A Payers & Providers Publication

HEALTHCARE COMPENSATION NEWS

Volume 1, Issue 1, July 2014

IN THIS ISSUE

From The Editor: An Introduction to *Healthcare Compensation News*

Everyone wants to know what everyone else is paid.

That could be a good enough reason on its own to launch *Healthcare Compensation News*. However, there are far more compelling reasons to begin a monthly publication following the sector's pay practices.

First, the majority of hospitals remain not-for-profit institutions, often with a charitable mission and even a religious orientation. Is it appropriate for executive pay at such facilities to be into the seven figures (and occasionally eight figures)? This publication will delve into this issue.

The cost of healthcare delivery, after being mostly flat during the tough years of the Great Recession, has begun to rise again. Even during a period when price increases were the lowest ever recorded, healthcare delivery in the United States still costs about twice as much as other industrial countries, while life expectancies trail behind.

(continued on page 2)

Tri-State Area: If You Can Make It Here, You Can Make Out Pretty Well

Healthcare Compensation News will devote a large part of each issue to healthcare payment data and trends in various regions of the United States, with a focus on not-for-profit hospitals.

Why hospitals? Because they pose complex financial questions seen in few other facets of healthcare delivery.

Hospitals are often among the bigger, if not biggest, employer in the communities they serve. And unlike large health plans – a large majority of which are for-profit and often publicly traded – most of these non-profit institutions have pledged themselves to either a religious or a charitable mission.

Each issue will focus on two to three states at a time. The states will border one another or be part of what has been a historic regional cluster (e.g., the Carolinas, the Pacific Northwest).

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From the Editor… *continued*

Should large compensation packages be the norm, or are they the product of a healthcare system far more dependent on money changing hands than any other in the industrialized world?

And despite the introduction of the Affordable Care Act, medical costs are expected to continue to be the leading cause of personal bankruptcy in this country, as both private and even some public payers relentlessly shift costs to consumers. Meanwhile, price transparency is only very gradually – if not grudgingly – being introduced into the hospital and other healthcare settings. This has helped lead to some public discussion of having credit bureaus treat medical debt differently from other forms of debt, but that has yet to occur, and would likely take years to be implemented.

Some of the best reporting by *Payers & Providers* has been data-driven, and *Healthcare Compensation News* itself will be primarily a data-driven enterprise. It will evolve over the coming months to cover compensation and related issues more effectively. We will not only focus on hospitals, but compensation trends and practices at health plans, community clinics, trade associations and other operations relevant to healthcare delivery.

For now, we will focus on pay practices as they were in 2011 and 2010, as tax returns from those years are more readily available in bulk than the 2012 returns, which are just becoming available. But as this fledgling publication becomes more established and staff resources become more readily available, expect *Healthcare Compensation News* to deliver more information in a more timely manner.

We want to hear from you readers. What do you want *Healthcare Compensation News* to cover? Are there experts we should be speaking with? Are there graphics we should be sharing with you? Nothing is written in stone here, and as a result, we want your input.

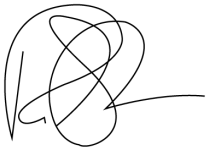
"We want to hear from you readers. What do you want Healthcare Compensation News to cover? Are there experts we should be speaking with? Are there graphics we should be sharing with you?"

-Ron Shinkman
Editor

Please do not hesitate to contact me at 877-248-2360, extension 1, or at editor@payersandproviders.com.

Thank you all for your attention, and I wish you happy reading!

Yours,



Ron Shinkman

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Tri-State Area… *continued*

As the publication progresses, the data will be used for comparison purposes, giving an idea of how hospital and other healthcare executive pay in specific states and geographic areas trends over time.

Currently, data will focus on 2010-2011, the most recent years for which tax data is available in large amounts. As the publication grows and more resources become available, it will strive to obtain tax returns from each hospital individually, which will allow it report compensation data about one year sooner.

For its debut issue, *Healthcare Compensation News* decided to turn its eyes to the most prominent geographical region in the United States – the tri-state area of New York, New Jersey and Connecticut. Combined, those states are home to nearly 32 million people. That's still less than the population of California, at 36 million (Payers & Providers California Edition last crunched compensation data for 153 hospitals in that state in early 2013, and we will include some of the figures here for the comparison's sake).

However, these three states – all anchored by New York City – are the most economically powerful and culturally influential in the nation. According to Census Bureau data, New Jersey had the highest median family income in the United States in 2011, at nearly $104,000 for a four-person household. Connecticut was right behind the Garden State. New York State runs about 20% behind those two states. However, that is because poor regions in the upstate region and poor populations of New York City dilutes the fact that the per capita income in New York City is nearly double that of the rest of the state, and more than double that of Los Angeles. It is the home of 70 billionaires, the most of any city in the world. And as will be discussed, the pay of C-suite executives at hospitals in New York City dwarves that of the rest of the Tri-State region.

Compensation figures quoted here include the executive's base compensation, additional compensation that includes bonuses, retirement and other payments, and total compensation, which is the combination of the two. We will be reporting on the compensation of the CEO, chief operating officer and chief financial officer (CFO and COO data will be in graphical boxes that accompany this and future articles). They are typically the first, second and third in the organizational hierarchy of a hospital or healthcare system, and are usually paid accordingly.

Also reported is data for the highest-paid executive for each hospital. In most cases that is the CEO, but in some instances it may be the head of medical affairs, or an outgoing executive who is leaving due to retirement or another issue, and collected additional pay as a result.

For hospitals, we will also be reporting on compensation per bed and the hospital's financial performance and level of charity care. Again, these are relevant indicators, to determine whether a hospital's performance is tied in any way to how it pays its executives.

State Level Data

Altogether, the C-suite compensation for a total of 219 hospitals in the three states was obtained. That included 36 hospitals in Connecticut, 40 hospitals in New Jersey and 143 hospitals in New York, representing more than 600 C-suite level or senior executives.

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Tri-State Area… *continued*

Thirty-three of the New York hospitals were in New York City, with the rest being either in the nearby suburban counties or further upstate.

The vast majority of payment data was from the 2011 tax year, which included 182 facilities. Thirty-six had data for the 2010 year, and one had data available for 2012.

Healthcare Compensation News was unable to obtain the compensation data for the C-suite executives at the State University of New York's three-hospital system, as such data is not publicly available. The SUNY system publishes salary ranges for faculty and other positions, but not for its hospitals. SUNY has received significant criticism for its opaque pay practices.

Compensation Trends

Overall, the average total compensation for a hospital CEO in the Tri-State area was $754,877. Total compensation ranged from $12,500 to just over $5 million, with the median at $625,853.

The overall compensation per bed for CEOs averaged $2,248. Bed size per hospital ranged from only four beds to more than 2,200 beds, with the average size being just over 300 beds. The median compensation per bed was $1,497.

That is significantly higher than the overall compensation for CEOs in California, which averaged $705,573, although that was tempered by the fact that the California survey included CEOs at the University of California hospital system, which pays at the lower end of competitive rates given the beds sizes of the hospitals it operates.

Of those on the Tri-State list, 49 received total compensation of more than $1 million annually – or 27% of the total.

Base compensation averaged $467,065, with the median at $458,563. Additional compensation averaged $286,476, with the median at $165,874.

Among the highest paid executives, the total compensation averaged $885,540, which is more than $130,000 above the average CEO pay. The compensation ranged from $134,718 to more than $5 million. A total of 65 executives on this list earned more than $1 million. A dozen executives on the list were former C-suite officials who were receiving exit packages or retirement pay.

The highest-paid hospital CEO in the Tri-State area was Steven Safyer, M.D., who leads Montefiore Medical Center in the Bronx. In 2011, his base compensation was $1.425 million. He received an additional $3.6 million in compensation, which was based in part on his performance, as well as retirement pay. He also has a driver for business and incidental travel – the only CEO on the list with such a perk.

That Sayfer is the highest-paid hospital CEO on this list boldly illustrates the stark differences in income distribution in the United States. While Montefiore is located in the 17th Congressional District, which includes the very wealthy area of Westchester County, it is literally steps from the adjoining 16th District, which has the highest poverty rate of any Congressional District in America. Its households earn less than a quarter of those in the next district north.

That is borne out in Montefiore's safety net status. It spent more than $359 million on charity care in 2011, the second highest of all the hospitals surveyed.

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The Perk File

The Internal Revenue Service recently began requiring not-for-profit entities to disclose any specific perks given to their top executives as part of their compensation or to help conduct business. Here's a breakdown for the Tri-State CEOs, as well as their costs when available.

Personal Driver

Steven Safyer, M.D., Montefiore Medical Center, The Bronx, New York, N.Y. (Safyer is driven for both business and incidental purposes. He is a resident of New Rochelle, N.Y., and the home he owns is about nine miles from Montefiore).

Golf/Country/Social Club Memberships or Dues

- Michael A. Dagnes, CEO, Raritan Bay Medical Center, Perth Amboy, N.J. ($8,696)
- Kurt Barwis, CEO, Bristol Hospital, Bristol Conn. ($3,661)
- Kirk C. Tice, CEO, Robert Wood Johnson University Hospital Rahway, Rahway, N.J. ($3,560)
- Robert P. Wise, CEO, Hunterdon Medical Center, Hunterdon, N.J. (NA)
- John F. Bonamo, M.D., CEO, Saint Barnabas Medical Center, Livingston, N.J. (NA)
- Scott Batulis, CEO, Orange Regional Medical Center, Orange, N.J. (NA)
- Anthony J. Cooper, CEO, Arnot Ogden Medical Center, Elmira, N.Y. (NA)
- Frank A. Calamari, CEO, Calvary Hospital, Brooklyn, New York, N.Y. (NA)
- James W. Connolly, Ellis Hospital, Schnectady, N.Y. (NA)
- Fred Farley, COO, Arnot Ogden Medical Center, Elmira, N.Y. (NA)
- Richard Kutilek, COO, Calvary Hospital, Brooklyn, N.Y. (NA)
- Rochester General Hospital, Rochester, N.Y. (for eligible executives)
- Kaleida Health, Buffalo, N.Y. (for eligible executives)

Housing And/Or Automobile Allowance

- Thomas H. Litz, CEO, Warren Hospital, Phillipsburg, N.J. ($21,945, plus an additional $7,200 for transportation)
- Kenneth Davis, M.D., CEO, Mt. Sinai Hospital, New York, N.Y. (NA)
- Lawrence E. McManus, CFO, Hospital of Saint Raphael, New Haven, CT (NA)
- Loren Chandler, CFO, Clara Maass Medical Center, Belleville, N.J. ($11,845 relocation payment)
- Sean B. Gallagher, CFO, Saint Barnabas Medical Center, Livingston, N.J. ($15,923 relocation payment)
- Hackensack University Medical Center, Hackensack, N.J. (executives with a flexible spending plan could opt to spend it on transportation).

First-Class Travel

Robert Kiely, CEO, Middlesex Hospital, Middletown, Conn. (for him and spouse for travel over four hours. Has since departed his position).

Tax Preparation

Bruce J. Markowitz, CEO, Palisades Medical Center, North Bergen, N.J. ($2,235).

Tri-State Area… *continued*

Whether Safyer should have a more modest paycheck for leading an institution that cares for patients of more modest means remains to be seen.

"Anyone who is not an interested party would have to agree, that is a very large amount of money for someone who is leading an institution that is servicing such a poor area," said Claudia Wyatt-Johnson, a Chicago-based compensation consultant.

Wyatt-Johnson did note that geography tended to play less of a role in how a hospital CEO is compensated than other factors, such as a hospital's size. But the aggressiveness of the CEO in seeking play perhaps the biggest role of all, she added.

James Abruzzo, a New Jersey-based consultant to non-profit institutions believes pegging compensation to the income of the surrounding environs would lead to a statistically inaccurate gauge of their market worth as an executive.

"Maybe it is harder to run a hospital in the poorest area. Maybe the emergency rooms are flooded with patients, it may be harder to recruit the best doctors, or maybe it's harder to raise additional funds." – James Abruzzo

Abruzzo also noted that it is difficult to operate a hospital no matter where it is located. "Maybe it is harder to run a hospital in the poorest area," he said. "Maybe the emergency rooms are flooded with patients, it may be harder to recruit the best doctors, or maybe it's harder to raise additional funds."

But Abruzzo did note that while having a personal driver may make an executive more efficient by being free to spend the transit time on work, it can be a perk that carries more baggage than an executive may realize.

"Far be it from me to be the judge, but having a car and driver sends a message, and you have to decide whether or not that is the message you want to send," he said.

A spokesperson for Montefiore did not respond to a request seeking comment.

Financial Performance/Charity Care

The hospitals on this list, as a general rule, performed fairly well. Fifty-three of the facilities surveyed reported net losses, while the remainder were profitable. The average net income was $9.6 million.

Charity care has always been a sensitive topic with hospitals, given the tension between hospital chargemasters – which bear little reality to what large payers are charged for services – and the actual value of the charity care reported.

However, the hospitals on the list were fairly munificent. The average reported expenditure for charity care was $28.4 million.

State-by-State Performance:

New Jersey Leads The Way

The Garden State proved the greenest for the executives on the list – the average total compensation for CEOs on the list was $815,227. That included a base compensation that averaged $448,930 and additional compensation that averaged $364,838.

The median total compensation is $396,399, which suggests that there are some top-heavy earners among New Jersey hospital CEOs.

(continued on page 8)

What Some C-Suite Executives Earn

Tri-State Hospital Chief Operating Officer

- Average Total Compensation: **$416,036**
- Median Total Compensation: **$321,471**

Average Compensation By State/Region

- New York City: **$543,451**
- New Jersey: **$435,978**
- Connecticut: **$430,708**
- New York State: **$350,001**

- Average Base Pay: **$292,521**
- Average Additional Compensation:**$123,515**
- Average Compensation Per Bed: **$1,862**
- Number paid over $1 million a year: **9**

Tri-State Hospital Chief Financial Officer

- Average Total Compensation: **$421,525**
- Median Total Compensation: **$392,084**

Average Compensation By State/Region

- New York City: **$758,802**
- New Jersey: **$463,260**
- Connecticut: **$408,396**
- New York State: **$313,334**

- Average Base Pay: **$286,947**
- Average Additional Compensation:**$134,578**
- Average Compensation Per Bed: **$2,245**
- Number Paid Over $1 Million Per Year: **11**

Some Individual Paychecks

New York City

- Mark J. Mundy, CEO, New York Methodist Hospital (2011): Total Compensation: **$1.327 million**
- Philip Rosenthal, CEO, Lenox Hill Medical Center (2011): Total Compensation: **$934,331**
- Rajiv Garg, CEO, Wyckoff Heights Medical Center (2011): Total Compensation: **$702,788**
- Frank Bruno, CEO, Gracie Square Hospital (2011): Total Compensation: **$516,139**

New York State

- John F. Collins, CEO, Winthrop University Hospital (2011): Total Compensation: **$1.73 million**
- Warren Hern, CEO, Unity Hospital (2011): Total Compensation: **$948,735**
- Angelo Calbone, CEO, Saratoga Hospital (2011): Total Compensation: **$586,099**
- Betsy Wright, Women's Christian Hospital (2011): Total Compensation: **$392,397**

Connecticut

- Frank A. Corvino, CEO, Greenwich Hospital (2010): Total Compensation: **$1.73 million**
- James J. Cullen, CEO, Gaylord Hospital (2010): Total Compensation: **$487,341**
- David Crandell, CEO, Hospital For Special Care (2011): Total Compensation: **$425,864**
- Bonnie Gauther, CEO, The Hospital at Hebrew Health Care (2011): Total Compensation: **$366,096**

New Jersey

- Thomas J. Senker, CEO, Newton Memorial Hospital (2011): Total Compensation: **$2.22 million**
- Robert P. Wise, CEO, Hunterdon Medical Center (2011): Total Compensation: **$1.16 million**
- Joanne Carrocino, CEO, Cape Regional Medical Center (2011): Total Compensation: **$574,036**
- Eugene Johnson, CEO, Lourdes Medical Center of Burlington County (2011): Total Compensation: **$250,204**

Tri-State Area… *continued*

Compensation per bed among the New Jersey hospitals is $2,722, about 25% higher than the overall average for the region. The median compensation per bed is $1,602.

The highest paid CEO of a standalone hospital is Robert C. Garrett, who heads Hackensack University Medical Center. In 2011, he received a base salary of $1.12 million, and additional compensation of $1.27 million, for a total of $2.38 million. His compensation was only slightly less than Richard P. Miller, CEO of the four-hospital Virtua system, at $2.41 million.

The highest-paid executives in New Jersey averaged total compensation of $906,471, with a median of $780,000. Altogether, New Jersey had nine CEOs or other executives on the list who were paid more than $1 million a year.

Connecticut

The average total compensation of hospital CEOs in Connecticut is $771,781. That includes base compensation that averages $484,295 and additional compensation that averages $287,486. The median total compensation is $701,558.

The highest paid standalone hospital CEO is Brian Grissler of Stamford Hospital. His pay package of $1.86 million included base compensation of $935,335 and additional compensation of $924,717.

Among the highest paid executives overall, their compensation averaged $1.025 million, with base pay averaging $501,854 and additional compensation averaging $524,022. The base pay median was $436,293, while the additional compensation median is $286,512.

Thomas Pipicelli, the now-departed CEO of the William W. Backus Hospital in Norwich, Conn. was the highest paid of the executives, at $3.82 million, including $3.2 million in additional compensation.

Altogether, eight Connecticut hospital CEOs were paid more than $1 million annually.

New York State

Because of the enormous discrepancies between the compensation paid to hospital executives outside of the New York City area, the upstate hospitals have been separated from those within the city limits.

As mentioned before, upstate New York's economic demographics suffer in comparison to those of Connecticut and New York; it is far poorer, and what is paid to top-tier hospital executives mostly reflects that reality.

According to the compiled data, upstate total hospital compensation averaged $605,207, more than $200,000 less than in New Jersey and more than $170,000 less than in Connecticut. The median was $524,148. Base compensation averaged $391,590, with the median at $359,944.

The highest paid of the standalone hospital CEOs is Jon B. Chandler of White Plains Hospital in Westchester County, just north of New York City. His 2011 compensation included base pay of $966,117 and additional compensation of $834,823. His compensation totaled $6,168 per bed, significantly higher than the per-bed average of $4,700.

With the list of highest-paid executives included, there are 22 on the New York State list earning more than $1 million a year.

(continued on page 9)

Tri-State Area… *continued*

New York City: A World Apart

No other city in the world except for London may be as economically influential or as powerful as New York City. Property costs are in the stratosphere, as are compensation and the overall concentration of wealth. New York City is also home to some of the most famous teaching and specialty hospitals in the United States, including Memorial Sloan-Kettering Cancer Center and Mount Sinai Medical Center.

As a result, the compensation for CEOs whose hospitals are within New York City limits is far higher than in any other part of the Tri-State area. Total compensation averaged $1.15 million – nearly 50% higher than the region as an average. The median total compensation was $996,154, which means that the high pay is distributed fairly evenly. Base compensation averaged $724,930, with a median of $697,764. Additional compensation averaged $424,258, with a median of $261,265.

The highest paid CEO in New York City is also the highest paid on the entire list: Steven Safyer. Second on the list is Steven J. Corwin, M.D., who leads New York-Presbyterian Hospital, with a total 2011 pay package of just under $3.1 million.

There are 15 hospital CEOs in New York City who are paid more than $1 million per year, With the highest-paid executives included, that rises to 17 in total. Among the highest paid, total compensation averaged $1.24 million, with a median of $1.03 million. HCN

Editor's Note: The August 2014 edition of *Healthcare Compensation News* will discuss payment data for hospitals in the Carolinas.

Labor Union Agrees To Drop Voter Initiative To Cap Hospital CEO Pay

Enters Into Pact With California Hospital Association Instead

A ballot initiative that would have capped what not-for-profit hospitals in California could pay its executives was officially shelved by its sponsor in lieu of a closer alliance with the state's leading hospital lobby.

The Service Employees International Union-Healthcare Workers West had been gathering signatures for the initiative to place it on November's ballot. It would have capped hospital executive pay at $475,000 a year. That's significantly higher than the average base compensation for hospital executives in California, which is more than $500,000 per year, and approaches $750,000 when bonuses and other additional pay is factored in.

The union had sponsored a successful 2012 ballot initiative to place salary caps on executives with the district-owned El Camino Hospital in the Bay Area. But SEIU-UHW President Dave Regan said an alliance with the California Hospital Association made more sense in a time of dwindling union membership, and that it would provide more job security for his union's 150,000 members, of whom about 60% are in California.

(continued on page 10)

Labor Union… *continued*

Regan refused to say how the initiative had been polling with voters, but sources suggested internal polling data available to both the union and the CHA suggested it would have passed. The CHA was prepared to fight it the initiative in court if it was implemented by voters.

"It's moot now," Regan said.

"This will be accomplished by identifying new resources and financing approaches at the federal and state levels, including educational activities, legislative and regulatory efforts, a ballot initiative, or other strategies." – Joint statement from California Hospital Association and SEIU-UHW

The SEIU-UHW also agreed to drop another initiative that would have capped hospital charges at 25% above the cost of delivering the care.

It's not the first time both sides have tried to make amends after the union sponsored ballot initiatives. In 2012, the SEIU-UHW agreed to drop a pricing initiative similar to the one it was pushing this year, and another that would have required hospitals to spend a minimum of 5% of its revenues on charity care after the CHA agreed to lend a hand in the union's organizing efforts.

The pact includes establishing a $100 million "joint advocacy fund" that would be used to lobby for increases in Medi-Cal payments. California's providers currently receive the second-lowest payments in the nation.

"This will be accomplished by identifying new resources and financing approaches at the federal and state levels, including educational activities, legislative and regulatory efforts, a ballot initiative, or other strategies," a statement issued by the CHA and union said.

Should large compensation packages be the norm, or are they the product of a healthcare system far more dependent on money changing hands than any other in the industrialized world?

A recording of a conference call between Regan and his staff said that the SEIU-UHW would contribute $20 million to the fund, with the CHA providing $80 million. The SEIU-UHW would also be allowed to make organizing entreaties to 30,000 non-union hospital employees immediately.

If improved funding for Medi-Cal is secured, the union would have a six-month window starting in November 2016 to organize another 30,000 employees at hospitals.

CHA President C. Duane Dauner also said the two sides would engage in greater efforts regarding the pricing and affordability of healthcare to California's consumers. However, he bristled when reminded of the CHA's past attempts to block or criticize price transparency initiatives.

In 2008, the CHA lined up against a bill that would have eliminated the use of "gag clauses" that keep pricing arrangements between health plans and hospitals confidential. And the CHA was also critical of the federal government's decision last year to release Medicare pricing and payment data for individual hospitals, saying it might confuse the public. HCN

Health Care Service CEO Pay Took Hit

But Pay For Health Plan Heads Still Rose Nearly 20% Last Year

Last year was an off one financially for Chicago-based Health Care Service Corp., which operates Blues plans in five states. The pay of their top executives took a hit as a result.

Chief Executive Officer Patricia Hemingway Hall had a total compensation package last year of $11.2 million, down 30% from the $16 million she took home in 2012, according to data from the Illinois Department of Insurance.

That's likely tied to the firm posting 2013 net income of $684.3 million, down 31% from the $1.01 billion in net income it reported in 2012. Hemingway Hall's bonus was slashed by a similar percentage, from $14.9 million to $10.1 million.

The company had to shift $260 million into a reserve fund late last year to shield against projected 2014 losses due to changes in plan composition connected to the Affordable Care Act.

Health Care Service Corp. President of Plan Operations Colleen Foley Reitan also took a steep pay cut last year, down from $9.7 million in 2012 to $2.3 million last year. That included a drop in bonus to $1.5 million from $7.9 million.

Although ACA-related changes are also expected to seep into the bottom line of many other health insurers in 2013 and beyond, the trends suggest that many executives will continue to enjoy eight-figure annual pay.

"The culture of excess at these for-profit corporations is incompatible with the goals of an efficient, ethical healthcare system, where every dollar diverted from patient care represents a loss of access for real families."

-Benjamin Day
Director of Organizing
Healthcare-Now

According to Healthcare-Now, a left-of-center organization that supports single-payer reform, the average compensation of CEOs of publicly traded health plans rose 19% in 2013. Altogether, the average publicly-traded health plan CEO was paid $13.9 million in 2013, compared to $11.6 million in 2012.

The highest paid executive last year was Aetna's Mark Bertolini, who was paid $30.7 million – more than the CEOs at WellPoint and Centers – the second and third-highest paid on the list – combined. Bertolini was paid $13.3 million in 2012.

"Families and patients are being asked to tighten their belts in the face of rising healthcare costs, while our premiums are being used to subsidize even more astronomical compensation for the already wealthy," said Benjamin Day, Healthcare-Now's director of organizing. "The culture of excess at these for-profit corporations is incompatible with the goals of an efficient, ethical healthcare system, where every dollar diverted from patient care represents a loss of access for real families."

By comparison, Day noted that Marilyn Tavenner, director of the Centers for Medicare & Medicaid Services, is paid less than $200,000 annually. HCN

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- ❑ Tri-State region, all data: $199
- ❑ Tri-State region, CEO data only: $119
- ❑ Tri-State region, CFO/COO data only: $69
- ❑ New York State, all data: $89
- ❑ New York City only, all data: $59
- ❑ New Jersey, all data: $69
- ❑ Connecticut, all data: $69
- ❑ California, all data: $149

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