



Line	Calculation Elements	Traditional Medicaid Fee For Service	Medicaid Managed Care - age 18 and over (excludes DME)	Medicaid Managed Care - age 17 and under (excludes DME)
EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:				
		<i>Data Source and Formulas</i>	<i>Data Source and Formulas</i>	<i>Data Source and Formulas</i>
1.	Exempt Unit/Hospital Stay Days			
	a. Total Number of Days in Stay (inc. ALC)	Medical Record	Medical Record	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record	Medical Record	Medical Record
	c. Total Acute Care Days excluding ALC	Line 1a - Line 1b	Line 1a - Line 1b	Line 1a - Line 1b
2.	Acute Per Diem Rate or Alternate Payment Per Diem (Medicaid Managed Care excluding DME)	PUB_IP_MA_FFS_EU_Rate Code 2852 (Col 1)	PUB_IP_MA_HMO_EU (Col 1)	PUB_IP_MA_HMO_EU (Col 1a)
3.	Per Case Service Intensity Weight for Psych DRG Classification	*SIW APR-DRG Table (DOH) - Psych	*SIW APR-DRG Table (DOH) - Psych	*SIW APR-DRG Table (DOH) - Psych
4.	Age Adjustment Factor	Age Factor (17 & under =1.3597, 18 & over =1.0000)	Age Factor (1.0000 already included in Line 2 above)	Age Factor (1.3597 already included in Line 2 above)
5.	Mental Retardation Factor (if applicable)	1.0599	1.0599	1.0599
6.	Comorbidity Factor(s)	*Comorbidity Weight Factors (DOH) (If more than 1 exists, use highest weight factor)	*Comorbidity Weight Factors (DOH) (If more than 1 exists, use highest weight factor)	*Comorbidity Weight Factors (DOH) (If more than 1 exists, use highest weight factor)
7.	LOS Scale Factor (indicates which scaling factor is applicable for each day of the stay. Note: day 1 for all readmissions within 30 days is considered day 4 for scaling purposes)	Days 1-4=1.20 Days 5-11=1.00 Days 12-22=0.96 Days 23 & over=0.92	Days 1-4=1.20 Days 5-11=1.00 Days 12-22=0.96 Days 23 & over=0.92	Days 1-4=1.20 Days 5-11=1.00 Days 12-22=0.96 Days 23 & over=0.92
8.	Non-Operating Billing Component (capital, etc)	PUB_IP_MA_FFS_EU_Rate Code 2571 (Col 2) x number of days	PUB_IP_MA_HMO_EU (Col 2) x number of days	PUB_IP_MA_HMO_EU (Col 2) x number of days
9.	Electro Convulsive Therapy (ECT) Component	PUB_IP_MA_FFS_EU_Rate Code 2570 (Col 3) x number of treatments	PUB_IP_MA_HMO_EU (Col 4) x number of treatments	PUB_IP_MA_HMO_EU (Col 4) x number of treatments
10.	Total Payment at 100% (see payment example below)	Repeat for <u>each</u> day of the stay: Line 2 x Line 3 x Line 4 x Line 5 x Line 6 x applicable Line 7 factor. Then, add the totals from Lines 8 and 9	Repeat for <u>each</u> day of the stay: Line 2 x Line 3 x Line 5 x Line 6 x applicable Line 7 factor. Then, add the totals from Lines 8 and 9	Repeat for <u>each</u> day of the stay: Line 2 x Line 3 x Line 5 x Line 6 x applicable Line 7 factor. Then, add the totals from Lines 8 and 9
ALTERNATE LEVEL OF CARE (ALC) PAYMENT:				
11.	CALCULATION OF ALC PAYMENT:			
(a)	Alternate Level of Care Billing Rate	PUB_IP_MA_FFS_EU_Rate Code 2962, 2963 (Col 4)	PUB_IP_MA_HMO_EU (Col 5)	PUB_IP_MA_HMO_EU (Col 5)
(b)	Number of ALC Days	Line 1b	Line 1b	Line 1b
(c)	Total ALC Payment	Line 11a x Line 11b	Line 11a x Line 11b	Line 11a x Line 11b



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TOTAL PAYMENT AMOUNT:				
12.	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c	Line 10 + Line 11c	Line 10 + Line 11c
MEDICAID SURCHARGE CALCULATION:				
		<i>Data Source and Formulas</i>	<i>Data Source and Formulas</i>	<i>Data Source and Formulas</i>
A	Medicaid Surcharge (Indigent Care and Health Care Initiative Surcharge)	4/1/09 Forward ==> 7.04%	4/1/09 Forward ==> 7.04%	4/1/09 Forward ==> 7.04%
B	Medicaid Surcharge Amount	Line 12 x Line A	Line 12 x Line A	Line 12 x Line A
C	Payment to Hospital if Provider Signed Authorization for Medicaid Direct Payment of Surcharge to the Pool Administrator.	Line 12	Line 12	Line 12
D	Payment to Hospital if Provider Did Not Sign Authorization for Medicaid Direct Payments - Hospital Pays Surcharge to Pool Administrator.	Line 12 + Line B	Line 12 + Line B	Line 12 + Line B
* The SIW APR-DRG Table and other Payment Tables are available on the DOH public website at: https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/weights/				
Rate Code Key: Psychiatric (2852)				
ALC				
FFS Payment Example:				
Principal Diagnosis	APR-DRG 750-1: Schizophrenia SOI-1			0.9444
Patient Age	16 years old			1.3597
Presence of Mental Retardation (limited to one factor of 1.05)	3182, 29901, 75981			1.0599
Comorbidities (use highest factor)	Acute Coronary Syndrome			1.4046
Total Per Diem Adjustment Factor	0.9444 * 1.3597 * 1.0599 * 1.4046			1.9117
Facility operating per diem (adjusted by WEF)	Hospital ABC rate code 2852			\$500.00
Total Adjusted Operating Per Diem	\$500 * 1.5286			\$955.84
Non-Operating Per Diem: Capital + DME				\$50.00
ECT with 2 Treatments during the stay (WEF Adjusted)	\$244 * 2 treatments			\$488.00
Apply variable per diem adjustment for 10 days	Per Diem amount			
Day 1 (adjustment factor = 1.20)	\$955.84 * 1.20			\$1,147.01
Day 2 (adjustment factor = 1.20)	\$955.84 * 1.20			\$1,147.01
Day 3 (adjustment factor = 1.20)	\$955.84 * 1.20			\$1,147.01
Day 4 (adjustment factor = 1.20)	\$955.84 * 1.20			\$1,147.01
Day 5 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Day 6 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Day 7 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Day 8 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Day 9 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Day 10 (adjustment factor = 1.00)	\$955.84 * 1.00			\$955.84
Total Operating Per Diem Payment				\$10,323.08
Total Non-Operating Per Diem	\$50 * 10 days			\$500.00
ECT Payment - 2 treatments (WEF Adjusted)				\$488.00
Final Total Payment				\$11,311.08

Note: Day 1 for all readmissions within 30 days is considered Day 4 for scaling purposes