

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: Cabrini Medical Center

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 7002003

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$303.73	\$808.00	\$60.30	\$60.30	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.46

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: Cortland Memorial Hospital

OPERATING CERT: 1101000

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: Psych ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$221.44	\$842.11	(\$199.14)	(\$199.14)	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.54

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: Eastern Long Island

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 5127000H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$267.54	\$759.25	\$131.16	\$131.16	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.23

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR OTHER EXEMPT UNITS

FACILITY NAME: Little Falls Hospital

OPERATING CERT: 2129000

STATEWIDE RATE PERIOD: 01/01/06-12/31/06

APPEAL#: 622200

	=====					OTHER	=====				
EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
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	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)	
01/01/06-12/31/06	\$198.69	\$1,491.39	\$389.04	\$389.04	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.60	

August 1, 2007

**WORKER'S COMPENSATION & NO-FAULT
RETRO-PAYMENT RATE SCHEDULE
ACUTE AND ALC: CASE PAYMENT RATE**

FACILITY NAME: Lutheran
OPERATING CERT: 7001019H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06
APPEAL#: C62010

===== CASE PAYMENT =====											
EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1/1/06-12/31/06	\$5,627.65	\$5,339.18	\$5,339.18	\$105.59	8.95%	26.26%	\$50.97	\$50.97	\$2.32	\$0.51	\$254.23

===== PROSPECTIVE ADJUSTMENTS =====										===== HIGH COST OUTLIER CALCULATION =====
EFFECTIVE PERIOD	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	HIGH COST CHARGE CONVERTER	NON- MEDICARE CASE MIX INDEX	PURE GROUP PRICE FOR LONG STAY TEST ONLY	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
1/1/06-12/31/06	76.30	\$76.30	\$95.51	\$95.51	\$0.00	\$0.00	0.668193	1.078500	\$5,553.83	

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: Montefiore Hosp. & Medical Center

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 7000006H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$311.50	\$840.84	\$5.62	\$5.62	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.86

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: St. Joseph's Hospital Yonkers

OPERATING CERT: 5907002H

STATEWIDE RATE PERIOD: 1/1/06 -12/31/06

APPEAL#: 131900

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL & BASIC MALP	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06 -12/31/06	\$276.19	\$491.25	\$457.08	\$464.07	8.95%	26.26%	\$12.14	\$12.64	\$0.00	\$0.46

August 1, 2007

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: United Health Services

OPERATING CERT:

STATEWIDE RATE PERIOD: 01/01/06- 12/31/06

APPEAL#: PSYCH ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	PSYCH	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	
01/01/06-12/31/06	\$200.06	\$703.39	\$129.62	\$129.62	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.45	

August 1, 2007

**WORKER'S COMPENSATION & NO-FAULT
RETRO-PAYMENT RATE SCHEDULE
ACUTE AND ALC: CASE PAYMENT RATE**

FACILITY NAME: University Hospital @ Stony Brook

STATEWIDE RATE PERIOD: 01/01/06 - 12/31/06

APPEAL#: C62550

OPERATING CERT: 5151001

===== CASE PAYMENT =====											
EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/06 - 12/31/06	\$6,521.02	\$6,057.54	\$6,036.96	\$848.61	8.95%	26.26%	\$164.93	\$164.93	\$3.48	\$0.67	\$254.23

===== PROSPECTIVE ADJUSTMENTS =====										===== HIGH COST OUTLIER CALCULATION =====
EFFECTIVE PERIOD	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	HIGH COST CHARGE CONVERTER	NON- MEDICARE CASE MIX INDEX	PURE GROUP PRICE FOR LONG STAY TEST ONLY	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
01/01/06 - 12/31/06	\$46.67	\$46.68	\$49.82	\$49.82	\$0.00	\$0.00	0.494878	1.7109	\$6,494.09	

WORKER'S COMPENSATION & NO-FAULT RETRO-PAYMENT RATE SCHEDULE HOSPITAL PER DIEMS FOR PSYCHIATRIC UNITS
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FACILITY NAME: Woman's Christian Association (WCA)

OPERATING CERT: 0602001

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
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	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$196.13	\$566.09	\$82.10	\$82.10	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.31