorities as you deliberate the future of the ACA:

- If the ACA is to be repealed, the potential repeal and replace should be done simultaneously, and ensure that the 22 million people receiving coverage continue to receive adequate coverage;
- If repeal and replace cannot be accomplished simultaneously, the reductions to hospitals and health systems included in the ACA should be restored to ensure there are sufficient resources to provide care to the uninsured;
- Further reductions to hospitals and health systems should not be considered during either reconciliation or the replace debate;
- Any Medicaid restructuring should continue the federal-state partnership that ensures beneficiaries and providers continue to have access to high-quality health care coverage, provides sufficient funding, and treats expansion and non-expansion states in an equitable manner;

- Significant regulatory reform to address the burden faced by hospitals and health systems needs to be implemented by both the legislative and executive branches; and

- Continued efforts to improve the health care system and make care more affordable should be supported by moving to fee-for-value based payment that provides incentives for clinically integrated coordinated care.

We look forward to working with you as the debate over the ACA continues.

Sincerely,

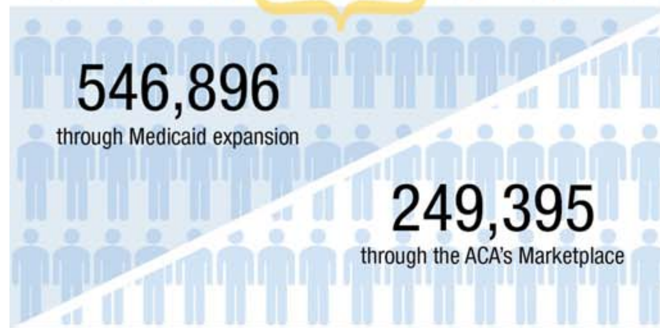
American Hospital Association
Alabama Hospital Association
Alaska State Hospital & Nursing Home Association
Arizona Hospital and Healthcare Association
Arkansas Hospital Association
California Hospital Association
Colorado Hospital Association
Connecticut Hospital Association
Delaware Healthcare Association
District of Columbia Hospital Association
Florida Hospital Association
Georgia Hospital Association
Healthcare Association of Hawaii
Idaho Hospital Association
Illinois Health and Hospital Association
Indiana Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Kentucky Hospital Association
Louisiana Hospital Association
Maine Hospital Association
Maryland Hospital Association
Massachusetts Hospital Association
Michigan Health & Hospital Association
Minnesota Hospital Association
Mississippi Hospital Association
Missouri Hospital Association
Montana Hospital Association
Nebraska Hospital Association
Nevada Hospital Association
New Hampshire Hospital Association
New Jersey Hospital Association
New Mexico Hospital Association

Healthcare Association of New York State
North Carolina Hospital Association
North Dakota Hospital Association
Ohio Hospital Association
Oklahoma Hospital Association
Oregon Association of Hospitals and Health Systems
The Hospital & Healthsystem Association of Pennsylvania
Hospital Association of Rhode Island
South Carolina Hospital Association
South Dakota Association of Healthcare Organizations
Tennessee Hospital Association
Texas Hospital Association
Utah Hospital Association
Vermont Association of Hospitals and Health Systems
Virginia Hospital & Healthcare Association
Washington State Hospital Association
West Virginia Hospital Association
Wisconsin Hospital Association
Wyoming Hospital Association
Hospital Association of Southern California
Hospital Council of Northern and Central California
Hospital Association of San Diego and Imperial Counties
South Florida Hospital and Healthcare Association
Kansas City Metropolitan Healthcare Council
Metropolitan Hospital Council of New Orleans
Healthcare Council of the National Capital Area
Upper Peninsula Hospital Council
Hospital Council of East Central Michigan
Iroquois Healthcare Alliance
Suburban Hospital Alliance of New York State
Greater New York Hospital Association
Rochester Regional Healthcare Association
Western New York Healthcare Association
The Health Collaborative
The Center for Health Affairs
Greater Dayton Area Hospital Association
Hospital Council of Northwest Ohio
Healthcare Council of Western Pennsylvania
Dallas-Fort Worth Hospital Council

cc: Members of Congress

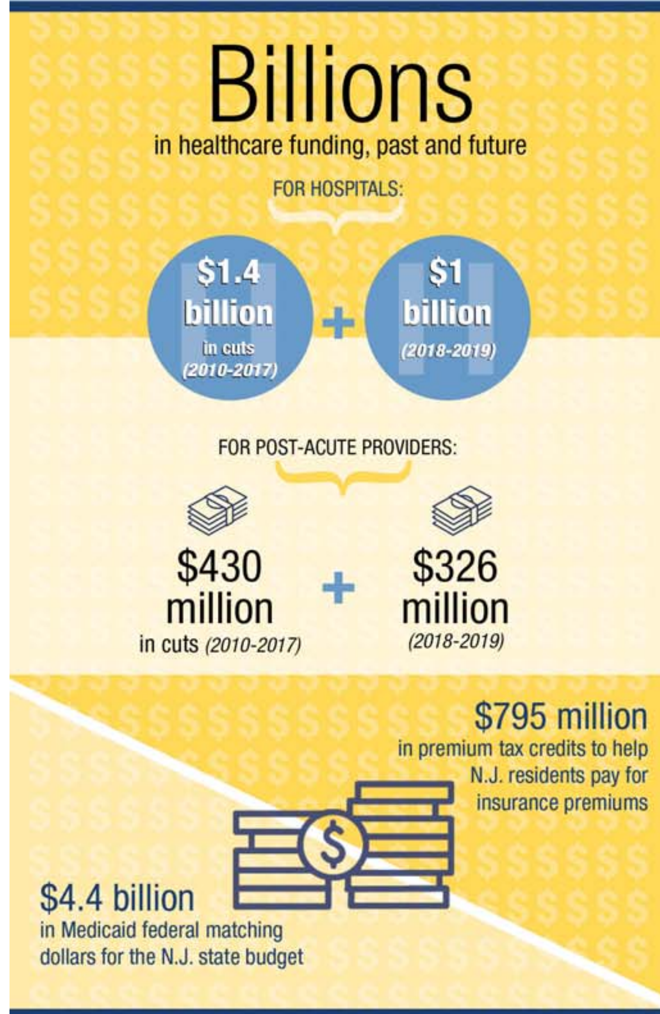
ACA REPEAL: What's At Stake in the Garden State?

Insurance coverage for **796,291** people



546,896 through Medicaid expansion

249,395 through the ACA's Marketplace



86,400 jobs

THE COMMONWEALTH FUND REPORTS:

1/3 would be healthcare jobs;
2/3 would be in other fields including construction, real estate, retail and insurance.

Health Insurance Marketplace and Medicaid Expansion Enrollment 2016

STATEWIDE
249,395
546,896

TOTAL
796,291

Total enrolled in marketplace plans
Total enrolled in Medicaid Expansion

PASSAIC
14,570
47,846

BERGEN
31,845
40,820

SUSSEX
4,399
5,667

ESSEX
19,498
69,780

WARREN
2,926
5,512

MORRIS
13,647
14,224

HUDSON
19,045
58,489

SOMERSET
9,113
10,007

UNION
14,491
34,620

HUNTERDON
3,973
3,368

MIDDLESEX
24,169
42,489

MERCER
8,257
19,416

MONMOUTH
18,727
26,737

CAMDEN
13,792
45,101

OCEAN
16,124
38,053

BURLINGTON
11,055
20,186

GLOUCESTER
7,334
16,775

SALEM
1,322
4,106

ATLANTIC
8,695
24,256

CUMBERLAND
2,730
12,809

CAPE MAY
3,683
6,635

1/31/17

BLOCK GRANTS

Medicaid Block Grants – Executive Summary

Our take:

- ***Block grants lack the flexibility to allow New Jersey and its healthcare providers to respond to new health challenges.***
- ***New Jersey's Medicaid population of nearly 1.8 million residents is too varied for such instable funding.***
- ***Medicaid block grants can be a vehicle for the federal government to cost-shift to states and the provider community.***
- ***The funding uncertainty could be disastrous for healthcare in New Jersey, with potential threats of reduced benefits, reduced enrollment, increased state expenditures or cuts to providers that would force them to make tough choices in the delivery of healthcare.***

Medicaid provides coverage to **1,771,672 New Jersey residents**, including children, seniors, the blind and disabled. This figure includes the 546,896 newly eligible individuals who gained coverage through Medicaid expansion under the Affordable Care Act.

In New Jersey, Medicaid covers roughly **one of every three children** in the state and one in seven adults under the age of 65. However, the majority of Medicaid expenditures (roughly 76 percent in FY11) provide services and care for the elderly and those with disabilities.

As Congress deliberates healthcare access for millions of Americans, preserving Medicaid funding is critical to not only patients but also providers. Some policymakers have touted the benefits of block granting Medicaid, which would in effect provide states with a fixed pot of funds to serve their Medicaid populations. Champions of block granting the program believe that states should have more control and flexibility when it comes to who and what services are covered.

But while the promise of supreme flexibility is attractive, block granting Medicaid could have dire consequences. A base year would be determined with a growth factor tied to the gross domestic product (GDP) or Consumer Price Index (CPI), but funds would not be based on actual costs or state-specific trends.

New Jersey would have no recourse to address a public health crisis should providers be faced with new health challenges in communities. In the event of a recession or economic downturn, payments to the state would not increase. The fluidity of the Medicaid population is too varied for such instable funding.

The uncertainty of what programs and services would be included could be disastrous for providers. **States might have to reduce benefits, reduce enrollment, reduce provider payments and increase state expenditures to maintain current programs.** The New Jersey State budget simply does not have the flexibility to increase its share into Medicaid.

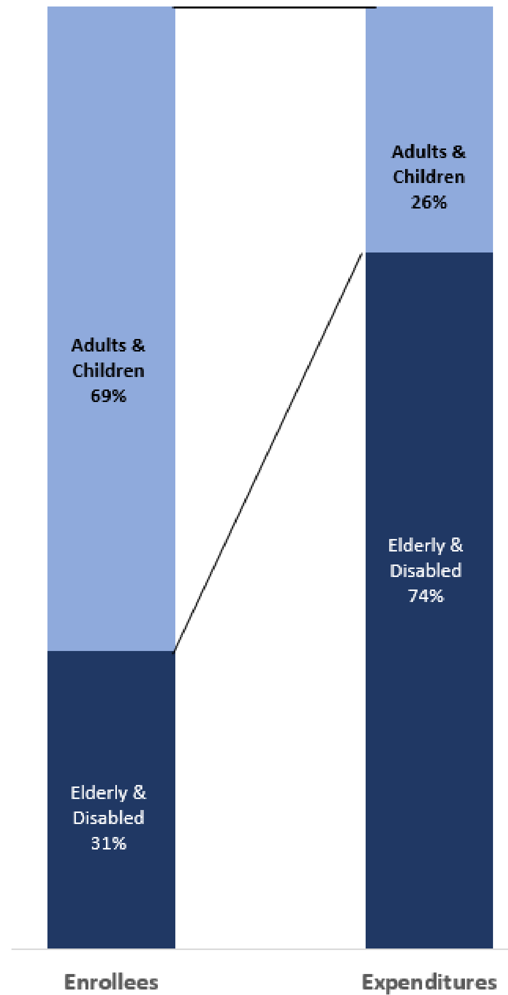
For NJHA membership, the impact of block granting Medicaid is significant. If benefits are reduced, it would potentially remove patients from our care. If eligibility is restricted in an effort to reduce enrollment, we will serve more uninsured and self-pay patients, many of whom would depend on an ever shrinking pool of charity care dollars. And obviously if provider payments are reduced or delayed, it would impact our ability to provide outstanding care and recruit and retain world class providers in our hospitals, systems and post-acute care facilities.

In short, block granting the Medicaid program is a lose-lose for both patients and providers. Any attempts to address the healthcare crisis must leave Medicaid funding intact.

MEDICAID FINANCING OPTIONS UNDER CONSIDERATION

Block Grant	Per Capita Cap
• Reduce federal spending by divorcing the amount of federal financing provided from the actual cost of coverage and setting the amount paid below the level states are expected to need based on current projections. • Imposes a national cap on federal Medicaid funding. • A base year would be determined with a growth factor tied to growth in GDP or CPI or another indicator, but not based on actual costs or state-specific trends. • Unclear whether Medicaid expansion funding or funding under initiatives like health homes, community first choice and balancing incentives, DSRIP would be included in the design of block grant. Also unclear is whether provider taxes would still be permitted. • Annual aggregate cap on payment to state; ends open-ended matching structure (FMAP). • Could be multiple lump sum amounts for specific groups of eligibles (e.g., aged and disabled, adults and children, long term care). • States would be responsible for covering costs beyond federal payment. • Some proposals limit the populations states can cover (e.g. people under 100% of FPL). • Payments to states would not reflect changes in enrollment during economic downturns. • No adjustment for higher costs due to aging population, breakthrough drugs, unanticipated health care costs such as those associated with a natural disaster. • States might not have to cover all individuals or services they currently cover and could have the flexibility to roll back eligibility or to cap enrollment for some groups. • Provides flexibility to states to use premiums, cost-sharing, work requirements, etc. • States might have to reduce benefits, reduce enrollment, reduce provider payments and/or increase state expenditure to maintain current programs. • Expect competition across providers and beneficiary groups to play out.	• Reduce federal spending by divorcing the amount of federal financing provided from the actual cost of coverage and setting the amount paid below the level states are expected to need based on current projections. • Under a per capita cap, the federal government would set a limit on how much to pay states per enrollee. • A base year would have to be determined to calculate a per enrollee amount, either nationally or by state. • Cap amount could be in the aggregate or by eligibility group (adults; children; disabled; aged, etc.). • Unclear whether Medicaid expansion funding or funding under initiatives like health homes, community first choice and balancing incentives, DSRIP would be included in the design of cap. Also unclear is whether provider taxes would still be permitted. • Funding adjusts by number of people served. • Base amount might exclude certain Medicaid payments (DSH or Medicare premiums) or exclude partial benefit enrollees (those only eligible for certain services). • Could maintain current inequities in per enrollee costs across states. • Some proposals limit the populations states can cover (e.g. people under 100% of FPL). • A "growth factor" would be included each year based on indicator such as GDP or CPI, but not based on actual costs or state-specific trends. Growth factor would be set below projected rates of growth under current law to achieve federal savings. • No adjustment for higher costs due to aging population, breakthrough drugs, unanticipated health care costs such as those associated with a natural disaster. • States might have to restrict benefits, reduce provider payments, impose co-pays. • Federal government has to decide which core requirements states would still have to meet. States might not have to cover all individuals or services they currently cover and could have the flexibility to roll back eligibility or to cap enrollment for some groups. • Expect competition across providers and beneficiary groups to play out.

Most Medicaid beneficiaries in NJ were hildren and adults, but most spending was for the elderly and people with disabilities.*



208,300

Medicare beneficiaries (16%) in NJ rely on Medicaid for assistance with Medicare premiums and cost-sharing and services not covered by Medicare, particularly long-term care.

45%

of Medicaid spending in NJ is for Medicare beneficiaries

*2011 data

THE HENRY J. KAISER FAMILY FOUNDATION

MEDICAID IN NEW JERSEY

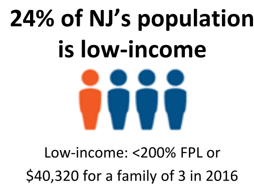
January 2017

Medicaid and the Children's Health Insurance Program (CHIP) provide health and long-term care coverage to nearly 1.8 million low-income children, pregnant women, adults, seniors, and people with disabilities in New Jersey. Medicaid is a major source of funding for safety-net hospitals and nursing homes. Federal policy proposals could fundamentally change the scope and financing of the program.

Snapshot of New Jersey's population

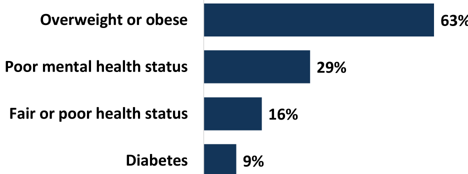
8.9 million people live in NJ

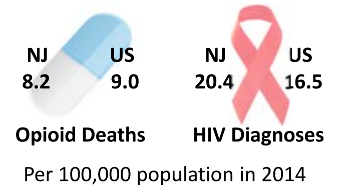
24% of NJ's population is low-income



Low-income: <200% FPL or $40,320 for a family of 3 in 2016

Adults in NJ reporting:



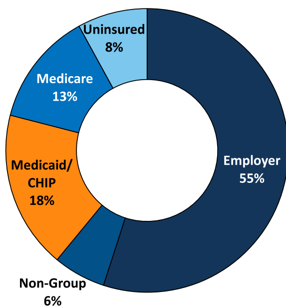


Opioid Deaths **HIV Diagnoses**

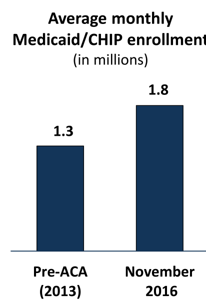
Per 100,000 population in 2014

How has Medicaid affected coverage and access?

In 2015, 18% of people in NJ were covered by Medicaid/CHIP.



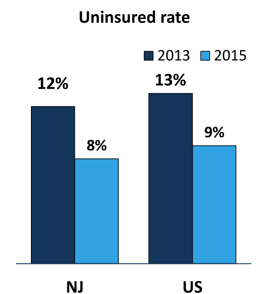
Since implementation of the Affordable Care Act (ACA), Medicaid/CHIP enrollment has increased in NJ.



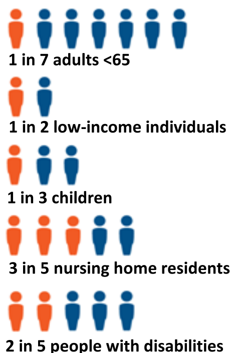
Did NJ expand Medicaid through the ACA?

552,400 adults
in the expansion group in Q1 of 2016

The uninsured rate in NJ has decreased.

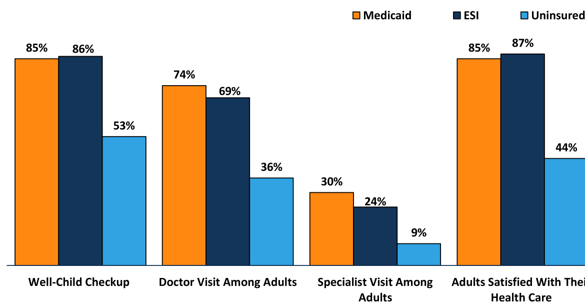


In NJ, Medicaid/CHIP covers:



80% of adult and child Medicaid enrollees in NJ are in families with a worker.

Nationally, Medicaid is comparable to private insurance for access and satisfaction – the uninsured fare far less well.



Medicaid coverage contributes to positive outcomes:

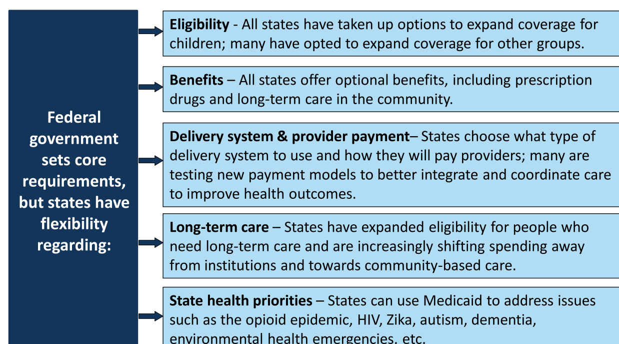
- Declines in infant and child mortality rates
- Long-term health and educational gains for children
- Improvements in health and financial security

And…

>85% of the public would enroll themselves or a child in Medicaid if uninsured.

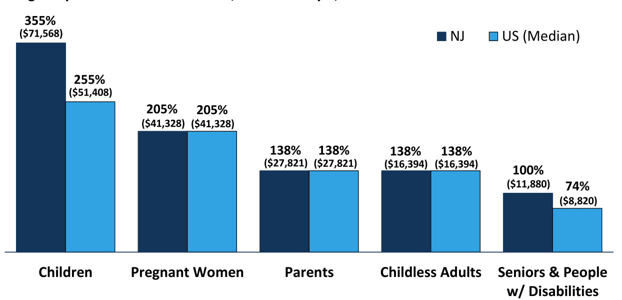
How does Medicaid work and who is eligible?

Each Medicaid program is unique:



Medicaid/CHIP eligibility levels are highest for children and pregnant women.

Eligibility Level as a Percent of FPL, as of January 1, 2017



Eligibility levels are based on the FPL for a family of three for children, pregnant women, and parents, and for an individual for childless adults and seniors & people w/ disabilities. Seniors & people w/ disabilities eligibility may include an asset limit.

How are Medicaid funds spent and how is the program financed?

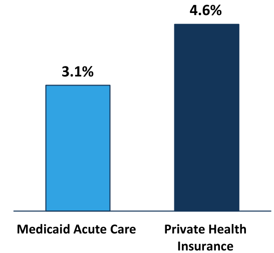
Medicaid plays a key role in the U.S. health care system, accounting for:

$1 in $6 dollars spent overall in the health care system

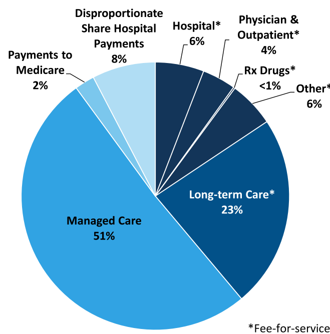
More than $1 in $3 dollars provided to safety-net hospitals and health centers

$1 in $2 dollars spent on long-term care

On a per enrollee basis, Medicaid spending growth is slower than private health care spending, in part due to lower provider payments.

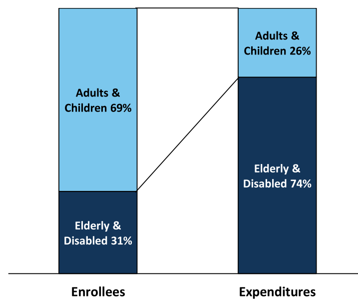


In FY 2015, Medicaid spending in NJ was $14.2 billion.



*Fee-for-service

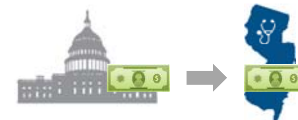
In 2011, most Medicaid beneficiaries in NJ were children and adults, but most spending was for the elderly and people with disabilities.



Federal funding to states is guaranteed with no cap and fluctuates depending on program needs.

In NJ the federal share (FMAP) is 50%. For every **$1** spent by the state, the Federal government matches **$1**.

Expansion states receive an increased FMAP for the expansion population. NJ received **$4.3 billion** in federal funds for expansion adults from Jan 2014 – Sept 2015.



0.45
is the Medicaid-to-Medicare physician fee ratio in NJ.

41%
of long-term care spending in NJ is for home and community-based care.

95%
of beneficiaries in NJ are in managed care plans.

208,300
Medicare beneficiaries (16%) in NJ rely on Medicaid for assistance with Medicare premiums and cost-sharing and services not covered by Medicare, particularly long-term care.

45%
of Medicaid spending in NJ is for Medicare beneficiaries.

12%
of state general fund spending in NJ is for Medicaid.

55%
of all federal funds received by NJ is for Medicaid.

What are the implications of reduced federal financing in a Medicaid block grant or a per capita cap?

Congress may soon debate proposals to reduce federal Medicaid funding through ACA repeal and federal caps.

The March 2016 Budget Resolution would reduce federal Medicaid spending by **41%** nationally over the 2017-2026 period.

Total reduction in federal funds:
$2.1 trillion

The impact of a block grant or per capita cap will depend on funding levels, but could include:

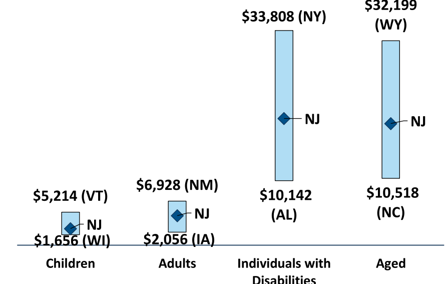
Increases in the number of uninsured

Reduced access and service utilization, decreased provider revenues (to hospitals, nursing homes, etc.), and increased uncompensated care costs

Increased pressure on state budgets

Decreased economic activity

A per capita cap could lock in historical state differences or redistribute federal funds across states.



The Henry J. Kaiser Family Foundation Headquarters: 2400 Sand Hill Road, Menlo Park, CA 94025 | Phone 650-854-9400
Washington Offices and Barbara Jordan Conference Center: 1330 G Street, NW, Washington, DC 20005 | Phone 202-347-5270
www.kff.org | Email Alerts: kff.org/email | facebook.com/KaiserFamilyFoundation | twitter.com/KaiserFamFound

Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in Menlo Park, California.

Medicaid Works in New Jersey

Center on Budget and Policy Priorities

Medicaid provides health coverage that helps low-income seniors, children, and people with disabilities get needed health care. It provides parents and other adults economic security through health coverage that protects them from medical debt and allows them to stay healthy and work. It is jointly run by the federal and state governments.

Medicaid Helps New Jersey's Kids, Seniors, People with Disabilities, and Families.

1,055,900

New Jerseyans get quality health coverage through Medicaid.

Most are children, seniors, and people with disabilities.

586,500 of New Jersey's children get health care through Medicaid.

That's **1 of 4** kids in our state who can see a doctor when they are sick, and get the vaccinations and screenings they need to stay healthy, thanks to Medicaid.

Medicaid helps **28,500** of New Jersey's babies get a healthy start in life each year.

That's **28%** of births in our state.

151,400 of New Jersey's seniors get health care through Medicaid, including nursing home care and services that help them live at home.

That's **12%** of seniors in our state.

Medicaid provides **176,300** people with disabilities in New Jersey access to critical care that helps them live independently.

That's **20%** of people with disabilities in our state.

Medicaid Is Effective.

Medicaid Improves Health.

- Medicaid beneficiaries are more likely than the uninsured to access preventive care, such as mammograms for women and vaccinations for kids.
- They also are more likely to have a regular office or clinic where they can go to get primary care.
- A key study found that expansion of Medicaid coverage for low-income adults reduced mortality by 6 percent on average in the states that were studied.

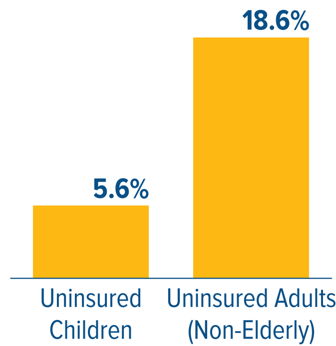
Medicaid Provides Vital Support to Seniors and People With Disabilities.

Medicaid allows millions of seniors and people with disabilities to get the support and care they need to live at home, as well as nursing home care for those who need it. In fact, Medicaid pays for half of all long-term services and supports provided across the country.

For more information about Medicaid visit: http://www.cbpp.org/topics/medicaid-and-chip

Fewer Kids Go Without Health Insurance Thanks to Medicaid...

Medicaid, along with the Children's Health Insurance Program (CHIP), has significantly reduced the ranks of uninsured children. In New Jersey, just 5.6% of children are uninsured, compared to 18.6% of non-elderly adults.



...And Coverage Is Now Improving for Adults Because New Jersey Expanded Medicaid.

Since 2013, the uninsured rate for adults here has fallen by

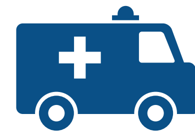
Medicaid Has Long-Term Benefits for Kids.

Children who are eligible for Medicaid health coverage:

do better in school,

miss fewer school days due to illness or injury,

are more likely to finish high school, attend college, and graduate from college,



have fewer emergency-room visits and hospitalizations as adults, and

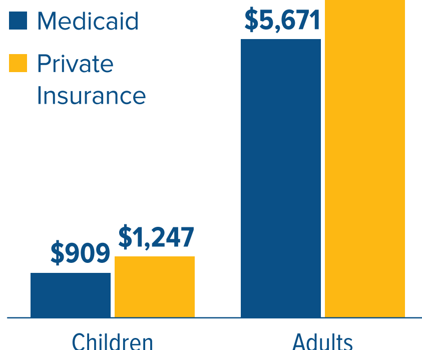
earn more as adults.

Medicaid Improves Financial Security.

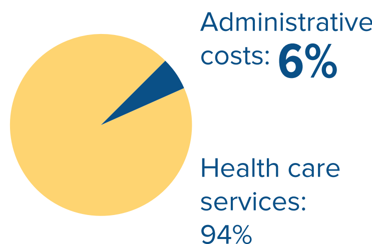
People with Medicaid are less likely than people without insurance to go into medical debt or to leave other bills unpaid to cover their medical expenses.

Medicaid Is Efficient.

Medicaid costs less than private insurance.

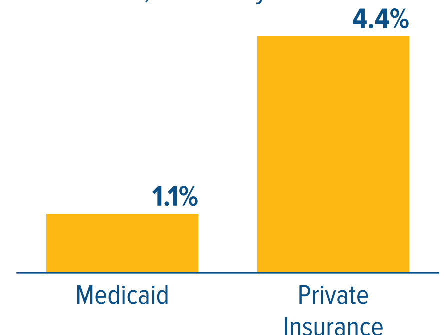


Medicaid's administrative costs are low.



Nationally, Medicaid's administrative costs are less than half the administrative costs of private insurers.

Medicaid spending has grown more slowly than private insurance.



For more information about Medicaid visit: http://www.cbpp.org/topics/medicaid-and-chip

Total Medicaid Enrollment by County

(as of December 2016)

STATEWIDE TOTAL*

1,771,672

Total Medicaid enrollees

19.8%

% of county population enrolled in Medicaid

**Total includes 1,699 enrollees not classified into a county*

PASSAIC
158,135
31.0%

BERGEN
116,538
12.4%

SUSSEX
15,853
11.0%

ESSEX
231,583
29.0%

WARREN
16,821
15.7%

MORRIS
44,100
8.8%

HUDSON
185,696
27.5%

SOMERSET
34,144
10.2%

UNION
116,855
21.0%

HUNTERDON
9,842
7.8%

MIDDLESEX
136,024
16.2%

MERCER
73,380
19.8%

MONMOUTH
85,087
13.5%

CAMDEN
142,287
27.8%

OCEAN
132,593
22.5%

BURLINGTON
63,936
14.2%

GLOUCESTER
50,135
17.2%

SALEM
15,072
23.5%

ATLANTIC
73,156
26.7%

CUMBERLAND
49,070
31.5%

CAPE MAY
19,666
20.8%

1/31/17

Balance of Payments Analysis

According to a recent study that ranks states according to their level of dependency on federal funding, New Jersey ranks 49th out of 50. The March 2016 analysis by Washington, D.C.-based WalletHub identifies New Jersey as the second-least federally dependent state in the country. The study defines *State Residents' Dependency* as the weighted average of each state's "Return on Taxes Paid to the Federal Government" (75%) and "Share of Federal Jobs" (25%). The five least federally dependent states are:

State	*'State Residents' Dependency'* Rank
New York	46
Illinois	47
Minnesota	48
New Jersey	**49**
Delaware	50

Source: WalletHub, *2016's Most & Least Federally Dependent States*, March 29, 2016 (https://wallethub.com/edu/states-most-least-dependent-on-the-federal-government/2700/)

District Reports

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

Congressional District Summary

NJ Congressional District	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
1 Donald Norcross	(79,723,071)	(22,640,889)	(19,578,863)	(2,278,530)	(1,278,142)	(30,997,863)	(156,497,358)
2 Frank A. LoBiondo	(57,812,972)	(16,872,573)	(5,177,901)	(304,560)	(1,973,360)	(22,014,371)	(104,155,738)
3 Tom MacArthur	(67,208,120)	(21,138,635)	(7,470,419)	(3,837,592)	(2,827,089)	(5,309,274)	(107,791,128)
4 Christopher H. Smith	(68,859,581)	(21,173,100)	(6,337,176)	(855,923)	(3,224,237)	(12,802,218)	(113,252,236)
5 Josh Gottheimer	(89,624,015)	(33,829,246)	(14,890,099)	424,886	(3,890,257)	(21,971,500)	(163,780,230)
6 Frank Pallone Jr.	(82,380,941)	(25,508,073)	(15,553,055)	(2,307,196)	(5,584,606)	(36,559,404)	(167,893,275)
7 Leonard Lance	(39,687,821)	(14,329,170)	(4,136,620)	(637,098)	(4,283,908)	0	(63,074,617)
8 Albio Sires	(57,815,885)	(15,424,147)	(11,779,639)	362,841	(1,474,232)	(38,926,939)	(125,058,001)
9 William Pascrell, Jr.	(55,490,577)	(16,721,724)	(13,752,991)	(2,154,693)	(465,320)	(27,916,690)	(116,501,994)
10 Donald M. Payne, Jr.	(69,512,058)	(17,839,790)	(10,018,903)	(851,385)	(2,872,489)	(45,965,746)	(147,060,372)
11 Rodney P. Frelinghuysen	(76,347,291)	(25,320,908)	(6,021,115)	(822,298)	(373,186)	(11,629,916)	(120,514,713)
12 Bonnie Watson Coleman	(26,585,963)	(9,353,771)	(3,167,006)	(521,735)	(1,765,450)	(9,656,271)	(51,050,196)
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Post Acute Affordable Care Act Reductions:	Market Basket Reductions FY 2010 - 2017
Skilled Nursing Facilities	(293,082,082)
Home Health Agencies	(51,361,046)
Long Term Acute Care Hospitals	(26,753,490)
Inpatient Psychiatric Facilities	(17,162,150)
Inpatient Rehabilitation Facilities	(41,945,238)
STATEWIDE POST ACUTE FACILITIES REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($430,304,005)**
STATEWIDE POST ACUTE FACILITIES FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($325,832,305)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 1 - Donald Norcross

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Cooper University Hospital	(17,756,813)	(7,979,200)	(3,350,879)	(1,497,084)	(1,278,142)	(15,655,583)	(47,517,700)
Inspira Medical Center Woodbury	(8,435,931)	(1,983,157)	(1,940,815)	(118,098)	0	(1,779,223)	(14,257,223)
Kennedy University Hospital	(19,545,779)	(4,520,945)	(7,428,931)	(490,763)	0	(7,553,365)	(39,539,782)
Our Lady of Lourdes Medical Center	(14,365,689)	(4,132,507)	(1,007,945)	(496,131)	0	(6,009,693)	(26,011,964)
Virtua	(19,618,859)	(4,025,080)	(5,850,294)	323,545	0	0	(29,170,689)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($79,723,071)**	**($22,640,889)**	**($19,578,863)**	**($2,278,530)**	**($1,278,142)**	**($30,997,863)**	**($156,497,358)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	***($517,129,599)***	***($176,652,235)***	***($59,903,061)***	***($16,397,947)***	***($19,459,227)***	***($222,012,097)***	***($1,011,554,166)***

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 2 - Frank A. LoBiondo

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
AtlantiCare Regional Medical Center	(22,816,763)	(7,051,675)	(2,662,168)	537,276	0	(11,815,477)	(43,808,807)
Cape Regional Medical Center	(7,904,111)	(2,403,540)	(526,220)	(265,074)	0	(1,772,986)	(12,871,930)
Inspira Medical Center Elmer	(2,688,204)	(891,445)	(48,967)	(10,073)	0	0	(3,638,689)
Inspira Medical Center Vineland	(12,184,212)	(3,422,589)	(660,289)	(557,863)	(1,439,222)	(6,841,384)	(25,105,558)
Memorial Hospital of Salem County, Inc.	(3,628,060)	(911,321)	(750,522)	(131,476)	(127,221)	(1,012,358)	(6,560,959)
Shore Medical Center	(8,591,622)	(2,192,003)	(529,735)	122,649	(406,917)	(572,167)	(12,169,794)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($57,812,972)**	**($16,872,573)**	**($5,177,901)**	**($304,560)**	**($1,973,360)**	**($22,014,371)**	**($104,155,738)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 3 - Tom MacArthur

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Community Medical Center	(24,753,861)	(6,817,731)	(3,312,051)	(2,222,656)	0	0	(37,106,300)
Deborah Heart and Lung Center	(7,921,944)	(2,867,249)	(1,324,476)	327,834	0	0	(11,785,836)
Lourdes Medical Center of Burlington County	(4,243,918)	(1,376,960)	(478,843)	(511,622)	(382,124)	(851,288)	(7,844,754)
Ocean Medical Center	(13,203,733)	(4,058,043)	(1,162,614)	(778,985)	(1,756,095)	0	(20,959,469)
Southern Ocean Medical Center	(5,784,747)	(3,377,336)	(98,971)	(440,516)	(688,871)	0	(10,390,441)
Virtua Memorial	(11,299,917)	(2,641,317)	(1,093,463)	(211,646)	0	(4,457,986)	(19,704,330)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($67,208,120)**	**($21,138,635)**	**($7,470,419)**	**($3,837,592)**	**($2,827,089)**	**($5,309,274)**	**($107,791,128)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 4 - Christopher H. Smith

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Bayshore Community Hospital	(6,265,195)	(1,034,808)	(1,007,729)	234,028	0	0	(8,073,704)
CentraState Medical Center	(10,688,369)	(3,336,449)	(1,076,079)	(35,257)	(1,322,158)	0	(16,458,312)
Jersey Shore University Medical Center	(26,118,466)	(7,942,951)	(990,095)	(424,859)	0	(7,996,897)	(43,473,268)
Monmouth Medical Center, Southern Campus	(7,795,393)	(2,272,409)	(1,362,688)	26,928	0	(4,805,321)	(16,208,883)
R.W.J. University Hospital Hamilton	(8,835,296)	(3,089,431)	(1,369,143)	(681,298)	(1,105,743)	0	(15,080,911)
Riverview Medical Center	(9,156,861)	(3,497,052)	(531,441)	24,534	(796,336)	0	(13,957,158)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($68,859,581)**	**($21,173,100)**	**($6,337,176)**	**($855,923)**	**($3,224,237)**	**($12,802,218)**	**($113,252,236)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 5 - Josh Gottheimer

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Bergen Regional Medical Center	(1,304,519)	(465,015)	(51,258)	23,639	(44,014)	(5,096,110)	(6,937,277)
Hackensack University Medical Center	(38,155,558)	(15,165,498)	(5,338,620)	(950,324)	(1,461,290)	(13,462,691)	(74,533,982)
HackensackUMC at Pascack Valley	(159,195)	(48,436)	(53,398)	(72,354)	0	0	(333,382)
Hackettstown Regional Medical Center	(3,804,929)	(1,410,776)	(729,017)	(57,066)	0	0	(6,001,789)
Holy Name Medical Center	(13,017,728)	(5,520,275)	(2,079,695)	306,961	0	(2,993,399)	(23,304,135)
Newton Medical Center	(5,603,117)	(1,675,236)	(628,710)	(389,514)	0	(419,300)	(8,715,878)
Valley Hospital	(27,578,969)	(9,544,010)	(6,009,400)	1,563,544	(2,384,952)	0	(43,953,788)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($89,624,015)**	**($33,829,246)**	**($14,890,099)**	**$424,886**	**($3,890,257)**	**($21,971,500)**	**($163,780,230)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 6 - Frank Pallone Jr.

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
JFK Medical Center	(16,081,209)	(5,593,692)	(3,334,523)	(566,186)	(593,979)	(2,650,724)	(28,820,314)
Monmouth Medical Center	(9,418,221)	(3,396,603)	(850,636)	93,677	(330,086)	(7,462,359)	(21,364,228)
R.W.J. University Hospital	(32,325,054)	(9,987,806)	(5,515,019)	(1,699,553)	(3,503,699)	(13,177,682)	(66,208,813)
Raritan Bay Medical Center	(12,554,388)	(2,671,898)	(2,916,072)	(445,206)	0	(5,262,191)	(23,849,755)
Saint Peter's University Hospital	(12,002,068)	(3,858,074)	(2,936,806)	310,072	(1,156,842)	(8,006,447)	(27,650,166)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($82,380,941)**	**($25,508,073)**	**($15,553,055)**	**($2,307,196)**	**($5,584,606)**	**($36,559,404)**	**($167,893,275)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 7 - Leonard Lance

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Hunterdon Medical Center	(5,625,525)	(2,714,485)	(151,987)	26,810	0	0	(8,465,188)
Overlook Medical Center	(16,896,921)	(5,838,164)	(1,060,717)	(535,599)	(2,193,568)	0	(26,524,970)
R.W.J. University Hospital Somerset	(11,533,285)	(3,180,006)	(2,430,001)	(449,982)	(1,541,462)	0	(19,134,737)
St. Luke's Warren Hospital	(5,632,089)	(2,596,515)	(493,914)	321,674	(548,878)	0	(8,949,723)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($39,687,821)**	**($14,329,170)**	**($4,136,620)**	**($637,098)**	**($4,283,908)**	**$0**	**($63,074,617)**

STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 8 - Albio Sires

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
CarePoint Health Bayonne Medical Center	(5,318,724)	(2,775,064)	(1,108,114)	(59,783)	0	(1,149,228)	(10,410,912)
CarePoint Health Christ Hospital	(8,124,315)	(1,964,132)	(2,271,124)	(141,547)	0	(5,076,282)	(17,577,400)
CarePoint Health Hoboken University Medical Center	(4,786,762)	(1,270,124)	(802,377)	74,255	0	(3,062,285)	(9,847,293)
Clara Maass Medical Center	(13,206,810)	(3,579,279)	(1,124,520)	421,358	0	(6,457,282)	(23,946,531)
HackensackUMC Palisades	(8,036,183)	(1,312,451)	(3,110,816)	105,486	(894,952)	(4,671,026)	(17,919,941)
Jersey City Medical Center	(9,084,651)	(1,495,645)	(2,138,800)	484,652	0	(10,532,364)	(22,766,807)
Trinitas Regional Medical Center	(9,258,441)	(3,027,452)	(1,223,889)	(521,581)	(579,281)	(7,978,473)	(22,589,116)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($57,815,885)**	**($15,424,147)**	**($11,779,639)**	**$362,841**	**($1,474,232)**	**($38,926,939)**	**($125,058,001)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 9 - William Pascrell, Jr.

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	**FY 2010 - 2017**	**FY 2010 - 2017**	**FY 2013 - 2017**	**FY 2014 - 2017**	**FY 2015 - 2017**	**FY 2014 - 2017**	**FY 2010 - 2017**
Englewood Hospital and Medical Center	(17,630,212)	(7,103,615)	(2,319,681)	(354,190)	0	(1,385,380)	(28,793,078)
Meadowlands Hospital Medical Center	(2,231,025)	(438,045)	(410,887)	52,318	(77,366)	(1,390,196)	(4,495,202)
St. Joseph's Regional Medical Center	(25,438,500)	(5,754,818)	(9,470,909)	(1,578,742)	0	(21,571,617)	(63,814,585)
St. Mary's General Hospital	(10,190,839)	(3,425,245)	(1,551,514)	(274,078)	(387,954)	(3,569,498)	(19,399,129)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($55,490,577)**	**($16,721,724)**	**($13,752,991)**	**($2,154,693)**	**($465,320)**	**($27,916,690)**	**($116,501,994)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 10 - Donald M. Payne, Jr.

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
East Orange General Hospital	(7,268,958)	(851,842)	(1,373,512)	(17,491)	0	(3,663,404)	(13,175,207)
HackensackUMC Mountainside	(9,810,863)	(3,433,774)	(1,059,062)	29,664	(767,575)	(1,077,114)	(16,118,724)
Newark Beth Israel Medical Center	(19,889,788)	(4,417,072)	(3,353,688)	26,640	(627,201)	(21,182,536)	(49,443,645)
R.W.J. University Hospital Rahway	(6,790,390)	(1,744,594)	(1,068,353)	(330,699)	0	(337,416)	(10,271,453)
Saint Michael's Medical Center	(14,307,382)	(4,221,258)	(2,648,635)	(250,372)	(665,746)	(4,789,958)	(26,883,351)
University Hospital	(11,444,678)	(3,171,250)	(515,653)	(309,126)	(811,966)	(14,915,319)	(31,167,992)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($69,512,058)**	**($17,839,790)**	**($10,018,903)**	**($851,385)**	**($2,872,489)**	**($45,965,746)**	**($147,060,372)**

STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 11 - Rodney P. Frelinghuysen

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	FY 2010 - 2017	FY 2010 - 2017	FY 2013 - 2017	FY 2014 - 2017	FY 2015 - 2017	FY 2014 - 2017	FY 2010 - 2017
Chilton Medical Center	(8,373,962)	(3,216,716)	(1,579,436)	(544,216)	(373,186)	0	(14,087,515)
Morristown Medical Center	(33,672,478)	(9,715,704)	(633,253)	533,541	0	0	(43,487,894)
Saint Barnabas Medical Center	(23,298,630)	(8,879,659)	(1,048,242)	34,094	0	(8,871,720)	(42,064,156)
Saint Clare's Hospital/Denville	(11,002,222)	(3,508,829)	(2,760,184)	(845,717)	0	(2,758,196)	(20,875,148)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($76,347,291)**	**($25,320,908)**	**($6,021,115)**	**($822,298)**	**($373,186)**	**($11,629,916)**	**($120,514,713)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

Affordable Care Act Reductions Impacting New Jersey Healthcare Facilities

District 12 - Bonnie Watson Coleman

	Acute Care Hospital Reductions - Already Applied						
	Inpatient Market Basket Reductions	Outpatient Market Basket Reductions	Readmissions Penalty (HRRP)	Value Based Purchasing (VBP)	Hospital Acquired Conditions (HAC)	Medicare DSH Reductions	TOTAL
Hospital Name	**FY 2010 - 2017**	**FY 2010 - 2017**	**FY 2013 - 2017**	**FY 2014 - 2017**	**FY 2015 - 2017**	**FY 2014 - 2017**	**FY 2010 - 2017**
Capital Health Medical Center - Hopewell	(5,199,304)	(2,235,553)	(1,337,253)	(207,224)	(768,042)	(3,405,182)	(13,152,558)
Capital Health Regional Medical Center	(7,553,850)	(1,161,181)	(803,658)	(235,913)	(612,804)	(4,275,674)	(14,643,080)
St. Francis Medical Center	(4,953,886)	(2,133,985)	(545,916)	(93,395)	0	(1,975,415)	(9,702,598)
University Medical Center of Princeton at Plainsboro	(8,878,923)	(3,823,052)	(480,179)	14,797	(384,604)	0	(13,551,961)
DISTRICT IMPACT: ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($26,585,963)**	**($9,353,771)**	**($3,167,006)**	**($521,735)**	**($1,765,450)**	**($9,656,271)**	**($51,050,196)**
STATEWIDE ACUTE CARE HOSPITAL REDUCTIONS ALEADY APPLIED (FY 2010 - FY 2017)	**($771,048,294)**	**($240,152,026)**	**($117,883,788)**	**($13,783,282)**	**($30,012,276)**	**($263,750,193)**	**($1,436,629,859)**
STATEWIDE ACUTE CARE HOSPITAL FUTURE REDUCTIONS (FY 2018 - FY 2019)	*($517,129,599)*	*($176,652,235)*	*($59,903,061)*	*($16,397,947)*	*($19,459,227)*	*($222,012,097)*	*($1,011,554,166)*

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