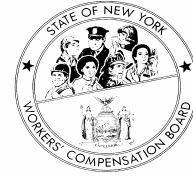




ELIOT SPITZER
GOVERNOR

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
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ZACHARY S. WEISS
CHAIR

November 20, 2007

**HOSPITAL INPATIENT FEE SCHEDULE
EFFECTIVE 1/01/2007 – 12/31/2007**

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 January 1, 2007 through December 31, 2007.

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

The January 1, 2007 rates, enclosed herein, are based upon the same inpatient reimbursable costs as those reflected in the 2006 inpatient rates promulgated on a statewide basis and previously certified to you, but also take into consideration the following changes:

1. Elimination of prospective rate adjustments contained in the 2006 rates, which were previously certified to you, and the development of revised prospective rate adjustments to reflect changes in rates prior to 2005 subsequent to that date.
2. Implementation of the initial 2007 trend factors, based upon the methodology as set forth in Article 2807-c(10) (c), which is 2.5% and the final 2005 trend for 2006.
3. Implementation of 2005 actual capital costs and statistics, as submitted by hospitals in their 2005 Institutional Cost Report in lieu of budgeted capital costs and statistics. The major movable portion of these costs continues to be reduced by 44% in accordance with Article 2807-c of the Public Health Law.
4. Inclusion of the 2007 budgeted capital costs and statistics, as submitted by hospitals in their 2007 budgeted capital survey. This budgeted capital amount has been reduced by the percentage that the hospitals over-budgeted their 2005 capital costs in accordance with Article 2807-c(8) (f) of the Public Health Law.
5. Inclusion of updated indirect medical education information in the initial 2007 rates as reported on hospitals IME survey for the period July 1, 2007 through June 30, 2008.

6. Implementation of the actual 2005 case mix adjustment for exempt units in accordance with part 86-1.64 of the Commissioner of Health's Administrative Rules and Regulations.
7. Implementation of the 2005 volume adjustment in the acute case payment and exempt unit rates for those facilities which qualify for such an adjustment in accordance with Part 86-1.64 of the Commissioner of Health's Administrative Rules and Regulations. This calculation includes the adjustment for those facilities with volume increase in conjunction with a reduction in length of stay in accordance with Part 86-1.64.
8. Inclusion of 2006 volume adjustment for some facilities that requested this adjustment in accordance with Part 86-1.64 of the Commissioner's Rules and Regulations.
9. Inclusion of Medicaid rate appeals as approved by the Division of the Budget to expedite their processing and help to reduce existing backlog of outstanding hospital appeals.
10. 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:

2007 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.

2007 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, 2007.

Top 20 DRG's

Pursuant to the provisions of the Health Care Reform Act of 2005, services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, and the Volunteer Ambulance Workers' Benefit Law discharged January 1, 2007 and after are to 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 January 1, 2007 through December 31, 2007. 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's Compensation and No Fault Hospital Case Payment Rates" (See Column 3).

Workers' Compensation (1/01/07 – 12/31/07)

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 reported in either Column 12 or 13 dependent upon the payor, workers' compensation or no-fault, respectively. The appropriate SIW should be multiplied times this combined amount to obtain a weighted rate per discharge.
- Column 3 – Top 20 DRG Rate: This column should be utilized in place of the Column 2 amount for all claims whose DRG assignment listed in the Top 20 DRG listing previously discussed. This amount should be combined with the applicable prospective rate adjustment from Column 12 or 13 prior to the application of the SIW.
- Column 4 – Capital Cost Rate Per Case: This column is similar to prior publications except that the current figure includes the Efficiency Cost Reduction Adjustment. This amount should be combined with the applicable prospective adjustment from Column 14 or 15 dependent upon the respective payor.
- Column 5 – Public Goods Pool Surcharge: This surcharge should be applied to the sum of the weighted rate per discharge (including prospective adjustments) plus the capital cost rate per case (including prospective adjustments). This surcharge is applicable for payors who have previously elected and been approved to pay the Public Goods Pool directly.
- Column 6 – Additional Public Goods Pool Surcharge: This additional surcharge of 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 Worker's Compensation rates for periods 1988 through 1996 plus the Medicaid rate for the period January 1, 1997 through December 31, 2006. These prospective adjustments include the applicable rate differentials (5% or 13%) for the affected rate years for the respective payors. The adjustments are to be included in the applicable inlier and outlier payment calculations as detailed in this correspondence.
- Column 18: The high cost charge converter is the hospital specific inpatient ratio of cost to charges. This ratio is to be applied to total covered hospital inpatient charges for a specific claim to reduce charges to cost in the determination of high cost outlier payments.
- Column 19: The overall non-Medicare case mix is to be utilized in the determination of specific claim's eligibility as a high cost outlier.
- Column 20: Pure group price the for 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 January 1, 2007 as listed on the attached schedule.

Sample Payment Calculation Worksheets:

These schedules have been prepared to answer many questions that are received as to how to calculate the various different payments for the Workers' Compensation claims. These schedules correspond to the columns of the Workers' Compensation rates schedule enclosed.

Attachments

*****INDEX TO SCHEDULES*****	
Code	GROUP DESCRIPTION
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1.	UPSTATE NON-TEACHING (0-99 BEDS)
2.	UPSTATE NON-TEACHING (100+ BEDS)
4.	UPSTATE TEACHING
5.	DOWNSTATE NON-TEACHING
6.	DOWNSTATE TEACHING
7.	TEACHING- ACADEMIC MEDICAL CENTERS
8.	MAJOR PUBLIC
Exempt Hospital	
(A)	

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

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

2007 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
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
7002002	BETH ISRAEL MEDICAL CENTER	6	0	1	0	0	1	0	2
5957000	BLYTHEDALE CHILDREN'S	9	4	0	0	0	0	0	0
3535001	BON SECOURS COMMUNITY HOSPITAL	2	0	1	1	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	9	2	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
4401000	CLAXTON-HEPBURN MEDICAL CENTE	2	0	1	0	0	1	0	0
3421000	CLIFTON SPRINGS HOSPITAL	1	0	1	1	0	0	0	0

2007 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	
	-----	-----	-----	-----	-----	-----	-----	-----	-----	
	-----	-----	-----	-----	-----	-----	-----	-----	-----	
4458000	CLIFTON-FINE HOSPITAL	9	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	
3301000	COMM-GEN / GREATER SYRACUSE	2	0	1	0	0	1	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	
1101000	CORTLAND MEMORIAL HOSPITAL	2	0	1	0	0	0	0	0	
3301008	CROUSE HOSPITAL	4	0	0	0	0	0	0	0	
0226000	CUBA MEMORIAL HOSPITAL	9	5	0	0	0	0	0	0	
1229000	DELAWARE VALLEY HOSPITAL	9	5	0	1	0	0	0	0	
7004005	DOCTORS HOSP / STATEN ISLAND	5	===== See Staten Island University Hospital =====							
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	
4423000	EDWARD JOHN NOBLE / GOUVERNEU	1	0	0	0	0	0	0	0	
1521000	ELIZABETHTOWN COMMUNITY	9	5	0	0	0	0	0	0	
5526001	ELLENVILLE REGIONAL HOSP	1	5	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	
7003013	FOREST HILLS HOSPITAL	6	0	0	0	0	0	0	0	
2910000	FRANKLIN HOSPITAL	5	0	1	0	0	0	0	0	
3402000	GENEVA GENERAL HOSPITAL	2	0	0	0	0	1	0	0	
2901000	GLEN COVE HOSPITAL	5	0	1	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	
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	

2007 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
	-----	-----	-----	-----	-----	-----	-----	-----	-----
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
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	9	5	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	9	5	0	0	0	0	0	0
3824000	MARY IMOGENE BASSETT HOSP	4	0	1	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
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
2701006	MONROE COMMUNITY HOSPITAL	1	0	0	0	0	0	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

2007 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
	-----	-----	-----	-----	-----	-----	-----	-----	-----
7002024	MOUNT SINAI HOSPITAL	7	0	1	0	0	1	0	0
7003015	MOUNT SINAI QUEENS	5	0	0	0	0	0	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
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
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	0	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	0	1	1	3
5906000	NY UNITED HOSPITAL	5	0	1	0	0	0	0	0
7000023	NY WESTCHESTER SQUARE MED CTR	5	0	0	0	0	0	0	0
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
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	6	0	0	0	0	1	0	0
5932000	PHELPS MEMORIAL HOSPITAL	5	0	1	1	0	1	0	0
2952005	PLAINVIEW HOSPITAL	5	0	0	0	0	0	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

2007 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
	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----
7002031	ROCKEFELLER UNIVERSITY	9	1	0	0	0	0	0	0
3201002	ROME HOSPITAL AND MURPHY	2	0	0	0	0	0	1	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	0	1	0
4501000	SARATOGA HOSPITAL	2	0	1	0	0	0	0	0
4823000	SCHUYLER HOSPITAL	9	5	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
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	0	1	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	0	1	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	0	1	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	0	1	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	0	1	0
3502000	ST LUKES HOSP / NEWBURGH	===== See St. Lukes/Cornwall Hospital Hospital =====							
3522000	ST LUKES/CORNWALL HOSPITAL	2	0	1	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	0	1	4
7002037	ST VINCENTS HOSPITAL / NY	6	0	1	1	0	0	1	0
7001037	STATE UNIVERSITY HOSPITAL	7	0	1	0	0	0	1	0

2007 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
	-----	-----	-----	-----	-----	-----	-----	-----	-----
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
2221001	THE RIVER HOSPITAL	9	5	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
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
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
0632000	WESTFIELD MEMORIAL HOSP	1	0	0	0	0	0	0	0
5902001	WHITE PLAINS HOSPITAL	5	0	0	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

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
1	CRANIOTOMY AGE >17 W CC	4.9024	3	51	16	21
2	CRANIOTOMY AGE >17 W/O CC	3.1039	2	29	10	12
6	CARPAL TUNNEL RELEASE	0.6630	1	4	2	2
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	2.8127	3	46	13	18
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1.4421	2	22	4	5
9	SPINAL DISORDERS & INJURIES	1.5820	2	44	11	19
10	NERVOUS SYSTEM NEOPLASMS W CC	2.2098	3	47	11	15
11	NERVOUS SYSTEM NEOPLASMS W/O CC	1.2891	2	43	7	8
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	1.5144	2	45	9	11
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	1.1198	2	34	9	10
14	STROKE WITH INFARCT	2.0020	3	48	11	13
15	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	1.4930	2	44	8	9
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.8871	3	47	13	11
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.9865	2	41	6	7
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	1.5346	2	46	9	10
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	0.9449	2	37	5	7
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	2.2533	3	47	11	13
21	VIRAL MENINGITIS	0.8401	2	23	4	5
22	HYPERTENSIVE ENCEPHALOPATHY	1.0672	2	25	4	7
23	NONTRAUMATIC STUPOR & COMA	0.8129	2	32	5	6
24	SEIZURE & HEADACHE AGE >17 W CC	1.0975	2	33	6	7
25	SEIZURE & HEADACHE AGE >17 W/O CC	0.8090	2	32	4	5
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.3983	2	44	7	10
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.9273	2	35	5	6
36	RETINAL PROCEDURES	0.9620	1	10	3	4
37	ORBITAL PROCEDURES	1.6412	2	37	4	6
38	PRIMARY IRIS PROCEDURES	0.6726	1	10	3	3
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	0.8405	1	5	2	2
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	0.6967	1	4	2	2
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18	0.6441	1	4	1	2

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	1.0527	1	14	3	4
43	HYPHEMA	0.6380	2	23	4	5
44	ACUTE MAJOR EYE INFECTIONS	0.7270	2	17	4	5
45	NEUROLOGICAL EYE DISORDERS	0.7423	2	32	4	6
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	1.0278	2	41	6	7
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	0.7406	2	35	4	5
48	OTHER DISORDERS OF THE EYE AGE <18	0.6669	2	17	3	5
49	MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY	2.0787	2	27	4	6
50	SIALOADENECTOMY	0.9580	1	8	2	4
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.8629	1	6	2	3
52	CLEFT LIP & PALATE REPAIR	1.1176	1	5	3	4
53	SINUS & MASTOID PROCEDURES AGE >17	0.7546	1	4	2	2
54	SINUS & MASTOID PROCEDURES AGE <18	0.9072	1	4	2	2
55	MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES	0.6853	1	4	1	2
56	RHINOPLASTY	0.7112	1	3	1	2
57	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE >17	0.5744	1	13	2	3
58	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE <18	0.6660	1	14	2	3
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	0.4573	1	3	1	1
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18	0.5161	1	3	1	1
61	MYRINGOTOMY W TUBE INSERTION AGE >17	0.7147	1	4	1	2
62	MYRINGOTOMY W TUBE INSERTION AGE <18	0.5832	1	3	1	1
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1.6833	2	23	4	6
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1.7990	2	44	9	9
65	DYSEQUILIBRIUM	0.5867	2	20	4	5
66	EPISTAXIS	0.6669	2	23	4	5
67	EPIGLOTTITIS	0.8085	2	17	4	5
68	OTITIS MEDIA & URI AGE >17 W CC	0.7116	2	18	5	5
69	OTITIS MEDIA & URI AGE >17 W/O CC	0.4569	2	14	4	4
70	OTITIS MEDIA & URI AGE <18	0.5906	2	14	3	4
71	LARYNGOTRACHEITIS	0.3981	1	12	2	3

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
72	NASAL TRAUMA & DEFORMITY	0.4854	1	6	2	2
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	0.7542	2	33	4	5
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18	0.5270	1	15	3	3
75	MAJOR CHEST PROCEDURES	2.9864	3	35	11	14
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	3.3832	3	48	12	17
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.7815	2	43	6	9
78	PULMONARY EMBOLISM	1.6977	2	25	10	12
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	2.0283	3	49	13	15
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	1.2229	2	24	9	10
82	RESPIRATORY NEOPLASMS	1.9726	2	46	9	12
83	MAJOR CHEST TRAUMA W CC	1.0598	2	27	7	8
84	MAJOR CHEST TRAUMA W/O CC	0.6108	2	15	4	4
85	PLEURAL EFFUSION W CC	1.5855	2	46	8	10
86	PLEURAL EFFUSION W/O CC	1.0646	2	44	6	8
87	PULMONARY EDEMA & RESPIRATORY FAILURE	1.5649	2	45	7	9
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.1983	2	31	7	8
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.3895	2	30	8	9
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	0.8497	2	22	6	7
92	INTERSTITIAL LUNG DISEASE W CC	1.5101	2	46	7	10
93	INTERSTITIAL LUNG DISEASE W/O CC	1.0795	2	31	5	7
94	PNEUMOTHORAX W CC	1.1952	2	33	8	9
95	PNEUMOTHORAX W/O CC	0.7204	2	17	5	6
96	BRONCHITIS & ASTHMA AGE >17 W CC	0.9379	2	25	6	7
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	0.7191	2	22	5	5
99	RESPIRATORY SIGNS & SYMPTOMS W CC	0.9050	2	36	4	7
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	0.6191	2	18	3	4
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	0.9993	2	44	6	8
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.6331	2	22	4	4
103	HEART TRANSPLANT	34.0759	7	82	33	33
104	CARDIAC VALVE PROCEDURES W CARDIAC CATH	8.9205	4	55	19	22

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
105	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH	5.9911	3	24	12	13
106	CORONARY BYPASS W PTCA	7.1890	3	31	11	15
107	CORONARY BYPASS W CARDIAC CATH W/O PTCA	6.3165	3	31	14	17
108	OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY	4.5258	2	15	10	10
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH	4.6174	2	13	9	10
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	4.2513	3	33	13	15
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	2.8254	2	21	8	10
112	PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK	1.6302	2	20	4	5
113	AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE	6.0950	6	66	26	36
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	2.8803	3	50	15	21
115	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GN	4.5850	3	47	15	11
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	3.6664	2	45	7	9
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	2.1138	2	42	7	9
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	2.0893	1	16	4	6
119	VEIN LIGATION & STRIPPING	0.8076	1	9	3	4
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.4187	4	50	15	20
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	2.5067	3	26	11	12
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	1.6324	2	22	8	9
123	CIRCULATORY DISORDERS W AMI, EXPIRED	3.2297	2	43	8	9
124	CIRC DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	1.4434	2	43	6	6
125	CIRC DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	0.7520	1	12	2	3
126	ACUTE & SUBACUTE ENDOCARDITIS	4.2254	5	58	21	26
127	HEART FAILURE & SHOCK	1.4947	2	40	8	9
128	DEEP VEIN THROMBOPHLEBITIS	1.0672	2	26	9	10
129	CARDIAC ARREST, UNEXPLAINED	1.0185	1	3	2	2
130	PERIPHERAL VASCULAR DISORDERS W CC	1.4417	2	46	9	11
131	PERIPHERAL VASCULAR DISORDERS W/O CC	0.9335	2	34	7	7
132	ATHEROSCLEROSIS W CC	1.2461	2	30	5	8
133	ATHEROSCLEROSIS W/O CC	0.7919	2	25	4	5
134	HYPERTENSION	0.9348	2	33	5	6

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	1.4097	2	35	6	9
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	0.7691	2	24	4	5
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18	1.3092	2	23	6	6
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1.1694	2	29	5	8
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	0.7353	2	17	4	5
140	ANGINA PECTORIS	0.8866	2	23	4	5
141	SYNCOPE & COLLAPSE W CC	1.0440	2	41	5	6
142	SYNCOPE & COLLAPSE W/O CC	0.7349	2	22	4	5
143	CHEST PAIN	0.5889	1	14	3	3
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.4320	2	45	8	10
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	0.8388	2	25	4	5
146	RECTAL RESECTION W CC	3.1280	3	26	13	15
147	RECTAL RESECTION W/O CC	2.0336	2	17	10	11
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	3.1543	3	40	14	17
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.9617	2	17	9	11
150	PERITONEAL ADHESIOLYSIS W CC	2.4497	3	36	12	13
151	PERITONEAL ADHESIOLYSIS W/O CC	1.3978	2	32	7	9
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	2.1629	2	26	9	10
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.5009	2	16	6	7
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	3.8015	3	46	13	18
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	1.9981	2	22	8	10
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18	1.4688	2	22	4	7
157	ANAL & STOMAL PROCEDURES W CC	1.2943	2	43	6	7
158	ANAL & STOMAL PROCEDURES W/O CC	0.6051	1	14	3	3
159	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.4631	2	27	7	8
160	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	0.9458	2	20	4	4
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.2658	2	28	4	5
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	0.6893	1	10	2	3
163	HERNIA PROCEDURES AGE <18	0.6327	1	4	1	2
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	2.1002	3	26	11	12

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1.3899	2	20	7	8
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2474	2	17	6	7
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.8993	2	6	4	4
168	MOUTH PROCEDURES W CC	1.3899	2	42	6	8
169	MOUTH PROCEDURES W/O CC	0.8379	1	15	3	3
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	3.0890	3	49	15	17
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1.3579	2	43	6	8
172	DIGESTIVE MALIGNANCY W CC	2.1678	3	47	11	13
173	DIGESTIVE MALIGNANCY W/O CC	1.1290	2	43	6	8
174	G.I. HEMORRHAGE W CC	1.3553	2	22	6	7
175	G.I. HEMORRHAGE W/O CC	0.8155	2	15	4	5
176	COMPLICATED PEPTIC ULCER	1.0571	2	29	7	8
177	UNCOMPLICATED PEPTIC ULCER W CC	0.8822	2	22	5	7
178	UNCOMPLICATED PEPTIC ULCER W/O CC	0.6388	2	21	4	5
179	INFLAMMATORY BOWEL DISEASE	1.1089	2	34	8	9
180	G.I. OBSTRUCTION W CC	1.0650	2	31	7	8
181	G.I. OBSTRUCTION W/O CC	0.6309	2	23	5	6
182	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W CC	1.1435	2	30	6	7
183	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC	0.7691	2	27	5	5
185	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17	0.7274	2	22	4	5
186	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18	0.6437	2	17	3	4
187	DENTAL EXTRACTIONS & RESTORATIONS	0.7563	1	20	2	3
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	1.0532	2	36	6	8
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	0.6507	2	30	4	5
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	4.4916	4	53	18	22
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	2.2519	2	46	12	14
193	BIL TRACT PROC W CC EXC ONLY TOT CHOLECYST OR W/O CDE	3.5485	4	52	16	18
194	BIL TRACT PROC W/O CC EXC ONLY TOT CHOLECYSTECT W/O CDE	1.8718	2	45	10	12
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2.5725	3	34	10	13
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	2.0266	2	25	8	10

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	2.1450	2	34	8	11
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1.3443	2	17	5	7
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	2.3879	2	46	14	17
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	2.3396	2	45	9	13
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	3.0241	3	48	10	13
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	1.4684	2	46	9	10
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	1.8003	2	45	10	11
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1.0242	2	23	7	7
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	1.6890	2	45	9	10
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	1.1264	2	43	6	6
207	DISORDERS OF THE BILIARY TRACT W CC	1.1567	2	32	6	7
208	DISORDERS OF THE BILIARY TRACT W/O CC	0.6586	2	23	4	5
209	MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP,EXC COMP	3.5778	2	22	11	15
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	3.4516	4	51	18	22
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	2.2291	2	37	11	14
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18	2.0625	2	31	9	10
213	AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	2.9877	3	50	16	21
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	2.6518	3	45	13	16
217	WND DEBRID&SKN GRFT EXC OPEN WND,MS & CONN TIS, EXC HAND	3.0771	3	48	13	19
218	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W CC	2.4414	3	47	11	16
219	LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W/O CC	1.3329	2	29	5	8
220	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE <18	1.4373	2	23	5	6
221	KNEE PROCEDURES W CC	1.7205	2	23	7	9
222	KNEE PROCEDURES W/O CC	1.1045	1	5	3	3
223	MAJ SHOULD/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC	0.9151	1	12	3	5
224	SHOULD,ELBOW OR FOREARM PROC,EXC MAJ JOINT PROC, W/O CC	0.8782	1	11	2	4
225	FOOT PROCEDURES	1.1391	2	16	4	5
226	SOFT TISSUE PROCEDURES W CC	1.7569	2	44	6	10
227	SOFT TISSUE PROCEDURES W/O CC	0.9449	1	14	3	4
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	0.9979	1	11	3	4

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	0.8467	1	11	2	3
230	LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	1.2860	2	19	4	5
232	ARTHROSCOPY	0.8085	1	9	2	2
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.7421	2	47	12	14
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	1.5101	2	27	5	6
235	FRACTURES OF FEMUR	2.1292	3	48	20	21
236	FRACTURES OF HIP & PELVIS	1.5311	3	46	12	14
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	0.8493	2	38	7	9
238	OSTEOMYELITIS	1.9849	3	49	13	19
239	PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY	2.0336	3	48	12	14
240	CONNECTIVE TISSUE DISORDERS W CC	1.5745	2	45	9	10
241	CONNECTIVE TISSUE DISORDERS W/O CC	0.9282	2	35	6	7
242	SEPTIC ARTHRITIS	1.2759	2	44	9	11
243	MEDICAL BACK PROBLEMS	0.7919	2	43	6	8
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1.1917	2	44	7	9
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	0.7055	2	36	5	6
246	NON-SPECIFIC ARTHROPATHIES	0.8796	2	31	5	7
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	0.5989	2	23	4	5
248	TENDONITIS, MYOSITIS & BURSITIS	0.7029	2	35	4	6
249	MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC	1.2351	2	43	8	10
250	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W CC	0.8493	2	33	7	8
251	FX,SPRN,STRN & DISL OF FOREARM,HAND,FOOT AGE>17 W/O CC	0.4556	1	14	2	3
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE <18	0.4380	1	5	1	2
253	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W CC	1.3711	2	45	9	11
254	FX,SPRN,STRN & DISL UPARM,LOWLEG EX FOOT AGE>17 W/O CC	0.6972	2	31	5	6
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE <18	0.4740	1	12	3	3
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG	0.7989	2	23	4	5
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1.5052	2	16	6	8
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1.2540	2	12	5	6
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1.3000	2	15	5	7

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.9668	1	6	3	4
261	BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION	0.9883	1	5	2	2
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	0.8239	1	14	2	2
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W CC	3.1017	4	54	21	23
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC	1.8841	3	47	11	15
265	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W CC	2.4900	2	41	7	12
266	SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC	1.3759	2	39	5	6
267	PERIANAL & PILONIDAL PROCEDURES	0.5367	1	6	2	3
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	0.9146	1	5	2	2
269	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W CC	1.6968	2	45	10	11
270	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC	0.9655	2	25	4	5
271	SKIN ULCERS	1.5780	3	47	10	12
272	MAJOR SKIN DISORDERS W CC	1.7990	3	47	9	13
273	MAJOR SKIN DISORDERS W/O CC	1.4377	2	45	6	12
274	MALIGNANT BREAST DISORDERS W CC	2.3629	3	46	12	13
275	MALIGNANT BREAST DISORDERS W/O CC	1.1418	2	42	5	6
276	NON-MALIGANT BREAST DISORDERS	0.6993	2	30	5	5
277	CELLULITIS AGE >17 W CC	1.0738	2	38	7	8
278	CELLULITIS AGE >17 W/O CC	0.6564	2	23	5	6
279	CELLULITIS AGE <18	0.5954	2	19	4	5
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	0.6853	2	23	5	5
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	0.3841	1	12	3	3
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18	0.3810	1	11	2	3
283	MINOR SKIN DISORDERS W CC	0.8668	2	28	6	8
284	MINOR SKIN DISORDERS W/O CC	0.5761	2	28	4	5
285	AMPUTAT OF LOW LIMB FOR ENDOCRINE,NUTRIT& METABOL DISORD	3.9821	5	57	21	27
286	ADRENAL & PITUITARY PROCEDURES	2.6268	2	23	10	10
287	SKIN GFT & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORD	2.2256	4	51	15	18
288	O.R. PROCEDURES FOR OBESITY	1.3917	2	16	7	8
289	PARATHYROID PROCEDURES	1.1738	2	12	4	5

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
290	THYROID PROCEDURES	0.9532	1	5	3	4
291	THYROGLOSSAL PROCEDURES	0.6941	1	4	2	2
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	3.8291	4	51	19	19
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1.4715	2	43	7	8
294	DIABETES AGE >35	0.9624	2	32	6	8
295	DIABETES AGE <36	0.8208	2	18	5	6
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1.0944	2	45	8	9
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	0.5753	2	21	5	6
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18	0.5257	2	13	4	5
299	INBORN ERRORS OF METABOLISM	0.8353	2	31	7	7
300	ENDOCRINE DISORDERS W CC	1.2167	2	45	8	9
301	ENDOCRINE DISORDERS W/O CC	0.7594	2	36	5	6
302	KIDNEY TRANSPLANT	10.7392	4	43	21	21
303	KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM	2.8759	3	25	11	13
304	KIDNEY, URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W CC	2.5514	3	44	11	13
305	KIDNEY, URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W/O CC	1.5986	2	23	7	8
306	PROSTATECTOMY W CC	2.2050	3	48	7	14
307	PROSTATECTOMY W/O CC	1.2264	2	29	7	8
308	MINOR BLADDER PROCEDURES W CC	2.2221	2	46	10	12
309	MINOR BLADDER PROCEDURES W/O CC	1.4342	2	43	6	7
310	TRANSURETHRAL PROCEDURES W CC	1.3294	2	33	6	8
311	TRANSURETHRAL PROCEDURES W/O CC	0.7691	1	14	3	4
312	URETHRAL PROCEDURES, AGE >17 W CC	1.4070	2	44	6	8
313	URETHRAL PROCEDURES, AGE >17 W/O CC	0.7103	1	12	3	4
314	URETHRAL PROCEDURES, AGE <18	1.0124	1	13	3	3
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	2.9114	2	45	10	13
316	RENAL FAILURE	1.4303	2	45	9	9
317	ADMIT FOR RENAL DIALYSIS	0.3867	1	9	2	2
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.7376	2	45	12	13
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	0.7138	1	17	3	4

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	1.0628	2	22	7	8
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	0.6757	2	16	5	6
322	KIDNEY & URINARY TRACT INFECTIONS AGE <18	0.8682	2	18	4	6
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	0.6366	1	19	3	3
324	URINARY STONES W/O CC	0.4051	1	12	2	3
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	0.9615	2	43	6	7
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	0.5468	2	19	4	4
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18	0.4656	1	13	3	3
328	URETHRAL STRICTURE AGE >17 W CC	1.0238	2	24	6	6
329	URETHRAL STRICTURE AGE >17 W/O CC	0.6296	2	24	5	4
330	URETHRAL STRICTURE AGE <18	0.8267	1	10	5	4
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.2115	2	45	8	9
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	0.6915	2	25	5	5
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18	0.8581	2	35	4	6
334	MAJOR MALE PELVIC PROCEDURES W CC	2.5251	2	17	11	13
335	MAJOR MALE PELVIC PROCEDURES W/O CC	2.0805	2	15	9	11
336	TRANSURETHRAL PROSTATECTOMY W CC	1.5320	2	29	7	9
337	TRANSURETHRAL PROSTATECTOMY W/O CC	0.9339	2	10	5	6
338	TESTES PROCEDURES, FOR MALIGNANCY	0.9883	1	12	3	5
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	0.6932	1	5	2	2
340	TESTES PROCEDURES, NON-MALIGNANCY AGE <18	0.6143	1	4	1	2
341	PENIS PROCEDURES	1.6565	2	22	5	5
342	CIRCUMCISION AGE >17	0.6323	1	14	1	2
343	CIRCUMCISION AGE <18	0.3293	1	3	1	1
344	OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY	1.5828	2	25	8	7
345	OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG	1.0887	2	39	5	7
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	1.8387	2	46	9	11
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	0.9931	2	42	5	4
348	BENIGN PROSTATIC HYPERTROPHY W CC	0.9756	2	27	4	6
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	0.5678	1	20	2	3

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	0.6722	2	17	5	5
351	MALE STERILIZATION	0.3148	1	4	2	2
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.4420	1	12	2	2
353	PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY	3.1188	3	25	10	13
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.9143	2	15	7	10
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	1.3658	2	10	6	7
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.9646	2	12	5	6
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2.1651	2	27	9	11
358	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W CC	1.4627	2	11	6	7
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC	1.1479	2	10	5	6
360	VAGINA, CERVIX & VULVA PROCEDURES	0.7748	1	13	2	3
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	0.9817	2	23	4	4
362	ENDOSCOPIC TUBAL INTERRUPTION	0.4749	1	4	2	2
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	1.0457	2	13	3	4
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	0.6178	1	5	2	2
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1.4250	2	23	7	9
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC	1.9498	2	46	12	11
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC	0.9887	2	35	5	5
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	0.7375	2	16	4	6
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.3810	1	12	2	3
370	CESAREAN SECTION W CC	1.0677	2	10	5	7
371	CESAREAN SECTION W/O CC	0.8620	2	6	5	5
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.7011	1	5	3	3
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5691	1	4	3	3
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7791	1	5	3	4
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.5696	1	5	3	3
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5428	2	13	4	4
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.0641	2	20	4	4
378	ECTOPIC PREGNANCY	1.0672	2	20	4	5
379	THREATENED ABORTION	0.3968	1	18	2	4

		2006				
		SIW	TRIMPOINTS		UPSTATE	DOWNSTATE
DRG	DIAGNOSIS RELATED GROUP NAME	PER CASE	LOW	HIGH	AVG LOS	AVG LOS
380	ABORTION W/O D&C	0.3174	1	5	2	2
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4810	1	3	1	1
382	FALSE LABOR	0.1342	1	3	1	2
392	SPLENECTOMY AGE >17	2.4650	2	27	9	11
393	SPLENECTOMY AGE <18	1.6429	2	14	7	7
394	OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS	1.7201	2	43	6	8
395	RED BLOOD CELL DISORDERS AGE >17	1.0742	2	36	6	7
397	OTHER COAGULATION DISORDERS	1.2729	2	36	6	7
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.4123	2	23	7	8
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	0.8787	2	19	6	6
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	3.6923	3	50	13	18
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1.8008	2	42	6	8
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2.8193	3	47	13	15
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	1.4662	2	43	6	8
406	MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W CC	3.3849	3	47	16	16
407	MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W/O CC	1.9634	2	21	8	9
408	MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC	1.8376	2	32	5	7
409	RADIOTHERAPY	1.0308	2	15	8	6
410	CHEMOTHERAPY	1.0887	2	17	4	4
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	2.4585	3	48	11	14
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	1.6241	2	43	8	9
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	2.5356	3	48	12	17
416	SEPTICEMIA AGE >17	1.7604	2	42	10	13
417	SEPTICEMIA AGE <18	1.0624	2	28	5	6
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	0.8620	2	31	6	8
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	1.0606	2	32	6	8
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	0.7581	2	20	5	6
421	VIRAL ILLNESS AGE >17	0.6638	2	22	4	5
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18	0.5775	2	13	3	4
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	1.0050	2	44	7	9

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	2.5611	2	43	12	18
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.8164	2	35	4	6
426	DEPRESSIVE NEUROSES	0.7844	2	44	7	14
427	NEUROSES EXCEPT DEPRESSIVE	0.9949	2	44	5	15
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.7178	3	47	8	11
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	2.2440	4	49	16	16
430	PSYCHOSES	1.5934	4	51	14	19
431	CHILDHOOD MENTAL DISORDERS	0.9440	4	50	14	14
432	OTHER MENTAL DISORDER DIAGNOSES	1.0506	2	19	7	7
439	SKIN GRAFTS FOR INJURIES	1.9446	2	44	10	11
440	WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND	2.1151	2	45	11	13
441	HAND PROCEDURES FOR INJURIES	1.4333	2	30	4	5
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	2.1274	2	44	9	11
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	0.8953	1	20	4	5
444	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W CC	0.7958	2	33	5	7
445	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC	0.5437	2	19	4	4
446	INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18	0.4542	1	19	2	4
447	ALLERGIC REACTIONS AGE >17	0.4446	1	14	2	3
448	ALLERGIC REACTIONS AGE <18	0.3937	1	14	2	2
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	1.0212	2	27	6	6
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	0.5095	1	11	3	3
451	POISONING & TOXIC EFFECTS OF DRUGS AGE <18	0.4836	1	10	2	3
452	COMPLICATIONS OF TREATMENT W CC	0.9699	2	38	6	8
453	COMPLICATIONS OF TREATMENT W/O CC	0.6046	2	20	4	6
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC	0.9401	2	43	7	8
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	0.3600	1	5	2	3
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	0.6708	1	4	2	2
462	REHABILITATION	2.4922	5	48	15	16
463	SIGNS & SYMPTOMS W CC	1.3022	2	45	7	9
464	SIGNS & SYMPTOMS W/O CC	0.6130	2	24	4	5

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
465	AFTERCARE W HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.6051	1	15	2	2
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	0.4306	1	4	2	2
467	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3148	1	5	2	2
468	EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4.1250	3	46	14	16
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	N/A	N/A	N/A	N/A	N/A
470	UNGROUPABLE	N/A	N/A	N/A	N/A	N/A
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	6.7948	4	43	20	21
476	PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	4.3802	5	55	18	23
477	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	1.9441	2	43	9	11
478	OTHER VASCULAR PROCEDURES W CC	2.7807	2	45	10	13
479	OTHER VASCULAR PROCEDURES W/O CC	1.7034	2	27	7	7
480	LIVER TRANSPLANT	34.7568	8	99	41	41
482	TRACHEOSTOMY WITH MOUTH, LARYNX OR PHARYNX DISORDER	5.1712	4	54	17	22
491	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY	2.4523	2	32	5	10
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	1.6933	2	44	5	5
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	0.8831	1	6	2	2
530	CRANIOTOMY W MAJOR CC	10.3174	6	60	28	33
531	NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC	7.5065	5	58	19	33
532	TIA, PRECERBRAL OCCLUSIONS, SEIZ & HEADACHE W MCC	2.0248	2	46	9	10
533	OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W MAJOR CC	4.5907	4	51	18	20
534	EYE PROCEDURES W MAJOR CC	1.9227	2	38	11	11
535	EYE DISORDERS W MAJOR CC	1.9433	3	46	8	12
536	ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W MAJOR CC	2.5751	2	44	9	11
538	MAJOR CHEST PROCEDURES W MAJOR CC	5.7701	4	55	18	24
539	RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	6.5892	5	57	23	28
540	RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC	3.5581	4	54	18	22
541	RESP DISORD EXC INFECTIONS,BRONCHITIS,ASTHMA W MAJOR CC	2.4115	3	48	12	15
543	CIRC DISORD EXC AMI,ENDOCARDITIS,CHF & ARRHYT W MAJOR CC	2.6637	3	47	10	14
544	CHF & CARDIAC ARRHYTHMIA W MAJOR CC	3.4901	3	49	13	15
545	CARDIAC VALVE OR CARDIAC DEFIB IMPLANT PROCEDURE W MAJOR CC	13.5712	5	58	18	28

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
546	CORONARY BYPASS W MAJOR CC	8.9442	4	55	14	19
547	OTHER CARDIOTHORACIC PROCEDURE W MAJOR CC	12.0599	5	57	16	24
548	CARDIAC PACEMAKER IMPLANT OR REVISION W MAJOR CC	6.7764	4	54	15	15
549	MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC	9.8452	6	66	25	33
550	OTHER VASCULAR PROCEDURES W MAJOR CC	5.7017	4	50	17	21
551	ESOPHAGITIS,GASTROENT & UNCOMPLICATED ULCERS W MAJOR CC	1.9213	2	46	8	9
552	DIGEST SYS DISORD EXC ESOP,GAST & UNCOMP ULCERS W MAJ CC	3.3476	3	49	14	16
553	DIGEST SYS PROCS EXC HERN,M STOM OR BWL PROCS W MAJOR CC	4.4622	4	52	14	18
554	HERNIA PROCEDURES W MAJOR CC	2.7693	3	47	9	12
555	PANCREA,LIV & OTH BIL TRT PROC EXC LIV TRPLNT W MAJOR CC	7.3635	5	58	25	29
556	CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W MAJOR CC	4.1956	4	51	15	18
557	HEPATOBILIARY & PANCREAS DISORDERS W MAJOR CC	3.7151	3	50	14	16
558	MAJ MUSCULOSKEL PROCS EXC BILAT OR MULT MAJ JNT W MAJ CC	6.6940	5	58	22	30
559	NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	4.4328	4	51	17	21
560	MUSCULO DISORD EXC OSTEO,SEP ARTH & CONN TISS W MAJOR CC	2.5953	3	48	15	17
561	OSTEOMYEL,SEPTIC ARTHRITIS & CONN TISS DISORD W MAJOR CC	4.3793	5	54	19	24
562	MAJOR SKIN & BREAST DISORDERS W MAJOR CC	3.2201	4	51	16	17
563	OTHER SKIN DISORDERS W MAJOR CC	1.7902	2	46	9	11
564	SKIN & BREAST PROCEDURES W MAJOR CC	4.8196	5	54	20	27
565	ENDOC,NUTRIT & METAB PROC EXC LOW LIMB W AMPUT W MAJ CC	5.2506	5	57	18	27
566	ENDOC,NUTRIT & METAB DISOR EXC EAT DISORD OR CF W MAJ CC	2.5422	3	48	13	15
567	KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W MAJOR CC	6.6137	5	55	18	26
568	RENAL FAILURE W MAJOR CC	3.5678	3	50	17	17
569	KID & URIN TRACT DISORD EXC RENAL FAILURE W MAJOR CC	1.7275	2	46	10	11
570	MALE REPRODUCTIVE DISORDERS W MAJOR CC	1.8387	2	46	7	12
571	MALE REPRODUCTIVE PROCEDURES W MAJOR CC	3.3897	3	49	12	16
572	FEMALE REPRODUCTIVE DISORDERS W MAJOR CC	2.1178	3	46	12	10
573	NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W MAJOR CC	3.0534	3	41	9	14
574	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W MAJOR CC	2.6172	3	47	11	12
575	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG PROCS W MAJOR CC	5.8938	5	56	13	24

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
576	ACUTE LEUKEMIA W MAJOR CC	11.5048	7	77	33	33
577	MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W MAJOR CC	3.7085	3	48	16	15
578	LYMPHOMA & NON-ACUTE LEUKEMIA W MAJOR CC	6.6826	5	57	21	23
579	PROCS FOR LYMPH,LEUKEMIA,MYELOPROLIF DISORD W MAJOR CC	8.7214	7	72	30	33
580	SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W MAJOR CC	2.1068	3	47	9	13
581	SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W MAJOR CC	6.5357	5	58	25	31
582	INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	2.0310	2	44	8	9
583	PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	4.1224	3	49	19	23
584	SEPTICEMIA W MAJOR CC	3.6090	3	50	14	18
585	MAJ STOMACH,ESOP,DUOD,SMALL & LRG BOWEL PROC W MAJOR CC	5.7776	5	56	18	23
586	ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC	1.8626	2	46	11	11
587	ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC	1.1093	2	18	4	5
588	BRONCHITIS AND ASTHMA AGE> 17 W MAJOR CC	1.6219	2	32	9	10
589	BRONCHITIS AND ASTHMA AGE< 17 W MAJOR CC	2.0169	2	30	5	8
602	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	34.0675	23	205	113	109
603	NEONATE, BIRTHWT <750G,DIED	9.9640	4	51	25	26
604	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	25.6666	18	191	87	89
605	NEONATE, BIRTHWT 750-999, DIED	15.6202	5	52	29	29
606	NEONATE, BWT 1000-1499G, W SIG OR PROC, DISCH ALIVE	27.6274	19	232	81	98
607	NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCH ALIVE	11.1391	10	126	44	51
608	NEONATE, BIRTHWT 1000-1499G, DIED	9.4466	5	53	24	25
609	NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB	14.7323	10	110	58	60
610	NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB	3.3556	5	50	21	25
611	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB	6.2411	6	72	30	34
612	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB	4.2767	5	59	22	28
613	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB	3.1547	4	55	16	24
614	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB	2.2699	3	52	13	18
615	NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB	14.1719	10	102	41	52
616	NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB	3.2279	3	48	15	22
617	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB	3.3748	4	53	16	22

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
618	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB	1.7806	3	49	10	15
619	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB	1.1010	2	37	6	10
620	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W NORM NEWB DIAG	0.4442	N/A	16	4	5
621	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB	1.0948	2	35	7	9
622	NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB	8.9372	6	62	22	30
623	NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB	2.1296	2	46	10	12
624	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC	1.1211	2	12	4	5
626	NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB	2.3826	3	48	9	15
627	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	0.8993	2	32	5	8
628	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0.5858	2	18	4	5
629	NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2442	N/A	5	3	3
630	NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB	0.7528	2	24	4	6
631	BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD	1.3724	2	31	12	10
633	MULT, OTHER AND UNSPEC CONGENITAL ANOMALIES W CC	2.2841	2	23	10	9
634	MULT, OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC	2.2841	2	23	10	9
635	NEONATAL AFTERCARE FOR WEIGHT GAIN	1.3917	3	49	8	8
636	INFANT AFTERCARE FOR WEIGHT GAIN, AGE >28 DAYS & <1 YEAR	1.9718	4	53	8	8
637	NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	0.5967	1	3	1	1
638	NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	0.9409	1	3	1	1
639	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE	0.7752	1	3	2	2
640	NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE	0.9168	1	8	2	2
641	EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS	13.4485	5	62	16	16
650	HIGH RISK CESAREAN SECTION W CC	1.4640	2	19	6	9
651	HIGH RISK CESAREAN SECTION W/O CC	1.0313	2	9	5	6
652	HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D7c	0.8971	2	9	4	4
700	TRACHEOSTOMY FOR HIV INFECTION	19.0560	12	151	53	53
701	HIV W O.R. PROCEDURE & VENTILATION OR NUTRITION SUPPORT	10.4555	7	77	32	34
702	HIV W O.R. PROCEDURE W MULTIPLE MAJOR RELATED INFECTIONS	10.2306	10	120	51	52
703	HIV W O.R. PROCEDURE W MAJOR RELATED DIAGNOSIS	5.7772	6	65	30	31
704	HIV W O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS	3.8256	4	52	20	24

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
705	HIV W MULTIPLE MAJOR RELATED INFECTIONS W TB	6.9207	6	65	29	29
706	HIV W MULTIPLE MAJOR RELATED INFECTIONS W/O TB	6.5480	6	65	23	31
707	HIV W VENTILATOR OR NUTRITIONAL SUPPORT	6.7681	5	53	21	21
708	HIV W MAJOR RELATED DIAGNOSIS, DISCHARGE AMA	2.3186	3	47	15	15
709	HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGN DIAG W TB	4.1557	5	56	23	23
710	HIV W MAJOR RELATED DIAG W MULT MAJ OR SIGN DIAG W/O TB	3.5831	4	53	20	22
711	HIV W MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W TB	2.7202	4	51	17	17
712	HIV W MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB	2.6527	3	48	13	18
713	HIV W SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA	1.5486	2	44	10	10
714	HIV W SIGNIFICANT RELATED DIAGNOSIS	2.0068	3	47	12	14
715	HIV W OTHER RELATED DIAGNOSES	1.3053	2	44	8	9
716	HIV W/O OTHER RELATED DIAGNOSES	0.5889	1	12	6	7
730	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.4924	4	48	25	27
731	SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA	6.1735	5	58	24	32
732	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4.1478	3	49	16	18
733	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA	2.3335	3	46	13	15
734	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	1.7315	2	46	10	12
737	VENTRICULAR SHUNT REVISION	1.9117	2	26	6	7
738	CRANIOTOMY, AGE <18 W CC	4.5802	3	50	16	18
739	CRANIOTOMY, AGE <18 W/O CC	2.3988	2	19	7	9
740	CYSTIC FIBROSIS	2.1564	3	48	11	13
743	OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE	0.8002	2	31	5	8
744	OPIOID ABUSE OR DEPENDENCE W CC	1.1413	2	22	8	10
745	OPIOID ABUSE OR DEPENDENCE W/O CC	0.9309	2	22	7	10
746	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA	0.6217	2	31	5	7
747	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W CC	1.0067	2	21	8	10
748	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC	0.7835	2	11	6	8
749	ALCOHOL ABUSE OR DEPENDENCE LEFT AMA	0.4639	2	18	4	4
750	ALCOHOL ABUSE OR DEPENDENCE W CC	0.8335	2	13	6	7
751	ALCOHOL ABUSE OR DEPENDENCE W/O CC	0.5792	2	8	5	6

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
752	LEAD POISONING	0.6682	2	15	5	6
753	COMPULSIVE NUTRITION DISORDER REHABILITATION	3.0004	5	56	16	35
754	TERTIARY AFTERCARE, AGE => 1 YEAR	1.7315	2	23	10	12
755	SPINAL FUSION W CC	3.1762	2	21	12	14
756	SPINAL FUSION W/O CC	2.2116	2	16	9	11
757	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	1.9091	2	40	9	16
758	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	1.1760	2	12	6	8
759	MULTIPLE CHANNEL COCHLEAR IMPLANTS	8.9806	1	4	3	3
760	HEMOPHILIA FACTORS VIII AND IX	1.6495	2	27	6	6
761	TRAUMATIC STUPOR & COMA, COMA >1 HR	1.8209	2	43	8	10
762	CONCUSSION,INTRACRAN INJ W COMA <1 HR OR NO COMA AGE <18	0.3043	1	4	2	2
763	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18	0.9116	2	23	4	5
764	CONCUSS,INTRACRAN INJ W COMA<1 HR OR NO COMA AGE>17 W CC	0.9032	2	32	5	6
765	CONCUSS,INTRACRAN INJ W COMA<1 HR /NO COMA AGE>17 W/O CC	0.4060	1	12	2	3
766	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.7065	2	46	12	12
767	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	0.9335	2	42	6	7
768	SEIZURE & HEADACHE AGE <18 W CC	0.8603	2	24	4	5
769	SEIZURE & HEADACHE AGE <18 W/O CC	0.7384	2	16	4	4
770	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W CC	1.7832	2	46	10	9
771	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W/O CC	1.1273	2	24	5	7
772	SIMPLE PNEUMONIA & PLEURISY AGE <18 W CC	0.9199	2	18	5	6
773	SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC	0.7033	2	12	4	5
774	BRONCHITIS & ASTHMA AGE <18 W CC	0.7967	2	13	4	5
775	BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6274	2	13	3	4
776	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE <18 W CC	1.2527	2	44	4	6
777	ESOPHAGIT,GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC	0.6717	2	19	4	4
778	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W CC	1.0589	2	38	5	6
779	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC	0.3946	1	5	2	2
780	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W CC	5.2050	4	51	10	14
781	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC	1.8323	2	43	5	8

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
782	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	7.0842	5	56	30	27
783	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC	1.8367	2	41	12	18
784	ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18	0.9870	2	24	4	5
785	OTHER RED BLOOD CELL DISORDERS AGE <18	0.9054	2	23	5	5
786	MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY	4.1049	3	48	15	19
787	LAPAROSCOPIC CHOLECYSTECTOMY W CDE	1.8538	2	45	8	8
789	MAJOR JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP	3.7523	3	26	9	15
790	WND DEBRID & SKN GRFT FOR OPEN WOUND, MS CONN TIS, EXC HND	1.3746	2	25	4	6
791	WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES	1.3693	2	44	7	10
792	CRANIOTOMY FOR MULT SIG TRAUMA W NON-TRAUMATIC MAJOR CC	12.1717	5	53	41	42
793	PROC FOR MUL SIG TRAUMA EXC CRANIOT W NON-TRAUM MAJOR CC	9.4616	6	57	28	34
794	DIAG FOR MULTIPLE SIGNIF TRAUMA W NON-TRAUMATIC MAJOR CC	5.9043	4	51	26	27
795	LUNG TRANSPLANT	36.1108	7	82	31	31
796	LOWER EXTREMITY REVASCULARIZATION W CC	3.9790	4	52	13	20
797	LOWER EXTREMITY REVASCULARIZATION W/O CC	2.1568	2	23	8	11
798	TUBERCULOSIS WITH OPERATING ROOM PROCEDURE	4.5560	5	56	25	26
799	TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE	1.9998	3	46	13	13
800	TUBERCULOSIS W CC	3.0403	4	55	19	19
801	TUBERCULOSIS W/O CC	2.3072	4	51	16	14
802	PNEUMOCYSTOSIS	2.3808	3	51	16	18
803	ALLOGENEIC BONE MARROW TRANSPLANT	20.8672	10	105	33	43
804	AUTOLOGOUS BONE MARROW TRANSPLANT	15.6579	7	63	33	49
805	SIMULTANEOUS KIDNEY AND PANCREAS TRANSPLANT	21.4785	10	70	33	33
806	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	6.8163	3	42	23	25
807	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC	3.9909	2	31	19	20
808	PERCUATANEOUS CARDIOVASC PROC W AMI, HF OR SHOCK	2.5808	2	36	11	11
809	OTHER CARDIOTHORACIC PROCEDURES W PDX CONG ANOMALY	6.2090	3	25	11	12
810	INTRACRANIAL HEMORRHAGE	2.4611	2	46	11	13
811	HEART ASSIST SYSTEM IMPLANT	8.3132	3	47	15	15
812	MALFUNCTION, REACTION & COMP OF CARDIAC OR VASC DEV OR PROC	1.4215	2	43	6	6

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
813	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC	0.8835	2	29	5	6
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	0.4459	1	17	3	3
815	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W CC	0.7379	2	15	3	5
816	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <8 W/O CC	0.4700	1	12	2	3
817	HIP REPLACEMENT FOR COMPLICATIONS	4.5455	3	26	13	16
818	HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS	3.8764	3	21	11	14
819	CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE	2.1984	2	40	10	13
820	MALFUNCTIONS, REACTIONS & COMP OF GU DEVICE/GRAFT/TRANSPLANT	1.3873	2	37	4	6
821	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	20.2183	10	109	48	49
822	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	11.7788	5	53	16	17
823	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	8.8622	6	68	24	31
824	FULL THICK BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA	4.0391	4	52	14	20
825	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	2.7404	3	49	10	13
826	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR	1.8174	2	46	8	10
827	NON-EXTENSIVE BURNS W INHAL INJ, CC OR SIGNIFICANT TRAUMA	3.2920	3	49	9	16
828	NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA	1.6811	2	45	6	9
829	PANCREAS TRANSPLANT	21.4785	7	50	25	25
832	TRANSIENT ISCHEMIA	0.8703	2	19	5	6
833	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE	8.2470	4	55	23	23
836	SPINAL PROCEDURES W CC	4.0466	3	51	14	22
837	SPINAL PROCEDURES W/O CC	2.2879	2	34	7	10
838	EXTRACRANIAL PROCEDURES W CC	2.2971	2	33	7	11
839	EXTRACRANIAL PROCEDURES W/O CC	1.6526	2	15	5	7
849	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	12.3874	3	57	18	28
850	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	11.4156	2	57	18	28
851	CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER	10.1841	2	24	9	9
852	PERCUTANEOUS CARDIOVAS PROC W NON-DRUG ELUTING STENT W O AMI	2.0305	1	19	4	5
853	PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W AMI	3.0478	2	34	11	11
854	PERCUTANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W/O AMI	2.3464	1	19	4	5
864	CERVICAL SPINAL FUSION W CC	2.8395	2	47	13	18

DRG	DIAGNOSIS RELATED GROUP NAME	2006	TRIMPOINTS		UPSTATE	DOWNSTATE
		SIW PER CASE	LOW	HIGH	AVG LOS	AVG LOS
865	CERVICAL SPINAL FUSION W/O CC	1.4772	2	15	4	4
866	LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W CC	2.3006	2	44	8	13
867	LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W/O CC	1.1062	1	14	3	3
874	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	3.8080	3	48	14	19
875	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC	1.8446	2	44	7	10
876	CHEMO W ACUTE LEUK AS SDX OR W USE OF HIGH DOSE CHEMO AGENT	1.4934	2	24	5	6
877	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W M	51.3469	13	148	61	69
878	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ OR	31.7319	11	119	54	56
879	CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX	9.2388	4	51	22	23
880	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT	3.6119	3	48	11	13
881	RESPIRATORY SYSTEM DIAGNOSIS W MV 96+ HRS	11.4140	5	57	11	11
882	RESPIRATORY SYSTEM DIAGNOSIS W MV < 96 HRS	4.6893	2	46	14	13
883	LAPROSCOPIC APPENDECTOMY	0.8831	1	6	2	2
884	SPINAL FUSION EXC CERV W CURVATURE OF THE SPINE OR MALIGNANC	4.3237	2	17	11	11
885	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE	0.7340	1	13	2	3
886	OTHER ANTEPARTUM DIAGNOSES W/O O.R.PROCEDURE	0.6432	2	22	4	5

TOP 20 DRGs for 2007 NON-MEDICARE (B05:R07)

DRG #	DIAGNOSIS RELATED GROUP NAME	SIW PER CASE	TOTAL CASES
1	629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG	0.2442	202,546
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5691	119,044
3	371 CESAREAN SECTION W/O CC	0.8620	51,120
4	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.7011	38,437
5	143 CHEST PAIN	0.5889	34,977
6	359 UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIGNANT W/O CC	1.1479	17,187
7	854 PERCUTANEOUS CARDIOVASCULAR PROCEDURE W DRUG-ELUTING STENT W/O AMI	2.3464	15,961
8	370 CESAREAN SECTION W CC	1.0677	12,939
9	886 OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE	0.6432	11,880
10	775 BRONCHITIS & ASTHMA AGE <18 W/O CC	0.6274	11,210
11	88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.1983	9,623
12	627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB	0.8993	9,608
13	127 HEART FAILURE & SHOCK	1.4947	9,596
14	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1.3895	8,953
15	628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB	0.5858	8,921
16	814 NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	0.4459	8,533
17	209 MAJ JOINT & LIMB REATTACHMENT PROCEDURE OF LOW EXT, EXC HIP, EXC FOR COMP	3.5778	8,503
18	494 LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	0.8831	8,484
19	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE >17 W/O CC	0.7691	8,438
20	883 LAPROSCOPIC APPENDECTOMY	0.8831	7,996
DRGS IN 2006 NOT IN 2007			
294	DIABETES AGE >35	0.9624	
DRGS IN 2007 NOT IN 2006			
883	LAPROSCOPIC APPENDECTOMY	0.8831	

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	BLENDED CASE MIX NEUTRAL			CAPITAL COST PER CASE (EXCL CAPITAL PROSP)			W COMP SHORT STAY		NO-FAULT SHORT STAY		ALTERNATE LEVEL OF CARE OPERATING PER DIEM
		LONG STAY GROUP NEUTRAL COST/DISCH	RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	& TRANSFER CAPITAL PER DIEM	& TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
5123000	BROOKHAVEN MEM HOSP	4,458.37	4,578.30	4,405.05	188.96	8.95%	26.26%	45.04	45.04	1.80	0.39	262.22
5120000	BRUNSWICK HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
5127000	EASTERN LONG ISLAND	4,891.96	5,138.82	4,251.57	32.02	8.95%	26.26%	13.60	13.60	2.90	0.21	262.22
7001024	EPISCOPAL HEALTH SVCS	7,314.77	7,180.69	6,437.88	127.51	8.95%	26.26%	20.25	20.25	1.85	0.33	262.22
2910000	FRANKLIN HOSPITAL	3,663.12	4,088.15	4,088.15	144.31	8.95%	26.26%	37.78	37.78	1.83	0.34	262.22
2901000	GLEN COVE HOSPITAL	4,911.32	5,774.33	4,405.05	261.91	8.95%	26.26%	12.15	12.15	2.47	0.33	262.22
5154001	GOOD SAM / WEST ISLIP	4,718.35	4,053.97	4,053.97	161.09	8.95%	26.26%	32.24	32.65	1.49	0.39	262.22
5153000	HUNTINGTON HOSPITAL	4,603.41	4,204.56	4,204.56	321.21	8.95%	26.26%	74.53	74.53	1.52	0.35	262.22
5149000	JOHN T MATHER MEMORIAL	4,655.44	4,532.86	4,321.96	128.52	8.95%	26.26%	27.25	27.25	2.22	0.36	262.22
2902000	LONG BEACH MED CTR	4,749.49	5,125.21	4,368.92	168.60	8.95%	26.26%	99.81	99.81	3.21	0.40	262.22
2909000	MERCY MEDICAL CENTER	4,444.29	4,475.36	4,405.05	358.16	8.95%	26.26%	99.23	99.23	1.84	0.33	262.22
2950002	NASSAU UNIV MED CTR	10,067.56	8,644.87	8,644.87	279.52	8.95%	26.26%	5.43	5.43	2.45	0.43	262.22
2952006	NEW ISLAND HOSPITAL	4,611.07	4,755.57	4,405.05	290.74	8.95%	26.26%	103.10	103.10	1.36	0.34	262.22
2951001	NORTH SHORE UNIV HOSP	6,729.28	5,566.27	5,566.27	810.14	8.95%	26.26%	137.55	137.55	2.97	0.63	262.22
5155000	PECONIC BAY MEDICAL CTR	4,249.05	3,881.64	3,881.64	196.16	8.95%	26.26%	31.26	31.26	1.75	0.48	262.22
2952005	PLAINVIEW HOSPITAL	4,723.92	4,476.74	4,332.26	163.01	8.95%	26.26%	(125.77)	(125.77)	0.60	0.29	262.22
2950001	SOUTH NASSAU COMMUNITIES	4,213.56	3,975.05	3,975.05	232.83	8.95%	26.26%	48.13	48.13	1.64	0.33	262.22
5126000	SOUTHAMPTON HOSPITAL	4,715.30	5,005.91	4,405.05	361.33	8.95%	26.26%	85.69	85.69	1.58	0.56	262.22
5154000	SOUTHSIDE HOSPITAL	4,776.98	4,637.33	4,405.05	371.92	8.95%	26.26%	124.26	124.26	1.69	0.32	262.22
5157003	ST CATHERINE OF SIENA	5,260.99	4,515.70	4,405.05	247.44	8.95%	26.26%	105.09	105.09	1.68	0.37	262.22
5149001	ST CHARLES HOSPITAL	4,638.20	4,321.82	4,321.82	399.26	8.95%	26.26%	153.56	153.56	1.82	0.31	262.22
2953000	ST FRANCIS / ROSLYN	4,442.59	4,188.61	4,188.61	467.85	8.95%	26.26%	62.81	62.81	2.19	0.54	262.22
5151001	UNIV AT STONY BROOK	7,000.01	6,254.75	6,254.75	794.21	8.95%	26.26%	127.64	127.64	3.33	0.65	262.22
2908000	WINTHROP UNIVERSITY	5,946.00	4,955.37	4,955.37	328.92	8.95%	26.26%	114.63	114.63	2.27	0.56	262.22

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== PROSPECTIVE ADJUSTMENTS =====							=HIGH COST OUTLIER CALCULATION =			
OPCERT	HOSPITAL NAME	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12)	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13)	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14)	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15)	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16)	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17)	HIGH COST CHARGE CONVERTER (18)	NON- MEDICARE CASE MIX INDEX (19)	PURE GROUP PRICE FOR LONG STAY TEST ONLY (20)
5123000	BROOKHAVEN MEM HOSP	36.76	36.75	34.62	34.62	0.00	0.00	0.195628	1.4184	4,417.26
5120000	BRUNSWICK HOSP CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.416099	0.0000	0.00
5127000	EASTERN LONG ISLAND	133.95	133.94	23.40	23.40	0.00	0.00	0.381229	1.0103	4,839.71
7001024	EPISCOPAL HEALTH SVCS	1,025.71	1,027.57	(23.05)	(23.05)	0.00	0.00	0.451546	1.0110	6,805.53
2910000	FRANKLIN HOSPITAL	(303.86)	(303.87)	59.93	59.93	0.00	0.00	0.295389	1.5557	4,007.85
2901000	GLEN COVE HOSPITAL	808.37	808.36	(192.92)	(192.92)	0.00	0.00	0.342765	1.8710	4,853.77
5154001	GOOD SAM / WEST ISLIP	30.15	30.14	(20.32)	(18.50)	0.00	0.00	0.279660	1.1417	4,683.30
5153000	HUNTINGTON HOSPITAL	36.10	36.09	(13.23)	(13.23)	0.00	0.00	0.368438	1.1214	4,560.61
5149000	JOHN T MATHER MEMORIAL	(115.07)	(115.08)	15.98	15.98	0.00	0.00	0.349468	1.4794	4,598.00
2902000	LONG BEACH MED CTR	1,324.18	1,324.18	236.31	236.31	0.00	0.00	0.174409	1.4023	4,682.87
2909000	MERCY MEDICAL CENTER	38.65	38.64	112.03	112.03	0.00	0.00	0.325743	1.3007	4,400.25
2950002	NASSAU UNIV MED CTR	139.75	139.74	(253.54)	(253.54)	0.00	0.00	0.567150	1.2660	9,878.58
2952006	NEW ISLAND HOSPITAL	88.66	88.65	420.78	420.78	0.00	0.00	0.279049	1.5506	4,568.63
2951001	NORTH SHORE UNIV HOSP	191.47	193.43	(126.52)	(126.52)	0.00	0.00	0.355391	1.6512	6,327.86
5155000	PECONIC BAY MEDICAL CTR	35.37	35.36	(42.22)	(42.22)	0.00	0.00	0.304705	1.1963	4,210.76
2952005	PLAINVIEW HOSPITAL	34.45	34.44	(632.88)	(632.88)	0.00	0.00	0.348959	1.0505	4,679.99
2950001	SOUTH NASSAU COMMUNITIES	31.15	31.14	9.39	9.39	0.00	0.00	0.257129	1.2847	4,177.81
5126000	SOUTHAMPTON HOSPITAL	220.07	220.06	(87.63)	(87.63)	0.00	0.00	0.373903	0.9685	4,667.52
5154000	SOUTHSIDE HOSPITAL	29.63	29.62	161.18	161.18	0.00	0.00	0.312610	1.0216	4,750.60
5157003	ST CATHERINE OF SIENA	409.90	409.90	131.14	131.14	0.00	0.00	0.317209	1.1303	4,515.72
5149001	ST CHARLES HOSPITAL	49.57	49.56	134.54	134.54	0.00	0.00	0.344766	0.8816	4,571.16
2953000	ST FRANCIS / ROSLYN	35.15	35.14	(66.33)	(66.33)	0.00	0.00	0.372215	2.8880	4,401.61
5151001	UNIV AT STONY BROOK	116.08	116.07	(8.01)	(8.01)	0.00	0.00	0.465540	1.7506	6,794.81
2908000	WINTHROP UNIVERSITY	226.57	228.33	196.27	196.27	0.00	0.00	0.360760	1.2825	5,567.27

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
5123000	BROOKHAVEN MEM HOSP	301.01	672.99	37.90	37.90	8.95%	26.26%	0.00	0.00	0.00	0.39
5120000	BRUNSWICK HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5127000	EASTERN LONG ISLAND	278.44	710.02	24.74	24.74	8.95%	26.26%	0.00	0.00	0.00	0.21
7001024	EPISCOPAL HEALTH SVCS	294.34	1,123.31	4.86	4.86	8.95%	26.26%	0.00	0.00	0.00	0.33
2910000	FRANKLIN HOSPITAL	285.02	385.31	(40.83)	(40.83)	8.95%	26.26%	0.00	0.00	0.00	0.34
2901000	GLEN COVE HOSPITAL	300.20	239.80	(6.05)	(6.05)	8.95%	26.26%	0.00	0.00	0.00	0.33
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	324.33	438.76	(21.94)	(21.94)	8.95%	26.26%	0.00	0.00	0.00	0.35
5149000	JOHN T MATHER MEMORIAL	298.41	720.24	481.74	481.74	8.95%	26.26%	0.00	0.00	0.00	0.36
2902000	LONG BEACH MED CTR	362.18	710.02	(52.93)	(52.93)	8.95%	26.26%	0.00	0.00	0.00	0.40
2909000	MERCY MEDICAL CENTER	300.23	746.09	(11.98)	(11.98)	8.95%	26.26%	0.00	0.00	0.00	0.33
2950002	NASSAU UNIV MED CTR	280.59	709.83	(81.38)	(81.38)	8.95%	26.26%	0.00	0.00	0.00	0.43
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	351.54	763.49	133.39	133.39	8.95%	26.26%	0.00	0.00	0.00	0.63
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	300.31	398.94	(30.88)	(30.88)	8.95%	26.26%	0.00	0.00	0.00	0.33
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	302.78	478.01	38.38	38.38	8.95%	26.26%	0.00	0.00	0.00	0.32
5157003	ST CATHERINE OF SIENA	327.05	673.14	(2.84)	(2.84)	8.95%	26.26%	0.00	0.00	0.00	0.37
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	327.23	836.04	(87.28)	(87.28)	8.95%	26.26%	0.00	0.00	0.00	0.65
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 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	1,698.21	2,708.82	779.71	779.71	8.95%	26.26%	0.00	0.00	0.00	0.63
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5127000	EASTERN LONG ISLAND	287.96	448.66	(90.56)	(90.56)	8.95%	26.26%	0.00	0.00	0.00	0.21
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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	277.80	282.00	(34.91)	(34.91)	8.95%	26.26%	0.00	0.00	0.00	0.31
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	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
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP		W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL		ACUTE PER DIEM PROSP ADJ	ACUTE PER DIEM PROSP ADJ	GOODS POOL SURCHARGE	PUBLIC GOODS POOL SURCHARGE	EXCESS PHYS MALP	EXCESS PHYS MALP		
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2909000	MERCY MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950002	NASSAU UNIV MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5157003	ST CATHERINE OF SIENA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149001	ST CHARLES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
5123000	BROOKHAVEN MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5120000	BRUNSWICK HOSP CTR	280.85	2,381.89	749.67	749.67	8.95%	26.26%	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 HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2901000	GLEN COVE HOSPITAL	310.39	1,098.35	(25.93)	(25.93)	8.95%	26.26%	0.00	0.00	0.00	0.33
5154001	GOOD SAM / WEST ISLIP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5153000	HUNTINGTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5149000	JOHN T MATHER MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2902000	LONG BEACH MED CTR	283.79	1,162.49	323.46	323.46	8.95%	26.26%	0.00	0.00	0.00	0.40
2909000	MERCY MEDICAL CENTER	331.65	810.84	1.95	1.95	8.95%	26.26%	0.00	0.00	0.00	0.33
2950002	NASSAU UNIV MED CTR	320.72	1,333.49	126.12	126.12	8.95%	26.26%	0.00	0.00	0.00	0.43
2952006	NEW ISLAND HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2951001	NORTH SHORE UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5155000	PECONIC BAY MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2952005	PLAINVIEW HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2950001	SOUTH NASSAU COMMUNITIES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5126000	SOUTHAMPTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5154000	SOUTHSIDE HOSPITAL	340.08	952.44	201.14	201.14	8.95%	26.26%	0.00	0.00	0.00	0.32
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	346.07	1,305.39	48.95	48.95	8.95%	26.26%	0.00	0.00	0.00	0.31
2953000	ST FRANCIS / ROSLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5151001	UNIV AT STONY BROOK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2908000	WINTHROP UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL		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 CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
			BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	NEW YORK CITY REGION											
7002001	BELLEVUE HOSPITAL CTR	10,145.99	9,363.59	9,363.59	625.65	8.95%	26.26%	112.26	112.26	4.01	0.37	262.22
7002002	BETH ISRAEL MED CTR	8,231.97	7,313.34	6,554.64	422.24	8.95%	26.26%	10.53	10.53	3.61	0.70	262.22
7001041	BETH ISRAEL/KINGS HIGHWAY	4,803.65	4,856.59	4,405.05	(7.36)	8.95%	26.26%	(26.60)	(26.60)	1.00	0.22	262.22
7000001	BRONX-LEBANON HOSP CTR	8,679.29	7,956.95	6,498.55	390.49	8.95%	26.26%	81.27	81.27	2.56	0.38	262.22
7001002	BROOKDALE HOSP MED CTR	7,896.95	7,776.40	6,554.64	264.01	8.95%	26.26%	64.91	64.91	3.37	0.52	262.22
7001003	BROOKLYN HOSPITAL	7,415.11	6,788.17	6,472.19	249.19	8.95%	26.26%	44.53	44.53	2.33	0.52	262.22
7002003	CABRINI MEDICAL CTR	7,255.42	7,263.90	6,298.97	182.66	8.95%	26.26%	(12.25)	(12.25)	3.03	0.46	262.22
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
7003027	CARITAS HEALTH CARE PLANNING	7,099.62	6,542.57	6,345.33	66.08	8.95%	26.26%	27.27	27.27	2.28	0.51	262.22
7003000	CITY HOSP CTR AT ELMHURST	10,440.63	8,530.57	8,530.57	409.99	8.95%	26.26%	51.87	51.87	3.03	0.45	262.22
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	9,050.68	7,574.16	7,574.16	567.47	8.95%	26.26%	157.93	157.93	2.50	0.46	262.22
7003001	FLUSHING HOSPITAL MED CTR	6,032.50	6,045.96	6,045.96	202.59	8.95%	26.26%	44.59	44.59	1.51	0.36	262.22
7003013	FOREST HILLS HOSPITAL	5,904.88	5,381.19	5,381.19	295.01	8.95%	26.26%	(9.73)	(9.73)	0.99	0.28	262.22
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	11,328.40	11,498.54	9,130.48	598.58	8.95%	26.26%	95.29	95.29	4.04	0.62	262.22
7002011	HOSP FOR JOINT DISEASES	7,036.93	8,048.06	6,407.12	705.42	8.95%	26.26%	111.61	111.61	4.50	0.86	262.22
7002012	HOSP FOR SPECIAL SURGERY	6,730.00	6,445.49	6,445.49	1,431.51	8.95%	26.26%	488.42	488.42	6.38	1.51	262.22
7001046	INTERFAITH MED CTR	9,142.84	10,971.34	6,364.90	502.80	8.95%	26.26%	93.25	93.25	4.30	0.37	262.22
7000002	JACOBI MEDICAL CENTER	10,963.05	9,662.74	9,535.01	462.80	8.95%	26.26%	78.79	78.79	3.45	0.53	262.22
7003003	JAMAICA HOSPITAL	7,537.96	6,435.90	6,435.90	221.39	8.95%	26.26%	(2.20)	(2.20)	2.39	0.46	262.22
7001016	KINGS COUNTY HOSP CTR	10,289.12	9,454.17	9,194.15	663.61	8.95%	26.26%	116.10	116.10	4.19	0.45	262.22
7001033	KINGSBROOK JEWISH MED CTR	7,479.27	8,178.76	6,554.64	454.13	8.95%	26.26%	29.19	29.19	3.92	0.44	262.22
7002017	LENOX HILL HOSPITAL	6,733.65	6,270.03	6,270.03	479.58	8.95%	26.26%	83.83	83.83	2.11	0.52	262.22
7000008	LINCOLN MEDICAL	11,104.16	9,297.27	9,297.27	258.24	8.95%	26.26%	51.21	51.21	2.49	0.59	262.22
7001017	LONG ISLAND COLLEGE	7,753.64	7,096.82	6,504.61	726.25	8.95%	26.26%	46.05	46.05	2.31	0.46	262.22
7003004	LONG ISLAND JEWISH	7,850.51	6,386.73	6,386.73	428.98	8.95%	26.26%	62.42	62.42	3.25	0.54	262.22
7001019	LUTHERAN MEDICAL CTR	6,238.63	5,528.47	5,528.47	151.07	8.95%	26.26%	59.99	59.99	2.01	0.47	262.22
7001020	MAIMONIDES MED CTR	6,996.28	6,138.15	6,138.15	367.96	8.95%	26.26%	79.59	79.59	2.47	0.55	262.22
7002019	MANHATTAN EYE EAR & THROAT	7,053.66	10,480.02	6,470.12	417.02	8.95%	26.26%	486.01	486.01	8.12	6.46	262.22
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	11,769.24	11,160.83	9,216.92	272.75	8.95%	26.26%	38.96	38.96	3.69	0.43	262.22
7000006	MONTEFIORE HOSPITAL	7,969.86	7,553.11	6,428.07	1,225.38	8.95%	26.26%	164.02	164.02	3.95	0.83	262.22
7002024	MOUNT SINAI HOSPITAL	7,133.76	7,043.34	6,428.07	889.74	8.95%	26.26%	82.29	82.29	3.16	0.54	262.22
7003015	MOUNT SINAI OF QUEENS	4,572.18	4,107.55	4,107.55	282.02	8.95%	26.26%	35.60	35.60	1.32	0.29	262.22
7002000	NEW YORK DOWNTOWN HOSP	7,257.54	6,193.17	6,193.17	392.42	8.95%	26.26%	113.45	113.45	1.81	0.53	262.22
7000024	NORTH CENTRAL BRONX	10,180.57	10,616.48	9,677.88	334.42	8.95%	26.26%	82.99	82.99	3.00	0.49	262.22
7002052	NORTH GENERAL HOSP	7,683.90	6,714.51	6,554.64	0.00	8.95%	26.26%	47.79	47.79	2.75	0.40	262.22
7001008	NY COMMUNITY / BROOKLYN	4,557.52	4,054.02	4,054.02	28.43	8.95%	26.26%	17.24	17.24	1.22	0.24	262.22

		WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007								
		===== 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)
	NEW YORK CITY REGION									
7002001	BELLEVUE HOSPITAL CTR	162.49	162.48	65.15	65.15	0.00	0.00	0.629156	1.5822	9,950.41
7002002	BETH ISRAEL MED CTR	294.85	296.95	(377.00)	(377.00)	0.00	0.00	0.339763	1.2655	7,759.48
7001041	BETH ISRAEL/KINGS HIGHWAY	(2.48)	(2.49)	(170.82)	(170.82)	0.00	0.00	0.214580	1.6846	4,743.41
7000001	BRONX-LEBANON HOSP CTR	295.08	297.30	47.42	47.42	0.00	0.00	0.653066	1.2296	8,195.67
7001002	BROOKDALE HOSP MED CTR	300.69	302.65	131.84	131.84	0.00	0.00	0.554996	1.5007	7,438.19
7001003	BROOKLYN HOSPITAL	1,072.84	1,074.81	(50.85)	(50.85)	0.00	0.00	0.652289	1.2541	6,898.20
7002003	CABRINI MEDICAL CTR	313.11	315.03	(246.61)	(246.61)	0.00	0.00	0.307527	1.8534	6,825.53
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.853069	0.0000	0.00
7003027	CARITAS HEALTH CARE PLANNING	1,440.22	1,442.02	33.88	33.88	0.00	0.00	0.254313	1.0862	6,582.20
7003000	CITY HOSP CTR AT ELMHURST	1,063.24	1,063.23	(177.37)	(177.37)	0.00	0.00	0.563402	1.0569	9,977.68
7002051	COLER MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.489062	0.0000	0.00
7001009	CONEY ISLAND HOSPITAL	135.23	135.22	172.77	172.77	0.00	0.00	0.701358	1.1572	8,875.21
7003001	FLUSHING HOSPITAL MED CTR	(12.22)	(12.22)	(16.70)	(16.70)	0.00	0.00	0.592025	0.9376	6,032.50
7003013	FOREST HILLS HOSPITAL	224.13	225.97	(332.62)	(332.62)	0.00	0.00	0.358862	0.9770	5,531.83
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.532018	0.0000	0.00
7002009	HARLEM HOSPITAL CTR	127.26	127.25	(109.60)	(109.60)	0.00	0.00	0.860726	1.3119	11,139.18
7002011	HOSP FOR JOINT DISEASES	346.66	348.56	(131.87)	(131.87)	0.00	0.00	0.441382	2.8758	6,624.64
7002012	HOSP FOR SPECIAL SURGERY	31.92	33.87	(369.86)	(369.86)	0.00	0.00	0.414754	3.0128	6,312.24
7001046	INTERFAITH MED CTR	3,935.48	3,937.41	168.23	168.23	0.00	0.00	0.309162	1.3517	8,202.09
7000002	JACOBI MEDICAL CENTER	122.61	122.60	(49.67)	(49.67)	0.00	0.00	0.661559	1.4128	10,793.58
7003003	JAMAICA HOSPITAL	287.09	289.02	(233.87)	(233.87)	0.00	0.00	0.569159	1.1785	7,074.92
7001016	KINGS COUNTY HOSP CTR	128.70	128.69	48.11	48.11	0.00	0.00	0.633735	1.3832	10,091.77
7001033	KINGSBROOK JEWISH MED CTR	209.97	211.86	(109.53)	(109.53)	0.00	0.00	0.413122	2.0541	7,120.45
7002017	LENOX HILL HOSPITAL	243.26	245.19	(153.43)	(153.43)	0.00	0.00	0.196325	1.4984	6,325.43
7000008	LINCOLN MEDICAL	130.45	130.44	(26.80)	(26.80)	0.00	0.00	0.727874	1.2343	10,904.05
7001017	LONG ISLAND COLLEGE	255.17	257.04	(490.98)	(490.98)	0.00	0.00	0.305470	1.1309	7,337.95
7003004	LONG ISLAND JEWISH	259.72	261.92	(133.91)	(133.91)	0.00	0.00	0.343446	1.4523	7,406.69
7001019	LUTHERAN MEDICAL CTR	161.14	162.93	76.04	76.04	0.00	0.00	0.602278	1.0969	5,798.92
7001020	MAIMONIDES MED CTR	260.54	262.49	(38.54)	(38.54)	0.00	0.00	0.357961	1.2599	6,565.52
7002019	MANHATTAN EYE EAR & THROAT	1,132.05	1,134.29	125.04	125.04	0.00	0.00	0.454469	0.9222	6,606.70
7002020	MEMORIAL HOSP FOR CANCER	0.00	0.00	0.00	0.00	0.00	0.00	0.630675	0.0000	0.00
7002021	METROPOLITAN HOSPITAL CTR	152.42	152.41	(56.82)	(56.82)	0.00	0.00	0.617025	1.0022	11,547.02
7000006	MONTEFIORE HOSPITAL	129.47	129.46	(91.13)	(91.13)	0.00	0.00	0.295518	1.5788	7,770.31
7002024	MOUNT SINAI HOSPITAL	137.46	137.46	(443.12)	(443.12)	0.00	0.00	0.418199	1.9131	6,931.96
7003015	MOUNT SINAI OF QUEENS	36.07	36.06	(69.62)	(69.62)	0.00	0.00	0.434808	1.5402	4,529.76
7002000	NEW YORK DOWNTOWN HOSP	144.19	146.09	(33.83)	(33.83)	0.00	0.00	0.545173	0.8427	6,841.36
7000024	NORTH CENTRAL BRONX	132.89	132.88	44.91	44.91	0.00	0.00	0.618977	0.8671	10,005.39
7002052	NORTH GENERAL HOSP	129.50	131.72	(1,439.30)	(1,439.30)	0.00	0.00	0.763706	1.3691	7,279.50
7001008	NY COMMUNITY / BROOKLYN	979.57	979.56	69.60	69.60	0.00	0.00	0.421752	1.5705	4,483.21

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(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
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	301.34	967.71	(134.94)	(134.94)	8.95%	26.26%	0.00	0.00	0.00	0.20
7003027	CARITAS HEALTH CARE PLANNING	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	278.59	817.55	0.36	0.36	8.95%	26.26%	0.00	0.00	0.00	0.31
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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	286.72	710.25	(12.55)	(12.55)	8.95%	26.26%	0.00	0.00	0.00	0.19
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	485.63	2,809.04	(76.00)	(76.00)	8.95%	26.26%	0.00	0.00	0.00	1.50
7002021	METROPOLITAN HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000006	MONTEFIORE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002024	MOUNT SINAI HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003015	MOUNT SINAI OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
		ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
OPCERT	HOSPITAL NAME	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	323.07	956.38	(108.35)	(108.35)	8.95%	26.26%	0.00	0.00	0.00	0.37
7002002	BETH ISRAEL MED CTR	332.89	682.47	(181.34)	(181.34)	8.95%	26.26%	0.00	0.00	0.00	0.70
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	343.35	1,022.38	(49.18)	(49.18)	8.95%	26.26%	0.00	0.00	0.00	0.38
7001002	BROOKDALE HOSP MED CTR	298.49	811.47	283.19	283.19	8.95%	26.26%	0.00	0.00	0.00	0.52
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002003	CABRINI MEDICAL CTR	296.42	757.60	(4.83)	(4.83)	8.95%	26.26%	0.00	0.00	0.00	0.46
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003027	CARITAS HEALTH CARE PLANNING	328.94	749.85	114.29	114.29	8.95%	26.26%	0.00	0.00	0.00	0.51
7003000	CITY HOSP CTR AT ELMHURST	321.58	677.10	(102.13)	(102.13)	8.95%	26.26%	0.00	0.00	0.00	0.45
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	304.81	602.22	(45.68)	(45.68)	8.95%	26.26%	0.00	0.00	0.00	0.46
7003001	FLUSHING HOSPITAL MED CTR	323.24	985.94	(33.28)	(33.28)	8.95%	26.26%	0.00	0.00	0.00	0.36
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	304.52	801.15	58.02	58.02	8.95%	26.26%	0.00	0.00	0.00	0.62
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	309.63	814.90	11.52	11.52	8.95%	26.26%	0.00	0.00	0.00	0.37
7000002	JACOBI MEDICAL CENTER	304.04	812.35	18.71	18.71	8.95%	26.26%	0.00	0.00	0.00	0.53
7003003	JAMAICA HOSPITAL	312.41	855.61	80.22	80.53	8.95%	26.26%	0.00	0.00	0.00	0.46
7001016	KINGS COUNTY HOSP CTR	352.75	767.33	149.87	149.87	8.95%	26.26%	0.00	0.00	0.00	0.45
7001033	KINGSBROOK JEWISH MED CTR	293.46	1,034.19	(223.69)	(223.69)	8.95%	26.26%	0.00	0.00	0.00	0.44
7002017	LENOX HILL HOSPITAL	350.49	845.87	(270.57)	(270.57)	8.95%	26.26%	0.00	0.00	0.00	0.52
7000008	LINCOLN MEDICAL	293.13	1,116.36	66.57	66.57	8.95%	26.26%	0.00	0.00	0.00	0.59
7001017	LONG ISLAND COLLEGE	369.26	506.96	98.70	98.70	8.95%	26.26%	0.00	0.00	0.00	0.46
7003004	LONG ISLAND JEWISH	301.30	745.11	(65.97)	(65.97)	8.95%	26.26%	0.00	0.00	0.00	0.54
7001019	LUTHERAN MEDICAL CTR	295.32	842.89	101.22	101.22	8.95%	26.26%	0.00	0.00	0.00	0.47
7001020	MAIMONIDES MED CTR	299.39	503.12	(64.79)	(64.79)	8.95%	26.26%	0.00	0.00	0.00	0.55
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	291.27	694.99	15.63	15.63	8.95%	26.26%	0.00	0.00	0.00	0.43
7000006	MONTEFIORE HOSPITAL	353.27	821.66	60.02	60.02	8.95%	26.26%	0.00	0.00	0.00	0.83
7002024	MOUNT SINAI HOSPITAL	339.15	919.27	(29.90)	(29.90)	8.95%	26.26%	0.00	0.00	0.00	0.54
7003015	MOUNT SINAI OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	295.98	730.51	(36.96)	(36.96)	8.95%	26.26%	0.00	0.00	0.00	0.49
7002052	NORTH GENERAL HOSP	262.22	842.14	(297.94)	(297.86)	8.95%	26.26%	0.00	0.00	0.00	0.40
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(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
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
7003027	CARITAS HEALTH CARE PLANNING	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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	323.11	652.94	13.87	13.87	8.95%	26.26%	0.00	0.00	0.00	0.38
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
7003027	CARITAS HEALTH CARE PLANNING	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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	299.36	646.61	77.90	77.90	8.95%	26.26%	0.00	0.00	0.00	0.37
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
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM		PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL		PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(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	310.08	582.39	0.57	0.57	8.95%	26.26%	0.00	0.00	0.00	0.70
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001002	BROOKDALE HOSP MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
7003027	CARITAS HEALTH CARE PLANNING	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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	299.36	646.61	77.90	77.90	8.95%	26.26%	0.00	0.00	0.00	0.37
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
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001002	BROOKDALE HOSP MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
7003027	CARITAS HEALTH CARE PLANNING	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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	466.44	2,086.29	0.00	0.00	8.95%	26.26%	0.00	0.00	0.00	0.54
7001019	LUTHERAN MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001020	MAIMONIDES MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	691.04	1,779.90	(68.62)	(68.62)	8.95%	26.26%	0.00	0.00	0.00	0.83
7002024	MOUNT SINAI HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003015	MOUNT SINAI OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002002	BETH ISRAEL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001002	BROOKDALE HOSP MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
7003027	CARITAS HEALTH CARE PLANNING	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 MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	NEW YORK CITY REGION										
7002001	BELLEVUE HOSPITAL CTR	326.59	1,435.28	104.70	104.70	8.95%	26.26%	0.00	0.00	0.00	0.37
7002002	BETH ISRAEL MED CTR	412.06	1,120.63	166.82	166.82	8.95%	26.26%	0.00	0.00	0.00	0.70
7001041	BETH ISRAEL/KINGS HIGHWAY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000001	BRONX-LEBANON HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001002	BROOKDALE HOSP MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001003	BROOKLYN HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002003	CABRINI MEDICAL CTR	330.33	1,243.71	440.35	440.35	8.95%	26.26%	0.00	0.00	0.00	0.46
7000011	CALVARY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003027	CARITAS HEALTH CARE PLANNING	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	364.91	1,296.63	227.83	227.83	8.95%	26.26%	0.00	0.00	0.00	0.45
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	359.13	2,976.96	2,426.08	2,426.08	8.95%	26.26%	0.00	0.00	0.00	0.46
7003001	FLUSHING HOSPITAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003013	FOREST HILLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002050	GOLDWATER MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002009	HARLEM HOSPITAL CTR	477.53	4,141.83	2,329.24	2,329.24	8.95%	26.26%	0.00	0.00	0.00	0.62
7002011	HOSP FOR JOINT DISEASES	373.50	1,035.95	6.43	6.43	8.95%	26.26%	0.00	0.00	0.00	0.86
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	332.47	1,632.86	460.62	460.62	8.95%	26.26%	0.00	0.00	0.00	0.53
7003003	JAMAICA HOSPITAL	332.41	1,109.44	351.03	351.03	8.95%	26.26%	0.00	0.00	0.00	0.46
7001016	KINGS COUNTY HOSP CTR	555.58	2,955.89	1,302.06	1,302.06	8.95%	26.26%	0.00	0.00	0.00	0.45
7001033	KINGSBROOK JEWISH MED CTR	302.01	1,481.08	378.31	378.31	8.95%	26.26%	0.00	0.00	0.00	0.44
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	418.92	1,112.95	140.29	140.29	8.95%	26.26%	0.00	0.00	0.00	0.46
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	302.99	621.84	127.97	127.97	8.95%	26.26%	0.00	0.00	0.00	0.47
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	296.78	1,329.81	68.35	68.35	8.95%	26.26%	0.00	0.00	0.00	0.43
7000006	MONTEFIORE HOSPITAL	428.57	1,062.45	26.00	26.00	8.95%	26.26%	0.00	0.00	0.00	0.83
7002024	MOUNT SINAI HOSPITAL	328.16	2,052.98	84.92	84.92	8.95%	26.26%	0.00	0.00	0.00	0.54
7003015	MOUNT SINAI OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002000	NEW YORK DOWNTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000024	NORTH CENTRAL BRONX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002052	NORTH GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001008	NY COMMUNITY / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLEND CASE		CAPITAL COST			W COMP	NO-FAULT			ALTERNATE
		GROUP	MIX NEUTRAL		PER CASE (EXCL			SHORT	SHORT			LEVEL OF CARE
		NEUTRAL	RATE INCL	TOP 20 DRG	CAPITAL PROSP)	PUBLIC	ADDITIONAL	& TRANSFER	& TRANSFER	SPARCS	SPARCS	OPERATING
		COST/DISCH	BASIC MALP	EXCLUDING	LESS PROD &	GOODS	PUBLIC	GOODS POOL	CAPITAL	RATE	RATE	PER DIEM
			EXCLUDING	OPER PROSP	EFFICIENCY	POOL	GOODS POOL	PER DIEM	PER DIEM	PER CASE	PER DIEM	PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
7002026	NY EYE & EAR INFIRMARY	6,452.24	8,129.63	6,554.64	176.50	8.95%	26.26%	10.18	10.18	11.88	4.01	262.22
7003010	NY MED CTR OF QUEENS	6,395.10	5,592.09	5,592.09	212.38	8.95%	26.26%	26.98	26.98	1.74	0.43	262.22
7001021	NY METHODIST / BROOKLYN	7,163.51	6,088.76	6,088.76	328.94	8.95%	26.26%	115.93	115.78	1.65	0.36	262.22
7099003	NY PRESBY (ALLEN)	6,650.87	6,843.63	6,428.07	1,486.51	8.95%	26.26%	251.94	251.94	4.15	0.58	262.22
7002030	NY PRESBY (PRESBY)	6,650.87	6,843.63	6,428.07	1,486.51	8.95%	26.26%	251.94	251.94	4.15	0.58	262.22
7002054	NY PRESBYTERIAN HOSP	6,650.87	6,843.63	6,428.07	1,486.51	8.95%	26.26%	251.94	251.94	4.15	0.58	262.22
7000025	NY WESTCHESTER SQUARE	4,660.02	4,721.17	4,405.05	53.11	8.95%	26.26%	(42.64)	(42.64)	1.00	0.23	262.22
7002053	NYU HOSPITALS CENTER	6,072.68	5,762.01	5,762.01	810.02	8.95%	26.26%	201.61	201.61	3.05	0.56	262.22
7000005	OUR LADY OF MERCY MED CTR	6,796.52	6,828.38	6,554.64	204.09	8.95%	26.26%	17.83	17.83	1.95	0.41	262.22
7003020	PARKWAY HOSPITAL	4,730.66	3,964.35	3,964.35	(26.38)	8.95%	26.26%	(30.20)	(30.20)	1.03	0.24	262.22
7003006	PENINSULA HOSP CTR	5,780.43	5,451.76	5,451.76	23.90	8.95%	26.26%	3.92	3.92	2.55	0.38	262.22
7003007	QUEENS HOSPITAL CTR	9,690.97	9,555.98	9,555.98	561.03	8.95%	26.26%	110.20	110.20	2.99	0.55	262.22
7004010	RICHMOND UNIVERSITY MED CTR	5,873.53	5,222.57	5,222.57	54.56	8.95%	26.26%	(12.09)	(12.09)	1.85	0.40	262.22
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	5,969.94	5,285.16	4,405.05	397.20	8.95%	26.26%	90.70	90.70	1.96	0.38	262.22
7002032	ST LUKES / ROOSEVELT	7,486.48	7,327.06	6,554.64	866.80	8.95%	26.26%	87.48	87.48	2.87	0.58	262.22
7002033	ST VINCENTS MIDTOWN HOSP	8,270.53	6,958.65	6,346.81	344.79	8.95%	26.26%	193.23	193.23	1.90	0.49	262.22
7001037	STATE UNIV/DOWNSTATE	8,157.89	7,620.92	6,428.07	474.24	8.95%	26.26%	76.12	76.12	4.11	0.76	262.22
7004003	STATEN ISLAND UNIV HOSP	6,627.18	5,835.70	5,835.70	141.51	8.95%	26.26%	(23.42)	(23.42)	2.18	0.46	262.22
7002037	SVCMC ST VINCENTS - MANHATTA	8,093.98	7,216.51	6,532.93	357.46	8.95%	26.26%	95.28	95.28	4.98	0.51	262.22
7004010	SVCMC-BAYLEY SETON	5,873.53	5,222.57	5,222.57	54.56	8.95%	26.26%	(12.09)	(12.09)	1.85	0.40	262.22
7001032	VICTORY MEMORIAL HOSP	4,597.83	4,233.50	4,233.50	145.58	8.95%	26.26%	19.80	19.80	1.59	0.39	262.22
7001045	WOODHULL MEDICAL	11,540.22	10,687.99	9,895.28	460.65	8.95%	26.26%	89.81	89.81	3.21	0.47	262.22
7001035	WYCKOFF HEIGHTS HOSP	7,144.73	6,358.40	6,358.40	471.43	8.95%	26.26%	142.20	142.20	1.62	0.41	262.22

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== PROSPECTIVE ADJUSTMENTS =====							===== HIGH COST OUTLIER CALCULATION=====			
OPCERT	HOSPITAL NAME	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12)	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13)	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14)	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15)	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16)	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17)	HIGH COST CHARGE CONVERTER (18)	NON- MEDICARE CASE MIX INDEX (19)	PURE GROUP PRICE FOR LONG STAY TEST ONLY (20)
7002026	NY EYE & EAR INFIRMARY	(698.70)	(696.28)	(142.18)	(142.18)	0.00	0.00	0.417431	1.2525	6,074.40
7003010	NY MED CTR OF QUEENS	243.43	245.26	(92.84)	(92.84)	0.00	0.00	0.348785	1.3045	5,989.26
7001021	NY METHODIST / BROOKLYN	285.23	287.09	160.51	159.88	(5.00)	(5.38)	0.405942	1.1823	6,692.24
7099003	NY PRESBY (ALLEN)	143.90	143.89	28.76	28.76	0.00	0.00	0.391999	1.9649	6,459.74
7002030	NY PRESBY (PRESBY)	143.90	143.89	28.76	28.76	0.00	0.00	0.391999	1.9649	6,459.74
7002054	NY PRESBYTERIAN HOSP	143.90	143.89	28.76	28.76	0.00	0.00	0.391999	1.9649	6,459.74
7000025	NY WESTCHESTER SQUARE	(35.16)	(35.17)	(298.95)	(298.95)	0.00	0.00	0.410943	1.6508	4,617.40
7002053	NYU HOSPITALS CENTER	114.92	114.91	149.39	149.39	0.00	0.00	0.428606	1.7408	5,895.68
7000005	OUR LADY OF MERCY MED CTR	539.31	541.18	(111.55)	(111.55)	0.00	0.00	0.502223	1.2105	6,380.52
7003020	PARKWAY HOSPITAL	34.95	34.94	(76.16)	(76.16)	0.00	0.00	0.142258	1.3007	4,687.11
7003006	PENINSULA HOSP CTR	147.44	147.43	4.05	4.05	0.00	0.00	0.484542	2.0129	5,615.14
7003007	QUEENS HOSPITAL CTR	(826.52)	(826.53)	(80.54)	(80.54)	0.00	0.00	0.777962	1.0619	9,663.10
7004010	RICHMOND UNIVERSITY MED CTR	227.03	228.72	(92.15)	(92.15)	0.00	0.00	0.267853	1.0509	5,504.93
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00	0.00	1.573176	0.0000	0.00
7000014	ST BARNABAS HOSPITAL	43.64	43.64	71.66	71.66	0.00	0.00	0.399816	1.2631	5,917.69
7002032	ST LUKES / ROOSEVELT	266.07	268.09	(427.64)	(427.64)	0.00	0.00	0.332969	1.2457	7,051.04
7002033	ST VINCENTS MIDTOWN HOSP	233.85	235.57	450.23	450.23	0.00	0.00	0.717174	1.0419	6,855.73
7001037	STATE UNIV/DOWNSTATE	149.25	149.24	4.06	4.06	0.00	0.00	0.866610	1.3826	7,919.36
7004003	STATEN ISLAND UNIV HOSP	240.73	242.62	(240.21)	(240.21)	0.00	0.00	0.328674	1.4103	6,239.13
7002037	SVC MC ST VINCENTS - MANHATTAN	284.89	287.06	134.29	134.29	0.00	0.00	0.281178	1.8664	7,626.87
7004010	SVC MC-BAYLEY SETON	227.03	228.72	(92.15)	(92.15)	0.00	0.00	0.267853	1.0509	5,504.93
7001032	VICTORY MEMORIAL HOSP	35.40	35.39	(34.33)	(34.33)	0.00	0.00	0.195972	1.0944	4,556.27
7001045	WOODHULL MEDICAL	152.60	152.59	(41.13)	(41.13)	0.00	0.00	0.757411	1.4141	11,320.07
7001035	WYCKOFF HEIGHTS HOSP	233.22	235.19	45.28	45.28	0.00	0.00	0.550528	1.1840	6,765.18

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBYTERIAN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	262.22	2,829.88	1,653.34	1,653.34	8.95%	26.26%	0.00	0.00	0.00	1.15
7000014	ST BARNABAS HOSPITAL	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
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	SVCMC ST VINCENTS - MANHATTAN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	324.86	844.75	50.43	50.43	8.95%	26.26%	0.00	0.00	0.00	0.36
7099003	NY PRESBY (ALLEN)	349.15	972.34	8.82	8.82	8.95%	26.26%	0.00	0.00	0.00	0.58
7002030	NY PRESBY (PRESBY)	349.15	972.34	8.82	8.82	8.95%	26.26%	0.00	0.00	0.00	0.58
7002054	NY PRESBYTERIAN HOSP	349.15	972.34	8.82	8.82	8.95%	26.26%	0.00	0.00	0.00	0.58
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	381.71	909.48	(285.15)	(285.15)	8.95%	26.26%	0.00	0.00	0.00	0.56
7000005	OUR LADY OF MERCY MED CTR	283.81	605.39	(75.89)	(75.89)	8.95%	26.26%	0.00	0.00	0.00	0.41
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	361.30	983.67	(40.27)	(40.27)	8.95%	26.26%	0.00	0.00	0.00	0.55
7004010	RICHMOND UNIVERSITY MED CTR	280.63	594.16	76.68	76.68	8.95%	26.26%	0.00	0.00	0.00	0.40
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	331.35	633.78	35.16	35.16	8.95%	26.26%	0.00	0.00	0.00	0.38
7002032	ST LUKES / ROOSEVELT	316.41	954.20	4.99	4.99	8.95%	26.26%	0.00	0.00	0.00	0.58
7002033	ST VINCENTS MIDTOWN HOSP	326.18	488.35	(22.17)	(22.17)	8.95%	26.26%	0.00	0.00	0.00	0.49
7001037	STATE UNIV/DOWNSTATE	297.53	850.14	118.04	118.04	8.95%	26.26%	0.00	0.00	0.00	0.76
7004003	STATEN ISLAND UNIV HOSP	312.63	700.65	84.48	84.48	8.95%	26.26%	0.00	0.00	0.00	0.46
7002037	SVCMC ST VINCENTS - MANHATTA	297.05	929.35	(39.95)	(39.95)	8.95%	26.26%	0.00	0.00	0.00	0.51
7004010	SVCMC-BAYLEY SETON	280.63	594.16	76.68	76.68	8.95%	26.26%	0.00	0.00	0.00	0.40
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	309.80	835.35	70.65	70.65	8.95%	26.26%	0.00	0.00	0.00	0.47
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	296.43	1,454.24	(25.41)	(25.41)	8.95%	26.26%	0.00	0.00	0.00	0.43
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBYTERIAN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	SVCMC ST VINCENTS - MANHATTAN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBYTERIAN HOSP	320.73	687.37	43.90	43.90	8.95%	26.26%	0.00	0.00	0.00	0.58
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	294.51	539.90	(68.22)	(68.22)	8.95%	26.26%	0.00	0.00	0.00	0.58
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	282.92	543.69	15.51	15.51	8.95%	26.26%	0.00	0.00	0.00	0.46
7002037	SVCMC ST VINCENTS - MANHATTAN	295.77	455.88	(0.29)	(0.29)	8.95%	26.26%	0.00	0.00	0.00	0.51
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	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
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBYTERIAN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	SVCMC ST VINCENTS - MANHATTAN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	921.83	2,255.19	169.83	169.83	8.95%	26.26%	0.00	0.00	0.00	0.58
7002054	NY PRESBYTERIAN HOSP	921.83	2,255.19	169.83	169.83	8.95%	26.26%	0.00	0.00	0.00	0.58
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	866.71	3,226.94	85.94	85.94	8.95%	26.26%	0.00	0.00	0.00	0.56
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002037	SVCMC ST VINCENTS - MANHATTA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002054	NY PRESBYTERIAN HOSP	623.88	4,177.86	675.23	675.23	8.95%	26.26%	0.00	0.00	0.00	0.58
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003007	QUEENS HOSPITAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004003	STATEN ISLAND UNIV HOSP	354.34	2,828.87	(427.58)	(427.58)	8.95%	26.26%	0.00	0.00	0.00	0.46
7002037	SVCMC ST VINCENTS - MANHATTAN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001045	WOODHULL MEDICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
7002026	NY EYE & EAR INFIRMARY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003010	NY MED CTR OF QUEENS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001021	NY METHODIST / BROOKLYN	343.77	921.31	190.13	190.13	8.95%	26.26%	0.00	0.00	0.00	0.36
7099003	NY PRESBY (ALLEN)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002030	NY PRESBY (PRESBY)	410.86	1,425.80	313.86	313.86	8.95%	26.26%	0.00	0.00	0.00	0.58
7002054	NY PRESBYTERIAN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000025	NY WESTCHESTER SQUARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002053	NYU HOSPITALS CENTER	359.86	1,468.88	14.36	14.36	8.95%	26.26%	0.00	0.00	0.00	0.56
7000005	OUR LADY OF MERCY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003020	PARKWAY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7003006	PENINSULA HOSP CTR	291.08	2,095.50	387.59	387.59	8.95%	26.26%	0.00	0.00	0.00	0.38
7003007	QUEENS HOSPITAL CTR	404.47	1,847.18	374.45	374.45	8.95%	26.26%	0.00	0.00	0.00	0.55
7004010	RICHMOND UNIVERSITY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002031	ROCKEFELLER UNIVERSITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7000014	ST BARNABAS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7002032	ST LUKES / ROOSEVELT	358.90	1,739.07	153.80	153.80	8.95%	26.26%	0.00	0.00	0.00	0.58
7002033	ST VINCENTS MIDTOWN HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001037	STATE UNIV/DOWNSTATE	331.38	1,359.01	(465.18)	(465.18)	8.95%	26.26%	0.00	0.00	0.00	0.76
7004003	STATEN ISLAND UNIV HOSP	348.41	1,357.23	97.72	97.72	8.95%	26.26%	0.00	0.00	0.00	0.46
7002037	SVCMC ST VINCENTS - MANHATTAN	316.37	3,171.25	805.97	805.97	8.95%	26.26%	0.00	0.00	0.00	0.51
7004010	SVCMC-BAYLEY SETON	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
7001032	VICTORY MEMORIAL HOSP	286.03	1,287.57	506.81	506.81	8.95%	26.26%	0.00	0.00	0.00	0.39
7001045	WOODHULL MEDICAL	262.22	2,373.96	1,763.38	1,763.38	8.95%	26.26%	0.00	0.00	0.00	0.47
7001035	WYCKOFF HEIGHTS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007													
===== 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	LESS PROD &	GOODS	PUBLIC	& TRANSFER	STAY	CAPITAL	RATE	RATE	LEVEL OF CARE
		COST/DISCH	EXCLUDING	OPER PROSP	EFFICIENCY	POOL	GOODS POOL	CAPITAL	PER DIEM	PER DIEM	PER CASE	PER DIEM	OPERATING
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
NO METROPOLITAN REGION													
5501000	BENEDICTINE HOSPITAL	4,706.00	4,777.56	4,211.51	217.28	8.95%	26.26%	68.13	68.13	1.68	0.28	172.41	
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	66,011.95	66,011.95	1,337.08	8.95%	26.26%	(5.84)	(5.84)	15.93	0.23	262.22	
3535001	BON SECOURS COMMUNITY	4,313.15	3,567.38	3,567.38	205.43	8.95%	26.26%	46.12	46.12	2.02	0.34	172.41	
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	
5263000	CATSKILL REGIONAL MED CTR	0.00	6,003.72	6,003.72	261.40	8.95%	26.26%	69.61	69.61	1.87	0.42	172.41	
1001000	COLUMBIA MEMORIAL	0.00	5,145.69	5,145.69	160.03	8.95%	26.26%	45.30	45.30	1.75	0.41	172.41	
5925000	COMM / DOBBS FERRY	4,076.98	4,070.92	4,070.92	191.82	8.95%	26.26%	37.83	37.83	1.42	0.39	262.22	
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	
4329000	GOOD SAM / SUFFERN	4,160.83	3,826.53	3,826.53	316.57	8.95%	26.26%	40.24	40.24	1.78	0.37	262.22	
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	3,941.34	2,753.60	2,753.60	327.63	8.95%	26.26%	69.97	69.97	1.47	0.43	262.22	
5501001	KINGSTON HOSPITAL	4,601.75	3,901.77	3,901.77	324.80	8.95%	26.26%	88.38	88.38	1.64	0.33	172.41	
5922000	LAWRENCE HOSPITAL	4,254.36	4,174.13	4,174.13	279.31	8.95%	26.26%	81.89	81.89	1.22	0.34	262.22	
1226701	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	5,990.02	5,900.42	5,900.42	241.49	8.95%	26.26%	61.10	61.10	2.55	0.36	262.22	
1327000	NORTHERN DUTCHESS HOSP	3,895.13	3,358.84	3,358.84	188.17	8.95%	26.26%	50.39	50.39	1.41	0.45	172.41	
5920000	NORTHERN WESTCHESTER HOSP	4,341.68	4,605.16	4,405.05	458.36	8.95%	26.26%	116.99	116.99	1.72	0.48	262.22	
4324000	NYACK HOSPITAL	4,157.61	4,293.20	4,293.20	80.78	8.95%	26.26%	34.04	34.04	1.28	0.31	262.22	
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	4,554.92	4,244.97	4,188.79	174.11	8.95%	26.26%	45.17	45.17	1.47	0.36	172.41	
5932000	PHELPS MEMORIAL HOSP	4,353.73	4,133.52	4,133.52	264.78	8.95%	26.26%	88.69	88.69	2.51	0.36	262.22	
3950000	PUTNAM COMMUNITY HOSPITAL	4,529.06	3,624.46	3,624.46	158.38	8.95%	26.26%	45.99	45.99	1.98	0.46	172.41	
5904000	SOUND SHORE MED CTR	5,604.13	5,292.69	5,292.69	244.86	8.95%	26.26%	70.59	70.59	1.97	0.54	262.22	
3529000	ST ANTHONY COMMUNITY HOSP	3,917.67	3,494.45	3,494.45	285.22	8.95%	26.26%	158.98	158.98	1.24	0.41	172.41	
1302000	ST FRANCIS / POUGH	4,694.78	5,013.66	4,164.00	17.60	8.95%	26.26%	68.60	68.60	2.73	0.62	172.41	
5907001	ST JOHNS RIVERSIDE HOSP	4,419.52	4,360.26	4,360.26	151.83	8.95%	26.26%	37.82	37.82	1.43	0.27	262.22	
5907002	ST JOSEPHS / YONKERS	4,867.89	4,552.28	4,340.41	156.04	8.95%	26.26%	42.03	42.03	2.93	0.42	262.22	
3522000	ST LUKES CORNWALL / CORNWALL	4,356.14	4,238.95	4,238.95	210.53	8.95%	26.26%	47.76	47.76	1.33	0.34	172.41	
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	
1302001	VASSAR BROTHERS MED CTR	4,852.77	4,262.95	4,236.08	329.09	8.95%	26.26%	56.63	56.63	1.60	0.41	172.41	
5957001	WESTCHESTER MED CTR	6,256.02	6,322.01	6,212.32	1,318.02	8.95%	26.26%	312.21	312.21	4.68	0.54	262.22	
5902001	WHITE PLAINS HOSPITAL	4,256.69	4,050.38	4,050.38	221.34	8.95%	26.26%	56.47	56.47	1.75	0.42	262.22	

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== 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)
	NO METROPOLITAN REGION									
5501000	BENEDICTINE HOSPITAL	23.25	23.25	44.29	44.29	0.00	0.00	0.311884	1.2809	4,667.87
5957000	BLYTHEDALE CHILDRENS HOSP	(18,518.02)	(18,518.02)	(1,866.08)	(1,866.08)	0.00	0.00	0.608611	4.1857	0.00
3535001	BON SECOURS COMMUNITY	150.20	150.19	(20.21)	(20.21)	0.00	0.00	0.235159	0.9865	4,231.60
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.787961	0.0000	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00	0.00	1.281964	0.0000	0.00
5263000	CATSKILL REGIONAL MED CTR	36.73	36.73	(1.22)	(1.22)	0.00	0.00	0.428115	1.0723	0.00
1001000	COLUMBIA MEMORIAL	162.57	162.57	(15.63)	(15.63)	0.00	0.00	0.492276	1.1062	0.00
5925000	COMM / DOBBS FERRY	(301.03)	(301.04)	(44.28)	(44.28)	0.00	0.00	0.443102	1.3850	4,039.78
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.555435	0.0000	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.755431	0.0000	0.00
4329000	GOOD SAM / SUFFERN	(122.70)	(122.71)	(135.79)	(135.79)	0.00	0.00	0.179494	1.0650	4,129.07
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.620625	0.0000	0.00
5901000	HUDSON VALLEY HOSP CTR	23.12	23.11	(44.80)	(44.80)	0.00	0.00	0.296277	1.1601	3,904.52
5501001	KINGSTON HOSPITAL	40.19	40.18	86.77	86.77	0.00	0.00	0.470523	1.1890	4,549.70
5922000	LAWRENCE HOSPITAL	34.44	34.43	28.54	28.54	0.00	0.00	0.409635	0.8694	4,214.76
1226701	MARGARETVILLE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.613917	0.0000	0.00
5903000	MOUNT VERNON HOSPITAL	92.10	93.87	52.18	52.18	0.00	0.00	0.562354	1.5286	5,742.06
1327000	NORTHERN DUTCHESS HOSP	(50.71)	(50.72)	(25.30)	(25.30)	0.00	0.00	0.304589	0.9026	4,025.18
5920000	NORTHERN WESTCHESTER HOSP	62.43	62.42	12.44	12.44	0.00	0.00	0.582712	0.9633	4,300.93
4324000	NYACK HOSPITAL	34.81	34.80	21.13	21.13	0.00	0.00	0.266972	1.0035	4,119.01
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	1.317682	0.0000	0.00
3523000	ORANGE REGIONAL MED CTR	36.66	36.66	19.22	19.22	0.00	0.00	0.291561	1.1255	4,510.92
5932000	PHELPS MEMORIAL HOSP	151.45	151.44	66.07	66.07	0.00	0.00	0.360051	0.9662	4,303.53
3950000	PUTNAM COMMUNITY HOSPITAL	32.52	32.51	39.89	39.89	0.00	0.00	0.254044	1.3148	4,485.62
5904000	SOUND SHORE MED CTR	186.77	188.38	25.09	25.09	0.00	0.00	0.618676	1.0847	5,241.77
3529000	ST ANTHONY COMMUNITY HOSP	(59.11)	(59.12)	278.07	278.07	0.00	0.00	0.216654	0.8462	4,047.14
1302000	ST FRANCIS / POUGH	40.57	40.56	307.58	307.58	0.00	0.00	0.318134	1.7186	4,650.85
5907001	ST JOHNS RIVERSIDE HOSP	36.16	36.15	9.04	9.04	0.00	0.00	0.484143	0.9955	4,379.61
5907002	ST JOSEPHS / YONKERS	34.05	34.00	35.09	35.09	(15.36)	(16.02)	0.566719	1.4606	4,823.64
3522000	ST LUKES CORNWALL / CORNWALL	(91.71)	(91.72)	(27.91)	(27.91)	0.00	0.00	0.272513	1.1098	4,385.34
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
1302001	VASSAR BROTHERS MED CTR	36.94	36.93	(66.07)	(66.07)	0.00	0.00	0.245814	1.2682	4,806.32
5957001	WESTCHESTER MED CTR	99.89	99.88	1,056.20	1,056.20	0.00	0.00	0.362067	2.5164	6,155.26
5902001	WHITE PLAINS HOSPITAL	35.03	35.02	34.67	34.67	0.00	0.00	0.484569	1.1345	4,217.22

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP. PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
NO METROPOLITAN REGION											
5501000	BENEDICTINE HOSPITAL	201.25	654.25	80.22	80.22	8.95%	26.26%	0.00	0.00	0.00	0.28
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	204.82	620.19	3.35	3.35	8.95%	26.26%	0.00	0.00	0.00	0.34
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	218.35	843.98	(41.17)	(41.17)	8.95%	26.26%	0.00	0.00	0.00	0.42
1001000	COLUMBIA MEMORIAL	203.28	667.05	(74.12)	(74.12)	8.95%	26.26%	0.00	0.00	0.00	0.41
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	313.31	629.46	(135.68)	(135.68)	8.95%	26.26%	0.00	0.00	0.00	0.37
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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	336.89	817.84	(39.62)	(39.62)	8.95%	26.26%	0.00	0.00	0.00	0.36
1327000	NORTHERN DUTCHESS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5920000	NORTHERN WESTCHESTER HOSP	344.55	1,123.99	(330.83)	(330.83)	8.95%	26.26%	0.00	0.00	0.00	0.48
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	200.53	651.95	20.23	20.23	8.95%	26.26%	0.00	0.00	0.00	0.36
5932000	PHELPS MEMORIAL HOSP	316.38	710.06	(392.46)	(392.46)	8.95%	26.26%	0.00	0.00	0.00	0.36
3950000	PUTNAM COMMUNITY HOSPITAL	192.77	669.19	100.01	100.01	8.95%	26.26%	0.00	0.00	0.00	0.46
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	228.53	502.61	(158.28)	(158.28)	8.95%	26.26%	0.00	0.00	0.00	0.62
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	285.05	516.18	56.59	63.59	8.95%	26.26%	12.14	12.64	0.00	0.42
3522000	ST LUKES CORNWALL / CORNWALL	212.57	633.09	(130.38)	(130.38)	8.95%	26.26%	0.00	0.00	0.00	0.34
4353000	SUMMIT PARK HOSPITAL	266.23	554.51	121.93	121.93	8.95%	26.26%	0.00	0.00	0.00	0.60
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	285.66	855.80	(258.61)	(258.61)	8.95%	26.26%	0.00	0.00	0.00	0.54
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 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	545.73	1,675.06	110.90	110.90	8.95%	26.26%	0.00	0.00	0.00	0.54
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 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	211.75	380.47	(36.09)	(36.09)	8.95%	26.26%	0.00	0.00	0.00	0.34
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	195.53	316.71	30.43	30.43	8.95%	26.26%	0.00	0.00	0.00	0.33
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	278.16	459.57	4.77	4.77	8.95%	26.26%	0.00	0.00	0.00	0.31
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	299.42	507.41	10.57	10.57	8.95%	26.26%	0.00	0.00	0.00	0.36
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	172.41	360.94	(115.41)	(115.41)	8.95%	26.26%	0.00	0.00	0.00	0.62
5907001	ST JOHNS RIVERSIDE HOSP	285.19	404.13	5.47	5.47	8.95%	26.26%	0.00	0.00	0.00	0.27
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302001	VASSAR BROTHERS MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957001	WESTCHESTER MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902001	WHITE PLAINS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	323.95	481.31	(46.83)	(46.83)	8.95%	26.26%	0.00	0.00	0.00	0.37
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	172.41	360.94	(115.41)	(115.41)	8.95%	26.26%	0.00	0.00	0.00	0.62
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	NO METROPOLITAN REGION										
5501000	BENEDICTINE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5263700	CATSKILL REGIONAL / G HERMANN	380.19	2,409.46	1,133.62	1,133.62	8.95%	26.26%	0.00	0.00	0.00	0.57
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	203.65	923.46	40.20	40.20	8.95%	26.26%	0.00	0.00	0.00	0.43
5526700	ELLENVILLE REGIONAL HOSP	213.35	1,779.03	1,299.80	1,299.80	8.95%	26.26%	0.00	0.00	0.00	0.76
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5901000	HUDSON VALLEY HOSP CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5501001	KINGSTON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE MEMORIAL HOSP	253.87	2,145.14	91.12	91.12	8.95%	26.26%	0.00	0.00	0.00	1.60
5903000	MOUNT VERNON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1327000	NORTHERN DUTCHESS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5920000	NORTHERN WESTCHESTER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	219.03	2,182.78	0.00	0.00	8.95%	26.26%	0.00	0.00	0.00	2.82
3523000	ORANGE REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5932000	PHELPS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	490.84	3,339.43	826.54	826.54	8.95%	26.26%	0.00	0.00	0.00	0.54
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 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
NO METROPOLITAN REGION											
5501000	BENEDICTINE HOSPITAL	240.76	1,120.51	206.21	206.21	8.95%	26.26%	0.00	0.00	0.00	0.28
5957000	BLYTHEDALE CHILDRENS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3535001	BON SECOURS COMMUNITY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5902002	BURKE REHAB CTR	288.91	1,230.61	41.78	41.78	8.95%	26.26%	0.00	0.00	0.00	0.24
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
5263000	CATSKILL REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1001000	COLUMBIA MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5925000	COMM / DOBBS FERRY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1229700	DELAWARE VALLEY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5526700	ELLENVILLE REGIONAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4329000	GOOD SAM / SUFFERN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4322000	HELEN HAYES HOSPITAL	308.21	1,651.09	54.33	54.33	8.95%	26.26%	0.00	0.00	0.00	0.37
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	262.59	1,317.17	(214.86)	(214.86)	8.95%	26.26%	0.00	0.00	0.00	0.33
5922000	LAWRENCE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1226701	MARGARETVILLE 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	239.64	1,395.47	362.16	362.16	8.95%	26.26%	0.00	0.00	0.00	0.45
5920000	NORTHERN WESTCHESTER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4324000	NYACK HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1254700	O'CONNOR HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3523000	ORANGE REGIONAL MED CTR	206.07	917.99	116.01	116.01	8.95%	26.26%	0.00	0.00	0.00	0.36
5932000	PHELPS MEMORIAL HOSP	389.52	412.85	(10.35)	(10.35)	8.95%	26.26%	0.00	0.00	0.00	0.36
3950000	PUTNAM COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5904000	SOUND SHORE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3529000	ST ANTHONY COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1302000	ST FRANCIS / POUGH	289.84	957.16	99.27	99.27	8.95%	26.26%	0.00	0.00	0.00	0.62
5907001	ST JOHNS RIVERSIDE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5907002	ST JOSEPHS / YONKERS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3522000	ST LUKES CORNWALL / CORNWALL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4353000	SUMMIT PARK HOSPITAL	272.24	1,101.11	(250.17)	(250.17)	8.95%	26.26%	0.00	0.00	0.00	0.60
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	369.05	1,633.17	100.80	100.80	8.95%	26.26%	0.00	0.00	0.00	0.54
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 01/01/2007 - 12/31/2007												
===== CASE PAYMENT =====												
OPCERT	HOSPITAL NAME	LONG STAY	BLEND CASE	CAPITAL COST			W COMP	NO-FAULT	SPARCS		ALTERNATE	
		GROUP	MIX NEUTRAL	PER CASE (EXCL	PUBLIC	ADDITIONAL	SHORT	SHORT	PER CASE	PER DIEM	LEVEL OF CARE	
		NEUTRAL	RATE INCL	LESS PROD &	GOODS	PUBLIC	& TRANSFER	CAPITAL	CAPITAL	RATE	RATE	OPERATING
		COST/DISCH	EXCLUDING	EFFICIENCY	POOL	GOODS POOL	PER DIEM	PER DIEM	PER CASE	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	4,476.32	3,849.87	3,849.87	1,663.57	8.95%	26.26%	2,858.58	2,858.58	42.61	19.57	172.41
0101000	ALBANY MED CTR	4,974.96	4,442.77	4,442.77	343.76	8.95%	26.26%	14.40	14.40	2.44	0.41	172.41
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
4720001	BASSETT OF SCHOHARIE	0.00	9,949.66	9,949.66	44.88	8.95%	26.26%	7.30	7.30	2.88	0.83	172.41
4652001	BELLEVUE WOMAN'S HOSP	3,771.74	3,547.41	3,547.41	175.27	8.95%	26.26%	99.89	99.89	1.00	0.35	172.41
0901001	CHAMPLAIN VALLEY PHYSICIANS	4,412.19	4,015.54	4,015.54	230.60	8.95%	26.26%	47.59	47.59	2.14	0.40	172.41
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	3,925.56	4,534.93	4,346.69	346.24	8.95%	26.26%	80.19	80.19	2.67	0.43	172.41
5601000	GLENS FALLS HOSPITAL	4,317.39	3,709.55	3,709.55	288.48	8.95%	26.26%	63.69	63.69	1.95	0.41	172.41
0101003	MEMORIAL HOSP / ALBANY	4,675.49	4,658.93	4,240.35	217.49	8.95%	26.26%	65.16	65.16	1.53	0.43	172.41
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	4,286.36	4,050.85	4,050.85	107.02	8.95%	26.26%	25.95	25.95	1.59	0.55	172.41
4102002	SAMARITAN OF TROY	4,056.64	4,372.30	4,227.19	196.44	8.95%	26.26%	54.70	54.70	1.76	0.30	172.41
4501000	SARATOGA HOSPITAL	3,942.70	3,351.33	3,351.33	190.97	8.95%	26.26%	34.74	34.74	1.66	0.42	172.41
4102003	SETON HEALTH SYSTEMS	3,967.24	4,246.79	4,210.41	151.32	8.95%	26.26%	60.81	60.81	1.84	0.43	172.41
4601002	ST CLARES / SCHENECTADY	5,155.53	5,093.51	4,183.70	103.67	8.95%	26.26%	24.48	24.48	1.72	0.48	172.41
2801001	ST MARYS / AMSTERDAM	4,009.85	3,505.44	3,505.44	71.34	8.95%	26.26%	24.50	24.50	1.79	0.32	172.41
0101004	ST PETERS HOSPITAL	3,939.41	3,567.68	3,567.68	293.59	8.95%	26.26%	61.29	61.29	1.59	0.39	172.41
4601004	SUNNYVIEW HOSP & REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00

		WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007								
		===== 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)
	NORTHEASTERN REGION									
0101005	ALB MED CTR SO CLINICAL	(15.05)	(15.05)	2,624.30	2,624.30	0.00	0.00	0.777747	1.4345	4,476.43
0101000	ALBANY MED CTR	79.26	79.25	(254.01)	(254.01)	(0.60)	(0.61)	0.407929	2.1557	4,847.18
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.731297	0.0000	0.00
4720001	BASSETT OF SCHOHARIE	(1,071.73)	(1,071.73)	(16.93)	(16.93)	0.00	0.00	0.694360	1.1757	0.00
4652001	BELLEVUE WOMAN'S HOSP	(56.48)	(56.49)	111.49	111.49	0.00	0.00	0.582294	0.5759	3,898.50
0901001	CHAMPLAIN VALLEY PHYSICIANS	33.24	33.23	(24.64)	(24.64)	0.00	0.00	0.498795	1.1105	4,370.57
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00	0.00	0.764493	0.0000	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.060003	0.0000	0.00
4601001	ELLIS HOSPITAL	24.64	24.63	(2.31)	(2.31)	0.00	0.00	0.261978	2.2719	3,894.54
5601000	GLENS FALLS HOSPITAL	29.96	29.95	1.92	1.92	0.00	0.00	0.485359	1.3070	4,276.50
0101003	MEMORIAL HOSP / ALBANY	431.01	431.00	79.38	79.38	0.00	0.00	0.530697	1.9151	4,611.09
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	(171.29)	(171.30)	(23.46)	(23.46)	0.00	0.00	0.544519	0.9376	4,248.25
4102002	SAMARITAN OF TROY	(136.44)	(136.44)	49.57	49.57	0.00	0.00	0.467093	1.3412	4,027.51
4501000	SARATOGA HOSPITAL	29.17	29.16	(43.24)	(43.24)	0.00	0.00	0.410449	1.2627	3,904.57
4102003	SETON HEALTH SYSTEMS	35.06	35.05	107.72	107.72	0.00	0.00	0.403710	1.2337	3,929.73
4601002	ST CLARES / SCHENECTADY	52.32	52.31	(11.60)	(11.60)	0.00	0.00	0.596353	1.2580	5,104.82
2801001	ST MARYS / AMSTERDAM	31.30	31.29	12.42	12.42	0.00	0.00	0.588087	1.0228	3,971.41
0101004	ST PETERS HOSPITAL	40.14	40.14	84.63	84.63	0.00	0.00	0.371996	1.4496	3,891.10
4601004	SUNNYVIEW HOSP & REHAB	0.00	0.00	0.00	0.00	0.00	0.00	0.511536	0.0000	0.00

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 & 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 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(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	196.87	647.64	376.55	380.06	8.95%	26.26%	1.61	1.66	0.00	0.41
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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	212.25	670.68	(24.32)	(24.32)	8.95%	26.26%	0.00	0.00	0.00	0.40
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	217.95	543.07	(95.34)	(95.34)	8.95%	26.26%	0.00	0.00	0.00	0.43
5601000	GLENS FALLS HOSPITAL	218.95	590.85	(231.55)	(231.55)	8.95%	26.26%	0.00	0.00	0.00	0.41
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	197.36	560.97	(122.89)	(122.89)	8.95%	26.26%	0.00	0.00	0.00	0.30
4501000	SARATOGA HOSPITAL	207.16	612.97	(75.65)	(75.65)	8.95%	26.26%	0.00	0.00	0.00	0.42
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	193.52	735.25	8.49	8.49	8.95%	26.26%	0.00	0.00	0.00	0.32
0101004	ST PETERS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601004	SUNNYVIEW HOSP & REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	245.01	1,151.36	(16.21)	(16.21)	8.95%	26.26%	0.00	0.00	0.00	0.41
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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 & 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 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM		PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	187.91	482.28	(8.34)	(8.34)	8.95%	26.26%	0.00	0.00	0.00	0.43
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	188.58	336.33	60.33	60.33	8.95%	26.26%	0.00	0.00	0.00	0.32
0101004	ST PETERS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601004	SUNNYVIEW HOSP & REHAB	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	NORTHEASTERN REGION										
0101005	ALB MED CTR SO CLINICAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101000	ALBANY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2801000	AMSTERDAM MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4720001	BASSETT 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHUES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 & 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 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1552701	ELIZABETHTOWN COMM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 & 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 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	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 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	207.52	1,627.75	(236.07)	(236.07)	8.95%	26.26%	0.00	0.00	0.00	1.44
4601001	ELLIS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5601000	GLENS FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	402.86	1,884.09	(569.84)	(569.84)	8.95%	26.26%	0.00	0.00	0.00	2.03
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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 & 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 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY &	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EFFICIENCY,	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(91)	& CAPITAL	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
			EXCL PROSP								
	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	206.57	857.17	(419.17)	(419.17)	8.95%	26.26%	(0.03)	(0.03)	0.00	0.41
2801000	AMSTERDAM MEM HOSP	206.25	703.32	(196.65)	(196.65)	8.95%	26.26%	0.00	0.00	0.00	1.84
4720001	BASSETT 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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0901001	CHAMPLAIN VALLEY PHYSICIANS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0102001	EDDY COHOES REHAB CTR	197.87	548.02	97.80	97.80	8.95%	26.26%	0.00	0.00	0.00	0.33
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	264.78	709.69	(310.17)	(310.17)	8.95%	26.26%	0.00	0.00	0.00	0.41
0101003	MEMORIAL HOSP / ALBANY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1564701	MOSES-LUDINGTON HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1701000	NATHAN LITTAUER HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102002	SAMARITAN OF TROY	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4501000	SARATOGA HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4102003	SETON HEALTH SYSTEMS	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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	210.83	1,260.28	690.38	690.38	8.95%	26.26%	0.00	0.00	0.00	0.39
4601004	SUNNYVIEW HOSP & REHAB	207.47	766.14	(59.19)	(59.19)	8.95%	26.26%	0.00	0.00	0.00	0.23

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007												
===== 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	LESS PROD &	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	OPERATING
		COST/DISCH	EXCLUDING	OPER PROSP	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	PER DIEM
			OPER PROSP		PLUS HIV	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	UTICA REGION											
1623001	ADIRONDACK MEDICAL CTR	3,714.54	3,667.48	3,667.48	190.59	8.95%	26.26%	36.41	36.41	2.10	0.59	172.41
3701000	ALBERT LINDLEY LEE	0.00	5,485.90	5,485.90	56.01	8.95%	26.26%	19.84	19.84	1.40	0.34	172.41
1624000	ALICE HYDE MED CTR	3,783.32	3,790.59	3,790.59	126.85	8.95%	26.26%	52.62	52.62	1.71	0.63	172.41
3801000	AURELIA OSBORN FOX	4,409.21	3,801.39	3,801.39	940.70	8.95%	26.26%	242.26	242.26	2.62	0.43	172.41
4429000	CANTON-POTSDAM HOSP	3,768.71	3,361.12	3,361.12	207.05	8.95%	26.26%	81.84	81.84	2.00	0.42	172.41
2238001	CARTHAGE AREA HOSP	3,917.44	3,351.53	3,351.53	93.61	8.95%	26.26%	35.07	35.07	1.33	0.43	172.41
0824000	CHENANGO MEM HOSP	3,883.51	4,520.96	3,953.19	46.92	8.95%	26.26%	45.41	45.41	2.58	0.80	172.41
4401000	CLAXTON-HEPBURN MED CTR	0.00	4,195.05	4,195.05	372.13	8.95%	26.26%	133.72	133.72	2.28	0.36	172.41
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	3,945.76	3,609.38	3,609.38	144.95	8.95%	26.26%	59.15	59.15	1.78	0.70	172.41
4423000	EJ NOBLE / GOUVERNEUR	0.00	4,079.37	4,079.37	32.41	8.95%	26.26%	10.21	10.21	1.70	0.70	172.41
3202003	FAXTON-ST LUKES HEALTHCARE	4,254.53	3,899.63	3,899.63	188.60	8.95%	26.26%	76.36	76.36	1.53	0.35	172.41
2424000	LEWIS COUNTY GENERAL	0.00	6,254.19	6,254.19	102.87	8.95%	26.26%	6.91	6.91	2.23	0.85	172.41
2129700	LITTLE FALLS HOSPITAL	0.00	4,742.97	0.00	(78.80)	8.95%	26.26%	(3,075.02)	(3,075.02)	0.00	0.77	172.41
3824000	MARY IMOGENE BASSETT HOSP	5,034.35	4,620.76	4,346.69	339.67	8.95%	26.26%	80.40	80.40	4.18	0.99	172.41
4402000	MASSENA MEMORIAL HOSP	4,120.06	3,936.42	3,936.42	178.38	8.95%	26.26%	82.51	82.51	1.32	0.45	172.41
2601001	ONEIDA HEALTHCARE CTR	4,110.71	3,753.65	3,753.65	167.77	8.95%	26.26%	48.31	48.31	1.78	0.60	172.41
3702000	OSWEGO HOSPITAL	4,315.84	4,207.79	4,207.79	212.50	8.95%	26.26%	77.36	77.36	1.53	0.36	172.41
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	4,284.68	3,950.69	3,950.69	106.11	8.95%	26.26%	32.07	32.07	1.09	0.33	172.41
2201000	SAMARITAN MED CTR	3,978.91	3,503.93	3,503.93	145.68	8.95%	26.26%	38.41	38.41	1.67	0.39	172.41
3202002	ST ELIZABETH MED CTR	5,356.46	4,886.95	4,240.35	305.21	8.95%	26.26%	64.20	64.20	2.24	0.44	172.41

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== PROSPECTIVE ADJUSTMENTS =====							=HIGH COST OUTLIER CALCULATION=			
OPCERT	HOSPITAL NAME	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12)	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13)	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14)	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15)	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16)	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17)	HIGH COST CHARGE CONVERTER (18)	NON- MEDICARE CASE MIX INDEX (19)	PURE GROUP PRICE FOR LONG STAY TEST ONLY (20)
	UTICA REGION									
1623001	ADIRONDACK MEDICAL CTR	372.53	372.52	(69.58)	(69.58)	0.00	0.00	0.611339	1.2896	3,835.18
3701000	ALBERT LINDLEY LEE	35.90	35.90	40.16	40.16	0.00	0.00	0.483913	1.4186	0.00
1624000	ALICE HYDE MED CTR	311.89	311.88	19.97	19.97	0.00	0.00	0.581804	1.0355	3,902.17
3801000	AURELIA OSBORN FOX	32.99	32.98	(36.07)	(36.07)	0.00	0.00	0.606414	0.9947	4,368.81
4429000	CANTON-POTSDAM HOSP	(56.34)	(56.34)	28.45	28.45	0.00	0.00	0.657488	0.8748	3,890.29
2238001	CARTHAGE AREA HOSP	348.93	348.92	9.11	9.11	0.00	0.00	0.702031	0.8138	4,023.86
0824000	CHENANGO MEM HOSP	(437.84)	(437.85)	87.51	87.51	0.00	0.00	0.513147	1.0461	4,020.31
4401000	CLAXTON-HEPBURN MED CTR	34.90	34.90	149.52	149.52	0.00	0.00	0.740776	0.9944	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00	0.00	1.748438	0.0000	0.00
2625000	COMMUNITY MEM HOSP	18.49	18.48	39.96	39.96	0.00	0.00	0.571629	1.2193	4,086.43
4423000	EJ NOBLE / GOUVERNEUR	304.05	304.05	(11.28)	(11.28)	0.00	0.00	0.614814	0.8418	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	35.99	35.98	146.40	146.40	0.00	0.00	0.516256	1.0468	4,211.48
2424000	LEWIS COUNTY GENERAL	27.09	27.09	(88.12)	(88.12)	0.00	0.00	0.602964	0.8939	0.00
2129700	LITTLE FALLS HOSPITAL	4,438.79	4,438.78	(62.58)	(62.58)	0.00	0.00	0.561204	0.0000	0.00
3824000	MARY IMOGENE BASSETT HOSP	22.91	22.90	(118.69)	(118.69)	0.00	0.00	0.526455	1.4559	5,015.99
4402000	MASSENA MEMORIAL HOSP	57.67	57.66	100.21	100.21	0.00	0.00	0.632459	0.9077	4,241.30
2601001	ONEIDA HEALTHCARE CTR	55.60	55.60	(7.70)	(7.70)	0.00	0.00	0.533374	0.9211	4,070.82
3702000	OSWEGO HOSPITAL	38.98	38.97	29.99	29.99	0.00	0.00	0.627191	0.8064	4,274.75
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.908323	0.0000	0.00
3201002	ROME MEMORIAL HOSPITAL	34.03	34.02	(0.98)	(0.98)	0.00	0.00	0.457442	1.0738	4,243.57
2201000	SAMARITAN MED CTR	(292.36)	(292.37)	(14.82)	(14.82)	0.00	0.00	0.587284	0.9023	3,949.47
3202002	ST ELIZABETH MED CTR	45.31	45.28	(3.16)	(3.16)	(4.71)	(5.00)	0.497830	2.5312	5,296.68

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(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 HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	232.79	300.78	(187.20)	(187.20)	8.95%	26.26%	0.00	0.00	0.00	0.59
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	172.41	607.00	32.20	32.20	8.95%	26.26%	0.00	0.00	0.00	0.43
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	218.52	488.24	82.92	82.92	8.95%	26.26%	0.00	0.00	0.00	0.36
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	212.18	410.62	40.61	40.61	8.95%	26.26%	0.00	0.00	0.00	0.35
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	221.43	545.91	(35.99)	(35.99)	8.95%	26.26%	0.00	0.00	0.00	0.99
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	223.98	726.52	(97.19)	(97.19)	8.95%	26.26%	0.00	0.00	0.00	0.36
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	202.81	527.19	(36.77)	(36.77)	8.95%	26.26%	0.00	0.00	0.00	0.39
3202002	ST ELIZABETH MED CTR	200.95	577.01	865.51	877.30	8.95%	26.26%	6.59	6.99	0.00	0.44

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	214.65	278.14	(4.83)	(4.83)	8.95%	26.26%	0.00	0.00	0.00	0.42
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	172.41	272.79	2.11	2.11	8.95%	26.26%	0.00	0.00	0.00	0.39
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 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0824000	CHENANGO MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4401000	CLAXTON-HEPBURN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4458700	CLIFTON-FINE HOSP	199.70	4,190.87	3,025.83	3,025.83	8.95%	26.26%	0.00	0.00	0.00	3.93
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	190.75	1,447.86	(218.10)	(218.10)	8.95%	26.26%	0.00	0.00	0.00	0.77
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	267.69	1,244.93	1,793.93	1,793.93	8.95%	26.26%	0.00	0.00	0.00	2.36
3201002	ROME MEMORIAL HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2201000	SAMARITAN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202002	ST ELIZABETH MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	UTICA REGION										
1623001	ADIRONDACK MEDICAL CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3701000	ALBERT LINDLEY LEE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1624000	ALICE HYDE MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3801000	AURELIA OSBORN FOX	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4429000	CANTON-POTSDAM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2238001	CARTHAGE AREA HOSP	227.46	1,667.12	(543.89)	(543.89)	8.95%	26.26%	0.00	0.00	0.00	0.43
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	306.51	835.87	(102.71)	(102.71)	8.95%	26.26%	0.00	0.00	0.00	0.36
4458700	CLIFTON-FINE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2625000	COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4423000	EJ NOBLE / GOUVERNEUR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3202003	FAXTON-ST LUKES HEALTHCARE	209.92	543.63	26.72	26.72	8.95%	26.26%	0.00	0.00	0.00	0.35
2424000	LEWIS COUNTY GENERAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2129700	LITTLE FALLS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3824000	MARY IMOGENE BASSETT HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4402000	MASSENA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2601001	ONEIDA HEALTHCARE CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3702000	OSWEGO HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2221700	RIVER HOSPITAL, INC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3201002	ROME MEMORIAL HOSPITAL	210.92	607.85	(912.56)	(912.56)	8.95%	26.26%	0.00	0.00	0.00	0.33
2201000	SAMARITAN MED CTR	254.57	1,005.10	404.47	404.47	8.95%	26.26%	0.00	0.00	0.00	0.39
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 01/01/2007 - 12/31/2007												
===== 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	LESS PROD &	GOODS	PUBLIC	& TRANSFER	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	EXCLUDING	OPER PROSP	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	OPERATING
			OPER PROSP		PLUS HIV	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM			PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	CENTRAL REGION											
0701000	ARNOT OGDEN MED CTR	4,612.65	3,924.31	3,924.31	227.05	8.95%	26.26%	70.95	70.95	2.04	0.53	172.41
0501000	AUBURN MEMORIAL HOSP	4,295.48	4,772.65	4,240.35	102.22	8.95%	26.26%	45.39	45.39	1.54	0.39	172.41
5401001	CAYUGA MEDICAL CENTER	4,396.94	4,045.38	4,045.38	153.49	8.95%	26.26%	17.05	17.05	2.24	0.46	172.41
3301000	COMM-GEN / GTR SYRACUSE	4,691.87	4,410.44	4,209.26	110.42	8.95%	26.26%	(4.24)	(4.24)	1.56	0.35	172.41
5001000	CORNING HOSPITAL	4,576.64	4,540.10	4,056.10	92.24	8.95%	26.26%	44.36	44.36	1.77	0.63	172.41
1101000	CORTLAND REGIONAL MED CTR	0.00	5,031.84	5,031.84	120.62	8.95%	26.26%	(53.67)	(53.67)	1.79	0.51	172.41
3301008	CROUSE HOSPITAL	4,598.99	4,336.98	4,336.98	227.15	8.95%	26.26%	50.75	50.49	1.73	0.39	172.41
5022000	IRA DAVENPORT MEMORIAL	0.00	4,651.68	4,651.68	39.40	8.95%	26.26%	24.60	24.60	1.71	0.66	172.41
0301001	OUR LADY OF LOURDES	4,309.39	3,747.74	3,747.74	62.18	8.95%	26.26%	(13.88)	(13.88)	2.26	0.71	172.41
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	5,299.68	5,299.68	159.22	8.95%	26.26%	72.17	72.17	4.53	0.42	172.41
0701001	ST JOSEPHS / ELMIRA	4,557.49	4,694.48	4,124.91	162.08	8.95%	26.26%	30.14	30.14	2.30	0.23	172.41
3301003	ST JOSEPHS HOSP HLTH CTR	4,548.38	3,976.57	3,976.57	267.70	8.95%	26.26%	73.09	73.09	2.17	0.46	172.41
3301007	SUNY HLTH SCIENCE CTR	6,502.50	5,261.62	5,261.62	646.75	8.95%	26.26%	100.31	100.31	4.26	0.70	172.41
0303001	UNITED HEALTH SERVICES	4,586.62	4,614.12	4,323.50	278.71	8.95%	26.26%	51.17	51.17	2.76	0.45	172.41

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== 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)
	CENTRAL REGION									
0701000	ARNOT OGDEN MED CTR	154.05	154.04	63.39	63.39	0.00	0.00	0.499799	1.3785	4,567.25
0501000	AUBURN MEMORIAL HOSP	28.20	28.19	43.14	43.14	0.00	0.00	0.549733	1.0295	4,249.72
5401001	CAYUGA MEDICAL CENTER	211.27	211.26	(98.65)	(98.65)	0.00	0.00	0.735085	1.1172	4,355.61
3301000	COMM-GEN / GTR SYRACUSE	37.36	37.35	(129.27)	(129.27)	0.00	0.00	0.557190	1.0896	4,644.49
5001000	CORNING HOSPITAL	38.28	38.27	39.49	39.49	0.00	0.00	0.590441	1.1149	4,532.97
1101000	CORTLAND REGIONAL MED CTR	(392.10)	(392.10)	(298.51)	(298.51)	0.00	0.00	0.651769	0.9139	0.00
3301008	CROUSE HOSPITAL	29.73	29.72	27.56	26.24	0.00	0.00	0.523703	1.2972	4,567.75
5022000	IRA DAVENPORT MEMORIAL	1,702.21	1,702.20	7.14	7.14	0.00	0.00	0.604372	0.9337	0.00
0301001	OUR LADY OF LOURDES	32.27	32.26	(104.24)	(104.24)	0.00	0.00	0.572131	1.1299	4,269.50
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.000000	0.0000	0.00
5002001	ST JAMES MERCY HOSP	965.27	965.27	82.82	82.82	0.00	0.00	0.562707	0.9442	0.00
0701001	ST JOSEPHS / ELMIRA	39.42	39.41	(14.26)	(14.26)	0.00	0.00	0.512708	1.3823	4,516.62
3301003	ST JOSEPHS HOSP HLTH CTR	33.37	33.36	55.25	55.25	0.00	0.00	0.526545	1.5764	4,509.47
3301007	SUNY HLTH SCIENCE CTR	101.46	101.45	(28.18)	(28.18)	(1.95)	(2.02)	0.720657	2.6608	6,332.97
0303001	UNITED HEALTH SERVICES	31.60	31.60	3.47	3.47	0.14	0.09	0.546639	1.6895	4,555.75

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP. PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301003	ST JOSEPHS HOSP HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	209.88	477.85	33.64	33.64	8.95%	26.26%	0.00	0.00	0.00	0.39
5401001	CAYUGA MEDICAL CENTER	205.06	471.15	(5.09)	(5.09)	8.95%	26.26%	0.00	0.00	0.00	0.46
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	251.22	819.32	(4.90)	(4.90)	8.95%	26.26%	0.00	0.00	0.00	0.51
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	198.55	637.45	(31.48)	(31.48)	8.95%	26.26%	0.00	0.00	0.00	0.42
0701001	ST JOSEPHS / ELMIRA	184.08	691.07	142.98	142.98	8.95%	26.26%	0.00	0.00	0.00	0.23
3301003	ST JOSEPHS HOSP HLTH CTR	207.98	453.40	(48.94)	(48.94)	8.95%	26.26%	0.00	0.00	0.00	0.46
3301007	SUNY HLTH SCIENCE CTR	209.71	765.12	285.17	289.89	8.95%	26.26%	3.88	4.03	0.00	0.70
0303001	UNITED HEALTH SERVICES	207.68	632.69	142.28	144.05	8.95%	26.26%	(0.69)	(0.65)	0.00	0.45

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301003	ST JOSEPHS HOSP HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	188.97	220.67	27.29	27.29	8.95%	26.26%	0.00	0.00	0.00	0.42
0701001	ST JOSEPHS / ELMIRA	183.20	350.84	(94.63)	(94.63)	8.95%	26.26%	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	206.77	456.19	(143.51)	(143.51)	8.95%	26.26%	0.07	0.07	0.00	0.45

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301003	ST JOSEPHS HOSP HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301003	ST JOSEPHS HOSP HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301000	COMM-GEN / GTR SYRACUSE	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	201.37	1,156.38	(8.97)	(8.97)	8.95%	26.26%	0.00	0.00	93.58	0.87
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301003	ST JOSEPHS HOSP HLTH CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	CENTRAL REGION										
0701000	ARNOT OGDEN MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0501000	AUBURN MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5401001	CAYUGA MEDICAL CENTER	222.35	954.79	344.15	344.15	8.95%	26.26%	0.00	0.00	0.00	0.46
3301000	COMM-GEN / GTR SYRACUSE	203.58	785.44	(258.90)	(258.90)	8.95%	26.26%	0.00	0.00	0.00	0.35
5001000	CORNING HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1101000	CORTLAND REGIONAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3301008	CROUSE HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5022000	IRA DAVENPORT MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0301001	OUR LADY OF LOURDES	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
4823700	SCHUYLER HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
5002001	ST JAMES MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0701001	ST JOSEPHS / ELMIRA	214.44	1,130.25	385.57	385.57	8.95%	26.26%	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	242.34	1,241.17	(21.75)	(21.76)	8.95%	26.26%	(0.17)	(0.18)	0.00	0.70
0303001	UNITED HEALTH SERVICES	234.80	503.32	(31.12)	(31.12)	8.95%	26.26%	0.10	0.10	0.00	0.45

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007													
===== CASE PAYMENT =====													
OPCERT	HOSPITAL NAME	LONG STAY	BLEND CASE		CAPITAL COST			W COMP	NO-FAULT			ALTERNATE	
		GROUP	MIX NEUTRAL		PER CASE (EXCL	PUBLIC	ADDITIONAL	SHORT	SHORT			LEVEL OF CARE	
		NEUTRAL	RATE INCL	TOP 20 DRG	CAPITAL PROSP)	GOODS	PUBLIC	& TRANSFER	STAY	& TRANSFER	SPARCS	SPARCS	OPERATING
		COST/DISCH	EXCLUDING	EXCLUDING	LESS PROD &	POOL	GOODS POOL	CAPITAL	CAPITAL	RATE	RATE	PER DIEM	PER DIEM
			OPER PROSP	OPER PROSP	EFFICIENCY	SURCHARGE	SURCHARGE	PER DIEM	PER DIEM	PER CASE	PER DIEM	PER DIEM	PER DIEM
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	ROCHESTER REGION												
3421000	CLIFTON SPRINGS HOSP	4,019.03	3,718.38	3,718.38	360.74	8.95%	26.26%	56.24	56.24	5.01	0.37	172.41	
3429000	F F THOMPSON HOSPITAL	4,074.10	3,459.57	3,459.57	286.71	8.95%	26.26%	107.00	107.00	2.26	0.67	172.41	
3402000	GENEVA GENERAL HOSP	4,191.48	3,884.65	3,884.65	209.29	8.95%	26.26%	68.81	68.81	2.08	0.64	172.41	
2701001	HIGHLAND OF ROCHESTER	4,760.34	4,511.00	4,346.69	160.92	8.95%	26.26%	45.70	45.70	1.40	0.42	172.41	
2728001	LAKESIDE MEMORIAL HOSP	3,864.42	4,309.24	3,918.44	294.06	8.95%	26.26%	45.68	45.68	1.56	0.39	172.41	
2701006	MONROE COMMUNITY HOSPITAL	4,895.99	4,772.20	3,953.19	649.10	8.95%	26.26%	599.21	599.21	0.00	219.91	172.41	
2527000	NICHOLAS H NOYES MEM	3,794.71	3,631.57	3,631.57	257.53	8.95%	26.26%	81.86	81.86	1.41	0.47	172.41	
2754001	PARK RIDGE HOSPITAL	4,544.59	4,960.37	4,346.69	311.46	8.95%	26.26%	93.77	93.77	3.45	0.49	172.41	
2701003	ROCHESTER GENERAL HOSP	4,855.90	4,589.63	4,346.69	322.96	8.95%	26.26%	89.37	89.37	2.03	0.49	172.41	
6120700	SOLDIERS AND SAILORS MEMORIA	0.00	4,987.36	4,987.36	319.70	8.95%	26.26%	90.63	90.63	0.00	0.85	172.41	
2701005	STRONG MEMORIAL HOSP	5,686.11	5,196.05	5,022.69	653.45	8.95%	26.26%	88.89	88.89	3.05	0.46	172.41	
5820000	WAYNE HEALTH CARE	3,971.66	4,254.87	4,240.35	152.00	8.95%	26.26%	57.31	57.31	1.96	0.45	172.41	

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== 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)
	ROCHESTER REGION									
3421000	CLIFTON SPRINGS HOSP	83.69	83.68	86.49	86.49	0.00	0.00	0.597255	1.8543	3,980.83
3429000	F F THOMPSON HOSPITAL	25.06	25.05	69.71	69.71	0.00	0.00	0.739015	1.1226	4,035.06
3402000	GENEVA GENERAL HOSP	32.81	32.80	38.20	38.20	0.00	0.00	0.636241	1.0454	4,151.57
2701001	HIGHLAND OF ROCHESTER	(7.74)	(7.75)	9.28	9.28	0.00	0.00	0.639009	1.1643	4,721.87
2728001	LAKESIDE MEMORIAL HOSP	691.52	691.51	29.19	29.19	0.00	0.00	0.546592	1.2685	3,983.86
2701006	MONROE COMMUNITY HOSPITAL	67.51	67.51	789.00	789.00	0.00	0.00	2.935418	1.0000	4,773.24
2527000	NICHOLAS H NOYES MEM	200.36	200.35	13.93	13.93	0.00	0.00	0.505158	1.0275	3,916.62
2754001	PARK RIDGE HOSPITAL	70.01	70.00	108.02	108.02	0.00	0.00	0.627716	1.5984	4,510.21
2701003	ROCHESTER GENERAL HOSP	35.23	35.22	39.20	39.20	0.00	0.00	0.539141	1.6599	4,808.55
6120700	SOLDIERS AND SAILORS MEMORIA	628.20	628.20	108.70	108.70	0.00	0.00	0.660948	1.3137	0.00
2701005	STRONG MEMORIAL HOSP	(173.38)	(173.39)	(86.90)	(86.90)	0.00	0.00	0.577480	2.2509	5,515.66
5820000	WAYNE HEALTH CARE	29.12	29.11	49.85	49.85	0.00	0.00	0.476416	0.9740	3,933.68

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
6120700	SOLDIERS AND SAILORS MEMORIA	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 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	204.75	676.81	149.80	149.80	8.95%	26.26%	0.00	0.00	0.00	0.37
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2754001	PARK RIDGE HOSPITAL	202.95	597.54	(20.69)	(20.69)	8.95%	26.26%	0.00	0.00	0.00	0.49
2701003	ROCHESTER GENERAL HOSP	217.13	578.22	(38.31)	(38.31)	8.95%	26.26%	0.00	0.00	0.00	0.49
6120700	SOLDIERS AND SAILORS MEMORIA	198.37	564.29	(54.92)	(54.92)	8.95%	26.26%	0.00	0.00	0.00	0.85
2701005	STRONG MEMORIAL HOSP	222.00	670.73	(14.14)	(14.14)	8.95%	26.26%	0.00	0.00	0.00	0.46
5820000	WAYNE HEALTH CARE	190.46	754.70	40.64	40.64	8.95%	26.26%	0.00	0.00	0.00	0.45

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
6120700	SOLDIERS AND SAILORS MEMORIA	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 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	194.05	279.22	21.93	21.93	8.95%	26.26%	0.00	0.00	0.00	0.37
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2754001	PARK RIDGE HOSPITAL	197.07	447.96	(8.30)	(8.30)	8.95%	26.26%	0.00	0.00	0.00	0.49
2701003	ROCHESTER GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6120700	SOLDIERS AND SAILORS MEMORIA	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 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
6120700	SOLDIERS AND SAILORS MEMORIA	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 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
		ACUTE PER DIEM INCL BASIC MALP,									
	ALTERNATE LEVEL OF CARE	PRODUCTIVITY & EFFICIENCY, & CAPITAL	W COMP ACUTE PER DIEM	NO-FAULT ACUTE PER DIEM	PUBLIC GOODS POOL	ADDITIONAL PUBLIC GOODS POOL	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM	
OPCERT	HOSPITAL NAME	INCL CAPITAL	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE					
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
6120700	SOLDIERS AND SAILORS MEMORIA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701005	STRONG MEMORIAL HOSP	354.27	1,815.39	31.22	31.22	8.95%	26.26%	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 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	ROCHESTER REGION										
3421000	CLIFTON SPRINGS HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3429000	F F THOMPSON HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3402000	GENEVA GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
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
6120700	SOLDIERS AND SAILORS MEMORIA	173.49	1,460.42	1,424.91	1,424.91	8.95%	26.26%	0.00	0.00	0.00	0.85
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 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
	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	240.34	860.68	(177.23)	(177.23)	8.95%	26.26%	0.00	0.00	0.00	0.64
2701001	HIGHLAND OF ROCHESTER	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2728001	LAKESIDE MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701006	MONROE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2527000	NICHOLAS H NOYES MEM	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2754001	PARK RIDGE HOSPITAL	246.91	960.23	(29.64)	(29.64)	8.95%	26.26%	0.00	0.00	0.00	0.49
2701003	ROCHESTER GENERAL HOSP	286.76	1,507.31	101.46	101.46	8.95%	26.26%	0.00	0.00	0.00	0.49
6120700	SOLDIERS AND SAILORS MEMORIA	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
2701005	STRONG MEMORIAL HOSP	232.90	1,093.75	(79.65)	(79.65)	8.95%	26.26%	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 01/01/2007 - 12/31/2007													
===== 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	LESS PROD &	GOODS	PUBLIC	& TRANSFER	STAY	& TRANSFER	RATE	RATE	LEVEL OF CARE
		COST/DISCH	EXCLUDING	OPER PROSP	EFFICIENCY	POOL	GOODS POOL	CAPITAL	CAPITAL	PER CASE	PER DIEM	PER DIEM	OPERATING
			OPER PROSP		PLUS HIV	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	3,741.12	5,057.16	3,953.19	259.74	8.95%	26.26%	(32.46)	(32.46)	1.79	0.54	172.41	
0601000	BROOKS MEMORIAL HOSP	0.00	4,607.16	4,607.16	32.60	8.95%	26.26%	1.73	1.73	0.96	0.39	172.41	
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	5,260.11	5,418.33	5,418.33	466.52	8.95%	26.26%	93.68	93.68	4.23	0.40	172.41	
3154000	INTER-COMMUNITY MEM HOSP	3,800.50	3,688.63	3,688.63	80.38	8.95%	26.26%	28.21	28.21	0.95	0.28	172.41	
0228000	JONES MEMORIAL HOSP	3,789.75	4,234.17	3,953.19	262.31	8.95%	26.26%	91.32	91.32	1.28	0.46	172.41	
1401014	KALEIDA HEALTH	4,529.77	4,392.42	4,346.69	394.45	8.95%	26.26%	94.60	94.60	2.29	0.47	172.41	
3103000	KALEIDA HLTH (DEGRAFF)	4,529.77	4,392.42	4,346.69	394.45	8.95%	26.26%	94.60	94.60	2.29	0.47	172.41	
1401009	KALEIDA HLTH (MILLARD)	4,529.77	4,392.42	4,346.69	394.45	8.95%	26.26%	94.60	94.60	2.29	0.47	172.41	
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	5,049.73	5,049.73	296.69	8.95%	26.26%	59.95	59.95	1.67	0.36	172.41	
1404000	KENMORE MERCY HOSP	4,221.02	4,621.02	4,240.35	213.62	8.95%	26.26%	52.75	52.75	1.54	0.39	172.41	
3101000	LOCKPORT MEMORIAL HOSP	4,384.50	3,841.81	3,841.81	83.60	8.95%	26.26%	26.79	26.79	1.31	0.22	172.41	
3622000	MEDINA MEMORIAL HOSP	3,602.05	3,074.95	3,074.95	55.31	8.95%	26.26%	12.93	12.93	1.85	0.37	172.41	
1401008	MERCY HOSP OF BUFFALO	6,452.16	5,235.39	4,346.69	119.62	8.95%	26.26%	43.61	43.61	1.10	0.34	172.41	
3121001	MOUNT ST MARYS HOSP HLTH	4,603.28	4,413.99	4,240.35	153.65	8.95%	26.26%	25.62	25.62	1.57	0.31	172.41	
3102000	NIAGARA FALLS MEMORIAL	4,713.63	5,114.96	4,240.35	190.99	8.95%	26.26%	42.39	42.39	2.54	0.29	172.41	
0401001	OLEAN GENERAL HOSP	4,159.37	3,818.74	3,818.74	181.28	8.95%	26.26%	56.56	56.56	1.09	0.29	172.41	
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	4,392.53	5,790.60	3,953.19	136.81	8.95%	26.26%	44.10	44.10	1.89	0.12	172.41	
1401013	SISTERS OF CHARITY HOSP	4,079.84	3,593.92	3,593.92	159.42	8.95%	26.26%	43.07	43.07	1.33	0.36	172.41	
1455000	ST JOSEPHS HOSPITAL	4,342.41	4,118.43	4,118.43	127.01	8.95%	26.26%	16.03	16.03	1.29	0.31	172.41	
0427000	TLC HEALTH NETWORK	3,911.62	4,158.03	3,761.82	83.99	8.95%	26.26%	27.97	27.97	4.43	0.32	172.41	
1801000	UNITED MEMORIAL MED CTR	3,854.59	4,349.70	4,240.35	121.70	8.95%	26.26%	(12.19)	(12.19)	1.53	0.29	172.41	
0632000	WESTFIELD MEM HOSP	3,450.40	3,068.33	3,068.33	140.16	8.95%	26.26%	62.04	62.04	1.39	0.48	172.41	
0602001	WOMANS CHRISTIAN ASSOC	4,382.96	4,090.99	4,090.99	133.35	8.95%	26.26%	19.96	19.96	2.06	0.32	172.41	
6027000	WYOMING CO COMMUNITY HOSP	0.00	4,804.18	4,804.18	18.85	8.95%	26.26%	14.92	14.92	1.74	0.44	172.41	

WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 01/01/2007 - 12/31/2007										
===== PROSPECTIVE ADJUSTMENTS =====							[HIGH COST OUTLIER CALCULATION=]			
OPCERT	HOSPITAL NAME	W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12)	NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13)	W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14)	NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15)	W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16)	NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17)	HIGH COST CHARGE CONVERTER (18)	NON- MEDICARE CASE MIX INDEX (19)	PURE GROUP PRICE FOR LONG STAY TEST ONLY (20)
	WESTERN REGION									
1427000	BERTRAND CHAFFEE HOSP	(39.86)	(39.86)	(438.79)	(438.79)	0.00	0.00	0.784800	1.4196	3,853.34
0601000	BROOKS MEMORIAL HOSP	(93.03)	(93.04)	(29.14)	(29.14)	0.00	0.00	0.629694	0.8966	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.862415	0.0000	0.00
1401005	ERIE COUNTY MED CTR	91.45	91.44	110.74	110.74	0.00	0.00	0.608701	2.8008	5,125.53
3154000	INTER-COMMUNITY MEM HOSP	131.49	131.48	17.85	17.85	0.00	0.00	0.572898	1.0217	3,951.72
0228000	JONES MEMORIAL HOSP	371.91	371.90	(14.67)	(14.67)	0.00	0.00	0.635844	0.8878	3,912.02
1401014	KALEIDA HEALTH	71.37	71.36	18.90	18.90	0.00	0.00	0.407397	1.8159	4,495.72
3103000	KALEIDA HLTH (DEGRAFF)	71.37	71.36	18.90	18.90	0.00	0.00	0.407397	1.8159	4,495.72
1401009	KALEIDA HLTH (MILLARD)	71.37	71.36	18.90	18.90	0.00	0.00	0.407397	1.8159	4,495.72
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	10.22	10.22	0.00	0.00	0.407397	1.4372	0.00
1404000	KENMORE MERCY HOSP	37.14	37.13	(5.21)	(5.21)	0.00	0.00	0.408969	2.0275	4,181.20
3101000	LOCKPORT MEMORIAL HOSP	(85.69)	(85.70)	18.15	18.15	0.00	0.00	0.609409	1.0089	4,343.14
3622000	MEDINA MEMORIAL HOSP	(410.54)	(410.55)	(11.01)	(11.01)	0.00	0.00	0.852818	1.0698	3,732.65
1401008	MERCY HOSP OF BUFFALO	1,375.76	1,375.75	29.03	29.03	0.00	0.00	0.413417	1.2167	5,114.65
3121001	MOUNT ST MARYS HOSP HLTH	37.15	37.14	(47.34)	(47.34)	0.00	0.00	0.474349	1.4498	4,559.59
3102000	NIAGARA FALLS MEMORIAL	42.14	42.13	(6.58)	(6.58)	0.00	0.00	0.468895	1.2208	4,669.70
0401001	OLEAN GENERAL HOSP	32.68	32.67	12.15	12.15	0.00	0.00	0.530822	1.0080	4,119.62
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00	0.00	0.518837	0.0000	0.00
1401006	SHEEHAN MEMORIAL	(44.17)	(44.17)	17.14	17.14	0.00	0.00	0.597677	0.9056	4,509.58
1401013	SISTERS OF CHARITY HOSP	30.77	30.76	13.48	13.48	0.00	0.00	0.423106	1.1884	4,046.55
1455000	ST JOSEPHS HOSPITAL	(20.87)	(20.88)	(46.43)	(46.43)	0.00	0.00	0.395312	1.9292	4,300.56
0427000	TLC HEALTH NETWORK	(173.71)	(173.71)	30.98	30.98	0.00	0.00	0.577243	1.3779	4,043.49
1801000	UNITED MEMORIAL MED CTR	(240.50)	(240.51)	(179.73)	(179.73)	0.00	0.00	0.462820	0.9427	3,945.12
0632000	WESTFIELD MEM HOSP	(175.71)	(175.72)	32.20	32.20	0.00	0.00	0.776405	0.8317	3,578.51
0602001	WOMANS CHRISTIAN ASSOC	35.25	35.24	(35.96)	(35.96)	0.00	0.00	0.502774	1.1192	4,341.54
6027000	WYOMING CO COMMUNITY HOSP	758.49	758.49	29.96	29.96	0.00	0.00	0.785286	0.8955	0.00

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== SPECIALTY =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP.	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL	EXCL PROSP	PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	316.93	1,884.12	(300.09)	(300.09)	8.95%	26.26%	0.00	0.00	0.00	2.14
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT PSYCHIATRIC UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
WESTERN REGION											
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	203.57	694.51	12.75	12.75	8.95%	26.26%	0.00	0.00	0.00	0.40
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	196.09	489.58	(26.36)	(26.36)	8.95%	26.26%	0.00	0.00	0.00	0.47
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	194.39	537.98	(38.78)	(38.78)	8.95%	26.26%	0.00	0.00	0.00	0.29
0401001	OLEAN GENERAL HOSP	229.56	420.08	(112.49)	(112.49)	8.95%	26.26%	0.00	0.00	0.00	0.29
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	204.51	642.73	206.62	206.62	8.95%	26.26%	0.00	0.00	0.00	0.32
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	195.39	492.61	(2.55)	(2.55)	8.95%	26.26%	0.00	0.00	0.00	0.32
0627000	WYOMING CO COMMUNITY HOSP	206.57	802.04	310.65	310.65	8.95%	26.26%	0.00	0.00	0.00	0.44

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT AIDS UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT ALCOHOL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)
	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	175.89	346.70	(55.11)	(55.11)	8.95%	26.26%	0.00	0.00	0.00	0.40
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	193.79	339.46	(50.07)	(50.07)	8.95%	26.26%	0.00	0.00	0.00	0.22
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	201.09	427.21	47.22	47.22	8.95%	26.26%	0.00	0.00	0.00	0.31
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	177.89	212.08	12.44	12.44	8.95%	26.26%	0.00	0.00	0.00	0.32
1801000	UNITED MEMORIAL MED CTR	185.60	282.54	(23.59)	(23.59)	8.95%	26.26%	0.00	0.00	0.00	0.29
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	194.27	290.95	(31.21)	(31.21)	8.95%	26.26%	0.00	0.00	0.00	0.32
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT DRUG REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)
WESTERN REGION											
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	187.39	336.23	6.48	6.48	8.95%	26.26%	0.00	0.00	0.00	0.12
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT EPILEPSY UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE	ACUTE PER DIEM	W COMP	NO-FAULT	PUBLIC	ADDITIONAL	WC	NF	RETROACTIVE	SPARCS
		LEVEL OF CARE	INCL BASIC MALP,	ACUTE	ACUTE	GOODS	PUBLIC	EXCESS	EXCESS		
		PER DIEM	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	PER DIEM	PER DIEM	POOL	GOODS POOL	PHYS	PHYS	ADJUSTMENTS	PER DIEM
		INCL CAPITAL		PROSP ADJ	PROSP ADJ	SURCHARGE	SURCHARGE	MALP	MALP		
		(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	218.03	786.37	(252.47)	(252.47)	8.95%	26.26%	0.00	0.00	0.00	0.36
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT OTHER UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)
	WESTERN REGION										
1427000	BERTRAND CHAFFEE HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0601000	BROOKS MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0226700	CUBA MEMORIAL HOSP	202.53	1,610.44	2,455.80	2,455.80	8.95%	26.26%	0.00	0.00	0.00	11.38
1401005	ERIE COUNTY MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3103000	KALEIDA HLTH (DEGRAFF)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3101000	LOCKPORT MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3622000	MEDINA MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401008	MERCY HOSP OF BUFFALO	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	841.82	8,417.83	(4,505.35)	(4,505.35)	8.95%	26.26%	0.00	0.00	0.00	2.14
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

WORKER'S COMPENSATION & NO-FAULT											
HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100)											
RATE PERIOD 01/01/2007 - 12/31/2007											
===== EXEMPT MEDICAL REHABILITATION UNIT =====											
OPCERT	HOSPITAL NAME	ALTERNATE LEVEL OF CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
		(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
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	224.49	724.13	(85.30)	(85.30)	8.95%	26.26%	0.00	0.00	0.00	0.40
3154000	INTER-COMMUNITY MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0228000	JONES MEMORIAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401014	KALEIDA HEALTH	251.22	616.33	57.42	57.42	8.95%	26.26%	0.00	0.00	0.00	0.47
3103000	KALEIDA HLTH (DEGRAFF)	251.22	616.33	57.42	57.42	8.95%	26.26%	0.00	0.00	0.00	0.47
1401009	KALEIDA HLTH (MILLARD)	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401002	KALEIDA/WOMEN AND CHILDREN	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1404000	KENMORE MERCY HOSP	223.76	708.62	432.34	432.34	8.95%	26.26%	0.00	0.00	0.00	0.39
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	211.43	548.98	(329.96)	(329.96)	8.95%	26.26%	0.00	0.00	0.00	0.37
1401008	MERCY HOSP OF BUFFALO	214.58	885.94	0.00	0.00	8.95%	26.26%	0.00	0.00	0.00	0.34
3121001	MOUNT ST MARYS HOSP HLTH	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
3102000	NIAGARA FALLS MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0401001	OLEAN GENERAL HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401010	ROSWELL PARK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401006	SHEEHAN MEMORIAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1401013	SISTERS OF CHARITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1455000	ST JOSEPHS HOSPITAL	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0427000	TLC HEALTH NETWORK	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
1801000	UNITED MEMORIAL MED CTR	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0632000	WESTFIELD MEM HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00
0602001	WOMANS CHRISTIAN ASSOC	222.36	628.36	(106.67)	(106.67)	8.95%	26.26%	0.00	0.00	0.00	0.32
6027000	WYOMING CO COMMUNITY HOSP	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00	0.00	0.00	0.00

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

20-Nov-07

FACILITY NAME: Auburn Memorial Hospital

STATEWIDE RATE PERIOD: 1/1/07-12/31/07

APPEAL#: DOH-HR-2007-20

OPERATING CERT: 0501000

===== CASE PAYMENT =====

EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1/1/05-6/31/05	\$3,954.60	\$4,085.90	\$3,824.30	\$149.49	8.85%	25.97%	\$35.17	\$35.17	\$1.25	\$0.31	\$159.91
7/1/05-12/31/05	\$4,030.60	\$4,112.19	\$3,864.91	\$149.49	8.85%	25.97%	\$35.17	\$35.17	\$1.25	\$0.31	\$159.91
1/1/06-12/31/06	\$4,171.18	\$4,349.86	\$4,124.34	\$78.42	8.95%	26.26%	\$19.49	\$19.49	\$1.39	\$0.36	\$167.16

===== 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)
1/1/05-6/31/05	\$628.91	\$629.95	(\$12.16)	(\$12.16)	\$0.00	\$0.00	0.501473	1.0098	\$3,825.24
7/1/05-12/31/05	\$643.02	\$643.65	(\$12.16)	(\$12.16)	\$0.00	\$0.00	0.501473	1.0098	\$3,874.64
1/1/06-12/31/06	\$449.81	\$449.82	(\$21.93)	(\$21.93)	\$0.00	\$0.00	0.525039	1.0585	\$4,120.74

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

20-Nov-07

FACILITY NAME: Cabrini Medical Center

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 7002003

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$303.73	\$808.00	\$60.30	\$60.30	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.46

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

20-Nov-07

FACILITY NAME: Community General Hospital of Syracuse

OPERATING CERT: 3301000H

STATEWIDE RATE PERIOD: 1/1/07 - 12/31/07

APPEAL#: 629100

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
01/1/06 - 12/31/06	\$184.92	\$414.98	\$49.14	\$49.14	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.37

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

20-Nov-07

FACILITY NAME: Cortland Memorial Hospital

OPERATING CERT: 1101000

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: Psych ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$221.44	\$842.11	(\$199.14)	(\$199.14)	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.54

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

20-Nov-07

FACILITY NAME: Eastern Long Island

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 5127000H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$267.54	\$759.25	\$131.16	\$131.16	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.23

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

20-Nov-07

FACILITY NAME: Kaleida Health - Women & Children's

OPERATING CERT: 1401002

STATEWIDE RATE PERIOD: 1/1/07 - 12/31/07

APPEAL#: 632400

===== MEDICAL REHABILITATION =====										
EFFECTIVE PERIOD	ACUTE PER DIEM INCL BASIC MALP,		W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
	ALTERNATE CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP								
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
01/01/2005	\$325.90	\$908.80	\$391.48	\$391.48	8.85%	25.97%	\$0.00	\$0.00	\$0.00	\$0.34
07/01/2005	\$325.90	\$908.80	\$391.64	\$391.64	8.85%	25.97%	\$0.00	\$0.00	\$0.00	\$0.34
01/01/2006	\$417.30	\$2,263.42	\$2,630.23	\$2,630.23	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.38

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

20-Nov-07

FACILITY NAME: Little Falls Hospital

OPERATING CERT: 2129000

STATEWIDE RATE PERIOD: 01/01/06-12/31/06

APPEAL#: 622200

EFFECTIVE PERIOD	===== OTHER =====									
	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)
01/01/06-12/31/06	\$198.69	\$1,491.39	\$389.04	\$389.04	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.60

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

20-Nov-07

FACILITY NAME: Lutheran
OPERATING CERT: 7001019H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06
APPEAL#: C62010

===== CASE PAYMENT =====											
EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1/1/06-12/31/06	\$5,627.65	\$5,339.18	\$5,339.18	\$105.59	8.95%	26.26%	\$50.97	\$50.97	\$2.32	\$0.51	\$254.23

===== 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)	
1/1/06-12/31/06	76.30	\$76.30	\$95.51	\$95.51	\$0.00	\$0.00	0.668193	1.078500	\$5,553.83	

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

20-Nov-07

FACILITY NAME: Mercy Hospital of Buffalo

OPERATING CERT: 1401008

STATEWIDE RATE PERIOD: 1/1/07-12/31/07

APPEAL#: DOH-HR-2007-20

===== MEDICAL REHABILITATION =====										
EFFECTIVE PERIOD	ACUTE PER DIEM INCL BASIC MALP,		W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
	ALTERNATE CARE PER DIEM INCL CAPITAL	PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP								
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)	(100)
1/1/06-12/31/06	\$193.86	\$1,370.32	\$282.56	\$252.56	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.34

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

20-Nov-07

FACILITY NAME: Montefiore Hosp. & Medical Center

Transmittal #: DOH-HR 2006-22

OPERATING CERT: 7000006H

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$311.50	\$840.84	\$5.62	\$5.62	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.86

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

20-Nov-07

FACILITY NAME: O'CONNOR HOSPITAL

OPERATING CERT: 1254700

**STATEWIDE RATE PERIOD: JANUARY 2007 STATEWIDE
APPEAL#:**

EFFECTIVE PERIOD	===== OTHER =====									
	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)
1/1/2005	\$202.80	\$1,987.24	-861.48	-861.48	8.85%	25.97%	\$0.00	\$0.00	\$0.00	\$2.53
7/1/2005	\$202.80	\$1,987.24	-861.48	-861.48	8.85%	25.97%	\$0.00	\$0.00	\$0.00	\$2.53
1/1/2006	\$213.70	\$2,520.10	\$171.89	\$171.89	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$4.08

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

20-Nov-07

FACILITY NAME: St. Joseph's Hospital Yonkers

OPERATING CERT: 5907002H

STATEWIDE RATE PERIOD: 1/1/06 -12/31/06

APPEAL#: 131900

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL & BASIC MALP	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06 -12/31/06	\$276.19	\$491.25	\$457.08	\$464.07	8.95%	26.26%	\$12.14	\$12.64	\$0.00	\$0.46

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

20-Nov-07

FACILITY NAME: University Hospital @ Stony Brook

STATEWIDE RATE PERIOD: 01/01/06 - 12/31/06

APPEAL#: C62550

OPERATING CERT: 5151001

===== CASE PAYMENT =====

EFFECTIVE PERIOD	LONG STAY GROUP NEUTRAL COST/DISCH	BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP	TOP 20 DRG EXCLUDING OPER PROSP	CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM	NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM	SPARCS RATE PER CASE	SPARCS RATE PER DIEM	ALTERNATE LEVEL OF CARE OPERATING PER DIEM
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01/01/06 - 12/31/06	\$6,521.02	\$6,057.54	\$6,036.96	\$848.61	8.95%	26.26%	\$164.93	\$164.93	\$3.48	\$0.67	\$254.23

===== 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)
01/01/06 - 12/31/06	\$46.67	\$46.68	\$49.82	\$49.82	\$0.00	\$0.00	0.494878	1.7109	\$6,494.09

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

20-Nov-07

FACILITY NAME: United Health Services

OPERATING CERT:

STATEWIDE RATE PERIOD: 01/01/06
APPEAL#: PSYCH ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
01/01/06-12/31/06	\$200.06	\$703.39	\$129.62	\$129.62	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.45

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

20-Nov-07

FACILITY NAME: Woman's Christian Association (WCA)

OPERATING CERT: 0602001

STATEWIDE RATE PERIOD: 1/1/06-12/31/06

APPEAL#: ARMS

EFFECTIVE PERIOD	===== PSYCH =====									
	ALTERNATE CARE PER DIEM INCL CAPITAL	ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP	W COMP ACUTE PER DIEM PROSP ADJ	NO-FAULT ACUTE PER DIEM PROSP ADJ	PUBLIC GOODS POOL SURCHARGE	ADDITIONAL PUBLIC GOODS POOL SURCHARGE	WC EXCESS PHYS MALP	NF EXCESS PHYS MALP	RETROACTIVE ADJUSTMENTS	SPARCS PER DIEM
-----	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)
1/1/06-12/31/06	\$196.13	\$566.09	\$82.10	\$82.10	8.95%	26.26%	\$0.00	\$0.00	\$0.00	\$0.31

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

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

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

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

**LONG STAY OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT
CALCULATED ON THE INLIER WORKSHEET TAB.**

	<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
Footnote: Surcharge Pre July 1, 2003 =====>	8.18%	32.18%
Surcharge July 1, 2003 =====>	8.85%	34.82%
Surcharge January 1, 2006 =====>	8.95%	35.21%

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

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

	<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
Footnote: Surcharge Pre July 1, 2003 =====>	8.18%	32.18%
Surcharge July 1, 2003 =====>	8.85%	34.82%
Surcharge January 1, 2006 =====>	8.95%	35.21%

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

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

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

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

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

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

	<u>Pay Directly To Pool</u>	<u>Pay To Hospital</u>
Footnote: Surcharge Pre July 1, 2003 =====>	8.18%	32.18%
Surcharge July 1, 2003 =====>	8.85%	34.82%
Surcharge January 1, 2006 =====>	8.95%	35.21%

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

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