



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12207

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION

December 9, 2003

**HOSPITAL INPATIENT FEE SCHEDULE
EFFECTIVE 7/01/2003 – 12/31/2003**

Enclosed, please find the certification letter and schedules of initial hospital reimbursement rates for service rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law and the Volunteer Ambulance Workers' Benefit Law for the period July 1, 2003 through December 31, 2003.

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 2003 (HCRA), which currently expires June 30, 2005.

The July 1, 2003 rates, enclosed herein, are based upon the same inpatient reimbursable costs as those reflected in the 2003 inpatient rates promulgated on a statewide basis and certified to you on April 15, 2003, but also take into consideration the following changes:

1. Inclusion of updated Indirect Medical Education (IME) information as a result of a new IME survey submitted by hospitals which provide actual information for the period July 1, 2002 through June 30, 2003 and projected information for the period July 1, 2003 through June 30, 2004.
2. Implementation of the final 2002 trend factor into the 2002 and 2003 rates in accordance with article 2807-c(10)(c) of the Public Health Law.
3. Inclusion of the above changes in the calculation of the group price for each respective year where appropriate.

Enclosures:

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

2003 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.

2003 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 (SIW's), 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 an 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 DRG's are to be used for patients discharged on or after January 1, 2003.

Top 20 DRG's

Pursuant to the provisions of the Health Care Reform Act of 2003, services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, and the Volunteer Ambulance Workers' Benefit Law discharged July 1, 2003 and after will be reimbursed the state governmental payor rate. Chapter 80 of the Laws of 1995 included a provision which impacts payments for the twenty most common diagnosis related groups (DRG's) (See "Top 20 DRG's" 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 who 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 July 1, 2003 through December 31, 2003. All payment formulas for Top 20 DRG's (Inliers, Short Stays, Transfers & 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 (7/01/03 – 12/31/03)

This is a printout of all rates of payment and their specific component parts which have been approved by OHSM for Workers' Compensation 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 which 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 report 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 24.00% should be added to the Column 5 amount of 8.85% to total 32.85%. 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.
- Columns 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.
- Columns 12 through 17: These prospective adjustments reflect the net adjustments to the Workers' Compensation rates for periods 1988 through 1996 plus the Medicaid rate for the period January 1, 1997 through June 30, 2003. 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 2003 rates which is to be used in the calculation of the greater of high cost and long stay test to determine which payment to use.
- Columns 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 a 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 Retro-Payment Rate Schedules:

This schedule contains rates for hospitals for rate periods prior to July 1, 2003 as listed on the attached schedule.

Sincerely,



Jeffrey R. Sweet
Acting Chairman

Attachments

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT
	Hospital	CODE	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER
	-----	-----	-----	-----	-----	-----	-----	-----	-----
1623000	ADIRONDACK MEDICAL CENTER	1	0	1	0	0	0	0	0
0101005	ALB MED CTR SO CLINICAL CAMPUS	1	0	0	0	0	0	0	0
0101000	ALBANY MEDICAL CENTER HOSP	7	0	1	0	1	1	0	0
3701000	ALBERT LINDLEY LEE MEM HOSP	1	0	0	0	0	0	0	0
1624000	ALICE HYDE MEMORIAL HOSPITAL	1	0	0	0	0	0	0	0
2801000	AMSTERDAM MEMORIAL HOSPITAL	9	2	0	0	0	0	0	0
0701000	ARNOT-OGDEN MEMORIAL HOSP	2	0	0	0	0	0	0	0
0501000	AUBURN MEMORIAL HOSPITAL	2	0	1	0	0	0	0	0
3801000	AURELIA OSBORN FOX MEM HOSP	2	0	1	0	0	0	0	0
4720001	BASSETT HOSP OF SCHOHARIE	1	0	0	0	0	0	0	0
7004006	BAYLEY SETON HOSPITAL	5	0	1	0	0	0	0	0
7002001	BELLEVUE HOSPITAL CENTER	8	0	1	0	0	1	0	0
4652000	BELLEVUE WOMAN'S HOSP	1	0	0	0	0	0	0	0
5501000	BENEDICTINE HOSPITAL	2	0	1	0	0	1	0	0
1427000	BERTRAND CHAFFEE HOSPITAL	1	0	0	0	0	0	0	0
7001041	BETH ISRAEL / KINGS HIGHWAY	5	0	0	0	0	0	0	0
7002004	BETH ISRAEL / NORTH DIV	5	0	0	0	0	0	0	0
7002002	BETH ISRAEL MEDICAL CENTER	6	0	1	0	0	1	0	2
5957000	BLYTHEDALE CHILDREN'S	9	2	0	0	0	0	0	0
7000001	BRONX-LEBANON HOSPITAL CTR	6	0	1	1	0	0	0	0
7001002	BROOKDALE HOSPITAL MED CTR	6	0	1	0	0	0	0	0
5123000	BROOKHAVEN MEMORIAL HOSPITAL	5	0	1	0	0	0	0	0
7001003	BROOKLYN HOSPITAL	6	0	0	0	0	0	0	0
0601000	BROOKS MEMORIAL HOSPITAL	2	0	0	0	0	0	0	0
5120000	BRUNSWICK HOSPITAL CENTER	5	0	0	0	0	1	0	0
5902002	BURKE REHABILITATION CTR	9	2	0	0	0	0	0	0
7002003	CABRINI MEDICAL CENTER	6	0	1	0	0	1	0	0
7000011	CALVARY HOSPITAL, INC.	9	1	0	0	0	0	0	0
4429000	CANTON-POTSDAM HOSPITAL	1	0	0	1	0	0	0	0
2238001	CARTHAGE AREA HOSPITAL INC	1	0	0	0	0	1	0	0
7003008	CATHOLIC MEDICAL CENTER	6	0	1	0	0	0	0	0
5253000	Catskill Regional Medical Center-HERMA	9	5	0	0	0	0	0	0
5263000	Catskill Regional Medical Center-HARRI	2	0	1	0	0	1	0	0
5401001	CAYUGA MEDICAL CENTER	2	0	1	0	0	1	0	0
5155000	CENTRAL SUFFOLK HOSPITAL	5	0	0	0	0	0	0	0
0901001	CHAMPLAIN VALLEY PHYSICIANS	2	0	1	0	0	0	0	0
0824000	CHENANGO MEMORIAL HOSPITAL	1	0	0	0	0	0	0	0
7003000	CITY HOSP CTR AT ELMHURST	8	0	1	0	0	1	0	0
3421000	CLIFTON SPRINGS HOSPITAL	9	5	1	1	0	0	0	0
4458000	CLIFTON-FINE HOSPITAL	1	5	0	0	0	0	0	0
7002051	COLER MEMORIAL HOSPITAL	9	1	0	0	0	0	0	0
1001000	COLUMBIA MEMORIAL HOSPITAL	2	0	1	0	0	0	0	0

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT		
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT		
	Hospital	CODE	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER		
	-----	-----	-----	-----	-----	-----	-----	-----	-----		
3301000	COMM-GEN / GREATER SYRACUSE	2	0	0	0	0	0	0	0		
5925000	COMMUNITY HOSP / DOBBS FERRY	5	0	0	0	0	0	0	0		
2625000	COMMUNITY MEMORIAL HOSP	1	0	0	0	0	0	0	0		
7001009	CONEY ISLAND HOSPITAL	8	0	1	0	0	1	0	0		
5001000	CORNING HOSPITAL	2	0	0	0	0	0	0	0		
3522000	CORNWALL HOSPITAL	2	0	1	0	0	0	0	0		
1101000	CORTLAND MEMORIAL HOSPITAL	2	0	1	0	0	0	0	0		
3301008	CROUSE-IRVING MEMORIAL HOSP	4	0	0	0	0	0	0	0		
0226000	CUBA MEMORIAL HOSPITAL	9	5	0	0	0	0	0	0		
1229000	DELAWARE VALLEY HOSPITAL	1	0	0	1	0	0	0	0		
7004005	DOCTORS HOSP / STATEN ISLAND	5	===== See Staten Island University Hospital =====								
2221001	THE RIVER HOSPITAL - eff. 4/15/03	1	0	0	0	0	0	0	0		
4423000	EDWARD JOHN NOBLE / GOUVERNEU	1	0	0	0	0	0	0	0		
5127000	EASTERN LONG ISLAND HOSPITAL	5	0	1	1	0	0	0	0		
0102001	EDDY COHOES REHAB CENTER	9	2	0	0	0	0	0	0		
1521000	ELIZABETHTOWN COMMUNITY	9	5	0	0	0	0	0	0		
5526001	ELLENVILLE REGIONAL HOSP	1	0	0	0	0	0	0	0		
4601001	ELLIS HOSPITAL	4	0	1	0	0	0	0	0		
7001024	EPISCOPAL HEALTH SERVICES	6	0	1	0	0	0	0	0		
1401005	ERIE COUNTY MEDICAL CENTER	7	0	1	1	0	1	0	0		
3429000	F F THOMPSON HOSPITAL	2	0	0	0	0	0	0	0		
3202003	FAXTON-ST. LUKE'S HEALTHCARE	2	0	1	0	0	1	0	0		
7003001	FLUSHING HOSPITAL	6	0	1	0	0	0	0	0		
2910000	FRANKLIN GENERAL HOSPITAL	5	0	1	0	0	0	0	0		
3402000	GENEVA GENERAL HOSPITAL	2	0	0	0	0	1	0	0		
5601000	GLENS FALLS HOSPITAL	2	0	1	0	0	1	0	0		
7002050	GOLDWATER MEMORIAL HOSP.	9	1	0	0	0	0	0	0		
4329000	GOOD SAMARITAN / SUFFERN	5	0	1	0	0	0	0	2		
5154001	GOOD SAMARITAN / WEST ISLIP	5	0	0	0	0	0	0	0		
7002009	HARLEM HOSPITAL CENTER	8	0	1	0	0	1	0	0		
4322000	HELEN HAYES HOSPITAL	9	2	0	0	0	0	0	0		
4401000	HEPBURN MEDICAL CENTER	2	0	1	0	0	0	0	0		
2701001	HIGHLAND HOSP OF ROCHESTER	4	0	0	0	0	0	0	0		
3501000	HORTON MEDICAL CENTER	2	===== See ORANGE REGIONAL MEDICAL CENTER =====								
7002011	HOSPITAL FOR JOINT DISEASES	6	0	0	0	0	1	0	0		
7002012	HOSPITAL FOR SPECIAL SURGERY	6	0	0	0	0	0	0	0		
5901000	HUDSON VALLEY HOSPITAL CTR	5	0	0	0	0	0	0	0		
5153000	HUNTINGTON HOSPITAL	5	0	1	0	0	0	0	0		
3154000	INTER-COMMUNITY MEM HOSP	1	0	0	0	0	0	0	0		
7001046	INTERFAITH MEDICAL CENTER	6	0	1	1	0	0	0	2		
5022000	IRA DAVENPORT MEMORIAL HOSP	1	0	0	0	0	0	0	0		
2906000	ISLAND MEDICAL CENTER	5	0	0	0	0	1	0	0		

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT
	Hospital	CODE	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER
	-----	-----	-----	-----	-----	-----	-----	-----	-----
7000002	JACOBI MEDICAL CENTER	8	0	1	0	0	1	0	0
7003003	JAMAICA HOSPITAL	6	0	1	0	0	1	0	0
5149000	JOHN T MATHER MEMORIAL HOSP	5	0	1	0	0	0	0	0
0228000	JONES MEMORIAL HOSPITAL	1	0	0	0	0	0	0	0
1401001	KALEIDA HEALTH	4	0	1	0	0	1	0	0
1401002	KALEIDA HEALTH (CHILD.OF BUFF)	9	4	0	0	0	1	1	0
1404000	KENMORE MERCY HOSPITAL	2	0	0	0	0	1	0	0
7001016	KINGS COUNTY HOSPITAL CENTER	8	0	1	0	0	1	0	0
7001033	KINGSBROOK JEWISH MED CTR	6	0	1	0	0	1	0	0
5501001	KINGSTON HOSPITAL	2	0	0	1	0	1	0	0
2728001	LAKESIDE MEMORIAL HOSPITAL	1	0	0	0	0	0	0	0
5922000	LAWRENCE HOSPITAL	5	0	0	0	0	0	0	0
7002017	LENOX HILL HOSPITAL	6	0	1	0	0	0	0	0
2424000	LEWIS COUNTY GENERAL HOSP	1	0	0	0	0	0	0	0
7000008	LINCOLN MEDICAL	8	0	1	0	0	0	0	0
2129000	LITTLE FALLS HOSPITAL	2	0	0	0	0	0	0	0
3101000	LOCKPORT MEMORIAL HOSPITAL	2	0	0	1	0	0	0	0
2902000	LONG BEACH MEDICAL CENTER	5	0	1	0	0	1	0	0
7001017	LONG ISLAND COLLEGE HOSPITAL	6	0	1	0	0	1	0	0
7003004	LONG ISLAND JEWISH	6	0	1	0	0	0	1	0
7001019	LUTHERAN MEDICAL CENTER	6	0	1	0	0	1	0	0
7001020	MAIMONIDES MEDICAL CENTER	6	0	1	0	0	0	0	0
7002019	MANHATTAN EYE EAR AND THROAT	6	0	0	0	0	0	0	0
1226000	MARGARETVILLE MEMORIAL HOSP	1	0	0	0	0	0	0	0
3824000	MARY IMOGENE BASSETT HOSP	4	0	1	0	0	0	0	0
5721000	MARY MCCLELLAN HOSPITAL	1	Closed 4/2003	0	0	0	0	0	0
4402000	MASSENA MEMORIAL HOSPITAL	1	0	0	0	0	0	0	0
3622000	MEDINA MEMORIAL HOSPITAL	1	0	0	0	0	1	0	0
7002020	MEMORIAL HOSP. FOR CANCER	9	1	0	0	0	0	0	0
0101003	MEMORIAL HOSPITAL OF ALBANY	2	0	0	0	0	0	0	0
3535001	MERCY COMMUNITY HOSPITAL	2	0	1	1	0	0	0	0
1401008	MERCY HOSPITAL OF BUFFALO	4	0	0	0	0	1	0	0
2909000	MERCY MEDICAL CENTER	5	0	1	0	0	1	0	0
7002021	METROPOLITAN HOSPITAL CENTER	8	0	1	0	0	1	0	0
7000006	MONTEFIORE HOSPITAL	7	0	1	0	0	1	1	0
1527000	MOSES-LUDINGTON HOSPITAL	9	5	0	0	0	0	0	0
7002024	MOUNT SINAI HOSPITAL	7	0	1	0	0	1	0	0
3121000	MOUNT ST MARYS HOSPITAL	2	0	0	1	0	0	0	0
5903000	MOUNT VERNON HOSPITAL	6	0	1	0	0	0	0	0
2950002	NASSAU COUNTY MEDICAL CTR	8	0	1	0	0	1	0	0
1701000	NATHAN LITTAUER HOSPITAL	2	0	0	0	0	0	0	0
2952001	NEW ISLAND HOSPITAL	5	0	0	0	0	0	0	0

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT
	Hospital	CODE	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER
	-----	-----	-----	-----	-----	-----	-----	-----	-----
3102000	NIAGARA FALLS MEMORIAL	2	0	1	0	0	0	0	0
2527000	NICHOLAS H NOYES MEMORIAL	1	0	0	0	0	0	0	0
7000024	NORTH CENTRAL BRONX HOSPITAL	8	0	1	0	0	0	0	0
7002052	NORTH GENERAL HOSPITAL	6	0	1	0	0	0	0	0
7003013	NORTH SHORE UNIV / FOREST	6	0	0	0	0	0	0	0
2901000	NORTH SHORE UNIV / GLEN COVE	5	0	1	0	0	1	0	0
2952005	NORTH SHORE UNIV / PLAINVIEW	5	0	0	0	0	0	0	0
2951001	NORTH SHORE UNIVERSITY HOSP	6	0	1	0	1	0	0	0
1327000	NORTHERN DUTCHESS HOSPITAL	1	0	0	0	0	1	0	0
5920000	NORTHERN WESTCHESTER HOSP	5	0	1	0	0	0	0	0
7001008	NY COMMUNITY / BROOKLYN	5	0	0	0	0	0	0	0
7002026	NY EYE AND EAR INFIRMARY	6	0	0	0	0	0	0	0
7003010	NY MED CTR OF QUEENS	6	0	1	0	1	0	0	0
7001021	NY METHODIST HOSP / BROOKLYN	6	0	1	0	0	1	0	0
7002054	NY PRESBYTERIAN HOSPITAL	7	0	1	1	1	1	1	3
4324000	NYACK HOSPITAL	5	0	0	1	0	0	0	0
7002000	NYU DOWNTOWN HOSPITAL	6	0	0	0	0	0	0	0
7002053	NYU MEDICAL CENTER	7	0	1	0	0	1	1	0
1254001	O'CONNOR HOSPITAL	9	5	0	0	0	0	0	0
0401001	OLEAN GENERAL HOSPITAL	2	0	1	0	0	0	0	0
2601001	ONEIDA HEALTHCARE CENTER	2	0	0	0	0	0	0	0
3523000	ORANGE REGIONAL MEDICAL CENTE	2	0	1	0	0	1	0	0
3702000	OSWEGO HOSPITAL	2	0	1	0	0	0	0	0
0301001	OUR LADY OF LOURDES MEMORIAL	2	0	0	0	0	0	0	0
7000005	OUR LADY OF MERCY MED CTR	6	0	1	0	0	0	0	0
1402000	OUR LADY OF VICTORY HOSPITAL	2	0	0	0	0	1	0	0
2754001	PARK RIDGE HOSPITAL	4	0	1	1	0	1	0	0
7003020	PARKWAY HOSPITAL	5	0	0	0	0	0	0	0
7003006	PENINSULA HOSPITAL CENTER	5	0	0	0	0	1	0	0
5932000	PHELPS MEMORIAL HOSPITAL	5	0	1	1	0	1	0	0
3950000	PUTNAM COMMUNITY HOSPITAL	2	0	1	0	0	0	0	0
7003007	QUEENS HOSPITAL CENTER	8	0	1	0	0	1	0	0
2701003	ROCHESTER GENERAL HOSPITAL	4	0	1	0	0	1	0	0
7002031	ROCKEFELLER UNIVERSITY	9	1	0	0	0	0	0	0
3201002	ROME HOSPITAL AND MURPHY	2	0	0	0	0	1	0	0
1401010	ROSWELL PARK MEMORIAL	9	1	0	0	0	0	0	6
4102002	SAMARITAN HOSPITAL OF TROY	2	0	1	0	0	0	0	0
2201000	SAMARITAN MEDICAL CENTER	2	0	1	0	0	1	0	0
4501000	SARATOGA HOSPITAL	2	0	1	0	0	0	0	0
4823000	SCHUYLER HOSPITAL	1	0	0	0	0	0	0	0
4102003	SETON HEALTH SYSTEMS	2	0	0	1	0	0	0	0
1401006	SHEEHAN MEMORIAL EMERGENCY	1	0	0	0	0	0	0	2

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	EXEMPT	MEDICAL	EXEMPT	EXEMPT
	Hospital	CODE	(A)	UNIT	REHAB.	AIDS	REHAB.	EPILEPSY	OTHER
	-----	-----	-----	-----	-----	-----	-----	-----	-----
1401013	SISTERS OF CHARITY HOSPITAL	4	0	0	0	0	0	0	0
7004008	SISTERS OF CHARITY MED CTR	6	0	1	0	0	0	0	0
6120000	SOLDIERS AND SAILORS MEMORIAL	1	0	1	0	0	0	0	0
5904000	SOUND SHORE MEDICAL CENTER	6	0	0	0	0	0	0	0
2950001	SOUTH NASSAU COMMUNITIES	5	0	1	0	0	0	0	0
5126000	SOUTHAMPTON HOSPITAL	5	0	0	0	0	0	0	0
5154000	SOUTHSIDE HOSPITAL	5	0	1	0	0	1	0	0
5902000	ST AGNES HOSPITAL	5	Closed 9/2003	0	0	0	0	0	0
3529000	ST ANTHONY COMMUNITY HOSP	1	0	0	0	0	0	0	0
7000014	ST BARNABAS HOSPITAL	5	0	1	0	0	0	0	0
5157003	ST CATHERINE OF SIENA	6	0	1	0	0	0	0	0
5149001	ST CHARLES HOSPITAL	5	0	0	1	0	1	0	0
4601002	ST CLARES HOSP / SCHENECTADY	2	0	0	0	0	0	0	0
7002033	ST CLARES HOSP AND HLTH CTR	6	0	1	0	0	0	0	0
3202002	ST ELIZABETH HOSPITAL	2	0	1	0	0	0	0	0
1302000	ST FRANCIS HOSP / POUGH	2	0	1	1	0	1	0	2
2953000	ST FRANCIS HOSP / ROSLYN	5	0	0	0	0	0	0	0
5002001	ST JAMES MERCY HOSPITAL	2	0	1	1	0	0	0	0
5907001	ST JOHNS RIVERSIDE HOSPITAL	5	0	0	1	0	0	0	0
1455000	ST JOSEPH HOSPITAL	2	0	0	0	0	0	0	0
0701001	ST JOSEPHS HOSP / ELMIRA	2	0	1	1	0	1	0	0
3301003	ST JOSEPHS HOSP HLTH CTR	4	0	1	0	0	0	0	0
5907002	ST JOSEPHS HOSPITAL YONKERS	5	0	1	0	0	0	0	0
7002032	ST LUKES / ROOSEVELT HOSP	6	0	1	1	0	1	0	0
3502000	ST LUKES HOSP / NEWBURGH	2	0	0	0	0	0	0	0
2801001	ST MARYS HOSP / AMSTERDAM	2	0	1	1	0	0	0	0
7001025	ST MARYS HOSP / BROOKLYN	6	0	0	0	0	0	0	0
0101004	ST PETERS HOSPITAL	4	0	0	0	0	1	0	4
7002037	ST VINCENTS HOSPITAL / NY	6	0	1	1	0	1	0	0
7001037	STATE UNIVERSITY HOSPITAL	7	0	1	0	1	1	0	0
7004003	STATEN ISLAND UNIV HOSP	6	0	1	1	0	1	0	3
2701005	STRONG MEMORIAL HOSPITAL	7	0	1	0	0	1	1	0
4353000	SUMMIT PARK HOSPITAL	1	0	1	0	0	1	0	0
4601004	SUNNYVIEW HOSP. & REHAB.	9	2	0	0	0	0	0	0
3301007	SUNY HLTH SCIENCE CTR	7	0	1	0	0	1	0	0
1227000	THE HOSPITAL	1	0	0	0	0	0	0	0
0427000	TLC HEALTH NETWORK	1	0	1	1	0	0	0	0
0303001	UNITED HEALTH SERVICES, INC	4	0	1	1	0	1	0	0
5906000	UNITED HOSPITAL	5	0	1	0	0	0	0	0
1801000	UNITED MEM MED CTR	1	0	0	1	0	0	0	0
5151001	UNIV HOSP AT STONY BROOK	7	0	1	0	0	0	0	0
1302001	VASSAR BROTHERS HOSPITAL	2	0	0	0	0	0	0	0

2003 Exempt Units and Hospitals Elements

			EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT	EXEMPT
		GROUP	HOSPITAL	PSYCH.	ALCOHOL	AIDS	MEDICAL	EPILEPSY	OTHER
	Hospital	CODE	(A)	UNIT	REHAB.	UNIT	REHAB.	UNIT	UNIT (B)
	-----	-----	-----	-----	-----	-----	-----	-----	-----
7001032	VICTORY MEMORIAL HOSPITAL	5	0	0	0	0	1	0	0
5820000	WAYNE HEALTH CARE	2	0	1	0	0	0	0	0
5957001	WESTCHESTER MEDICAL CENTER	7	0	1	0	1	1	0	3
7000023	WESTCHESTER SQUARE MED CTR	5	0	0	0	0	0	0	0
7003015	WESTERN QUEENS COMM HOSP	5	0	0	0	0	0	0	0
0632000	WESTFIELD MEMORIAL HOSP	1	0	0	0	0	0	0	0
5902001	WHITE PLAINS HOSPITAL	5	0	1	0	0	0	0	0
2908000	WINTHROP UNIVERSITY HOSPITAL	6	0	0	0	0	0	0	0
0602001	WOMANS CHRISTIAN ASSOCIATION	2	0	1	1	0	1	0	0
7001045	WOODHULL MEDICAL	8	0	1	0	0	1	0	0
7001035	WYCKOFF HEIGHTS HOSPITAL	6	0	0	0	0	0	0	0
6027000	WYOMING CO COMMUNITY HOSP	2	0	1	0	0	0	0	0

2003 Diagnosis Related Groups

<u>DRG</u>	<u>DIAGNOSIS RELATED GROUP NAME</u>	<u>SIW</u>	<u>TRIMPOINTS</u>		<u>UPSTATE</u>	<u>DOWNSTATE</u>
		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3.9557	3	48	14	17
2	CRANIOTOMY FOR TRAUMA AGE >17	3.6928	3	49	14	16
4	SPINAL PROCEDURES	2.7550	2	40	8	14
5	EXTRACRANIAL VASCULAR PROCEDURES	1.7650	2	19	6	7
6	CARPAL TUNNEL RELEASE	0.6968	1	4	2	2
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	2.7438	3	46	13	18
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1.3812	2	20	4	5
9	SPINAL DISORDERS & INJURIES	1.5775	2	44	11	14
10	NERVOUS SYSTEM NEOPLASMS W CC	2.1642	3	47	12	15
11	NERVOUS SYSTEM NEOPLASMS W/O CC	1.2479	2	43	7	8
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	1.5050	2	45	9	11
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	1.1034	2	31	9	10
14	SPECIFIC CEREBROVASC DISORD EXC TIA & INTRACRANIAL HEMORRHA	2.0507	3	48	11	13
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	0.8860	2	32	5	6
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.6847	2	46	11	11
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.9531	2	35	6	7
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	1.5029	2	44	8	10
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	0.9200	2	34	5	7
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	2.2279	3	47	11	13
21	VIRAL MENINGITIS	0.8214	2	21	4	5
22	HYPERTENSIVE ENCEPHALOPATHY	1.0653	2	24	5	7
23	NONTRAUMATIC STUPOR & COMA	0.7991	2	29	5	6
24	SEIZURE & HEADACHE AGE >17 W CC	1.0914	2	31	6	7
25	SEIZURE & HEADACHE AGE >17 W/O CC	0.7904	2	30	4	5
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.4491	2	44	7	9
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.9519	2	32	5	6
36	RETINAL PROCEDURES	0.9250	1	10	3	4
37	ORBITAL PROCEDURES	1.5725	2	34	4	6
38	PRIMARY IRIS PROCEDURES	0.6629	1	9	3	3
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	0.8301	1	5	2	2
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	0.7279	1	3	2	2
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18	0.6355	1	4	1	2
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	1.0131	1	13	3	4
43	HYPHEMA	0.6119	2	21	4	5
44	ACUTE MAJOR EYE INFECTIONS	0.7109	2	16	4	5
45	NEUROLOGICAL EYE DISORDERS	0.7196	2	29	4	6
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	1.0479	2	37	6	7
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	0.7175	2	32	4	5

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
48	OTHER DISORDERS OF THE EYE AGE <18	0.6538	2	16	4	5
49	MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY	2.0213	2	25	4	6
50	SIALOADENECTOMY	0.9154	1	7	2	4
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.8322	1	6	2	3
52	CLEFT LIP & PALATE REPAIR	1.0972	1	5	3	3
53	SINUS & MASTOID PROCEDURES AGE >17	0.7664	1	4	2	2
54	SINUS & MASTOID PROCEDURES AGE <18	0.9974	1	4	2	2
55	MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES	0.6786	1	3	1	2
56	RHINOPLASTY	0.7159	1	3	1	2
57	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE >17	0.5668	1	12	2	3
58	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE <18	0.6384	1	13	2	3
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	0.4451	1	3	1	1
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18	0.5105	1	3	1	1
61	MYRINGOTOMY W TUBE INSERTION AGE >17	0.7328	1	3	1	2
62	MYRINGOTOMY W TUBE INSERTION AGE <18	0.6024	1	3	1	1
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1.6284	2	21	4	6
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1.7849	2	44	9	10
65	DYSEQUILIBRIUM	0.5697	2	19	4	5
66	EPISTAXIS	0.6509	2	21	4	5
67	EPIGLOTTITIS	0.8140	2	16	4	5
68	OTITIS MEDIA & URI AGE >17 W CC	0.6890	2	17	5	5
69	OTITIS MEDIA & URI AGE >17 W/O CC	0.4418	2	13	4	4
70	OTITIS MEDIA & URI AGE <18	0.5726	2	13	3	4
71	LARYNGOTRACHEITIS	0.3863	1	11	2	3
72	NASAL TRAUMA & DEFORMITY	0.4927	1	5	2	2
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	0.6778	2	27	4	5
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18	0.5188	1	14	3	3
75	MAJOR CHEST PROCEDURES	2.9297	3	33	11	14
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	3.3214	3	48	12	17
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.7464	2	43	6	9
78	PULMONARY EMBOLISM	1.6830	2	24	10	12
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.9849	3	49	13	15
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	1.2073	2	23	8	9
82	RESPIRATORY NEOPLASMS	1.9133	2	46	9	12
83	MAJOR CHEST TRAUMA W CC	1.0405	2	25	7	8
84	MAJOR CHEST TRAUMA W/O CC	0.6066	2	14	4	4
85	PLEURAL EFFUSION W CC	1.5634	2	46	8	11
86	PLEURAL EFFUSION W/O CC	1.0276	2	44	6	8

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
87	PULMONARY EDEMA & RESPIRATORY FAILURE	1.5423	2	45	7	9
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.1655	2	29	7	8
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.3692	2	29	8	9
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	0.8301	2	21	6	7
92	INTERSTITIAL LUNG DISEASE W CC	1.4599	2	46	7	10
93	INTERSTITIAL LUNG DISEASE W/O CC	1.1063	2	30	5	7
94	PNEUMOTHORAX W CC	1.1821	2	31	8	9
95	PNEUMOTHORAX W/O CC	0.7076	2	16	5	6
96	BRONCHITIS & ASTHMA AGE >17 W CC	0.9254	2	26	7	7
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	0.7030	2	21	5	5
99	RESPIRATORY SIGNS & SYMPTOMS W CC	0.8910	2	33	4	6
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	0.6074	2	13	3	4
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	1.0020	2	42	6	8
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.6215	2	20	4	4
103	HEART TRANSPLANT	33.3504	7	82	33	33
104	CARDIAC VALVE PROCEDURES W CARDIAC CATH	9.2851	4	52	19	22
105	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH	6.4370	3	24	12	13
106	CORONARY BYPASS W PTCA	7.0303	3	30	11	15
107	CORONARY BYPASS W CARDIAC CATH W/O PTCA	6.2275	3	30	14	17
108	OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY	4.6326	2	15	10	10
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH	4.6289	2	13	9	10
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	4.2269	3	32	13	15
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	2.7935	2	20	9	10
112	PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK	1.6499	2	19	4	5
113	AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE	6.0022	6	66	26	36
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	2.8465	3	50	15	21
115	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GN	4.8666	3	47	15	11
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	3.7176	2	45	7	9
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	2.2358	2	38	7	9
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	2.1526	1	15	4	6
119	VEIN LIGATION & STRIPPING	0.8185	1	9	3	3
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.2357	3	50	15	19
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	2.8179	3	25	11	12
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALI	1.7389	2	21	9	9
123	CIRCULATORY DISORDERS W AMI, EXPIRED	3.5437	2	43	8	9
124	CIRC DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	1.4276	2	43	6	6
125	CIRC DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	0.7357	1	11	2	3
126	ACUTE & SUBACUTE ENDOCARDITIS	4.1846	5	58	22	26

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
127	HEART FAILURE & SHOCK	1.4851	2	38	8	9
128	DEEP VEIN THROMBOPHLEBITIS	1.0425	2	25	9	10
129	CARDIAC ARREST, UNEXPLAINED	1.3307	1	3	2	2
130	PERIPHERAL VASCULAR DISORDERS W CC	1.4143	2	45	9	11
131	PERIPHERAL VASCULAR DISORDERS W/O CC	0.9096	2	32	7	7
132	ATHEROSCLEROSIS W CC	1.2491	2	28	5	8
133	ATHEROSCLEROSIS W/O CC	0.7887	2	23	4	5
134	HYPERTENSION	0.9287	2	30	5	6
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	1.4044	2	33	6	9
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	0.7755	2	23	4	5
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18	1.3307	2	21	5	5
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.1713	2	27	5	7
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	0.7345	2	16	4	5
140	ANGINA PECTORIS	0.8910	2	21	4	5
141	SYNCOPE & COLLAPSE W CC	1.0322	2	37	5	6
142	SYNCOPE & COLLAPSE W/O CC	0.7221	2	20	4	5
143	CHEST PAIN	0.5830	1	13	3	3
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.4276	2	45	8	10
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	0.8351	2	23	4	5
146	RECTAL RESECTION W CC	3.0485	3	25	13	15
147	RECTAL RESECTION W/O CC	1.9774	2	16	10	11
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	3.0767	3	38	14	17
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.9186	2	17	9	11
150	PERITONEAL ADHESIOLYSIS W CC	2.3807	3	34	12	13
151	PERITONEAL ADHESIOLYSIS W/O CC	1.3452	2	30	7	9
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	2.1099	2	25	9	10
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.4624	2	16	6	7
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	3.7396	3	44	13	18
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	1.9758	2	21	8	10
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18	1.4860	2	21	4	7
157	ANAL & STOMAL PROCEDURES W CC	1.2533	2	43	5	7
158	ANAL & STOMAL PROCEDURES W/O CC	0.5809	1	13	3	3
159	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.4114	2	25	7	7
160	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	0.9071	2	18	4	4
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.2206	2	26	4	5
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	0.6620	1	9	2	3
163	HERNIA PROCEDURES AGE <18	0.6264	1	4	1	2
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	2.0520	3	25	11	12

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1.3427	2	19	7	8
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2082	2	16	6	7
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.8757	2	6	4	4
168	MOUTH PROCEDURES W CC	1.3526	2	38	6	8
169	MOUTH PROCEDURES W/O CC	0.8148	1	14	3	3
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	3.0001	3	50	15	17
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1.2922	2	43	6	8
172	DIGESTIVE MALIGNANCY W CC	2.1112	3	47	11	13
173	DIGESTIVE MALIGNANCY W/O CC	1.0980	2	41	6	8
174	G.I. HEMORRHAGE W CC	1.3622	2	20	6	7
175	G.I. HEMORRHAGE W/O CC	0.8032	2	15	5	5
176	COMPLICATED PEPTIC ULCER	1.0376	2	27	7	8
177	UNCOMPLICATED PEPTIC ULCER W CC	0.8628	2	20	5	7
178	UNCOMPLICATED PEPTIC ULCER W/O CC	0.6190	2	20	4	5
179	INFLAMMATORY BOWEL DISEASE	1.0773	2	32	8	9
180	G.I. OBSTRUCTION W CC	1.0430	2	29	7	8
181	G.I. OBSTRUCTION W/O CC	0.6111	2	21	5	6
182	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W CC	1.1200	2	28	6	7
183	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC	0.7473	2	24	5	5
185	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17	0.7092	2	20	4	5
186	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18	0.6235	2	16	3	4
187	DENTAL EXTRACTIONS & RESTORATIONS	0.7233	1	19	2	3
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	1.0243	2	33	6	8
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	0.6289	2	27	4	5
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	4.4111	4	53	18	22
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	2.1853	2	45	12	14
193	BIL TRACT PROC W CC EXC ONLY TOT CHOLECYST OR W/O CDE	3.4555	4	49	16	18
194	BIL TRACT PROC W/O CC EXC ONLY TOT CHOLECYSTECT W/O CDE	1.8023	2	45	10	12
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2.4821	3	32	10	13
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	1.9588	2	24	8	10
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	2.0764	2	32	8	11
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1.2968	2	16	5	7
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	2.3074	2	46	14	17
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	2.2871	2	45	9	13
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	2.9599	3	48	11	13
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	1.4454	2	46	9	10
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	1.7509	2	45	11	11
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1.0057	2	22	7	7

2003 Diagnosis Related Groups

DRG	DIAGNOSIS RELATED GROUP NAME	SIW	TRIMPOINTS		UPSTATE	DOWNSTATE
		PER CASE	LOW	HIGH	AVG LOS	AVG LOS
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	1.6636	2	45	9	10
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	1.1046	2	43	6	6
207	DISORDERS OF THE BILIARY TRACT W CC	1.1220	2	30	6	7
208	DISORDERS OF THE BILIARY TRACT W/O CC	0.6335	2	21	4	5
209	MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP	3.4427	2	22	11	15
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	3.3595	4	48	18	22
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	2.1658	2	35	11	14
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18	2.0105	2	29	9	10
213	AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	2.9090	3	50	16	21
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	2.5881	3	45	13	15
217	WND DEBRID&SKN GRFT EXC OPEN WND,MS & CONN TIS, EXC HAND	3.0034	3	48	13	19
218	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W CC	2.3683	3	47	11	16
219	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W/O CC	1.2802	2	27	5	8
220	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE <18	1.3816	2	21	5	6
221	KNEE PROCEDURES W CC	1.6756	2	22	7	9
222	KNEE PROCEDURES W/O CC	1.0769	1	5	3	3
223	MAJ SHOULD/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC	0.8902	1	11	3	5
224	SHOULD,ELBOW OR FOREARM PROC,EXC MAJ JOINT PROC, W/O CC	0.8417	1	10	2	4
225	FOOT PROCEDURES	1.1299	2	14	4	5
226	SOFT TISSUE PROCEDURES W CC	1.7025	2	44	7	10
227	SOFT TISSUE PROCEDURES W/O CC	0.9163	1	13	3	4
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	0.9920	1	10	3	3
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	0.8115	1	10	2	3
230	LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	1.2934	2	17	4	5
231	LOCAL EXCIS & REMOV OF INT FIX DEVICE EXCEPT HIP & FEMUR	1.3576	2	19	4	5
232	ARTHROSCOPY	0.8115	1	8	2	2
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.6564	2	47	12	14
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	1.4574	2	24	5	6
235	FRACTURES OF FEMUR	2.1087	3	48	20	20
236	FRACTURES OF HIP & PELVIS	1.5154	3	46	12	13
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	0.8239	2	34	7	9
238	OSTEOMYELITIS	1.9455	3	49	13	18
239	PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY	1.9824	3	48	12	14
240	CONNECTIVE TISSUE DISORDERS W CC	1.5427	2	45	9	10
241	CONNECTIVE TISSUE DISORDERS W/O CC	0.9138	2	32	6	7
242	SEPTIC ARTHRITIS	1.2483	2	41	9	11
243	MEDICAL BACK PROBLEMS	0.7697	2	43	6	8
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1.1634	2	44	7	8

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	0.6873	2	32	5	6
246	NON-SPECIFIC ARTHROPATHIES	0.8575	2	29	6	7
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	0.5850	2	21	4	5
248	TENDONITIS, MYOSITIS & BURSITIS	0.6885	2	32	4	6
249	MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC	1.1990	2	43	8	10
250	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W CC	0.8272	2	30	7	8
251	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W/O CC	0.4438	1	13	2	3
252	FX,SPRN,STRN & DISL OF FOREARM, HAND, FOOT AGE <18	0.4484	1	5	1	2
253	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W CC	1.3506	2	45	9	11
254	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W/O CC	0.6836	2	28	5	6
255	FX,SPRN,STRN & DISL OF UPARM,LOWLEG EX FOOT AGE <18	0.4703	1	12	3	3
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG	0.7991	2	21	4	5
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1.4653	2	15	6	8
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1.2073	2	11	5	6
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1.3295	2	14	5	7
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.9390	1	5	3	3
261	BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION	0.9804	1	5	2	3
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	0.6906	1	20	2	2
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W CC	3.0531	4	54	20	23
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC	1.8569	3	47	11	15
265	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W CC	2.4184	2	38	7	12
266	SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC	1.3253	2	36	5	6
267	PERIANAL & PILONIDAL PROCEDURES	0.5333	1	6	2	3
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	0.8123	1	4	2	2
269	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W CC	1.6433	2	45	10	11
270	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC	0.9266	2	22	4	5
271	SKIN ULCERS	1.5526	3	47	10	12
272	MAJOR SKIN DISORDERS W CC	1.7667	3	47	9	13
273	MAJOR SKIN DISORDERS W/O CC	1.4201	2	45	6	12
274	MALIGNANT BREAST DISORDERS W CC	2.3223	3	46	12	13
275	MALIGNANT BREAST DISORDERS W/O CC	1.1013	2	42	7	6
276	NON-MALIGANT BREAST DISORDERS	0.6782	2	28	4	5
277	CELLULITIS AGE >17 W CC	1.0458	2	36	7	8
278	CELLULITIS AGE >17 W/O CC	0.6397	2	22	5	6
279	CELLULITIS AGE <18	0.5801	2	17	4	5
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	0.6798	2	21	5	5
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	0.3772	1	11	2	3
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18	0.3735	1	10	2	3

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
283	MINOR SKIN DISORDERS W CC	0.8757	2	25	6	8
284	MINOR SKIN DISORDERS W/O CC	0.5614	2	25	4	5
285	AMPUTAT OF LOW LIMB FOR ENDOCRINE,NUTRIT& METABOL DISORD	3.9246	5	57	21	27
286	ADRENAL & PITUITARY PROCEDURES	2.5972	2	22	9	9
287	SKIN GFT & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORD	2.1786	4	51	16	18
288	O.R. PROCEDURES FOR OBESITY	1.2872	2	30	6	7
289	PARATHYROID PROCEDURES	1.1552	2	11	4	5
290	THYROID PROCEDURES	0.9332	1	5	3	4
291	THYROGLOSSAL PROCEDURES	0.6836	1	4	2	2
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	3.8269	4	51	18	19
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1.3870	2	42	6	8
294	DIABETES AGE >35	0.9527	2	30	6	8
295	DIABETES AGE <36	0.8330	2	17	5	6
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1.0715	2	45	8	9
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	0.5627	2	19	4	6
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18	0.5324	2	12	4	5
299	INBORN ERRORS OF METABOLISM	0.8256	2	28	7	6
300	ENDOCRINE DISORDERS W CC	1.1999	2	45	8	9
301	ENDOCRINE DISORDERS W/O CC	0.7415	2	33	5	6
302	KIDNEY TRANSPLANT	10.5073	4	41	20	20
303	KIDNEY,URETER & MAJOR BLADDER PROC FOR NEOPLASM	2.8353	3	24	11	13
304	KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W CC	2.4080	2	40	11	13
305	KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W/O CC	1.5522	2	21	7	8
306	PROSTATECTOMY W CC	2.1397	3	48	7	14
307	PROSTATECTOMY W/O CC	1.1796	2	27	7	8
308	MINOR BLADDER PROCEDURES W CC	2.4097	2	46	10	12
309	MINOR BLADDER PROCEDURES W/O CC	1.4313	2	43	6	8
310	TRANSURETHRAL PROCEDURES W CC	1.2843	2	30	6	8
311	TRANSURETHRAL PROCEDURES W/O CC	0.7345	1	13	3	4
312	URETHRAL PROCEDURES, AGE >17 W CC	1.4537	2	44	6	8
313	URETHRAL PROCEDURES, AGE >17 W/O CC	0.6939	1	11	3	4
314	URETHRAL PROCEDURES, AGE <18	1.0069	1	12	3	3
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	2.8183	2	45	10	13
316	RENAL FAILURE	1.4181	2	45	9	9
317	ADMIT FOR RENAL DIALYSIS	0.3855	1	8	2	2
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.6984	2	45	12	13
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	0.6890	1	15	3	4
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	1.0591	2	21	7	8

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	0.6596	2	15	5	6
322	KIDNEY & URINARY TRACT INFECTIONS AGE <18	0.8504	2	17	4	6
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	0.6111	1	18	3	3
324	URINARY STONES W/O CC	0.3884	1	11	2	3
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	0.9312	2	39	6	7
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	0.5411	2	18	4	4
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18	0.4492	1	12	3	3
328	URETHRAL STRICTURE AGE >17 W CC	0.9895	2	22	6	6
329	URETHRAL STRICTURE AGE >17 W/O CC	0.6024	2	22	4	4
330	URETHRAL STRICTURE AGE <18	0.7150	1	10	4	4
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.1800	2	45	8	9
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	0.6683	2	23	5	5
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18	0.8397	2	32	4	6
334	MAJOR MALE PELVIC PROCEDURES W CC	2.4867	2	17	11	13
335	MAJOR MALE PELVIC PROCEDURES W/O CC	2.0350	2	15	9	11
336	TRANSURETHRAL PROSTATECTOMY W CC	1.4976	2	27	7	9
337	TRANSURETHRAL PROSTATECTOMY W/O CC	0.9063	2	10	5	6
338	TESTES PROCEDURES, FOR MALIGNANCY	1.0479	1	11	3	5
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	0.7121	1	5	2	2
340	TESTES PROCEDURES, NON-MALIGNANCY AGE <18	0.5941	1	4	1	2
341	PENIS PROCEDURES	1.5973	2	20	5	5
342	CIRCUMCISION AGE >17	0.6061	1	13	1	2
343	CIRCUMCISION AGE <18	0.3171	1	3	1	1
344	OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY	1.5241	2	23	8	7
345	OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG	0.9473	2	27	4	6
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	2.0064	2	46	9	11
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	0.9365	2	37	5	4
348	BENIGN PROSTATIC HYPERTROPHY W CC	0.9465	2	25	4	6
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	0.5449	1	19	2	3
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	0.6521	2	16	5	5
351	STERILIZATION, MALE	0.3867	1	4	2	2
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.4314	1	11	2	2
353	PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY	3.0465	3	24	10	13
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.8934	2	15	7	10
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	1.3245	2	10	6	7
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.9295	2	12	5	6
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2.0942	2	25	9	11
358	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W CC	1.4288	2	10	6	7

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIGN W/O CC	1.1034	2	10	5	6
360	VAGINA, CERVIX & VULVA PROCEDURES	0.7780	1	12	2	2
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	0.7486	1	18	2	3
362	ENDOSCOPIC TUBAL INTERRUPTION	0.4608	1	4	2	2
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	1.0554	2	12	3	4
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	0.6260	1	5	2	2
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1.3783	2	22	6	9
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC	1.9095	2	46	12	11
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC	0.9531	2	32	5	5
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	0.7188	2	15	4	6
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.3677	1	12	2	3
370	CESAREAN SECTION W CC	1.0525	2	9	5	6
371	CESAREAN SECTION W/O CC	0.8330	2	6	5	5
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.7167	1	5	3	3
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5474	N/A	4	3	3
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7527	1	5	3	4
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.6032	1	5	3	3
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5362	2	12	4	4
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.0438	2	18	4	4
378	ECTOPIC PREGNANCY	1.0239	2	19	4	5
379	THREATENED ABORTION	0.3942	1	17	2	4
380	ABORTION W/O D&C	0.3147	1	4	2	1
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4915	1	3	1	1
382	FALSE LABOR	0.1346	1	3	1	2
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5353	2	20	4	5
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.3946	1	11	2	3
392	SPLENECTOMY AGE >17	2.4018	2	26	9	11
393	SPLENECTOMY AGE <18	1.6172	2	14	7	7
394	OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS	1.6826	2	43	6	8
395	RED BLOOD CELL DISORDERS AGE >17	1.0591	2	33	6	7
397	OTHER COAGULATION DISORDERS	1.2301	2	33	6	7
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.3854	2	21	7	8
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	0.8599	2	18	5	6
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	2.6349	2	45	9	13
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	3.5955	3	50	13	18
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1.7282	2	42	6	8
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2.7388	3	47	13	15
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	1.4177	2	43	6	8

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
406	MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W CC	3.3288	3	44	16	16
407	MYELOPRO DISORD OR POOR DIFF NEOP W MAJ O.R. PROC W/O CC	1.8938	2	20	8	9
408	MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC	1.7745	2	30	5	6
409	RADIOTHERAPY	1.0777	2	14	7	6
410	CHEMOTHERAPY	1.0682	2	15	4	4
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	2.4055	3	48	11	14
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	1.5845	2	43	9	9
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	2.4026	3	48	12	17
416	SEPTICEMIA AGE >17	1.7323	2	39	10	12
417	SEPTICEMIA AGE <18	0.9539	2	24	5	6
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	0.8421	2	29	6	7
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	1.0309	2	30	6	8
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	0.7316	2	23	5	6
421	VIRAL ILLNESS AGE >17	0.6430	2	21	4	5
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18	0.5656	2	12	3	4
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	1.0409	2	44	7	9
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	2.1509	2	43	19	18
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.7084	2	27	5	6
426	DEPRESSIVE NEUROSES	0.5465	2	43	6	14
427	NEUROSES EXCEPT DEPRESSIVE	0.9808	2	37	5	13
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.5813	2	43	7	10
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	1.7116	3	47	15	14
430	PSYCHOSES	1.2703	3	48	13	18
431	CHILDHOOD MENTAL DISORDERS	0.5933	2	42	7	9
432	OTHER MENTAL DISORDER DIAGNOSES	1.0417	2	19	7	7
439	SKIN GRAFTS FOR INJURIES	1.9058	2	44	10	11
440	WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND	2.0809	2	45	10	13
441	HAND PROCEDURES FOR INJURIES	1.3787	2	27	4	5
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	2.0652	2	44	9	11
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	0.8662	1	18	4	5
444	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W CC	0.7771	2	30	5	7
445	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC	0.5308	2	18	4	4
446	INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18	0.4405	1	17	2	4
447	ALLERGIC REACTIONS AGE >17	0.4480	1	13	2	3
448	ALLERGIC REACTIONS AGE <18	0.3830	1	13	2	2
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	1.0380	2	24	6	6
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	0.5213	1	11	3	3
451	POISONING & TOXIC EFFECTS OF DRUGS AGE <18	0.4956	1	10	2	3

2003 Diagnosis Related Groups

DRG	DIAGNOSIS RELATED GROUP NAME	SIW	TRIMPOINTS		UPSTATE	DOWNSTATE
		PER CASE	LOW	HIGH	AVG LOS	AVG LOS
452	COMPLICATIONS OF TREATMENT W CC	0.9506	2	34	6	8
453	COMPLICATIONS OF TREATMENT W/O CC	0.6003	2	18	4	5
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC	0.9469	2	43	7	8
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	0.3735	1	5	2	3
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	0.6861	1	4	2	2
462	REHABILITATION	1.3887	5	51	13	25
463	SIGNS & SYMPTOMS W CC	1.2752	2	45	7	9
464	SIGNS & SYMPTOMS W/O CC	0.5995	2	22	4	5
465	AFTERCARE W HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.5755	1	14	2	2
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.4525	1	4	2	2
467	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3867	1	5	2	2
468	EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4.2116	3	47	14	17
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE STATUS	N/A	N/A	N/A	N/A	N/A
470	UNGROUPABLE	N/A	N/A	N/A	N/A	N/A
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	6.6055	4	41	20	22
475	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT	4.5846	3	49	15	14
476	PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	4.3279	5	55	18	22
477	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	1.8706	2	43	9	11
478	OTHER VASCULAR PROCEDURES W CC	2.7811	2	46	10	13
479	OTHER VASCULAR PROCEDURES W/O CC	1.6673	2	24	7	7
480	LIVER TRANSPLANT	35.5382	8	99	41	41
482	TRACHEOSTOMY WITH MOUTH, LARYNX OR PHARYNX DISORDER	5.4574	4	55	17	22
483	TRACH OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER	22.8232	12	135	57	62
491	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY	2.3472	2	30	6	10
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	1.6197	2	44	5	5
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	0.8620	1	5	2	2
530	CRANIOTOMY W MAJOR CC	10.8059	6	60	28	33
531	NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC	7.6617	5	57	20	33
532	TIA, PRECEREBRAL OCCLUSIONS, SEIZ & HEADACHE W MAJOR CC	1.9729	2	46	7	10
533	OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W MAJOR CC	4.6815	4	51	18	21
534	EYE PROCEDURES W MAJOR CC	1.8615	2	34	10	11
535	EYE DISORDERS W MAJOR CC	1.9778	3	46	8	12
536	ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W MAJOR CC	2.5161	2	44	8	11
538	MAJOR CHEST PROCEDURES W MAJOR CC	5.7766	4	55	18	24
539	RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	6.6688	5	57	23	28
540	RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	3.5462	4	54	18	22
541	RESP DISORD EXC INFECTIONS,BRONCHITIS,ASTHMA W MAJOR CC	2.3654	3	48	12	14
542	BRONCHITIS & ASTHMA W MAJOR CC	1.4123	2	30	8	9

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
543	CIRC DISORD EXC AMI,ENDOCARDITIS,CHF & ARRHYT W MAJOR CC	2.8142	3	48	10	14
544	CHF & CARDIAC ARRHYTHMIA W MAJOR CC	3.4787	3	49	13	15
545	CARDIAC VALVE OR CARDIAC DEFIB IMPLANT PROCEDURE W MAJOR CC	14.0366	5	58	18	28
546	CORONARY BYPASS W MAJOR CC	8.9055	4	55	14	20
547	OTHER CARDIOTHORACIC PROCEDURE W MAJOR CC	12.1378	5	57	16	24
548	CARDIAC PACEMAKER IMPLANT OR REVISION W MAJOR CC	7.4646	4	54	14	15
549	MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC	9.9973	6	66	25	33
550	OTHER VASCULAR PROCEDURES W MAJOR CC	5.7224	4	51	16	21
551	ESOPHAGITIS,GASTROENT & UNCOMPLICATED ULCERS W MAJOR CC	1.8776	2	46	8	9
552	DIGEST SYS DISORD EXC ESOP,GAST & UNCOMP ULCERS W MAJ CC	3.3284	3	49	14	16
553	DIGEST SYS PROCS EXC HERN,M STOM OR BWL PROCS W MAJOR CC	4.3676	4	52	14	18
554	HERNIA PROCEDURES W MAJOR CC	2.5322	2	31	8	11
555	PANCREA,LIV & OTH BIL TRT PROC EXC LIV TRPLNT W MAJOR CC	7.3988	5	58	25	29
556	CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W MAJOR CC	3.9764	3	50	14	17
557	HEPATOBILIARY & PANCREAS DISORDERS W MAJOR CC	3.7031	3	50	14	16
558	MAJ MUSCULOSKEL PROCS EXC BILAT OR MULT MAJ JNT W MAJ CC	6.6713	5	58	22	30
559	NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	4.4405	4	51	17	21
560	MUSCULO DISORD EXC OSTEO,SEP ARTH & CONN TISS W MAJOR CC	2.5674	3	48	15	17
561	OSTEOMYEL,SEPTIC ARTHRITIS & CONN TISS DISORD W MAJOR CC	4.3747	5	54	19	24
562	MAJOR SKIN & BREAST DISORDERS W MAJOR CC	3.1922	4	51	16	17
563	OTHER SKIN DISORDERS W MAJOR CC	1.7708	2	46	9	11
564	SKIN & BREAST PROCEDURES W MAJOR CC	4.9080	5	54	20	27
565	ENDOC,NUTRIT & METAB PROC EXC LOW LIMB W AMPUT W MAJ CC	5.3232	5	57	18	28
566	ENDOC,NUTRIT & METAB DISOR EXC EAT DISORD OR CF W MAJ CC	2.5380	3	48	12	15
567	KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W MAJOR CC	6.7280	5	55	18	26
568	RENAL FAILURE W MAJOR CC	3.6567	3	50	18	17
569	KID & URIN TRACT DISORD EXC RENAL FAILURE W MAJOR CC	1.6963	2	46	10	11
570	MALE REPRODUCTIVE DISORDERS W MAJOR CC	1.6955	2	46	7	12
571	MALE REPRODUCTIVE PROCEDURES W MAJOR CC	3.3201	3	50	12	16
572	FEMALE REPRODUCTIVE DISORDERS W MAJOR CC	2.0693	3	46	12	10
573	NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W MAJOR CC	2.9463	3	38	9	14
574	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W MAJOR CC	2.5778	3	47	11	12
575	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG PROCS W MAJOR CC	6.2395	5	57	13	25
576	ACUTE LEUKEMIA W MAJOR CC	11.3242	7	77	33	33
577	MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W MAJOR CC	3.6398	3	48	16	15
578	LYMPHOMA & NON-ACUTE LEUKEMIA W MAJOR CC	6.6854	5	57	21	23
579	PROCS FOR LYMPH,LEUKEMIA,MYELOPROLIF DISORD W MAJOR CC	8.8251	7	74	30	33
580	SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W MAJOR CC	2.0842	3	47	10	13

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
581	SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W MAJOR CC	7.0030	6	59	26	31
582	INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	2.0689	2	44	8	9
583	PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	4.1515	3	49	19	23
584	SEPTICEMIA W MAJOR CC	3.8232	3	49	14	18
585	MAJ STOMACH,ESOP,DUOD,SMALL & LRG BOWEL PROC W MAJOR CC	5.8242	5	56	18	23
586	ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC	1.8160	2	46	11	11
587	ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC	1.0893	2	17	5	5
602	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	33.9056	23	200	113	109
603	NEONATE, BIRTHWT <750G,DIED	11.2336	4	51	25	26
604	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	25.1070	18	185	87	88
605	NEONATE, BIRTHWT 750-999, DIED	15.3760	5	52	29	29
606	NEONATE, BWT 1000-1499G, W SIG OR PROC, DISCH ALIVE	26.6290	19	223	81	97
607	NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	11.0642	10	126	44	51
608	NEONATE, BIRTHWT 1000-1499G, DIED	9.8995	5	53	24	25
609	NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	15.3880	10	108	58	61
610	NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	3.0812	5	50	21	24
611	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	6.6357	6	73	30	35
612	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	4.5560	5	61	23	29
613	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	3.0961	4	56	22	24
614	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	2.2296	3	52	13	18
615	NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	15.4563	10	102	45	54
616	NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	3.0949	3	48	16	21
617	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	3.5611	4	53	16	23
618	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	1.9166	3	49	11	16
619	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	1.2661	2	36	9	11
620	NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG	0.4298	N/A	16	4	5
621	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	1.0657	2	33	7	9
622	NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	9.5273	6	62	23	31
623	NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	2.1592	2	46	9	12
624	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	1.2674	2	11	4	5
626	NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	2.5409	3	48	10	16
627	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	1.0024	2	41	5	9
628	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0.6720	2	17	4	6
629	NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2393	N/A	5	3	3
630	NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	0.7316	2	22	4	6
631	BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD	1.4164	2	29	12	10
633	MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W CC	2.4035	2	23	10	9
634	MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC	2.4035	2	21	10	9

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
635	NEONATAL AFTERCARE FOR WEIGHT GAIN	1.3895	3	49	8	8
636	INFANT AFTERCARE FOR WEIGHT GAIN, AGE>28 DAYS & <1 YEAR	1.9671	4	53	8	8
637	NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	0.5759	1	3	1	1
638	NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	0.9014	1	3	1	1
639	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	0.7465	1	3	2	2
640	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	0.8893	1	8	2	2
641	EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	13.7708	5	62	16	16
650	HIGH RISK CESAREAN SECTION W CC	1.4992	2	18	6	9
651	HIGH RISK CESAREAN SECTION W/O CC	1.0475	2	9	5	6
652	HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C	0.9187	2	9	4	4
700	TRACHEOSTOMY FOR HIV INFECTION	21.0826	12	141	52	52
701	HIV W O.R. PROCEDURE & VENTILATION OR NUTRITION SUPPORT	11.1168	7	79	33	34
702	HIV W O.R. PROCEDURE W MULTIPLE MAJOR RELATED INFECTIONS	9.9405	10	120	51	52
703	HIV W O.R. PROCEDURE W MAJOR RELATED DIAGNOSIS	5.7207	6	66	29	31
704	HIV W O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS	4.0257	4	53	20	24
705	HIV W MULTIPLE MAJOR RELATED INFECTIONS W TB	7.0907	6	63	29	29
706	HIV W MULTIPLE MAJOR RELATED INFECTIONS W/O TB	6.6241	6	65	23	31
707	HIV W VENTILATOR OR NUTRITIONAL SUPPORT	7.0845	5	53	21	21
708	HIV W MAJOR RELATED DIAGNOSIS, DISCHARGE AMA	2.3198	3	47	15	15
709	HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGN DIAG W TB	4.0849	5	56	23	23
710	HIV W MAJOR RELATED DIAG W MULT MAJ OR SIGN DIAG W/O TB	3.5139	4	54	22	22
711	HIV W MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W TB	2.7028	4	51	18	17
712	HIV W MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB	2.6246	3	49	15	18
713	HIV W SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA	1.5261	2	44	10	10
714	HIV W SIGNIFICANT RELATED DIAGNOSIS	1.9720	3	47	13	14
715	HIV W OTHER RELATED DIAGNOSES	1.2785	2	44	9	9
716	HIV W/O OTHER RELATED DIAGNOSES	0.5689	1	10	6	7
730	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.8613	4	48	26	26
731	SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA	6.1732	5	58	24	32
732	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4.1693	3	49	16	18
733	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA	2.3563	3	46	13	14
734	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	1.7133	2	46	10	12
737	VENTRICULAR SHUNT REVISION, AGE <18	1.8603	2	25	5	6
738	CRANIOTOMY, AGE <18 W CC	4.6123	3	50	17	19
739	CRANIOTOMY, AGE <18 W/O CC	2.4573	2	19	7	9
740	CYSTIC FIBROSIS	2.0987	3	48	11	13
743	OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE	0.7821	2	29	5	8
744	OPIOID ABUSE OR DEPENDENCE W CC	1.1113	2	21	8	10

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
745	OPIOID ABUSE OR DEPENDENCE W/O CC	0.9018	2	21	7	10
746	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA	0.6028	2	28	5	7
747	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W CC	1.0028	2	14	8	10
748	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC	0.7999	2	10	6	8
749	ALCOHOL ABUSE OR DEPENDENCE LEFT AMA	0.3871	1	16	3	3
750	ALCOHOL ABUSE OR DEPENDENCE W CC	0.8691	2	10	6	6
751	ALCOHOL ABUSE OR DEPENDENCE W/O CC	0.5842	2	8	5	6
752	LEAD POISONING	0.6612	2	14	5	6
753	COMPULSIVE NUTRITION DISORDER REHABILITATION	3.4684	5	56	15	35
754	TERTIARY AFTERCARE, AGE => 1 YEAR	1.7133	2	23	10	12
755	SPINAL FUSION W CC	3.2046	2	24	13	14
756	SPINAL FUSION W/O CC	1.9472	2	19	9	11
757	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	1.8482	2	37	9	16
758	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	1.1510	2	12	6	8
759	MULTIPLE CHANNEL COCHLEAR IMPLANTS	8.4960	1	4	3	3
760	HEMOPHILIA FACTORS VIII AND IX	1.5841	2	24	5	6
761	TRAUMATIC STUPOR & COMA, COMA >1 HR	1.8851	2	43	8	9
762	CONCUSSION,INTRACRAN INJ W COMA <1 HR OR NO COMA AGE <18	0.3047	1	4	2	2
763	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18	0.9088	2	21	4	5
764	CONCUSS,INTRACRAN INJ W COMA<1 HR OR NO COMA AGE>17 W CC	0.8935	2	30	5	6
765	CONCUSS,INTRACRAN INJ W COMA<1 HR /NO COMA AGE>17 W/O CC	0.3987	1	11	2	3
766	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.7493	2	46	12	12
767	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	0.9378	2	39	6	7
768	SEIZURE & HEADACHE AGE <18 W CC	0.8533	2	22	5	5
769	SEIZURE & HEADACHE AGE <18 W/O CC	0.7337	2	15	3	4
770	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W CC	1.7824	2	44	10	9
771	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W/O CC	1.1146	2	23	5	7
772	SIMPLE PNEUMONIA & PLEURISY AGE <18 W CC	0.9022	2	17	5	6
773	SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC	0.6914	2	11	4	5
774	BRONCHITIS & ASTHMA AGE <18 W CC	0.7867	2	12	4	5
775	BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6157	2	12	3	4
776	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE <18 W CC	1.2322	2	43	4	6
777	ESOPHAGIT,GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC	0.5527	2	18	4	4
778	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W CC	1.0529	2	34	5	6
779	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC	0.4207	1	5	2	2
780	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W CC	5.1092	4	51	10	14
781	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC	1.7878	2	43	5	8
782	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	6.8870	5	56	30	28

2003 Diagnosis Related Groups

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		<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
783	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC	1.7584	2	37	12	17
784	ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18	0.9837	2	23	4	5
785	OTHER RED BLOOD CELL DISORDERS AGE <18	0.9088	2	21	5	5
786	MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY	4.0422	3	48	15	19
787	LAPAROSCOPIC CHOLECYSTECTOMY W CDE	1.7783	2	45	8	8
789	MAJOR JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP	3.7023	3	34	10	15
790	WND DEBRID & SKN GRFT FOR OPEN WOUND,MS CONN TIS,EXC HND	1.3373	2	23	4	6
791	WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES	1.3224	2	44	7	10
792	CRANIOTOMY FOR MULT SIG TRAUMA W NON-TRAUMATIC MAJOR CC	13.1211	5	53	40	41
793	PROC FOR MUL SIG TRAUMA EXC CRANIOT W NON-TRAUM MAJOR CC	9.9716	6	57	28	34
794	DIAG FOR MULTIPLE SIGNIF TRAUMA W NON-TRAUMATIC MAJOR CC	6.2105	4	51	18	27
795	LUNG TRANSPLANT	36.3505	7	82	31	31
796	LOWER EXTREMITY REVASCULARIZATION W CC	3.8990	4	52	13	20
797	LOWER EXTREMITY REVASCULARIZATION W/O CC	2.1136	2	22	8	11
798	TUBERCULOSIS WITH OPERATING ROOM PROCEDURE	4.5693	5	56	25	26
799	TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE	2.0536	3	46	13	13
800	TUBERCULOSIS W CC	3.0651	4	55	11	19
801	TUBERCULOSIS W/O CC	2.3173	4	51	16	14
802	PNEUMOCYSTOSIS	2.3347	3	51	16	18
803	ALLOGENEIC BONE MARROW TRANSPLANT	21.3658	10	101	33	43
804	AUTOLOGOUS BONE MARROW TRANSPLANT	15.7412	7	61	33	40
805	SIMULTANEOUS KIDNEY/PANCREAS TRANSPLANT	21.0147	10	70	21	21
806	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	6.5624	3	40	24	24
807	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC	3.8534	2	29	21	21
808	PERCUATANEOUS CARDIOVASC PROC W AMI, HF OR SHOCK	3.0357	2	34	11	11
809	OTHER CARDIOTHORACIC PROCEDURES W PDX CONG ANOMALY	6.2548	3	24	11	12
810	INTRACRANIAL HEMORRHAGE	2.7790	2	46	11	13
811	CARDIAC DEFIBRILLATOR & HEART ASSIST SYSTEM IMPLANT	11.6944	5	58	37	39
812	MALFUNCTION, REACTION & COMP OF CARDIAC OR VASC DEV OR PROC	1.5054	2	44	6	6
813	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC	0.8599	2	27	5	6
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	0.4302	1	16	3	3
815	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W CC	0.7353	2	12	3	5
816	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/O CC	0.4571	1	11	2	3
817	HIP REPLACEMENT FOR COMPLICATIONS	4.4649	3	25	13	16
818	HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS	3.7557	3	20	11	14
819	CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE	2.1236	2	36	8	10
820	MALFUNCTIONS, REACTIONS & COMP OF GU DEVICE/GRAFT/TRANSPLA	1.3721	2	33	4	6
821	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	19.8653	10	108	48	49

2003 Diagnosis Related Groups

		SIW	TRIMPOINTS		UPSTATE	DOWNSTATE
<u>DRG</u>	<u>DIAGNOSIS RELATED GROUP NAME</u>	<u>PER CASE</u>	<u>LOW</u>	<u>HIGH</u>	<u>AVG LOS</u>	<u>AVG LOS</u>
822	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	13.2909	5	53	16	17
823	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	9.7873	6	69	24	31
824	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAU	4.4252	4	52	14	20
825	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAU	3.2609	3	49	10	13
826	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR	2.4250	2	46	8	9
827	NON-EXTENSIVE BURNS W INHAL INJ, CC OR SIGNIFICANT TRAUMA	3.2257	3	49	9	16
828	NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA	1.7745	2	45	6	9

TOP 20 DRGS (2001 DATA FOR JANUARY 2003 RATE PUBLICATION)			
<u>DRG</u>	<u>Description</u>	<u>SIW</u>	<u>Case Count</u>
629	NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2393	175,353
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5474	110,142
371	CESAREAN SECTION W/O CC	0.833	35,997
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.7167	33,971
143	CHEST PAIN	0.583	29,132
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIGNANT W/O CC	1.1034	20,541
775	BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6157	15,578
112	PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK	1.6499	14,025
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5353	12,634
127	HEART FAILURE & SHOCK	1.4851	12,063
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.8757	9,932
370	CESAREAN SECTION W CC	1.0525	9,388
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.1655	9,196
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	0.703	8,704
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	0.862	8,666
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE >17 W/O CC	0.7473	8,513
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.3692	8,318
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O	0.4302	7,605
294	DIABETES AGE >35	0.9527	7,568
395	RED BLOOD CELL DISORDERS AGE >17	1.0591	7,409

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLEND CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
LONG ISLAND REGION												
5123000	BROOKHAVEN MEMORIAL	3,971.75	4,161.41	4,075.93	154.97	8.18%	24.00%	38.72	38.72	1.54	0.31	236.10
5120000	BRUNSWICK HOSPITAL CTR	4,224.14	6,685.15	4,075.93	23.40	8.18%	24.00%	29.05	29.05	2.56	0.29	236.10
5155000	CENTRAL SUFFOLK HOSPITAL	3,767.13	3,550.69	3,550.69	124.46	8.18%	24.00%	(9.70)	(9.70)	1.59	0.40	236.10
5127000	EASTERN LONG ISLAND	4,422.54	4,999.47	3,926.62	196.21	8.18%	24.00%	21.12	21.12	2.92	0.20	236.10
7001024	EPISCOPAL HEALTH SVCS	6,009.62	6,212.40	5,780.48	108.29	8.18%	24.00%	12.15	12.15	2.04	0.33	236.10
2910000	FRANKLIN HOSP MEDICAL CTR	3,658.95	3,833.40	3,833.40	37.36	8.18%	24.00%	10.82	10.82	1.42	0.24	236.10
5154001	GOOD SAM / WEST ISLIP	4,465.27	3,698.85	3,698.85	140.88	8.18%	24.00%	23.98	23.96	1.26	0.32	236.10
5153000	HUNTINGTON HOSPITAL	4,104.37	3,823.64	3,823.64	116.25	8.18%	24.00%	30.35	30.35	1.24	0.29	236.10
2906000	ISLAND MEDICAL CTR	4,218.41	4,853.23	4,075.93	136.07	8.18%	24.00%	27.35	27.35	1.26	0.18	236.10
5149000	JOHN T MATHER MEMORIAL	4,135.65	4,151.53	3,999.83	99.22	8.18%	24.00%	(21.25)	(21.25)	2.20	0.31	236.10
2902000	LONG BEACH MED CTR	4,140.71	4,168.59	4,046.54	242.38	8.18%	24.00%	(2.09)	(2.09)	2.54	0.33	236.10
2909000	MERCY MEDICAL CENTER	3,962.52	4,068.50	4,068.50	235.78	8.18%	24.00%	40.88	40.88	1.49	0.29	236.10
2950002	NASSAU HEALTH CARE CORP	8,859.62	7,986.61	7,986.61	290.90	8.18%	24.00%	51.01	51.01	2.92	0.48	236.10
2952006	NEW ISLAND HOSPITAL	4,082.90	4,169.46	4,075.93	97.74	8.18%	24.00%	(20.95)	(20.95)	1.06	0.27	236.10
2951001	NORTH SHORE UNIV HOSP	5,676.21	5,081.45	5,081.45	746.40	8.18%	24.00%	128.40	128.40	2.52	0.55	236.10
2901000	NORTH SHORE/GLEN COVE	4,383.75	5,153.51	4,075.93	367.10	8.18%	24.00%	37.82	37.82	1.85	0.29	236.10
2952005	NORTH SHORE/PLAINVIEW	4,206.10	4,014.17	4,010.66	404.80	8.18%	24.00%	33.02	33.02	0.93	0.25	236.10
2950001	SOUTH NASSAU COMMUNITIES	3,835.46	3,656.84	3,656.84	110.41	8.18%	24.00%	38.72	38.72	1.41	0.28	236.10
5126000	SOUTHAMPTON HOSPITAL	4,201.38	4,609.16	4,075.93	455.10	8.18%	24.00%	150.21	150.21	1.54	0.48	236.10
5154000	SOUTHSIDE HOSPITAL	4,280.85	4,221.49	4,075.93	150.66	8.18%	24.00%	23.28	23.28	1.46	0.26	236.10
5157003	ST CATHERINE OF SIENA	4,147.91	4,067.46	4,067.46	116.09	8.18%	24.00%	4.17	4.17	1.44	0.31	236.10
5149001	ST CHARLES HOSPITAL	4,256.46	3,896.26	3,896.26	137.89	8.18%	24.00%	(23.90)	(23.90)	1.98	0.33	236.10
2953000	ST FRANCIS / ROSLYN	3,949.37	3,696.54	3,696.54	708.98	8.18%	24.00%	63.89	63.89	2.00	0.44	236.10
5151001	UNIV HOSP AT STONY BROOK	5,954.43	5,634.08	5,604.47	657.05	8.18%	24.00%	100.37	100.37	3.04	0.57	236.10
2908000	WINTHROP UNIVERSITY	4,996.15	4,429.50	4,429.50	235.43	8.18%	24.00%	56.24	56.24	1.91	0.46	236.10

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	LONG ISLAND REGION									
5123000	BROOKHAVEN MEMORIAL	(65.19)	(64.28)	37.18	37.18	0.00	0.00	0.470357	1.2138	4,054.91
5120000	BRUNSWICK HOSPITAL CTR	1,714.05	1,715.09	178.40	178.40	0.00	0.00	0.572020	1.4140	4,261.70
5155000	CENTRAL SUFFOLK HOSPITAL	(378.93)	(378.02)	(172.19)	(172.19)	0.00	0.00	0.344187	1.0662	3,870.64
5127000	EASTERN LONG ISLAND	(83.22)	(82.08)	(75.31)	(75.31)	0.00	0.00	0.433967	0.9406	4,513.38
7001024	EPISCOPAL HEALTH SVCS	(157.78)	(156.70)	(47.34)	(47.34)	0.00	0.00	0.470573	0.9339	6,035.18
2910000	FRANKLIN HOSP MEDICAL CTR	(130.07)	(129.20)	18.69	18.69	0.00	0.00	0.338122	1.3592	3,733.33
5154001	GOOD SAM / WEST ISLIP	133.56	136.45	(32.97)	(33.07)	0.00	0.00	0.403261	1.0018	4,327.80
5153000	HUNTINGTON HOSPITAL	(59.50)	(58.63)	8.58	8.58	0.00	0.00	0.481516	0.9988	4,186.72
2906000	ISLAND MEDICAL CTR	(70.45)	(69.29)	61.70	61.70	0.00	0.00	0.461229	0.9889	4,303.61
5149000	JOHN T MATHER MEMORIAL	(64.23)	(63.31)	(229.98)	(229.98)	0.00	0.00	0.390716	1.4822	4,221.58
2902000	LONG BEACH MED CTR	(690.92)	(690.05)	(253.72)	(253.72)	0.00	0.00	0.456229	1.2500	4,253.73
2909000	MERCY MEDICAL CENTER	(59.52)	(58.69)	(42.26)	(42.26)	0.00	0.00	0.406100	1.1288	4,039.52
2950002	NASSAU HEALTH CARE CORP	2.13	3.54	(16.03)	(16.03)	0.00	0.00	0.684011	1.1091	8,798.91
2952006	NEW ISLAND HOSPITAL	(639.46)	(638.63)	(189.55)	(189.55)	0.00	0.00	0.400150	1.0036	4,181.10
2951001	NORTH SHORE UNIV HOSP	(62.56)	(61.58)	(19.56)	(19.56)	0.00	0.00	0.468954	1.3846	5,700.90
2901000	NORTH SHORE/GLEN COVE	(12.64)	(11.63)	(113.58)	(113.58)	0.00	0.00	0.408845	1.2322	4,451.70
2952005	NORTH SHORE/PLAINVIEW	(63.47)	(62.56)	(166.88)	(166.88)	0.00	0.00	0.396389	0.9583	4,294.81
2950001	SOUTH NASSAU COMMUNITIES	(57.37)	(56.61)	70.41	70.41	0.00	0.00	0.466067	1.1744	3,909.59
5126000	SOUTHAMPTON HOSPITAL	(71.09)	(70.17)	57.51	57.51	0.00	0.00	0.426420	0.8785	4,290.63
5154000	SOUTHSIDE HOSPITAL	(414.73)	(413.64)	(36.78)	(36.78)	0.00	0.00	0.442530	0.9006	4,377.10
5157003	ST CATHERINE OF SIENA	(22.89)	(22.89)	(100.27)	(100.27)	0.00	0.00	0.468445	0.9309	4,148.86
5149001	ST CHARLES HOSPITAL	(3,266.48)	(3,265.64)	(220.43)	(220.44)	0.00	0.00	0.513675	0.8333	4,194.57
2953000	ST FRANCIS / ROSLYN	(60.77)	(59.98)	(237.91)	(237.91)	0.00	0.00	0.419784	2.8990	4,032.50
5151001	UNIV HOSP AT STONY BROOK	(60.84)	(59.74)	(50.29)	(50.29)	0.00	0.00	0.597780	1.5115	6,026.68
2908000	WINTHROP UNIVERSITY	(8.23)	(7.38)	27.43	27.43	0.00	0.00	0.464918	1.2207	4,969.46

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		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	
OPCERT	HOSPITAL NAME	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
LONG ISLAND REGION											
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
LONG ISLAND REGION											
5123000	BROOKHAVEN MEMORIAL	252.88	654.86	59.27	59.27	8.18%	24.00%	0.00	0.00	0.00	0.31
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5127000	EASTERN LONG ISLAND	260.53	733.85	(33.08)	(33.08)	8.18%	24.00%	0.00	0.00	0.00	0.20
7001024	EPISCOPAL HEALTH SVCS	271.93	1,153.67	370.69	370.69	8.18%	24.00%	0.00	0.00	0.00	0.33
2910000	FRANKLIN HOSP MEDICAL CTR	250.03	346.73	(0.12)	(0.12)	8.18%	24.00%	0.00	0.00	0.00	0.24
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	262.97	374.47	(8.88)	(8.88)	8.18%	24.00%	0.00	0.00	0.00	0.29
2906000	ISLAND MEDICAL CTR	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	274.18	469.14	(32.41)	(32.41)	8.18%	24.00%	0.00	0.00	0.00	0.31
2902000	LONG BEACH MED CTR	376.95	701.19	(14.44)	(14.44)	8.18%	24.00%	0.00	0.00	0.00	0.33
2909000	MERCY MEDICAL CENTER	262.12	774.95	(97.34)	(97.34)	8.18%	24.00%	0.00	0.00	0.00	0.29
2950002	NASSAU HEALTH CARE CORP	256.18	761.58	(43.08)	(43.08)	8.18%	24.00%	0.00	0.00	0.00	0.48
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	331.57	801.24	97.73	97.73	8.18%	24.00%	0.00	0.00	0.00	0.55
2901000	NORTH SHORE/GLEN COVE	274.47	222.10	(18.69)	(18.69)	8.18%	24.00%	0.00	0.00	0.00	0.29
2952005	NORTH SHORE/PLAINVIEW	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	269.00	387.90	(136.89)	(136.89)	8.18%	24.00%	0.00	0.00	0.00	0.28
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	258.53	430.39	(26.61)	(26.61)	8.18%	24.00%	0.00	0.00	0.00	0.26
5157003	ST CATHERINE OF SIENA	284.14	607.78	24.51	24.51	8.18%	24.00%	0.00	0.00	0.00	0.31
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 HOSP AT STONY BROOK	307.11	799.96	(24.56)	(24.56)	8.18%	24.00%	0.00	0.00	0.00	0.57
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
LONG ISLAND REGION											
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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	743.79	1,639.24	(89.21)	(89.21)	8.18%	24.00%	0.00	0.00	0.00	0.55
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	LONG ISLAND REGION										
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5127000	EASTERN LONG ISLAND	266.41	424.17	(71.95)	(71.95)	8.18%	24.00%	0.00	0.00	0.00	0.20
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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	255.11	286.33	521.61	524.82	8.18%	24.00%	0.00	0.00	0.00	0.33
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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003 ===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	LONG ISLAND REGION										
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	LONG ISLAND REGION										
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	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 HEALTH CARE CORP	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
2901000	NORTH SHORE/GLEN COVE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	NORTH SHORE/PLAINVIEW	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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	LONG ISLAND REGION										
5123000	BROOKHAVEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSPITAL CTR	274.58	1,157.64	198.72	198.72	8.18%	24.00%	0.00	0.00	0.00	0.29
5155000	CENTRAL SUFFOLK HOSPITAL	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
7001024	EPISCOPAL HEALTH SVCS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2910000	FRANKLIN HOSP MEDICAL CTR	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
2906000	ISLAND MEDICAL CTR	236.10	621.55	(197.87)	(197.87)	8.18%	24.00%	0.00	0.00	0.00	0.18
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	271.32	778.14	(526.09)	(526.09)	8.18%	24.00%	0.00	0.00	0.00	0.33
2909000	MERCY MEDICAL CENTER	305.76	787.40	(136.47)	(136.47)	8.18%	24.00%	0.00	0.00	0.00	0.29
2950002	NASSAU HEALTH CARE CORP	281.21	867.30	(67.57)	(67.57)	8.18%	24.00%	0.00	0.00	0.00	0.48
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
2901000	NORTH SHORE/GLEN COVE	288.67	923.22	(51.29)	(51.29)	8.18%	24.00%	0.00	0.00	0.00	0.29
2952005	NORTH SHORE/PLAINVIEW	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	282.71	739.31	(86.49)	(86.49)	8.18%	24.00%	0.00	0.00	0.00	0.26
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	309.69	1,022.17	3,131.34	3,131.34	8.18%	24.00%	0.00	0.00	0.00	0.33
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 HOSP 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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLENDLED CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	PER DIEM	PER DIEM	PER DIEM	PER CASE	PER DIEM	PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NEW YORK CITY REGION												
7002001	BELLEVUE HOSPITAL CTR	9,602.08	8,274.80	8,274.80	318.70	8.18%	24.00%	55.88	55.96	3.80	0.36	236.10
7002002	BETH ISRAEL MED CTR	6,830.37	6,379.42	5,881.49	1,183.11	8.18%	24.00%	186.49	186.49	3.35	0.56	236.10
7001041	BETH ISRAEL/KINGS HIGHWAY	4,199.67	3,819.49	3,819.49	155.06	8.18%	24.00%	1.07	1.07	1.11	0.21	236.10
7002004	BETH ISRAEL/NORTH DIV	5,160.45	4,952.89	4,075.93	1,037.01	8.18%	24.00%	129.93	129.93	2.41	0.51	236.10
7000001	BRONX-LEBANON HOSP CTR	7,474.09	7,298.57	5,830.04	589.12	8.18%	24.00%	108.36	108.36	3.05	0.43	236.10
7001002	BROOKDALE HOSP MED CTR	6,584.43	6,782.49	5,881.49	268.58	8.18%	24.00%	52.04	52.10	2.86	0.47	236.10
7001003	BROOKLYN HOSPITAL	6,080.76	5,621.11	5,621.11	271.07	8.18%	24.00%	72.75	72.75	1.94	0.40	236.10
7002003	CABRINI MEDICAL CTR	6,002.37	6,130.13	5,665.73	320.39	8.18%	24.00%	27.62	27.62	3.34	0.43	236.10
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
7003008	CATHOLIC MEDICAL CENTER	5,462.68	5,515.00	5,515.00	263.88	8.18%	24.00%	23.88	23.86	1.97	0.42	236.10
7003000	CITY HOSP CTR AT ELMHURST	8,908.34	7,645.65	7,645.65	735.29	8.18%	24.00%	171.94	171.94	2.62	0.41	236.10
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	CONEY ISLAND HOSPITAL	7,892.45	6,646.90	6,646.90	158.07	8.18%	24.00%	20.48	20.48	2.52	0.39	236.10
7003001	FLUSHING HOSPITAL	5,364.89	5,791.86	5,743.85	192.19	8.18%	24.00%	73.88	73.88	1.29	0.31	236.10
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	9,752.52	9,904.60	8,164.62	662.11	8.18%	24.00%	153.07	153.07	4.14	0.60	236.10
7002011	HOSP FOR JOINT DISEASES	5,663.07	6,821.20	5,756.46	525.81	8.18%	24.00%	(28.86)	(28.86)	5.48	0.66	236.10
7002012	HOSP FOR SPECIAL SURGERY	5,543.53	5,367.36	5,367.36	1,615.51	8.18%	24.00%	396.50	396.50	5.12	1.23	236.10
7001046	INTERFAITH MED CTR	6,633.14	7,781.94	5,746.91	497.05	8.18%	24.00%	125.34	125.34	3.15	0.30	236.10
7000002	JACOBI MEDICAL CENTER	9,721.56	8,549.31	8,504.15	302.49	8.18%	24.00%	38.92	38.92	3.01	0.44	236.10
7003003	JAMAICA HOSPITAL	6,314.17	5,738.58	5,738.58	228.93	8.18%	24.00%	37.43	37.43	2.32	0.41	236.10
7001016	KINGS COUNTY HOSP CTR	9,341.61	8,456.07	8,195.59	375.89	8.18%	24.00%	58.17	58.17	3.83	0.40	236.10
7001033	KINGSBROOK JEWISH MED CTR	6,331.02	7,217.62	5,881.49	196.20	8.18%	24.00%	18.34	18.34	4.69	0.43	236.10
7002017	LENOX HILL HOSPITAL	5,566.71	5,494.12	5,494.12	397.97	8.18%	24.00%	45.51	45.51	1.90	0.42	236.10
7000008	LINCOLN MEDICAL	9,828.67	8,321.31	8,321.31	252.23	8.18%	24.00%	38.45	38.45	2.69	0.58	236.10
7001017	LONG ISLAND COLLEGE	6,399.78	6,664.18	5,834.51	362.97	8.18%	24.00%	(269.81)	(269.81)	2.52	0.43	236.10
7003004	LONG ISLAND JEWISH	6,811.52	6,259.76	5,881.49	486.89	8.18%	24.00%	122.03	122.03	2.50	0.40	236.10
7001019	LUTHERAN MEDICAL CTR	5,265.00	4,963.71	4,963.71	166.56	8.18%	24.00%	(143.60)	(143.60)	1.88	0.41	236.10
7001020	MAIMONIDES MED CTR	6,222.06	5,654.32	5,654.32	246.82	8.18%	24.00%	54.16	54.16	2.36	0.49	236.10
7002019	MANHATTAN EYE EAR & THROAT	5,815.28	8,136.03	5,815.88	100.59	8.18%	24.00%	(66.37)	(66.37)	4.90	3.42	236.10
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	10,488.81	10,001.49	8,214.77	252.44	8.18%	24.00%	26.26	26.26	4.06	0.46	236.10
7000006	MONTEFIORE HOSPITAL	6,803.95	6,667.46	5,713.59	770.08	8.18%	24.00%	83.12	83.12	3.92	0.80	236.10
7002024	MOUNT SINAI HOSPITAL	6,084.22	6,127.41	5,713.59	1,276.27	8.18%	24.00%	262.87	262.87	3.97	0.58	236.10
7003015	MOUNT SINAI OF QUEENS	4,235.01	3,852.00	3,852.00	382.95	8.18%	24.00%	30.21	30.21	1.26	0.26	236.10
7000024	NORTH CENTRAL BRONX	8,795.08	9,301.18	8,632.63	304.57	8.18%	24.00%	50.00	50.00	3.06	0.53	236.10
7002052	NORTH GENERAL HOSPITAL	6,779.81	7,043.06	5,881.49	786.44	8.18%	24.00%	143.13	143.13	3.78	0.43	236.10
7003013	NORTH SHORE/FORREST	5,006.62	5,222.53	5,222.53	579.54	8.18%	24.00%	73.08	73.08	1.11	0.28	236.10

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	726.91	736.79	60.10	60.66	0.00	0.00	0.560955	1.4049	8,883.63
7002002	BETH ISRAEL MED CTR	(55.35)	(54.13)	(178.89)	(178.89)	0.00	0.00	0.446538	1.3264	6,875.52
7001041	BETH ISRAEL/KINGS HIGHWAY	(394.33)	(393.57)	(148.43)	(148.43)	0.00	0.00	0.312702	1.4153	4,292.96
7002004	BETH ISRAEL/NORTH DIV	(79.25)	(78.16)	(278.72)	(278.72)	0.00	0.00	0.377123	1.8084	5,260.54
7000001	BRONX-LEBANON HOSP CTR	2.38	3.61	(15.16)	(15.16)	0.00	0.00	0.460571	1.1752	7,390.24
7001002	BROOKDALE HOSP MED CTR	807.99	809.21	16.73	17.10	0.00	0.00	0.686905	1.2622	6,583.94
7001003	BROOKLYN HOSPITAL	(15.36)	(14.35)	85.76	85.76	0.00	0.00	0.552068	1.1863	6,081.83
7002003	CABRINI MEDICAL CTR	(56.11)	(55.06)	(135.76)	(135.76)	0.00	0.00	0.694979	1.6665	6,017.95
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.881768	0.0000	0.00
7003008	CATHOLIC MEDICAL CENTER	(707.72)	(710.86)	(111.96)	(112.14)	0.00	0.00	0.428795	1.1035	5,778.93
7003000	CITY HOSP CTR AT ELMHURST	(47.06)	(45.63)	153.42	153.42	0.00	0.00	0.498515	0.9572	8,930.59
7002051	COLER MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.414969	0.0000	0.00
7001009	CONEY ISLAND HOSPITAL	(19.93)	(18.61)	(50.82)	(50.82)	0.00	0.00	0.573795	1.0851	7,870.45
7003001	FLUSHING HOSPITAL	108.03	109.27	105.34	105.34	0.00	0.00	0.593491	0.8806	5,534.91
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.451709	0.0000	0.00
7002009	HARLEM HOSPITAL CTR	(85.32)	(83.60)	222.80	222.80	0.00	0.00	0.764106	1.1882	9,792.94
7002011	HOSP FOR JOINT DISEASES	(1,147.03)	(1,145.99)	(705.99)	(705.99)	0.00	0.00	0.627111	2.6324	5,834.03
7002012	HOSP FOR SPECIAL SURGERY	29.20	30.10	193.77	193.77	0.00	0.00	0.486781	2.6583	5,562.35
7001046	INTERFAITH MED CTR	343.31	331.53	(22.23)	(22.23)	(10.82)	(11.71)	0.753876	1.1482	6,695.56
7000002	JACOBI MEDICAL CENTER	293.39	294.82	(90.21)	(90.21)	0.00	0.00	0.538221	1.2029	9,632.51
7003003	JAMAICA HOSPITAL	(14.57)	(13.44)	(50.63)	(50.63)	0.00	0.00	0.629433	1.1474	6,293.30
7001016	KINGS COUNTY HOSP CTR	249.89	255.14	(30.65)	(30.65)	0.00	0.00	0.577514	1.2019	9,038.79
7001033	KINGSBROOK JEWISH MED CTR	(55.00)	(53.62)	(71.71)	(71.71)	0.00	0.00	0.452029	1.8715	6,351.78
7002017	LENOX HILL HOSPITAL	(31.11)	(30.12)	(153.32)	(153.32)	0.00	0.00	0.269890	1.3455	5,578.55
7000008	LINCOLN MEDICAL	673.48	674.75	(61.36)	(61.36)	0.00	0.00	0.711679	1.0785	9,753.62
7001017	LONG ISLAND COLLEGE	(1,268.72)	(1,267.53)	(2,095.50)	(2,095.50)	0.00	0.00	0.412077	1.1584	6,646.22
7003004	LONG ISLAND JEWISH	(21.69)	(20.52)	163.08	163.08	0.00	0.00	0.394730	1.2713	6,820.03
7001019	LUTHERAN MEDICAL CTR	67.39	70.29	(779.30)	(779.30)	0.00	0.00	0.651282	0.9408	5,168.67
7001020	MAIMONIDES MED CTR	275.77	279.92	2.35	2.35	0.00	0.00	0.363352	1.2110	5,892.84
7002019	MANHATTAN EYE EAR & THROAT	(172.17)	(170.92)	(208.27)	(208.27)	0.00	0.00	0.744535	0.9617	5,814.41
7002020	MEMORIAL HOSP FOR CANCER	0.00	0.00	0.00	0.00	0.00	0.00	0.713210	0.0000	0.00
7002021	METROPOLITAN HOSPITAL CTR	36.45	39.64	(110.66)	(110.66)	0.00	0.00	0.661096	0.9755	10,399.39
7000006	MONTEFIORE HOSPITAL	(82.63)	(81.36)	(223.82)	(223.82)	0.00	0.00	0.377843	1.4911	6,895.95
7002024	MOUNT SINAI HOSPITAL	(57.57)	(56.35)	256.81	256.81	0.00	0.00	0.629594	1.7624	6,143.29
7003015	MOUNT SINAI OF QUEENS	(61.28)	(60.37)	(144.56)	(144.56)	0.00	0.00	0.530134	1.4323	4,320.17
7000024	NORTH CENTRAL BRONX	(24.51)	(23.11)	(84.87)	(84.87)	0.00	0.00	0.570127	0.8138	8,799.75
7002052	NORTH GENERAL HOSPITAL	(169.57)	(168.41)	(32.04)	(32.04)	0.00	0.00	0.796822	1.3166	6,960.66
7003013	NORTH SHORE/FOREST	(20.95)	(19.75)	(45.66)	(45.66)	0.00	0.00	0.446475	1.0903	5,017.87

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		ALTERNATE CARE PER DIEM	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE PER DIEM	NO-FAULT ACUTE PER DIEM	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
NEW YORK CITY REGION											
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000011	CALVARY HOSPITAL	276.25	1,070.37	(15.79)	(15.79)	8.18%	24.00%	0.00	0.00	0.00	0.19
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002051	COLER MEMORIAL HOSP	256.60	673.84	95.86	95.86	8.18%	24.00%	0.00	0.00	0.00	0.27
7001009	CONEY ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003001	FLUSHING 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	261.26	616.70	37.38	37.38	8.18%	24.00%	0.00	0.00	0.00	0.18
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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	430.56	2,563.67	(139.28)	(139.28)	8.18%	24.00%	0.00	0.00	0.00	1.26
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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ACUTE PER DIEM	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		INCL BASIC MALP,	PRODUCTIVITY & EFFICIENCY, & CAPITAL	ACUTE	ACUTE	ACUTE	GOODS	GOODS POOL	EXCESS		
		PER DIEM	EXCL PROSP	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL		PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
NEW YORK CITY REGION											
7002001	BELLEVUE HOSPITAL CTR	271.47	931.50	(93.71)	(93.71)	8.18%	24.00%	0.00	0.00	0.00	0.36
7002002	BETH ISRAEL MED CTR	414.61	794.98	(100.46)	(100.46)	8.18%	24.00%	0.00	0.00	0.00	0.56
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
7002004	BETH ISRAEL/NORTH DIV	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	325.39	970.19	(84.01)	(84.01)	8.18%	24.00%	0.00	0.00	0.00	0.43
7001002	BROOKDALE HOSP MED CTR	277.79	682.81	(70.48)	(70.46)	8.18%	24.00%	0.00	0.00	0.00	0.47
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002003	CABRINI MEDICAL CTR	285.94	802.16	(10.23)	(10.23)	8.18%	24.00%	0.00	0.00	0.00	0.43
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003008	CATHOLIC MEDICAL CENTER	250.20	695.43	(0.02)	(0.02)	8.18%	24.00%	0.00	0.00	0.00	0.42
7003000	CITY HOSP CTR AT ELMHURST	313.52	732.65	(5.32)	(5.32)	8.18%	24.00%	0.00	0.00	0.00	0.41
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	252.78	538.82	12.88	12.88	8.18%	24.00%	0.00	0.00	0.00	0.39
7003001	FLUSHING HOSPITAL	296.48	844.09	1,480.83	1,480.83	8.18%	24.00%	0.00	0.00	0.00	0.31
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	274.62	798.68	(100.70)	(100.70)	8.18%	24.00%	0.00	0.00	0.00	0.60
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	280.02	644.91	735.92	729.69	8.18%	24.00%	3.48	3.79	0.00	0.30
7000002	JACOBI MEDICAL CENTER	260.49	690.39	11.96	11.96	8.18%	24.00%	0.00	0.00	0.00	0.44
7003003	JAMAICA HOSPITAL	365.24	832.56	(27.61)	(27.61)	8.18%	24.00%	0.00	0.00	0.00	0.41
7001016	KINGS COUNTY HOSP CTR	275.18	636.72	(149.82)	(149.82)	8.18%	24.00%	0.00	0.00	0.00	0.40
7001033	KINGSBROOK JEWISH MED CTR	259.35	701.71	(119.29)	(119.29)	8.18%	24.00%	0.00	0.00	0.00	0.43
7002017	LENOX HILL HOSPITAL	297.48	732.96	(11.36)	(11.36)	8.18%	24.00%	0.00	0.00	0.00	0.42
7000008	LINCOLN MEDICAL	263.90	965.88	(185.65)	(185.65)	8.18%	24.00%	0.00	0.00	0.00	0.58
7001017	LONG ISLAND COLLEGE	267.32	386.36	(73.28)	(73.28)	8.18%	24.00%	0.00	0.00	0.00	0.43
7003004	LONG ISLAND JEWISH	272.74	693.00	(85.27)	(85.27)	8.18%	24.00%	0.00	0.00	0.00	0.40
7001019	LUTHERAN MEDICAL CTR	266.43	1,056.32	(88.91)	(88.91)	8.18%	24.00%	0.00	0.00	0.00	0.41
7001020	MAIMONIDES MED CTR	264.57	454.79	(48.17)	(48.17)	8.18%	24.00%	0.00	0.00	0.00	0.49
7002019	MANHATTAN EYE EAR & THROAT	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	263.58	641.55	(201.76)	(201.76)	8.18%	24.00%	0.00	0.00	0.00	0.46
7000006	MONTEFIORE HOSPITAL	309.44	768.39	(34.82)	(34.82)	8.18%	24.00%	0.00	0.00	0.00	0.80
7002024	MOUNT SINAI HOSPITAL	378.23	871.73	55.02	55.02	8.18%	24.00%	0.00	0.00	0.00	0.58
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
7000024	NORTH CENTRAL BRONX	263.77	695.79	(98.45)	(98.45)	8.18%	24.00%	0.00	0.00	0.00	0.53
7002052	NORTH GENERAL HOSPITAL	328.12	792.96	(15.45)	(15.45)	8.18%	24.00%	0.00	0.00	0.00	0.43
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
NEW YORK CITY REGION											
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	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
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	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
7003001	FLUSHING 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
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
NEW YORK CITY REGION											
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002004	BETH ISRAEL/NORTH DIV	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	319.74	586.71	(35.22)	(35.22)	8.18%	24.00%	0.00	0.00	0.00	0.43
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
7002003	CABRINI MEDICAL CTR	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
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	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
7003001	FLUSHING 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
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	273.38	455.92	5.71	5.71	8.18%	24.00%	0.00	0.00	0.00	0.30
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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 MALP	NF EXCESS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		ALTERNATE CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP								
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	330.81	570.57	(3.47)	(3.47)	8.18%	24.00%	0.00	0.00	0.00	0.56
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
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	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
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	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
7003001	FLUSHING 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
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	273.38	455.92	5.71	5.71	8.18%	24.00%	0.00	0.00	0.00	0.30
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	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
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	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
7003001	FLUSHING 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
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	584.69	2,385.34	451.81	451.81	8.18%	24.00%	0.00	0.00	0.00	0.40
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
7002019	MANHATTAN EYE EAR & THROAT	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	318.65	1,371.80	(155.64)	(155.64)	8.18%	24.00%	0.00	0.00	0.00	0.80
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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FOREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	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
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	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
7003001	FLUSHING 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
7002011	HOSP FOR JOINT DISEASES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002012	HOSP FOR SPECIAL SURGERY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001046	INTERFAITH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000002	JACOBI MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003003	JAMAICA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001016	KINGS COUNTY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001033	KINGSBROOK JEWISH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002017	LENOX HILL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000008	LINCOLN MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001017	LONG ISLAND COLLEGE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003004	LONG ISLAND JEWISH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FORREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	262.34	1,250.66	204.62	204.62	8.18%	24.00%	0.00	0.00	0.00	0.36
7002002	BETH ISRAEL MED CTR	630.02	1,215.39	213.71	213.71	8.18%	24.00%	0.00	0.00	0.00	0.56
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
7002004	BETH ISRAEL/NORTH DIV	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
7002003	CABRINI MEDICAL CTR	333.13	958.68	(128.31)	(128.31)	8.18%	24.00%	0.00	0.00	0.00	0.43
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003008	CATHOLIC MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003000	CITY HOSP CTR AT ELMHURST	373.83	1,099.04	230.94	230.94	8.18%	24.00%	0.00	0.00	0.00	0.41
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	268.75	1,394.91	252.12	252.12	8.18%	24.00%	0.00	0.00	0.00	0.39
7003001	FLUSHING 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	355.49	2,129.00	(1,269.16)	(1,269.16)	8.18%	24.00%	0.00	0.00	0.00	0.60
7002011	HOSP FOR JOINT DISEASES	280.65	980.51	604.11	604.11	8.18%	24.00%	0.00	0.00	0.00	0.66
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	276.62	1,179.64	35.96	35.96	8.18%	24.00%	0.00	0.00	0.00	0.44
7003003	JAMAICA HOSPITAL	354.23	844.04	24.97	24.97	8.18%	24.00%	0.00	0.00	0.00	0.41
7001016	KINGS COUNTY HOSP CTR	323.83	1,617.91	(81.04)	(81.04)	8.18%	24.00%	0.00	0.00	0.00	0.40
7001033	KINGSBROOK JEWISH MED CTR	288.89	981.78	(182.60)	(182.60)	8.18%	24.00%	0.00	0.00	0.00	0.43
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	313.52	920.26	(161.17)	(161.17)	8.18%	24.00%	0.00	0.00	0.00	0.43
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	260.87	633.97	3.65	3.65	8.18%	24.00%	0.00	0.00	0.00	0.41
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002019	MANHATTAN EYE EAR & THROAT	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	273.41	1,098.16	(383.58)	(383.58)	8.18%	24.00%	0.00	0.00	0.00	0.46
7000006	MONTEFIORE HOSPITAL	353.70	919.09	(214.34)	(214.34)	8.18%	24.00%	0.00	0.00	0.00	0.80
7002024	MOUNT SINAI HOSPITAL	373.38	1,822.32	499.77	499.77	8.18%	24.00%	0.00	0.00	0.00	0.58
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
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	NORTH SHORE/FORREST	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLENDED CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
7001008	NY COMMUNITY/BROOKLYN	3,999.79	3,425.22	3,425.22	155.71	8.18%	24.00%	21.31	21.31	1.30	0.20	236.10
7002026	NY EYE AND EAR INFIRMARY	5,445.17	7,583.73	5,881.49	220.04	8.18%	24.00%	71.22	71.22	11.76	3.82	236.10
7003010	NY MED CTR OF QUEENS	5,357.65	5,139.76	5,139.76	326.43	8.18%	24.00%	65.61	65.61	2.04	0.47	236.10
7001021	NY METHODIST/BROOKLYN	5,941.75	5,453.90	5,453.90	174.12	8.18%	24.00%	38.87	38.87	1.39	0.28	236.10
7099003	NY PRESBY (ALLEN)	5,606.68	6,069.00	5,713.59	1,236.60	8.18%	24.00%	208.79	208.79	3.69	0.51	236.10
7002054	NY PRESBY (NY PAYNE)	5,606.68	6,069.00	5,713.59	1,236.60	8.18%	24.00%	208.79	208.79	3.69	0.51	236.10
7002030	NY PRESBY (PRESBY)	5,606.68	6,069.00	5,713.59	1,236.60	8.18%	24.00%	208.79	208.79	3.69	0.51	236.10
7002053	NY UNIV MED CTR (TISCH)	5,154.19	5,069.55	5,069.55	585.28	8.18%	24.00%	116.83	116.83	2.46	0.42	236.10
7000025	NY WESTCHESTER SQUARE	4,148.28	4,265.83	4,075.93	76.56	8.18%	24.00%	(5.76)	(5.76)	1.22	0.24	236.10
7002000	NYU DOWNTOWN HOSPITAL	5,837.73	5,502.16	5,502.16	373.00	8.18%	24.00%	150.07	150.07	1.73	0.51	236.10
7000005	OUR LADY OF MERCY MED CTR	5,780.64	5,857.60	5,857.60	259.87	8.18%	24.00%	65.38	65.38	1.94	0.37	236.10
7003020	PARKWAY HOSPITAL	4,221.62	3,628.54	3,628.54	(11.76)	8.18%	24.00%	1.72	1.72	1.13	0.22	236.10
7003006	PENINSULA HOSPITAL CENTER	5,060.62	4,947.35	4,075.93	48.95	8.18%	24.00%	5.90	5.90	2.46	0.30	236.10
7003007	QUEENS HOSPITAL CENTER	8,854.51	8,491.27	8,491.27	391.99	8.18%	24.00%	57.16	57.16	2.78	0.45	236.10
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
7004008	SISTERS OF CHARITY(BAYLEY)	4,911.44	4,665.01	4,665.01	324.14	8.18%	24.00%	36.38	36.38	1.75	0.38	236.10
7004008	SISTERS OF CHARITY(ST VINCENT	4,911.44	4,665.01	4,665.01	324.14	8.18%	24.00%	36.38	36.38	1.75	0.38	236.10
7000014	ST BARNABAS HOSPITAL	5,304.21	4,748.73	4,075.93	228.97	8.18%	24.00%	68.73	68.73	1.99	0.36	236.10
7002033	ST CLARES HOSP & HLTH CTR	6,262.63	7,262.93	5,664.57	372.31	8.18%	24.00%	202.13	202.13	2.01	0.43	236.10
7002032	ST LUKES / ROOSEVELT	6,255.07	6,501.50	5,881.49	1,219.76	8.18%	24.00%	165.39	165.39	3.29	0.56	236.10
7001025	ST MARYS / BROOKLYN	5,566.25	6,325.65	5,830.48	168.30	8.18%	24.00%	21.51	21.51	2.45	0.46	236.10
7002037	ST VINCENTS / NYC	6,730.84	6,310.37	5,862.50	483.91	8.18%	24.00%	118.27	118.27	3.98	0.43	236.10
7001037	STATE UNIV/DOWNSTATE	6,985.78	6,719.49	5,713.59	641.55	8.18%	24.00%	89.40	89.40	4.04	0.66	236.10
7004005	STATEN ISLAND UNIV (CONCORDE	0.00	0.00	5,364.22	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	5,639.77	5,364.22	5,364.22	243.10	8.18%	24.00%	46.27	46.27	2.60	0.52	236.10
7001032	VICTORY MEMORIAL HOSPITAL	4,093.90	3,822.16	3,822.16	124.89	8.18%	24.00%	29.49	29.49	1.25	0.29	236.10
7001045	WOODHULL MEDICAL	10,170.80	9,357.51	8,823.11	647.69	8.18%	24.00%	134.95	134.95	3.02	0.40	236.10
7001035	WYCKOFF HEIGHTS HOSPITAL	5,990.70	5,293.54	5,293.54	457.68	8.18%	24.00%	128.77	128.77	1.50	0.36	236.10

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== PROSPECTIVE ADJUSTMENTS =====							=HIGH COST OUTLIER CALCULATION=			
OPCERT	HOSPITAL NAME	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)
7001008	NY COMMUNITY/BROOKLYN	(56.81)	(55.98)	3.27	3.27	0.00	0.00	0.467192	1.7440	4,082.70
7002026	NY EYE AND EAR INFIRMARY	(56.73)	(55.58)	22.41	22.41	0.00	0.00	0.487907	1.1320	5,459.10
7003010	NY MED CTR OF QUEENS	(27.23)	(26.28)	2.96	2.96	0.00	0.00	0.535805	1.3191	5,364.63
7001021	NY METHODIST/BROOKLYN	(27.98)	(26.87)	6.68	6.68	0.00	0.00	0.451420	1.0852	5,951.28
7099003	NY PRESBY (ALLEN)	(134.41)	(134.41)	26.26	26.26	0.00	#N/A	0.472090	1.6484	5,724.15
7002054	NY PRESBY (NY PAYNE)	(134.41)	(134.41)	26.26	26.26	0.00	0.00	0.472090	1.6484	5,724.15
7002030	NY PRESBY (PRESBY)	(134.41)	(134.41)	26.26	26.26	0.00	#N/A	0.472090	1.6484	5,724.15
7002053	NY UNIV MED CTR (TISCH)	(68.39)	(67.50)	14.17	14.17	0.00	0.00	0.554593	1.6503	5,229.41
7000025	NY WESTCHESTER SQUARE	(188.61)	(187.77)	(129.50)	(129.50)	0.00	0.00	0.468867	1.7446	4,236.12
7002000	NYU DOWNTOWN HOSPITAL	(684.53)	(683.41)	187.27	187.27	0.00	0.00	0.664410	0.8304	6,091.18
7000005	OUR LADY OF MERCY MED CTR	314.46	315.59	77.03	77.03	0.00	0.00	0.613310	1.1442	5,674.35
7003020	PARKWAY HOSPITAL	(55.96)	(54.97)	22.39	22.39	0.00	0.00	0.231035	1.3775	4,307.17
7003006	PENINSULA HOSPITAL CENTER	(10.25)	(4.62)	9.20	9.20	0.00	0.00	0.626412	1.7869	5,089.80
7003007	QUEENS HOSPITAL CENTER	223.84	228.33	(134.53)	(134.53)	0.00	0.00	0.624541	0.8844	8,589.76
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00	0.00	1.410527	0.0000	0.00
7004008	SISTERS OF CHARITY(BAYLEY)	(32.61)	(31.68)	(154.12)	(154.12)	0.00	0.00	0.452469	1.0805	4,927.80
7004008	SISTERS OF CHARITY(ST VINCENT)	(32.61)	(31.68)	(154.12)	(154.12)	0.00	0.00	0.452469	1.0805	4,927.80
7000014	ST BARNABAS HOSPITAL	(535.54)	(534.48)	148.78	148.78	0.00	0.00	0.576195	1.1471	5,415.32
7002033	ST CLARES HOSP & HLTH CTR	4,016.52	4,017.79	471.41	471.41	0.00	0.00	0.646425	1.1140	6,351.47
7002032	ST LUKES / ROOSEVELT	(52.08)	(50.91)	(363.33)	(363.33)	0.00	0.00	0.382080	1.3201	6,280.96
7001025	ST MARYS / BROOKLYN	(1,127.69)	(1,128.15)	(37.98)	(37.99)	0.00	0.00	0.448047	1.0999	6,234.74
7002037	ST VINCENTS / NYC	(42.13)	(40.98)	173.34	173.34	0.00	0.00	0.489896	1.6326	6,742.73
7001037	STATE UNIV/DOWNSTATE	(41.64)	(40.34)	(86.67)	(86.67)	0.00	0.00	1.095886	1.3616	7,082.83
7004005	STATEN ISLAND UNIV (CONCORDE	917.76	946.03	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
7004003	STATEN ISLAND UNIV HOSP	(121.94)	(120.03)	18.19	18.19	0.00	0.00	0.413025	1.2064	5,615.42
7001032	VICTORY MEMORIAL HOSPITAL	(62.64)	(61.89)	34.68	34.68	0.00	0.00	0.451669	1.0250	4,177.26
7001045	WOODHULL MEDICAL	979.00	980.55	82.30	82.30	0.00	0.00	0.618715	1.1406	9,999.55
7001035	WYCKOFF HEIGHTS HOSPITAL	1,165.77	1,166.62	117.46	117.46	0.00	0.00	0.473989	1.0623	6,013.66

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC GOODS POOL	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP		RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	PER DIEM
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
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 AND 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
7002054	NY PRESBY (NY PAYNE)	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
7002053	NY UNIV MED CTR (TISCH)	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
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	236.10	3,035.59	1,217.20	1,217.20	8.18%	24.00%	0.00	0.00	0.00	0.92
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	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
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	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
7004005	STATEN ISLAND UNIV (CONCORDE)	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
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	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								
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
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 AND 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	269.99	767.63	75.59	75.59	8.18%	24.00%	0.00	0.00	0.00	0.28
7099003	NY PRESBY (ALLEN)	312.66	947.74	(99.03)	(99.03)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002054	NY PRESBY (NY PAYNE)	312.66	947.74	(99.03)	(99.03)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002030	NY PRESBY (PRESBY)	312.66	947.74	(99.03)	(99.03)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002053	NY UNIV MED CTR (TISCH)	375.33	968.37	135.09	135.09	8.18%	24.00%	0.00	0.00	0.00	0.42
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	271.64	558.27	(76.10)	(76.10)	8.18%	24.00%	0.00	0.00	0.00	0.37
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	345.23	785.99	(40.80)	(40.80)	8.18%	24.00%	0.00	0.00	0.00	0.45
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(BAYLEY)	261.35	543.24	(69.66)	(69.66)	8.18%	24.00%	0.00	0.00	0.00	0.38
7004008	SISTERS OF CHARITY(ST VINCENT)	261.35	543.24	(69.66)	(69.66)	8.18%	24.00%	0.00	0.00	0.00	0.38
7000014	ST BARNABAS HOSPITAL	273.24	553.17	(77.44)	(77.44)	8.18%	24.00%	0.00	0.00	0.00	0.36
7002033	ST CLARES HOSP & HLTH CTR	281.25	405.92	(115.87)	(115.87)	8.18%	24.00%	0.00	0.00	0.00	0.43
7002032	ST LUKES / ROOSEVELT	304.62	820.87	(266.75)	(266.75)	8.18%	24.00%	0.00	0.00	0.00	0.56
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	286.20	914.27	(42.20)	(42.20)	8.18%	24.00%	0.00	0.00	0.00	0.43
7001037	STATE UNIV/DOWNSTATE	289.74	764.68	81.54	81.54	8.18%	24.00%	0.00	0.00	0.00	0.66
7004005	STATEN ISLAND UNIV (CONCORDE)	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	291.99	663.85	(42.96)	(42.96)	8.18%	24.00%	0.00	0.00	0.00	0.52
7001032	VICTORY MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	305.66	825.06	(11.66)	(11.66)	8.18%	24.00%	0.00	0.00	0.00	0.40
7001035	WYCKOFF HEIGHTS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC GOODS POOL	WC EXCESS MALP	NF EXCESS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
OPCERT	HOSPITAL NAME	PER DIEM INCL CAPITAL	PER DIEM PROSP ADJ	PER DIEM PROSP ADJ	SURCHARGE	SURCHARGE	PHYS MALP	PHYS MALP			
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
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 AND 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	337.46	1,366.52	(486.74)	(486.74)	8.18%	24.00%	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
7002054	NY PRESBY (NY PAYNE)	663.70	1,767.16	(53.30)	(53.30)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002030	NY PRESBY (PRESBY)	663.70	1,767.16	(53.30)	(53.30)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002053	NY UNIV MED CTR (TISCH)	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
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	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
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	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
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	378.45	1,268.23	(16.78)	(16.78)	8.18%	24.00%	0.00	0.00	0.00	0.66
7004005	STATEN ISLAND UNIV (CONCORDE	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
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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								
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
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 AND 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
7002054	NY PRESBY (NY PAYNE)	282.29	523.20	(21.73)	(21.73)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NY UNIV MED CTR (TISCH)	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
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	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
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	330.47	528.00	22.70	22.70	8.18%	24.00%	0.00	0.00	0.00	0.56
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	286.63	439.11	(18.27)	(18.27)	8.18%	24.00%	0.00	0.00	0.00	0.43
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004005	STATEN ISLAND UNIV (CONCORDE)	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	270.47	495.42	(14.65)	(14.65)	8.18%	24.00%	0.00	0.00	0.00	0.52
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE CARE	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC	WC EXCESS	NF EXCESS	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		PER DIEM INCL CAPITAL	EXCL PROSP	PER DIEM PROSP ADJ	PER DIEM PROSP ADJ	POOL SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP		
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
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 AND 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
7002054	NY PRESBY (NY PAYNE)	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
7002053	NY UNIV MED CTR (TISCH)	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
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	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
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	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
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	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
7004005	STATEN ISLAND UNIV (CONCORDE)	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
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
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 AND 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
7002054	NY PRESBY (NY PAYNE)	705.35	1,887.85	88.51	88.51	8.18%	24.00%	0.00	0.00	0.00	0.51
7002030	NY PRESBY (PRESBY)	705.35	1,887.85	88.51	88.51	8.18%	24.00%	0.00	0.00	0.00	0.51
7002053	NY UNIV MED CTR (TISCH)	706.62	2,656.89	152.14	152.14	8.18%	24.00%	0.00	0.00	0.00	0.42
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	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
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	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
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	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
7004005	STATEN ISLAND UNIV (CONCORDE)	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
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ACUTE PER DIEM	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		INCL BASIC MALP,	PRODUCTIVITY & EFFICIENCY,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		ALTERNATE CARE PER DIEM	& CAPITAL EXCL PROSP	PER DIEM PROSP ADJ	PER DIEM PROSP ADJ	POOL SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP	ADJUSTMENTS	PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
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 AND 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
7002054	NY PRESBY (NY PAYNE)	568.47	3,597.02	767.03	767.03	8.18%	24.00%	0.00	0.00	0.00	0.51
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NY UNIV MED CTR (TISCH)	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
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CENTER	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
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	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
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	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
7004005	STATEN ISLAND UNIV (CONCORDE)	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	236.10	(19.83)	7,613.47	7,613.47	8.18%	24.00%	0.00	0.00	0.00	0.52
7001032	VICTORY MEMORIAL HOSPITAL	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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)
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 AND 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	274.84	785.05	(6.10)	(6.10)	8.18%	24.00%	0.00	0.00	0.00	0.28
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBY (NY PAYNE)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	338.95	1,000.96	(54.26)	(54.26)	8.18%	24.00%	0.00	0.00	0.00	0.51
7002053	NY UNIV MED CTR (TISCH)	332.75	1,241.78	(2.89)	(2.89)	8.18%	24.00%	0.00	0.00	0.00	0.42
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NYU DOWNTOWN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSPITAL CENTER	269.17	1,451.08	555.22	555.22	8.18%	24.00%	0.00	0.00	0.00	0.30
7003007	QUEENS HOSPITAL CENTER	405.97	1,383.33	(232.98)	(232.98)	8.18%	24.00%	0.00	0.00	0.00	0.45
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(BAYLEY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004008	SISTERS OF CHARITY(ST VINCENT)	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
7002033	ST CLARES HOSP & HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	438.59	1,847.87	66.16	66.16	8.18%	24.00%	0.00	0.00	0.00	0.56
7001025	ST MARYS / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	ST VINCENTS / NYC	299.94	2,384.96	154.62	154.62	8.18%	24.00%	0.00	0.00	0.00	0.43
7001037	STATE UNIV/DOWNSTATE	310.08	1,221.87	202.09	202.09	8.18%	24.00%	0.00	0.00	0.00	0.66
7004005	STATEN ISLAND UNIV (CONCORDE)	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	315.54	1,197.69	22.54	22.54	8.18%	24.00%	0.00	0.00	0.00	0.52
7001032	VICTORY MEMORIAL HOSPITAL	255.90	1,011.07	0.00	0.00	8.18%	24.00%	0.00	0.00	0.00	0.29
7001045	WOODHULL MEDICAL	472.08	1,389.73	(254.81)	(254.81)	8.18%	24.00%	0.00	0.00	0.00	0.40
7001035	WYCKOFF HEIGHTS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLENDED CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	OPER PROSP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
		(1)	(2)	(3)	EFFICIENCY	SURCHARGE	PER DIEM	PER DIEM	PER DIEM	(9)	(10)	(11)
	NO METROPOLITAN REGION				PLUS HIV							
5501000	BENEDICTINE HOSPITAL	4,281.02	4,302.91	3,820.65	160.19	8.18%	24.00%	42.99	42.99	1.50	0.24	155.24
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMM HOSP	3,870.76	3,289.44	3,289.44	176.45	8.18%	24.00%	38.89	38.89	1.74	0.29	155.24
5902002	BURKE REHABILITATION CTR	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	5,610.53	5,610.53	196.37	8.18%	24.00%	39.65	39.65	1.87	0.41	155.24
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
1001000	COLUMBIA MEMORIAL	0.00	5,121.66	5,121.66	74.61	8.18%	24.00%	18.03	18.03	1.53	0.33	155.24
5925000	COMMUNITY / DOBBS FERRY	3,604.22	4,012.89	3,960.33	6.08	8.18%	24.00%	(13.21)	(13.21)	1.70	0.43	236.10
1229000	DELAWARE VALLEY HOSP	0.00	4,368.63	4,368.63	42.01	8.18%	24.00%	31.34	31.34	2.07	0.36	155.24
5526001	ELLENVILLE REGIONAL HOSPITAL	4,283.41	4,040.36	3,725.48	7.97	8.18%	24.00%	(2.85)	(2.85)	1.62	0.43	155.24
4329000	GOOD SAMARITAN / SUFFERN	3,726.79	3,626.56	3,626.56	291.27	8.18%	24.00%	86.10	86.10	1.67	0.34	236.10
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	3,522.40	2,633.82	2,633.82	108.75	8.18%	24.00%	56.09	56.09	1.31	0.40	236.10
5501001	KINGSTON HOSPITAL	4,156.14	3,561.48	3,561.48	(63.02)	8.18%	24.00%	685.37	685.37	1.36	0.28	155.24
5922000	LAWRENCE HOSPITAL	3,788.03	3,734.17	3,734.17	44.99	8.18%	24.00%	(15.71)	(15.71)	1.05	0.29	236.10
1226000	MARGARETVILLE MEMORIAL HOSP	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	4,741.19	4,971.51	4,971.51	75.60	8.18%	24.00%	16.24	16.24	2.11	0.30	236.10
1327000	NORTHERN DUTCHESS HOSP	4,076.68	3,423.84	3,423.84	117.40	8.18%	24.00%	50.75	50.75	1.05	0.34	155.24
5920000	NORTHERN WESTCHESTER	3,864.44	4,204.58	4,075.93	212.15	8.18%	24.00%	53.87	53.87	1.37	0.36	236.10
5906000	NY UNITED HOSPITAL	4,104.26	5,539.74	4,075.93	85.30	8.18%	24.00%	42.32	42.32	2.57	0.34	236.10
4324000	NYACK HOSPITAL	3,751.82	3,934.05	3,934.05	192.07	8.18%	24.00%	85.07	85.07	1.15	0.29	236.10
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	4,218.27	3,733.74	3,733.74	133.30	8.18%	24.00%	33.17	33.17	1.35	0.33	155.24
5932000	PHELPS MEMORIAL HOSPITAL	3,881.62	3,911.09	3,911.09	200.37	8.18%	24.00%	1.92	1.92	2.10	0.30	236.10
3950000	PUTNAM COMMUNITY HOSPITAL	4,098.25	3,288.61	3,288.61	95.04	8.18%	24.00%	1.63	1.63	1.52	0.35	155.24
5904000	SOUND SHORE MED CTR	4,762.08	4,727.28	4,727.28	174.81	8.18%	24.00%	53.15	53.12	1.57	0.41	236.10
3529000	ST ANTHONY COMM HOSP	4,097.78	3,433.12	3,433.12	149.71	8.18%	24.00%	18.41	18.41	1.08	0.33	155.24
1302000	ST FRANCIS / POUGH	4,251.15	4,537.60	3,777.52	268.69	8.18%	24.00%	37.21	37.21	3.69	0.28	155.24
5907001	ST JOHNS RIVERSIDE HOSP	3,939.52	3,967.30	3,967.30	329.59	8.18%	24.00%	89.97	89.97	1.28	0.25	236.10
5907002	ST JOSEPHS / YONKERS	4,337.35	4,118.07	4,017.46	293.11	8.18%	24.00%	33.28	33.28	2.89	0.40	236.10
3522000	ST LUKES CORNWALL/CORNWALL	3,992.80	6,935.62	3,811.77	35.42	8.18%	24.00%	20.79	20.79	1.81	0.32	155.24
3502000	ST LUKES CORNWALL/NEWBURGH	4,034.77	3,466.36	3,466.36	103.52	8.18%	24.00%	34.07	34.07	1.06	0.33	155.24
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
1227000	THE HOSPITAL	3,758.79	4,093.86	3,762.17	55.11	8.18%	24.00%	14.56	14.56	1.37	0.47	155.24
1302001	VASSAR BROTHERS MED CTR	4,392.58	3,883.35	3,842.73	507.38	8.18%	24.00%	136.80	136.80	1.29	0.35	155.24
5957001	WESTCHESTER MED CTR	5,446.78	5,813.81	5,515.19	411.59	8.18%	24.00%	47.09	47.09	4.48	0.48	236.10
5902001	WHITE PLAINS HOSPITAL	3,791.32	3,669.55	3,669.55	251.32	8.18%	24.00%	45.07	45.07	1.41	0.33	236.10

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== PROSPECTIVE ADJUSTMENTS =====								=HIGH COST OUTLIER CALCULATION=		
OPCERT	HOSPITAL NAME	W COMP	NO-FAULT	W COMP	NO-FAULT	W COMP	NO-FAULT	HIGH COST CHARGE CONVERTER	NON- MEDICARE CASE MIX INDEX	PURE GROUP PRICE FOR LONG STAY TEST ONLY
		BLENDED CASE	BLENDED CASE	CAPITAL COST	CAPITAL COST	EXCESS	EXCESS			
		MIX NEUTRAL	MIX NEUTRAL	PER CASE	PER CASE	PHYS MALP	PHYS MALP			
		PROSPECTIVE ADJUSTMENT	PROSPECTIVE ADJUSTMENT	PROSPECTIVE ADJUSTMENT	PROSPECTIVE ADJUSTMENT	PROSPECTIVE ADJUSTMENT	PROSPECTIVE ADJUSTMENT			
		(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	473.12	473.87	58.76	58.76	0.00	0.00	0.640290	1.0889	4,296.46
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.420683	0.0000	0.00
3535001	BON SECOURS COMM HOSP	(32.58)	(31.87)	(31.91)	(31.91)	0.00	0.00	0.471966	0.9513	3,906.72
5902002	BURKE REHABILITATION CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.715582	0.0000	0.00
5263000	CATSKILL REGIONAL MED CTR	(66.84)	(65.67)	(27.20)	(27.20)	0.00	0.00	0.560246	0.9724	0.00
5263700	CATSKILL REGIONAL/G HERMANN	0.00	0.00	0.00	0.00	0.00	0.00	1.460458	0.0000	0.00
1001000	COLUMBIA MEMORIAL	594.29	595.28	(14.52)	(14.52)	0.00	0.00	0.542464	0.9794	0.00
5925000	COMMUNITY / DOBBS FERRY	554.93	555.71	(67.96)	(67.96)	0.00	0.00	0.464808	1.2956	3,675.66
1229000	DELAWARE VALLEY HOSP	125.85	126.75	35.71	35.71	0.00	0.00	0.548556	0.6835	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	41.58	42.31	(20.60)	(20.60)	0.00	0.00	0.989765	0.8964	4,206.96
4329000	GOOD SAMARITAN / SUFFERN	23.59	24.33	108.32	108.32	0.00	0.00	0.452511	0.9836	3,807.81
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.762260	0.0000	0.00
5901000	HUDSON VALLEY HOSP CTR	235.94	236.64	75.95	75.95	0.00	0.00	0.521683	0.9299	3,601.78
5501001	KINGSTON HOSPITAL	(248.23)	(247.51)	(117.23)	(117.23)	0.00	0.00	0.510768	1.0892	4,194.63
5922000	LAWRENCE HOSPITAL	(60.92)	(60.16)	(105.01)	(105.01)	0.00	0.00	0.544041	0.9411	3,868.90
1226000	MARGARETVILLE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.007626	0.0000	0.00
5903000	MOUNT VERNON HOSPITAL	1,056.31	1,057.35	9.74	9.74	0.00	0.00	0.590857	1.2093	4,981.95
1327000	NORTHERN DUTCHESS HOSP	30.88	31.56	57.53	57.53	0.00	0.00	0.613870	0.7850	3,994.83
5920000	NORTHERN WESTCHESTER	(51.63)	(50.76)	7.46	7.46	0.00	0.00	0.663388	0.9507	3,948.60
5906000	NY UNITED HOSPITAL	1,535.87	1,536.76	124.89	124.89	0.00	0.00	0.652934	1.1503	4,139.90
4324000	NYACK HOSPITAL	(67.80)	(67.02)	164.52	164.52	0.00	0.00	0.408872	0.9813	3,838.95
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	1.191010	0.0000	0.00
3523000	ORANGE REGIONAL MED CTR	(236.65)	(236.65)	5.40	5.40	0.00	0.00	0.417265	0.9528	4,292.18
5932000	PHELPS MEMORIAL HOSPITAL	(867.88)	(867.09)	(192.67)	(192.67)	0.00	0.00	0.484914	1.0744	3,965.46
3950000	PUTNAM COMMUNITY HOSPITAL	(354.60)	(353.93)	(88.90)	(88.90)	0.00	0.00	0.539597	1.0359	4,136.20
5904000	SOUND SHORE MED CTR	64.86	66.76	14.96	14.85	0.00	0.00	0.699057	1.0065	4,686.99
3529000	ST ANTHONY COMM HOSP	327.21	328.08	(71.29)	(71.29)	0.00	0.00	0.445450	0.7821	4,009.83
1302000	ST FRANCIS / POUGH	(41.40)	(40.54)	(89.13)	(89.13)	0.00	0.00	0.436719	1.5511	4,283.77
5907001	ST JOHNS RIVERSIDE HOSP	(36.76)	(35.92)	287.79	287.79	0.00	0.00	0.584788	0.8479	4,018.77
5907002	ST JOSEPHS / YONKERS	(68.43)	(67.61)	(79.48)	(79.48)	0.00	0.00	0.593472	1.3605	4,428.68
3522000	ST LUKES CORNWALL/CORNWALL	1,139.70	1,140.43	55.11	55.11	0.00	0.00	0.424087	1.2899	4,029.85
3502000	ST LUKES CORNWALL/NEWBURGH	(32.21)	(31.51)	5.23	5.23	0.00	0.00	0.390236	0.9085	4,071.21
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
1227000	THE HOSPITAL	20.94	21.83	(14.11)	(14.11)	0.00	0.00	0.582868	0.9996	3,683.10
1302001	VASSAR BROTHERS MED CTR	(38.29)	(37.52)	61.86	61.86	0.00	0.00	0.490994	1.0914	4,434.07
5957001	WESTCHESTER MED CTR	(152.75)	(154.19)	(112.06)	(112.06)	0.00	0.00	0.521641	2.1906	5,593.20
5902001	WHITE PLAINS HOSPITAL	(59.42)	(58.61)	(34.50)	(34.50)	0.00	0.00	0.536714	1.0893	3,872.36

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC	WC EXCESS	NF EXCESS			SPARCS PER DIEM
	PER DIEM		PER DIEM	PER DIEM	SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS		
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	GOODS POOL SURCHARGE	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(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 COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	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
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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
1226000	MARGARETVILLE MEMORIAL HOSP	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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 HOSPITAL	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 COMM 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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	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								
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
NO METROPOLITAN REGION											
5501000	BENEDICTINE HOSPITAL	176.45	547.69	2.35	2.35	8.18%	24.00%	0.00	0.00	0.00	0.24
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 COMM HOSP	180.63	554.15	63.51	63.51	8.18%	24.00%	0.00	0.00	0.00	0.29
5902002	BURKE REHABILITATION CTR	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	196.94	808.45	293.64	293.64	8.18%	24.00%	0.00	0.00	0.00	0.41
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
1001000	COLUMBIA MEMORIAL	185.73	672.70	190.41	190.41	8.18%	24.00%	0.00	0.00	0.00	0.33
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / SUFFERN	297.37	575.01	(176.21)	(176.21)	8.18%	24.00%	0.00	0.00	0.00	0.34
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
1226000	MARGARETVILLE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5903000	MOUNT VERNON HOSPITAL	290.93	710.60	34.20	34.20	8.18%	24.00%	0.00	0.00	0.00	0.30
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	290.49	1,126.35	(103.31)	(103.31)	8.18%	24.00%	0.00	0.00	0.00	0.36
5906000	NY UNITED HOSPITAL	243.51	485.01	(34.22)	(34.22)	8.18%	24.00%	0.00	0.00	0.00	0.34
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	183.41	659.40	128.98	128.98	8.18%	24.00%	0.00	0.00	0.00	0.33
5932000	PHELPS MEMORIAL HOSPITAL	270.66	569.91	86.23	86.23	8.18%	24.00%	0.00	0.00	0.00	0.30
3950000	PUTNAM COMMUNITY HOSPITAL	184.21	590.19	20.37	20.37	8.18%	24.00%	0.00	0.00	0.00	0.35
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 COMM 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	184.55	482.27	16.61	16.61	8.18%	24.00%	0.00	0.00	0.00	0.28
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	268.30	450.38	(52.76)	(52.76)	8.18%	24.00%	0.00	0.00	0.00	0.40
3522000	ST LUKES CORNWALL/CORNWALL	176.50	722.46	33.03	33.03	8.18%	24.00%	0.00	0.00	0.00	0.32
3502000	ST LUKES CORNWALL/NEWBURGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	240.20	435.29	(27.91)	(27.91)	8.18%	24.00%	0.00	0.00	0.00	0.49
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	258.72	722.27	(90.53)	(90.53)	8.18%	24.00%	0.00	0.00	0.00	0.48
5902001	WHITE PLAINS HOSPITAL	305.42	812.73	(108.86)	(108.86)	8.18%	24.00%	0.00	0.00	0.00	0.33

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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
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 COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	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
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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
1226000	MARGARETVILLE MEMORIAL HOSP	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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 HOSPITAL	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 COMM 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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	394.61	1,398.55	(33.79)	(33.79)	8.18%	24.00%	0.00	0.00	0.00	0.48
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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								
		(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 COMM HOSP	184.45	376.40	(13.55)	(13.55)	8.18%	24.00%	0.00	0.00	0.00	0.29
5902002	BURKE REHABILITATION CTR	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
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	170.13	296.67	(21.48)	(21.48)	8.18%	24.00%	0.00	0.00	0.00	0.36
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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	155.24	265.02	(60.20)	(60.20)	8.18%	24.00%	0.00	0.00	0.00	0.28
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226000	MARGARETVILLE MEMORIAL HOSP	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	325.37	695.31	(45.27)	(45.27)	8.18%	24.00%	0.00	0.00	0.00	0.29
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 HOSPITAL	265.21	201.04	618.50	618.50	8.18%	24.00%	0.00	0.00	0.00	0.30
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 COMM 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	169.66	336.16	(26.78)	(26.78)	8.18%	24.00%	0.00	0.00	0.00	0.28
5907001	ST JOHNS RIVERSIDE HOSP	255.85	378.16	(7.15)	(7.15)	8.18%	24.00%	0.00	0.00	0.00	0.25
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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ACUTE PER DIEM INCL BASIC MALP,		W COMP ACUTE PER DIEM	NO-FAULT ACUTE PER DIEM	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS MALP	NF EXCESS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		ALTERNATE CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP								
		(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 COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	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
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / SUFFERN	287.51	459.03	22.89	22.89	8.18%	24.00%	0.00	0.00	0.00	0.34
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
1226000	MARGARETVILLE MEMORIAL HOSP	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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 HOSPITAL	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 COMM 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	169.66	336.16	(26.78)	(26.78)	8.18%	24.00%	0.00	0.00	0.00	0.28
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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(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 COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	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
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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
1226000	MARGARETVILLE MEMORIAL HOSP	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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 HOSPITAL	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 COMM 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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(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 COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	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
5263700	CATSKILL REGIONAL/G HERMANN	173.81	1,195.60	186.38	186.38	8.18%	24.00%	0.00	0.00	0.00	0.50
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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
1226000	MARGARETVILLE MEMORIAL HOSP	203.67	1,576.33	0.00	0.00	8.18%	24.00%	0.00	0.00	0.00	2.31
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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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	184.72	1,257.52	296.59	296.59	8.18%	24.00%	0.00	0.00	0.00	1.17
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 HOSPITAL	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 COMM 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
3502000	ST LUKES CORNWALL/NEWBURGH	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
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	290.62	2,566.35	2,566.35	2,566.35	8.18%	24.00%	0.00	0.00	0.00	0.48
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
NO METROPOLITAN REGION											
5501000	BENEDICTINE HOSPITAL	254.09	829.25	(331.28)	(331.28)	8.18%	24.00%	0.00	0.00	0.00	0.24
5957000	BLYTHEDALE CHILDRENS HOSP	266.44	707.51	(98.67)	(98.67)	8.18%	24.00%	0.00	0.00	0.00	0.20
3535001	BON SECOURS COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHABILITATION CTR	305.55	1,036.73	16.24	16.24	8.18%	24.00%	0.00	0.00	0.00	0.22
5263000	CATSKILL REGIONAL MED CTR	216.16	998.25	181.64	181.64	8.18%	24.00%	0.00	0.00	0.00	0.41
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
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMMUNITY / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229000	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526001	ELLENVILLE REGIONAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAMARITAN / 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	264.86	1,440.16	399.60	399.60	8.18%	24.00%	0.00	0.00	0.00	0.31
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	155.24	1,086.07	214.51	214.51	8.18%	24.00%	0.00	0.00	0.00	0.28
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226000	MARGARETVILLE MEMORIAL HOSP	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	187.47	1,203.63	249.19	249.19	8.18%	24.00%	0.00	0.00	0.00	0.34
5920000	NORTHERN WESTCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5906000	NY UNITED HOSPITAL	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	182.95	751.99	(77.11)	(77.11)	8.18%	24.00%	0.00	0.00	0.00	0.33
5932000	PHELPS MEMORIAL HOSPITAL	288.62	304.64	7.50	7.50	8.18%	24.00%	0.00	0.00	0.00	0.30
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 COMM 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	221.51	777.46	(69.06)	(69.06)	8.18%	24.00%	0.00	0.00	0.00	0.28
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
3502000	ST LUKES CORNWALL/NEWBURGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	246.26	854.55	(8.71)	(8.71)	8.18%	24.00%	0.00	0.00	0.00	0.49
1227000	THE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	311.69	2,413.18	(487.18)	(487.18)	8.18%	24.00%	0.00	0.00	0.00	0.48
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLEND CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NORTHEASTERN REGION												
0101005	ALB MED CTR SO CLINICAL	4,541.75	3,858.11	3,762.17	293.33	8.18%	24.00%	281.13	281.13	36.88	16.13	155.24
0101000	ALBANY MED CTR	4,295.90	4,000.22	4,000.22	576.92	8.18%	24.00%	101.33	101.33	2.44	0.39	155.24
2801000	AMSTERDAM MEM HOSP	4,091.71	5,160.15	3,778.65	137.20	8.18%	24.00%	53.99	53.99	2.50	0.52	155.24
4720001	BASSETT HOSP OF SCHOHARIE	0.00	11,053.69	11,053.69	24.07	8.18%	24.00%	3.79	3.79	3.14	0.90	155.24
4652001	BELLEVUE WOMAN'S HOSPITAL	3,936.67	3,404.32	3,404.32	153.72	8.18%	24.00%	25.44	25.44	0.87	0.33	155.24
0901001	CHAMPLAIN VALLEY PHYS	3,687.82	3,774.93	3,774.93	216.49	8.18%	24.00%	62.36	62.36	1.96	0.37	155.24
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	3,216.81	4,053.70	3,747.00	524.54	8.18%	24.00%	108.08	108.07	2.26	0.33	155.24
5601000	GLENS FALLS HOSPITAL	3,909.30	3,397.08	3,397.08	148.37	8.18%	24.00%	52.17	52.17	1.44	0.35	155.24
5721000	MARY MCCLELLAN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP/ ALBANY	4,236.82	4,377.28	3,846.62	104.08	8.18%	24.00%	20.94	20.94	1.57	0.38	155.24
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	3,877.58	3,606.96	3,606.96	115.42	8.18%	24.00%	35.20	35.20	1.33	0.44	155.24
4102002	SAMARITAN HOSP OF TROY	3,676.94	4,024.99	3,834.51	137.33	8.18%	24.00%	23.16	23.16	1.66	0.27	155.24
4501000	SARATOGA HOSPITAL	3,568.18	3,051.65	3,051.65	100.52	8.18%	24.00%	13.47	13.47	1.44	0.33	155.24
4102003	SETON HEALTH SYSTEMS	3,593.95	4,066.87	3,817.95	191.26	8.18%	24.00%	21.98	21.98	1.70	0.36	155.24
4601002	ST CLARES / SCHENECTADY	4,670.06	4,744.22	3,793.85	116.39	8.18%	24.00%	36.61	36.61	1.27	0.36	155.24
2801001	ST MARYS / AMSTERDAM	3,629.09	3,171.14	3,171.14	72.44	8.18%	24.00%	24.84	24.84	1.76	0.29	155.24
0101004	ST PETERS HOSPITAL	3,390.47	3,138.02	3,138.02	162.21	8.18%	24.00%	18.34	18.23	1.31	0.31	155.24
4601004	SUNNYVIEW HOSP AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	NORTHEASTERN REGION									
0101005	ALB MED CTR SO CLINICAL	38.13	39.06	248.11	248.11	0.00	0.00	0.841339	1.1543	4,426.17
0101000	ALBANY MED CTR	(50.04)	(49.22)	34.32	34.32	0.00	0.00	0.472530	2.0343	4,355.74
2801000	AMSTERDAM MEM HOSP	(329.67)	(328.48)	102.44	102.44	0.00	0.00	0.515907	1.4384	4,133.84
4720001	BASSETT HOSP OF SCHOHARIE	(1,001.69)	(999.17)	(5.46)	(5.46)	0.00	0.00	0.833458	1.0939	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	(323.41)	(322.78)	(83.49)	(83.49)	0.00	0.00	0.541667	0.5504	3,860.07
0901001	CHAMPLAIN VALLEY PHYS	101.17	97.38	141.74	141.74	0.00	0.00	0.582225	1.0588	4,108.27
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.506977	0.0000	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.820777	0.0000	0.00
4601001	ELLIS HOSPITAL	392.60	393.33	238.81	238.74	(0.04)	(0.05)	0.463736	2.0319	3,385.61
5601000	GLENS FALLS HOSPITAL	(38.03)	(37.30)	48.87	48.87	0.00	0.00	0.607284	1.0423	3,944.21
5721000	MARY MCCLELLAN HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
0101003	MEMORIAL HOSP/ ALBANY	(42.51)	(41.72)	15.07	15.07	0.00	0.00	0.622445	1.7209	4,276.04
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	(9.56)	(8.76)	1.55	1.55	0.00	0.00	0.650675	0.9117	3,914.18
4102002	SAMARITAN HOSP OF TROY	(109.63)	(108.97)	(1.03)	(1.03)	0.00	0.00	0.458134	1.2666	3,715.63
4501000	SARATOGA HOSPITAL	(138.64)	(138.00)	(47.51)	(47.51)	0.00	0.00	0.441917	1.1065	3,601.62
4102003	SETON HEALTH SYSTEMS	(511.29)	(510.48)	(99.51)	(99.51)	0.00	0.00	0.505518	1.2542	3,634.71
4601002	ST CLARES / SCHENECTADY	(71.83)	(70.94)	8.23	8.23	0.00	0.00	0.695961	1.1069	4,718.81
2801001	ST MARYS / AMSTERDAM	(31.07)	(30.39)	27.03	27.03	0.00	0.00	0.621494	0.8265	3,660.67
0101004	ST PETERS HOSPITAL	(2.12)	(1.21)	(74.84)	(75.33)	0.00	0.00	0.587935	1.4123	3,373.98
4601004	SUNNYVIEW HOSP AND REHAB	0.00	0.00	0.00	0.00	0.00	0.00	0.678251	0.0000	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		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	
OPCERT	HOSPITAL NAME	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5721000	MARY MCCLELLAN 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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
NORTHEASTERN REGION											
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	192.39	564.31	(27.30)	(27.30)	8.18%	24.00%	0.00	0.00	0.00	0.39
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	234.45	549.89	72.01	72.01	8.18%	24.00%	0.00	0.00	0.00	0.37
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	195.58	459.52	2.52	2.59	8.18%	24.00%	0.02	0.02	0.00	0.33
5601000	GLENS FALLS HOSPITAL	187.72	542.41	(159.79)	(159.79)	8.18%	24.00%	0.00	0.00	0.00	0.35
5721000	MARY MCCLELLAN 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 HOSP OF TROY	170.96	520.79	(46.45)	(46.45)	8.18%	24.00%	0.00	0.00	0.00	0.27
4501000	SARATOGA HOSPITAL	189.81	543.87	22.61	22.61	8.18%	24.00%	0.00	0.00	0.00	0.33
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601002	ST CLARES / SCHENECTADY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801001	ST MARYS / AMSTERDAM	174.36	595.96	45.45	45.45	8.18%	24.00%	0.00	0.00	0.00	0.29
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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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 MALP	NF EXCESS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
NORTHEASTERN REGION											
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	262.24	1,062.71	(9.61)	(9.61)	8.18%	24.00%	0.00	0.00	0.00	0.39
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5721000	MARY MCCLELLAN 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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
NORTHEASTERN REGION											
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5721000	MARY MCCLELLAN 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 HOSP 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	178.17	496.22	(203.72)	(203.72)	8.18%	24.00%	0.00	0.00	0.00	0.36
4601002	ST CLARES / SCHENECTADY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801001	ST MARYS / AMSTERDAM	176.61	309.18	(20.42)	(20.42)	8.18%	24.00%	0.00	0.00	0.00	0.29
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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE 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	POOL	GOODS POOL	PHYS	PHYS	RETROACTIVE	PER	
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5721000	MARY MCCLELLAN 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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5721000	MARY MCCLELLAN 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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
NORTHEASTERN REGION											
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	291.93	954.39	(527.96)	(527.96)	8.18%	24.00%	0.00	0.00	0.00	1.10
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
5721000	MARY MCCLELLAN 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	561.29	1,159.07	(36.93)	(36.93)	8.18%	24.00%	0.00	0.00	0.00	1.29
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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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 AND REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	213.03	1,095.03	(194.86)	(194.86)	8.18%	24.00%	0.00	0.00	0.00	0.39
2801000	AMSTERDAM MEM HOSP	192.65	745.08	122.03	122.03	8.18%	24.00%	0.00	0.00	0.00	0.52
4720001	BASSETT HOSP OF SCHOHARIE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4652001	BELLEVUE WOMAN'S HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	175.52	421.89	1,301.68	1,301.68	8.18%	24.00%	0.00	0.00	0.00	0.11
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	199.27	337.01	337.01	337.01	8.18%	24.00%	0.00	0.00	0.00	0.35
5721000	MARY MCCLELLAN 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 HOSP 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
4601002	ST CLARES / SCHENECTADY	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	175.53	886.33	(215.17)	(215.17)	8.18%	24.00%	0.00	0.00	0.00	0.31
4601004	SUNNYVIEW HOSP AND REHAB	184.72	655.03	(17.72)	(17.72)	8.18%	24.00%	0.00	0.00	0.00	0.19

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLENDED CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
UTICA REGION												
1623001	ADIRONDACK MEDICAL CTR	3,872.20	3,583.72	3,581.48	248.56	8.18%	24.00%	89.92	89.92	1.53	0.47	155.24
3701000	ALBERT LINDLEY LEE	0.00	4,960.90	4,960.90	97.42	8.18%	24.00%	19.29	19.29	1.13	0.31	155.24
1624000	ALICE HYDE MED CTR	3,914.25	3,528.72	3,528.72	96.70	8.18%	24.00%	49.75	49.75	1.25	0.44	155.24
3801000	AURELIA OSBORN FOX	3,992.04	3,412.20	3,412.20	86.13	8.18%	24.00%	50.83	50.83	2.25	0.39	155.24
4429000	CANTON-POTSDAM HOSPITAL	3,923.95	3,259.16	3,259.16	124.74	8.18%	24.00%	23.60	23.60	1.75	0.35	155.24
2238001	CARTHAGE AREA HOSP	4,047.83	3,149.01	3,149.01	37.82	8.18%	24.00%	14.86	14.86	1.05	0.28	155.24
0824000	CHENANGO MEM HOSP	4,059.40	4,265.71	3,762.17	51.45	8.18%	24.00%	12.84	12.84	2.47	0.81	155.24
4401000	CLAXTON-HEPBURN MED CTR	0.00	3,777.98	3,777.98	73.26	8.18%	24.00%	27.75	27.75	1.77	0.28	155.24
4458700	CLIFTON-FINE HOSPITAL	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	4,136.94	3,448.06	3,448.06	112.44	8.18%	24.00%	39.13	39.13	1.33	0.50	155.24
4423000	EJ NOBLE / GOUVERNEUR	0.00	3,343.46	3,343.46	37.01	8.18%	24.00%	(3.87)	(3.87)	1.30	0.50	155.24
3202003	FAXTON-ST LUKES HEALTHCARE	3,844.01	3,556.27	3,556.27	124.30	8.18%	24.00%	31.48	31.48	1.30	0.30	155.24
2424000	LEWIS COUNTY GENERAL	0.00	4,963.10	4,963.10	69.44	8.18%	24.00%	61.54	61.54	1.80	0.73	155.24
2129000	LITTLE FALLS HOSPITAL	0.00	3,616.56	3,616.56	(9.18)	8.18%	24.00%	(2.28)	(2.28)	0.76	0.25	155.24
3824000	MARY IMOGENE BASSETT HOSP	4,398.88	4,069.44	3,747.00	318.94	8.18%	24.00%	73.31	73.31	3.74	0.96	155.24
4402000	MASSENA MEMORIAL HOSPITAL	4,278.89	3,847.76	3,762.17	139.90	8.18%	24.00%	5.75	5.75	1.12	0.39	155.24
2601001	ONEIDA HEALTHCARE CTR	3,695.52	3,417.51	3,417.51	50.60	8.18%	24.00%	8.51	8.51	1.51	0.52	155.24
3702000	OSWEGO HOSPITAL	3,908.49	3,809.46	3,809.46	54.87	8.18%	24.00%	37.31	37.31	1.39	0.32	155.24
2221001	RIVER HOSPITAL	0.00	31,266.57	31,266.57	43.45	8.18%	24.00%	128.69	128.69	7.38	1.93	155.24
3201002	ROME HOSP & MURPHY	3,881.67	3,532.88	3,532.88	22.84	8.18%	24.00%	7.40	7.40	1.02	0.30	155.24
2201000	SAMARITAN MED CTR	3,607.48	3,077.45	3,077.45	93.75	8.18%	24.00%	14.47	14.47	1.28	0.31	155.24
3202002	ST ELIZABETH MED CTR	4,834.30	4,482.20	3,846.62	344.06	8.18%	24.00%	83.03	83.03	2.23	0.39	155.24

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	UTICA REGION									
1623001	ADIRONDACK MEDICAL CTR	197.65	198.36	120.23	120.23	0.00	0.00	0.604250	1.1156	3,792.85
3701000	ALBERT LINDLEY LEE	(53.32)	(52.48)	(13.84)	(13.84)	0.00	0.00	0.621108	1.3001	0.00
1624000	ALICE HYDE MED CTR	(254.64)	(254.03)	70.94	70.94	0.00	0.00	0.548452	0.9835	3,847.63
3801000	AURELIA OSBORN FOX	(29.19)	(28.46)	73.53	73.53	0.00	0.00	0.602699	1.0211	4,026.17
4429000	CANTON-POTSDAM HOSPITAL	36.25	36.91	(48.88)	(48.88)	0.00	0.00	0.686442	0.8468	3,846.57
2238001	CARTHAGE AREA HOSP	34.24	34.84	5.96	5.96	0.00	0.00	0.665017	0.7921	3,967.14
0824000	CHENANGO MEM HOSP	419.08	419.85	(13.79)	(13.79)	0.00	0.00	0.584802	0.9170	3,971.55
4401000	CLAXTON-HEPBURN MED CTR	(111.81)	(111.11)	24.79	24.79	0.00	0.00	0.670692	1.2269	0.00
4458700	CLIFTON-FINE HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
2625000	COMMUNITY MEM HOSP	57.02	57.69	4.44	4.44	0.00	0.00	0.566176	0.9387	4,051.87
4423000	EJ NOBLE / GOUVERNEUR	(649.14)	(648.40)	(46.43)	(46.43)	0.00	0.00	0.542660	0.7939	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	(46.17)	(45.62)	2.60	2.60	0.00	0.00	0.485870	0.9991	3,882.85
2424000	LEWIS COUNTY GENERAL	(44.91)	(43.94)	58.21	58.21	0.00	0.00	0.704209	0.7906	0.00
2129000	LITTLE FALLS HOSPITAL	773.51	774.21	3.57	3.57	0.00	0.00	0.552508	0.7282	0.00
3824000	MARY IMOGENE BASSETT HOSP	(120.06)	(119.23)	(43.96)	(43.96)	0.00	0.00	0.714722	1.2755	4,439.19
4402000	MASSENA MEMORIAL HOSPITAL	29.21	29.94	(116.39)	(116.39)	0.00	0.00	0.597164	0.9413	4,196.91
2601001	ONEIDA HEALTHCARE CTR	(150.94)	(150.32)	(22.56)	(22.56)	0.00	0.00	0.510244	0.8502	3,754.99
3702000	OSWEGO HOSPITAL	(35.61)	(34.90)	63.80	63.80	0.00	0.00	0.670110	0.7434	3,942.25
2221001	RIVER HOSPITAL	0.00	0.00	599.98	599.98	0.00	0.00	0.654777	0.9672	0.00
3201002	ROME HOSP & MURPHY	313.18	313.85	1.79	1.79	0.00	0.00	0.430419	0.9517	3,912.96
2201000	SAMARITAN MED CTR	(29.43)	(28.80)	(41.86)	(41.86)	0.00	0.00	0.573844	0.9526	3,638.46
3202002	ST ELIZABETH MED CTR	(41.67)	(40.69)	106.00	106.00	0.00	0.00	0.498222	2.1064	4,879.85

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC GOODS POOL	WC EXCESS	NF EXCESS			SPARCS
	PER DIEM		PER DIEM	PER DIEM			PHYS MALP	PHYS MALP	RETROACTIVE	PER	
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE			ADJUSTMENTS	DIEM
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	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 HOSPITAL	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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ACUTE PER DIEM INCL BASIC MALP,	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE PER DIEM	NO-FAULT ACUTE PER DIEM	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	EXCL PROSP	PROSP ADJ	PROSP ADJ						
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	286.93	578.76	45.34	45.34	8.18%	24.00%	0.00	0.00	0.00	0.47
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	193.08	628.01	59.72	59.72	8.18%	24.00%	0.00	0.00	0.00	0.39
4429000	CANTON-POTSDAM HOSPITAL	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	174.08	368.73	(58.21)	(58.21)	8.18%	24.00%	0.00	0.00	0.00	0.28
4458700	CLIFTON-FINE HOSPITAL	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	184.03	366.67	(36.90)	(36.90)	8.18%	24.00%	0.00	0.00	0.00	0.30
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129000	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	192.60	520.46	2.23	2.23	8.18%	24.00%	0.00	0.00	0.00	0.96
4402000	MASSENA MEMORIAL HOSPITAL	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	166.94	596.76	(87.56)	(87.56)	8.18%	24.00%	0.00	0.00	0.00	0.32
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	179.12	600.19	153.29	153.29	8.18%	24.00%	0.00	0.00	0.00	0.31
3202002	ST ELIZABETH MED CTR	177.83	413.04	(11.80)	(11.80)	8.18%	24.00%	0.00	0.00	0.00	0.39

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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 MALP	NF EXCESS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
UTICA REGION											
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	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 HOSPITAL	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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	161.28	218.78	(42.54)	(42.54)	8.18%	24.00%	0.00	0.00	0.00	0.35
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 HOSPITAL	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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE 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	POOL	GOODS POOL	PHYS	PHYS	RETROACTIVE	PER	
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	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 HOSPITAL	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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
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 HOSPITAL	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 HOSPITAL	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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	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 HOSPITAL	334.31	1,332.61	429.43	429.43	8.18%	24.00%	0.00	0.00	0.00	0.81
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
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	211.07	665.51	(344.83)	(344.83)	8.18%	24.00%	0.00	0.00	0.00	0.28
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 HOSPITAL	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	200.04	558.47	(49.35)	(49.35)	8.18%	24.00%	0.00	0.00	0.00	0.30
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129000	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 HOSPITAL	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
2221001	RIVER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME HOSP & MURPHY	180.15	525.68	29.93	29.93	8.18%	24.00%	0.00	0.00	0.00	0.30
2201000	SAMARITAN MED CTR	201.61	554.16	(84.04)	(84.04)	8.18%	24.00%	0.00	0.00	0.00	0.31
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY GROUP	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
CENTRAL REGION												
0701000	ARNOT-OGDEN MEMORIAL	4,181.75	3,636.66	3,636.66	233.52	8.18%	24.00%	24.14	24.14	1.76	0.41	155.24
0501000	AUBURN MEMORIAL HOSP	3,880.24	3,964.57	3,846.62	144.34	8.18%	24.00%	30.27	30.27	1.16	0.28	155.24
5401001	CAYUGA MEDICAL CENTER	3,982.74	3,698.10	3,698.10	197.93	8.18%	24.00%	51.00	51.00	1.54	0.34	155.24
3301000	COMM-GEN/GTR SYRACUSE	4,211.57	3,681.85	3,681.85	116.19	8.18%	24.00%	53.92	53.92	0.85	0.28	155.24
5001000	CORNING HOSPITAL	4,192.71	4,285.09	3,672.72	314.69	8.18%	24.00%	84.29	84.29	1.60	0.41	155.24
1101000	CORTLAND MEMORIAL	0.00	4,288.89	4,288.89	193.60	8.18%	24.00%	78.78	78.78	1.59	0.46	155.24
3301008	CROUSE HOSPITAL	3,946.23	3,675.68	3,675.68	191.79	8.18%	24.00%	76.77	76.77	1.45	0.32	155.24
5022000	IRA DAVENPORT MEMORIAL	0.00	3,925.19	3,925.19	67.06	8.18%	24.00%	21.52	21.52	1.64	0.63	155.24
0301001	OUR LADY OF LOURDES	3,898.81	3,415.03	3,415.03	122.84	8.18%	24.00%	26.84	26.84	1.65	0.48	155.24
4823000	SCHUYLER HOSPITAL	0.00	4,322.93	4,322.93	111.31	8.18%	24.00%	59.63	59.63	1.75	0.62	155.24
5002001	ST JAMES MERCY HOSPITAL	0.00	4,448.54	4,448.54	452.87	8.18%	24.00%	268.93	268.93	3.29	0.38	155.24
0701001	ST JOSEPHS / ELMIRA	4,130.37	4,420.71	3,737.91	196.90	8.18%	24.00%	26.94	26.94	2.70	0.23	155.24
3301003	ST JOSEPHS HOSP HLTH CTR	3,890.59	3,469.10	3,469.10	159.80	8.18%	24.00%	11.82	11.82	1.78	0.39	155.24
3301007	SUNY HLTH SCIENCE CTR	5,581.25	4,746.99	4,746.99	823.31	8.18%	24.00%	130.41	130.41	4.24	0.60	155.24
0303001	UNITED HEALTH SERVICES	4,007.59	3,924.63	3,727.28	192.63	8.18%	24.00%	67.98	67.98	2.06	0.37	155.24
ROCHESTER REGION												
3421000	CLIFTON SPRINGS HOSP	3,644.97	3,526.05	3,526.05	172.59	8.18%	24.00%	47.77	47.77	5.91	0.43	155.24
3429000	F F THOMPSON HOSPITAL	3,648.34	3,127.85	3,127.85	83.80	8.18%	24.00%	37.05	37.05	1.88	0.54	155.24
3402000	GENEVA GENERAL HOSP	3,788.07	3,446.73	3,446.73	133.74	8.18%	24.00%	110.11	110.11	1.76	0.53	155.24
2701001	HIGHLAND OF ROCHESTER	4,095.00	4,017.85	3,747.00	145.84	8.18%	24.00%	(11.50)	(11.50)	1.27	0.41	155.24
2728001	LAKESIDE MEMORIAL HOSP	4,007.69	3,511.07	3,511.07	100.65	8.18%	24.00%	39.72	39.72	1.24	0.29	155.24
2701006	MONROE COMMUNITY	4,776.77	4,776.77	3,762.17	525.44	8.18%	24.00%	94.58	94.58	0.00	0.00	155.24
2527000	NICHOLAS H NOYES MEM	3,942.54	3,493.70	3,493.70	164.81	8.18%	24.00%	52.71	52.71	1.34	0.48	155.24
2754001	PARK RIDGE HOSPITAL	3,908.57	4,804.65	3,747.00	313.46	8.18%	24.00%	77.92	77.92	3.85	0.46	155.24
2701003	ROCHESTER GENERAL HOSP	8,392.17	4,452.60	3,747.00	198.72	8.18%	24.00%	42.26	42.26	1.81	0.40	155.24
6120000	SOLDIERS AND SAILORS	0.00	3,809.78	3,809.78	277.79	8.18%	24.00%	81.22	81.22	3.63	0.53	155.24
2701005	STRONG MEMORIAL HOSP	4,666.59	4,716.00	4,716.00	388.33	8.18%	24.00%	52.54	52.54	2.97	0.46	155.24
5820000	WAYNE HEALTH CARE	3,598.53	3,888.24	3,846.62	134.67	8.18%	24.00%	14.71	14.71	2.22	0.50	155.24

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	----- (12)	----- (13)	----- (14)	----- (15)	----- (16)	----- (17)	----- (18)	----- (19)	----- (20)
	CENTRAL REGION									
0701000	ARNOT-OGDEN MEMORIAL	(34.88)	(34.16)	(120.11)	(120.11)	0.00	0.00	0.581235	1.2111	4,219.64
0501000	AUBURN MEMORIAL HOSP	(147.90)	(147.16)	(34.09)	(34.09)	0.00	0.00	0.487333	0.9960	3,914.93
5401001	CAYUGA MEDICAL CENTER	363.06	363.79	56.38	56.38	0.00	0.00	0.641030	0.9334	4,017.49
3301000	COMM-GEN/GTR SYRACUSE	(34.55)	(33.81)	90.25	90.25	0.00	0.00	0.535306	0.9730	4,248.57
5001000	CORNING HOSPITAL	1,183.24	1,183.98	209.20	209.20	0.00	0.00	0.698534	0.9799	4,191.35
1101000	CORTLAND MEMORIAL	363.79	364.56	59.44	59.44	0.00	0.00	0.672993	0.8181	0.00
3301008	CROUSE HOSPITAL	(21.39)	(20.71)	126.72	126.72	0.00	0.00	0.609380	1.2895	3,961.45
5022000	IRA DAVENPORT MEMORIAL	(343.41)	(342.48)	2.46	2.46	0.00	0.00	0.679749	0.8366	0.00
0301001	OUR LADY OF LOURDES	(294.87)	(294.15)	(27.23)	(27.23)	0.00	0.00	0.568441	1.0361	3,936.81
4823000	SCHUYLER HOSPITAL	(1,012.20)	(1,011.27)	86.77	86.77	0.00	0.00	0.527605	0.8129	0.00
5002001	ST JAMES MERCY HOSPITAL	(45.29)	(44.42)	356.08	356.08	0.00	0.00	0.816533	0.8809	0.00
0701001	ST JOSEPHS / ELMIRA	(435.51)	(434.67)	(49.19)	(49.19)	0.00	0.00	0.520246	1.3880	4,194.72
3301003	ST JOSEPHS HOSP HLTH CTR	(27.96)	(27.26)	(109.07)	(109.07)	0.00	0.00	0.630987	1.4803	3,914.19
3301007	SUNY HLTH SCIENCE CTR	(56.81)	(55.92)	174.18	174.18	0.00	0.00	0.866982	2.6080	5,628.52
0303001	UNITED HEALTH SERVICES	52.84	54.45	99.63	99.63	0.00	0.00	0.614036	1.3760	3,948.52
	ROCHESTER REGION									
3421000	CLIFTON SPRINGS HOSP	(573.40)	(572.70)	71.03	71.03	0.00	0.00	0.586291	1.7965	3,670.66
3429000	F F THOMPSON HOSPITAL	(76.42)	(76.63)	58.12	58.12	0.00	0.00	0.731990	1.0293	3,718.18
3402000	GENEVA GENERAL HOSP	(31.43)	(30.66)	45.74	45.74	0.00	0.00	0.599024	0.8981	3,821.74
2701001	HIGHLAND OF ROCHESTER	135.67	136.46	(188.06)	(188.06)	0.00	0.00	0.794591	0.8571	4,113.71
2728001	LAKESIDE MEMORIAL HOSP	4.41	5.11	67.78	67.78	0.00	0.00	0.531647	0.8985	3,926.71
2701006	MONROE COMMUNITY	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	1.0000	4,776.77
2527000	NICHOLAS H NOYES MEM	(540.86)	(540.18)	25.97	25.97	0.00	0.00	0.710665	0.9357	3,876.39
2754001	PARK RIDGE HOSPITAL	(757.33)	(757.33)	87.23	87.23	0.00	0.00	0.609483	1.3136	4,011.39
2701003	ROCHESTER GENERAL HOSP	3,758.47	3,759.21	(3.42)	(3.42)	0.00	0.00	0.712377	1.4685	4,644.39
6120000	SOLDIERS AND SAILORS	(590.10)	(589.16)	21.07	21.07	0.00	0.00	0.584680	1.2215	0.00
2701005	STRONG MEMORIAL HOSP	(122.37)	(121.46)	(67.50)	(67.50)	0.00	0.00	0.626004	2.0042	4,868.74
5820000	WAYNE HEALTH CARE	(117.90)	(116.98)	(68.79)	(68.79)	0.00	0.00	0.638019	0.9011	3,629.06

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		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
OPCERT	HOSPITAL NAME	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	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
3301007	SUNY HLTH SCIENCE 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
	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	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
2754001	PARK RIDGE HOSPITAL	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
6120000	SOLDIERS AND SAILORS	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
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	186.57	398.60	(113.23)	(113.23)	8.18%	24.00%	0.00	0.00	0.00	0.28
5401001	CAYUGA MEDICAL CENTER	185.16	417.73	4.54	4.54	8.18%	24.00%	0.00	0.00	0.00	0.34
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 MEMORIAL	221.86	825.36	(61.16)	(61.16)	8.18%	24.00%	0.00	0.00	0.00	0.46
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
4823000	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 HOSPITAL	178.79	444.53	(46.48)	(46.48)	8.18%	24.00%	0.00	0.00	0.00	0.38
0701001	ST JOSEPHS / ELMIRA	167.94	530.15	(53.83)	(53.83)	8.18%	24.00%	0.00	0.00	0.00	0.23
3301003	ST JOSEPHS HOSP HLTH CTR	189.47	431.40	23.58	23.58	8.18%	24.00%	0.00	0.00	0.00	0.39
3301007	SUNY HLTH SCIENCE CTR	194.04	676.95	(187.43)	(187.43)	8.18%	24.00%	0.00	0.00	0.00	0.60
0303001	UNITED HEALTH SERVICES	190.85	676.50	(129.90)	(129.90)	8.18%	24.00%	0.00	0.00	0.00	0.37
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	189.80	494.69	(242.76)	(242.76)	8.18%	24.00%	0.00	0.00	0.00	0.43
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	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
2754001	PARK RIDGE HOSPITAL	187.60	548.29	36.83	36.83	8.18%	24.00%	0.00	0.00	0.00	0.46
2701003	ROCHESTER GENERAL HOSP	213.95	502.73	11.95	11.95	8.18%	24.00%	0.00	0.00	0.00	0.40
6120000	SOLDIERS AND SAILORS	198.75	530.22	(4.62)	(4.62)	8.18%	24.00%	0.00	0.00	0.00	0.53
2701005	STRONG MEMORIAL HOSP	198.14	635.40	(19.94)	(19.94)	8.18%	24.00%	0.00	0.00	0.00	0.46
5820000	WAYNE HEALTH CARE	185.57	730.81	(290.86)	(290.86)	8.18%	24.00%	0.00	0.00	0.00	0.50

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	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
3301007	SUNY HLTH SCIENCE 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
	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	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
2754001	PARK RIDGE HOSPITAL	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
6120000	SOLDIERS AND SAILORS	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
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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	
OPCERT	HOSPITAL NAME	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	174.22	227.94	(61.46)	(61.46)	8.18%	24.00%	0.00	0.00	0.00	0.38
0701001	ST JOSEPHS / ELMIRA	171.55	293.04	15.19	15.19	8.18%	24.00%	0.00	0.00	0.00	0.23
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
3301007	SUNY HLTH SCIENCE 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	180.37	446.18	41.43	41.43	8.18%	24.00%	0.00	0.00	0.00	0.37
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	172.53	284.28	(4.51)	(4.51)	8.18%	24.00%	0.00	0.00	0.00	0.43
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	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
2754001	PARK RIDGE HOSPITAL	179.99	416.24	(22.21)	(22.21)	8.18%	24.00%	0.00	0.00	0.00	0.46
2701003	ROCHESTER GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6120000	SOLDIERS AND SAILORS	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
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
		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
OPCERT	HOSPITAL NAME	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	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
3301007	SUNY HLTH SCIENCE 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
	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	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
2754001	PARK RIDGE HOSPITAL	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
6120000	SOLDIERS AND SAILORS	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
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	CENTRAL REGION										
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	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
3301007	SUNY HLTH SCIENCE 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
	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	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
2754001	PARK RIDGE HOSPITAL	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
6120000	SOLDIERS AND SAILORS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701005	STRONG MEMORIAL HOSP	378.62	1,683.11	(222.20)	(222.20)	8.18%	24.00%	0.00	0.00	0.00	0.46
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
CENTRAL REGION											
0701000	ARNOT-OGDEN MEMORIAL	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 MEMORIAL	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
4823000	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 HOSPITAL	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
3301007	SUNY HLTH SCIENCE 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
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	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
2754001	PARK RIDGE HOSPITAL	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
6120000	SOLDIERS AND SAILORS	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
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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)
CENTRAL REGION											
0701000	ARNOT-OGDEN MEMORIAL	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	194.14	704.46	(144.38)	(144.38)	8.18%	24.00%	0.00	0.00	0.00	0.34
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 MEMORIAL	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
4823000	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	177.13	739.87	(44.08)	(44.08)	8.18%	24.00%	0.00	0.00	0.00	0.23
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
3301007	SUNY HLTH SCIENCE CTR	241.49	1,221.64	194.19	194.19	8.18%	24.00%	0.00	0.00	0.00	0.60
0303001	UNITED HEALTH SERVICES	207.76	405.93	66.59	66.59	8.18%	24.00%	0.00	0.00	0.00	0.37
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	242.54	733.02	(73.51)	(73.51)	8.18%	24.00%	0.00	0.00	0.00	0.53
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	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
2754001	PARK RIDGE HOSPITAL	237.03	872.32	(32.57)	(32.57)	8.18%	24.00%	0.00	0.00	0.00	0.46
2701003	ROCHESTER GENERAL HOSP	203.59	1,037.89	88.12	88.12	8.18%	24.00%	0.00	0.00	0.00	0.40
6120000	SOLDIERS AND SAILORS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701005	STRONG MEMORIAL HOSP	217.27	1,017.46	(119.95)	(119.95)	8.18%	24.00%	0.00	0.00	0.00	0.46
5820000	WAYNE HEALTH CARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLENDED CASE	TOP 20 DRG	CAPITAL COST	PUBLIC	ADDITIONAL	W COMP	NO-FAULT	SPARCS	SPARCS	ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			
		NEUTRAL	RATE INCL	EXCLUDING	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	BASIC MALP	OPER PROSP	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
WESTERN REGION												
1427000	BERTRAND CHAFFEE HOSP	3,827.66	3,805.03	3,762.17	177.13	8.18%	24.00%	61.94	61.94	1.18	0.42	155.24
0601000	BROOKS MEMORIAL HOSP	0.00	3,801.63	3,801.63	54.61	8.18%	24.00%	28.35	28.35	0.86	0.33	155.24
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	4,525.36	4,867.62	4,867.62	190.18	8.18%	24.00%	83.90	83.90	3.84	0.31	155.24
3154000	INTER-COMMUNITY MEM HOSP	3,988.62	3,360.26	3,360.26	41.11	8.18%	24.00%	(8.31)	(8.31)	0.84	0.28	155.24
0228000	JONES MEMORIAL HOSP	3,882.31	3,879.92	3,762.17	247.09	8.18%	24.00%	40.72	40.72	1.16	0.42	155.24
1401014	KALEIDA HLTH (BUFF GEN)	3,882.22	3,782.95	3,747.00	283.05	8.18%	24.00%	61.07	61.07	1.98	0.40	155.24
1401002	KALEIDA HLTH (CHILD OF BUFF)	0.00	4,504.21	4,504.21	191.17	8.18%	24.00%	53.02	53.02	1.51	0.32	155.24
3103000	KALEIDA HLTH (DEGRAFF)	3,882.22	3,782.95	3,747.00	283.05	8.18%	24.00%	61.07	61.07	1.98	0.40	155.24
1401009	KALEIDA HLTH (MILLARD)	3,882.22	3,782.95	3,747.00	283.05	8.18%	24.00%	61.07	61.07	1.98	0.40	155.24
1404000	KENMORE MERCY HOSP	3,790.84	4,429.53	3,846.62	180.12	8.18%	24.00%	(58.76)	(58.76)	1.76	0.38	155.24
3101000	LOCKPORT MEMORIAL HOSP	3,966.18	3,276.22	3,276.22	138.87	8.18%	24.00%	79.73	79.73	1.23	0.24	155.24
3622000	MEDINA MEMORIAL HOSP	3,786.56	3,116.19	3,116.19	81.15	8.18%	24.00%	30.24	30.24	1.64	0.38	155.24
1401008	MERCY HOSP OF BUFFALO	3,055.10	3,306.74	3,306.74	186.51	8.18%	24.00%	32.54	32.54	0.84	0.26	155.24
3121001	MOUNT ST MARYS HOSP	4,183.30	4,170.92	3,846.62	171.30	8.18%	24.00%	10.41	10.41	1.27	0.26	155.24
3102000	NIAGARA FALLS MEMORIAL	4,314.81	4,567.14	3,846.62	130.74	8.18%	24.00%	(9.15)	(9.15)	2.23	0.29	155.24
0401001	OLEAN GENERAL HOSP	3,770.50	3,545.72	3,545.72	102.65	8.18%	24.00%	10.49	10.49	0.98	0.30	155.24
1402000	OUR LADY OF VICTORY	0.00	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	0.00
1401006	SHEEHAN MEMORIAL	4,234.41	4,111.05	3,762.17	190.82	8.18%	24.00%	60.47	60.47	2.02	0.24	155.24
1401013	SISTERS OF CHARITY HOSP	3,501.73	3,173.25	3,173.25	192.27	8.18%	24.00%	63.46	63.46	1.25	0.36	155.24
1455000	ST JOSEPH HOSPITAL	3,926.10	3,797.35	3,797.35	122.52	8.18%	24.00%	(9.21)	(9.21)	1.14	0.29	155.24
0427000	TLC HLTH NETWORK(TRI-CO)	3,993.75	3,749.87	3,589.58	92.23	8.18%	24.00%	17.04	17.04	3.70	0.32	155.24
1801000	UNITED MEMORIAL(GENESEE)	3,876.22	4,064.54	3,762.17	151.21	8.18%	24.00%	54.47	54.47	1.55	0.27	155.24
0632000	WESTFIELD MEM HOSP	3,604.71	2,779.35	2,779.35	251.53	8.18%	24.00%	121.16	121.16	1.19	0.47	155.24
0602001	WOMANS CHRISTIAN ASSOC	3,969.85	3,727.72	3,727.72	59.81	8.18%	24.00%	9.67	9.67	1.67	0.27	155.24
6027000	WYOMING CO COMMUNITY	0.00	3,615.30	3,615.30	26.39	8.18%	24.00%	12.41	12.41	1.66	0.39	155.24

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2003 - 12/31/2003										
===== 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
OPCERT	HOSPITAL NAME	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	411.14	411.82	39.88	39.88	0.00	0.00	0.767028	0.9522	3,740.26
0601000	BROOKS MEMORIAL HOSP	127.07	127.83	10.95	10.95	0.00	0.00	0.605170	0.8284	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.064029	0.0000	0.00
1401005	ERIE COUNTY MED CTR	(54.94)	(54.22)	241.20	241.20	0.00	0.00	0.718877	2.2011	4,569.92
3154000	INTER-COMMUNITY MEM HOSP	(41.23)	(40.45)	(67.57)	(67.57)	0.00	0.00	0.549524	0.9799	3,918.77
0228000	JONES MEMORIAL HOSP	35.03	36.66	(93.40)	(93.40)	0.00	0.00	0.723707	0.9167	3,864.58
1401014	KALEIDA HLTH (BUFF GEN)	11.09	13.64	(20.75)	(20.75)	0.00	0.00	0.572439	1.5957	3,894.35
1401002	KALEIDA HLTH (CHILD OF BUFF)	(349.19)	(357.36)	84.83	84.83	0.00	0.00	0.572439	1.2810	0.00
3103000	KALEIDA HLTH (DEGRAFF)	11.09	13.64	(20.75)	(20.75)	0.00	#N/A	0.572439	1.5957	3,894.35
1401009	KALEIDA HLTH (MILLARD)	11.09	13.64	(20.75)	(20.75)	0.00	#N/A	0.572439	1.5957	3,894.35
1404000	KENMORE MERCY HOSP	(521.02)	(520.27)	(699.88)	(699.88)	0.00	0.00	0.569881	1.8647	3,880.44
3101000	LOCKPORT MEMORIAL HOSP	(34.06)	(33.44)	152.73	152.73	0.00	0.00	0.679462	1.1201	4,001.58
3622000	MEDINA MEMORIAL HOSP	368.55	369.18	39.60	39.60	0.00	0.00	0.872093	1.1107	3,706.91
1401008	MERCY HOSP OF BUFFALO	(47.22)	(46.60)	(3.89)	(3.89)	0.00	0.00	0.570213	0.9303	3,247.90
3121001	MOUNT ST MARYS HOSP	(39.20)	(38.39)	(125.12)	(125.12)	0.00	0.00	0.396985	1.3070	4,220.63
3102000	NIAGARA FALLS MEMORIAL	(2.45)	(1.74)	(170.87)	(170.87)	0.00	0.00	0.459345	1.2130	4,269.94
0401001	OLEAN GENERAL HOSP	(32.78)	(32.06)	(76.67)	(76.67)	0.00	0.00	0.520469	0.9622	3,804.12
1402000	OUR LADY OF VICTORY	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00	0.00	0.638774	0.0000	0.00
1401006	SHEEHAN MEMORIAL	393.75	394.49	85.57	85.57	0.00	0.00	0.681189	1.0220	4,145.46
1401013	SISTERS OF CHARITY HOSP	(26.16)	(25.50)	104.38	104.38	0.00	0.00	0.592401	1.0091	3,530.08
1455000	ST JOSEPH HOSPITAL	(56.62)	(55.87)	(214.33)	(214.33)	0.00	0.00	0.553684	1.6388	3,960.90
0427000	TLC HLTH NETWORK(TRI-CO)	1,021.89	1,027.69	(29.91)	(29.91)	0.00	0.00	0.593391	1.2799	3,973.82
1801000	UNITED MEMORIAL(GENESEE)	468.58	468.92	30.00	30.00	0.00	0.00	0.546683	1.0166	3,817.26
0632000	WESTFIELD MEM HOSP	(306.40)	(305.80)	84.76	84.76	0.00	0.00	0.658453	0.8310	3,544.91
0602001	WOMANS CHRISTIAN ASSOC	(34.34)	(33.63)	(20.75)	(20.75)	0.00	0.00	0.562377	1.0367	4,003.98
6027000	WYOMING CO COMMUNITY	(235.42)	(234.55)	18.22	18.22	0.00	0.00	0.738540	0.9056	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) RATE PERIOD 07/01/2003 - 12/31/2003											
===== SPECIALTY =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE	NO-FAULT ACUTE	PUBLIC GOODS POOL	ADDITIONAL PUBLIC GOODS POOL	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP		RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP	ADJUSTMENTS	PER DIEM
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	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
1402000	OUR LADY OF VICTORY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	368.64	2,052.16	355.18	355.18	8.18%	24.00%	0.00	0.00	0.00	1.79
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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE 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	POOL	GOODS POOL	PHYS MALP	PHYS MALP	RETROACTIVE ADJUSTMENTS		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)
	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	174.64	595.66	(69.58)	(69.58)	8.18%	24.00%	0.00	0.00	0.00	0.31
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 HLTH (BUFF GEN)	179.59	429.92	(44.12)	(44.12)	8.18%	24.00%	0.00	0.00	0.00	0.40
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	176.92	554.30	(91.23)	(91.23)	8.18%	24.00%	0.00	0.00	0.00	0.29
0401001	OLEAN GENERAL HOSP	233.16	380.61	(60.03)	(60.03)	8.18%	24.00%	0.00	0.00	0.00	0.30
1402000	OUR LADY OF VICTORY	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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	213.62	585.03	(175.30)	(175.30)	8.18%	24.00%	0.00	0.00	0.00	0.32
1801000	UNITED MEMORIAL(GENESEE)	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	181.37	626.78	(109.36)	(109.36)	8.18%	24.00%	0.00	0.00	0.00	0.27
6027000	WYOMING CO COMMUNITY	203.06	542.25	(101.79)	(101.79)	8.18%	24.00%	0.00	0.00	0.00	0.39

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT AIDS UNIT =====											
		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
OPCERT	HOSPITAL NAME	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
WESTERN REGION											
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	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
1402000	OUR LADY OF VICTORY	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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
		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	
OPCERT	HOSPITAL NAME	----- (51)	----- (52)	----- (53)	----- (54)	----- (55)	----- (56)	----- (57)	----- (58)	----- (59)	----- (60)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	168.93	320.75	(12.42)	(12.42)	8.18%	24.00%	0.00	0.00	0.00	0.31
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 HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	172.28	382.66	(18.73)	(18.73)	8.18%	24.00%	0.00	0.00	0.00	0.24
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	192.65	469.95	(15.84)	(15.84)	8.18%	24.00%	0.00	0.00	0.00	0.26
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
1402000	OUR LADY OF VICTORY	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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	160.97	205.04	0.64	0.64	8.18%	24.00%	0.00	0.00	0.00	0.32
1801000	UNITED MEMORIAL(GENESEE)	184.12	287.23	(67.35)	(67.35)	8.18%	24.00%	0.00	0.00	0.00	0.27
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	176.28	289.30	(41.46)	(41.46)	8.18%	24.00%	0.00	0.00	0.00	0.27
6027000	WYOMING CO COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT DRUG REHABILITATION UNIT =====											
		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
OPCERT	HOSPITAL NAME	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
WESTERN REGION											
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	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
1402000	OUR LADY OF VICTORY	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	173.99	338.27	(19.02)	(19.02)	8.18%	24.00%	0.00	0.00	0.00	0.24
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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	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
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	761.90	1,307.19	(135.48)	(135.48)	8.18%	24.00%	0.00	0.00	0.00	0.32
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
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	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
1402000	OUR LADY OF VICTORY	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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	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
		(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	250.87	845.45	48.71	48.71	8.18%	24.00%	0.00	0.00	0.00	80.36
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 HLTH (BUFF GEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA HLTH (CHILD OF BUFF)	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
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	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
1402000	OUR LADY OF VICTORY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	1,075.88	8,740.00	251.23	251.23	8.18%	24.00%	0.00	0.00	0.00	1.79
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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	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	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2003 - 12/31/2003											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	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
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	187.64	652.13	134.97	134.97	8.18%	24.00%	0.00	0.00	0.00	0.31
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 HLTH (BUFF GEN)	251.59	539.98	(213.66)	(213.66)	8.18%	24.00%	0.00	0.00	0.00	0.40
1401002	KALEIDA HLTH (CHILD OF BUFF)	199.29	756.48	153.56	153.56	8.18%	24.00%	0.00	0.00	0.00	0.32
3103000	KALEIDA HLTH (DEGRAFF)	251.59	539.98	(213.66)	(213.66)	8.18%	24.00%	0.00	0.00	0.00	0.40
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	174.43	635.20	(109.36)	(109.36)	8.18%	24.00%	0.00	0.00	0.00	0.38
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	191.82	557.05	(24.94)	(24.94)	8.18%	24.00%	0.00	0.00	0.00	0.38
1401008	MERCY HOSP OF BUFFALO	155.24	10.20	(976.54)	(976.54)	8.18%	24.00%	0.00	0.00	0.00	0.26
3121001	MOUNT ST MARYS HOSP	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
1402000	OUR LADY OF VICTORY	174.35	997.88	1.23	1.23	8.18%	24.00%	0.00	0.00	0.00	1.10
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 JOSEPH HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HLTH NETWORK(TRI-CO)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL(GENESEE)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	187.42	472.52	178.53	181.49	8.18%	24.00%	0.00	0.00	0.00	0.27
6027000	WYOMING CO COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

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

9-Dec-03

FACILITY NAME: EJ Noble/Alexandria

STATEWIDE RATE PERIOD: 04/15/2003

OPERATING CERT: 2221000H

APPEAL#:

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
04/15/2003-12/31/03	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

EFFECTIVE PERIOD	PROSPECTIVE ADJUSTMENTS						HIGH COST OUTLIER CALCULATION		
	W COMP BLEND CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLEND 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)
04/15/2003-12/31/03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.000000	0.0000	\$0.00

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

9-Dec-03

FACILITY NAME: KALEIDA HLTH (CHILDRENS OF BUFF)

STATEWIDE RATE PERIOD: 07/01/03-12/31/03

OPERATING CERT: 1401002H

APPEAL#: 313600

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/03-06/30/03	\$0.00	\$4,546.27	\$4,546.27	\$191.32	8.18%	24.00%	\$53.08	\$53.08	\$1.51	\$0.32	\$155.24

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)
01/01/03-06/30/03	(\$229.23)	(\$237.40)	\$84.98	\$84.98	\$0.00	\$0.00	0.572439	1.2810	\$0.00

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

9-Dec-03

FACILITY NAME: NORTH GENERAL HOSPITAL

STATEWIDE RATE PERIOD: JANUARY 2003

OPERATING CERT: 7052000H

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/03 - 12/31/03	\$7,032.29	\$7,123.92	\$5,929.89	\$786.61	8.18%	24.00%	\$87.14	\$87.14	\$3.78	\$0.43	\$236.10

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)
01/01/03 - 12/31/03	\$18.49	\$19.65	(\$327.30)	(\$327.30)	\$0.00	\$0.00	0.796822	1.3166	\$7,051.05

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

9-Dec-03

FACILITY NAME: New York Presbyterian Hospital @
New York Hospital Division
OPERATING CERT: 7002054H

STATEWIDE RATE PERIOD: 7/1-12/31/2003
APPEAL#: new service

===== MEDICAL REHABILITATION =====											
EFFECTIVE PERIOD	ALTERNATE CARE PER DIEM INCL CAPITAL & BASIC MALP	ACUTE PER DIEM		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
		INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	EXCL PROSP								
	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)	
6/2-6/30/2003	\$338.95	\$1,010.04	(\$27.48)	(\$27.48)	8.18%	24.00%	\$0.00	\$0.00	\$0.00	\$0.51	
7/1-12/31/2003	\$338.95	\$1,000.96	(\$54.26)	(\$54.26)	8.18%	24.00%	\$0.00	\$0.00	\$0.00	\$0.51	

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

9-Dec-03

FACILITY NAME: ORANGE REGIONAL MEDICAL CENTER -- GOSHEN

STATEWIDE RATE PERIOD: JULY 2003

OPERATING CERT: 3523000H

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/02 - 06/30/02	\$4,200.17	\$3,545.94	\$3,545.94	\$191.85	8.18%	24.00%	\$40.40	\$40.40	\$1.46	\$0.27	\$151.45
07/01/02 - 12/31/02	\$4,215.39	\$3,549.48	\$3,549.48	\$191.85	8.18%	24.00%	\$40.09	\$40.09	\$1.46	\$0.27	\$151.45

EFFECTIVE PERIOD	PROSPECTIVE ADJUSTMENTS						HIGH COST OUTLIER CALCULATION		
	W COMP BLEND CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLEND 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)
01/01/02 - 06/30/02	\$183.75	\$186.82	(\$20.08)	(\$20.08)	\$0.00	\$0.00	0.403572	1.3307	\$3,963.28
07/01/02 - 12/31/02	\$194.15	\$197.22	(\$21.42)	(\$21.42)	\$0.00	\$0.00	0.403572	1.3307	\$3,967.25

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

9-Dec-03

FACILITY NAME: ORANGE REGIONAL MEDICAL CENTER -- MIDDLETOWN

STATEWIDE RATE PERIOD: JULY 2003

OPERATING CERT: 3501000H

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/02 - 06/30/02	\$4,163.75	\$3,809.00	\$3,692.17	\$126.55	8.18%	24.00%	(\$10.61)	(\$10.61)	\$1.42	\$0.39	\$151.45
07/01/02 - 12/31/02	\$4,178.87	\$3,812.75	\$3,699.42	\$126.55	8.18%	24.00%	(\$10.61)	(\$10.61)	\$1.42	\$0.39	\$151.45

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)
01/01/02 - 06/30/02	\$136.87	\$138.34	(\$169.62)	(\$169.62)	\$0.00	\$0.00	0.447884	0.9330	\$3,972.92
07/01/02 - 12/31/02	\$147.98	\$149.45	(\$169.62)	(\$169.62)	\$0.00	\$0.00	0.447884	0.9330	\$3,976.88

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

16-Dec-03

FACILITY NAME: Our Lady Of Mercy Medical Center

STATEWIDE RATE PERIOD: 07/01/03-12/31/03

APPEAL#: H209500

OPERATING CERT: 7000005

EFFECTIVE PERIOD	CASE PAYMENT										
	LONG STAY GROUP NEUTRAL COST/DISCH	BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/03-06/30/03	\$5,974.36	\$5,948.09	\$5,948.89	\$259.87	8.18%	24.00%	\$65.38	\$65.38	\$1.94	\$0.37	\$236.10

EFFECTIVE PERIOD	PROSPECTIVE ADJUSTMENTS						HIGH COST OUTLIER CALCULATION		
	W COMP BLEND CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLEND 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)
01/01/03-06/30/03	\$421.51	\$422.65	\$77.03	\$77.03	\$0.00	\$0.00	0.613310	1.1442	\$5,792.45

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

9-Dec-03

FACILITY NAME: River Hospital

STATEWIDE RATE PERIOD: 04/15/2003-12/31/2003

APPEAL#: Initial Rate

OPERATING CERT: 2221001H

===== CASE PAYMENT =====											
EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDING CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
04/15/2003-12/31/2003	\$0.00	\$31,574.76	\$31,574.76	\$43.45	8.18%	24.00%	\$8.69	\$8.69	\$7.38	\$1.93	\$155.24

===== PROSPECTIVE ADJUSTMENTS ===== ==HIGH COST OUTLIER CALCULATION==									
EFFECTIVE PERIOD	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT	HIGH COST CHARGE CONVERTER	NON-MEDICARE CASE MIX INDEX	PURE GROUP PRICE FOR LONG STAY TEST ONLY
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
04/15/2003-12/31/2003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.654777	0.9672	\$0.00