



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

June 2, 2015

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 rates of reimbursement for the period January 1, 2015 through December 31, 2015 for acute per case inpatient rates, exempt hospitals, exempt units and detoxification inpatient rates. These rates have been calculated for 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. Helgeson
Medicaid Director
Office of Health Insurance Programs

Enclosure(s)



Department of Health

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

Dear Mr. Beloten:

Enclosed please find the certification letter and schedules of hospital reimbursement rates for services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Ambulance Workers' Benefit Law and the Comprehensive Motor Vehicle Reparation Act. These rates are for the period January 1, 2015 through December 31, 2015 for acute per case inpatient rates, exempt hospitals, exempt units and detoxification inpatient rates. Rates of payment for these services for these payers is to be based upon rates determined for state governmental agencies (Medicaid) in accordance with Article 2807-c (6-1) of the Public Health Law.

The APR-DRG weights effective January 1, 2015 will not be updated. For discharges beginning on or after January 1, 2015, the SIWs, cost thresholds and average length of stay (ALOS) effective July 1, 2014 should be used for payment purposes with the updated APR-DRG grouper version 32.

The rates on the attached schedules are based upon the same methodology and data used in the rates effective January 1, 2014 through December 31, 2014 (July 1, 2014 through December 31, 2014 for acute per case), but also take into consideration the following:

1. Inclusion of 2015 budgeted capital as reported by hospitals and calculated in accordance with Section 8 of Article 2807-c of the Public Health Law.
2. The inclusion of a 2015 trend factor of 1.1% based upon the initial CPI as published in the most recent Federal Register and as required by Section 10 of Article 2807-c of the Public Health Law. A final trend factor for 2014 of 1.6% has also been incorporated into the necessary roll factors applied to the Workers' Compensation rates.

Should you have any questions or require further information, please contact Janet Baggetta at 518-473-8822 or via email at HospFFSunit@health.ny.gov.

Sincerely,

John E. Ulberg, Jr.
Medicaid Chief Financial Officer
Division of Finance and Rate Setting
Office of Health Insurance Programs

**SCHEDULE OF WORKERS' COMPENSATION / NO FAULT (WCNF)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 1/1/2015 - 12/31/2015**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE - PER DIEM	ALC	WCNF SURCHARGES		
	DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807-c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION-SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR (2011)	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING ELECTION AMENDMENT PHYS ADD-ONS	CAPITAL PER DIEM	ALC PRICE PER DAY	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	
OPCERT	HOSPITAL NAME						** (PER DISCH)**	** (PER DAY**)				
1623001	ADIRONDACK MEDICAL CENTER	\$6,439.80	\$7,690.24	0.8374	0.550690	0.00%	\$0.00	\$451.65	\$106.29	\$192.62	9.63%	28.27%
0101000	ALBANY MEDICAL CTR HOSP	\$7,819.77	\$7,690.24	0.8517	0.329874	19.39%	\$1,575.18	\$1,358.97	\$237.50	\$192.62	9.63%	28.27%
0101000	ALBANY MEDICAL CTR SO CLINICAL	\$7,819.77	\$7,690.24	0.8517	0.329874	19.39%	\$1,575.18	\$1,358.97	\$237.50	\$192.62	9.63%	28.27%
0101003	ALBANY MEMORIAL HOSPITAL	\$6,095.28	\$7,690.24	0.7926	0.444638	0.00%	\$0.00	\$697.66	\$102.31	\$192.62	9.63%	28.27%
1624000	ALICE HYDE MEDICAL CENTER	\$5,943.78	\$7,690.24	0.7729	0.595070	0.00%	\$0.00	\$220.99	\$59.40	\$192.62	9.63%	28.27%
0701000	ARNOT OGDEN MEDICAL CTR	\$6,241.40	\$7,690.24	0.8116	0.441410	0.00%	\$0.00	\$427.56	\$77.17	\$192.62	9.63%	28.27%
0501000	AUBURN COMMUNITY HOSPITAL	\$6,470.56	\$7,690.24	0.8414	0.445645	0.00%	\$0.00	\$270.30	\$63.30	\$192.62	9.63%	28.27%
3801000	AURELIA OSBORN FOX MEM HOSP	\$5,811.51	\$7,690.24	0.7557	0.645624	0.00%	\$0.00	\$428.55	\$95.14	\$192.62	9.63%	28.27%
7002001	BELLEVUE HOSPITAL CENTER	\$11,503.17	\$7,690.24	1.1058	0.773995	35.27%	\$2,223.24	\$2,161.20	\$118.14	\$261.89	9.63%	28.27%
1427000	BERTRAND CHAFFEE HOSPITAL	\$5,002.50	\$7,690.24	0.6505	0.597355	0.00%	\$0.00	\$180.74	\$37.70	\$192.62	9.63%	28.27%
3535001	BON SECOURS COMMUNITY HOSP	\$7,377.24	\$7,690.24	0.9593	0.272206	0.00%	\$0.00	\$562.89	\$138.34	\$261.89	9.63%	28.27%
7000001	BRONX-LEBANON HOSPITAL CTR	\$10,443.05	\$7,690.24	1.0639	0.862280	27.64%	\$3,001.44	\$571.06	\$114.05	\$261.89	9.63%	28.27%
7001002	BROOKDALE HOSPITAL MED CTR	\$9,487.03	\$7,690.24	1.0407	0.490403	18.54%	\$1,355.66	\$481.26	\$87.68	\$261.89	9.63%	28.27%
5123000	BROOKHAVEN MEMORIAL HOSP	\$8,122.11	\$7,690.24	1.0249	0.193638	3.05%	\$138.32	\$394.55	\$65.38	\$261.89	9.63%	28.27%
7001003	BROOKLYN HOSPITAL CENTER	\$10,040.05	\$7,690.24	1.0527	0.223376	24.02%	\$987.49	\$447.56	\$80.77	\$261.89	9.63%	28.27%
0601000	BROOKS MEMORIAL HOSPITAL	\$5,724.61	\$7,690.24	0.7444	0.678877	0.00%	\$0.00	\$232.58	\$60.30	\$192.62	9.63%	28.27%
4102004	BURDETT CARE CENTER	\$5,943.01	\$7,690.24	0.7728	0.707292	0.00%	\$0.00	\$146.08	\$67.10	\$192.62	9.63%	28.27%
4429000	CANTON-POTSDAM HOSPITAL	\$6,291.38	\$7,690.24	0.8181	0.571952	0.00%	\$0.00	\$457.93	\$142.27	\$192.62	9.63%	28.27%
5263000	CATSKILL REGIONAL MED CTR	\$7,043.49	\$7,690.24	0.9159	0.385795	0.00%	\$0.00	\$429.65	\$97.42	\$192.62	9.63%	28.27%
5401001	CAYUGA MEDICAL CENTER	\$6,519.78	\$7,690.24	0.8478	0.748430	0.00%	\$0.00	\$430.85	\$110.58	\$192.62	9.63%	28.27%
0901001	CHAMPLAIN VALLEY PHYS	\$6,585.15	\$7,690.24	0.8563	0.410036	0.00%	\$0.00	\$825.31	\$147.42	\$192.62	9.63%	28.27%
0824000	CHENANGO MEMORIAL HOSP	\$5,672.32	\$7,690.24	0.7376	0.470507	0.00%	\$0.00	\$324.87	\$97.69	\$192.62	9.63%	28.27%
4401000	CLAXTON-HEPBURN MED CTR	\$5,662.32	\$7,690.24	0.7363	0.611839	0.00%	\$0.00	\$590.96	\$138.61	\$192.62	9.63%	28.27%
3421000	CLIFTON SPRINGS HOSPITAL	\$5,301.65	\$7,690.24	0.6894	0.542357	0.00%	\$0.00	\$364.75	\$81.55	\$192.62	9.63%	28.27%
4720001	COBLESKILL REGIONAL HOSP	\$6,075.29	\$7,690.24	0.7900	1.064008	0.00%	\$0.00	\$239.34	\$27.58	\$192.62	9.63%	28.27%
1001000	COLUMBIA MEMORIAL HOSPITAL	\$6,312.91	\$7,690.24	0.8209	0.428438	0.00%	\$0.00	\$344.41	\$78.10	\$192.62	9.63%	28.27%
7001009	CONEY ISLAND HOSPITAL	\$9,522.76	\$7,690.24	1.0779	0.749279	14.88%	\$1,223.71	\$3,811.99	\$137.72	\$261.89	9.63%	28.27%
5001000	CORNING HOSPITAL	\$6,532.09	\$7,690.24	0.8494	0.433032	0.00%	\$0.00	\$583.88	\$172.17	\$192.62	9.63%	28.27%
1101000	CORTLAND REGIONAL MED CTR	\$5,863.80	\$7,690.24	0.7625	0.650282	0.00%	\$0.00	\$572.65	\$90.99	\$192.62	9.63%	28.27%
3301008	CROUSE HOSPITAL	\$7,060.18	\$7,690.24	0.8831	0.488251	3.96%	\$203.94	\$605.44	\$84.32	\$192.62	9.63%	28.27%
5127000	EASTERN LONG ISLAND HOSPITAL	\$7,591.03	\$7,690.24	0.9871	0.227798	0.00%	\$0.00	\$471.60	\$120.86	\$261.89	9.63%	28.27%
3101000	EASTERN NIAGARA HOSPITAL	\$6,000.69	\$7,690.24	0.7803	0.548871	0.00%	\$0.00	\$237.08	\$48.25	\$192.62	9.63%	28.27%
4601001	ELLIS HOSPITAL	\$6,744.07	\$7,690.24	0.8364	0.280787	4.85%	\$106.04	\$483.59	\$99.87	\$192.62	9.63%	28.27%
7003000	ELMHURST HOSPITAL CTR	\$10,587.76	\$7,690.24	1.1016	0.679995	24.98%	\$853.70	\$2,326.19	\$111.26	\$261.89	9.63%	28.27%
1401005	ERIE COUNTY MEDICAL CENTER	\$8,389.11	\$7,690.24	0.9020	0.548935	20.94%	\$1,177.80	\$948.36	\$160.98	\$192.62	9.63%	28.27%
3429000	F F THOMPSON HOSPITAL	\$5,606.18	\$7,690.24	0.7290	0.585654	0.00%	\$0.00	\$471.59	\$123.57	\$192.62	9.63%	28.27%
3202003	FAXTON-ST LUKES HEALTHCARE	\$6,507.73	\$7,690.24	0.8396	0.401787	0.79%	\$0.03	\$569.70	\$125.32	\$192.62	9.63%	28.27%
7003001	FLUSHING HOSPITAL	\$9,152.31	\$7,690.24	1.0050	0.500323	18.42%	\$733.81	\$677.48	\$83.75	\$261.89	9.63%	28.27%
7003013	FOREST HILLS HOSPITAL	\$9,266.96	\$7,690.24	1.1350	0.314304	6.17%	\$224.57	\$357.12	\$81.14	\$261.89	9.63%	28.27%
2910000	FRANKLIN HOSPITAL	\$8,008.46	\$7,690.24	1.0325	0.279524	0.86%	\$57.76	\$456.80	\$90.60	\$261.89	9.63%	28.27%
3402000	GENEVA GENERAL HOSPITAL	\$5,839.97	\$7,690.24	0.7594	0.568222	0.00%	\$0.00	\$557.46	\$97.19	\$192.62	9.63%	28.27%
2901000	GLEN COVE HOSPITAL	\$9,014.90	\$7,690.24	1.1263	0.303907	4.08%	\$129.38	\$592.28	\$122.82	\$261.89	9.63%	28.27%
5601000	GLENS FALLS HOSPITAL	\$6,176.03	\$7,690.24	0.8031	0.456191	0.00%	\$0.00	\$614.64	\$132.13	\$192.62	9.63%	28.27%
4329000	GOOD SAMARITAN / SUFFERN	\$8,138.58	\$7,690.24	1.0583	0.220855	0.00%	\$0.00	\$427.30	\$107.84	\$261.89	9.63%	28.27%
5154001	GOOD SAMARITAN / WEST ISLIP	\$8,399.58	\$7,690.24	1.0250	0.225889	6.56%	\$235.46	\$410.65	\$82.98	\$261.89	9.63%	28.27%
7002009	HARLEM HOSPITAL CENTER	\$10,571.05	\$7,690.24	1.0535	1.037858	30.48%	\$2,242.66	\$4,041.69	\$464.80	\$261.89	9.63%	28.27%
5501001	HEALTHALLIANCE HOSP BROADWAY CAMPUS	\$6,912.80	\$7,690.24	0.8535	0.255361	5.32%	\$185.18	\$288.29	\$60.97	\$192.62	9.63%	28.27%
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$6,902.70	\$7,690.24	0.8757	0.343464	2.50%	\$153.42	\$926.56	\$172.93	\$192.62	9.63%	28.27%

**SCHEDULE OF WORKERS' COMPENSATION / NO FAULT (WCNF)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 1/1/2015 - 12/31/2015**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE - PER DIEM	ALC	WCNF SURCHARGES		
	DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807-c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION-SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR (2011)	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING ELECTION AMENDMENT PHYS ADD-ONS	CAPITAL PER DIEM	ALC PRICE PER DAY	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	
OPCERT	HOSPITAL NAME						** (PER DISCH)**	** (PER DAY**)				
2701001	HIGHLAND HOSP OF ROCHESTER	\$7,205.14	\$7,690.24	0.8421	0.591136	11.26%	\$276.41	\$446.71	\$117.42	\$192.62	9.63%	28.27%
7002012	HOSPITAL FOR SPECIAL SURGERY	\$11,090.63	\$7,690.24	1.1823	0.391481	21.98%	\$1,899.15	\$2,059.75	\$562.27	\$261.89	9.63%	28.27%
5153000	HUNTINGTON HOSPITAL	\$8,376.05	\$7,690.24	1.0800	0.320920	0.85%	\$9.74	\$574.83	\$131.39	\$261.89	9.63%	28.27%
7001046	INTERFAITH MEDICAL CENTER	\$9,961.79	\$7,690.24	0.9996	0.292808	29.59%	\$1,477.63	\$818.84	\$135.83	\$261.89	9.63%	28.27%
5022000	IRA DAVENPORT MEMORIAL HOSP	\$5,606.95	\$7,690.24	0.7291	0.522758	0.00%	\$0.00	\$427.35	\$124.61	\$192.62	9.63%	28.27%
7000002	JACOBI MEDICAL CENTER	\$11,376.99	\$7,690.24	1.1100	0.859302	33.28%	\$2,627.12	\$3,726.14	\$176.10	\$261.89	9.63%	28.27%
7003003	JAMAICA HOSPITAL	\$10,062.52	\$7,690.24	1.0875	0.454197	20.32%	\$996.16	\$723.88	\$51.45	\$261.89	9.63%	28.27%
5149000	JOHN T MATHER MEMORIAL HOSP	\$8,380.80	\$7,690.24	1.0229	0.294673	6.54%	\$369.24	\$655.27	\$115.99	\$261.89	9.63%	28.27%
0228000	JONES MEMORIAL HOSPITAL	\$5,383.93	\$7,690.24	0.7001	0.535979	0.00%	\$0.00	\$210.51	\$53.44	\$192.62	9.63%	28.27%
1401014	KALEIDA HEALTH	\$8,204.48	\$7,690.24	0.9443	0.427742	12.98%	\$387.27	\$921.53	\$176.09	\$192.62	9.63%	28.27%
1401014	KALEIDA HEALTH (MILLARD)	\$8,204.48	\$7,690.24	0.9443	0.427742	12.98%	\$387.27	\$921.53	\$176.09	\$192.62	9.63%	28.27%
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	\$9,069.23	\$7,690.24	0.9516	0.440617	23.93%	\$539.98	\$390.62	\$84.98	\$192.62	9.63%	28.27%
1404000	KENMOR MERCY HOSPITAL	\$6,698.96	\$7,690.24	0.8711	0.450264	0.00%	\$0.00	\$491.27	\$118.46	\$192.62	9.63%	28.27%
7001016	KINGS COUNTY HOSPITAL CENTER	\$10,303.57	\$7,690.24	1.0327	0.974490	29.74%	\$2,991.47	\$3,332.93	\$171.10	\$261.89	9.63%	28.27%
7001033	KINGSBROOK JEWISH MED CTR	\$9,129.51	\$7,690.24	1.0762	0.293080	10.31%	\$613.43	\$441.11	\$80.25	\$261.89	9.63%	28.27%
7002017	LENOX HILL HOSPITAL	\$9,834.38	\$7,690.24	1.0842	0.247374	17.95%	\$623.41	\$1,509.36	\$289.50	\$261.89	9.63%	28.27%
2424000	LEWIS COUNTY GENERAL HOSP	\$6,242.93	\$7,690.24	0.8118	0.779088	0.00%	\$0.00	\$465.66	\$117.54	\$192.62	9.63%	28.27%
7000008	LINCOLN MEDICAL	\$10,783.00	\$7,690.24	1.0851	0.946222	29.22%	\$1,374.43	\$2,771.59	\$101.38	\$261.89	9.63%	28.27%
7003004	LONG ISLAND JEWISH	\$11,143.84	\$7,690.24	1.1306	0.262745	28.17%	\$1,559.01	\$845.06	\$185.88	\$261.89	9.63%	28.27%
7001019	LUTHERAN MEDICAL CENTER	\$10,559.04	\$7,690.24	1.0319	0.510266	33.06%	\$1,292.41	\$430.38	\$60.35	\$261.89	9.63%	28.27%
7001020	MAIMONIDES MEDICAL CENTER	\$10,965.15	\$7,690.24	1.1460	0.286038	24.42%	\$1,008.34	\$1,015.84	\$194.55	\$261.89	9.63%	28.27%
3824000	MARY IMOGENE BASSETT HOSP	\$6,881.27	\$7,690.24	0.7968	0.473270	12.30%	\$646.40	\$538.12	\$109.22	\$192.62	9.63%	28.27%
4402000	MASSENA MEMORIAL HOSPITAL	\$6,110.66	\$7,690.24	0.7946	0.651479	0.00%	\$0.00	\$405.25	\$109.38	\$192.62	9.63%	28.27%
3622000	MEDINA MEMORIAL HOSPITAL	\$4,917.14	\$7,690.24	0.6394	0.658814	0.00%	\$0.00	\$165.61	\$30.13	\$192.62	9.63%	28.27%
1401008	MERCY HOSPITAL OF BUFFALO	\$7,092.08	\$7,690.24	0.8971	0.463990	2.80%	\$68.50	\$462.16	\$107.19	\$192.62	9.63%	28.27%
2909000	MERCY MEDICAL CENTER	\$7,557.93	\$7,690.24	0.9825	0.286411	0.03%	\$9.81	\$444.33	\$89.43	\$261.89	9.63%	28.27%
7002021	METROPOLITAN HOSPITAL CENTER	\$10,949.02	\$7,690.24	1.0610	0.874182	34.19%	\$1,211.45	\$710.19	\$69.79	\$261.89	9.63%	28.27%
5957001	MID-HUDSON VALLEY DIV OF WESTCHESTER MED CTR	\$10,707.60	\$7,690.24	1.1410	0.303204	22.03%	\$2,252.44	\$2,499.44	\$310.83	\$261.89	9.63%	28.27%
7000006	MONTEFIORE MEDICAL CENTER	\$11,171.83	\$7,690.24	1.1300	0.272430	28.56%	\$3,458.82	\$778.03	\$145.22	\$261.89	9.63%	28.27%
5903001	MONTEFIORE MOUNT VERNON HOSP	\$8,668.40	\$7,690.24	1.0154	0.539888	11.01%	\$1,170.02	\$326.30	\$58.34	\$261.89	9.63%	28.27%
5904001	MONTEFIORE NEW ROCHELLE HOSP	\$8,656.18	\$7,690.24	1.0106	0.528855	11.38%	\$1,135.11	\$503.57	\$91.99	\$261.89	9.63%	28.27%
7002002	MOUNT SINAI BETH ISRAEL	\$10,790.96	\$7,690.24	1.1082	0.308539	26.62%	\$712.82	\$884.29	\$181.32	\$261.89	9.63%	28.27%
7001041	MOUNT SINAI BETH ISRAEL/KINGS HWY	\$8,730.71	\$7,690.24	1.1310	0.183347	0.38%	\$0.00	\$181.01	\$30.84	\$261.89	9.63%	28.27%
7002024	MOUNT SINAI HOSPITAL	\$10,445.90	\$7,690.24	1.0801	0.384940	25.76%	\$1,604.12	\$796.61	\$152.82	\$261.89	9.63%	28.27%
7002024	MOUNT SINAI HOSPITAL OF QUEENS	\$10,445.90	\$7,690.24	1.0801	0.384940	25.76%	\$1,604.12	\$796.61	\$152.82	\$261.89	9.63%	28.27%
7002032	MOUNT SINAI ST LUKES / ROOSEVELT	\$11,201.13	\$7,690.24	1.1643	0.340470	25.10%	\$1,128.28	\$939.42	\$179.34	\$261.89	9.63%	28.27%
3121001	MOUNT ST MARYS HOSPITAL	\$6,459.03	\$7,690.24	0.8399	0.587047	0.00%	\$0.00	\$332.26	\$80.16	\$192.62	9.63%	28.27%
2950002	NASSAU UNIV MED CTR	\$10,766.62	\$7,690.24	1.1122	0.501971	25.88%	\$1,921.04	\$517.35	\$89.53	\$261.89	9.63%	28.27%
1701000	NATHAN LITTAUER HOSPITAL	\$5,815.36	\$7,690.24	0.7562	0.439216	0.00%	\$0.00	\$216.70	\$57.72	\$192.62	9.63%	28.27%
7002054	NEW YORK DOWNTOWN HOSPITAL	\$10,998.22	\$7,690.24	1.1302	0.364115	26.54%	\$1,728.00	\$1,496.73	\$207.84	\$261.89	9.63%	28.27%
7002026	NEW YORK EYE AND EAR INFIRMARY OF MOUNT SINAI	\$9,927.04	\$7,690.24	0.9806	0.444781	31.64%	\$736.92	\$689.21	\$291.92	\$261.89	9.63%	28.27%
5901000	NEW YORK-PRESBYTERIAN HUDSON VALLEY HOSPITAL	\$7,321.10	\$7,690.24	0.9520	0.282930	0.00%	\$0.00	\$1,296.00	\$309.50	\$261.89	9.63%	28.27%
5922000	NEW YORK-PRESBYTERIAN LAWRENCE HOSPITAL	\$7,491.06	\$7,690.24	0.9741	0.348137	0.00%	\$0.00	\$558.30	\$120.32	\$261.89	9.63%	28.27%
5820000	NEWARK WAYNE COMMUNITY HOSPITAL	\$6,346.75	\$7,690.24	0.8253	0.439657	0.00%	\$0.00	\$263.30	\$65.82	\$192.62	9.63%	28.27%
3102000	NIAGARA FALLS MEMORIAL	\$6,144.96	\$7,690.24	0.7814	0.545618	2.26%	\$164.25	\$522.44	\$142.82	\$192.62	9.63%	28.27%
2527000	NICHOLAS H NOYES MEMORIAL	\$5,550.04	\$7,690.24	0.7217	0.442823	0.00%	\$0.00	\$404.51	\$107.59	\$192.62	9.63%	28.27%
7000024	NORTH CENTRAL BRONX HOSPITAL	\$9,211.39	\$7,690.24	1.0688	0.741199	12.07%	\$1,196.18	\$2,220.26	\$117.05	\$261.89	9.63%	28.27%
2951001	NORTH SHORE UNIVERSITY HOSP	\$10,111.00	\$7,690.24	1.1350	0.254440	15.84%	\$915.78	\$1,311.62	\$138.34	\$261.89	9.63%	28.27%

**SCHEDULE OF WORKERS' COMPENSATION / NO FAULT (WCNF)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 1/1/2015 - 12/31/2015**

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE - PER DIEM	ALC	WCNF SURCHARGES	
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807-c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION-SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR (2011)	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING ELECTION AMENDMENT PHYS ADD-ONS	CAPITAL PER DIEM	ALC PRICE PER DAY	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**	**(PER DAY**)			
1327000	NORTHERN DUTCHESS HOSPITAL	\$7,427.23	\$7,690.24	0.9658	0.366251	0.00%	\$0.00	\$323.69	\$99.54	\$261.89	9.63%	28.27%
5920000	NORTHERN WESTCHESTER HOSP	\$7,525.66	\$7,690.24	0.9786	0.509174	0.00%	\$0.00	\$614.71	\$152.82	\$261.89	9.63%	28.27%
7001008	NY COMMUNITY / BROOKLYN	\$8,400.04	\$7,690.24	1.0923	0.517469	0.00%	\$0.00	\$374.53	\$60.83	\$261.89	9.63%	28.27%
7003010	NY MED CTR OF QUEENS	\$9,864.17	\$7,690.24	1.0850	0.404466	18.22%	\$815.05	\$1,079.76	\$169.95	\$261.89	9.63%	28.27%
7001021	NY METHODIST HOSP / BROOKLYN	\$9,660.06	\$7,690.24	1.0639	0.445267	18.07%	\$985.48	\$291.92	\$62.12	\$261.89	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL	\$10,998.22	\$7,690.24	1.1302	0.364115	26.54%	\$1,728.00	\$1,496.73	\$207.84	\$261.89	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL (ALLEN)	\$10,998.22	\$7,690.24	1.1302	0.364115	26.54%	\$1,728.00	\$1,496.73	\$207.84	\$261.89	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	\$10,998.22	\$7,690.24	1.1302	0.364115	26.54%	\$1,728.00	\$1,496.73	\$207.84	\$261.89	9.63%	28.27%
4324000	NYACK HOSPITAL	\$7,372.63	\$7,690.24	0.9587	0.221363	0.00%	\$0.00	\$301.38	\$72.81	\$261.89	9.63%	28.27%
7002053	NYU HOSPITALS CENTER	\$9,910.70	\$7,690.24	1.0547	0.313593	22.19%	\$1,658.49	\$1,987.98	\$485.67	\$261.89	9.63%	28.27%
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DIS	\$9,910.70	\$7,690.24	1.0547	0.313593	22.19%	\$1,658.49	\$1,987.98	\$485.67	\$261.89	9.63%	28.27%
0401001	OLEAN GENERAL HOSPITAL	\$5,802.35	\$7,690.24	0.7463	0.594815	1.10%	\$13.75	\$328.01	\$72.06	\$192.62	9.63%	28.27%
2601001	ONEIDA HEALTHCARE	\$5,858.42	\$7,690.24	0.7618	0.483423	0.00%	\$0.00	\$587.36	\$153.04	\$192.62	9.63%	28.27%
3523000	ORANGE REGIONAL MED CTR	\$7,648.71	\$7,690.24	0.9946	0.286532	0.00%	\$0.00	\$1,113.86	\$266.80	\$261.89	9.63%	28.27%
3702000	OSWEGO HOSPITAL	\$6,014.53	\$7,690.24	0.7821	0.542099	0.00%	\$0.00	\$572.73	\$140.17	\$192.62	9.63%	28.27%
0301001	OUR LADY OF LOURDES MEMORIAL	\$6,547.45	\$7,690.24	0.8242	0.477509	3.30%	\$10.53	\$324.12	\$76.46	\$192.62	9.63%	28.27%
5155000	PECONIC BAY MED CTR	\$8,079.19	\$7,690.24	1.0128	0.272183	3.73%	\$81.40	\$689.57	\$160.48	\$261.89	9.63%	28.27%
5932000	PHELPS MEMORIAL HOSP	\$8,431.97	\$7,690.24	1.0142	0.364645	8.11%	\$202.34	\$773.06	\$175.23	\$261.89	9.63%	28.27%
2952005	PLAINVIEW HOSPITAL	\$8,964.50	\$7,690.24	1.0962	0.322045	6.34%	\$192.45	\$289.76	\$60.96	\$261.89	9.63%	28.27%
3950000	PUTNAM COMMUNITY HOSPITAL	\$7,807.90	\$7,690.24	1.0153	0.322545	0.00%	\$0.00	\$699.34	\$179.05	\$261.89	9.63%	28.27%
7003007	QUEENS HOSPITAL CENTER	\$10,532.85	\$7,690.24	1.1427	0.797790	19.86%	\$1,181.55	\$2,203.75	\$117.56	\$261.89	9.63%	28.27%
7004010	RICHMOND UNIV MED CTR	\$8,718.79	\$7,690.24	0.9926	0.309391	14.22%	\$955.15	\$746.15	\$68.14	\$261.89	9.63%	28.27%
2701003	ROCHESTER GENERAL HOSPITAL	\$6,893.73	\$7,690.24	0.8156	0.436120	9.91%	\$376.49	\$645.88	\$123.73	\$192.62	9.63%	28.27%
3201002	ROME HOSPITAL AND MURPHY	\$6,182.95	\$7,690.24	0.8040	0.454182	0.00%	\$0.00	\$184.93	\$46.00	\$192.62	9.63%	28.27%
4102002	SAMARITAN HOSPITAL OF TROY	\$5,943.01	\$7,690.24	0.7728	0.398224	0.00%	\$0.00	\$424.10	\$62.14	\$192.62	9.63%	28.27%
2201000	SAMARITAN MEDICAL CENTER	\$6,327.04	\$7,690.24	0.8022	0.552261	2.56%	\$70.85	\$482.54	\$126.48	\$192.62	9.63%	28.27%
4501000	SARATOGA HOSPITAL	\$6,521.32	\$7,690.24	0.8480	0.393532	0.00%	\$0.00	\$518.86	\$101.33	\$192.62	9.63%	28.27%
7000014	SBH HEALTH SYSTEM	\$10,336.48	\$7,690.24	1.0233	0.300863	31.35%	\$1,278.08	\$548.28	\$120.33	\$261.89	9.63%	28.27%
1401013	SISTERS OF CHARITY HOSPITAL	\$6,877.37	\$7,690.24	0.8522	0.468327	4.94%	\$192.93	\$313.73	\$68.28	\$192.62	9.63%	28.27%
2950001	SOUTH NASSAU COMMUNITIES	\$7,691.99	\$7,690.24	0.9679	0.303927	3.34%	\$141.11	\$757.34	\$150.54	\$261.89	9.63%	28.27%
5126000	SOUTHAMPTON HOSPITAL	\$8,647.87	\$7,690.24	1.0044	0.337423	11.96%	\$450.78	\$720.43	\$209.35	\$261.89	9.63%	28.27%
5154000	SOUTHSIDE HOSPITAL	\$8,652.01	\$7,690.24	1.0844	0.321029	3.75%	\$126.45	\$543.96	\$123.30	\$261.89	9.63%	28.27%
3529000	ST ANTHONY COMMUNITY HOSP	\$7,420.31	\$7,690.24	0.9649	0.277194	0.00%	\$0.00	\$437.76	\$106.06	\$261.89	9.63%	28.27%
5157003	ST CATHERINE OF SIENA	\$8,120.89	\$7,690.24	1.0560	0.233955	0.00%	\$0.00	\$597.46	\$121.24	\$261.89	9.63%	28.27%
5149001	ST CHARLES HOSPITAL	\$7,614.46	\$7,690.24	0.9786	0.262866	1.18%	\$0.00	\$492.78	\$111.87	\$261.89	9.63%	28.27%
3202002	ST ELIZABETH MEDICAL CENTER	\$6,570.08	\$7,690.24	0.8072	0.447837	5.84%	\$325.84	\$697.33	\$104.27	\$192.62	9.63%	28.27%
2953000	ST FRANCIS HOSP / ROSLYN	\$8,401.44	\$7,690.24	1.0915	0.264425	0.09%	\$6.85	\$1,361.99	\$222.81	\$261.89	9.63%	28.27%
5002001	ST JAMES MERCY HOSPITAL	\$5,160.15	\$7,690.24	0.6710	0.470863	0.00%	\$0.00	\$188.88	\$70.91	\$192.62	9.63%	28.27%
7001024	ST JOHNS EPISCOPAL SO SHORE	\$10,015.98	\$7,690.24	1.0138	0.388042	28.47%	\$1,071.65	\$411.31	\$70.52	\$261.89	9.63%	28.27%
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$7,696.39	\$7,690.24	1.0008	0.331763	0.00%	\$0.00	\$549.58	\$74.15	\$261.89	9.63%	28.27%
2952006	ST JOSEPH HOSPITAL	\$7,848.80	\$7,690.24	1.0196	0.292909	0.10%	\$7.53	\$498.63	\$92.39	\$261.89	9.63%	28.27%
0701001	ST JOSEPHS HOSP / ELMIRA	\$5,821.51	\$7,690.24	0.7570	0.390802	0.00%	\$0.00	\$754.35	\$232.00	\$192.62	9.63%	28.27%
3301003	ST JOSEPHS HOSP HLTH CTR	\$7,096.92	\$7,690.24	0.8693	0.436160	6.16%	\$107.00	\$951.05	\$156.16	\$192.62	9.63%	28.27%
5907002	ST JOSEPHS MEDICAL CENTER	\$8,102.45	\$7,690.24	0.9716	0.507587	8.44%	\$169.09	\$626.52	\$108.03	\$261.89	9.63%	28.27%
3522000	ST LUKES CORNWALL HOSPITAL	\$7,534.12	\$7,690.24	0.9797	0.281003	0.00%	\$0.00	\$667.52	\$145.65	\$261.89	9.63%	28.27%
2801001	ST MARYS HEALTHCARE	\$5,738.45	\$7,690.24	0.7462	0.455570	0.00%	\$0.00	\$207.25	\$51.02	\$192.62	9.63%	28.27%
4102003	ST MARYS HOSPITAL	\$6,182.95	\$7,690.24	0.8040	0.356760	0.00%	\$0.00	\$630.71	\$128.77	\$192.62	9.63%	28.27%
0101004	ST PETERS HOSPITAL	\$6,625.58	\$7,690.24	0.8412	0.319609	2.42%	\$85.17	\$909.94	\$204.71	\$192.62	9.63%	28.27%

**SCHEDULE OF WORKERS' COMPENSATION / NO FAULT (WCNF)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 1/1/2015 - 12/31/2015**

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE - PER DIEM	ALC	WCNF SURCHARGES	
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807-c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION-SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR (2011)	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING ELECTION AMENDMENT PHYS ADD-ONS	CAPITAL PER DIEM	ALC PRICE PER DAY	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME							** (PER DISCH)**	** (PER DAY**)			
7001037	STATE UNIV HOSP / DOWNSTATE	\$10,754.55	\$7,690.24	1.1106	0.700687	25.92%	\$4,543.97	\$1,139.40	\$199.16	\$261.89	9.63%	28.27%
7004003	STATEN ISLAND UNIV HOSP	\$9,369.65	\$7,690.24	1.0293	0.325427	18.37%	\$641.84	\$512.41	\$77.23	\$261.89	9.63%	28.27%
2701005	STRONG MEMORIAL HOSPITAL	\$8,847.23	\$7,690.24	0.8764	0.536664	31.27%	\$1,236.94	\$837.53	\$129.64	\$192.62	9.63%	28.27%
2754001	THE UNITY HOSPITAL	\$6,348.79	\$7,690.24	0.7642	0.502218	8.03%	\$254.67	\$833.31	\$191.56	\$192.62	9.63%	28.27%
0427000	TLC HEALTH NETWORK	\$5,394.70	\$7,690.24	0.7015	0.609655	0.00%	\$0.00	\$482.13	\$119.98	\$192.62	9.63%	28.27%
1227001	TRI-TOWN REGIONAL HEALTHCARE	\$6,633.60	\$7,690.24	0.8626	0.000000	0.00%	\$0.00	\$233.34	\$466.67	\$192.62	9.63%	28.27%
0303001	UNITED HEALTH SERVICES INC	\$7,049.19	\$7,690.24	0.8542	0.459060	7.31%	\$397.72	\$452.36	\$90.50	\$192.62	9.63%	28.27%
1801000	UNITED MEMORIAL MED CTR	\$5,813.82	\$7,690.24	0.7560	0.442346	0.00%	\$0.00	\$316.77	\$86.57	\$192.62	9.63%	28.27%
5151001	UNIV HOSP AT STONY BROOK	\$9,928.50	\$7,690.24	1.0181	0.358170	26.81%	\$1,466.10	\$781.23	\$95.90	\$261.89	9.63%	28.27%
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$8,718.48	\$7,690.24	0.9392	0.470865	20.71%	\$804.55	\$852.40	\$151.14	\$192.62	9.63%	28.27%
3301007	UPSTATE UNIV HOSPITAL AT COMM GEN	\$8,718.48	\$7,690.24	0.9392	0.470865	20.71%	\$804.55	\$852.40	\$151.14	\$192.62	9.63%	28.27%
1302001	VASSAR BROTHERS MED CTR	\$7,739.45	\$7,690.24	1.0064	0.280449	0.00%	\$0.00	\$464.71	\$95.31	\$261.89	9.63%	28.27%
5957001	WESTCHESTER MEDICAL CENTER	\$10,707.60	\$7,690.24	1.1410	0.303204	22.03%	\$2,252.44	\$2,499.44	\$310.83	\$261.89	9.63%	28.27%
0632000	WESTFIELD MEMORIAL HOSP	\$5,405.47	\$7,690.24	0.7029	0.628960	0.00%	\$0.00	\$2,795.58	\$349.45	\$192.62	9.63%	28.27%
5902001	WHITE PLAINS HOSPITAL	\$7,584.11	\$7,690.24	0.9862	0.419909	0.00%	\$0.00	\$562.08	\$123.01	\$261.89	9.63%	28.27%
2908000	WINTHROP UNIVERSITY HOSPITAL	\$9,334.49	\$7,690.24	1.0394	0.303881	16.78%	\$1,056.00	\$717.51	\$143.98	\$261.89	9.63%	28.27%
0602001	WOMANS CHRISTIAN ASSOC	\$5,555.43	\$7,690.24	0.7224	0.471825	0.00%	\$0.00	\$402.78	\$106.65	\$192.62	9.63%	28.27%
7001045	WOODHULL MEDICAL	\$9,563.20	\$7,690.24	1.0415	0.908330	19.40%	\$2,336.21	\$4,514.16	\$99.26	\$261.89	9.63%	28.27%
7001035	WYCKOFF HEIGHTS HOSPITAL	\$9,258.60	\$7,690.24	1.0022	0.407080	20.13%	\$729.76	\$680.12	\$108.81	\$261.89	9.63%	28.27%
6027000	WYOMING CO COMMUNITY HOSP	\$6,067.60	\$7,690.24	0.7890	0.954952	0.00%	\$0.00	\$527.52	\$126.98	\$192.62	9.63%	28.27%

**WORKERS COMP - NO FAULT
INLIER PAYMENT**

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
INLIER PAYMENT:		<i>Data Source and Formulas</i>
CALCULATION OF INLIER PAYMENT:		
(1)	Discharge Case Payment Rate	PUB_IP_WCNF_Acute_Col 1
(2)	Per Case Service Intensity Weight for DRG Classification	SIW APR-DRG Table (DOH*)
(3)	Case Mix Adjusted Discharge Payment	Line 1 x Line 2
(4)	Direct Medical Education (DME) Add-On	PUB_IP_WCNF_Acute_Col 6
(5)	Capital and Non-Comparable Add-Ons Cost Per Discharge	PUB_IP_WCNF_Acute_Col 7
(6)	Inlier DRG Payment prior to Public Goods Pool Surcharge	Line 3 + Line 4 + Line 5
(7a)	Public Goods Surcharge - Pay directly to Pool (see footnote for table of values)	Line 6 x Surcharge %
(7b)	Public Goods Surcharge - Pay to Hospital (see footnote for table of values)	Line 6 x Surcharge %
(8a)	Payment to Hospital - Surcharge paid Directly to pool	Line 6
(8b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 6 + Line 7b
ALTERNATE LEVEL OF CARE PAYMENT:		<i>Data Source and Formulas</i>
(9)	Alternate Level of Care Operating Per Diem	PUB_IP_WCNF_Acute_Col 9
(10)	Number of Alternate Level of Care (ALC) Days	Medical Record
(11)	Total ALC Payment Prior to Public Goods Pool Surcharge	Line 9 x Line 10
(12a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 11 x Surcharge %
(12b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 11 x Surcharge %
(13a)	Payment to Hospital - Surcharge paid Directly to pool	Line 11
(13b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 11 + Line 12b
Footnotes:		<i>Pay Directly To Pool</i>
Surcharge April 1, 2009=====>		9.63%
		<i>Pay To Hospital</i>
Surcharge April 1, 2009=====>		9.63%&28.27%
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/		

**WORKERS COMP - NO FAULT
TRANSFER PAYMENT**

Sample Payment
Calculation Worksheet

Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment)		
Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
TRANSFER PAYMENT:		<i>Data Source and Formulas</i>
(1)	Number of Transfer Days	
	a. Total Number of Days in Stay (inc. ALC)	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record
	c. Number of Transfer Days excluding ALC	Line 1a - 1b
(2)	DRG Classification	Assigned by Grouper
CALCULATION OF TRANSFER PAYMENT:		
(3)	Discharge Case Payment Rate	PUB_IP_WCNF_Acute_Col 1
(4)	Per Case Service Intensity Weight for DRG Classification	SIW APR-DRG Table (DOH*)
(5)	Case Mix Adjusted Discharge Payment	Line 3 x Line 4
(6)	Group Average Arithmetic Inlier Length of Stay for DRG	SIW APR-DRG Table (DOH*)
(7)	Average Inlier Cost Per Day	Line 5 / Line 6
(8)	Transfer Adjustment Factor	
	a. If Transfer Days are = to 1 and the Group Average LOS = 1, then 100%	100%
	b. If Transfer Days are = to or > 1 and the Group Average LOS is > 1, then 120%	120%
(9)	Transfer DRG Cost Per Day	Line 7 x Line 8a or 8b
(10)	Case Payment Capital Per Diem	PUB_IP_WCNF_Acute_Col 8
(11)	Total Transfer Cost Per Diem	Line 9 + Line 10
(12)	Transfer DRG Payment excluding DME	Line 11 x Line 1c
(13)	Direct Medical Education (DME) Add-on	PUB_IP_WCNF_Acute_Col 6
(14)	Transfer Payment Amount before ALC	Line 12 + Line 13
(15)	Discharge DRG Test (See Note 1 below):	
(a)	Inlier DRG Before ALC	Inlier Tab, Line 6
(16)	Total Transfer Payment Prior to Public Goods Pool Surcharge (and ALC)	Lesser of Line 14 or Line 15a
(17a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 16 x Surcharge %
(17b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 16 x Surcharge %
(18a)	Payment to Hospital - Surcharge paid Directly to pool	Line 16
(18b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 16 + Line 17b
(19)	Total ALC Payment	Inlier Tab, Line 13a or 13b
(20)	Total Transfer Payment with ALC Payment at 100%	Line 18a (or 18b) + Line 19
Note 1: Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment).		
Footnotes:		<u>Pay Directly To Pool</u>
Surcharge April 1, 2009=====>		9.63%
Surcharge April 1, 2009=====>		<u>Pay To Hospital</u>
Surcharge April 1, 2009=====>		9.63%&28.27%
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg		

**WORKERS COMP - NO FAULT
HIGH COST OUTLIER PAYMENT**

High Cost Outlier payment is in addition to the Inlier payment calculated on the Inlier worksheet tab.		
Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
HIGH COST OUTLIER PAYMENT:		<u>Data Source and Formulas</u>
(1)	Total Inpatient Gross Charges Per Patient UB-92, HCFA 1450	Revenue Code 0001
(2)	Adjustment to Total Inpatient Gross Charges	
	a. Telephone and Telegraph	Revenue Code 0964
	b. Television and Radio	Revenue Code 0963
	c. Private Room Differential	Non-Covered Revenue Codes 010X, 021X
	d. Other	Non-Covered
	e. Gross Charges for all ALC Days	Charge Analysis
	f. Total Adjustments	Sum of Lines 2a thru 2e
(3)	Net Inpatient Gross Charges	Line 1 - Line 2f
(4)	High Cost Charge Converter	PUB_IP_WCNF_Acute_Col 4
(5)	Net Inpatient Gross Charges Converted to Costs	Line 3 x Line 4
(6)	Threshold Calculation:	
	a. APR-DRG Cost Outlier Threshold	Outlier Threshold Table (DOH*)
	b. Institution-Specific Adjustment Factor (ISAF/WEF)	PUB_IP_WCNF_Acute_Col 3
	c. Adjusted Cost Outlier Threshold	Line 6a x Line 6b
(7)	High Cost Payment Test:	
	a. Do costs exceed the threshold?	Is Line 5 > 6c?
	b. Does the case involve a Transfer?	Determination per Your Hospital Data
CONTINUE WITH CALCULATION IF LINE 7a= "Yes" AND THE CASE IS NOT A TRANSFER.		
HIGH COST OUTLIER PAYMENT:		<u>Data Source and Formulas</u>
(8)	High Cost Outlier Payment before Inlier and ALC (100% of costs above adjusted threshold)	Line 5 - Line 6c
(9)	Total Inlier at 100%	Inlier tab, Line 6
(10)	Total Payment to Provider at 100%	=Line 8 + Line 9
(11a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 10 x Surcharge %
(11b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 10 x Surcharge %
(12a)	Payment to Hospital - Surcharge paid Directly to pool	Line 10 x Surcharge %
(12b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 10 + Line 11b
(13)	Total ALC Payment	Inlier Tab, Line 13a or 13b
Footnotes:		<u>Pay Directly To Pool</u>
Surcharge April 1, 2009=====>		9.63%
Surcharge April 1, 2009=====>		<u>Pay To Hospital</u>
Surcharge April 1, 2009=====>		9.63%&28.27%
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg		

**WORKERS COMP - NO FAULT
EXEMPT UNIT/HOSPITAL - PAYMENTS**

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:		<u>Data Source and Formulas</u>
(1)	Acute Per Diem Rate	PUB_IP_WCNF_EU_Applicable EU Rate (col 1 or 7 or 9 or 11)
(2)	Exempt Unit/Hospital Stay Days	
	a. Total Number of Days in Stay (inc. ALC)	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record
	c. Total Acute Care Days excluding ALC	Line 2a - Line 2b
(3)	Total Exempt Unit/Hospital Acute Care Payment Before Public Goods Pool Surcharge	Line 1 x Line 2c
(4a)	Public Goods Surcharge - Pay directly to Pool (see footnote for table of values)	Line 3 x Surcharge %
(4b)	Public Goods Surcharge - Pay to Hospital (see footnote for table of values)	Line 3 x Surcharge %
(5a)	Payment to Hospital - Surcharge paid Directly to pool	Line 3
(5b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 3 + Line 4b
EXEMPT UNIT/HOSPITAL ALTERNATE LEVEL OF CARE PAYMENT:		<u>Data Source</u>
(6)	Alternate Level of Care Per Diem	PUB_IP_WCNF_EU_Applicable EU ALC Rate Code (col 2 or 8 or 10 or 12)
(7)	Number of ALC Days	Line 2b
(8)	Total ALC Payment Prior to Public Goods Pool Surcharge	Line 6 x Line 7
(9a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 8 x Surcharge %
(9b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 8 x Surcharge %
(10a)	Payment to Hospital - Surcharge paid Directly to pool	Line 8
(10b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 8 + Line 9b
Footnotes:		<u>Pay Directly To Pool</u>
Surcharge April 1, 2009=====>		9.63%
		<u>Pay To Hospital</u>
Surcharge April 1, 2009=====>		9.63%&28.27%

**WORKERS COMP - NO FAULT
PSYCH REFORM ONLY PAYMENTS**

Sample Payment
Calculation Worksheet

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:		<u>Data Source and Formulas</u>
(1)	Exempt Unit/Hospital Stay Days	
	a. Total Number of Days in Stay (inc. ALC)	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record
	c. Total Acute Care Days excluding ALC	Line 1a - Line 1b
(2)	Acute Per Diem Rate or Alternate Payment Per Diem (adjusted by WEF)	See Applicable WCNF Rate Publication Psych Operating Billing Rate (Col 3)
(3)	Per Case Service Intensity Weight for Psych DRG Classification	*SIW APR-DRG Table (DOH) - Psych
(4)	Age Adjustment Factor	Age Factor (17 & under=1.0872, 18 & over =1.0000)
(5)	Mental Retardation Factor (if applicable)	1.0599
(6)	Comorbidity Factor(s)	*Comorbidity Weight Factors (DOH) (If more than 1 exists, use highest weight factor)
(7)	LOS Scale Factor (indicates which scaling factor is applicable for each day of the stay. Note: day 1 for all readmissions within 30 days is considered day 4 for scaling purposes)	Days 1-4=1.20 Days 5-11=1.00 Days 12-22=0.96 Days 23 & over=0.92
(8)	Non-Operating Billing Component (capital, etc)	See Applicable WCNF Rate Publication for Psych Non-Operating Billing Rate (Col 4) x number of days
(9)	Electro Convulsive Therapy (ECT) Component	See Applicable WCNF Rate Publication for Psych ECT Payment (Col 5) x number of treatments
(10)	Total Payment at 100% (see payment example below)	Repeat for <u>each</u> day of the stay: Line 2 x Line 3 x Line 4 x Line 5 x Line 6 x applicable Line 7 factor. Then, add the totals from Lines 8 and 9
ALTERNATE LEVEL OF CARE (ALC) PAYMENT:		
(11)	CALCULATION OF ALC PAYMENT:	
(a)	Alternate Level of Care Billing Rate	See Applicable WCNF Rate Publication for Psych ALC Per Diem (Col 6)
(b)	Number of ALC Days	Line 1b
(c)	Total ALC Payment	Line 11a x Line 11b
TOTAL PAYMENT AMOUNT:		
(12)	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c
	*	
Footnotes:		<u>Pay Directly To Pool</u>
Surcharge April 1, 2009=====>		9.63%
Surcharge April 1, 2009=====>		<u>Pay To Hospital</u> 9.63%&28.27%

**WORKERS COMP - NO FAULT
PSYCH REFORM ONLY PAYMENTS**

Sample Payment
Calculation Worksheet

Payment Example:

Principal Diagnosis	APR-DRG 750-1: Schizophrenia SOI-1	0.9444
Patient Age	16 years old	1.0872
Presence of Mental Retardation (limited to one factor of 1.0599)	3182, 29901, 75981	1.0599
Comorbidities (use highest factor)	Acute Coronary Syndrome	1.4046
Total Per Diem Adjustment Factor	0.9444 * 1.0872 * 1.0599 * 1.4046	1.5286
Facility operating per diem (adjusted by WEF)	Hospital ABC	\$500.00
Total Adjusted Operating Per Diem	\$500 * 1.5286	\$764.28
Non-Operating Per Diem: Capital + DME + Transition (if applicable)		\$50.00
ECT Payment with 2 Treatments during the stay (WEF Adjusted)	\$244 * 2 treatments	\$488.00

Apply variable per diem adjustment for 10 days	Per Diem amount	
Day 1 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 2 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 3 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 4 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 5 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 6 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 7 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 8 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 9 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 10 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Total Operating Per Diem Payment		\$8,254.24
Total Non-Operating Per Diem	\$50 * 10 days	\$500.00
ECT Payment - 2 treatments (WEF Adjusted)		\$488.00
Final Total Payment		\$9,242.24

Note: Day 1 for all readmissions within 30 days is considered Day 4 for scaling purposes

**WORKERS COMP - NO FAULT
CHEMICAL DEPENDENCY DETOXIFICATION PAYMENTS**

**Billing Instructions For
Part 816 OASAS Certified Chemical Dependency Detox**

Reimbursement for inpatient chemical dependency detox services provided by Office of Alcoholism and Substance Abuse Services (OASAS) certified general hospitals transitioned to a per diem rate methodology effective 12/1/2008. New billing rate codes were established to accurately calculate per diem payments for 2 clinically distinct levels of care: a higher intensity Medically Managed Detox (MMD) level of care, and a lower intensity Medically Supervised Inpatient Withdrawal (MSIW) level of care. The detox rate code payment logic includes recognition of observation days (OBS) to be paid at the higher MMD payment rate, and length of stay (LOS) reductions in payment for stays exceeding 5 days, applicable to both levels of care, as required by statute. Following are the billing instructions effective for services provided 1/1/2010 forward.

DETOX PER DIEM RATE CODE REVISIONS EFFECTIVE 1/1/2010:

Effective 1/1/2010, the operating cost component of the MSIW rate of payment was reduced to 75% of the prevailing operating cost component of the MMD rate of payment. However, capital costs in the MSIW rate continue to be included at 100% of the allowable detox capital cost per day. This MSIW operating cost specific reduction in payment, coupled with the requirement that OBS bed days (up to 48 hours) be reimbursed at the higher MMD payment rate, required changes to the initially established detox rate code construct to implement. To assure accurate payment for MSIW stays when OBS days are included in the stay, the following revised and expanded detox per diem rate codes, and related payment logic, became effective for claims with dates of admission 1/1/2010 forward:

1. **Rate Code 4800:** MMD (operating cost) with or without OBS Days
2. **Rate Code 4801:** MSIW (operating cost) without OBS Days
3. **Rate Code 4802:** MSIW (operating cost) with 1 OBS Day
4. **Rate Code 4803:** MSIW (operating cost) with 2 OBS Days
5. **Rate Code 4804:** Inpatient Detox Capital Cost Per Diem (*add-on rate code only*)

Claims are to be submitted on a per discharge basis using the rate code that corresponds to the level of care rendered to the patient on day 3 of the admitted stay, or the level of care determined on the day of admission if the LOS is less than 3 days. Though we recognize there may be instances where a patient transitions through multiple levels of care during a given stay, systems limitations do not allow for the development of more refined billing parameters to address such situations. Day 3 is the first day after the maximum allowable OBS period and is deemed to fairly represent the overall clinical status of the patient's stay for reimbursement purposes. LOS reductions based on the total number of days for the stay continue, with the detox service begin date typically determining the first day for the LOS calculations. If the patient was initially admitted to another unit in the hospital (e.g., Intensive Care Unit or Medical Surgical Unit) to address urgent medical care needs prior to being transferred to the Detox Unit for ongoing care, the admission date to the hospital is the begin date for determining the LOS reductions in payment for the detox unit stay. It is noted that, in such cases, a separate payment for the medical stay (DRG case payment rate) is permissible in addition to payment for the detox unit stay.

Appendix I provides a detailed presentation of the detox per diem billing rate codes and payment logic. ***Please note that rate code 4804 is not a billing rate code (i.e., will not be include on the claim form for submission)***, but is necessary from a systems standpoint to be retrieved and added to the calculation for the final payment to be inclusive of capital cost. The schematic presented in Appendix I assumes that the rates posted to the various rate codes are fixed amounts, when in fact they will change from time to time as rates are revised. The programming logic does indeed recognize that detox rate codes 4800-4804 can have different rate amounts that need to be selected and applied based on the dates of service included in the stay, and will select the applicable rate amount based on the service date.

OTHER DETOX REIMBURSEMENT RELATED ISSUES

Detox Unit Overflow:

Part 816 OASAS certification is specific to hospital site/address location and number of beds approved for the unit. On occasions where the OASAS certified detox unit is at full capacity and another patient in need of detoxification services must, consequently, be admitted to a medical surgical bed at the same location, the hospital is to bill for such "overflow" detox unit patients using the detox per diem rates. Presumably, such overflow admissions to a medical surgical bed will be short term until a bed in the detox unit becomes available. From a clinical perspective, such patients are detoxification unit patients and their treatment plan will follow Part 816 OASAS program regulations. Hence, the detox per diem rates, rather than the hospital's DRG case payment rate, are the appropriate rates to use for determining reimbursement for the inpatient detox service provided such patients.

Detox Scatter Bed Reimbursement for Non-OASAS Certified Hospitals:

The detox per diem rate methodology applies only to general hospitals certified by OASAS to operate a Part 816 Detoxification Program. As this certification is specific to hospital site/address location, the detox per diem rates are loaded only to the locator code site that corresponds to the OASAS certified site. The per diem rates do not apply to inpatient detoxification services provided in general hospitals that do not have OASAS certification, or to non-certified hospital sites of OASAS certified general hospitals (e.g., hospital entities, such as mergers, that operate multiple acute care inpatient sites at different physical plant locations, not all of which have OASAS certified detox units). Such general medical "scatter bed" inpatient detox services continue to be reimbursed through the DRG rate methodology.

**WORKERS COMP - NO FAULT
CHEMICAL DEPENDENCY DETOXIFICATION PAYMENTS**

APPENDIX I

**Inpatient Chemical Dependency Detox Fee-For-Service Rate Codes
Effective for Admissions On and After 1/1/2010**

Rate Code Legend:

1. RC 4800 – MMD (operating cost) w/or w/o OBS Days
2. RC 4801 – MSIW (operating cost) w/o OBS Days
3. RC 4802 – MSIW (operating cost) w/1 OBS Day
4. RC 4803 – MSIW (operating cost) w/2 OBS Days
5. RC 4804 – Inpatient Detox Capital Cost Per Diem

Service Description:	LOS (Days):	Payment Logic:
MMD w/or w/o OBS Days	1 – 5	(RC 4800 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4800 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	\$0.00
MSIW w/o OBS Days	1 – 5	(RC 4801 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4801 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	\$0.00
MSIW w/1 OBS Day	1	((RC 4802 amount/0.75) + RC 4804 amount) * Number of Days
	2 – 5	(RC 4802 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4802 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	\$0.00
MSIW w/2 OBS Days	1 – 2	((RC 4803 amount/0.75) + RC 4804 amount) * Number of Days
	3 – 5	(RC 4803 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4803 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	\$0.00