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WORKERS' COMPENSATION
BOARD
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ROBERT E. BELOTEN
CHAIR

November 13, 2009

**HOSPITAL INPATIENT REVISED FEE SCHEDULE
EFFECTIVE 7/1/2008– 12/31/2008 (Revised 11/13/2009)**

Enclosed please find the certification letter and schedules of revised hospital reimbursement rates for service rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, and the Volunteer Ambulance Workers' Benefit Law for the period July 1, 2008 through December 31, 2008.

We are providing you with updated schedules of the rates from those that accompanied the June 3, 2009 revision as the Medicaid fee for service rates were revised to reflect recent approvals by CMS related to 2008 - 2009 state budget initiatives as well as the processing of rate appeals for various hospitals. The CMS approvals related to the Recruitment and Retention rate adjustment. As these modifications only apply to fee for service Medicaid billings these have not been included in the revised schedules. Only appeals and other corrections to rates apply and have been included in the respective schedules.

All other information as outlined in the Board's June 3, 2009 letter remain unchanged and carriers should refer to that letter for more details and descriptions.

Attachments

*****INDEX TO SCHEDULES*****

| Group Code | GROUP DESCRIPTION |
|---------------|------------------------------------|
| --- | ----- |
| 1. | UPSTATE NON-TEACHING (0-99 BEDS) |
| 2. | UPSTATE NON-TEACHING (100+ BEDS) |
| 4. | UPSTATE TEACHING |
| 5. | DOWNSTATE NON-TEACHING |
| 6. | DOWNSTATE TEACHING |
| 7. | TEACHING- ACADEMIC MEDICAL CENTERS |
| 8. | MAJOR PUBLIC |
| 9. | EXEMPT FROM GROUP |

Exempt
Hospital
(A)

| | |
|-------|---|
| ----- | |
| 1 | Specialty Exempt Hospital |
| 2 | Medical Rehabilitation Hospital |
| 3 | Psychiatric Hospital |
| 4 | Children's Hospital- Per Case Reimbursement |
| 5 | Critical Access Hospital (CAH) |

Exempt
(B)

| | |
|---|---|
| 1 | Head Trauma |
| 2 | Drug Rehabilitation Unit |
| 3 | Burn Unit |
| 4 | Hospice Unit |
| 5 | Extracorporeal Membrane Oxygenation Unit (ECMO) |
| 6 | Bone Marrow Unit |

2008 Exempt Units and Hospitals Elements

| | | | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|---|----------|----------|-------|----------|--------|---------|--------|---------|----------|----------|
| | | sort | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | MEDICAL | EXEMPT | EXEMPT |
| | Hospital | BHR-PRNT | BHR-TEAM | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER |
| | | ----- | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) |
| | | | | | | | | | | | |
| 1623000 | ADIRONDACK MEDICAL CENTER | 6 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0101005 | ALB MED CTR SO CLINICAL CAMPUS | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0101000 | ALBANY MEDICAL CENTER HOSP | 4 | 3 | 7 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| 3701000 | ALBERT LINDLEY LEE MEM HOSP | 6 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1624000 | ALICE HYDE MEMORIAL HOSPITAL | 6 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2801000 | AMSTERDAM MEMORIAL HOSPITAL | 4 | 2 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0701000 | ARNOT-OGDEN MEMORIAL HOSP | 7 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0501000 | AUBURN MEMORIAL HOSPITAL | 7 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3801000 | AURELIA OSBORN FOX MEM HOSP | 6 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002001 | BELLEVUE HOSPITAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5501000 | BENEDICTINE HOSPITAL | 5 | 4 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 1427000 | BERTRAND CHAFFEE HOSPITAL | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7001041 | BETH ISRAEL / KINGS HIGHWAY | 3 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002002 | BETH ISRAEL MEDICAL CENTER | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 2 |
| 5957000 | BLYTHEDALE CHILDREN'S | 5 | 7 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3535001 | BON SECOURS COMMUNITY HOSPITAL | 5 | 5 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 7000001 | BRONX-LEBANON HOSPITAL CTR | 3 | 5 | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 7001002 | BROOKDALE HOSPITAL MED CTR | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5123000 | BROOKHAVEN MEMORIAL HOSPITAL | 2 | 7 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7001003 | BROOKLYN HOSPITAL | 3 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0601000 | BROOKS MEMORIAL HOSPITAL | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5902002 | BURKE REHABILITATION CTR | 5 | 7 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000011 | CALVARY HOSPITAL, INC. | 3 | 7 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 6 | 4 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 2238001 | CARTHAGE AREA HOSPITAL INC | 8 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 7003008 | CATHOLIC MEDICAL CENTER | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5253000 | CATSKILL REGIONAL MEDICAL CENTER-HERMA | 9 | 4 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5263000 | CATSKILL REGIONAL MEDICAL CENTER-HARRIS | 5 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5401001 | CAYUGA MEDICAL CENTER | 7 | 3 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 2 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 4 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0824000 | CHENANGO MEMORIAL HOSPITAL | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4401000 | CLAXTON-HEPBURN MEDICAL CENTER | 6 | 3 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3421000 | CLIFTON SPRINGS HOSPITAL | 7 | 4 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 4458000 | CLIFTON-FINE HOSPITAL | 6 | 4 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002051 | COLER MEMORIAL HOSPITAL | 3 | 5 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1001000 | COLUMBIA MEMORIAL HOSPITAL | 5 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3301000 | COMM-GEN / GREATER SYRACUSE | 7 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5925000 | COMMUNITY HOSP / DOBBS FERRY | 5 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2625000 | COMMUNITY MEMORIAL HOSP | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7001009 | CONEY ISLAND HOSPITAL | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5001000 | CORNING HOSPITAL | 7 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101000 | CORTLAND MEMORIAL HOSPITAL | 7 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

2008 Exempt Units and Hospitals Elements

| | | | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | |
|---------|--------------------------------|----------|----------|-------|---|--------|---------|--------|---------|----------|--------|--|
| | | sort | | GROUP | HOSPITAL | PSYCH. | ALCOHOL | EXEMPT | MEDICAL | EXEMPT | EXEMPT | |
| | Hospital | BHR-PRNT | BHR-TEAM | CODE | (A) | UNIT | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER | |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | |
| 3301008 | CROUSE HOSPITAL | 7 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0226000 | CUBA MEMORIAL HOSPITAL | 1 | 3 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1229000 | DELAWARE VALLEY HOSPITAL | 5 | 4 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7004005 | DOCTORS HOSP / STATEN ISLAND | 3 | 6 | 5 | ===== See Staten Island University Hospital ===== | | | | | | | |
| 5127000 | EASTERN LONG ISLAND HOSPITAL | 2 | 7 | 5 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| 0102001 | EDDY COHOES REHAB CENTER | 4 | 3 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4423000 | EDWARD JOHN NOBLE / GOUVERNEUR | 6 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1521000 | ELIZABETHTOWN COMMUNITY | 4 | 2 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5526001 | ELLENVILLE REGIONAL HOSP | 5 | 4 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4601001 | ELLIS HOSPITAL | 4 | 3 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7001024 | EPISCOPAL HEALTH SERVICES | 2 | 7 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 1401005 | ERIE COUNTY MEDICAL CENTER | 1 | 3 | 7 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 3429000 | F F THOMPSON HOSPITAL | 9 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3202003 | FAXTON-ST. LUKE'S HEALTHCARE | 6 | 2 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7003001 | FLUSHING HOSPITAL | 3 | 7 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7003013 | FOREST HILLS HOSPITAL | 3 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2910000 | FRANKLIN HOSPITAL | 2 | 7 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 3402000 | GENEVA GENERAL HOSPITAL | 9 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| 2901000 | GLEN COVE HOSPITAL | 2 | 6 | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5601000 | GLENS FALLS HOSPITAL | 4 | 3 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7002050 | GOLDWATER MEMORIAL HOSP. | 3 | 5 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4329000 | GOOD SAMARITAN / SUFFERN | 5 | 7 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | |
| 5154001 | GOOD SAMARITAN / WEST ISLIP | 2 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7002009 | HARLEM HOSPITAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 4322000 | HELEN HAYES HOSPITAL | 5 | 4 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2701001 | HIGHLAND HOSP OF ROCHESTER | 9 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3501000 | HORTON MEDICAL CENTER | 5 | 5 | 2 | ===== See ORANGE REGIONAL MEDICAL CENTER ===== | | | | | | | |
| 7002011 | HOSPITAL FOR JOINT DISEASES | 3 | 6 | 6 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| 7002012 | HOSPITAL FOR SPECIAL SURGERY | 3 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5901000 | HUDSON VALLEY HOSPITAL CTR | 5 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5153000 | HUNTINGTON HOSPITAL | 2 | 7 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 3154000 | INTER-COMMUNITY MEM HOSP | 1 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7001046 | INTERFAITH MEDICAL CENTER | 3 | 7 | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | |
| 5022000 | IRA DAVENPORT MEMORIAL HOSP | 7 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7000002 | JACOBI MEDICAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7003003 | JAMAICA HOSPITAL | 3 | 5 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5149000 | JOHN T MATHER MEMORIAL HOSP | 2 | 5 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 0228000 | JONES MEMORIAL HOSPITAL | 1 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1401001 | KALEIDA HEALTH | 1 | 2 | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 1401002 | KALEIDA HEALTH (CHILD.OF BUFF) | 1 | 2 | 9 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | |
| 1404000 | KENMORE MERCY HOSPITAL | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| 7001016 | KINGS COUNTY HOSPITAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7001033 | KINGSBROOK JEWISH MED CTR | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5501001 | KINGSTON HOSPITAL | 5 | 4 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | |
| 2728001 | LAKESIDE MEMORIAL HOSPITAL | 9 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

2008 Exempt Units and Hospitals Elements

| | | | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|-------------------------------|----------|----------|-------|----------|--------|---------|--------|---------|----------|----------|
| | | sort | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | MEDICAL | EXEMPT | EXEMPT |
| | Hospital | BHR-PRNT | BHR-TEAM | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER |
| | ----- | ----- | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) |
| | | | | | | | | | | | |
| 5922000 | LAWRENCE HOSPITAL | 5 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002017 | LENOX HILL HOSPITAL | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2424000 | LEWIS COUNTY GENERAL HOSP | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000008 | LINCOLN MEDICAL | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2129000 | LITTLE FALLS HOSPITAL | 6 | 4 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3101000 | LOCKPORT MEMORIAL HOSPITAL | 1 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 2902000 | LONG BEACH MEDICAL CENTER | 2 | 6 | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001017 | LONG ISLAND COLLEGE HOSPITAL | 3 | 7 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7003004 | LONG ISLAND JEWISH | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 7001019 | LUTHERAN MEDICAL CENTER | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001020 | MAIMONIDES MEDICAL CENTER | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7002019 | MANHATTAN EYE EAR AND THROAT | 3 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 5 | 4 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 6 | 3 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3622000 | MEDINA MEMORIAL HOSPITAL | 1 | 4 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 7002020 | MEMORIAL HOSP. FOR CANCER | 3 | 5 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0101003 | MEMORIAL HOSPITAL OF ALBANY | 4 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1401008 | MERCY HOSPITAL OF BUFFALO | 1 | 2 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 2909000 | MERCY MEDICAL CENTER | 2 | 5 | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002021 | METROPOLITAN HOSPITAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 9 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000006 | MONTEFIORE HOSPITAL | 3 | 5 | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| 1527000 | MOSES-LUDINGTON HOSPITAL | 4 | 2 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002024 | MOUNT SINAI HOSPITAL | 3 | 6 | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7003015 | MOUNT SINAI QUEENS | 3 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3121000 | MOUNT ST MARYS HOSPITAL | 1 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 5903000 | MOUNT VERNON HOSPITAL | 5 | 5 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2950002 | NASSAU COUNTY MEDICAL CTR | 2 | 7 | 8 | 0 | 1 | 1 | 0 | 1 | 0 | 2 |
| 1701000 | NATHAN LITTAUER HOSPITAL | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2952001 | NEW ISLAND HOSPITAL | 2 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3102000 | NIAGARA FALLS MEMORIAL | 1 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2527000 | NICHOLAS H NOYES MEMORIAL | 7 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000024 | NORTH CENTRAL BRONX HOSPITAL | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7002052 | NORTH GENERAL HOSPITAL | 3 | 7 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2951001 | NORTH SHORE UNIVERSITY HOSP | 2 | 6 | 6 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 1327000 | NORTHERN DUTCHESS HOSPITAL | 5 | 5 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 5 | 6 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7001008 | NY COMMUNITY / BROOKLYN | 3 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002026 | NY EYE AND EAR INFIRMARY | 3 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003010 | NY MED CTR OF QUEENS | 3 | 6 | 6 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 7001021 | NY METHODIST HOSP / BROOKLYN | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002054 | NY PRESBYTERIAN HOSPITAL | 3 | 5 | 7 | 0 | 1 | 1 | 0 | 1 | 1 | 3 |
| 5906000 | NY UNITED HOSPITAL | 5 | 5 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7000023 | NY WESTCHESTER SQUARE MED CTR | 3 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

2008 Exempt Units and Hospitals Elements

| | | | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|--|----------|----------|-------|----------|--------|---------|--------|---------|----------|--------|
| | | sort | | GROUP | HOSPITAL | PSYCH. | ALCOHOL | AIDS | MEDICAL | EXEMPT | EXEMPT |
| | Hospital | BHR-PRNT | BHR-TEAM | CODE | (A) | UNIT | REHAB. | UNIT | REHAB. | EPILEPSY | OTHER |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 4324000 | NYACK HOSPITAL | 5 | 7 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 3 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002053 | NYU MEDICAL CENTER | 3 | 5 | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| 1254001 | O'CONNOR HOSPITAL | 5 | 3 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0401001 | OLEAN GENERAL HOSPITAL | 1 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2601001 | ONEIDA HEALTHCARE CENTER | 6 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3523000 | ORANGE REGIONAL MEDICAL CENTER | 5 | 7 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3702000 | OSWEGO HOSPITAL | 6 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0301001 | OUR LADY OF LOURDES MEMORIAL | 7 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000005 | OUR LADY OF MERCY (merged w/ Montefiore eff 7/23/08) | 3 | 7 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7003020 | PARKWAY HOSPITAL | 3 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003006 | PENINSULA HOSPITAL CENTER | 3 | 5 | 6 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 5 | 6 | 5 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 2952005 | PLAINVIEW HOSPITAL | 2 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 5 | 7 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7003007 | QUEENS HOSPITAL CENTER | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7004010 | RICHMOND UNIVERSITY MEDICAL CENTER | 3 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2221001 | RIVER HOSPITAL | 8 | 2 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2701003 | ROCHESTER GENERAL HOSPITAL | 9 | 3 | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002031 | ROCKEFELLER UNIVERSITY | 3 | 7 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3201002 | ROME HOSPITAL AND MURPHY | 6 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 1401010 | ROSWELL PARK MEMORIAL | 1 | 4 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| 4102002 | SAMARITAN HOSPITAL OF TROY | 4 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2201000 | SAMARITAN MEDICAL CENTER | 8 | 2 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4501000 | SARATOGA HOSPITAL | 4 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4823000 | SCHUYLER HOSPITAL | 7 | 2 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4102003 | SETON HEALTH SYSTEMS | 4 | 3 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 1401006 | SHEEHAN MEMORIAL EMERGENCY | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 1401013 | SISTERS OF CHARITY HOSPITAL | 1 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6120000 | SOLDIERS AND SAILORS MEMORIAL | 9 | 4 | 9 | 5 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5904000 | SOUND SHORE MEDICAL CENTER | 5 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 2 | 6 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5126000 | SOUTHAMPTON HOSPITAL | 2 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5154000 | SOUTHSIDE HOSPITAL | 2 | 7 | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 5 | 7 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000014 | ST BARNABAS HOSPITAL | 3 | 5 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5157003 | ST CATHERINE OF SIENA | 2 | 1 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5149001 | ST CHARLES HOSPITAL | 2 | 7 | 5 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 7002033 | ST CLARES HOSP AND HLTH CTR | 3 | 7 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3202002 | ST ELIZABETH HOSPITAL | 6 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 1302000 | ST FRANCIS HOSP / POUGH | 5 | 7 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 2 |
| 2953000 | ST FRANCIS HOSP / ROSLYN | 2 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5002001 | ST JAMES MERCY HOSPITAL | 7 | 4 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 5907001 | ST JOHNS RIVERSIDE HOSPITAL | 5 | 7 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 1455000 | ST JOSEPH HOSPITAL | 1 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

2008 Exempt Units and Hospitals Elements

| | | | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | |
|--|---------------------------------------|----------|----------|--|----------|--------|---------|--------|---------|----------|----------|--|
| | | sort | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | MEDICAL | EXEMPT | EXEMPT | |
| | Hospital | BHR-PRNT | BHR-TEAM | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER | |
| | | ----- | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) | |
| | | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | |
| 0701001 | ST JOSEPHS HOSP / ELMIRA | 7 | 2 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 7 | 2 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 5907002 | ST JOSEPHS HOSPITAL YONKERS | 5 | 5 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7002032 | ST LUKES / ROOSEVELT HOSP | 3 | 6 | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 3502000 | ST LUKES HOSP / NEWBURGH | 5 | 7 | ===== See St. Lukes/Cornwall Hospital Hospital ===== | | | | | | | | |
| 3522000 | ST LUKES/CORNWALL HOSPITAL | 5 | 5 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 2801001 | ST MARYS HOSP / AMSTERDAM | 4 | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| 7001025 | ST MARYS HOSP / BROOKLYN | 3 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0101004 | ST PETERS HOSPITAL | 4 | 2 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | |
| 7002037 | ST VINCENTS HOSPITAL / NY | 3 | 6 | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 7001037 | STATE UNIVERSITY HOSPITAL | 3 | 5 | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7004003 | STATEN ISLAND UNIV HOSP | 3 | 6 | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 3 | |
| 2701005 | STRONG MEMORIAL HOSPITAL | 9 | 3 | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | |
| 4353000 | SUMMIT PARK HOSPITAL | 5 | 7 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 4601004 | SUNNYVIEW HOSP. & REHAB. | 4 | 3 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3301007 | SUNY HLTH SCIENCE CTR | 7 | 3 | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 2754001 | THE UNITY HOSPITAL OF ROCHESTER | 9 | 3 | 4 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 0427000 | TLC HEALTH NETWORK | 1 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| 1227000 | TRI TOWN REGIONAL HEALTHCARE (Note 1) | 5 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0303001 | UNITED HEALTH SERVICES, INC | 7 | 3 | 4 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 1801000 | UNITED MEM MED CTR | 1 | 4 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| 5151001 | UNIV HOSP AT STONY BROOK | 2 | 5 | 7 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 1302001 | VASSAR BROTHERS HOSPITAL | 5 | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5820000 | WAYNE HEALTH CARE | 9 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 5957001 | WESTCHESTER MEDICAL CENTER | 5 | 5 | 7 | 0 | 1 | 0 | 1 | 1 | 0 | 3 | |
| 0632000 | WESTFIELD MEMORIAL HOSP | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5902001 | WHITE PLAINS HOSPITAL | 5 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2908000 | WINTHROP UNIVERSITY HOSPITAL | 2 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0602001 | WOMANS CHRISTIAN ASSOCIATION | 1 | 3 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 7001045 | WOODHULL MEDICAL | 3 | 5 | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 3 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6027000 | WYOMING CO COMMUNITY HOSP | 1 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| Note 1 - Tri Town Regional Healthcare effective date is 1/11/08. Currently not in group 1, but rate reflects 100% group 1 average. | | | | | | | | | | | | |

NEW YORK STATE DEPARTMENT OF HEALTH
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EFFECTIVE JULY 1, 2008

| DRG | DIAGNOSIS RELATED GROUP NAME | July 2008 | Trimpoints | | Upstate | Downstate |
|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 1 | CRANIOTOMY AGE >17 W CC | 4.8838 | 3 | 25 | 7 | 9 |
| 2 | CRANIOTOMY AGE >17 W/O CC | 3.1419 | 2 | 14 | 4 | 5 |
| 6 | CARPAL TUNNEL RELEASE | 0.6900 | 1 | 5 | 2 | 1 |
| 7 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC | 2.7115 | 2 | 26 | 7 | 8 |
| 8 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC | 1.5914 | 1 | 8 | 3 | 2 |
| 9 | SPINAL DISORDERS & INJURIES | 1.4829 | 2 | 12 | 4 | 5 |
| 10 | NERVOUS SYSTEM NEOPLASMS W CC | 2.4330 | 5 | 25 | 9 | 10 |
| 11 | NERVOUS SYSTEM NEOPLASMS W/O CC | 1.2982 | 2 | 14 | 4 | 5 |
| 12 | DEGENERATIVE NERVOUS SYSTEM DISORDERS | 1.4782 | 2 | 26 | 7 | 7 |
| 13 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA | 1.1124 | 2 | 13 | 5 | 5 |
| 14 | STROKE WITH INFARCT | 1.8799 | 2 | 16 | 5 | 6 |
| 15 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 1.4262 | 2 | 13 | 4 | 5 |
| 16 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 1.7819 | 2 | 22 | 4 | 7 |
| 17 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC | 0.9600 | 1 | 9 | 2 | 3 |
| 18 | CRANIAL & PERIPHERAL NERVE DISORDERS W CC | 1.4159 | 2 | 16 | 5 | 5 |
| 19 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC | 0.9196 | 2 | 10 | 4 | 4 |
| 21 | VIRAL MENINGITIS | 0.8356 | 2 | 9 | 3 | 4 |
| 22 | HYPERTENSIVE ENCEPHALOPATHY | 1.1831 | 2 | 19 | 4 | 6 |
| 23 | NONTRAUMATIC STUPOR & COMA | 0.8461 | 2 | 11 | 4 | 5 |
| 34 | OTHER DISORDERS OF NERVOUS SYSTEM W CC | 1.3157 | 2 | 14 | 4 | 5 |
| 35 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC | 0.8847 | 1 | 7 | 2 | 3 |
| 36 | RETINAL PROCEDURES | 1.0079 | 1 | 4 | 2 | 2 |
| 37 | ORBITAL PROCEDURES | 1.6100 | 1 | 10 | 3 | 3 |
| 38 | PRIMARY IRIS PROCEDURES | 0.8217 | 1 | 11 | 2 | 2 |
| 39 | LENS PROCEDURES WITH OR WITHOUT VITRECTOMY | 0.9172 | 1 | 17 | 3 | 3 |
| 40 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17 | 0.8182 | 1 | 9 | 3 | 2 |
| 41 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18 | 0.7055 | 1 | 5 | 2 | 2 |
| 42 | INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS | 1.0737 | 1 | 8 | 2 | 3 |
| 43 | HYPHEMA | 0.6522 | 2 | 14 | 4 | 4 |
| 44 | ACUTE MAJOR EYE INFECTIONS | 0.7162 | 2 | 9 | 3 | 4 |
| 45 | NEUROLOGICAL EYE DISORDERS | 0.8160 | 2 | 10 | 4 | 4 |
| 46 | OTHER DISORDERS OF THE EYE AGE >17 W CC | 1.0175 | 2 | 12 | 4 | 4 |
| 47 | OTHER DISORDERS OF THE EYE AGE >17 W/O CC | 0.7398 | 1 | 8 | 3 | 3 |
| 48 | OTHER DISORDERS OF THE EYE AGE <18 | 0.6330 | 1 | 6 | 2 | 2 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 49 | MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY | 2.0651 | 1 | 10 | 2 | 3 |
| 50 | SIALOADENECTOMY | 1.0092 | 1 | 3 | 1 | 1 |
| 51 | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY | 0.8625 | 1 | 3 | 1 | 1 |
| 52 | CLEFT LIP & PALATE REPAIR | 1.0477 | 1 | 3 | 2 | 1 |
| 53 | SINUS & MASTOID PROCEDURES AGE >17 | 0.8538 | 1 | 6 | 2 | 2 |
| 54 | SINUS & MASTOID PROCEDURES AGE <18 | 0.9545 | 1 | 8 | 3 | 2 |
| 55 | MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES | 0.7558 | 1 | 7 | 3 | 2 |
| 56 | RHINOPLASTY | 0.7445 | 1 | 3 | 1 | 1 |
| 57 | T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE >17 | 0.6011 | 1 | 7 | 3 | 2 |
| 58 | T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE <18 | 0.7098 | 1 | 7 | 2 | 3 |
| 59 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 0.5326 | 1 | 4 | 2 | 2 |
| 60 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18 | 0.5475 | 1 | 3 | 2 | 1 |
| 61 | MYRINGOTOMY W TUBE INSERTION AGE >17 | 0.8100 | 2 | 17 | 5 | 5 |
| 62 | MYRINGOTOMY W TUBE INSERTION AGE <18 | 0.6334 | 1 | 6 | 3 | 2 |
| 63 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES | 1.5369 | 1 | 8 | 3 | 3 |
| 64 | EAR, NOSE, MOUTH & THROAT MALIGNANCY | 1.7302 | 2 | 17 | 5 | 6 |
| 65 | DYSEQUILIBRIUM | 0.6018 | 1 | 7 | 2 | 3 |
| 66 | EPISTAXIS | 0.6766 | 1 | 8 | 3 | 3 |
| 67 | EPIGLOTTITIS | 0.7695 | 1 | 7 | 2 | 3 |
| 68 | OTITIS MEDIA & URI AGE >17 W CC | 0.6947 | 1 | 8 | 3 | 3 |
| 69 | OTITIS MEDIA & URI AGE >17 W/O CC | 0.4621 | 1 | 5 | 2 | 2 |
| 70 | OTITIS MEDIA & URI AGE <18 | 0.5813 | 1 | 6 | 2 | 2 |
| 71 | LARYNGOTRACHEITIS | 0.4090 | 1 | 4 | 2 | 2 |
| 72 | NASAL TRAUMA & DEFORMITY | 0.5416 | 1 | 6 | 2 | 2 |
| 73 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 | 0.7330 | 1 | 9 | 3 | 3 |
| 74 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18 | 0.5421 | 1 | 7 | 2 | 3 |
| 75 | MAJOR CHEST PROCEDURES | 2.9408 | 2 | 17 | 6 | 6 |
| 76 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 3.2343 | 3 | 30 | 8 | 10 |
| 77 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC | 1.8105 | 2 | 18 | 5 | 6 |
| 78 | PULMONARY EMBOLISM | 1.6157 | 2 | 15 | 5 | 6 |
| 79 | RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA AGE >17 W CC | 1.9349 | 2 | 23 | 7 | 8 |
| 80 | RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA AGE >17 W/O CC | 1.2106 | 2 | 16 | 5 | 6 |
| 82 | RESPIRATORY NEOPLASMS | 1.9136 | 2 | 22 | 6 | 7 |
| 83 | MAJOR CHEST TRAUMA W CC | 1.0699 | 2 | 12 | 4 | 4 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 84 | MAJOR CHEST TRAUMA W/O CC | 0.6558 | 1 | 7 | 3 | 2 |
| 85 | PLEURAL EFFUSION W CC | 1.5830 | 2 | 17 | 5 | 6 |
| 86 | PLEURAL EFFUSION W/O CC | 1.1175 | 2 | 12 | 4 | 5 |
| 87 | PULMONARY EDEMA & RESPIRATORY FAILURE | 1.5093 | 2 | 16 | 6 | 6 |
| 88 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1.1469 | 2 | 13 | 5 | 5 |
| 89 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 1.3134 | 2 | 14 | 5 | 5 |
| 90 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC | 0.8304 | 2 | 9 | 4 | 4 |
| 92 | INTERSTITIAL LUNG DISEASE W CC | 1.4630 | 2 | 17 | 5 | 6 |
| 93 | INTERSTITIAL LUNG DISEASE W/O CC | 1.0669 | 2 | 11 | 4 | 5 |
| 94 | PNEUMOTHORAX W CC | 1.1750 | 2 | 14 | 5 | 5 |
| 95 | PNEUMOTHORAX W/O CC | 0.7321 | 2 | 10 | 4 | 4 |
| 96 | BRONCHITIS & ASTHMA AGE >17 W CC | 0.9321 | 2 | 10 | 4 | 4 |
| 97 | BRONCHITIS & ASTHMA AGE >17 W/O CC | 0.7029 | 1 | 7 | 3 | 3 |
| 99 | RESPIRATORY SIGNS & SYMPTOMS W CC | 0.9014 | 1 | 10 | 3 | 3 |
| 100 | RESPIRATORY SIGNS & SYMPTOMS W/O CC | 0.6372 | 1 | 5 | 2 | 2 |
| 101 | OTHER RESPIRATORY SYSTEM DIAGNOSES W CC | 0.9993 | 2 | 11 | 4 | 4 |
| 102 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC | 0.6278 | 1 | 5 | 2 | 2 |
| 103 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM | 37.9100 | 9 | 72 | 39 | 39 |
| 104 | CARDIAC VALVE PROCEDURES W CARDIAC CATH | 8.7258 | 3 | 23 | 9 | 11 |
| 105 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATH | 5.9623 | 2 | 14 | 6 | 7 |
| 106 | CORONARY BYPASS W PTCA | 7.4146 | 3 | 17 | 7 | 9 |
| 107 | CORONARY BYPASS W CARDIAC CATH W/O PTCA | 6.2127 | 3 | 16 | 8 | 8 |
| 108 | OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY | 4.6342 | 2 | 18 | 7 | 6 |
| 109 | CORONARY BYPASS W/O PTCA OR CARDIAC CATH | 4.5829 | 2 | 12 | 5 | 6 |
| 110 | MAJOR CARDIOVASCULAR PROCEDURES W CC | 4.3047 | 2 | 22 | 7 | 8 |
| 111 | MAJOR CARDIOVASCULAR PROCEDURES W/O CC | 2.9518 | 2 | 12 | 4 | 5 |
| 112 | PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK | 1.7626 | 1 | 6 | 2 | 2 |
| 113 | AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE | 5.5580 | 4 | 43 | 13 | 15 |
| 114 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS | 2.7338 | 3 | 26 | 8 | 9 |
| 115 | PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GN | 4.6427 | 2 | 15 | 6 | 6 |
| 116 | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT | 3.5910 | 2 | 14 | 4 | 6 |
| 117 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT | 1.9265 | 1 | 7 | 2 | 3 |
| 118 | CARDIAC PACEMAKER DEVICE REPLACEMENT | 2.0824 | 1 | 7 | 4 | 2 |
| 119 | VEIN LIGATION & STRIPPING | 0.8897 | 1 | 11 | 4 | 3 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 120 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 3.2141 | 3 | 33 | 9 | 10 |
| 121 | CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE | 2.5867 | 2 | 23 | 7 | 8 |
| 122 | CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE | 1.6334 | 1 | 8 | 3 | 4 |
| 123 | CIRCULATORY DISORDERS W AMI, EXPIRED | 3.5005 | 2 | 28 | 7 | 9 |
| 124 | CIRC DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG | 1.5324 | 2 | 12 | 4 | 5 |
| 125 | CIRC DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG | 0.8822 | 1 | 7 | 2 | 2 |
| 126 | ACUTE & SUBACUTE ENDOCARDITIS | 4.1556 | 4 | 47 | 11 | 15 |
| 127 | HEART FAILURE & SHOCK | 1.4222 | 2 | 13 | 5 | 5 |
| 128 | DEEP VEIN THROMBOPHLEBITIS | 0.9902 | 2 | 12 | 5 | 5 |
| 129 | CARDIAC ARREST, UNEXPLAINED | 1.1674 | 1 | 7 | 2 | 2 |
| 130 | PERIPHERAL VASCULAR DISORDERS W CC | 1.3507 | 2 | 18 | 6 | 6 |
| 131 | PERIPHERAL VASCULAR DISORDERS W/O CC | 0.8948 | 2 | 12 | 4 | 5 |
| 132 | ATHEROSCLEROSIS W CC | 1.1682 | 2 | 9 | 3 | 4 |
| 133 | ATHEROSCLEROSIS W/O CC | 0.7568 | 1 | 6 | 2 | 2 |
| 134 | HYPERTENSION | 0.8801 | 1 | 7 | 2 | 3 |
| 135 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC | 1.3606 | 2 | 13 | 5 | 5 |
| 136 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC | 0.7547 | 1 | 7 | 3 | 3 |
| 137 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18 | 1.2594 | 1 | 11 | 3 | 3 |
| 138 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 1.1391 | 2 | 11 | 4 | 5 |
| 139 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC | 0.7176 | 1 | 6 | 2 | 2 |
| 140 | ANGINA PECTORIS | 0.8209 | 1 | 5 | 2 | 2 |
| 141 | SYNCOPE & COLLAPSE W CC | 0.9847 | 1 | 9 | 3 | 3 |
| 142 | SYNCOPE & COLLAPSE W/O CC | 0.7165 | 1 | 5 | 2 | 2 |
| 143 | CHEST PAIN | 0.5862 | 1 | 4 | 2 | 2 |
| 144 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 1.3324 | 2 | 12 | 4 | 5 |
| 145 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC | 0.7937 | 1 | 6 | 2 | 2 |
| 146 | RECTAL RESECTION W CC | 3.0880 | 3 | 16 | 7 | 8 |
| 147 | RECTAL RESECTION W/O CC | 2.0971 | 2 | 12 | 5 | 6 |
| 148 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 3.0549 | 3 | 21 | 8 | 9 |
| 149 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 1.9112 | 2 | 12 | 5 | 6 |
| 150 | PERITONEAL ADHESIOLYSIS W CC | 2.3830 | 3 | 22 | 8 | 8 |
| 151 | PERITONEAL ADHESIOLYSIS W/O CC | 1.4175 | 2 | 13 | 5 | 5 |
| 152 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 2.0321 | 2 | 16 | 6 | 7 |
| 153 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 1.4284 | 2 | 11 | 5 | 5 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 154 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC | 3.6956 | 3 | 31 | 9 | 11 |
| 155 | STOMACH,ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC | 1.9717 | 2 | 14 | 4 | 5 |
| 156 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18 | 1.4220 | 2 | 11 | 4 | 4 |
| 157 | ANAL & STOMAL PROCEDURES W CC | 1.2970 | 2 | 15 | 4 | 6 |
| 158 | ANAL & STOMAL PROCEDURES W/O CC | 0.6589 | 1 | 7 | 2 | 2 |
| 159 | HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W CC | 1.4422 | 2 | 12 | 4 | 5 |
| 160 | HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC | 0.9667 | 1 | 6 | 2 | 2 |
| 161 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC | 1.2359 | 1 | 10 | 3 | 3 |
| 162 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC | 0.7397 | 1 | 4 | 2 | 2 |
| 163 | HERNIA PROCEDURES AGE <18 | 0.6752 | 1 | 3 | 2 | 1 |
| 164 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC | 2.0277 | 2 | 17 | 7 | 8 |
| 165 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC | 1.3502 | 2 | 11 | 4 | 5 |
| 166 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC | 1.2534 | 2 | 10 | 4 | 4 |
| 167 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 0.9118 | 1 | 5 | 2 | 2 |
| 168 | MOUTH PROCEDURES W CC | 1.3977 | 2 | 13 | 3 | 5 |
| 169 | MOUTH PROCEDURES W/O CC | 0.8738 | 1 | 7 | 3 | 3 |
| 170 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 3.0058 | 3 | 30 | 10 | 10 |
| 171 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC | 1.3754 | 2 | 12 | 4 | 5 |
| 172 | DIGESTIVE MALIGNANCY W CC | 2.0719 | 2 | 21 | 6 | 7 |
| 173 | DIGESTIVE MALIGNANCY W/O CC | 1.1440 | 2 | 13 | 4 | 5 |
| 174 | G.I. HEMORRHAGE W CC | 1.4067 | 2 | 12 | 4 | 5 |
| 175 | G.I. HEMORRHAGE W/O CC | 0.8423 | 1 | 7 | 3 | 3 |
| 176 | COMPLICATED PEPTIC ULCER | 1.0534 | 2 | 11 | 4 | 4 |
| 177 | UNCOMPLICATED PEPTIC ULCER W CC | 0.9217 | 2 | 11 | 4 | 4 |
| 178 | UNCOMPLICATED PEPTIC ULCER W/O CC | 0.6747 | 1 | 7 | 3 | 3 |
| 179 | INFLAMMATORY BOWEL DISEASE | 1.0838 | 2 | 13 | 5 | 5 |
| 180 | G.I. OBSTRUCTION W CC | 1.0220 | 2 | 12 | 4 | 5 |
| 181 | G.I. OBSTRUCTION W/O CC | 0.6397 | 2 | 9 | 4 | 4 |
| 182 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W CC | 1.1142 | 2 | 12 | 4 | 5 |
| 183 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC | 0.7506 | 1 | 8 | 3 | 3 |
| 185 | DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17 | 0.7184 | 1 | 7 | 3 | 3 |
| 186 | DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18 | 0.6466 | 1 | 7 | 2 | 3 |
| 187 | DENTAL EXTRACTIONS & RESTORATIONS | 0.7470 | 1 | 8 | 2 | 3 |
| 188 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC | 1.0355 | 2 | 12 | 4 | 5 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 189 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC | 0.6630 | 1 | 8 | 3 | 3 |
| 191 | PANCREAS, LIVER & SHUNT PROCEDURES W CC | 4.5404 | 3 | 26 | 10 | 9 |
| 192 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC | 2.5439 | 2 | 18 | 6 | 6 |
| 193 | BIL TRACT PROC W CC EXC ONLY TOT CHOLECYST OR W/O CDE | 3.6508 | 3 | 33 | 11 | 12 |
| 194 | BIL TRACT PROC W/O CC EXC ONLY TOT CHOLECYSTECT W/O CDE | 2.0573 | 2 | 19 | 5 | 8 |
| 195 | TOTAL CHOLECYSTECTOMY W C.D.E. W CC | 2.6204 | 3 | 21 | 9 | 10 |
| 196 | TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC | 2.0825 | 2 | 16 | 5 | 8 |
| 197 | TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC | 2.1934 | 2 | 18 | 7 | 8 |
| 198 | TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC | 1.4055 | 2 | 11 | 4 | 5 |
| 199 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY | 2.6565 | 2 | 28 | 7 | 9 |
| 200 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY | 2.3373 | 2 | 22 | 4 | 7 |
| 201 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES | 3.1241 | 3 | 37 | 10 | 12 |
| 202 | CIRRHOIS & ALCOHOLIC HEPATITIS | 1.3720 | 2 | 16 | 6 | 5 |
| 203 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS | 1.8250 | 2 | 19 | 6 | 7 |
| 204 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 0.9845 | 2 | 12 | 4 | 5 |
| 205 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC | 1.5946 | 2 | 15 | 4 | 6 |
| 206 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC | 1.0610 | 2 | 11 | 4 | 4 |
| 207 | DISORDERS OF THE BILIARY TRACT W CC | 1.1667 | 2 | 15 | 4 | 5 |
| 208 | DISORDERS OF THE BILIARY TRACT W/O CC | 0.6817 | 1 | 8 | 3 | 3 |
| 209 | MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP | 3.2793 | 2 | 8 | 4 | 4 |
| 210 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC | 3.2481 | 2 | 19 | 6 | 8 |
| 211 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC | 2.1750 | 2 | 13 | 4 | 5 |
| 212 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18 | 2.0136 | 2 | 10 | 4 | 4 |
| 213 | AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS | 3.0436 | 3 | 31 | 12 | 10 |
| 216 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | 2.6756 | 2 | 29 | 9 | 10 |
| 217 | WND DEBRID&SKN GRFT EXC OPEN WND,MS & CONN TIS, EXC HAND | 3.1142 | 3 | 39 | 9 | 12 |
| 218 | LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W CC | 2.4323 | 2 | 20 | 5 | 7 |
| 219 | LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W/O CC | 1.3611 | 1 | 9 | 3 | 3 |
| 220 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE <18 | 1.3815 | 1 | 6 | 2 | 2 |
| 221 | KNEE PROCEDURES W CC | 1.8509 | 2 | 20 | 6 | 6 |
| 222 | KNEE PROCEDURES W/O CC | 1.1386 | 1 | 6 | 2 | 2 |
| 223 | MAJ SHOULD/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC | 0.9984 | 1 | 7 | 2 | 2 |
| 224 | SHOULD,ELBOW OR FOREARM PROC,EXC MAJ JOINT PROC, W/O CC | 0.9304 | 1 | 5 | 2 | 2 |
| 225 | FOOT PROCEDURES | 1.2413 | 2 | 12 | 5 | 5 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 226 | SOFT TISSUE PROCEDURES W CC | 1.8165 | 2 | 23 | 6 | 7 |
| 227 | SOFT TISSUE PROCEDURES W/O CC | 1.0139 | 1 | 7 | 2 | 2 |
| 228 | MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC | 1.0354 | 1 | 10 | 3 | 3 |
| 229 | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC | 0.8803 | 1 | 5 | 2 | 2 |
| 230 | LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR | 1.3038 | 1 | 12 | 3 | 3 |
| 232 | ARTHROSCOPY | 1.0108 | 2 | 15 | 6 | 7 |
| 233 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 2.7640 | 2 | 22 | 7 | 7 |
| 234 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC | 1.5546 | 1 | 10 | 3 | 3 |
| 235 | FRACTURES OF FEMUR | 1.8780 | 2 | 15 | 6 | 5 |
| 236 | FRACTURES OF HIP & PELVIS | 1.4113 | 2 | 15 | 5 | 5 |
| 237 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH | 0.8321 | 1 | 8 | 3 | 3 |
| 238 | OSTEOMYELITIS | 1.8452 | 3 | 28 | 8 | 10 |
| 239 | PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY | 2.0382 | 2 | 24 | 7 | 8 |
| 240 | CONNECTIVE TISSUE DISORDERS W CC | 1.5755 | 2 | 18 | 6 | 6 |
| 241 | CONNECTIVE TISSUE DISORDERS W/O CC | 0.9093 | 1 | 9 | 3 | 3 |
| 242 | SEPTIC ARTHRITIS | 1.2311 | 2 | 19 | 6 | 7 |
| 243 | MEDICAL BACK PROBLEMS | 0.7853 | 2 | 11 | 4 | 4 |
| 244 | BONE DISEASES & SPECIFIC ARTHROPATHIES W CC | 1.1057 | 2 | 13 | 4 | 5 |
| 245 | BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC | 0.7146 | 2 | 10 | 4 | 4 |
| 246 | NON-SPECIFIC ARTHROPATHIES | 0.8421 | 2 | 11 | 4 | 4 |
| 247 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE | 0.5986 | 1 | 8 | 3 | 3 |
| 248 | TENDONITIS, MYOSITIS & BURSITIS | 0.7132 | 2 | 11 | 4 | 4 |
| 249 | MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC | 1.1721 | 2 | 14 | 5 | 5 |
| 250 | FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W CC | 0.8882 | 2 | 10 | 3 | 4 |
| 251 | FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W/O CC | 0.4983 | 1 | 6 | 2 | 2 |
| 252 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE <18 | 0.4862 | 1 | 3 | 1 | 2 |
| 253 | FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W CC | 1.3063 | 2 | 16 | 6 | 6 |
| 254 | FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W/O CC | 0.6955 | 1 | 8 | 3 | 3 |
| 255 | FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE <18 | 0.5103 | 1 | 5 | 2 | 2 |
| 256 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG | 0.7792 | 1 | 9 | 3 | 3 |
| 257 | TOTAL MASTECTOMY FOR MALIGNANCY W CC | 1.5809 | 1 | 7 | 2 | 3 |
| 258 | TOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 1.3760 | 1 | 5 | 2 | 2 |
| 259 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC | 1.3356 | 1 | 6 | 2 | 2 |
| 260 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 1.0074 | 1 | 3 | 1 | 1 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 261 | BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION | 1.1472 | 1 | 5 | 3 | 2 |
| 262 | BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY | 0.8667 | 2 | 12 | 4 | 5 |
| 263 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W CC | 2.8450 | 3 | 34 | 11 | 11 |
| 264 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC | 1.7186 | 2 | 16 | 5 | 6 |
| 265 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W CC | 2.4544 | 2 | 23 | 6 | 7 |
| 266 | SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC | 1.4338 | 1 | 9 | 3 | 3 |
| 267 | PERIANAL & PILONIDAL PROCEDURES | 0.6019 | 1 | 8 | 2 | 2 |
| 268 | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES | 0.9721 | 1 | 3 | 2 | 1 |
| 269 | OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W CC | 1.6474 | 2 | 19 | 6 | 6 |
| 270 | OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC | 0.9667 | 1 | 8 | 3 | 3 |
| 271 | SKIN ULCERS | 1.4805 | 2 | 20 | 7 | 7 |
| 272 | MAJOR SKIN DISORDERS W CC | 1.6655 | 2 | 15 | 5 | 6 |
| 273 | MAJOR SKIN DISORDERS W/O CC | 1.2806 | 2 | 10 | 3 | 4 |
| 274 | MALIGNANT BREAST DISORDERS W CC | 2.2242 | 2 | 25 | 6 | 8 |
| 275 | MALIGNANT BREAST DISORDERS W/O CC | 1.1146 | 1 | 8 | 4 | 4 |
| 276 | NON-MALIGNANT BREAST DISORDERS | 0.6759 | 2 | 9 | 3 | 4 |
| 277 | CELLULITIS AGE >17 W CC | 1.0420 | 2 | 14 | 5 | 5 |
| 278 | CELLULITIS AGE >17 W/O CC | 0.6682 | 2 | 9 | 4 | 4 |
| 279 | CELLULITIS AGE <18 | 0.5654 | 1 | 7 | 3 | 3 |
| 280 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC | 0.7178 | 1 | 10 | 3 | 3 |
| 281 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC | 0.4354 | 1 | 4 | 2 | 2 |
| 282 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18 | 0.4095 | 1 | 4 | 2 | 2 |
| 283 | MINOR SKIN DISORDERS W CC | 0.8518 | 2 | 11 | 4 | 4 |
| 284 | MINOR SKIN DISORDERS W/O CC | 0.5651 | 1 | 7 | 2 | 2 |
| 285 | AMPUTAT OF LOW LIMB FOR ENDOCRINE,NUTRIT& METABOL DISORD | 3.6507 | 3 | 39 | 13 | 13 |
| 286 | ADRENAL & PITUITARY PROCEDURES | 2.5071 | 2 | 13 | 4 | 4 |
| 287 | SKIN GFT & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORD | 2.0999 | 3 | 27 | 10 | 9 |
| 288 | GASTRIC PROCEDURES FOR OBESITY | 1.4767 | 1 | 6 | 3 | 3 |
| 289 | PARATHYROID PROCEDURES | 1.1221 | 1 | 3 | 1 | 1 |
| 290 | THYROID PROCEDURES | 0.9662 | 1 | 3 | 1 | 1 |
| 291 | THYROGLOSSAL PROCEDURES | 0.7019 | 1 | 2 | 1 | 1 |
| 292 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 3.5776 | 3 | 33 | 9 | 11 |
| 293 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC | 1.5140 | 2 | 11 | 5 | 4 |
| 294 | DIABETES AGE >35 | 0.9317 | 2 | 10 | 4 | 4 |

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|-----|---|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 295 | DIABETES AGE <36 | 0.8187 | 1 | 8 | 2 | 3 |
| 296 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC | 1.0544 | 2 | 13 | 4 | 5 |
| 297 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC | 0.5745 | 1 | 7 | 2 | 3 |
| 298 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18 | 0.5041 | 1 | 5 | 2 | 2 |
| 299 | INBORN ERRORS OF METABOLISM | 0.7590 | 1 | 8 | 3 | 3 |
| 300 | ENDOCRINE DISORDERS W CC | 1.1494 | 2 | 13 | 4 | 5 |
| 301 | ENDOCRINE DISORDERS W/O CC | 0.7180 | 1 | 7 | 2 | 3 |
| 302 | KIDNEY TRANSPLANT | 10.3373 | 2 | 14 | 7 | 6 |
| 303 | KIDNEY,URETER & MAJOR BLADDER PROC FOR NEOPLASM | 2.7142 | 2 | 11 | 4 | 5 |
| 304 | KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W CC | 2.4050 | 2 | 15 | 5 | 5 |
| 305 | KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W/O CC | 1.5359 | 1 | 7 | 3 | 3 |
| 306 | PROSTATECTOMY W CC | 2.1684 | 2 | 30 | 6 | 10 |
| 307 | PROSTATECTOMY W/O CC | 1.1419 | 1 | 8 | 3 | 2 |
| 308 | MINOR BLADDER PROCEDURES W CC | 2.1427 | 2 | 19 | 4 | 6 |
| 309 | MINOR BLADDER PROCEDURES W/O CC | 1.3463 | 1 | 5 | 2 | 2 |
| 310 | TRANSURETHRAL PROCEDURES W CC | 1.2806 | 1 | 8 | 3 | 3 |
| 311 | TRANSURETHRAL PROCEDURES W/O CC | 0.8029 | 1 | 5 | 2 | 2 |
| 312 | URETHRAL PROCEDURES, AGE >17 W CC | 1.4042 | 2 | 15 | 5 | 5 |
| 313 | URETHRAL PROCEDURES, AGE >17 W/O CC | 0.7910 | 1 | 6 | 2 | 2 |
| 314 | URETHRAL PROCEDURES, AGE <18 | 0.9058 | 1 | 5 | 2 | 2 |
| 315 | OTHER KIDNEY & URINARY TRACT PROCEDURES | 2.8909 | 2 | 31 | 9 | 9 |
| 316 | RENAL FAILURE | 1.3925 | 2 | 17 | 5 | 6 |
| 317 | ADMIT FOR RENAL DIALYSIS | 0.4736 | 1 | 8 | 2 | 2 |
| 318 | KIDNEY & URINARY TRACT NEOPLASMS W CC | 1.6592 | 2 | 20 | 5 | 7 |
| 319 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC | 0.7562 | 1 | 10 | 3 | 3 |
| 320 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC | 1.0524 | 2 | 13 | 4 | 5 |
| 321 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC | 0.6819 | 1 | 8 | 3 | 3 |
| 322 | KIDNEY & URINARY TRACT INFECTIONS AGE <18 | 0.8334 | 2 | 8 | 3 | 4 |
| 323 | URINARY STONES W CC, &/OR ESW LITHOTRIPSY | 0.6556 | 1 | 6 | 2 | 2 |
| 324 | URINARY STONES W/O CC | 0.4439 | 1 | 4 | 2 | 2 |
| 325 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC | 0.9256 | 2 | 11 | 4 | 4 |
| 326 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC | 0.5460 | 1 | 6 | 2 | 2 |
| 327 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18 | 0.4963 | 1 | 6 | 2 | 2 |
| 328 | URETHRAL STRICTURE AGE >17 W CC | 0.9760 | 2 | 13 | 5 | 4 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 329 | URETHRAL STRICTURE AGE >17 W/O CC | 0.6270 | 1 | 7 | 2 | 2 |
| 330 | URETHRAL STRICTURE AGE <18 | 0.7946 | 2 | 10 | 3 | 3 |
| 331 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC | 1.1952 | 2 | 17 | 5 | 6 |
| 332 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC | 0.6790 | 1 | 8 | 3 | 3 |
| 333 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18 | 0.8676 | 1 | 10 | 3 | 3 |
| 334 | MAJOR MALE PELVIC PROCEDURES W CC | 2.4356 | 2 | 9 | 4 | 4 |
| 335 | MAJOR MALE PELVIC PROCEDURES W/O CC | 2.0101 | 1 | 6 | 3 | 3 |
| 336 | TRANSURETHRAL PROSTATECTOMY W CC | 1.3777 | 1 | 10 | 3 | 3 |
| 337 | TRANSURETHRAL PROSTATECTOMY W/O CC | 0.8890 | 1 | 5 | 2 | 2 |
| 338 | TESTES PROCEDURES, FOR MALIGNANCY | 1.6444 | 2 | 20 | 6 | 7 |
| 339 | TESTES PROCEDURES, NON-MALIGNANCY AGE >17 | 0.7674 | 1 | 9 | 2 | 3 |
| 340 | TESTES PROCEDURES, NON-MALIGNANCY AGE <18 | 0.6917 | 1 | 3 | 1 | 1 |
| 341 | PENIS PROCEDURES | 1.6105 | 1 | 6 | 2 | 2 |
| 344 | OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY | 1.7099 | 1 | 7 | 3 | 1 |
| 345 | OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG | 1.2543 | 2 | 23 | 7 | 7 |
| 346 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC | 1.7260 | 2 | 20 | 6 | 7 |
| 347 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC | 0.9505 | 2 | 10 | 5 | 5 |
| 348 | BENIGN PROSTATIC HYPERTROPHY W CC | 0.9418 | 2 | 11 | 3 | 5 |
| 349 | BENIGN PROSTATIC HYPERTROPHY W/O CC | 0.5845 | 1 | 8 | 3 | 3 |
| 350 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM | 0.6761 | 2 | 11 | 4 | 4 |
| 351 | MALE STERILIZATION | 0.3091 | 1 | 7 | 2 | 2 |
| 352 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES | 0.4719 | 1 | 7 | 2 | 2 |
| 353 | PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY | 3.0504 | 2 | 14 | 5 | 5 |
| 354 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 1.9243 | 2 | 10 | 4 | 5 |
| 355 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC | 1.3588 | 2 | 6 | 3 | 3 |
| 356 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 0.9566 | 1 | 4 | 2 | 2 |
| 357 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY | 2.1898 | 2 | 13 | 5 | 5 |
| 358 | UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W CC | 1.3996 | 2 | 8 | 3 | 4 |
| 359 | UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC | 1.0979 | 1 | 5 | 2 | 3 |
| 360 | VAGINA, CERVIX & VULVA PROCEDURES | 0.8508 | 1 | 6 | 2 | 2 |
| 361 | LAPAROSCOPY OR INCISIONAL TUBAL INTERRUPTION | 1.0265 | 1 | 5 | 2 | 2 |
| 362 | ENDOSCOPIC TUBAL INTERRUPTION | 0.5260 | 1 | 4 | 1 | 1 |
| 363 | D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY | 1.0593 | 1 | 9 | 3 | 3 |
| 364 | D&C, CONIZATION EXCEPT FOR MALIGNANCY | 0.6810 | 1 | 6 | 2 | 2 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 365 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES | 1.4665 | 2 | 14 | 4 | 5 |
| 366 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC | 1.7897 | 2 | 20 | 6 | 7 |
| 367 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC | 0.9870 | 2 | 14 | 5 | 5 |
| 368 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM | 0.7522 | 2 | 9 | 3 | 4 |
| 369 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 0.4774 | 1 | 5 | 2 | 2 |
| 370 | CESAREAN SECTION W CC | 1.0853 | 2 | 8 | 4 | 4 |
| 371 | CESAREAN SECTION W/O CC | 0.8691 | 2 | 6 | 3 | 4 |
| 372 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.7004 | 1 | 5 | 2 | 3 |
| 373 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.5803 | 1 | 4 | 2 | 2 |
| 374 | VAGINAL DELIVERY W STERILIZATION &/OR D&C | 0.8186 | 1 | 4 | 2 | 2 |
| 375 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 0.5918 | 1 | 5 | 2 | 3 |
| 376 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 0.5539 | 1 | 8 | 3 | 3 |
| 377 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 1.2295 | 2 | 13 | 4 | 5 |
| 378 | ECTOPIC PREGNANCY | 1.0826 | 1 | 5 | 2 | 2 |
| 379 | THREATENED ABORTION | 0.4194 | 1 | 10 | 3 | 3 |
| 380 | ABORTION W/O D&C | 0.3776 | 1 | 4 | 2 | 2 |
| 381 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 0.5872 | 1 | 4 | 2 | 2 |
| 382 | FALSE LABOR | 0.1848 | 1 | 5 | 1 | 2 |
| 392 | SPLENECTOMY AGE >17 | 2.4793 | 2 | 17 | 6 | 6 |
| 393 | SPLENECTOMY AGE <18 | 1.6752 | 2 | 9 | 4 | 4 |
| 394 | OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS | 1.6947 | 2 | 15 | 4 | 6 |
| 395 | RED BLOOD CELL DISORDERS AGE >17 | 1.0548 | 2 | 13 | 4 | 5 |
| 397 | OTHER COAGULATION DISORDERS | 1.3243 | 2 | 11 | 4 | 4 |
| 398 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 1.3711 | 2 | 15 | 5 | 5 |
| 399 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC | 0.8525 | 2 | 9 | 4 | 4 |
| 401 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 3.7255 | 3 | 42 | 9 | 13 |
| 402 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC | 1.9102 | 2 | 16 | 5 | 6 |
| 403 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 2.7169 | 2 | 27 | 8 | 8 |
| 404 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC | 1.4996 | 2 | 13 | 5 | 5 |
| 406 | MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W CC | 3.4925 | 3 | 24 | 8 | 9 |
| 407 | MYELOPRO DISORD OR POOR DIFF NEOP W MAJ O.R. PROC W/O CC | 2.1068 | 2 | 14 | 4 | 5 |
| 408 | MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC | 2.0295 | 2 | 19 | 6 | 7 |
| 409 | RADIOTHERAPY | 1.0572 | 2 | 15 | 6 | 5 |
| 410 | CHEMOTHERAPY | 1.1413 | 2 | 9 | 4 | 4 |

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| 413 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 2.3485 | 2 | 24 | 7 | 8 |
| 414 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC | 1.5709 | 2 | 13 | 4 | 6 |
| 417 | SEPTICEMIA AGE <18 | 1.0896 | 2 | 12 | 4 | 5 |
| 418 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS | 0.8611 | 2 | 13 | 4 | 5 |
| 419 | FEVER OF UNKNOWN ORIGIN AGE >17 W CC | 1.0539 | 2 | 13 | 4 | 5 |
| 420 | FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC | 0.7847 | 2 | 10 | 3 | 4 |
| 421 | VIRAL ILLNESS AGE >17 | 0.6767 | 1 | 8 | 3 | 3 |
| 422 | VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18 | 0.5842 | 1 | 6 | 2 | 3 |
| 423 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES | 1.0080 | 2 | 13 | 5 | 5 |
| 424 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 2.0694 | 2 | 26 | 5 | 12 |
| 425 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 0.7538 | 1 | 8 | 2 | 3 |
| 426 | DEPRESSIVE NEUROSES | 0.7192 | 2 | 11 | 5 | 4 |
| 427 | NEUROSES EXCEPT DEPRESSIVE | 0.8992 | 2 | 11 | 5 | 5 |
| 428 | DISORDERS OF PERSONALITY & IMPULSE CONTROL | 0.7935 | 3 | 26 | 3 | 6 |
| 429 | ORGANIC DISTURBANCES & MENTAL RETARDATION | 1.9301 | 2 | 18 | 4 | 7 |
| 430 | PSYCHOSES | 1.5167 | 3 | 40 | 11 | 12 |
| 431 | CHILDHOOD MENTAL DISORDERS | 0.8736 | 1 | 9 | 3 | 3 |
| 432 | OTHER MENTAL DISORDER DIAGNOSES | 0.8779 | 1 | 8 | 3 | 3 |
| 439 | SKIN GRAFTS FOR INJURIES | 2.0449 | 2 | 29 | 7 | 9 |
| 440 | WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND | 2.0895 | 2 | 27 | 7 | 8 |
| 441 | HAND PROCEDURES FOR INJURIES | 1.4378 | 1 | 10 | 3 | 3 |
| 442 | OTHER O.R. PROCEDURES FOR INJURIES W CC | 2.1300 | 2 | 21 | 6 | 7 |
| 443 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC | 0.9479 | 1 | 8 | 2 | 3 |
| 444 | INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W CC | 0.8367 | 2 | 11 | 4 | 4 |
| 445 | INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC | 0.5698 | 1 | 5 | 2 | 2 |
| 446 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18 | 0.4868 | 1 | 4 | 2 | 2 |
| 447 | ALLERGIC REACTIONS AGE >17 | 0.4457 | 1 | 4 | 2 | 2 |
| 448 | ALLERGIC REACTIONS AGE <18 | 0.4364 | 1 | 4 | 2 | 2 |
| 449 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC | 0.9561 | 1 | 8 | 2 | 3 |
| 450 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC | 0.5427 | 1 | 5 | 2 | 2 |
| 451 | POISONING & TOXIC EFFECTS OF DRUGS AGE <18 | 0.5078 | 1 | 5 | 2 | 2 |
| 452 | COMPLICATIONS OF TREATMENT W CC | 0.9741 | 2 | 11 | 4 | 4 |
| 453 | COMPLICATIONS OF TREATMENT W/O CC | 0.6005 | 1 | 7 | 2 | 2 |
| 454 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC | 0.9361 | 2 | 14 | 5 | 5 |

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| DRG | DIAGNOSIS RELATED GROUP NAME | July 2008 | Trimpoints | | Upstate | Downstate |
|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 455 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC | 0.3799 | 1 | 4 | 2 | 2 |
| 461 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES | 1.1344 | 2 | 37 | 5 | 6 |
| 462 | REHABILITATION | 2.0711 | 4 | 48 | 14 | 19 |
| 463 | SIGNS & SYMPTOMS W CC | 1.2225 | 2 | 15 | 5 | 5 |
| 464 | SIGNS & SYMPTOMS W/O CC | 0.6138 | 1 | 8 | 3 | 3 |
| 465 | AFTERCARE W HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS | 0.6969 | 1 | 8 | 3 | 3 |
| 466 | AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS | 0.4605 | 1 | 8 | 2 | 2 |
| 467 | OTHER FACTORS INFLUENCING HEALTH STATUS | 0.3091 | 1 | 7 | 2 | 2 |
| 468 | EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 4.2857 | 3 | 44 | 11 | 13 |
| 469 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS | N/A | N/A | N/A | N/A | N/A |
| 470 | UNGROUPABLE | N/A | N/A | N/A | N/A | N/A |
| 471 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM | 6.1626 | 2 | 8 | 4 | 5 |
| 476 | PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS | 4.0016 | 3 | 45 | 7 | 14 |
| 477 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS | 1.9661 | 2 | 23 | 7 | 8 |
| 478 | OTHER VASCULAR PROCEDURES W CC | 2.8000 | 2 | 24 | 6 | 8 |
| 479 | OTHER VASCULAR PROCEDURES W/O CC | 1.6849 | 1 | 8 | 2 | 2 |
| 480 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT | 31.8189 | 5 | 58 | 21 | 21 |
| 482 | TRACHEOSTOMY WITH MOUTH, LARYNX OR PHARYNX DISORDER | 5.2111 | 4 | 45 | 12 | 15 |
| 491 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY | 2.3987 | 1 | 6 | 2 | 3 |
| 493 | LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W CC | 1.7163 | 2 | 15 | 5 | 6 |
| 494 | LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC | 0.9615 | 1 | 7 | 3 | 3 |
| 530 | CRANIOTOMY W MAJOR CC | 10.9953 | 4 | 52 | 18 | 19 |
| 531 | NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC | 7.3983 | 4 | 50 | 13 | 18 |
| 532 | TIA, PRECEREBRAL OCCLUSIONS, SEIZ & HEADACHE W MAJOR CC | 2.0053 | 2 | 20 | 6 | 6 |
| 533 | OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W MAJOR CC | 4.4301 | 3 | 43 | 10 | 13 |
| 534 | EYE PROCEDURES W MAJOR CC | 2.4226 | 3 | 40 | 9 | 9 |
| 535 | EYE DISORDERS W MAJOR CC | 1.9052 | 2 | 24 | 8 | 8 |
| 536 | ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W MAJOR CC | 2.6322 | 2 | 29 | 6 | 8 |
| 538 | MAJOR CHEST PROCEDURES W MAJOR CC | 5.8077 | 4 | 44 | 13 | 15 |
| 539 | RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC | 6.6154 | 4 | 53 | 16 | 18 |
| 540 | RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA W MAJOR CC | 3.3679 | 3 | 39 | 11 | 13 |
| 541 | SIMPLE PNEUMONIA & OTH RESPIRATORY DISORD EXC BRONCHITIS,ASTHMA W MAJOR CC | 2.3431 | 3 | 26 | 8 | 9 |
| 543 | CIRC DISORD EXC AMI,ENDOCARDITIS,CHF & ARRHYT W MAJOR CC | 2.4349 | 2 | 23 | 6 | 7 |
| 544 | CHF & CARDIAC ARRHYTHMIA W MAJOR CC | 3.4195 | 3 | 29 | 8 | 10 |

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|-----|---|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 545 | CARDIAC VALVE OR CARDIAC DEFIB IMPLANT PROCEDURE W MAJOR CC | 14.1334 | 4 | 46 | 14 | 17 |
| 546 | CORONARY BYPASS W MAJOR CC | 9.2428 | 3 | 31 | 11 | 13 |
| 547 | OTHER CARDIOTHORACIC PROCEDURE W MAJOR CC | 12.7332 | 4 | 46 | 12 | 15 |
| 548 | CARDIAC PACEMAKER IMPLANT OR REVISION W MAJOR CC | 6.6481 | 3 | 43 | 10 | 14 |
| 549 | MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC | 10.0681 | 4 | 51 | 15 | 17 |
| 550 | OTHER VASCULAR PROCEDURES W MAJOR CC | 5.6914 | 3 | 40 | 9 | 12 |
| 551 | ESOPHAGITIS,GASTROENT & UNCOMPLICATED ULCERS W MAJOR CC | 1.8305 | 2 | 22 | 7 | 7 |
| 552 | DIGEST SYS DISORD EXC ESOP,GAST & UNCOMP ULCERS W MAJ CC | 3.2407 | 3 | 32 | 9 | 10 |
| 553 | DIGEST SYS PROCS EXC HERN,M STOM OR BWL PROCS W MAJOR CC | 4.5359 | 3 | 43 | 11 | 14 |
| 554 | HERNIA PROCEDURES W MAJOR CC | 2.8006 | 3 | 25 | 9 | 9 |
| 555 | PANCREA,LIV & OTH BIL TRT PROC EXC LIV TRPLNT W MAJOR CC | 7.9515 | 5 | 54 | 18 | 20 |
| 556 | CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W MAJOR CC | 4.4401 | 4 | 43 | 11 | 15 |
| 557 | HEPATOBILIARY & PANCREAS DISORDERS W MAJOR CC | 3.7678 | 3 | 35 | 10 | 11 |
| 558 | MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC | 6.5236 | 4 | 46 | 12 | 15 |
| 559 | NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC | 4.3524 | 3 | 45 | 11 | 13 |
| 560 | MUSCULO DISORD EXC OSTEO,SEP ARTH & CONN TISS W MAJOR CC | 2.3955 | 2 | 25 | 8 | 8 |
| 561 | OSTEOMYEL,SEPTIC ARTHRITIS & CONN TISS DISORD W MAJOR CC | 4.1487 | 3 | 47 | 13 | 14 |
| 562 | MAJOR SKIN & BREAST DISORDERS W MAJOR CC | 3.1885 | 3 | 41 | 10 | 12 |
| 563 | OTHER SKIN DISORDERS W MAJOR CC | 1.7788 | 2 | 26 | 7 | 8 |
| 564 | SKIN & BREAST PROCEDURES W MAJOR CC | 4.8755 | 4 | 49 | 16 | 16 |
| 565 | ENDOC,NUTRIT & METAB PROC EXC LOW LIMB W AMPUT W MAJ CC | 5.0606 | 3 | 43 | 11 | 12 |
| 566 | ENDOC,NUTRIT & METAB DISOR EXC EAT DISORD OR CF W MAJ CC | 2.3777 | 2 | 26 | 7 | 8 |
| 567 | KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W MAJOR CC | 6.3047 | 4 | 50 | 15 | 16 |
| 568 | RENAL FAILURE W MAJOR CC | 3.5907 | 3 | 37 | 10 | 12 |
| 569 | KID & URIN TRACT DISORD EXC RENAL FAILURE W MAJOR CC | 1.7354 | 2 | 22 | 6 | 7 |
| 570 | MALE REPRODUCTIVE DISORDERS W MAJOR CC | 1.7811 | 2 | 24 | 8 | 7 |
| 571 | MALE REPRODUCTIVE PROCEDURES W MAJOR CC | 3.6394 | 3 | 33 | 8 | 11 |
| 572 | FEMALE REPRODUCTIVE DISORDERS W MAJOR CC | 2.1030 | 3 | 28 | 9 | 9 |
| 573 | NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W MAJOR CC | 2.9115 | 2 | 23 | 5 | 8 |
| 574 | BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W MAJOR CC | 2.7359 | 3 | 28 | 9 | 9 |
| 575 | BLOOD,BLOOD FORM ORGANS & IMMUNOLOG PROCS W MAJOR CC | 6.1580 | 4 | 50 | 11 | 17 |
| 576 | ACUTE LEUKEMIA W MAJOR CC | 12.6377 | 6 | 59 | 22 | 30 |
| 577 | MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W MAJOR CC | 4.1557 | 4 | 48 | 15 | 15 |
| 578 | LYMPHOMA & NON-ACUTE LEUKEMIA W MAJOR CC | 6.4280 | 4 | 49 | 13 | 16 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 579 | PROCS FOR LYMPH,LEUKEMIA,MYELOPROLIF DISORD W MAJOR CC | 9.2298 | 5 | 56 | 21 | 25 |
| 580 | SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W MAJOR CC | 2.2752 | 3 | 27 | 7 | 9 |
| 581 | SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W MAJOR CC | 6.8136 | 5 | 54 | 19 | 21 |
| 582 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS EXC MULTIPLE TRAUMA W MAJ CC | 2.1440 | 2 | 21 | 6 | 6 |
| 583 | PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC | 4.6504 | 4 | 49 | 14 | 16 |
| 584 | SEPTICEMIA W MAJOR CC | 3.8158 | 3 | 38 | 10 | 12 |
| 585 | MAJ STOMACH,ESOP,DUOD,SMALL & LRG BOWEL PROC W MAJOR CC | 6.0327 | 4 | 53 | 15 | 18 |
| 586 | ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC | 1.7849 | 2 | 21 | 7 | 6 |
| 587 | ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC | 1.1879 | 2 | 12 | 3 | 5 |
| 588 | BRONCHITIS & ASTHMA AGE > 17 W MAJOR CC | 1.4866 | 2 | 12 | 5 | 4 |
| 589 | BRONCHITIS & ASTHMA AGE < 18 W MAJOR CC | 1.7364 | 1 | 8 | 3 | 3 |
| 602 | NEONATE, BIRTHWT <750G, DISCHARGED ALIVE | 42.4012 | 18 | 117 | 103 | 94 |
| 603 | NEONATE, BIRTHWT <750G,DIED | 12.9367 | 4 | 50 | 16 | 21 |
| 604 | NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE | 31.1579 | 15 | 101 | 71 | 73 |
| 605 | NEONATE, BIRTHWT 750-999, DIED | 16.6408 | 5 | 52 | 24 | 24 |
| 606 | NEONATE, BWT 1000-1499G, W SIG OR PROC, DISCH ALIVE | 34.0416 | 15 | 102 | 72 | 75 |
| 607 | NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCH ALIVE | 13.7658 | 9 | 76 | 40 | 43 |
| 608 | NEONATE, BIRTHWT 1000-1499G, DIED | 11.8760 | 5 | 51 | 26 | 28 |
| 609 | NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB | 18.9921 | 9 | 75 | 47 | 46 |
| 610 | NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB | 6.0661 | 6 | 59 | 25 | 25 |
| 611 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB OR MV > 96+ HRS | 8.3026 | 6 | 63 | 30 | 26 |
| 612 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB | 4.8541 | 5 | 43 | 20 | 18 |
| 613 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB | 3.5529 | 4 | 44 | 17 | 16 |
| 614 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB | 2.4357 | 3 | 29 | 10 | 11 |
| 615 | NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB | 17.6548 | 9 | 70 | 46 | 42 |
| 616 | NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB | 4.4927 | 4 | 51 | 18 | 19 |
| 617 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB OR MV > 96+ HRS | 3.8514 | 4 | 42 | 17 | 15 |
| 618 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB | 2.0383 | 3 | 26 | 10 | 9 |
| 619 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB | 1.2370 | 2 | 20 | 8 | 6 |
| 620 | NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG | 0.4264 | N/A | 7 | 3 | 3 |
| 621 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB | 1.1305 | 2 | 16 | 6 | 6 |
| 622 | NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB | 11.0932 | 6 | 58 | 27 | 25 |
| 623 | NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB | 2.2894 | 2 | 24 | 6 | 8 |
| 624 | NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC | 1.1239 | 2 | 8 | 3 | 3 |

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|-----|---|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 626 | NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB OR MV > 96+ HRS | 2.5355 | 3 | 26 | 9 | 9 |
| 627 | NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB | 0.9614 | 2 | 12 | 4 | 5 |
| 628 | NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB | 0.5918 | 2 | 7 | 3 | 3 |
| 629 | NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG | 0.2364 | N/A | 4 | 2 | 2 |
| 630 | NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB | 0.6891 | 2 | 8 | 4 | 4 |
| 631 | BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD | 1.4042 | 2 | 17 | 7 | 6 |
| 633 | MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W CC | 2.7219 | 3 | 27 | 19 | 19 |
| 634 | MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC | 2.7219 | 3 | 27 | 12 | 12 |
| 635 | NEONATAL AFTERCARE FOR WEIGHT GAIN | 1.5690 | 3 | 33 | 11 | 17 |
| 636 | INFANT AFTERCARE FOR WEIGHT GAIN, AGE>28 DAYS & <1 YEAR | 2.1069 | 5 | 45 | 16 | 20 |
| 637 | NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE | 0.6032 | 1 | 1 | 1 | 1 |
| 638 | NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE | 1.1003 | 1 | 1 | 1 | 1 |
| 639 | NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE | 0.8205 | 1 | 4 | 2 | 2 |
| 640 | NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE | 0.9899 | 1 | 4 | 2 | 2 |
| 641 | EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS | 17.8648 | 6 | 57 | 28 | 25 |
| 650 | HIGH RISK CESAREAN SECTION W CC | 1.4913 | 2 | 19 | 6 | 7 |
| 651 | HIGH RISK CESAREAN SECTION W/O CC | 1.0542 | 2 | 11 | 4 | 5 |
| 652 | HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C | 0.9142 | 1 | 7 | 3 | 3 |
| 700 | TRACHEOSTOMY FOR HIV INFECTION | 21.0669 | 10 | 82 | 50 | 50 |
| 701 | HIV W O.R. PROCEDURE & VENTILATION OR NUTRITION SUPPORT | 11.2227 | 7 | 63 | 29 | 29 |
| 702 | HIV W O.R. PROCEDURE W MULTIPLE MAJOR RELATED INFECTIONS | 10.3922 | 7 | 69 | 27 | 27 |
| 703 | HIV W O.R. PROCEDURE W MAJOR RELATED DIAGNOSIS | 5.7533 | 5 | 55 | 22 | 20 |
| 704 | HIV W O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS | 3.7457 | 3 | 45 | 9 | 12 |
| 705 | HIV W MULTIPLE MAJOR RELATED INFECTIONS W TB | 6.9638 | 5 | 56 | 24 | 24 |
| 706 | HIV W MULTIPLE MAJOR RELATED INFECTIONS W/O TB | 6.6572 | 5 | 54 | 20 | 19 |
| 707 | HIV W VENTILATOR OR NUTRITIONAL SUPPORT | 6.8869 | 4 | 50 | 16 | 18 |
| 708 | HIV W MAJOR RELATED DIAGNOSIS, DISCHARGE AMA | 2.2320 | 2 | 25 | 7 | 7 |
| 709 | HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGN DIAG W TB | 4.0680 | 4 | 50 | 18 | 18 |
| 710 | HIV W MAJOR RELATED DIAG W MULT MAJ OR SIGN DIAG W/O TB | 3.3356 | 3 | 35 | 11 | 11 |
| 711 | HIV W MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W TB | 2.8929 | 3 | 44 | 14 | 14 |
| 712 | HIV W MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB | 2.4335 | 2 | 26 | 5 | 8 |
| 713 | HIV W SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA | 1.4518 | 2 | 11 | 5 | 4 |
| 714 | HIV W SIGNIFICANT RELATED DIAGNOSIS | 1.8807 | 2 | 18 | 5 | 6 |
| 715 | HIV W OTHER RELATED DIAGNOSES | 1.1817 | 2 | 12 | 5 | 5 |

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|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 716 | HIV W/O OTHER RELATED DIAGNOSES | 0.7379 | 2 | 12 | 5 | 5 |
| 730 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 7.4347 | 3 | 31 | 12 | 12 |
| 731 | SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA | 6.1238 | 3 | 31 | 9 | 12 |
| 732 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 4.2490 | 3 | 30 | 8 | 11 |
| 733 | HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA | 2.2902 | 2 | 17 | 5 | 6 |
| 734 | OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA | 1.7243 | 2 | 14 | 5 | 5 |
| 737 | VENTRICULAR SHUNT REVISION | 1.8206 | 1 | 9 | 3 | 3 |
| 738 | CRANIOTOMY, AGE <18 W CC | 4.4491 | 2 | 23 | 6 | 7 |
| 739 | CRANIOTOMY, AGE <18 W/O CC | 2.6107 | 2 | 15 | 3 | 6 |
| 740 | CYSTIC FIBROSIS | 2.0908 | 3 | 32 | 10 | 10 |
| 743 | OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE | 0.6968 | 1 | 10 | 3 | 3 |
| 744 | OPIOID ABUSE OR DEPENDENCE W CC | 1.0611 | 2 | 22 | 5 | 6 |
| 745 | OPIOID ABUSE OR DEPENDENCE W/O CC | 0.8573 | 2 | 17 | 5 | 5 |
| 746 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA | 0.5848 | 2 | 14 | 4 | 4 |
| 747 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W CC | 0.9899 | 3 | 30 | 8 | 7 |
| 748 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC | 0.7731 | 3 | 27 | 8 | 6 |
| 749 | ALCOHOL ABUSE OR DEPENDENCE LEFT AMA | 0.4562 | 1 | 8 | 2 | 2 |
| 750 | ALCOHOL ABUSE OR DEPENDENCE W CC | 0.8499 | 2 | 22 | 5 | 5 |
| 751 | ALCOHOL ABUSE OR DEPENDENCE W/O CC | 0.5795 | 2 | 20 | 4 | 4 |
| 752 | LEAD POISONING | 0.6916 | 2 | 13 | 5 | 5 |
| 753 | COMPULSIVE NUTRITION DISORDER REHABILITATION | 2.6271 | 4 | 52 | 11 | 19 |
| 754 | TERTIARY AFTERCARE, AGE => 1 YEAR | 1.7243 | 2 | 14 | 5 | 5 |
| 755 | SPINAL FUSION W CC | 3.3894 | 2 | 12 | 4 | 6 |
| 756 | SPINAL FUSION W/O CC | 2.5352 | 2 | 8 | 3 | 4 |
| 757 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC | 1.9378 | 2 | 14 | 5 | 5 |
| 758 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC | 1.1345 | 1 | 5 | 2 | 2 |
| 759 | MULTIPLE CHANNEL COCHLEAR IMPLANTS | 8.1155 | 1 | 2 | 1 | 1 |
| 760 | HEMOPHILIA FACTORS VIII AND IX | 2.2400 | 2 | 11 | 4 | 4 |
| 761 | TRAUMATIC STUPOR & COMA, COMA >1 HR | 1.8208 | 2 | 13 | 4 | 5 |
| 762 | CONCUSSION,INTRACRAN INJ W COMA <1 HR OR NO COMA AGE <18 | 0.3756 | 1 | 2 | 1 | 1 |
| 763 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18 | 0.8597 | 1 | 6 | 2 | 2 |
| 764 | CONCUSS,INTRACRAN INJ W COMA<1 HR OR NO COMA AGE>17 W CC | 0.9138 | 1 | 9 | 3 | 3 |
| 765 | CONCUSS,INTRACRAN INJ W COMA<1 HR /NO COMA AGE>17 W/O CC | 0.4841 | 1 | 4 | 2 | 2 |
| 766 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC | 1.7463 | 2 | 19 | 6 | 6 |

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| | | SIW | Low | High | ALOS | ALOS |
| 767 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC | 0.9672 | 1 | 9 | 2 | 3 |
| 768 | SEIZURE & HEADACHE AGE <18 W CC | 0.8445 | 1 | 8 | 2 | 3 |
| 769 | SEIZURE & HEADACHE AGE <18 W/O CC | 0.7129 | 1 | 6 | 2 | 2 |
| 770 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W CC | 1.7059 | 2 | 18 | 5 | 7 |
| 771 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W/O CC | 1.1388 | 2 | 15 | 5 | 5 |
| 772 | SIMPLE PNEUMONIA & PLEURISY AGE <18 W CC | 0.9093 | 2 | 9 | 3 | 4 |
| 773 | SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC | 0.6861 | 1 | 6 | 3 | 3 |
| 774 | BRONCHITIS & ASTHMA AGE <18 W CC | 0.8405 | 2 | 8 | 3 | 4 |
| 775 | BRONCHITIS & ASTHMA AGE <18 W/O CC | 0.6364 | 1 | 6 | 2 | 2 |
| 776 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE <18 W CC | 1.1262 | 1 | 10 | 3 | 3 |
| 777 | ESOPHAGIT,GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC | 0.6318 | 1 | 5 | 2 | 2 |
| 778 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W CC | 0.9737 | 1 | 8 | 2 | 3 |
| 779 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC | 0.4411 | 1 | 4 | 2 | 2 |
| 780 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W CC | 5.4806 | 4 | 48 | 16 | 16 |
| 781 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC | 2.0877 | 2 | 27 | 7 | 7 |
| 782 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC | 6.5507 | 3 | 46 | 9 | 18 |
| 783 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC | 2.2276 | 2 | 30 | 10 | 11 |
| 784 | ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18 | 0.9580 | 2 | 11 | 5 | 4 |
| 785 | OTHER RED BLOOD CELL DISORDERS AGE <18 | 0.8295 | 1 | 8 | 3 | 3 |
| 786 | MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY | 4.0307 | 2 | 21 | 6 | 7 |
| 787 | LAPAROSCOPIC CHOLECYSTECTOMY W CDE | 1.8849 | 2 | 14 | 5 | 5 |
| 789 | KNEE REVISION OR MAJ JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP | 3.4955 | 2 | 10 | 4 | 5 |
| 790 | WND DEBRID & SKN GRFT FOR OPEN WOUND,MS CONN TIS,EXC HND | 1.3383 | 1 | 11 | 2 | 3 |
| 791 | WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES | 1.3677 | 2 | 18 | 6 | 6 |
| 792 | CRANIOTOMY FOR MULT SIG TRAUMA W NON-TRAUMATIC MAJOR CC | 12.3744 | 4 | 50 | 17 | 17 |
| 793 | PROC FOR MUL SIG TRAUMA EXC CRANIOT W NON-TRAUM MAJOR CC | 10.4314 | 5 | 56 | 20 | 22 |
| 794 | DIAG FOR MULTIPLE SIGNIF TRAUMA W NON-TRAUMATIC MAJOR CC | 6.0991 | 3 | 46 | 13 | 14 |
| 795 | LUNG TRANSPLANT | 34.0356 | 4 | 36 | 15 | 15 |
| 796 | LOWER EXTREMITY REVASCULARIZATION W CC | 3.8459 | 3 | 31 | 7 | 11 |
| 797 | LOWER EXTREMITY REVASCULARIZATION W/O CC | 2.0562 | 2 | 12 | 3 | 5 |
| 798 | TUBERCULOSIS WITH OPERATING ROOM PROCEDURE | 4.6566 | 4 | 52 | 16 | 17 |
| 799 | TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE | 2.6073 | 4 | 47 | 16 | 16 |
| 800 | TUBERCULOSIS W CC | 3.4674 | 6 | 59 | 24 | 24 |
| 801 | TUBERCULOSIS W/O CC | 2.5813 | 4 | 51 | 17 | 17 |

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| DRG | DIAGNOSIS RELATED GROUP NAME | July 2008 | Trimpoints | | Upstate | Downstate |
|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 802 | PNEUMOCYSTOSIS | 2.3797 | 3 | 22 | 9 | 9 |
| 803 | ALLOGENEIC BONE MARROW TRANSPLANT | 23.6492 | 8 | 74 | 37 | 37 |
| 804 | AUTOLOGOUS BONE MARROW TRANSPLANT | 15.3190 | 5 | 49 | 23 | 23 |
| 805 | SIMULTANEOUS KIDNEY/PANCREAS TRANSPLANT FOR DIABETIC AND RENAL FAILURE | 19.9610 | 5 | 56 | 24 | 24 |
| 806 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 7.1177 | 3 | 20 | 6 | 9 |
| 807 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC | 4.3380 | 2 | 10 | 4 | 5 |
| 808 | PERCUATANEOUS CARDIOVASC PROC W AMI, HF OR SHOCK | 2.7009 | 2 | 9 | 3 | 4 |
| 809 | OTHER CARDIOTHORACIC PROCEDURES W PDX CONG ANOMALY | 6.2142 | 2 | 16 | 6 | 6 |
| 810 | INTRACRANIAL HEMORRHAGE | 2.5696 | 2 | 21 | 6 | 7 |
| 811 | HEART ASSIST SYSTEM IMPLANT | 15.3452 | 3 | 43 | 20 | 20 |
| 812 | MALFUNCTION, REACTION & COMP OF CARDIAC OR VASC DEV OR PROC | 1.3443 | 2 | 12 | 4 | 5 |
| 813 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC | 0.8742 | 2 | 9 | 4 | 4 |
| 814 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC | 0.4886 | 1 | 6 | 2 | 2 |
| 815 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W CC | 0.6883 | 1 | 6 | 2 | 3 |
| 816 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/O CC | 0.4647 | 1 | 4 | 2 | 2 |
| 817 | HIP REVISION OR HIP REPLACEMENT FOR COMPLICATIONS | 4.2665 | 2 | 13 | 4 | 6 |
| 818 | HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS | 3.6071 | 2 | 8 | 4 | 4 |
| 819 | CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE | 2.1214 | 2 | 14 | 5 | 5 |
| 820 | MALFUNCTIONS, REACTIONS & COMP OF GU DEVICE/GRAFT/TRANSPLANT | 1.2998 | 2 | 11 | 4 | 4 |
| 821 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT | 23.0176 | 7 | 66 | 33 | 33 |
| 822 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT | 15.8119 | 4 | 47 | 21 | 21 |
| 823 | FULL THICK BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA | 8.5839 | 4 | 44 | 17 | 17 |
| 824 | FULL THICK BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAU | 4.4899 | 3 | 35 | 11 | 11 |
| 825 | FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAU | 2.7015 | 2 | 24 | 8 | 8 |
| 826 | FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR | 2.0250 | 2 | 19 | 7 | 7 |
| 827 | NON-EXTENSIVE BURNS W INHAL INJ, CC OR SIGNIFICANT TRAUMA | 3.4449 | 2 | 29 | 7 | 8 |
| 828 | NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA | 1.9123 | 2 | 17 | 4 | 6 |
| 829 | PANCREAS TRANSPLANT FOR DIABETIC AND RENAL FAILURE | 19.1442 | 3 | 15 | 9 | 9 |
| 832 | TRANSIENT ISCHEMIA | 0.8503 | 1 | 8 | 2 | 3 |
| 833 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE | 8.6711 | 4 | 38 | 13 | 14 |
| 836 | SPINAL PROCEDURES W CC | 4.0251 | 3 | 27 | 7 | 9 |
| 837 | SPINAL PROCEDURES W/O CC | 2.2694 | 2 | 12 | 4 | 5 |
| 838 | EXTRACRANIAL PROCEDURES W CC | 2.1004 | 1 | 10 | 2 | 3 |
| 839 | EXTRACRANIAL PROCEDURES W/O CC | 1.5082 | 1 | 4 | 1 | 2 |

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| DRG | DIAGNOSIS RELATED GROUP NAME | July 2008 | Trimpoints | | Upstate | Downstate |
|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 849 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK | 12.3177 | 3 | 22 | 7 | 9 |
| 850 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK | 10.9245 | 2 | 21 | 6 | 7 |
| 851 | CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER | 9.4660 | 1 | 13 | 2 | 4 |
| 852 | PERCUTANEOUS CARDIOVAS PROC W NON-DRUG ELUTING STENT W/O AMI | 2.0793 | 1 | 4 | 2 | 2 |
| 853 | PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W AMI | 3.2227 | 1 | 7 | 3 | 3 |
| 854 | PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W/O AMI | 2.5073 | 1 | 4 | 2 | 1 |
| 864 | CERVICAL SPINAL FUSION W CC | 2.8871 | 2 | 13 | 3 | 5 |
| 865 | CERVICAL SPINAL FUSION W/O CC | 1.5894 | 1 | 5 | 2 | 2 |
| 866 | LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W CC | 2.3537 | 2 | 22 | 6 | 7 |
| 867 | LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W/O CC | 1.1537 | 1 | 8 | 3 | 3 |
| 874 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 3.9334 | 3 | 27 | 7 | 9 |
| 875 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC | 2.0824 | 2 | 11 | 4 | 5 |
| 876 | CHEMO W ACUTE LEUK AS SDX OR W USE OF HIGH DOSE CHEMO AGENT | 1.5405 | 2 | 12 | 5 | 4 |
| 877 | ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R | 48.4086 | 10 | 79 | 49 | 46 |
| 878 | TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 29.8146 | 9 | 73 | 43 | 39 |
| 879 | CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX | 8.6259 | 3 | 37 | 10 | 12 |
| 880 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT | 3.4280 | 2 | 16 | 5 | 7 |
| 881 | RESPIRATORY SYSTEM DIAGNOSIS W MV 96+ HRS | 10.7488 | 4 | 48 | 16 | 17 |
| 882 | RESPIRATORY SYSTEM DIAGNOSIS W MV < 96 HRS | 4.6425 | 3 | 28 | 8 | 9 |
| 883 | LAPAROSCOPIC APPENDECTOMY | 0.9464 | 1 | 6 | 2 | 2 |
| 884 | SPINAL FUSION EXC CERV W CURVATURE OF THE SPINE OR MALIGNANCY | 4.7514 | 2 | 13 | 6 | 6 |
| 885 | OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE | 0.7933 | 1 | 12 | 3 | 3 |
| 886 | OTHER ANTEPARTUM DIAGNOSES W/O O.R.PROCEDURE | 0.6084 | 1 | 9 | 3 | 3 |
| 887 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 2.4383 | 3 | 26 | 8 | 9 |
| 888 | NON-BACTERIAL INFECTIONS OF NERVOUS SYS EXC VIRAL MENINGITIS | 2.2049 | 2 | 22 | 6 | 7 |
| 889 | SEIZURE AGE > 17 W CC | 1.0706 | 2 | 12 | 4 | 4 |
| 890 | SEIZURE AGE > 17 W/O CC | 0.8231 | 2 | 10 | 3 | 4 |
| 891 | HEADACHE AGE > 17 | 0.7673 | 1 | 7 | 3 | 3 |
| 892 | CAROTID ARTERY STENT PROCEDURE | 1.7010 | 1 | 3 | 1 | 1 |
| 893 | CRANIAL/FACIAL PROCEDURES | 1.2949 | 1 | 8 | 2 | 3 |
| 894 | MAJOR ESOPHAGEAL DISORDERS | 0.9999 | 2 | 9 | 3 | 4 |
| 895 | MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS | 0.9122 | 2 | 14 | 5 | 5 |
| 896 | MAJOR BLADDER PROCEDURES | 2.4719 | 3 | 21 | 8 | 9 |
| 897 | MAJ HEMATOLOGIC/IMMUOLOGIC DIAG EXC SICKLE CELL CRI & COAG | 1.1625 | 2 | 13 | 5 | 5 |

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| DRG | DIAGNOSIS RELATED GROUP NAME | July 2008 | Trimpoints | | Upstate | Downstate |
|-----|--|-----------|------------|------|---------|-----------|
| | | SIW | Low | High | ALOS | ALOS |
| 898 | INFECTIOUS & PARASITIC DISEASES w O. R. PROCEDURE | 2.6258 | 3 | 31 | 10 | 10 |
| 899 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O. R. PROCEDURE | 2.3721 | 2 | 23 | 6 | 8 |
| 900 | SEPTICEMIA W MV 96+ HOURS AGE > 17 | 3.5086 | 4 | 48 | 16 | 17 |
| 901 | SEPTICEMIA W/O MV 96+ HOURS AGE > 17 | 1.7326 | 2 | 17 | 5 | 7 |

TOP 20 DRGs for 2008 NON-MEDICARE (B06:R08)

| DRG # | DIAGNOSIS RELATED GROUP NAME | SIW PER CASE | TOTAL CASES |
|--------------|--|-------------------------|------------------------|
| 1 | 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG | 0.2374 | 205711 |
| 2 | 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.5831 | 118587 |
| 3 | 371 CESAREAN SECTION W/O CC | 0.8683 | 53606 |
| 4 | 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.7067 | 38830 |
| 5 | 143 CHEST PAIN | 0.5844 | 34796 |
| 6 | 359 UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC | 1.1010 | 18631 |
| 7 | 886 OTHER ANTEPARTUM DIAGNOSES W/O O.R.PROCEDURE | 0.6084 | 17186 |
| 8 | 854 PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W/O AMI | 2.5063 | 16371 |
| 9 | 775 BRONCHITIS & ASTHMA AGE <18 W/O CC | 0.6344 | 15774 |
| 10 | 370 CESAREAN SECTION W CC | 1.0942 | 14010 |
| 11 | 183 ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC | 0.7475 | 10884 |
| 12 | 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB | 0.9654 | 9855 |
| 13 | 88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1.1545 | 9619 |
| 14 | 209 MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP | 3.2875 | 9358 |
| 15 | 127 HEART FAILURE & SHOCK | 1.4304 | 9333 |
| 16 | 883 LAPAROSCOPIC APPENDECTOMY | 0.9438 | 9151 |
| 17 | 814 NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC | 0.4869 | 8951 |
| 18 | 494 LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC | 0.9631 | 8742 |
| 19 | 89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 1.3165 | 8692 |
| 20 | 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB | 0.5971 | 8645 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|-----------------------------|-------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLEND CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | TOP 20 DRG | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | EXCLUDING | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 5123000 | BROOKHAVEN MEM HOSP | 4,536.44 | 4,446.80 | 4,335.05 | 239.85 | 8.95% | 26.26% | 58.44 | 58.44 | 1.84 | 0.40 | 265.63 |
| 5127000 | EASTERN LONG ISLAND | 4,962.62 | 4,986.20 | 4,186.13 | 330.24 | 8.95% | 26.26% | 121.83 | 121.83 | 2.94 | 0.24 | 265.63 |
| 2910000 | FRANKLIN HOSPITAL | 4,118.55 | 4,041.22 | 4,041.22 | 98.18 | 8.95% | 26.26% | 7.51 | 7.51 | 2.10 | 0.38 | 265.63 |
| 2901000 | GLEN COVE HOSPITAL | 5,093.54 | 5,948.68 | 4,335.05 | 370.57 | 8.95% | 26.26% | 64.32 | 64.32 | 2.73 | 0.35 | 265.63 |
| 5154001 | GOOD SAM / WEST ISLIP | 4,870.76 | 3,927.60 | 3,927.60 | 142.85 | 8.95% | 26.26% | 31.61 | 31.61 | 1.64 | 0.41 | 265.63 |
| 5153000 | HUNTINGTON HOSPITAL | 4,691.67 | 4,094.25 | 4,094.25 | 220.42 | 8.95% | 26.26% | 57.80 | 57.80 | 1.59 | 0.37 | 265.63 |
| 5149000 | JOHN T MATHER MEMORIAL | 4,732.09 | 4,416.71 | 4,254.10 | 115.22 | 8.95% | 26.26% | 22.21 | 22.21 | 2.62 | 0.40 | 265.63 |
| 2902000 | LONG BEACH MED CTR | 4,864.66 | 5,458.40 | 4,296.57 | 254.35 | 8.95% | 26.26% | 64.02 | 64.02 | 3.81 | 0.39 | 265.63 |
| 2909000 | MERCY MEDICAL CENTER | 4,611.22 | 4,699.65 | 4,335.05 | 214.53 | 8.95% | 26.26% | 46.30 | 46.30 | 1.93 | 0.33 | 265.63 |
| 2950002 | NASSAU UNIV MED CTR | 9,189.42 | 8,117.56 | 8,117.56 | 257.47 | 8.95% | 26.26% | 3.88 | 3.88 | 2.97 | 0.54 | 265.63 |
| 2952006 | NEW ISLAND HOSPITAL | 4,688.46 | 4,655.52 | 4,335.05 | 224.61 | 8.95% | 26.26% | (19.52) | (19.52) | 1.31 | 0.35 | 265.63 |
| 2951001 | NORTH SHORE UNIV HOSP | 5,858.34 | 5,194.68 | 5,194.68 | 752.90 | 8.95% | 26.26% | 111.68 | 111.68 | 2.92 | 0.64 | 265.63 |
| 5155000 | PECONIC BAY MEDICAL CTR | 4,307.80 | 3,798.48 | 3,798.48 | 245.21 | 8.95% | 26.26% | 55.73 | 55.73 | 1.72 | 0.53 | 265.63 |
| 2952005 | PLAINVIEW HOSPITAL | 4,799.90 | 4,339.04 | 4,264.50 | 182.89 | 8.95% | 26.26% | (16.11) | (16.11) | 1.09 | 0.31 | 265.63 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 4,249.17 | 3,608.27 | 3,608.27 | 293.40 | 8.95% | 26.26% | 71.16 | 71.16 | 1.72 | 0.34 | 265.63 |
| 5126000 | SOUTHAMPTON HOSPITAL | 4,812.91 | 4,906.98 | 4,335.05 | 425.72 | 8.95% | 26.26% | 146.29 | 146.29 | 1.63 | 0.56 | 265.63 |
| 5154000 | SOUTHSIDE HOSPITAL | 4,916.13 | 4,520.93 | 4,335.05 | 374.64 | 8.95% | 26.26% | 88.02 | 88.02 | 1.64 | 0.36 | 265.63 |
| 5157003 | ST CATHERINE OF SIENA | 4,426.49 | 5,380.02 | 4,335.05 | 283.56 | 8.95% | 26.26% | 99.21 | 99.21 | 1.83 | 0.40 | 265.63 |
| 5149001 | ST CHARLES HOSPITAL | 4,303.35 | 4,112.27 | 4,112.27 | 322.82 | 8.95% | 26.26% | 85.88 | 85.88 | 1.93 | 0.32 | 265.63 |
| 2953000 | ST FRANCIS / ROSLYN | 4,526.40 | 4,063.47 | 4,063.47 | 412.48 | 8.95% | 26.26% | 136.85 | 136.85 | 2.12 | 0.52 | 265.63 |
| 5151001 | UNIV AT STONY BROOK | 6,213.58 | 5,777.39 | 5,777.39 | 977.19 | 8.95% | 26.26% | 182.67 | 182.67 | 3.39 | 0.66 | 265.63 |
| 2908000 | WINTHROP UNIVERSITY | 5,126.09 | 4,659.85 | 4,659.85 | 355.27 | 8.95% | 26.26% | 97.41 | 97.41 | 2.25 | 0.55 | 265.63 |
| | NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 9,134.48 | 8,801.09 | 8,801.09 | 628.58 | 8.95% | 26.26% | 110.15 | 110.15 | 4.24 | 0.40 | 265.63 |
| 7002002 | BETH ISRAEL MED CTR | 7,152.41 | 6,913.65 | 6,162.93 | 634.51 | 8.95% | 26.26% | 200.76 | 200.76 | 3.57 | 0.72 | 265.63 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 4,762.29 | 4,350.85 | 4,335.05 | (30.27) | 8.95% | 26.26% | (26.46) | (26.46) | 1.09 | 0.22 | 265.63 |
| 7000001 | BRONX-LEBANON HOSP CTR | 7,478.19 | 7,525.64 | 6,109.88 | 371.02 | 8.95% | 26.26% | 90.88 | 90.88 | 2.68 | 0.39 | 265.63 |
| 7001002 | BROOKDALE HOSP MED CTR | 7,008.00 | 7,420.91 | 6,162.93 | 251.07 | 8.95% | 26.26% | 44.52 | 44.52 | 3.43 | 0.54 | 265.63 |
| 7001003 | BROOKLYN HOSPITAL | 6,381.16 | 6,400.58 | 6,085.19 | 185.94 | 8.95% | 26.26% | 30.49 | 30.49 | 2.02 | 0.46 | 265.63 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 6,060.86 | 6,369.12 | 5,959.17 | 60.40 | 8.95% | 26.26% | 10.67 | 10.67 | 1.91 | 0.46 | 265.63 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONY ISLAND HOSPITAL | 8,438.29 | 7,201.71 | 7,201.71 | 361.87 | 8.95% | 26.26% | 107.77 | 107.77 | 2.62 | 0.47 | 265.63 |
| 7003000 | ELMHURST HOSP CTR | 9,254.47 | 8,000.99 | 8,000.99 | 465.16 | 8.95% | 26.26% | 91.72 | 91.72 | 3.09 | 0.47 | 265.63 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 5,404.42 | 5,566.71 | 5,566.71 | 111.76 | 8.95% | 26.26% | 9.05 | 9.05 | 1.50 | 0.35 | 265.63 |
| 7003013 | FOREST HILLS HOSPITAL | 5,139.26 | 5,124.12 | 5,124.12 | 277.51 | 8.95% | 26.26% | 5.62 | 5.62 | 1.07 | 0.30 | 265.63 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 10,506.03 | 11,031.20 | 8,680.27 | 408.49 | 8.95% | 26.26% | 65.11 | 65.11 | 4.20 | 0.67 | 265.63 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | |
|--|-----------------------------|--------------|--------------|--------------|-------------|---------------------------------|-----------|----------|-----------|------------|
| HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | | | |
| ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION= | | | | |
| | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | | |
| | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | | NON- | PURE GROUP |
| | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | MEDICARE | CASE MIX | PRICE FOR |
| | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | LONG STAY | |
| | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | TEST ONLY | |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 5123000 | BROOKHAVEN MEM HOSP | 122.60 | 122.60 | 48.72 | 48.72 | 0.00 | 0.00 | 0.188616 | 1.3583 | 4,388.47 |
| 5127000 | EASTERN LONG ISLAND | 119.62 | 119.62 | 252.92 | 252.92 | 0.00 | 0.00 | 0.382561 | 1.0034 | 4,816.91 |
| 2910000 | FRANKLIN HOSPITAL | 168.62 | 168.62 | (56.73) | (56.73) | 0.00 | 0.00 | 0.296121 | 1.5616 | 3,984.52 |
| 2901000 | GLEN COVE HOSPITAL | 1,046.24 | 1,046.24 | (18.01) | (18.01) | 0.00 | 0.00 | 0.373099 | 1.8480 | 4,866.50 |
| 5154001 | GOOD SAM / WEST ISLIP | 173.81 | 173.81 | (11.33) | (11.33) | 0.00 | 0.00 | 0.247350 | 1.1888 | 4,659.77 |
| 5153000 | HUNTINGTON HOSPITAL | 143.26 | 143.26 | (3.47) | (3.47) | 0.00 | 0.00 | 0.343761 | 1.1610 | 4,531.62 |
| 5149000 | JOHN T MATHER MEMORIAL | 136.12 | 136.12 | 16.72 | 16.72 | 0.00 | 0.00 | 0.369591 | 1.5609 | 4,570.51 |
| 2902000 | LONG BEACH MED CTR | 713.08 | 713.08 | 83.75 | 83.75 | 0.00 | 0.00 | 0.261423 | 1.5005 | 4,696.78 |
| 2909000 | MERCY MEDICAL CENTER | 1,150.25 | 1,150.25 | 11.64 | 11.64 | 0.00 | 0.00 | 0.282349 | 1.3551 | 4,418.26 |
| 2950002 | NASSAU UNIV MED CTR | (3.03) | (3.03) | (237.94) | (237.94) | 0.00 | 0.00 | 0.574515 | 1.1895 | 9,404.07 |
| 2952006 | NEW ISLAND HOSPITAL | 110.53 | 110.53 | (314.67) | (314.67) | 0.00 | 0.00 | 0.000000 | 1.5960 | 4,545.88 |
| 2951001 | NORTH SHORE UNIV HOSP | (15.14) | (15.14) | (246.06) | (246.06) | 0.00 | 0.00 | 0.320098 | 1.7229 | 5,986.70 |
| 5155000 | PECONIC BAY MEDICAL CTR | 98.35 | 98.35 | (2.19) | (2.19) | 0.00 | 0.00 | 0.268227 | 1.1661 | 4,189.87 |
| 2952005 | PLAINVIEW HOSPITAL | 128.32 | 128.32 | (242.42) | (242.42) | 0.00 | 0.00 | 0.338079 | 1.0295 | 4,649.98 |
| 2950001 | SOUTH NASSAU COMMUNITIES | (224.36) | (224.36) | 55.38 | 55.38 | 0.00 | 0.00 | 0.254594 | 1.2484 | 4,116.53 |
| 5126000 | SOUTHAMPTON HOSPITAL | 144.35 | 144.35 | 20.86 | 20.86 | 0.00 | 0.00 | 0.378225 | 0.9766 | 4,644.81 |
| 5154000 | SOUTHSIDE HOSPITAL | 158.42 | 158.42 | (59.54) | (59.54) | 0.00 | 0.00 | 0.318740 | 1.0917 | 4,733.01 |
| 5157003 | ST CATHERINE OF SIENA | 5,854.69 | 5,854.69 | 120.37 | 120.37 | 0.00 | 0.00 | 0.299187 | 1.1652 | 4,571.09 |
| 5149001 | ST CHARLES HOSPITAL | (176.89) | (176.89) | (35.74) | (35.74) | 0.00 | 0.00 | 0.312811 | 0.9035 | 4,449.89 |
| 2953000 | ST FRANCIS / ROSLYN | 138.32 | 138.32 | 131.04 | 131.04 | 0.00 | 0.00 | 0.369887 | 2.8824 | 4,370.72 |
| 5151001 | UNIV AT STONY BROOK | 43.81 | 43.81 | (65.81) | (65.81) | 0.00 | 0.00 | 0.440457 | 1.7704 | 6,307.35 |
| 2908000 | WINTHROP UNIVERSITY | (8.22) | (8.22) | 23.09 | 23.09 | 0.00 | 0.00 | 0.322687 | 1.2957 | 5,269.01 |
| | NEW YORK CITY REGION | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | (125.91) | (125.91) | 51.40 | 51.40 | 0.00 | 0.00 | 0.680836 | 1.6076 | 9,484.26 |
| 7002002 | BETH ISRAEL MED CTR | (11.85) | (11.85) | 172.35 | 172.35 | 0.00 | 0.00 | 0.354039 | 1.2895 | 7,351.45 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | (614.32) | (614.32) | (108.19) | (108.19) | 0.00 | 0.00 | 0.202184 | 1.4882 | 4,687.11 |
| 7000001 | BRONX-LEBANON HOSP CTR | (52.50) | (52.50) | 80.51 | 80.51 | 0.00 | 0.00 | 0.666203 | 1.2728 | 7,737.50 |
| 7001002 | BROOKDALE HOSP MED CTR | 8.62 | 8.62 | 4.60 | 4.60 | 0.00 | 0.00 | 0.551632 | 1.4969 | 7,136.89 |
| 7001003 | BROOKLYN HOSPITAL | (6.98) | (6.98) | (51.36) | (51.36) | 0.00 | 0.00 | 0.560259 | 1.2568 | 6,564.14 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.821443 | 0.0000 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 1,263.21 | 1,263.21 | (18.76) | (18.76) | 0.00 | 0.00 | 0.222097 | 1.0788 | 6,308.70 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.531416 | 0.0000 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 19.55 | 19.55 | 111.58 | 111.58 | 0.00 | 0.00 | 0.716068 | 1.1400 | 8,562.11 |
| 7003000 | ELMHURST HOSP CTR | (6.12) | (6.12) | (23.34) | (23.34) | 0.00 | 0.00 | 0.620428 | 1.0762 | 9,487.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | (40.67) | (40.67) | (79.83) | (79.83) | 0.00 | 0.00 | 0.574941 | 0.9208 | 5,713.34 |
| 7003013 | FOREST HILLS HOSPITAL | (15.69) | (15.69) | (256.27) | (256.27) | 0.00 | 0.00 | 0.392207 | 0.9852 | 5,277.14 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.540884 | 0.0000 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | (47.43) | (47.43) | (89.36) | (89.36) | 0.00 | 0.00 | 0.905147 | 1.3066 | 10,773.92 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|-----------------------------|--|-----------------------------|-------------------------------|-------------------------|------------------------------------|------------------------------|------------------------------|----------------------------|-----------------------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE | PRODUCTIVITY & EFFICIENCY, & CAPITAL | W COMP ACUTE PER DIEM | NO-FAULT ACUTE PER DIEM | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM | |
| OPCERT | HOSPITAL NAME | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | | | | |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 309.06 | 1,083.58 | 230.73 | 230.73 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.19 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 281.01 | 859.15 | 61.84 | 61.84 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 285.46 | 608.20 | (209.06) | (209.06) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.20 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|---------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ACUTE PER DIEM INCL BASIC MALP, ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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) |
| 5123000 | BROOKHAVEN MEM HOSP | 318.44 | 763.35 | 711.80 | 711.80 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 5127000 | EASTERN LONG ISLAND | 297.41 | 798.48 | 304.03 | 304.03 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.24 |
| 2910000 | FRANKLIN HOSPITAL | 283.78 | 438.81 | 92.46 | 92.46 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.38 |
| 2901000 | GLEN COVE HOSPITAL | 314.59 | 263.12 | 20.48 | 20.48 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 310.21 | 422.65 | (24.51) | (24.51) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 5149000 | JOHN T MATHER MEMORIAL | 301.05 | 693.86 | (67.06) | (67.06) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 2902000 | LONG BEACH MED CTR | 352.07 | 670.80 | (81.07) | (81.07) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 2909000 | MERCY MEDICAL CENTER | 289.49 | 728.22 | (40.13) | (40.13) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.33 |
| 2950002 | NASSAU UNIV MED CTR | 280.31 | 749.55 | 51.17 | 51.17 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 362.42 | 752.63 | (52.86) | (52.86) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.64 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 320.32 | 370.19 | (77.69) | (77.69) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 304.76 | 570.96 | 153.81 | 153.81 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.36 |
| 5157003 | ST CATHERINE OF SIENA | 326.90 | 669.39 | (283.04) | (283.04) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 356.55 | 928.18 | 113.48 | 113.48 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.66 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 324.65 | 982.61 | 19.13 | 19.13 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7002002 | BETH ISRAEL MED CTR | 366.67 | 803.20 | 175.37 | 175.37 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.72 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 334.41 | 937.11 | (183.91) | (183.91) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 7001002 | BROOKDALE HOSP MED CTR | 304.37 | 850.11 | 41.75 | 41.75 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 284.35 | 1,065.20 | 599.94 | 599.94 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.46 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 297.87 | 609.70 | 21.81 | 21.81 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7003000 | ELMHURST HOSP CTR | 323.43 | 744.86 | 105.21 | 105.21 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 299.71 | 964.31 | (58.69) | (58.69) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 296.60 | 837.17 | 63.98 | 63.98 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.67 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 3,548.26 | 4,568.96 | 2,090.61 | 2,090.61 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.64 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|---------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| EXEMPT ALCOHOL REHABILITATION UNIT | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 282.24 | 383.18 | (118.63) | (118.63) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.24 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 282.64 | 267.27 | (31.77) | (31.77) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.32 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 321.25 | 563.61 | (188.58) | (188.58) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 365.45 | 648.96 | 86.53 | 86.53 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.72 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU UNIV MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | ELMHURST HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 5123000 | BROOKHAVEN MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 332.28 | 1,190.23 | 114.81 | 114.81 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 299.15 | 1,388.67 | 398.99 | 398.99 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 2909000 | MERCY MEDICAL CENTER | 306.98 | 873.66 | 122.65 | 122.65 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.33 |
| 2950002 | NASSAU UNIV MED CTR | 310.08 | 1,435.34 | 157.93 | 157.93 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | PECONIC BAY MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 335.19 | 986.82 | 27.74 | 27.74 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.36 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 358.90 | 1,404.01 | 148.32 | 148.32 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.32 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 333.96 | 1,407.82 | (98.16) | (98.16) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7002002 | BETH ISRAEL MED CTR | 447.09 | 1,532.37 | 824.21 | 824.21 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.72 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003027 | CARITAS HEALTH CARE INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONY ISLAND HOSPITAL | 351.73 | 2,600.81 | (783.52) | (783.52) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7003000 | ELMHURST HOSP CTR | 371.56 | 1,192.71 | (286.47) | (286.47) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7003001 | FLUSHING HOSPITAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 399.59 | 3,886.46 | (591.74) | (591.74) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.67 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) | | | | | | | | | | |
|---------|-----------------------------|--|----------------|----------------|------------|------------|------------|------------|----------|-----------|---------------|--------|
| | | ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| | | RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| | | CASE PAYMENT | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | BLENDED CASE | CAPITAL COST | | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | PER CASE (EXCL | | | | | SHORT | SHORT | | | |
| | | LONG STAY | RATE INCL | CAPITAL PROSP) | PUBLIC | ADDITIONAL | STAY | STAY | | | | |
| | | GROUP | BASIC MALP | LESS PROD & | GOODS | PUBLIC | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE | |
| NEUTRAL | EXCLUDING | TOP 20 DRG | EFFICIENCY | POOL | GOODS POOL | CAPITAL | CAPITAL | RATE | RATE | OPERATING | | |
| | COST/DISCH | OPER PROSP | EXCLUDING | PLUS HIV | SURCHARGE | SURCHARGE | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM | |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | |
| 7002011 | HOSP FOR JOINT DISEASES | 6,099.28 | 7,849.86 | 6,019.04 | 561.03 | 8.95% | 26.26% | 96.28 | 96.28 | 4.20 | 0.85 | 265.63 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 5,783.39 | 6,142.74 | 6,142.74 | 1,592.61 | 8.95% | 26.26% | 464.70 | 464.70 | 6.57 | 1.61 | 265.63 |
| 7001046 | INTERFAITH MED CTR | 7,292.13 | 9,930.56 | 5,991.19 | 519.49 | 8.95% | 26.26% | 12.13 | 12.13 | 3.84 | 0.35 | 265.63 |
| 7000002 | JACOBI MEDICAL CENTER | 10,079.54 | 9,136.34 | 9,073.65 | 374.10 | 8.95% | 26.26% | 60.19 | 60.19 | 3.77 | 0.56 | 265.63 |
| 7003003 | JAMAICA HOSPITAL | 6,535.84 | 6,074.27 | 6,074.27 | 150.04 | 8.95% | 26.26% | 26.08 | 26.08 | 2.61 | 0.50 | 265.63 |
| 7001016 | KINGS COUNTY HOSP CTR | 9,600.18 | 9,017.17 | 8,745.39 | 692.21 | 8.95% | 26.26% | 153.09 | 153.09 | 4.38 | 0.51 | 265.63 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 6,719.94 | 7,704.84 | 6,162.93 | 467.62 | 8.95% | 26.26% | 11.17 | 11.17 | 4.16 | 0.47 | 265.63 |
| 7002017 | LENOX HILL HOSPITAL | 5,675.82 | 5,891.26 | 5,891.26 | 608.54 | 8.95% | 26.26% | 166.49 | 166.49 | 2.16 | 0.53 | 265.63 |
| 7000008 | LINCOLN MEDICAL | 9,617.87 | 8,826.60 | 8,826.60 | 174.73 | 8.95% | 26.26% | 42.47 | 42.47 | 2.70 | 0.65 | 265.63 |
| 7001017 | LONG ISLAND COLLEGE | 6,438.63 | 6,470.28 | 6,117.32 | 471.41 | 8.95% | 26.26% | 12.77 | 12.77 | 2.26 | 0.51 | 265.63 |
| 7003004 | LONG ISLAND JEWISH | 7,090.04 | 5,960.00 | 5,960.00 | 336.74 | 8.95% | 26.26% | 47.70 | 47.70 | 3.24 | 0.54 | 265.63 |
| 7001019 | LUTHERAN MEDICAL CTR | 5,512.44 | 5,259.52 | 5,259.52 | 123.49 | 8.95% | 26.26% | 62.82 | 62.82 | 2.04 | 0.48 | 265.63 |
| 7001020 | MAIMONIDES MED CTR | 6,080.38 | 5,736.47 | 5,736.47 | 423.58 | 8.95% | 26.26% | 141.26 | 141.26 | 2.56 | 0.56 | 265.63 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 10,499.67 | 10,652.59 | 8,766.63 | 222.51 | 8.95% | 26.26% | 38.02 | 38.02 | 3.79 | 0.42 | 265.63 |
| 7000006 | MONTEFIORE HOSPITAL | 6,956.42 | 7,023.36 | 5,976.27 | 984.09 | 8.95% | 26.26% | 170.48 | 170.48 | 3.67 | 0.76 | 265.63 |
| 7002024 | MOUNT SINAI HOSPITAL | 6,314.56 | 6,590.56 | 5,976.27 | 630.96 | 8.95% | 26.26% | 21.85 | 21.85 | 3.26 | 0.55 | 265.63 |
| 7003015 | MOUNT SINAI OF QUEENS | 4,669.46 | 3,978.46 | 3,978.46 | 282.53 | 8.95% | 26.26% | 62.49 | 62.49 | 1.42 | 0.30 | 265.63 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 6,428.95 | 5,946.06 | 5,946.06 | 300.67 | 8.95% | 26.26% | 50.47 | 50.47 | 1.76 | 0.57 | 265.63 |
| 7000024 | NORTH CENTRAL BRONX | 9,639.45 | 10,014.20 | 9,209.27 | 317.94 | 8.95% | 26.26% | 67.99 | 67.99 | 2.99 | 0.51 | 265.63 |
| 7002052 | NORTH GENERAL HOSP | 7,028.88 | 7,049.02 | 6,162.93 | 473.95 | 8.95% | 26.26% | 69.81 | 69.81 | 2.45 | 0.45 | 265.63 |
| 7001008 | NY COMMUNITY / BROOKLYN | 4,593.61 | 3,909.68 | 3,909.68 | 126.57 | 8.95% | 26.26% | 32.45 | 32.45 | 1.21 | 0.25 | 265.63 |
| 7002026 | NY EYE & EAR INFIRMARY | 5,411.40 | 6,523.63 | 6,162.93 | 221.25 | 8.95% | 26.26% | 108.25 | 108.25 | 9.41 | 4.57 | 265.63 |
| 7003010 | NY MED CTR OF QUEENS | 5,535.08 | 5,328.34 | 5,328.34 | 284.79 | 8.95% | 26.26% | 65.07 | 65.07 | 1.76 | 0.44 | 265.63 |
| 7001021 | NY METHODIST / BROOKLYN | 6,080.95 | 5,764.81 | 5,764.81 | 291.57 | 8.95% | 26.26% | 100.49 | 100.49 | 1.75 | 0.40 | 265.63 |
| 7099003 | NY PRESBY (ALLEN) | 5,912.15 | 6,340.61 | 5,976.27 | 1,267.63 | 8.95% | 26.26% | 226.50 | 226.50 | 4.37 | 0.62 | 265.63 |
| 7002030 | NY PRESBY (PRESBY) | 5,912.15 | 6,340.61 | 5,976.27 | 1,267.63 | 8.95% | 26.26% | 226.50 | 226.50 | 4.37 | 0.62 | 265.63 |
| 7002054 | NY PRESBYTERIAN HOSP | 5,912.15 | 6,340.61 | 5,976.27 | 1,267.63 | 8.95% | 26.26% | 226.50 | 226.50 | 4.37 | 0.62 | 265.63 |
| 7000025 | NY WESTCHESTER SQUARE | 4,733.03 | 4,593.74 | 4,335.05 | 36.53 | 8.95% | 26.26% | 9.47 | 9.47 | 1.15 | 0.26 | 265.63 |
| 7002053 | NYU HOSPITALS CENTER | 5,356.09 | 5,417.02 | 5,417.02 | 700.45 | 8.95% | 26.26% | 185.78 | 185.78 | 3.37 | 0.65 | 265.63 |
| 7000005 | OUR LADY OF MERCY MED CTR | 5,979.50 | 6,548.88 | 6,162.93 | 168.35 | 8.95% | 26.26% | 32.30 | 32.30 | 1.86 | 0.39 | 265.63 |
| 7003020 | PARKWAY HOSPITAL | 4,580.29 | 4,209.07 | 4,209.07 | 22.10 | 8.95% | 26.26% | 38.26 | 38.26 | 1.23 | 0.31 | 265.63 |
| 7003006 | PENINSULA HOSP CTR | 5,099.39 | 5,167.14 | 5,167.14 | 124.83 | 8.95% | 26.26% | 18.01 | 18.01 | 2.61 | 0.39 | 265.63 |
| 7003007 | QUEENS HOSPITAL CTR | 9,455.40 | 9,597.78 | 9,096.73 | 442.84 | 8.95% | 26.26% | 82.41 | 82.41 | 3.18 | 0.58 | 265.63 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 4,885.69 | 4,879.68 | 4,879.68 | 179.68 | 8.95% | 26.26% | 41.58 | 41.58 | 1.89 | 0.41 | 265.63 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 6,041.22 | 5,212.13 | 4,335.05 | 283.86 | 8.95% | 26.26% | 50.50 | 50.50 | 1.95 | 0.40 | 265.63 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 6,222.79 | 6,822.17 | 6,052.00 | 126.27 | 8.95% | 26.26% | 26.41 | 26.41 | 1.95 | 0.34 | 265.63 |
| 7002032 | ST LUKES / ROOSEVELT | 6,203.97 | 6,634.94 | 6,162.93 | 720.77 | 8.95% | 26.26% | 90.01 | 90.01 | 2.60 | 0.52 | 265.63 |

| | | WORKER'S COMPENSATION & NO-FAULT | | | | | | | | |
|---------|-----------------------------|--|--------------|--------------|--------------|-------------|-------------|---------------------------------|----------|------------|
| | | HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | |
| | | ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | |
| | | RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | |
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION= | | |
| | | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | |
| | | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | NON- | PURE GROUP |
| | | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | MEDICARE | PRICE FOR |
| | | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | LONG STAY |
| | | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | TEST ONLY |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 7002011 | HOSP FOR JOINT DISEASES | (61.05) | (61.05) | (96.07) | (96.07) | 0.00 | 0.00 | 0.383533 | 2.5625 | 6,359.95 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 100.64 | 100.64 | (256.40) | (256.40) | 0.00 | 0.00 | 0.419849 | 2.8644 | 5,945.15 |
| 7001046 | INTERFAITH MED CTR | (1,540.62) | (1,540.62) | (449.08) | (449.08) | 0.00 | 0.00 | 0.300894 | 1.3254 | 7,729.82 |
| 7000002 | JACOBI MEDICAL CENTER | (33.58) | (33.58) | (61.81) | (61.81) | 0.00 | 0.00 | 0.733455 | 1.3987 | 10,333.32 |
| 7003003 | JAMAICA HOSPITAL | (5.02) | (5.02) | (38.56) | (38.56) | 0.00 | 0.00 | 0.564159 | 1.1811 | 6,709.70 |
| 7001016 | KINGS COUNTY HOSP CTR | (32.96) | (32.96) | 196.27 | 196.27 | 0.00 | 0.00 | 0.743037 | 1.3335 | 9,771.93 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 52.28 | 52.28 | (357.15) | (357.15) | 0.00 | 0.00 | 0.400979 | 1.8581 | 6,715.14 |
| 7002017 | LENOX HILL HOSPITAL | (13.22) | (13.22) | 18.50 | 18.50 | 0.00 | 0.00 | 0.202364 | 1.5799 | 5,924.84 |
| 7000008 | LINCOLN MEDICAL | (256.34) | (256.34) | 10.82 | 10.82 | 0.00 | 0.00 | 0.812460 | 1.1821 | 10,300.95 |
| 7001017 | LONG ISLAND COLLEGE | (619.35) | (619.35) | (419.11) | (419.11) | 0.00 | 0.00 | 0.346175 | 1.1433 | 6,869.07 |
| 7003004 | LONG ISLAND JEWISH | 358.96 | 358.96 | (127.32) | (127.32) | 0.00 | 0.00 | 0.317359 | 1.4273 | 7,076.49 |
| 7001019 | LUTHERAN MEDICAL CTR | 45.64 | 45.64 | 110.29 | 110.29 | 0.00 | 0.00 | 0.571014 | 1.0308 | 5,531.06 |
| 7001020 | MAIMONIDES MED CTR | 18.81 | 18.81 | 128.13 | 128.13 | 0.00 | 0.00 | 0.341409 | 1.3505 | 6,210.77 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.580023 | 0.0000 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | (1,524.98) | (1,524.98) | (25.64) | (25.64) | 0.00 | 0.00 | 0.585024 | 0.9477 | 11,137.29 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.256166 | 1.6058 | 7,157.18 |
| 7002024 | MOUNT SINAI HOSPITAL | 32.03 | 32.03 | (519.67) | (519.67) | 0.00 | 0.00 | 0.396383 | 1.9685 | 6,428.75 |
| 7003015 | MOUNT SINAI OF QUEENS | 144.58 | 144.58 | 40.06 | 40.06 | 0.00 | 0.00 | 0.511808 | 1.5029 | 4,497.44 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 100.99 | 100.99 | (141.15) | (141.15) | 0.00 | 0.00 | 0.518599 | 0.8337 | 6,585.24 |
| 7000024 | NORTH CENTRAL BRONX | 131.69 | 131.69 | (32.51) | (32.51) | 0.00 | 0.00 | 0.693857 | 0.8427 | 9,596.17 |
| 7002052 | NORTH GENERAL HOSP | (81.30) | (81.30) | (195.26) | (195.26) | 0.00 | 0.00 | 0.719670 | 1.3436 | 7,283.04 |
| 7001008 | NY COMMUNITY / BROOKLYN | 6.70 | 6.70 | 57.29 | 57.29 | 0.00 | 0.00 | 0.387092 | 1.4809 | 4,453.29 |
| 7002026 | NY EYE & EAR INFIRMARY | (2,165.43) | (2,165.43) | 20.92 | 20.92 | 0.00 | 0.00 | 0.398840 | 1.1288 | 5,655.02 |
| 7003010 | NY MED CTR OF QUEENS | (17.96) | (17.96) | (0.81) | (0.81) | 0.00 | 0.00 | 0.349267 | 1.2938 | 5,692.15 |
| 7001021 | NY METHODIST / BROOKLYN | (46.67) | (46.67) | 154.85 | 154.85 | 0.00 | 0.00 | 0.423519 | 1.2639 | 6,305.44 |
| 7099003 | NY PRESBY (ALLEN) | 23.00 | 23.00 | 33.05 | 33.05 | 0.00 | 0.00 | 0.410127 | 2.0228 | 6,005.77 |
| 7002030 | NY PRESBY (PRESBY) | 23.00 | 23.00 | 33.05 | 33.05 | 0.00 | 0.00 | 0.410127 | 2.0228 | 6,005.77 |
| 7002054 | NY PRESBYTERIAN HOSP | 23.00 | 23.00 | 33.05 | 33.05 | 0.00 | 0.00 | 0.410127 | 2.0228 | 6,005.77 |
| 7000025 | NY WESTCHESTER SQUARE | 98.49 | 98.49 | 9.16 | 9.16 | 0.00 | 0.00 | 0.417999 | 1.5818 | 4,585.40 |
| 7002053 | NYU HOSPITALS CENTER | 8.99 | 8.99 | 104.05 | 104.05 | 0.00 | 0.00 | 0.391503 | 1.7566 | 5,484.44 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.398705 | 1.1377 | 6,152.07 |
| 7003020 | PARKWAY HOSPITAL | 1,224.49 | 1,224.49 | 93.30 | 93.30 | 0.00 | 0.00 | 0.175361 | 1.2006 | 4,711.60 |
| 7003006 | PENINSULA HOSP CTR | (61.66) | (61.66) | 35.02 | 35.02 | 0.00 | 0.00 | 0.356764 | 1.7598 | 5,283.16 |
| 7003007 | QUEENS HOSPITAL CTR | 787.09 | 787.09 | (97.96) | (97.96) | 0.00 | 0.00 | 0.824013 | 1.0087 | 9,474.23 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | (65.98) | (65.98) | (27.11) | (27.11) | 0.00 | 0.00 | 0.270735 | 1.0691 | 5,136.25 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.348597 | 0.0000 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 138.86 | 138.86 | (63.72) | (63.72) | 0.00 | 0.00 | 0.245179 | 1.1721 | 5,893.70 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | (280.41) | (280.41) | 5.93 | 5.93 | 0.00 | 0.00 | 0.469170 | 1.0151 | 6,480.82 |
| 7002032 | ST LUKES / ROOSEVELT | (441.58) | (441.58) | (354.36) | (354.36) | 0.00 | 0.00 | 0.341559 | 1.3028 | 6,526.14 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 512.36 | 2,913.40 | 111.75 | 111.75 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.66 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBYTERIAN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 265.63 | 2,497.28 | (657.60) | (657.60) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.05 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 332.57 | 822.98 | (53.68) | (53.68) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 278.74 | 743.01 | (166.80) | (166.80) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.56 |
| 7003003 | JAMAICA HOSPITAL | 304.07 | 875.14 | 9.12 | 9.12 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.50 |
| 7001016 | KINGS COUNTY HOSP CTR | 353.13 | 840.32 | 131.04 | 131.04 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 299.81 | 1,074.58 | 36.40 | 36.40 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7002017 | LENOX HILL HOSPITAL | 375.86 | 903.09 | 46.05 | 46.05 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.53 |
| 7000008 | LINCOLN MEDICAL | 292.33 | 1,062.55 | (127.82) | (127.82) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7001017 | LONG ISLAND COLLEGE | 349.63 | 501.11 | (23.79) | (23.79) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7003004 | LONG ISLAND JEWISH | 322.18 | 776.98 | 40.51 | 40.51 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001019 | LUTHERAN MEDICAL CTR | 294.70 | 889.04 | 86.24 | 86.24 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001020 | MAIMONIDES MED CTR | 307.80 | 534.92 | (7.08) | (7.08) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.56 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 292.92 | 677.27 | (58.10) | (58.10) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7000006 | MONTEFIORE HOSPITAL | 360.79 | 869.24 | 0.00 | 0.00 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7002024 | MOUNT SINAI HOSPITAL | 323.99 | 837.60 | (187.61) | (187.61) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.55 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 300.73 | 753.67 | 35.65 | 35.65 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7002052 | NORTH GENERAL HOSP | 346.52 | 1,172.91 | 181.80 | 181.80 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.45 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 308.06 | 975.87 | 276.85 | 276.85 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7099003 | NY PRESBY (ALLEN) | 343.23 | 995.53 | 31.62 | 31.62 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7002030 | NY PRESBY (PRESBY) | 343.23 | 995.53 | 31.62 | 31.62 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7002054 | NY PRESBYTERIAN HOSP | 343.23 | 995.53 | 31.62 | 31.62 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 372.40 | 934.96 | 60.56 | 60.56 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7000005 | OUR LADY OF MERCY MED CTR | 284.45 | 694.60 | 0.00 | 0.00 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 328.80 | 921.28 | (69.52) | (69.52) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.58 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 303.04 | 634.13 | 32.52 | 32.52 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 303.04 | 634.13 | 32.52 | 32.52 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 325.98 | 638.83 | 19.23 | 19.23 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 296.68 | 1,092.32 | (95.15) | (95.15) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 7002032 | ST LUKES / ROOSEVELT | 326.77 | 937.05 | (84.47) | (84.47) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.52 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 671.54 | 1,843.98 | 18.20 | 18.20 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBYTERIAN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 323.09 | 663.88 | (26.85) | (26.85) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBYTERIAN HOSP | 327.79 | 718.81 | 36.64 | 36.64 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 298.61 | 541.47 | (25.01) | (25.01) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.52 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 323.09 | 663.88 | (26.85) | (26.85) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBYTERIAN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|----------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | PER | |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | DIEM | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 422.94 | 2,203.09 | 84.20 | 84.20 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 697.64 | 1,851.00 | 35.72 | 35.72 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 923.78 | 2,400.17 | 287.66 | 287.66 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7002054 | NY PRESBYTERIAN HOSP | 923.78 | 2,400.17 | 287.66 | 287.66 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 575.43 | 2,781.71 | (514.57) | (514.57) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, 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 |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBYTERIAN HOSP | 687.67 | 4,170.04 | (289.27) | (289.27) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|------------------|-----------|-----------|------------|--------|--------|-------------|------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | | SPARCS |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | PER |
| OPCERT | HOSPITAL NAME | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 7002011 | HOSP FOR JOINT DISEASES | 327.81 | 1,010.38 | (62.22) | (62.22) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.85 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 364.50 | 1,847.38 | 422.82 | 422.82 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.56 |
| 7003003 | JAMAICA HOSPITAL | 327.39 | 1,065.10 | (111.74) | (111.74) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.50 |
| 7001016 | KINGS COUNTY HOSP CTR | 550.67 | 3,082.75 | 178.81 | 178.81 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 333.26 | 1,678.65 | 299.95 | 299.95 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 438.30 | 1,082.88 | (192.13) | (192.13) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 304.67 | 629.34 | 20.15 | 20.15 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 302.65 | 1,456.92 | 210.19 | 210.19 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7000006 | MONTEFIORE HOSPITAL | 431.50 | 1,081.51 | (15.75) | (15.75) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7002024 | MOUNT SINAI HOSPITAL | 321.33 | 1,996.47 | (195.48) | (195.48) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.55 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NEW YORK DOWNTOWN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 265.63 | 31.68 | (0.15) | (0.15) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 7002052 | NORTH GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE & EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST / BROOKLYN | 338.19 | 1,022.68 | 206.24 | 206.24 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002030 | NY PRESBY (PRESBY) | 442.56 | 1,344.62 | (253.49) | (253.49) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7002054 | NY PRESBYTERIAN HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NYU HOSPITALS CENTER | 354.61 | 1,744.60 | 509.92 | 509.92 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSP CTR | 299.87 | 2,208.10 | 153.63 | 153.63 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 7003007 | QUEENS HOSPITAL CTR | 377.48 | 1,690.72 | (314.41) | (314.41) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.58 |
| 7004010 | RICHMOND UNIV-BAYLEY SETON | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004010 | RICHMOND UNIVERSITY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | ST JOHNS EPISCOPAL SO SHORE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 364.08 | 1,575.30 | (413.68) | (413.68) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.52 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|-----------------------------|--------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLENDED CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | TOP 20 DRG | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | EXCLUDING | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 7001037 | STATE UNIV/DOWNSTATE | 6,986.18 | 6,907.61 | 5,976.27 | 567.16 | 8.95% | 26.26% | 85.97 | 85.97 | 4.20 | 0.76 | 265.63 |
| 7004003 | STATEN ISLAND UNIV HOSP | 5,513.11 | 5,446.50 | 5,446.50 | 165.88 | 8.95% | 26.26% | 64.92 | 64.92 | 2.13 | 0.44 | 265.63 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 6,903.15 | 6,762.80 | 6,142.58 | 378.04 | 8.95% | 26.26% | 108.70 | 108.70 | 5.32 | 0.58 | 265.63 |
| 7001045 | WOODHULL MEDICAL | 10,411.74 | 10,112.43 | 9,414.28 | 404.90 | 8.95% | 26.26% | 115.36 | 115.36 | 3.40 | 0.52 | 265.63 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 6,655.17 | 6,104.07 | 6,104.07 | 412.48 | 8.95% | 26.26% | 117.90 | 117.90 | 1.62 | 0.39 | 265.63 |

| | | WORKER'S COMPENSATION & NO-FAULT | | | | | | | | |
|---------|-----------------------------|--|--------------|--------------|--------------|-------------|-------------|---------------------------------|----------|------------|
| | | HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | |
| | | ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | |
| | | RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | |
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION= | | |
| | | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | |
| | | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | HIGH COST | NON- | PURE GROUP |
| | | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | CHARGE | CASE MIX | PRICE FOR |
| | | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CONVERTER | INDEX | LONG STAY |
| | | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | | | TEST ONLY |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 7001037 | STATE UNIV/DOWNSTATE | 328.59 | 328.59 | (49.86) | (49.86) | 0.00 | 0.00 | 0.872579 | 1.3999 | 7,246.16 |
| 7004003 | STATEN ISLAND UNIV HOSP | (62.76) | (62.76) | 85.98 | 85.98 | 0.00 | 0.00 | 0.330075 | 1.4286 | 5,799.80 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | (19.65) | (19.65) | 141.98 | 141.98 | 0.00 | 0.00 | 0.298009 | 1.8151 | 7,132.50 |
| 7001045 | WOODHULL MEDICAL | (149.59) | (149.59) | 84.98 | 84.98 | 0.00 | 0.00 | 0.835479 | 1.3384 | 10,847.87 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 106.85 | 106.85 | 51.97 | 51.97 | 0.00 | 0.00 | 0.597344 | 1.1128 | 6,586.59 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | PER | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | DIEM | | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|----------|------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | WF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | SPARCS | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | PER DIEM | | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 7001037 | STATE UNIV/DOWNSTATE | 313.11 | 978.30 | 207.19 | 207.19 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7004003 | STATEN ISLAND UNIV HOSP | 307.30 | 658.16 | (106.64) | (106.64) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 305.86 | 980.95 | 76.93 | 76.93 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.58 |
| 7001045 | WOODHULL MEDICAL | 307.64 | 830.45 | (22.01) | (22.01) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.52 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | | SPARCS |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | PER |
| OPCERT | HOSPITAL NAME | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | SPARCS | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | PER | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | DIEM | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 301.73 | 503.15 | (90.75) | (90.75) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 308.60 | 470.75 | 23.28 | 23.28 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.58 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|--|-----------------------------|-------------------------------|-------------------------|------------------------------------|----------------------|----------------------|------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE | PRODUCTIVITY & EFFICIENCY, & CAPITAL | W COMP ACUTE PER DIEM | NO-FAULT ACUTE PER DIEM | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL | WC EXCESS PHYS | NF EXCESS PHYS | | | SPARCS PER DIEM |
| OPCERT | HOSPITAL NAME | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | RETROACTIVE ADJUSTMENTS | |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | SPARCS | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | PER | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | DIEM | | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | PER |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | DIEM |
| OPCERT | HOSPITAL NAME | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 364.08 | 3,011.20 | 266.84 | 266.84 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | PER |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | DIEM |
| OPCERT | HOSPITAL NAME | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 7001037 | STATE UNIV/DOWNSTATE | 363.28 | 1,451.68 | 91.15 | 91.15 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7004003 | STATEN ISLAND UNIV HOSP | 323.04 | 1,395.21 | 50.70 | 50.70 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002037 | SVCMC ST VINCENTS - MANHATT | 322.95 | 3,401.84 | 370.57 | 370.57 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.58 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
|---------------|-------------------------------|--|--|---|--|--|---|--|--|-------------------------------------|-------------------------------------|---|
| | | ===== CASE PAYMENT ===== | | | | | | | | | | |
| | | BLENDED CASE MIX NEUTRAL | | CAPITAL COST PER CASE (EXCL CAPITAL PROSP) | | W COMP SHORT STAY | NO-FAULT SHORT STAY | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY GROUP NEUTRAL COST/DISCH | RATE INCL BASIC MALP EXCLUDING OPER PROSP | TOP 20 DRG EXCLUDING OPER PROSP | LESS PROD & EFFICIENCY PLUS HIV | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | & TRANSFER CAPITAL PER DIEM | & 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) |
| | NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 4,609.84 | 4,712.47 | 4,126.70 | 241.23 | 8.95% | 26.26% | 69.82 | 69.82 | 1.89 | 0.30 | 174.66 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 31,987.58 | 31,987.58 | 3,748.50 | 8.95% | 26.26% | 59.83 | 59.83 | 16.81 | 0.27 | 265.63 |
| 3535001 | BON SECOURS COMMUNITY | 4,190.13 | 3,524.25 | 3,524.25 | 165.02 | 8.95% | 26.26% | 29.33 | 29.33 | 2.37 | 0.39 | 174.66 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 6,188.43 | 6,188.43 | 277.19 | 8.95% | 26.26% | 113.91 | 113.91 | 2.10 | 0.49 | 174.66 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 5,536.08 | 5,536.08 | 155.96 | 8.95% | 26.26% | 47.70 | 47.70 | 2.13 | 0.45 | 174.66 |
| 5925000 | COMM / DOBBS FERRY | 4,117.19 | 3,955.29 | 3,955.29 | 138.96 | 8.95% | 26.26% | 30.18 | 30.18 | 1.48 | 0.45 | 265.63 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 4,266.32 | 3,724.52 | 3,724.52 | 344.56 | 8.95% | 26.26% | (62.11) | (62.11) | 1.92 | 0.41 | 265.63 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 4,022.31 | 2,680.40 | 2,680.40 | 236.83 | 8.95% | 26.26% | 39.21 | 39.21 | 1.66 | 0.47 | 265.63 |
| 5501001 | KINGSTON HOSPITAL | 4,494.70 | 3,802.43 | 3,802.43 | 290.98 | 8.95% | 26.26% | 94.65 | 94.65 | 1.59 | 0.34 | 174.66 |
| 5922000 | LAWRENCE HOSPITAL | 4,346.59 | 4,026.95 | 4,026.95 | 284.66 | 8.95% | 26.26% | 61.56 | 61.56 | 1.30 | 0.36 | 265.63 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 5,193.01 | 5,869.63 | 5,869.63 | 18.62 | 8.95% | 26.26% | 7.73 | 7.73 | 2.96 | 0.40 | 265.63 |
| 1327000 | NORTHERN DUTCHESS HOSP | 4,391.15 | 3,406.53 | 3,406.53 | 256.88 | 8.95% | 26.26% | 86.69 | 86.69 | 1.48 | 0.48 | 174.66 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 4,436.35 | 4,460.70 | 4,335.05 | 383.22 | 8.95% | 26.26% | 72.00 | 72.00 | 1.92 | 0.50 | 265.63 |
| 4324000 | NYACK HOSPITAL | 4,246.49 | 4,120.61 | 4,120.61 | 67.27 | 8.95% | 26.26% | 26.63 | 26.63 | 1.30 | 0.34 | 265.63 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 4,471.52 | 4,162.03 | 4,104.59 | 103.59 | 8.95% | 26.26% | 32.23 | 32.23 | 1.57 | 0.38 | 174.66 |
| 5932000 | PHELPS MEMORIAL HOSP | 4,390.29 | 3,965.49 | 3,965.49 | 356.50 | 8.95% | 26.26% | 134.60 | 134.60 | 2.78 | 0.39 | 265.63 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 4,428.66 | 3,571.57 | 3,571.57 | 381.20 | 8.95% | 26.26% | 122.43 | 122.43 | 1.91 | 0.46 | 174.66 |
| 5904000 | SOUND SHORE MED CTR | 4,838.44 | 5,051.32 | 5,051.32 | 177.46 | 8.95% | 26.26% | 58.28 | 58.28 | 2.00 | 0.55 | 265.63 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 4,392.79 | 3,508.78 | 3,508.78 | 248.48 | 8.95% | 26.26% | 75.81 | 75.81 | 1.36 | 0.44 | 174.66 |
| 1302000 | ST FRANCIS / POUGH | 4,575.89 | 4,983.01 | 4,079.26 | 502.87 | 8.95% | 26.26% | 181.53 | 181.53 | 3.95 | 0.29 | 174.66 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 4,473.14 | 4,260.12 | 4,260.12 | 99.86 | 8.95% | 26.26% | 27.50 | 27.50 | 1.50 | 0.29 | 265.63 |
| 5907002 | ST JOSEPHS / YONKERS | 4,916.54 | 4,409.65 | 4,272.44 | 202.11 | 8.95% | 26.26% | 46.21 | 46.21 | 3.12 | 0.47 | 265.63 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | 4,336.91 | 4,106.13 | 4,106.13 | 168.01 | 8.95% | 26.26% | 50.12 | 50.12 | 1.47 | 0.37 | 174.66 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 4,771.37 | 4,170.18 | 4,150.97 | 398.53 | 8.95% | 26.26% | 115.20 | 115.20 | 1.69 | 0.43 | 174.66 |
| 5957001 | WESTCHESTER MED CTR | 5,882.58 | 5,863.34 | 5,776.17 | 1,270.64 | 8.95% | 26.26% | 205.28 | 205.28 | 4.94 | 0.57 | 265.63 |
| 5902001 | WHITE PLAINS HOSPITAL | 4,338.02 | 3,914.97 | 3,914.97 | 232.24 | 8.95% | 26.26% | 59.23 | 59.23 | 1.79 | 0.44 | 265.63 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | |
|--|------------------------------|--------------|--------------|--------------|-------------|-------------|---------------------------------|----------|------------|----------|
| HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | | | |
| ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | | =HIGH COST OUTLIER CALCULATION= | | | |
| | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | | |
| | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | | | |
| | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | NON- | PURE GROUP | |
| | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | PRICE FOR | |
| | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | LONG STAY | |
| OPCERT | HOSPITAL NAME | | | | | | | | | |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | NO METROPOLITAN REGION | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 27.26 | 27.26 | 62.16 | 62.16 | 0.00 | 0.00 | 0.308836 | 1.3634 | 4,688.13 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | (184.33) | (184.33) | 2,208.89 | 2,208.89 | 0.00 | 0.00 | 0.421122 | 2.9281 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 15.03 | 15.03 | (59.79) | (59.79) | 0.00 | 0.00 | 0.237004 | 0.9769 | 4,257.22 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.676497 | 0.0000 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.558571 | 0.0000 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | (33.04) | (33.04) | 94.76 | 94.76 | 0.00 | 0.00 | 0.459207 | 1.0169 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 373.80 | 373.80 | 11.29 | 11.29 | 0.00 | 0.00 | 0.491986 | 1.1304 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 304.17 | 304.17 | (29.57) | (29.57) | 0.00 | 0.00 | 0.415899 | 1.4758 | 3,978.16 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.526872 | 0.0000 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.746853 | 0.0000 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 140.41 | 140.41 | (617.65) | (617.65) | 0.00 | 0.00 | 0.181242 | 1.0542 | 4,106.06 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.632423 | 0.0000 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 125.43 | 125.43 | (95.60) | (95.60) | 0.00 | 0.00 | 0.299645 | 1.2296 | 3,884.57 |
| 5501001 | KINGSTON HOSPITAL | 14.01 | 14.01 | 58.12 | 58.12 | 0.00 | 0.00 | 0.482555 | 1.2141 | 4,565.23 |
| 5922000 | LAWRENCE HOSPITAL | 140.29 | 140.29 | (22.75) | (22.75) | 0.00 | 0.00 | 0.407344 | 0.9265 | 4,185.16 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.671672 | 0.0000 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 877.64 | 877.64 | 31.12 | 31.12 | 0.00 | 0.00 | 0.566923 | 1.5652 | 5,472.77 |
| 1327000 | NORTHERN DUTCHESS HOSP | (26.28) | (26.28) | 28.27 | 28.27 | 0.00 | 0.00 | 0.346845 | 1.0347 | 4,261.41 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 84.44 | 84.44 | (95.99) | (95.99) | 0.00 | 0.00 | 0.541199 | 1.0460 | 4,275.51 |
| 4324000 | NYACK HOSPITAL | 138.72 | 138.72 | 27.26 | 27.26 | 0.00 | 0.00 | 0.282337 | 0.9798 | 4,091.29 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.425856 | 0.0000 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 7.86 | 7.86 | 9.41 | 9.41 | 0.00 | 0.00 | 0.274898 | 1.1578 | 4,530.13 |
| 5932000 | PHELPS MEMORIAL HOSP | (133.74) | (133.74) | 174.27 | 174.27 | 0.00 | 0.00 | 0.356064 | 0.9219 | 4,258.72 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 7.67 | 7.67 | 82.48 | 82.48 | 0.00 | 0.00 | 0.270011 | 1.3240 | 4,510.29 |
| 5904000 | SOUND SHORE MED CTR | (8.94) | (8.94) | 47.88 | 47.88 | 0.00 | 0.00 | 0.569461 | 1.0417 | 4,973.18 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 107.81 | 107.81 | (14.95) | (14.95) | 0.00 | 0.00 | 0.211534 | 0.8635 | 4,280.91 |
| 1302000 | ST FRANCIS / POUGH | (18.98) | (18.98) | 399.39 | 399.39 | 0.00 | 0.00 | 0.309067 | 1.8687 | 4,680.22 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 105.66 | 105.66 | (0.05) | (0.05) | 0.00 | 0.00 | 0.464545 | 1.0069 | 4,357.79 |
| 5907002 | ST JOSEPHS / YONKERS | 133.52 | 133.52 | 61.45 | 61.45 | 0.00 | 0.00 | 0.586706 | 1.4445 | 4,767.72 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | (45.72) | (45.72) | 6.12 | 6.12 | 0.00 | 0.00 | 0.244986 | 1.1306 | 4,406.22 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 33.26 | 33.26 | 94.17 | 94.17 | 0.00 | 0.00 | 0.261823 | 1.2976 | 4,831.00 |
| 5957001 | WESTCHESTER MED CTR | 158.11 | 158.11 | 196.32 | 196.32 | 0.00 | 0.00 | 0.366010 | 2.5355 | 5,778.66 |
| 5902001 | WHITE PLAINS HOSPITAL | 130.95 | 130.95 | 12.31 | 12.31 | 0.00 | 0.00 | 0.485063 | 1.1600 | 4,186.68 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|----------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | SPARCS | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | PER DIEM | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 209.90 | 671.92 | 13.74 | 13.74 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.30 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 205.88 | 626.57 | (7.69) | (7.69) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 213.72 | 929.67 | 169.96 | 169.96 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.49 |
| 1001000 | COLUMBIA MEMORIAL | 197.65 | 646.56 | (56.18) | (56.18) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.45 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 313.87 | 607.71 | (178.58) | (178.58) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 308.35 | 867.43 | 172.41 | 172.41 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.40 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 352.41 | 990.96 | (304.26) | (304.26) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.50 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 198.10 | 635.10 | (40.24) | (40.24) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.38 |
| 5932000 | PHELPS MEMORIAL HOSP | 334.65 | 697.96 | (81.84) | (81.84) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 213.76 | 685.84 | (21.93) | (21.93) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.46 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 225.64 | 483.91 | (8.36) | (8.36) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 286.25 | 535.52 | 45.31 | 45.31 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 3522000 | ST LUKES CORNWALL / CORNWALL | 213.35 | 701.82 | 124.64 | 124.64 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 4353000 | SUMMIT PARK HOSPITAL | 269.37 | 489.26 | (143.72) | (143.72) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 296.36 | 924.18 | 106.84 | 106.84 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.57 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|------------------------------|------------------------------------|-----------|-----------|------------|--------|--------|------|------|-------------|-------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, & CAPITAL | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | | | RETROACTIVE | SPARCS |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | | ADJUSTMENTS | PER DIEM |
| OPCERT | HOSPITAL NAME | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 379.72 | 1,523.58 | (374.01) | (374.01) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.57 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 210.74 | 385.87 | (5.44) | (5.44) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 205.71 | 393.63 | 131.40 | 131.40 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 296.45 | 485.25 | 36.34 | 36.34 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 313.97 | 540.20 | 35.01 | 35.01 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 203.19 | 350.39 | (59.77) | (59.77) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 285.47 | 406.63 | 2.56 | 2.56 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|------------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 327.46 | 495.74 | (123.39) | (123.39) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 203.19 | 350.39 | (59.77) | (59.77) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | SPARCS | |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | PER | |
| OPCERT | HOSPITAL NAME | | | | | | | | | | |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|------------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 364.72 | 2,969.34 | 1,016.21 | 1,016.21 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.67 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 204.61 | 1,127.84 | 495.68 | 495.68 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.46 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 198.48 | 1,913.64 | 193.67 | 193.67 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.80 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 316.19 | 2,573.62 | 891.66 | 891.66 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.67 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 206.77 | 3,187.25 | 1,873.35 | 1,873.35 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 3.32 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 372.52 | 2,643.44 | (1,148.89) | (1,148.89) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.57 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|------------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 238.81 | 940.33 | (364.16) | (364.16) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.30 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHAB CTR | 280.91 | 1,261.70 | 41.08 | 41.08 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.25 |
| 5263700 | CATSKILL REGIONAL / G HERMAN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMM / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526700 | ELLENVILLE REGIONAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAM / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 325.92 | 1,777.83 | 184.65 | 184.65 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 293.00 | 1,651.42 | 576.02 | 576.02 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226701 | MARGARETVILLE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 277.91 | 1,123.78 | (565.61) | (565.61) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.48 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 203.56 | 933.95 | 17.62 | 17.62 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.38 |
| 5932000 | PHELPS MEMORIAL HOSP | 312.79 | 463.78 | 235.01 | 235.01 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 283.67 | 1,126.50 | 215.15 | 215.15 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL / CORNWAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 279.12 | 1,010.93 | (202.35) | (202.35) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.65 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 372.47 | 2,103.36 | 862.06 | 862.06 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.57 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|-----------------------------|--------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLENDED CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | TOP 20 DRG | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| NORTHEASTERN REGION | | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 5,577.08 | 4,034.44 | 4,034.44 | 251.87 | 8.95% | 26.26% | (871.05) | (871.05) | 44.65 | 20.47 | 174.66 |
| 0101000 | ALBANY MED CTR | 4,435.07 | 4,119.69 | 4,119.69 | 470.76 | 8.95% | 26.26% | 82.49 | 82.49 | 2.55 | 0.43 | 174.66 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 4,317.17 | 3,953.09 | 3,953.09 | 242.52 | 8.95% | 26.26% | 59.96 | 59.96 | 2.43 | 0.44 | 174.66 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 10,848.41 | 10,848.41 | 66.02 | 8.95% | 26.26% | 24.47 | 24.47 | 3.94 | 1.01 | 174.66 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 3,635.66 | 4,427.45 | 4,074.83 | 386.73 | 8.95% | 26.26% | 236.86 | 236.86 | 1.89 | 0.43 | 174.66 |
| 5601000 | GLENS FALLS HOSPITAL | 4,231.43 | 3,635.28 | 3,635.28 | 391.54 | 8.95% | 26.26% | 90.20 | 90.20 | 1.95 | 0.43 | 174.66 |
| 0101003 | MEMORIAL HOSP / ALBANY | 4,542.72 | 4,601.10 | 4,155.14 | 195.44 | 8.95% | 26.26% | 44.57 | 44.57 | 1.61 | 0.48 | 174.66 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 4,193.77 | 3,909.70 | 3,909.70 | 110.12 | 8.95% | 26.26% | 33.71 | 33.71 | 1.63 | 0.59 | 174.66 |
| 4102002 | SAMARITAN OF TROY | 3,969.97 | 4,312.30 | 4,142.17 | 199.04 | 8.95% | 26.26% | 37.69 | 37.69 | 1.98 | 0.31 | 174.66 |
| 4501000 | SARATOGA HOSPITAL | 3,863.88 | 3,186.47 | 3,186.47 | 184.72 | 8.95% | 26.26% | 33.16 | 33.16 | 1.67 | 0.44 | 174.66 |
| 4102003 | SETON HEALTH SYSTEMS | 3,895.70 | 4,193.02 | 4,125.59 | 119.43 | 8.95% | 26.26% | 66.82 | 66.82 | 1.77 | 0.42 | 174.66 |
| 2801001 | ST MARYS / AMSTERDAM | 3,941.66 | 3,418.85 | 3,418.85 | 50.30 | 8.95% | 26.26% | 13.84 | 13.84 | 1.91 | 0.35 | 174.66 |
| 0101004 | ST PETERS HOSPITAL | 3,645.00 | 3,405.93 | 3,405.93 | 170.80 | 8.95% | 26.26% | 52.89 | 52.89 | 1.55 | 0.39 | 174.66 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| UTICA REGION | | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 4,170.99 | 3,999.27 | 3,859.60 | 192.48 | 8.95% | 26.26% | 68.47 | 68.47 | 2.48 | 0.63 | 174.66 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 5,470.29 | 5,470.29 | 55.56 | 8.95% | 26.26% | 19.02 | 19.02 | 1.40 | 0.38 | 174.66 |
| 1624000 | ALICE HYDE MED CTR | 4,254.04 | 3,981.03 | 3,981.03 | 143.05 | 8.95% | 26.26% | 52.20 | 52.20 | 2.17 | 0.74 | 174.66 |
| 3801000 | AURELIA OSBORN FOX | 4,320.59 | 3,737.67 | 3,737.67 | 130.06 | 8.95% | 26.26% | 21.25 | 21.25 | 2.49 | 0.46 | 174.66 |
| 4429000 | CANTON-POTSDAM HOSP | 4,214.04 | 3,365.50 | 3,365.50 | 189.03 | 8.95% | 26.26% | 38.82 | 38.82 | 2.14 | 0.43 | 174.66 |
| 2238001 | CARTHAGE AREA HOSP | 4,365.12 | 3,499.75 | 3,499.75 | 219.59 | 8.95% | 26.26% | 90.90 | 90.90 | 1.60 | 0.54 | 174.66 |
| 0824000 | CHENANGO MEM HOSP | 4,346.42 | 4,505.93 | 4,061.24 | 63.41 | 8.95% | 26.26% | 55.20 | 55.20 | 2.46 | 0.76 | 174.66 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 4,048.96 | 4,048.96 | 187.84 | 8.95% | 26.26% | 31.78 | 31.78 | 2.57 | 0.43 | 174.66 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 4,433.59 | 3,679.47 | 3,679.47 | 180.74 | 8.95% | 26.26% | 84.84 | 84.84 | 1.92 | 0.71 | 174.66 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 4,386.68 | 4,386.68 | 75.89 | 8.95% | 26.26% | 40.83 | 40.83 | 1.97 | 0.82 | 174.66 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 4,178.35 | 3,799.14 | 3,799.14 | 131.78 | 8.95% | 26.26% | 14.67 | 14.67 | 1.47 | 0.37 | 174.66 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 5,752.60 | 5,752.60 | 159.93 | 8.95% | 26.26% | 62.12 | 62.12 | 2.48 | 0.97 | 174.66 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 4,718.12 | 4,463.54 | 4,074.83 | 497.67 | 8.95% | 26.26% | 203.69 | 203.69 | 4.84 | 1.11 | 174.66 |
| 4402000 | MASSENA MEMORIAL HOSP | 4,582.70 | 3,974.83 | 3,974.83 | 110.96 | 8.95% | 26.26% | 63.76 | 63.76 | 1.41 | 0.48 | 174.66 |
| 2601001 | ONEIDA HEALTHCARE CTR | 4,034.36 | 3,688.54 | 3,688.54 | 105.31 | 8.95% | 26.26% | 31.07 | 31.07 | 1.84 | 0.64 | 174.66 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | |
|--|-----------------------------|--------------|--------------|--------------|--------------|-------------|---------------------------------|-----------|----------|------------|
| HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | | | |
| ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | | =HIGH COST OUTLIER CALCULATION= | | | |
| | | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | |
| | | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | | |
| | | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | NON- | PURE GROUP |
| | | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | PRICE FOR |
| | | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | LONG STAY |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | NORTHEASTERN REGION | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 633.44 | 633.32 | (2,574.68) | (2,574.68) | 0.00 | 0.00 | 0.713104 | 1.8765 | 4,724.30 |
| 0101000 | ALBANY MED CTR | 44.38 | 44.38 | 24.45 | 24.45 | 0.00 | 0.00 | 0.405195 | 2.1644 | 4,495.99 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.912445 | 0.0000 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 8.35 | 8.35 | 11.57 | 11.57 | 0.00 | 0.00 | 0.495574 | 1.2253 | 4,393.40 |
| 4720001 | COBLESKILL REG HOSP | 834.09 | 834.09 | 26.46 | 26.46 | 0.00 | 0.00 | 0.744122 | 1.0706 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.823872 | 0.0000 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.650201 | 0.0000 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 57.59 | 57.59 | 1,219.88 | 1,219.88 | 0.00 | 0.00 | 0.267980 | 2.1678 | 3,817.51 |
| 5601000 | GLENS FALLS HOSPITAL | 18.07 | 18.07 | 106.05 | 106.05 | 0.00 | 0.00 | 0.473649 | 1.3010 | 4,297.50 |
| 0101003 | MEMORIAL HOSP / ALBANY | (11.49) | (11.49) | (9.73) | (9.73) | 0.00 | 0.00 | 0.534761 | 1.8686 | 4,641.97 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | (207.28) | (207.28) | (25.24) | (25.24) | 0.00 | 0.00 | 0.542522 | 0.9214 | 4,267.82 |
| 4102002 | SAMARITAN OF TROY | (4.86) | (4.86) | (44.51) | (44.51) | 0.00 | 0.00 | 0.468972 | 1.2662 | 4,049.03 |
| 4501000 | SARATOGA HOSPITAL | (82.87) | (82.87) | (66.48) | (66.48) | 0.00 | 0.00 | 0.392776 | 1.3009 | 3,921.88 |
| 4102003 | SETON HEALTH SYSTEMS | 825.46 | 825.46 | 120.33 | 120.33 | 0.00 | 0.00 | 0.385267 | 1.1022 | 3,951.17 |
| 2801001 | ST MARYS / AMSTERDAM | 26.37 | 26.37 | (1.90) | (1.90) | 0.00 | 0.00 | 0.566233 | 1.0912 | 3,989.56 |
| 0101004 | ST PETERS HOSPITAL | (58.96) | (58.96) | 37.79 | 37.79 | 0.00 | 0.00 | 0.356580 | 1.4600 | 3,793.28 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.513890 | 0.0000 | 0.00 |
| | UTICA REGION | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 415.59 | 415.59 | 82.24 | 82.24 | 0.00 | 0.00 | 0.589514 | 1.3996 | 4,065.29 |
| 3701000 | ALBERT LINDLEY LEE | (80.47) | (80.47) | 14.02 | 14.02 | 0.00 | 0.00 | 0.493643 | 1.2686 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 280.54 | 280.54 | 18.92 | 18.92 | 0.00 | 0.00 | 0.603269 | 0.9769 | 4,139.34 |
| 3801000 | AURELIA OSBORN FOX | 15.55 | 15.55 | (61.65) | (61.65) | 0.00 | 0.00 | 0.605579 | 0.9933 | 4,392.28 |
| 4429000 | CANTON-POTSDAM HOSP | 109.95 | 109.95 | (60.05) | (60.05) | 0.00 | 0.00 | 0.614393 | 0.8978 | 4,106.25 |
| 2238001 | CARTHAGE AREA HOSP | 317.39 | 317.39 | 66.13 | 66.13 | 0.00 | 0.00 | 0.715792 | 0.7971 | 4,265.75 |
| 0824000 | CHENANGO MEM HOSP | 10.30 | 10.30 | 119.59 | 119.59 | 0.00 | 0.00 | 0.530550 | 1.0089 | 4,246.42 |
| 4401000 | CLAXTON-HEPBURN MED CTR | (123.36) | (123.36) | (72.72) | (72.72) | 0.00 | 0.00 | 0.744759 | 0.9032 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.393836 | 0.0000 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 110.71 | 110.71 | 50.83 | 50.83 | 0.00 | 0.00 | 0.541904 | 1.3461 | 4,326.83 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 321.74 | 321.74 | 45.36 | 45.36 | 0.00 | 0.00 | 0.692889 | 0.7879 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 25.18 | 25.18 | (82.32) | (82.32) | 0.00 | 0.00 | 0.482840 | 1.0478 | 4,231.44 |
| 2424000 | LEWIS COUNTY GENERAL | (1,212.28) | (1,212.28) | 38.72 | 38.72 | 0.00 | 0.00 | 0.615709 | 0.8819 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.575639 | 0.0000 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | (63.14) | (63.14) | 263.54 | 263.54 | 0.00 | 0.00 | 0.523607 | 1.5513 | 4,931.44 |
| 4402000 | MASSENA MEMORIAL HOSP | 108.02 | 108.02 | 92.01 | 92.01 | 0.00 | 0.00 | 0.658211 | 0.9103 | 4,480.06 |
| 2601001 | ONEIDA HEALTHCARE CTR | 18.91 | 18.91 | (11.30) | (11.30) | 0.00 | 0.00 | 0.494916 | 0.8951 | 4,092.99 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|---|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| UTICA REGION | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 205.15 | 653.85 | (19.02) | (19.02) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 214.24 | 858.03 | (20.65) | (20.65) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 212.15 | 529.47 | (32.55) | (32.55) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 5601000 | GLENS FALLS HOSPITAL | 222.28 | 633.22 | 65.55 | 65.55 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 201.37 | 510.36 | (115.36) | (115.36) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.31 |
| 4501000 | SARATOGA HOSPITAL | 209.57 | 670.94 | 77.19 | 77.19 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.44 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 187.05 | 679.51 | (124.04) | (124.04) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 257.32 | 352.27 | 63.81 | 63.81 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.63 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 174.66 | 655.77 | 117.27 | 117.27 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.46 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 204.14 | 495.43 | 34.85 | 34.85 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 197.75 | 413.05 | 38.97 | 38.97 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 218.83 | 538.91 | (21.77) | (21.77) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.11 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 265.81 | 1,181.70 | 12.35 | 12.35 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| UTICA REGION | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 190.84 | 453.55 | (51.56) | (51.56) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.42 |
| 2801001 | ST MARYS / AMSTERDAM | 187.55 | 286.18 | (103.11) | (103.11) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.35 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 221.20 | 237.46 | (90.74) | (90.74) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS-COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|----------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | PER | |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | DIEM | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|---|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, 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 |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 228.40 | 1,429.26 | (459.45) | (459.45) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.67 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 468.83 | 1,335.96 | (1,436.03) | (1,436.03) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.38 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| UTICA REGION | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSP | 191.45 | 2,813.34 | (16.62) | (16.62) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 2.73 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 215.47 | 1,638.25 | 306.87 | 306.87 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.70 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|-------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 220.35 | 954.46 | 148.48 | 148.48 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 2801000 | AMSTERDAM MEM HOSP | 193.83 | 712.27 | 13.05 | 13.05 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 1.95 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | COBLESKILL REG HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 210.75 | 590.25 | 19.99 | 19.99 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 278.39 | 851.99 | 222.54 | 222.54 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 0101003 | MEMORIAL HOSP / ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 218.81 | 1,198.83 | (141.32) | (141.32) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.39 |
| 4601004 | SUNNYVIEW HOSP & REHAB | 205.69 | 773.21 | 8.35 | 8.35 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.25 |
| UTICA REGION | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 174.66 | 2,291.73 | 1,291.99 | 1,291.99 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.54 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 236.50 | 842.57 | 128.73 | 128.73 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 4458700 | CLIFTON-FINE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 191.66 | 402.47 | (259.80) | (259.80) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|------------------------|--------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLENDED CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | TOP 20 DRG | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | EXCLUDING | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 3702000 | OSWEGO HOSPITAL | 4,236.23 | 4,105.28 | 4,105.28 | 265.50 | 8.95% | 26.26% | 117.30 | 117.30 | 1.46 | 0.36 | 174.66 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 4,198.10 | 3,890.92 | 3,890.92 | 90.86 | 8.95% | 26.26% | 35.02 | 35.02 | 1.12 | 0.37 | 174.66 |
| 2201000 | SAMARITAN MED CTR | 3,916.41 | 3,429.68 | 3,429.68 | 125.74 | 8.95% | 26.26% | 44.63 | 44.63 | 1.89 | 0.41 | 174.66 |
| 3202002 | ST ELIZABETH MED CTR | 5,194.54 | 4,826.76 | 4,155.14 | 325.37 | 8.95% | 26.26% | 76.26 | 76.26 | 2.46 | 0.47 | 174.66 |

| | | WORKER'S COMPENSATION & NO-FAULT | | | | | | | | |
|---------|------------------------|--|--------------|--------------|--------------|-------------|-------------|---------------------------------|----------|------------|
| | | HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | |
| | | ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | |
| | | RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | |
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION= | | |
| | | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | |
| | | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | HIGH COST | NON- | PURE GROUP |
| | | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | CHARGE | CASE MIX | PRICE FOR |
| | | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CONVERTER | INDEX | LONG STAY |
| | | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | | | TEST ONLY |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 3702000 | OSWEGO HOSPITAL | 14.38 | 14.38 | 80.09 | 80.09 | 0.00 | 0.00 | 0.557463 | 0.8413 | 4,296.67 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.114510 | 0.0000 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 13.89 | 13.89 | 2.87 | 2.87 | 0.00 | 0.00 | 0.463264 | 1.0123 | 4,266.00 |
| 2201000 | SAMARITAN MED CTR | 25.18 | 25.18 | 30.57 | 30.57 | 0.00 | 0.00 | 0.572370 | 0.9738 | 3,969.86 |
| 3202002 | ST ELIZABETH MED CTR | (0.53) | (0.53) | 37.58 | 37.58 | 0.00 | 0.00 | 0.510911 | 2.5152 | 5,310.83 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|----------------------------|--|-----------------------------|-------------------------------|-------------------------|------------------------------------|------------------------------|------------------------------|----------------------------|-----------------------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE | PRODUCTIVITY & EFFICIENCY, & CAPITAL | W COMP ACUTE PER DIEM | NO-FAULT ACUTE PER DIEM | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM | |
| OPCERT | HOSPITAL NAME | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | | | | |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | | SPARCS |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | PER |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 3702000 | OSWEGO HOSPITAL | 230.05 | 781.33 | 88.48 | 88.48 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.36 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 200.27 | 510.89 | (42.57) | (42.57) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3202002 | ST ELIZABETH MED CTR | 200.33 | 624.99 | 76.41 | 76.41 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | SPARCS | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | PER | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | DIEM | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | |
| OPCERT | HOSPITAL NAME | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | | SPARCS |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | | PER |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 174.66 | 276.30 | (0.98) | (0.98) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|----------------------------|--|-----------------------------|-------------------------------|-------------------------|------------------------------------|----------------------|----------------------|------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE | PRODUCTIVITY & EFFICIENCY, & CAPITAL | W COMP ACUTE PER DIEM | NO-FAULT ACUTE PER DIEM | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL | WC EXCESS PHYS | NF EXCESS PHYS | | | SPARCS PER DIEM |
| OPCERT | HOSPITAL NAME | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | RETROACTIVE ADJUSTMENTS | |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | PER | |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | DIEM | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | PER |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | DIEM |
| OPCERT | HOSPITAL NAME | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 248.86 | 1,484.15 | 495.16 | 495.16 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 3.35 |
| 3201002 | ROME MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|------------------------|-----------|-----------|-----------|------------|--------|--------|------|------|-------------|-------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | SPARCS | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | RETROACTIVE | PER |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | PHYS | MALP | ADJUSTMENTS | DIEM |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | | | |
| OPCERT | HOSPITAL NAME | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221700 | RIVER HOSPITAL, INC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME MEMORIAL HOSPITAL | 217.01 | 620.18 | 2.78 | 2.78 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 2201000 | SAMARITAN MED CTR | 254.16 | 877.84 | (276.79) | (276.79) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|-----------------------------|--------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLENDED CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | TOP 20 DRG | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 4,530.09 | 3,835.98 | 3,835.98 | 208.58 | 8.95% | 26.26% | 60.36 | 60.36 | 2.19 | 0.53 | 174.66 |
| 0501000 | AUBURN MEMORIAL HOSP | 4,208.83 | 4,715.73 | 4,155.14 | 95.55 | 8.95% | 26.26% | 43.22 | 43.22 | 1.70 | 0.48 | 174.66 |
| 5401001 | CAYUGA MEDICAL CENTER | 4,301.76 | 3,953.27 | 3,953.27 | 265.05 | 8.95% | 26.26% | 69.62 | 69.62 | 2.35 | 0.51 | 174.66 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 4,597.97 | 4,356.42 | 4,124.43 | 51.77 | 8.95% | 26.26% | (0.57) | (0.57) | 1.47 | 0.37 | 174.66 |
| 5001000 | CORNING HOSPITAL | 4,475.96 | 4,451.47 | 3,974.49 | 246.32 | 8.95% | 26.26% | 209.85 | 209.85 | 2.24 | 0.83 | 174.66 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 4,927.87 | 4,927.87 | 154.13 | 8.95% | 26.26% | 48.86 | 48.86 | 1.77 | 0.53 | 174.66 |
| 3301008 | CROUSE HOSPITAL | 4,327.27 | 4,129.66 | 4,074.83 | 178.70 | 8.95% | 26.26% | 17.67 | 17.67 | 1.74 | 0.39 | 174.66 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 4,501.31 | 4,501.31 | 74.62 | 8.95% | 26.26% | 38.13 | 38.13 | 1.97 | 0.79 | 174.66 |
| 0301001 | OUR LADY OF LOURDES | 4,228.83 | 3,693.58 | 3,693.58 | 119.00 | 8.95% | 26.26% | 39.01 | 39.01 | 2.45 | 0.78 | 174.66 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 4,819.41 | 4,819.41 | 115.21 | 8.95% | 26.26% | 47.13 | 47.13 | 3.91 | 0.43 | 174.66 |
| 0701001 | ST JOSEPHS / ELMIRA | 4,397.64 | 4,595.56 | 4,042.14 | 92.73 | 8.95% | 26.26% | 4.98 | 4.98 | 2.35 | 0.24 | 174.66 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 4,227.54 | 3,808.28 | 3,808.28 | 297.11 | 8.95% | 26.26% | 92.12 | 92.12 | 2.16 | 0.48 | 174.66 |
| 0303001 | UNITED HEALTH SERVICES | 4,203.79 | 4,415.23 | 4,052.64 | 253.38 | 8.95% | 26.26% | 42.16 | 42.16 | 2.76 | 0.47 | 174.66 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 5,760.30 | 4,887.36 | 4,887.36 | 590.33 | 8.95% | 26.26% | 117.01 | 117.01 | 4.44 | 0.69 | 174.66 |
| | ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 4,078.78 | 4,315.18 | 3,820.35 | 366.40 | 8.95% | 26.26% | 36.69 | 36.69 | 6.03 | 0.38 | 174.66 |
| 3429000 | F F THOMPSON HOSPITAL | 4,000.72 | 3,374.03 | 3,374.03 | 304.47 | 8.95% | 26.26% | 85.33 | 85.33 | 2.14 | 0.69 | 174.66 |
| 3402000 | GENEVA GENERAL HOSP | 4,103.07 | 3,765.40 | 3,765.40 | 201.77 | 8.95% | 26.26% | 54.05 | 54.05 | 2.12 | 0.66 | 174.66 |
| 2701001 | HIGHLAND OF ROCHESTER | 4,417.31 | 4,347.93 | 4,074.83 | 134.29 | 8.95% | 26.26% | 25.41 | 25.41 | 1.42 | 0.41 | 174.66 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 4,313.28 | 4,225.84 | 4,027.17 | 320.39 | 8.95% | 26.26% | 43.55 | 43.55 | 1.50 | 0.44 | 174.66 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 5,323.94 | 4,943.42 | 4,061.24 | 775.43 | 8.95% | 26.26% | 545.77 | 545.77 | 461.00 | 129.07 | 174.66 |
| 2527000 | NICHOLAS H NOYES MEM | 4,254.54 | 3,711.53 | 3,711.53 | 234.56 | 8.95% | 26.26% | 80.50 | 80.50 | 1.65 | 0.53 | 174.66 |
| 2701003 | ROCHESTER GENERAL HOSP | 4,480.28 | 4,394.43 | 4,074.83 | 336.56 | 8.95% | 26.26% | 102.24 | 102.24 | 2.17 | 0.53 | 174.66 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 4,988.27 | 4,922.75 | 4,922.75 | 525.95 | 8.95% | 26.26% | 90.14 | 90.14 | 3.43 | 0.49 | 174.66 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 4,246.83 | 4,785.77 | 4,074.83 | 258.55 | 8.95% | 26.26% | 55.92 | 55.92 | 3.42 | 0.51 | 174.66 |
| 5820000 | WAYNE HEALTH CARE | 3,892.76 | 4,181.96 | 4,155.14 | 172.80 | 8.95% | 26.26% | 55.89 | 55.89 | 2.03 | 0.46 | 174.66 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | |
|--|-----------------------------|--------------|--------------|--------------|-------------|---------------------------------|-----------|----------|----------|------------|
| HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | | | |
| ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION= | | | | |
| | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | | |
| | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | | NON- | PURE GROUP |
| | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | MEDICARE | CASE MIX | PRICE FOR |
| | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | INDEX | LONG STAY |
| | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | | TEST ONLY |
| OPCERT | HOSPITAL NAME | | | | | | | | | |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| CENTRAL REGION | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 29.87 | 29.87 | 72.03 | 72.03 | 0.00 | 0.00 | 0.473613 | 1.5056 | 4,588.68 |
| 0501000 | AUBURN MEMORIAL HOSP | 20.00 | 20.00 | 26.85 | 26.85 | 0.00 | 0.00 | 0.558027 | 1.0835 | 4,272.53 |
| 5401001 | CAYUGA MEDICAL CENTER | 19.21 | 19.21 | (23.87) | (23.87) | 0.00 | 0.00 | 0.736973 | 1.1457 | 4,378.20 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 16.50 | 16.50 | (53.20) | (53.20) | 0.00 | 0.00 | 0.557288 | 1.0866 | 4,669.23 |
| 5001000 | CORNING HOSPITAL | 1.79 | 1.79 | 368.20 | 368.20 | 0.00 | 0.00 | 0.617242 | 1.0618 | 4,558.06 |
| 1101000 | CORTLAND REGIONAL MED CTR | (31.21) | (31.21) | 8.07 | 8.07 | 0.00 | 0.00 | 0.660424 | 0.9246 | 0.00 |
| 3301008 | CROUSE HOSPITAL | (4.82) | (4.82) | (96.70) | (96.70) | 0.00 | 0.00 | 0.516118 | 1.4017 | 4,467.99 |
| 5022000 | IRA DAVENPORT MEMORIAL | 1,060.54 | 1,060.54 | 45.05 | 45.05 | 0.00 | 0.00 | 0.632689 | 1.0255 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 18.62 | 18.62 | 10.14 | 10.14 | 0.00 | 0.00 | 0.586631 | 1.1331 | 4,292.74 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.571701 | 0.0000 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | (623.21) | (623.21) | 27.84 | 27.84 | 0.00 | 0.00 | 0.541880 | 0.8852 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | (39.95) | (39.95) | (67.63) | (67.63) | 0.00 | 0.00 | 0.485773 | 1.4085 | 4,520.10 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | (49.43) | (49.43) | 55.75 | 55.75 | 0.00 | 0.00 | 0.468606 | 1.6667 | 4,413.38 |
| 0303001 | UNITED HEALTH SERVICES | (66.70) | (66.70) | (44.72) | (44.72) | 0.00 | 0.00 | 0.548123 | 1.7047 | 4,421.87 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 7.45 | 7.45 | 93.74 | 93.74 | 0.00 | 0.00 | 0.680210 | 2.6318 | 5,892.67 |
| ROCHESTER REGION | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 1,349.16 | 1,349.16 | (25.31) | (25.31) | 0.00 | 0.00 | 0.558577 | 1.8981 | 4,081.04 |
| 3429000 | F F THOMPSON HOSPITAL | 23.19 | 23.19 | 58.87 | 58.87 | 0.00 | 0.00 | 0.635419 | 1.1123 | 4,052.71 |
| 3402000 | GENEVA GENERAL HOSP | (79.91) | (79.91) | (15.26) | (15.26) | 0.00 | 0.00 | 0.617419 | 1.0360 | 4,171.08 |
| 2701001 | HIGHLAND OF ROCHESTER | (48.98) | (48.98) | (36.72) | (36.72) | 0.00 | 0.00 | 0.605285 | 1.2027 | 4,618.28 |
| 2728001 | LAKESIDE MEMORIAL HOSP | (72.12) | (72.12) | 30.06 | 30.06 | 0.00 | 0.00 | 0.463833 | 1.2690 | 4,213.83 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 225.32 | 225.32 | 316.11 | 316.11 | 0.00 | 0.00 | 1.991723 | 0.0000 | 5,056.10 |
| 2527000 | NICHOLAS H NOYES MEM | 155.02 | 155.02 | 30.77 | 30.77 | 0.00 | 0.00 | 0.540188 | 1.0589 | 4,147.28 |
| 2701003 | ROCHESTER GENERAL HOSP | (59.89) | (59.89) | 79.39 | 79.39 | 0.00 | 0.00 | 0.525322 | 1.7434 | 4,684.91 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.712880 | 0.0000 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 2.53 | 2.53 | 42.93 | 42.93 | 0.00 | 0.00 | 0.563242 | 2.4108 | 5,106.61 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | (105.86) | (105.86) | (47.76) | (47.76) | 0.00 | 0.00 | 0.616456 | 1.5138 | 4,428.77 |
| 5820000 | WAYNE HEALTH CARE | 10.53 | 10.53 | 17.73 | 17.73 | 0.00 | 0.00 | 0.496368 | 0.9205 | 3,954.57 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|----------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| SPECIALTY | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | SPARCS | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | PER DIEM | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 202.87 | 544.72 | 139.38 | 139.38 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.48 |
| 5401001 | CAYUGA MEDICAL CENTER | 224.89 | 491.07 | (6.62) | (6.62) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 267.11 | 1,106.41 | 423.94 | 423.94 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.53 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 203.55 | 635.99 | (28.17) | (28.17) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 0701001 | ST JOSEPHS / ELMIRA | 188.72 | 637.24 | (120.24) | (120.24) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.24 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 215.50 | 455.64 | (11.83) | (11.83) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.48 |
| 0303001 | UNITED HEALTH SERVICES | 210.69 | 795.60 | 181.37 | 181.37 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 215.09 | 745.32 | (58.84) | (58.84) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.69 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 202.13 | 592.81 | (185.42) | (185.42) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.38 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 220.96 | 587.80 | 3.93 | 3.93 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.53 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 207.23 | 609.03 | 63.20 | 63.20 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.83 |
| 2701005 | STRONG MEMORIAL HOSP | 224.94 | 597.21 | (146.09) | (146.09) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.49 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 205.46 | 660.12 | 97.11 | 97.11 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5820000 | WAYNE HEALTH CARE | 199.00 | 744.82 | (57.42) | (57.42) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.46 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| | CENTRAL REGION | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | ROCHESTER REGION | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 194.99 | 241.83 | 31.92 | 31.92 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |
| 0701001 | ST JOSEPHS / ELMIRA | 188.38 | 316.48 | (68.81) | (68.81) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.24 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 221.05 | 479.55 | 22.47 | 22.47 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 192.45 | 231.83 | (93.78) | (93.78) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.38 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 192.69 | 395.92 | (115.29) | (115.29) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|-----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | CENTRAL REGION | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| | ROCHESTER REGION | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|----------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | SPARCS | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | PER DIEM | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 345.21 | 1,766.56 | 10.46 | 10.46 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.49 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|---------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | ----- (81) | ----- (82) | ----- (83) | ----- (84) | ----- (85) | ----- (86) | ----- (87) | ----- (88) | ----- (89) | ----- (90) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 200.17 | 1,154.66 | 27.99 | 27.99 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.85 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 287.08 | 1,612.22 | 225.33 | 225.33 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.83 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|-----------------------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|-------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM | | | | | | | | | |
| | | INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | |
| | LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | SPARCS |
| | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | PER |
| | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | DIEM |
| OPCERT | HOSPITAL NAME | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| | CENTRAL REGION | | | | | | | | | | |
| 0701000 | ARNOT OGDEN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 247.09 | 856.15 | (276.88) | (276.88) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 3301000 | COMM-GEN / GTR SYRACUSE | 208.04 | 1,021.82 | 432.97 | 432.97 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.37 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823700 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 210.63 | 1,069.10 | (120.83) | (120.83) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.24 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 232.93 | 539.76 | 54.01 | 54.01 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.47 |
| 3301007 | UNIV HOSP SUNY HLTH SCIENCE | 251.29 | 1,167.28 | (186.56) | (186.56) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.69 |
| | ROCHESTER REGION | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 260.82 | 768.88 | (256.76) | (256.76) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.66 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 280.92 | 1,476.02 | (25.04) | (25.04) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.53 |
| 6120700 | SOLDIERS AND SAILORS MEMORI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 237.62 | 1,061.10 | (193.61) | (193.61) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.49 |
| 2754001 | UNITY HOSPITAL/ROCHESTER | 244.23 | 967.47 | (17.74) | (17.74) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | | |
|--|----------------------------|-------------|------------|----------------|-----------|------------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| | | BLEND CASE | | CAPITAL COST | | | | W COMP | NO-FAULT | | | |
| | | MIX NEUTRAL | | PER CASE (EXCL | | | | SHORT | SHORT | | | |
| | LONG STAY | RATE INCL | | CAPITAL PROSP) | PUBLIC | ADDITIONAL | | STAY | STAY | | | ALTERNATE |
| | GROUP | BASIC MALP | TOP 20 DRG | LESS PROD & | GOODS | PUBLIC | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | LEVEL OF CARE |
| | NEUTRAL | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | | CAPITAL | CAPITAL | RATE | RATE | OPERATING |
| | COST/DISCH | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| OPCERT | HOSPITAL NAME | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 4,350.44 | 5,424.75 | 4,061.24 | 84.78 | 8.95% | 26.26% | (91.52) | (91.52) | 1.67 | 0.53 | 174.66 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 4,597.64 | 4,597.64 | 78.62 | 8.95% | 26.26% | 56.15 | 56.15 | 1.09 | 0.43 | 174.66 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 4,649.62 | 5,054.26 | 5,054.26 | 419.34 | 8.95% | 26.26% | 64.31 | 64.31 | 4.39 | 0.41 | 174.66 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 4,366.85 | 3,937.62 | 3,937.62 | 46.58 | 8.95% | 26.26% | 34.90 | 34.90 | 1.03 | 0.26 | 174.66 |
| 0228000 | JONES MEMORIAL HOSP | 4,194.34 | 4,385.10 | 4,061.24 | 231.57 | 8.95% | 26.26% | 96.07 | 96.07 | 1.46 | 0.51 | 174.66 |
| 1401014 | KALEIDA HEALTH | 4,169.34 | 4,205.91 | 4,074.83 | 427.40 | 8.95% | 26.26% | 102.63 | 102.63 | 2.25 | 0.45 | 174.66 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 4,169.34 | 4,205.91 | 4,074.83 | 427.40 | 8.95% | 26.26% | 102.63 | 102.63 | 2.25 | 0.45 | 174.66 |
| 1401009 | KALEIDA HLTH (MILLARD) | 4,169.34 | 4,205.91 | 4,074.83 | 427.40 | 8.95% | 26.26% | 102.63 | 102.63 | 2.25 | 0.45 | 174.66 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 4,361.87 | 4,361.87 | 306.79 | 8.95% | 26.26% | 55.33 | 55.33 | 1.58 | 0.33 | 174.66 |
| 1404000 | KENMORE MERCY HOSP | 4,128.65 | 4,648.45 | 4,155.14 | 159.04 | 8.95% | 26.26% | 57.12 | 57.12 | 1.73 | 0.42 | 174.66 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 4,306.56 | 3,780.19 | 3,780.19 | (31.61) | 8.95% | 26.26% | (50.23) | (50.23) | 1.23 | 0.22 | 174.66 |
| 3622000 | MEDINA MEMORIAL HOSP | 4,026.40 | 3,122.59 | 3,122.59 | 65.68 | 8.95% | 26.26% | 29.39 | 29.39 | 1.59 | 0.31 | 174.66 |
| 1401008 | MERCY HOSP OF BUFFALO | 2,197.69 | 3,744.61 | 3,744.61 | 135.62 | 8.95% | 26.26% | 39.43 | 39.43 | 1.25 | 0.36 | 174.66 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 4,503.13 | 4,368.57 | 4,155.14 | 121.69 | 8.95% | 26.26% | 16.72 | 16.72 | 1.50 | 0.33 | 174.66 |
| 3102000 | NIAGARA FALLS MEMORIAL | 4,599.17 | 5,043.66 | 4,155.14 | 193.63 | 8.95% | 26.26% | 65.89 | 65.89 | 2.44 | 0.29 | 174.66 |
| 0401001 | OLEAN GENERAL HOSP | 4,077.66 | 3,764.14 | 3,764.14 | 153.56 | 8.95% | 26.26% | 47.85 | 47.85 | 1.16 | 0.30 | 174.66 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 4,699.83 | 5,483.29 | 4,061.24 | 21.39 | 8.95% | 26.26% | (25.59) | (25.59) | 1.43 | 0.11 | 174.66 |
| 1401013 | SISTERS OF CHARITY HOSP | 3,789.98 | 3,431.01 | 3,431.01 | 118.41 | 8.95% | 26.26% | 23.55 | 23.55 | 1.43 | 0.38 | 174.66 |
| 1455000 | ST JOSEPHS HOSPITAL | 4,250.70 | 4,033.17 | 4,033.17 | 118.00 | 8.95% | 26.26% | 25.90 | 25.90 | 1.37 | 0.32 | 174.66 |
| 0427000 | TLC HEALTH NETWORK | 4,265.03 | 4,031.64 | 3,875.69 | 73.58 | 8.95% | 26.26% | 30.33 | 30.33 | 4.50 | 0.31 | 174.66 |
| 1801000 | UNITED MEMORIAL MED CTR | 4,042.15 | 4,339.31 | 4,155.14 | 130.17 | 8.95% | 26.26% | 25.06 | 25.06 | 1.62 | 0.33 | 174.66 |
| 0632000 | WESTFIELD MEM HOSP | 3,904.15 | 3,067.89 | 3,067.89 | 136.87 | 8.95% | 26.26% | 51.99 | 51.99 | 1.34 | 0.57 | 174.66 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 4,303.83 | 4,048.16 | 4,048.16 | 43.91 | 8.95% | 26.26% | (14.21) | (14.21) | 2.11 | 0.34 | 174.66 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 5,049.44 | 5,049.44 | 20.01 | 8.95% | 26.26% | 15.06 | 15.06 | 1.95 | 0.43 | 174.66 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | |
|--|----------------------------|--------------|--------------|--------------|-------------|-------------|---------------------------------|----------|-----------|------------|
| HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) | | | | | | | | | | |
| ACUTE AND ALC IN CASE PAYMENT UNIT | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | |
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | | =HIGH COST OUTLIER CALCULATION= | | | |
| | W COMP | NO-FAULT | W COMP | NO-FAULT | W COMP | NO-FAULT | | | | |
| | BLENDED CASE | BLENDED CASE | CAPITAL COST | CAPITAL COST | EXCESS | EXCESS | | | NON- | PURE GROUP |
| | MIX NEUTRAL | MIX NEUTRAL | PER CASE | PER CASE | PHYS MALP | PHYS MALP | HIGH COST | MEDICARE | CASE MIX | PRICE FOR |
| | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | PROSPECTIVE | CHARGE | CASE MIX | LONG STAY | |
| | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | ADJUSTMENT | CONVERTER | INDEX | TEST ONLY | |
| OPCERT | HOSPITAL NAME | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | WESTERN REGION | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 203.10 | 203.10 | (444.10) | (444.10) | 0.00 | 0.00 | 0.702912 | 1.1912 | 4,196.35 |
| 0601000 | BROOKS MEMORIAL HOSP | 190.18 | 190.18 | 42.93 | 42.93 | 0.00 | 0.00 | 0.653053 | 0.9228 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.943674 | 0.0000 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | (11.85) | (11.85) | (31.64) | (31.64) | 0.00 | 0.00 | 0.457873 | 2.4950 | 4,768.03 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 313.55 | 313.55 | 82.05 | 82.05 | 0.00 | 0.00 | 0.550556 | 1.0235 | 4,220.81 |
| 0228000 | JONES MEMORIAL HOSP | 212.53 | 212.53 | 62.67 | 62.67 | 0.00 | 0.00 | 0.547825 | 0.8925 | 4,122.84 |
| 1401014 | KALEIDA HEALTH | (198.01) | (198.01) | 25.50 | 25.50 | 0.00 | 0.00 | 0.392695 | 1.8241 | 4,388.20 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | (198.01) | (198.01) | 25.50 | 25.50 | 0.00 | 0.00 | 0.392695 | 1.8241 | 4,388.20 |
| 1401009 | KALEIDA HLTH (MILLARD) | (198.01) | (198.01) | 25.50 | 25.50 | 0.00 | 0.00 | 0.392695 | 1.8241 | 4,388.20 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.399428 | 1.4195 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | (29.60) | (29.60) | 77.66 | 77.66 | 0.00 | 0.00 | 0.423115 | 2.0715 | 4,221.69 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 22.28 | 22.28 | (55.38) | (55.38) | 0.00 | 0.00 | 0.592233 | 0.9594 | 4,366.32 |
| 3622000 | MEDINA MEMORIAL HOSP | 75.23 | 75.23 | 22.90 | 22.90 | 0.00 | 0.00 | 0.825302 | 1.0492 | 3,950.07 |
| 1401008 | MERCY HOSP OF BUFFALO | (1,375.65) | (1,375.65) | 1.18 | 1.18 | 0.00 | 0.00 | 0.410616 | 1.2916 | 3,653.13 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 4.61 | 4.61 | (60.34) | (60.34) | 0.00 | 0.00 | 0.491940 | 1.4902 | 4,584.93 |
| 3102000 | NIAGARA FALLS MEMORIAL | (8.34) | (8.34) | 50.20 | 50.20 | 0.00 | 0.00 | 0.448390 | 1.2732 | 4,691.75 |
| 0401001 | OLEAN GENERAL HOSP | 12.17 | 12.17 | (3.95) | (3.95) | 0.00 | 0.00 | 0.508975 | 0.9799 | 4,143.45 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.486051 | 0.0000 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 17.85 | 17.85 | (114.47) | (114.47) | 0.00 | 0.00 | 0.644917 | 0.8477 | 4,678.84 |
| 1401013 | SISTERS OF CHARITY HOSP | (31.07) | (31.07) | (34.05) | (34.05) | 0.00 | 0.00 | 0.438161 | 1.2130 | 3,942.63 |
| 1455000 | ST JOSEPHS HOSPITAL | 5.51 | 5.51 | 9.18 | 9.18 | 0.00 | 0.00 | 0.386657 | 2.0751 | 4,318.52 |
| 0427000 | TLC HEALTH NETWORK | (227.41) | (227.41) | 49.84 | 49.84 | 0.00 | 0.00 | 0.542500 | 1.3414 | 4,241.76 |
| 1801000 | UNITED MEMORIAL MED CTR | 71.52 | 71.52 | (58.84) | (58.84) | 0.00 | 0.00 | 0.489477 | 0.9318 | 4,017.87 |
| 0632000 | WESTFIELD MEM HOSP | 31.96 | 31.96 | (9.82) | (9.82) | 0.00 | 0.00 | 0.781185 | 0.8033 | 3,799.22 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 21.24 | 21.24 | (109.62) | (109.62) | 0.00 | 0.00 | 0.488817 | 1.0788 | 4,365.79 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 326.36 | 326.36 | 25.95 | 25.95 | 0.00 | 0.00 | 0.832037 | 0.9200 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|------|------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | SPARCS | | |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 301.47 | 1,907.31 | 104.60 | 104.60 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 2.36 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 203.62 | 681.80 | (23.55) | (23.55) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 200.14 | 519.49 | 41.42 | 41.42 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.45 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 204.03 | 546.64 | (6.30) | (6.30) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.29 |
| 0401001 | OLEAN GENERAL HOSP | 226.02 | 384.99 | (58.41) | (58.41) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.30 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 200.95 | 557.96 | (183.71) | (183.71) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 187.79 | 674.95 | (10.06) | (10.06) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 209.47 | 640.96 | (344.04) | (344.04) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.43 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ACUTE PER DIEM INCL BASIC MALP, ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| | WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 178.94 | 289.83 | (118.21) | (118.21) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 179.78 | 279.59 | (118.35) | (118.35) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.22 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 197.24 | 424.37 | (11.28) | (11.28) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.33 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 179.98 | 207.05 | (15.98) | (15.98) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1801000 | UNITED MEMORIAL MED CTR | 200.36 | 260.38 | (67.55) | (67.55) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.33 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 184.96 | 237.19 | (21.66) | (21.66) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 182.12 | 342.95 | 24.62 | 24.62 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.11 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|---|----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|------|----------|------|
| HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) | | | | | | | | | | | |
| RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| ACUTE PER DIEM | | | | | | | | | | | |
| INCL BASIC MALP, | | | | | | | | | | | |
| ALTERNATE | PRODUCTIVITY & | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | | | | |
| LEVEL OF CARE | EFFICIENCY, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | | | |
| PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | RETROACTIVE | | SPARCS | |
| INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | ADJUSTMENTS | | PER DIEM | |
| OPCERT | HOSPITAL NAME | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 252.85 | 827.73 | 58.26 | 58.26 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.33 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|----------------------------|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE LEVEL OF 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 |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 206.31 | 1,633.20 | 1,300.84 | 1,300.84 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 11.62 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 583.20 | 9,716.69 | 2,698.03 | 2,698.03 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 2.36 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2008 - 12/31/2008 (Revised) | | | | | | | | | | | |
|--|--|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|-------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| | | ACUTE PER DIEM INCL BASIC MALP, | | | | | | | | | |
| | ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL | 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 | |
| OPCERT | HOSPITAL NAME | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 233.13 | 675.84 | (126.84) | (126.84) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.41 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HEALTH | 251.87 | 505.02 | (239.26) | (239.26) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.45 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 251.87 | 505.02 | (239.26) | (239.26) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.45 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA/WOMEN AND CHILDREN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 221.27 | 660.80 | (92.55) | (92.55) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.42 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 215.60 | 607.89 | 72.47 | 72.47 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1401008 | MERCY HOSP OF BUFFALO | 212.67 | 1,214.13 | (7.06) | (7.06) | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.36 |
| 3121001 | MOUNT ST MARYS HOSP HLTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPHS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HEALTH NETWORK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 198.67 | 896.75 | 547.95 | 547.95 | 8.95% | 26.26% | 0.00 | 0.00 | 0.00 | 0.34 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

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

FACILITY NAME: Blythedale Children's Hospital

STATEWIDE RATE PERIOD: 07/01/08-12/31/08

OPERATING CERT: 5957000

APPEAL#:

| EFFECTIVE PERIOD | CASE PAYMENT | | | | | | | | | | |
|-------------------|------------------------------------|--|---------------------------------|--|-----------------------------|--|---|---|----------------------|----------------------|--|
| | 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) |
| 01/01/08-06/30/08 | \$0.00 | \$32,160.70 | \$32,160.70 | \$3,748.50 | 8.95% | 26.26% | \$59.83 | \$59.83 | \$16.81 | \$0.27 | \$267.20 |

| EFFECTIVE PERIOD | PROSPECTIVE ADJUSTMENTS | | | | | | HIGH COST OUTLIER CALCULATION | | |
|-------------------|--|--|---|---|--|--|-------------------------------|-----------------------------|--|
| | 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) |
| 01/01/08-06/30/08 | (\$29.62) | (\$29.62) | \$2,208.89 | \$2,208.89 | \$0.00 | \$0.00 | 0.421122 | 2.9354 | \$0.00 |

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

FACILITY NAME: Montefiore Medical Center

STATEWIDE RATE PERIOD: 07/01/08-12/31/08

APPEAL#:

OPERATING CERT: 7000006H

| EFFECTIVE PERIOD | CASE PAYMENT | | | | | | | | | | |
|------------------|------------------------------------|--|---------------------------------|--|-----------------------------|--|---|---|----------------------|----------------------|--|
| | 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) |
| 1/1/07-12/31/07 | \$7,948.80 | \$7,535.96 | \$6,426.32 | \$1,225.38 | 8.95% | 26.26% | \$164.02 | \$164.02 | \$3.95 | \$0.83 | \$261.04 |
| 1/1/08 - 6/30/08 | \$6,947.24 | \$7,025.26 | \$5,945.44 | \$981.87 | 8.95% | 26.26% | \$170.45 | \$170.45 | \$3.67 | \$0.76 | \$267.20 |

| EFFECTIVE PERIOD | PROSPECTIVE ADJUSTMENTS | | | | | | HIGH COST OUTLIER CALCULATION | | |
|------------------|--|--|---|---|--|--|-------------------------------|-----------------------------|--|
| | 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) |
| 1/1/07-12/31/07 | \$123.05 | \$123.05 | (\$513.72) | (\$513.72) | \$0.00 | \$0.00 | 0.295518 | 1.5788 | \$7,751.21 |
| 1/1/08 - 6/30/08 | (\$9.87) | (\$9.87) | (\$0.03) | (\$0.03) | \$0.00 | \$0.00 | 0.256166 | 1.6095 | \$7,149.69 |

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

FACILITY NAME: Montefiore North Division

STATEWIDE RATE PERIOD: July 2008 Statewide

OPERATING CERT: 7000005

APPEAL#:

| EFFECTIVE PERIOD | CASE PAYMENT | | | | | | | | | | |
|------------------|------------------------------------|--|---------------------------------|--|-----------------------------|--|---|---|----------------------|----------------------|--|
| | LONG STAY GROUP NEUTRAL COST/DISCH | BLEND 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) |
| 7/23/08-12/31/08 | \$6,956.42 | \$7,023.36 | \$5,975.84 | \$984.09 | 8.95% | 26.26% | \$170.48 | \$170.48 | \$3.67 | \$0.76 | |

| EFFECTIVE PERIOD | PROSPECTIVE ADJUSTMENTS | | | | | | HIGH COST OUTLIER CALCULATION | | |
|------------------|--|--|---|---|--|--|-------------------------------|-----------------------------|--|
| | 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) |
| 7/23/08-12/31/08 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.256166 | 1.6058 | \$7,157.18 |

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

FACILITY NAME: Our Lady of Mercy Medical Center

STATEWIDE RATE PERIOD: 07/01/08-12/31/08

OPERATING CERT: 7000005H

APPEAL#:

| EFFECTIVE PERIOD | CASE PAYMENT | | | | | | | | | | |
|-------------------|------------------------------------|--|---------------------------------|--|-----------------------------|--|---|---|----------------------|----------------------|--|
| | LONG STAY GROUP NEUTRAL COST/DISCH | BLEND 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) |
| 01/01/07-12/31/07 | \$6,798.37 | \$6,847.33 | \$6,551.17 | \$204.08 | 8.95% | 26.26% | \$17.83 | \$17.93 | \$1.95 | \$0.41 | \$261.04 |
| 01/01/08-06/30/08 | \$5,897.83 | \$6,511.47 | \$6,175.84 | \$168.09 | 8.95% | 26.26% | \$32.28 | \$32.28 | \$1.86 | \$0.39 | \$267.20 |

| EFFECTIVE PERIOD | PROSPECTIVE ADJUSTMENTS | | | | | | HIGH COST OUTLIER CALCULATION | | |
|-------------------|--|--|---|---|--|--|-------------------------------|-----------------------------|--|
| | 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) |
| 01/01/07-12/31/07 | \$538.17 | \$540.04 | (\$246.67) | (\$246.67) | \$0.00 | \$0.00 | 0.502223 | 1.2105 | \$6,382.37 |
| 01/01/08-06/30/08 | \$9.50 | \$9.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.398705 | 1.1425 | \$6,084.00 |

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

FACILITY NAME: Our Lady of Mercy Medical Center

OPERATING CERT: 7000005H

STATEWIDE RATE PERIOD: 07/01/08-12/31/08

APPEAL#:

| EFFECTIVE PERIOD | ===== PSYCH ===== | | | | | | | | | |
|-------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| | 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 |
| | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 01/01/07-12/31/07 | \$380.53 | \$905.84 | (\$127.71) | (\$127.71) | 8.95% | 26.26% | \$0.00 | \$0.00 | \$0.00 | \$0.41 |
| 01/01/08-06/30/08 | \$286.02 | \$698.72 | (\$4.12) | (\$4.12) | 8.95% | 26.26% | \$0.00 | \$0.00 | \$0.00 | \$0.39 |

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

FACILITY NAME: St. Clare's Hospital - Schenectady

STATEWIDE RATE PERIOD: 07/01/08 - 12/31/08

OPERATING CERT: 4601002H

APPEAL#:

| EFFECTIVE PERIOD | CASE PAYMENT | | | | | | | | | | |
|-------------------|------------------------------------|---|---------------------------------|--|-----------------------------|--|---|---|----------------------|----------------------|--|
| | LONG STAY GROUP NEUTRAL COST/DISCH | BLENDLED 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) |
| 01/01/07-12/31/07 | \$5,157.51 | \$5,098.41 | \$4,185.96 | \$103.67 | 8.95% | 26.26% | \$24.48 | \$24.48 | \$1.72 | \$0.48 | \$171.63 |
| 01/01/08-06/30/08 | \$4,973.60 | \$4,955.53 | \$4,111.15 | \$362.81 | 8.95% | 26.26% | \$119.04 | \$119.04 | \$1.68 | \$0.49 | \$175.68 |

| EFFECTIVE PERIOD | PROSPECTIVE ADJUSTMENTS | | | | | | HIGH COST OUTLIER CALCULATION | | |
|-------------------|--|--|---|---|--|--|-------------------------------|-----------------------------|--|
| | 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) |
| 01/01/07-12/31/07 | \$64.24 | \$64.24 | (\$14.65) | (\$14.65) | \$0.00 | \$0.00 | 0.596353 | 1.2580 | \$5,106.80 |
| 01/01/08-06/30/08 | (\$17.18) | (\$17.18) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.639097 | 1.1674 | \$5,105.16 |

| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
|---|---|---|--|
| INLIER PAYMENT: | | <u>Data Source and Formulas</u> | <u>Data Source and Formulas</u> |
| DOES CASE QUALIFY FOR INLIER PAYMENT?: | | | |
| (1) | Total Number of Days in Stay (including ALC) | Medical Record | Medical Record |
| (2) | Alternate Level of Care (ALC) days | Medical Record | Medical Record |
| (3) | Acute Care Days excluding ALC | Line 1 - Line 2 | Line 1 - Line 2 |
| (4) | DRG Classification | Assigned by Grouper | Assigned by Grouper |
| (5) | Short Stay Trimpoint | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (6) | Long Stay Trimpoint | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (7) | Qualifies for Inlier Payment | If Line 3 is \geq Line 5 and \leq Line 6 | If Line 3 is \geq Line 5 and \leq Line 6 |
| CALCULATION OF INLIER PAYMENT: | | | |
| (1) | Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective or Top 20 DRG Excluding Operating Prospective | Column 2 or Column 3 | Column 2 or Column 3 |
| (2) | Blended Case Mix Neutral Prospective Adjustment | Column 12 | Column 13 |
| (3) | Blended Case Mix Neutral Rate or Top 20 DRG Payment Amount | Line 1 + Line 2 | Line 1 + Line 2 |
| (4) | Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (5) | Blended Case Mix Neutral Rate or Top 20 DRG Weighted Operating Component | Line 3 x Line 4 | Line 3 x Line 4 |
| (6) | Capital Cost per Case (excluding Capital Prospective) Less Productivity & Efficiency Plus HIV | Column 4 | Column 4 |
| (7) | Capital Cost Per Case Prospective Adjustment | Column 14 | Column 15 |
| (8) | Inlier DRG Subtotal (Operating and Capital) | Line 5 + Line 6 + Line 7 | Line 5 + Line 6 + Line 7 |
| (9) | Excess Physicians Malpractice Prospective Adjustment | Column 16 | Column 17 |
| (10) | SPARCS Rate Per Case | Column 9 | Column 9 |
| (11) | Inlier Payment Prior to Public Goods Pool Surcharge | Line 8 + Line 9 + Line 10 | Line 8 + Line 9 + Line 10 |
| (12a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (12b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (13a) | Payment to Hospital - Surcharge paid Directly to pool | Line 11 | Line 11 |
| (13b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 11 + Line 12b | Line 11 + Line 12b |
| ALTERNATE LEVEL OF CARE PAYMENT: | | <u>Data Source and Formulas</u> | <u>Data Source and Formulas</u> |
| (1) | Alternate Level of Care Operating Per Diem | Column 11 | Column 11 |
| (2) | Number of Alternate Level of Care (ALC) Days | Medical Record | Medical Record |
| (3) | Total ALC Payment Prior to Public Goods Pool Surcharge | Line 1 x Line 2 | Line 1 x Line 2 |
| (4a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 3 x Surcharge % | Line 3 x Surcharge % |
| (4b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 3 x Surcharge % | Line 3 x Surcharge % |
| (5a) | Payment to Hospital - Surcharge paid Directly to pool | Line 3 | Line 3 |
| (5b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 3 + Line 4b | Line 3 + Line 4b |
| Footnote: | | <u>Pay Directly To Pool</u> | <u>Pay To Hospital</u> |
| Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |

| LONG STAY OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB. | | | |
|---|--|---|---------------------------------|
| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
| LONG STAY OUTLIER PAYMENT: | | <i>Data Source and Formulas</i> | <i>Data Source and Formulas</i> |
| (1) | Calcualtion of Long Stay Days: | | |
| | a. Total Number of Days in Stay (inc. ALC) | Medical Record | Medical Record |
| | b. Alternate Level of Care (ALC) Days | Medical Record | Medical Record |
| | c. Acute Care Days excluding ALC | Line 1a - Line 1b | Line 1a - Line 1b |
| | d. DRG Classification | Assigned by Grouper | Assigned by Grouper |
| | e. High Trimpoint for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| | f. Long Stay Days (i.e. # days exceeding the High Trimpoint for DRG Classification) | Line 1c - Line 1e | Line 1c - Line 1e |
| CALCULATION OF LONG STAY PAYMENT: | | | |
| (2) | Long Stay Group Neutral Cost Per Discharge | Column 1 | Column 1 |
| (3) | Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (4) | Subtotal | Line 2 x Line 3 | Line 2 x Line 3 |
| (5) | Group Average Arithmetic Inlier Length of Stay for DRG (applicable Upstate or Downstate value) | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (6) | Subtotal | Line 4 / Line 5 | Line 4 / Line 5 |
| (7) | Long Stay Outlier Cost Adjustment Factor [Set Standard % - Budget Bill 1995] | 50% | 50% |
| (8) | Subtotal | Line 6 x Line 7 | Line 6 x Line 7 |
| (9) | Group Price Component [Set Standard % - Subpart 86-1.53(c)] | 55% | 55% |
| (10) | Long Stay Outlier DRG Cost Per Day | Line 8 x Line 9 | Line 8 x Line 9 |
| (11) | Long Stay Outlier DRG Prior to Public Goods Pool Surcharge | Line 10 x Line 1f | Line 10 x Line 1f |
| (12a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (12b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (13a) | Payment to Hospital - Surcharge paid Directly to pool | Line 11 | Line 11 |
| (13b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 11 + Line 12b | Line 11 + Line 12b |
| LONG STAY OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB. | | | |
| | | <i>Pay Directly To Pool</i> | <i>Pay To Hospital</i> |
| Footnote: Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |

| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
|---|---|---|---|
| SHORT STAY OUTLIER PAYMENT: | | <i>Data Source and Formulas</i> | <i>Data Source and Formulas</i> |
| (1) | Short Stay Days | | |
| | a. Total Number of Days in Stay | Medical Record | Medical Record |
| | b. DRG Classification | Assigned by Grouper | Assigned by Grouper |
| | c. Low Trimpont for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| | d. Is this stay a same day discharge? | Medical Record | Medical Record |
| | e Short Stay Days (i.e. # of days below the Low Trimpont for DRG Classification) | If Line 1a < 1c or if Line 1 d = yes, else "0" | If Line 1a < 1c or if Line 1 d = yes, 1a else "0" |
| CALCULATION OF SHORT STAY PAYMENT: | | | |
| (2) | Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective or Top 20 DRG Excluding Operating Prospective | Column 2 or Column 3 | Column 2 or Column 3 |
| (3) | Blended Case Mix Neutral Prospective Adjustment | Column 12 | Column 13 |
| (4) | Blended Case Mix Neutral Rate or Top 20 DRG Payment Amount | Line 2 + Line 3 | Line 2 + Line 3 |
| (5) | Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (6) | Subtotal Per Case | Line 4 x Line 5 | Line 4 x Line 5 |
| (7) | Group Average Arithmetic Inlier Length of Stay for DRG (applicable Upstate or Downstate value) | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (8) | Average Inlier Cost Per Day | Line 6 / Line 7 | Line 6 / Line 7 |
| (9) | Short Stay Outlier Cost Adjustment Factor [Set Standard % - Budget Bill 1995] | 100% | 100% |
| (10) | Short Stay Outlier DRG Cost Per Day | Line 8 x Line 9 | Line 8 x Line 9 |
| (11) | Short Stay and Transfer Capital Per Diem | Column 7 | Column 8 |
| (12) | Short Stay Outlier Cost Per Day | Line 10 + Line 11 | Line 10 + Line 11 |
| (13) | Short Stay Outlier Payment | Line 12 x Line 1e | Line 12 x Line 1e |
| (14) | Excess Physicians Malpractice Prospective Adjustment | Column 16 | Column 17 |
| (15) | SPARCS Rate Per Case | Column 9 | Column 9 |
| (16) | Short Stay Outlier DRG Prior to Public Goods Pool Surcharge | Line 13 + Line 14 + Line 15 | Line 13 + Line 14 + Line 15 |
| (17a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (17b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (18a) | Payment to Hospital - Surcharge paid Directly to pool | Line 16 | Line 16 |
| (18b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 16 + Line 17b | Line 16 + Line 17b |
| | | <i>Pay Directly To Pool</i> | <i>Pay To Hospital</i> |
| Footnote: Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |

| Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment, Short Stay Payment, or Long Stay Outlier Payment). | | | |
|--|--|--|---------------------------------|
| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
| <u>TRANSFER PAYMENT:</u> | | <u>Data Source and Formulas</u> | <u>Data Source and Formulas</u> |
| (1.0) | Number of Transfer Days | | |
| | a. Total Number of Days in Stay (inc. ALC) | Medical Record | Medical Record |
| | b. Alternate Level of Care (ALC) Days | Medical Record | Medical Record |
| | c. Number of Transfer Days excluding ALC | Line 1a - 1b | Line 1a - 1b |
| (1.1) | DRG Classification | Assigned by Grouper | Assigned by Grouper |
| CALCULATION OF TRANSFER PAYMENT: | | | |
| (2) | Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective or Top 20 DRG Excluding Operating Prospective | Column 2 or Column 3 | Column 2 or Column 3 |
| (3) | Blended Case Mix Neutral Prospective Adjustment | Column 12 | Column 13 |
| (4) | Blended Case Mix Neutral Rate or Top 20 DRG Payment Amount | Line 2 + Line 3 | Line 2 + Line 3 |
| (5) | Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (6) | Subtotal Per Case | Line 4 x Line 5 | Line 4 x Line 5 |
| (7) | Group Average Arithmetic Inlier Length of Stay for DRG (applicable Upstate or Downstate value) | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (8) | Average Inlier Cost Per Day | Line 6 / Line 7 | Line 6 / Line 7 |
| (9) | Transfer Adjustment Factor | | |
| | a. If Transfer Days are = to 1 and the Group Average LOS = 1, then 100% | 100% | 100% |
| | b. If Transfer Days are = to or > 1 and the Group Average LOS is > 1, then 120% | 120% | 120% |
| (10) | Transfer DRG Cost Per Day | Line 8 x Line 9a or 9b | Line 8 x Line 9a or 9b |
| (11) | Short Stay and Transfer Capital Per Diem | Column 7 | Column 8 |
| (12) | Total Transfer Per Diem | Line 10 + Line 11 | Line 10 + Line 11 |
| (13) | Transfer DRG Payment (see Note 1 below) | Line 12 x Line 1c | Line 12 x Line 1c |
| (14) | Excess Physicians Malpractice Prospective Adjustment | Column 16 | Column 17 |
| (15) | SPARCS Rate Per Case | Column 9 | Column 9 |
| (16) | Total Transfer Payment Prior to Public Goods Pool Surcharge | Line 13 + Line 14 + Line 15 | Line 13 + Line 14 + Line 15 |
| (17a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (17b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (18a) | Payment to Hospital - Surcharge paid Directly to pool | Line 16 | Line 16 |
| (18b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 16 + Line 17b | Line 16 + Line 17b |
| Note 1: Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment, Short Stay Payment, or Long Stay Outlier Payment). | | | |
| | | <u>Pay Directly To Pool</u> | <u>Pay To Hospital</u> |
| Footnote: Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |

| HIGH COST OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB. | | | |
|---|---|---|--|
| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
| HIGH COST OUTLIER PAYMENT: | | <u>Data Source and Formulas</u> | <u>Data Source and Formulas</u> |
| (1) | Total Inpatient Gross Charges Per Patient UB-92, HCFA 1450 | Revenue Code 0001 | Revenue Code 0001 |
| (2) | Adjustment to Total Inpatient Gross Charges | | |
| | a. Telephone and Telegraph | Revenue Code 0964 | Revenue Code 0964 |
| | b. Television and Radio | Revenue Code 0963 | Revenue Code 0963 |
| | c. Private Room Differential | Non-Covered Revenue Codes 010X - 021X | Non-Covered Revenue Codes 010X - 021X |
| | d. Other | Non-Covered | Non-Covered |
| | e. Gross Charges for all ALC Days | Charge Analysis | Charge Analysis |
| | f. Total Adjustments | Sum of Lines 2a thru 2e | Sum of Lines 2a thru 2e |
| (3) | Net Inpatient Gross Charges | Line 1 - Line 2f | Line 1 - Line 2f |
| (4) | High Cost Charge Converter | Column 18 | Column 18 |
| (5) | Net Inpatient Gross Charges Converted to Costs | Line 3 x Line 4 | Line 3 x Line 4 |
| (6) | Twice Inlier DRG Calculation: | | |
| | a. Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective or Top 20 DRG Excluding Operating Prospective | Column 2 or Column 3 | Column 2 or Column 3 |
| | b. Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| | c. DRG Classification | Assigned by Grouper | Assigned by Grouper |
| | d. Inlier DRG for High Cost Calculation | Line 6a x Line 6b | Line 6a x Line 6b |
| | e. Capital Cost per Case (excluding Capital Prospective) Less Productivity & Efficiency Plus HIV | Column 4 | Column 4 |
| | f. Excess Physician Malpractice Prospective Adj. for High Cost Conversion | [Not Applicable] | [Not Applicable] |
| | g. Adjusted Inlier DRG for High Cost | Sum of Lines 6d thru 6f | Sum of Lines 6d thru 6f |
| | h. Twice Adjusted Inlier DRG for High Cost | Line 6g x 2 | Line 6g x 2 |
| (7) | Six Times Average Cost Per Discharge Calculation: | | |
| | a. Blended Case Mix Neutral Rate or Top 20 DRG | Line 6a | Line 6a |
| | b. Non-Medicare Case Mix Index | Column 19 | Column 19 |
| | c. Subtotal | Line 7a x 7b | Line 7a x 7b |
| | d. Capital Cost per Case (excluding Capital Prospective) Less Productivity & Efficiency Plus HIV | Line 6e | Line 6e |
| | e. Excess Physician Malpractice Prospective Adj. for High Cost Conversion | [Not Applicable] | [Not Applicable] |
| | f. Average Cost Per Discharge | Sum of Lines 7c thru 7e | Sum of Lines 7c thru 7e |
| | g. Six Times Average Cost Per Discharge | Line 7f x 6 | Line 7f x 6 |
| (8) | Greater of Twice Inlier DRG or Six Times Average Cost Per Discharge | Greater of Line 6h or Line 7g | Greater of Line 6h or Line 7g |

| | | | |
|---|--|--------------------------------------|--------------------------------------|
| (9) | Total Gross Charges Reduced to Cost Less Greater of Twice Inlier DRG of Six Times Average Cost Per Discharge | Line 5 - Line 8 | Line 5 - Line 8 |
| IF LINE 5 IS GREATER THAN LINE 8, CONTINUE CALCULATION. IF LINE 5 IS GREATER THAN LINE 8 AND THE STAY DOES NOT QUALIFY AS A LONG STAY, PROCEED TO LINE 12. COMPLETE LINE 10 ONLY IF THE STAY QUALIFIES AS A LONG STAY OUTLIER. | | | |
| (10) | <i>Long Stay Outlier Calculation for High Cost:</i> | | |
| | a. Pure Group Price for Long Stay Test Only | Column 20 | Column 20 |
| | b. Per Case Service Intensity Weight for DRG Classification | Line 6b | Line 6b |
| | c. Subtotal | Line 10a x 10b | Line 10a x 10b |
| | Group Average Arithmetic Inlier Length of Stay for DRG (applicable Upstate or Downstate value) | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| | e. Subtotal | Line 10c / 10d | Line 10c / 10d |
| | f. Long Stay Outlier Cost Adjustment Factor [Set Standard % - Budget Bill 1995] | 50% | 50% |
| | g. Subtotal | Line 10e x 10f | Line 10e x 10f |
| | h. Group Price Component [Set Standard % - Subpart 86-1.53(c)] | 55% | 55% |
| | i. Long Stay Outlier DRG Cost Per Day | Line 10g x Line 10h | Line 10g x Line 10h |
| | j. Number of Long Stay Days | Transfer from Long Stay wks. Line 1f | Transfer from Long Stay wks. Line 1f |
| | k. Long Stay Outlier Calculation for High Cost | Line 10i x 10j | Line 10i x 10j |
| (11) | Greater of Line 9 or Long Stay Outlier Calculation for High Cost | Greater of Line 9 or 10k | Greater of Line 9 or 10k |
| CONTINUE CALCULATION ONLY IF LINE 9 IS GREATER THAN LINE 10K. IF LINE 10K IS GREATER THAN LINE 9, PAYMENT SHOULD BE MADE AS A LONG STAY OUTLIER PAYMENT. | | | |
| (12a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (12b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 11 x Surcharge % | Line 11 x Surcharge % |
| (13a) | Payment to Hospital - Surcharge paid Directly to pool | Line 11 | Line 11 |
| (13b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 11 + Line 12b | Line 11 + Line 12b |
| | | <u>Pay Directly To Pool</u> | <u>Pay To Hospital</u> |
| Footnote: Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |

| Line | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
|--|--|---|------------------------------------|
| EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT: | | <u>Data Source and Formulas</u> | <u>Data Source and Formulas</u> |
| (1) | Acute Per Diem - Including Basic Malpractice, Productivity and Efficiency and Capital Excl Prospective | Column 22 * | Column 22 * |
| (2) | Acute Per Diem Prospective Adjustment | Column 23 * | Column 24 * |
| (3) | Excess Physicians Malpractice Prospective Adjustment Per Diem | Column 27 * | Column 28 * |
| (4) | Retroactive Adjustments Per Diem | Column 29 * | Column 29 * |
| (5) | SPARCS Rate Per Diem | Column 30 * | Column 30 * |
| * Note: | Use the appropriate columns from the listing below depending on the respective Exempt Unit/Hospital: | | |
| | Line 1 - Use Columns | 22, 32, 42, 52, 62, 72, 82, or 92 | 22, 32, 42, 52, 62, 72, 82, or 92 |
| | Line 2 - Use Columns | 23, 33, 43, 53, 63, 73, 83, or 93 | 24, 34, 44, 54, 64, 74, 84, or 94 |
| | Line 3 - Use Columns | 27, 37, 47, 57, 67, 77, 87, or 97 | 28, 38, 48, 58, 68, 78, 88, or 98 |
| | Line 4 - Use Columns | 29, 39, 49, 59, 69, 79, 89, or 99 | 29, 39, 49, 59, 69, 79, 89, or 99 |
| | Line 5 - Use Columns | 30, 40, 50, 60, 70, 80, 90, or 100 | 30, 40, 50, 60, 70, 80, 90, or 100 |
| (6) | Total Exempt Unit/Hospital Acute Care Per Diem Amount | Sum of Lines 1 thru 5 | Sum of Lines 1 thru 5 |
| (7) | Exempt Unit/Hospital Stay Days | | |
| | a. Total Number of Days in Stay (inc. ALC) | Medical Record | Medical Record |
| | b. Alternate Level of Care (ALC) Days | Medical Record | Medical Record |
| | c. Total Acute Care Days excluding ALC | Line 7a - Line 7b | Line 7a - Line 7b |
| (8) | Total Exempt Unit/Hospital Acute Care Payment Before Public Goods Pool Surcharge | Line 6 x Line 7c | Line 6 x Line 7c |
| (9a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 8 x Surcharge % | Line 8 x Surcharge % |
| (9b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 8 x Surcharge % | Line 8 x Surcharge % |
| (10a) | Payment to Hospital - Surcharge paid Directly to pool | Line 8 | Line 8 |
| (10b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 8 + Line 9b | Line 8 + Line 9b |
| EXEMPT UNIT/HOSPITAL ALTERNATE LEVEL OF CARE PAYMENT: | | <u>Data Source</u> | <u>Data Source</u> |
| (1) | Alternate Level of Care Per Diem Incl Capital & Basic Malpractice | Column 21 * | Column 21 * |
| (2) | Excess Physicians Malpractice Prospective Adjustment Per Diem | Column 27 * | Column 28 * |
| (3) | SPARCS Rate Per Diem | Column 30 * | Column 30 * |
| (4) | Number of ALC Days | Line 7b | Line 7b |
| * Note: | Please use the appropriate columns from the listing below depending on the respective Exempt Unit/Hospital: | | |
| | Line 1 - Use Columns | 21, 31, 41, 51, 61, 71, 81, or 91 | 21, 31, 41, 51, 61, 71, 81, or 91 |
| | Line 2 - Use Columns | 27, 37, 47, 57, 67, 77, 87, or 97 | 28, 38, 48, 58, 68, 78, 88, or 98 |
| | Line 3 - Use Columns | 30, 40, 50, 60, 70, 80, 90, or 100 | 30, 40, 50, 60, 70, 80, 90, or 100 |
| (5) | Total ALC Payment Prior to Public Goods Pool Surcharge | (Sum of Lines 1 thru 3) x Line 4 | (Sum of Lines 1 thru 3) x Line 4 |
| (6a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 5 x Surcharge % | Line 5 x Surcharge % |
| (6b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 5 x Surcharge % | Line 5 x Surcharge % |
| (7a) | Payment to Hospital - Surcharge paid Directly to pool | Line 5 | Line 5 |
| (7b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 5 + Line 6b | Line 5 + Line 6b |
| Footnote: | | <u>Pay Directly To Pool</u> | <u>Pay To Hospital</u> |
| Surcharge Pre July 1, 2003 =====> | | 8.18% | 32.18% |
| Surcharge July 1, 2003 =====> | | 8.85% | 34.82% |
| Surcharge January 1, 2006 =====> | | 8.95% | 35.21% |