WORKER'S COMP - NO FAULT INLIER PAYMENT

Line	Calculation Elements	Worker's Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
	R PAYMENT:	<u>Data Source and Formulas</u>
(1)	LATION OF INLIER PAYMENT: Discharge Case Payment Rate	PUB_IP_WCNF_Acute_Col 1
(2)	Per Case Service Intensity Weight for DRG Classification	SIW APR-DRG Table (DOH*)
(3)	Case Mix Adjusted Discharge Payment	Line 1 x Line 2
(4)	Direct Medical Education (DME) Add-On	PUB_IP_WCNF_Acute_Col 6
(5)	Capital and Non-Comparable Add-Ons Cost Per Discharge	PUB_IP_WCNF_Acute_Col 7
(6)	Inlier DRG Payment prior to Public Goods Pool Surcharge	Line 3 + Line 4 + Line 5
(7a)	Public Goods Surcharge - Pay directly to Pool (see footnote for table of values)	Line 6 x Surcharge %
(7b)	Public Goods Surcharge - Pay to Hospital (see footnote for table of values)	Line 6 x Surcharge %
(8a)	Payment to Hospital - Surcharge paid Directly to pool	Line 6
(8b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 6 + Line 7b
ALTE	RNATE LEVEL OF CARE PAYMENT:	<u>Data Source and Formulas</u>
(9)	Alternate Level of Care Operating Per Diem	PUB_IP_WCNF_Acute_Col 9
(10)	Number of Alternate Level of Care (ALC) Days	Medical Record
(11)	Total ALC Payment Prior to Public Goods Pool Surcharge	Line 9 x Line 10
(12a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 11 x Surcharge %
(12b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 11 x Surcharge %
(13a)	Payment to Hospital - Surcharge paid Directly to pool	Line 11
(13b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 11 + Line 12b
Footnot		Pay Directly To Pool
	Surcharge April 1, 2009=====>	9.63% Pay To Hospital
	Surcharge April 1, 2009======>	9.63%&28.27%
* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/		

WORKER'S COMP - NO FAULT TRANSFER PAYMENT

Total	Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment)		
Line	Calculation Elements	Worker's Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers	
TRANS	SFER PAYMENT:	Data Source and Formulas	
(1)	Number of Transfer Days		
	a. Total Number of Days in Stay (inc. ALC)	Medical Record	
	b. Alternate Level of Care (ALC) Days	Medical Record	
	c. Number of Transfer Days excluding ALC	Line 1a - 1b	
(2)	DRG Classification	Assigned by Grouper	
CALCU	LATION OF TRANSFER PAYMENT:		
(3)	Discharge Case Payment Rate	PUB_IP_WCNF_Acute_Col 1	
(4)	Per Case Service Intensity Weight for DRG Classification	SIW APR-DRG Table (DOH*)	
(5)	Case Mix Adjusted Discharge Payment	Line 3 x Line 4	
(6)	Group Average Arithmetic Inlier Length of Stay for DRG	SIW APR-DRG Table (DOH*)	
(7)	Average Inlier Cost Per Day	Line 5 / Line 6	
(8)	Transfer Adjustment Factor		
	a. If Transfer Days are = to 1 and the Group Average LOS = 1, then 100%	100%	
	b. If Transfer Days are = to or > 1 and the Group	120%	
(9)	Average LOS is > 1 , then 120% Transfer DRG Cost Per Day	Line 7 x Line 8a or 8b	
	-		
(10)	Case Payment Capital Per Diem Total Transfer Cost Per Diem	PUB_IP_WCNF_Acute_Col 8 Line 9 + Line 10	
(12)	Transfer DRG Payment excluding DME Direct Medical Education (DME) Add-on	Line 11 x Line 1c PUB_IP_WCNF_Acute_Col 6	
(13)	` '		
(14)	Transfer Payment Amount before ALC	Line 12 + Line 13	
(15)	Discharge DRG Test (See Note 1 below):	Laller Web. I leaved	
	Inlier DRG Before ALC Total Transfer Payment Prior to Public Goods Pool	Inlier Tab, Line 6	
(16)	Surcharge (and ALC)	Lesser of Line 14 or Line 15a	
(17a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 16 x Surcharge %	
(17b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 16 x Surcharge %	
(18a)	Payment to Hospital - Surcharge paid Directly to	Line 16	
(18b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 16 + Line 17b	
(19)	Total ALC Payment	Inlier Tab, Line 13a or 13b	
(20)	Total Transfer Payment with ALC Payment at 100%	Line 18a (or 18b) + Line 19	
Note 1:	Total Transfer Payment cannot exceed amount that v	would have been paid if the patient had been	
discharged (Inlier Payment). Footnotes: Pay Directly To Pool			
2 0011101	Surcharge April 1, 2009=====>	9.63%	
	Pay To Hospital Surcharge April 1, 2009======> 9.63%&28.27%		
*	* The SIW APR-DRG Table is available on the DOH public website at:		
http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/			

HIGH COST OUTLIER PAYMENT IS IN ADDITION TO INLIER PAYMENT CALCULATED ON THE INLIER WORKSHEET TAB.			
Line	Calculation Elements	Worker's Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers	
HIGH	COST OUTLIER PAYMENT:	<u>Data Source and Formulas</u>	
(1)	Total Inpatient Gross Charges Per Patient	Revenue Code 0001	
(2)	UB-92, HCFA 1450 Adjustment to Total Inpatient Gross Charges		
(2)	a. Telephone and Telegraph	Revenue Code 0964	
	b. Television and Radio	Revenue Code 0963	
	c. Private Room Differential	Non-Covered Revenue	
	d. Other	Non-Covered	
	e. Gross Charges for all ALC Days	Charge Analysis	
	f. Total Adjustments	Sum of Lines 2a thru 2e	
(3)	Net Inpatient Gross Charges	Line 1 - Line 2f	
(4)	High Cost Charge Converter	PUB_IP_WCNF_Acute_Col 4	
(5)	Net Inpatient Gross Charges Converted to Costs	Line 3 x Line 4	
(6)	Threshold Calculation:		
	a. APR-DRG Cost Outlier Threshold	Outlier Threshold Table (DOH*)	
	b. Institution-Specific Adjustment Factor (ISAF/WEF)	PUB_IP_WCNF_Acute_Col 3	
	c. Adjusted Cost Outlier Threshold	Line 6a x Line 6b	
(7)	High Cost Payment Test:		
	a. Do costs exceed the threshold?	Is Line 5 > 6c?	
	b. Does the case involve a Transfer?	Determination per Your Hospital Data	
TRAN	SINUE WITH CALCULATION IF LINE 7a= SISFER.		
<u>HIGH</u>	COST OUTLIER PAYMENT:	<u>Data Source and Formulas</u>	
(8)	High Cost Outlier Payment before Inlier and ALC (100% of costs above adjusted threshold)	Line 5 - Line 6c	
(9)	Total Inlier at 100%	Inlier tab, Line 6	
(10)	Total Payment to Provider at 100%	=Line 8 + Line 9	
(11a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 10 x Surcharge %	
(11b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 10 x Surcharge %	
(12a)	Payment to Hospital - Surcharge paid Directly to pool	Line 10 x Surcharge %	
(12b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 10 + Line 11b	
(13)	Total ALC Payment	Inlier Tab, Line 13a or 13b	
Footnot	es: Surcharge April 1, 2009=====>	Pay Directly To Pool 9.63%	
	, , , , , , , , , , , , , , , , , , ,	<u>Pay To Hospital</u>	
Surcharge April 1, 2009======> 9.63%&28.27% * The SIM APP DPC Table is evallable on the DOH public website at:			
	* The SIW APR-DRG Table is available on the DOH public website at: http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/		
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WORKER'S COMP - NO FAULT EXEMPT UNIT/HOSPITAL - PAYMENTS

		Worker's Compensation, No Fault, Volunteer
		Firefighters, Volunteer
Line	Calculation Elements	Ambulance Workers
EXEMP PAYME	T UNIT/HOSPITAL ACUTE CARE	Data Source and Formulas
(1)	Acute Per Diem Rate	PUB_IP_WCNF_EU_Applicable EU Rate (col 1 or 3 or 5 or 7 or 9)
(2)	Exempt Unit/Hospital Stay Days	
	a. Total Number of Days in Stay (inc. ALC)	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record
	c. Total Acute Care Days excluding ALC	Line 2a - Line 2b
(3)	Total Exempt Unit/Hospital Acute Care Payment Before Public Goods Pool Surcharge	Line 1 x Line 2c
(4a)	Public Goods Surcharge - Pay directly to Pool (see footnote for table of values)	Line 3 x Surcharge %
(4b)	Public Goods Surcharge - Pay to Hospital (see footnote for table of values)	Line 3 x Surcharge %
(5a)	Payment to Hospital - Surcharge paid Directly to pool	Line 3
(5b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 3 + Line 4b
	EXEMPT UNIT/HOSPITAL ALTERNATE LEVEL OF CARE PAYMENT:	<u>Data Source</u>
(6)	Alternate Level of Care Per Diem	PUB_IP_WCNF_EU_Applicable EU ALC Rate Code (col 2 or 4 or 6 or 8 or 10)
(7)	Number of ALC Days	Line 2b
(8)	Total ALC Payment Prior to Public Goods Pool Surcharge	Line 6 x Line 7
(9a)	Public Goods Surcharge - Pay directly to Pool (see footnotes for table of values)	Line 8 x Surcharge %
(9b)	Public Goods Surcharge - Pay to Hospital (see footnotes for table of values)	Line 8 x Surcharge %
(10a)	Payment to Hospital - Surcharge paid Directly to pool	Line 8
(10b)	Payment to Hospital - Surcharge paid to Hospital (hospital pays pool)	Line 8 + Line 9b
Footnote		Pay Directly To Pool
	Surcharge April 1, 2009=====>	9.63% Pay To Hospital
	Surcharge April 1, 2009=====>	9.63%&28.27%

WORKER'S COMP - NO FAULT PSYCH REFORM ONLY/HOSPITAL - PAYMENTS

		Worker's Compensation,
		No Fault, Volunteer
		ĺ
		Firefighters, Volunteer
Line	Calculation Elements	Ambulance Workers
		Data Source and Formulas
	T UNIT/HOSPITAL ACUTE CARE PAYMENT:	
1.	Exempt Unit/Hospital Stay Days	Mallad David
	a. Total Number of Days in Stay (inc. ALC)	Medical Record Medical Record
	b. Alternate Level of Care (ALC) Days	Line 1a - Line 1b
	c. Total Acute Care Days excluding ALC	See Applicable WCNF Rate Publication
2.	Acute Per Diem Rate or Alternate Payment Per Diem	Psych Operating Billing Rate (Col 1)
3.	Per Case Service Intensity Weight for Psych DRG Classification	*SIW APR-DRG Table (DOH)
4.	Age Adjustment Factor	Age Factor (17 & under=1.0872, 18 & over =1.0000)
5.	Mental Retardation Factor	1.0599
		*Comorbidity Weight Factors (DOH)
6.	Comorbidity Factor(s)	(If more than 1 exists, use highest weight factor)
		Days 1-4=1.20 Days 5-
7.	LOS Scale Factor	11=1.00 Days 12-
' '	LOS Scale I actor	22=0.96 Days 23 &
		over=0.92
8.	Non-Operating Billing Component (capital, etc)	See Applicable WCNF Rate Publication for Psych Non-Operating Billing Rate (Col 2)
		See Applicable WCNE Date Dublication for
9.	Flootro Consulcivo Thorony (FCT) Component	See Applicable WCNF Rate Publication for Psych ECT Payment (Col 3)
9.	Electro Convulsive Therapy (ECT) Component	(x number of treatments)
		Line 2 x Line 3 x Line 4 x Line 5 x Line 6 x
10.	Total Payment at 100%	Line 7 + Line 8 + Line 9
ALTER	NATE LEVEL OF CARE (ALC) PAYMENT:	Bine 7 + Bine 6 + Bine 9
11.	CALCULATION OF ALC PAYMENT:	
(6)	Alternate Level of Care Billing Rate	See Applicable WCNF Rate Publication for
, ,	<u> </u>	Psych ALC Per Diem (Col 4)
	Number of ALC Days	Line 1b
	Total ALC Payment	Line 11a x Line 11b
TOTAL	PAYMENT AMOUNT:	
12.	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c
*		
Footnote	s:	Pay Directly To Pool
	Surcharge April 1, 2009=====>	9.63%
		Pay To Hospital
	Surcharge April 1, 2009=====>	9.63%&28.27%