NEW YORK state department of

Nirav R. Shah, M.D., M.P.H. Commissioner HEALTH

Sue Kelly Executive Deputy Commissioner

July 8, 2011

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

Dear Mr. Beloten:

The Office of Health Insurance Programs has calculated revised rates of reimbursement for the period January 1, 2011 through March 31, 2011 for hospital inpatient services rendered to patients covered under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit, and the Comprehensive Motor Vehicle Insurance Reparations Act.

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

Sincerely,

Jason A. Helgerson

Medicaid Director

Deputy Commissioner

Office of Health Insurance Programs

Enclosure(s)

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H. Commissioner

Sue Kelly Executive Deputy Commissioner

July 8, 2011

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

Dear Mr. Beloten:

Enclosed please find the schedules of hospital reimbursement rates for inpatient medically managed detoxification (MMD) and medically supervised inpatient withdrawal (MSIW) services rendered to patients covered under the Workers' Compensation Benefit Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law, and the Comprehensive Motor Vehicle Reparation Act for the rate period January 1, 2011 through March 31, 2011. Rates of payment for inpatient services for these payors is to be based upon rates determined for state governmental agencies (Medicaid) in accordance with Article 2807-c(b-1) of the Public Health Law.

The formula on which these rates are based was promulgated in accordance with Article 28 of the Public Health Law and reflect the detox rate reform provisions of Section 2807-c (4)(l) enacted under Chapter 58 of the Laws of 2008, and as subsequently revised under the Laws of 2009. The statute established a regional price based per diem rate methodology for chemical dependency detox services provided by general hospitals certified by the Office of Alcoholism and Substance Abuse Services (OASAS) effective December 1, 2008 forward, and included a 16-month phase-in to full regional pricing. Implementation of 100% regional price based rates became effective April 1, 2010.

The OASAS certified provider chemical dependency detox per diem rates for the period January 1, 2011 through March 31, 2011, as provided herein, have been revised taking into consideration the following:

- 1. Incorporation of the initial 2011 trend factor of 1.0%.
- 2. The operating cost component of the MSIW rates is established at 75% of the operating cost component of the MMD rates, as required by Section 2807-c (4)(l)(iv)(C) effective January 1, 2010 forward.
- 3. Statute provides that reimbursement for patients placed in observation (OBS) beds be recognized for payment at the MMD rate for up to 2 days (48 hours) of care. Since the

operating cost component of the MSIW rate is reduced to 75% of the operating cost component of the MMD rate, revisions to the Medicaid Fee-For-Service rate code construct were implemented to effect accurate payment on MSIW claims when OBS days are included in the stay. The enclosed Billing Instructions For Part 816 OASAS Certified Inpatient Detox Per Diem Rates provides the rate code descriptions and the necessary details for accurately calculating payment for inpatient chemical dependency detoxification services provides at OASAS certified general hospitals.

- 4. Lengths of stay (LOS) reductions in payment apply to both the MMD and MSIW rates of payment as follows:
 - Days 0 5 are to be reimbursed at 100% of the applicable rate,
 - Days 6 -10 are to be reimbursed at 50% of the applicable rate,
 - Days 11 and greater are not reimbursable (i.e. 0%).

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

Sincerely,

John E. Ulberg, Jr. John Wbog

Division of Health Care Financing

Enclosure(s)

NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2011 - 3/31/2011

WORKERS' COMPENSATION - NO FAULT RATE SCHEDULE

						Datasa
		MMD w or w/o	MSIW w/o	MSIW w 1	MSIW w 2	Detox
		OBS days	OBS days	OBS day	OBS days	Capital
<u>OPCERT</u>	HOSPITAL NAME	(operating cost)		(operating cost)		Cost
		<u>(4800)</u>	<u>(4801)</u>	<u>(4802)</u>	<u>(4803)</u>	<u>(4804)</u>
0101004	ST PETERS HOSPITAL	\$523.79	\$392.84	\$392.84	\$392.84	\$28.64
0303001	UNITED HEALTH SERVICES, INC	\$864.35	\$648.26	\$648.26	\$648.26	\$0.00
1302000	ST FRANCIS HOSP / POUGH	\$759.10	\$569.33	\$569.33	\$569.33	\$120.36
1401005	ERIE COUNTY MEDICAL CENTER	\$835.14	\$626.36	\$626.36	\$626.36	\$26.68
1401006	SHEEHAN MEMORIAL EMERGENCY	\$835.14	\$626.36	\$626.36	\$626.36	\$79.25
2902000	LONG BEACH MEDICAL CENTER	\$709.60	\$532.20	\$532.20	\$532.20	\$27.49
2950002	NASSAU UNIV MED CTR	\$709.60	\$532.20	\$532.20	\$532.20	\$26.92
3301008	CROUSE HOSPITAL	\$864.35	\$648.26	\$648.26	\$648.26	\$60.00
3535001	BON SECOURS COMMUNITY HOSP	\$759.10	\$569.33	\$569.33	\$569.33	\$23.79
4102003	SETON HEALTH SYSTEMS	\$523.79	\$392.84	\$392.84	\$392.84	\$8.38
4324000	NYACK HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$39.17
4329000	GOOD SAMARITAN / SUFFERN	\$759.10	\$569.33	\$569.33	\$569.33	\$44.55
4429000	CANTON-POTSDAM HOSPITAL	\$826.89	\$620.17	\$620.17	\$620.17	\$59.53
5127000	EASTERN LONG ISLAND HOSPITAL	\$709.60	\$532.20	\$532.20	\$532.20	\$86.86
5263000	CATSKILL REGIONAL MED CTR	\$759.10	\$569.33	\$569.33	\$569.33	\$51.20
5501000	BENEDICTINE HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$11.38
5904000	SOUND SHORE MEDICAL CENTER	\$759.10	\$569.33	\$569.33	\$569.33	\$54.68
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$7.18
7000001	BRONX-LEBANON HOSPITAL CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$66.47
7000002	JACOBI MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$82.02
7000006	MONTEFIORE NORTH DIVISION (OLM	\$895.86	\$671.90	\$671.90	\$671.90	\$128.91
7000014	ST BARNABAS HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$58.90
7001003	BROOKLYN HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$85.16
7001009	CONEY ISLAND HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$62.19
7001016	KINGS COUNTY HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$118.19
7001019	LUTHERAN MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$51.44
7001024	ST JOHNS EPISCOPAL SO SHORE	\$895.86	\$671.90	\$671.90	\$671.90	\$22.03
7001045	WOODHULL MEDICAL	\$895.86	\$671.90	\$671.90	\$671.90	\$98.79
7001046	INTERFAITH MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$62.30
7002001	BELLEVUE HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$32.30
7002002	BETH ISRAEL MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$39.88
7002009	HARLEM HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$36.76
7002021	METROPOLITAN HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$43.54
7002032	ST LUKES / ROOSEVELT HOSP	\$895.86	\$671.90	\$671.90	\$671.90	\$157.50
7003001	FLUSHING HOSPITAL MED CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$20.42
7003007	QUEENS HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$142.42
7004003	STATEN ISLAND UNIV HOSP	\$895.86	\$671.90	\$671.90	\$671.90	\$73.39
7004010	RICHMOND UNIVERSITY MED CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$39.22
MMD = Medicaly Managed Detox						
MSIW = Medicaly Supervised Inpatient Withdrawal						
OBS = Observation						
-						

REGIONAL DETOX PER DIEM PRICES Trended for 1/l/2011 - 3/31/2011 Rates

LONG ISLAND REGION
NEW YORK CITY REGION
NO METROPOLITAN REGION
NORTHEASTERN REGION
UTICA REGION
CENTRAL REGION
ROCHESTER REGION
WESTERN REGION

STATEWIDE AVERAGE

Medicaid	WC/NF		
Base Year	Trended to	Trended to	
2006	2011	2011	
#070.05	\$007.70	#700.00	
\$676.65	\$697.76	\$709.60	
\$854.26	\$880.91	\$895.86	
\$723.85	\$746.43	\$759.10	
\$499.47	\$515.05	\$523.79	
\$788.49	\$813.09	\$826.89	
\$824.21	\$849.93	\$864.35	
\$730.36	\$753.15	\$765.93	
\$796.36	\$821.21	\$835.14	
<u>\$813.85</u>	<u>\$839.24</u>	<u>\$853.48</u>	

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