

IPPS PAYMENT OUTLOOK · FY 2026 → FY 2027 · CMS-1849-P

Under the FY2027 Proposed Rule, **2,228 hospitals** stand to gain a combined **+\$2.20 B.**

A gainer-side read on the rule-change impact — base rate, wage index, and the V43 → V44 grouper update — modelled at FY2027 case volume held constant. South Atlantic and New England providers see the steepest relative upside; California and Massachusetts lead the absolute dollar movement.

AGGREGATE GAIN

+\$2.20 B

\$72.14 B → \$74.35 B across all gainers

HOSPITALS GAINING

2,228

73% of 3,060 indexed IPPS hospitals

AVERAGE PER HOSPITAL

+\$989 K

Median +\$338 K · IQR \$90 K – \$1.08 M

AVERAGE % UPLIFT

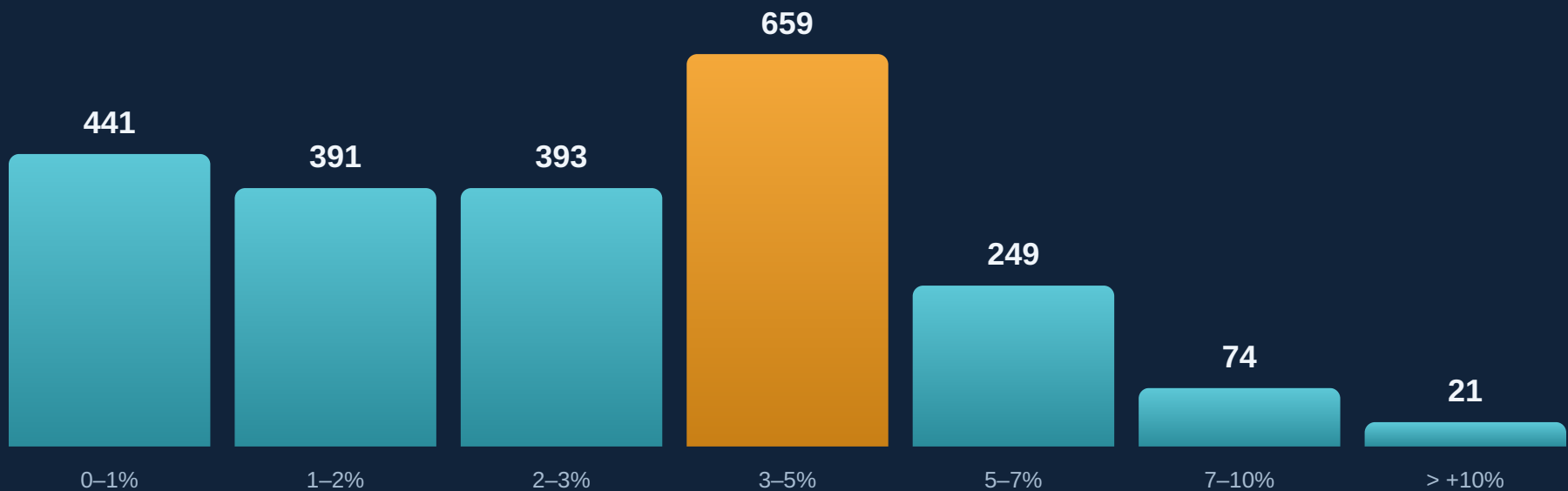
+2.98%

Median +2.69% · top decile > +5.7%

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How the upside is distributed

GAINER HOSPITALS · Δ% BUCKETS · N = 2,228



The **3-5% band** is the modal outcome — 659 hospitals (30%) land here. 80% of gainers fall between +0.7% and +5.0%.

HEADLINE GAINERS

UCSF Medical Center

California · Rural Referral Center · largest dollar move

+\$20.5 M

Piedmont Macon Medical Center

Georgia · RRC · largest % uplift

+18.5%

University of Vermont Medical Center

Vermont · SCH/RRC · largest mid-size mover

+\$14.1 M

344 hospitals project gains > +5%

15.4%



Hospital leaderboards

TOP 10 BY ABSOLUTE DOLLARS · TOP 10 BY PERCENT

LARGEST DOLLAR GAINERS		\$ · FY27 VS FY26
01	UCSF Medical Center California · RRC	+\$20.49 M +7.06%
02	Massachusetts General Hospital Massachusetts · RRC	+\$19.87 M +5.93%
03	Stanford Health Care California · RRC	+\$19.04 M +5.46%
04	Brigham and Women's Hospital Massachusetts · RRC	+\$16.08 M +5.72%
05	Morristown Medical Center New Jersey · IPPS	+\$15.22 M +6.74%
06	Jefferson Abington Hospital Pennsylvania · RRC	+\$14.24 M +13.35%
07	University of Vermont Medical Center Vermont · SCH/RRC	+\$14.08 M +14.83%
08	University of Kansas Hospital Kansas · RRC	+\$12.60 M +7.43%
09	Hackensack University Medical Center New Jersey · IPPS	+\$12.54 M +6.57%
10	Cleveland Clinic Ohio · RRC	+\$12.42 M +5.26%

LARGEST PERCENT GAINERS		% · FY27 VS FY26
01	Piedmont Macon Medical Center Georgia · RRC	+18.53% +\$4.08 M
02	University of Vermont Medical Center Vermont · SCH/RRC	+14.83% +\$14.08 M
03	Wellstar MCG Health Georgia · RRC	+14.77% +\$6.29 M
04	TidalHealth Peninsula Regional Maryland · IPPS	+14.23% +\$10.51 M
05	Jefferson Abington Hospital Pennsylvania · RRC	+13.35% +\$14.24 M
06	Piedmont Augusta Hospital Georgia · RRC	+12.16% +\$7.24 M
07	Sentara Northern Virginia Medical Ctr Virginia · RRC	+11.68% +\$3.15 M
08	Rutland Regional Medical Center Vermont · SCH/RRC	+10.30% +\$2.10 M
09	Specialists Hospital Shreveport Louisiana · IPPS	+10.23% +\$1.03 M
10	Temple University Hospital Pennsylvania · RRC	+9.51% +\$7.29 M

Where the upside lands

CENSUS REGION · STATE · PROVIDER DESIGNATION

BY CENSUS REGION — GAINERS ONLY

South Atlantic	+\$465.5M	+3.80%
Pacific	+\$434.3M	+2.54%
Middle Atlantic	+\$287.9M	+3.03%
New England	+\$268.6M	+4.81%
West N. Central	+\$189.1M	+3.54%
East N. Central	+\$175.3M	+2.79%
East S. Central	+\$152.5M	+2.92%
West S. Central	+\$144.0M	+2.29%
Mountain	+\$84.6M	+2.20%
Puerto Rico	+\$0.6M	+0.74%

TOP 12 STATES — TOTAL \$ GAIN

California	+\$348.7 M
Massachusetts	+\$169.5 M
Pennsylvania	+\$139.0 M
Georgia	+\$135.1 M
New Jersey	+\$123.7 M
North Carolina	+\$103.8 M
Ohio	+\$93.1 M
Virginia	+\$85.6 M
Texas	+\$80.8 M
South Carolina	+\$76.7 M
Tennessee	+\$72.9 M
Minnesota	+\$54.5 M

RURAL REFERRAL CENTER (RRC)

+\$1.12 B

n = 625 gainers · avg +2.88%

STANDARD IPPS

+\$898.0 M

n = 1,284 gainers · avg +3.06%

SCH / SCH·RRC / IHS / EACH

+\$187.0 M

n = 319 gainers · avg +2.83%

Methodology & source files

PER-ROW PROVENANCE · TRANSPARENT ASSUMPTIONS

INPUTS PER HOSPITAL

Base rate — CMS Table 1A constants (per-rule, national): [FY26 \\$6,752.61](#) , [FY27 \\$6,967.87](#) .

Wage index — each year's Impact File: FY26 from [CMS-1833-F](#) , FY27 from [CMS-1849-P](#) .

TACMI & Case count — pulled from the FY2027 Proposed Rule Impact File (CMS-1849-P, April 2026), which is built on CMS's **December 2025 MedPAR snapshot**. Held constant across both years to isolate rule-change impact from snapshot volume drift.

Percent leaderboard — filtered to hospitals with absolute change \geq \$1M to avoid statistical noise from small-baseline specialty facilities.

Important caveat. Because case count is held constant on the FY27 file, the "FY2026 column" is not what CMS originally published in the FY2026 Final Rule for hospitals whose volume shifted materially between snapshots. ~31% of indexed hospitals have case-count drift > 10% between the two Impact Files. Use the dollar delta as an estimate of rule-change impact at *current* volume, not a literal FY2026 restated baseline.

RUN THE NUMBERS ON YOUR HOSPITAL

See your facility's **FY2027 projected payment in 10 seconds.**

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CCN lookup · per-DRG breakdown · wage-index, TACMI, and grouper inputs visible.