



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

October 26, 2010


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

Dear Mr. Beloten:

The Office of Health Insurance Programs has calculated revised rates of reimbursement for the period April 1, 2010 through September 30, 2010 and October 1, 2010 through December 31, 2010 for hospital inpatient services rendered to patients covered under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit, and the Comprehensive Motor Vehicle Insurance Reparations Act.

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

Sincerely,

  
Donna Frescatore  
Deputy Commissioner  
Office of Health Insurance Programs

Enclosure(s)



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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Richard F. Daines, M.D.  
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October 26, 2010

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

Dear Mr. Beloten:

Enclosed please find the certification letter and schedules on revised hospital reimbursement rates for services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Ambulance Workers' Benefit Law and the Comprehensive Motor Vehicle Reparation Act for the period April 1, 2010 through September 30, 2010 and October 1, 2010 through December 31, 2010. Rates of payment for inpatient services for these payors is to be based upon rates determined for state governmental agencies (Medicaid) in accordance with Article 2807-c(b-1) of the Public Health Law.

The formula on which these rates are based was promulgated in accordance with Article 28 of the Public Health Law as recently amended. With the enactment of these amendments the methodology and base year used to establish Medicaid rates has been changed significantly.

The rates for these periods reflect the correction to some facilities rates due to updated data provided by those hospitals. Also the rates effective October 1, 2010 through December 31, 2010 reflect an update to the statewide base price to reflect all Medicaid based expenditures for hospitals statewide for fee for service and managed care to develop a blended rate. This Statewide price however does not reflect the base reductions as set forth in paragraph 35 of 2807-c of the Public Health Law, as this adjustment does not apply.

The schedules attached have been calculated in accordance with these provisions and the various schedules and components are described in detail below:

### **Schedule of Worker's Comp/No Fault Inpatient Case Payment Rates:**

- **Column 1: Discharge Case Payment Rate:** This reflects the statewide base price (column 3) adjusted by Column 3.
- **Column 2: Statewide Base Price:** This is the new statewide base price.
- **Column 3: Institutional Specific Adjustment Factor (ISAF):** Hospital specific adjustment to reflect wage differences (Wage Equalization Factor).
- **Column 4: High Cost Charge Convertor:** Charge convertor to reduce hospital charges for cost outlier payments.

- **Column 5: Indirect Medical Education (IME)%:** This is the indirect medical education percentage.
- **Column 6: Direct Medical Education (DME) Add on:** This is the Direct Medical Education per discharge add on.
- **Column 7: Capital Per Discharge plus non-comparables:** This is the capital and non-comparable per discharge to be included after application of the Service Intensity Weights (SIW's).
- **Column 8: Capital Per Diem:** This is the capital per diem to be used when a transfer payment on a per diem is being made.
- **Column 9: ALC Per Diem:** This is the Alternate Level of Care per diem for those patients who no longer requires acute hospital care and are waiting placement or discharge.
- **Column 10: Public Goods Pool Surcharge:** This is the surcharge percentage obligation as authorized by Public Health Law Section 2807-j when payment is made directly to the pool.
- **Column 11: Additional Public Goods Pool Surcharge:** This is the additional surcharge applicable if Public Goods pool is paid to the hospital and payor is not an elected payor.

**Schedule of Workers' Compensation/No Fault (WCNF) Inpatient Exempt Unit Rates:**

These are the per diem rates that are applicable for exempt hospital and exempt units within a general hospital in accordance with Article 2807-c of the Public Health Law.

- **Column 1: Specialty Acute Hospital Billing Rate (with DME):** This per diem is for specialty long term acute hospitals, cancer hospitals, or Children's Hospitals.
- **Column 2: Specialty Acute ALC Per Diem:** Alternate Level of Care per diem for those patients who no longer require specialty acute services and are awaiting placement or discharge, in these types of hospitals.
- **Column 3 & Column 4: Psychiatric Per Diem:** Please note that new psychiatric exempt unit rates have not been finalized at this time, so plans should continue to use existing psychiatric per diems that were transmitted effective July 1, 2008. Further information to be provided in near future.
- **Column 5: Chemically Dependency Billing Rate:** Per diem for Alcohol or Drug Rehabilitation programs which have been combined into one service type.
- **Column 6: Chemically Dependency ALC Per Diem:** Alternate Level of Care per diem for those patients who no longer require acute services and are waiting placement or discharge.
- **Column 7: Critical Access Hospital Billing Rate:** Per Diem to be paid to those hospitals that are designated as critical access hospitals.
- **Column 8: Critical Access Hospital ALC Per Diem:** Alternative Level of Care per diem to be paid for patients who no longer require acute care and is waiting placement or discharge.
- **Column 9: Medical Rehabilitation Billing Rate:** Per diem for medical rehabilitation services.

- **Column 10: Medical Rehabilitation ALC Per Diem:** Alternative Level of Care per diem to be paid for patients who no longer require acute care and is waiting placement or discharge.
- **Column 11: Detox Medically Managed Billing Rate:** Per diem to be paid to hospitals for medically managed services with certified detox program by OASAS. (Updated rates to be provided in near future).
- **Column 12: Detox Medically Supervised Billing Rate:** Per diem to be paid to hospitals for medically supervised service with certified detox program by OASAS. (Updated rates to be provided in near future).
- **Column 13:** Same as Column 11 under Acute section
- **Column 14:** Same as Column 12

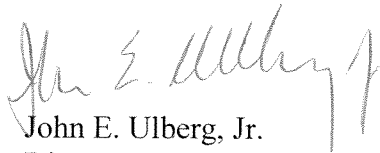
**Sample Payment Calculation Worksheets** – With the inception of Medicaid reform and updates as authorized in Chapter 58 of the Laws of 2009, these payment schedules have been updated to incorporate the various changes in payment methodologies for inlier, transfers, cost outliers, and exempt unit services.

**APR-DRG's & Service Intensity Weights (SIW's):** This schedule contains the new APR-DRG listing with each severity level and the service intensity weight applicable as well as the Statewide Average Length of Stay for each (ALOS).

**Cost Outlier Thresholds:** This schedule contains the specific cost threshold for each of the APR-DRG's and applies to any severity level within each of the APR-DRG's.

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

Sincerely,



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

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)
								** (PER DISCH) **
OPCERT	HOSPITAL NAME	(2946)					(2589)	(2990)
1623001	ADIRONDACK MEDICAL CENTER	\$5,441.44	\$6,610.11	0.8232	0.633439	0.00%	\$0.00	\$383.05
0101005	ALB MED CTR SO CLINICAL CAMP	\$5,802.13	\$6,610.11	0.8436	0.788103	4.05%	\$42.00	\$845.40
0101000	ALBANY MEDICAL CTR HOSP	\$6,897.28	\$6,610.11	0.8699	0.392027	19.95%	\$608.14	\$630.03
1624000	ALICE HYDE MEDICAL CENTER	\$5,319.82	\$6,610.11	0.8048	0.573986	0.00%	\$0.00	\$187.44
0701000	ARNOT OGDEN MEDICAL CTR	\$5,309.90	\$6,610.11	0.8033	0.468437	0.00%	\$0.00	\$466.80
0501000	AUBURN MEMORIAL HOSPITAL	\$5,699.24	\$6,610.11	0.8622	0.491137	0.00%	\$0.00	\$227.14
3801000	AURELIA OSBORN FOX MEM HOSP	\$5,241.82	\$6,610.11	0.7930	0.668487	0.00%	\$0.00	\$293.43
7002001	BELLEVUE HOSPITAL CENTER	\$8,534.30	\$6,610.11	1.0233	0.790023	26.17%	\$2,488.33	\$1,812.46
5501000	BENEDICTINE HOSPITAL	\$5,888.53	\$6,610.11	0.8726	0.312028	2.09%	\$84.52	\$372.03
1427000	BERTRAND CHAFFEE HOSPITAL	\$4,621.13	\$6,610.11	0.6991	0.602722	0.00%	\$0.00	\$94.45
7001041	BETH ISRAEL / KINGS HIGHWAY	\$7,717.50	\$6,610.11	1.1652	0.185338	0.20%	\$619.46	\$99.33
7002002	BETH ISRAEL MEDICAL CENTER	\$9,291.52	\$6,610.11	1.1304	0.335516	24.35%	\$1,169.36	\$803.76
3535001	BON SECOURS COMMUNITY HOSP	\$6,064.78	\$6,610.11	0.9175	0.309085	0.00%	\$0.00	\$196.37
7000001	BRONX-LEBANON HOSPITAL CTR	\$8,947.98	\$6,610.11	1.0648	0.730071	27.13%	\$2,076.16	\$510.58
7001002	BROOKDALE HOSPITAL MED CTR	\$8,367.18	\$6,610.11	1.0476	0.584224	20.83%	\$1,347.46	\$383.85
5123000	BROOKHAVEN MEMORIAL HOSP	\$6,856.95	\$6,610.11	1.0183	0.209413	1.87%	\$0.00	\$318.29
7001003	BROOKLYN HOSPITAL	\$8,204.36	\$6,610.11	1.0296	0.543652	20.55%	\$627.85	\$293.88
0601000	BROOKS MEMORIAL HOSPITAL	\$4,841.24	\$6,610.11	0.7324	0.697443	0.00%	\$0.00	\$225.08
4429000	CANTON-POTSDAM HOSPITAL	\$5,244.46	\$6,610.11	0.7934	0.600233	0.00%	\$0.00	\$347.51
2238001	CARTHAGE AREA HOSPITAL INC	\$4,857.11	\$6,610.11	0.7348	0.440857	0.00%	\$0.00	\$266.13
5263000	CATSKILL REGIONAL MED CTR	\$6,047.59	\$6,610.11	0.9149	0.436770	0.00%	\$0.00	\$402.42
5401001	CAYUGA MEDICAL CENTER	\$5,824.83	\$6,610.11	0.8812	0.759452	0.00%	\$0.00	\$380.98
0901001	CHAMPLAIN VALLEY PHYS	\$5,554.48	\$6,610.11	0.8403	0.439962	0.00%	\$0.00	\$607.30

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)
								** (PER DISCH) **
OPCERT	HOSPITAL NAME	(2946)					(2589)	(2990)
0824000	CHENANGO MEMORIAL HOSP	\$5,036.90	\$6,610.11	0.7620	0.501189	0.00%	\$0.00	\$211.88
4401000	CLAXTON-HEPBURN MED CTR	\$5,084.50	\$6,610.11	0.7692	0.665019	0.00%	\$0.00	\$309.87
3421000	CLIFTON SPRINGS HOSPITAL	\$4,592.70	\$6,610.11	0.6948	0.583462	0.00%	\$0.00	\$235.61
4720001	COBLESKILL REGIONAL HOSP	\$5,026.33	\$6,610.11	0.7604	0.920860	0.00%	\$0.00	\$391.09
1001000	COLUMBIA MEMORIAL HOSPITAL	\$5,423.60	\$6,610.11	0.8205	0.462135	0.00%	\$0.00	\$304.43
3301000	COMM-GEN / GREATER SYRACUSE	\$6,229.55	\$6,610.11	0.9264	0.534457	1.73%	\$26.63	\$260.71
2625000	COMMUNITY MEMORIAL HOSPITAL	\$5,317.17	\$6,610.11	0.8044	0.533932	0.00%	\$0.00	\$278.76
7001009	CONEY ISLAND HOSPITAL	\$7,812.88	\$6,610.11	1.0110	0.680783	16.91%	\$1,203.71	\$3,765.40
5001000	CORNING HOSPITAL	\$5,802.35	\$6,610.11	0.8778	0.567279	0.00%	\$0.00	\$189.77
1101000	CORTLAND REGIONAL MED CTR	\$5,307.92	\$6,610.11	0.8030	0.684025	0.00%	\$0.00	\$369.50
3301008	CROUSE HOSPITAL	\$6,578.81	\$6,610.11	0.9458	0.556811	5.23%	\$132.05	\$424.89
4423000	E J NOBLE HOSP / GOUVERNEUR	\$4,525.94	\$6,610.11	0.6847	0.595681	0.00%	\$0.00	\$206.56
5127000	EASTERN LONG ISLAND HOSPITAL	\$6,546.65	\$6,610.11	0.9904	0.416567	0.00%	\$0.00	\$596.10
3101000	EASTERN NIAGARA HOSPITAL	\$5,342.95	\$6,610.11	0.8083	0.599802	0.00%	\$0.00	\$166.69
4601001	ELLIS HOSPITAL	\$5,841.36	\$6,610.11	0.8401	0.293822	5.19%	\$20.29	\$385.68
7003000	ELMHURST HOSPITAL CTR	\$8,710.23	\$6,610.11	1.0763	0.574950	22.43%	\$1,245.74	\$2,071.75
1401005	ERIE COUNTY MEDICAL CENTER	\$7,414.21	\$6,610.11	0.9218	0.483063	21.68%	\$567.22	\$578.09
3429000	F F THOMPSON HOSPITAL	\$4,662.11	\$6,610.11	0.7053	0.573882	0.00%	\$0.00	\$359.09
3202003	FAXTON-ST LUKES HEALTHCARE	\$5,527.93	\$6,610.11	0.8308	0.481342	0.66%	\$0.14	\$273.25
7003001	FLUSHING HOSPITAL	\$8,048.65	\$6,610.11	1.0332	0.529894	17.85%	\$673.62	\$558.81
7003013	FOREST HILLS HOSPITAL	\$8,008.36	\$6,610.11	1.1309	0.397327	7.13%	\$126.83	\$520.50
2910000	FRANKLIN HOSPITAL	\$6,588.04	\$6,610.11	0.9829	0.288633	1.40%	\$209.84	\$255.63
3402000	GENEVA GENERAL HOSPITAL	\$4,823.40	\$6,610.11	0.7297	0.610428	0.00%	\$0.00	\$306.62

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>
		<b>DISCHARGE RATE</b>	<b>STATEWIDE PRICE</b>	<b>ISAF</b>	<b>HIGH COST CC's</b>	<b>IME %'s</b>	<b>DME RATE</b>	<b>CAPITAL RATE - PER DISCH</b>
		<b>DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))</b>	<b>STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))</b>	<b>INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)</b>	<b>HIGH COST CHARGE CONVERTOR</b>	<b>INDIRECT MEDICAL EDUCATION (IME) %</b>	<b>DIRECT MEDICAL EDUCATION (DME) ADD-ON</b>	<b>CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING &amp; TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)</b>
								<b>** (PER DISCH) **</b>
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2946)</b>					<b>(2589)</b>	<b>(2990)</b>
2901000	GLEN COVE HOSPITAL	\$7,767.41	\$6,610.11	1.1288	0.348526	4.10%	\$132.88	\$544.32
5601000	GLENS FALLS HOSPITAL	\$5,385.92	\$6,610.11	0.8148	0.516468	0.00%	\$0.00	\$474.13
4329000	GOOD SAMARITAN / SUFFERN	\$6,768.09	\$6,610.11	1.0239	0.198706	0.00%	\$0.00	\$320.29
5154001	GOOD SAMARITAN / WEST ISLIP	\$7,076.21	\$6,610.11	1.0148	0.250920	5.49%	\$218.84	\$302.40
7002009	HARLEM HOSPITAL CENTER	\$9,113.89	\$6,610.11	1.0509	1.002754	31.20%	\$2,793.98	\$1,792.42
2701001	HIGHLAND HOSP OF ROCHESTER	\$6,276.31	\$6,610.11	0.8599	0.610190	10.42%	\$105.24	\$271.46
7002012	HOSPITAL FOR SPECIAL SURGERY	\$9,425.60	\$6,610.11	1.1809	0.380113	20.75%	\$1,585.52	\$1,427.11
5901000	HUDSON VALLEY HOSPITAL CTR	\$6,321.91	\$6,610.11	0.9564	0.297442	0.00%	\$0.00	\$476.84
5153000	HUNTINGTON HOSPITAL	\$7,046.65	\$6,610.11	1.0580	0.319587	0.76%	\$12.56	\$401.03
7001046	INTERFAITH MEDICAL CENTER	\$9,127.20	\$6,610.11	1.0538	0.311264	31.03%	\$895.78	\$702.25
5022000	IRA DAVENPORT MEMORIAL HOSP	\$4,978.73	\$6,610.11	0.7532	0.571873	0.00%	\$0.00	\$145.02
7000002	JACOBI MEDICAL CENTER	\$9,334.40	\$6,610.11	1.1093	0.786295	27.30%	\$2,027.00	\$2,376.89
7003003	JAMAICA HOSPITAL	\$8,632.66	\$6,610.11	1.1241	0.600097	16.18%	\$709.48	\$602.28
5149000	JOHN T MATHER MEMORIAL HOSP	\$6,799.16	\$6,610.11	1.0286	0.355978	0.00%	\$0.00	\$262.96
0228000	JONES MEMORIAL HOSPITAL	\$4,909.99	\$6,610.11	0.7428	0.590215	0.00%	\$0.00	\$376.14
1401014	KALEIDA HEALTH	\$6,887.30	\$6,610.11	0.9274	0.432257	12.35%	\$310.30	\$656.87
1401014	KALEIDA HEALTH (MILLARD)	\$6,887.30	\$6,610.11	0.9274	0.432257	12.35%	\$310.30	\$656.87
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	\$7,649.74	\$6,610.11	0.9147	0.423450	26.52%	\$368.53	\$491.73
1404000	KENMORE MERCY HOSPITAL	\$5,415.66	\$6,610.11	0.8193	0.435233	0.00%	\$0.00	\$509.58
7001016	KINGS COUNTY HOSPITAL CENTER	\$8,949.10	\$6,610.11	1.0145	0.723330	33.45%	\$2,457.91	\$2,441.54
7001033	KINGSBROOK JEWISH MED CTR	\$8,696.31	\$6,610.11	1.1482	0.336873	14.58%	\$1,115.14	\$334.37
5501001	KINGSTON HOSPITAL	\$6,079.25	\$6,610.11	0.8734	0.462225	5.30%	\$223.96	\$466.58
2728001	LAKESIDE MEMORIAL HOSPITAL	\$4,806.21	\$6,610.11	0.7271	0.424993	0.00%	\$0.00	\$140.12

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)
								** (PER DISCH) **
OPCERT	HOSPITAL NAME	(2946)					(2589)	(2990)
5922000	LAWRENCE HOSPITAL	\$6,592.92	\$6,610.11	0.9974	0.381174	0.00%	\$0.00	\$476.43
7002017	LENOX HILL HOSPITAL	\$7,933.02	\$6,610.11	1.0407	0.212152	15.32%	\$1,099.64	\$1,042.74
2424000	LEWIS COUNTY GENERAL HOSP	\$5,395.83	\$6,610.11	0.8163	0.701273	0.00%	\$0.00	\$285.99
7000008	LINCOLN MEDICAL	\$8,488.29	\$6,610.11	1.0321	0.868774	24.42%	\$1,195.97	\$2,594.83
2902000	LONG BEACH MEDICAL CENTER	\$6,629.37	\$6,610.11	0.9032	0.305201	11.04%	\$433.36	\$469.97
7001017	LONG ISLAND COLLEGE HOSPITAL	\$8,387.52	\$6,610.11	1.0333	0.409851	22.80%	\$1,020.50	\$865.71
7003004	LONG ISLAND JEWISH	\$9,280.56	\$6,610.11	1.0882	0.318139	29.02%	\$1,062.55	\$639.95
7001019	LUTHERAN MEDICAL CENTER	\$8,337.51	\$6,610.11	1.0172	0.579842	24.00%	\$981.90	\$438.03
7001020	MAIMONIDES MEDICAL CENTER	\$9,690.27	\$6,610.11	1.1904	0.313754	23.15%	\$1,028.13	\$1,137.02
3824000	MARY IMOGENE BASSETT HOSP	\$5,627.96	\$6,610.11	0.7538	0.496744	12.95%	\$363.39	\$532.82
4402000	MASSENA MEMORIAL HOSPITAL	\$5,314.53	\$6,610.11	0.8040	0.632200	0.00%	\$0.00	\$235.50
3622000	MEDINA MEMORIAL HOSPITAL	\$4,276.08	\$6,610.11	0.6469	0.865467	0.00%	\$0.00	\$152.14
0101003	MEMORIAL HOSP OF ALBANY	\$5,329.07	\$6,610.11	0.8062	0.530937	0.00%	\$0.00	\$515.42
1401008	MERCY HOSPITAL OF BUFFALO	\$6,019.22	\$6,610.11	0.8840	0.461137	3.01%	\$46.44	\$462.42
2909000	MERCY MEDICAL CENTER	\$6,740.66	\$6,610.11	1.0167	0.316249	0.30%	\$57.49	\$357.67
7002021	METROPOLITAN HOSPITAL CENTER	\$8,633.39	\$6,610.11	1.0211	0.781170	27.91%	\$1,954.10	\$1,247.65
7000006	MONTEFIORE MEDICAL CENTER	\$9,572.04	\$6,610.11	1.1229	0.277820	28.96%	\$2,529.04	\$695.35
7003015	MOUNT SINAI HOSP OF QUEENS	\$6,743.48	\$6,610.11	1.0051	0.388988	1.50%	\$50.21	\$405.66
7002024	MOUNT SINAI HOSPITAL	\$9,842.81	\$6,610.11	1.1206	0.423808	32.88%	\$1,282.53	\$786.09
3121001	MOUNT ST MARYS HOSPITAL	\$5,615.29	\$6,610.11	0.8495	0.550469	0.00%	\$0.00	\$235.51
5903000	MOUNT VERNON HOSPITAL	\$7,638.96	\$6,610.11	1.0550	0.560216	9.54%	\$1,006.79	\$528.90
2950002	NASSAU UNIV MED CTR	\$9,108.10	\$6,610.11	1.1324	0.628195	21.68%	\$863.39	\$382.29
1701000	NATHAN LITTAUER HOSPITAL	\$5,138.70	\$6,610.11	0.7774	0.534222	0.00%	\$0.00	\$243.71



**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>
		<b>DISCHARGE RATE</b>	<b>STATEWIDE PRICE</b>	<b>ISAF</b>	<b>HIGH COST CC's</b>	<b>IME %'s</b>	<b>DME RATE</b>	<b>CAPITAL RATE - PER DISCH</b>
		<b>DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))</b>	<b>STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))</b>	<b>INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)</b>	<b>HIGH COST CHARGE CONVERTOR</b>	<b>INDIRECT MEDICAL EDUCATION (IME) %</b>	<b>DIRECT MEDICAL EDUCATION (DME) ADD-ON</b>	<b>CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING &amp; TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)</b>
								<b>** (PER DISCH) **</b>
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2946)</b>					<b>(2589)</b>	<b>(2990)</b>
7002000	NEW YORK DOWNTOWN HOSP	\$8,278.37	\$6,610.11	1.0608	1.666134	18.06%	\$688.65	\$580.50
3102000	NIAGARA FALLS MEMORIAL	\$5,347.82	\$6,610.11	0.7768	0.490218	4.15%	\$81.40	\$414.68
2527000	NICHOLAS H NOYES MEMORIAL	\$4,898.75	\$6,610.11	0.7411	0.464593	0.00%	\$0.00	\$305.47
7000024	NORTH CENTRAL BRONX HOSPITAL	\$8,511.31	\$6,610.11	1.1408	0.755691	12.87%	\$1,307.61	\$1,017.75
2951001	NORTH SHORE UNIVERSITY HOSP	\$8,922.18	\$6,610.11	1.1617	0.293430	16.19%	\$1,232.86	\$1,466.27
1327000	NORTHERN DUTCHESS HOSPITAL	\$6,310.01	\$6,610.11	0.9546	0.411690	0.00%	\$0.00	\$362.67
5920000	NORTHERN WESTCHESTER HOSP	\$6,686.79	\$6,610.11	1.0116	0.535071	0.00%	\$0.00	\$467.25
7001008	NY COMMUNITY / BROOKLYN	\$7,355.73	\$6,610.11	1.1128	0.421484	0.00%	\$0.00	\$226.07
7002026	NY EYE AND EAR INFIRMARY	\$7,839.52	\$6,610.11	1.0217	0.420274	16.08%	\$2,297.59	\$310.18
7003010	NY MED CTR OF QUEENS	\$8,466.06	\$6,610.11	1.0990	0.379023	16.54%	\$761.58	\$857.54
7001021	NY METHODIST HOSP / BROOKLYN	\$8,246.51	\$6,610.11	1.0683	0.471205	16.78%	\$802.89	\$385.19
7002054	NY PRESBYTERIAN HOSPITAL	\$9,393.23	\$6,610.11	1.1184	0.385719	27.06%	\$1,375.35	\$1,670.93
7002054	NY PRESBYTERIAN HOSPITAL (ALLEN)	\$9,393.23	\$6,610.11	1.1184	0.385719	27.06%	\$1,375.35	\$1,670.93
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	\$9,393.23	\$6,610.11	1.1184	0.385719	27.06%	\$1,375.35	\$1,670.93
7000025	NY WESTCHESTER SQUARE MED CTR	\$6,601.52	\$6,610.11	0.9987	0.400254	0.00%	\$0.00	\$170.34
4324000	NYACK HOSPITAL	\$6,444.86	\$6,610.11	0.9750	0.274764	0.00%	\$0.00	\$185.67
7002053	NYU HOSPITALS CENTER	\$8,472.61	\$6,610.11	1.0701	0.393229	19.78%	\$1,864.17	\$1,134.75
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DIS	\$8,472.61	\$6,610.11	1.0701	0.393229	19.78%	\$1,864.17	\$1,134.75
0401001	OLEAN GENERAL HOSPITAL	\$5,077.23	\$6,610.11	0.7681	0.513318	0.00%	\$0.00	\$346.80
2601001	ONEIDA HEALTHCARE CENTER	\$4,787.04	\$6,610.11	0.7242	0.503143	0.00%	\$0.00	\$653.86
3523000	ORANGE REGIONAL MED CTR	\$6,582.35	\$6,610.11	0.9958	0.260719	0.00%	\$0.00	\$300.40
3702000	OSWEGO HOSPITAL	\$5,439.46	\$6,610.11	0.8229	0.567339	0.00%	\$0.00	\$482.28

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)
								** (PER DISCH) **
OPCERT	HOSPITAL NAME	(2946)					(2589)	(2990)
0301001	OUR LADY OF LOURDES MEMORIAL	\$5,434.59	\$6,610.11	0.8047	0.532027	2.17%	\$5.27	\$249.12
5155000	PECONIC BAY MED CTR	\$6,611.43	\$6,610.11	1.0002	0.240950	0.00%	\$0.00	\$886.03
7003006	PENINSULA HOSPITAL CENTER	\$6,897.67	\$6,610.11	0.9395	0.374040	11.07%	\$390.78	\$190.25
5932000	PHELPS MEMORIAL HOSP	\$6,610.11	\$6,610.11	1.0000	0.372063	0.00%	\$0.00	\$615.71
2952005	PLAINVIEW HOSPITAL	\$7,597.36	\$6,610.11	1.1043	0.342136	4.08%	\$154.29	\$348.90
3950000	PUTNAM COMMUNITY HOSPITAL	\$6,779.99	\$6,610.11	1.0257	0.322529	0.00%	\$0.00	\$568.79
7003007	QUEENS HOSPITAL CENTER	\$8,885.84	\$6,610.11	1.1398	0.807393	17.94%	\$1,045.08	\$1,412.81
7004010	RICHMOND UNIV MED CTR	\$7,620.60	\$6,610.11	0.9998	0.279179	15.31%	\$465.99	\$628.41
2701003	ROCHESTER GENERAL HOSPITAL	\$6,178.39	\$6,610.11	0.8491	0.485187	10.08%	\$215.99	\$518.42
3201002	ROME HOSPITAL AND MURPHY	\$5,094.41	\$6,610.11	0.7707	0.478620	0.00%	\$0.00	\$250.96
4102002	SAMARITAN HOSPITAL OF TROY	\$5,255.70	\$6,610.11	0.7951	0.443743	0.00%	\$0.00	\$429.54
2201000	SAMARITAN MEDICAL CENTER	\$5,635.16	\$6,610.11	0.8444	0.535569	0.96%	\$25.00	\$297.54
4501000	SARATOGA HOSPITAL	\$5,500.93	\$6,610.11	0.8322	0.388246	0.00%	\$0.00	\$392.89
4102003	SETON HEALTH SYSTEMS	\$5,319.82	\$6,610.11	0.8048	0.355218	0.00%	\$0.00	\$244.81
1401006	SHEEHAN MEMORIAL EMERGENCY	\$4,844.55	\$6,610.11	0.7329	0.000000	0.00%	\$0.00	\$0.00
1401013	SISTERS OF CHARITY HOSPITAL	\$5,694.90	\$6,610.11	0.8265	0.475144	4.24%	\$136.97	\$368.76
5904000	SOUND SHORE MEDICAL CENTER	\$7,542.73	\$6,610.11	1.0294	0.538128	10.85%	\$645.13	\$283.59
2950001	SOUTH NASSAU COMMUNITIES	\$6,584.61	\$6,610.11	0.9632	0.288378	3.42%	\$108.82	\$552.44
5126000	SOUTHAMPTON HOSPITAL	\$6,950.08	\$6,610.11	1.0076	0.412366	4.35%	\$0.00	\$583.69
5154000	SOUTHSIDE HOSPITAL	\$7,250.21	\$6,610.11	1.0468	0.337697	4.78%	\$150.30	\$549.48
3529000	ST ANTHONY COMMUNITY HOSP	\$6,321.25	\$6,610.11	0.9563	0.262404	0.00%	\$0.00	\$298.01
7000014	ST BARNABAS HOSPITAL	\$8,571.48	\$6,610.11	1.0267	0.262966	26.30%	\$1,077.66	\$456.65
5157003	ST CATHERINE OF SIENA	\$6,992.84	\$6,610.11	1.0579	0.266765	0.00%	\$0.00	\$376.63

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))	STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING & TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)
								** (PER DISCH) **
OPCERT	HOSPITAL NAME	(2946)					(2589)	(2990)
5149001	ST CHARLES HOSPITAL	\$6,438.11	\$6,610.11	0.9651	0.313916	0.92%	\$78.73	\$445.08
3202002	ST ELIZABETH MEDICAL CENTER	\$5,864.36	\$6,610.11	0.8391	0.481391	5.73%	\$120.41	\$593.93
1302000	ST FRANCIS HOSP / POUGH	\$5,711.14	\$6,610.11	0.8640	0.318707	0.00%	\$0.00	\$765.96
2953000	ST FRANCIS HOSP / ROSLYN	\$7,080.36	\$6,610.11	1.0656	0.332146	0.52%	\$193.01	\$845.06
5002001	ST JAMES MERCY HOSPITAL	\$4,369.28	\$6,610.11	0.6610	0.501685	0.00%	\$0.00	\$303.84
7001024	ST JOHNS EPISCOPAL SO SHORE	\$9,889.15	\$6,610.11	1.1937	0.504795	25.33%	\$760.28	\$276.11
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$6,415.11	\$6,610.11	0.9705	0.423654	0.00%	\$0.00	\$416.28
2952006	ST JOSEPH HOSPITAL (formerly NEW ISLAND HOSP)	\$6,672.91	\$6,610.11	1.0095	0.341489	0.00%	\$15.39	\$314.74
0701001	ST JOSEPHS HOSP / ELMIRA	\$4,910.65	\$6,610.11	0.7429	0.479156	0.00%	\$0.00	\$202.49
3301003	ST JOSEPHS HOSP HLTH CTR	\$6,160.18	\$6,610.11	0.8836	0.459105	5.47%	\$48.73	\$545.77
5907002	ST JOSEPHS HOSPITAL YONKERS	\$6,927.53	\$6,610.11	0.9703	0.582145	8.01%	\$252.53	\$373.34
7002032	ST LUKES / ROOSEVELT HOSP	\$10,024.45	\$6,610.11	1.2181	0.331090	24.50%	\$1,324.83	\$911.45
3522000	ST LUKES CORNWALL	\$5,964.96	\$6,610.11	0.9024	0.241413	0.00%	\$0.00	\$337.56
2801001	ST MARYS HOSP / AMSTERDAM	\$4,994.60	\$6,610.11	0.7556	0.518524	0.00%	\$0.00	\$186.50
0101004	ST PETERS HOSPITAL	\$5,859.34	\$6,610.11	0.8670	0.349021	2.24%	\$58.34	\$537.80
7001037	STATE UNIV HOSP / DOWNSTATE	\$9,053.37	\$6,610.11	1.0909	0.743965	25.55%	\$1,936.56	\$731.69
7004003	STATEN ISLAND UNIV HOSP	\$7,891.00	\$6,610.11	1.0178	0.350479	17.29%	\$521.09	\$388.68
2701005	STRONG MEMORIAL HOSPITAL	\$7,672.11	\$6,610.11	0.8996	0.571813	29.02%	\$729.37	\$681.23
2754001	THE UNITY HOSPITAL	\$5,516.16	\$6,610.11	0.7752	0.563002	7.65%	\$47.54	\$463.11
0427000	TLC HEALTH NETWORK	\$4,510.74	\$6,610.11	0.6824	0.594185	0.00%	\$0.00	\$117.31
1227001	TRI-TOWN REGIONAL HEALTHCARE	\$6,610.11	\$6,610.11	1.0000	1.000000	0.00%	\$0.00	\$253.00
0303001	UNITED HEALTH SERVICES INC	\$6,030.30	\$6,610.11	0.8484	0.529650	7.53%	\$205.33	\$327.16

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>								
		<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>
		<b>DISCHARGE RATE</b>	<b>STATEWIDE PRICE</b>	<b>ISAF</b>	<b>HIGH COST CC's</b>	<b>IME %'s</b>	<b>DME RATE</b>	<b>CAPITAL RATE - PER DISCH</b>
		<b>DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807- c(33))</b>	<b>STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))</b>	<b>INSTITUTION- SPECIFIC ADJUSTMENT FACTOR (ISAF)</b>	<b>HIGH COST CHARGE CONVERTOR</b>	<b>INDIRECT MEDICAL EDUCATION (IME) %</b>	<b>DIRECT MEDICAL EDUCATION (DME) ADD-ON</b>	<b>CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING &amp; TEACHING HOSPITALS PHYS COSTS ADD-ONS (Excludes Transition Add-ons)</b>
								<b>** (PER DISCH) **</b>
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2946)</b>					<b>(2589)</b>	<b>(2990)</b>
1801000	UNITED MEMORIAL MED CTR	\$5,054.75	\$6,610.11	0.7647	0.513022	0.00%	\$0.00	\$275.62
5151001	UNIV HOSP AT STONY BROOK	\$8,727.88	\$6,610.11	1.0257	0.433128	28.73%	\$1,083.88	\$1,225.99
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$7,833.06	\$6,610.11	0.9184	0.577036	29.03%	\$1,037.29	\$744.18
1302001	VASSAR BROTHERS MED CTR	\$6,559.21	\$6,610.11	0.9923	0.307627	0.00%	\$0.00	\$529.42
5820000	WAYNE HEALTH CARE	\$5,112.26	\$6,610.11	0.7734	0.485046	0.00%	\$0.00	\$296.69
5957001	WESTCHESTER MEDICAL CENTER	\$8,927.13	\$6,610.11	1.1393	0.342782	18.54%	\$1,890.08	\$1,700.47
0632000	WESTFIELD MEMORIAL HOSP	\$4,755.97	\$6,610.11	0.7195	0.884032	0.00%	\$0.00	\$726.45
5902001	WHITE PLAINS HOSPITAL	\$6,762.80	\$6,610.11	1.0231	0.460502	0.00%	\$0.00	\$456.13
2908000	WINTHROP UNIVERSITY HOSPITAL	\$7,845.55	\$6,610.11	1.0188	0.300934	16.50%	\$703.99	\$679.76
0602001	WOMANS CHRISTIAN ASSOC	\$4,902.06	\$6,610.11	0.7416	0.469819	0.00%	\$0.00	\$170.35
7001045	WOODHULL MEDICAL	\$8,119.37	\$6,610.11	1.0175	0.933577	20.72%	\$1,708.90	\$3,226.09
7001035	WYCKOFF HEIGHTS HOSPITAL	\$8,180.48	\$6,610.11	1.0677	0.509478	15.91%	\$978.56	\$557.24
6027000	WYOMING CO COMMUNITY HOSP	\$5,128.78	\$6,610.11	0.7759	0.942083	0.00%	\$0.00	\$142.78
<b>*Note: Maimonides Capital per Discharge rate includes a High Cost Outlier add-on of \$363.28</b>								

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
1623001	ADIRONDACK MEDICAL CENTER	\$83.35	\$174.66	9.63%	28.27%
0101005	ALB MED CTR SO CLINICAL CAMP	\$432.31	\$174.66	9.63%	28.27%
0101000	ALBANY MEDICAL CTR HOSP	\$112.80	\$174.66	9.63%	28.27%
1624000	ALICE HYDE MEDICAL CENTER	\$47.36	\$174.66	9.63%	28.27%
0701000	ARNOT OGDEN MEDICAL CTR	\$94.10	\$174.66	9.63%	28.27%
0501000	AUBURN MEMORIAL HOSPITAL	\$53.01	\$174.66	9.63%	28.27%
3801000	AURELIA OSBORN FOX MEM HOSP	\$69.52	\$174.66	9.63%	28.27%
7002001	BELLEVUE HOSPITAL CENTER	\$149.10	\$265.63	9.63%	28.27%
5501000	BENEDICTINE HOSPITAL	\$68.44	\$174.66	9.63%	28.27%
1427000	BERTRAND CHAFFEE HOSPITAL	\$25.07	\$174.66	9.63%	28.27%
7001041	BETH ISRAEL / KINGS HIGHWAY	\$16.22	\$265.63	9.63%	28.27%
7002002	BETH ISRAEL MEDICAL CENTER	\$163.01	\$265.63	9.63%	28.27%
3535001	BON SECOURS COMMUNITY HOSP	\$48.82	\$174.66	9.63%	28.27%
7000001	BRONX-LEBANON HOSPITAL CTR	\$83.17	\$265.63	9.63%	28.27%
7001002	BROOKDALE HOSPITAL MED CTR	\$63.00	\$265.63	9.63%	28.27%
5123000	BROOKHAVEN MEMORIAL HOSP	\$58.57	\$265.63	9.63%	28.27%
7001003	BROOKLYN HOSPITAL	\$56.34	\$265.63	9.63%	28.27%
0601000	BROOKS MEMORIAL HOSPITAL	\$50.73	\$174.66	9.63%	28.27%
4429000	CANTON-POTSDAM HOSPITAL	\$98.49	\$174.66	9.63%	28.27%
2238001	CARTHAGE AREA HOSPITAL INC	\$74.93	\$174.66	9.63%	28.27%
5263000	CATSKILL REGIONAL MED CTR	\$112.36	\$174.66	9.63%	28.27%
5401001	CAYUGA MEDICAL CENTER	\$98.77	\$174.66	9.63%	28.27%
0901001	CHAMPLAIN VALLEY PHYS	\$104.15	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
0824000	CHENANGO MEMORIAL HOSP	\$46.01	\$174.66	9.63%	28.27%
4401000	CLAXTON-HEPBURN MED CTR	\$76.78	\$174.66	9.63%	28.27%
3421000	CLIFTON SPRINGS HOSPITAL	\$50.22	\$174.66	9.63%	28.27%
4720001	COBLESKILL REGIONAL HOSP	\$52.53	\$174.66	9.63%	28.27%
1001000	COLUMBIA MEMORIAL HOSPITAL	\$68.49	\$174.66	9.63%	28.27%
3301000	COMM-GEN / GREATER SYRACUSE	\$55.17	\$174.66	9.63%	28.27%
2625000	COMMUNITY MEMORIAL HOSPITAL	\$74.55	\$174.66	9.63%	28.27%
7001009	CONEY ISLAND HOSPITAL	\$134.75	\$265.63	9.63%	28.27%
5001000	CORNING HOSPITAL	\$55.76	\$174.66	9.63%	28.27%
1101000	CORTLAND REGIONAL MED CTR	\$57.54	\$174.66	9.63%	28.27%
3301008	CROUSE HOSPITAL	\$72.98	\$174.66	9.63%	28.27%
4423000	E J NOBLE HOSP / GOUVERNEUR	\$41.80	\$174.66	9.63%	28.27%
5127000	EASTERN LONG ISLAND HOSPITAL	\$116.57	\$265.63	9.63%	28.27%
3101000	EASTERN NIAGARA HOSPITAL	\$35.30	\$174.66	9.63%	28.27%
4601001	ELLIS HOSPITAL	\$79.04	\$174.66	9.63%	28.27%
7003000	ELMHURST HOSPITAL CTR	\$123.38	\$265.63	9.63%	28.27%
1401005	ERIE COUNTY MEDICAL CENTER	\$94.78	\$174.66	9.63%	28.27%
3429000	F F THOMPSON HOSPITAL	\$91.80	\$174.66	9.63%	28.27%
3202003	FAXTON-ST LUKES HEALTHCARE	\$56.13	\$174.66	9.63%	28.27%
7003001	FLUSHING HOSPITAL	\$47.30	\$265.63	9.63%	28.27%
7003013	FOREST HILLS HOSPITAL	\$105.02	\$265.63	9.63%	28.27%
2910000	FRANKLIN HOSPITAL	\$43.28	\$265.63	9.63%	28.27%
3402000	GENEVA GENERAL HOSPITAL	\$63.33	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
2901000	GLEN COVE HOSPITAL	\$90.30	\$265.63	9.63%	28.27%
5601000	GLENS FALLS HOSPITAL	\$103.69	\$174.66	9.63%	28.27%
4329000	GOOD SAMARITAN / SUFFERN	\$79.10	\$265.63	9.63%	28.27%
5154001	GOOD SAMARITAN / WEST ISLIP	\$59.73	\$265.63	9.63%	28.27%
7002009	HARLEM HOSPITAL CENTER	\$90.74	\$265.63	9.63%	28.27%
2701001	HIGHLAND HOSP OF ROCHESTER	\$58.95	\$174.66	9.63%	28.27%
7002012	HOSPITAL FOR SPECIAL SURGERY	\$359.58	\$265.63	9.63%	28.27%
5901000	HUDSON VALLEY HOSPITAL CTR	\$96.09	\$265.63	9.63%	28.27%
5153000	HUNTINGTON HOSPITAL	\$87.29	\$265.63	9.63%	28.27%
7001046	INTERFAITH MEDICAL CENTER	\$119.31	\$265.63	9.63%	28.27%
5022000	IRA DAVENPORT MEMORIAL HOSP	\$36.90	\$174.66	9.63%	28.27%
7000002	JACOBI MEDICAL CENTER	\$134.95	\$265.63	9.63%	28.27%
7003003	JAMAICA HOSPITAL	\$60.51	\$265.63	9.63%	28.27%
5149000	JOHN T MATHER MEMORIAL HOSP	\$44.28	\$265.63	9.63%	28.27%
0228000	JONES MEMORIAL HOSPITAL	\$104.44	\$174.66	9.63%	28.27%
1401014	KALEIDA HEALTH	\$126.74	\$174.66	9.63%	28.27%
1401014	KALEIDA HEALTH (MILLARD)	\$126.74	\$174.66	9.63%	28.27%
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	\$116.90	\$174.66	9.63%	28.27%
1404000	KENMORE MERCY HOSPITAL	\$83.99	\$174.66	9.63%	28.27%
7001016	KINGS COUNTY HOSPITAL CENTER	\$191.82	\$265.63	9.63%	28.27%
7001033	KINGSBROOK JEWISH MED CTR	\$50.73	\$265.63	9.63%	28.27%
5501001	KINGSTON HOSPITAL	\$95.13	\$174.66	9.63%	28.27%
2728001	LAKESIDE MEMORIAL HOSPITAL	\$41.04	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
5922000	LAWRENCE HOSPITAL	\$106.80	\$265.63	9.63%	28.27%
7002017	LENOX HILL HOSPITAL	\$177.93	\$265.63	9.63%	28.27%
2424000	LEWIS COUNTY GENERAL HOSP	\$86.33	\$174.66	9.63%	28.27%
7000008	LINCOLN MEDICAL	\$84.31	\$265.63	9.63%	28.27%
2902000	LONG BEACH MEDICAL CENTER	\$67.48	\$265.63	9.63%	28.27%
7001017	LONG ISLAND COLLEGE HOSPITAL	\$147.13	\$265.63	9.63%	28.27%
7003004	LONG ISLAND JEWISH	\$134.38	\$265.63	9.63%	28.27%
7001019	LUTHERAN MEDICAL CENTER	\$47.83	\$265.63	9.63%	28.27%
7001020	MAIMONIDES MEDICAL CENTER	\$134.88	\$265.63	9.63%	28.27%
3824000	MARY IMOGENE BASSETT HOSP	\$120.94	\$174.66	9.63%	28.27%
4402000	MASSENA MEMORIAL HOSPITAL	\$65.76	\$174.66	9.63%	28.27%
3622000	MEDINA MEMORIAL HOSPITAL	\$35.47	\$174.66	9.63%	28.27%
0101003	MEMORIAL HOSP OF ALBANY	\$75.75	\$174.66	9.63%	28.27%
1401008	MERCY HOSPITAL OF BUFFALO	\$96.07	\$174.66	9.63%	28.27%
2909000	MERCY MEDICAL CENTER	\$68.37	\$265.63	9.63%	28.27%
7002021	METROPOLITAN HOSPITAL CENTER	\$112.21	\$265.63	9.63%	28.27%
7000006	MONTEFIORE MEDICAL CENTER	\$131.37	\$265.63	9.63%	28.27%
7003015	MOUNT SINAI HOSP OF QUEENS	\$72.43	\$265.63	9.63%	28.27%
7002024	MOUNT SINAI HOSPITAL	\$159.00	\$265.63	9.63%	28.27%
3121001	MOUNT ST MARYS HOSPITAL	\$54.14	\$174.66	9.63%	28.27%
5903000	MOUNT VERNON HOSPITAL	\$29.98	\$265.63	9.63%	28.27%
2950002	NASSAU UNIV MED CTR	\$55.78	\$265.63	9.63%	28.27%
1701000	NATHAN LITTAUER HOSPITAL	\$57.32	\$174.66	9.63%	28.27%



**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
7002000	NEW YORK DOWNTOWN HOSP	\$103.57	\$265.63	9.63%	28.27%
3102000	NIAGARA FALLS MEMORIAL	\$100.28	\$174.66	9.63%	28.27%
2527000	NICHOLAS H NOYES MEMORIAL	\$83.93	\$174.66	9.63%	28.27%
7000024	NORTH CENTRAL BRONX HOSPITAL	\$108.76	\$265.63	9.63%	28.27%
2951001	NORTH SHORE UNIVERSITY HOSP	\$195.57	\$265.63	9.63%	28.27%
1327000	NORTHERN DUTCHESS HOSPITAL	\$97.95	\$174.66	9.63%	28.27%
5920000	NORTHERN WESTCHESTER HOSP	\$118.37	\$265.63	9.63%	28.27%
7001008	NY COMMUNITY / BROOKLYN	\$36.12	\$265.63	9.63%	28.27%
7002026	NY EYE AND EAR INFIRMARY	\$147.12	\$265.63	9.63%	28.27%
7003010	NY MED CTR OF QUEENS	\$133.48	\$265.63	9.63%	28.27%
7001021	NY METHODIST HOSP / BROOKLYN	\$81.17	\$265.63	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL	\$242.00	\$265.63	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL (ALLEN)	\$242.00	\$265.63	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	\$242.00	\$265.63	9.63%	28.27%
7000025	NY WESTCHESTER SQUARE MED CTR	\$25.26	\$265.63	9.63%	28.27%
4324000	NYACK HOSPITAL	\$45.27	\$265.63	9.63%	28.27%
7002053	NYU HOSPITALS CENTER	\$241.57	\$265.63	9.63%	28.27%
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DIS	\$241.57	\$265.63	9.63%	28.27%
0401001	OLEAN GENERAL HOSPITAL	\$72.03	\$174.66	9.63%	28.27%
2601001	ONEIDA HEALTHCARE CENTER	\$137.86	\$174.66	9.63%	28.27%
3523000	ORANGE REGIONAL MED CTR	\$68.49	\$174.66	9.63%	28.27%
3702000	OSWEGO HOSPITAL	\$114.73	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
0301001	OUR LADY OF LOURDES MEMORIAL	\$61.81	\$174.66	9.63%	28.27%
5155000	PECONIC BAY MED CTR	\$214.17	\$265.63	9.63%	28.27%
7003006	PENINSULA HOSPITAL CENTER	\$25.27	\$265.63	9.63%	28.27%
5932000	PHELPS MEMORIAL HOSP	\$138.68	\$265.63	9.63%	28.27%
2952005	PLAINVIEW HOSPITAL	\$66.59	\$265.63	9.63%	28.27%
3950000	PUTNAM COMMUNITY HOSPITAL	\$126.09	\$174.66	9.63%	28.27%
7003007	QUEENS HOSPITAL CENTER	\$127.85	\$265.63	9.63%	28.27%
7004010	RICHMOND UNIV MED CTR	\$61.23	\$265.63	9.63%	28.27%
2701003	ROCHESTER GENERAL HOSPITAL	\$107.04	\$174.66	9.63%	28.27%
3201002	ROME HOSPITAL AND MURPHY	\$58.92	\$174.66	9.63%	28.27%
4102002	SAMARITAN HOSPITAL OF TROY	\$75.07	\$174.66	9.63%	28.27%
2201000	SAMARITAN MEDICAL CENTER	\$64.00	\$174.66	9.63%	28.27%
4501000	SARATOGA HOSPITAL	\$76.45	\$174.66	9.63%	28.27%
4102003	SETON HEALTH SYSTEMS	\$56.01	\$174.66	9.63%	28.27%
1401006	SHEEHAN MEMORIAL EMERGENCY	\$0.00	\$174.66	9.63%	28.27%
1401013	SISTERS OF CHARITY HOSPITAL	\$68.07	\$174.66	9.63%	28.27%
5904000	SOUND SHORE MEDICAL CENTER	\$60.26	\$265.63	9.63%	28.27%
2950001	SOUTH NASSAU COMMUNITIES	\$107.27	\$265.63	9.63%	28.27%
5126000	SOUTHAMPTON HOSPITAL	\$166.05	\$265.63	9.63%	28.27%
5154000	SOUTHSIDE HOSPITAL	\$125.40	\$265.63	9.63%	28.27%
3529000	ST ANTHONY COMMUNITY HOSP	\$72.75	\$174.66	9.63%	28.27%
7000014	ST BARNABAS HOSPITAL	\$97.81	\$265.63	9.63%	28.27%
5157003	ST CATHERINE OF SIENA	\$68.80	\$265.63	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
5149001	ST CHARLES HOSPITAL	\$106.09	\$265.63	9.63%	28.27%
3202002	ST ELIZABETH MEDICAL CENTER	\$88.69	\$174.66	9.63%	28.27%
1302000	ST FRANCIS HOSP / POUGH	\$159.75	\$174.66	9.63%	28.27%
2953000	ST FRANCIS HOSP / ROSLYN	\$145.20	\$265.63	9.63%	28.27%
5002001	ST JAMES MERCY HOSPITAL	\$92.38	\$174.66	9.63%	28.27%
7001024	ST JOHNS EPISCOPAL SO SHORE	\$43.68	\$265.63	9.63%	28.27%
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$63.71	\$265.63	9.63%	28.27%
2952006	ST JOSEPH HOSPITAL (formerly NEW ISLAND HOSP)	\$62.68	\$265.63	9.63%	28.27%
0701001	ST JOSEPHS HOSP / ELMIRA	\$39.41	\$174.66	9.63%	28.27%
3301003	ST JOSEPHS HOSP HLTH CTR	\$89.46	\$174.66	9.63%	28.27%
5907002	ST JOSEPHS HOSPITAL YONKERS	\$69.68	\$265.63	9.63%	28.27%
7002032	ST LUKES / ROOSEVELT HOSP	\$169.31	\$265.63	9.63%	28.27%
3522000	ST LUKES CORNWALL	\$74.26	\$174.66	9.63%	28.27%
2801001	ST MARYS HOSP / AMSTERDAM	\$38.98	\$174.66	9.63%	28.27%
0101004	ST PETERS HOSPITAL	\$112.00	\$174.66	9.63%	28.27%
7001037	STATE UNIV HOSP / DOWNSTATE	\$127.21	\$265.63	9.63%	28.27%
7004003	STATEN ISLAND UNIV HOSP	\$60.23	\$265.63	9.63%	28.27%
2701005	STRONG MEMORIAL HOSPITAL	\$114.53	\$174.66	9.63%	28.27%
2754001	THE UNITY HOSPITAL	\$99.61	\$174.66	9.63%	28.27%
0427000	TLC HEALTH NETWORK	\$28.87	\$174.66	9.63%	28.27%
1227001	TRI-TOWN REGIONAL HEALTHCARE	\$126.50	\$174.66	9.63%	28.27%
0303001	UNITED HEALTH SERVICES INC	\$65.74	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

<b>INPATIENT CASE PAYMENT RATES EFFECTIVE 10/1/2010 - 12/31/2010 (WCNF ONLY)</b>					
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>
		<b>CAPITAL RATE - PER DIEM</b>	<b>ALC</b>	<b>WCNF SURCHARGES</b>	
		<b>CAPITAL PER DIEM</b>	<b>ALC PRICE PER DAY</b>	<b>PUBLIC GOODS POOL SURCHARGE</b>	<b>ADDITIONAL PUBLIC GOODS POOL SURCHARGE</b>
		<b>** (PER DAY)**</b>			
<b>OPCERT</b>	<b>HOSPITAL NAME</b>	<b>(2991)</b>	<b>(2950,2951)</b>		
1801000	UNITED MEMORIAL MED CTR	\$63.67	\$174.66	9.63%	28.27%
5151001	UNIV HOSP AT STONY BROOK	\$184.89	\$265.63	9.63%	28.27%
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$133.72	\$174.66	9.63%	28.27%
1302001	VASSAR BROTHERS MED CTR	\$109.25	\$174.66	9.63%	28.27%
5820000	WAYNE HEALTH CARE	\$66.15	\$174.66	9.63%	28.27%
5957001	WESTCHESTER MEDICAL CENTER	\$237.43	\$265.63	9.63%	28.27%
0632000	WESTFIELD MEMORIAL HOSP	\$242.15	\$174.66	9.63%	28.27%
5902001	WHITE PLAINS HOSPITAL	\$85.21	\$265.63	9.63%	28.27%
2908000	WINTHROP UNIVERSITY HOSPITAL	\$136.92	\$265.63	9.63%	28.27%
0602001	WOMANS CHRISTIAN ASSOC	\$38.80	\$174.66	9.63%	28.27%
7001045	WOODHULL MEDICAL	\$129.55	\$265.63	9.63%	28.27%
7001035	WYCKOFF HEIGHTS HOSPITAL	\$109.37	\$265.63	9.63%	28.27%
6027000	WYOMING CO COMMUNITY HOSP	\$30.21	\$174.66	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
1623001	ADIRONDACK MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0101005	ALB MED CTR SO CLINICAL CAMP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0101000	ALBANY MEDICAL CTR HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3701000	ALBERT LINDLEY LEE MEM HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1624000	ALICE HYDE MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0701000	ARNOT OGDEN MEDICAL CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0501000	AUBURN MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3801000	AURELIA OSBORN FOX MEM HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002001	BELLEVUE HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5501000	BENEDICTINE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$327.80	\$174.66
1427000	BERTRAND CHAFFEE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001041	BETH ISRAEL / KINGS HIGHWAY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002002	BETH ISRAEL MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$684.75	\$265.64
5957000	BLYTHEDALE CHILDRENS HOSP	\$1,559.38	\$265.63	TBD	TBD	\$0.00	\$0.00
3535001	BON SECOURS COMMUNITY HOSP	\$0.00	\$0.00	TBD	TBD	\$533.35	\$174.66
7000001	BRONX-LEBANON HOSPITAL CTR	\$0.00	\$0.00	TBD	TBD	\$703.37	\$265.64
7001002	BROOKDALE HOSPITAL MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5123000	BROOKHAVEN MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001003	BROOKLYN HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0601000	BROOKS MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5902002	BURKE REHABILITATION CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7000011	CALVARY HOSPITAL	\$1,072.34	\$265.63	TBD	TBD	\$0.00	\$0.00
4429000	CANTON-POTSDAM HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$427.30	\$174.66
2238001	CARTHAGE AREA HOSPITAL INC	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5263700	CATSKILL REGIONAL / G HERMANN	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
1623001	ADIRONDACK MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
0101005	ALB MED CTR SO CLINICAL CAMP	\$0.00	\$0.00	\$0.00	\$0.00
0101000	ALBANY MEDICAL CTR HOSP	\$0.00	\$0.00	\$1,014.44	\$174.66
3701000	ALBERT LINDLEY LEE MEM HOSP	\$0.00	\$0.00	\$0.00	\$0.00
1624000	ALICE HYDE MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
0701000	ARNOT OGDEN MEDICAL CTR	\$0.00	\$0.00	\$0.00	\$0.00
0501000	AUBURN MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3801000	AURELIA OSBORN FOX MEM HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7002001	BELLEVUE HOSPITAL CENTER	\$0.00	\$0.00	\$1,176.41	\$265.64
5501000	BENEDICTINE HOSPITAL	\$0.00	\$0.00	\$995.62	\$174.66
1427000	BERTRAND CHAFFEE HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7001041	BETH ISRAEL / KINGS HIGHWAY	\$0.00	\$0.00	\$0.00	\$0.00
7002002	BETH ISRAEL MEDICAL CENTER	\$0.00	\$0.00	\$1,454.21	\$265.64
5957000	BLYTHEDALE CHILDRENS HOSP	\$0.00	\$0.00	\$0.00	\$0.00
3535001	BON SECOURS COMMUNITY HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7000001	BRONX-LEBANON HOSPITAL CTR	\$0.00	\$0.00	\$0.00	\$0.00
7001002	BROOKDALE HOSPITAL MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
5123000	BROOKHAVEN MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7001003	BROOKLYN HOSPITAL	\$0.00	\$0.00	\$1,325.06	\$265.64
0601000	BROOKS MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
5902002	BURKE REHABILITATION CTR	\$0.00	\$0.00	\$1,124.44	\$265.64
7000011	CALVARY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
4429000	CANTON-POTSDAM HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2238001	CARTHAGE AREA HOSPITAL INC	\$0.00	\$0.00	\$1,050.88	\$174.66
5263700	CATSKILL REGIONAL / G HERMANN	\$2,468.40	\$174.66	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
1623001	ADIRONDACK MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0101005	ALB MED CTR SO CLINICAL CAMP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0101000	ALBANY MEDICAL CTR HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3701000	ALBERT LINDLEY LEE MEM HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1624000	ALICE HYDE MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0701000	ARNOT OGDEN MEDICAL CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0501000	AUBURN MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3801000	AURELIA OSBORN FOX MEM HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002001	BELLEVUE HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5501000	BENEDICTINE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1427000	BERTRAND CHAFFEE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001041	BETH ISRAEL / KINGS HIGHWAY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002002	BETH ISRAEL MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5957000	BLYTHEDALE CHILDRENS HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3535001	BON SECOURS COMMUNITY HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000001	BRONX-LEBANON HOSPITAL CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001002	BROOKDALE HOSPITAL MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5123000	BROOKHAVEN MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001003	BROOKLYN HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0601000	BROOKS MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5902002	BURKE REHABILITATION CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000011	CALVARY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4429000	CANTON-POTSDAM HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2238001	CARTHAGE AREA HOSPITAL INC	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5263700	CATSKILL REGIONAL / G HERMANN	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
5263000	CATSKILL REGIONAL MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5401001	CAYUGA MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0901001	CHAMPLAIN VALLEY PHYS	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0824000	CHENANGO MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4401000	CLAXTON-HEPBURN MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3421000	CLIFTON SPRINGS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$292.24	\$174.66
4458700	CLIFTON-FINE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4720001	COBLESKILL REGIONAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002051	COLER MEMORIAL HOSP	\$650.20	\$265.63	TBD	TBD	\$0.00	\$0.00
1001000	COLUMBIA MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3301000	COMM-GEN / GREATER SYRACUSE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2625000	COMMUNITY MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001009	CONEY ISLAND HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5001000	CORNING HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1101000	CORTLAND REGIONAL MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3301008	CROUSE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$421.59	\$174.66
0226700	CUBA MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1229700	DELAWARE VALLEY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$1,076.13	\$174.66
4423000	E J NOBLE HOSP / GOUVERNEUR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5127000	EASTERN LONG ISLAND HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$648.79	\$265.64
3101000	EASTERN NIAGARA HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$300.17	\$174.66
1552701	ELIZABETHTOWN COMMUNITY HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5526700	ELLENVILLE REGIONAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4601001	ELLIS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003000	ELMHURST HOSPITAL CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00



**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
5263000	CATSKILL REGIONAL MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
5401001	CAYUGA MEDICAL CENTER	\$0.00	\$0.00	\$982.40	\$174.66
0901001	CHAMPLAIN VALLEY PHYS	\$0.00	\$0.00	\$0.00	\$0.00
0824000	CHENANGO MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
4401000	CLAXTON-HEPBURN MED CTR	\$0.00	\$0.00	\$904.30	\$174.66
3421000	CLIFTON SPRINGS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
4458700	CLIFTON-FINE HOSPITAL	\$2,347.26	\$174.66	\$0.00	\$0.00
4720001	COBLESKILL REGIONAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7002051	COLER MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
1001000	COLUMBIA MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3301000	COMM-GEN / GREATER SYRACUSE	\$0.00	\$0.00	\$889.87	\$174.66
2625000	COMMUNITY MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7001009	CONEY ISLAND HOSPITAL	\$0.00	\$0.00	\$1,123.27	\$265.64
5001000	CORNING HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
1101000	CORTLAND REGIONAL MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
3301008	CROUSE HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
0226700	CUBA MEMORIAL HOSPITAL	\$2,361.08	\$174.66	\$0.00	\$0.00
1229700	DELAWARE VALLEY HOSPITAL	\$1,076.13	\$174.66	\$0.00	\$0.00
4423000	E J NOBLE HOSP / GOUVERNEUR	\$0.00	\$0.00	\$0.00	\$0.00
5127000	EASTERN LONG ISLAND HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3101000	EASTERN NIAGARA HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
1552701	ELIZABETHTOWN COMMUNITY HOSP	\$2,022.75	\$174.66	\$0.00	\$0.00
5526700	ELLENVILLE REGIONAL HOSPITAL	\$1,803.57	\$174.66	\$0.00	\$0.00
4601001	ELLIS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7003000	ELMHURST HOSPITAL CTR	\$0.00	\$0.00	\$1,427.67	\$265.64

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
5263000	CATSKILL REGIONAL MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5401001	CAYUGA MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0901001	CHAMPLAIN VALLEY PHYS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0824000	CHENANGO MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4401000	CLAXTON-HEPBURN MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3421000	CLIFTON SPRINGS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4458700	CLIFTON-FINE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4720001	COBLESKILL REGIONAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002051	COLER MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1001000	COLUMBIA MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3301000	COMM-GEN / GREATER SYRACUSE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2625000	COMMUNITY MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001009	CONEY ISLAND HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5001000	CORNING HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1101000	CORTLAND REGIONAL MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3301008	CROUSE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0226700	CUBA MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1229700	DELAWARE VALLEY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4423000	E J NOBLE HOSP / GOUVERNEUR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5127000	EASTERN LONG ISLAND HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3101000	EASTERN NIAGARA HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1552701	ELIZABETHTOWN COMMUNITY HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5526700	ELLENVILLE REGIONAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4601001	ELLIS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003000	ELMHURST HOSPITAL CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
1401005	ERIE COUNTY MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$276.36	\$174.66
3429000	F F THOMPSON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3202003	FAXTON-ST LUKES HEALTHCARE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003001	FLUSHING HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003013	FOREST HILLS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2910000	FRANKLIN HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3402000	GENEVA GENERAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2901000	GLEN COVE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5601000	GLENS FALLS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002050	GOLDWATER MEMORIAL HOSP	\$706.94	\$265.63	TBD	TBD	\$0.00	\$0.00
4329000	GOOD SAMARITAN / SUFFERN	\$0.00	\$0.00	TBD	TBD	\$545.95	\$265.64
5154001	GOOD SAMARITAN / WEST ISLIP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002009	HARLEM HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4322000	HELEN HAYES HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2701001	HIGHLAND HOSP OF ROCHESTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002012	HOSPITAL FOR SPECIAL SURGERY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5901000	HUDSON VALLEY HOSPITAL CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5153000	HUNTINGTON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001046	INTERFAITH MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$531.17	\$265.64
5022000	IRA DAVENPORT MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7000002	JACOBI MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003003	JAMAICA HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5149000	JOHN T MATHER MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0228000	JONES MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1401014	KALEIDA HEALTH	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
1401005	ERIE COUNTY MEDICAL CENTER	\$0.00	\$0.00	\$1,073.64	\$174.66
3429000	F F THOMPSON HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3202003	FAXTON-ST LUKES HEALTHCARE	\$0.00	\$0.00	\$920.66	\$174.66
7003001	FLUSHING HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7003013	FOREST HILLS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2910000	FRANKLIN HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3402000	GENEVA GENERAL HOSPITAL	\$0.00	\$0.00	\$1,167.31	\$174.66
2901000	GLEN COVE HOSPITAL	\$0.00	\$0.00	\$1,115.01	\$265.64
5601000	GLENS FALLS HOSPITAL	\$0.00	\$0.00	\$1,095.77	\$174.66
7002050	GOLDWATER MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
4329000	GOOD SAMARITAN / SUFFERN	\$0.00	\$0.00	\$0.00	\$0.00
5154001	GOOD SAMARITAN / WEST ISLIP	\$0.00	\$0.00	\$0.00	\$0.00
7002009	HARLEM HOSPITAL CENTER	\$0.00	\$0.00	\$1,864.07	\$265.64
4322000	HELEN HAYES HOSPITAL	\$0.00	\$0.00	\$1,310.87	\$265.64
2701001	HIGHLAND HOSP OF ROCHESTER	\$0.00	\$0.00	\$0.00	\$0.00
7002012	HOSPITAL FOR SPECIAL SURGERY	\$0.00	\$0.00	\$0.00	\$0.00
5901000	HUDSON VALLEY HOSPITAL CTR	\$0.00	\$0.00	\$0.00	\$0.00
5153000	HUNTINGTON HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7001046	INTERFAITH MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
5022000	IRA DAVENPORT MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7000002	JACOBI MEDICAL CENTER	\$0.00	\$0.00	\$1,350.57	\$265.64
7003003	JAMAICA HOSPITAL	\$0.00	\$0.00	\$1,347.90	\$265.64
5149000	JOHN T MATHER MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
0228000	JONES MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
1401014	KALEIDA HEALTH	\$0.00	\$0.00	\$877.34	\$174.66

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
1401005	ERIE COUNTY MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3429000	F F THOMPSON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3202003	FAXTON-ST LUKES HEALTHCARE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003001	FLUSHING HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003013	FOREST HILLS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2910000	FRANKLIN HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3402000	GENEVA GENERAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2901000	GLEN COVE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5601000	GLENS FALLS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002050	GOLDWATER MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4329000	GOOD SAMARITAN / SUFFERN	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5154001	GOOD SAMARITAN / WEST ISLIP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002009	HARLEM HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4322000	HELEN HAYES HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2701001	HIGHLAND HOSP OF ROCHESTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002012	HOSPITAL FOR SPECIAL SURGERY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5901000	HUDSON VALLEY HOSPITAL CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5153000	HUNTINGTON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001046	INTERFAITH MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5022000	IRA DAVENPORT MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000002	JACOBI MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003003	JAMAICA HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5149000	JOHN T MATHER MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0228000	JONES MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1401014	KALEIDA HEALTH	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1404000	KENMORE MERCY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001016	KINGS COUNTY HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001033	KINGSBROOK JEWISH MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5501001	KINGSTON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2728001	LAKESIDE MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5922000	LAWRENCE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002017	LENOX HILL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2424000	LEWIS COUNTY GENERAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7000008	LINCOLN MEDICAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2129700	LITTLE FALLS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2902000	LONG BEACH MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001017	LONG ISLAND COLLEGE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003004	LONG ISLAND JEWISH	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001019	LUTHERAN MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001020	MAIMONIDES MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1226701	MARGARETVILLE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3824000	MARY IMOGENE BASSETT HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4402000	MASSENA MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3622000	MEDINA MEMORIAL HLTH CARE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002020	MEMORIAL HOSP FOR CANCER	\$3,111.95	\$265.63	TBD	TBD	\$0.00	\$0.00
0101003	MEMORIAL HOSP OF ALBANY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1401008	MERCY HOSPITAL OF BUFFALO	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2909000	MERCY MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002021	METROPOLITAN HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	\$0.00	\$0.00	\$0.00	\$0.00
1404000	KENMORE MERCY HOSPITAL	\$0.00	\$0.00	\$736.51	\$174.66
7001016	KINGS COUNTY HOSPITAL CENTER	\$0.00	\$0.00	\$1,858.17	\$265.64
7001033	KINGSBROOK JEWISH MED CTR	\$0.00	\$0.00	\$1,081.61	\$265.64
5501001	KINGSTON HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2728001	LAKESIDE MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
5922000	LAWRENCE HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7002017	LENOX HILL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2424000	LEWIS COUNTY GENERAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7000008	LINCOLN MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
2129700	LITTLE FALLS HOSPITAL	\$1,486.27	\$174.66	\$0.00	\$0.00
2902000	LONG BEACH MEDICAL CENTER	\$0.00	\$0.00	\$675.05	\$265.64
7001017	LONG ISLAND COLLEGE HOSPITAL	\$0.00	\$0.00	\$1,674.19	\$265.64
7003004	LONG ISLAND JEWISH	\$0.00	\$0.00	\$0.00	\$0.00
7001019	LUTHERAN MEDICAL CENTER	\$0.00	\$0.00	\$812.62	\$265.64
7001020	MAIMONIDES MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
1226701	MARGARETVILLE HOSPITAL	\$1,931.39	\$174.66	\$0.00	\$0.00
3824000	MARY IMOGENE BASSETT HOSP	\$0.00	\$0.00	\$0.00	\$0.00
4402000	MASSENA MEMORIAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3622000	MEDINA MEMORIAL HLTH CARE	\$0.00	\$0.00	\$807.34	\$174.66
7002020	MEMORIAL HOSP FOR CANCER	\$0.00	\$0.00	\$0.00	\$0.00
0101003	MEMORIAL HOSP OF ALBANY	\$0.00	\$0.00	\$0.00	\$0.00
1401008	MERCY HOSPITAL OF BUFFALO	\$0.00	\$0.00	\$957.05	\$174.66
2909000	MERCY MEDICAL CENTER	\$0.00	\$0.00	\$874.79	\$265.64
7002021	METROPOLITAN HOSPITAL CENTER	\$0.00	\$0.00	\$1,120.82	\$265.64

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1404000	KENMORE MERCY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001016	KINGS COUNTY HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001033	KINGSBROOK JEWISH MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5501001	KINGSTON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2728001	LAKESIDE MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5922000	LAWRENCE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002017	LENOX HILL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2424000	LEWIS COUNTY GENERAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000008	LINCOLN MEDICAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2129700	LITTLE FALLS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2902000	LONG BEACH MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001017	LONG ISLAND COLLEGE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003004	LONG ISLAND JEWISH	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001019	LUTHERAN MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001020	MAIMONIDES MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1226701	MARGARETVILLE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3824000	MARY IMOGENE BASSETT HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4402000	MASSENA MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3622000	MEDINA MEMORIAL HLTH CARE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002020	MEMORIAL HOSP FOR CANCER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0101003	MEMORIAL HOSP OF ALBANY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1401008	MERCY HOSPITAL OF BUFFALO	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2909000	MERCY MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002021	METROPOLITAN HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%



**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
2701006	MONROE COMMUNITY HOSPITAL	\$2,531.24	\$174.66	TBD	TBD	\$0.00	\$0.00
7000006	MONTEFIORE MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1564701	MOSES-LUDINGTON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003015	MOUNT SINAI HOSP OF QUEENS	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002024	MOUNT SINAI HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3121001	MOUNT ST MARYS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$345.06	\$174.66
5903000	MOUNT VERNON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2950002	NASSAU UNIV MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1701000	NATHAN LITTAUER HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2952006	NEW ISLAND HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002000	NEW YORK DOWNTOWN HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3102000	NIAGARA FALLS MEMORIAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2527000	NICHOLAS H NOYES MEMORIAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7000024	NORTH CENTRAL BRONX HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002052	NORTH GENERAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2951001	NORTH SHORE UNIVERSITY HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1327000	NORTHERN DUTCHESS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5920000	NORTHERN WESTCHESTER HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001008	NY COMMUNITY / BROOKLYN	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002026	NY EYE AND EAR INFIRMARY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003010	NY MED CTR OF QUEENS	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001021	NY METHODIST HOSP / BROOKLYN	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002054	NY PRESBYTERIAN HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$690.09	\$265.64
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	\$0.00	\$0.00	TBD	TBD	\$690.09	\$265.64
7000025	NY WESTCHESTER SQUARE MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
2701006	MONROE COMMUNITY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7000006	MONTEFIORE MEDICAL CENTER	\$0.00	\$0.00	\$1,875.11	\$265.64
1564701	MOSES-LUDINGTON HOSPITAL	\$2,495.39	\$174.66	\$0.00	\$0.00
7003015	MOUNT SINAI HOSP OF QUEENS	\$0.00	\$0.00	\$0.00	\$0.00
7002024	MOUNT SINAI HOSPITAL	\$0.00	\$0.00	\$1,372.85	\$265.64
3121001	MOUNT ST MARYS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
5903000	MOUNT VERNON HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2950002	NASSAU UNIV MED CTR	\$0.00	\$0.00	\$1,288.26	\$265.64
1701000	NATHAN LITTAUER HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2952006	NEW ISLAND HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7002000	NEW YORK DOWNTOWN HOSP	\$0.00	\$0.00	\$0.00	\$0.00
3102000	NIAGARA FALLS MEMORIAL	\$0.00	\$0.00	\$0.00	\$0.00
2527000	NICHOLAS H NOYES MEMORIAL	\$0.00	\$0.00	\$0.00	\$0.00
7000024	NORTH CENTRAL BRONX HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7002052	NORTH GENERAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2951001	NORTH SHORE UNIVERSITY HOSP	\$0.00	\$0.00	\$0.00	\$0.00
1327000	NORTHERN DUTCHESS HOSPITAL	\$0.00	\$0.00	\$1,248.48	\$174.66
5920000	NORTHERN WESTCHESTER HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7001008	NY COMMUNITY / BROOKLYN	\$0.00	\$0.00	\$0.00	\$0.00
7002026	NY EYE AND EAR INFIRMARY	\$0.00	\$0.00	\$0.00	\$0.00
7003010	NY MED CTR OF QUEENS	\$0.00	\$0.00	\$0.00	\$0.00
7001021	NY METHODIST HOSP / BROOKLYN	\$0.00	\$0.00	\$903.86	\$265.64
7002054	NY PRESBYTERIAN HOSPITAL	\$0.00	\$0.00	\$1,533.20	\$265.64
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	\$0.00	\$0.00	\$1,533.20	\$265.64
7000025	NY WESTCHESTER SQUARE MED CTR	\$0.00	\$0.00	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
2701006	MONROE COMMUNITY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000006	MONTEFIORE MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1564701	MOSES-LUDINGTON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003015	MOUNT SINAI HOSP OF QUEENS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002024	MOUNT SINAI HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3121001	MOUNT ST MARYS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5903000	MOUNT VERNON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2950002	NASSAU UNIV MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1701000	NATHAN LITTAUER HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2952006	NEW ISLAND HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002000	NEW YORK DOWNTOWN HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3102000	NIAGARA FALLS MEMORIAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2527000	NICHOLAS H NOYES MEMORIAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000024	NORTH CENTRAL BRONX HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002052	NORTH GENERAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2951001	NORTH SHORE UNIVERSITY HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1327000	NORTHERN DUTCHESS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5920000	NORTHERN WESTCHESTER HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001008	NY COMMUNITY / BROOKLYN	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002026	NY EYE AND EAR INFIRMARY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003010	NY MED CTR OF QUEENS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001021	NY METHODIST HOSP / BROOKLYN	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000025	NY WESTCHESTER SQUARE MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
4324000	NYACK HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$434.33	\$265.64
7002053	NYU HOSPITALS CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DI	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1254700	O'CONNOR HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0401001	OLEAN GENERAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2601001	ONEIDA HEALTHCARE CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3523000	ORANGE REGIONAL MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3702000	OSWEGO HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0301001	OUR LADY OF LOURDES MEMORIAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5155000	PECONIC BAY MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003006	PENINSULA HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5932000	PHELPS MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$575.60	\$265.64
2952005	PLAINVIEW HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3950000	PUTNAM COMMUNITY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7003007	QUEENS HOSPITAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7004010	RICHMOND UNIV MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2221700	RIVER HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2701003	ROCHESTER GENERAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002031	ROCKEFELLER UNIVERSITY	\$2,294.11	\$265.63	TBD	TBD	\$0.00	\$0.00
3201002	ROME HOSPITAL AND MURPHY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1401010	ROSWELL PARK	\$2,620.67	\$174.66	TBD	TBD	\$0.00	\$0.00
4102002	SAMARITAN HOSPITAL OF TROY	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2201000	SAMARITAN MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4501000	SARATOGA HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4823700	SCHUYLER HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
4324000	NYACK HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7002053	NYU HOSPITALS CENTER	\$0.00	\$0.00	\$1,450.82	\$265.64
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DI	\$0.00	\$0.00	\$1,450.82	\$265.64
1254700	O'CONNOR HOSPITAL	\$2,365.33	\$174.66	\$0.00	\$0.00
0401001	OLEAN GENERAL HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2601001	ONEIDA HEALTHCARE CENTER	\$0.00	\$0.00	\$0.00	\$0.00
3523000	ORANGE REGIONAL MED CTR	\$0.00	\$0.00	\$986.89	\$174.66
3702000	OSWEGO HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
0301001	OUR LADY OF LOURDES MEMORIAL	\$0.00	\$0.00	\$0.00	\$0.00
5155000	PECONIC BAY MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
7003006	PENINSULA HOSPITAL CENTER	\$0.00	\$0.00	\$1,382.06	\$265.64
5932000	PHELPS MEMORIAL HOSP	\$0.00	\$0.00	\$1,394.38	\$265.64
2952005	PLAINVIEW HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
3950000	PUTNAM COMMUNITY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7003007	QUEENS HOSPITAL CENTER	\$0.00	\$0.00	\$1,533.09	\$265.64
7004010	RICHMOND UNIV MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
2221700	RIVER HOSPITAL	\$2,346.26	\$174.66	\$0.00	\$0.00
2701003	ROCHESTER GENERAL HOSPITAL	\$0.00	\$0.00	\$1,111.82	\$174.66
7002031	ROCKEFELLER UNIVERSITY	\$0.00	\$0.00	\$0.00	\$0.00
3201002	ROME HOSPITAL AND MURPHY	\$0.00	\$0.00	\$988.81	\$174.66
1401010	ROSWELL PARK	\$0.00	\$0.00	\$0.00	\$0.00
4102002	SAMARITAN HOSPITAL OF TROY	\$0.00	\$0.00	\$0.00	\$0.00
2201000	SAMARITAN MEDICAL CENTER	\$0.00	\$0.00	\$1,135.85	\$174.66
4501000	SARATOGA HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
4823700	SCHUYLER HOSPITAL	\$1,409.31	\$174.66	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
4324000	NYACK HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002053	NYU HOSPITALS CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DI	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1254700	O'CONNOR HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0401001	OLEAN GENERAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2601001	ONEIDA HEALTHCARE CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3523000	ORANGE REGIONAL MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3702000	OSWEGO HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0301001	OUR LADY OF LOURDES MEMORIAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5155000	PECONIC BAY MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003006	PENINSULA HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5932000	PHELPS MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2952005	PLAINVIEW HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3950000	PUTNAM COMMUNITY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7003007	QUEENS HOSPITAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7004010	RICHMOND UNIV MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2221700	RIVER HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2701003	ROCHESTER GENERAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002031	ROCKEFELLER UNIVERSITY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3201002	ROME HOSPITAL AND MURPHY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1401010	ROSWELL PARK	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4102002	SAMARITAN HOSPITAL OF TROY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2201000	SAMARITAN MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4501000	SARATOGA HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4823700	SCHUYLER HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
4102003	SETON HEALTH SYSTEMS	\$0.00	\$0.00	TBD	TBD	\$195.26	\$174.66
1401006	SHEEHAN MEMORIAL EMERGENCY	\$0.00	\$0.00	TBD	TBD	\$281.06	\$174.66
1401013	SISTERS OF CHARITY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
6120700	SOLDIERS AND SAILORS MEM HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5904000	SOUND SHORE MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2950001	SOUTH NASSAU COMMUNITIES	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5126000	SOUTHAMPTON HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5154000	SOUTHSIDE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3529000	ST ANTHONY COMMUNITY HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7000014	ST BARNABAS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5157003	ST CATHERINE OF SIENA	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5149001	ST CHARLES HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$266.23	\$265.64
3202002	ST ELIZABETH MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1302000	ST FRANCIS HOSP / POUGH	\$0.00	\$0.00	TBD	TBD	\$327.38	\$174.66
2953000	ST FRANCIS HOSP / ROSLYN	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5002001	ST JAMES MERCY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$317.58	\$174.66
7001024	ST JOHNS EPISCOPAL SO SHORE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$481.23	\$265.64
0701001	ST JOSEPHS HOSP / ELMIRA	\$0.00	\$0.00	TBD	TBD	\$311.14	\$174.66
3301003	ST JOSEPHS HOSP HLTH CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5907002	ST JOSEPHS HOSPITAL YONKERS	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7002032	ST LUKES / ROOSEVELT HOSP	\$0.00	\$0.00	TBD	TBD	\$540.47	\$265.64
3522000	ST LUKES CORNWALL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2801001	ST MARYS HOSP / AMSTERDAM	\$0.00	\$0.00	TBD	TBD	\$384.94	\$174.66
0101004	ST PETERS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
4102003	SETON HEALTH SYSTEMS	\$0.00	\$0.00	\$0.00	\$0.00
1401006	SHEEHAN MEMORIAL EMERGENCY	\$0.00	\$0.00	\$0.00	\$0.00
1401013	SISTERS OF CHARITY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
6120700	SOLDIERS AND SAILORS MEM HOSP	\$1,755.52	\$174.66	\$0.00	\$0.00
5904000	SOUND SHORE MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
2950001	SOUTH NASSAU COMMUNITIES	\$0.00	\$0.00	\$0.00	\$0.00
5126000	SOUTHAMPTON HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
5154000	SOUTHSIDE HOSPITAL	\$0.00	\$0.00	\$1,266.28	\$265.64
3529000	ST ANTHONY COMMUNITY HOSP	\$0.00	\$0.00	\$0.00	\$0.00
7000014	ST BARNABAS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
5157003	ST CATHERINE OF SIENA	\$0.00	\$0.00	\$0.00	\$0.00
5149001	ST CHARLES HOSPITAL	\$0.00	\$0.00	\$864.73	\$265.64
3202002	ST ELIZABETH MEDICAL CENTER	\$0.00	\$0.00	\$0.00	\$0.00
1302000	ST FRANCIS HOSP / POUGH	\$0.00	\$0.00	\$1,203.39	\$174.66
2953000	ST FRANCIS HOSP / ROSLYN	\$0.00	\$0.00	\$0.00	\$0.00
5002001	ST JAMES MERCY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
7001024	ST JOHNS EPISCOPAL SO SHORE	\$0.00	\$0.00	\$0.00	\$0.00
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
0701001	ST JOSEPHS HOSP / ELMIRA	\$0.00	\$0.00	\$781.79	\$174.66
3301003	ST JOSEPHS HOSP HLTH CTR	\$0.00	\$0.00	\$0.00	\$0.00
5907002	ST JOSEPHS HOSPITAL YONKERS	\$0.00	\$0.00	\$0.00	\$0.00
7002032	ST LUKES / ROOSEVELT HOSP	\$0.00	\$0.00	\$1,350.72	\$265.64
3522000	ST LUKES CORNWALL	\$0.00	\$0.00	\$0.00	\$0.00
2801001	ST MARYS HOSP / AMSTERDAM	\$0.00	\$0.00	\$1,016.69	\$174.66
0101004	ST PETERS HOSPITAL	\$0.00	\$0.00	\$990.29	\$174.66



**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
4102003	SETON HEALTH SYSTEMS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1401006	SHEEHAN MEMORIAL EMERGENCY	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1401013	SISTERS OF CHARITY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
6120700	SOLDIERS AND SAILORS MEM HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5904000	SOUND SHORE MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2950001	SOUTH NASSAU COMMUNITIES	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5126000	SOUTHAMPTON HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5154000	SOUTHSIDE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3529000	ST ANTHONY COMMUNITY HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7000014	ST BARNABAS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5157003	ST CATHERINE OF SIENA	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5149001	ST CHARLES HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3202002	ST ELIZABETH MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1302000	ST FRANCIS HOSP / POUGH	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2953000	ST FRANCIS HOSP / ROSLYN	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5002001	ST JAMES MERCY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001024	ST JOHNS EPISCOPAL SO SHORE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5907001	ST JOHNS RIVERSIDE HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0701001	ST JOSEPHS HOSP / ELMIRA	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3301003	ST JOSEPHS HOSP HLTH CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5907002	ST JOSEPHS HOSPITAL YONKERS	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7002032	ST LUKES / ROOSEVELT HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3522000	ST LUKES CORNWALL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2801001	ST MARYS HOSP / AMSTERDAM	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0101004	ST PETERS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(1)	(2)	(3)	(4)	(5)	(6)
		SPECIALTY HOSPITAL		PSYCHIATRIC		CHEMICAL DEPENDENCY REHAB	
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM	PSYCHIATRIC BILLING RATE	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE	CHEMICAL DEPENDENCY REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME						
7002037	ST VINCENTS HOSPITAL / NYC	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001037	STATE UNIV HOSP / DOWNSTATE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7004003	STATEN ISLAND UNIV HOSP	\$0.00	\$0.00	TBD	TBD	\$546.94	\$265.64
2701005	STRONG MEMORIAL HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4353000	SUMMIT PARK HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
4601004	SUNNYVIEW HOSP AND REHAB	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2754001	THE UNITY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$373.24	\$174.66
0427000	TLC HEALTH NETWORK	\$0.00	\$0.00	TBD	TBD	\$198.12	\$174.66
1227001	TRI-TOWN REGIONAL HEALTHCARE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0303001	UNITED HEALTH SERVICES INC	\$0.00	\$0.00	TBD	TBD	\$488.15	\$174.66
1801000	UNITED MEMORIAL MED CTR	\$0.00	\$0.00	TBD	TBD	\$339.37	\$174.66
5151001	UNIV HOSP AT STONY BROOK	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
1302001	VASSAR BROTHERS MED CTR	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5820000	WAYNE HEALTH CARE	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5957001	WESTCHESTER MEDICAL CENTER	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0632000	WESTFIELD MEMORIAL HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
5902001	WHITE PLAINS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
2908000	WINTHROP UNIVERSITY HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
0602001	WOMANS CHRISTIAN ASSOC	\$0.00	\$0.00	TBD	TBD	\$343.38	\$174.66
7001045	WOODHULL MEDICAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
7001035	WYCKOFF HEIGHTS HOSPITAL	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00
6027000	WYOMING CO COMMUNITY HOSP	\$0.00	\$0.00	TBD	TBD	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(7)	(8)	(9)	(10)
		CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION	
		CRITICAL ACCESS HOSPITAL BILLING RATE	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE	MEDICAL REHAB ALC PER DIEM
OPCERT	HOSPITAL NAME				
7002037	ST VINCENTS HOSPITAL / NYC	\$0.00	\$0.00	\$0.00	\$0.00
7001037	STATE UNIV HOSP / DOWNSTATE	\$0.00	\$0.00	\$1,786.66	\$265.64
7004003	STATEN ISLAND UNIV HOSP	\$0.00	\$0.00	\$1,298.82	\$265.64
2701005	STRONG MEMORIAL HOSPITAL	\$0.00	\$0.00	\$1,171.75	\$174.66
4353000	SUMMIT PARK HOSPITAL	\$0.00	\$0.00	\$939.63	\$265.64
4601004	SUNNYVIEW HOSP AND REHAB	\$0.00	\$0.00	\$952.33	\$174.66
2754001	THE UNITY HOSPITAL	\$0.00	\$0.00	\$1,083.95	\$174.66
0427000	TLC HEALTH NETWORK	\$0.00	\$0.00	\$0.00	\$0.00
1227001	TRI-TOWN REGIONAL HEALTHCARE	\$0.00	\$0.00	\$0.00	\$0.00
0303001	UNITED HEALTH SERVICES INC	\$0.00	\$0.00	\$1,045.66	\$174.66
1801000	UNITED MEMORIAL MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
5151001	UNIV HOSP AT STONY BROOK	\$0.00	\$0.00	\$0.00	\$0.00
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$0.00	\$0.00	\$1,289.67	\$174.66
1302001	VASSAR BROTHERS MED CTR	\$0.00	\$0.00	\$0.00	\$0.00
5820000	WAYNE HEALTH CARE	\$0.00	\$0.00	\$0.00	\$0.00
5957001	WESTCHESTER MEDICAL CENTER	\$0.00	\$0.00	\$1,485.18	\$265.64
0632000	WESTFIELD MEMORIAL HOSP	\$0.00	\$0.00	\$0.00	\$0.00
5902001	WHITE PLAINS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
2908000	WINTHROP UNIVERSITY HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
0602001	WOMANS CHRISTIAN ASSOC	\$0.00	\$0.00	\$867.08	\$174.66
7001045	WOODHULL MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
7001035	WYCKOFF HEIGHTS HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
6027000	WYOMING CO COMMUNITY HOSP	\$0.00	\$0.00	\$0.00	\$0.00

**SCHEDULE OF WORKER'S COMPENSATION / NO FAULT (WCNF)  
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2010 - 12/31/2010**

		(11)	(12)	(13)	(14)
		DETOX		WCNF SURCHARGES	
		DETOX - MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME				
7002037	ST VINCENTS HOSPITAL / NYC	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001037	STATE UNIV HOSP / DOWNSTATE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7004003	STATEN ISLAND UNIV HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2701005	STRONG MEMORIAL HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4353000	SUMMIT PARK HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
4601004	SUNNYVIEW HOSP AND REHAB	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2754001	THE UNITY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0427000	TLC HEALTH NETWORK	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1227001	TRI-TOWN REGIONAL HEALTHCARE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0303001	UNITED HEALTH SERVICES INC	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1801000	UNITED MEMORIAL MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5151001	UNIV HOSP AT STONY BROOK	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
3301007	UNIV HOSP SUNY HLTH SCI CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
1302001	VASSAR BROTHERS MED CTR	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5820000	WAYNE HEALTH CARE	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5957001	WESTCHESTER MEDICAL CENTER	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0632000	WESTFIELD MEMORIAL HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
5902001	WHITE PLAINS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
2908000	WINTHROP UNIVERSITY HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
0602001	WOMANS CHRISTIAN ASSOC	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001045	WOODHULL MEDICAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
7001035	WYCKOFF HEIGHTS HOSPITAL	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%
6027000	WYOMING CO COMMUNITY HOSP	FOR FUTURE USE	FOR FUTURE USE	9.63%	28.27%

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

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

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

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

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

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

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

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