

## NYS DEPARTMENT OF HEALTH SCHEDULE OF MEDICAID FEE-FOR-SERVICE (MA FFS) INPATIENT EXEMPT UNIT PSYCHIATRIC RATES - EFFECTIVE 7/1/2018 - 10/31/2018

		(1)	(2)	(3)	(4)		
		. ,		( )			
		PSYCHIATRIC					
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON- OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM		
OPCERT	HOSPITAL NAME	(2852)	(2571)	(2570)	(2962,2963)		
1623001	ADIRONDACK MEDICAL CENTER	\$716.31	\$9.60	\$231.32	\$187.52		
0101000	ALBANY MEDICAL CTR HOSP	\$614.25	(\$39.36)	\$244.16	\$187.52		
0501000	AUBURN COMMUNITY HOSPITAL	\$750.25	\$28.81	\$242.28	\$187.52		
7002001	BELLEVUE HOSPITAL CENTER	\$657.63	\$290.78	\$287.55	\$254.96		
3535001	BON SECOURS COMMUNITY HOSP	\$589.64	\$97.44	\$257.82	\$187.52		
7000001	BRONXCARE HOSPITAL CTR	\$684.30	\$247.17	\$299.21	\$254.96		
7001002	BROOKDALE HOSPITAL MED CTR	\$673.25	\$119.85	\$294.38	\$254.96		
5263000	CATSKILL REGIONAL MED CTR	\$796.11	\$60.44	\$257.09	\$187.52		
5401001	CAYUGA MEDICAL CENTER	\$766.78	\$86.98	\$247.62	\$187.52		
0901001	CHAMPLAIN VALLEY PHYS	\$731.19	\$88.82	\$236.12	\$187.52		
4401000	CLAXTON-HEPBURN MED CTR	\$669.32	\$46.46	\$216.15	\$187.52		
3421000	CLIFTON SPRINGS HOSPITAL	\$604.58	\$28.80	\$195.24	\$187.52		
1001000	COLUMBIA MEMORIAL HOSPITAL	\$713.96	\$42.86	\$230.56	\$187.52		
7001009	CONEY ISLAND HOSPITAL	\$649.73	\$235.15	\$284.09	\$254.96		
1101000	CORTLAND REGIONAL MED CTR	\$698.73	(\$18.08)	\$225.64	\$187.52		
5127000	EASTERN LONG ISLAND HOSPITAL	\$636.49	\$14.50	\$278.30	\$254.96		
3101000	EASTERN NIAGARA HOSPITAL	\$571.41	\$5.81	\$227.13	\$187.52		
4601001	ELLIS HOSPITAL	\$593.89	\$52.23	\$236.07	\$187.52		
7003000	ELMHURST HOSPITAL CTR	\$691.69	\$436.21	\$302.44	\$254.96		
1401005	ERIE COUNTY MEDICAL CENTER	\$651.64	\$120.84	\$259.03	\$187.52		
3202003	FAXTON-ST LUKES HEALTHCARE	\$722.92	(\$2.34)	\$233.45	\$187.52		
7003001	FLUSHING HOSPITAL	\$664.00	\$237.12	\$290.33	\$254.96		
5601000	GLENS FALLS HOSPITAL	\$709.00	\$48.49	\$228.96	\$187.52		
7002009	HARLEM HOSPITAL CENTER	\$675.37	\$457.21	\$295.30	\$254.96		
5501000		\$759.30	\$77.81	\$245.20	\$187.52		
5153000	HUNTINGTON HOSPITAL	\$679.93	\$159.02	\$297.30	\$254.96		
7001046	INTERFAITH MEDICAL CENTER	\$677.24	\$79.32	\$296.12	\$254.96		
7000002	JACOBI MEDICAL CENTER	\$712.90	\$485.14	\$311.71	\$254.96		
7003003	JAMAICA HOSPITAL	\$722.41	\$255.10	\$315.87	\$254.96		
5149000	JOHN T MATHER MEMORIAL HOSP	\$661.04	\$19.98	\$289.04	\$254.96		
7001016		\$651.98	\$483.89	\$285.07	\$254.96		
7001033	KINGSBROOK JEWISH MED CTR	\$737.90	\$51.80	\$322.64	\$254.96		
7002017	LENOX HILL HOSPITAL	\$668.82	\$216.20	\$292.44	\$254.96		
7000008		\$663.29	\$315.76	\$290.02	\$254.96		
5123000	LONG ISLAND COMMUNITY HOSPITAL	\$654.42	\$45.62	\$286.14	\$254.96		
7003004	LONG ISLAND JEWISH	\$699.34	\$307.15	\$305.78	\$254.96		
7001020	MAIMONIDES MEDICAL CENTER	\$765.02	\$87.71	\$334.50	\$254.96		
3824000		\$655.92	\$48.27	\$211.82	\$187.52		
2909000	MERCY MEDICAL CENTER	\$653.39	\$54.25	\$285.69	\$254.96		



## NYS DEPARTMENT OF HEALTH SCHEDULE OF MEDICAID FEE-FOR-SERVICE (MA FFS) INPATIENT EXEMPT UNIT PSYCHIATRIC RATES - EFFECTIVE 7/1/2018 - 10/31/2018

		(1)	(2)	(3)	(4)		
				(-)			
		PSYCHIATRIC					
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON- OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM		
OPCERT	HOSPITAL NAME	(2852)	(2571)	(2570)	(2962,2963)		
7002021	METROPOLITAN HOSPITAL CENTER	\$656.22	\$337.15	\$286.93	\$254.96		
5957001	MID-HUDSON VALLEY DIV OF WMC	\$555.26	\$62.40	\$242.78	\$187.52		
7000006	MONTEFIORE MEDICAL CENTER	\$721.64	\$608.19	\$315.53	\$254.96		
5903001	MONTEFIORE MOUNT VERNON HOSP	\$678.01	(\$1.58)	\$296.46	\$254.96		
7002002	MOUNT SINAI BETH ISRAEL	\$726.46	\$276.43	\$317.64	\$254.96		
7002024	MOUNT SINAI HOSPITAL	\$720.16	\$207.36	\$314.89	\$254.96		
7002024	MOUNT SINAL ST LUKES / ROOSEVELT	\$782.82	\$150.47	\$342.29	\$254.96		
2950002	NASSAU UNIV MED CTR	\$727.75	\$81.67	\$318.20	\$254.96		
5820000	NEWARK-WAYNE COMMUNITY HOSP	\$672.98	\$9.50	\$217.33	\$187.52		
3102000	NIAGARA FALLS MEMORIAL	\$549.14	\$66.58	\$218.28	\$187.52		
7000024		\$733.15	\$191.43	\$320.56	\$254.96		
2951001	NORTH SHORE UNIVERSITY HOSP	\$746.58	\$637.04	\$326.44	\$254.96		
5920000	NORTHERN WESTCHESTER HOSP	\$650.11	\$62.34	\$284.26	\$254.96		
7001021	NY METHODIST HOSP / BROOKLYN	\$686.55	\$84.32	\$300.19	\$254.96		
7002054	NY PRESBYTERIAN HOSPITAL	\$718.75	\$230.60	\$314.27	\$254.96		
4324000	NYACK HOSPITAL	\$626.59	\$91.39	\$273.98	\$254.96		
7002053	NYU LANGONE HOSPITAL-BROOKLYN	\$653.71	\$186.79	\$285.83	\$254.96		
7002053	NYU LANGONE HOSPITALS	\$687.71	\$417.40	\$300.70	\$254.96		
0401001	OLEAN GENERAL HOSPITAL	\$668.37	\$71.99	\$215.84	\$187.52		
3523000	ORANGE REGIONAL MED CTR	\$639.96	\$292.73	\$279.82	\$187.52		
3702000	OSWEGO HOSPITAL	\$716.05	\$67.18	\$231.23	\$187.52		
	PHELPS HOSPITAL	\$642.66	\$89.26	\$281.00	·		
3950000		\$659.18	\$81.29	\$288.22			
7003007		\$732.50	\$422.46	\$320.28	\$254.96		
7004010	RICHMOND UNIV MED CTR	\$642.53	\$23.04	\$280.94	\$254.96		
2701003	ROCHESTER GENERAL HOSPITAL	\$600.25	\$91.81	\$238.60	\$187.52		
3201002	ROME MEMORIAL HOSPITAL	\$670.63	\$36.39	\$216.57	\$187.52		
4102002	SAMARITAN HOSPITAL OF TROY	\$562.08	\$61.58	\$223.42	\$187.52		
2201000	SAMARITAN MEDICAL CENTER	\$734.76	\$32.91	\$237.28	\$187.52		
4501000	SARATOGA HOSPITAL	\$588.30	\$74.72	\$233.85	\$187.52		
6120700	SOLDIERS AND SAILORS MEM HOSP	\$583.35	\$114.08	\$188.38	\$187.52		
2950001	SOUTH NASSAU COMMUNITIES	\$619.01	\$40.29	\$270.66	\$254.96		
7000014	ST BARNABAS HOSPITAL	\$659.82	\$104.02	\$288.50	\$254.96		
5157003	ST CATHERINE OF SIENA	\$679.87	\$99.39	\$297.27	\$254.96		
3202002	ST ELIZABETH MEDICAL CENTER	\$730.15	\$44.81	\$235.79	\$187.52		
7001024	ST JOHNS EPISCOPAL SO SHORE	\$767.14	\$131.00	\$335.43	\$254.96		
0701001	ST JOSEPHS HOSP / ELMIRA	\$646.44	\$24.97	\$208.75	\$187.52		
3301003	ST JOSEPHS HOSP HLTH CTR	\$624.64	\$254.94	\$248.29	\$187.52		
5907002	ST JOSEPHS MEDICAL CENTER	\$658.41	\$100.95	\$287.88	\$254.96		



## NYS DEPARTMENT OF HEALTH SCHEDULE OF MEDICAID FEE-FOR-SERVICE (MA FFS) INPATIENT EXEMPT UNIT PSYCHIATRIC RATES - EFFECTIVE 7/1/2018 - 10/31/2018

		(1)	(2)	(3)	(4)	
		PSYCHIATRIC				
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON- OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT		
OPCERT	HOSPITAL NAME	(2852)	(2571)	(2570)	(2962,2963)	
2801001	ST MARYS HOSP / AMSTERDAM	\$657.49	\$20.73	\$212.32	\$187.52	
7004003	STATEN ISLAND UNIV HOSP	\$654.10	\$233.76	\$286.00	\$254.96	
2701005	STRONG MEMORIAL HOSPITAL	\$635.95	\$72.13	\$252.79	\$187.52	
2754001	THE UNITY HOSP OF ROCHESTER	\$548.01	\$30.93	\$217.83	\$187.52	
0427000	TLC HEALTH NETWORK	\$593.79	\$60.32	\$191.75	\$187.52	
0303001	UNITED HEALTH SERVICES INC	\$599.76	\$36.67	\$238.40	\$187.52	
5151001	UNIV HOSP AT STONY BROOK	\$659.18	\$291.49	\$288.22	\$254.96	
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$649.24	\$194.84	\$258.07	\$187.52	
3301007	UPSTATE UNIV HOSP/COMM GEN	\$654.90	\$73.07	\$260.32	\$187.52	
5957001	WESTCHESTER MEDICAL CENTER	\$732.18	\$169.10	\$320.14	\$254.96	
0602001	WOMANS CHRISTIAN ASSOC	\$645.31	\$45.78	\$208.39	\$187.52	
7001045	WOODHULL MEDICAL	\$653.91	\$148.97	\$285.92	\$254.96	
6027000	WYOMING CO COMMUNITY HOSP	\$675.15	(\$12.64)	\$218.03	\$187.52	

## Notes regarding 7/1/2018 Pyschiatric Inpatient Rate Publication:

- 1) These rates on this publication schedule are the same as the previously published 1/1/2018 Psychiatric Inpatient Rates
- 2) The only update associated with these rates is the increase in the age factor for patients 17 and under from 1.0872 to 1.3597 effective July 1, 2018
- 3) The DOH Medicaid FFS and HMO Claims Payment Calculation file posted to the Department of Health website has been updated to reflect the fac

tor increase