



FRANCES LIBOUS
VICE CHAIR

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

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION

June 29, 2006

**HOSPITAL INPATIENT FEE SCHEDULE
EFFECTIVE 7/01/2005 – 12/31/2005**

Enclosed, please find the certification letter and schedules of initial hospital reimbursement rates for service rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law and the Volunteer Ambulance Workers' Benefit Law for the period July 1, 2005 through December 31, 2005.

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

The July 1, 2005 rates, enclosed herein, are based upon the same inpatient reimbursable costs as those reflected in the 2005 inpatient rates promulgated on a statewide basis and previously certified to you, but also take into consideration the following changes:

1. Implementation of the 2004 volume adjustment in accordance with Part 86-1.64 for various hospitals.
2. Inclusion of updated indirect medical education information in the initial 2005 rates based upon the IME Survey submitted by hospitals for the period July 1, 2005 through June 30, 2006.
3. Inclusion of the above changes in the calculation of the group price for each respective year where appropriate.

Enclosures:

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

2005 Exempt Units and Hospitals Elements

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

- Group Code – This is the group number to which a hospital has been assigned. Please note that the first page contains a description for each of the nine peer groups and note explanation.
- Exempt Hospitals and/or Units - A number 1 (one) in the column signifies that the facility has that type of approved unit. The next six columns list the exempt unit(s) for which the hospital has been approved and for which a discrete exempt unit per diem rate has been calculated. For facilities listed under the column headed Exempt Hospitals, please refer to the note on the first page (index) of the attachment for the type of hospital and the services provided.

2005 Diagnosis Related Groups

This enclosure provides specific information for each diagnosis related group (DRG) including DRG number, DRG description, per case and per day service intensity weights (SIW's), non-Medicare trimpoints and upstate/downstate group average lengths of stay. The per case SIW is to be applied to the blended cost per discharge to determine the inlier payment for an individual claim. The low and high trimpoints are needed to determine if the claim is an inlier, short stay or long stay claim depending on patient's acute length of stay. The group average length of stays (upstate/downstate) are used to divide the per case amount in the determination of the per diem for payment (when applicable). These DRG's are to be used for patients discharged on or after January 1, 2005.

Top 20 DRG's

Pursuant to the provisions of the Health Care Reform Act of 2005, services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, and the Volunteer Ambulance Workers' Benefit Law discharged July 1, 2005 and after are to be reimbursed the state governmental payor rate. Chapter 80 of the Laws of 1995 included a provision which impacts payments for the twenty most common diagnosis related groups (DRG's) (See "Top 20 DRG's" schedule). For inpatient claims that group into one of the DRG categories listed, reimbursement is at the lower of the hospital-specific blended cost per discharge or the weighted group average for the hospitals peer group. Those hospitals who are designated as rural and have opted for 100%

hospital-specific reimbursement under Article 2807-c (6) are not subject to the Top 20 lower of payment system as described in Article 2807-c (5) of the Public Health Law.

Top 20 DRG rates based on the above adjustments have been calculated for the period July 1, 2005 through December 31, 2005. All payment formulas for Top 20 DRG's (Inliers, Short Stays, Transfers & High Costs) will use the rate amount listed in the Top 20 DRG column contained in the payment rate components listed on the Schedule entitled "Workers's Compensation and No Fault Hospital Case Payment Rates" (See Column 3).

Workers' Compensation (7/01/05 – 12/31/05)

This is a printout of all rates of payment and their specific component parts which have been approved by OHSM for Workers' Compensation claims, and are to be used to make payments for inpatient hospital services.

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

- Columns 1 through 10: Contains the revised rate components needed to calculate payments to a hospital for general acute care services for which reimbursement is governed by the per case methodology. These include inlier payments, short stay and transfer payments, long stay payments and high cost payments. A further explanation of columns which have changed from previous publications is as follows:
- Column 1 – Long Stay Group Neutral Cost/Discharge: This column should be utilized to calculate the long stay outlier payment for all applicable claims.
- Column 2 – Blended Case Mix Neutral Rate: This column combines the blended case mix neutral rate per discharge and base year malpractice case mix neutral cost per case listed separately in prior publications. This amount should be combined with the prospective adjustment amount reported in either Column 12 or 13 dependent upon the payor, workers' compensation or no-fault, respectively. The appropriate SIW should be multiplied times this combined amount to obtain a weighted rate per discharge.
- Column 3 – Top 20 DRG Rate: This column should be utilized in place of the Column 2 amount for all claims whose DRG assignment listed in the Top 20 DRG listing previously discussed. This amount should be combined with the applicable prospective rate adjustment from Column 12 or 13 prior to the application of the SIW.

- Column 4 – Capital Cost Rate Per Case: This column is similar to prior publications except that the current figure includes the Efficiency Cost Reduction Adjustment. This amount should be combined with the applicable prospective adjustment from Column 14 or 15 dependent upon the respective payor.
- Column 5 – Public Goods Pool Surcharge: This surcharge should be applied to the sum of the weighted rate per discharge (including prospective adjustments) plus the capital cost rate per case (including prospective adjustments). This surcharge is applicable for payors who have previously elected and been approved to pay the Public Goods Pool directly.
- Column 6 – Additional Public Goods Pool Surcharge: This additional surcharge of 25.97% should be added to the Column 5 amount of 8.85% to total 34.82%. This amount should be applied to the sum of the weighted rate per discharge (including prospective adjustments) plus the capital cost rate per case (including prospective adjustments) and included in the payment to the hospital. **This additional surcharge is only applicable to those payors who have not elected to pay the Public Goods Pool directly and have received approval for this arrangement by the Department of Health.**
- Columns 7 and 8: The capital per diem is to be utilized in the calculation of short stay and transfer payments for the respective payor.
- Columns 9 and 10: This SPARCS rate add-on is applicable to the per case or per diem payment respectively.
- Column 11: For those patients whose inpatient hospitalization at an acute level is no longer necessary, the case payment legislation authorizes payment of an alternate level of care rate. This column contains an alternative level of care per diem payment for each respective hospital. The appropriate public goods pool surcharge should be applied to this payment.
- Columns 12 through 17: These prospective adjustments reflect the net adjustments to the Worker's Compensation rates for periods 1988 through 1996 plus the Medicaid rate for the period January 1, 1997 through December 31, 2004. These prospective adjustments include the applicable rate differentials (5% or 13%) for the affected rate years for the respective payors. The adjustments are to be included in the applicable inlier and outlier payment calculations as detailed in this correspondence.
- Column 18: The high cost charge converter is the hospital specific inpatient ratio of cost to charges. This ratio is to be applied to total covered hospital inpatient charges for a specific claim to reduce charges to cost in the determination of high cost outlier payments.

- Column 19: The overall non-Medicare case mix is to be utilized in the determination of specific claim's eligibility as a high cost outlier.
- Column 20: Pure group price the for long stay test is the pure group price of the 2003 rates which is to be used in the calculation of the greater of high cost and long stay test to determine which payment to use.
- Columns 21 through 30: Per diem rates and components for hospitals which are totally exempt from the per case reimbursement system.
- Columns 31 through 40: Per diem rates and components for hospitals with a approved psychiatric exempt unit.
- Columns 41 through 50: Per diem rates and components for hospitals with an approved AIDS exempt.
- Columns 51 through 60: Per diem rates and components for hospitals with an approved Alcohol Rehabilitation exempt unit.
- Columns 61 through 70: Per diem rates and components for hospitals with an approved Drug Rehabilitation exempt unit.
- Columns 71 through 80: Per diem rates and components for hospitals with an approved Epilepsy exempt unit.
- Columns 81 through 90: Per diem rates and components for hospitals with an approved other exempt units.
- Columns 91 through 100: Per diem rates and components for hospitals with an approved Medical Rehabilitation exempt unit.

Workers' Compensation Retro-Payment Rate Schedules:

This schedule contains rates for hospitals for rate periods prior to July 1, 2005 as listed on the attached schedule.

Sample Payment Calculation Worksheets:

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

Sincerely,

Frances Libous
Vice Chair

Attachments

| *****INDEX TO SCHEDULES***** | |
|------------------------------|---|
| Code | GROUP DESCRIPTION |
| --- | ----- |
| 1. | UPSTATE NON-TEACHING (0-99 BEDS) |
| 2. | UPSTATE NON-TEACHING (100+ BEDS) |
| 4. | UPSTATE TEACHING |
| 5. | DOWNSTATE NON-TEACHING |
| 6. | DOWNSTATE TEACHING |
| 7. | TEACHING- ACADEMIC MEDICAL CENTERS |
| 8. | MAJOR PUBLIC |
| Exempt Hospital | |
| (A) | |
| ----- | |
| 1 | Specialty Exempt Hospital |
| 2 | Medical Rehabilitation Hospital |
| 3 | Psychiatric Hospital |
| 4 | Children's Hospital- Per Case Reimbursement |
| 5 | Critical Access Hospital (CAH) |
| Exempt Other Unit | |
| (B) | |
| ----- | |
| 1 | Head Trauma |
| 2 | Drug Rehabilitation Unit |
| 3 | Burn Unit |
| 4 | Hospice Unit |
| 5 | Extracorporeal Membrane Oxygenation Unit (ECMO) |
| 6 | Bone Marrow Unit |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|---|-------|----------|--------|---------|--------|---------|----------|----------|
| | | GROUP | HOSPITAL | PSYCH. | ALCOHOL | AIDS | MEDICAL | EPILEPSY | OTHER |
| | Hospital | CODE | (A) | UNIT | REHAB. | UNIT | REHAB. | UNIT | UNIT (B) |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 1623000 | ADIRONDACK MEDICAL CENTER | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0101005 | ALB MED CTR SO CLINICAL CAMPUS | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0101000 | ALBANY MEDICAL CENTER HOSP | 7 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| 3701000 | ALBERT LINDLEY LEE MEM HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1624000 | ALICE HYDE MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2801000 | AMSTERDAM MEMORIAL HOSPITAL | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0701000 | ARNOT-OGDEN MEMORIAL HOSP | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0501000 | AUBURN MEMORIAL HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3801000 | AURELIA OSBORN FOX MEM HOSP | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002001 | BELLEVUE HOSPITAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4652000 | BELLEVUE WOMAN'S HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5501000 | BENEDICTINE HOSPITAL | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 1427000 | BERTRAND CHAFFEE HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7001041 | BETH ISRAEL / KINGS HIGHWAY | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002002 | BETH ISRAEL MEDICAL CENTER | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 2 |
| 5957000 | BLYTHEDALE CHILDREN'S | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3535001 | BON SECOURS COMMUNITY HOSPITAL | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 7000001 | BRONX-LEBANON HOSPITAL CTR | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 7001002 | BROOKDALE HOSPITAL MED CTR | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5123000 | BROOKHAVEN MEMORIAL HOSPITAL | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7001003 | BROOKLYN HOSPITAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0601000 | BROOKS MEMORIAL HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5120000 | BRUNSWICK HOSPITAL CENTER | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5902002 | BURKE REHABILITATION CTR | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002003 | CABRINI MEDICAL CENTER | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7000011 | CALVARY HOSPITAL, INC. | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 2238001 | CARTHAGE AREA HOSPITAL INC | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 7003008 | CATHOLIC MEDICAL CENTER | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5253000 | Catskill Regional Medical Center-HERMAN | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5263000 | Catskill Regional Medical Center-HARRIS | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5401001 | CAYUGA MEDICAL CENTER | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0901001 | CHAMPLAIN VALLEY PHYSICIANS | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0824000 | CHENANGO MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4401000 | CLAXTON-HEPBURN MEDICAL CENTER | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3421000 | CLIFTON SPRINGS HOSPITAL | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 4458000 | CLIFTON-FINE HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002051 | COLER MEMORIAL HOSPITAL | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1001000 | COLUMBIA MEMORIAL HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | |
|---------|--------------------------------|-------|---|--------|---------|--------|--------|----------|----------|--|
| | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | EXEMPT | EXEMPT | EXEMPT | |
| | Hospital | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER | |
| | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) | |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | |
| 3301000 | COMM-GEN / GREATER SYRACUSE | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5925000 | COMMUNITY HOSP / DOBBS FERRY | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2625000 | COMMUNITY MEMORIAL HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7001009 | CONEY ISLAND HOSPITAL | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5001000 | CORNING HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1101000 | CORTLAND MEMORIAL HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 3301008 | CROUSE HOSPITAL | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0226000 | CUBA MEMORIAL HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1229000 | DELAWARE VALLEY HOSPITAL | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| 7004005 | DOCTORS HOSP / STATEN ISLAND | 5 | ===== See Staten Island University Hospital ===== | | | | | | | |
| 5127000 | EASTERN LONG ISLAND HOSPITAL | 5 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| 0102001 | EDDY COHOES REHAB CENTER | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4423000 | EDWARD JOHN NOBLE / GOUVERNEUR | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1521000 | ELIZABETHTOWN COMMUNITY | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5526001 | ELLENVILLE REGIONAL HOSP | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4601001 | ELLIS HOSPITAL | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7001024 | EPISCOPAL HEALTH SERVICES | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 1401005 | ERIE COUNTY MEDICAL CENTER | 7 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | |
| 3429000 | F F THOMPSON HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3202003 | FAXTON-ST. LUKE'S HEALTHCARE | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7003001 | FLUSHING HOSPITAL | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 7003013 | FOREST HILLS HOSPITAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2910000 | FRANKLIN HOSPITAL | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 3402000 | GENEVA GENERAL HOSPITAL | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| 2901000 | GLEN COVE HOSPITAL | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 5601000 | GLENS FALLS HOSPITAL | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7002050 | GOLDWATER MEMORIAL HOSP. | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4329000 | GOOD SAMARITAN / SUFFERN | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | |
| 5154001 | GOOD SAMARITAN / WEST ISLIP | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7002009 | HARLEM HOSPITAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 4322000 | HELEN HAYES HOSPITAL | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2701001 | HIGHLAND HOSP OF ROCHESTER | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3501000 | HORTON MEDICAL CENTER | 2 | ===== See ORANGE REGIONAL MEDICAL CENTER ===== | | | | | | | |
| 7002011 | HOSPITAL FOR JOINT DISEASES | 6 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| 7002012 | HOSPITAL FOR SPECIAL SURGERY | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5901000 | HUDSON VALLEY HOSPITAL CTR | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5153000 | HUNTINGTON HOSPITAL | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| 3154000 | INTER-COMMUNITY MEM HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7001046 | INTERFAITH MEDICAL CENTER | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | |
| 5022000 | IRA DAVENPORT MEMORIAL HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7000002 | JACOBI MEDICAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |
| 7003003 | JAMAICA HOSPITAL | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|--------------------------------|-------|----------|--------|---------|--------|--------|----------|----------|
| | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
| | Hospital | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER |
| | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 5149000 | JOHN T MATHER MEMORIAL HOSP | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0228000 | JONES MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1401001 | KALEIDA HEALTH | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 1401002 | KALEIDA HEALTH (CHILD.OF BUFF) | 9 | 4 | 0 | 0 | 0 | 1 | 1 | 0 |
| 1404000 | KENMORE MERCY HOSPITAL | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 7001016 | KINGS COUNTY HOSPITAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 5501001 | KINGSTON HOSPITAL | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 2728001 | LAKESIDE MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5922000 | LAWRENCE HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002017 | LENOX HILL HOSPITAL | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2424000 | LEWIS COUNTY GENERAL HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000008 | LINCOLN MEDICAL | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2129000 | LITTLE FALLS HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3101000 | LOCKPORT MEMORIAL HOSPITAL | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 2902000 | LONG BEACH MEDICAL CENTER | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001017 | LONG ISLAND COLLEGE HOSPITAL | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7003004 | LONG ISLAND JEWISH | 6 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 7001019 | LUTHERAN MEDICAL CENTER | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001020 | MAIMONIDES MEDICAL CENTER | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7002019 | MANHATTAN EYE EAR AND THROAT | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3622000 | MEDINA MEMORIAL HOSPITAL | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 7002020 | MEMORIAL HOSP. FOR CANCER | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0101003 | MEMORIAL HOSPITAL OF ALBANY | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1401008 | MERCY HOSPITAL OF BUFFALO | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 2909000 | MERCY MEDICAL CENTER | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002021 | METROPOLITAN HOSPITAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2701006 | MONROE COMMUNITY HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000006 | MONTEFIORE HOSPITAL | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| 1527000 | MOSES-LUDINGTON HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002024 | MOUNT SINAI HOSPITAL | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7003015 | MOUNT SINAI QUEENS | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3121000 | MOUNT ST MARYS HOSPITAL | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 5903000 | MOUNT VERNON HOSPITAL | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2950002 | NASSAU COUNTY MEDICAL CTR | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 1701000 | NATHAN LITTAUER HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2952001 | NEW ISLAND HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3102000 | NIAGARA FALLS MEMORIAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2527000 | NICHOLAS H NOYES MEMORIAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|--------------------------------|-------|----------|--------|---------|--------|--------|----------|----------|
| | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
| | Hospital | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER |
| | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 7000024 | NORTH CENTRAL BRONX HOSPITAL | 8 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7002052 | NORTH GENERAL HOSPITAL | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2951001 | NORTH SHORE UNIVERSITY HOSP | 6 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 1327000 | NORTHERN DUTCHESS HOSPITAL | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5920000 | NORTHERN WESTCHESTER HOSP | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7001008 | NY COMMUNITY / BROOKLYN | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002026 | NY EYE AND EAR INFIRMARY | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003010 | NY MED CTR OF QUEENS | 6 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 7001021 | NY METHODIST HOSP / BROOKLYN | 6 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002054 | NY PRESBYTERIAN HOSPITAL | 7 | 0 | 1 | 1 | 0 | 1 | 1 | 3 |
| 5906000 | NY UNITED HOSPITAL | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7000023 | NY WESTCHESTER SQUARE MED CTR | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4324000 | NYACK HOSPITAL | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002053 | NYU MEDICAL CENTER | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| 1254001 | O'CONNOR HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0401001 | OLEAN GENERAL HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2601001 | ONEIDA HEALTHCARE CENTER | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3523000 | ORANGE REGIONAL MEDICAL CENTER | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3702000 | OSWEGO HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0301001 | OUR LADY OF LOURDES MEMORIAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000005 | OUR LADY OF MERCY MED CTR | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2754001 | PARK RIDGE HOSPITAL | 4 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 7003020 | PARKWAY HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7003006 | PENINSULA HOSPITAL CENTER | 6 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 5 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 2952005 | PLAINVIEW HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7003007 | QUEENS HOSPITAL CENTER | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2701003 | ROCHESTER GENERAL HOSPITAL | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7002031 | ROCKEFELLER UNIVERSITY | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3201002 | ROME HOSPITAL AND MURPHY | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 1401010 | ROSWELL PARK MEMORIAL | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| 4102002 | SAMARITAN HOSPITAL OF TROY | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2201000 | SAMARITAN MEDICAL CENTER | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4501000 | SARATOGA HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4823000 | SCHUYLER HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4102003 | SETON HEALTH SYSTEMS | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 1401006 | SHEEHAN MEMORIAL EMERGENCY | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 1401013 | SISTERS OF CHARITY HOSPITAL | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7004008 | SISTERS OF CHARITY MED CTR | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 6120000 | SOLDIERS AND SAILORS MEMORIAL | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|------------------------------|--|----------|--------|---------|--------|---------|----------|----------|
| | | GROUP | HOSPITAL | PSYCH. | ALCOHOL | AIDS | MEDICAL | EPILEPSY | OTHER |
| | Hospital | CODE | (A) | UNIT | REHAB. | UNIT | REHAB. | UNIT | UNIT (B) |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 5904000 | SOUND SHORE MEDICAL CENTER | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5126000 | SOUTHAMPTON HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5154000 | SOUTHSIDE HOSPITAL | 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 3529000 | ST ANTHONY COMMUNITY HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7000014 | ST BARNABAS HOSPITAL | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5157003 | ST CATHERINE OF SIENA | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5149001 | ST CHARLES HOSPITAL | 5 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 4601002 | ST CLARES HOSP / SCHENECTADY | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7002033 | ST CLARES HOSP AND HLTH CTR | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 3202002 | ST ELIZABETH HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 1302000 | ST FRANCIS HOSP / POUGH | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 2 |
| 2953000 | ST FRANCIS HOSP / ROSLYN | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5002001 | ST JAMES MERCY HOSPITAL | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 5907001 | ST JOHNS RIVERSIDE HOSPITAL | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 1455000 | ST JOSEPH HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0701001 | ST JOSEPHS HOSP / ELMIRA | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5907002 | ST JOSEPHS HOSPITAL YONKERS | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7002032 | ST LUKES / ROOSEVELT HOSP | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 3502000 | ST LUKES HOSP / NEWBURGH | ===== See St. Lukes/Cornwall Hospital Hospital ===== | | | | | | | |
| 3522000 | ST LUKES/CORNWALL HOSPITAL | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2801001 | ST MARYS HOSP / AMSTERDAM | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 7001025 | ST MARYS HOSP / BROOKLYN | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0101004 | ST PETERS HOSPITAL | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 4 |
| 7002037 | ST VINCENTS HOSPITAL / NY | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 7001037 | STATE UNIVERSITY HOSPITAL | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7004003 | STATEN ISLAND UNIV HOSP | 6 | 0 | 1 | 1 | 0 | 1 | 0 | 3 |
| 2701005 | STRONG MEMORIAL HOSPITAL | 7 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| 4353000 | SUMMIT PARK HOSPITAL | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 4601004 | SUNNYVIEW HOSP. & REHAB. | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3301007 | SUNY HLTH SCIENCE CTR | 7 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 1227000 | THE HOSPITAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2221001 | THE RIVER HOSPITAL | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0427000 | TLC HEALTH NETWORK | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 0303001 | UNITED HEALTH SERVICES, INC | 4 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 1801000 | UNITED MEM MED CTR | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 5151001 | UNIV HOSP AT STONY BROOK | 7 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 1302001 | VASSAR BROTHERS HOSPITAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5820000 | WAYNE HEALTH CARE | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 5957001 | WESTCHESTER MEDICAL CENTER | 7 | 0 | 1 | 0 | 1 | 1 | 0 | 3 |

2005 Exempt Units and Hospitals Elements

| | | | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
|---------|------------------------------|-------|----------|--------|---------|--------|---------|----------|----------|
| | | GROUP | EXEMPT | EXEMPT | ALCOHOL | EXEMPT | MEDICAL | EXEMPT | EXEMPT |
| | Hospital | CODE | HOSPITAL | PSYCH. | REHAB. | AIDS | REHAB. | EPILEPSY | OTHER |
| | ----- | ----- | (A) | UNIT | UNIT | UNIT | UNIT | UNIT | UNIT (B) |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 0632000 | WESTFIELD MEMORIAL HOSP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5902001 | WHITE PLAINS HOSPITAL | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2908000 | WINTHROP UNIVERSITY HOSPITAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0602001 | WOMANS CHRISTIAN ASSOCIATION | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 7001045 | WOODHULL MEDICAL | 8 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6027000 | WYOMING CO COMMUNITY HOSP | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 1 | CRANIOTOMY AGE >17 W CC | 5.1967 | 1.3193 | 3 | 51 | 17 | 22 |
| 2 | CRANIOTOMY AGE >17 W/O CC | 3.2019 | 1.4180 | 2 | 30 | 10 | 12 |
| 6 | CARPAL TUNNEL RELEASE | 0.6500 | 1.5677 | 1 | 4 | 2 | 2 |
| 7 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC | 2.8438 | 0.9196 | 3 | 46 | 13 | 18 |
| 8 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC | 1.4076 | 1.1400 | 2 | 21 | 4 | 5 |
| 9 | SPINAL DISORDERS & INJURIES | 1.6298 | 0.7880 | 2 | 44 | 11 | 14 |
| 10 | NERVOUS SYSTEM NEOPLASMS W CC | 2.2247 | 0.6827 | 3 | 47 | 11 | 15 |
| 11 | NERVOUS SYSTEM NEOPLASMS W/O CC | 1.2918 | 0.7041 | 2 | 43 | 7 | 8 |
| 12 | DEGENERATIVE NERVOUS SYSTEM DISORDERS | 1.5491 | 0.6728 | 2 | 45 | 10 | 11 |
| 13 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA | 1.1324 | 0.6004 | 2 | 33 | 9 | 10 |
| 14 | STROKE WITH INFARCT | 2.0401 | 0.6975 | 3 | 48 | 11 | 13 |
| 15 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 1.5191 | 0.6893 | 2 | 44 | 8 | 9 |
| 16 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 1.9208 | 0.6284 | 3 | 47 | 9 | 11 |
| 17 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC | 0.9961 | 0.6481 | 2 | 41 | 6 | 7 |
| 18 | CRANIAL & PERIPHERAL NERVE DISORDERS W CC | 1.5555 | 0.6679 | 2 | 46 | 9 | 10 |
| 19 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC | 0.9508 | 0.6778 | 2 | 37 | 5 | 7 |
| 20 | NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS | 2.2964 | 0.7863 | 3 | 47 | 11 | 13 |
| 21 | VIRAL MENINGITIS | 0.8474 | 0.6169 | 2 | 23 | 4 | 5 |
| 22 | HYPERTENSIVE ENCEPHALOPATHY | 1.1038 | 0.6975 | 2 | 25 | 4 | 7 |
| 23 | NONTRAUMATIC STUPOR & COMA | 0.8290 | 0.6613 | 2 | 31 | 5 | 6 |
| 24 | SEIZURE & HEADACHE AGE >17 W CC | 1.1222 | 0.6333 | 2 | 33 | 6 | 7 |
| 25 | SEIZURE & HEADACHE AGE >17 W/O CC | 0.8175 | 0.6202 | 2 | 32 | 4 | 5 |
| 34 | OTHER DISORDERS OF NERVOUS SYSTEM W CC | 1.4888 | 0.7518 | 2 | 44 | 6 | 9 |
| 35 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC | 0.9606 | 0.6547 | 2 | 35 | 5 | 6 |
| 36 | RETINAL PROCEDURES | 0.9435 | 1.5381 | 1 | 10 | 3 | 4 |
| 37 | ORBITAL PROCEDURES | 1.6234 | 1.1104 | 2 | 37 | 4 | 6 |
| 38 | PRIMARY IRIS PROCEDURES | 0.6547 | 1.1186 | 1 | 9 | 3 | 3 |
| 39 | LENS PROCEDURES WITH OR WITHOUT VITRECTOMY | 0.8243 | 1.7322 | 1 | 5 | 2 | 2 |
| 40 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17 | 0.6833 | 1.6566 | 1 | 4 | 2 | 2 |
| 41 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18 | 0.6329 | 1.5069 | 1 | 4 | 1 | 2 |
| 42 | INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS | 1.0316 | 1.4049 | 1 | 14 | 3 | 4 |
| 43 | HYPHEMA | 0.6324 | 0.5215 | 2 | 23 | 4 | 5 |
| 44 | ACUTE MAJOR EYE INFECTIONS | 0.7286 | 0.5675 | 2 | 17 | 4 | 5 |
| 45 | NEUROLOGICAL EYE DISORDERS | 0.7453 | 0.5725 | 2 | 32 | 4 | 6 |
| 46 | OTHER DISORDERS OF THE EYE AGE >17 W CC | 1.0354 | 0.5889 | 2 | 41 | 6 | 7 |
| 47 | OTHER DISORDERS OF THE EYE AGE >17 W/O CC | 0.7427 | 0.5379 | 2 | 35 | 4 | 5 |
| 48 | OTHER DISORDERS OF THE EYE AGE <18 | 0.6705 | 0.6547 | 2 | 17 | 4 | 5 |
| 49 | MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY | 2.0606 | 1.5348 | 2 | 27 | 4 | 6 |
| 50 | SIALOADENECTOMY | 0.9405 | 1.7355 | 1 | 8 | 2 | 4 |
| 51 | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY | 0.8478 | 1.6072 | 1 | 6 | 2 | 3 |
| 52 | CLEFT LIP & PALATE REPAIR | 1.0846 | 1.6204 | 1 | 5 | 3 | 3 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|---|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 53 | SINUS & MASTOID PROCEDURES AGE >17 | 0.7401 | 1.8737 | 1 | 4 | 2 | 2 |
| 54 | SINUS & MASTOID PROCEDURES AGE <18 | 0.8905 | 2.1632 | 1 | 4 | 2 | 2 |
| 55 | MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES | 0.6594 | 1.8622 | 1 | 3 | 1 | 2 |
| 56 | RHINOPLASTY | 0.6965 | 1.9346 | 1 | 3 | 1 | 2 |
| 57 | T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE >17 | 0.5696 | 0.8258 | 1 | 13 | 2 | 3 |
| 58 | T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY,AGE <18 | 0.6602 | 0.9952 | 1 | 14 | 2 | 3 |
| 59 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 0.4483 | 1.5052 | 1 | 3 | 1 | 1 |
| 60 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18 | 0.5072 | 1.6895 | 1 | 3 | 1 | 1 |
| 61 | MYRINGOTOMY W TUBE INSERTION AGE >17 | 0.7000 | 1.9066 | 1 | 4 | 1 | 2 |
| 62 | MYRINGOTOMY W TUBE INSERTION AGE <18 | 0.5730 | 1.7618 | 1 | 3 | 1 | 1 |
| 63 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES | 1.6704 | 1.3901 | 2 | 22 | 4 | 6 |
| 64 | EAR, NOSE, MOUTH & THROAT MALIGNANCY | 1.8093 | 0.6152 | 2 | 44 | 9 | 10 |
| 65 | DYSEQUILIBRIUM | 0.5901 | 0.5478 | 2 | 20 | 4 | 5 |
| 66 | EPISTAXIS | 0.6730 | 0.5577 | 2 | 23 | 4 | 5 |
| 67 | EPIGLOTTITIS | 0.8465 | 0.8061 | 2 | 17 | 4 | 5 |
| 68 | OTITIS MEDIA & URI AGE >17 W CC | 0.7136 | 0.5412 | 2 | 18 | 5 | 5 |
| 69 | OTITIS MEDIA & URI AGE >17 W/O CC | 0.4568 | 0.4738 | 2 | 14 | 4 | 4 |
| 70 | OTITIS MEDIA & URI AGE <18 | 0.5910 | 0.6202 | 2 | 14 | 3 | 4 |
| 71 | LARYNGOTRACHEITIS | 0.4000 | 0.6514 | 1 | 12 | 2 | 3 |
| 72 | NASAL TRAUMA & DEFORMITY | 0.4820 | 0.8834 | 1 | 6 | 2 | 2 |
| 73 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 | 0.7012 | 0.5642 | 2 | 29 | 4 | 5 |
| 74 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18 | 0.5269 | 0.7107 | 1 | 15 | 3 | 3 |
| 75 | MAJOR CHEST PROCEDURES | 3.0259 | 1.1186 | 3 | 35 | 11 | 14 |
| 76 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 3.4143 | 0.8883 | 3 | 48 | 12 | 17 |
| 77 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC | 1.8046 | 0.8406 | 2 | 43 | 6 | 9 |
| 78 | PULMONARY EMBOLISM | 1.7319 | 0.6712 | 2 | 25 | 10 | 12 |
| 79 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC | 2.0537 | 0.6745 | 3 | 49 | 13 | 15 |
| 80 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC | 1.2405 | 0.6070 | 2 | 24 | 8 | 10 |
| 82 | RESPIRATORY NEOPLASMS | 1.9777 | 0.7255 | 2 | 46 | 9 | 12 |
| 83 | MAJOR CHEST TRAUMA W CC | 1.0777 | 0.6942 | 2 | 27 | 7 | 8 |
| 84 | MAJOR CHEST TRAUMA W/O CC | 0.6213 | 0.6416 | 2 | 14 | 4 | 4 |
| 85 | PLEURAL EFFUSION W CC | 1.6123 | 0.6909 | 2 | 46 | 8 | 10 |
| 86 | PLEURAL EFFUSION W/O CC | 1.0640 | 0.6021 | 2 | 44 | 6 | 8 |
| 87 | PULMONARY EDEMA & RESPIRATORY FAILURE | 1.6033 | 0.7551 | 2 | 45 | 7 | 9 |
| 88 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1.2016 | 0.6366 | 2 | 31 | 7 | 8 |
| 89 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 1.4089 | 0.6514 | 2 | 30 | 8 | 9 |
| 90 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC | 0.8559 | 0.5675 | 2 | 22 | 6 | 7 |
| 92 | INTERSTITIAL LUNG DISEASE W CC | 1.5119 | 0.6449 | 2 | 46 | 7 | 10 |
| 93 | INTERSTITIAL LUNG DISEASE W/O CC | 1.1380 | 0.6432 | 2 | 31 | 5 | 7 |
| 94 | PNEUMOTHORAX W CC | 1.2234 | 0.6333 | 2 | 33 | 8 | 9 |
| 95 | PNEUMOTHORAX W/O CC | 0.7307 | 0.5462 | 2 | 17 | 5 | 6 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|---------|--------|------------|------|---------|-----------|
| | | SIW | SIW | LOW | HIGH | AVG LOS | AVG LOS |
| 96 | BRONCHITIS & ASTHMA AGE >17 W CC | 0.9551 | 0.5856 | 2 | 28 | 7 | 7 |
| 97 | BRONCHITIS & ASTHMA AGE >17 W/O CC | 0.7277 | 0.5955 | 2 | 22 | 5 | 5 |
| 99 | RESPIRATORY SIGNS & SYMPTOMS W CC | 0.9187 | 0.6366 | 2 | 35 | 4 | 7 |
| 100 | RESPIRATORY SIGNS & SYMPTOMS W/O CC | 0.6277 | 0.6481 | 2 | 18 | 3 | 4 |
| 101 | OTHER RESPIRATORY SYSTEM DIAGNOSES W CC | 1.0179 | 0.6514 | 2 | 44 | 6 | 8 |
| 102 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC | 0.6363 | 0.5971 | 2 | 21 | 4 | 4 |
| 103 | HEART TRANSPLANT | 34.3591 | 3.9547 | 7 | 82 | 33 | 33 |
| 104 | CARDIAC VALVE PROCEDURES W CARDIAC CATH | 9.0285 | 1.8967 | 4 | 54 | 20 | 22 |
| 105 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATH | 6.0501 | 2.0398 | 3 | 24 | 12 | 13 |
| 106 | CORONARY BYPASS W PTCA | 7.3312 | 2.3508 | 3 | 31 | 11 | 15 |
| 107 | CORONARY BYPASS W CARDIAC CATH W/O PTCA | 6.4646 | 1.8424 | 3 | 31 | 14 | 17 |
| 108 | OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY | 4.6177 | 2.0349 | 2 | 15 | 10 | 10 |
| 109 | CORONARY BYPASS W/O PTCA OR CARDIAC CATH | 4.6745 | 1.9921 | 2 | 13 | 9 | 10 |
| 110 | MAJOR CARDIOVASCULAR PROCEDURES W CC | 4.3762 | 1.4559 | 3 | 33 | 13 | 15 |
| 111 | MAJOR CARDIOVASCULAR PROCEDURES W/O CC | 2.8780 | 1.4427 | 2 | 21 | 9 | 10 |
| 112 | PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK | 1.6486 | 1.4081 | 2 | 20 | 4 | 5 |
| 113 | AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE | 6.1834 | 0.8604 | 6 | 66 | 26 | 36 |
| 114 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS | 2.8998 | 0.7205 | 3 | 50 | 15 | 21 |
| 115 | PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GN | 4.6014 | 1.4953 | 3 | 47 | 15 | 11 |
| 116 | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT | 3.6694 | 1.8194 | 2 | 45 | 7 | 9 |
| 117 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT | 2.1114 | 1.0939 | 2 | 41 | 7 | 9 |
| 118 | CARDIAC PACEMAKER DEVICE REPLACEMENT | 2.0597 | 2.7653 | 1 | 16 | 4 | 6 |
| 119 | VEIN LIGATION & STRIPPING | 0.8064 | 1.3193 | 1 | 9 | 3 | 3 |
| 120 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 3.3836 | 0.8061 | 3 | 50 | 15 | 19 |
| 121 | CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE | 2.6580 | 0.9837 | 3 | 26 | 11 | 12 |
| 122 | CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE | 1.7243 | 0.9130 | 2 | 22 | 8 | 9 |
| 123 | CIRCULATORY DISORDERS W AMI, EXPIRED | 3.4361 | 1.3572 | 2 | 43 | 8 | 9 |
| 124 | CIRC DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG | 1.4837 | 0.9475 | 2 | 43 | 6 | 6 |
| 125 | CIRC DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG | 0.7547 | 1.2042 | 1 | 12 | 2 | 3 |
| 126 | ACUTE & SUBACUTE ENDOCARDITIS | 4.3185 | 0.6613 | 5 | 58 | 21 | 26 |
| 127 | HEART FAILURE & SHOCK | 1.5409 | 0.7222 | 2 | 40 | 8 | 9 |
| 128 | DEEP VEIN THROMBOPHLEBITIS | 1.0777 | 0.5215 | 2 | 26 | 9 | 10 |
| 129 | CARDIAC ARREST, UNEXPLAINED | 1.0525 | 2.6337 | 1 | 3 | 2 | 2 |
| 130 | PERIPHERAL VASCULAR DISORDERS W CC | 1.4627 | 0.6235 | 2 | 46 | 9 | 11 |
| 131 | PERIPHERAL VASCULAR DISORDERS W/O CC | 0.9414 | 0.5165 | 2 | 34 | 7 | 7 |
| 132 | ATHEROSCLEROSIS W CC | 1.3004 | 0.7978 | 2 | 29 | 5 | 8 |
| 133 | ATHEROSCLEROSIS W/O CC | 0.8205 | 0.7008 | 2 | 25 | 4 | 5 |
| 134 | HYPERTENSION | 0.9623 | 0.6679 | 2 | 33 | 5 | 6 |
| 135 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC | 1.4469 | 0.7501 | 2 | 35 | 6 | 9 |
| 136 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC | 0.7884 | 0.6580 | 2 | 24 | 4 | 5 |
| 137 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18 | 1.3268 | 0.8817 | 2 | 23 | 5 | 5 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|---|--------|--------|------------|------|---------|-----------|
| | | SIW | SIW | LOW | HIGH | AVG LOS | AVG LOS |
| 138 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 1.2132 | 0.7518 | 2 | 28 | 5 | 7 |
| 139 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC | 0.7602 | 0.7123 | 2 | 17 | 4 | 5 |
| 140 | ANGINA PECTORIS | 0.9273 | 0.7633 | 2 | 23 | 4 | 5 |
| 141 | SYNCOPE & COLLAPSE W CC | 1.0704 | 0.6909 | 2 | 40 | 5 | 6 |
| 142 | SYNCOPE & COLLAPSE W/O CC | 0.7482 | 0.6695 | 2 | 22 | 4 | 5 |
| 143 | CHEST PAIN | 0.6042 | 0.7748 | 1 | 14 | 3 | 3 |
| 144 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 1.4811 | 0.7288 | 2 | 45 | 8 | 10 |
| 145 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC | 0.8696 | 0.7222 | 2 | 25 | 4 | 5 |
| 146 | RECTAL RESECTION W CC | 3.1468 | 1.0331 | 3 | 26 | 13 | 16 |
| 147 | RECTAL RESECTION W/O CC | 2.0371 | 0.9377 | 2 | 17 | 10 | 11 |
| 148 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 3.1755 | 0.9245 | 3 | 40 | 14 | 17 |
| 149 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 1.9597 | 0.8801 | 2 | 17 | 9 | 11 |
| 150 | PERITONEAL ADHESIOLYSIS W CC | 2.4618 | 0.8521 | 3 | 35 | 12 | 14 |
| 151 | PERITONEAL ADHESIOLYSIS W/O CC | 1.3918 | 0.7863 | 2 | 32 | 7 | 9 |
| 152 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 2.1700 | 0.8719 | 2 | 26 | 9 | 10 |
| 153 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 1.4982 | 0.8192 | 2 | 16 | 6 | 7 |
| 154 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC | 3.8669 | 0.9920 | 3 | 46 | 14 | 18 |
| 155 | STOMACH,ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC | 2.0170 | 0.9179 | 2 | 22 | 8 | 10 |
| 156 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18 | 1.4850 | 0.9673 | 2 | 22 | 4 | 7 |
| 157 | ANAL & STOMAL PROCEDURES W CC | 1.2944 | 0.7666 | 2 | 43 | 5 | 7 |
| 158 | ANAL & STOMAL PROCEDURES W/O CC | 0.5970 | 0.8735 | 1 | 14 | 3 | 3 |
| 159 | HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W CC | 1.4597 | 0.8752 | 2 | 26 | 7 | 8 |
| 160 | HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC | 0.9350 | 0.9278 | 2 | 20 | 4 | 4 |
| 161 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC | 1.2598 | 0.9113 | 2 | 28 | 4 | 5 |
| 162 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC | 0.6769 | 1.2206 | 1 | 10 | 2 | 3 |
| 163 | HERNIA PROCEDURES AGE <18 | 0.6235 | 1.5233 | 1 | 4 | 1 | 2 |
| 164 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC | 2.1054 | 0.8044 | 3 | 26 | 11 | 12 |
| 165 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC | 1.3833 | 0.8126 | 2 | 20 | 7 | 8 |
| 166 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC | 1.2410 | 0.8307 | 2 | 17 | 6 | 7 |
| 167 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 0.8905 | 0.9887 | 2 | 6 | 4 | 4 |
| 168 | MOUTH PROCEDURES W CC | 1.3820 | 0.8011 | 2 | 42 | 6 | 9 |
| 169 | MOUTH PROCEDURES W/O CC | 0.8303 | 1.1252 | 1 | 15 | 3 | 3 |
| 170 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 3.1131 | 0.8159 | 3 | 49 | 15 | 17 |
| 171 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC | 1.3606 | 0.7929 | 2 | 43 | 7 | 8 |
| 172 | DIGESTIVE MALIGNANCY W CC | 2.1815 | 0.7041 | 3 | 47 | 11 | 13 |
| 173 | DIGESTIVE MALIGNANCY W/O CC | 1.1371 | 0.6975 | 2 | 43 | 6 | 8 |
| 174 | G.I. HEMORRHAGE W CC | 1.3888 | 0.7962 | 2 | 21 | 6 | 7 |
| 175 | G.I. HEMORRHAGE W/O CC | 0.8299 | 0.6794 | 2 | 15 | 4 | 5 |
| 176 | COMPLICATED PEPTIC ULCER | 1.0649 | 0.6087 | 2 | 29 | 7 | 8 |
| 177 | UNCOMPLICATED PEPTIC ULCER W CC | 0.8944 | 0.6004 | 2 | 22 | 5 | 7 |
| 178 | UNCOMPLICATED PEPTIC ULCER W/O CC | 0.6401 | 0.5396 | 2 | 21 | 4 | 5 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|---|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 179 | INFLAMMATORY BOWEL DISEASE | 1.1128 | 0.5593 | 2 | 34 | 8 | 9 |
| 180 | G.I. OBSTRUCTION W CC | 1.0747 | 0.6004 | 2 | 31 | 7 | 8 |
| 181 | G.I. OBSTRUCTION W/O CC | 0.6324 | 0.5231 | 2 | 23 | 5 | 6 |
| 182 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W CC | 1.1568 | 0.6810 | 2 | 30 | 6 | 7 |
| 183 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC | 0.7735 | 0.6333 | 2 | 26 | 5 | 5 |
| 185 | DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17 | 0.7290 | 0.6399 | 2 | 22 | 4 | 5 |
| 186 | DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18 | 0.6448 | 0.6514 | 2 | 17 | 3 | 4 |
| 187 | DENTAL EXTRACTIONS & RESTORATIONS | 0.7474 | 0.9146 | 1 | 20 | 2 | 3 |
| 188 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC | 1.0589 | 0.6004 | 2 | 35 | 6 | 8 |
| 189 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC | 0.6504 | 0.5313 | 2 | 29 | 4 | 5 |
| 191 | PANCREAS, LIVER & SHUNT PROCEDURES W CC | 4.7472 | 1.0281 | 4 | 53 | 18 | 22 |
| 192 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC | 2.6430 | 0.9920 | 2 | 40 | 12 | 13 |
| 193 | BIL TRACT PROC W CC EXC ONLY TOT CHOLECYST W/O CDE | 3.5882 | 0.8817 | 4 | 52 | 16 | 18 |
| 194 | BIL TRACT PROC W/O CC EXC ONLY TOT CHOLECYSTECT W/O CDE | 1.8614 | 0.8850 | 2 | 45 | 10 | 12 |
| 195 | TOTAL CHOLECYSTECTOMY W C.D.E. W CC | 2.5699 | 0.8604 | 3 | 33 | 10 | 13 |
| 196 | TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC | 2.0170 | 0.8505 | 2 | 25 | 8 | 10 |
| 197 | TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC | 2.1477 | 0.8784 | 2 | 33 | 8 | 11 |
| 198 | TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC | 1.3324 | 0.8817 | 2 | 17 | 5 | 7 |
| 199 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY | 2.4311 | 0.8949 | 2 | 46 | 14 | 17 |
| 200 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY | 2.3426 | 0.7765 | 2 | 45 | 9 | 13 |
| 201 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES | 3.0819 | 0.8192 | 3 | 48 | 11 | 13 |
| 202 | CIRRHOSIS & ALCOHOLIC HEPATITIS | 1.4961 | 0.6103 | 2 | 46 | 9 | 10 |
| 203 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS | 1.8166 | 0.6876 | 2 | 45 | 10 | 11 |
| 204 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 1.0337 | 0.5774 | 2 | 23 | 7 | 7 |
| 205 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC | 1.7230 | 0.7485 | 2 | 45 | 9 | 10 |
| 206 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC | 1.1435 | 0.7041 | 2 | 43 | 6 | 6 |
| 207 | DISORDERS OF THE BILIARY TRACT W CC | 1.1657 | 0.6679 | 2 | 32 | 6 | 7 |
| 208 | DISORDERS OF THE BILIARY TRACT W/O CC | 0.6581 | 0.5856 | 2 | 23 | 4 | 5 |
| 209 | MAJOR JOINT&LIMB REATTACH PROC OF LOW EXT, EXC HIP,EXC COMP | 3.5263 | 1.3670 | 2 | 22 | 11 | 15 |
| 210 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC | 3.4579 | 0.8571 | 4 | 51 | 18 | 22 |
| 211 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC | 2.2182 | 0.8982 | 2 | 37 | 11 | 14 |
| 212 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18 | 2.0623 | 1.0199 | 2 | 31 | 9 | 10 |
| 213 | AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS | 2.9981 | 0.7320 | 3 | 50 | 16 | 21 |
| 216 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | 2.6584 | 0.6662 | 3 | 45 | 13 | 15 |
| 217 | WND DEBRID&SKN GRFT EXC OPEN WND,MS & CONN TIS, EXC HAND | 3.0618 | 0.7699 | 3 | 48 | 13 | 19 |
| 218 | LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W CC | 2.4439 | 0.8752 | 3 | 47 | 11 | 16 |
| 219 | LOW EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE>17 W/O CC | 1.3251 | 0.9788 | 2 | 29 | 5 | 8 |
| 220 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE <18 | 1.4341 | 1.1910 | 2 | 23 | 5 | 6 |
| 221 | KNEE PROCEDURES W CC | 1.6986 | 1.0923 | 2 | 23 | 7 | 9 |
| 222 | KNEE PROCEDURES W/O CC | 1.0833 | 1.6269 | 1 | 5 | 3 | 3 |
| 223 | MAJ SHOULD/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC | 0.9128 | 1.2667 | 1 | 12 | 3 | 5 |

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|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 224 | SHOULDER, ELBOW OR FOREARM PROC, EXC MAJ JOINT PROC, W/O CC | 0.8773 | 1.4032 | 1 | 11 | 3 | 4 |
| 225 | FOOT PROCEDURES | 1.1213 | 0.9952 | 2 | 15 | 4 | 5 |
| 226 | SOFT TISSUE PROCEDURES W CC | 1.7499 | 0.8192 | 2 | 44 | 7 | 10 |
| 227 | SOFT TISSUE PROCEDURES W/O CC | 0.9324 | 1.2140 | 1 | 14 | 3 | 4 |
| 228 | MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC | 1.0008 | 1.4476 | 1 | 11 | 3 | 4 |
| 229 | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC | 0.8376 | 1.3999 | 1 | 11 | 2 | 3 |
| 230 | LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR | 1.1905 | 1.1005 | 2 | 13 | 5 | 5 |
| 232 | ARTHROSCOPY | 0.7953 | 1.1499 | 1 | 9 | 2 | 2 |
| 233 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 2.7511 | 1.0413 | 2 | 47 | 12 | 14 |
| 234 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC | 1.5097 | 1.1400 | 2 | 27 | 5 | 6 |
| 235 | FRACTURES OF FEMUR | 2.1486 | 0.4787 | 3 | 48 | 20 | 20 |
| 236 | FRACTURES OF HIP & PELVIS | 1.5525 | 0.5264 | 3 | 46 | 11 | 13 |
| 237 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH | 0.8525 | 0.5922 | 2 | 37 | 7 | 9 |
| 238 | OSTEOMYELITIS | 2.0003 | 0.5116 | 3 | 49 | 13 | 18 |
| 239 | PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY | 2.0435 | 0.5889 | 3 | 48 | 12 | 14 |
| 240 | CONNECTIVE TISSUE DISORDERS W CC | 1.5871 | 0.6860 | 2 | 45 | 9 | 10 |
| 241 | CONNECTIVE TISSUE DISORDERS W/O CC | 0.9337 | 0.6597 | 2 | 35 | 6 | 7 |
| 242 | SEPTIC ARTHRITIS | 1.2909 | 0.5215 | 2 | 44 | 9 | 11 |
| 243 | MEDICAL BACK PROBLEMS | 0.7965 | 0.4672 | 2 | 43 | 6 | 8 |
| 244 | BONE DISEASES & SPECIFIC ARTHROPATHIES W CC | 1.2033 | 0.5791 | 2 | 44 | 7 | 8 |
| 245 | BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC | 0.7115 | 0.5182 | 2 | 35 | 5 | 6 |
| 246 | NON-SPECIFIC ARTHROPATHIES | 0.8829 | 0.5396 | 2 | 30 | 6 | 7 |
| 247 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE | 0.6034 | 0.5215 | 2 | 23 | 4 | 5 |
| 248 | TENDONITIS, MYOSITIS & BURSITIS | 0.7077 | 0.5116 | 2 | 34 | 4 | 6 |
| 249 | MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC | 1.2380 | 0.6580 | 2 | 43 | 8 | 10 |
| 250 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE > 17 W CC | 0.8568 | 0.6218 | 2 | 33 | 7 | 8 |
| 251 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE > 17 W/O CC | 0.4534 | 0.6383 | 1 | 14 | 2 | 3 |
| 252 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE < 18 | 0.4333 | 0.9656 | 1 | 5 | 1 | 2 |
| 253 | FX, SPRN, STRN & DISL UPARM, LOWLEG EX FOOT AGE > 17 W CC | 1.3939 | 0.6202 | 2 | 45 | 9 | 11 |
| 254 | FX, SPRN, STRN & DISL UPARM, LOWLEG EX FOOT AGE > 17 W/O CC | 0.7000 | 0.5429 | 2 | 30 | 5 | 6 |
| 255 | FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE < 18 | 0.4713 | 0.6893 | 1 | 12 | 3 | 3 |
| 256 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG | 0.8047 | 0.6942 | 2 | 22 | 4 | 5 |
| 257 | TOTAL MASTECTOMY FOR MALIGNANCY W CC | 1.4931 | 1.0824 | 2 | 16 | 6 | 8 |
| 258 | TOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 1.2388 | 1.1120 | 2 | 12 | 5 | 6 |
| 259 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC | 1.2922 | 1.1351 | 2 | 15 | 5 | 7 |
| 260 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 0.9534 | 1.3456 | 1 | 6 | 3 | 4 |
| 261 | BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION | 1.0042 | 2.0530 | 1 | 6 | 2 | 3 |
| 262 | BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY | 0.7136 | 0.9426 | 1 | 22 | 2 | 2 |
| 263 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W CC | 3.1203 | 0.6300 | 4 | 54 | 21 | 23 |
| 264 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC | 1.8918 | 0.6070 | 3 | 47 | 11 | 15 |
| 265 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W CC | 2.4785 | 1.0972 | 2 | 40 | 8 | 13 |

2005 - Diagnosis Related Groups

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|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 266 | SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC | 1.3670 | 0.9443 | 2 | 39 | 5 | 6 |
| 267 | PERIANAL & PILONIDAL PROCEDURES | 0.5277 | 1.0232 | 1 | 6 | 2 | 3 |
| 268 | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES | 0.8217 | 2.0760 | 1 | 4 | 2 | 2 |
| 269 | OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W CC | 1.7025 | 0.7962 | 2 | 45 | 10 | 11 |
| 270 | OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC | 0.9598 | 0.8159 | 2 | 24 | 4 | 5 |
| 271 | SKIN ULCERS | 1.6003 | 0.5544 | 3 | 47 | 10 | 12 |
| 272 | MAJOR SKIN DISORDERS W CC | 1.8272 | 0.6465 | 3 | 47 | 9 | 13 |
| 273 | MAJOR SKIN DISORDERS W/O CC | 1.4704 | 0.5988 | 2 | 45 | 6 | 12 |
| 274 | MALIGNANT BREAST DISORDERS W CC | 2.3682 | 0.6810 | 3 | 46 | 12 | 13 |
| 275 | MALIGNANT BREAST DISORDERS W/O CC | 1.1392 | 0.6728 | 2 | 42 | 5 | 6 |
| 276 | NON-MALIGANT BREAST DISORDERS | 0.7021 | 0.5511 | 2 | 30 | 4 | 5 |
| 277 | CELLULITIS AGE >17 W CC | 1.0824 | 0.5182 | 2 | 38 | 7 | 8 |
| 278 | CELLULITIS AGE >17 W/O CC | 0.6598 | 0.4540 | 2 | 23 | 5 | 6 |
| 279 | CELLULITIS AGE <18 | 0.5991 | 0.5281 | 2 | 19 | 4 | 5 |
| 280 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC | 0.6953 | 0.5741 | 2 | 23 | 5 | 5 |
| 281 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC | 0.3863 | 0.6120 | 1 | 12 | 3 | 3 |
| 282 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18 | 0.3807 | 0.6432 | 1 | 11 | 2 | 3 |
| 283 | MINOR SKIN DISORDERS W CC | 0.8700 | 0.5182 | 2 | 27 | 6 | 8 |
| 284 | MINOR SKIN DISORDERS W/O CC | 0.5807 | 0.4919 | 2 | 27 | 4 | 5 |
| 285 | AMPUTAT OF LOW LIMB FOR ENDOCRINE,NUTRIT& METABOL DISORD | 3.9985 | 0.6531 | 5 | 57 | 21 | 27 |
| 286 | ADRENAL & PITUITARY PROCEDURES | 2.6622 | 1.2897 | 2 | 23 | 9 | 10 |
| 287 | SKIN GFT & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORD | 2.2405 | 0.5396 | 4 | 51 | 16 | 18 |
| 288 | O.R. PROCEDURES FOR OBESITY | 1.3221 | 1.0265 | 2 | 33 | 6 | 7 |
| 289 | PARATHYROID PROCEDURES | 1.1581 | 1.2864 | 2 | 12 | 4 | 5 |
| 290 | THYROID PROCEDURES | 0.9380 | 1.5101 | 1 | 5 | 3 | 4 |
| 291 | THYROIDGLOTTAL PROCEDURES | 0.6807 | 1.6352 | 1 | 4 | 2 | 2 |
| 292 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 3.8587 | 0.7863 | 4 | 51 | 19 | 19 |
| 293 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC | 1.4730 | 0.9212 | 2 | 43 | 7 | 8 |
| 294 | DIABETES AGE >35 | 0.9828 | 0.5264 | 2 | 32 | 6 | 8 |
| 295 | DIABETES AGE <36 | 0.8410 | 0.6037 | 2 | 18 | 5 | 6 |
| 296 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC | 1.1063 | 0.5610 | 2 | 45 | 8 | 9 |
| 297 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC | 0.5799 | 0.5034 | 2 | 21 | 5 | 6 |
| 298 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18 | 0.5282 | 0.5429 | 2 | 13 | 4 | 5 |
| 299 | INBORN ERRORS OF METABOLISM | 0.8452 | 0.6004 | 2 | 31 | 8 | 6 |
| 300 | ENDOCRINE DISORDERS W CC | 1.2358 | 0.6004 | 2 | 45 | 8 | 9 |
| 301 | ENDOCRINE DISORDERS W/O CC | 0.7666 | 0.5396 | 2 | 36 | 5 | 6 |
| 302 | KIDNEY TRANSPLANT | 10.7165 | 2.5531 | 4 | 42 | 20 | 21 |
| 303 | KIDNEY,URETER & MAJOR BLADDER PROC FOR NEOPLASM | 2.8900 | 1.0791 | 3 | 24 | 11 | 13 |
| 304 | KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W CC | 2.5610 | 0.9426 | 3 | 43 | 11 | 13 |
| 305 | KIDNEY,URETER & MAJOR BLAD PROC FOR NON-NEOPLASM W/O CC | 1.5914 | 0.9985 | 2 | 22 | 7 | 8 |
| 306 | PROSTATECTOMY W CC | 2.2161 | 0.7403 | 3 | 48 | 7 | 14 |

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|-----|---|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 307 | PROSTATECTOMY W/O CC | 1.2213 | 0.7567 | 2 | 29 | 7 | 8 |
| 308 | MINOR BLADDER PROCEDURES W CC | 2.2268 | 0.9706 | 2 | 46 | 10 | 12 |
| 309 | MINOR BLADDER PROCEDURES W/O CC | 1.4324 | 0.9377 | 2 | 43 | 6 | 7 |
| 310 | TRANSURETHRAL PROCEDURES W CC | 1.3179 | 0.8867 | 2 | 32 | 6 | 8 |
| 311 | TRANSURETHRAL PROCEDURES W/O CC | 0.7576 | 1.1219 | 1 | 14 | 3 | 4 |
| 312 | URETHRAL PROCEDURES, AGE >17 W CC | 1.4132 | 0.7468 | 2 | 44 | 6 | 8 |
| 313 | URETHRAL PROCEDURES, AGE >17 W/O CC | 0.7008 | 1.0380 | 1 | 12 | 3 | 4 |
| 314 | URETHRAL PROCEDURES, AGE <18 | 0.9948 | 1.2469 | 1 | 12 | 3 | 3 |
| 315 | OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES | 2.9131 | 1.0216 | 2 | 45 | 10 | 13 |
| 316 | RENAL FAILURE | 1.4619 | 0.6366 | 2 | 45 | 9 | 9 |
| 317 | ADMIT FOR RENAL DIALYSIS | 0.3884 | 0.7074 | 1 | 9 | 2 | 2 |
| 318 | KIDNEY & URINARY TRACT NEOPLASMS W CC | 1.7345 | 0.6300 | 2 | 45 | 12 | 13 |
| 319 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC | 0.7094 | 0.9196 | 1 | 17 | 3 | 4 |
| 320 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC | 1.0713 | 0.5791 | 2 | 22 | 7 | 8 |
| 321 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC | 0.6773 | 0.5198 | 2 | 16 | 5 | 6 |
| 322 | KIDNEY & URINARY TRACT INFECTIONS AGE <18 | 0.8743 | 0.6481 | 2 | 17 | 4 | 6 |
| 323 | URINARY STONES W CC, &/OR ESW LITHOTRIPSY | 0.6286 | 0.8554 | 1 | 19 | 3 | 3 |
| 324 | URINARY STONES W/O CC | 0.4008 | 0.6416 | 1 | 12 | 2 | 3 |
| 325 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC | 0.9640 | 0.6054 | 2 | 43 | 6 | 7 |
| 326 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC | 0.5444 | 0.5281 | 2 | 19 | 4 | 4 |
| 327 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18 | 0.4645 | 0.7057 | 1 | 13 | 3 | 3 |
| 328 | URETHRAL STRICTURE AGE >17 W CC | 1.0239 | 0.6860 | 2 | 23 | 6 | 6 |
| 329 | URETHRAL STRICTURE AGE >17 W/O CC | 0.6226 | 0.5544 | 2 | 23 | 4 | 4 |
| 330 | URETHRAL STRICTURE AGE <18 | 0.8232 | 0.6202 | 1 | 10 | 4 | 4 |
| 331 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC | 1.2222 | 0.5511 | 2 | 45 | 8 | 9 |
| 332 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC | 0.6914 | 0.5626 | 2 | 25 | 5 | 5 |
| 333 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18 | 0.8594 | 0.6235 | 2 | 35 | 4 | 6 |
| 334 | MAJOR MALE PELVIC PROCEDURES W CC | 2.5298 | 1.1137 | 2 | 17 | 11 | 13 |
| 335 | MAJOR MALE PELVIC PROCEDURES W/O CC | 2.0794 | 1.0446 | 2 | 15 | 8 | 11 |
| 336 | TRANSURETHRAL PROSTATECTOMY W CC | 1.5307 | 0.8094 | 2 | 29 | 9 | 12 |
| 337 | TRANSURETHRAL PROSTATECTOMY W/O CC | 0.9264 | 0.8225 | 2 | 10 | 5 | 6 |
| 338 | TESTES PROCEDURES, FOR MALIGNANCY | 0.9756 | 1.2502 | 1 | 12 | 3 | 5 |
| 339 | TESTES PROCEDURES, NON-MALIGNANCY AGE >17 | 0.6820 | 1.4147 | 1 | 5 | 2 | 2 |
| 340 | TESTES PROCEDURES, NON-MALIGNANCY AGE <18 | 0.6042 | 1.5694 | 1 | 4 | 1 | 2 |
| 341 | PENIS PROCEDURES | 1.6379 | 1.3868 | 2 | 22 | 5 | 5 |
| 342 | CIRCUMCISION AGE >17 | 0.6265 | 0.7765 | 1 | 13 | 1 | 2 |
| 343 | CIRCUMCISION AGE <18 | 0.3243 | 1.0216 | 1 | 3 | 1 | 1 |
| 344 | OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY | 1.5670 | 1.2848 | 2 | 25 | 8 | 8 |
| 345 | OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG | 1.0867 | 0.7485 | 2 | 38 | 7 | 8 |
| 346 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC | 1.8554 | 0.6699 | 2 | 46 | 9 | 11 |
| 347 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC | 0.9867 | 0.6778 | 2 | 42 | 5 | 4 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|--------|--------|------------|------|---------|-----------|
| | | SIW | SIW | LOW | HIGH | AVG LOS | AVG LOS |
| 348 | BENIGN PROSTATIC HYPERTROPHY W CC | 0.9803 | 0.6449 | 2 | 27 | 4 | 6 |
| 349 | BENIGN PROSTATIC HYPERTROPHY W/O CC | 0.5641 | 0.7222 | 1 | 20 | 2 | 3 |
| 350 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM | 0.6735 | 0.5297 | 2 | 17 | 5 | 5 |
| 351 | MALE STERILIZATION | 0.3192 | 0.6333 | 1 | 4 | 2 | 2 |
| 352 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES | 0.4397 | 0.6531 | 1 | 12 | 2 | 2 |
| 353 | PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY | 3.1161 | 1.1219 | 3 | 25 | 10 | 13 |
| 354 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 1.9050 | 1.0314 | 2 | 15 | 7 | 10 |
| 355 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC | 1.3512 | 0.9887 | 2 | 10 | 6 | 7 |
| 356 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 0.9559 | 0.8275 | 2 | 12 | 5 | 6 |
| 357 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY | 2.1593 | 1.0002 | 2 | 27 | 9 | 11 |
| 358 | UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W CC | 1.4503 | 0.9936 | 2 | 11 | 6 | 7 |
| 359 | UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC | 1.1363 | 1.0166 | 2 | 10 | 5 | 6 |
| 360 | VAGINA, CERVIX & VULVA PROCEDURES | 0.7594 | 1.0742 | 1 | 12 | 2 | 2 |
| 361 | LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION | 0.7730 | 0.9673 | 1 | 20 | 2 | 3 |
| 362 | ENDOSCOPIC TUBAL INTERRUPTION | 0.4658 | 1.1301 | 1 | 4 | 2 | 2 |
| 363 | D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY | 1.0410 | 0.9854 | 2 | 13 | 3 | 4 |
| 364 | D&C, CONIZATION EXCEPT FOR MALIGNANCY | 0.6077 | 1.1466 | 1 | 5 | 2 | 2 |
| 365 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES | 1.4166 | 0.8801 | 2 | 23 | 7 | 9 |
| 366 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC | 1.9567 | 0.6958 | 2 | 46 | 12 | 11 |
| 367 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC | 0.9850 | 0.7123 | 2 | 35 | 5 | 5 |
| 368 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM | 0.7401 | 0.5642 | 2 | 16 | 4 | 6 |
| 369 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 0.3786 | 0.5840 | 1 | 12 | 2 | 3 |
| 370 | CESAREAN SECTION W CC | 1.0572 | 0.7600 | 2 | 10 | 5 | 7 |
| 371 | CESAREAN SECTION W/O CC | 0.8508 | 0.7485 | 2 | 6 | 5 | 5 |
| 372 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.6953 | 0.9377 | 1 | 5 | 3 | 3 |
| 373 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.5628 | 0.9212 | N/A | 4 | 3 | 3 |
| 374 | VAGINAL DELIVERY W STERILIZATION &/OR D&C | 0.7666 | 1.0397 | 1 | 5 | 3 | 4 |
| 375 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 0.5628 | 0.8061 | 1 | 5 | 3 | 3 |
| 376 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 0.5414 | 0.5823 | 2 | 12 | 4 | 4 |
| 377 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 1.0581 | 0.8982 | 2 | 20 | 4 | 4 |
| 378 | ECTOPIC PREGNANCY | 1.0572 | 0.9673 | 2 | 20 | 3 | 3 |
| 379 | THREATENED ABORTION | 0.3953 | 0.4952 | 1 | 18 | 2 | 4 |
| 380 | ABORTION W/O D&C | 0.3149 | 0.7172 | 1 | 5 | 2 | 2 |
| 381 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 0.4730 | 1.2848 | 1 | 3 | 1 | 1 |
| 382 | FALSE LABOR | 0.1355 | 0.4655 | 1 | 3 | 1 | 2 |
| 383 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS | 0.5457 | 0.4738 | 2 | 21 | 4 | 5 |
| 384 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS | 0.3927 | 0.5856 | 1 | 11 | 2 | 3 |
| 392 | SPLENECTOMY AGE >17 | 2.4687 | 0.9936 | 2 | 27 | 9 | 11 |
| 393 | SPLENECTOMY AGE <18 | 1.6435 | 1.0331 | 2 | 14 | 7 | 7 |
| 394 | OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS | 1.7260 | 0.8324 | 2 | 43 | 6 | 8 |
| 395 | RED BLOOD CELL DISORDERS AGE >17 | 1.0884 | 0.5791 | 2 | 35 | 6 | 7 |

2005 - Diagnosis Related Groups

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|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 397 | OTHER COAGULATION DISORDERS | 1.2696 | 0.8817 | 2 | 36 | 6 | 7 |
| 398 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 1.4226 | 0.8044 | 2 | 23 | 7 | 8 |
| 399 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC | 0.8854 | 0.6383 | 2 | 19 | 6 | 6 |
| 401 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 3.7105 | 0.9262 | 3 | 50 | 13 | 18 |
| 402 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC | 1.7901 | 1.1565 | 2 | 42 | 6 | 8 |
| 403 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 2.8259 | 0.8455 | 3 | 47 | 13 | 15 |
| 404 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC | 1.4679 | 0.9048 | 2 | 43 | 6 | 8 |
| 406 | MYELOPRO DISORD OR POOR DIFF NEOPL W MAJ O.R. PROC W CC | 3.4007 | 1.0824 | 3 | 46 | 16 | 16 |
| 407 | MYELOPRO DISORD OR POOR DIFF NEOP W MAJ O.R. PROC W/O CC | 1.9683 | 1.1565 | 2 | 21 | 8 | 9 |
| 408 | MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC | 1.8332 | 1.1400 | 2 | 32 | 5 | 7 |
| 409 | RADIOTHERAPY | 1.0307 | 0.7057 | 2 | 15 | 8 | 6 |
| 410 | CHEMOTHERAPY | 1.0824 | 1.0824 | 2 | 16 | 4 | 4 |
| 413 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 2.4789 | 0.7288 | 3 | 48 | 11 | 14 |
| 414 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC | 1.6409 | 0.7172 | 2 | 43 | 9 | 9 |
| 415 | O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES | 2.4725 | 0.7074 | 3 | 48 | 13 | 17 |
| 416 | SEPTICEMIA AGE >17 | 1.7931 | 0.6876 | 2 | 41 | 10 | 12 |
| 417 | SEPTICEMIA AGE <18 | 0.9858 | 0.6531 | 2 | 25 | 5 | 6 |
| 418 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS | 0.8679 | 0.5067 | 2 | 30 | 6 | 8 |
| 419 | FEVER OF UNKNOWN ORIGIN AGE >17 W CC | 1.0649 | 0.5906 | 2 | 32 | 6 | 8 |
| 420 | FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC | 0.7576 | 0.5445 | 2 | 24 | 5 | 6 |
| 421 | VIRAL ILLNESS AGE >17 | 0.6658 | 0.5560 | 2 | 22 | 4 | 5 |
| 422 | VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18 | 0.5820 | 0.6268 | 2 | 13 | 3 | 4 |
| 423 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES | 1.0602 | 0.5675 | 2 | 44 | 7 | 9 |
| 424 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 2.5400 | 0.7567 | 2 | 43 | 18 | 18 |
| 425 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 0.8192 | 0.5741 | 2 | 35 | 5 | 6 |
| 426 | DEPRESSIVE NEUROSES | 0.7769 | 0.3520 | 2 | 44 | 7 | 14 |
| 427 | NEUROSES EXCEPT DEPRESSIVE | 0.9837 | 0.3866 | 2 | 44 | 5 | 15 |
| 428 | DISORDERS OF PERSONALITY & IMPULSE CONTROL | 0.6995 | 0.4129 | 3 | 47 | 8 | 11 |
| 429 | ORGANIC DISTURBANCES & MENTAL RETARDATION | 2.2627 | 0.4836 | 4 | 49 | 16 | 16 |
| 430 | PSYCHOSES | 1.5529 | 0.4162 | 4 | 51 | 14 | 19 |
| 431 | CHILDHOOD MENTAL DISORDERS | 0.9200 | 0.4491 | 4 | 50 | 14 | 14 |
| 432 | OTHER MENTAL DISORDER DIAGNOSES | 1.0799 | 0.4326 | 2 | 19 | 7 | 7 |
| 439 | SKIN GRAFTS FOR INJURIES | 1.9482 | 0.7748 | 2 | 44 | 10 | 11 |
| 440 | WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND | 2.1230 | 0.7732 | 2 | 45 | 11 | 13 |
| 441 | HAND PROCEDURES FOR INJURIES | 1.4209 | 1.1581 | 2 | 29 | 4 | 5 |
| 442 | OTHER O.R. PROCEDURES FOR INJURIES W CC | 2.1311 | 0.9212 | 2 | 44 | 9 | 11 |
| 443 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC | 0.8846 | 1.1301 | 1 | 20 | 3 | 6 |
| 444 | INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W CC | 0.8021 | 0.5626 | 2 | 32 | 6 | 7 |
| 445 | INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC | 0.5500 | 0.5544 | 2 | 19 | 4 | 4 |
| 446 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18 | 0.4547 | 0.6054 | 1 | 18 | 3 | 4 |
| 447 | ALLERGIC REACTIONS AGE >17 | 0.4585 | 0.6629 | 1 | 14 | 2 | 3 |

2005 - Diagnosis Related Groups

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|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 448 | ALLERGIC REACTIONS AGE <18 | 0.3966 | 0.6514 | 1 | 14 | 2 | 2 |
| 449 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC | 1.0722 | 0.7880 | 2 | 26 | 6 | 6 |
| 450 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC | 0.5363 | 0.8620 | 1 | 11 | 3 | 3 |
| 451 | POISONING & TOXIC EFFECTS OF DRUGS AGE <18 | 0.4966 | 0.8620 | 1 | 10 | 2 | 3 |
| 452 | COMPLICATIONS OF TREATMENT W CC | 0.9786 | 0.6251 | 2 | 37 | 6 | 8 |
| 453 | COMPLICATIONS OF TREATMENT W/O CC | 0.6081 | 0.5577 | 2 | 20 | 4 | 5 |
| 454 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC | 0.9747 | 0.5725 | 2 | 43 | 7 | 8 |
| 455 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC | 0.3624 | 0.7320 | 1 | 5 | 2 | 3 |
| 461 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES | 0.6589 | 1.6072 | 1 | 4 | 2 | 2 |
| 462 | REHABILITATION | 2.4289 | 0.3965 | 5 | 48 | 15 | 16 |
| 463 | SIGNS & SYMPTOMS W CC | 1.3196 | 0.6152 | 2 | 45 | 7 | 9 |
| 464 | SIGNS & SYMPTOMS W/O CC | 0.6179 | 0.5215 | 2 | 24 | 4 | 5 |
| 465 | AFTERCARE W HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS | 0.5948 | 0.9854 | 1 | 15 | 2 | 2 |
| 466 | AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS | 0.4243 | 1.1137 | 1 | 4 | 2 | 2 |
| 467 | OTHER FACTORS INFLUENCING HEALTH STATUS | 0.3192 | 0.6333 | 1 | 5 | 2 | 2 |
| 468 | EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 4.1929 | 0.9673 | 3 | 46 | 14 | 16 |
| 469 | PRIN. DIAGN. INVALID AS DISCHARGE DIAGNOSIS | N/A | N/A | N/A | N/A | N/A | N/A |
| 470 | UNGROUPABLE | N/A | N/A | N/A | N/A | N/A | N/A |
| 471 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM | 6.7979 | 1.6253 | 4 | 43 | 20 | 22 |
| 475 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT | 4.7228 | 1.1828 | 3 | 49 | 15 | 14 |
| 476 | PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS | 4.4480 | 0.7797 | 5 | 55 | 18 | 23 |
| 477 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS | 1.9311 | 0.7715 | 2 | 43 | 9 | 11 |
| 478 | OTHER VASCULAR PROCEDURES W CC | 2.8071 | 1.0643 | 2 | 46 | 10 | 13 |
| 479 | OTHER VASCULAR PROCEDURES W/O CC | 1.7251 | 1.2140 | 2 | 34 | 7 | 7 |
| 480 | LIVER TRANSPLANT | 35.7124 | 3.3805 | 8 | 99 | 41 | 41 |
| 482 | TRACHEOSTOMY WITH MOUTH, LARYNX OR PHARYNX DISORDER | 5.3475 | 1.0791 | 4 | 54 | 17 | 22 |
| 483 | ECMO OR TRACH W MV 96+ HR OR TRACH W PDX EXC FACE/MTH/NCK DX | 23.3884 | 1.4262 | 12 | 133 | 57 | 62 |
| 491 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY | 2.4229 | 1.4509 | 2 | 32 | 5 | 10 |
| 493 | LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W CC | 1.6815 | 0.9459 | 2 | 44 | 5 | 5 |
| 494 | LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC | 0.8542 | 1.6648 | 1 | 5 | 2 | 2 |
| 530 | CRANIOTOMY W MAJOR CC | 10.8720 | 1.5200 | 6 | 60 | 28 | 33 |
| 531 | NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC | 7.7171 | 1.1927 | 5 | 57 | 20 | 33 |
| 532 | TIA, PRECERBRAL OCCLUSIONS, SEIZ & HEADACHE W MCC | 2.0751 | 0.7847 | 2 | 46 | 9 | 10 |
| 533 | OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W MAJOR CC | 4.7899 | 0.9344 | 4 | 51 | 19 | 21 |
| 534 | EYE PROCEDURES W MAJOR CC | 1.9059 | 1.1992 | 2 | 37 | 12 | 13 |
| 535 | EYE DISORDERS W MAJOR CC | 1.9418 | 0.6399 | 3 | 46 | 8 | 12 |
| 536 | ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W MAJOR CC | 2.5738 | 1.0578 | 2 | 44 | 8 | 11 |
| 538 | MAJOR CHEST PROCEDURES W MAJOR CC | 5.9385 | 1.1466 | 4 | 55 | 18 | 24 |
| 539 | RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC | 6.7594 | 1.0890 | 5 | 57 | 23 | 28 |
| 540 | RESPIRATORY INFECTIONS & INFLAMMATIONS W MAJOR CC | 3.6190 | 0.7189 | 4 | 54 | 18 | 22 |
| 541 | RESP DISORD EXC INFECTIONS,BRONCHITIS,ASTHMA W MAJOR CC | 2.4392 | 0.7255 | 3 | 48 | 12 | 14 |

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|-----|---|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 542 | BRONCHITIS & ASTHMA W MAJOR CC | 1.4478 | 0.7633 | 2 | 31 | 8 | 9 |
| 543 | CIRC DISORD EXC AMI,ENDOCARDITIS,CHF & ARRHYT W MAJOR CC | 2.8934 | 0.8784 | 3 | 47 | 10 | 14 |
| 544 | CHF & CARDIAC ARRHYTHMIA W MAJOR CC | 3.5968 | 0.9870 | 3 | 49 | 13 | 15 |
| 545 | CARDIAC VALVE OR CARDIAC DEFIB IMPLANT PROCEDURE W MAJOR CC | 13.9701 | 2.1682 | 5 | 58 | 18 | 28 |
| 546 | CORONARY BYPASS W MAJOR CC | 9.2302 | 2.0037 | 4 | 55 | 14 | 19 |
| 547 | OTHER CARDIOTHORACIC PROCEDURE W MAJOR CC | 12.4527 | 2.1139 | 5 | 57 | 16 | 24 |
| 548 | CARDIAC PACEMAKER IMPLANT OR REVISION W MAJOR CC | 6.9436 | 1.3588 | 4 | 54 | 15 | 15 |
| 549 | MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC | 10.2430 | 1.3835 | 6 | 66 | 25 | 33 |
| 550 | OTHER VASCULAR PROCEDURES W MAJOR CC | 5.9022 | 1.2288 | 4 | 51 | 17 | 21 |
| 551 | ESOPHAGITIS,GASTROENT & UNCOMPLICATED ULCERS W MAJOR CC | 1.9413 | 0.7946 | 2 | 46 | 8 | 9 |
| 552 | DIGEST SYS DISORD EXC ESOP,GAST & UNCOMP ULCERS W MAJ CC | 3.4160 | 0.8653 | 3 | 49 | 13 | 16 |
| 553 | DIGEST SYS PROCS EXC HERN,M STOM OR BWL PROCS W MAJOR CC | 4.5408 | 0.9804 | 4 | 52 | 14 | 18 |
| 554 | HERNIA PROCEDURES W MAJOR CC | 2.7939 | 0.8373 | 3 | 47 | 9 | 12 |
| 555 | PANCREA,LIV & OTH BIL TRT PROC EXC LIV TRPLNT W MAJOR CC | 7.6572 | 1.2107 | 5 | 58 | 25 | 29 |
| 556 | CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W MAJOR CC | 4.0848 | 1.0051 | 3 | 50 | 15 | 17 |
| 557 | HEPATOBILIARY & PANCREAS DISORDERS W MAJOR CC | 3.8105 | 0.9212 | 3 | 50 | 14 | 16 |
| 558 | MAJ MUSCULOSKEL PROCS EXC BILAT OR MULT MAJ JNT W MAJ CC | 6.7073 | 1.0495 | 5 | 58 | 22 | 30 |
| 559 | NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC | 4.4698 | 0.8817 | 4 | 51 | 17 | 22 |
| 560 | MUSCULO DISORD EXC OSTEO,SEP ARTH & CONN TISS W MAJOR CC | 2.6345 | 0.7074 | 3 | 48 | 15 | 17 |
| 561 | OSTEOMYEL,SEPTIC ARTHRITIS & CONN TISS DISORD W MAJOR CC | 4.4519 | 0.7485 | 5 | 54 | 19 | 24 |
| 562 | MAJOR SKIN & BREAST DISORDERS W MAJOR CC | 3.2618 | 0.7107 | 4 | 51 | 16 | 17 |
| 563 | OTHER SKIN DISORDERS W MAJOR CC | 1.8196 | 0.6613 | 2 | 46 | 9 | 11 |
| 564 | SKIN & BREAST PROCEDURES W MAJOR CC | 4.8852 | 0.7699 | 5 | 54 | 20 | 27 |
| 565 | ENDOC,NUTRIT & METAB PROC EXC LOW LIMB W AMPUT W MAJ CC | 5.3762 | 0.8357 | 5 | 57 | 18 | 28 |
| 566 | ENDOC,NUTRIT & METAB DISOR EXC EAT DISORD OR CF W MAJ CC | 2.5994 | 0.7238 | 3 | 48 | 12 | 15 |
| 567 | KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W MAJOR CC | 6.7590 | 1.1088 | 5 | 55 | 18 | 26 |
| 568 | RENAL FAILURE W MAJOR CC | 3.7528 | 0.8834 | 3 | 50 | 18 | 17 |
| 569 | KID & URIN TRACT DISORD EXC RENAL FAILURE W MAJOR CC | 1.7439 | 0.6942 | 2 | 46 | 10 | 11 |
| 570 | MALE REPRODUCTIVE DISORDERS W MAJOR CC | 1.8554 | 0.6699 | 2 | 46 | 6 | 12 |
| 571 | MALE REPRODUCTIVE PROCEDURES W MAJOR CC | 3.4143 | 0.9475 | 3 | 49 | 14 | 17 |
| 572 | FEMALE REPRODUCTIVE DISORDERS W MAJOR CC | 2.1379 | 0.7337 | 3 | 46 | 12 | 10 |
| 573 | NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W MAJOR CC | 3.0567 | 1.1022 | 3 | 40 | 9 | 14 |
| 574 | BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W MAJOR CC | 2.6550 | 0.8258 | 3 | 47 | 11 | 12 |
| 575 | BLOOD,BLOOD FORM ORGANS & IMMUNOLOG PROCS W MAJOR CC | 5.9864 | 1.0117 | 5 | 56 | 13 | 25 |
| 576 | ACUTE LEUKEMIA W MAJOR CC | 11.5993 | 1.2157 | 7 | 77 | 33 | 33 |
| 577 | MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W MAJOR CC | 3.7220 | 0.9985 | 3 | 48 | 16 | 15 |
| 578 | LYMPHOMA & NON-ACUTE LEUKEMIA W MAJOR CC | 6.7778 | 1.0578 | 5 | 57 | 21 | 23 |
| 579 | PROCS FOR LYMPH,LEUKEMIA,MYELOPROLIF DISORD W MAJOR CC | 8.8935 | 1.0693 | 7 | 72 | 30 | 33 |
| 580 | SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W MAJOR CC | 2.1366 | 0.7123 | 3 | 47 | 10 | 13 |
| 581 | SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W MAJOR CC | 7.0120 | 0.9854 | 6 | 60 | 26 | 32 |
| 582 | INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC | 2.1170 | 0.9525 | 2 | 44 | 8 | 9 |

2005 - Diagnosis Related Groups

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|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 583 | PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC | 4.3527 | 0.9607 | 4 | 49 | 20 | 24 |
| 584 | SEPTICEMIA W MAJOR CC | 3.9301 | 0.9410 | 3 | 49 | 13 | 18 |
| 585 | MAJ STOMACH,ESOP,DUOD,SMALL & LRG BOWEL PROC W MAJOR CC | 5.9321 | 1.0759 | 5 | 56 | 18 | 23 |
| 586 | ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC | 1.8670 | 0.7567 | 2 | 46 | 11 | 11 |
| 587 | ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC | 1.1196 | 0.8143 | 2 | 18 | 5 | 5 |
| 602 | NEONATE, BIRTHWT <750G, DISCHARGED ALIVE | 34.8338 | 1.2042 | 23 | 205 | 113 | 109 |
| 603 | NEONATE, BIRTHWT <750G,DIED | 10.0759 | 1.5792 | 4 | 51 | 25 | 26 |
| 604 | NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE | 26.0331 | 1.1433 | 18 | 190 | 87 | 89 |
| 605 | NEONATE, BIRTHWT 750-999, DIED | 15.6773 | 1.8737 | 5 | 52 | 29 | 29 |
| 606 | NEONATE, BWT 1000-1499G, W SIG OR PROC, DISCH ALIVE | 28.2240 | 1.1318 | 19 | 230 | 81 | 97 |
| 607 | NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCH ALIVE | 11.4015 | 0.9196 | 10 | 126 | 44 | 51 |
| 608 | NEONATE, BIRTHWT 1000-1499G, DIED | 9.6332 | 1.3029 | 5 | 53 | 26 | 25 |
| 609 | NEONATE, BWT 1500-1999G, W SIG OR PROC, W MULT MAJ PROB | 15.0525 | 1.0841 | 10 | 110 | 58 | 61 |
| 610 | NEONATE, BWT 1500-1999G, W SIG OR PROC, W/O MUL MAJ PROB | 3.2555 | 0.7785 | 5 | 50 | 21 | 25 |
| 611 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MUL MAJ PROB | 6.3761 | 0.8521 | 6 | 72 | 30 | 35 |
| 612 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MAJOR PROB | 4.4044 | 0.7452 | 5 | 59 | 23 | 29 |
| 613 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W MINOR PROB | 3.1639 | 0.6514 | 4 | 55 | 21 | 22 |
| 614 | NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W OTHER PROB | 2.2930 | 0.5823 | 3 | 52 | 15 | 19 |
| 615 | NEONATE, BWT 2000-2499G, W SIG OR PROC, W MUL MAJOR PROB | 14.6726 | 1.1614 | 10 | 102 | 45 | 54 |
| 616 | NEONATE, BWT 2000-2499G, W SIG OR PROC, W/O MUL MAJ PROB | 3.1733 | 0.8340 | 3 | 48 | 16 | 22 |
| 617 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MUL MAJ PROB | 3.4139 | 0.7567 | 4 | 53 | 16 | 23 |
| 618 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MAJOR PROB | 1.8204 | 0.5823 | 3 | 49 | 11 | 16 |
| 619 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W MINOR PROB | 1.1025 | 0.5741 | 2 | 36 | 6 | 8 |
| 620 | NEONATE,BWT 2000-2499G,W/O SIG OR PROC, W NORM NEWB DIAG | 0.4384 | 0.4063 | N/A | 16 | 4 | 6 |
| 621 | NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W OTHER PROB | 1.1004 | 0.5133 | 2 | 34 | 8 | 10 |
| 622 | NEONATE, BWT >2499G, W SIG OR PROC, W MULT MAJOR PROB | 9.2020 | 1.2650 | 6 | 62 | 23 | 31 |
| 623 | NEONATE, BWT >2499G, W SIG OR PROC, W/O MULT MAJOR PROB | 2.1332 | 0.8965 | 2 | 46 | 10 | 12 |
| 624 | NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROC | 1.1115 | 0.9804 | 2 | 11 | 4 | 5 |
| 626 | NEONATE, BWT >2499G, W/O SIG OR PROC, W MULT MAJOR PROB | 2.3815 | 0.7518 | 3 | 48 | 10 | 16 |
| 627 | NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB | 0.9106 | 0.5478 | 2 | 32 | 5 | 9 |
| 628 | NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB | 0.5829 | 0.5017 | 2 | 18 | 4 | 5 |
| 629 | NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG | 0.2393 | 0.3405 | N/A | 5 | 3 | 3 |
| 630 | NEONATE, BWT >2499G, W/O SIG OR PROC, W OTHER PROB | 0.7453 | 0.4524 | 2 | 24 | 5 | 6 |
| 631 | BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD | 1.4127 | 0.7156 | 2 | 31 | 12 | 10 |
| 633 | MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W CC | 2.2653 | 1.1472 | 2 | 23 | 10 | 9 |
| 634 | MULT,OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC | 2.2653 | 1.1472 | 2 | 21 | 10 | 9 |
| 635 | NEONATAL AFTERCARE FOR WEIGHT GAIN | 1.4371 | 0.4343 | 3 | 49 | 8 | 8 |
| 636 | INFANT AFTERCARE FOR WEIGHT GAIN, AGE>28 DAYS & <1 YEAR | 2.0178 | 0.4639 | 4 | 53 | 8 | 8 |
| 637 | NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE | 0.5940 | 2.2422 | 1 | 3 | 1 | 1 |
| 638 | NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE | 0.9290 | 3.5763 | 1 | 3 | 1 | 1 |
| 639 | NEONATE, TRANSFERRED <5 DAYS OF BIRTH, BORN HERE | 0.7598 | 1.8441 | 1 | 3 | 2 | 2 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 640 | NEONATE, TRANSFERRED <5 DAYS OF BIRTH, NOT BORN HERE | 0.9170 | 1.7092 | 1 | 8 | 2 | 2 |
| 641 | EXTRACORPOREAL MEMBRANE OXYGENATION, BWT >2499 GRAMS | 13.7377 | 2.3952 | 5 | 62 | 16 | 16 |
| 650 | HIGH RISK CESAREAN SECTION W CC | 1.4568 | 0.7353 | 2 | 19 | 7 | 9 |
| 651 | HIGH RISK CESAREAN SECTION W/O CC | 1.0205 | 0.7436 | 2 | 9 | 5 | 6 |
| 652 | HIGH RISK VAGINAL DELIVERY W STERILIZATION AND/OR D&C | 0.8867 | 0.9558 | 2 | 9 | 4 | 4 |
| 700 | TRACHEOSTOMY FOR HIV INFECTION | 21.0680 | 1.3687 | 12 | 151 | 52 | 53 |
| 701 | HIV W O.R. PROCEDURE & VENTILATION OR NUTRITION SUPPORT | 11.1216 | 1.2749 | 7 | 77 | 32 | 34 |
| 702 | HIV W O.R. PROCEDURE W MULTIPLE MAJOR RELATED INFECTIONS | 10.4041 | 0.8159 | 10 | 120 | 51 | 52 |
| 703 | HIV W O.R. PROCEDURE W MAJOR RELATED DIAGNOSIS | 5.8595 | 0.8126 | 6 | 65 | 28 | 31 |
| 704 | HIV W O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS | 3.8540 | 0.7567 | 4 | 52 | 20 | 24 |
| 705 | HIV W MULTIPLE MAJOR RELATED INFECTIONS W TB | 7.1539 | 0.8636 | 6 | 65 | 29 | 29 |
| 706 | HIV W MULTIPLE MAJOR RELATED INFECTIONS W/O TB | 6.7522 | 0.8669 | 6 | 65 | 21 | 31 |
| 707 | HIV W VENTILATOR OR NUTRITIONAL SUPPORT | 7.0970 | 1.1334 | 5 | 53 | 21 | 21 |
| 708 | HIV W MAJOR RELATED DIAGNOSIS, DISCHARGE AMA | 2.3460 | 0.7172 | 3 | 47 | 15 | 15 |
| 709 | HIV W MAJOR RELATED DIAG W MULT MAJOR OR SIGN DIAG W TB | 4.2177 | 0.6810 | 5 | 56 | 22 | 22 |
| 710 | HIV W MAJOR RELATED DIAG W MULT MAJ OR SIGN DIAG W/O TB | 3.6288 | 0.7057 | 4 | 53 | 21 | 22 |
| 711 | HIV W MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W TB | 2.7413 | 0.6120 | 4 | 51 | 17 | 17 |
| 712 | HIV W MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB | 2.6759 | 0.7238 | 3 | 48 | 12 | 18 |
| 713 | HIV W SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA | 1.5730 | 0.7551 | 2 | 44 | 10 | 10 |
| 714 | HIV W SIGNIFICANT RELATED DIAGNOSIS | 2.0234 | 0.6958 | 3 | 47 | 13 | 14 |
| 715 | HIV W OTHER RELATED DIAGNOSES | 1.3063 | 0.6794 | 2 | 44 | 8 | 9 |
| 716 | HIV W/O OTHER RELATED DIAGNOSES | 0.5837 | 0.7699 | 1 | 12 | 6 | 7 |
| 730 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 7.9730 | 1.5249 | 4 | 48 | 26 | 27 |
| 731 | SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA | 6.3043 | 1.0446 | 5 | 59 | 24 | 32 |
| 732 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 4.2912 | 1.0791 | 3 | 49 | 16 | 18 |
| 733 | HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA | 2.4319 | 0.8094 | 3 | 46 | 13 | 14 |
| 734 | OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA | 1.7772 | 0.6794 | 2 | 46 | 10 | 12 |
| 737 | VENTRICULAR SHUNT REVISION | 1.9260 | 1.1680 | 2 | 26 | 6 | 7 |
| 738 | CRANIOTOMY, AGE <18 W CC | 4.6937 | 1.2765 | 3 | 50 | 17 | 19 |
| 739 | CRANIOTOMY, AGE <18 W/O CC | 2.4695 | 1.3769 | 2 | 20 | 7 | 9 |
| 740 | CYSTIC FIBROSIS | 2.1678 | 0.7090 | 3 | 48 | 11 | 13 |
| 743 | OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE | 0.8064 | 0.4968 | 2 | 31 | 5 | 8 |
| 744 | OPIOID ABUSE OR DEPENDENCE W CC | 1.1350 | 0.5330 | 2 | 21 | 8 | 10 |
| 745 | OPIOID ABUSE OR DEPENDENCE W/O CC | 0.9320 | 0.4343 | 2 | 21 | 7 | 10 |
| 746 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA | 0.6213 | 0.4606 | 2 | 31 | 5 | 7 |
| 747 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W CC | 1.0038 | 0.4754 | 2 | 21 | 8 | 10 |
| 748 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC | 0.7846 | 0.4409 | 2 | 11 | 6 | 8 |
| 749 | ALCOHOL ABUSE OR DEPENDENCE LEFT AMA | 0.4666 | 0.4491 | 2 | 18 | 4 | 4 |
| 750 | ALCOHOL ABUSE OR DEPENDENCE W CC | 0.8414 | 0.4952 | 2 | 13 | 6 | 7 |
| 751 | ALCOHOL ABUSE OR DEPENDENCE W/O CC | 0.5812 | 0.4063 | 2 | 8 | 5 | 6 |
| 752 | LEAD POISONING | 0.6807 | 0.5001 | 2 | 14 | 5 | 6 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|---|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 753 | COMPULSIVE NUTRITION DISORDER REHABILITATION | 3.0990 | 0.4326 | 5 | 56 | 15 | 35 |
| 754 | TERTIARY AFTERCARE, AGE => 1 YEAR | 1.7772 | 0.6794 | 2 | 23 | 10 | 12 |
| 755 | SPINAL FUSION W CC | 3.4224 | 1.3802 | 2 | 21 | 12 | 14 |
| 756 | SPINAL FUSION W/O CC | 2.3623 | 1.2749 | 2 | 16 | 9 | 11 |
| 757 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC | 1.9025 | 0.8636 | 2 | 40 | 9 | 16 |
| 758 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC | 1.1662 | 0.9870 | 2 | 12 | 6 | 8 |
| 759 | MULTIPLE CHANNEL COCHLEAR IMPLANTS | 8.7563 | 14.5483 | 1 | 4 | 3 | 3 |
| 760 | HEMOPHILIA FACTORS VIII AND IX | 1.6345 | 1.3769 | 2 | 26 | 5 | 6 |
| 761 | TRAUMATIC STUPOR & COMA, COMA >1 HR | 1.9495 | 1.0183 | 2 | 43 | 8 | 10 |
| 762 | CONCUSSION,INTRACRAN INJ W COMA <1 HR OR NO COMA AGE <18 | 0.3025 | 0.7617 | 1 | 4 | 2 | 2 |
| 763 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18 | 0.9324 | 0.7682 | 2 | 22 | 4 | 5 |
| 764 | CONCUSS,INTRACRAN INJ W COMA<1 HR OR NO COMA AGE>17 W CC | 0.9183 | 0.6136 | 2 | 32 | 5 | 6 |
| 765 | CONCUSS,INTRACRAN INJ W COMA<1 HR /NO COMA AGE>17 W/O CC | 0.4077 | 0.6465 | 1 | 12 | 2 | 3 |
| 766 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC | 1.7956 | 0.7024 | 2 | 46 | 12 | 12 |
| 767 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC | 0.9717 | 0.6317 | 2 | 42 | 6 | 7 |
| 768 | SEIZURE & HEADACHE AGE <18 W CC | 0.8700 | 0.6794 | 2 | 24 | 5 | 5 |
| 769 | SEIZURE & HEADACHE AGE <18 W/O CC | 0.7444 | 0.7123 | 2 | 16 | 3 | 4 |
| 770 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W CC | 1.8204 | 0.7320 | 2 | 46 | 10 | 9 |
| 771 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <18 W/O CC | 1.1491 | 0.7715 | 2 | 24 | 5 | 7 |
| 772 | SIMPLE PNEUMONIA & PLEURISY AGE <18 W CC | 0.9290 | 0.6909 | 2 | 18 | 5 | 6 |
| 773 | SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC | 0.7077 | 0.6597 | 2 | 12 | 4 | 5 |
| 774 | BRONCHITIS & ASTHMA AGE <18 W CC | 0.8059 | 0.7057 | 2 | 13 | 4 | 5 |
| 775 | BRONCHITIS & ASTHMA AGE <18 W/O CC | 0.6346 | 0.7205 | 2 | 13 | 3 | 4 |
| 776 | ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE <18 W CC | 1.2653 | 0.7468 | 2 | 44 | 4 | 6 |
| 777 | ESOPHAGIT,GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC | 0.6769 | 0.6629 | 2 | 19 | 4 | 5 |
| 778 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W CC | 1.0687 | 0.6843 | 2 | 37 | 5 | 6 |
| 779 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC | 0.3919 | 0.7584 | 1 | 5 | 2 | 2 |
| 780 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W CC | 5.2736 | 1.0150 | 4 | 51 | 10 | 14 |
| 781 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC | 1.8460 | 1.0561 | 2 | 43 | 5 | 9 |
| 782 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC | 7.0953 | 0.9870 | 5 | 56 | 30 | 27 |
| 783 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC | 1.8166 | 0.9739 | 2 | 41 | 12 | 18 |
| 784 | ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18 | 1.0021 | 0.6481 | 2 | 24 | 4 | 5 |
| 785 | OTHER RED BLOOD CELL DISORDERS AGE <18 | 0.9106 | 0.7617 | 2 | 23 | 5 | 5 |
| 786 | MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY | 4.1451 | 1.1367 | 3 | 48 | 15 | 19 |
| 787 | LAPAROSCOPIC CHOLECYSTECTOMY W CDE | 1.8384 | 0.9623 | 2 | 45 | 8 | 8 |
| 789 | MAJOR JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP | 3.7699 | 1.3933 | 3 | 35 | 10 | 15 |
| 790 | WND DEBRID & SKN GRFT FOR OPEN WOUND,MS CONN TIS,EXC HND | 1.3580 | 1.0084 | 2 | 25 | 4 | 6 |
| 791 | WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES | 1.3683 | 0.7156 | 2 | 44 | 7 | 10 |
| 792 | CRANIOTOMY FOR MULT SIG TRAUMA W NON-TRAUMATIC MAJOR CC | 13.1787 | 1.9132 | 5 | 53 | 40 | 42 |
| 793 | PROC FOR MUL SIG TRAUMA EXC CRANIOT W NON-TRAUM MAJOR CC | 10.0323 | 1.3506 | 6 | 57 | 28 | 35 |
| 794 | DIAG FOR MULTIPLE SIGNIF TRAUMA W NON-TRAUMATIC MAJOR CC | 6.3770 | 1.1367 | 4 | 51 | 26 | 27 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|-----------------|----------------|------------|------|---------|-----------|
| | | SIW PER CASE | SIW PER DAY | LOW | HIGH | AVG LOS | AVG LOS |
| 795 | LUNG TRANSPLANT | 36.6589 | 3.8329 | 7 | 82 | 31 | 31 |
| 796 | LOWER EXTREMITY REVASCLARIZATION W CC | 4.0369 | 1.0199 | 4 | 52 | 13 | 20 |
| 797 | LOWER EXTREMITY REVASCLARIZATION W/O CC | 2.1853 | 1.1301 | 2 | 23 | 8 | 11 |
| 798 | TUBERCULOSIS WITH OPERATING ROOM PROCEDURE | 4.6373 | 0.7682 | 5 | 56 | 25 | 26 |
| 799 | TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE | 2.0157 | 0.6087 | 3 | 46 | 13 | 13 |
| 800 | TUBERCULOSIS W CC | 3.0874 | 0.5692 | 4 | 55 | 19 | 19 |
| 801 | TUBERCULOSIS W/O CC | 2.3435 | 0.5182 | 4 | 51 | 16 | 14 |
| 802 | PNEUMOCYSTOSIS | 2.4161 | 0.6268 | 3 | 51 | 16 | 18 |
| 803 | ALLOGENEIC BONE MARROW TRANSPLANT | 21.8684 | 1.8243 | 10 | 105 | 33 | 43 |
| 804 | AUTOLOGOUS BONE MARROW TRANSPLANT | 16.1708 | 1.9527 | 7 | 62 | 33 | 48 |
| 805 | SIMULTANEOUS KIDNEY AND PANCREAS TRANSPLANT | 21.4329 | 2.5531 | 10 | 70 | 34 | 34 |
| 806 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 6.7628 | 1.7191 | 3 | 41 | 15 | 20 |
| 807 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC | 3.9523 | 1.7158 | 2 | 30 | 15 | 16 |
| 808 | PERCUATANEOUS CARDIOVASC PROC W AMI, HF OR SHOCK | 2.6528 | 1.3259 | 2 | 36 | 11 | 11 |
| 809 | OTHER CARDIOTHORACIC PROCEDURES W PDX CONG ANOMALY | 6.3808 | 2.1830 | 3 | 25 | 11 | 13 |
| 810 | INTRACRANIAL HEMORRHAGE | 2.5674 | 0.8965 | 2 | 46 | 11 | 13 |
| 811 | HEART ASSIST SYSTEM IMPLANT | 10.6079 | 2.7592 | 3 | 47 | 15 | 15 |
| 812 | MALFUNCTION, REACTION & COMP OF CARDIAC OR VASC DEV OR PROC | 1.5585 | 0.8126 | 2 | 44 | 6 | 6 |
| 813 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC | 0.8897 | 0.6580 | 2 | 29 | 5 | 6 |
| 814 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC | 0.4448 | 0.5725 | 1 | 17 | 3 | 3 |
| 815 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W CC | 0.7594 | 0.6975 | 2 | 12 | 3 | 5 |
| 816 | NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/O CC | 0.4718 | 0.7074 | 1 | 12 | 2 | 3 |
| 817 | HIP REPLACEMENT FOR COMPLICATIONS | 4.5638 | 1.5842 | 3 | 26 | 13 | 16 |
| 818 | HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS | 3.8297 | 1.4542 | 3 | 21 | 11 | 14 |
| 819 | CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE | 2.1952 | 1.3440 | 2 | 39 | 8 | 10 |
| 820 | MALFUNCTIONS, REACTIONS & COMP OF GU DEVICE/GRAFT/TRANSPLANT | 1.4072 | 0.8505 | 2 | 36 | 4 | 6 |
| 821 | EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 22.1495 | 1.7437 | 10 | 108 | 48 | 49 |
| 822 | EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT | 13.2061 | 2.0349 | 5 | 53 | 16 | 17 |
| 823 | FULL THICK BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA | 10.2665 | 1.2634 | 6 | 69 | 24 | 31 |
| 824 | FULL THICK BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA | 4.4044 | 0.9459 | 4 | 52 | 14 | 20 |
| 825 | FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA | 2.8780 | 0.7518 | 3 | 49 | 10 | 13 |
| 826 | FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR | 1.9730 | 0.7863 | 2 | 46 | 8 | 9 |
| 827 | NON-EXTENSIVE BURNS W INHAL INJ, CC OR SIGNIFICANT TRAUMA | 3.5049 | 0.8521 | 3 | 49 | 9 | 16 |
| 828 | NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA | 1.8337 | 0.7830 | 2 | 45 | 6 | 9 |
| 829 | PANCREAS TRANSPLANT | 21.4329 | 2.5531 | 7 | 50 | 34 | 34 |
| 832 | TRANSIENT ISCHEMIA | 0.8790 | 0.6120 | 2 | 19 | 5 | 6 |
| 833 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE | 8.6345 | 1.7635 | 4 | 55 | 23 | 23 |
| 836 | SPINAL PROCEDURES W CC | 4.0904 | 1.1104 | 3 | 51 | 14 | 22 |
| 837 | SPINAL PROCEDURES W/O CC | 2.2888 | 1.1515 | 2 | 33 | 7 | 10 |
| 838 | EXTRACRANIAL PROCEDURES W CC | 2.3370 | 1.0610 | 2 | 33 | 7 | 10 |
| 839 | EXTRACRANIAL PROCEDURES W/O CC | 1.6657 | 1.2404 | 2 | 15 | 5 | 6 |

2005 - Diagnosis Related Groups

| DRG | DIAGNOSIS RELATED GROUP NAME | 05 | 05 | TRIMPOINTS | | UPSTATE | DOWNSTATE |
|-----|--|---------|--------|------------|------|---------|-----------|
| | | SIW | SIW | LOW | HIGH | AVG LOS | AVG LOS |
| 849 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK | 12.8877 | 2.0119 | 3 | 58 | 22 | 24 |
| 850 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK | 12.1518 | 2.1303 | 5 | 58 | 50 | 50 |
| 851 | CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER | 7.2265 | 3.2358 | 2 | 24 | 16 | 16 |
| 852 | PERCATANEOUS CARDIOVAS PROC W NON-DRUG ELUTING STENT W/O AMI | 2.0354 | 2.2214 | 1 | 19 | 4 | 5 |
| 853 | PERCATANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W AMI | 3.4220 | 1.7102 | 2 | 34 | 11 | 11 |
| 854 | PERCATANEOUS CARDIOVAS PROC W DRUG ELUTING STENT W/O AMI | 2.4178 | 1.2083 | 1 | 19 | 4 | 5 |
| 864 | CERVICAL SPINAL FUSION W CC | 2.8310 | 1.1449 | 2 | 47 | 13 | 18 |
| 865 | CERVICAL SPINAL FUSION W/O CC | 1.4593 | 1.1449 | 2 | 15 | 7 | 9 |
| 866 | LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W CC | 2.2635 | 0.9623 | 2 | 44 | 9 | 14 |
| 867 | LOCAL INCSN & REM OF INT FIX DEVICES EXC HIP & FEMUR W/O CC | 1.0662 | 1.4049 | 1 | 13 | 3 | 3 |
| 874 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 3.8096 | 1.0528 | 3 | 48 | 14 | 19 |
| 875 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC | 1.8371 | 1.1400 | 2 | 44 | 7 | 10 |
| 876 | CHEMO W ACUTE LEUK AS SDX OR W USE OF HIGH DOSE CHEMO AGENT | 1.4845 | 1.0989 | 2 | 23 | 5 | 6 |

TOP 20 DRGs for 2005 NON-MEDICARE (B03:R04)

| DRG # | DIAGNOSIS RELATED GROUP NAME | SIW PER CASE | TOTAL CASES |
|--------------|--|-------------------------|------------------------|
| 1 | 629 NEONATE, BWT >2499G, W/O SIGN OR PROC, W NORM NEWB DIAG | 0.2393 | 200,511 |
| 2 | 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.5628 | 123,958 |
| 3 | 371 CESAREAN SECTION W/O CC | 0.8508 | 46,686 |
| 4 | 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.6953 | 37,729 |
| 5 | 143 CHEST PAIN | 0.6042 | 33,095 |
| 6 | 359 UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC | 1.1363 | 20,117 |
| 7 | 775 BRONCHITIS & ASTHMA AGE <18 W/O CC | 0.6346 | 13,963 |
| 8 | 127 HEART FAILURE & SHOCK | 1.5409 | 11,616 |
| 9 | 370 CESAREAN SECTION W CC | 1.0572 | 11,184 |
| 10 | 383 OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS | 0.5457 | 10,695 |
| 11 | 88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1.2016 | 9,917 |
| 12 | 89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 1.4089 | 9,650 |
| 13 | 628 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MINOR PROB | 0.5829 | 9,303 |
| 14 | 627 NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W MAJOR PROB | 0.9106 | 9,082 |
| 15 | 814 NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC | 0.4448 | 8,644 |
| 16 | 183 ESOPHAGITIS,GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC | 0.7735 | 8,372 |
| 17 | 494 LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC | 0.8542 | 8,222 |
| 18 | 97 BRONCHITIS & ASTHMA AGE >17 W/O CC | 0.7277 | 7,719 |
| 19 | 167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 0.8905 | 7,662 |
| 20 | 294 DIABETES AGE >35 | 0.9828 | 7,627 |

DRGS IN 2004 NOT IN 2005

| | | |
|-----|--|--------|
| 852 | PERCUTANEOUS CARDIOVAS PROC W NON-DRUG ELUTING STENT W/O AMI | 2.0354 |
|-----|--|--------|

DRGS IN 2005 NOT IN 2004

| | | |
|-----|------------------|--------|
| 294 | DIABETES AGE >35 | 0.9828 |
|-----|------------------|--------|

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|--------------------------|------------|-------------|----------------|------------|------------|------------|------------|----------|---------------|-----------|--------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLEND CASE | CAPITAL COST | | | W COMP | NO-FAULT | SPARCS | | ALTERNATE | |
| | | GROUP | MIX NEUTRAL | PER CASE (EXCL | PUBLIC | SHORT | SHORT | PER CASE | PER CASE | LEVEL OF CARE | | |
| | | NEUTRAL | RATE INCL | LESS PROD & | GOODS | STAY | & TRANSFER | & TRANSFER | RATE | RATE | OPERATING | |
| | | COST/DISCH | BASIC MALP | TOP 20 DRG | POOL | PUBLIC | CAPITAL | CAPITAL | PER DIEM | PER DIEM | PER DIEM | |
| | | | EXCLUDING | EXCLUDING | EFFICIENCY | GOODS POOL | PER DIEM | PER DIEM | PER CASE | PER CASE | PER CASE | |
| | | | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | | | | | | |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 5123000 | BROOKHAVEN MEMORIAL | 4,235.85 | 4,241.62 | 4,105.64 | 135.19 | 8.85% | 25.97% | 42.86 | 42.86 | 1.95 | 0.38 | 243.21 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 4,566.79 | 6,320.68 | 4,105.64 | 128.48 | 8.85% | 25.97% | 36.32 | 36.32 | 2.57 | 0.34 | 243.21 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 4,053.71 | 3,725.73 | 3,725.73 | 234.72 | 8.85% | 25.97% | 51.90 | 51.90 | 1.67 | 0.44 | 243.21 |
| 5127000 | EASTERN LONG ISLAND | 4,716.36 | 5,122.06 | 3,952.66 | 122.91 | 8.85% | 25.97% | 10.17 | 10.17 | 2.91 | 0.21 | 243.21 |
| 7001024 | EPISCOPAL HEALTH SVCS | 6,332.73 | 6,355.24 | 5,856.16 | 165.63 | 8.85% | 25.97% | 54.95 | 54.95 | 1.95 | 0.33 | 243.21 |
| 2910000 | FRANKLIN HOSPITAL | 3,899.51 | 3,862.46 | 3,862.46 | 109.90 | 8.85% | 25.97% | 45.49 | 45.49 | 1.76 | 0.31 | 243.21 |
| 2901000 | GLEN COVE HOSPITAL | 4,648.43 | 5,220.28 | 4,105.64 | 391.86 | 8.85% | 25.97% | 38.71 | 38.71 | 2.17 | 0.31 | 243.21 |
| 5154001 | GOOD SAM / WEST ISLIP | 4,478.80 | 3,777.16 | 3,777.16 | 128.39 | 8.85% | 25.97% | 31.04 | 31.04 | 1.41 | 0.35 | 243.21 |
| 5153000 | HUNTINGTON HOSPITAL | 4,369.44 | 3,907.17 | 3,907.17 | 233.41 | 8.85% | 25.97% | 68.81 | 68.81 | 1.39 | 0.33 | 243.21 |
| 5149000 | JOHN T MATHER MEMORIAL | 4,438.18 | 4,244.41 | 4,027.84 | 132.04 | 8.85% | 25.97% | 34.74 | 34.74 | 2.33 | 0.35 | 243.21 |
| 2902000 | LONG BEACH MED CTR | 4,460.83 | 4,281.06 | 4,075.46 | 208.68 | 8.85% | 25.97% | 46.92 | 46.92 | 2.70 | 0.35 | 243.21 |
| 2909000 | MERCY MEDICAL CENTER | 4,220.61 | 4,158.32 | 4,105.64 | 139.98 | 8.85% | 25.97% | 10.30 | 10.30 | 1.74 | 0.32 | 243.21 |
| 2950002 | NASSAU HEALTH CARE CORP | 9,784.65 | 8,262.85 | 8,262.85 | 397.80 | 8.85% | 25.97% | 87.61 | 87.61 | 2.60 | 0.44 | 243.21 |
| 2952006 | NEW ISLAND HOSPITAL | 4,398.71 | 4,408.11 | 4,105.64 | 77.06 | 8.85% | 25.97% | (126.69) | (126.69) | 1.11 | 0.29 | 243.21 |
| 2951001 | NORTH SHORE UNIV HOSP | 6,012.39 | 5,115.06 | 5,115.06 | 810.24 | 8.85% | 25.97% | 134.96 | 134.96 | 2.83 | 0.61 | 243.21 |
| 2952005 | PLAINVIEW HOSPITAL | 4,486.50 | 4,103.97 | 4,038.91 | 534.38 | 8.85% | 25.97% | 49.41 | 49.41 | 1.12 | 0.28 | 243.21 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 4,016.73 | 3,676.55 | 3,676.55 | 105.47 | 8.85% | 25.97% | 16.17 | 16.17 | 1.62 | 0.32 | 243.21 |
| 5126000 | SOUTHAMPTON HOSPITAL | 4,483.61 | 4,705.34 | 4,105.64 | 455.27 | 8.85% | 25.97% | 143.43 | 143.43 | 1.62 | 0.53 | 243.21 |
| 5154000 | SOUTHSIDE HOSPITAL | 4,560.07 | 4,312.04 | 4,105.64 | 285.66 | 8.85% | 25.97% | 55.53 | 55.53 | 1.56 | 0.29 | 243.21 |
| 5157003 | ST CATHERINE OF SIENA | 4,208.17 | 4,229.54 | 4,105.64 | 231.13 | 8.85% | 25.97% | 74.29 | 74.29 | 1.50 | 0.34 | 243.21 |
| 5149001 | ST CHARLES HOSPITAL | 4,367.86 | 3,973.65 | 3,973.65 | 234.87 | 8.85% | 25.97% | 83.97 | 83.97 | 1.82 | 0.31 | 243.21 |
| 2953000 | ST FRANCIS / ROSLYN | 4,210.06 | 3,777.17 | 3,777.17 | 475.90 | 8.85% | 25.97% | 51.81 | 51.81 | 1.99 | 0.47 | 243.21 |
| 5151001 | UNIV HOSP AT STONY BROOK | 6,336.74 | 5,779.24 | 5,765.34 | 676.98 | 8.85% | 25.97% | 103.97 | 103.97 | 3.38 | 0.66 | 243.21 |
| 2908000 | WINTHROP UNIVERSITY | 5,231.43 | 4,517.82 | 4,517.82 | 138.08 | 8.85% | 25.97% | 31.72 | 31.72 | 2.07 | 0.50 | 243.21 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | |
|---|--------------------------|--|--|---|---|--|--|--|---|---|
| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | | =HIGH COST OUTLIER CALCULATION = | | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12) | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13) | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14) | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15) | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16) | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17) | HIGH COST CHARGE CONVERTER (18) | NON- MEDICARE CASE MIX INDEX (19) | PURE GROUP PRICE FOR LONG STAY TEST ONLY (20) |
| 5123000 | BROOKHAVEN MEMORIAL | 99.08 | 99.47 | 67.15 | 67.15 | 0.00 | 0.00 | 0.191443 | 1.2915 | 4,116.03 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 1,434.08 | 1,434.92 | 97.03 | 97.03 | 0.00 | 0.00 | 0.417801 | 1.3316 | 4,371.41 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 94.60 | 95.02 | 36.65 | 36.65 | 0.00 | 0.00 | 0.255952 | 1.2186 | 3,939.56 |
| 5127000 | EASTERN LONG ISLAND | 125.74 | 126.27 | (68.10) | (68.10) | 0.12 | 0.13 | 0.503480 | 0.9794 | 4,584.16 |
| 7001024 | EPISCOPAL HEALTH SVCS | 168.57 | 168.99 | 128.93 | 128.93 | 0.00 | 0.00 | 0.486011 | 0.9783 | 6,120.13 |
| 2910000 | FRANKLIN HOSPITAL | (115.21) | (114.60) | 99.90 | 99.90 | 0.00 | 0.00 | 0.341325 | 1.3594 | 3,783.40 |
| 2901000 | GLEN COVE HOSPITAL | 12.93 | 13.36 | (114.51) | (114.51) | 0.00 | 0.00 | 0.354346 | 1.3598 | 4,513.85 |
| 5154001 | GOOD SAM / WEST ISLIP | 76.17 | 76.60 | (1.61) | (1.61) | 0.00 | 0.00 | 0.299921 | 1.0755 | 4,388.75 |
| 5153000 | HUNTINGTON HOSPITAL | 99.60 | 99.97 | 37.40 | 37.40 | 0.00 | 0.00 | 0.414882 | 1.0688 | 4,249.02 |
| 5149000 | JOHN T MATHER MEMORIAL | 143.41 | 144.17 | 61.93 | 61.93 | 0.00 | 0.00 | 0.326160 | 1.5152 | 4,284.34 |
| 2902000 | LONG BEACH MED CTR | 111.53 | 111.88 | 39.20 | 39.20 | 0.00 | 0.00 | 0.168987 | 1.3058 | 4,333.08 |
| 2909000 | MERCY MEDICAL CENTER | 101.97 | 102.38 | (90.35) | (90.35) | 0.00 | 0.00 | 0.352713 | 1.2307 | 4,099.90 |
| 2950002 | NASSAU HEALTH CARE CORP | 693.67 | 694.33 | (5.93) | (5.93) | 0.00 | 0.00 | 0.569695 | 1.3454 | 9,153.74 |
| 2952006 | NEW ISLAND HOSPITAL | 124.01 | 124.42 | (546.09) | (546.09) | 0.00 | 0.00 | 0.288028 | 1.1549 | 4,258.02 |
| 2951001 | NORTH SHORE UNIV HOSP | 145.30 | 145.91 | (85.27) | (85.27) | 0.00 | 0.00 | 0.425012 | 1.5339 | 5,769.61 |
| 2952005 | PLAINVIEW HOSPITAL | 103.47 | 103.91 | (159.72) | (159.72) | 0.00 | 0.00 | 0.369967 | 0.9868 | 4,358.86 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 91.93 | 92.27 | (27.08) | (27.08) | 0.00 | 0.00 | 0.290892 | 1.2400 | 3,903.51 |
| 5126000 | SOUTHAMPTON HOSPITAL | 114.24 | 114.75 | 15.03 | 15.03 | 0.00 | 0.00 | 0.377840 | 0.9535 | 4,354.32 |
| 5154000 | SOUTHSIDE HOSPITAL | 102.72 | 103.19 | (7.34) | (7.34) | 0.00 | 0.00 | 0.283191 | 0.9220 | 4,438.58 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 84.39 | 84.39 | 0.00 | 0.00 | 0.337417 | 0.9524 | 4,208.17 |
| 5149001 | ST CHARLES HOSPITAL | 98.61 | 99.02 | 25.28 | 25.28 | 0.00 | 0.00 | 0.374695 | 0.8354 | 4,249.82 |
| 2953000 | ST FRANCIS / ROSLYN | 97.23 | 97.64 | (230.63) | (230.63) | 0.00 | 0.00 | 0.363784 | 2.7919 | 4,090.21 |
| 5151001 | UNIV HOSP AT STONY BROOK | 101.47 | 101.98 | (55.95) | (55.95) | 0.00 | 0.00 | 0.566584 | 1.5613 | 6,210.14 |
| 2908000 | WINTHROP UNIVERSITY | 132.97 | 133.33 | 4.09 | 4.09 | 0.00 | 0.00 | 0.344721 | 1.2414 | 5,039.72 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|--------------------------|--------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 5123000 | BROOKHAVEN MEMORIAL | 279.67 | 608.01 | 33.45 | 33.45 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 262.23 | 591.60 | (130.87) | (130.90) | 8.85% | 25.97% | (0.12) | (0.13) | 0.00 | 0.21 |
| 7001024 | EPISCOPAL HEALTH SVCS | 281.90 | 1,024.09 | (242.14) | (242.15) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 2910000 | FRANKLIN HOSPITAL | 265.54 | 359.83 | 49.03 | 49.02 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 2901000 | GLEN COVE HOSPITAL | 285.89 | 195.06 | (77.02) | (77.02) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 293.54 | 416.01 | (2.43) | (2.43) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 5149000 | JOHN T MATHER MEMORIAL | 285.37 | 577.32 | 38.80 | 38.80 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 2902000 | LONG BEACH MED CTR | 363.68 | 718.79 | 81.60 | 81.60 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 2909000 | MERCY MEDICAL CENTER | 264.17 | 727.62 | (70.93) | (70.93) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 2950002 | NASSAU HEALTH CARE CORP | 277.23 | 726.70 | (50.46) | (50.47) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 331.12 | 782.29 | (77.20) | (77.21) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.61 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 268.61 | 365.48 | (26.14) | (26.15) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 276.12 | 449.20 | (19.21) | (19.21) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5157003 | ST CATHERINE OF SIENA | 314.55 | 641.96 | (80.86) | (80.86) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 314.07 | 845.47 | (25.34) | (25.34) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.66 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 827.87 | 1,770.63 | 176.66 | 176.66 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.61 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 264.38 | 452.66 | 6.40 | 6.40 | 8.85% | 25.97% | 0.12 | 0.12 | 0.00 | 0.21 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 262.20 | 284.21 | 12.36 | 12.36 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2909000 | MERCY MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950002 | NASSAU HEALTH CARE CORP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|-----------------------|---|--------------------|--------------------|-------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE | NO-FAULT ACUTE | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | PER DIEM | PER DIEM PROSP ADJ | PER DIEM PROSP ADJ | SURCHARGE | SURCHARGE | PHYS MALP | PHYS MALP | ADJUSTMENTS | PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 5123000 | BROOKHAVEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5120000 | BRUNSWICK HOSPITAL CTR | 275.66 | 1,898.81 | 853.94 | 853.94 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5155000 | CENTRAL SUFFOLK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5127000 | EASTERN LONG ISLAND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001024 | EPISCOPAL HEALTH SVCS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2910000 | FRANKLIN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2901000 | GLEN COVE HOSPITAL | 301.80 | 969.13 | (81.66) | (81.66) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 5154001 | GOOD SAM / WEST ISLIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5153000 | HUNTINGTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149000 | JOHN T MATHER MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2902000 | LONG BEACH MED CTR | 272.25 | 945.94 | 128.74 | 128.74 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 2909000 | MERCY MEDICAL CENTER | 289.00 | 714.88 | (51.89) | (51.89) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 2950002 | NASSAU HEALTH CARE CORP | 321.49 | 967.04 | (1.97) | (1.97) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 2952006 | NEW ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2951001 | NORTH SHORE UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2952005 | PLAINVIEW HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2950001 | SOUTH NASSAU COMMUNITIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5126000 | SOUTHAMPTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5154000 | SOUTHSIDE HOSPITAL | 317.35 | 804.94 | 10.11 | 10.11 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.29 |
| 5157003 | ST CATHERINE OF SIENA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5149001 | ST CHARLES HOSPITAL | 310.85 | 1,118.95 | 27.72 | 27.72 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 2953000 | ST FRANCIS / ROSLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5151001 | UNIV HOSP AT STONY BROOK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2908000 | WINTHROP UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|----------------------------|------------|-------------|------------|----------------|-------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLEND CASE | | CAPITAL COST | | | W COMP | NO-FAULT | | | ALTERNATE |
| | | GROUP | MIX NEUTRAL | | PER CASE (EXCL | | | SHORT | SHORT | | | LEVEL OF CARE |
| | | NEUTRAL | BASIC MALP | TOP 20 DRG | CAPITAL PROSP) | | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | OPERATING |
| | | COST/DISCH | EXCLUDING | EXCLUDING | LESS PROD & | | | CAPITAL | CAPITAL | RATE | RATE | PER DIEM |
| | | | OPER PROSP | OPER PROSP | EFFICIENCY | | | PER DIEM | PER DIEM | PER CASE | PER DIEM | PER DIEM |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| NEW YORK CITY REGION | | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 9,426.53 | 8,515.33 | 8,515.33 | 424.44 | 8.85% | 25.97% | 77.53 | 77.53 | 3.98 | 0.37 | 243.21 |
| 7002002 | BETH ISRAEL MED CTR | 7,233.32 | 6,516.24 | 5,959.50 | 1,020.56 | 8.85% | 25.97% | 152.65 | 152.65 | 3.49 | 0.62 | 243.21 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 4,565.85 | 4,581.18 | 4,105.64 | (19.26) | 8.85% | 25.97% | 12.01 | 12.01 | 1.75 | 0.22 | 243.21 |
| 7000001 | BRONX-LEBANON HOSP CTR | 7,764.42 | 7,384.56 | 5,907.44 | 325.21 | 8.85% | 25.97% | 17.71 | 17.71 | 2.65 | 0.39 | 243.21 |
| 7001002 | BROOKDALE HOSP MED CTR | 7,045.65 | 7,134.81 | 5,959.50 | 220.06 | 8.85% | 25.97% | 34.09 | 34.09 | 3.08 | 0.49 | 243.21 |
| 7001003 | BROOKLYN HOSPITAL | 6,540.26 | 6,019.51 | 5,886.39 | 327.45 | 8.85% | 25.97% | 110.92 | 110.92 | 2.03 | 0.43 | 243.21 |
| 7002003 | CABRINI MEDICAL CTR | 6,357.40 | 6,258.00 | 5,739.24 | 372.69 | 8.85% | 25.97% | 55.50 | 55.50 | 3.43 | 0.41 | 243.21 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 6,065.74 | 5,535.92 | 5,535.92 | 75.12 | 8.85% | 25.97% | (7.30) | (7.30) | 1.90 | 0.40 | 243.21 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 9,508.32 | 7,877.99 | 7,877.99 | 664.46 | 8.85% | 25.97% | 129.80 | 129.80 | 2.97 | 0.43 | 243.21 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 8,377.72 | 6,850.62 | 6,850.62 | 277.74 | 8.85% | 25.97% | 58.20 | 58.20 | 2.45 | 0.41 | 243.21 |
| 7003001 | FLUSHING HOSPITAL | 6,265.58 | 5,735.22 | 5,735.22 | 230.75 | 8.85% | 25.97% | 62.86 | 62.86 | 1.47 | 0.34 | 243.21 |
| 7003013 | FOREST HILLS HOSPITAL | 5,227.19 | 5,059.72 | 5,059.72 | 629.86 | 8.85% | 25.97% | 74.29 | 74.29 | 1.06 | 0.30 | 243.21 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 10,641.97 | 10,757.12 | 8,443.87 | 818.21 | 8.85% | 25.97% | 156.86 | 156.86 | 4.69 | 0.65 | 243.21 |
| 7002011 | HOSP FOR JOINT DISEASES | 6,168.33 | 6,858.11 | 5,833.79 | 731.38 | 8.85% | 25.97% | 164.93 | 164.93 | 5.13 | 0.69 | 243.21 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 5,876.37 | 5,565.10 | 5,565.10 | 1,818.20 | 8.85% | 25.97% | 368.69 | 368.69 | 5.98 | 1.38 | 243.21 |
| 7001046 | INTERFAITH MED CTR | 7,295.45 | 8,639.75 | 5,810.08 | 562.71 | 8.85% | 25.97% | 64.84 | 64.84 | 3.59 | 0.35 | 243.21 |
| 7000002 | JACOBI MEDICAL CENTER | 10,225.21 | 8,840.14 | 8,830.21 | 456.21 | 8.85% | 25.97% | 99.66 | 99.66 | 3.55 | 0.54 | 243.21 |
| 7003003 | JAMAICA HOSPITAL | 6,631.81 | 5,848.98 | 5,848.98 | 256.80 | 8.85% | 25.97% | 47.47 | 47.47 | 2.31 | 0.42 | 243.21 |
| 7001016 | KINGS COUNTY HOSP CTR | 9,620.73 | 9,033.60 | 8,489.00 | 614.74 | 8.85% | 25.97% | 118.99 | 118.99 | 3.90 | 0.40 | 243.21 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 6,660.52 | 7,359.49 | 5,959.50 | 294.41 | 8.85% | 25.97% | 56.39 | 56.39 | 4.57 | 0.44 | 243.21 |
| 7002017 | LENOX HILL HOSPITAL | 5,943.59 | 5,650.42 | 5,650.42 | 646.61 | 8.85% | 25.97% | 186.49 | 186.49 | 2.08 | 0.49 | 243.21 |
| 7000008 | LINCOLN MEDICAL | 10,312.23 | 8,574.07 | 8,574.07 | 309.16 | 8.85% | 25.97% | 90.01 | 90.01 | 2.74 | 0.59 | 243.21 |
| 7001017 | LONG ISLAND COLLEGE | 6,876.72 | 6,601.05 | 5,912.97 | 1,167.32 | 8.85% | 25.97% | 207.89 | 207.89 | 2.43 | 0.42 | 243.21 |
| 7003004 | LONG ISLAND JEWISH | 6,835.03 | 5,807.07 | 5,807.07 | 472.68 | 8.85% | 25.97% | 62.55 | 62.55 | 2.97 | 0.49 | 243.21 |
| 7001019 | LUTHERAN MEDICAL CTR | 5,511.53 | 5,112.54 | 5,112.54 | 81.62 | 8.85% | 25.97% | 45.11 | 45.11 | 2.24 | 0.49 | 243.21 |
| 7001020 | MAIMONIDES MED CTR | 6,131.33 | 5,587.95 | 5,587.95 | 375.71 | 8.85% | 25.97% | 84.73 | 84.73 | 2.48 | 0.52 | 243.21 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 6,178.19 | 8,873.10 | 5,887.94 | 141.13 | 8.85% | 25.97% | 133.48 | 133.48 | 5.10 | 3.60 | 243.21 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 10,796.92 | 10,252.57 | 8,536.57 | 348.72 | 8.85% | 25.97% | 75.46 | 75.46 | 3.56 | 0.42 | 243.21 |
| 7000006 | MONTEFIORE HOSPITAL | 7,268.77 | 6,842.60 | 5,877.27 | 837.15 | 8.85% | 25.97% | 118.21 | 118.21 | 4.02 | 0.81 | 243.21 |
| 7002024 | MOUNT SINAI HOSPITAL | 6,477.93 | 6,299.40 | 5,877.27 | 1,431.42 | 8.85% | 25.97% | 537.79 | 537.79 | 3.64 | 0.59 | 243.21 |
| 7003015 | MOUNT SINAI OF QUEENS | 4,043.99 | 3,768.34 | 3,768.34 | 374.73 | 8.85% | 25.97% | 19.32 | 19.32 | 1.35 | 0.28 | 243.21 |
| 7000024 | NORTH CENTRAL BRONX | 9,372.98 | 9,604.86 | 8,963.34 | 373.47 | 8.85% | 25.97% | 99.22 | 99.22 | 3.16 | 0.56 | 243.21 |
| 7002052 | NORTH GENERAL HOSPITAL | 6,987.96 | 6,826.37 | 5,959.50 | 821.59 | 8.85% | 25.97% | 125.61 | 125.61 | 3.76 | 0.46 | 243.21 |
| 7001008 | NY COMMUNITY/BROOKLYN | 4,266.95 | 3,492.49 | 3,492.49 | 110.14 | 8.85% | 25.97% | 30.42 | 30.42 | 1.44 | 0.21 | 243.21 |
| 7002026 | NY EYE AND EAR INFIRMARY | 5,775.47 | 7,890.05 | 5,959.50 | 181.35 | 8.85% | 25.97% | 29.27 | 29.27 | 10.33 | 3.56 | 243.21 |
| 7003010 | NY MED CTR OF QUEENS | 5,668.43 | 5,251.20 | 5,251.20 | 306.32 | 8.85% | 25.97% | 71.86 | 71.86 | 2.07 | 0.48 | 243.21 |
| 7001021 | NY METHODIST/BROOKLYN | 6,291.07 | 5,569.45 | 5,569.45 | 76.85 | 8.85% | 25.97% | 11.62 | 11.62 | 1.54 | 0.31 | 243.21 |
| 7099003 | NY PRESBY (ALLEN) | 6,087.83 | 6,245.66 | 5,877.27 | 1,264.10 | 8.85% | 25.97% | 223.63 | 223.63 | 3.93 | 0.54 | 243.21 |
| 7002054 | NY PRESBY (NY PAYNE) | 6,087.83 | 6,245.66 | 5,877.27 | 1,264.10 | 8.85% | 25.97% | 223.63 | 223.63 | 3.93 | 0.54 | 243.21 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|----------------------|----------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CONVERTER CHARGE | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 230.12 | 230.83 | 96.37 | 96.37 | 0.00 | 0.00 | 0.678891 | 1.4279 | 9,123.93 |
| 7002002 | BETH ISRAEL MED CTR | 188.57 | 189.17 | (235.37) | (235.37) | 0.00 | 0.00 | 0.354626 | 1.3150 | 6,981.17 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 1,709.82 | 1,710.17 | 179.40 | 179.40 | 0.00 | 0.00 | 0.223198 | 1.6045 | 4,405.69 |
| 7000001 | BRONX-LEBANON HOSP CTR | 212.22 | 212.73 | (232.53) | (232.53) | 0.02 | 0.02 | 0.367998 | 1.2115 | 7,482.64 |
| 7001002 | BROOKDALE HOSP MED CTR | 157.52 | 158.01 | (25.91) | (25.91) | 0.00 | 0.00 | 0.521089 | 1.3219 | 6,751.80 |
| 7001003 | BROOKLYN HOSPITAL | 494.93 | 495.56 | 218.43 | 218.43 | 0.00 | 0.00 | 0.600710 | 1.1497 | 6,213.62 |
| 7002003 | CABRINI MEDICAL CTR | 187.19 | 187.66 | 8.42 | 8.42 | 0.00 | 0.00 | 0.284109 | 1.6464 | 6,118.95 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.827303 | 0.0000 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 166.06 | 166.64 | (103.30) | (103.30) | 0.00 | 0.00 | 0.425736 | 1.1273 | 5,840.07 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 215.02 | 215.82 | (18.98) | (18.98) | 0.00 | 0.00 | 0.566890 | 0.9982 | 9,211.76 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.492454 | 0.0000 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 156.44 | 157.28 | 3.81 | 3.81 | 0.00 | 0.00 | 0.667879 | 1.1276 | 8,116.39 |
| 7003001 | FLUSHING HOSPITAL | 419.33 | 420.88 | 29.30 | 29.30 | 0.00 | 0.00 | 0.507150 | 0.9256 | 5,635.98 |
| 7003013 | FOREST HILLS HOSPITAL | (1.17) | (0.42) | (166.10) | (166.10) | 0.00 | 0.00 | 0.415629 | 0.9747 | 5,042.21 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.492485 | 0.0000 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 235.18 | 235.92 | 161.27 | 161.27 | 0.00 | 0.00 | 0.901474 | 1.2378 | 10,355.57 |
| 7002011 | HOSP FOR JOINT DISEASES | (178.47) | (181.59) | 112.14 | 112.14 | (5.20) | (5.59) | 0.451640 | 2.7874 | 5,917.55 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 350.42 | 350.76 | (55.22) | (55.22) | 0.00 | 0.00 | 0.417080 | 2.9645 | 5,646.13 |
| 7001046 | INTERFAITH MED CTR | 219.48 | 220.12 | (219.03) | (219.03) | (3.29) | (3.50) | 0.262190 | 1.2422 | 7,038.05 |
| 7000002 | JACOBI MEDICAL CENTER | 220.74 | 221.88 | 64.45 | 64.45 | 0.00 | 0.00 | 0.684686 | 1.2060 | 9,946.05 |
| 7003003 | JAMAICA HOSPITAL | 179.66 | 180.26 | (38.14) | (38.14) | (0.04) | (0.05) | 0.495999 | 1.0825 | 6,384.99 |
| 7001016 | KINGS COUNTY HOSP CTR | (59.96) | (59.27) | 86.33 | 86.33 | 0.00 | 0.00 | 0.610492 | 1.2277 | 9,437.77 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 193.80 | 194.56 | 118.38 | 118.38 | 0.00 | 0.00 | 0.284899 | 2.0278 | 6,447.97 |
| 7002017 | LENOX HILL HOSPITAL | 188.18 | 188.68 | 145.53 | 145.53 | 0.00 | 0.00 | 0.198162 | 1.4706 | 5,722.94 |
| 7000008 | LINCOLN MEDICAL | 184.62 | 185.11 | 51.44 | 51.44 | 0.00 | 0.00 | 0.760480 | 1.2346 | 10,060.70 |
| 7001017 | LONG ISLAND COLLEGE | (262.19) | (261.59) | 161.33 | 161.33 | 0.00 | 0.00 | 0.303967 | 1.2115 | 6,709.96 |
| 7003004 | LONG ISLAND JEWISH | (675.87) | (675.18) | (136.65) | (136.65) | 0.04 | 0.04 | 0.387780 | 1.3547 | 6,736.78 |
| 7001019 | LUTHERAN MEDICAL CTR | 186.91 | 187.39 | 101.15 | 101.15 | 0.00 | 0.00 | 0.686424 | 0.9901 | 5,293.60 |
| 7001020 | MAIMONIDES MED CTR | (104.87) | (104.38) | 14.87 | 14.87 | 0.00 | 0.00 | 0.335461 | 1.3445 | 5,952.29 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 359.04 | 359.64 | 54.67 | 54.67 | 0.00 | 0.00 | 0.416074 | 0.9539 | 5,945.26 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.689211 | 0.0000 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 151.48 | 152.53 | 24.78 | 24.78 | 0.00 | 0.00 | 0.722542 | 0.9894 | 10,640.59 |
| 7000006 | MONTEFIORE HOSPITAL | 157.08 | 157.81 | (117.29) | (117.29) | 0.00 | 0.00 | 0.311524 | 1.5822 | 7,081.90 |
| 7002024 | MOUNT SINAI HOSPITAL | 139.11 | 139.96 | 1,337.81 | 1,337.81 | 0.00 | 0.00 | 0.486721 | 1.7114 | 6,314.04 |
| 7003015 | MOUNT SINAI OF QUEENS | (204.15) | (203.77) | (223.44) | (223.44) | 0.00 | 0.00 | 0.451302 | 1.4425 | 4,221.12 |
| 7000024 | NORTH CENTRAL BRONX | 228.09 | 228.82 | 72.54 | 72.54 | 0.00 | 0.00 | 0.717098 | 0.8644 | 9,098.40 |
| 7002052 | NORTH GENERAL HOSPITAL | (193.51) | (192.99) | 15.44 | 15.44 | 0.00 | 0.00 | 0.705969 | 1.2860 | 6,918.03 |
| 7001008 | NY COMMUNITY/BROOKLYN | 166.13 | 166.53 | 46.70 | 46.70 | 0.00 | 0.00 | 0.428624 | 1.9063 | 4,143.46 |
| 7002026 | NY EYE AND EAR INFIRMARY | 199.81 | 200.28 | (88.70) | (88.70) | 0.00 | 0.00 | 0.360641 | 1.0875 | 5,558.27 |
| 7003010 | NY MED CTR OF QUEENS | 160.96 | 161.53 | 35.48 | 35.48 | 0.00 | 0.00 | 0.448700 | 1.3478 | 5,451.98 |
| 7001021 | NY METHODIST/BROOKLYN | 175.35 | 175.84 | (20.95) | (20.95) | 0.00 | 0.00 | 0.377250 | 1.1548 | 6,047.80 |
| 7099003 | NY PRESBY (ALLEN) | 185.59 | 186.74 | 36.07 | 36.07 | 0.00 | 0.00 | 0.424356 | 1.7555 | 5,888.48 |
| 7002054 | NY PRESBY (NY PAYNE) | 185.59 | 186.74 | 36.07 | 36.07 | 0.00 | 0.00 | 0.424356 | 1.7555 | 5,888.48 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|-----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 292.61 | 933.49 | (192.02) | (192.02) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.19 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 262.20 | 808.43 | 145.13 | 145.13 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 268.50 | 665.71 | 12.35 | 12.35 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.19 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 427.56 | 2,723.21 | 73.91 | 73.91 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.39 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-----------------------------|--------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 286.98 | 987.43 | (33.57) | (33.57) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 7002002 | BETH ISRAEL MED CTR | 378.32 | 745.83 | (111.97) | (111.98) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 317.35 | 993.53 | (43.19) | (43.20) | 8.85% | 25.97% | (0.06) | (0.06) | 0.00 | 0.39 |
| 7001002 | BROOKDALE HOSP MED CTR | 280.37 | 713.03 | (34.75) | (34.76) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 299.76 | 730.47 | (83.52) | (83.52) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 260.46 | 649.27 | (106.26) | (106.26) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 324.89 | 684.15 | (95.21) | (95.22) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.43 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 267.66 | 560.22 | (0.49) | (0.49) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7003001 | FLUSHING HOSPITAL | 301.12 | 883.46 | (221.66) | (221.66) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 285.70 | 726.42 | (24.47) | (24.47) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 304.03 | 743.31 | 455.24 | 468.07 | 8.85% | 25.97% | 2.05 | 2.18 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 284.65 | 768.68 | (8.87) | (8.87) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7003003 | JAMAICA HOSPITAL | 312.09 | 777.76 | (67.53) | (67.53) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7001016 | KINGS COUNTY HOSP CTR | 309.06 | 666.43 | 27.48 | 27.48 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 272.14 | 835.30 | 110.57 | 110.57 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002017 | LENOX HILL HOSPITAL | 365.24 | 907.46 | 167.25 | 167.25 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7000008 | LINCOLN MEDICAL | 281.11 | 1,061.81 | (27.85) | (27.85) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.59 |
| 7001017 | LONG ISLAND COLLEGE | 338.63 | 473.89 | 40.17 | 40.17 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7003004 | LONG ISLAND JEWISH | 285.42 | 725.22 | (32.93) | (32.93) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7001019 | LUTHERAN MEDICAL CTR | 261.21 | 855.97 | 425.90 | 425.90 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7001020 | MAIMONIDES MED CTR | 282.90 | 491.11 | 20.72 | 20.70 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.52 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 279.00 | 667.46 | 18.89 | 18.89 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7000006 | MONTEFIORE HOSPITAL | 308.25 | 804.92 | (9.57) | (9.60) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.81 |
| 7002024 | MOUNT SINAI HOSPITAL | 365.91 | 892.11 | (8.33) | (8.34) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.59 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 283.18 | 826.36 | 94.25 | 94.24 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.56 |
| 7002052 | NORTH GENERAL HOSPITAL | 337.86 | 912.95 | 68.70 | 68.70 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.46 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 261.98 | 695.83 | (25.84) | (25.85) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 7099003 | NY PRESBY (ALLEN) | 322.25 | 919.24 | (58.95) | (58.95) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7002054 | NY PRESBY (NY PAYNE) | 322.25 | 919.24 | (58.95) | (58.95) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|-----------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | | | | | | | | | |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 493.57 | 1,576.24 | (9.93) | (9.93) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 298.34 | 598.23 | 11.01 | 11.01 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 289.34 | 610.82 | 223.17 | 223.17 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 298.48 | 624.09 | (7.00) | (7.00) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 320.68 | 563.10 | (19.52) | (19.52) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 289.34 | 610.82 | 223.17 | 223.17 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 660.81 | 3,952.88 | 4,071.49 | 4,071.49 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 521.21 | 1,557.31 | (143.38) | (143.38) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.81 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 727.08 | 2,416.02 | 1,045.74 | 1,045.74 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | NEW YORK CITY REGION | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002002 | BETH ISRAEL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONEY ISLAND HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002011 | HOSP FOR JOINT DISEASES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003003 | JAMAICA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001016 | KINGS COUNTY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000006 | MONTEFIORE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002024 | MOUNT SINAI HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 592.89 | 3,401.10 | (228.88) | (228.88) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| NEW YORK CITY REGION | | | | | | | | | | | |
| 7002001 | BELLEVUE HOSPITAL CTR | 290.12 | 1,375.15 | 167.59 | 167.58 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 7002002 | BETH ISRAEL MED CTR | 434.59 | 863.01 | (305.58) | (305.58) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.62 |
| 7001041 | BETH ISRAEL/KINGS HIGHWAY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000001 | BRONX-LEBANON HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001002 | BROOKDALE HOSP MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001003 | BROOKLYN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002003 | CABRINI MEDICAL CTR | 334.87 | 877.69 | (108.84) | (108.84) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7000011 | CALVARY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003008 | CATHOLIC MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003000 | CITY HOSP CTR AT ELMHURST | 373.71 | 1,284.31 | 195.76 | 195.75 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.43 |
| 7002051 | COLER MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001009 | CONY ISLAND HOSPITAL | 294.49 | 1,566.45 | 360.55 | 360.54 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 7003001 | FLUSHING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003013 | FOREST HILLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002050 | GOLDWATER MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002009 | HARLEM HOSPITAL CTR | 392.51 | 3,382.78 | 1,955.74 | 1,955.73 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.65 |
| 7002011 | HOSP FOR JOINT DISEASES | 328.36 | 959.29 | 504.41 | 510.83 | 8.85% | 25.97% | 3.17 | 3.41 | 0.00 | 0.69 |
| 7002012 | HOSP FOR SPECIAL SURGERY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001046 | INTERFAITH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000002 | JACOBI MEDICAL CENTER | 295.61 | 1,237.18 | (81.32) | (81.33) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7003003 | JAMAICA HOSPITAL | 328.35 | 746.61 | 13.61 | 13.61 | 8.85% | 25.97% | 0.12 | 0.12 | 0.00 | 0.42 |
| 7001016 | KINGS COUNTY HOSP CTR | 463.27 | 2,125.60 | (15.91) | (15.92) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 7001033 | KINGSBROOK JEWISH MED CTR | 281.63 | 1,249.99 | 1,322.14 | 1,322.14 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 7002017 | LENOX HILL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000008 | LINCOLN MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001017 | LONG ISLAND COLLEGE | 490.65 | 1,097.97 | 332.87 | 332.87 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7003004 | LONG ISLAND JEWISH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001019 | LUTHERAN MEDICAL CTR | 258.00 | 540.53 | (90.76) | (90.76) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.49 |
| 7001020 | MAIMONIDES MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002019 | MANHATTAN EYE EAR & THROAT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002020 | MEMORIAL HOSP FOR CANCER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002021 | METROPOLITAN HOSPITAL CTR | 295.71 | 1,186.50 | (200.84) | (200.85) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7000006 | MONTEFIORE HOSPITAL | 345.95 | 862.80 | (134.37) | (134.37) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.81 |
| 7002024 | MOUNT SINAI HOSPITAL | 372.90 | 1,735.36 | 139.71 | 139.70 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.59 |
| 7003015 | MOUNT SINAI OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000024 | NORTH CENTRAL BRONX | 243.21 | 29.26 | (0.28) | (0.29) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.56 |
| 7002052 | NORTH GENERAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001008 | NY COMMUNITY/BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002026 | NY EYE AND EAR INFIRMARY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003010 | NY MED CTR OF QUEENS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001021 | NY METHODIST/BROOKLYN | 269.23 | 718.92 | 130.12 | 130.12 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 7099003 | NY PRESBY (ALLEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002054 | NY PRESBY (NY PAYNE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|--------------------------------|------------|-------------|------------|----------------|-----------|------------|------------|----------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLEND CASE | | CAPITAL COST | | W COMP | NO-FAULT | | | | ALTERNATE |
| | | GROUP | MIX NEUTRAL | | PER CASE (EXCL | | SHORT | SHORT | | | | LEVEL OF CARE |
| | | NEUTRAL | RATE INCL | TOP 20 DRG | CAPITAL PROSP) | PUBLIC | STAY | STAY | SPARCS | SPARCS | SPARCS | OPERATING |
| | | COST/DISCH | BASIC MALP | EXCLUDING | LESS PROD & | GOODS | & TRANSFER | & TRANSFER | RATE | RATE | RATE | PER DIEM |
| | | | EXCLUDING | OPER PROSP | EFFICIENCY | POOL | CAPITAL | CAPITAL | PER DIEM | PER DIEM | PER DIEM | PER DIEM |
| | | | OPER PROSP | | PLUS HIV | SURCHARGE | SURCHARGE | PER DIEM | PER DIEM | PER DIEM | PER DIEM | PER DIEM |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 7002030 | NY PRESBY (PRESBY) | 6,087.83 | 6,245.66 | 5,877.27 | 1,264.10 | 8.85% | 25.97% | 223.63 | 223.63 | 3.93 | 0.54 | 243.21 |
| 7002053 | NY UNIV MED CTR (TISCH) | 5,496.59 | 5,209.17 | 5,209.17 | 688.80 | 8.85% | 25.97% | 146.05 | 146.05 | 2.76 | 0.48 | 243.21 |
| 7000025 | NY WESTCHESTER SQUARE | 4,423.10 | 4,348.18 | 4,105.64 | 224.06 | 8.85% | 25.97% | 25.67 | 25.67 | 1.32 | 0.26 | 243.21 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 6,585.01 | 5,785.25 | 5,785.25 | 348.74 | 8.85% | 25.97% | 99.97 | 99.97 | 1.77 | 0.48 | 243.21 |
| 7000005 | OUR LADY OF MERCY MED CTR | 6,100.61 | 6,053.20 | 5,959.50 | 326.76 | 8.85% | 25.97% | 78.34 | 78.34 | 1.81 | 0.36 | 243.21 |
| 7003020 | PARKWAY HOSPITAL | 4,506.30 | 3,616.73 | 3,616.73 | 66.93 | 8.85% | 25.97% | 9.45 | 9.45 | 1.22 | 0.24 | 243.21 |
| 7003006 | PENINSULA HOSPITAL CENTER | 5,359.81 | 5,008.11 | 5,008.11 | 35.91 | 8.85% | 25.97% | 0.75 | 0.75 | 2.58 | 0.33 | 243.21 |
| 7003007 | QUEENS HOSPITAL CENTER | 9,269.77 | 9,073.44 | 8,860.05 | 716.94 | 8.85% | 25.97% | 223.39 | 223.39 | 3.42 | 0.63 | 243.21 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 5,177.82 | 4,536.28 | 4,536.28 | 218.40 | 8.85% | 25.97% | 1.03 | 1.03 | 1.67 | 0.37 | 243.21 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 5,177.82 | 4,536.28 | 4,536.28 | 218.40 | 8.85% | 25.97% | 1.03 | 1.03 | 1.67 | 0.37 | 243.21 |
| 7000014 | ST BARNABAS HOSPITAL | 5,688.00 | 4,845.07 | 4,105.64 | 312.42 | 8.85% | 25.97% | 66.46 | 66.46 | 1.95 | 0.38 | 243.21 |
| 7002032 | ST LUKES / ROOSEVELT | 6,633.72 | 6,639.87 | 5,959.50 | 1,287.25 | 8.85% | 25.97% | 240.26 | 240.26 | 3.02 | 0.54 | 243.21 |
| 7001025 | ST MARYS / BROOKLYN | 6,354.48 | 6,631.78 | 5,906.02 | 254.39 | 8.85% | 25.97% | 77.45 | 77.45 | 2.44 | 0.50 | 243.21 |
| 7002037 | ST VINCENTS / NYC | 7,134.91 | 6,466.65 | 5,940.04 | 410.40 | 8.85% | 25.97% | 68.92 | 68.92 | 4.48 | 0.47 | 243.21 |
| 7002033 | ST VINCENTS /MIDTOWN | 6,701.26 | 7,421.60 | 5,737.85 | 386.03 | 8.85% | 25.97% | 156.60 | 156.60 | 1.87 | 0.42 | 243.21 |
| 7001037 | STATE UNIV/DOWNSTATE | 7,428.38 | 7,060.63 | 5,877.27 | 390.14 | 8.85% | 25.97% | 3.95 | 3.95 | 4.95 | 0.91 | 243.21 |
| 7004003 | STATEN ISLAND UNIV HOSP | 5,974.08 | 5,321.60 | 5,321.60 | 581.22 | 8.85% | 25.97% | 194.47 | 194.47 | 2.15 | 0.48 | 243.21 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 4,373.54 | 3,912.09 | 3,912.09 | 152.40 | 8.85% | 25.97% | 22.27 | 22.27 | 1.80 | 0.34 | 243.21 |
| 7001045 | WOODHULL MEDICAL | 10,584.25 | 9,622.64 | 9,160.12 | 611.27 | 8.85% | 25.97% | 152.11 | 152.11 | 3.26 | 0.45 | 243.21 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 6,919.48 | 5,827.18 | 5,827.18 | 422.31 | 8.85% | 25.97% | 102.98 | 102.98 | 1.46 | 0.37 | 243.21 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|---------|--------------------------------|---|--|---|---|--|--|--|---|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (12) | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT (13) | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (14) | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT (15) | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (16) | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT (17) | HIGH COST CHARGE CONVERTER (18) | NON- MEDICARE CASE MIX INDEX (19) | PURE GROUP PRICE FOR LONG STAY TEST ONLY (20) |
| 7002030 | NY PRESBY (PRESBY) | 185.59 | 186.74 | 36.07 | 36.07 | 0.00 | 0.00 | 0.424356 | 1.7555 | 5,888.48 |
| 7002053 | NY UNIV MED CTR (TISCH) | 108.64 | 109.07 | 56.87 | 56.87 | 0.00 | 0.00 | 0.427567 | 1.6365 | 5,372.50 |
| 7000025 | NY WESTCHESTER SQUARE | 111.51 | 111.91 | 9.12 | 9.12 | 0.00 | 0.00 | 0.501254 | 1.7729 | 4,299.17 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 889.42 | 889.77 | 17.11 | 17.11 | 0.00 | 0.00 | 0.584581 | 0.8571 | 6,235.41 |
| 7000005 | OUR LADY OF MERCY MED CTR | 168.85 | 169.41 | 10.51 | 10.51 | 0.00 | 0.00 | 0.500196 | 1.2298 | 5,851.88 |
| 7003020 | PARKWAY HOSPITAL | 457.34 | 458.02 | 0.31 | 0.31 | 0.00 | 0.00 | 0.137032 | 1.3240 | 4,359.06 |
| 7003006 | PENINSULA HOSPITAL CENTER | 214.23 | 215.44 | (30.55) | (30.55) | 0.00 | 0.00 | 0.541083 | 1.9153 | 5,115.30 |
| 7003007 | QUEENS HOSPITAL CENTER | 230.98 | 231.68 | 438.34 | 438.34 | 0.00 | 0.00 | 0.842482 | 0.9398 | 8,982.30 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.199603 | 0.0000 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | (417.48) | (417.01) | (214.09) | (214.09) | 0.00 | 0.00 | 0.486096 | 1.0790 | 4,938.57 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | (417.48) | (417.01) | (214.09) | (214.09) | 0.00 | 0.00 | 0.486096 | 1.0790 | 4,938.57 |
| 7000014 | ST BARNABAS HOSPITAL | 145.77 | 146.32 | 38.02 | 38.02 | 0.00 | 0.00 | 0.489869 | 1.1971 | 5,499.27 |
| 7002032 | ST LUKES / ROOSEVELT | 175.00 | 175.59 | (94.79) | (94.79) | 0.00 | 0.00 | 0.355913 | 1.2437 | 6,384.81 |
| 7001025 | ST MARYS / BROOKLYN | 1,805.36 | 1,806.14 | 84.39 | 84.39 | 0.00 | 0.00 | 0.490112 | 1.1382 | 6,354.48 |
| 7002037 | ST VINCENTS / NYC | 184.05 | 184.54 | (39.98) | (39.98) | 0.00 | 0.00 | 0.475516 | 1.6794 | 6,884.26 |
| 7002033 | ST VINCENTS /MIDTOWN | 273.68 | 275.19 | 314.45 | 314.45 | 0.00 | 0.00 | 0.644093 | 1.0959 | 6,459.66 |
| 7001037 | STATE UNIV/DOWNSTATE | 130.00 | 130.51 | (365.77) | (365.77) | 0.00 | 0.00 | 0.965433 | 1.3716 | 7,270.36 |
| 7004003 | STATEN ISLAND UNIV HOSP | 1,783.63 | 1,784.17 | 361.14 | 361.14 | 0.00 | 0.00 | 0.339630 | 1.3408 | 5,661.59 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 112.00 | 112.39 | 3.47 | 3.47 | 0.00 | 0.00 | 0.173479 | 1.2694 | 4,242.87 |
| 7001045 | WOODHULL MEDICAL | 259.05 | 260.42 | 116.54 | 116.54 | 0.00 | 0.00 | 0.819312 | 1.2380 | 10,268.92 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 1,464.41 | 1,464.77 | 19.77 | 19.77 | 0.00 | 0.00 | 0.482960 | 1.0838 | 6,268.53 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|--------------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| | | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| OPCERT | HOSPITAL NAME | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NY UNIV MED CTR (TISCH) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 243.21 | 2,059.74 | (1,644.05) | (1,644.05) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.76 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|--------------|------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| 7002030 | NY PRESBY (PRESBY) | 322.25 | 919.24 | (58.95) | (58.95) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7002053 | NY UNIV MED CTR (TISCH) | 418.56 | 1,097.93 | 260.63 | 260.59 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 279.67 | 566.98 | (62.24) | (62.24) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 332.41 | 952.63 | (8.78) | (8.78) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.63 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 273.63 | 579.48 | 88.68 | 88.67 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 273.63 | 579.48 | 88.68 | 88.67 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 7000014 | ST BARNABAS HOSPITAL | 290.73 | 562.52 | (1.10) | (1.10) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 7002032 | ST LUKES / ROOSEVELT | 327.64 | 893.75 | 32.08 | 32.08 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 286.08 | 899.32 | (58.67) | (58.68) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7002033 | ST VINCENTS /MIDTOWN | 292.31 | 434.13 | 55.27 | 55.38 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 7001037 | STATE UNIV/DOWNSTATE | 271.09 | 934.22 | 185.93 | 185.93 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.91 |
| 7004003 | STATEN ISLAND UNIV HOSP | 325.08 | 685.88 | 496.16 | 496.15 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 303.96 | 800.31 | (45.32) | (45.32) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.45 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NY UNIV MED CTR (TISCH) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NY UNIV MED CTR (TISCH) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 324.27 | 561.54 | 48.75 | 48.75 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 290.53 | 456.24 | 26.93 | 26.93 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 284.98 | 530.72 | 12.13 | 12.13 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NY UNIV MED CTR (TISCH) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| 7002030 | NY PRESBY (PRESBY) | 727.08 | 2,416.02 | 1,045.74 | 1,045.74 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7002053 | NY UNIV MED CTR (TISCH) | 849.18 | 2,867.28 | 288.45 | 288.45 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| 7002030 | NY PRESBY (PRESBY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002053 | NY UNIV MED CTR (TISCH) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003007 | QUEENS HOSPITAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004003 | STATEN ISLAND UNIV HOSP | 508.22 | 2,733.30 | 5,882.67 | 5,882.67 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001045 | WOODHULL MEDICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------------|-----------------------|---|--------------------|--------------------|-------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE | NO-FAULT ACUTE | PUBLIC GOODS POOL | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | PER DIEM PROSP ADJ | PER DIEM PROSP ADJ | PER DIEM PROSP ADJ | SURCHARGE | SURCHARGE | PHYS MALP | PHYS MALP | ADJUSTMENTS | PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| 7002030 | NY PRESBY (PRESBY) | 379.55 | 1,046.13 | 103.17 | 103.17 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7002053 | NY UNIV MED CTR (TISCH) | 377.04 | 1,267.46 | 132.59 | 132.59 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7000025 | NY WESTCHESTER SQUARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002000 | NYU DOWNTOWN HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000005 | OUR LADY OF MERCY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003020 | PARKWAY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7003006 | PENINSULA HOSPITAL CENTER | 266.15 | 1,342.52 | (1,093.30) | (1,093.30) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 7003007 | QUEENS HOSPITAL CENTER | 412.36 | 1,646.27 | (266.32) | (266.33) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.63 |
| 7002031 | ROCKEFELLER UNIVERSITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(BAYLEY) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7004008 | SISTERS OF CHARITY(ST VINCENT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7000014 | ST BARNABAS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002032 | ST LUKES / ROOSEVELT | 400.41 | 1,421.77 | (670.19) | (670.21) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 7001025 | ST MARYS / BROOKLYN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7002037 | ST VINCENTS / NYC | 291.23 | 2,337.86 | 45.28 | 45.27 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.47 |
| 7002033 | ST VINCENTS /MIDTOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 7001037 | STATE UNIV/DOWNSTATE | 307.90 | 2,054.78 | 1,546.65 | 1,546.64 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.91 |
| 7004003 | STATEN ISLAND UNIV HOSP | 427.11 | 1,266.63 | 993.72 | 993.72 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 7001032 | VICTORY MEMORIAL HOSPITAL | 278.73 | 1,008.38 | (53.23) | (53.23) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 7001045 | WOODHULL MEDICAL | 442.23 | 1,260.95 | (488.28) | (488.28) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.45 |
| 7001035 | WYCKOFF HEIGHTS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|------------------------------|------------|---------------|----------------|------------|--------|------------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLENDDED CASE | CAPITAL COST | | PUBLIC | ADDITIONAL | W COMP | NO-FAULT | SPARCS | SPARCS | ALTERNATE |
| | | GROUP | MIX NEUTRAL | PER CASE (EXCL | TOP 20 DRG | | | SHORT | SHORT | | | |
| | | NEUTRAL | BASIC MALP | LESS PROD & | EXCLUDING | GOODS | PUBLIC | & TRANSFER | & TRANSFER | RATE | RATE | LEVEL OF CARE |
| | | COST/DISCH | EXCLUDING | EFFICIENCY | OPER PROSP | POOL | GOODS POOL | CAPITAL | CAPITAL | PER CASE | PER DIEM | OPERATING |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| NO METROPOLITAN REGION | | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 4,423.15 | 4,427.16 | 3,838.19 | 146.16 | 8.85% | 25.97% | 24.36 | 24.36 | 1.60 | 0.26 | 159.91 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 50,479.77 | 36,671.65 | 3,967.30 | 8.85% | 25.97% | 102.67 | 102.67 | 0.00 | 0.21 | 243.21 |
| 3535001 | BON SECOURS COMM HOSP | 3,971.26 | 3,191.55 | 3,191.55 | 142.54 | 8.85% | 25.97% | 32.45 | 32.45 | 2.03 | 0.32 | 159.91 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 5,680.99 | 5,680.99 | 233.30 | 8.85% | 25.97% | 64.68 | 64.68 | 0.09 | 0.02 | 159.91 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 4,921.35 | 4,921.35 | 106.52 | 8.85% | 25.97% | 21.87 | 21.87 | 1.72 | 0.37 | 159.91 |
| 5925000 | COMMUNITY / DOBBS FERRY | 4,219.22 | 4,333.39 | 3,980.81 | 218.89 | 8.85% | 25.97% | 59.40 | 59.40 | 1.54 | 0.37 | 243.21 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 3,973.93 | 3,705.93 | 3,705.93 | 345.14 | 8.85% | 25.97% | 80.36 | 80.36 | 1.85 | 0.40 | 243.21 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 3,756.44 | 2,635.01 | 2,635.01 | 277.92 | 8.85% | 25.97% | 94.08 | 94.08 | 1.42 | 0.42 | 243.21 |
| 5501001 | KINGSTON HOSPITAL | 4,303.50 | 3,577.82 | 3,577.82 | 143.99 | 8.85% | 25.97% | 47.71 | 47.71 | 1.52 | 0.33 | 159.91 |
| 5922000 | LAWRENCE HOSPITAL | 4,040.92 | 3,809.27 | 3,809.27 | 126.67 | 8.85% | 25.97% | 16.99 | 16.99 | 1.08 | 0.31 | 243.21 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 5,417.96 | 5,419.62 | 5,419.62 | 97.45 | 8.85% | 25.97% | 15.43 | 15.43 | 2.19 | 0.31 | 243.21 |
| 1327000 | NORTHERN DUTCHESS HOSP | 4,156.40 | 3,279.05 | 3,279.05 | 93.28 | 8.85% | 25.97% | 23.71 | 23.71 | 1.24 | 0.39 | 159.91 |
| 5920000 | NORTHERN WESTCHESTER | 4,124.77 | 4,248.18 | 4,105.64 | 351.94 | 8.85% | 25.97% | 88.82 | 88.82 | 1.47 | 0.39 | 243.21 |
| 4324000 | NYACK HOSPITAL | 3,934.01 | 3,993.98 | 3,993.98 | 99.97 | 8.85% | 25.97% | 5.96 | 5.96 | 1.21 | 0.31 | 243.21 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 4,200.18 | 3,912.77 | 3,817.39 | 161.89 | 8.85% | 25.97% | 47.07 | 47.07 | 1.44 | 0.36 | 159.91 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 4,259.07 | 4,015.72 | 4,015.72 | 214.10 | 8.85% | 25.97% | 50.86 | 50.86 | 2.24 | 0.34 | 243.21 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 4,258.29 | 3,303.96 | 3,303.96 | 127.71 | 8.85% | 25.97% | 38.25 | 38.25 | 1.80 | 0.42 | 159.91 |
| 5904000 | SOUND SHORE MED CTR | 5,083.84 | 4,870.75 | 4,870.75 | 228.59 | 8.85% | 25.97% | 67.25 | 67.25 | 1.75 | 0.46 | 243.21 |
| 3529000 | ST ANTHONY COMM HOSP | 4,174.95 | 3,380.35 | 3,380.35 | (47.41) | 8.85% | 25.97% | (83.47) | (83.47) | 1.22 | 0.39 | 159.91 |
| 1302000 | ST FRANCIS / POUGH | 4,422.24 | 4,590.90 | 3,795.00 | 372.72 | 8.85% | 25.97% | 114.69 | 114.69 | 3.61 | 0.28 | 159.91 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 4,221.45 | 4,054.64 | 4,054.64 | 135.08 | 8.85% | 25.97% | 30.99 | 30.99 | 1.45 | 0.25 | 243.21 |
| 5907002 | ST JOSEPHS / YONKERS | 4,608.41 | 4,198.04 | 4,046.03 | 199.18 | 8.85% | 25.97% | 40.12 | 40.12 | 3.06 | 0.43 | 243.21 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 4,189.83 | 3,956.25 | 3,864.91 | 164.59 | 8.85% | 25.97% | 77.56 | 77.56 | 1.25 | 0.33 | 159.91 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 3,836.24 | 4,061.42 | 3,806.69 | 40.07 | 8.85% | 25.97% | 15.78 | 15.78 | 1.64 | 0.53 | 159.91 |
| 1302001 | VASSAR BROTHERS MED CTR | 4,557.35 | 3,906.51 | 3,861.00 | 395.31 | 8.85% | 25.97% | 72.20 | 72.20 | 1.52 | 0.40 | 159.91 |
| 5957001 | WESTCHESTER MED CTR | 5,933.18 | 5,916.10 | 5,675.38 | 568.51 | 8.85% | 25.97% | 80.83 | 80.83 | 4.38 | 0.51 | 243.21 |
| 5902001 | WHITE PLAINS HOSPITAL | 4,048.68 | 3,748.91 | 3,748.91 | 261.46 | 8.85% | 25.97% | 42.74 | 42.74 | 1.56 | 0.36 | 243.21 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|---------|-------------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | NO METROPOLITAN REGION | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 414.74 | 415.45 | (43.03) | (43.03) | 0.00 | 0.00 | 0.345468 | 1.1106 | 4,268.60 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 149,460.17 | 149,460.17 | 11,214.87 | 11,214.87 | 0.00 | 0.00 | 0.469699 | 2.5492 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | (207.69) | (206.80) | (14.55) | (14.55) | 0.00 | 0.00 | 0.323446 | 0.9017 | 3,842.33 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.763237 | 0.0000 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 159.24 | 160.04 | 41.27 | 41.27 | 0.00 | 0.00 | 0.477432 | 1.0480 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.084075 | 0.0000 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | (544.30) | (543.60) | (24.74) | (24.74) | 0.00 | 0.00 | 0.481483 | 1.0802 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 645.36 | 645.40 | 66.48 | 66.48 | 0.00 | 0.00 | 0.475391 | 1.4743 | 3,874.67 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 90.78 | 91.11 | 13.16 | 13.16 | 0.00 | 0.00 | 0.319459 | 0.9934 | 3,864.13 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.758797 | 0.0000 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 80.48 | 80.82 | 64.55 | 64.55 | 0.00 | 0.00 | 0.313223 | 1.1266 | 3,649.26 |
| 5501001 | KINGSTON HOSPITAL | 193.62 | 194.99 | 12.84 | 12.84 | 0.00 | 0.00 | 0.592063 | 1.1001 | 4,145.08 |
| 5922000 | LAWRENCE HOSPITAL | 94.15 | 94.50 | (50.89) | (50.89) | 0.00 | 0.00 | 0.434115 | 0.9686 | 3,926.01 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.649452 | 0.0000 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 154.37 | 155.22 | 7.06 | 7.06 | 0.00 | 0.00 | 0.527159 | 1.3468 | 5,202.47 |
| 1327000 | NORTHERN DUTCHESS HOSP | (110.50) | (110.11) | (21.27) | (21.27) | 0.00 | 0.00 | 0.266215 | 0.8915 | 4,038.22 |
| 5920000 | NORTHERN WESTCHESTER | 60.76 | 61.15 | 7.95 | 7.95 | 0.00 | 0.00 | 0.556671 | 1.0106 | 4,007.32 |
| 4324000 | NYACK HOSPITAL | 87.19 | 87.49 | (77.62) | (77.62) | 0.00 | 0.00 | 0.240572 | 0.9603 | 3,841.56 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.284528 | 0.0000 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 42.57 | 42.57 | 17.72 | 17.72 | 0.00 | 0.00 | 0.347367 | 1.0416 | 4,119.67 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 371.44 | 371.90 | 14.88 | 14.88 | 0.04 | 0.04 | 0.394522 | 1.1068 | 4,064.67 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 116.91 | 117.83 | 16.53 | 16.53 | 0.00 | 0.00 | 0.248359 | 1.1397 | 4,093.07 |
| 5904000 | SOUND SHORE MED CTR | 225.90 | 226.27 | 65.22 | 65.22 | 0.00 | 0.00 | 0.673755 | 1.0592 | 4,801.80 |
| 3529000 | ST ANTHONY COMM HOSP | 11.22 | 11.62 | (244.24) | (244.24) | 0.00 | (0.05) | 0.282359 | 0.8973 | 4,056.79 |
| 1302000 | ST FRANCIS / POUGH | 139.97 | 141.10 | 139.53 | 139.53 | 0.00 | 0.00 | 0.315589 | 1.6401 | 4,245.13 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 116.51 | 116.96 | 14.55 | 14.55 | 0.00 | 0.00 | 0.502368 | 0.9726 | 4,088.12 |
| 5907002 | ST JOSEPHS / YONKERS | 101.14 | 101.59 | 17.11 | 17.11 | 0.00 | 0.00 | 0.583249 | 1.3876 | 4,489.70 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 632.98 | 632.98 | 123.85 | 123.85 | 0.00 | 0.00 | 0.307580 | 1.0612 | 4,005.90 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 1227000 | THE HOSPITAL | 23.04 | 23.75 | 6.19 | 6.19 | 0.00 | 0.00 | 0.534409 | 0.9731 | 3,727.46 |
| 1302001 | VASSAR BROTHERS MED CTR | 125.26 | 126.19 | (91.24) | (91.24) | 0.00 | 0.00 | 0.198981 | 1.2230 | 4,386.20 |
| 5957001 | WESTCHESTER MED CTR | 64.37 | 65.58 | (59.22) | (59.22) | 0.00 | 0.00 | 0.542080 | 2.2427 | 5,770.93 |
| 5902001 | WHITE PLAINS HOSPITAL | 98.19 | 98.67 | (26.07) | (26.07) | 0.00 | 0.00 | 0.474185 | 1.1294 | 3,930.70 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|-------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|-----------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | | | | | | | | | |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 182.29 | 589.13 | 44.77 | 44.76 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.26 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 186.03 | 533.22 | (1.86) | (1.86) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 204.00 | 818.23 | (79.23) | (79.23) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.02 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 182.71 | 613.08 | (28.98) | (28.98) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 314.07 | 671.09 | 104.44 | 104.43 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 293.92 | 770.69 | 103.44 | 103.44 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 322.41 | 1,345.62 | 1.11 | 1.11 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 192.81 | 627.90 | (163.86) | (163.86) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 282.51 | 831.08 | 371.69 | 371.68 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 180.94 | 590.80 | (1.69) | (1.69) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 206.09 | 524.14 | 47.98 | 47.97 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 269.24 | 452.78 | (34.58) | (34.58) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.43 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 203.82 | 669.35 | 12.30 | 12.30 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 4353000 | SUMMIT PARK HOSPITAL | 247.41 | 465.93 | 11.80 | 11.80 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 271.22 | 750.65 | (30.09) | (30.10) | 8.85% | 25.97% | (0.02) | (0.02) | 0.00 | 0.51 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|-----------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | | | | | | | | | |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| NO METROPOLITAN REGION | | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 593.47 | 1,649.64 | 175.87 | 175.87 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 190.17 | 349.10 | (5.92) | (5.92) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 170.10 | 293.19 | (6.36) | (6.36) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 272.76 | 645.91 | (41.67) | (41.67) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 270.02 | 459.80 | (213.53) | (213.53) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 179.63 | 371.89 | 47.84 | 47.84 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 260.93 | 373.72 | (12.78) | (12.78) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.25 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 311.57 | 461.20 | (67.27) | (67.27) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 179.63 | 371.89 | 47.84 | 47.84 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-------------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263000 | CATSKILL REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 198.40 | 1,440.17 | 744.62 | 744.62 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 13.96 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 181.49 | 847.56 | 0.00 | 0.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 189.28 | 1,064.90 | 0.00 | 0.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 183.40 | 1,160.62 | (914.21) | (914.21) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.65 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 202.80 | 1,987.24 | 87.71 | 87.71 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 2.53 |
| 3523000 | ORANGE REGIONAL MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 370.24 | 2,738.12 | 82.08 | 82.08 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|-------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| | NO METROPOLITAN REGION | | | | | | | | | | |
| 5501000 | BENEDICTINE HOSPITAL | 205.23 | 852.09 | 30.60 | 30.60 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.26 |
| 5957000 | BLYTHEDALE CHILDRENS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3535001 | BON SECOURS COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5902002 | BURKE REHABILITATION CTR | 309.13 | 1,095.40 | 141.67 | 141.67 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.23 |
| 5263000 | CATSKILL REGIONAL MED CTR | 240.28 | 1,357.13 | 571.60 | 571.60 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.02 |
| 5263700 | CATSKILL REGIONAL/G HERMANN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1001000 | COLUMBIA MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5925000 | COMMUNITY / DOBBS FERRY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1229700 | DELAWARE VALLEY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5526001 | ELLENVILLE REGIONAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4329000 | GOOD SAMARITAN / SUFFERN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4322000 | HELEN HAYES HOSPITAL | 281.55 | 1,393.48 | (132.67) | (132.67) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.30 |
| 5901000 | HUDSON VALLEY HOSP CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5501001 | KINGSTON HOSPITAL | 232.84 | 1,044.87 | (420.71) | (420.71) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 5922000 | LAWRENCE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1226000 | MARGARETVILLE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5903000 | MOUNT VERNON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1327000 | NORTHERN DUTCHESS HOSP | 205.15 | 1,160.67 | 345.62 | 345.62 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 5920000 | NORTHERN WESTCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4324000 | NYACK HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1254700 | O'CONNOR HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3523000 | ORANGE REGIONAL MED CTR | 193.78 | 846.12 | 100.09 | 100.09 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 5932000 | PHELPS MEMORIAL HOSPITAL | 292.88 | 286.07 | 16.38 | 16.38 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 3950000 | PUTNAM COMMUNITY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5904000 | SOUND SHORE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3529000 | ST ANTHONY COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302000 | ST FRANCIS / POUGH | 239.64 | 864.24 | 28.34 | 28.34 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 5907001 | ST JOHNS RIVERSIDE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5907002 | ST JOSEPHS / YONKERS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3522000 | ST LUKES CORNWALL/CORNWALL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4353000 | SUMMIT PARK HOSPITAL | 252.69 | 1,125.70 | 495.94 | 495.94 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 1227000 | THE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1302001 | VASSAR BROTHERS MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5957001 | WESTCHESTER MED CTR | 333.84 | 1,553.47 | (411.02) | (411.02) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.51 |
| 5902001 | WHITE PLAINS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|----------------------------|------------|---------------|----------------|-------------|-----------|------------|------------|------------|---------------|----------|-----------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLENDDED CASE | CAPITAL COST | | W COMP | | NO-FAULT | | SPARCS | | ALTERNATE |
| | | GROUP | MIX NEUTRAL | PER CASE (EXCL | PUBLIC | SHORT | SHORT | PER CASE | PER CASE | LEVEL OF CARE | | |
| | | NEUTRAL | BASIC MALP | TOP 20 DRG | LESS PROD & | GOODS | ADDITIONAL | & TRANSFER | & TRANSFER | RATE | RATE | OPERATING |
| | | COST/DISCH | EXCLUDING | EXCLUDING | EFFICIENCY | POOL | GOODS POOL | CAPITAL | CAPITAL | PER CASE | PER CASE | PER DIEM |
| | | | OPER PROSP | OPER PROSP | PLUS HIV | SURCHARGE | SURCHARGE | PER DIEM | PER DIEM | PER CASE | PER CASE | PER DIEM |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 4,535.70 | 3,904.97 | 3,806.69 | 342.33 | 8.85% | 25.97% | 222.94 | 222.94 | 47.96 | 21.12 | 159.91 |
| 0101000 | ALBANY MED CTR | 4,587.97 | 4,099.81 | 4,099.81 | 665.38 | 8.85% | 25.97% | 110.90 | 110.90 | 2.51 | 0.41 | 159.91 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 10,816.45 | 10,816.45 | 28.52 | 8.85% | 25.97% | (0.54) | (0.54) | 3.97 | 0.84 | 159.91 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 4,027.45 | 3,448.15 | 3,448.15 | 106.36 | 8.85% | 25.97% | 43.00 | 43.00 | 0.87 | 0.32 | 159.91 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 4,152.92 | 3,693.83 | 3,693.83 | 147.56 | 8.85% | 25.97% | 29.51 | 29.51 | 1.79 | 0.33 | 159.91 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 3,794.46 | 4,110.98 | 3,906.55 | 270.05 | 8.85% | 25.97% | 21.06 | 21.06 | 2.33 | 0.38 | 159.91 |
| 5601000 | GLENS FALLS HOSPITAL | 4,061.70 | 3,409.83 | 3,409.83 | 184.83 | 8.85% | 25.97% | 46.65 | 46.65 | 1.81 | 0.39 | 159.91 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 4,338.99 | 4,223.08 | 3,864.91 | 110.01 | 8.85% | 25.97% | 21.87 | 21.87 | 1.41 | 0.36 | 159.91 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 4,029.22 | 3,698.26 | 3,698.26 | 108.26 | 8.85% | 25.97% | 38.59 | 38.59 | 1.44 | 0.50 | 159.91 |
| 4102002 | SAMARITAN HOSP OF TROY | 3,824.30 | 4,067.04 | 3,852.67 | 111.40 | 8.85% | 25.97% | 30.05 | 30.05 | 1.72 | 0.29 | 159.91 |
| 4501000 | SARATOGA HOSPITAL | 3,703.93 | 3,067.26 | 3,067.26 | 154.63 | 8.85% | 25.97% | 31.33 | 31.33 | 1.51 | 0.38 | 159.91 |
| 4102003 | SETON HEALTH SYSTEMS | 3,731.35 | 3,898.50 | 3,837.43 | 142.89 | 8.85% | 25.97% | 20.26 | 20.26 | 1.75 | 0.40 | 159.91 |
| 4601002 | ST CLARES / SCHENECTADY | 4,846.52 | 4,692.14 | 3,812.72 | 210.78 | 8.85% | 25.97% | 63.56 | 63.56 | 1.53 | 0.45 | 159.91 |
| 2801001 | ST MARYS / AMSTERDAM | 3,774.11 | 3,187.94 | 3,187.94 | 80.62 | 8.85% | 25.97% | 27.30 | 27.30 | 1.72 | 0.28 | 159.91 |
| 0101004 | ST PETERS HOSPITAL | 3,747.86 | 3,265.11 | 3,265.11 | 138.71 | 8.85% | 25.97% | 39.34 | 39.34 | 1.34 | 0.32 | 159.91 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|---------|----------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | NORTHEASTERN REGION | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 30.74 | 31.20 | 103.55 | 103.55 | 0.00 | 0.00 | 0.566652 | 1.2856 | 4,492.12 |
| 0101000 | ALBANY MED CTR | 102.70 | 103.16 | 2.49 | 2.49 | 0.00 | 0.00 | 0.448883 | 2.0689 | 4,457.57 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.581513 | 0.0000 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | (1,032.25) | (1,029.76) | (30.65) | (30.65) | 0.00 | 0.00 | 0.720833 | 1.3829 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 63.00 | 63.31 | 15.10 | 15.10 | 0.00 | 0.00 | 0.550156 | 0.5571 | 3,911.18 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 41.57 | 42.90 | (26.05) | (26.05) | 0.00 | 0.00 | 0.479281 | 1.0867 | 3,990.16 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.728920 | 0.0000 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.989693 | 0.0000 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 40.20 | 40.56 | (176.06) | (176.06) | 0.00 | 0.00 | 0.299102 | 2.2457 | 3,575.57 |
| 5601000 | GLENS FALLS HOSPITAL | 115.14 | 115.95 | 30.02 | 30.02 | 0.00 | 0.00 | 0.473548 | 1.2137 | 3,904.08 |
| 0101003 | MEMORIAL HOSP/ ALBANY | (461.52) | (460.43) | 1.56 | 1.56 | 0.00 | 0.00 | 0.527530 | 1.7755 | 4,206.30 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.000000 | 0.0000 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 467.72 | 468.63 | 0.89 | 0.89 | 0.00 | 0.00 | 0.633455 | 0.8925 | 3,876.64 |
| 4102002 | SAMARITAN HOSP OF TROY | 118.48 | 119.30 | 16.88 | 16.88 | 0.00 | 0.00 | 0.447016 | 1.2640 | 3,684.57 |
| 4501000 | SARATOGA HOSPITAL | 100.54 | 101.30 | (33.14) | (33.14) | 0.00 | 0.00 | 0.417535 | 1.1331 | 3,563.20 |
| 4102003 | SETON HEALTH SYSTEMS | 8.47 | 9.84 | (72.79) | (72.79) | 0.00 | 0.00 | 0.460332 | 1.2531 | 3,587.62 |
| 4601002 | ST CLARES / SCHENECTADY | (5.90) | (4.61) | 30.02 | 30.02 | 0.00 | 0.00 | 0.633259 | 1.1481 | 4,670.14 |
| 2801001 | ST MARYS / AMSTERDAM | 115.58 | 116.50 | 12.41 | 12.41 | 0.00 | 0.00 | 0.552768 | 1.0181 | 3,623.15 |
| 0101004 | ST PETERS HOSPITAL | 76.38 | 76.72 | 60.06 | 60.06 | 0.00 | 0.00 | 0.356636 | 1.5493 | 3,573.46 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.594737 | 0.0000 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|---------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|---------------------------|-----------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | | | | | | | | | |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| NORTHEASTERN REGION | | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 197.16 | 604.53 | 13.13 | 13.12 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 207.24 | 669.27 | (53.48) | (53.48) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 198.67 | 554.69 | 83.76 | 83.76 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 5601000 | GLENS FALLS HOSPITAL | 200.22 | 634.59 | 196.04 | 196.02 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 176.41 | 553.15 | 39.45 | 39.45 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.29 |
| 4501000 | SARATOGA HOSPITAL | 200.95 | 591.98 | 130.93 | 130.93 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 177.22 | 675.11 | (17.77) | (17.77) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 280.94 | 1,126.65 | (15.34) | (15.34) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 168.75 | 444.89 | (24.30) | (24.30) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.40 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 177.34 | 284.59 | (32.22) | (32.22) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801000 | AMSTERDAM MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 335.64 | 1,983.88 | 910.88 | 910.88 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.68 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 891.16 | 1,967.32 | 644.55 | 644.55 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.76 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | |
|---------|----------------------------|--|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| | | ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| | NORTHEASTERN REGION | | | | | | | | | | |
| 0101005 | ALB MED CTR SO CLINICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101000 | ALBANY MED CTR | 218.87 | 950.30 | (453.85) | (453.86) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 2801000 | AMSTERDAM MEM HOSP | 196.70 | 890.98 | 15.98 | 15.98 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.59 |
| 4720001 | BASSETT HOSP OF SCHOHARIE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4652001 | BELLEVUE WOMAN'S HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0901001 | CHAMPLAIN VALLEY PHYS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0102001 | EDDY COHOES REHAB CTR | 193.24 | 468.59 | (33.52) | (33.52) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.28 |
| 1552701 | ELIZABETHTOWN COMM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601001 | ELLIS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5601000 | GLENS FALLS HOSPITAL | 219.21 | 725.97 | 98.77 | 98.77 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 0101003 | MEMORIAL HOSP/ ALBANY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1564701 | MOSES-LUDINGTON HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1701000 | NATHAN LITTAUER HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102002 | SAMARITAN HOSP OF TROY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4501000 | SARATOGA HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4102003 | SETON HEALTH SYSTEMS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4601002 | ST CLARES / SCHENECTADY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2801001 | ST MARYS / AMSTERDAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0101004 | ST PETERS HOSPITAL | 175.83 | 994.50 | (635.12) | (635.12) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 4601004 | SUNNYVIEW HOSP AND REHAB | 199.41 | 630.65 | (58.82) | (58.82) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.20 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|----------------------------|------------|---------------|------------|----------------|-----------|------------|------------|----------|----------|------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLENDDED CASE | | CAPITAL COST | | W COMP | NO-FAULT | | | | ALTERNATE |
| | | GROUP | MIX NEUTRAL | | PER CASE (EXCL | | SHORT | SHORT | | | | LEVEL OF CARE |
| | | NEUTRAL | BASIC MALP | TOP 20 DRG | CAPITAL PROSP) | PUBLIC | STAY | STAY | | | | |
| | | COST/DISCH | EXCLUDING | EXCLUDING | LESS PROD & | GOODS | & TRANSFER | & TRANSFER | SPARCS | SPARCS | | |
| | | | OPER PROSP | OPER PROSP | EFFICIENCY | POOL | CAPITAL | CAPITAL | RATE | RATE | | OPERATING |
| | | | | | PLUS HIV | SURCHARGE | PER DIEM | PER DIEM | PER CASE | PER DIEM | | PER DIEM |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | UTICA REGION | | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 3,948.70 | 3,472.47 | 3,472.47 | 192.30 | 8.85% | 25.97% | 153.36 | 153.36 | 2.02 | 0.50 | 159.91 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 5,078.42 | 5,078.42 | 27.99 | 8.85% | 25.97% | (1.85) | (1.85) | 1.23 | 0.34 | 159.91 |
| 1624000 | ALICE HYDE MED CTR | 4,029.23 | 3,579.62 | 3,579.62 | 126.42 | 8.85% | 25.97% | 72.17 | 72.17 | 1.60 | 0.56 | 159.91 |
| 3801000 | AURELIA OSBORN FOX | 4,139.64 | 3,429.88 | 3,429.88 | 107.95 | 8.85% | 25.97% | 33.59 | 33.59 | 2.64 | 0.41 | 159.91 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 4,012.85 | 3,290.95 | 3,290.95 | 322.85 | 8.85% | 25.97% | 111.24 | 111.24 | 2.02 | 0.39 | 159.91 |
| 2238001 | CARTHAGE AREA HOSP | 4,114.99 | 3,183.23 | 3,183.23 | 86.65 | 8.85% | 25.97% | 34.40 | 34.40 | 1.06 | 0.35 | 159.91 |
| 0824000 | CHENANGO MEM HOSP | 4,166.89 | 4,449.80 | 3,806.69 | 60.01 | 8.85% | 25.97% | 38.71 | 38.71 | 2.61 | 0.90 | 159.91 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 3,903.23 | 3,903.23 | (52.66) | 8.85% | 25.97% | (58.03) | (58.03) | 1.96 | 0.31 | 159.91 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 4,226.65 | 3,493.67 | 3,493.67 | 111.53 | 8.85% | 25.97% | 33.81 | 33.81 | 1.51 | 0.57 | 159.91 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 3,507.45 | 3,507.45 | 59.23 | 8.85% | 25.97% | 37.01 | 37.01 | 1.75 | 0.65 | 159.91 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 3,992.09 | 3,572.88 | 3,572.88 | 120.17 | 8.85% | 25.97% | 35.39 | 35.39 | 1.35 | 0.31 | 159.91 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 5,229.80 | 5,229.80 | 117.40 | 8.85% | 25.97% | 46.17 | 46.17 | 1.98 | 0.70 | 159.91 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 4,890.59 | 4,229.11 | 3,906.55 | 369.55 | 8.85% | 25.97% | 139.14 | 139.14 | 4.03 | 1.01 | 159.91 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 4,387.50 | 3,918.34 | 3,806.69 | 91.79 | 8.85% | 25.97% | 3.03 | 3.03 | 1.11 | 0.41 | 159.91 |
| 2601001 | ONEIDA HEALTHCARE CTR | 3,823.26 | 3,409.41 | 3,409.41 | 200.09 | 8.85% | 25.97% | 99.87 | 99.87 | 1.54 | 0.51 | 159.91 |
| 3702000 | OSWEGO HOSPITAL | 4,048.95 | 3,838.86 | 3,838.86 | 49.28 | 8.85% | 25.97% | 3.49 | 3.49 | 1.37 | 0.33 | 159.91 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 4,024.09 | 3,557.24 | 3,557.24 | 72.45 | 8.85% | 25.97% | 34.58 | 34.58 | 1.05 | 0.32 | 159.91 |
| 2201000 | SAMARITAN MED CTR | 3,744.78 | 3,213.57 | 3,213.57 | 110.16 | 8.85% | 25.97% | 33.11 | 33.11 | 1.61 | 0.36 | 159.91 |
| 3202002 | ST ELIZABETH MED CTR | 5,017.45 | 4,522.84 | 3,864.91 | 314.73 | 8.85% | 25.97% | 59.56 | 59.56 | 2.30 | 0.42 | 159.91 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|---------|----------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| | UTICA REGION | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 57.53 | 58.15 | 191.40 | 191.40 | 0.00 | 0.00 | 0.599009 | 1.1851 | 3,833.12 |
| 3701000 | ALBERT LINDLEY LEE | 92.73 | 93.15 | (35.56) | (35.56) | 0.00 | 0.00 | 0.577619 | 1.2425 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 330.21 | 330.73 | 100.26 | 100.26 | 0.00 | 0.00 | 0.598012 | 1.0536 | 3,898.54 |
| 3801000 | AURELIA OSBORN FOX | 120.29 | 121.92 | (3.27) | (3.27) | 0.00 | 0.00 | 0.595009 | 1.0440 | 3,984.80 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 7.49 | 7.91 | 76.10 | 76.10 | 0.00 | 0.00 | 0.695113 | 0.8661 | 3,894.90 |
| 2238001 | CARTHAGE AREA HOSP | (181.20) | (180.85) | 38.77 | 38.77 | 0.00 | 0.00 | 0.679151 | 0.7788 | 4,007.43 |
| 0824000 | CHENANGO MEM HOSP | 124.66 | 125.38 | 61.57 | 61.57 | 0.00 | 0.00 | 0.545473 | 0.9552 | 4,031.71 |
| 4401000 | CLAXTON-HEPBURN MED CTR | (234.96) | (234.37) | (156.87) | (156.87) | 0.00 | 0.00 | 0.619333 | 0.9184 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.896410 | 0.0000 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 76.77 | 77.25 | (20.19) | (20.19) | 0.00 | 0.00 | 0.520088 | 1.1297 | 4,105.10 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 336.21 | 336.58 | 34.19 | 34.19 | 0.00 | 0.00 | 0.613453 | 0.9189 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 110.86 | 111.62 | 17.95 | 17.95 | 0.00 | 0.00 | 0.456414 | 1.0519 | 3,842.27 |
| 2424000 | LEWIS COUNTY GENERAL | 1,086.37 | 1,086.80 | 7.15 | 7.15 | 0.00 | 0.00 | 0.617600 | 0.9602 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.490728 | 0.0000 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 165.00 | 165.49 | 153.12 | 153.12 | 0.00 | 0.00 | 0.589459 | 1.3972 | 4,649.28 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 112.05 | 112.67 | (80.65) | (80.65) | 0.00 | 0.00 | 0.584749 | 0.8872 | 4,253.74 |
| 2601001 | ONEIDA HEALTHCARE CTR | 89.70 | 90.16 | 126.84 | 126.84 | 0.00 | 0.00 | 0.600240 | 0.8777 | 3,714.93 |
| 3702000 | OSWEGO HOSPITAL | 115.23 | 116.07 | (39.29) | (39.29) | 0.00 | 0.00 | 0.665964 | 0.7819 | 3,901.24 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.297636 | 0.0000 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 113.12 | 113.91 | 36.27 | 36.27 | 0.00 | 0.00 | 0.465876 | 0.9410 | 3,871.96 |
| 2201000 | SAMARITAN MED CTR | 106.03 | 106.79 | 2.61 | 2.61 | 0.00 | 0.00 | 0.596885 | 0.9986 | 3,604.14 |
| 3202002 | ST ELIZABETH MED CTR | 144.23 | 145.56 | 1.04 | 1.04 | 0.00 | 0.00 | 0.511716 | 2.2484 | 4,841.36 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 238.51 | 336.08 | (7.98) | (7.98) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.50 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 192.71 | 594.82 | (126.10) | (126.10) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 172.61 | 377.81 | (45.11) | (45.11) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 193.43 | 344.09 | (39.72) | (39.72) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 192.77 | 564.43 | (29.51) | (29.52) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.01 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 182.87 | 641.25 | 15.02 | 15.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.33 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 184.84 | 528.35 | (128.36) | (128.36) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 3202002 | ST ELIZABETH MED CTR | 188.28 | 451.46 | 10.28 | 10.28 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.42 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 168.89 | 236.85 | (17.76) | (17.76) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.39 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 159.91 | 254.66 | 1.95 | 1.95 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4458700 | CLIFTON-FINE HOSPITAL | 245.34 | 2,073.03 | 560.79 | 560.79 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.75 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 292.64 | 1,152.88 | 0.00 | 0.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 159.91 | 863.80 | 125.90 | 125.90 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2201000 | SAMARITAN MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|----------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| | UTICA REGION | | | | | | | | | | |
| 1623001 | ADIRONDACK MEDICAL CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3701000 | ALBERT LINDLEY LEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1624000 | ALICE HYDE MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3801000 | AURELIA OSBORN FOX | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4429000 | CANTON-POTSDAM HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2238001 | CARTHAGE AREA HOSP | 208.37 | 830.65 | (110.16) | (110.16) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 0824000 | CHENANGO MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4401000 | CLAXTON-HEPBURN MED CTR | 180.58 | 785.64 | 0.00 | 0.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 4458700 | CLIFTON-FINE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2625000 | COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4423000 | EJ NOBLE / GOUVERNEUR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3202003 | FAXTON-ST LUKES HEALTHCARE | 187.16 | 471.41 | (34.07) | (34.07) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 2424000 | LEWIS COUNTY GENERAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2129700 | LITTLE FALLS HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3824000 | MARY IMOGENE BASSETT HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4402000 | MASSENA MEMORIAL HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2601001 | ONEIDA HEALTHCARE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3702000 | OSWEGO HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2221001 | RIVER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3201002 | ROME HOSP & MURPHY | 189.85 | 687.22 | 200.97 | 200.97 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.32 |
| 2201000 | SAMARITAN MED CTR | 214.01 | 618.47 | (99.40) | (99.40) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 3202002 | ST ELIZABETH MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|--------------------------|------------|---------------|------------|----------------|-------|--------|------------|------------|----------|----------|---------------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLENDDED CASE | | CAPITAL COST | | | W COMP | NO-FAULT | | | ALTERNATE |
| | | GROUP | MIX NEUTRAL | | PER CASE (EXCL | | | SHORT | SHORT | | | LEVEL OF CARE |
| | | NEUTRAL | BASIC MALP | TOP 20 DRG | CAPITAL PROSP) | | | & TRANSFER | & TRANSFER | SPARCS | SPARCS | OPERATING |
| | | COST/DISCH | EXCLUDING | EXCLUDING | EFFICIENCY | | | CAPITAL | CAPITAL | PER CASE | PER CASE | PER DIEM |
| | | | OPER PROSP | OPER PROSP | PLUS HIV | | | PER DIEM | PER DIEM | PER CASE | PER CASE | PER DIEM |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| CENTRAL REGION | | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 4,322.71 | 3,510.35 | 3,510.35 | 159.17 | 8.85% | 25.97% | 23.75 | 23.75 | 1.68 | 0.43 | 159.91 |
| 0501000 | AUBURN MEMORIAL HOSP | 4,030.60 | 4,112.19 | 3,864.91 | 149.49 | 8.85% | 25.97% | 35.17 | 35.17 | 1.25 | 0.31 | 159.91 |
| 5401001 | CAYUGA MEDICAL CENTER | 4,119.89 | 3,649.90 | 3,649.90 | 283.93 | 8.85% | 25.97% | 46.78 | 46.78 | 1.73 | 0.37 | 159.91 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 4,322.28 | 3,897.01 | 3,837.44 | 247.23 | 8.85% | 25.97% | 66.57 | 66.57 | 1.42 | 0.34 | 159.91 |
| 5001000 | CORNING HOSPITAL | 4,287.03 | 3,880.47 | 3,707.43 | 139.44 | 8.85% | 25.97% | 58.06 | 58.06 | 1.46 | 0.50 | 159.91 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 4,548.10 | 4,548.10 | 196.44 | 8.85% | 25.97% | 60.45 | 60.45 | 1.66 | 0.49 | 159.91 |
| 3301008 | CROUSE HOSPITAL | 4,486.99 | 4,003.92 | 3,906.55 | 244.38 | 8.85% | 25.97% | 47.18 | 47.18 | 1.75 | 0.38 | 159.91 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 4,007.75 | 4,007.75 | 67.18 | 8.85% | 25.97% | 33.14 | 33.14 | 1.81 | 0.73 | 159.91 |
| 0301001 | OUR LADY OF LOURDES | 4,041.39 | 3,438.26 | 3,438.26 | 168.83 | 8.85% | 25.97% | 27.20 | 27.20 | 1.97 | 0.59 | 159.91 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 4,454.13 | 4,454.13 | 646.48 | 8.85% | 25.97% | 277.96 | 277.96 | 2.41 | 0.68 | 159.91 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 4,438.89 | 4,438.89 | 143.63 | 8.85% | 25.97% | 73.57 | 73.57 | 3.88 | 0.39 | 159.91 |
| 0701001 | ST JOSEPHS / ELMIRA | 4,329.57 | 4,463.27 | 3,755.16 | 336.94 | 8.85% | 25.97% | 58.97 | 58.97 | 2.27 | 0.22 | 159.91 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 4,410.29 | 3,639.02 | 3,639.02 | 213.15 | 8.85% | 25.97% | 68.20 | 68.20 | 1.93 | 0.43 | 159.91 |
| 3301007 | SUNY HLTH SCIENCE CTR | 6,028.66 | 4,875.57 | 4,875.57 | 771.87 | 8.85% | 25.97% | 95.63 | 95.63 | 4.46 | 0.69 | 159.91 |
| 0303001 | UNITED HEALTH SERVICES | 4,498.42 | 4,261.04 | 3,885.14 | 225.29 | 8.85% | 25.97% | 61.87 | 61.87 | 2.42 | 0.41 | 159.91 |
| ROCHESTER REGION | | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 3,786.57 | 3,402.12 | 3,402.12 | 150.73 | 8.85% | 25.97% | 34.74 | 34.74 | 5.37 | 0.35 | 159.91 |
| 3429000 | F F THOMPSON HOSPITAL | 3,825.76 | 3,141.84 | 3,141.84 | 244.20 | 8.85% | 25.97% | 111.63 | 111.63 | 2.24 | 0.62 | 159.91 |
| 3402000 | GENEVA GENERAL HOSP | 3,941.12 | 3,568.52 | 3,568.52 | 188.31 | 8.85% | 25.97% | 78.63 | 78.63 | 1.97 | 0.59 | 159.91 |
| 2701001 | HIGHLAND OF ROCHESTER | 4,596.33 | 4,126.87 | 3,906.55 | 109.48 | 8.85% | 25.97% | 15.15 | 15.15 | 1.23 | 0.37 | 159.91 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 4,090.72 | 3,552.36 | 3,552.36 | 57.65 | 8.85% | 25.97% | 13.67 | 13.67 | 1.48 | 0.33 | 159.91 |
| 2701006 | MONROE COMMUNITY HOSP | 4,430.64 | 4,801.30 | 3,806.69 | 222.90 | 8.85% | 25.97% | 1,592.54 | 1,592.54 | 864.90 | 201.15 | 159.91 |
| 2527000 | NICHOLAS H NOYES MEM | 4,049.93 | 3,520.90 | 3,520.90 | 174.19 | 8.85% | 25.97% | 61.40 | 61.40 | 1.36 | 0.45 | 159.91 |
| 2754001 | PARK RIDGE HOSPITAL | 4,438.83 | 4,674.41 | 3,906.55 | 248.45 | 8.85% | 25.97% | 48.37 | 48.37 | 3.39 | 0.48 | 159.91 |
| 2701003 | ROCHESTER GENERAL HOSP | 4,676.45 | 4,190.51 | 3,906.55 | 175.48 | 8.85% | 25.97% | 53.99 | 53.99 | 2.06 | 0.44 | 159.91 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 4,096.11 | 4,096.11 | 124.22 | 8.85% | 25.97% | 19.64 | 19.64 | 3.68 | 0.54 | 159.91 |
| 2701005 | STRONG MEMORIAL HOSP | 5,161.35 | 4,861.40 | 4,861.40 | 430.38 | 8.85% | 25.97% | 60.90 | 60.90 | 3.12 | 0.48 | 159.91 |
| 5820000 | WAYNE HEALTH CARE | 3,729.45 | 3,886.87 | 3,864.91 | 59.18 | 8.85% | 25.97% | 16.24 | 16.24 | 1.92 | 0.43 | 159.91 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|-------------------------|--------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| CENTRAL REGION | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 116.14 | 117.04 | (66.15) | (66.15) | 0.00 | 0.00 | 0.492484 | 1.2431 | 4,159.04 |
| 0501000 | AUBURN MEMORIAL HOSP | 113.37 | 114.24 | (12.16) | (12.16) | 0.00 | 0.00 | 0.501473 | 1.0098 | 3,874.64 |
| 5401001 | CAYUGA MEDICAL CENTER | (345.80) | (344.40) | (102.14) | (102.14) | 0.02 | 0.02 | 0.664657 | 0.9685 | 3,971.98 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 67.39 | 67.67 | 37.55 | 37.55 | 0.00 | 0.00 | 0.562350 | 1.1263 | 4,238.50 |
| 5001000 | CORNING HOSPITAL | 1,409.61 | 1,410.70 | 21.39 | 21.39 | 0.00 | 0.00 | 0.755530 | 1.0186 | 4,114.16 |
| 1101000 | CORTLAND MEMORIAL | 743.52 | 743.89 | (23.79) | (23.79) | 0.00 | 0.00 | 0.643179 | 0.8266 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 176.20 | 176.82 | (24.07) | (24.07) | 0.00 | 0.00 | 0.554881 | 1.2123 | 4,221.70 |
| 5022000 | IRA DAVENPORT MEMORIAL | 36.78 | 37.61 | 31.44 | 31.44 | 0.00 | 0.00 | 0.673215 | 0.9768 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 105.29 | 106.10 | (29.78) | (29.78) | 0.00 | 0.00 | 0.521798 | 1.0804 | 3,897.43 |
| 4823000 | SCHUYLER HOSPITAL | 276.20 | 276.64 | 18.24 | 18.24 | 0.00 | 0.00 | 0.490184 | 0.7888 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | (1,933.81) | (1,962.91) | 66.49 | 66.49 | (36.16) | (38.96) | 0.564910 | 0.9298 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 142.86 | 143.89 | 38.63 | 38.63 | 0.00 | 0.00 | 0.485361 | 1.3304 | 4,163.10 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 164.99 | 165.34 | 80.92 | 80.92 | 0.00 | 0.00 | 0.515088 | 1.5055 | 4,150.87 |
| 3301007 | SUNY HLTH SCIENCE CTR | 122.19 | 122.92 | (126.24) | (126.24) | 0.00 | 0.00 | 0.837530 | 2.5583 | 5,829.22 |
| 0303001 | UNITED HEALTH SERVICES | 657.24 | 657.63 | 41.92 | 41.92 | 0.00 | 0.00 | 0.555487 | 1.5579 | 4,206.67 |
| ROCHESTER REGION | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 99.74 | 100.83 | 15.81 | 15.81 | 0.00 | 0.00 | 0.523777 | 1.9314 | 3,637.55 |
| 3429000 | F F THOMPSON HOSPITAL | 101.29 | 102.06 | 164.06 | 164.06 | 0.00 | 0.00 | 0.723527 | 1.0690 | 3,680.52 |
| 3402000 | GENEVA GENERAL HOSP | 453.72 | 454.50 | 121.77 | 121.77 | 0.00 | 0.00 | 0.616659 | 0.9923 | 3,789.83 |
| 2701001 | HIGHLAND OF ROCHESTER | 183.50 | 184.17 | (53.94) | (53.94) | 0.00 | 0.00 | 0.789573 | 0.9946 | 4,344.13 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 158.36 | 158.75 | 9.19 | 9.19 | 0.00 | 0.00 | 0.567250 | 1.0950 | 3,976.67 |
| 2701006 | MONROE COMMUNITY HOSP | (199.68) | (199.68) | 3,599.20 | 3,599.20 | 0.00 | 0.00 | 0.000000 | 1.0000 | 4,793.69 |
| 2527000 | NICHOLAS H NOYES MEM | 264.36 | 264.81 | 33.52 | 33.52 | 0.00 | 0.00 | 0.481213 | 1.0687 | 3,923.77 |
| 2754001 | PARK RIDGE HOSPITAL | 167.10 | 167.10 | (52.56) | (52.56) | 0.00 | 0.00 | 0.618587 | 1.4123 | 4,186.99 |
| 2701003 | ROCHESTER GENERAL HOSP | 156.78 | 157.21 | 35.20 | 35.20 | 0.00 | 0.00 | 0.643769 | 1.5898 | 4,412.09 |
| 6120000 | SOLDIERS AND SAILORS | (358.43) | (356.74) | (37.82) | (37.82) | 0.00 | 0.00 | 0.604969 | 1.3264 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | (33.30) | (32.75) | (44.29) | (44.29) | 0.00 | 0.00 | 0.582192 | 2.0490 | 5,021.20 |
| 5820000 | WAYNE HEALTH CARE | 99.08 | 100.00 | (10.97) | (10.97) | 0.00 | 0.00 | 0.462275 | 1.0070 | 3,589.56 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------|----------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | & CAPITAL EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 195.70 | 399.73 | (41.91) | (41.92) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 5401001 | CAYUGA MEDICAL CENTER | 199.86 | 447.23 | (6.13) | (6.14) | 8.85% | 25.97% | (0.02) | (0.02) | 0.00 | 0.37 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 183.71 | 364.55 | 9.55 | 9.55 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 230.04 | 883.58 | 73.04 | 73.03 | 8.85% | 25.97% | (0.04) | (0.04) | 0.00 | 0.49 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 207.78 | 607.98 | 2,375.07 | 2,416.11 | 8.85% | 25.97% | 17.32 | 18.67 | 0.00 | 0.39 |
| 0701001 | ST JOSEPHS / ELMIRA | 175.81 | 594.12 | 55.39 | 55.39 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.22 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 198.19 | 454.42 | (38.46) | (38.46) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.43 |
| 3301007 | SUNY HLTH SCIENCE CTR | 200.38 | 676.50 | (123.64) | (123.64) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.69 |
| 0303001 | UNITED HEALTH SERVICES | 193.65 | 549.70 | (172.47) | (172.47) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 189.82 | 540.70 | (26.55) | (26.55) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 197.37 | 571.74 | 28.24 | 28.24 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 2701003 | ROCHESTER GENERAL HOSP | 191.56 | 507.01 | (25.65) | (25.65) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 6120000 | SOLDIERS AND SAILORS | 198.13 | 548.07 | (2.36) | (2.36) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.54 |
| 2701005 | STRONG MEMORIAL HOSP | 207.89 | 628.74 | 35.53 | 35.53 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 5820000 | WAYNE HEALTH CARE | 182.82 | 800.66 | 127.05 | 127.05 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.43 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 186.03 | 204.41 | (71.15) | (71.15) | 8.85% | 25.97% | (5.24) | (5.70) | 0.00 | 0.39 |
| 0701001 | ST JOSEPHS / ELMIRA | 173.52 | 402.91 | 32.59 | 32.59 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.22 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 185.98 | 455.12 | 59.20 | 59.20 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 179.03 | 234.46 | (13.79) | (13.79) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.35 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 185.98 | 436.67 | 17.10 | 17.10 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 349.62 | 1,687.18 | 19.05 | 19.05 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0303001 | UNITED HEALTH SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701003 | ROCHESTER GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| CENTRAL REGION | | | | | | | | | | | |
| 0701000 | ARNOT-OGDEN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0501000 | AUBURN MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5401001 | CAYUGA MEDICAL CENTER | 216.59 | 728.29 | 0.00 | 0.00 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |
| 3301000 | COMM-GEN/GTR SYRACUSE | 160.03 | 640.13 | 0.01 | 0.01 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 5001000 | CORNING HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1101000 | CORTLAND MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301008 | CROUSE HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5022000 | IRA DAVENPORT MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0301001 | OUR LADY OF LOURDES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 4823000 | SCHUYLER HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 5002001 | ST JAMES MERCY HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0701001 | ST JOSEPHS / ELMIRA | 193.43 | 763.12 | 111.61 | 111.61 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.22 |
| 3301003 | ST JOSEPHS HOSP HLTH CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3301007 | SUNY HLTH SCIENCE CTR | 248.15 | 1,200.64 | (3.21) | (3.21) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.69 |
| 0303001 | UNITED HEALTH SERVICES | 213.28 | 491.80 | 98.95 | 98.95 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| ROCHESTER REGION | | | | | | | | | | | |
| 3421000 | CLIFTON SPRINGS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3429000 | F F THOMPSON HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3402000 | GENEVA GENERAL HOSP | 239.47 | 774.53 | (235.31) | (235.31) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.59 |
| 2701001 | HIGHLAND OF ROCHESTER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2728001 | LAKESIDE MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701006 | MONROE COMMUNITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2527000 | NICHOLAS H NOYES MEM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2754001 | PARK RIDGE HOSPITAL | 270.23 | 938.30 | (0.87) | (0.87) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 2701003 | ROCHESTER GENERAL HOSP | 221.59 | 909.68 | 83.39 | 83.39 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 6120000 | SOLDIERS AND SAILORS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 2701005 | STRONG MEMORIAL HOSP | 236.84 | 1,008.86 | (169.53) | (169.53) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.48 |
| 5820000 | WAYNE HEALTH CARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES (COLUMNS 1 THRU 11) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | | |
|--|------------------------------|------------|---------------|----------------|----------------|-----------|------------|------------|----------|---------------|-----------|--------|
| ===== CASE PAYMENT ===== | | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | LONG STAY | BLENDDED CASE | CAPITAL COST | | | W COMP | NO-FAULT | SPARCS | | ALTERNATE | |
| | | GROUP | MIX NEUTRAL | PER CASE (EXCL | PUBLIC | SHORT | SHORT | SPARCS | SPARCS | LEVEL OF CARE | | |
| | | NEUTRAL | BASIC MALP | TOP 20 DRG | CAPITAL PROSP) | GOODS | SHORT | SHORT | RATE | RATE | OPERATING | |
| | | COST/DISCH | EXCLUDING | EXCLUDING | LESS PROD & | POOL | & TRANSFER | & TRANSFER | PER CASE | PER DIEM | PER DIEM | |
| | | | OPER PROSP | OPER PROSP | EFFICIENCY | SURCHARGE | CAPITAL | CAPITAL | PER DIEM | PER DIEM | PER DIEM | |
| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| WESTERN REGION | | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 4,066.63 | 4,655.00 | 3,806.69 | 348.68 | 8.85% | 25.97% | 66.73 | 66.73 | 1.71 | 0.50 | 159.91 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 3,889.62 | 3,889.62 | 61.55 | 8.85% | 25.97% | 52.86 | 52.86 | 0.97 | 0.36 | 159.91 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 4,867.25 | 5,003.08 | 5,003.08 | 290.84 | 8.85% | 25.97% | 45.39 | 45.39 | 4.40 | 0.38 | 159.91 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 4,088.04 | 3,470.21 | 3,470.21 | 42.64 | 8.85% | 25.97% | 9.72 | 9.72 | 0.86 | 0.27 | 159.91 |
| 0228000 | JONES MEMORIAL HOSP | 4,048.58 | 3,947.39 | 3,806.69 | 220.50 | 8.85% | 25.97% | 73.32 | 73.32 | 1.18 | 0.43 | 159.91 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 4,415.49 | 4,067.11 | 3,906.55 | 361.67 | 8.85% | 25.97% | 107.83 | 107.83 | 2.32 | 0.46 | 159.91 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 4,693.77 | 4,693.77 | 266.46 | 8.85% | 25.97% | 61.34 | 61.34 | 1.62 | 0.34 | 159.91 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 4,415.49 | 4,067.11 | 3,906.55 | 361.67 | 8.85% | 25.97% | 107.83 | 107.83 | 2.32 | 0.46 | 159.91 |
| 1401009 | KALEIDA HLTH (MILLARD) | 4,415.49 | 4,067.11 | 3,906.55 | 361.67 | 8.85% | 25.97% | 107.83 | 107.83 | 2.32 | 0.46 | 159.91 |
| 1404000 | KENMORE MERCY HOSP | 3,966.89 | 4,220.19 | 3,864.91 | 210.50 | 8.85% | 25.97% | 38.03 | 38.03 | 1.67 | 0.36 | 159.91 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 4,115.07 | 3,289.52 | 3,289.52 | 33.63 | 8.85% | 25.97% | 12.78 | 12.78 | 1.23 | 0.23 | 159.91 |
| 3622000 | MEDINA MEMORIAL HOSP | 3,882.07 | 3,210.21 | 3,210.21 | 50.94 | 8.85% | 25.97% | 17.72 | 17.72 | 1.94 | 0.44 | 159.91 |
| 1401008 | MERCY HOSP OF BUFFALO | 3,656.68 | 3,628.68 | 3,628.68 | 132.89 | 8.85% | 25.97% | (2.05) | (2.05) | 0.99 | 0.30 | 159.91 |
| 3121001 | MOUNT ST MARYS HOSP | 4,325.15 | 4,049.18 | 3,864.91 | 191.36 | 8.85% | 25.97% | 60.06 | 60.06 | 1.39 | 0.26 | 159.91 |
| 3102000 | NIAGARA FALLS MEMORIAL | 4,428.41 | 4,671.49 | 3,864.91 | 138.53 | 8.85% | 25.97% | 42.92 | 42.92 | 2.28 | 0.29 | 159.91 |
| 0401001 | OLEAN GENERAL HOSP | 3,911.84 | 3,476.67 | 3,476.67 | 152.63 | 8.85% | 25.97% | 75.65 | 75.65 | 1.11 | 0.31 | 159.91 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 4,855.19 | 4,990.58 | 3,806.69 | 287.51 | 8.85% | 25.97% | 771.43 | 771.43 | 1.57 | 0.41 | 159.91 |
| 1401013 | SISTERS OF CHARITY HOSP | 3,945.44 | 3,312.18 | 3,312.18 | 163.53 | 8.85% | 25.97% | 48.07 | 48.07 | 1.28 | 0.35 | 159.91 |
| 1455000 | ST JOSEPH HOSPITAL | 4,074.58 | 3,791.44 | 3,791.44 | 109.66 | 8.85% | 25.97% | 18.40 | 18.40 | 1.28 | 0.30 | 159.91 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 4,135.78 | 3,976.80 | 3,623.66 | 122.45 | 8.85% | 25.97% | 42.79 | 42.79 | 4.85 | 0.34 | 159.91 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 3,986.10 | 4,249.14 | 3,806.69 | 225.37 | 8.85% | 25.97% | 28.69 | 28.69 | 1.53 | 0.27 | 159.91 |
| 0632000 | WESTFIELD MEM HOSP | 3,701.03 | 2,820.16 | 2,820.16 | 106.26 | 8.85% | 25.97% | 19.07 | 19.07 | 1.18 | 0.45 | 159.91 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 4,117.79 | 3,751.33 | 3,751.33 | 128.58 | 8.85% | 25.97% | 27.67 | 27.67 | 1.92 | 0.30 | 159.91 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 4,062.33 | 4,062.33 | 5.15 | 8.85% | 25.97% | 2.16 | 2.16 | 1.46 | 0.37 | 159.91 |

| | | WORKER'S COMPENSATION & NO-FAULT HOSPITAL CASE PAYMENT RATES AND HIGH COST OUTLIER (COLUMNS 12 THRU 20) ACUTE AND ALC IN CASE PAYMENT UNIT RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | |
|----------------|------------------------------|---|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | | ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | =HIGH COST OUTLIER CALCULATION = | | |
| OPCERT | HOSPITAL NAME | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
| | | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 1,490.91 | 1,491.24 | 91.34 | 91.34 | 0.00 | 0.00 | 0.744806 | 1.2790 | 3,893.99 |
| 0601000 | BROOKS MEMORIAL HOSP | 585.90 | 587.03 | 48.96 | 48.96 | 0.00 | 0.00 | 0.628342 | 0.9065 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.805002 | 0.0000 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 153.41 | 154.17 | (19.34) | (19.34) | 0.02 | 0.02 | 0.700352 | 2.3764 | 4,701.74 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 542.91 | 543.28 | (8.31) | (8.31) | 0.00 | 0.00 | 0.575415 | 0.9619 | 3,974.75 |
| 0228000 | JONES MEMORIAL HOSP | 225.52 | 226.54 | 10.96 | 10.96 | 0.00 | 0.00 | 0.688072 | 0.8186 | 3,914.22 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 181.56 | 181.98 | 97.89 | 97.89 | 0.00 | 0.00 | 0.448187 | 1.6438 | 4,153.82 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 103.06 | 103.60 | 41.59 | 41.59 | 0.00 | 0.00 | 0.448187 | 1.4157 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 181.56 | 181.98 | 97.89 | 97.89 | 0.00 | 0.00 | 0.448187 | 1.6438 | 4,153.82 |
| 1401009 | KALEIDA HLTH (MILLARD) | 181.56 | 181.98 | 97.89 | 97.89 | 0.00 | 0.00 | 0.448187 | 1.6438 | 4,153.82 |
| 1404000 | KENMORE MERCY HOSP | (19.52) | (18.67) | (9.67) | (9.67) | 0.00 | 0.00 | 0.335399 | 2.1284 | 3,816.02 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 111.61 | 112.45 | 13.07 | 13.07 | 0.00 | 0.00 | 0.615731 | 1.0512 | 3,959.16 |
| 3622000 | MEDINA MEMORIAL HOSP | 42.92 | 43.49 | 17.45 | 17.45 | 0.00 | 0.00 | 0.838752 | 1.2107 | 3,758.60 |
| 1401008 | MERCY HOSP OF BUFFALO | 679.01 | 679.29 | (140.29) | (140.29) | 0.00 | 0.00 | 0.363643 | 1.1248 | 3,443.35 |
| 3121001 | MOUNT ST MARYS HOSP | 133.77 | 134.69 | 66.83 | 66.83 | 0.00 | 0.00 | 0.433755 | 1.3403 | 4,163.46 |
| 3102000 | NIAGARA FALLS MEMORIAL | (13.11) | (12.21) | 50.28 | 50.28 | 0.00 | 0.00 | 0.469402 | 1.2071 | 4,261.65 |
| 0401001 | OLEAN GENERAL HOSP | 113.29 | 114.32 | 92.61 | 92.61 | 0.00 | 0.00 | 0.531222 | 0.9207 | 3,757.53 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.618832 | 0.0000 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 1,707.00 | 1,707.65 | 722.23 | 722.23 | 0.00 | 0.00 | 1.027207 | 0.9649 | 4,362.61 |
| 1401013 | SISTERS OF CHARITY HOSP | 145.80 | 146.06 | 30.55 | 30.55 | 0.00 | 0.00 | 0.394148 | 1.0885 | 3,727.44 |
| 1455000 | ST JOSEPH HOSPITAL | 125.21 | 126.03 | (16.22) | (16.22) | 0.00 | 0.00 | 0.326071 | 1.9587 | 3,921.02 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 142.78 | 143.76 | 56.17 | 56.17 | (0.04) | (0.04) | 0.579411 | 1.4440 | 4,045.87 |
| 1801000 | UNITED MEMORIAL(GENESEE) | (29.11) | (28.72) | (74.02) | (74.02) | 0.00 | 0.00 | 0.487157 | 0.9446 | 3,879.06 |
| 0632000 | WESTFIELD MEM HOSP | 830.48 | 830.79 | (61.81) | (61.81) | 0.00 | 0.00 | 0.648840 | 0.9400 | 3,591.39 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 117.66 | 118.51 | 10.33 | 10.33 | 0.00 | 0.00 | 0.565566 | 1.0936 | 3,962.57 |
| 6027000 | WYOMING CO COMMUNITY | 513.14 | 513.52 | 0.69 | 0.69 | 0.00 | 0.00 | 0.711988 | 0.8717 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT | | | | | | | | | | | |
|--|------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| HOSPITAL PER DIEMS FOR EXEMPT HOSPITALS (COLUMNS 21 THRU 30) | | | | | | | | | | | |
| RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
| ===== SPECIALTY ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 367.82 | 1,854.08 | (333.20) | (333.20) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.82 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|-----------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT PSYCHIATRIC UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | PER DIEM INCL CAPITAL | | | | | | | | | |
| | | (31) | (32) | (33) | (34) | (35) | (36) | (37) | (38) | (39) | (40) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 178.72 | 500.91 | (225.73) | (225.74) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 186.67 | 472.72 | (47.50) | (47.50) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.46 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 178.05 | 572.08 | (77.64) | (77.64) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.29 |
| 0401001 | OLEAN GENERAL HOSP | 226.04 | 454.46 | 134.82 | 134.82 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.31 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 196.16 | 594.97 | 71.91 | 71.91 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 187.26 | 488.29 | (132.62) | (132.62) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.30 |
| 6027000 | WYOMING CO COMMUNITY | 204.42 | 630.87 | 98.57 | 98.57 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.37 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|--------|
| ===== EXEMPT AIDS UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | DIEM |
| | | (41) | (42) | (43) | (44) | (45) | (46) | (47) | (48) | (49) | (50) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT ALCOHOL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 171.26 | 345.30 | 20.32 | 20.32 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 176.00 | 328.58 | (50.25) | (50.25) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.23 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 189.26 | 380.32 | (127.83) | (127.83) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.26 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 165.55 | 196.58 | (41.80) | (41.80) | 8.85% | 25.97% | 0.02 | 0.02 | 0.00 | 0.34 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 175.40 | 281.80 | (5.17) | (5.17) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.27 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 185.93 | 296.13 | (30.57) | (30.57) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.30 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT DRUG REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (61) | (62) | (63) | (64) | (65) | (66) | (67) | (68) | (69) | (70) |
| WESTERN REGION | | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 190.49 | 465.96 | 69.62 | 69.62 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.41 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|--------------|--------------------------------------|-----------|-----------|-----------|------------|--------|--------|-------------|----------|
| ===== EXEMPT EPILEPSY UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE | ACUTE PER DIEM | W COMP | NO-FAULT | PUBLIC | ADDITIONAL | WC | NF | RETROACTIVE | SPARCS |
| | | CARE | INCL BASIC MALP, | ACUTE | ACUTE | GOODS | PUBLIC | EXCESS | EXCESS | | |
| | | PER DIEM | PRODUCTIVITY & EFFICIENCY, & CAPITAL | PER DIEM | PER DIEM | POOL | GOODS POOL | PHYS | PHYS | ADJUSTMENTS | PER DIEM |
| | | INCL CAPITAL | EXCL PROSP | PROSP ADJ | PROSP ADJ | SURCHARGE | SURCHARGE | MALP | MALP | | |
| | | (71) | (72) | (73) | (74) | (75) | (76) | (77) | (78) | (79) | (80) |
| | WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 475.88 | 1,413.34 | 436.94 | 436.94 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|---|--|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| ===== EXEMPT OTHER UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (81) | (82) | (83) | (84) | (85) | (86) | (87) | (88) | (89) | (90) |
| | WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 167.26 | 883.57 | 126.95 | 126.95 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 5.40 |
| 1401005 | ERIE COUNTY MED CTR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401008 | MERCY HOSP OF BUFFALO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 1,735.46 | 11,345.88 | (2,825.75) | (2,825.75) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 1.82 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

| WORKER'S COMPENSATION & NO-FAULT HOSPITAL PER DIEMS FOR EXEMPT UNITS (COLUMNS 31 THRU 100) RATE PERIOD 07/01/2005 - 12/31/2005 | | | | | | | | | | | |
|--|------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-----------------------------|--|---------------------|---------------------|-------------------------|-----------------|
| ===== EXEMPT MEDICAL REHABILITATION UNIT ===== | | | | | | | | | | | |
| OPCERT | HOSPITAL NAME | ALTERNATE CARE PER DIEM INCL CAPITAL | ACUTE PER DIEM INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) |
| | WESTERN REGION | | | | | | | | | | |
| 1427000 | BERTRAND CHAFFEE HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0601000 | BROOKS MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0226700 | CUBA MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401005 | ERIE COUNTY MED CTR | 197.51 | 727.91 | 82.44 | 82.44 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.38 |
| 3154000 | INTER-COMMUNITY MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0228000 | JONES MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401014 | KALEIDA HLTH (BUFF GEN) | 247.86 | 631.11 | 28.16 | 28.16 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.46 |
| 1401002 | KALEIDA HLTH (CHILD OF BUFF) | 325.90 | 908.80 | 201.28 | 201.28 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.34 |
| 3103000 | KALEIDA HLTH (DEGRAFF) | 247.86 | 631.11 | 28.16 | 28.16 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.46 |
| 1401009 | KALEIDA HLTH (MILLARD) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1404000 | KENMORE MERCY HOSP | 205.80 | 474.75 | (81.19) | (81.19) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.36 |
| 3101000 | LOCKPORT MEMORIAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3622000 | MEDINA MEMORIAL HOSP | 187.37 | 526.28 | (89.67) | (89.67) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.44 |
| 1401008 | MERCY HOSP OF BUFFALO | 193.66 | 974.17 | (42.94) | (42.94) | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.30 |
| 3121001 | MOUNT ST MARYS HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 3102000 | NIAGARA FALLS MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0401001 | OLEAN GENERAL HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401010 | ROSWELL PARK | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401006 | SHEEHAN MEMORIAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1401013 | SISTERS OF CHARITY HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1455000 | ST JOSEPH HOSPITAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0427000 | TLC HLTH NETWORK(TRI-CO) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 1801000 | UNITED MEMORIAL(GENESEE) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0632000 | WESTFIELD MEM HOSP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |
| 0602001 | WOMANS CHRISTIAN ASSOC | 204.17 | 571.12 | 23.67 | 23.67 | 8.85% | 25.97% | 0.00 | 0.00 | 0.00 | 0.30 |
| 6027000 | WYOMING CO COMMUNITY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00% | 0.00 | 0.00 | 0.00 | 0.00 |

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

06-Jul-06

FACILITY NAME: Claxton-Hepburn Medical Center

OPERATING CERT: 4401000

STATEWIDE RATE PERIOD: 07/01/05-12/31/05

APPEAL#: 327603

| EFFECTIVE PERIOD | ===== MEDICAL REHABILITATION ===== | | | | | | | | | | |
|-------------------|---|--|------------|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| | ALTERNATE CARE PER DIEM INCL CAPITAL & BASIC MALP | ACUTE PER DIEM | | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | EXCL PROSP | | | | | | | | |
| ----- | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) | |
| 01/01/04-12/31/04 | \$182.26 | \$775.59 | \$0.00 | \$0.00 | 8.85% | 25.97% | \$0.00 | \$0.00 | \$0.00 | \$0.31 | |
| 01/01/05-06/30/05 | \$180.58 | \$785.64 | \$0.00 | \$0.00 | 8.85% | 25.97% | \$0.00 | \$0.00 | \$0.00 | \$0.31 | |

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

06-Jul-06

FACILITY NAME: Mercy Hospital of Buffalo

OPERATING CERT: 1401008H

STATEWIDE RATE PERIOD: 7/1/05-12/31/05

APPEAL#: DOH-HR-2006-07

| ===== MEDICAL REHABILITATION ===== | | | | | | | | | | | |
|------------------------------------|---|--|------------|--|--|--------------------------------------|---|------------------------------|------------------------------|----------------------------|-----------------------|
| EFFECTIVE PERIOD | ALTERNATE CARE PER DIEM INCL CAPITAL & BASIC MALP | ACUTE PER DIEM | | W COMP ACUTE PER DIEM PROSP ADJ | NO-FAULT ACUTE PER DIEM PROSP ADJ | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | WC EXCESS PHYS MALP | NF EXCESS PHYS MALP | RETROACTIVE ADJUSTMENTS | SPARCS PER DIEM |
| | | INCL BASIC MALP, PRODUCTIVITY & EFFICIENCY, & CAPITAL EXCL PROSP | EXCL PROSP | | | | | | | | |
| | (91) | (92) | (93) | (94) | (95) | (96) | (97) | (98) | (99) | (100) | |
| 1/1/02-6/30/02 | \$151.45 | \$1,003.39 | \$0.00 | \$0.00 | 8.18% | 24.00% | \$0.00 | \$0.00 | \$0.00 | \$0.26 | |
| 7/1/02-12/31/02 | \$151.45 | \$1,003.13 | \$0.00 | \$0.00 | 8.18% | 24.00% | \$0.00 | \$0.00 | \$0.00 | \$0.26 | |
| 1/1/03-6/30/03 | \$155.24 | \$956.45 | \$0.00 | \$0.00 | 8.18% | 24.00% | \$0.00 | \$0.00 | \$0.00 | \$0.26 | |
| 7/1/03-12/31/03 | \$155.24 | \$934.13 | \$0.00 | \$0.00 | 8.18% | 24.00% | \$0.00 | \$0.00 | \$0.00 | \$0.26 | |
| 1/1/04-6/30/04 | \$183.78 | \$983.32 | \$0.00 | \$0.00 | 8.85% | 24.97% | \$0.00 | \$0.00 | \$0.00 | \$0.28 | |
| 7/1/04-12/31/04 | \$183.78 | \$983.32 | \$0.00 | \$0.00 | 8.85% | 25.97% | \$0.00 | \$0.00 | \$0.00 | \$0.28 | |
| 1/1/05-6/30/05 | \$193.66 | \$931.35 | \$0.00 | \$0.00 | 8.85% | 25.97% | \$0.00 | \$0.00 | \$0.00 | \$0.30 | |
| 7/1/05-12/31/05 | \$193.66 | \$931.35 | \$0.00 | \$0.00 | 8.85% | 25.97% | \$0.00 | \$0.00 | \$0.00 | \$0.30 | |

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

6-Jul-06

FACILITY NAME: ORANGE REGIONAL MEDICAL CENTER -- GOSHEN

STATEWIDE RATE PERIOD: JULY 2005

OPERATING CERT: 3523000H

| ===== CASE PAYMENT ===== | | | | | | | | | | | |
|--------------------------|---|---|---------------------------------------|---|--------------------------------------|---|--|--|----------------------------|----------------------------|---|
| EFFECTIVE PERIOD | LONG STAY GROUP NEUTRAL COST/DISCH | BLEND CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP | TOP 20 DRG EXCLUDING OPER PROSP | CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM | NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM | SPARCS RATE PER CASE | SPARCS RATE PER DIEM | ALTERNATE LEVEL OF CARE OPERATING PER DIEM |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 01/01/02 - 06/30/02 | \$4,153.88 | \$3,545.94 | \$3,545.94 | \$191.85 | 8.18% | 24.00% | \$36.27 | \$36.27 | \$1.46 | \$0.27 | \$151.45 |
| 07/01/02 - 12/31/02 | \$4,169.09 | \$3,549.48 | \$3,549.48 | \$191.85 | 8.18% | 24.00% | \$35.96 | \$35.96 | \$1.46 | \$0.27 | \$151.45 |

| ===== PROSPECTIVE ADJUSTMENTS ===== | | | | | | | | | | ==HIGH COST OUTLIER CALCULATION== |
|-------------------------------------|--|--|---|---|--|--|----------------------------------|---------------------------------------|---|-----------------------------------|
| EFFECTIVE PERIOD | W COMP BLEND CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLEND CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY | |
| | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | |
| 01/01/02 - 06/30/02 | \$172.07 | \$174.37 | (\$37.64) | (\$37.64) | \$0.00 | \$0.00 | 0.403572 | 1.3307 | \$3,963.28 | |
| 07/01/02 - 12/31/02 | \$182.47 | \$184.77 | (\$38.98) | (\$38.98) | \$0.00 | \$0.00 | 0.403572 | 1.3307 | \$3,967.25 | |

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

6-Jul-06

FACILITY NAME: ORANGE REGIONAL MEDICAL CENTER -- MIDDLETOWN

STATEWIDE RATE PERIOD: JULY 2005

OPERATING CERT: 3501000H

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

| EFFECTIVE PERIOD | LONG STAY GROUP NEUTRAL COST/DISCH | BLENDED CASE MIX NEUTRAL RATE INCL BASIC MALP EXCLUDING OPER PROSP | TOP 20 DRG EXCLUDING OPER PROSP | CAPITAL COST PER CASE (EXCL CAPITAL PROSP) LESS PROD & EFFICIENCY PLUS HIV | PUBLIC GOODS POOL SURCHARGE | ADDITIONAL PUBLIC GOODS POOL SURCHARGE | W COMP SHORT STAY & TRANSFER CAPITAL PER DIEM | NO-FAULT SHORT STAY & TRANSFER CAPITAL PER DIEM | SPARCS RATE PER CASE | SPARCS RATE PER DIEM | ALTERNATE LEVEL OF CARE OPERATING PER DIEM |
|---------------------|---|---|---------------------------------------|---|--------------------------------------|---|--|--|----------------------------|----------------------------|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 01/01/02 - 06/30/02 | \$4,128.14 | \$3,809.00 | \$3,692.17 | \$126.55 | 8.18% | 24.00% | (\$2.79) | (\$2.79) | \$1.42 | \$0.39 | \$151.45 |
| 07/01/02 - 12/31/02 | \$4,143.28 | \$3,812.75 | \$3,699.42 | \$126.55 | 8.18% | 24.00% | (\$2.79) | (\$2.79) | \$1.42 | \$0.39 | \$151.45 |

===== PROSPECTIVE ADJUSTMENTS =====

===== HIGH COST OUTLIER CALCULATION=====

| EFFECTIVE PERIOD | W COMP BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | NO-FAULT BLENDED CASE MIX NEUTRAL PROSPECTIVE ADJUSTMENT | W COMP CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | NO-FAULT CAPITAL COST PER CASE PROSPECTIVE ADJUSTMENT | W COMP EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | NO-FAULT EXCESS PHYS MALP PROSPECTIVE ADJUSTMENT | HIGH COST CHARGE CONVERTER | NON- MEDICARE CASE MIX INDEX | PURE GROUP PRICE FOR LONG STAY TEST ONLY |
|---------------------|--|--|---|---|--|--|----------------------------------|---------------------------------------|---|
| | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 01/01/02 - 06/30/02 | \$118.31 | \$119.16 | (\$137.86) | (\$137.86) | \$0.00 | \$0.00 | 0.447884 | 0.9330 | \$3,972.92 |
| 07/01/02 - 12/31/02 | \$129.42 | \$130.27 | (\$137.86) | (\$137.86) | \$0.00 | \$0.00 | 0.447884 | 0.9330 | \$3,976.88 |

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

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

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

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

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

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

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

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

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

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

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

Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment, Short Stay Payment, or Long Stay Outlier Payment).

| Line # | Calculation Elements | Worker's Compensation, Volunteer Firefighters, Volunteer Ambulance Workers | No Fault |
|---|---|--|-----------------------------|
| TRANSFER PAYMENT: | | | |
| (1.0) | Number of Transfer Days | | |
| | a. Total Number of Days in Stay (inc. ALC) | Medical Record | Medical Record |
| | b. Alternate Level of Care (ALC) Days | Medical Record | Medical Record |
| | c. Number of Transfer Days excluding ALC | Line 1a - 1b | Line 1a - 1b |
| (1.1) | DRG Classification | Assigned by Grouper | Assigned by Grouper |
| CALCULATION OF TRANSFER PAYMENT: | | | |
| (2) | Blended Case Mix Neutral Rate Including Basic Malpractice Excluding Other Prospective or Top 20 DRG Excluding Operating Prospective | Column 2 or Column 3 | Column 2 or Column 3 |
| (3) | Blended Case Mix Neutral Prospective Adjustment | Column 12 | Column 13 |
| (4) | Blended Case Mix Neutral Rate or Top 20 DRG Payment Amount | Line 2 + Line 3 | Line 2 + Line 3 |
| (5) | Per Case Service Intensity Weight for DRG Classification | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (6) | Subtotal Per Case | Line 4 x Line 5 | Line 4 x Line 5 |
| (7) | Group Average Arithmetic Inlier Length of Stay for DRG (applicable Upstate or Downstate value) | SIW DRG Table (HPN) | SIW DRG Table (HPN) |
| (8) | Average Inlier Cost Per Day | Line 6 / Line 7 | Line 6 / Line 7 |
| (9) | Transfer Adjustment Factor | | |
| | a. If Transfer Days are = to 1 and the Group Average LOS = 1, then 100% | 100% | 100% |
| | b. If Transfer Days are = to or > 1 and the Group Average LOS is > 1, then 120% | 120% | 120% |
| (10) | Transfer DRG Cost Per Day | Line 8 x Line 9a or 9b | Line 8 x Line 9a or 9b |
| (11) | Short Stay and Transfer Capital Per Diem | Column 7 | Column 8 |
| (12) | Total Transfer Per Diem | Line 10 + Line 11 | Line 10 + Line 11 |
| (13) | Transfer DRG Payment (see Note 1 below) | Line 12 x Line 1c | Line 12 x Line 1c |
| (14) | Excess Physicians Malpractice Prospective Adjustment | Column 16 | Column 17 |
| (15) | SPARCS Rate Per Case | Column 9 | Column 9 |
| (16) | Total Transfer Payment Prior to Public Goods Pool Surcharge | Line 13 + Line 14 + Line 15 | Line 13 + Line 14 + Line 15 |
| (17a) | Public Goods Surcharge - Pay directly to Pool (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (17b) | Public Goods Surcharge - Pay to Hospital (see footnote for table of values) | Line 16 x Surcharge % | Line 16 x Surcharge % |
| (18a) | Payment to Hospital - Surcharge paid Directly to pool | Line 16 | Line 16 |
| (18b) | Payment to Hospital - Surcharge paid to Hospital (hospital pays pool) | Line 16 + Line 17b | Line 16 + Line 17b |

Note 1: Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment, Short Stay Payment, or Long Stay Outlier Payment).

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

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

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

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

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

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

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

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