



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

INPATIENT CASE PAYMENT RATES EFFECTIVE 2/27/2024 - 12/31/2024 (WCNF ONLY) - REVISED											
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		DISCHARGE RATE	STATEWIDE PRICE	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	CAPITAL RATE PER DIEM	ALC	WCNF SUR
		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
OPCERT	HOSPITAL NAME							** (PER DISCH) **	** (PER DAY) **		
7000002	JACOBI MEDICAL CENTER (2/27/2024 - 12/31/2024)*	\$14,511.49	\$10,527.48	1.0780	0.407200	27.87%	\$3,614.00	\$5,808.08	\$417.30	\$368.61	9.63%
7000002	JACOBI MEDICAL CENTER - NORTH CENTRAL BRONX DIV (2/27/2024 - 12/31/2024)*	\$14,511.49	\$10,527.48	1.0780	0.407200	27.87%	\$3,614.00	\$5,808.08	\$417.30	\$368.61	9.63%

*No changes to the rates previously published effective 1/1/2024 - 2/26/2024



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INPATIENT CASE PAYMENT RATES EFFECTIVE 2/27/2024 - 12/31/2024 (WCNF ONI)		
		(11)
		CHARGES
		WCNF ADDITIONAL PUBLIC GOODS POOL SURCHARGE
OPCERT	HOSPITAL NAME	
7000002	JACOBI MEDICAL CENTER (2/27/2024 - 12/31/2024)*	28.27%
7000002	JACOBI MEDICAL CENTER - NORTH CENTRAL BRONX DIV (2/27/2024 - 12/31/2024)*	28.27%
<i>*No changes to the rates previously published effective 1/1/2024 - 2/26/2024</i>		