SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
1623001	ADIRONDACK MEDICAL CENTER	$5,210.26	$6,418.49	0.8232	0.633439	0.00%	$0.00	$395.76	$0.00	$0.00	$0.00	$86.11	$726.58	$171.74	7.04%
0101000	ALBANY MEDICAL CTR SO CLINICAL	$5,506.76	$6,418.49	0.8689	0.392209	19.41%	$590.34	$731.72	$0.00	$0.00	$0.00	$130.18	$767.93	$171.74	7.04%
0101000	ALBANY MEDICAL CTR HOSP	$5,506.76	$6,418.49	0.8689	0.392209	19.41%	$590.34	$731.72	$0.00	$0.00	$0.00	$130.18	$767.93	$171.74	7.04%
1624000	ALICE HYDE MEDICAL CENTER	$5,130.47	$6,418.49	0.8048	0.573986	0.00%	$0.00	$300.11	$0.00	$0.00	$0.00	$74.13	$715.46	$171.74	7.04%
0701000	ARNOT OGDEN MEDICAL CTR	$5,130.71	$6,418.49	0.8033	0.468437	0.00%	$0.00	$406.35	$0.00	$0.00	$39.88	$88.49	$715.49	$171.74	7.04%
0501000	AUBURN MEMORIAL HOSPITAL	$5,458.76	$6,418.49	0.8622	0.491137	0.00%	$0.00	$446.28	$0.00	$0.00	$0.00	$105.38	$761.24	$171.74	7.04%
3801000	AURELIA OSBORN FOX MEM HOSP	$5,026.75	$6,418.49	0.7930	0.668487	0.00%	$0.00	$214.58	$11.26	$0.00	$0.00	$52.68	$700.99	$171.74	7.04%
7002001	BELLEVUE HOSPITAL CENTER	$6,496.45	$6,418.49	1.0233	0.790023	26.17%	$2,419.99	$803.88	$0.00	$455.62	$0.00	$151.24	$905.94	$261.20	7.04%
5501000	BENEDICTINE HOSPITAL	$5,530.76	$6,418.49	0.8726	0.312028	2.09%	$82.07	$829.97	$0.00	$0.00	$0.00	$148.19	$771.28	$171.74	7.04%
1427000	BERTRAND CHAFFEE HOSPITAL	$4,391.14	$6,418.49	0.6991	0.602722	0.00%	$0.00	$143.11	$0.00	$0.00	$0.00	$41.97	$612.35	$171.74	7.04%
7001041	BETH ISRAEL / KINGS HIGHWAY	$7,436.19	$6,418.49	1.1652	0.185338	0.20%	$605.62	$159.85	$0.00	$0.00	$0.00	$26.88	$1,036.99	$261.20	7.04%
7002002	BETH ISRAEL MEDICAL CENTER	$7,177.83	$6,418.49	1.1304	0.335516	24.35%	$1,137.48	$688.90	$0.00	$0.00	$78.74	$158.53	$1,000.96	$261.20	7.04%
3535001	BON SECOURS COMMUNITY HOSP	$5,758.81	$6,418.49	0.9175	0.309085	0.00%	$0.00	$290.46	$0.00	$0.00	$0.00	$67.67	$803.08	$171.74	7.04%
7000001	BRONX-LEBANON HOSPITAL CTR	$6,782.47	$6,418.49	1.0648	0.730071	27.13%	$2,025.89	$448.35	$57.25	$0.00	$0.00	$82.76	$945.83	$261.20	7.04%
7001002	BROOKDALE HOSPITAL MED CTR	$6,676.94	$6,418.49	1.0476	0.584224	20.83%	$1,315.63	$383.94	$0.00	$0.00	$0.00	$69.99	$931.11	$261.20	7.04%
5123000	BROOKHAVEN MEMORIAL HOSP	$6,439.87	$6,418.49	1.0183	0.209413	1.87%	$0.00	$322.74	$0.00	$0.00	$0.00	$61.18	$898.05	$261.20	7.04%
7001003	BROOKLYN HOSPITAL	$6,560.90	$6,418.49	1.0296	0.543652	20.55%	$612.89	$403.96	$0.00	$0.00	$0.00	$78.35	$914.93	$261.20	7.04%
0601000	BROOKS MEMORIAL HOSPITAL	$4,675.52	$6,418.49	0.7324	0.697443	0.00%	$0.00	$222.37	$0.00	$0.00	$0.00	$53.34	$652.01	$171.74	7.04%
4429000	CANTON-POTSDAM HOSPITAL	$4,916.74	$6,418.49	0.7934	0.600233	0.00%	$0.00	$342.20	$0.00	$0.00	$0.00	$106.73	$685.65	$171.74	7.04%
2238001	CARTHAGE AREA HOSPITAL INC	$4,610.19	$6,418.49	0.7348	0.440857	0.00%	$0.00	$142.22	$0.00	$0.00	$0.00	$34.26	$642.90	$171.74	7.04%
5263000	CATSKILL REGIONAL MED CTR	$5,793.59	$6,418.49	0.9149	0.436770	0.00%	$0.00	$351.55	$0.00	$0.00	$0.00	$90.54	$807.93	$171.74	7.04%
5401001	CAYUGA MEDICAL CENTER	$5,607.89	$6,418.49	0.8812	0.759452	0.00%	$0.00	$387.13	$0.00	$0.00	$0.00	$99.72	$782.03	$171.74	7.04%
0901001	CHAMPLAIN VALLEY PHYS	$5,337.37	$6,418.49	0.8403	0.439962	0.00%	$0.00	$604.61	$0.00	$0.00	$0.00	$103.69	$744.31	$171.74	7.04%
0824000	CHENANGO MEMORIAL HOSP	$4,875.73	$6,418.49	0.7620	0.501189	0.00%	$0.00	$198.45	$0.00	$0.00	$0.00	$47.01	$679.93	$171.74	7.04%
4401000	CLAXTON-HEPBURN MED CTR	$4,936.61	$6,418.49	0.7692	0.665019	0.00%	$0.00	$215.81	$0.00	$0.00	$0.00	$52.08	$688.42	$171.74	7.04%
3421000	CLIFTON SPRINGS HOSPITAL	$4,427.46	$6,418.49	0.6948	0.583462	0.00%	$0.00	$230.81	$0.00	$0.00	$0.00	$40.56	$617.42	$171.74	7.04%
4720001	COBLESKILL REGIONAL HOSP	$4,792.28	$6,418.49	0.7604	0.920860	0.00%	$0.00	$471.14	$0.00	$0.00	$0.00	$55.70	$668.29	$171.74	7.04%
1001000	COLUMBIA MEMORIAL HOSPITAL	$5,238.98	$6,418.49	0.8205	0.462135	0.00%	$0.00	$339.23	$0.00	$0.00	$0.00	$78.91	$730.59	$171.74	7.04%
2625000	COMMUNITY MEMORIAL HOSPITAL	$5,111.40	$6,418.49	0.8044	0.533932	0.00%	$0.00	$204.89	$0.00	$0.00	$0.00	$53.30	$712.80	$171.74	7.04%
7001009	CONEY ISLAND HOSPITAL	$6,431.34	$6,418.49	1.0110	0.680783	16.91%	$1,173.02	$712.11	$0.00	$0.00	$0.00	$128.48	$896.87	$261.20	7.04%
5001000	CORNING HOSPITAL	$5,505.69	$6,418.49	0.8778	0.567279	0.00%	$0.00	$133.26	$0.00	$0.00	$0.00	$42.49	$767.78	$171.74	7.04%
1101000	CORTLAND REGIONAL MED CTR	$5,066.43	$6,418.49	0.8030	0.684025	0.00%	$0.00	$409.37	$0.00	$0.00	$0.00	$53.96	$706.53	$171.74	7.04%
3301008	CROUSE HOSPITAL	$6,064.54	$6,418.49	0.9458	0.556811	5.23%	$129.71	$479.57	$0.00	$0.00	$86.78	$102.41	$845.71	$171.74	7.04%

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		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
4423000	E J NOBLE HOSP / GOUVERNEUR	$4,394.74	$6,418.49	0.6847	0.595681	0.00%	$0.00	$195.07	$0.00	$0.00	$0.00	$39.32	$612.86	$171.74	7.04%
5127000	EASTERN LONG ISLAND HOSPITAL	$6,356.87	$6,418.49	0.9904	0.416567	0.00%	$0.00	$960.42	$0.00	$0.00	$0.00	$213.24	$886.48	$261.20	7.04%
3101000	EASTERN NIAGARA HOSPITAL	$5,137.23	$6,418.49	0.8083	0.599802	0.00%	$0.00	$183.21	$0.00	$0.00	$0.00	$41.29	$716.40	$171.74	7.04%
4601001	ELLIS HOSPITAL	$5,351.19	$6,418.49	0.8401	0.293822	5.19%	$153.22	$405.53	$0.00	$0.00	$28.70	$91.29	$746.24	$171.74	7.04%
7003000	ELMHURST HOSPITAL CTR	$6,886.11	$6,418.49	1.0763	0.574950	22.43%	$1,220.96	$586.68	$0.00	$0.00	$0.00	$136.68	$960.28	$261.20	7.04%
1401005	ERIE COUNTY MEDICAL CENTER	$5,891.71	$6,418.49	0.9218	0.483063	21.68%	$555.38	$619.63	$0.00	$0.00	$0.00	$96.39	$821.61	$171.74	7.04%
3429000	F F THOMPSON HOSPITAL	$4,526.96	$6,418.49	0.7053	0.573882	0.00%	$0.00	$345.38	$0.00	$0.00	$0.00	$87.52	$631.29	$171.74	7.04%
3202003	FAXTON-ST LUKES HEALTHCARE	$5,290.35	$6,418.49	0.8308	0.481342	0.66%	$0.13	$301.79	$0.00	$0.00	$0.00	$63.67	$737.75	$171.74	7.04%
7003001	FLUSHING HOSPITAL	$6,590.46	$6,418.49	1.0332	0.529894	17.85%	$658.23	$270.86	$307.95	$0.00	$0.00	$51.38	$919.05	$261.20	7.04%
7003013	FOREST HILLS HOSPITAL	$7,194.07	$6,418.49	1.1309	0.397327	7.13%	$123.60	$447.10	$0.00	$0.00	$0.00	$92.93	$1,003.23	$261.20	7.04%
2910000	FRANKLIN HOSPITAL	$6,199.59	$6,418.49	0.9829	0.288633	1.40%	$202.76	$327.66	$0.00	$0.00	$0.00	$59.08	$864.55	$261.20	7.04%
3402000	GENEVA GENERAL HOSPITAL	$4,629.71	$6,418.49	0.7297	0.610428	0.00%	$0.00	$258.48	$0.00	$0.00	$44.70	$59.63	$645.62	$171.74	7.04%
2901000	GLEN COVE HOSPITAL	$7,231.42	$6,418.49	1.1288	0.348526	4.10%	$130.41	$546.97	$0.00	$0.00	$0.00	$96.33	$1,008.44	$261.20	7.04%
5601000	GLENS FALLS HOSPITAL	$5,194.75	$6,418.49	0.8148	0.516468	0.00%	$0.00	$449.28	$0.00	$0.00	$0.00	$99.67	$724.42	$171.74	7.04%
4329000	GOOD SAMARITAN / SUFFERN	$6,558.75	$6,418.49	1.0239	0.198706	0.00%	$0.00	$467.18	$0.00	$0.00	$0.00	$111.30	$914.63	$261.20	7.04%
5154001	GOOD SAMARITAN / WEST ISLIP	$6,473.75	$6,418.49	1.0148	0.250920	5.49%	$213.86	$300.82	$0.00	$0.00	$0.00	$60.32	$902.78	$261.20	7.04%
7002009	HARLEM HOSPITAL CENTER	$6,679.09	$6,418.49	1.0509	1.002754	31.20%	$2,720.28	$558.31	$0.00	$0.00	$16.06	$107.24	$931.41	$261.20	7.04%
2701001	HIGHLAND HOSP OF ROCHESTER	$5,460.20	$6,418.49	0.8599	0.610190	10.42%	$102.37	$296.07	$0.00	$0.00	$0.00	$69.85	$761.44	$171.74	7.04%
7002012	HOSPITAL FOR SPECIAL SURGERY	$7,579.59	$6,418.49	1.1809	0.380113	20.75%	$1,558.96	$1,530.79	$0.00	$0.00	$0.00	$384.55	$1,056.99	$261.20	7.04%
5901000	HUDSON VALLEY HOSPITAL CTR	$6,059.45	$6,418.49	0.9564	0.297442	0.00%	$0.00	$421.37	$0.00	$0.00	$0.00	$89.01	$845.00	$261.20	7.04%
5153000	HUNTINGTON HOSPITAL	$6,782.61	$6,418.49	1.0580	0.319587	0.76%	$12.34	$477.25	$0.00	$0.00	$0.00	$105.20	$945.85	$261.20	7.04%
7001046	INTERFAITH MEDICAL CENTER	$6,653.55	$6,418.49	1.0538	0.311264	31.03%	$866.42	$894.37	$0.00	$0.00	$0.00	$126.15	$927.85	$261.20	7.04%
5022000	IRA DAVENPORT MEMORIAL HOSP	$4,803.47	$6,418.49	0.7532	0.571873	0.00%	$0.00	$116.09	$0.00	$0.00	$0.00	$30.38	$669.85	$171.74	7.04%
7000002	JACOBI MEDICAL CENTER	$7,060.22	$6,418.49	1.1093	0.786295	27.30%	$1,976.32	$936.94	$0.00	$337.31	$0.00	$192.62	$984.56	$261.20	7.04%
7003003	JAMAICA HOSPITAL	$7,157.30	$6,418.49	1.1241	0.600097	16.18%	$692.02	$215.00	$328.28	$0.00	$0.00	$52.30	$998.10	$261.20	7.04%
5149000	JOHN T MATHER MEMORIAL HOSP	$6,555.85	$6,418.49	1.0286	0.355978	0.00%	$0.00	$351.83	$0.00	$0.00	$0.00	$63.21	$914.23	$261.20	7.04%
0228000	JONES MEMORIAL HOSPITAL	$4,686.12	$6,418.49	0.7428	0.590215	0.00%	$0.00	$419.53	$0.00	$0.00	$0.00	$119.09	$653.49	$171.74	7.04%
1401014	KALEIDA HEALTH	$5,909.06	$6,418.49	0.9274	0.432257	12.35%	$302.87	$706.61	$0.00	$0.00	$0.00	$149.32	$824.03	$171.74	7.04%
1401014	KALEIDA HEALTH (MILLARD)	$5,909.06	$6,418.49	0.9274	0.432257	12.35%	$302.87	$706.61	$0.00	$0.00	$0.00	$149.32	$824.03	$171.74	7.04%
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	$5,829.89	$6,418.49	0.9147	0.423450	26.52%	$359.82	$367.52	$0.00	$0.00	$0.00	$83.61	$812.99	$171.74	7.04%
1404000	KENMORE MERCY HOSPITAL	$5,235.53	$6,418.49	0.8193	0.435233	0.00%	$0.00	$406.90	$90.05	$0.00	$0.00	$84.85	$730.11	$171.74	7.04%
7001016	KINGS COUNTY HOSPITAL CENTER	$6,481.61	$6,418.49	1.0145	0.723330	33.45%	$2,405.63	$1,123.95	$0.00	$460.14	$0.00	$223.23	$903.88	$261.20	7.04%
7001033	KINGSBROOK JEWISH MED CTR	$7,282.01	$6,418.49	1.1482	0.336873	14.58%	$1,083.42	$410.43	$0.00	$0.00	$0.00	$68.13	$1,015.49	$261.20	7.04%

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		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
5501001	KINGSTON HOSPITAL	$5,516.22	$6,418.49	0.8734	0.462225	5.30%	$216.69	$232.56	$0.00	$0.00	$0.00	$54.88	$769.25	$171.74	7.04%
2728001	LAKESIDE MEMORIAL HOSPITAL	$4,602.48	$6,418.49	0.7271	0.424993	0.00%	$0.00	$118.86	$0.00	$0.00	$0.00	$34.82	$641.83	$171.74	7.04%
5922000	LAWRENCE HOSPITAL	$6,324.98	$6,418.49	0.9974	0.381174	0.00%	$0.00	$448.41	$0.00	$0.00	$0.00	$100.84	$882.03	$261.20	7.04%
7002017	LENOX HILL HOSPITAL	$6,608.25	$6,418.49	1.0407	0.212152	15.32%	$1,069.66	$757.69	$211.27	$0.00	$0.00	$167.38	$921.54	$261.20	7.04%
2424000	LEWIS COUNTY GENERAL HOSP	$5,239.41	$6,418.49	0.8163	0.701273	0.00%	$0.00	$373.44	$0.00	$0.00	$0.00	$98.45	$730.65	$171.74	7.04%
7000008	LINCOLN MEDICAL	$6,530.45	$6,418.49	1.0321	0.868774	24.42%	$1,159.24	$369.29	$0.00	$0.00	$0.00	$103.24	$910.69	$261.20	7.04%
2902000	LONG BEACH MEDICAL CENTER	$5,765.88	$6,418.49	0.9032	0.305201	11.04%	$423.80	$422.58	$0.00	$0.00	$0.00	$63.54	$804.07	$261.20	7.04%
7003004	LONG ISLAND JEWISH	$6,907.07	$6,418.49	1.0882	0.318139	29.02%	$1,033.16	$685.72	$0.00	$0.00	$0.00	$146.82	$963.21	$261.20	7.04%
7001019	LUTHERAN MEDICAL CENTER	$6,502.77	$6,418.49	1.0172	0.579842	24.00%	$961.59	$274.88	$204.40	$0.00	$0.00	$56.24	$906.83	$261.20	7.04%
7001020	MAIMONIDES MEDICAL CENTER	$7,606.19	$6,418.49	1.1904	0.313754	23.15%	$1,006.36	$718.64	$115.92	$0.00	$0.00	$148.36	$1,060.70	$261.20	7.04%
3824000	MARY IMOGENE BASSETT HOSP	$4,804.39	$6,418.49	0.7538	0.496744	12.95%	$354.81	$325.12	$0.00	$0.00	$0.00	$72.44	$669.98	$171.74	7.04%
4402000	MASSENA MEMORIAL HOSPITAL	$5,066.55	$6,418.49	0.8040	0.632200	0.00%	$0.00	$284.47	$0.00	$0.00	$0.00	$78.22	$706.54	$171.74	7.04%
3622000	MEDINA MEMORIAL HOSPITAL	$4,142.99	$6,418.49	0.6469	0.865467	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$577.75	$171.74	7.04%
0101003	MEMORIAL HOSP OF ALBANY	$5,163.72	$6,418.49	0.8062	0.530937	0.00%	$0.00	$447.26	$0.00	$0.00	$147.58	$88.04	$720.09	$171.74	7.04%
1401008	MERCY HOSPITAL OF BUFFALO	$5,646.72	$6,418.49	0.8840	0.461137	3.01%	$45.44	$462.10	$22.19	$0.00	$0.00	$99.87	$787.45	$171.74	7.04%
2909000	MERCY MEDICAL CENTER	$6,510.02	$6,418.49	1.0167	0.316249	0.30%	$56.39	$488.88	$0.00	$0.00	$0.00	$97.31	$907.84	$261.20	7.04%
7002021	METROPOLITAN HOSPITAL CENTER	$6,493.62	$6,418.49	1.0211	0.781170	27.91%	$1,903.69	$502.82	$0.00	$0.00	$0.00	$147.10	$905.55	$261.20	7.04%
7000006	MONTEFIORE MEDICAL CENTER	$7,129.48	$6,418.49	1.1229	0.277820	28.96%	$2,361.54	$671.55	$0.00	$0.00	$0.00	$128.78	$994.22	$261.20	7.04%
7003015	MOUNT SINAI HOSP OF QUEENS	$7,103.37	$6,418.49	1.1206	0.388988	32.88%	$1,245.41	$396.65	$0.00	$0.00	$0.00	$72.78	$990.58	$261.20	7.04%
7002024	MOUNT SINAI HOSPITAL	$7,103.37	$6,418.49	1.1206	0.423808	32.88%	$1,245.41	$819.15	$0.00	$0.00	$0.00	$166.36	$990.58	$261.20	7.04%
3121001	MOUNT ST MARYS HOSPITAL	$5,425.79	$6,418.49	0.8495	0.550469	0.00%	$0.00	$233.47	$0.00	$0.00	$0.00	$57.04	$756.64	$171.74	7.04%
5903000	MOUNT VERNON HOSPITAL	$6,575.14	$6,418.49	1.0550	0.560216	9.54%	$961.22	$211.30	$0.00	$0.00	$336.44	$38.71	$916.92	$261.20	7.04%
2950002	NASSAU UNIV MED CTR	$7,185.44	$6,418.49	1.1324	0.628195	21.68%	$839.25	$405.26	$109.69	$0.00	$0.00	$92.47	$1,002.03	$261.20	7.04%
1701000	NATHAN LITTAUER HOSPITAL	$4,989.73	$6,418.49	0.7774	0.534222	0.00%	$0.00	$289.40	$0.00	$0.00	$0.00	$73.42	$695.83	$171.74	7.04%
7002000	NEW YORK DOWNTOWN HOSP	$6,807.37	$6,418.49	1.0608	0.540329	18.06%	$676.97	$571.89	$169.51	$0.00	$0.00	$142.61	$949.30	$261.20	7.04%
3102000	NIAGARA FALLS MEMORIAL	$4,936.02	$6,418.49	0.7768	0.490218	4.15%	$79.24	$428.11	$0.00	$0.00	$0.00	$95.65	$688.34	$171.74	7.04%
2527000	NICHOLAS H NOYES MEMORIAL	$4,756.74	$6,418.49	0.7411	0.464593	0.00%	$0.00	$275.53	$0.00	$0.00	$0.00	$73.88	$663.34	$171.74	7.04%
7000024	NORTH CENTRAL BRONX HOSPITAL	$7,263.63	$6,418.49	1.1408	0.755691	12.87%	$1,275.43	$431.36	$0.00	$271.18	$0.00	$111.13	$1,012.93	$261.20	7.04%
2951001	NORTH SHORE UNIVERSITY HOSP	$7,369.87	$6,418.49	1.1617	0.293430	16.19%	$1,198.15	$810.94	$409.88	$0.00	$0.00	$155.65	$1,027.75	$261.20	7.04%
1327000	NORTHERN DUTCHESS HOSPITAL	$6,021.70	$6,418.49	0.9546	0.411690	0.00%	$0.00	$331.32	$0.00	$0.00	$0.00	$90.58	$839.74	$171.74	7.04%
5920000	NORTHERN WESTCHESTER HOSP	$6,452.68	$6,418.49	1.0116	0.535071	0.00%	$0.00	$517.97	$0.00	$0.00	$0.00	$130.50	$899.84	$261.20	7.04%
7001008	NY COMMUNITY / BROOKLYN	$7,020.36	$6,418.49	1.1128	0.421484	0.00%	$0.00	$272.22	$0.00	$0.00	$0.00	$43.88	$979.01	$261.20	7.04%
7002026	NY EYE AND EAR INFIRMARY	$6,535.47	$6,418.49	1.0217	0.420274	16.08%	$2,251.44	$333.57	$0.00	$0.00	$0.00	$155.14	$911.39	$261.20	7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
7003010	NY MED CTR OF QUEENS	$7,017.24	$6,418.49	1.0990	0.379023	16.54%	$744.93	$748.00	$173.37	$0.00	$0.00	$149.38	$978.57	$261.20	7.04%
7001021	NY METHODIST HOSP / BROOKLYN	$6,783.50	$6,418.49	1.0683	0.471205	16.78%	$781.00	$342.64	$0.00	$0.00	$0.00	$72.72	$945.97	$261.20	7.04%
7002054	NY PRESBYTERIAN HOSPITAL	$7,135.37	$6,418.49	1.1184	0.385719	27.06%	$1,344.21	$1,493.61	$258.15	$0.00	$0.00	$257.30	$995.04	$261.20	7.04%
7002054	NY PRESBYTERIAN HOSPITAL (ALLEN)	$7,135.37	$6,418.49	1.1184	0.385719	27.06%	$1,344.21	$1,493.61	$258.15	$0.00	$0.00	$257.30	$995.04	$261.20	7.04%
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	$7,135.37	$6,418.49	1.1184	0.385719	27.06%	$1,344.21	$1,493.61	$258.15	$0.00	$0.00	$257.30	$995.04	$261.20	7.04%
7000025	NY WESTCHESTER SQUARE MED CTR	$6,378.74	$6,418.49	0.9987	0.400254	0.00%	$0.00	$198.03	$0.00	$0.00	$0.00	$29.16	$889.53	$261.20	7.04%
4324000	NYACK HOSPITAL	$6,258.03	$6,418.49	0.9750	0.274764	0.00%	$0.00	$239.51	$0.00	$0.00	$0.00	$57.38	$872.70	$261.20	7.04%
7002053	NYU HOSPITALS CENTER	$6,798.37	$6,418.49	1.0701	0.393229	19.78%	$1,814.25	$1,437.81	$0.00	$0.00	$0.00	$306.04	$948.05	$261.20	7.04%
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DIS	$6,798.37	$6,418.49	1.0701	0.393229	19.78%	$1,814.25	$1,437.81	$0.00	$0.00	$0.00	$306.04	$948.05	$261.20	7.04%
0401001	OLEAN GENERAL HOSPITAL	$4,821.09	$6,418.49	0.7681	0.513318	0.00%	$0.00	$377.16	$0.00	$0.00	$0.00	$83.37	$672.31	$171.74	7.04%
2601001	ONEIDA HEALTHCARE CENTER	$4,624.10	$6,418.49	0.7242	0.503143	0.00%	$0.00	$509.71	$0.00	$0.00	$0.00	$126.98	$644.84	$171.74	7.04%
3523000	ORANGE REGIONAL MED CTR	$6,351.90	$6,418.49	0.9958	0.260719	0.00%	$0.00	$623.67	$0.00	$0.00	$0.00	$144.92	$885.79	$171.74	7.04%
3702000	OSWEGO HOSPITAL	$5,252.73	$6,418.49	0.8229	0.567339	0.00%	$0.00	$568.59	$0.00	$0.00	$0.00	$118.58	$732.51	$171.74	7.04%
0301001	OUR LADY OF LOURDES MEMORIAL	$5,105.05	$6,418.49	0.8047	0.532027	2.17%	$5.13	$239.28	$0.00	$0.00	$0.00	$60.75	$711.91	$171.74	7.04%
5155000	PECONIC BAY MED CTR	$6,392.81	$6,418.49	1.0002	0.240950	0.00%	$0.00	$845.68	$0.00	$0.00	$0.00	$204.31	$891.49	$261.20	7.04%
7003006	PENINSULA HOSPITAL CENTER	$5,965.04	$6,418.49	0.9395	0.374040	11.07%	$380.09	$171.70	$0.00	$0.00	$0.00	$23.81	$831.84	$261.20	7.04%
5932000	PHELPS MEMORIAL HOSP	$6,412.07	$6,418.49	1.0000	0.372063	0.00%	$0.00	$714.00	$0.00	$0.00	$0.00	$160.28	$894.18	$261.20	7.04%
2952005	PLAINVIEW HOSPITAL	$7,000.05	$6,418.49	1.1043	0.342136	4.08%	$149.83	$351.80	$0.00	$0.00	$0.00	$69.05	$976.17	$261.20	7.04%
3950000	PUTNAM COMMUNITY HOSPITAL	$6,520.25	$6,418.49	1.0257	0.322529	0.00%	$0.00	$502.13	$0.00	$0.00	$0.00	$108.50	$909.26	$171.74	7.04%
7003007	QUEENS HOSPITAL CENTER	$7,271.90	$6,418.49	1.1398	0.807393	17.94%	$1,021.41	$610.36	$0.00	$244.27	$0.00	$148.33	$1,014.08	$261.20	7.04%
7004010	RICHMOND UNIV MED CTR	$6,361.38	$6,418.49	0.9998	0.279179	15.31%	$454.19	$263.15	$319.00	$0.00	$22.05	$58.15	$887.11	$261.20	7.04%
2701003	ROCHESTER GENERAL HOSPITAL	$5,397.62	$6,418.49	0.8491	0.485187	10.08%	$210.34	$511.26	$0.00	$0.00	$6.23	$103.10	$752.71	$171.74	7.04%
3201002	ROME HOSPITAL AND MURPHY	$4,914.08	$6,418.49	0.7707	0.478620	0.00%	$0.00	$279.85	$0.00	$0.00	$0.00	$68.10	$685.28	$171.74	7.04%
4102002	SAMARITAN HOSPITAL OF TROY	$4,983.41	$6,418.49	0.7951	0.443743	0.00%	$0.00	$401.21	$0.00	$0.00	$48.91	$81.77	$694.95	$171.74	7.04%
2201000	SAMARITAN MEDICAL CENTER	$5,403.51	$6,418.49	0.8444	0.535569	0.96%	$24.52	$376.59	$0.00	$0.00	$0.00	$77.24	$753.53	$171.74	7.04%
4501000	SARATOGA HOSPITAL	$5,274.17	$6,418.49	0.8322	0.388246	0.00%	$0.00	$515.80	$0.00	$0.00	$0.00	$99.35	$735.50	$171.74	7.04%
4102003	SETON HEALTH SYSTEMS	$5,125.31	$6,418.49	0.8048	0.355218	0.00%	$0.00	$273.75	$0.00	$0.00	$0.00	$61.66	$714.74	$171.74	7.04%
1401006	SHEEHAN MEMORIAL EMERGENCY	$4,704.11	$6,418.49	0.7329	0.695993	0.00%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$656.00	$171.74	7.04%
1401013	SISTERS OF CHARITY HOSPITAL	$5,292.68	$6,418.49	0.8265	0.475144	4.24%	$134.37	$361.35	$36.90	$0.00	$0.00	$75.22	$738.08	$171.74	7.04%
5904000	SOUND SHORE MEDICAL CENTER	$6,576.14	$6,418.49	1.0294	0.538128	10.85%	$631.35	$281.14	$0.00	$0.00	$0.00	$60.54	$917.06	$261.20	7.04%
2950001	SOUTH NASSAU COMMUNITIES	$6,137.78	$6,418.49	0.9632	0.288378	3.42%	$106.23	$529.58	$0.00	$0.00	$0.00	$100.02	$855.93	$261.20	7.04%
5126000	SOUTHAMPTON HOSPITAL	$6,398.72	$6,418.49	1.0076	0.412366	4.35%	$0.00	$583.88	$0.00	$0.00	$0.00	$170.38	$892.32	$261.20	7.04%
5154000	SOUTHSIDE HOSPITAL	$6,704.10	$6,418.49	1.0468	0.337697	4.78%	$147.45	$543.78	$0.00	$0.00	$0.00	$126.79	$934.90	$261.20	7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
3529000	ST ANTHONY COMMUNITY HOSP	$6,138.00	$6,418.49	0.9563	0.262404	0.00%	$0.00	$412.06	$0.00	$0.00	$0.00	$101.73	$855.96	$171.74	7.04%
7000014	ST BARNABAS HOSPITAL	$6,504.85	$6,418.49	1.0267	0.262966	26.30%	$1,045.95	$540.85	$0.00	$0.00	$0.00	$124.67	$907.12	$261.20	7.04%
5157003	ST CATHERINE OF SIENA	$6,771.79	$6,418.49	1.0579	0.266765	0.00%	$0.00	$295.16	$0.00	$0.00	$0.00	$56.21	$944.34	$261.20	7.04%
5149001	ST CHARLES HOSPITAL	$6,123.86	$6,418.49	0.9651	0.313916	0.92%	$76.53	$279.60	$0.00	$0.00	$0.00	$67.96	$853.99	$261.20	7.04%
3202002	ST ELIZABETH MEDICAL CENTER	$5,367.44	$6,418.49	0.8391	0.481391	5.73%	$117.99	$416.09	$0.00	$0.00	$162.86	$89.06	$748.50	$171.74	7.04%
1302000	ST FRANCIS HOSP / POUGH	$5,506.76	$6,418.49	0.8640	0.318707	0.00%	$0.00	$866.74	$0.00	$0.00	$0.00	$188.47	$767.93	$171.74	7.04%
2953000	ST FRANCIS HOSP / ROSLYN	$6,824.49	$6,418.49	1.0656	0.332146	0.52%	$189.36	$1,041.21	$0.00	$0.00	$0.00	$181.50	$951.69	$261.20	7.04%
5002001	ST JAMES MERCY HOSPITAL	$4,186.19	$6,418.49	0.6610	0.501685	0.00%	$0.00	$298.85	$0.00	$0.00	$0.00	$90.03	$583.77	$171.74	7.04%
7001024	ST JOHNS EPISCOPAL SO SHORE	$7,606.59	$6,418.49	1.1937	0.504795	25.33%	$742.17	$245.72	$0.00	$0.00	$0.00	$40.54	$1,060.76	$261.20	7.04%
5907001	ST JOHNS RIVERSIDE HOSPITAL	$6,229.14	$6,418.49	0.9705	0.423654	0.00%	$0.00	$247.71	$0.00	$0.00	$95.79	$47.75	$868.67	$261.20	7.04%
2952006	ST JOSEPH HOSPITAL	$6,446.42	$6,418.49	1.0095	0.341489	0.00%	$15.05	$302.47	$0.00	$0.00	$0.00	$57.21	$898.97	$261.20	7.04%
0701001	ST JOSEPHS HOSP / ELMIRA	$4,724.43	$6,418.49	0.7429	0.479156	0.00%	$0.00	$205.18	$0.00	$0.00	$0.00	$37.92	$658.83	$171.74	7.04%
3301003	ST JOSEPHS HOSP HLTH CTR	$5,644.16	$6,418.49	0.8836	0.459105	5.47%	$47.68	$368.25	$0.00	$0.00	$105.66	$71.38	$787.09	$171.74	7.04%
5907002	ST JOSEPHS HOSPITAL YONKERS	$6,135.69	$6,418.49	0.9703	0.582145	8.01%	$560.84	$613.49	$0.00	$0.00	$0.00	$113.35	$855.64	$261.20	7.04%
7002032	ST LUKES / ROOSEVELT HOSP	$7,698.74	$6,418.49	1.2181	0.331090	24.50%	$1,282.72	$916.10	$179.54	$0.00	$0.00	$220.74	$1,073.61	$261.20	7.04%
3522000	ST LUKES CORNWALL	$5,767.72	$6,418.49	0.9024	0.241413	0.00%	$0.00	$466.21	$0.00	$0.00	$0.00	$104.10	$804.32	$171.74	7.04%
2801001	ST MARYS HOSP / AMSTERDAM	$4,835.75	$6,418.49	0.7556	0.518524	0.00%	$0.00	$194.19	$0.00	$0.00	$0.00	$46.67	$674.36	$171.74	7.04%
0101004	ST PETERS HOSPITAL	$5,544.24	$6,418.49	0.8670	0.349021	2.24%	$57.16	$619.02	$0.00	$0.00	$0.00	$132.94	$773.16	$171.74	7.04%
7001037	STATE UNIV HOSP / DOWNSTATE	$6,924.21	$6,418.49	1.0909	0.743965	25.55%	$1,882.99	$889.10	$0.00	$0.00	$0.00	$159.21	$965.60	$261.20	7.04%
7004003	STATEN ISLAND UNIV HOSP	$6,497.46	$6,418.49	1.0178	0.350479	17.29%	$509.59	$301.52	$120.03	$0.00	$0.00	$49.13	$906.09	$261.20	7.04%
2701005	STRONG MEMORIAL HOSPITAL	$5,715.17	$6,418.49	0.8996	0.571813	29.02%	$709.84	$704.80	$0.00	$0.00	$0.00	$122.76	$796.99	$171.74	7.04%
7001037	SUNY DOWNSTATE MED CTR AT LICH	$6,924.21	$6,418.49	1.0909	0.743965	25.55%	$1,882.99	$889.10	$0.00	$0.00	$0.00	$159.21	$965.60	$261.20	7.04%
2754001	THE UNITY HOSPITAL	$4,950.73	$6,418.49	0.7752	0.563002	7.65%	$46.51	$471.94	$0.00	$0.00	$0.00	$100.76	$690.39	$171.74	7.04%
0427000	TLC HEALTH NETWORK	$4,376.04	$6,418.49	0.6824	0.594185	0.00%	$0.00	$175.76	$0.00	$0.00	$0.00	$39.19	$610.25	$171.74	7.04%
1227001	TRI-TOWN REGIONAL HEALTHCARE	$6,418.49	$6,418.49	1.0000	1.000000	0.00%	$0.00	$415.00	$0.00	$0.00	$0.00	$207.50	$895.07	$171.74	7.04%
0303001	UNITED HEALTH SERVICES INC	$5,425.30	$6,418.49	0.8484	0.529650	7.53%	$201.14	$328.34	$0.00	$0.00	$0.00	$65.81	$756.57	$171.74	7.04%
1801000	UNITED MEMORIAL MED CTR	$4,868.95	$6,418.49	0.7647	0.513022	0.00%	$0.00	$425.46	$0.00	$0.00	$0.00	$101.39	$678.99	$171.74	7.04%
5151001	UNIV HOSP AT STONY BROOK	$6,543.29	$6,418.49	1.0257	0.433128	28.73%	$1,059.23	$936.86	$268.38	$0.00	$0.00	$176.98	$912.48	$261.20	7.04%
3301007	UNIV HOSP SUNY HLTH SCI CTR	$5,859.96	$6,418.49	0.9184	0.577036	29.03%	$1,013.90	$739.65	$0.00	$0.00	$0.00	$127.05	$817.18	$171.74	7.04%
3301000	UPSTATE UNIV HOSP AT COMM GEN	$5,937.17	$6,418.49	0.9264	0.534457	1.73%	$26.15	$314.39	$0.00	$0.00	$0.00	$67.53	$827.95	$171.74	7.04%
1302001	VASSAR BROTHERS MED CTR	$6,301.56	$6,418.49	0.9923	0.307627	0.00%	$0.00	$452.40	$0.00	$0.00	$0.00	$98.68	$878.77	$171.74	7.04%
5820000	WAYNE HEALTH CARE	$4,923.85	$6,418.49	0.7734	0.485046	0.00%	$0.00	$310.32	$0.00	$0.00	$0.00	$76.99	$686.64	$171.74	7.04%
5957001	WESTCHESTER MEDICAL CENTER	$7,261.40	$6,418.49	1.1393	0.342782	18.54%	$1,845.43	$1,797.23	$0.00	$0.00	$0.00	$245.38	$1,012.62	$261.20	7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT CASE PAYMENT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
		DISCHARGE RATES	STATEWIDE PRICE - MA HMO	ISAF	HIGH COST CC's	IME %'s	DME RATE	CAPITAL RATE - PER DISCH	NON-COMPARABLE ADD-ONS			CAPITAL RATE - PER DIEM	STERILIZATION	ALC	HCRA SURCHARGE
		"DEFAULT & CONTRACT" DISCHARGE CASE PAYMENT RATE (INCLUDING PHL § 2807-c(33) - Excluding IME)	"DEFAULT & CONTRACT" STATEWIDE BASE PRICE (INCLUDING PHL § 2807-c(33))	INSTITUTION SPECIFIC ADJUSTMENT FACTOR (ISAF)	HIGH COST CHARGE CONVERTOR	*Informational Only* INDIRECT MEDICAL EDUCATION (IME) %	*Informational Only* DIRECT MEDICAL EDUCATION (DME) ADD-ON	CAPITAL PER DISCHARGE (EXCLUDING NON-COMPARABLE ADD-ONS)	AMBULANCE ADD-ON	TEACHING ELECTION AMENDMENT PHYSICIANS ADD-ON	SCHOOL OF NURSING ADD-ON	CAPITAL PER DIEM	STERILIZATION DURING DELIVERY (MANAGED CARE ENROLLEES OF FIDELIS CARE ONLY)	ALC PRICE PER DAY	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME							**(PER DISCH)**				**(PER DAY**)	(2290)		
0632000	WESTFIELD MEMORIAL HOSP	$4,525.28	$6,418.49	0.7195	0.884032	0.00%	$0.00	$150.45	$0.00	$0.00	$0.00	$50.15	$631.06	$171.74	7.04%
5902001	WHITE PLAINS HOSPITAL	$6,519.48	$6,418.49	1.0231	0.460502	0.00%	$0.00	$419.56	$0.00	$0.00	$0.00	$81.89	$909.16	$261.20	7.04%
2908000	WINTHROP UNIVERSITY HOSPITAL	$6,528.04	$6,418.49	1.0188	0.300934	16.50%	$691.02	$730.86	$0.00	$0.00	$0.00	$154.09	$910.35	$261.20	7.04%
0602001	WOMANS CHRISTIAN ASSOC	$4,728.53	$6,418.49	0.7416	0.469819	0.00%	$0.00	$228.65	$0.00	$0.00	$0.00	$51.26	$659.40	$171.74	7.04%
7001045	WOODHULL MEDICAL	$6,468.77	$6,418.49	1.0175	0.933577	20.72%	$1,664.32	$628.87	$0.00	$366.78	$0.00	$134.30	$902.08	$261.20	7.04%
7001035	WYCKOFF HEIGHTS HOSPITAL	$6,767.36	$6,418.49	1.0677	0.509478	15.91%	$950.14	$453.54	$18.37	$0.00	$0.00	$98.20	$943.72	$261.20	7.04%
6027000	WYOMING CO COMMUNITY HOSP	$4,920.85	$6,418.49	0.7759	0.942083	0.00%	$0.00	$194.95	$0.00	$0.00	$0.00	$40.11	$686.22	$171.74	7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		SPECIALTY HOSPITAL			PSYCHIATRIC			CHEMICAL DEPENDENCY REHAB			CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION			DETOX		HCRA SURCHARGE
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE (w/out DME)	*Informational Only* SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL DME Add-on	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM (w/out DME)	PSYCHIATRIC BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE (w/out DME)	*Informational Only* CHEMICAL DEPENDENCY REHAB DME Add-on	CHEMICAL DEPENDENCY REHAB ALC PER DIEM	CRITICAL ACCESS HOSPITAL BILLING RATE (w/out DME)	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE (w/out DME)	*Informational Only* MEDICAL REHAB DME Add-on	MEDICAL REHAB ALC PER DIEM	DETOX- MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME																	
1623001	ADIRONDACK MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0101000	ALB MED CTR SO CLINICAL CAMP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0101000	ALBANY MEDICAL CTR HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$917.87	$91.89	$171.74	Published Separately - see 4/1/11 rates		7.04%
3701000	ALBERT LINDLEY LEE MEM HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1624000	ALICE HYDE MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0701000	ARNOT OGDEN MEDICAL CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0501000	AUBURN MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3801000	AURELIA OSBORN FOX MEM HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002001	BELLEVUE HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,048.65	$120.71	$261.20	Published Separately - see 4/1/11 rates		7.04%
5501000	BENEDICTINE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$316.80	$0.00	$171.74	$0.00	$0.00	$972.33	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
1427000	BERTRAND CHAFFEE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001041	BETH ISRAEL / KINGS HIGHWAY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002002	BETH ISRAEL MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$674.29	$0.59	$261.20	$0.00	$0.00	$1,412.95	$25.98	$261.20	Published Separately - see 4/1/11 rates		7.04%
5957000	BLYTHEDALE CHILDRENS HOSP	$1,598.64	$0.00	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3535001	BON SECOURS COMMUNITY HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$531.55	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000001	BRONX-LEBANON HOSPITAL CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$367.21	$321.87	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001002	BROOKDALE HOSPITAL MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5123000	BROOKHAVEN MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001003	BROOKLYN HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,305.31	$4.02	$261.20	Published Separately - see 4/1/11 rates		7.04%
0601000	BROOKS MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5902002	BURKE REHABILITATION CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,122.76	$0.00	$261.20	Published Separately - see 4/1/11 rates		7.04%
7000011	CALVARY HOSPITAL	$1,052.45	$0.00	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4429000	CANTON-POTSDAM HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$415.21	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2238001	CARTHAGE AREA HOSPITAL INC	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,033.31	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
5263700	CATSKILL REGIONAL / G HERMANN	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,424.82	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5263000	CATSKILL REGIONAL MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5401001	CAYUGA MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$968.81	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
0901001	CHAMPLAIN VALLEY PHYS	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0824000	CHENANGO MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4401000	CLAXTON-HEPBURN MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$869.78	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
3421000	CLIFTON SPRINGS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$289.13	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4458700	CLIFTON-FINE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,299.02	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4720001	COBLESKILL REGIONAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002051	COLER MEMORIAL HOSP	$562.28	$79.14	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1001000	COLUMBIA MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2625000	COMMUNITY MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001009	CONEY ISLAND HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,045.22	$95.78	$261.20	Published Separately - see 4/1/11 rates		7.04%
5001000	CORNING HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1101000	CORTLAND REGIONAL MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3301008	CROUSE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$440.39	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0226700	CUBA MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,319.03	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1229700	DELAWARE VALLEY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$1,076.40	$0.00	$171.74	$1,076.40	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4423000	E J NOBLE HOSP / GOUVERNEUR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5127000	EASTERN LONG ISLAND HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$646.15	$0.00	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3101000	EASTERN NIAGARA HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$296.23	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		SPECIALTY HOSPITAL			PSYCHIATRIC			CHEMICAL DEPENDENCY REHAB			CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION			DETOX		HCRA SURCHARGE
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE (w/out DME)	*Informational Only* SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL DME Add-on	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM (w/out DME)	PSYCHIATRIC BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE (w/out DME)	*Informational Only* CHEMICAL DEPENDENCY REHAB DME Add-on	CHEMICAL DEPENDENCY REHAB ALC PER DIEM	CRITICAL ACCESS HOSPITAL BILLING RATE (w/out DME)	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE (w/out DME)	*Informational Only* MEDICAL REHAB DME Add-on	MEDICAL REHAB ALC PER DIEM	DETOX- MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME																	
1552701	ELIZABETHTOWN COMMUNITY HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,993.09	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5526700	ELLENVILLE REGIONAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,771.56	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4601001	ELLIS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7003000	ELMHURST HOSPITAL CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,189.72	$257.66	$261.20	Published Separately - see 4/1/11 rates		7.04%
1401005	ERIE COUNTY MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$269.90	$1.45	$171.74	$0.00	$0.00	$982.23	$70.64	$171.74	Published Separately - see 4/1/11 rates		7.04%
3429000	F F THOMPSON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3202003	FAXTON-ST LUKES HEALTHCARE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$910.70	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7003001	FLUSHING HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7003013	FOREST HILLS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2910000	FRANKLIN HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3402000	GENEVA GENERAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,158.27	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
2901000	GLEN COVE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,089.11	$6.82	$261.20	Published Separately - see 4/1/11 rates		7.04%
5601000	GLENS FALLS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,082.48	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7002050	GOLDWATER MEMORIAL HOSP	$639.80	$56.88	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4329000	GOOD SAMARITAN / SUFFERN	$0.00	$0.00	$0.00	Requires DOB Approval			$557.92	$0.00	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5154001	GOOD SAMARITAN / WEST ISLIP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002009	HARLEM HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,463.14	$456.19	$261.20	Published Separately - see 4/1/11 rates		7.04%
4322000	HELEN HAYES HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,298.43	$2.16	$261.20	Published Separately - see 4/1/11 rates		7.04%
2701001	HIGHLAND HOSP OF ROCHESTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002012	HOSPITAL FOR SPECIAL SURGERY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5901000	HUDSON VALLEY HOSPITAL CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5153000	HUNTINGTON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001046	INTERFAITH MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$533.20	$0.30	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5022000	IRA DAVENPORT MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000002	JACOBI MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,269.35	$115.13	$261.20	Published Separately - see 4/1/11 rates		7.04%
7003003	JAMAICA HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,204.27	$126.11	$261.20	Published Separately - see 4/1/11 rates		7.04%
5149000	JOHN T MATHER MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0228000	JONES MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1401014	KALEIDA HEALTH	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$806.13	$64.73	$171.74	Published Separately - see 4/1/11 rates		7.04%
1401002	KALEIDA HLTH/WOMAN&CHILDRENS	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1404000	KENMORE MERCY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$727.15	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7001016	KINGS COUNTY HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,770.14	$191.49	$261.20	Published Separately - see 4/1/11 rates		7.04%
7001033	KINGSBROOK JEWISH MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$883.22	$187.91	$261.20	Published Separately - see 4/1/11 rates		7.04%
5501001	KINGSTON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2728001	LAKESIDE MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5922000	LAWRENCE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002017	LENOX HILL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2424000	LEWIS COUNTY GENERAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000008	LINCOLN MEDICAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2129700	LITTLE FALLS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,451.73	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2902000	LONG BEACH MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$661.70	$0.13	$261.20	Published Separately - see 4/1/11 rates		7.04%
7003004	LONG ISLAND JEWISH	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001019	LUTHERAN MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$778.80	$24.28	$261.20	Published Separately - see 4/1/11 rates		7.04%
7001020	MAIMONIDES MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1226701	MARGARETVILLE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,891.85	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		SPECIALTY HOSPITAL			PSYCHIATRIC			CHEMICAL DEPENDENCY REHAB			CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION			DETOX		HCRA SURCHARGE
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE (w/out DME)	*Informational Only* SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL DME Add-on	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM (w/out DME)	PSYCHIATRIC BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE (w/out DME)	*Informational Only* CHEMICAL DEPENDENCY REHAB DME Add-on	CHEMICAL DEPENDENCY REHAB ALC PER DIEM	CRITICAL ACCESS HOSPITAL BILLING RATE (w/out DME)	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE (w/out DME)	*Informational Only* MEDICAL REHAB DME Add-on	MEDICAL REHAB ALC PER DIEM	DETOX- MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME																	
3824000	MARY IMOGENE BASSETT HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4402000	MASSENA MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3622000	MEDINA MEMORIAL HLTH CARE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$753.38	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7002020	MEMORIAL HOSP FOR CANCER	$2,794.80	$236.79	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0101003	MEMORIAL HOSP OF ALBANY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1401008	MERCY HOSPITAL OF BUFFALO	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$956.30	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
2909000	MERCY MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$868.27	$1.30	$261.20	Published Separately - see 4/1/11 rates		7.04%
7002021	METROPOLITAN HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$863.33	$263.74	$261.20	Published Separately - see 4/1/11 rates		7.04%
2701006	MONROE COMMUNITY HOSPITAL	$2,415.95	$0.00	$171.74	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000006	MONTEFIORE MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,294.34	$558.93	$261.20	Published Separately - see 4/1/11 rates		7.04%
1564701	MOSES-LUDINGTON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,525.69	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7003015	MOUNT SINAI HOSP OF QUEENS	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002024	MOUNT SINAI HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,308.33	$50.10	$261.20	Published Separately - see 4/1/11 rates		7.04%
3121001	MOUNT ST MARYS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$338.53	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5903000	MOUNT VERNON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2950002	NASSAU UNIV MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,103.21	$183.44	$261.20	Published Separately - see 4/1/11 rates		7.04%
1701000	NATHAN LITTAUER HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002000	NEW YORK DOWNTOWN HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3102000	NIAGARA FALLS MEMORIAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2527000	NICHOLAS H NOYES MEMORIAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000024	NORTH CENTRAL BRONX HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2951001	NORTH SHORE UNIVERSITY HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1327000	NORTHERN DUTCHESS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,225.04	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
5920000	NORTHERN WESTCHESTER HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001008	NY COMMUNITY / BROOKLYN	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002026	NY EYE AND EAR INFIRMARY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7003010	NY MED CTR OF QUEENS	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001021	NY METHODIST HOSP / BROOKLYN	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$885.33	$2.15	$261.20	Published Separately - see 4/1/11 rates		7.04%
7002054	NY PRESBYTERIAN HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$677.33	$2.15	$261.20	$0.00	$0.00	$1,266.75	$264.16	$261.20	Published Separately - see 4/1/11 rates		7.04%
7002054	NY PRESBYTERIAN HOSPITAL (PRESBY)	$0.00	$0.00	$0.00	Requires DOB Approval			$677.33	$2.15	$261.20	$0.00	$0.00	$1,266.75	$264.16	$261.20	Published Separately - see 4/1/11 rates		7.04%
7000025	NY WESTCHESTER SQUARE MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4324000	NYACK HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$428.91	$0.00	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002053	NYU HOSPITALS CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,323.71	$135.52	$261.20	Published Separately - see 4/1/11 rates		7.04%
7002053	NYU HOSPITALS CENTER/HOSP FOR JOINT DIS	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,323.71	$135.52	$261.20	Published Separately - see 4/1/11 rates		7.04%
1254700	O'CONNOR HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,339.54	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0401001	OLEAN GENERAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2601001	ONEIDA HEALTHCARE CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3523000	ORANGE REGIONAL MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,018.79	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
3702000	OSWEGO HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0301001	OUR LADY OF LOURDES MEMORIAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5155000	PECONIC BAY MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7003006	PENINSULA HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,280.51	$59.93	$261.20	Published Separately - see 4/1/11 rates		7.04%
5932000	PHELPS MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$568.93	$0.00	$261.20	$0.00	$0.00	$1,410.25	$0.00	$261.20	Published Separately - see 4/1/11 rates		7.04%
2952005	PLAINVIEW HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3950000	PUTNAM COMMUNITY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		SPECIALTY HOSPITAL			PSYCHIATRIC			CHEMICAL DEPENDENCY REHAB			CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION			DETOX		HCRA SURCHARGE
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE (w/out DME)	*Informational Only* SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL DME Add-on	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM (w/out DME)	PSYCHIATRIC BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE (w/out DME)	*Informational Only* CHEMICAL DEPENDENCY REHAB DME Add-on	CHEMICAL DEPENDENCY REHAB ALC PER DIEM	CRITICAL ACCESS HOSPITAL BILLING RATE (w/out DME)	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE (w/out DME)	*Informational Only* MEDICAL REHAB DME Add-on	MEDICAL REHAB ALC PER DIEM	DETOX- MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME																	
7003007	QUEENS HOSPITAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,343.50	$203.85	$261.20	Published Separately - see 4/1/11 rates		7.04%
7004010	RICHMOND UNIV MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2221700	RIVER HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$2,290.69	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2701003	ROCHESTER GENERAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,041.15	$56.49	$171.74	Published Separately - see 4/1/11 rates		7.04%
7002031	ROCKEFELLER UNIVERSITY	$2,218.80	$36.96	$261.20	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3201002	ROME HOSPITAL AND MURPHY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,000.53	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
1401010	ROSWELL PARK	$2,573.63	$51.10	$171.74	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4102002	SAMARITAN HOSPITAL OF TROY	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2201000	SAMARITAN MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,158.89	$0.13	$171.74	Published Separately - see 4/1/11 rates		7.04%
4501000	SARATOGA HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4823700	SCHUYLER HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,375.49	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
4102003	SETON HEALTH SYSTEMS	$0.00	$0.00	$0.00	Requires DOB Approval			$194.34	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1401006	SHEEHAN MEMORIAL EMERGENCY	$0.00	$0.00	$0.00	Requires DOB Approval			$298.29	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1401013	SISTERS OF CHARITY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
6120700	SOLDIERS AND SAILORS MEM HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$1,719.44	$171.74	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5904000	SOUND SHORE MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2950001	SOUTH NASSAU COMMUNITIES	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5126000	SOUTHAMPTON HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5154000	SOUTHSIDE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,103.16	$137.01	$261.20	Published Separately - see 4/1/11 rates		7.04%
3529000	ST ANTHONY COMMUNITY HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7000014	ST BARNABAS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5157003	ST CATHERINE OF SIENA	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5149001	ST CHARLES HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$255.64	$0.00	$261.20	$0.00	$0.00	$789.85	$26.76	$261.20	Published Separately - see 4/1/11 rates		7.04%
3202002	ST ELIZABETH MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
1302000	ST FRANCIS HOSP / POUGH	$0.00	$0.00	$0.00	Requires DOB Approval			$324.24	$0.00	$171.74	$0.00	$0.00	$1,204.65	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
2953000	ST FRANCIS HOSP / ROSLYN	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5002001	ST JAMES MERCY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$310.22	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001024	ST JOHNS EPISCOPAL SO SHORE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5907001	ST JOHNS RIVERSIDE HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$468.95	$0.00	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2952006	ST JOSEPH HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0701001	ST JOSEPHS HOSP / ELMIRA	$0.00	$0.00	$0.00	Requires DOB Approval			$305.05	$0.00	$171.74	$0.00	$0.00	$774.79	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
3301003	ST JOSEPHS HOSP HLTH CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5907002	ST JOSEPHS HOSPITAL YONKERS	$0.00	$0.00	$0.00	Requires DOB Approval			$412.66	$0.06	$261.20	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7002032	ST LUKES / ROOSEVELT HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$532.86	$2.76	$261.20	$0.00	$0.00	$1,348.45	$6.35	$261.20	Published Separately - see 4/1/11 rates		7.04%
3522000	ST LUKES CORNWALL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2801001	ST MARYS HOSP / AMSTERDAM	$0.00	$0.00	$0.00	Requires DOB Approval			$379.62	$0.00	$171.74	$0.00	$0.00	$1,024.83	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
0101004	ST PETERS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,006.95	$7.64	$171.74	Published Separately - see 4/1/11 rates		7.04%
7001037	STATE UNIV HOSP / DOWNSTATE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,377.34	$391.72	$261.20	Published Separately - see 4/1/11 rates		7.04%
7004003	STATEN ISLAND UNIV HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$536.67	$3.57	$261.20	$0.00	$0.00	$1,267.05	$26.80	$261.20	Published Separately - see 4/1/11 rates		7.04%
2701005	STRONG MEMORIAL HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,116.89	$40.35	$171.74	Published Separately - see 4/1/11 rates		7.04%
4353000	SUMMIT PARK HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$908.65	$15.18	$261.20	Published Separately - see 4/1/11 rates		7.04%
4601004	SUNNYVIEW HOSP AND REHAB	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$934.53	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7001017	SUNY DOWNSTATE MED CTR AT LICH	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,493.86	$237.30	$261.20	Published Separately - see 4/1/11 rates		7.04%
2754001	THE UNITY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$366.51	$1.72	$171.74	$0.00	$0.00	$1,039.34	$30.42	$171.74	Published Separately - see 4/1/11 rates		7.04%
0427000	TLC HEALTH NETWORK	$0.00	$0.00	$0.00	Requires DOB Approval			$190.83	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%

SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT RATES - EFFECTIVE 10/1/2011 - 12/31/2011

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		SPECIALTY HOSPITAL			PSYCHIATRIC			CHEMICAL DEPENDENCY REHAB			CRITICAL ACCESS HOSPITAL		MEDICAL REHABILITATION			DETOX		HCRA SURCHARGE
		SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL BILLING RATE (w/out DME)	*Informational Only* SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL DME Add-on	SPECIALTY ACUTE, LONG-TERM CARE AND CHILDREN'S HOSPITAL ALC PER DIEM (w/out DME)	PSYCHIATRIC BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ALC PER DIEM	CHEMICAL DEPENDENCY REHAB BILLING RATE (w/out DME)	*Informational Only* CHEMICAL DEPENDENCY REHAB DME Add-on	CHEMICAL DEPENDENCY REHAB ALC PER DIEM	CRITICAL ACCESS HOSPITAL BILLING RATE (w/out DME)	CRITICAL ACCESS HOSPITAL ALC PER DIEM	MEDICAL REHAB BILLING RATE (w/out DME)	*Informational Only* MEDICAL REHAB DME Add-on	MEDICAL REHAB ALC PER DIEM	DETOX- MEDICALLY MANAGED WITHDRAWAL BILLING RATE	DETOX - MEDICALLY SUPERVISED WITHDRAWAL BILLING RATE	INDIGENT CARE AND HEALTH CARE INITIATIVE SURCHARGE
OPCERT	HOSPITAL NAME																	
1227001	TRI-TOWN REGIONAL HEALTHCARE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0303001	UNITED HEALTH SERVICES INC	$0.00	$0.00	$0.00	Requires DOB Approval			$405.64	$0.03	$171.74	$0.00	$0.00	$1,029.02	$3.53	$171.74	Published Separately - see 4/1/11 rates		7.04%
1801000	UNITED MEMORIAL MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$351.46	$0.00	$171.74	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5151001	UNIV HOSP AT STONY BROOK	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
3301007	UNIV HOSP SUNY HLTH SCI CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,180.25	$81.43	$171.74	Published Separately - see 4/1/11 rates		7.04%
3301000	UPSTATE UNIV HOSP AT COMM GEN	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$924.91	$0.44	$171.74	Published Separately - see 4/1/11 rates		7.04%
1302001	VASSAR BROTHERS MED CTR	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5820000	WAYNE HEALTH CARE	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5957001	WESTCHESTER MEDICAL CENTER	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$1,300.98	$177.75	$261.20	Published Separately - see 4/1/11 rates		7.04%
0632000	WESTFIELD MEMORIAL HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
5902001	WHITE PLAINS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
2908000	WINTHROP UNIVERSITY HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
0602001	WOMANS CHRISTIAN ASSOC	$0.00	$0.00	$0.00	Requires DOB Approval			$342.12	$0.00	$171.74	$0.00	$0.00	$868.40	$0.00	$171.74	Published Separately - see 4/1/11 rates		7.04%
7001045	WOODHULL MEDICAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
7001035	WYCKOFF HEIGHTS HOSPITAL	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%
6027000	WYOMING CO COMMUNITY HOSP	$0.00	$0.00	$0.00	Requires DOB Approval			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Published Separately - see 4/1/11 rates		7.04%