

NEW YORK

state department of

HEALTHNirav R. Shah, M.D., M.P.H.
CommissionerSue Kelly
Executive Deputy Commissioner

September 2, 2011

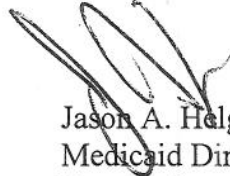
Mr. Robert E. Beloten
Chairman
New York State Worker's Compensation Board
20 Park Street
Albany, NY 12207

Dear Mr. Beloten:

The Office of Health Insurance Programs has calculated revised rates of reimbursement for the period January 1, 2009 through December 31, 2009 for hospital inpatient services rendered to patients covered under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit, and the Comprehensive Motor Vehicle Insurance Reparations Act.

Pursuant to section 2807(4) of the Public Health Law, I hereby certify to you that the rates appearing on the enclosed schedules have been developed in accordance with section 2807-c of the Public Health Law, as amended by the Health Care Reform Act, and Part 86-1 of the Title 10 (Health) of the Codes, Rules and Regulations of the State of New York.

Sincerely,



Jason A. Helgerson
Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs

Enclosure(s)

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

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Executive Deputy Commissioner

September 2, 2011

Mr. Robert E. Beloten
Chairman
New York State Workers' Compensation Board
20 Park Street
Albany, New York 12207

Dear Mr. Beloten:

Enclosed please find schedules of revised hospital Inpatient Chemical Dependency Detox rates for inpatient medically managed detoxification (MMD) and medically supervised inpatient withdrawal (MSIW) services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law, and the Comprehensive Motor Vehicle Reparation Act. Rates of payment for inpatient services for these payors is to be based upon rates determined for state governmental agencies (Medicaid) in accordance with Article 2807-c(b-1) of the Public Health Law. The revised rates provided herein are for the period January 1, 2009 through December 31, 2009.

These rates have been calculated in accordance with Article 2807-c and Article 2807 (7) of the Public Health Law, and reflect the provisions of Section 2807-c (4)(1) as amended, which established a regional price based rate methodology for inpatient detox services provided by hospitals with Office of Alcoholism and Substance Abuse Services (OASAS)-certification effective December 1, 2008 forward.

The initial 2009 Inpatient Chemical Dependency Detox rates implemented an accelerated phase-in to full regional pricing, whereby the operating cost component of the rates consisted of a blending of the facility's 2007 DRG case payment operating cost rate for detox (included on a decreasing sliding scale) and the regional average detox operating cost price per day (base year 2006, included on an increasing sliding scale). Capital costs were included at the budgeted 2009 per diem rate amount, consistent with the methodology for determining allowable capital cost for exempt unit rates.

The revised OASAS certified provider Inpatient Chemical Dependency Detox rates for the period January 1, 2009 through December 31, 2009 are based on the same methodology and data as used in the initial rates for this period, but take into consideration the following:

- Capital costs have been revised to reflect actual allowable capital related to the OASAS certified inpatient chemical dependency detox unit, as determined per the facility's 2009 Institutional Cost Report filing.

Statute provides that reimbursement for patients placed in observation (OBS) beds is to be recognized for payment at the MMD rate for up to 2 days (48 hours) of care. Additionally, length-of-stay reductions in payment apply to both the MMD and MSIW service rates (inclusive of capital) as follows:

- Days 0 - 5 are to be reimbursed at 100% of the applicable rate,
- Days 6 -10 are to be reimbursed at 50% of the applicable rate,
- Days 11 and greater are not reimbursable (i.e. 0%).

Should you have any questions or require further information, please do not hesitate to contact Mr. John W. Gahan Jr., Director, Bureau of Primary and Acute Care Reimbursement at (518) 474-3267.

Sincerely,

John E. Ulberg, Jr. / PNM

John E. Ulberg, Jr.
Director
Division of Health Care Financing

Enclosure(s)

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
OASAS CERTIFIED PROVIDER - INPATIENT DETOX PER DIEM RATES
Revised f/Actual Capital - Effective January 1, 2009 - March 31, 2009
WORKERS' COMPENSATION - NO FAULT RATE SCHEDULE**

<u>OpCert</u>	<u>Facility Name</u>	<u>Medically Managed Detox RC 4800</u>	<u>Medically Supervised Inpatient Withdrawal RC 4801</u>
0101004	ST PETERS HOSPITAL	\$580.21	\$580.21
0303001	UNITED HEALTH SERVICES, INC	\$886.71	\$886.71
1302000	ST FRANCIS HOSP / POUGH	\$914.71	\$914.71
1401005	ERIE COUNTY MEDICAL CENTER	\$628.36	\$628.36
1401006	SHEEHAN MEMORIAL EMERGENCY	\$971.70	\$971.70
2902000	LONG BEACH MEDICAL CENTER	\$810.75	\$810.75
2950002	NASSAU UNIV MED CTR	\$886.97	\$886.97
3301008	CROUSE HOSPITAL	\$814.50	\$814.50
3402000	GENEVA GENERAL HOSPITAL	\$906.66	\$906.66
3535001	BON SECOURS COMMUNITY HOSP	\$800.06	\$800.06
4102003	SETON HEALTH SYSTEMS	\$878.71	\$878.71
4324000	NYACK HOSPITAL	\$842.43	\$842.43
4329000	GOOD SAMARITAN / SUFFERN	\$799.12	\$799.12
4429000	CANTON-POTSDAM HOSPITAL	\$760.83	\$760.83
5127000	EASTERN LONG ISLAND HOSPITAL	\$850.76	\$850.76
5263000	CATSKILL REGIONAL MED CTR	\$1,225.59	\$1,225.59
5501001	KINGSTON HOSPITAL	\$581.86	\$581.86
5904000	SOUND SHORE MEDICAL CENTER	\$822.62	\$822.62
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$812.57	\$812.57
7000001	BRONX-LEBANON HOSPITAL CTR	\$969.17	\$969.17
7000002	JACOBI MEDICAL CENTER	\$1,379.80	\$1,379.80
7000005	MONTEFIORE NORTH DIVISION (OLM)	\$1,225.66	\$1,225.66
7000014	ST BARNABAS HOSPITAL	\$898.59	\$898.59
7001003	BROOKLYN HOSPITAL	\$1,158.84	\$1,158.84
7001009	CONEY ISLAND HOSPITAL	\$875.38	\$875.38
7001016	KINGS COUNTY HOSPITAL CENTER	\$1,408.34	\$1,408.34
7001019	LUTHERAN MEDICAL CENTER	\$972.13	\$972.13
7001024	ST JOHNS EPISCOPAL SO SHORE	\$1,110.37	\$1,110.37
7001045	WOODHULL MEDICAL	\$1,555.44	\$1,555.44
7001046	INTERFAITH MEDICAL CENTER	\$1,552.16	\$1,552.16
7002001	BELLEVUE HOSPITAL CENTER	\$1,071.17	\$1,071.17
7002002	BETH ISRAEL MEDICAL CENTER	\$1,028.29	\$1,028.29
7002009	HARLEM HOSPITAL CENTER	\$1,354.85	\$1,354.85
7002021	METROPOLITAN HOSPITAL CENTER	\$1,243.17	\$1,243.17
7002032	ST LUKES / ROOSEVELT HOSP	\$1,311.23	\$1,311.23
7002037	SVCMC ST VINCENTS MANHAT	\$1,161.64	\$1,161.64
7002052	NORTH GENERAL HOSPITAL	\$1,157.11	\$1,157.11
7003001	FLUSHING HOSPITAL MED CTR	\$1,081.88	\$1,081.88
7003007	QUEENS HOSPITAL CENTER	\$1,513.71	\$1,513.71
7003027	CARITAS HEALTH CARE	\$1,111.29	\$1,111.29
7004003	STATEN ISLAND UNIV HOSP	\$776.75	\$776.75
7004010	RICHMOND UNIVERSITY MED CTR (BAYLEY)	\$748.39	\$748.39

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
OASAS CERTIFIED PROVIDER - INPATIENT DETOX PER DIEM RATES
Revised f/Actual Capital - Effective April 1, 2009 - December 31, 2009
WORKERS' COMPENSATION - NO FAULT RATE SCHEDULE**

<u>OpCert</u>	<u>Facility Name</u>	<u>Medically Managed Detox RC 4800</u>	<u>Medically Supervised Inpatient Withdrawal RC 4801</u>
0101004	ST PETERS HOSPITAL	\$562.37	\$562.37
0303001	UNITED HEALTH SERVICES, INC	\$875.01	\$875.01
1302000	ST FRANCIS HOSP / POUGH	\$878.12	\$878.12
1401005	ERIE COUNTY MEDICAL CENTER	\$732.09	\$732.09
1401006	SHEEHAN MEMORIAL EMERGENCY	\$920.69	\$920.69
2902000	LONG BEACH MEDICAL CENTER	\$761.66	\$761.66
2950002	NASSAU UNIV MED CTR	\$805.18	\$805.18
3301008	CROUSE HOSPITAL	\$857.78	\$857.78
3402000	GENEVA GENERAL HOSPITAL	\$856.09	\$856.09
3535001	BON SECOURS COMMUNITY HOSP	\$787.68	\$787.68
4102003	SETON HEALTH SYSTEMS	\$700.79	\$700.79
4324000	NYACK HOSPITAL	\$809.65	\$809.65
4329000	GOOD SAMARITAN / SUFFERN	\$791.48	\$791.48
4429000	CANTON-POTSDAM HOSPITAL	\$810.57	\$810.57
5127000	EASTERN LONG ISLAND HOSPITAL	\$804.88	\$804.88
5263000	CATSKILL REGIONAL MED CTR	\$1,014.71	\$1,014.71
# 5501001	KINGSTON HOSPITAL	\$676.47	\$676.47
# 5501000	BENEDICTINE HOSPITAL	\$676.47	\$676.47
5904000	SOUND SHORE MEDICAL CENTER	\$818.62	\$818.62
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$784.26	\$784.26
7000001	BRONX-LEBANON HOSPITAL CTR	\$954.85	\$954.85
7000002	JACOBI MEDICAL CENTER	\$1,166.01	\$1,166.01
7000005	MONTEFIORE NORTH DIVISION (OLM)	\$1,068.70	\$1,068.70
7000014	ST BARNABAS HOSPITAL	\$913.63	\$913.63
7001003	BROOKLYN HOSPITAL	\$1,055.61	\$1,055.61
7001009	CONEY ISLAND HOSPITAL	\$905.42	\$905.42
7001016	KINGS COUNTY HOSPITAL CENTER	\$1,249.90	\$1,249.90
7001019	LUTHERAN MEDICAL CENTER	\$949.20	\$949.20
7001024	ST JOHNS EPISCOPAL SO SHORE	\$1,002.98	\$1,002.98
7001045	WOODHULL MEDICAL	\$1,254.40	\$1,254.40
7001046	INTERFAITH MEDICAL CENTER	\$1,266.51	\$1,266.51
7002001	BELLEVUE HOSPITAL CENTER	\$1,019.54	\$1,019.54
7002002	BETH ISRAEL MEDICAL CENTER	\$992.31	\$992.31
7002009	HARLEM HOSPITAL CENTER	\$1,137.92	\$1,137.92
7002021	METROPOLITAN HOSPITAL CENTER	\$1,077.51	\$1,077.51
7002032	ST LUKES / ROOSEVELT HOSP	\$1,208.83	\$1,208.83
7002052	NORTH GENERAL HOSPITAL	\$1,065.98	\$1,065.98
7003001	FLUSHING HOSPITAL MED CTR	\$989.14	\$989.14
7003007	QUEENS HOSPITAL CENTER	\$1,255.33	\$1,255.33
7004003	STATEN ISLAND UNIV HOSP	\$852.84	\$852.84
7004010	RICHMOND UNIVERSITY MED CTR (BAYLEY)	\$829.51	\$829.51

<=12/14/2009

OASAS certified Detox transitioned from Kinston Hospital to Benedictine Hospital effective 12/14/2009