

**WORKER'S COMP - NO FAULT  
INLIER PAYMENT**

Line	Calculation Elements	Worker's Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
<b>INLIER PAYMENT:</b>		<u>Data Source and Formulas</u>
<b>Calculation of Inlier Payment:</b>		
(1)	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 - <b>Pay directly to Pool</b> (see footnote for table of values)	Line 6 x Surcharge %
(7b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b>ALTERNATE LEVEL OF CARE PAYMENT:</b>		<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 - <b>Pay directly to Pool</b> (see footnotes for table of values)	Line 11 x Surcharge %
(12b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b>Footnotes:</b>		<u>Pay Directly To Pool</u>
Surcharge April 1, 2009=====>		9.63%
		<u>Pay To Hospital</u>
Surcharge April 1, 2009=====>		9.63%&28.27%
* The SIW APR-DRG Table is available on the DOH public website at: <a href="http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/">http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/</a>		

**WORKER'S COMP - NO FAULT  
TRANSFER PAYMENT**

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
<b>TRANSFER PAYMENT:</b>		<u>Data Source and Formulas</u>
(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
<b>CALCULATION OF TRANSFER PAYMENT:</b>		
(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 Average LOS is > 1, then 120%	120%
(9)	Transfer DRG Cost Per Day	Line 7 x Line 8a or 8b
(10)	Case Payment Capital Per Diem	PUB_IP_WCNF_Acute_Col 8
(11)	Total Transfer Cost Per Diem	Line 9 + Line 10
(12)	Transfer DRG Payment excluding DME	Line 11 x Line 1c
(13)	Direct Medical Education (DME) Add-on	PUB_IP_WCNF_Acute_Col 6
(14)	Transfer Payment Amount before ALC	Line 12 + Line 13
(15)	Discharge DRG Test (See Note 1 below):	
(a)	Inlier DRG Before ALC	Inlier Tab, Line 6
(16)	Total Transfer Payment Prior to Public Goods Pool Surcharge (and ALC)	Lesser of Line 14 or Line 15a
(17a)	Public Goods Surcharge - <b>Pay directly to Pool</b> (see footnotes for table of values)	Line 16 x Surcharge %
(17b)	Public Goods Surcharge - <b>Pay to Hospital</b> (see footnotes for table of values)	Line 16 x Surcharge %
(18a)	Payment to Hospital - Surcharge paid Directly to pool	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
<b>Note 1:</b> Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment).		
<b>Footnotes:</b>		<u>Pay Directly To Pool</u>
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* The SIW APR-DRG Table is available on the DOH public website at:		

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TRANSFER PAYMENT**

<http://www.nyhealth.gov/facilities/hospital/reimbursement/apr-drg/>

**WORKER'S COMP - NO FAULT  
HIGH COST OUTLIER PAYMENT**

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
<b>HIGH COST OUTLIER PAYMENT:</b>		<u>Data Source and Formulas</u>
(1)	Total Inpatient Gross Charges Per Patient UB-92, HCFA 1450	Revenue Code 0001
(2)	Adjustment to Total Inpatient Gross Charges	
	a. Telephone and Telegraph	Revenue Code 0964
	b. Television and Radio	Revenue Code 0963
	c. Private Room Differential	Non-Covered Revenue Codes 010X - 021X
	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)	<b>Threshold Calculation:</b>	
	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)	<b>High Cost Payment Test:</b>	
	a. Do costs exceed the threshold?	Is Line 5 > 6c?
	b. Does the case involve a Transfer?	Determination per Your Hospital Data
CONTINUE WITH CALCULATION IF LINE 7a= "Yes" AND THE CASE IS NOT A TRANSFER.		
<b>HIGH COST OUTLIER PAYMENT:</b>		<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 - <b>Pay directly to Pool</b> (see footnotes for table of values)	Line 10 x Surcharge %
(11b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b>Footnotes:</b>		<u>Pay Directly To Pool</u>
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**WORKER'S COMP - NO FAULT  
EXEMPT UNIT/HOSPITAL - PAYMENTS**

Line	Calculation Elements	Worker's Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
<b><u>EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:</u></b>		<b><u>Data Source and Formulas</u></b>
(1)	Acute Per Diem Rate	PUB_IP_WCNF_EU_Applicable EU Rate (col 1 or 7 or 9 or 11)
(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 - <b>Pay directly to Pool</b> (see footnote for table of values)	Line 3 x Surcharge %
(4b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b><u>EXEMPT UNIT/HOSPITAL ALTERNATE LEVEL OF CARE PAYMENT:</u></b>		<b><u>Data Source</u></b>
(6)	Alternate Level of Care Per Diem	PUB_IP_WCNF_EU_Applicable EU ALC Rate Code (col 2 or 8 or 10 or 12)
(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 - <b>Pay directly to Pool</b> (see footnotes for table of values)	Line 8 x Surcharge %
(9b)	Public Goods Surcharge - <b>Pay to Hospital</b> (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
<b>Footnotes:</b>		<b><u>Pay Directly To Pool</u></b>
Surcharge April 1, 2009=====>		9.63%
		<b><u>Pay To Hospital</u></b>
Surcharge April 1, 2009=====>		9.63%&28.27%

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

Line	Calculation Elements	Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance
<b>EXEMPT UNIT/HOSPITAL ACUTE CARE</b>		<u>Data Source and Formulas</u>
1.	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 1a - Line 1b
2.	Acute Per Diem Rate or Alternate Payment Per Diem (adjusted by WEF)	See Applicable WCNF Rate Publication Psych Operating Billing Rate (Col 3)
3.	Per Case Service Intensity Weight for Psych DRG Classification	*SIW APR-DRG Table (DOH) - Psych
4.	Age Adjustment Factor	Age Factor (17 & under=1.0872, 18 & over =1.0000)
5.	Mental Retardation Factor (if applicable)	1.0599
6.	Comorbidity Factor(s)	*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
8.	Non-Operating Billing Component (capital, etc)	See Applicable WCNF Rate Publication for Psych Non-Operating Billing Rate (Col 4) x number of days
9.	Electro Convulsive Therapy (ECT) Component	See Applicable WCNF Rate Publication for Psych ECT Payment (Col 5) 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
<b>ALTERNATE LEVEL OF CARE (ALC) PAYMENT:</b>		
11.	CALCULATION OF ALC PAYMENT:	
(a)	Alternate Level of Care Billing Rate	See Applicable WCNF Rate Publication for Psych ALC Per Diem (Col 6)
(b)	Number of ALC Days	Line 1b
(c)	Total ALC Payment	Line 11a x Line 11b
<b>TOTAL PAYMENT AMOUNT:</b>		
12.	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c
*		
<b>Footnotes:</b>		<u>Pay Directly To Pool</u>
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		<u>Pay To Hospital</u>
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PSYCH REFORM ONLY/HOSPITAL - PAYMENTS**

**Payment Example:**

Principal Diagnosis	APR-DRG 750-1: Schizophrenia SOI-1	0.9444
Patient Age	16 years old	1.0872
Presence of Mental Retardation (limited to one factor of 1.0599)	3182, 29901, 75981	1.0599
Comorbidities (use highest factor)	Acute Coronary Syndrome	1.4046
<b>Total Per Diem Adjustment Factor</b>	<b>0.9444 * 1.0872 * 1.0599 * 1.4046</b>	<b>1.5286</b>
Facility operating per diem (adjusted by WEF)	Hospital ABC	\$500.00
<b>Total Adjusted Operating Per Diem</b>	<b>\$500 * 1.5286</b>	<b>\$764.28</b>
Non-Operating Per Diem: Capital + DME + Transition (if applicable)		\$50.00
ECT Payment with 2 Treatments during the stay (WEF Adjusted)	\$244 * 2 treatments	\$488.00

<b>Apply variable per diem adjustment for 10 days</b>	<b>Per Diem amount</b>	
Day 1 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 2 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 3 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 4 (adjustment factor = 1.20)	\$764.28 * 1.20	\$917.14
Day 5 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 6 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 7 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 8 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 9 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Day 10 (adjustment factor = 1.00)	\$764.28 * 1.00	\$764.28
Total Operating Per Diem Payment		\$8,254.24
Total Non-Operating Per Diem	\$50 * 10 days	\$500.00
ECT Payment - 2 treatments (WEF Adjusted)		\$488.00
<b>Final Total Payment</b>		<b>\$9,242.24</b>

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