

**MEDICAID - TRADITIONAL AND MANAGED CARE
PSYCH REFORM ONLY/HOSPITAL - PAYMENTS**

Line	Calculation Elements	Traditional Medicaid Fee For Service	Medicaid Managed Care (excludes DME)
EXEMPT UNIT/HOSPITAL ACUTE CARE PAYMENT:		<u>Data Source and Formulas</u>	<u>Data Source and Formulas</u>
1.	Exempt Unit/Hospital Stay Days		
	a. Total Number of Days in Stay (inc. ALC)	Medical Record	Medical Record
	b. Alternate Level of Care (ALC) Days	Medical Record	Medical Record
	c. Total Acute Care Days excluding ALC	Line 1a - Line 1b	Line 1a - Line 1b
2.	Acute Per Diem Rate or Alternate Payment Per Diem (Medicaid Managed Care excluding DME)	See Applicable FFS Rate Publication for Psych Rate Code 2852 (Col 1)	See Applicable MMC Rate Publication for Psych Rate (Col 1)
3.	Per Case Service Intensity Weight for Psych DRG Classification	*SIW APR-DRG Table (DOH)	*SIW APR-DRG Table (DOH)
4.	Age Adjustment Factor	Age Factor (17 & under=1.0872, 18 & over =1.0000)	Age Factor (17 & under=1.0872, 18 & over =1.0000)
5.	Mental Retardation Factor	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)
7.	LOS Scale Factor	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)	See Applicable FFS Rate Publication for Psych Non-Operating Rate Code 2571 (Col 2)	See Applicable MMC Rate Publication for Psych Non-Operating Rate (Col 2)
9.	Electro Convulsive Therapy (ECT) Component	See Applicable FFS Rate Publication for Psych ECT Rate Code 2570 (Col 3) (x number of treatments)	See Applicable MMC Rate Publication for Psych ECT Rate (Col 3) (x number of treatments)
10.	Total Payment at 100%	Line 2 x Line 3 x Line 4 x Line 5 x Line 6 x Line 7 + Line 8 + Line 9	Line 2 x Line 3 x Line 4 x Line 5 x Line 6 x Line 7 + Line 8 + Line 9
ALTERNATE LEVEL OF CARE (ALC) PAYMENT:			
11.	CALCULATION OF ALC PAYMENT:		
	(a) Alternate Level of Care Billing Rate	See Applicable FFS Rate Publication for Psych ALC Rate Codes 2962 & 2963 (Col 4)	See Applicable MMC Rate Publication for Psych ALC Rates (Col 4)
	(b) Number of ALC Days	Line 1b	Line 1b
	(c) Total ALC Payment	Line 11a x Line 11b	Line 11a x Line 11b
TOTAL PAYMENT AMOUNT:			
12.	Total Exempt Unit/Hospital w/ALC Payment at 100%	Line 10 + Line 11c	Line 10 + Line 11c

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		<u>Data Source and Formulas</u>	<u>Data Source and Formulas</u>
MEDICAID SURCHARGE CALCULATION:			
A	Medicaid Surcharge (Indigent Care and Health Care Initiative Surcharge)	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
C	Payment to Hospital if Provider Signed Authorization for Medicaid Direct Payment of Surcharge to the Pool Administrator.	Line 12 x Line A	Line 12 x Line A
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
* The SIW APR-DRG Table and other Payment Tables are available on the DOH public website at: http://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/weights/			