

**NEW YORK**  
*state department of*  
**HEALTH**

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

Sue Kelly  
Executive Deputy Commissioner

December 30, 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 the certification letter and schedules of revised hospital inpatient rates for service rendered to patients covered the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law, and the Comprehensive Motor Vehicle Reparation Act for the period January 1, 2009 through November 30, 2009.

The formula on which these rates are based was promulgated in accordance with Article 28 of the Public Health Law and reflect those provisions of the Health Care Reform Act 2005 (HCRA) as recently amended by Chapter 58 of the Laws of 2009.

The January 1, 2009 rates, enclosed herein, are based upon the same inpatient reimbursable costs as those reflected in the 2009 inpatient rates promulgated on a statewide basis and previously certified to you in letter dated May 14, 2010 but also take into consideration the following changes:

1. Implementation of the 2008 and 2009 volume adjustments for acute and exempt unit services as set forth in Part 86-1 of the Commissioner of Health's Administrative Rules and Regulations in effect for this period. These volume adjustments reflect adjustments for reduced length of stay as well as closure of hospitals and their effect on other hospitals in their catchment area.
2. Implementation of actual 2008 and 2009 capital replacing budgeted capital as required by Article 2807-c of the Public Health Law. Actual capital along with actual discharge and days as reported on the annual 2008 and 2009 Institutional Cost Report have been utilized.
3. Elimination of the prospective rate adjustments calculated from the inpatient exempt psychiatric unit rates effective January 1, 2010. The prospective rate adjustment included in the rates for the period January 1, 2009 through December 31, 2009 are not applicable to rate periods on or after January 1, 2010. Due to the delay in the effective date of the new psychiatric inpatient methodology to October 20, 2010, rates from calendar year 2009 are being extended through this date excluding prior period prospective rate adjustments applicable only through December 31, 2009.

4. Update of the Graduate Medical Education rates paid as a Medicaid fee for service for Medicaid Managed Care patients as a result of the other rate adjustments noted above.
5. Inclusion of the above changes in the group price component of the respective year as appropriate in the development of the blended acute per discharge rate.

## **Enclosures**

The following will briefly describe the enclosed rate schedules and backup documents contained in this package.

### **2009 Exempt Units and Hospitals Elements**

This is a copy of hospitals specific data elements, which have been used to formulate the revised rates of payment for each hospital. The following is a brief description of the elements on the schedule:

**Group Code:** This is the group number to which a hospital has been assigned. Please note that the first page contains a description for each of the nine peer groups and note explanation.

**Exempt Hospitals and/or Units:** A number 1 (one) in the column signifies that the facility has that type of approved unit. The next six columns list the exempt unit(s) for which the hospital has been approved and for which a discrete exempt unit per diem rate has been calculated. For facilities listed under the column headed **Exempt Hospitals**, please refer to the note on the first page (index) of the attachment for the type of hospital and the services provided.

### **2009 Diagnosis Related Groups**

This enclosure provides specific information for each diagnosis related group (DRG) including DRG number, DRG description, per case and per day service intensity weights (SIWs), non-Medicare trimpoints and upstate/downstate group average lengths of stay. The per case SIW is to be applied to the blended cost per discharge to determine the inlier payment for an individual claim. The low and high trimpoints are needed to determine if the claim is inlier, short stay or long stay claim depending on patient's acute length of stay. The group average length of stays (upstate/downstate) are used to divide the per case amount in the determination of the per diem for payment (when applicable). These DRGs are to be used for patients discharged on or after January 1, 2009. These have not changed from those provided previously.

### **Top 20 DRGs**

Pursuant to the provisions of the Health Care Reform Act of 2005, 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 discharged January 1, 2009 and after are to be reimbursed the state governmental payor rate. Chapter 80 of the Laws of 1995 included a provision that impacts payments for the twenty most common diagnosis related groups (DRGs) (See "Top 20 DRGs Schedule). For inpatient claims that group into one of the DRG categories listed, reimbursement is at the lower of the hospital-specific blended cost per discharge or the weighted group average for the hospitals peer group. Those hospitals that are designated as rural and have opted for 100% hospital-specific reimbursement under Article 2807-c(6) are not subject to the Top 20 lower of payment system as described in Article 2807-c(5) of the Public Health Law.

Top 20 DRG rates based on the above adjustments have been calculated for the period January 1, 2009 through November 30, 2009. All payment formulas for Top 20 DRGs (Inliers, Short Stays, Transfers and High Costs) will use the rate amount listed in the Top 20 DRG column contained in the payment rate components listed on the schedule entitled "Workers' Compensation and No Fault Hospital Case Payment Rates" (see column 3).

### **Workers' Compensation/No Fault Rates (1/1/09-11/30/09)**

This is a printout of all rates of payment and their specific component parts that have been approved by OHSM for Workers' Compensation and No-Fault claims and are to be used to make payments for inpatient hospital services.

The printout lists hospitals by NYPHRM region and contains the following data:

- Columns 1 through 10 – Contains the revised rate components needed to calculate payments to a hospital for general acute care services for which reimbursement is governed by the per case methodology. These include inlier payments, short stay and transfer payments, long stay payments and high cost payments. A further explanation of columns that have changed from previous publications is as follows:
- Column 1 Long Stay Group Neutral Cost/Discharge - This column should be utilized to calculate the long stay outlier payment for all applicable claims.
- Column 2 Blended Case Mix Neutral Rate - This column combines the blended case mix neutral rate per discharge and base year malpractice case mix neutral cost per case listed separately in prior publications. This amount should be combined with the prospective adjustment amount reported in either Column 12 or 13 dependent upon the payor, workers' compensation or no-fault, respectively. The appropriate SIW should be multiplied times this combined amount to obtain a weighted rate per discharge.
- Column 3 Top 20 DRG Rate - This column should be utilized in place of the Column 2 amount for all claims whose DRG assignment listed in the Top 20 DRG listing previously discussed. This amount should be combined with the applicable prospective rate adjustment from Column 12 or 13 prior to the application of the SIW.
- Column 4 Capital Cost Rate per Case - This column is similar to prior publications except that the current figure includes the Efficiency Cost Reduction Adjustment. This amount should be combined with the applicable prospective adjustment from Column 14 or 15 dependent upon the respective payor.
- Column 5 Public Goods Pool Surcharge - This surcharge should be applied to the sum of the weighted rate per discharge (including prospective adjustments) plus the capital cost rate per case (including prospective adjustments). This surcharge is applicable for payors who have previously elected and been approved to pay the Public Goods Pool directly.
- Column 6 Additional Public Goods Pool Surcharge - This additional surcharge of 26.26% or 28.27% should be added to the Column 5 amount of 8.95% or 9.63% to total 35.21%/37.90%. This amount should be applied to the sum of the weighted rate per discharge (including prospective adjustments) plus the capital cost rate per case

(including prospective adjustments) and included in the payment to the hospital. **This additional surcharge is only applicable to those payors who have not elected to pay the Public Goods Pool directly and have received approval for this arrangement by the Department of Health.**

- Columns 7 and 8 - The capital per diem is to be utilized in the calculation of short stay and transfer payments for the respective payor.
- Column 9 and 10 - This SPARCS rate add-on is applicable to the per case or per diem payment respectively.
- Column 11 - For those patients whose inpatient hospitalization at an acute level is no longer necessary, the case payment legislation authorizes payment of an alternate level of care rate. This column contains an alternative level of care per diem payment for each respective hospital. The appropriate public goods pool surcharge should be applied to this payment.
- Column 12 through 17 - These prospective adjustments reflect the net adjustments to the Workers' Compensation/No-Fault rates for periods 1988 through 1996 plus the Medicaid rate for the period January 1, 1997 through December 31, 2006. These prospective adjustments include the applicable rate differentials (5% or 13%) for the affected rate years for the respective payors. The adjustments are to be included in the applicable inlier and outlier payment calculations as detailed in this correspondence.
- Column 18 - The high cost charge converter is the hospital specific inpatient ratio of cost to charges. This ratio is to be applied to total covered hospital inpatient charges for a specific claim to reduce charges to cost in the determination of high cost outlier payments.
- Column 19 - The overall non-Medicare case mix is to be utilized in the determination of specific claim's eligibility as a high cost outlier.
- Column 20 - Pure group price for the long stay test is the pure group price of the 2009 rates which is to be used in the calculation of the greater of high cost or long stay test to determine which payment to use.
- Column 21 through 30 - Per diem rates and components for hospitals which are totally exempt from the per case reimbursement system.
- Columns 31 through 40 - Per diem rates and components for hospitals with an approved psychiatric exempt unit.
- Columns 41 through 50 - Per diem rates and components for hospitals with an approved AIDS exempt.
- Columns 51 through 60 - Per diem rates and components for hospitals with an approved Alcohol Rehabilitation exempt unit.

- Columns 61 through 70 –Per diem rates and components for hospitals with an approved Drug Rehabilitation exempt unit.
- Columns 71 through 80 - Per diem rates and components for hospitals with an approved Epilepsy exempt unit.
- Columns 81 through 90 - Per diem rates and components for hospitals with an approved other exempt units.
- Columns 91 through 100 - Per diem rates and components for hospitals with an approved Medical Rehabilitation exempt unit.

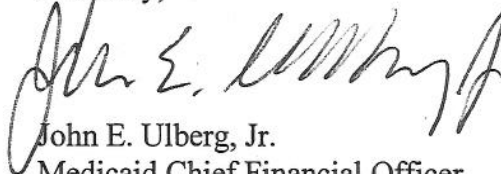
**Workers' Compensation and No-Fault Retro-Payment Rate Schedules**

This schedule contains rates for hospitals for rate periods prior to January 1, 2009 as listed on the attached schedule.

**Sample Payment Calculation Worksheets:**

These schedules have been prepared to answer many questions that are received as to how to calculate the various different payments for Workers' Compensation and No Fault claims. These schedules correspond to the columns on the Workers' Compensation and No Fault rates schedule enclosed.

Sincerely,



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

Enclosure(s)

**NEW YORK**  
state department of  
**HEALTH**

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

Sue Kelly  
Executive Deputy Commissioner

December 30, 2011

Mr. Robert E. Beloten  
Chairman  
New York State Workers' Compensation Board  
20 Park Street  
Albany, NY 11207

Dear Mr. Beloten:

The Office of Health Insurance Programs has calculated revised rates of reimbursement for the period January 1, 2009 through November 30, 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. Helgeson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

Enclosure(s)

2009 Exempt Units and Hospitals Elements

Effective 1/1/09 -11/30/09  
(1/1/09 - 12/31/09 for Psych)

		sort		GROUP	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
	Hospital	BHR-PRNT	BHR-TEAM	CODE	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT
		-----	-----	-----	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER
							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 (Note 2)	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	0	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	0	0	0
7003008	CARITAS HEALTH CARE	3	6	6	0	1	0	0	0	0	0
5263000	CATSKILL REGIONAL MEDICAL CENTER-HARRIS	5	4	2	0	1	0	0	0	0	0
5253000	CATSKILL REGIONAL MEDICAL CENTER-HERMAN	9	4	9	5	0	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	ELMHURST HOSPITAL CENTER	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

2009 Exempt Units and Hospitals Elements

Effective 1/1/09 -11/30/09  
(1/1/09 - 12/31/09 for Psych)

					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		
5127000	EASTERN LONG ISLAND HOSPITAL	2	7	5	0	1	1	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		
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 =====								
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	0	0	0		
2728001	LAKESIDE MEMORIAL HOSPITAL	9	4	1	0	0	0	0	0	0	0		
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		



2009 Exempt Units and Hospitals Elements

Effective 1/1/09 -11/30/09  
(1/1/09 - 12/31/09 for Psych)

					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.	REHAB.	REHAB.	UNIT	UNIT (B)
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
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
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	1	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 MEDICAL CENTER	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
7000023	NY WESTCHESTER SQUARE MED CTR	3	6	5	0	0	0	0	0	0	0
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
7002011	NYU-HOSPITAL FOR JOINT DISEASES	3	6	6	0	0	0	0	1	0	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

2009 Exempt Units and Hospitals Elements

Effective 1/1/09 -11/30/09  
(1/1/09 - 12/31/09 for Psych)

					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)
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
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
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
7001024	ST JOHNS EPISCOPAL SO SHORE	2	7	6	0	1	0	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
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								
3522000	ST LUKES/CORNWALL HOSPITAL	5	5	2	0	1	0	0	0	0	0
2801001	ST MARYS HOSP / AMSTERDAM (Note 2)	4	2	2	0	1	1	0	1	0	0

## 2009 Exempt Units and Hospitals Elements

Effective 1/1/09 -11/30/09  
(1/1/09 - 12/31/09 for Psych)

					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)
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 was 1/11/08. Currently not in group 1, but rate reflects 100% group 1 average.											
Note 2 - Amsterdam Memorial Hosp - eff 6/1/09 was acquired by St Mary's of Amsterdam and became St Mary's Amsterdam Memorial Campus (Rehab and SNF Services)											

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
1	CRANIOTOMY AGE >17 W CC	4.8526	3	25	7	9
2	CRANIOTOMY AGE >17 W/O CC	3.2059	2	14	4	5
6	CARPAL TUNNEL RELEASE	0.7355	1	5	2	1
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	2.5416	2	26	7	8
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1.8422	1	8	3	2
9	SPINAL DISORDERS & INJURIES	1.3164	2	12	4	5
10	NERVOUS SYSTEM NEOPLASMS W CC	2.8078	5	25	9	10
11	NERVOUS SYSTEM NEOPLASMS W/O CC	1.3134	2	14	4	5
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	1.4172	2	26	7	7
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	1.1000	2	13	5	5
14	STROKE WITH INFARCT	1.6748	2	16	5	6
15	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	1.3141	2	13	4	5
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.6051	2	22	4	7
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.9155	1	9	2	3
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	1.2165	2	16	5	5
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	0.8771	2	10	4	4
21	VIRAL MENINGITIS	0.8280	2	9	3	4
22	HYPERTENSIVE ENCEPHALOPATHY	1.3777	2	19	4	6
23	NONTRAUMATIC STUPOR & COMA	0.9018	2	11	4	5
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.1769	2	14	4	5
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.8132	1	7	2	3
36	RETINAL PROCEDURES	1.0849	1	4	2	2
37	ORBITAL PROCEDURES	1.5578	1	10	3	3
38	PRIMARY IRIS PROCEDURES	1.0722	1	11	2	2
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1.0460	1	17	3	3
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1.0223	1	9	3	2
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18	0.8085	1	5	2	2
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	1.1089	1	8	2	3
43	HYPHEMA	0.6761	2	14	4	4
44	ACUTE MAJOR EYE INFECTIONS	0.6980	2	9	3	4
45	NEUROLOGICAL EYE DISORDERS	0.9398	2	10	4	4
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	1.0004	2	12	4	4
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	0.7385	1	8	3	3
48	OTHER DISORDERS OF THE EYE AGE <18	0.5761	1	6	2	2
49	MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY	2.0422	1	10	2	3
50	SIALOADENECTOMY	1.0952	1	3	1	1
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.8620	1	3	1	1
52	CLEFT LIP & PALATE REPAIR	0.9301	1	3	2	1

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
53	SINUS & MASTOID PROCEDURES AGE >17	1.0205	1	6	2	2
54	SINUS & MASTOID PROCEDURES AGE <18	1.0341	1	8	3	2
55	MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES	0.8742	1	7	3	2
56	RHINOPLASTY	0.8005	1	3	1	1
57	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE >17	0.6459	1	7	3	2
58	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE <18	0.7834	1	7	2	3
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	0.6591	1	4	2	2
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18	0.6004	1	3	2	1
61	MYRINGOTOMY W TUBE INSERTION AGE >17	0.9700	2	17	5	5
62	MYRINGOTOMY W TUBE INSERTION AGE <18	0.7177	1	6	3	2
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1.2909	1	8	3	3
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1.6145	2	17	5	6
65	DYSEQUILIBRIUM	0.6271	1	7	2	3
66	EPISTAXIS	0.6928	1	8	3	3
67	EPIGLOTTITIS	0.7039	1	7	2	3
68	OTITIS MEDIA & URI AGE >17 W CC	0.6663	1	8	3	3
69	OTITIS MEDIA & URI AGE >17 W/O CC	0.4708	1	5	2	2
70	OTITIS MEDIA & URI AGE <18	0.5656	1	6	2	2
71	LARYNGOTRACHEITIS	0.4273	1	4	2	2
72	NASAL TRAUMA & DEFORMITY	0.6361	1	6	2	2
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	0.6975	1	9	3	3
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18	0.5674	1	7	2	3
75	MAJOR CHEST PROCEDURES	2.8642	2	17	6	6
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.9843	3	30	8	10
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.8593	2	18	5	6
78	PULMONARY EMBOLISM	1.4778	2	15	5	6
79	RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA AGE >17 W CC	1.7780	2	23	7	8
80	RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA AGE >17 W/O CC	1.1901	2	16	5	6
82	RESPIRATORY NEOPLASMS	1.8145	2	22	6	7
83	MAJOR CHEST TRAUMA W CC	1.0870	2	12	4	4
84	MAJOR CHEST TRAUMA W/O CC	0.7314	1	7	3	2
85	PLEURAL EFFUSION W CC	1.5790	2	17	5	6
86	PLEURAL EFFUSION W/O CC	1.2063	2	12	4	5
87	PULMONARY EDEMA & RESPIRATORY FAILURE	1.4160	2	16	6	6
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.0606	2	13	5	5
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.1855	2	14	5	5
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	0.7980	2	9	4	4
92	INTERSTITIAL LUNG DISEASE W CC	1.3839	2	17	5	6
93	INTERSTITIAL LUNG DISEASE W/O CC	1.0456	2	11	4	5

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
94	PNEUMOTHORAX W CC	1.1409	2	14	5	5
95	PNEUMOTHORAX W/O CC	0.7518	2	10	4	4
96	BRONCHITIS & ASTHMA AGE >17 W CC	0.9225	2	10	4	4
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	0.6757	1	7	3	3
99	RESPIRATORY SIGNS & SYMPTOMS W CC	0.8954	1	10	3	3
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	0.6677	1	5	2	2
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	0.9994	2	11	4	4
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.6189	1	5	2	2
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	44.3513	9	72	39	39
104	CARDIAC VALVE PROCEDURES W CARDIAC CATH	8.3988	3	23	9	11
105	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH	5.9139	2	14	6	7
106	CORONARY BYPASS W PTCA	7.7935	3	17	7	9
107	CORONARY BYPASS W CARDIAC CATH W/O PTCA	6.0383	3	16	8	8
108	OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY	4.8162	2	18	7	6
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH	4.5248	2	12	5	6
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	4.3943	2	22	7	8
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	3.1641	2	12	4	5
112	PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK	1.9852	1	6	2	2
113	AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE	4.6558	4	43	13	15
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	2.4877	3	26	8	9
115	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GN	4.7396	2	15	6	6
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	3.4642	2	14	4	6
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1.6117	1	7	2	3
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	2.0709	1	7	4	2
119	VEIN LIGATION & STRIPPING	1.0276	1	11	4	3
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.8703	3	33	9	10
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	2.7212	2	23	7	8
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	1.6352	1	8	3	4
123	CIRCULATORY DISORDERS W AMI, EXPIRED	3.9553	2	28	7	9
124	CIRC DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	1.6819	2	12	4	5
125	CIRC DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1.1011	1	7	2	2
126	ACUTE & SUBACUTE ENDOCARDITIS	4.0382	4	47	11	15
127	HEART FAILURE & SHOCK	1.3004	2	13	5	5
128	DEEP VEIN THROMBOPHLEBITIS	0.8608	2	12	5	5
129	CARDIAC ARREST, UNEXPLAINED	1.4174	1	7	2	2
130	PERIPHERAL VASCULAR DISORDERS W CC	1.1978	2	18	6	6
131	PERIPHERAL VASCULAR DISORDERS W/O CC	0.8297	2	12	4	5
132	ATHEROSCLEROSIS W CC	1.0374	2	9	3	4
133	ATHEROSCLEROSIS W/O CC	0.6980	1	6	2	2

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
134	HYPERTENSION	0.7882	1	7	2	3
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	1.2782	2	13	5	5
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	0.7305	1	7	3	3
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18	1.1757	1	11	3	3
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.0882	2	11	4	5
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	0.6878	1	6	2	2
140	ANGINA PECTORIS	0.7106	1	5	2	2
141	SYNCOPE & COLLAPSE W CC	0.8850	1	9	3	3
142	SYNCOPE & COLLAPSE W/O CC	0.6857	1	5	2	2
143	CHEST PAIN	0.5818	1	4	2	2
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.1651	2	12	4	5
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	0.7179	1	6	2	2
146	RECTAL RESECTION W CC	3.0208	3	16	7	8
147	RECTAL RESECTION W/O CC	2.2039	2	12	5	6
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.8879	3	21	8	9
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.8264	2	12	5	6
150	PERITONEAL ADHESIOLYSIS W CC	2.2710	3	22	8	8
151	PERITONEAL ADHESIOLYSIS W/O CC	1.4505	2	13	5	5
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.8124	2	16	6	7
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.3068	2	11	5	5
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	3.5177	3	31	9	11
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	1.9275	2	14	4	5
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18	1.3433	2	11	4	4
157	ANAL & STOMAL PROCEDURES W CC	1.3014	2	15	4	6
158	ANAL & STOMAL PROCEDURES W/O CC	0.7492	1	7	2	2
159	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.4069	2	12	4	5
160	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	1.0018	1	6	2	2
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.1855	1	10	3	3
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	0.8245	1	4	2	2
163	HERNIA PROCEDURES AGE <18	0.7465	1	3	2	1
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.9057	2	17	7	8
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1.2834	2	11	4	5
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2635	2	10	4	4
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.9327	1	5	2	2
168	MOUTH PROCEDURES W CC	1.4107	2	13	3	5
169	MOUTH PROCEDURES W/O CC	0.9342	1	7	3	3
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.8661	3	30	10	10
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1.4049	2	12	4	5
172	DIGESTIVE MALIGNANCY W CC	1.9108	2	21	6	7

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
173	DIGESTIVE MALIGNANCY W/O CC	1.1691	2	13	4	5
174	G.I. HEMORRHAGE W CC	1.4932	2	12	4	5
175	G.I. HEMORRHAGE W/O CC	0.8873	1	7	3	3
176	COMPLICATED PEPTIC ULCER	1.0471	2	11	4	4
177	UNCOMPLICATED PEPTIC ULCER W CC	0.9882	2	11	4	4
178	UNCOMPLICATED PEPTIC ULCER W/O CC	0.7349	1	7	3	3
179	INFLAMMATORY BOWEL DISEASE	1.0417	2	13	5	5
180	G.I. OBSTRUCTION W CC	0.9498	2	12	4	5
181	G.I. OBSTRUCTION W/O CC	0.6544	2	9	4	4
182	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W CC	1.0650	2	12	4	5
183	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC	0.7196	1	8	3	3
185	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17	0.7034	1	7	3	3
186	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18	0.6515	1	7	2	3
187	DENTAL EXTRACTIONS & RESTORATIONS	0.7314	1	8	2	3
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	1.0057	2	12	4	5
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	0.6838	1	8	3	3
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	4.6225	3	26	10	9
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	3.0345	2	18	6	6
193	BIL TRACT PROC W CC EXC ONLY TOT CHOLECYST OR W/O CDE	3.8228	3	33	11	12
194	BIL TRACT PROC W/O CC EXC ONLY TOT CHOLECYSTECT W/O CDE	2.3689	2	19	5	8
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2.7010	3	21	9	10
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	2.1765	2	16	5	8
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	2.2749	2	18	7	8
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1.5083	2	11	4	5
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	3.1077	2	28	7	9
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	2.3333	2	22	4	7
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	3.2922	3	37	10	12
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	1.2099	2	16	6	5
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	1.8666	2	19	6	7
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	0.9177	2	12	4	5
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	1.4360	2	15	4	6
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	0.9510	2	11	4	4
207	DISORDERS OF THE BILIARY TRACT W CC	1.1837	2	15	4	5
208	DISORDERS OF THE BILIARY TRACT W/O CC	0.7206	1	8	3	3
209	MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP	2.7777	2	8	4	4
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.9064	2	19	6	8
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	2.0840	2	13	4	5
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18	1.9314	2	10	4	4
213	AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	3.1377	3	31	12	10



**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	2.7157	2	29	9	10
217	WND DEBRID&SKN GRFT EXC OPEN WND,MS & CONN TIS, EXC HAND	3.1766	3	39	9	12
218	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W CC	2.4171	2	20	5	7
219	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W/O CC	1.4086	1	9	3	3
220	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE <18	1.2877	1	6	2	2
221	KNEE PROCEDURES W CC	2.0699	2	20	6	6
222	KNEE PROCEDURES W/O CC	1.1959	1	6	2	2
223	MAJ SHOULD/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC	1.1385	1	7	2	2
224	SHOULD,ELBOW OR FOREARM PROC,EXC MAJ JOINT PROC, W/O CC	1.0180	1	5	2	2
225	FOOT PROCEDURES	1.4130	2	12	5	5
226	SOFT TISSUE PROCEDURES W CC	1.9167	2	23	6	7
227	SOFT TISSUE PROCEDURES W/O CC	1.1298	1	7	2	2
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	1.0983	1	10	3	3
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	0.9369	1	5	2	2
230	LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	1.3338	1	12	3	3
232	ARTHROSCOPY	1.3505	2	15	6	7
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.8008	2	22	7	7
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	1.6295	1	10	3	3
235	FRACTURES OF FEMUR	1.4561	2	15	6	5
236	FRACTURES OF HIP & PELVIS	1.2100	2	15	5	5
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	0.8032	1	8	3	3
238	OSTEOMYELITIS	1.6104	3	28	8	10
239	PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY	2.0461	2	24	7	8
240	CONNECTIVE TISSUE DISORDERS W CC	1.5772	2	18	6	6
241	CONNECTIVE TISSUE DISORDERS W/O CC	0.8775	1	9	3	3
242	SEPTIC ARTHRITIS	1.1557	2	19	6	7
243	MEDICAL BACK PROBLEMS	0.7743	2	11	4	4
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	0.9610	2	13	4	5
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	0.7300	2	10	4	4
246	NON-SPECIFIC ARTHROPATHIES	0.7791	2	11	4	4
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	0.5981	1	8	3	3
248	TENDONITIS, MYOSITIS & BURSITIS	0.7306	2	11	4	4
249	MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC	1.0663	2	14	5	5
250	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W CC	0.9537	2	10	3	4
251	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W/O CC	0.5700	1	6	2	2
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE <18	0.5670	1	3	1	2
253	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W CC	1.1974	2	16	6	6
254	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W/O CC	0.6926	1	8	3	3
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE <18	0.5712	1	5	2	2

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG	0.7462	1	9	3	3
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1.7079	1	7	2	3
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1.5809	1	5	2	2
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1.3953	1	6	2	2
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1.0757	1	3	1	1
261	BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION	1.4143	1	5	3	2
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	0.9386	2	12	4	5
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W CC	2.4139	3	34	11	11
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC	1.4406	2	16	5	6
265	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W CC	2.3945	2	23	6	7
266	SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC	1.5312	1	9	3	3
267	PERIANAL & PILONIDAL PROCEDURES	0.7115	1	8	2	2
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	1.0688	1	3	2	1
269	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W CC	1.5642	2	19	6	6
270	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC	0.9687	1	8	3	3
271	SKIN ULCERS	1.3165	2	20	7	7
272	MAJOR SKIN DISORDERS W CC	1.4411	2	15	5	6
273	MAJOR SKIN DISORDERS W/O CC	1.0168	2	10	3	4
274	MALIGNANT BREAST DISORDERS W CC	1.9914	2	25	6	8
275	MALIGNANT BREAST DISORDERS W/O CC	1.0691	1	8	4	4
276	NON-MALIGNANT BREAST DISORDERS	0.6365	2	9	3	4
277	CELLULITIS AGE >17 W CC	0.9887	2	14	5	5
278	CELLULITIS AGE >17 W/O CC	0.6881	2	9	4	4
279	CELLULITIS AGE <18	0.5150	1	7	3	3
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	0.7723	1	10	3	3
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	0.5217	1	4	2	2
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18	0.4575	1	4	2	2
283	MINOR SKIN DISORDERS W CC	0.8266	2	11	4	4
284	MINOR SKIN DISORDERS W/O CC	0.5467	1	7	2	2
285	AMPUTAT OF LOW LIMB FOR ENDOCRINE,NUTRIT& METABOL DISORD	3.0939	3	39	13	13
286	ADRENAL & PITUITARY PROCEDURES	2.3060	2	13	4	4
287	SKIN GFT & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORD	1.8885	3	27	10	9
288	GASTRIC PROCEDURES FOR OBESITY	1.6197	1	6	3	3
289	PARATHYROID PROCEDURES	1.0354	1	3	1	1
290	THYROID PROCEDURES	0.9881	1	3	1	1
291	THYROGLOSSAL PROCEDURES	0.7150	1	2	1	1
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	3.1550	3	33	9	11
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1.5854	2	11	5	4
294	DIABETES AGE >35	0.8800	2	10	4	4

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
295	DIABETES AGE <36	0.8153	1	8	2	3
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.9873	2	13	4	5
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	0.5733	1	7	2	3
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18	0.4677	1	5	2	2
299	INBORN ERRORS OF METABOLISM	0.6308	1	8	3	3
300	ENDOCRINE DISORDERS W CC	1.0362	2	13	4	5
301	ENDOCRINE DISORDERS W/O CC	0.6483	1	7	2	3
302	KIDNEY TRANSPLANT	9.6620	2	14	7	6
303	KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM	2.4426	2	11	4	5
304	KIDNEY, URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W CC	2.1591	2	15	5	5
305	KIDNEY, URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W/O CC	1.4306	1	7	3	3
306	PROSTATECTOMY W CC	2.1068	2	30	6	10
307	PROSTATECTOMY W/O CC	1.0001	1	8	3	2
308	MINOR BLADDER PROCEDURES W CC	2.0093	2	19	4	6
309	MINOR BLADDER PROCEDURES W/O CC	1.1987	1	5	2	2
310	TRANSURETHRAL PROCEDURES W CC	1.1985	1	8	3	3
311	TRANSURETHRAL PROCEDURES W/O CC	0.8598	1	5	2	2
312	URETHRAL PROCEDURES, AGE >17 W CC	1.3995	2	15	5	5
313	URETHRAL PROCEDURES, AGE >17 W/O CC	0.9265	1	6	2	2
314	URETHRAL PROCEDURES, AGE <18	0.7266	1	5	2	2
315	OTHER KIDNEY & URINARY TRACT PROCEDURES	2.8566	2	31	9	9
316	RENAL FAILURE	1.3290	2	17	5	6
317	ADMIT FOR RENAL DIALYSIS	0.6196	1	8	2	2
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.5273	2	20	5	7
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	0.8273	1	10	3	3
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	1.0349	2	13	4	5
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	0.6923	1	8	3	3
322	KIDNEY & URINARY TRACT INFECTIONS AGE <18	0.7751	2	8	3	4
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	0.6875	1	6	2	2
324	URINARY STONES W/O CC	0.5091	1	4	2	2
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	0.8652	2	11	4	4
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	0.5447	1	6	2	2
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18	0.5478	1	6	2	2
328	URETHRAL STRICTURE AGE >17 W CC	0.8957	2	13	5	4
329	URETHRAL STRICTURE AGE >17 W/O CC	0.6225	1	7	2	2
330	URETHRAL STRICTURE AGE <18	0.7407	2	10	3	3
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.1679	2	17	5	6
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	0.6580	1	8	3	3
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18	0.8836	1	10	3	3

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
334	MAJOR MALE PELVIC PROCEDURES W CC	2.2853	2	9	4	4
335	MAJOR MALE PELVIC PROCEDURES W/O CC	1.8917	1	6	3	3
336	TRANSURETHRAL PROSTATECTOMY W CC	1.1184	1	10	3	3
337	TRANSURETHRAL PROSTATECTOMY W/O CC	0.8136	1	5	2	2
338	TESTES PROCEDURES, FOR MALIGNANCY	2.7466	2	20	6	7
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	0.8920	1	9	2	3
340	TESTES PROCEDURES, NON-MALIGNANCY AGE <18	0.8219	1	3	1	1
341	PENIS PROCEDURES	1.5332	1	6	2	2
344	OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY	1.9234	1	7	3	1
345	OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG	1.5325	2	23	7	7
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	1.5366	2	20	6	7
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	0.8790	2	10	5	5
348	BENIGN PROSTATIC HYPERTROPHY W CC	0.8852	2	11	3	5
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	0.6125	1	8	3	3
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	0.6829	2	11	4	4
351	MALE STERILIZATION	0.2995	1	7	2	2
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.5222	1	7	2	2
353	PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY	2.9354	2	14	5	5
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.9411	2	10	4	5
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	1.3470	2	6	3	3
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.9431	1	4	2	2
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2.2313	2	13	5	5
358	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W CC	1.2936	2	8	3	4
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC	1.0138	1	5	2	3
360	VAGINA, CERVIX & VULVA PROCEDURES	0.9784	1	6	2	2
361	LAPAROSCOPY OR INCISIONAL TUBAL INTERRUPTION	1.1016	1	5	2	2
362	ENDOSCOPIC TUBAL INTERRUPTION	0.6120	1	4	1	1
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	1.0821	1	9	3	3
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	0.7871	1	6	2	2
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1.5363	2	14	4	5
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC	1.5208	2	20	6	7
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC	0.9841	2	14	5	5
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	0.7768	2	9	3	4
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.6393	1	5	2	2
370	CESAREAN SECTION W CC	1.1149	2	8	4	4
371	CESAREAN SECTION W/O CC	0.8810	2	6	3	4
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.6992	1	5	2	3
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5992	1	4	2	2
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.8850	1	4	2	2

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.6292	1	5	2	3
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5724	1	8	3	3
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.5072	2	13	4	5
378	ECTOPIC PREGNANCY	1.1084	1	5	2	2
379	THREATENED ABORTION	0.4574	1	10	3	3
380	ABORTION W/O D&C	0.4787	1	4	2	2
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.7658	1	4	2	2
382	FALSE LABOR	0.2698	1	5	1	2
392	SPLENECTOMY AGE >17	2.5034	2	17	6	6
393	SPLENECTOMY AGE <18	1.7295	2	9	4	4
394	OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS	1.6520	2	15	4	6
395	RED BLOOD CELL DISORDERS AGE >17	1.0221	2	13	4	5
397	OTHER COAGULATION DISORDERS	1.4106	2	11	4	4
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.3018	2	15	5	5
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	0.8086	2	9	4	4
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	3.7812	3	42	9	13
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	2.0941	2	16	5	6
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2.5448	2	27	8	8
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	1.5558	2	13	5	5
406	MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W CC	3.6734	3	24	8	9
407	MYELOPRO DISORD OR POOR DIFF NEOP W MAJ O.R. PROC W/O CC	2.3477	2	14	4	5
408	MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC	2.3518	2	19	6	7
409	RADIOTHERAPY	1.1015	2	15	6	5
410	CHEMOTHERAPY	1.2296	2	9	4	4
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	2.1638	2	24	7	8
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	1.4816	2	13	4	6
417	SEPTICEMIA AGE <18	1.1353	2	12	4	5
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	0.8596	2	13	4	5
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	1.0427	2	13	4	5
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	0.8293	2	10	3	4
421	VIRAL ILLNESS AGE >17	0.6983	1	8	3	3
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18	0.5955	1	6	2	3
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	1.0132	2	13	5	5
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1.2434	2	26	5	12
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6487	1	8	2	3
426	DEPRESSIVE NEUROSES	0.6096	2	11	5	4
427	NEUROSES EXCEPT DEPRESSIVE	0.7386	2	11	5	5
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.9208	3	26	3	6
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	1.4027	2	18	4	7

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
430	PSYCHOSES	1.3879	3	40	11	12
431	CHILDHOOD MENTAL DISORDERS	0.7554	1	9	3	3
432	OTHER MENTAL DISORDER DIAGNOSES	0.5879	1	8	3	3
439	SKIN GRAFTS FOR INJURIES	2.2135	2	29	7	9
440	WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND	2.0465	2	27	7	8
441	HAND PROCEDURES FOR INJURIES	1.4452	1	10	3	3
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	2.1343	2	21	6	7
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1.0363	1	8	2	3
444	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W CC	0.9055	2	11	4	4
445	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC	0.6136	1	5	2	2
446	INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18	0.5415	1	4	2	2
447	ALLERGIC REACTIONS AGE >17	0.4475	1	4	2	2
448	ALLERGIC REACTIONS AGE <18	0.5079	1	4	2	2
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	0.8468	1	8	2	3
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	0.5985	1	5	2	2
451	POISONING & TOXIC EFFECTS OF DRUGS AGE <18	0.5485	1	5	2	2
452	COMPLICATIONS OF TREATMENT W CC	0.9812	2	11	4	4
453	COMPLICATIONS OF TREATMENT W/O CC	0.5935	1	7	2	2
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC	0.9293	2	14	5	5
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	0.4133	1	4	2	2
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	1.9133	2	37	5	6
462	REHABILITATION	1.3636	4	48	14	19
463	SIGNS & SYMPTOMS W CC	1.0886	2	15	5	5
464	SIGNS & SYMPTOMS W/O CC	0.6152	1	8	3	3
465	AFTERCARE W HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.8510	1	8	3	3
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.5107	1	8	2	2
467	OTHER FACTORS INFLUENCING HEALTH STATUS	0.2995	1	7	2	2
468	EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4.5557	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	5.1005	2	8	4	5
476	PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	3.3655	3	45	7	14
477	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	2.0030	2	23	7	8
478	OTHER VASCULAR PROCEDURES W CC	2.8324	2	24	6	8
479	OTHER VASCULAR PROCEDURES W/O CC	1.6537	1	8	2	2
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	26.8833	5	58	21	21
482	TRACHEOSTOMY WITH MOUTH, LARYNX OR PHARYNX DISORDER	5.2781	4	45	12	15
491	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY	2.3087	1	6	2	3
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	1.7550	2	15	5	6

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	1.0934	1	7	3	3
530	CRANIOTOMY W MAJOR CC	12.1341	4	52	18	19
531	NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC	7.2166	4	50	13	18
532	TIA, PRECEREBRAL OCCLUSIONS, SEIZ & HEADACHE W MAJOR CC	1.9725	2	20	6	6
533	OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W MAJOR CC	4.1604	3	43	10	13
534	EYE PROCEDURES W MAJOR CC	3.2625	3	40	9	9
535	EYE DISORDERS W MAJOR CC	1.8413	2	24	8	8
536	ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W MAJOR CC	2.7281	2	29	6	8
538	MAJOR CHEST PROCEDURES W MAJOR CC	5.8707	4	44	13	15
539	RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	6.6594	4	53	16	18
540	RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA W MAJOR CC	3.0484	3	39	11	13
541	SIMPLE PNEUMONIA & OTH RESPIRATORY DISORD EXC BRONCHITIS,ASTHMA W MAJOR CC	2.2282	3	26	8	9
543	CIRC DISORD EXC AMI,ENDOCARDITIS,CHF & ARRHYT W MAJOR CC	2.0506	2	23	6	7
544	CHF & CARDIAC ARRHYTHMIA W MAJOR CC	3.3009	3	29	8	10
545	CARDIAC VALVE OR CARDIAC DEFIB IMPLANT PROCEDURE W MAJOR CC	15.0779	4	46	14	17
546	CORONARY BYPASS W MAJOR CC	9.7446	3	31	11	13
547	OTHER CARDIOTHORACIC PROCEDURE W MAJOR CC	13.8644	4	46	12	15
548	CARDIAC PACEMAKER IMPLANT OR REVISION W MAJOR CC	6.4324	3	43	10	14
549	MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC	10.4427	4	51	15	17
550	OTHER VASCULAR PROCEDURES W MAJOR CC	5.6741	3	40	9	12
551	ESOPHAGITIS,GASTROENT & UNCOMPLICATED ULCERS W MAJOR CC	1.6780	2	22	7	7
552	DIGEST SYS DISORD EXC ESOP,GAST & UNCOMP ULCERS W MAJ CC	3.0609	3	32	9	10
553	DIGEST SYS PROCS EXC HERN,M STOM OR BWL PROCS W MAJOR CC	4.6597	3	43	11	14
554	HERNIA PROCEDURES W MAJOR CC	2.8531	3	25	9	9
555	PANCREA,LIV & OTH BIL TRT PROC EXC LIV TRPLNT W MAJOR CC	8.9393	5	54	18	20
556	CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W MAJOR CC	4.8507	4	43	11	15
557	HEPATOBILIARY & PANCREAS DISORDERS W MAJOR CC	3.8563	3	35	10	11
558	MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	6.2374	4	46	12	15
559	NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	4.2173	3	45	11	13
560	MUSCULO DISORD EXC OSTEO,SEP ARTH & CONN TISS W MAJOR CC	2.0599	2	25	8	8
561	OSTEOMYEL,SEPTIC ARTHRITIS & CONN TISS DISORD W MAJOR CC	3.7612	3	47	13	14
562	MAJOR SKIN & BREAST DISORDERS W MAJOR CC	3.1356	3	41	10	12
563	OTHER SKIN DISORDERS W MAJOR CC	1.7595	2	26	7	8
564	SKIN & BREAST PROCEDURES W MAJOR CC	4.9696	4	49	16	16
565	ENDOC,NUTRIT & METAB PROC EXC LOW LIMB W AMPUT W MAJ CC	4.7414	3	43	11	12
566	ENDOC,NUTRIT & METAB DISOR EXC EAT DISORD OR CF W MAJ CC	2.1012	2	26	7	8
567	KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W MAJOR CC	5.7855	4	50	15	16
568	RENAL FAILURE W MAJOR CC	3.6291	3	37	10	12
569	KID & URIN TRACT DISORD EXC RENAL FAILURE W MAJOR CC	1.7485	2	22	6	7

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
570	MALE REPRODUCTIVE DISORDERS W MAJOR CC	1.6845	2	24	8	7
571	MALE REPRODUCTIVE PROCEDURES W MAJOR CC	4.0587	3	33	8	11
572	FEMALE REPRODUCTIVE DISORDERS W MAJOR CC	2.0783	3	28	9	9
573	NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W MAJOR CC	2.6729	2	23	5	8
574	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W MAJOR CC	2.9353	3	28	9	9
575	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG PROCS W MAJOR CC	6.6018	4	50	11	17
576	ACUTE LEUKEMIA W MAJOR CC	14.5410	6	59	22	30
577	MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W MAJOR CC	4.9070	4	48	15	15
578	LYMPHOMA & NON-ACUTE LEUKEMIA W MAJOR CC	6.0004	4	49	13	16
579	PROCS FOR LYMPH,LEUKEMIA,MYELOPROLIF DISORD W MAJOR CC	10.0838	5	56	21	25
580	SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W MAJOR CC	2.5582	3	27	7	9
581	SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W MAJOR CC	7.2804	5	54	19	21
582	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS EXC MULTIPLE TRAUMA W MAJ CC	2.3338	2	21	6	6
583	PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	5.5374	4	49	14	16
584	SEPTICEMIA W MAJOR CC	4.1633	3	38	10	12
585	MAJ STOMACH,ESOP,DUOD,SMALL & LRG BOWEL PROC W MAJOR CC	6.4612	4	53	15	18
586	ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC	1.6544	2	21	7	6
587	ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC	1.3198	2	12	3	5
588	BRONCHITIS & ASTHMA AGE > 17 W MAJOR CC	1.2594	2	12	5	4
589	BRONCHITIS & ASTHMA AGE < 18 W MAJOR CC	1.2652	1	8	3	3
602	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	56.4019	18	117	103	94
603	NEONATE, BIRTHWT <750G,DIED	17.9309	4	50	16	21
604	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	40.3832	15	101	71	73
605	NEONATE, BIRTHWT 750-999, DIED	18.3555	5	52	24	24
606	NEONATE, BWT 1000-1499G, W SIG OR PROC, DISCH ALIVE	44.8175	15	102	72	75
607	NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	18.1788	9	76	40	43
608	NEONATE, BIRTHWT 1000-1499G, DIED	15.9572	5	51	26	28
609	NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	26.1486	9	75	47	46
610	NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	10.6198	6	59	25	25
611	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB OR MV > 96+ HRS	11.7659	6	63	30	26
612	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	5.8240	5	43	20	18
613	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	4.2219	4	44	17	16
614	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	2.7141	3	29	10	11
615	NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	23.5060	9	70	46	42
616	NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	6.6175	4	51	18	19
617	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB OR MV > 96+ HRS	4.6520	4	42	17	15
618	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	2.4713	3	26	10	9
619	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	1.4655	2	20	8	6
620	NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG	0.3967	N/A	7	3	3



**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
621	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	1.1905	2	16	6	6
622	NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	14.7152	6	58	27	25
623	NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	2.5578	2	24	6	8
624	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	1.1286	2	8	3	3
626	NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB OR MV > 96+ HRS	2.7923	3	26	9	9
627	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	1.0658	2	12	4	5
628	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0.6018	2	7	3	3
629	NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2233	N/A	4	2	2
630	NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	0.5820	2	8	4	4
631	BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD	1.4575	2	17	7	6
633	MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W CC	3.4574	3	27	19	19
634	MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC	3.4574	3	27	12	12
635	NEONATAL AFTERCARE FOR WEIGHT GAIN	1.8670	3	33	11	17
636	INFANT AFTERCARE FOR WEIGHT GAIN, AGE>28 DAYS & <1 YEAR	2.3338	5	45	16	20
637	NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	0.6139	1	1	1	1
638	NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	1.3680	1	1	1	1
639	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	0.8965	1	4	2	2
640	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	1.1126	1	4	2	2
641	EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	25.2842	6	57	28	25
650	HIGH RISK CESAREAN SECTION W CC	1.5370	2	19	6	7
651	HIGH RISK CESAREAN SECTION W/O CC	1.0928	2	11	4	5
652	HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0.9431	1	7	3	3
700	TRACHEOSTOMY FOR HIV INFECTION	24.4452	10	82	50	50
701	HIV W O.R. PROCEDURE & VENTILATION OR NUTRITION SUPPORT	12.5116	7	63	29	29
702	HIV W O.R. PROCEDURE W MULTIPLE MAJOR RELATED INFECTIONS	10.6638	7	69	27	27
703	HIV W O.R. PROCEDURE W MAJOR RELATED DIAGNOSIS	5.7133	5	55	22	20
704	HIV W O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS	3.6116	3	45	9	12
705	HIV W MULTIPLE MAJOR RELATED INFECTIONS W TB	7.0364	5	56	24	24
706	HIV W MULTIPLE MAJOR RELATED INFECTIONS W/O TB	6.8406	5	54	20	19
707	HIV W VENTILATOR OR NUTRITIONAL SUPPORT	7.0864	4	50	16	18
708	HIV W MAJOR RELATED DIAGNOSIS, DISCHARGE AMA	2.0866	2	25	7	7
709	HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGN DIAG W TB	3.9207	4	50	18	18
710	HIV W MAJOR RELATED DIAG W MULT MAJ OR SIGN DIAG W/O TB	2.9198	3	35	11	11
711	HIV W MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W TB	3.1829	3	44	14	14
712	HIV W MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB	2.0652	2	26	5	8
713	HIV W SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA	1.2891	2	11	5	4
714	HIV W SIGNIFICANT RELATED DIAGNOSIS	1.6688	2	18	5	6
715	HIV W OTHER RELATED DIAGNOSES	0.9741	2	12	5	5
716	HIV W/O OTHER RELATED DIAGNOSES	0.9884	2	12	5	5

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
730	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.3378	3	31	12	12
731	SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA	6.0402	3	31	9	12
732	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4.4188	3	30	8	11
733	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA	2.2174	2	17	5	6
734	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	1.7122	2	14	5	5
737	VENTRICULAR SHUNT REVISION	1.6676	1	9	3	3
738	CRANIOTOMY, AGE <18 W CC	4.2288	2	23	6	7
739	CRANIOTOMY, AGE <18 W/O CC	2.9668	2	15	3	6
740	CYSTIC FIBROSIS	1.9807	3	32	10	10
743	OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE	0.5230	1	10	3	3
744	OPIOID ABUSE OR DEPENDENCE W CC	0.9264	2	22	5	6
745	OPIOID ABUSE OR DEPENDENCE W/O CC	0.7337	2	17	5	5
746	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA	0.5228	2	14	4	4
747	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W CC	0.9616	3	30	8	7
748	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC	0.7556	3	27	8	6
749	ALCOHOL ABUSE OR DEPENDENCE LEFT AMA	0.4433	1	8	2	2
750	ALCOHOL ABUSE OR DEPENDENCE W CC	0.8774	2	22	5	5
751	ALCOHOL ABUSE OR DEPENDENCE W/O CC	0.5800	2	20	4	4
752	LEAD POISONING	0.7308	2	13	5	5
753	COMPULSIVE NUTRITION DISORDER REHABILITATION	2.0000	4	52	11	19
754	TERTIARY AFTERCARE, AGE => 1 YEAR	1.7122	2	14	5	5
755	SPINAL FUSION W CC	3.7477	2	12	4	6
756	SPINAL FUSION W/O CC	3.0788	2	8	3	4
757	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	1.9860	2	14	5	5
758	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	1.0649	1	5	2	2
759	MULTIPLE CHANNEL COCHLEAR IMPLANTS	6.6623	1	2	1	1
760	HEMOPHILIA FACTORS VIII AND IX	3.2322	2	11	4	4
761	TRAUMATIC STUPOR & COMA, COMA >1 HR	1.8206	2	13	4	5
762	CONCUSSION,INTRACRAN INJ W COMA <1 HR OR NO COMA AGE <18	0.4955	1	2	1	1
763	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18	0.7725	1	6	2	2
764	CONCUSS,INTRACRAN INJ W COMA<1 HR OR NO COMA AGE>17 W CC	0.9316	1	9	3	3
765	CONCUSS,INTRACRAN INJ W COMA<1 HR /NO COMA AGE>17 W/O CC	0.6152	1	4	2	2
766	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.8131	2	19	6	6
767	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	1.0238	1	9	2	3
768	SEIZURE & HEADACHE AGE <18 W CC	0.8179	1	8	2	3
769	SEIZURE & HEADACHE AGE <18 W/O CC	0.6701	1	6	2	2
770	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W CC	1.5759	2	18	5	7
771	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W/O CC	1.1581	2	15	5	5
772	SIMPLE PNEUMONIA & PLEURISY AGE <18 W CC	0.8916	2	9	3	4

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
773	SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC	0.6571	1	6	3	3
774	BRONCHITIS & ASTHMA AGE <18 W CC	0.9140	2	8	3	4
775	BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6514	1	6	2	2
776	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE <18 W CC	0.9138	1	10	3	3
777	ESOPHAGIT,GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC	0.5648	1	5	2	2
778	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W CC	0.8305	1	8	2	3
779	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC	0.5192	1	4	2	2
780	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W CC	5.9437	4	48	16	16
781	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC	2.5166	2	27	7	7
782	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	5.6543	3	46	9	18
783	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC	2.8844	2	30	10	11
784	ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18	0.9093	2	11	5	4
785	OTHER RED BLOOD CELL DISORDERS AGE <18	0.7019	1	8	3	3
786	MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY	3.9060	2	21	6	7
787	LAPAROSCOPIC CHOLECYSTECTOMY W CDE	1.9371	2	14	5	5
789	KNEE REVISION OR MAJ JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP	3.0639	2	10	4	5
790	WND DEBRID & SKN GRFT FOR OPEN WOUND,MS CONN TIS,EXC HND	1.2775	1	11	2	3
791	WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES	1.3650	2	18	6	6
792	CRANIOTOMY FOR MULT SIG TRAUMA W NON-TRAUMATIC MAJOR CC	12.7150	4	50	17	17
793	PROC FOR MUL SIG TRAUMA EXC CRANIOT W NON-TRAUM MAJOR CC	12.0608	5	56	20	22
794	DIAG FOR MULTIPLE SIGNIF TRAUMA W NON-TRAUMATIC MAJOR CC	6.4263	3	46	13	14
795	LUNG TRANSPLANT	30.5492	4	36	15	15
796	LOWER EXTREMITY REVASCULARIZATION W CC	3.6223	3	31	7	11
797	LOWER EXTREMITY REVASCULARIZATION W/O CC	1.8873	2	12	3	5
798	TUBERCULOSIS WITH OPERATING ROOM PROCEDURE	4.8254	4	52	16	17
799	TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE	3.6280	4	47	16	16
800	TUBERCULOSIS W CC	4.1851	6	59	24	24
801	TUBERCULOSIS W/O CC	3.0418	4	51	17	17
802	PNEUMOCYSTOSIS	2.3778	3	22	9	9
803	ALLOGENEIC BONE MARROW TRANSPLANT	28.3230	8	74	37	37
804	AUTOLOGOUS BONE MARROW TRANSPLANT	14.7497	5	49	23	23
805	SIMULATANEOUS KIDNEY/PANCREAS TRANSPLANT FOR DIABETIC AND RENAL FAILURE	17.4116	5	56	24	24
806	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7.6240	3	20	6	9
807	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC	4.9210	2	10	4	5
808	PERCUATANEOUS CARDIOVASC PROC W AMI, HF OR SHOCK	2.9026	2	9	3	4
809	OTHER CARDIOTHORACIC PROCEDURES W PDX CONG ANOMALY	6.2230	2	16	6	6
810	INTRACRANIAL HEMORRHAGE	2.7518	2	21	6	7
811	HEART ASSIST SYSTEM IMPLANT	27.1590	3	43	20	20
812	MALFUNCTION, REACTION & COMP OF CARDIAC OR VASC DEV OR PROC	1.2147	2	12	4	5

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
813	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC	0.8585	2	9	4	4
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	0.5604	1	6	2	2
815	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W CC	0.6049	1	6	2	3
816	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/O CC	0.4556	1	4	2	2
817	HIP REVISION OR HIP REPLACEMENT FOR COMPLICATIONS	3.7977	2	13	4	6
818	HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS	3.1545	2	8	4	4
819	CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE	1.9921	2	14	5	5
820	MALFUNCTIONS, REACTIONS & COMP OF GU DEVICE/GRAFT/TRANSPLANT	1.1528	2	11	4	4
821	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	27.7204	7	66	33	33
822	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	22.5876	4	47	21	21
823	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	8.1165	4	44	17	17
824	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAU	5.2473	3	35	11	11
825	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAU	2.6361	2	24	8	8
826	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR	2.3738	2	19	7	7
827	NON-EXTENSIVE BURNS W INHAL INJ, CC OR SIGNIFICANT TRAUMA	3.7019	2	29	7	8
828	NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA	2.3009	2	17	4	6
829	PANCREAS TRANSPLANT FOR DIABETIC AND RENAL FAILURE	15.2228	3	15	9	9
832	TRANSIENT ISCHEMIA	0.8166	1	8	2	3
833	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE	9.3836	4	38	13	14
836	SPINAL PROCEDURES W CC	3.9890	3	27	7	9
837	SPINAL PROCEDURES W/O CC	2.2385	2	12	4	5
838	EXTRACRANIAL PROCEDURES W CC	1.7700	1	10	2	3
839	EXTRACRANIAL PROCEDURES W/O CC	1.2656	1	4	1	2
849	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	12.2006	3	22	7	9
850	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	10.0996	2	21	6	7
851	CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER	8.2595	1	13	2	4
852	PERCUTANEOUS CARDIOVAS PROC W NON-DRUG ELUTING STENT W/O AMI	2.1613	1	4	2	2
853	PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W AMI	3.5166	1	7	3	3
854	PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W/O AMI	2.7776	1	4	2	1
864	CERVICAL SPINAL FUSION W CC	2.9671	2	13	3	5
865	CERVICAL SPINAL FUSION W/O CC	1.7779	1	5	2	2
866	LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W CC	2.4430	2	22	6	7
867	LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W/O CC	1.2334	1	8	3	3
874	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	4.1440	3	27	7	9
875	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC	2.4820	2	11	4	5
876	CHEMO W ACUTE LEUK AS SDX OR W USE OF HIGH DOSE CHEMO AGENT	1.6195	2	12	5	4
877	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R	43.4724	10	79	49	46
878	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	26.5935	9	73	43	39
879	CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX	7.5963	3	37	10	12

**SIW's, TRIMPOINTS, AND AVERAGE LENGTHS OF STAYS  
EFFECTIVE JANUARY 1, 2009**

DRG	DIAGNOSIS RELATED GROUP NAME	JANUARY 2009	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW	LOW	HIGH	ALOS	ALOS
880	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT	3.1190	2	16	5	7
881	RESPIRATORY SYSTEM DIAGNOSIS W MV 96+ HRS	9.6311	4	48	16	17
882	RESPIRATORY SYSTEM DIAGNOSIS W MV < 96 HRS	4.5639	3	28	8	9
883	LAPAROSCOPIC APPENDECTOMY	1.0529	1	6	2	2
884	SPINAL FUSION EXC CERV W CURVATURE OF THE SPINE OR MALIGNANCY	5.4701	2	13	6	6
885	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE	0.8930	1	12	3	3
886	OTHER ANTEPARTUM DIAGNOSES W/O O.R.PROCEDURE	0.5499	1	9	3	3
887	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	2.7491	3	26	8	9
888	NON-BACTERIAL INFECTIONS OF NERVOUS SYS EXC VIRAL MENINGITIS	2.1236	2	22	6	7
889	SEIZURE AGE > 17 W CC	1.0255	2	12	4	4
890	SEIZURE AGE > 17 W/O CC	0.8470	2	10	3	4
891	HEADACHE AGE > 17	0.6972	1	7	3	3
892	CAROTID ARTERY STENT PROCEDURE	1.7825	1	3	1	1
893	CRANIAL/FACIAL PROCEDURES	1.4808	1	8	2	3
894	MAJOR ESOPHAGEAL DISORDERS	1.2109	2	9	3	4
895	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS	0.9758	2	14	5	5
896	MAJOR BLADDER PROCEDURES	3.5535	3	21	8	9
897	MAJ HEMATOLOGIC/IMMUOLOGIC DIAG EXC SICKLE CELL CRI & COAG	1.3107	2	13	5	5
898	INFECTIOUS & PARASITIC DISEASES w O. R. PROCEDURE	2.7772	3	31	10	10
899	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O. R. PROCEDURE	2.0973	2	23	6	8
900	SEPTICEMIA W MV 96+ HOURS AGE > 17	6.4454	4	48	16	17
901	SEPTICEMIA W/O MV 96+ HOURS AGE > 17	1.6859	2	17	5	7

**TOP 20 DRGs for 2009 NON-MEDICARE (B07:R09)**

<b>DRG #</b>	<b>DIAGNOSIS RELATED GROUP NAME</b>	<b>SIW PER CASE</b>	<b>TOTAL CASES</b>
1	629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2233	201,490
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5992	116,593
3	371 CESAREAN SECTION W/O CC	0.8810	53,519
4	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.6992	38,356
5	143 CHEST PAIN	0.5818	35,970
6	359 UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIGNANT W/O CC	1.0138	17,306
7	886 OTHER ANTEPARTUM DIAGNOSES W/O O.R.PROCEDURE	0.5499	17,068
8	370 CESAREAN SECTION W CC	1.1149	15,076
9	775 BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6514	13,257
10	854 PERCUTANEOUS CARDIOVASC PROC W DRUG ELUTING STENT W/O AMI	2.7776	11,861
11	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE >17 W/O CC	0.7196	10,892
12	883 LAPAROSCOPIC APPENDECTOMY	1.0529	10,076
13	209 MAJOR JOINT & LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP	2.7777	9,927
14	627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	1.0658	9,817
15	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.0606	9,350
16	127 HEART FAILURE & SHOCK	1.3004	9,019
17	814 NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	0.5604	8,886
18	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.1855	8,670
19	628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0.6018	8,585
20	494 LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	1.0934	8,425

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT													
RATE PERIOD 01/01/2009 - 11/30/2009													
===== CASE PAYMENT =====													
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST PER CASE (EXCL CAPITAL PROSP)	Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%		W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT		SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY GROUP NEUTRAL COST/DISCH	MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP		PUBLIC GOODS POOL SURCHARGE	Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%		ADDITIONAL PUBLIC GOODS POOL SURCHARGE	SHORT STAY CAPITAL PER DIEM			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
<b>LONG ISLAND REGION</b>													
5123000	BROOKHAVEN MEM HOSP	5,119.77	4,622.57	4,394.67	214.51	8.95% / 9.63%	26.26% / 28.27%	40.55	40.55	1.97	0.41	260.96	
5127000	EASTERN LONG ISLAND	5,100.42	5,322.34	4,419.43	718.03	8.95% / 9.63%	26.26% / 28.27%	92.07	92.07	3.49	0.27	260.96	
2910000	FRANKLIN HOSPITAL	4,347.36	4,380.59	4,380.59	174.94	8.95% / 9.63%	26.26% / 28.27%	54.53	54.53	2.24	0.41	260.96	
2901000	GLEN COVE HOSPITAL	5,186.61	6,198.51	4,394.67	402.93	8.95% / 9.63%	26.26% / 28.27%	67.30	67.30	2.97	0.38	260.96	
5154001	GOOD SAM / WEST ISLIP	4,998.25	3,969.39	3,969.39	139.60	8.95% / 9.63%	26.26% / 28.27%	29.05	29.05	1.80	0.46	260.96	
5153000	HUNTINGTON HOSPITAL	4,835.19	4,130.67	4,130.67	268.09	8.95% / 9.63%	26.26% / 28.27%	79.93	79.93	1.69	0.40	260.96	
5149000	JOHN T MATHER MEMORIAL	4,890.04	4,463.58	4,312.85	155.68	8.95% / 9.63%	26.26% / 28.27%	68.79	68.79	2.67	0.41	260.96	
2902000	LONG BEACH MED CTR	4,942.57	5,317.52	4,357.18	205.16	8.95% / 9.63%	26.26% / 28.27%	47.59	47.59	3.69	0.39	260.96	
2909000	MERCY MEDICAL CENTER	4,320.96	4,985.74	4,743.87	408.35	8.95% / 9.63%	26.26% / 28.27%	140.71	140.71	1.97	0.33	260.96	
2950002	NASSAU UNIV MED CTR	8,872.15	7,635.88	7,635.88	315.25	8.95% / 9.63%	26.26% / 28.27%	103.93	103.93	3.23	0.55	260.96	
2952006	NEW ISLAND HOSPITAL	4,949.84	5,228.42	4,394.67	176.90	8.95% / 9.63%	26.26% / 28.27%	5.31	5.31	1.38	0.35	260.96	
2951001	NORTH SHORE UNIV HOSP	6,041.17	5,057.85	5,057.85	574.61	8.95% / 9.63%	26.26% / 28.27%	56.75	56.75	3.29	0.68	260.96	
5155000	PECONIC BAY MEDICAL CTR	4,428.02	3,651.75	3,651.75	355.04	8.95% / 9.63%	26.26% / 28.27%	75.46	75.46	1.79	0.56	260.96	
2952005	PLAINVIEW HOSPITAL	4,966.55	4,555.47	4,320.60	167.52	8.95% / 9.63%	26.26% / 28.27%	46.28	46.28	1.14	0.33	260.96	
2950001	SOUTH NASSAU COMMUNITIES	4,350.68	3,554.16	3,554.16	263.59	8.95% / 9.63%	26.26% / 28.27%	97.84	97.84	1.74	0.35	260.96	
5126000	SOUTHAMPTON HOSPITAL	4,964.50	5,080.14	4,394.67	399.44	8.95% / 9.63%	26.26% / 28.27%	165.54	165.54	1.67	0.60	260.96	
5154000	SOUTHSIDE HOSPITAL	5,045.32	4,862.90	4,715.68	366.86	8.95% / 9.63%	26.26% / 28.27%	72.70	72.70	1.79	0.43	260.96	
5157003	ST CATHERINE OF SIENA	4,894.74	5,412.23	4,394.67	240.13	8.95% / 9.63%	26.26% / 28.27%	53.53	53.53	1.83	0.38	260.96	
5149001	ST CHARLES HOSPITAL	5,183.85	4,213.73	4,213.73	286.62	8.95% / 9.63%	26.26% / 28.27%	57.66	57.66	2.16	0.35	260.96	
2953000	ST FRANCIS / ROSLYN	4,673.34	4,111.36	4,111.36	802.25	8.95% / 9.63%	26.26% / 28.27%	223.96	223.96	2.20	0.56	260.96	
5151001	UNIV AT STONY BROOK	6,398.75	5,642.72	5,642.72	728.27	8.95% / 9.63%	26.26% / 28.27%	132.27	132.27	3.86	0.75	260.96	
2908000	WINTHROP UNIVERSITY	5,301.41	4,577.93	4,577.93	437.37	8.95% / 9.63%	26.26% / 28.27%	154.06	154.06	2.45	0.61	260.96	
<b>NEW YORK CITY REGION</b>													
7002001	BELLEVUE HOSPITAL CTR	8,992.09	8,692.01	8,692.01	683.72	8.95% / 9.63%	26.26% / 28.27%	94.67	94.67	4.45	0.44	260.96	
7002002	BETH ISRAEL MED CTR	7,376.95	6,827.55	6,048.42	694.59	8.95% / 9.63%	26.26% / 28.27%	240.25	240.25	3.52	0.70	260.96	
7001041	BETH ISRAEL/KINGS HIGHWAY	4,934.02	4,058.14	4,058.14	44.32	8.95% / 9.63%	26.26% / 28.27%	21.75	21.75	1.11	0.23	260.96	
7000001	BRONX-LEBANON HOSP CTR	7,725.91	7,515.71	5,995.44	388.45	8.95% / 9.63%	26.26% / 28.27%	39.93	39.93	2.65	0.40	260.96	
7001002	BROOKDALE HOSP MED CTR	7,254.15	7,393.63	5,903.86	270.99	8.95% / 9.63%	26.26% / 28.27%	58.13	58.13	3.36	0.52	260.96	
7001003	BROOKLYN HOSPITAL	6,609.35	6,376.05	5,970.98	212.49	8.95% / 9.63%	26.26% / 28.27%	47.06	47.06	2.06	0.47	260.96	
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	5,622.98	6,266.00	5,847.96	219.14	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.00	260.96	
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	8,115.33	7,124.43	7,124.43	520.44	8.95% / 9.63%	26.26% / 28.27%	96.01	96.01	2.87	0.51	260.96	
7003000	ELMHURST HOSP CTR	9,016.66	7,680.01	7,680.01	544.89	8.95% / 9.63%	26.26% / 28.27%	141.24	141.24	3.24	0.48	260.96	
7003001	FLUSHING HOSPITAL MED CTR	5,578.99	5,509.70	5,509.70	113.25	8.95% / 9.63%	26.26% / 28.27%	32.64	32.64	1.50	0.37	260.96	
7003013	FOREST HILLS HOSPITAL	5,266.22	4,730.08	4,730.08	228.98	8.95% / 9.63%	26.26% / 28.27%	61.99	61.99	1.15	0.33	260.96	
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	10,211.65	10,796.54	8,415.03	490.88	8.95% / 9.63%	26.26% / 28.27%	133.64	133.64	4.41	0.70	260.96	
7002012	HOSP FOR SPECIAL SURGERY	5,936.13	5,254.04	5,254.04	1,425.37	8.95% / 9.63%	26.26% / 28.27%	425.52	425.52	6.93	1.69	260.96	
7001046	INTERFAITH MED CTR	8,286.33	9,616.68	5,176.93	671.81	8.95% / 9.63%	26.26% / 28.27%	171.21	171.21	3.60	0.32	260.96	
7000002	JACOBI MEDICAL CENTER	9,516.18	8,953.94	8,799.57	615.12	8.95% / 9.63%	26.26% / 28.27%	167.21	167.21	4.14	0.64	260.96	
7003003	JAMAICA HOSPITAL	6,694.61	6,037.65	6,037.65	142.94	8.95% / 9.63%	26.26% / 28.27%	34.61	34.61	2.42	0.47	260.96	
7001016	KINGS COUNTY HOSP CTR	9,230.67	8,809.17	8,480.01	852.68	8.95% / 9.63%	26.26% / 28.27%	168.36	168.36	4.53	0.52	260.96	

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
	<b>LONG ISLAND REGION</b>									
5123000	BROOKHAVEN MEM HOSP	305.50	305.50	(26.70)	(26.70)	0.00	0.00	0.207692	1.4003	4,583.87
5127000	EASTERN LONG ISLAND	337.51	337.51	163.53	163.53	0.00	0.00	0.275120	1.0439	4,788.43
2910000	FRANKLIN HOSPITAL	1,681.84	1,681.84	101.12	101.12	0.00	0.00	0.277080	1.7297	3,982.39
2901000	GLEN COVE HOSPITAL	898.15	898.15	(82.07)	(82.07)	0.00	0.00	0.351018	1.8214	4,856.67
5154001	GOOD SAM / WEST ISLIP	(226.58)	(226.58)	(18.53)	(18.53)	0.00	0.00	0.251916	1.3013	4,628.94
5153000	HUNTINGTON HOSPITAL	189.46	189.46	29.17	29.17	0.00	0.00	0.337195	1.2858	4,500.11
5149000	JOHN T MATHER MEMORIAL	196.00	196.00	159.69	159.69	0.00	0.00	0.274169	1.5286	4,539.99
2902000	LONG BEACH MED CTR	(500.39)	(500.39)	83.01	83.01	0.00	0.00	0.297878	1.2518	4,650.24
2909000	MERCY MEDICAL CENTER	(127.47)	(127.47)	233.52	233.52	0.00	0.00	0.326621	1.3081	4,303.44
2950002	NASSAU UNIV MED CTR	(296.37)	(296.37)	147.21	147.21	0.00	0.00	0.600356	1.1166	8,829.88
2952006	NEW ISLAND HOSPITAL	2,184.83	2,184.83	(153.65)	(153.65)	0.00	0.00	0.349556	1.6748	4,579.08
2951001	NORTH SHORE UNIV HOSP	184.74	184.74	(322.36)	(322.36)	0.00	0.00	0.270102	1.7428	5,720.34
5155000	PECONIC BAY MEDICAL CTR	(32.00)	(32.00)	(58.22)	(58.22)	0.00	0.00	0.248803	1.1002	4,140.71
2952005	PLAINVIEW HOSPITAL	695.35	695.35	3.11	3.11	0.00	0.00	0.332537	1.1140	4,635.56
2950001	SOUTH NASSAU COMMUNITIES	(97.19)	(97.19)	141.14	141.14	0.00	0.00	0.287187	1.4075	4,075.03
5126000	SOUTHAMPTON HOSPITAL	352.95	352.95	97.75	97.75	0.00	0.00	0.374372	0.8447	4,617.09
5154000	SOUTHSIDE HOSPITAL	193.31	193.31	(92.54)	(92.54)	0.00	0.00	0.315530	1.2771	4,700.33
5157003	ST CATHERINE OF SIENA	1,175.54	1,175.54	(32.02)	(32.02)	0.00	0.00	0.274517	1.1194	4,540.74
5149001	ST CHARLES HOSPITAL	566.28	566.28	(92.11)	(92.11)	0.00	0.00	0.316997	0.9362	4,477.60
2953000	ST FRANCIS / ROSLYN	195.76	195.76	246.86	246.86	0.00	0.00	0.273287	3.1542	4,338.13
5151001	UNIV AT STONY BROOK	(1,119.80)	(1,119.80)	(66.50)	(66.50)	0.00	0.00	0.370659	1.7450	6,070.26
2908000	WINTHROP UNIVERSITY	165.69	165.69	198.47	198.47	0.00	0.00	0.293800	1.4094	5,028.84
	<b>NEW YORK CITY REGION</b>									
7002001	BELLEVUE HOSPITAL CTR	6.54	6.54	(147.77)	(147.80)	0.00	0.00	0.773137	1.5749	9,012.20
7002002	BETH ISRAEL MED CTR	217.29	217.29	274.81	274.81	0.00	0.00	0.331439	1.3058	7,031.46
7001041	BETH ISRAEL/KINGS HIGHWAY	(157.59)	(157.59)	69.52	69.52	0.00	0.00	0.192970	1.5364	4,637.66
7000001	BRONX-LEBANON HOSP CTR	203.36	203.36	(186.17)	(186.17)	0.00	0.00	0.722374	1.2672	7,379.71
7001002	BROOKDALE HOSP MED CTR	1,014.43	1,014.43	48.92	48.92	0.00	0.00	0.554624	1.5899	6,949.07
7001003	BROOKLYN HOSPITAL	183.02	183.02	(5.36)	(5.36)	0.00	0.00	0.489802	1.1779	6,304.88
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.675570	0.0000	0.00
7003027	CARITAS HEALTH CARE INC	(82.11)	(82.11)	263.56	263.56	0.00	0.00	0.000000	0.0000	5,622.98
7002051	COLER MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.672977	0.0000	0.00
7001009	CONEY ISLAND HOSPITAL	2.13	2.13	(61.69)	(61.69)	0.00	0.00	0.689135	1.1071	8,134.77
7003000	ELMHURST HOSP CTR	26.05	26.05	87.20	87.20	0.00	0.00	0.642721	1.1217	9,013.35
7003001	FLUSHING HOSPITAL MED CTR	(43.84)	(43.84)	6.16	6.16	0.00	0.00	0.506611	0.9255	5,453.90
7003013	FOREST HILLS HOSPITAL	(199.76)	(199.76)	1.71	1.71	0.00	0.00	0.335532	1.0165	5,044.49
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.721058	0.0000	0.00
7002009	HARLEM HOSPITAL CTR	30.45	30.45	175.39	175.39	0.00	0.00	0.994792	1.1809	10,219.15
7002012	HOSP FOR SPECIAL SURGERY	(195.41)	(195.41)	163.48	163.48	0.00	0.00	0.388688	2.7355	5,648.94
7001046	INTERFAITH MED CTR	169.39	169.39	249.05	249.05	0.00	0.00	0.315270	1.2766	7,582.85
7000002	JACOBI MEDICAL CENTER	(268.07)	(268.07)	200.44	200.44	0.00	0.00	0.840710	1.3919	9,808.33
7003003	JAMAICA HOSPITAL	166.57	166.57	8.04	8.04	0.00	0.00	0.555477	1.3686	6,412.99
7001016	KINGS COUNTY HOSP CTR	1.00	1.00	54.56	54.56	0.00	0.00	0.928936	1.3845	9,255.58



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
SPECIALTY											
ACUTE PER DIEM INCL BASIC MALP,      Eff 1/1/09: 8.95%      Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%      Eff 4/1/09: 28.27%											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & CAPITAL EXCL PROSP	W COMP 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
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
<b>LONG ISLAND REGION</b>											
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
<b>NEW YORK CITY REGION</b>											
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	297.19	994.57	(166.00)	(166.00)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.20
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	279.29	776.26	173.97	173.97	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.36
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	286.26	653.67	442.92	442.92	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.22
7002009	HARLEM HOSPITAL CTR	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
ACUTE PER DIEM											
INCL BASIC MALP,											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF				
LEVEL OF CARE	ACUTE	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS				
PER DIEM	& CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS				
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	RETROACTIVE	ADJUSTMENTS	PER	DIEM
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
<b>LONG ISLAND REGION</b>											
5123000	BROOKHAVEN MEM HOSP	295.49	641.05	(198.33)	(198.33)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
5127000	EASTERN LONG ISLAND	314.45	770.77	58.80	58.80	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.27
2910000	FRANKLIN HOSPITAL	295.40	409.01	115.93	115.93	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
2901000	GLEN COVE HOSPITAL	306.69	263.80	3.83	3.83	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.38
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	302.87	393.46	5.02	5.02	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
5149000	JOHN T MATHER MEMORIAL	303.37	644.95	(73.87)	(73.87)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
2902000	LONG BEACH MED CTR	324.72	633.14	(20.36)	(20.36)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.39
2909000	MERCY MEDICAL CENTER	316.92	815.18	147.27	147.27	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
2950002	NASSAU UNIV MED CTR	297.41	811.71	0.00	0.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.55
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	320.31	809.49	(23.46)	(23.46)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.68
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	324.19	517.39	526.74	526.74	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.35
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	303.68	766.96	659.13	659.13	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
5157003	ST CATHERINE OF SIENA	330.46	673.82	256.51	256.51	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.38
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	333.30	850.85	(181.74)	(181.74)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.75
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>NEW YORK CITY REGION</b>											
7002001	BELLEVUE HOSPITAL CTR	316.59	1,014.00	57.09	57.09	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
7002002	BETH ISRAEL MED CTR	378.52	726.90	(38.57)	(38.57)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70
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	327.23	913.00	8.69	8.69	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
7001002	BROOKDALE HOSP MED CTR	299.84	881.25	91.75	91.75	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52
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	296.60	707.71	(73.65)	(73.65)	8.95% / 9.63%	26.26% / 28.27%	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	305.44	606.17	(23.89)	(23.89)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.51
7003000	ELMHURST HOSP CTR	334.22	691.39	(81.02)	(81.02)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
7003001	FLUSHING HOSPITAL MED CTR	293.08	907.12	(123.19)	(123.19)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.37
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	296.02	834.86	(24.37)	(24.37)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70
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	332.61	796.16	(61.42)	(61.42)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.32
7000002	JACOBI MEDICAL CENTER	367.67	926.32	293.56	293.56	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.64
7003003	JAMAICA HOSPITAL	285.99	820.80	(41.13)	(41.13)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
7001016	KINGS COUNTY HOSP CTR	418.99	989.77	44.82	44.82	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%				
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)
	<b>LONG ISLAND REGION</b>										
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	293.66	405.56	378.69	378.69	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.27
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	294.72	617.48	0.00	0.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.55
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	300.56	206.68	(77.71)	(77.71)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.35
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
	<b>NEW YORK CITY REGION</b>										
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	320.44	569.22	426.14	426.14	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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
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	260.96	616.52	58.79	58.79	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.32
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, <span style="float:right">Eff 1/1/09: 8.95%</span> <span style="float:right">Eff 1/1/09: 26.26%</span> <span style="float:right">Eff 4/1/09: 9.63%</span> <span style="float:right">Eff 4/1/09: 28.27%</span>											
OPCERT	HOSPITAL NAME	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
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	<b>LONG ISLAND REGION</b>										
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
	<b>NEW YORK CITY REGION</b>										
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	337.76	603.73	90.28	90.28	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70
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
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	260.96	616.52	58.79	58.79	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.32
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



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT OTHER UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
ALTERNATE LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS	ADDITIONAL PUBLIC	WC EXCESS	NF EXCESS				
PER DIEM	& CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS MALP	PHYS MALP	RETROACTIVE			SPARCS PER DIEM
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE			ADJUSTMENTS			
OPCERT	HOSPITAL NAME										
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
<b>LONG ISLAND REGION</b>											
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
<b>NEW YORK CITY REGION</b>											
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
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)																																																																																			
RATE PERIOD 01/01/2009 - 11/30/2009																																																																																			
===== EXEMPT MEDICAL REHABILITATION UNIT =====																																																																																			
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td align="center">ACUTE PER DIEM INCL BASIC MALP,</td> <td></td> <td></td> <td></td> <td align="center">Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%</td> <td align="center">Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td align="center">ALTERNATE LEVEL OF CARE</td> <td align="center">PRODUCTIVITY &amp; EFFICIENCY, &amp; CAPITAL</td> <td align="center">W COMP ACUTE</td> <td align="center">NO-FAULT ACUTE</td> <td align="center">PUBLIC GOODS</td> <td align="center">ADDITIONAL POOL</td> <td align="center">WC PUBLIC</td> <td align="center">NF EXCESS</td> <td></td> <td></td> <td align="center">SPARCS PER DIEM</td> </tr> <tr> <td></td> <td align="center">PER DIEM INCL CAPITAL</td> <td align="center">&amp; CAPITAL EXCL PROSP</td> <td align="center">PER DIEM PROSP ADJ</td> <td align="center">PER DIEM PROSP ADJ</td> <td align="center">SURCHARGE</td> <td align="center">GOODS POOL SURCHARGE</td> <td align="center">PHYS MALP</td> <td align="center">PHYS MALP</td> <td align="center">RETROACTIVE ADJUSTMENTS</td> <td></td> <td></td> </tr> <tr> <td><b>OPCERT</b></td> <td><b>HOSPITAL NAME</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td align="center"><b>(91)</b></td> <td align="center"><b>(92)</b></td> <td align="center"><b>(93)</b></td> <td align="center"><b>(94)</b></td> <td align="center"><b>(95)</b></td> <td align="center"><b>(96)</b></td> <td align="center"><b>(97)</b></td> <td align="center"><b>(98)</b></td> <td align="center"><b>(99)</b></td> <td align="center"><b>(100)</b></td> <td></td> </tr> </table>																										ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%						ALTERNATE LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS	ADDITIONAL POOL	WC PUBLIC	NF EXCESS			SPARCS PER DIEM		PER DIEM INCL CAPITAL	& CAPITAL EXCL PROSP	PER DIEM PROSP ADJ	PER DIEM PROSP ADJ	SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS			<b>OPCERT</b>	<b>HOSPITAL NAME</b>												<b>(91)</b>	<b>(92)</b>	<b>(93)</b>	<b>(94)</b>	<b>(95)</b>	<b>(96)</b>	<b>(97)</b>	<b>(98)</b>	<b>(99)</b>	<b>(100)</b>	
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%																																																																												
	ALTERNATE LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS	ADDITIONAL POOL	WC PUBLIC	NF EXCESS			SPARCS PER DIEM																																																																								
	PER DIEM INCL CAPITAL	& CAPITAL EXCL PROSP	PER DIEM PROSP ADJ	PER DIEM PROSP ADJ	SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS																																																																										
<b>OPCERT</b>	<b>HOSPITAL NAME</b>																																																																																		
	<b>(91)</b>	<b>(92)</b>	<b>(93)</b>	<b>(94)</b>	<b>(95)</b>	<b>(96)</b>	<b>(97)</b>	<b>(98)</b>	<b>(99)</b>	<b>(100)</b>																																																																									
<b>LONG ISLAND REGION</b>																																																																																			
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	322.51	1,179.97	(105.10)	(105.10)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.38																																																																								
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	288.19	1,735.15	772.40	772.40	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.39																																																																								
2909000	MERCY MEDICAL CENTER	338.69	748.06	(147.04)	(147.04)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33																																																																								
2950002	NASSAU UNIV MED CTR	339.13	1,362.67	242.73	242.73	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.55																																																																								
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	337.13	869.34	23.65	23.65	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43																																																																								
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	355.50	1,570.13	324.14	324.14	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.35																																																																								
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																																																																								
<b>NEW YORK CITY REGION</b>																																																																																			
7002001	BELLEVUE HOSPITAL CTR	345.90	1,370.91	141.74	141.74	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44																																																																								
7002002	BETH ISRAEL MED CTR	441.20	1,120.71	(774.56)	(774.56)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70																																																																								
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	368.78	3,951.15	2,422.36	2,422.36	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.51																																																																								
7003000	ELMHURST HOSP CTR	408.98	1,280.22	83.13	83.13	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48																																																																								
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	401.53	5,234.57	4,098.31	4,098.31	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70																																																																								
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	399.34	1,865.95	(66.27)	(66.27)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.64																																																																								
7003003	JAMAICA HOSPITAL	315.95	820.03	22.11	22.11	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47																																																																								
7001016	KINGS COUNTY HOSP CTR	639.51	2,937.25	140.83	140.83	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52																																																																								



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST	Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%	W COMP	NO-FAULT	SPARCS RATE	SPARCS RATE	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY	MIX NEUTRAL		PER CASE (EXCL	Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%	SHORT	SHORT			
		GROUP	RATE INCL	TOP 20 DRG	CAPITAL PROSP)	PUBLIC	ADDITIONAL	STAY	STAY			
		NEUTRAL	BASIC MALP	EXCLUDING	LESS PROD &	GOODS	PUBLIC	& TRANSFER	& TRANSFER			
		EXCLUDING	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL	PER DIEM	PER DIEM	PER CASE	PER DIEM	PER DIEM
		OPER PROSP	PLUS HIV	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM					
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
7001033	KINGSBROOK JEWISH MED CTR	6,779.72	7,592.31	6,048.42	237.45	8.95% / 9.63%	26.26% / 28.27%	9.51	9.51	4.10	0.52	260.96
7002017	LENOX HILL HOSPITAL	5,991.62	5,742.49	5,742.49	649.90	8.95% / 9.63%	26.26% / 28.27%	206.40	206.40	2.01	0.52	260.96
7000008	LINCOLN MEDICAL	9,918.61	8,621.18	8,621.18	295.07	8.95% / 9.63%	26.26% / 28.27%	60.19	60.19	2.81	0.68	260.96
7001017	LONG ISLAND COLLEGE	6,952.29	6,595.54	6,001.93	772.44	8.95% / 9.63%	26.26% / 28.27%	249.69	249.69	2.57	0.56	260.96
7003004	LONG ISLAND JEWISH	8,109.64	6,397.82	6,048.42	338.08	8.95% / 9.63%	26.26% / 28.27%	101.80	101.80	3.41	0.57	260.96
7001019	LUTHERAN MEDICAL CTR	5,535.62	5,255.23	5,255.23	138.29	8.95% / 9.63%	26.26% / 28.27%	32.68	32.68	2.06	0.48	260.96
7001020	MAIMONIDES MED CTR	6,277.74	5,627.48	5,627.48	503.06	8.95% / 9.63%	26.26% / 28.27%	151.88	151.88	2.62	0.59	260.96
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	10,578.33	10,551.93	8,491.66	243.81	8.95% / 9.63%	26.26% / 28.27%	62.06	62.06	3.77	0.48	260.96
7000006	MONTEFIORE HOSPITAL	6,899.52	6,946.17	5,889.55	603.21	8.95% / 9.63%	26.26% / 28.27%	(49.92)	(49.92)	3.69	0.63	260.96
7002024	MOUNT SINAI HOSPITAL	6,496.23	6,502.99	5,889.55	1,039.69	8.95% / 9.63%	26.26% / 28.27%	300.93	300.93	3.30	0.57	260.96
7003015	MOUNT SINAI OF QUEENS	4,817.52	4,041.92	4,041.92	274.56	8.95% / 9.63%	26.26% / 28.27%	56.68	56.68	1.49	0.32	260.96
7002000	NEW YORK DOWNTOWN HOSP	6,620.46	5,919.26	5,890.41	351.02	8.95% / 9.63%	26.26% / 28.27%	87.09	87.09	1.63	0.53	260.96
7000024	NORTH CENTRAL BRONX	8,223.33	9,697.69	8,935.11	340.08	8.95% / 9.63%	26.26% / 28.27%	98.70	98.70	2.96	0.51	260.96
7002052	NORTH GENERAL HOSP	7,191.87	7,335.49	6,048.42	704.50	8.95% / 9.63%	26.26% / 28.27%	109.19	109.19	2.34	0.42	260.96
7001008	NY COMMUNITY / BROOKLYN	4,719.97	3,748.63	3,748.63	113.36	8.95% / 9.63%	26.26% / 28.27%	23.51	23.51	1.24	0.25	260.96
7002026	NY EYE & EAR INFIRMARY	5,692.65	6,624.52	6,498.31	215.84	8.95% / 9.63%	26.26% / 28.27%	127.40	127.40	9.82	4.49	260.96
7003010	NY MED CTR OF QUEENS	5,743.05	5,302.00	5,302.00	373.79	8.95% / 9.63%	26.26% / 28.27%	117.63	117.63	1.90	0.47	260.96
7001021	NY METHODIST / BROOKLYN	6,250.59	5,379.24	5,379.24	248.06	8.95% / 9.63%	26.26% / 28.27%	52.36	52.36	1.89	0.41	260.96
7099003	NY PRESBY (ALLEN)	6,070.57	6,196.25	5,889.55	1,168.12	8.95% / 9.63%	26.26% / 28.27%	155.39	155.39	4.43	0.63	260.96
7002030	NY PRESBY (PRESBY)	6,070.57	6,196.25	5,889.55	1,168.12	8.95% / 9.63%	26.26% / 28.27%	155.39	155.39	4.43	0.63	260.96
7002054	NY PRESBYTERIAN HOSP	6,070.57	6,196.25	5,889.55	1,168.12	8.95% / 9.63%	26.26% / 28.27%	155.39	155.39	4.43	0.63	260.96
7000025	NY WESTCHESTER SQUARE	4,879.82	4,679.01	4,394.67	58.50	8.95% / 9.63%	26.26% / 28.27%	17.61	17.61	1.26	0.28	260.96
7002053	NYU HOSPITALS CENTER	5,384.11	5,931.86	5,889.55	865.54	8.95% / 9.63%	26.26% / 28.27%	204.04	204.04	3.57	0.74	260.96
7002053	NYU-HOSP FOR JOINT DISEASES	5,384.11	5,931.86	5,889.55	865.54	8.95% / 9.63%	26.26% / 28.27%	204.04	204.04	3.57	0.74	260.96
7003006	PENINSULA HOSP CTR	5,443.82	5,226.19	5,226.19	35.81	8.95% / 9.63%	26.26% / 28.27%	(2.25)	(2.25)	2.91	0.41	260.96
7003007	QUEENS HOSPITAL CTR	8,908.00	9,268.25	9,268.25	437.70	8.95% / 9.63%	26.26% / 28.27%	82.63	82.63	3.47	0.61	260.96
7004010	RICHMOND UNIVERSITY MED CTR	5,190.70	4,835.39	4,835.39	133.03	8.95% / 9.63%	26.26% / 28.27%	61.65	61.65	1.73	0.37	260.96
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	6,294.85	5,593.64	4,592.87	231.85	8.95% / 9.63%	26.26% / 28.27%	79.42	79.42	2.02	0.42	260.96
7001024	ST JOHNS EPISCOPAL SO SHORE	6,548.41	6,832.32	5,937.33	93.36	8.95% / 9.63%	26.26% / 28.27%	13.63	13.63	2.40	0.40	260.96
7002032	ST LUKES / ROOSEVELT	6,567.71	6,613.36	6,048.42	893.19	8.95% / 9.63%	26.26% / 28.27%	382.70	382.70	2.67	0.54	260.96
7001037	STATE UNIV/DOWNSTATE	7,134.78	6,151.88	5,889.55	577.56	8.95% / 9.63%	26.26% / 28.27%	108.59	108.59	4.15	0.73	260.96
7004003	STATEN ISLAND UNIV HOSP	5,839.51	5,373.01	5,373.01	186.58	8.95% / 9.63%	26.26% / 28.27%	82.89	82.89	2.09	0.44	260.96
7002037	SVCMC ST VINCENTS - MANHATTAN	7,107.16	6,660.59	6,028.38	525.93	8.95% / 9.63%	26.26% / 28.27%	168.55	168.55	5.87	0.65	260.96
7001045	WOODHULL MEDICAL	10,030.30	9,305.97	8,999.11	445.57	8.95% / 9.63%	26.26% / 28.27%	115.33	115.33	3.65	0.57	260.96
7001035	WYCKOFF HEIGHTS HOSP	6,585.14	6,129.16	6,048.42	424.76	8.95% / 9.63%	26.26% / 28.27%	124.92	124.92	1.75	0.40	260.96

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
7001033	KINGSBROOK JEWISH MED CTR	222.14	222.14	(184.22)	(184.22)	0.00	0.00	0.283335	1.7740	6,448.27
7002017	LENOX HILL HOSPITAL	156.17	156.17	167.90	167.90	0.00	0.00	0.214020	1.5880	5,671.80
7000008	LINCOLN MEDICAL	97.24	97.24	(44.55)	(44.55)	0.00	0.00	1.001776	1.2057	9,769.00
7001017	LONG ISLAND COLLEGE	716.91	716.91	249.98	249.98	0.00	0.00	0.396618	1.2947	6,670.79
7003004	LONG ISLAND JEWISH	3,506.18	3,506.18	91.76	91.76	0.00	0.00	0.292864	1.5087	6,902.32
7001019	LUTHERAN MEDICAL CTR	126.67	126.67	(13.07)	(13.07)	0.00	0.00	0.591544	1.0641	5,300.82
7001020	MAIMONIDES MED CTR	566.28	566.28	83.33	83.33	0.00	0.00	0.303391	1.2469	5,944.87
7002020	MEMORIAL HOSP FOR CANCER	0.00	0.00	0.00	0.00	0.00	0.00	0.455721	0.0000	0.00
7002021	METROPOLITAN HOSPITAL CTR	(4.97)	(4.97)	(5.51)	(5.51)	0.00	0.00	0.828381	0.9603	10,618.38
7000006	MONTEFIORE HOSPITAL	185.15	185.15	(845.45)	(845.45)	0.00	0.00	0.277878	1.7583	6,899.52
7002024	MOUNT SINAI HOSPITAL	196.40	196.40	445.25	445.25	0.00	0.00	0.405781	2.1256	6,189.86
7003015	MOUNT SINAI OF QUEENS	199.05	199.05	8.35	8.35	0.00	0.00	0.393206	1.4902	4,469.21
7002000	NEW YORK DOWNTOWN HOSP	217.29	217.29	(40.74)	(40.74)	0.00	0.00	0.532395	0.9258	6,332.54
7000024	NORTH CENTRAL BRONX	(784.87)	(784.87)	26.05	26.05	0.00	0.00	0.823145	0.9462	9,022.68
7002052	NORTH GENERAL HOSP	73.47	73.47	(223.08)	(223.08)	0.00	0.00	0.701818	1.1831	7,028.64
7001008	NY COMMUNITY / BROOKLYN	(110.43)	(110.43)	(0.37)	(0.37)	0.00	0.00	0.427701	1.3442	4,410.21
7002026	NY EYE & EAR INFIRMARY	184.56	184.56	31.78	31.78	0.00	0.00	0.374328	1.2916	5,390.66
7003010	NY MED CTR OF QUEENS	166.44	166.44	115.47	115.47	0.00	0.00	0.388197	1.3315	5,461.57
7001021	NY METHODIST / BROOKLYN	(1,251.61)	(1,251.61)	(40.51)	(40.51)	0.00	0.00	0.449798	1.2238	5,937.41
7099003	NY PRESBY (ALLEN)	239.16	239.16	(325.21)	(325.21)	0.00	0.00	0.369687	2.0732	5,766.76
7002030	NY PRESBY (PRESBY)	239.16	239.16	(325.21)	(325.21)	0.00	0.00	0.369687	2.0732	5,766.76
7002054	NY PRESBYTERIAN HOSP	239.16	239.16	(325.21)	(325.21)	0.00	0.00	0.369687	2.0732	5,766.76
7000025	NY WESTCHESTER SQUARE	182.58	182.58	24.36	24.36	0.00	0.00	0.423680	1.3514	4,555.22
7002053	NYU HOSPITALS CENTER	1,456.17	1,456.17	(35.41)	(35.41)	0.00	0.00	0.338808	1.8722	5,384.11
7002053	NYU-HOSP FOR JOINT DISEASES	1,456.17	1,456.17	(35.41)	(35.41)	0.00	0.00	0.338808	1.8722	5,384.11
7003006	PENINSULA HOSP CTR	149.46	149.46	(50.28)	(50.28)	0.00	0.00	0.374875	1.6957	5,138.02
7003007	QUEENS HOSPITAL CTR	(386.33)	(386.33)	(98.78)	(98.78)	0.00	0.00	0.779529	1.0149	8,784.08
7004010	RICHMOND UNIVERSITY MED CTR	165.18	165.18	109.77	109.77	0.00	0.00	0.290039	1.1085	4,926.42
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00	0.00	1.707160	0.0000	0.00
7000014	ST BARNABAS HOSPITAL	538.43	538.43	28.92	28.92	0.00	0.00	0.278913	1.2414	5,882.93
7001024	ST JOHNS EPISCOPAL SO SHORE	156.91	156.91	(23.21)	(23.21)	0.00	0.00	0.449010	1.0581	6,262.03
7002032	ST LUKES / ROOSEVELT	204.77	204.77	595.87	595.87	0.00	0.00	0.342361	1.3113	6,260.56
7001037	STATE UNIV/DOWNSTATE	(195.35)	(195.35)	26.93	26.93	0.00	0.00	0.745739	1.5954	6,802.42
7004003	STATEN ISLAND UNIV HOSP	173.88	173.88	128.72	128.72	0.00	0.00	0.366164	1.4270	5,544.64
7002037	SVCMC ST VINCENTS - MANHATTAN	231.74	231.74	294.58	294.58	0.00	0.00	0.325883	1.6331	6,762.96
7001045	WOODHULL MEDICAL	(210.91)	(210.91)	22.44	22.44	0.00	0.00	0.898438	1.2499	10,116.37
7001035	WYCKOFF HEIGHTS HOSP	146.96	146.96	94.57	94.57	0.00	0.00	0.421861	1.1796	6,325.12

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
SPECIALTY											
ACUTE PER DIEM INCL BASIC MALP, <span style="float:right">Eff 1/1/09: 8.95%</span> <span style="float:right">Eff 1/1/09: 26.26%</span> <span style="float:right">Eff 4/1/09: 9.63%</span> <span style="float:right">Eff 4/1/09: 28.27%</span>											
OPCERT	HOSPITAL NAME	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
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
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	467.88	2,786.62	(77.96)	(77.96)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.82
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
7002053	NYU-HOSP FOR JOINT DISEASES	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 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	377.30	4,430.50	1,518.87	1,518.87	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.40
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
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 - MANHATTAN	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%				
	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)
7001033	KINGSBROOK JEWISH MED CTR	291.52	1,011.02	189.50	189.50	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52
7002017	LENOX HILL HOSPITAL	352.52	908.16	185.96	185.96	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52
7000008	LINCOLN MEDICAL	296.63	1,141.51	103.57	103.57	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.68
7001017	LONG ISLAND COLLEGE	387.55	524.85	29.30	29.30	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.56
7003004	LONG ISLAND JEWISH	299.80	800.16	56.40	56.40	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.57
7001019	LUTHERAN MEDICAL CTR	291.54	848.01	(24.25)	(24.25)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
7001020	MAIMONIDES MED CTR	313.01	560.47	5.43	5.43	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.59
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	290.84	704.37	48.02	48.02	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
7000006	MONTEFIORE HOSPITAL	314.91	544.48	(56.62)	(56.62)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
7002024	MOUNT SINAI HOSPITAL	381.90	1,001.34	121.67	121.67	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.57
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	296.27	758.27	2.61	2.61	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.51
7002052	NORTH GENERAL HOSP	352.89	1,084.17	(311.85)	(311.85)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.42
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	335.90	741.74	(313.62)	(313.62)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
7099003	NY PRESBY (ALLEN)	330.76	1,008.36	(3.28)	(3.28)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
7002030	NY PRESBY (PRESBY)	330.76	1,008.36	(3.28)	(3.28)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
7002054	NY PRESBYTERIAN HOSP	330.76	1,008.36	(3.28)	(3.28)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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	344.00	910.92	26.26	26.26	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.74
7002053	NYU-HOSP FOR JOINT DISEASES	344.00	910.92	26.26	26.26	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.74
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	345.78	868.43	(312.51)	(312.51)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
7004010	RICHMOND UNIVERSITY MED CTR	292.43	617.27	26.88	26.88	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.37
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	326.79	718.11	78.44	78.44	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.42
7001024	ST JOHNS EPISCOPAL SO SHORE	292.10	1,107.15	44.82	44.82	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
7002032	ST LUKES / ROOSEVELT	344.16	1,006.06	90.86	90.86	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
7001037	STATE UNIV/DOWNSTATE	310.20	778.74	821.81	821.81	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.73
7004003	STATEN ISLAND UNIV HOSP	317.15	689.81	142.77	142.77	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
7002037	SVCMC ST VINCENTS - MANHATTAN	308.36	990.63	55.58	55.58	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.65
7001045	WOODHULL MEDICAL	308.53	819.65	20.62	20.62	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.57
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)																																			
RATE PERIOD 01/01/2009 - 11/30/2009																																			
===== EXEMPT AIDS UNIT =====																																			
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:15%; text-align: center;">ACUTE PER DIEM INCL BASIC MALP,</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%</td> <td style="width:15%; text-align: center;">Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%</td> <td colspan="5"></td> </tr> <tr> <td></td> <td style="text-align: center;">ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL</td> <td style="text-align: center;">PRODUCTIVITY &amp; EFFICIENCY, &amp; CAPITAL EXCL PROSP</td> <td style="text-align: center;">W COMP ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">NO-FAULT ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">ADDITIONAL PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">WC EXCESS PHYS MALP</td> <td style="text-align: center;">NF EXCESS PHYS MALP</td> <td style="text-align: center;">RETROACTIVE ADJUSTMENTS</td> <td style="text-align: center;">SPARCS PER DIEM</td> <td></td> </tr> </table>													ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%							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	
	ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%																													
	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	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)																								
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	352.55	1,503.84	(402.59)	(402.59)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47																								
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																								
7002053	NYU-HOSP FOR JOINT DISEASES	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 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																								
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 - MANHATTAN	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																								

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
ALTERNATE	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF				
LEVEL OF CARE	EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS				
PER DIEM		PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS				
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	RETROACTIVE	ADJUSTMENTS	PER	DIEM
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
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	325.09	829.87	298.49	298.49	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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
7002053	NYU-HOSP FOR JOINT DISEASES	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 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	302.58	435.57	39.15	39.15	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
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	298.68	484.34	405.50	405.50	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
7002037	SVCMC ST VINCENTS - MANHATTAN	303.44	466.94	21.25	21.25	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.65
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
<small>                     ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%                      Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%                 </small>											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM 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)
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
7002053	NYU-HOSP FOR JOINT DISEASES	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 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
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 - MANHATTAN	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT EPILEPSY UNIT =====											
<small>                     ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%                      Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%                 </small>											
OPCERT	HOSPITAL NAME	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 SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
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	287.08	1,192.69	(1,731.94)	(1,731.94)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.57
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	456.18	1,416.93	(303.13)	(303.13)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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)	747.31	2,309.05	(98.67)	(98.67)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
7002054	NY PRESBYTERIAN HOSP	747.31	2,309.05	(98.67)	(98.67)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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	646.03	2,784.66	324.33	324.33	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.74
7002053	NYU-HOSP FOR JOINT DISEASES	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 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
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 - MANHATTAN	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



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT OTHER UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
ALTERNATE LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS	ADDITIONAL PUBLIC	WC EXCESS	NF EXCESS			SPARCS	
PER DIEM	PER DIEM	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS			PER DIEM
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE						
OPCERT	HOSPITAL NAME	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
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	588.76	4,206.68	(232.38)	(232.38)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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
7002053	NYU-HOSP FOR JOINT DISEASES	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 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
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	372.94	3,047.88	172.32	172.32	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
7002037	SVCMC ST VINCENTS - MANHATTAN	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
ACUTE PER DIEM											
INCL BASIC MALP,											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
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	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
7001033	KINGSBROOK JEWISH MED CTR	308.79	1,800.82	965.21	965.21	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52
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	492.87	1,603.05	692.54	692.54	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.56
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	294.39	593.44	70.27	70.27	8.95% / 9.63%	26.26% / 28.27%	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	318.26	1,307.48	(343.09)	(343.09)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
7000006	MONTEFIORE HOSPITAL	405.85	979.13	(203.43)	(203.43)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
7002024	MOUNT SINAI HOSPITAL	341.33	2,110.81	649.28	649.28	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.57
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	(0.15)	(0.15)	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	320.99	995.64	(189.86)	(189.86)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
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)	421.41	1,619.25	753.78	753.78	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.63
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	349.05	1,732.37	(31.20)	(31.20)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.74
7002053	NYU-HOSP FOR JOINT DISEASES	349.05	1,732.37	(31.20)	(31.20)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.74
7003006	PENINSULA HOSP CTR	288.31	3,174.10	161.17	161.17	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
7003007	QUEENS HOSPITAL CTR	354.18	1,693.26	29.99	29.99	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
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	386.75	1,519.74	35.12	35.12	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
7001037	STATE UNIV/DOWNSTATE	354.37	1,395.33	478.44	478.44	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.73
7004003	STATEN ISLAND UNIV HOSP	335.78	1,446.00	(278.43)	(278.43)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
7002037	SVCMC ST VINCENTS - MANHATTAN	335.14	3,139.04	(310.30)	(310.30)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.65
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST PER CASE (EXCL CAPITAL PROSP)	Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%	W COMP SHORT STAY	NO-FAULT SHORT STAY	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY GROUP NEUTRAL COST/DISCH	MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP		LESS PROD & EFFICIENCY PLUS HIV	Eff 4/1/09: 9.63%					
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NO METROPOLITAN REGION												
5501000	BENEDICTINE HOSPITAL	4,622.92	4,913.50	4,151.92	261.69	8.95% / 9.63%	26.26% / 28.27%	36.94	36.94	1.86	0.27	171.58
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	38,510.01	38,510.01	2,331.16	8.95% / 9.63%	26.26% / 28.27%	18.31	18.31	18.42	0.31	260.96
3535001	BON SECOURS COMMUNITY	4,191.55	3,556.94	3,556.94	257.43	8.95% / 9.63%	26.26% / 28.27%	61.37	61.37	2.65	0.43	171.58
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 HERMANN	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	6,371.27	6,371.27	178.04	8.95% / 9.63%	26.26% / 28.27%	25.99	25.99	2.36	0.51	171.58
1001000	COLUMBIA MEMORIAL	0.00	5,236.06	5,236.06	156.93	8.95% / 9.63%	26.26% / 28.27%	57.77	57.77	2.10	0.47	171.58
5925000	COMM / DOBBS FERRY	4,236.38	4,055.93	4,055.93	124.65	8.95% / 9.63%	26.26% / 28.27%	27.93	27.93	1.58	0.51	260.96
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	4,384.90	3,603.21	3,603.21	304.36	8.95% / 9.63%	26.26% / 28.27%	44.25	44.25	2.14	0.47	260.96
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	4,921.84	3,436.73	3,436.73	255.04	8.95% / 9.63%	26.26% / 28.27%	3.35	3.35	1.73	0.51	260.96
5501001	KINGSTON HOSPITAL	4,504.20	3,832.08	3,832.08	273.71	8.95% / 9.63%	26.26% / 28.27%	17.72	17.72	1.46	0.37	171.58
5922000	LAWRENCE HOSPITAL	4,476.09	4,060.32	4,060.32	303.32	8.95% / 9.63%	26.26% / 28.27%	59.21	59.21	1.34	0.39	260.96
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	5,557.25	5,934.74	5,934.74	87.05	8.95% / 9.63%	26.26% / 28.27%	25.66	25.66	3.06	0.43	260.96
1327000	NORTHERN DUTCHESS HOSP	3,985.55	3,303.14	3,303.14	212.77	8.95% / 9.63%	26.26% / 28.27%	61.30	61.30	1.64	0.51	171.58
5920000	NORTHERN WESTCHESTER HOSP	4,575.96	4,494.02	4,394.67	356.51	8.95% / 9.63%	26.26% / 28.27%	73.24	73.24	2.07	0.54	260.96
4324000	NYACK HOSPITAL	4,380.05	4,162.00	4,162.00	106.26	8.95% / 9.63%	26.26% / 28.27%	15.08	15.08	1.37	0.36	260.96
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	4,477.66	4,180.33	4,130.81	146.97	8.95% / 9.63%	26.26% / 28.27%	33.59	33.59	1.68	0.40	171.58
5932000	PHELPS MEMORIAL HOSP	4,558.46	4,019.44	4,019.44	529.34	8.95% / 9.63%	26.26% / 28.27%	182.51	182.51	2.72	0.43	260.96
3950000	PUTNAM COMMUNITY HOSPITAL	4,430.08	3,605.15	3,605.15	308.29	8.95% / 9.63%	26.26% / 28.27%	63.79	63.79	2.05	0.48	171.58
5904000	SOUND SHORE MED CTR	5,023.38	5,049.46	5,049.46	213.63	8.95% / 9.63%	26.26% / 28.27%	78.05	78.05	2.23	0.60	260.96
3529000	ST ANTHONY COMMUNITY HOSP	4,036.83	3,438.10	3,438.10	304.08	8.95% / 9.63%	26.26% / 28.27%	75.47	75.47	1.56	0.51	171.58
1302000	ST FRANCIS / POUGH	4,594.90	5,088.60	4,104.09	700.23	8.95% / 9.63%	26.26% / 28.27%	180.21	180.21	3.59	0.33	171.58
5907001	ST JOHNS RIVERSIDE HOSP	4,609.35	4,345.95	4,345.95	75.18	8.95% / 9.63%	26.26% / 28.27%	11.69	11.69	1.57	0.30	260.96
5907002	ST JOSEPHS / YONKERS	5,083.54	4,377.28	4,332.52	197.96	8.95% / 9.63%	26.26% / 28.27%	51.29	51.29	3.04	0.42	260.96
3522000	ST LUKES CORNWALL / CORNWALL	4,340.83	4,153.34	4,153.34	287.26	8.95% / 9.63%	26.26% / 28.27%	111.33	111.33	1.58	0.39	171.58
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
1227001	TRI TOWN REGIONAL HEALTHCARE	0.00	3,730.04	3,730.04	169.16	8.95% / 9.63%	26.26% / 28.27%	169.16	169.16	0.00	0.00	171.58
1302001	VASSAR BROTHERS MED CTR	4,778.69	4,178.17	4,177.40	330.23	8.95% / 9.63%	26.26% / 28.27%	78.44	78.44	1.78	0.46	171.58
5957001	WESTCHESTER MED CTR	5,826.40	5,638.09	5,638.09	1,538.95	8.95% / 9.63%	26.26% / 28.27%	266.99	266.99	5.15	0.61	260.96
5902001	WHITE PLAINS HOSPITAL	4,100.85	3,951.00	3,951.00	268.41	8.95% / 9.63%	26.26% / 28.27%	108.99	108.99	1.89	0.44	260.96

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	462.93	462.93	(82.28)	(82.28)	0.00	0.00	0.287673	1.6445	4,618.68
5957000	BLYTHEDALE CHILDRENS HOSP	130.37	130.37	(1,105.05)	(1,105.05)	0.00	0.00	0.499127	3.2431	0.00
3535001	BON SECOURS COMMUNITY	9.95	9.95	(33.24)	(33.24)	0.00	0.00	0.284103	1.0927	4,179.11
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.597928	0.0000	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00	0.00	1.791975	0.0000	0.00
5263000	CATSKILL REGIONAL MED CTR	594.74	594.74	(99.82)	(99.82)	0.00	0.00	0.432612	0.9186	0.00
1001000	COLUMBIA MEMORIAL	(163.90)	(163.90)	43.64	43.64	0.00	0.00	0.439178	1.2003	0.00
5925000	COMM / DOBBS FERRY	217.74	217.74	(27.44)	(27.44)	0.00	0.00	0.158325	1.5046	3,946.81
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.596486	0.0000	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.659819	0.0000	0.00
4329000	GOOD SAM / SUFFERN	(67.95)	(67.95)	(149.85)	(149.85)	0.00	0.00	0.215653	1.2398	4,075.37
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.747361	0.0000	0.00
5901000	HUDSON VALLEY HOSP CTR	4,509.12	4,509.12	(242.02)	(242.02)	0.00	0.00	0.283909	1.2363	3,930.99
5501001	KINGSTON HOSPITAL	24.26	24.26	(206.23)	(206.23)	0.00	0.00	0.399623	1.0720	4,478.55
5922000	LAWRENCE HOSPITAL	182.56	182.56	(87.83)	(87.83)	0.00	0.00	0.375473	0.9737	4,156.82
1226701	MARGARETVILLE HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.721976	0.0000	0.00
5903000	MOUNT VERNON HOSPITAL	137.98	137.98	35.05	35.05	0.00	0.00	0.551801	1.4261	5,344.23
1327000	NORTHERN DUTCHESS HOSP	(123.06)	(123.06)	(38.32)	(38.32)	0.00	0.00	0.341847	1.0410	4,029.90
5920000	NORTHERN WESTCHESTER HOSP	171.32	171.32	(100.78)	(100.78)	0.00	0.00	0.515140	1.0885	4,246.56
4324000	NYACK HOSPITAL	182.19	182.19	(54.48)	(54.48)	0.00	0.00	0.248897	1.0611	4,064.14
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	1.410674	0.0000	0.00
3523000	ORANGE REGIONAL MED CTR	29.84	29.84	(26.54)	(26.54)	0.00	0.00	0.253726	1.2709	4,446.36
5932000	PHELPS MEMORIAL HOSP	186.00	186.00	181.54	181.54	0.00	0.00	0.392557	0.9560	4,230.55
3950000	PUTNAM COMMUNITY HOSPITAL	0.93	0.93	(56.67)	(56.67)	0.00	0.00	0.323648	1.3262	4,427.66
5904000	SOUND SHORE MED CTR	145.28	145.28	94.24	94.24	0.00	0.00	0.531313	1.0601	4,784.93
3529000	ST ANTHONY COMMUNITY HOSP	(4.12)	(4.12)	(50.28)	(50.28)	0.00	0.00	0.267849	0.9573	4,051.15
1302000	ST FRANCIS / POUGH	(10.18)	(10.18)	100.26	100.26	0.00	0.00	0.295347	1.5817	4,599.13
5907001	ST JOHNS RIVERSIDE HOSP	148.29	148.29	(27.24)	(27.24)	0.00	0.00	0.372965	1.0387	4,328.15
5907002	ST JOSEPHS / YONKERS	(76.41)	(76.41)	32.83	32.83	0.00	0.00	0.567039	1.3662	4,738.80
3522000	ST LUKES CORNWALL / CORNWALL	45.72	45.72	118.52	118.52	0.00	0.00	0.258886	1.1816	4,326.67
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
1227001	TRI TOWN REGIONAL HEALTHCARE	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
1302001	VASSAR BROTHERS MED CTR	32.47	32.47	(11.47)	(11.47)	0.00	0.00	0.313206	1.3069	4,742.07
5957001	WESTCHESTER MED CTR	190.17	190.17	370.54	370.54	0.00	0.00	0.336573	2.6069	5,533.54
5902001	WHITE PLAINS HOSPITAL	(123.42)	(123.86)	201.57	201.57	(0.04)	(0.05)	0.454598	1.2154	4,140.09

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
SPECIALTY											
ACUTE PER DIEM INCL BASIC MALP,											
Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%											
ALTERNATE	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			SPARCS	
LEVEL OF CARE	EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS	RETROACTIVE	PER		
PER DIEM	& CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	DIEM		
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP				
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 HERMANN	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 / 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
1227001	TRI TOWN REGIONAL HEALTHCARE	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
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	198.96	658.70	(55.48)	(55.48)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.27
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	203.28	564.45	(52.65)	(52.65)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
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 HERMANN	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	198.37	775.27	(172.75)	(172.75)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.51
1001000	COLUMBIA MEMORIAL	193.89	618.09	(3.21)	(3.21)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	306.35	633.77	15.19	15.19	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	279.31	836.71	(93.57)	(93.57)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
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	349.35	1,279.13	489.97	489.97	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
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	200.04	631.90	(29.32)	(29.32)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
5932000	PHELPS MEMORIAL HOSP	354.39	716.25	347.94	347.94	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
3950000	PUTNAM COMMUNITY HOSPITAL	209.48	659.84	(3.34)	(3.34)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
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	244.59	669.70	116.47	116.47	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
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	303.94	600.37	6.23	6.23	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.42
3522000	ST LUKES CORNWALL / CORNWALL	347.89	754.67	(30.46)	(30.46)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.39
4353000	SUMMIT PARK HOSPITAL	268.14	687.68	86.39	86.39	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.67
1227001	TRI TOWN REGIONAL HEALTHCARE	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	304.72	945.50	(24.69)	(24.69)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT AIDS UNIT =====											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF				
LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	GOODS	EXCESS	EXCESS				
PER DIEM	PRODUCTIVITY & CAPITAL	PER DIEM	PER DIEM	POOL	POOL	PHYS	PHYS				
INCL CAPITAL	EFFICIENCY, & CAPITAL EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	RETROACTIVE	ADJUSTMENTS	PER DIEM	SPARCS
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 HERMANN	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 / 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
1227001	TRI TOWN REGIONAL HEALTHCARE	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	376.95	1,499.96	(6.28)	(6.28)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
<small>                     ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%                      Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%                 </small>											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM 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)
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	202.94	406.16	27.00	27.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
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 HERMANN	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	235.41	1,203.60	0.00	0.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.55
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	197.59	466.35	142.32	142.32	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.37
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	282.27	511.09	441.11	441.11	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.36
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	320.67	511.15	75.80	75.80	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
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	230.97	531.52	339.81	339.81	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
5907001	ST JOHNS RIVERSIDE HOSP	272.98	391.51	(12.39)	(12.39)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.30
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
1227001	TRI TOWN REGIONAL HEALTHCARE	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



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%											
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 HERMANN	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	299.81	489.64	71.19	71.19	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	230.97	531.52	339.81	339.81	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
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 / 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
1227001	TRI TOWN REGIONAL HEALTHCARE	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT EPILEPSY UNIT =====											
<small>Eff 1/1/09: 8.95%      Eff 1/1/09: 26.26%</small> <small>Eff 4/1/09: 9.63%      Eff 4/1/09: 28.27%</small>											
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)
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 HERMANN	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 / 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
1227001	TRI TOWN REGIONAL HEALTHCARE	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT OTHER UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%				
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		
(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 HERMANN	314.79	3,201.67	(400.99)	(400.99)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.97
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	235.41	1,203.60	197.51	197.51	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	197.51	0.55
5526700	ELLENVILLE REGIONAL HOSP	191.53	2,442.94	394.06	394.06	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.09
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	287.55	3,347.29	(447.18)	(447.18)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.01
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	231.62	2,480.54	(1,962.29)	(1,962.29)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.32
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 / 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
1227001	TRI TOWN REGIONAL HEALTHCARE	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	538.71	3,442.84	(25.50)	(25.50)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
						Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS			
	PER DIEM	PRODUCTIVITY &	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	RETROACTIVE	SPARCS	
	INCL CAPITAL	EFFICIENCY, & CAPITAL	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	PER DIEM	
OPCERT	HOSPITAL NAME										
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	204.32	992.09	123.10	123.10	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.27
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	320.66	1,382.57	268.58	268.58	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.25
5263700	CATSKILL REGIONAL / G HERMANN	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	344.25	1,774.92	(63.66)	(63.66)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.36
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	256.03	1,394.40	772.86	772.86	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.51
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	208.43	955.07	(29.73)	(29.73)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
5932000	PHELPS MEMORIAL HOSP	469.91	738.63	53.48	53.48	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.43
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	331.14	1,316.37	654.41	654.41	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
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 / 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	280.72	970.55	139.29	139.29	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.67
1227001	TRI TOWN REGIONAL HEALTHCARE	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	354.60	1,510.50	(507.75)	(507.75)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.61
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST	Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%	W COMP	NO-FAULT	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY GROUP NEUTRAL COST/DISCH	MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	PER CASE (EXCL CAPITAL PROSP)	Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%	SHORT STAY & TRANSFER CAPITAL PER DIEM	SHORT STAY CAPITAL PER DIEM			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>NORTHEASTERN REGION</b>												
0101005	ALB MED CTR SO CLINICAL	4,564.50	3,886.19	3,886.19	612.12	8.95% / 9.63%	26.26% / 28.27%	2,141.12	2,141.12	62.65	30.34	171.58
0101000	ALBANY MED CTR	4,539.43	4,041.25	4,041.25	547.02	8.95% / 9.63%	26.26% / 28.27%	127.10	127.10	2.65	0.45	171.58
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	4,318.03	3,998.35	3,998.35	394.50	8.95% / 9.63%	26.26% / 28.27%	115.82	115.82	2.45	0.47	171.58
4720001	COBLESKILL REG HOSP	0.00	11,023.94	11,023.94	103.00	8.95% / 9.63%	26.26% / 28.27%	51.85	51.85	3.98	1.04	171.58
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	3,684.91	4,356.14	3,975.10	241.24	8.95% / 9.63%	26.26% / 28.27%	(32.51)	(32.51)	2.26	0.46	171.58
5601000	GLENS FALLS HOSPITAL	4,231.37	3,655.33	3,655.33	241.94	8.95% / 9.63%	26.26% / 28.27%	8.03	8.03	2.13	0.47	171.58
0101003	MEMORIAL HOSP / ALBANY	4,598.07	4,745.26	4,181.58	279.29	8.95% / 9.63%	26.26% / 28.27%	71.33	71.33	1.91	0.52	171.58
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	4,204.62	4,000.27	4,000.27	141.02	8.95% / 9.63%	26.26% / 28.27%	68.85	68.85	1.84	0.66	171.58
4102002	SAMARITAN OF TROY	3,964.13	4,342.09	4,168.51	160.30	8.95% / 9.63%	26.26% / 28.27%	55.67	55.67	2.42	0.33	171.58
4501000	SARATOGA HOSPITAL	3,865.99	3,212.31	3,212.31	207.63	8.95% / 9.63%	26.26% / 28.27%	73.49	73.49	1.88	0.49	171.58
4102003	SETON HEALTH SYSTEMS	3,863.26	4,082.42	4,082.42	107.23	8.95% / 9.63%	26.26% / 28.27%	22.43	22.43	1.80	0.48	171.58
2801001	ST MARYS / AMSTERDAM	3,937.15	3,451.33	3,451.33	108.36	8.95% / 9.63%	26.26% / 28.27%	62.77	62.77	2.48	0.47	171.58
0101004	ST PETERS HOSPITAL	3,685.56	3,386.22	3,386.22	271.27	8.95% / 9.63%	26.26% / 28.27%	46.90	46.90	1.60	0.40	171.58
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
<b>UTICA REGION</b>												
1623001	ADIRONDACK MEDICAL CTR	3,833.67	3,836.76	3,788.32	245.25	8.95% / 9.63%	26.26% / 28.27%	92.31	92.31	3.10	0.73	171.58
3701000	ALBERT LINDLEY LEE	0.00	6,259.78	6,259.78	107.21	8.95% / 9.63%	26.26% / 28.27%	45.89	45.89	1.47	0.42	171.58
1624000	ALICE HYDE MED CTR	3,890.89	3,571.68	3,571.68	65.58	8.95% / 9.63%	26.26% / 28.27%	8.39	8.39	2.49	0.82	171.58
3801000	AURELIA OSBORN FOX	4,316.12	3,744.12	3,744.12	198.19	8.95% / 9.63%	26.26% / 28.27%	69.62	69.62	2.59	0.54	171.58
4429000	CANTON-POTSDAM HOSP	3,892.34	3,319.76	3,319.76	279.43	8.95% / 9.63%	26.26% / 28.27%	136.89	136.89	2.34	0.44	171.58
2238001	CARTHAGE AREA HOSP	4,003.09	3,321.99	3,321.99	110.85	8.95% / 9.63%	26.26% / 28.27%	(23.98)	(23.98)	1.80	0.64	171.58
0824000	CHENANGO MEM HOSP	0.00	4,916.84	4,916.84	80.15	8.95% / 9.63%	26.26% / 28.27%	100.31	100.31	2.78	0.84	171.58
4401000	CLAXTON-HEPBURN MED CTR	0.00	4,077.40	4,077.40	247.81	8.95% / 9.63%	26.26% / 28.27%	29.83	29.83	2.57	0.47	171.58
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	4,067.94	3,793.59	3,793.59	125.67	8.95% / 9.63%	26.26% / 28.27%	26.00	26.00	2.01	0.74	171.58
4423000	EJ NOBLE / GOUVERNEUR	0.00	4,098.40	4,098.40	50.16	8.95% / 9.63%	26.26% / 28.27%	15.23	15.23	2.00	0.77	171.58
3202003	FAXTON-ST LUKES HEALTHCARE	4,177.72	3,820.69	3,820.69	198.86	8.95% / 9.63%	26.26% / 28.27%	68.08	68.08	1.57	0.40	171.58
2424000	LEWIS COUNTY GENERAL	0.00	5,518.60	5,518.60	170.62	8.95% / 9.63%	26.26% / 28.27%	64.82	64.82	2.77	1.02	171.58
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	4,696.69	4,419.82	3,975.10	368.35	8.95% / 9.63%	26.26% / 28.27%	10.34	10.34	4.69	1.16	171.58
4402000	MASSENA MEMORIAL HOSP	4,203.64	3,815.82	3,815.82	189.51	8.95% / 9.63%	26.26% / 28.27%	120.52	120.52	1.52	0.51	171.58
2601001	ONEIDA HEALTHCARE CTR	4,030.43	3,852.68	3,852.68	233.17	8.95% / 9.63%	26.26% / 28.27%	122.08	122.08	1.96	0.68	171.58
3702000	OSWEGO HOSPITAL	4,223.01	4,001.10	4,001.10	238.21	8.95% / 9.63%	26.26% / 28.27%	114.08	114.08	1.80	0.40	171.58
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	4,194.62	3,922.64	3,922.64	151.04	8.95% / 9.63%	26.26% / 28.27%	80.81	80.81	1.24	0.41	171.58
2201000	SAMARITAN MED CTR	3,908.57	3,423.01	3,423.01	187.48	8.95% / 9.63%	26.26% / 28.27%	38.84	38.84	1.88	0.40	171.58
3202002	ST ELIZABETH MED CTR	5,227.86	4,846.10	4,181.58	350.29	8.95% / 9.63%	26.26% / 28.27%	56.34	56.34	2.32	0.48	171.58

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
<b>NORTHEASTERN REGION</b>										
0101005	ALB MED CTR SO CLINICAL	167.72	167.72	3,859.04	3,859.04	0.00	0.00	0.907301	1.4467	4,441.95
0101000	ALBANY MED CTR	138.13	138.13	146.04	146.04	0.00	0.00	0.363818	2.2895	4,320.77
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.927498	0.0000	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	2.28	2.28	74.02	74.02	0.00	0.00	0.445009	1.3414	4,313.47
4720001	COBLESKILL REG HOSP	(1,259.42)	(1,259.42)	156.55	156.55	0.00	0.00	0.996831	1.1517	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.146300	0.0000	0.00
4601001	ELLIS HOSPITAL	102.25	102.25	(363.46)	(363.46)	0.00	0.00	0.304559	2.1804	3,659.30
5601000	GLENS FALLS HOSPITAL	10.86	10.86	(213.31)	(213.31)	0.00	0.00	0.496990	1.2467	4,218.00
0101003	MEMORIAL HOSP / ALBANY	577.20	577.20	28.03	28.03	0.00	0.00	0.515140	2.0267	4,597.14
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	277.78	277.78	68.67	68.67	0.00	0.00	0.479388	0.8236	4,192.48
4102002	SAMARITAN OF TROY	(8.58)	(8.58)	45.73	45.73	0.00	0.00	0.438157	1.3678	3,972.84
4501000	SARATOGA HOSPITAL	13.07	13.07	70.76	70.76	0.00	0.00	0.388438	1.4015	3,849.98
4102003	SETON HEALTH SYSTEMS	(497.09)	(497.09)	(39.28)	(39.28)	0.00	0.00	0.343723	1.0532	3,872.21
2801001	ST MARYS / AMSTERDAM	19.20	19.20	114.50	114.50	0.00	0.00	0.519107	1.2642	3,916.20
0101004	ST PETERS HOSPITAL	21.96	21.96	(76.25)	(76.25)	0.00	0.00	0.331372	1.5117	3,644.97
4601004	SUNNYVIEW HOSP & REHAB	0.00	0.00	0.00	0.00	0.00	0.00	0.481097	0.0000	0.00
<b>UTICA REGION</b>										
1623001	ADIRONDACK MEDICAL CTR	(217.94)	(217.94)	101.56	101.56	0.00	0.00	0.615098	1.3505	3,847.30
3701000	ALBERT LINDLEY LEE	793.09	793.09	92.01	92.01	0.00	0.00	0.000000	0.0000	0.00
1624000	ALICE HYDE MED CTR	(216.55)	(216.55)	(37.61)	(37.61)	0.00	0.00	0.545364	1.1132	3,904.97
3801000	AURELIA OSBORN FOX	5.96	5.96	27.83	27.83	0.00	0.00	0.638222	1.1056	4,308.82
4429000	CANTON-POTSDAM HOSP	10.07	10.07	186.10	186.10	0.00	0.00	0.564526	0.9410	3,887.98
2238001	CARTHAGE AREA HOSP	(249.09)	(249.09)	(174.17)	(174.17)	0.00	0.00	0.437838	0.7047	4,022.91
0824000	CHENANGO MEM HOSP	(226.00)	(226.00)	180.21	180.21	0.00	0.00	0.502095	0.9787	0.00
4401000	CLAXTON-HEPBURN MED CTR	347.70	347.70	(152.82)	(152.82)	0.00	0.00	0.665228	1.0611	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.293657	0.0000	0.00
2625000	COMMUNITY MEM HOSP	46.66	46.66	(52.55)	(52.55)	0.00	0.00	0.458748	1.5135	4,101.86
4423000	EJ NOBLE / GOUVERNEUR	(630.82)	(630.82)	(10.45)	(10.45)	0.00	0.00	0.585705	0.7844	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	22.68	22.68	40.33	40.33	0.00	0.00	0.470399	1.0908	4,153.34
2424000	LEWIS COUNTY GENERAL	(214.04)	(214.04)	15.58	15.58	0.00	0.00	0.692200	0.9167	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.629155	0.0000	0.00
3824000	MARY IMOGENE BASSETT HOSP	(33.40)	(33.40)	(328.16)	(328.16)	0.00	0.00	0.495896	1.6282	4,700.38
4402000	MASSENA MEMORIAL HOSP	(205.64)	(205.64)	165.89	165.89	0.00	0.00	0.692861	0.8862	4,233.30
2601001	ONEIDA HEALTHCARE CTR	375.58	375.58	145.52	145.52	0.00	0.00	0.528402	0.9585	4,020.87
3702000	OSWEGO HOSPITAL	(142.46)	(142.46)	114.89	114.89	0.00	0.00	0.602294	0.8587	4,211.78
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00	0.00	1.237029	0.0000	0.00
3201002	ROME MEMORIAL HOSPITAL	5.64	5.64	80.70	80.70	0.00	0.00	0.460264	0.9735	4,188.01
2201000	SAMARITAN MED CTR	(24.45)	(24.45)	(45.82)	(45.82)	0.00	0.00	0.534512	1.0040	3,894.86
3202002	ST ELIZABETH MED CTR	12.50	12.50	(78.18)	(78.18)	0.00	0.00	0.455412	2.2877	5,211.06

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
SPECIALTY											
<small>Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26%</small> <small>Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%</small>											
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
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
<b>NORTHEASTERN REGION</b>											
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
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
<b>UTICA REGION</b>											
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
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
ACUTE PER DIEM INCL BASIC MALP,											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
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)		
<b>NORTHEASTERN REGION</b>											
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	205.92	890.36	152.99	152.99	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.45
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	245.57	1,092.20	130.95	130.95	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
4720001	COBLESKILL REG HOSP	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	215.26	555.96	56.82	56.82	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.46
5601000	GLENS FALLS HOSPITAL	224.99	691.94	98.22	98.22	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	198.45	561.90	33.76	33.76	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
4501000	SARATOGA HOSPITAL	216.83	773.13	(21.93)	(21.93)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.49
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	201.63	773.60	319.41	319.41	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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
<b>UTICA REGION</b>											
1623001	ADIRONDACK MEDICAL CTR	229.19	309.16	(84.56)	(84.56)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.73
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	(9.73)	(9.73)	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	212.95	478.32	55.04	55.04	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	225.89	432.46	52.69	52.69	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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	205.00	525.50	(96.40)	(96.40)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.16
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
3702000	OSWEGO HOSPITAL	217.07	668.65	(70.98)	(70.98)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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	202.92	429.11	(150.97)	(150.97)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
3202002	ST ELIZABETH MED CTR	200.82	559.07	69.82	69.82	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT AIDS UNIT =====											
Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%											
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)
<b>NORTHEASTERN REGION</b>											
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	270.67	1,170.41	31.30	31.30	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.45
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
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
<b>UTICA REGION</b>											
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
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, <span style="float:right">Eff 1/1/09: 8.95%</span> <span style="float:right">Eff 4/1/09: 9.63%</span> <span style="float:right">Eff 1/1/09: 26.26%</span> <span style="float:right">Eff 4/1/09: 28.27%</span>											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM 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)
<b>NORTHEASTERN REGION</b>											
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
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	184.94	486.92	513.09	513.09	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
2801001	ST MARYS / AMSTERDAM	192.20	304.20	312.93	312.93	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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
<b>UTICA REGION</b>											
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	226.96	243.44	192.57	192.57	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.44
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
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	1.10	1.10	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%											
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)
<b>NORTHEASTERN REGION</b>											
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
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
<b>UTICA REGION</b>											
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
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT EPILEPSY UNIT =====											
<small>Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26% Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%</small>											
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)
<b>NORTHEASTERN REGION</b>											
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
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
<b>UTICA REGION</b>											
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
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT OTHER UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
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		
(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)		
<b>NORTHEASTERN REGION</b>											
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
1552701	ELIZABETHTOWN COMM HOSP	247.11	1,272.61	(331.77)	(331.77)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.78
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	355.93	1,325.05	1,017.31	1,017.31	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.96
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
<b>UTICA REGION</b>											
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	190.95	2,178.36	(54.10)	(54.10)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.12
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	212.65	1,759.01	514.37	514.37	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.75
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
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	211.32	1,306.10	(318.31)	(318.31)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.90
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS MALP	PHYS MALP	ADJUSTMENTS	PER DIEM
		INCL CAPITAL		PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE				
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
<b>NORTHEASTERN REGION</b>											
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	228.90	1,130.57	(71.79)	(71.79)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.45
2801000	AMSTERDAM MEM HOSP	198.76	872.12	330.71	330.71	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	1.80
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
1552701	ELIZABETH TOWN 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	249.82	744.64	0.49	0.49	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	222.39	1,820.51	803.26	803.26	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
4601004	SUNNYVIEW HOSP & REHAB	212.20	817.92	28.07	28.07	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.25
<b>UTICA REGION</b>											
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	(2,880.49)	(2,880.49)	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	240.44	1,057.10	166.64	166.64	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.47
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	204.75	432.63	112.11	112.11	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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
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	229.27	839.08	63.37	63.37	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
2201000	SAMARITAN MED CTR	261.94	1,185.99	356.70	356.70	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST	Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%	W COMP	NO-FAULT	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY	MIX NEUTRAL		PER CASE (EXCL	Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%	SHORT	SHORT			
		GROUP	RATE INCL	TOP 20 DRG	CAPITAL PROSP)	PUBLIC	ADDITIONAL	STAY	STAY			
		NEUTRAL	BASIC MALP	EXCLUDING	LESS PROD &	GOODS	PUBLIC	& TRANSFER	& TRANSFER			
	COST/DISCH	EXCLUDING	EXCLUDING	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL				
		OPER PROSP	OPER PROSP	PLUS HIV	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>CENTRAL REGION</b>												
0701000	ARNOT OGDEN MED CTR	4,507.66	3,695.72	3,695.72	253.90	8.95% / 9.63%	26.26% / 28.27%	91.85	91.85	2.16	0.54	171.58
0501000	AUBURN MEMORIAL HOSP	4,193.11	5,576.98	5,576.98	155.47	8.95% / 9.63%	26.26% / 28.27%	87.94	87.94	2.00	0.52	171.58
5401001	CAYUGA MEDICAL CENTER	4,273.72	3,979.61	3,979.61	237.36	8.95% / 9.63%	26.26% / 28.27%	67.00	67.00	2.08	0.53	171.58
3301000	COMM-GEN / GTR SYRACUSE	4,579.58	4,378.36	4,150.72	153.54	8.95% / 9.63%	26.26% / 28.27%	66.76	66.76	1.53	0.39	171.58
5001000	CORNING HOSPITAL	4,463.96	4,446.91	4,001.11	127.80	8.95% / 9.63%	26.26% / 28.27%	(0.45)	(0.45)	1.93	0.72	171.58
1101000	CORTLAND REGIONAL MED CTR	0.00	4,943.63	4,943.63	154.21	8.95% / 9.63%	26.26% / 28.27%	71.21	71.21	1.82	0.54	171.58
3301008	CROUSE HOSPITAL	4,337.12	3,826.66	3,826.66	292.19	8.95% / 9.63%	26.26% / 28.27%	91.30	91.30	1.76	0.41	171.58
5022000	IRA DAVENPORT MEMORIAL	0.00	4,625.33	4,625.33	106.93	8.95% / 9.63%	26.26% / 28.27%	37.24	37.24	2.11	0.83	171.58
0301001	OUR LADY OF LOURDES	4,203.13	3,719.14	3,719.14	143.22	8.95% / 9.63%	26.26% / 28.27%	117.62	117.62	2.85	0.77	171.58
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	5,031.93	5,031.93	165.56	8.95% / 9.63%	26.26% / 28.27%	113.14	113.14	4.20	0.48	171.58
0701001	ST JOSEPHS / ELMIRA	4,566.22	4,875.97	4,061.68	88.25	8.95% / 9.63%	26.26% / 28.27%	(8.61)	(8.61)	1.52	0.41	171.58
3301003	ST JOSEPHS HOSP HLTH CTR	4,235.03	3,755.02	3,755.02	296.38	8.95% / 9.63%	26.26% / 28.27%	89.52	89.52	2.46	0.53	171.58
0303001	UNITED HEALTH SERVICES	4,305.57	4,199.70	3,954.00	213.54	8.95% / 9.63%	26.26% / 28.27%	38.18	38.18	3.01	0.50	171.58
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	5,972.24	4,729.03	4,729.03	644.10	8.95% / 9.63%	26.26% / 28.27%	122.42	122.42	5.23	0.80	171.58
<b>ROCHESTER REGION</b>												
3421000	CLIFTON SPRINGS HOSP	3,995.64	4,139.88	3,916.88	208.96	8.95% / 9.63%	26.26% / 28.27%	(45.94)	(45.94)	6.74	0.42	171.58
3429000	F F THOMPSON HOSPITAL	4,005.35	3,382.91	3,382.91	288.27	8.95% / 9.63%	26.26% / 28.27%	113.60	113.60	2.16	0.67	171.58
3402000	GENEVA GENERAL HOSP	4,084.83	3,976.86	3,976.86	184.28	8.95% / 9.63%	26.26% / 28.27%	49.99	49.99	2.14	0.70	171.58
2701001	HIGHLAND OF ROCHESTER	4,446.41	4,311.77	3,975.10	172.30	8.95% / 9.63%	26.26% / 28.27%	49.99	49.99	1.56	0.44	171.58
2728001	LAKESIDE MEMORIAL HOSP	3,945.96	4,451.88	4,451.88	84.59	8.95% / 9.63%	26.26% / 28.27%	(109.01)	(109.01)	1.70	0.46	171.58
2701006	MONROE COMMUNITY HOSPITAL	4,777.00	4,782.81	3,981.77	1,666.92	8.95% / 9.63%	26.26% / 28.27%	3,747.06	3,747.06	866.50	192.54	171.58
2527000	NICHOLAS H NOYES MEM	3,890.39	3,884.56	3,884.56	174.84	8.95% / 9.63%	26.26% / 28.27%	15.01	15.01	1.66	0.54	171.58
2701003	ROCHESTER GENERAL HOSP	3,792.84	4,210.66	3,975.10	322.52	8.95% / 9.63%	26.26% / 28.27%	110.95	110.95	2.30	0.54	171.58
6120700	SOLDIERS AND SAILORS MEMORIAL	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	5,163.60	4,818.78	4,818.78	550.02	8.95% / 9.63%	26.26% / 28.27%	75.25	75.25	3.46	0.53	171.58
2754001	UNITY HOSPITAL/ROCHESTER	4,250.90	4,648.00	3,975.10	308.43	8.95% / 9.63%	26.26% / 28.27%	91.97	91.97	3.56	0.53	171.58
5820000	WAYNE HEALTH CARE	3,882.99	4,213.37	4,181.58	192.45	8.95% / 9.63%	26.26% / 28.27%	85.31	85.31	2.35	0.49	171.58

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
	<b>CENTRAL REGION</b>									
0701000	ARNOT OGDEN MED CTR	(128.63)	(128.63)	120.89	120.89	0.00	0.00	0.452505	1.5701	4,489.63
0501000	AUBURN MEMORIAL HOSP	11.17	11.17	130.52	130.52	0.00	0.00	0.471667	1.0324	4,193.11
5401001	CAYUGA MEDICAL CENTER	(238.38)	(238.38)	7.07	7.07	0.00	0.00	0.702490	1.1012	4,293.60
3301000	COMM-GEN / GTR SYRACUSE	196.16	196.16	116.18	116.18	0.00	0.00	0.527723	1.3480	4,577.00
5001000	CORNING HOSPITAL	(16.44)	(16.44)	(129.02)	(129.02)	0.00	0.00	0.532095	1.1422	4,471.12
1101000	CORTLAND REGIONAL MED CTR	(1.68)	(1.68)	73.21	73.21	0.00	0.00	0.683072	0.9163	0.00
3301008	CROUSE HOSPITAL	(56.98)	(56.98)	117.77	117.77	0.00	0.00	0.518678	1.4123	4,253.75
5022000	IRA DAVENPORT MEMORIAL	370.98	370.98	13.58	13.58	0.00	0.00	0.568915	1.0845	0.00
0301001	OUR LADY OF LOURDES	(10.79)	(10.79)	265.59	265.59	0.00	0.00	0.532055	1.1480	4,213.44
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.542264	0.0000	0.00
5002001	ST JAMES MERCY HOSP	380.40	380.40	150.37	150.37	0.00	0.00	0.504757	0.8625	0.00
0701001	ST JOSEPHS / ELMIRA	906.08	906.08	(120.92)	(120.92)	0.00	0.00	0.419057	1.3158	4,532.82
3301003	ST JOSEPHS HOSP HLTH CTR	22.57	22.57	95.11	95.11	0.00	0.00	0.458764	1.7518	4,213.41
0303001	UNITED HEALTH SERVICES	(49.70)	(49.71)	(41.19)	(41.19)	(1.22)	(1.31)	0.529591	1.7743	4,236.34
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	(1,022.79)	(1,022.79)	62.14	62.14	0.00	0.00	0.522965	2.5042	5,694.97
	<b>ROCHESTER REGION</b>									
3421000	CLIFTON SPRINGS HOSP	(338.32)	(338.32)	(424.50)	(424.50)	0.00	0.00	0.538008	1.7625	3,995.36
3429000	F F THOMPSON HOSPITAL	20.54	20.54	88.24	88.24	0.00	0.00	0.549015	1.1571	3,976.83
3402000	GENEVA GENERAL HOSP	(190.19)	(190.19)	(20.89)	(20.89)	0.00	0.00	0.613155	1.1556	4,088.64
2701001	HIGHLAND OF ROCHESTER	35.23	35.23	(1.96)	(1.96)	0.00	0.00	0.598744	1.1744	4,419.55
2728001	LAKESIDE MEMORIAL HOSP	(481.51)	(481.51)	(497.79)	(497.79)	0.00	0.00	0.423670	1.3014	3,976.59
2701006	MONROE COMMUNITY HOSPITAL	(3.20)	(3.20)	2,080.14	2,080.14	0.00	0.00	4.902196	0.0000	4,782.81
2527000	NICHOLAS H NOYES MEM	(191.95)	(191.95)	(131.50)	(131.50)	0.00	0.00	0.441866	0.8860	3,920.92
2701003	ROCHESTER GENERAL HOSP	(564.88)	(564.88)	126.93	126.93	0.00	0.00	0.477007	1.6330	4,352.01
6120700	SOLDIERS AND SAILORS MEMORIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.866813	0.0000	0.00
2701005	STRONG MEMORIAL HOSP	169.25	169.25	(120.22)	(120.22)	0.00	0.00	0.544872	2.4430	4,908.21
2754001	UNITY HOSPITAL/ROCHESTER	(42.70)	(42.70)	51.14	51.14	(0.07)	(0.08)	0.501039	1.7346	4,235.41
5820000	WAYNE HEALTH CARE	5.25	5.25	94.18	94.18	0.00	0.00	0.458546	1.0246	3,881.96



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== SPECIALTY =====											
ACUTE PER DIEM											
INCL BASIC MALP,											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
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)
<b>CENTRAL REGION</b>											
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 CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>ROCHESTER REGION</b>											
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 MEMORIAL	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
	ALTERNATE LEVEL OF CARE	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)
	<b>CENTRAL REGION</b>										
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	200.67	447.43	(118.79)	(118.79)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.52
5401001	CAYUGA MEDICAL CENTER	222.10	491.75	29.07	29.07	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	(106.06)	(106.06)	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	265.56	1,043.33	(98.06)	(98.06)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
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	213.49	718.22	201.81	201.81	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
0701001	ST JOSEPHS / ELMIRA	183.55	594.49	2.36	2.36	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
3301003	ST JOSEPHS HOSP HLTH CTR	201.01	448.86	44.27	44.27	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53
0303001	UNITED HEALTH SERVICES	200.15	631.69	7.78	7.78	8.95% / 9.63%	26.26% / 28.27%	(0.13)	(0.14)	0.00	0.50
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	208.51	790.82	21.14	21.14	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.80
	<b>ROCHESTER REGION</b>										
3421000	CLIFTON SPRINGS HOSP	197.50	662.79	78.23	78.23	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.42
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	223.03	544.82	(7.92)	(7.92)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
6120700	SOLDIERS AND SAILORS MEMORIAL	215.86	586.77	(89.75)	(89.75)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.88
2701005	STRONG MEMORIAL HOSP	232.40	723.76	164.48	164.48	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53
2754001	UNITY HOSPITAL/ROCHESTER	203.03	671.99	(21.61)	(21.61)	8.95% / 9.63%	26.26% / 28.27%	(0.01)	(0.01)	0.00	0.53
5820000	WAYNE HEALTH CARE	197.57	655.94	(51.53)	(51.53)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.49

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT AIDS UNIT =====											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	ACUTE PER DIEM										
LEVEL OF CARE	INCL BASIC MALP,	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
PER DIEM		EFFICIENCY,	PER DIEM	ACUTE	GOODS	GOODS POOL	EXCESS	EXCESS			SPARCS
INCL CAPITAL		& CAPITAL	PROSP ADJ	PROSP ADJ	POOL	SURCHARGE	PHYS	PHYS	RETROACTIVE		PER
		EXCL PROSP					MALP	MALP	ADJUSTMENTS		DIEM
OPCERT	HOSPITAL NAME										
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
<b>CENTRAL REGION</b>											
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 CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>ROCHESTER REGION</b>											
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 MEMORIAL	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26%											
Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			SPARCS	
LEVEL OF CARE	EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS			PER	
PER DIEM	& CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS			DIEM	
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	RETROACTIVE	ADJUSTMENTS	PER	
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
<b>CENTRAL REGION</b>											
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	227.75	419.14	0.00	0.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
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	199.45	274.57	61.46	61.46	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
0701001	ST JOSEPHS / ELMIRA	182.00	289.57	209.38	209.38	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
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	202.18	526.91	396.71	396.71	8.95% / 9.63%	26.26% / 28.27%	(0.09)	(0.10)	0.00	0.50
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>ROCHESTER REGION</b>											
3421000	CLIFTON SPRINGS HOSP	185.28	221.88	165.34	165.34	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.42
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 MEMORIAL	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	189.05	438.78	232.01	232.01	8.95% / 9.63%	26.26% / 28.27%	0.07	0.08	0.00	0.53
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, <span style="float: right;">Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26%</span> <span style="float: right;">Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%</span>											
OPCERT	HOSPITAL NAME	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
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
<b>CENTRAL REGION</b>											
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 CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>ROCHESTER REGION</b>											
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 MEMORIAL	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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT																																																											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)																																																											
RATE PERIOD 01/01/2009 - 11/30/2009																																																											
===== EXEMPT EPILEPSY UNIT =====																																																											
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:15%; text-align: center;">ACUTE PER DIEM INCL BASIC MALP,</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Eff 1/1/09: 8.95%</td> <td style="width:15%; text-align: center;">Eff 1/1/09: 26.26%</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Eff 4/1/09: 9.63%</td> <td style="text-align: center;">Eff 4/1/09: 28.27%</td> <td colspan="5"></td> </tr> <tr> <td></td> <td style="text-align: center;">ALTERNATE LEVEL OF CARE</td> <td style="text-align: center;">PRODUCTIVITY &amp; EFFICIENCY, &amp; CAPITAL EXCL PROSP</td> <td style="text-align: center;">W COMP ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">NO-FAULT ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">ADDITIONAL PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">WC EXCESS PHYS MALP</td> <td style="text-align: center;">NF EXCESS PHYS MALP</td> <td style="text-align: center;">RETROACTIVE ADJUSTMENTS</td> <td style="text-align: center;">SPARCS PER DIEM</td> <td></td> </tr> <tr> <td style="text-align: center;">OPCERT</td> <td style="text-align: center;">HOSPITAL NAME</td> <td style="text-align: center;">----- (71)</td> <td style="text-align: center;">----- (72)</td> <td style="text-align: center;">----- (73)</td> <td style="text-align: center;">----- (74)</td> <td style="text-align: center;">----- (75)</td> <td style="text-align: center;">----- (76)</td> <td style="text-align: center;">----- (77)</td> <td style="text-align: center;">----- (78)</td> <td style="text-align: center;">----- (79)</td> <td style="text-align: center;">----- (80)</td> </tr> </table>													ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%											Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%							ALTERNATE LEVEL OF CARE	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	----- (71)	----- (72)	----- (73)	----- (74)	----- (75)	----- (76)	----- (77)	----- (78)	----- (79)	----- (80)
	ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%																																																					
					Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%																																																					
	ALTERNATE LEVEL OF CARE	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	----- (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 CTR	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 MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00																																																
2701005	STRONG MEMORIAL HOSP	171.58	1,731.04	181.99	181.99	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53																																																
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																																																

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT OTHER UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,				Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%				
						Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%				
ALTERNATE	PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF				
LEVEL OF CARE	EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS				
PER DIEM	INCL 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	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
<b>CENTRAL REGION</b>											
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	226.02	1,023.84	(254.43)	(254.43)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.82
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 CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
<b>ROCHESTER REGION</b>											
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 MEMORIAL	325.20	2,496.45	829.80	829.80	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.88
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

JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
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)
<b>CENTRAL REGION</b>											
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	226.77	771.30	(141.92)	(141.92)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53
3301000	COMM-GEN / GTR SYRACUSE	219.02	915.96	(118.17)	(118.17)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.39
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	195.63	1,135.32	84.12	84.12	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
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	213.87	903.99	3,799.16	3,815.95	8.95% / 9.63%	26.26% / 28.27%	5.92	6.33	0.00	0.50
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	254.92	1,257.50	220.58	220.58	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.80
<b>ROCHESTER REGION</b>											
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	241.39	938.57	887.38	887.38	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.70
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	282.33	1,356.99	111.52	111.52	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.54
6120700	SOLDIERS AND SAILORS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701005	STRONG MEMORIAL HOSP	235.95	1,038.33	5.46	5.46	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.53
2754001	UNITY HOSPITAL/ROCHESTER	243.44	953.11	11.86	11.86	8.95% / 9.63%	26.26% / 28.27%	(0.03)	(0.03)	0.00	0.53
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE			CAPITAL COST	Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%	W COMP	NO-FAULT	SPARCS RATE PER DIEM	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY	MIX NEUTRAL		PER CASE (EXCL	Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%	SHORT	SHORT			
		GROUP	RATE INCL	TOP 20 DRG	CAPITAL PROSP)	PUBLIC	ADDITIONAL	STAY	STAY			
		NEUTRAL	BASIC MALP	EXCLUDING	LESS PROD &	GOODS	PUBLIC	& TRANSFER	& TRANSFER			
	COST/DISCH	EXCLUDING	EXCLUDING	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL				
		OPER PROSP	OPER PROSP	PLUS HIV	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
WESTERN REGION												
1427000	BERTRAND CHAFFEE HOSP	3,952.58	5,341.10	3,981.77	148.12	8.95% / 9.63%	26.26% / 28.27%	53.00	53.00	1.96	0.59	171.58
0601000	BROOKS MEMORIAL HOSP	0.00	4,172.22	4,172.22	93.86	8.95% / 9.63%	26.26% / 28.27%	77.58	77.58	1.19	0.44	171.58
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	4,801.61	5,067.99	5,067.99	228.60	8.95% / 9.63%	26.26% / 28.27%	27.85	27.85	4.73	0.41	171.58
3154000	INTER-COMMUNITY MEM HOSP	3,992.14	4,009.85	3,866.26	56.04	8.95% / 9.63%	26.26% / 28.27%	20.45	20.45	1.37	0.27	171.58
0228000	JONES MEMORIAL HOSP	3,889.32	4,274.25	3,981.77	246.98	8.95% / 9.63%	26.26% / 28.27%	70.52	70.52	1.44	0.52	171.58
1401014	KALEIDA HEALTH	4,229.09	4,176.06	3,975.10	464.61	8.95% / 9.63%	26.26% / 28.27%	110.37	110.37	2.38	0.48	171.58
3103000	KALEIDA HLTH (DEGRAFF)	4,229.09	4,176.06	3,975.10	464.61	8.95% / 9.63%	26.26% / 28.27%	110.37	110.37	2.38	0.48	171.58
1401009	KALEIDA HLTH (MILLARD)	4,229.09	4,176.06	3,975.10	464.61	8.95% / 9.63%	26.26% / 28.27%	110.37	110.37	2.38	0.48	171.58
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	3,788.48	3,788.48	332.57	8.95% / 9.63%	26.26% / 28.27%	87.95	87.95	1.60	0.35	171.58
1404000	KENMORE MERCY HOSP	4,118.97	4,223.08	4,181.58	162.10	8.95% / 9.63%	26.26% / 28.27%	50.31	50.31	1.87	0.45	171.58
3101000	LOCKPORT MEMORIAL HOSP	4,305.05	3,850.13	3,850.13	78.72	8.95% / 9.63%	26.26% / 28.27%	59.95	59.95	1.37	0.27	171.58
3622000	MEDINA MEMORIAL HOSP	3,700.41	4,092.15	4,092.15	43.70	8.95% / 9.63%	26.26% / 28.27%	10.90	10.90	1.67	0.41	171.58
1401008	MERCY HOSP OF BUFFALO	3,518.82	3,730.61	3,730.61	142.53	8.95% / 9.63%	26.26% / 28.27%	55.75	55.75	1.37	0.40	171.58
3121001	MOUNT ST MARYS HOSP HLTH	4,561.20	4,562.57	4,181.58	89.22	8.95% / 9.63%	26.26% / 28.27%	40.39	40.39	1.80	0.35	171.58
3102000	NIAGARA FALLS MEMORIAL	4,607.64	5,078.20	4,181.58	262.63	8.95% / 9.63%	26.26% / 28.27%	104.75	104.75	2.41	0.31	171.58
0401001	OLEAN GENERAL HOSP	4,070.71	3,766.49	3,766.49	157.98	8.95% / 9.63%	26.26% / 28.27%	65.53	65.53	1.26	0.33	171.58
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	4,287.15	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	3,821.50	3,387.37	3,387.37	85.00	8.95% / 9.63%	26.26% / 28.27%	26.99	26.99	1.47	0.39	171.58
1455000	ST JOSEPHS HOSPITAL	4,251.47	4,065.42	4,065.42	162.35	8.95% / 9.63%	26.26% / 28.27%	53.38	53.38	1.47	0.39	171.58
0427000	TLC HEALTH NETWORK	3,946.41	3,956.22	3,956.22	65.79	8.95% / 9.63%	26.26% / 28.27%	45.03	45.03	4.15	0.32	171.58
1801000	UNITED MEMORIAL MED CTR	3,928.15	4,387.69	4,181.58	172.51	8.95% / 9.63%	26.26% / 28.27%	66.43	66.43	1.63	0.34	171.58
0632000	WESTFIELD MEM HOSP	3,667.27	9,447.42	7,093.77	714.30	8.95% / 9.63%	26.26% / 28.27%	252.81	252.81	1.55	0.67	171.58
0602001	WOMANS CHRISTIAN ASSOC	4,282.41	4,050.09	4,050.09	93.55	8.95% / 9.63%	26.26% / 28.27%	20.35	20.35	2.03	0.34	171.58
6027000	WYOMING CO COMMUNITY HOSP	0.00	5,154.80	5,154.80	20.93	8.95% / 9.63%	26.26% / 28.27%	28.20	28.20	2.09	0.46	171.58

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

		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 01/01/2009 - 11/30/2009								
		===== 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)
	<b>WESTERN REGION</b>									
1427000	BERTRAND CHAFFEE HOSP	(14.38)	(14.38)	34.96	34.96	0.00	0.00	0.555068	1.1406	3,977.42
0601000	BROOKS MEMORIAL HOSP	61.05	61.05	120.40	120.40	0.00	0.00	0.655847	0.8955	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.381524	0.0000	0.00
1401005	ERIE COUNTY MED CTR	102.78	102.78	(52.36)	(52.36)	0.00	0.00	0.500208	2.4577	4,613.98
3154000	INTER-COMMUNITY MEM HOSP	383.15	383.15	18.27	18.27	0.00	0.00	0.615826	1.0514	4,005.65
0228000	JONES MEMORIAL HOSP	77.09	77.09	(55.85)	(55.85)	0.00	0.00	0.585198	0.8466	3,903.98
1401014	KALEIDA HEALTH	12.36	12.36	12.86	12.86	0.00	0.00	0.412731	1.8589	4,208.44
3103000	KALEIDA HLTH (DEGRAFF)	12.36	12.36	12.86	12.86	0.00	0.00	0.412731	1.8589	4,208.44
1401009	KALEIDA HLTH (MILLARD)	12.36	12.36	12.86	12.86	0.00	0.00	0.412731	1.8589	4,208.44
1401002	KALEIDA/WOMEN AND CHILDREN	(403.28)	(403.28)	86.37	86.37	0.00	0.00	0.424796	1.4610	0.00
1404000	KENMORE MERCY HOSP	(173.67)	(173.67)	54.68	54.68	0.00	0.00	0.463267	2.4679	4,107.43
3101000	LOCKPORT MEMORIAL HOSP	409.08	409.08	126.25	126.25	0.00	0.00	0.615826	0.8839	4,290.27
3622000	MEDINA MEMORIAL HOSP	(381.00)	(381.00)	(8.20)	(8.20)	0.00	0.00	0.878687	1.0585	3,739.53
1401008	MERCY HOSP OF BUFFALO	105.41	105.41	60.61	60.61	0.00	0.00	0.466068	1.5072	3,497.18
3121001	MOUNT ST MARYS HOSP HLTH	624.46	624.46	48.94	48.94	0.00	0.00	0.592130	1.5155	4,524.50
3102000	NIAGARA FALLS MEMORIAL	1.21	1.21	95.50	95.50	0.00	0.00	0.506905	1.1144	4,603.97
0401001	OLEAN GENERAL HOSP	6.50	6.50	51.83	51.83	0.00	0.00	0.545257	1.1085	4,062.50
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00	0.00	0.470316	0.0000	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.879020	0.0000	4,287.15
1401013	SISTERS OF CHARITY HOSP	33.30	33.30	24.66	24.66	0.00	0.00	0.480575	1.2632	3,781.07
1455000	ST JOSEPHS HOSPITAL	(4.54)	(4.54)	121.92	121.92	0.00	0.00	0.480575	1.8960	4,238.75
0427000	TLC HEALTH NETWORK	(142.20)	(142.20)	72.78	72.78	0.00	0.00	0.545738	1.2367	3,996.60
1801000	UNITED MEMORIAL MED CTR	(129.73)	(129.73)	33.60	33.60	0.00	0.00	0.523785	0.9560	3,944.40
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.726443	1.2479	3,667.27
0602001	WOMANS CHRISTIAN ASSOC	(137.30)	(137.30)	(23.28)	(23.28)	0.00	0.00	0.490759	1.0577	4,284.37
6027000	WYOMING CO COMMUNITY HOSP	217.17	217.17	67.13	67.13	0.00	0.00	0.911474	0.9283	0.00

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2009 - 11/30/2009											
SPECIALTY											
ACUTE PER DIEM INCL BASIC MALP, Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	ACUTE PER DIEM	PRODUCTIVITY & CAPITAL	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			SPARCS
LEVEL OF CARE	PER DIEM	EFFICIENCY, & CAPITAL	PER DIEM	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS	RETROACTIVE	PER	DIEM
INCL CAPITAL	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	ADJUSTMENTS	DIEM
OPCERT	HOSPITAL NAME	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
<b>WESTERN REGION</b>											
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	372.61	1,870.77	44.00	44.00	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.43
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 12/31/2009											
===== EXEMPT PSYCHIATRIC UNIT =====											
ACUTE PER DIEM INCL BASIC MALP,											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF				
LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS				
PER DIEM	& CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS				
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	RETROACTIVE	ADJUSTMENTS	PER	DIEM
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
<b>WESTERN REGION</b>											
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	193.06	631.69	48.44	48.44	8.95% / 9.63%	26.26% / 28.27%	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	213.97	499.70	38.78	38.78	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
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	189.26	524.43	1,635.27	1,635.27	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
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	198.82	678.62	105.79	105.79	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.31
0401001	OLEAN GENERAL HOSP	224.58	399.86	77.07	77.07	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.33
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	194.00	582.20	(17.69)	(17.69)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.32
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	192.33	598.08	(125.71)	(125.71)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.34
6027000	WYOMING CO COMMUNITY HOSP	207.52	695.01	278.62	278.62	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.46

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT																																															
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)																																															
RATE PERIOD 01/01/2009 - 11/30/2009																																															
===== EXEMPT AIDS UNIT =====																																															
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">ACUTE PER DIEM INCL BASIC MALP,</td> <td style="width:33%; text-align: center;">Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%</td> <td style="width:33%; text-align: center;">Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%</td> <td colspan="8"></td> </tr> <tr> <td style="text-align: center;">ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL</td> <td style="text-align: center;">PRODUCTIVITY &amp; EFFICIENCY, &amp; CAPITAL EXCL PROSP</td> <td style="text-align: center;">W COMP PER DIEM PROSP ADJ</td> <td style="text-align: center;">NO-FAULT ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">ADDITIONAL PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">WC EXCESS PHYS MALP</td> <td style="text-align: center;">NF EXCESS PHYS MALP</td> <td style="text-align: center;">RETROACTIVE ADJUSTMENTS</td> <td style="text-align: center;">SPARCS PER DIEM</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">(41)</td> <td style="text-align: center;">(42)</td> <td style="text-align: center;">(43)</td> <td style="text-align: center;">(44)</td> <td style="text-align: center;">(45)</td> <td style="text-align: center;">(46)</td> <td style="text-align: center;">(47)</td> <td style="text-align: center;">(48)</td> <td style="text-align: center;">(49)</td> <td style="text-align: center;">(50)</td> <td colspan="2"></td> </tr> </table>													ACUTE PER DIEM INCL BASIC MALP,	Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%									ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP 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)		
	ACUTE PER DIEM INCL BASIC MALP,	Eff 1/1/09: 8.95% Eff 4/1/09: 9.63%	Eff 1/1/09: 26.26% Eff 4/1/09: 28.27%																																												
ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP 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)																																						
OPCERT	HOSPITAL NAME																																														
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																																				



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT DRUG REHABILITATION UNIT =====											
ACUTE PER DIEM INCL BASIC MALP, <span style="float: right;">Eff 1/1/09: 8.95%    Eff 1/1/09: 26.26%</span> <span style="float: right;">Eff 4/1/09: 9.63%    Eff 4/1/09: 28.27%</span>											
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	PER		
INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	DIEM		
OPCERT	HOSPITAL NAME	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	<b>WESTERN REGION</b>										
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	196.44	384.88	12.01	12.01	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.10
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

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT												
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)												
RATE PERIOD 01/01/2009 - 11/30/2009												
===== EXEMPT EPILEPSY UNIT =====												
ACUTE PER DIEM INCL BASIC MALP, <span style="float:right">Eff 1/1/09: 8.95%</span> <span style="float:right">Eff 4/1/09: 9.63%</span> <span style="float:right">Eff 1/1/09: 26.26%</span> <span style="float:right">Eff 4/1/09: 28.27%</span>												
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE	ACUTE PER DIEM INCL CAPITAL	PRODUCTIVITY & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)	
	<b>WESTERN REGION</b>											
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	305.09	873.28	33.08	33.08	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.35	
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	



**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)																																																											
RATE PERIOD 01/01/2009 - 11/30/2009																																																											
===== EXEMPT OTHER UNIT =====																																																											
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:30%; text-align: center;">ACUTE PER DIEM INCL BASIC MALP,</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Eff 1/1/09: 8.95%</td> <td style="width:10%; text-align: center;">Eff 1/1/09: 26.26%</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Eff 4/1/09: 9.63%</td> <td style="text-align: center;">Eff 4/1/09: 28.27%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">ALTERNATE LEVEL OF CARE</td> <td style="text-align: center;">PRODUCTIVITY &amp; EFFICIENCY, &amp; CAPITAL EXCL PROSP</td> <td style="text-align: center;">W COMP ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">NO-FAULT ACUTE PER DIEM PROSP ADJ</td> <td style="text-align: center;">PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">ADDITIONAL PUBLIC GOODS POOL SURCHARGE</td> <td style="text-align: center;">WC EXCESS PHYS MALP</td> <td style="text-align: center;">NF EXCESS PHYS MALP</td> <td style="text-align: center;">RETROACTIVE ADJUSTMENTS</td> <td style="text-align: center;">SPARCS PER DIEM</td> <td style="text-align: center;">RETROACTIVE ADJUSTMENTS</td> <td style="text-align: center;">SPARCS PER DIEM</td> </tr> <tr> <td style="text-align: center;">OPCERT</td> <td style="text-align: center;">HOSPITAL NAME</td> <td style="text-align: center;">(81)</td> <td style="text-align: center;">(82)</td> <td style="text-align: center;">(83)</td> <td style="text-align: center;">(84)</td> <td style="text-align: center;">(85)</td> <td style="text-align: center;">(86)</td> <td style="text-align: center;">(87)</td> <td style="text-align: center;">(88)</td> <td style="text-align: center;">(89)</td> <td style="text-align: center;">(90)</td> </tr> </table>													ACUTE PER DIEM INCL BASIC MALP,		Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%											Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%								ALTERNATE LEVEL OF CARE	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	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	OPCERT	HOSPITAL NAME	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	ACUTE PER DIEM INCL BASIC MALP,		Eff 1/1/09: 8.95%	Eff 1/1/09: 26.26%																																																							
			Eff 4/1/09: 9.63%	Eff 4/1/09: 28.27%																																																							
ALTERNATE LEVEL OF CARE	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	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM																																																
OPCERT	HOSPITAL NAME	(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	214.15	2,273.32	1,644.16	1,644.16	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	7.51																																																
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	454.30	5,614.16	(5,095.40)	(5,095.40)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	2.43																																																
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																																																

**JANUARY 1, 2009 - NOVEMBER 30, 2009 REVISED WORKER'S COMPENSATION RATES  
(EXCEPTION: PSYCHIATRIC RATES ARE EFFECTIVE FOR A FULL YEAR)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2009 - 11/30/2009											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
Eff 1/1/09: 8.95% Eff 1/1/09: 26.26% Eff 4/1/09: 9.63% Eff 4/1/09: 28.27%											
ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, EFFICIENCY, & CAPITAL EXCL PROSP	W COMP 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)		
<b>WESTERN REGION</b>											
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	206.30	651.81	(72.24)	(72.24)	8.95% / 9.63%	26.26% / 28.27%	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	243.88	496.84	14.40	14.40	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
3103000	KALEIDA HLTH (DEGRAFF)	243.88	496.84	14.40	14.40	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.48
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	(3,358.84)	(3,358.84)	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	215.79	717.19	(41.20)	(41.20)	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.45
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	208.29	626.76	191.77	191.77	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.41
1401008	MERCY HOSP OF BUFFALO	213.66	752.73	510.29	510.29	8.95% / 9.63%	26.26% / 28.27%	0.00	0.00	0.00	0.40
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	209.82	849.09	(421.97)	(421.97)	8.95% / 9.63%	26.26% / 28.27%	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

**JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)**

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40) RATE PERIOD 01/01/2010 - 10/19/2010											
===== 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)
	<b>LONG ISLAND REGION</b>										
5123000	BROOKHAVEN MEM HOSP	295.49	641.05	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
5127000	EASTERN LONG ISLAND	314.45	770.77	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.27
2910000	FRANKLIN HOSPITAL	295.40	409.01	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
2901000	GLEN COVE HOSPITAL	306.69	263.80	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.38
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	302.87	393.46	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
5149000	JOHN T MATHER MEMORIAL	303.37	644.95	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
2902000	LONG BEACH MED CTR	324.72	633.14	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.39
2909000	MERCY MEDICAL CENTER	316.92	815.18	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.33
2950002	NASSAU UNIV MED CTR	297.41	811.71	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.55
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	320.31	809.49	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.68
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	324.19	517.39	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.35
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	303.68	766.96	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.43
5157003	ST CATHERINE OF SIENA	330.46	673.82	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.38
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	333.30	850.85	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.75
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
	<b>NEW YORK CITY REGION</b>										
7002001	BELLEVUE HOSPITAL CTR	316.59	1,014.00	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.44
7002002	BETH ISRAEL MED CTR	378.52	726.90	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.70
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	327.23	913.00	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
7001002	BROOKDALE HOSP MED CTR	299.84	881.25	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.52
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	296.60	707.71	0.00	0.00	9.63%	28.27%	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	305.44	606.17	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.51
7003000	ELMHURST HOSP CTR	334.22	691.39	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
7003001	FLUSHING HOSPITAL MED CTR	293.08	907.12	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.37
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	296.02	834.86	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.70
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	332.61	796.16	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.32
7000002	JACOBI MEDICAL CENTER	367.67	926.32	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.64
7003003	JAMAICA HOSPITAL	285.99	820.80	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
7001016	KINGS COUNTY HOSP CTR	418.99	989.77	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.52
7001033	KINGSBROOK JEWISH MED CTR	291.52	1,011.02	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.52

**JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)**

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40)											
RATE PERIOD 01/01/2010 - 10/19/2010											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	ALTERNATE LEVEL OF CARE PER DIEM	EFFICIENCY, & CAPITAL	ACUTE PER DIEM	ACUTE PER DIEM	GOODS POOL	PUBLIC GOODS POOL	EXCESS PHYS MALP	EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
7002017	LENOX HILL HOSPITAL	352.52	908.16	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.52
7000008	LINCOLN MEDICAL	296.63	1,141.51	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.68
7001017	LONG ISLAND COLLEGE	387.55	524.85	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.56
7003004	LONG ISLAND JEWISH	299.80	800.16	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.57
7001019	LUTHERAN MEDICAL CTR	291.54	848.01	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
7001020	MAIMONIDES MED CTR	313.01	560.47	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.59
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	290.84	704.37	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
7000006	MONTEFIORE HOSPITAL	314.91	544.48	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.63
7002024	MOUNT SINAI HOSPITAL	381.90	1,001.34	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.57
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	296.27	758.27	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.51
7002052	NORTH GENERAL HOSP	352.89	1,084.17	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.42
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	335.90	741.74	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
7099003	NY PRESBY (ALLEN)	330.76	1,008.36	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.63
7002030	NY PRESBY (PRESBY)	330.76	1,008.36	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.63
7002054	NY PRESBYTERIAN HOSP	330.76	1,008.36	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.63
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	344.00	910.92	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.74
7002053	NYU-HOSP FOR JOINT DISEASES	344.00	910.92	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.74
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	345.78	868.43	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.61
7004010	RICHMOND UNIVERSITY MED CTR	292.43	617.27	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.37
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	326.79	718.11	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.42
7001024	ST JOHNS EPISCOPAL SO SHORE	292.10	1,107.15	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
7002032	ST LUKES / ROOSEVELT	344.16	1,006.06	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.54
7001037	STATE UNIV/DOWNSTATE	310.20	778.74	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.73
7004003	STATEN ISLAND UNIV HOSP	317.15	689.81	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.44
7002037	SVCMC ST VINCENTS - MANHATTAN	308.36	990.63	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.65
7001045	WOODHULL MEDICAL	308.53	819.65	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.57
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40) RATE PERIOD 01/01/2010 - 10/19/2010											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	EFFICIENCY, & CAPITAL EXCL PROSP	ACUTE PER DIEM PROSP ADJ	ACUTE PER DIEM PROSP ADJ	GOODS POOL SURCHARGE	PUBLIC GOODS POOL SURCHARGE	EXCESS PHYS MALP	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	198.96	658.70	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.27
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	203.28	564.45	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.43
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 HERMANN	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	198.37	775.27	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.51
1001000	COLUMBIA MEMORIAL	193.89	618.09	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
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	306.35	633.77	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
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	279.31	836.71	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.43
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	349.35	1,279.13	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.54
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	200.04	631.90	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
5932000	PHELPS MEMORIAL HOSP	354.39	716.25	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.43
3950000	PUTNAM COMMUNITY HOSPITAL	209.48	659.84	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
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	244.59	669.70	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.33
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	303.94	600.37	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.42
3522000	ST LUKES CORNWALL / CORNWALL	347.89	754.67	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.39
4353000	SUMMIT PARK HOSPITAL	268.14	687.68	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.67
1227001	TRI TOWN REGIONAL HEALTHCARE	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	304.72	945.50	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.61
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40) RATE PERIOD 01/01/2010 - 10/19/2010											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	ALTERNATE LEVEL OF CARE PER DIEM	EFFICIENCY, & CAPITAL	ACUTE PER DIEM	ACUTE PER DIEM	GOODS POOL	PUBLIC GOODS POOL	EXCESS PHYS	EXCESS PHYS	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
<b>NORTHEASTERN REGION</b>											
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	205.92	890.36	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.45
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	245.57	1,092.20	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
4720001	COBLESKILL REG HOSP	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	215.26	555.96	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.46
5601000	GLENS FALLS HOSPITAL	224.99	691.94	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
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	198.45	561.90	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.33
4501000	SARATOGA HOSPITAL	216.83	773.13	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.49
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	201.63	773.60	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
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
<b>UTICA REGION</b>											
1623001	ADIRONDACK MEDICAL CTR	229.19	309.16	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.73
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	212.95	478.32	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.47
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	225.89	432.46	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
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	205.00	525.50	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	1.16
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
3702000	OSWEGO HOSPITAL	217.07	668.65	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
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	202.92	429.11	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.40
3202002	ST ELIZABETH MED CTR	200.82	559.07	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48

JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40) RATE PERIOD 01/01/2010 - 10/19/2010											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	ALTERNATE LEVEL OF CARE PER DIEM	EFFICIENCY, & CAPITAL	ACUTE PER DIEM	ACUTE PER DIEM	GOODS POOL	PUBLIC GOODS POOL	EXCESS PHYS MALP	EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE				
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
<b>CENTRAL REGION</b>											
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	200.67	447.43	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.52
5401001	CAYUGA MEDICAL CENTER	222.10	491.75	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.53
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	265.56	1,043.33	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.54
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	213.49	718.22	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
0701001	ST JOSEPHS / ELMIRA	183.55	594.49	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
3301003	ST JOSEPHS HOSP HLTH CTR	201.01	448.86	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.53
0303001	UNITED HEALTH SERVICES	200.15	631.69	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.50
3301007	UNIV HOSP SUNY HLTH SCIENCE CTR	208.51	790.82	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.80
<b>ROCHESTER REGION</b>											
3421000	CLIFTON SPRINGS HOSP	197.50	662.79	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.42
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	223.03	544.82	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.54
6120700	SOLDIERS AND SAILORS MEMORIAL	215.86	586.77	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.88
2701005	STRONG MEMORIAL HOSP	232.40	723.76	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.53
2754001	UNITY HOSPITAL/ROCHESTER	203.03	671.99	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.53
5820000	WAYNE HEALTH CARE	197.57	655.94	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.49

JANUARY 1, 2010 - OCTOBER 19, 2010 INITIAL WORKER'S COMPENSATION RATES  
(PSYCHIATRIC ONLY)

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 40) RATE PERIOD 01/01/2010 - 10/19/2010											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY &	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF			
	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	EFFICIENCY, & CAPITAL EXCL PROSP	ACUTE PER DIEM PROSP ADJ	ACUTE PER DIEM PROSP ADJ	GOODS POOL SURCHARGE	PUBLIC GOODS POOL SURCHARGE	EXCESS PHYS MALP	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	193.06	631.69	0.00	0.00	9.63%	28.27%	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	213.97	499.70	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.48
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	189.26	524.43	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.41
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	198.82	678.62	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.31
0401001	OLEAN GENERAL HOSP	224.58	399.86	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.33
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	194.00	582.20	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.32
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	192.33	598.08	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.34
6027000	WYOMING CO COMMUNITY HOSP	207.52	695.01	0.00	0.00	9.63%	28.27%	0.00	0.00	0.00	0.46



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

**FACILITY NAME:** Mercy Hospital of Buffalo

**OPERATING CERT:** 1401008

**STATEWIDE RATE PERIOD:** 1/1/09-11/30/09

**APPEAL#:** DOH-HR-2011-63

===== MEDICAL REHABILITATION =====										
EFFECTIVE PERIOD	ACUTE PER DIEM INCL BASIC MALP,		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
	ALTERNATE CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP								
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
1/1/08-7/1/08			\$524.41	\$524.41						
7/1/08-12/31/08			\$510.29	\$510.29						

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

**FACILITY NAME:** Nassau University Medical Center

**OPERATING CERT:** 2950002H

**STATEWIDE RATE PERIOD:** January 2009 Final Statewide

**APPEAL#:** C11460

===== ALCOHOL REHABILITATION =====										
EFFECTIVE PERIOD	ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE 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
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
01/01/2008 - 06/30/2008	\$298.34	\$627.14	\$0.00	\$0.00	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.54
07/01/2008 - 12/31/2008	\$298.34	\$627.14	\$0.00	\$0.00	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.54

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

**FACILITY NAME:** Nassau University Medical Center

**OPERATING CERT:** 2950002H

**STATEWIDE RATE PERIOD:** January 2009 Final Statewide  
**APPEAL#:** C02210

EFFECTIVE PERIOD	PSYCH									
	ALTERNATE CARE PER DIEM INCL CAPITAL (31)	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP (32)	W COMP ACUTE PER DIEM PROSP ADJ (33)	NO-FAULT ACUTE PER DIEM PROSP ADJ (34)	PUBLIC GOODS POOL SURCHARGE (35)	ADDITIONAL PUBLIC GOODS POOL SURCHARGE (36)	WC EXCESS PHYS MALP (37)	NF EXCESS PHYS MALP (38)	RETROACTIVE ADJUSTMENTS (39)	SPARCS PER DIEM (40)
01/01/2006 - 12/31/2006			(\$62.34)	(\$62.34)						
01/01/2007 - 12/31/2007	\$290.69	\$853.54	\$0.00	\$0.00						
01/01/2008 - 06/30/2008	\$298.34	\$813.20	\$0.00	\$0.00						
07/01/2008 - 07/31/2008	\$298.34	\$813.20	\$0.00	\$0.00						
08/01/2008 - 12/31/2008	\$298.34	\$813.20	\$0.00	\$0.00						

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

**FACILITY NAME:** St. Joseph's Hospital Yonkers

**OPERATING CERT:** 5907002H

**STATEWIDE RATE PERIOD:** January 2009 Statewide  
**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)
01/01/08-06/30/08		\$538.68	(\$107.30)							
07/01/08-12/31/08		\$532.52	(\$107.30)							

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

**FACILITY NAME:** Westfield Memorial Hospital

**STATEWIDE RATE PERIOD:** January 2009 Final Statewide

**OPERATING CERT:** 0632000H

**APPEAL#:** 603702 & 701403

EFFECTIVE PERIOD	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP				CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV			CASE PAYMENT			ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	LONG STAY GROUP NEUTRAL COST/DISCH	TOP 20 DRG EXCLUDING OPER PROSP	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			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
01/01/2007 - 12/31/2007	\$3,575.75	\$3,312.61	\$3,312.61	\$176.19		\$73.52	\$73.52				
01/01/2007 - 06/30/2008	\$3,713.39	\$6,849.99	\$6,849.99	\$80.16		\$33.82	\$33.82				
07/01/2008 - 12/31/2008	\$3,713.39	\$6,849.99	\$6,849.99	\$80.16		\$33.82	\$33.82				

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)	
01/01/2007 - 12/31/2007	\$1,545.78	\$1,545.78	\$0.00	\$0.00					\$3,724.44
01/01/2007 - 06/30/2008	\$0.00	\$0.00	\$0.00	\$0.00					\$3,820.56
07/01/2008 - 12/31/2008	\$0.00	\$0.00	\$0.00	\$0.00					\$3,820.56

**WORKER'S COMP - NO FAULT  
INLIER PAYMENT**

Line	Calculation Elements	Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers	No Fault
<b>INLIER PAYMENT:</b>		<u>Data Source and Formulas</u>	<u>Data Source and Formulas</u>
<b>DOES CASE QUALIFY FOR INLIER PAYMENT?:</b>			
(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 $\leq$ Line 6	If Line 3 is $\geq$ Line 5 and $\leq$ Line 6
<b>CALCULATION OF INLIER PAYMENT:</b>			
(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
<b>ALTERNATE LEVEL OF CARE PAYMENT:</b>		<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
<b>Footnote:</b>		<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
Surcharge Pre July 1, 2003 =====>		8.18%	8.18% & 24.00%
Surcharge July 1, 2003 =====>		8.85%	8.85% & 25.97%
Surcharge January 1, 2006 =====>		8.95%	8.95% & 26.26%
Surcharge April 1, 2009 =====>		9.63%	9.63% & 28.27%

**WORKER'S COMP - NO FAULT  
LONG STAY PAYMENT**

**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
<b>LONG STAY OUTLIER PAYMENT:</b>		<i>Data Source and Formulas</i>	<i>Data Source and Formulas</i>
(1)	Calculation 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
<b>CALCULATION OF LONG STAY PAYMENT:</b>			
(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 - <b>Pay directly to Pool</b> (see footnote for table of values)	Line 11 x Surcharge %	Line 11 x Surcharge %
(12b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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.**

	<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
<b>Footnote:</b> Surcharge Pre July 1, 2003 =====>	8.18%	8.18% & 24.00%
Surcharge July 1, 2003 =====>	8.85%	8.85% & 25.97%
Surcharge January 1, 2006 =====>	8.95%	8.95% & 26.26%
Surcharge April 1, 2009 =====>	9.63%	9.63% & 28.27%

**WORKER'S COMP - NO FAULT  
SHORT STAY PAYMENT**

Line	Calculation Elements	Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers	No Fault
<b>SHORT STAY OUTLIER PAYMENT:</b>		<u>Data Source and Formulas</u>	<u>Data Source and Formulas</u>
(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 Trimpoint 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 Trimpoint for DRG Classification)	If Line 1a < 1c or if Line 1 d = yes, 1a else "0"	If Line 1a < 1c or if Line 1 d = yes, 1a else "0"
<b>CALCULATION OF SHORT STAY PAYMENT:</b>			
(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
		<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
<b>Footnote:</b> Surcharge Pre July 1, 2003 =====>		8.18%	8.18% & 24.00%
Surcharge July 1, 2003 =====>		8.85%	8.85% & 25.97%
Surcharge January 1, 2006 =====>		8.95%	8.95% & 26.26%
Surcharge April 1, 2009 =====>		9.63%	9.63% & 28.27%



**WORKER'S COMP - NO FAULT  
TRANSFER PAYMENT**

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
<b>TRANSFER PAYMENT:</b>		<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
<b>CALCULATION OF TRANSFER PAYMENT:</b>			
(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
<b>Note 1:</b> 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>
<b>Footnote:</b> Surcharge Pre July 1, 2003 =====>		8.18%	8.18% & 24.00%
Surcharge July 1, 2003 =====>		8.85%	8.85% & 25.97%
Surcharge January 1, 2006 =====>		8.95%	8.95% & 26.26%
Surcharge April 1, 2009 =====>		9.63%	9.63% & 28.27%

**WORKER'S COMP - NO FAULT  
HIGH COST PAYMENT**

<b>HIGH COST OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB.</b>			
Line	Calculation Elements	Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers	No Fault
<b>HIGH COST OUTLIER PAYMENT:</b>		<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)	<b>Twice Inlier DRG Calculation:</b>		
	a. Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective <b>or</b> 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)	<b>Six Times Average Cost Per Discharge Calculation:</b>		
	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

**WORKER'S COMP - NO FAULT  
HIGH COST PAYMENT**

(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
<b>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.</b>			
(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
<b>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.</b>			
(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%	8.18% & 24.00%
Surcharge July 1, 2003 =====>		8.85%	8.85% & 25.97%
Surcharge January 1, 2006 =====>		8.95%	8.95% & 26.26%
Surcharge April 1, 2009 =====>		9.63%	9.63% & 28.27%

**WORKER'S COMP - NO FAULT  
EXEMPT UNIT/HOSPITAL PAYMENT**

Line	Calculation Elements	Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers	No Fault
<b>EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:</b>		<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 *
<b>* Note:</b>	<b>Use the appropriate columns from the listing below depending on the respective Exempt Unit/Hospital:</b>		
	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 - <b>Pay directly to Pool</b> (see footnote for table of values)	Line 8 x Surcharge %	Line 8 x Surcharge %
(9b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b>EXEMPT UNIT/HOSPITAL ALTERNATE LEVEL OF CARE PAYMENT:</b>		<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
<b>* Note:</b>	<b>Please use the appropriate columns from the listing below depending on the respective Exempt Unit/Hospital:</b>		
	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 - <b>Pay directly to Pool</b> (see footnote for table of values)	Line 5 x Surcharge %	Line 5 x Surcharge %
(6b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
		<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
	Footnote: Surcharge Pre July 1, 2003 =====>	8.18%	8.18% & 24.00%
	Surcharge July 1, 2003 =====>	8.85%	8.85% & 25.97%
	Surcharge January 1, 2006 =====>	8.95%	8.95% & 26.26%
	Surcharge April 1, 2009 =====>	9.63%	9.63% & 28.27%