SCHEDULE OF WORKERS' COMPENSATION / NO-FAULT (WCNF)
INPATIENT EXEMPT UNIT PSYCHIATRIC RATES - EFFECTIVE 1/1/2011 - 3/31/2011

		WCNF PUB			
		(1)	(2)	(3)	(4)
		PSYCHIATRIC			
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON-OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME				
1623001	ADIRONDACK MEDICAL CENTER	$637.58	$61.91	$231.32	$176.41
0101000	ALBANY MEDICAL CTR HOSP	$547.37	$81.71	$244.44	$176.41
0501000	AUBURN MEMORIAL HOSPITAL	$667.79	$43.73	$242.28	$176.41
7002001	BELLEVUE HOSPITAL CENTER	$643.89	$201.28	$287.55	$268.30
5501000	BENEDICTINE HOSPITAL	$675.85	$18.27	$245.20	$176.41
7002002	BETH ISRAEL MEDICAL CENTER	$711.28	$275.34	$317.64	$268.30
3535001	BON SECOURS COMMUNITY HOSP	$577.32	$17.18	$257.82	$176.41
7000001	BRONX-LEBANON HOSPITAL CTR	$670.00	$243.82	$299.21	$268.30
7001002	BROOKDALE HOSPITAL MED CTR	$659.18	$124.82	$294.38	$268.30
5123000	BROOKHAVEN MEMORIAL HOSP	$640.74	$32.56	$286.14	$268.30
5263000	CATSKILL REGIONAL MED CTR	$708.61	$24.83	$257.09	$176.41
5401001	CAYUGA MEDICAL CENTER	$682.51	$41.19	$247.62	$176.41
0901001	CHAMPLAIN VALLEY PHYS	$650.83	$50.83	$236.12	$176.41
4401000	CLAXTON-HEPBURN MED CTR	$595.76	$23.85	$216.15	$176.41
3421000	CLIFTON SPRINGS HOSPITAL	$437.19	$29.78	$195.24	$176.41
1001000	COLUMBIA MEMORIAL HOSPITAL	$635.49	$28.62	$230.56	$176.41
3301003	COMMUNITY-GEN/GTR SYRACUSE	$582.92	$22.01	$260.32	$176.41
7001009	CONEY ISLAND HOSPITAL	$636.15	$165.42	$284.09	$268.30
1101000	CORTLAND REGIONAL MED CTR	$621.94	$107.89	$225.64	$176.41
5127000	EASTERN LONG ISLAND HOSPITAL	$623.19	$79.65	$278.30	$268.30
4601001	ELLIS HOSPITAL	$528.62	$48.64	$236.07	$176.41
7003000	ELMHURST HOSPITAL CTR	$677.24	$333.33	$302.44	$268.30
1401005	ERIE COUNTY MEDICAL CENTER	$580.02	$78.16	$259.03	$176.41
3202003	FAXTON-ST LUKES HEALTHCARE	$643.47	$45.71	$233.45	$176.41
7003001	FLUSHING HOSPITAL	$650.12	$141.20	$290.33	$268.30
2910000	FRANKLIN HOSPITAL	$618.47	$42.53	$276.19	$268.30
2901000	GLEN COVE HOSPITAL	$710.27	$46.96	$317.19	$268.30
5601000	GLENS FALLS HOSPITAL	$631.08	$48.68	$228.96	$176.41
7002009	HARLEM HOSPITAL CENTER	$661.26	$251.14	$295.30	$268.30
5153000	HUNTINGTON HOSPITAL	$665.73	$54.73	$297.30	$268.30
7001046	INTERFAITH MEDICAL CENTER	$663.08	$95.59	$296.12	$268.30
7000002	JACOBI MEDICAL CENTER	$698.00	$229.70	$311.71	$268.30
7003003	JAMAICA HOSPITAL	$707.32	$250.43	$315.87	$268.30
5149000	JOHN T MATHER MEMORIAL HOSP	$647.23	$43.55	$289.04	$268.30
1401014	KALEIDA HEALTH	$583.55	$66.34	$260.60	$176.41
7001016	KINGS COUNTY HOSPITAL CENTER	$638.35	$318.04	$285.07	$268.30
7001033	KINGSBROOK JEWISH MED CTR	$722.48	$53.61	$322.64	$268.30
7002017	LENOX HILL HOSPITAL	$654.84	$171.80	$292.44	$268.30
7000008	LINCOLN MEDICAL	$649.43	$283.15	$290.02	$268.30
2902000	LONG BEACH MEDICAL CENTER	$568.32	$77.24	$253.80	$268.30
7001017	LONG ISLAND COLLEGE HOSPITAL	$650.18	$194.87	$290.36	$268.30
7003004	LONG ISLAND JEWISH	$684.73	$127.13	$305.78	$268.30
7001019	LUTHERAN MEDICAL CENTER	$640.05	$98.13	$285.83	$268.30
7001020	MAIMONIDES MEDICAL CENTER	$749.04	$96.17	$334.50	$268.30
3824000	MARY IMOGENE BASSETT HOSP	$583.83	$26.66	$211.82	$176.41
3622000	MEDINA MEMORIAL HOSPITAL	$501.04	$0.00	$181.78	$176.41
2909000	MERCY MEDICAL CENTER	$639.74	$44.13	$285.69	$268.30
7002021	METROPOLITAN HOSPITAL CENTER	$642.51	$312.86	$286.93	$268.30

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		(1)	(2)	(3)	(4)
		PSYCHIATRIC			
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON-OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME				
7000006	MONTEFIORE MEDICAL CENTER	$706.56	$581.89	$315.53	$268.30
7002024	MOUNT SINAI HOSPITAL	$705.12	$164.07	$314.89	$268.30
5903000	MOUNT VERNON HOSPITAL	$663.84	$15.06	$296.46	$268.30
2950002	NASSAU UNIV MED CTR	$712.54	$54.75	$318.20	$268.30
3102000	NIAGARA FALLS MEMORIAL	$488.79	$32.41	$218.28	$176.41
7000024	NORTH CENTRAL BRONX HOSPITAL	$717.83	$153.30	$320.56	$268.30
2951001	NORTH SHORE UNIVERSITY HOSP	$730.98	$535.59	$326.44	$268.30
5920000	NORTHERN WESTCHESTER HOSP	$636.53	$93.55	$284.26	$268.30
7001021	NY METHODIST HOSP / BROOKLYN	$672.21	$150.61	$300.19	$268.30
7002054	NY PRESBYTERIAN HOSPITAL	$703.73	$158.97	$314.27	$268.30
7002053	NYU HOSPITALS CENTER	$673.34	$513.24	$300.70	$268.30
0401001	OLEAN GENERAL HOSPITAL	$594.91	$50.63	$215.84	$176.41
3523000	ORANGE REGIONAL MED CTR	$626.59	$55.50	$279.82	$176.41
3702000	OSWEGO HOSPITAL	$637.35	$70.43	$231.23	$176.41
5932000	PHELPS MEMORIAL HOSP	$629.23	$90.08	$281.00	$268.30
3950000	PUTNAM COMMUNITY HOSPITAL	$645.40	$41.24	$288.22	$176.41
7003007	QUEENS HOSPITAL CENTER	$717.20	$305.34	$320.28	$268.30
7004010	RICHMOND UNIV MED CTR	$629.10	$48.20	$280.94	$268.30
2701003	ROCHESTER GENERAL HOSPITAL	$534.28	$51.11	$238.60	$176.41
3201002	ROME MEMORIAL HOSPITAL	$484.95	$28.78	$216.57	$176.41
4102002	SAMARITAN HOSPITAL OF TROY	$500.30	$31.29	$223.42	$176.41
2201000	SAMARITAN MEDICAL CENTER	$654.00	$33.42	$237.28	$176.41
4501000	SARATOGA HOSPITAL	$523.65	$67.81	$233.85	$176.41
6120700	SOLDIERS AND SAILORS MEM HOSP	$519.24	$24.73	$188.38	$176.41
2950001	SOUTH NASSAU COMMUNITIES	$606.07	$83.93	$270.66	$268.30
5154000	SOUTHSIDE HOSPITAL	$658.68	$45.60	$294.15	$268.30
7000014	ST BARNABAS HOSPITAL	$646.03	$88.70	$288.50	$268.30
5157003	ST CATHERINE OF SIENA	$665.66	$46.15	$297.27	$268.30
3202002	ST ELIZABETH MEDICAL CENTER	$527.99	$26.36	$235.79	$176.41
1302000	ST FRANCIS HOSP / POUGH	$543.65	$103.77	$242.78	$176.41
5002001	ST JAMES MERCY HOSPITAL	$511.96	$29.91	$185.74	$176.41
7001024	ST JOHNS EPISCOPAL SO SHORE	$751.11	$113.56	$335.43	$268.30
0701001	ST JOSEPHS HOSP / ELMIRA	$467.45	$11.40	$208.75	$176.41
3301003	ST JOSEPHS HOSP HLTH CTR	$555.99	$27.30	$248.29	$176.41
5907002	ST JOSEPHS MEDICAL CENTER	$644.65	$43.15	$287.88	$268.30
7002032	ST LUKES / ROOSEVELT HOSP	$766.47	$99.36	$342.29	$268.30
2801001	ST MARYS HOSP / AMSTERDAM	$585.23	$23.94	$212.32	$176.41
7001037	STATE UNIV HOSP / DOWNSTATE	$686.43	$231.14	$306.54	$268.30
7004003	STATEN ISLAND UNIV HOSP	$640.43	$127.30	$286.00	$268.30
2701005	STRONG MEMORIAL HOSPITAL	$566.06	$104.11	$252.79	$176.41
4353000	SUMMIT PARK HOSPITAL	$621.87	$9.32	$277.71	$268.30
2754001	THE UNITY HOSP OF ROCHESTER	$487.78	$35.92	$217.83	$176.41
0427000	TLC HEALTH NETWORK	$528.53	$24.52	$191.75	$176.41
0303001	UNITED HEALTH SERVICES INC	$533.84	$29.99	$238.40	$176.41
5151001	UNIV HOSP AT STONY BROOK	$645.40	$191.76	$288.22	$268.30
3301007	UNIV HOSP SUNY HLTH SCI CTR	$577.88	$176.51	$258.07	$176.41
5820000	WAYNE HEALTH CARE	$486.65	$27.76	$217.33	$176.41
5957001	WESTCHESTER MEDICAL CENTER	$716.88	$145.84	$320.14	$268.30

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		PSYCHIATRIC			
		PSYCHIATRIC OPERATING BILLING RATE	PSYCHIATRIC NON-OPERATING BILLING RATE	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME				
0602001	WOMANS CHRISTIAN ASSOC	$574.38	$26.18	$208.39	$176.41
7001045	WOODHULL MEDICAL	$640.24	$123.42	$285.92	$268.30
6027000	WYOMING CO COMMUNITY HOSP	$600.95	$35.45	$218.03	$176.41