WORKERS COMP - NO FAULT
INLIER PAYMENT

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
INLIER PAYMENT:		***Data Source and Formulas***
CALCULATION OF INLIER PAYMENT:		
(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 - 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
ALTERNATE LEVEL OF CARE PAYMENT:		***Data Source and Formulas***
(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
Footnotes:		***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/		

Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment)		
Line	**Calculation Elements**	**Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers**
TRANSFER 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
CALCULATION 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 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 - 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 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
Note 1:	**Total Transfer Payment cannot exceed amount that would have been paid if the patient had been discharged (Inlier Payment).**	
Footnotes:		***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/		

WORKERS COMP - NO FAULT
HIGH COST OUTLIER PAYMENT

High Cost Outlier payment is in addition to the Inlier payment calculated on the Inlier worksheet tab.

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
HIGH COST OUTLIER PAYMENT:		*Data Source and Formulas*
(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)	*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

CONTINUE WITH CALCULATION IF LINE 7a= "Yes" AND THE CASE IS NOT A TRANSFER.

HIGH COST OUTLIER PAYMENT:		*Data Source and Formulas*
(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
Footnotes:		*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:

NEW YORK STATE | Department of Health | Office of Health Insurance Programs

WORKERS COMP - NO FAULT
HIGH COST OUTLIER PAYMENT

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

WORKERS COMP - NO FAULT
EXEMPT UNIT/HOSPITAL - PAYMENTS

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:		***Data Source and Formulas***
(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 - 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:	***Data Source***
(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 - 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
Footnotes:		***Pay Directly To Pool***
	Surcharge April 1, 2009========>	9.63%
		Pay To Hospital
	Surcharge April 1, 2009========>	9.63%&28.27%

Line	Calculation Elements	Workers Compensation, No Fault, Volunteer Firefighters, Volunteer Ambulance Workers
	EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:	***Data Source and Formulas***
(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 each 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
	ALTERNATE LEVEL OF CARE (ALC) PAYMENT:	
(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
	TOTAL PAYMENT AMOUNT:	
(12)	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c
*		

Footnotes:	***Pay Directly To Pool***
Surcharge April 1, 2009========>	9.63%
Surcharge April 1, 2009========>	***Pay To Hospital*** 9.63%&28.27%

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
Total Per Diem Adjustment Factor	**0.9444 * 1.0872 * 1.0599 * 1.4046**	**1.5286**
Facility operating per diem (adjusted by WEF)	Hospital ABC	$500.00
Total Adjusted Operating Per Diem	**$500 * 1.5286**	**$764.28**
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

Apply variable per diem adjustment for 10 days	**Per Diem amount**	
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
Final Total Payment		**$9,242.24**

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

Billing Instructions For
Part 816 OASAS Certified Chemical Dependency Detox

Reimbursement for inpatient chemical dependency detox services provided by Office of Alcoholism and Substance Abuse Services (OASAS) certified general hospitals transitioned to a per diem rate methodology effective 12/1/2008. New billing rate codes were established to accurately calculate per diem payments for 2 clinically distinct levels of care: a higher intensity Medically Managed Detox (MMD) level of care, and a lower intensity Medically Supervised Inpatient Withdrawal (MSIW) level of care. The detox rate code payment logic includes recognition of observation days (OBS) to be paid at the higher MMD payment rate, and length of stay (LOS) reductions in payment for stays exceeding 5 days, applicable to both levels of care, as required by statute. Following are the billing instructions effective for services provided 1/1/2010 forward.

DETOX PER DIEM RATE CODE REVISIONS EFFECTIVE 1/1/2010:

Effective 1/1/2010, the operating cost component of the MSIW rate of payment was reduced to 75% of the prevailing operating cost component of the MMD rate of payment. However, capital costs in the MSIW rate continue to be included at 100% of the allowable detox capital cost per day. This MSIW operating cost specific reduction in payment, coupled with the requirement that OBS bed days (up to 48 hours) be reimbursed at the higher MMD payment rate, required changes to the initially established detox rate code construct to implement. To assure accurate payment for MSIW stays when OBS days are included in the stay, the following revised and expanded detox per diem rate codes, and related payment logic, became effective for claims with dates of admission 1/1/2010 forward:

1. **Rate Code 4800:** MMD (operating cost) with or without OBS Days
2. **Rate Code 4801:** MSIW (operating cost) without OBS Days
3. **Rate Code 4802:** MSIW (operating cost) with 1 OBS Day
4. **Rate Code 4803:** MSIW (operating cost) with 2 OBS Days
5. **Rate Code 4804:** Inpatient Detox Capital Cost Per Diem ***(add-on rate code only)***

Claims are to be submitted on a per discharge basis using the rate code that corresponds to the level of care rendered to the patient on day 3 of the admitted stay, or the level of care determined on the day of admission if the LOS is less than 3 days. Though we recognize there may be instances where a patient transitions through multiple levels of care during a given stay, systems limitations do not allow for the development of more refined billing parameters to address such situations. Day 3 is the first day after the maximum allowable OBS period and is deemed to fairly represent the overall clinical status of the patient's stay for reimbursement purposes. LOS reductions based on the total number of days for the stay continue, with the detox service begin date typically determining the first day for the LOS calculations. If the patient was initially admitted to another unit in the hospital (e.g., Intensive Care Unit or Medical Surgical Unit) to address urgent medical care needs prior to being transferred to the Detox Unit for ongoing care, the admission date to the hospital is the begin date for determining the LOS reductions in payment for the detox unit stay. It is noted that, in such cases, a separate payment for the medical stay (DRG case payment rate) is permissible in addition to payment for the detox unit stay.

Appendix I provides a detailed presentation of the detox per diem billing rate codes and payment logic. ***Please note that rate code 4804 is not a billing rate code (i.e., will not be include on the claim form for submission)***, but is necessary from a systems standpoint to be retrieved and added to the calculation for the final payment to be inclusive of capital cost. The schematic presented in Appendix I assumes that the rates posted to the various rate codes are fixed amounts, when in fact they will change from time to time as rates are revised. The programming logic does indeed recognize that detox rate codes 4800-4804 can have different rate amounts that need to be selected and applied based on the dates of service included in the stay, and will select the applicable rate amount based on the service date.

OTHER DETOX REIMBURSEMENT RELATED ISSUES

Detox Unit Overflow:

Part 816 OASAS certification is specific to hospital site/address location and number of beds approved for the unit. On occasions where the OASAS certified detox unit is at full capacity and another patient in need of detoxification services must, consequently, be admitted to a medical surgical bed at the same location, the hospital is to bill for such "overflow" detox unit patients using the detox per diem rates. Presumably, such overflow admissions to a medical surgical bed will be short term until a bed in the detox unit becomes available. From a clinical perspective, such patients are detoxification unit patients and their treatment plan will follow Part 816 OASAS program regulations. Hence, the detox per diem rates, rather than the hospital's DRG case payment rate, are the appropriate rates to use for determining reimbursement for the inpatient detox service provided such patients.

Detox Scatter Bed Reimbursement for Non-OASAS Certified Hospitals:

The detox per diem rate methodology applies only to general hospitals certified by OASAS to operate a Part 816 Detoxification Program. As this certification is specific to hospital site/address location, the detox per diem rates are loaded only to the locator code site that corresponds to the OASAS certified site. The per diem rates do not apply to inpatient detoxification services provided in general hospitals that do not have OASAS certification, or to non-certified hospital sites of OASAS certified general hospitals (e.g., hospital entities, such as mergers, that operate multiple acute care inpatient sites at different physical plant locations, not all of which have OASAS certified detox units). Such general medical "scatter bed" inpatient detox services continue to be reimbursed through the DRG rate methodology.

APPENDIX I

Inpatient Chemical Dependency Detox Fee-For-Service Rate Codes

Effective for Admissions On and After 1/1/2010

Rate Code Legend:

1. RC 4800 – MMD (operating cost) w/or w/o OBS Days
2. RC 4801 – MSIW (operating cost) w/o OBS Days
3. RC 4802 – MSIW (operating cost) w/1 OBS Day
4. RC 4803 – MSIW (operating cost) w/2 OBS Days
5. RC 4804 – Inpatient Detox Capital Cost Per Diem

Service Description:	LOS (Days):	Payment Logic:
MMD w/or w/o OBS Days	1 – 5	(RC 4800 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4800 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	$0.00
MSIW w/o OBS Days	1 – 5	(RC 4801 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4801 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	$0.00
MSIW w/1 OBS Day	1	((RC 4802 amount/0.75) + RC 4804 amount) * Number of Days
	2 – 5	(RC 4802 amount + RC 4804 amount) * Number of Days
	6 – 10	(RC 4802 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	$0.00
MSIW w/2 OBS Days	1 – 2	((RC 4803 amount/0.75) + RC 4804 amount) * Number of Days
	3 – 5	(RC 4803 amount + RC 4804 amount) * Number of Days

	6 – 10	(RC 4803 amount + RC 4804 amount) * 0.5 * Number of Days
	>10	$0.00