

**NYS DEPARTMENT OF HEALTH  
SCHEDULE OF WORKERS' COMPENSATION / NO FAULT (WCNF)  
INPATIENT CASE PAYMENT RATES - EFFECTIVE 1/1/2024 - 12/31/2024**

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE PER DIEM	ALC	WCNF SURCHARGES	
		DISCHARGE CASE PAYMENT RATE (EXCLUDING PHL § 2807-c(33))	*Informational Only* STATEWIDE BASE PRICE (EXCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR (2022)	INDIRECT MEDICAL EDUCATION (IME) %	DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE PLUS NON-COMPARABLES: AMBULANCE, SCHOOL OF NURSING, TEACHING ELECTION AMENDMENT PHYS AND MINIMUM WAGE ADD-ONS	CAPITAL PER DIEM	ALTERNATE LEVEL OF CARE (ALC) PRICE PER DIEM	WCNF PUBLIC GOODS POOL SURCHARGE	WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME							** (PER DISCH) **	** (PER DAY) **			
7001002	BROOKDALE HOSPITAL - INTERFAITH MEDICAL CENTER (1/1/2024 -12/31/2024)	\$13,576.20	\$10,527.48	0.9993	0.530400	29.05%	\$2,280.04	\$469.56	\$63.84	\$368.61	9.63%	28.27%
7001002	BROOKDALE HOSPITAL MED CTR (1/1/2024 - 12/31/2024)	\$13,576.20	\$10,527.48	0.9993	0.530400	29.05%	\$2,280.04	\$469.56	\$63.84	\$368.61	9.63%	28.27%