



**NEW YORK STATE DEPARTMENT OF HEALTH**

**OFFICE OF HEALTH INSURANCE PROGRAMS**

**OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES**

Effective 4/1/2015 - 12/31/2015

**MEDICAID MANAGED CARE RATE SCHEDULE**

<u>OPCERT</u>	<u>HOSPITAL NAME</u>	MMD w or w/o OBS days (operating cost) (4800)	MSIW w/o OBS days (operating cost) (4801)	MSIW w 1 OBS day (operating cost) (4802)	MSIW w 2 OBS days (operating cost) (4803)	Detox Capital Cost (4804)
7002001	BELLEVUE HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$87.51
7002002	BETH ISRAEL MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$67.30
3535001	BON SECOURS COMMUNITY HOSP	\$739.05	\$554.29	\$554.29	\$554.29	\$37.27
7000001	BRONX-LEBANON HOSPITAL CTR	\$872.20	\$654.15	\$654.15	\$654.15	\$96.80
7001003	BROOKLYN HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$42.44
4429000	CANTON-POTSDAM HOSPITAL	\$805.05	\$603.79	\$603.79	\$603.79	\$80.70
7001009	CONEY ISLAND HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$55.04
5127000	EASTERN LONG ISLAND HOSPITAL	\$690.86	\$518.15	\$518.15	\$518.15	\$38.42
1401005	ERIE COUNTY MEDICAL CENTER	\$813.08	\$609.81	\$609.81	\$609.81	\$53.10
7003001	FLUSHING HOSPITAL MED CTR	\$872.20	\$654.15	\$654.15	\$654.15	\$21.27
4329000	GOOD SAMARITAN / SUFFERN	\$739.05	\$554.29	\$554.29	\$554.29	\$37.18
7002009	HARLEM HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$132.98
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$739.05	\$554.29	\$554.29	\$554.29	\$35.17
7001046	INTERFAITH MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$77.98
7000002	JACOBI MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$102.73
7001016	KINGS COUNTY HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$294.25
7002021	METROPOLITAN HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$21.57
5957001	MID HUDSON VALLEY DIV OF WMC	\$739.05	\$554.29	\$554.29	\$554.29	\$103.24
2950002	NASSAU UNIV MED CTR	\$690.86	\$518.15	\$518.15	\$518.15	\$33.02
4324000	NYACK HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$22.76
7000014	ST BARNABAS HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$150.84
5149001	ST CHARLES HOSPITAL	\$690.86	\$518.15	\$518.15	\$518.15	\$128.36
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$16.76
7002032	ST LUKES / ROOSEVELT HOSP	\$872.20	\$654.15	\$654.15	\$654.15	\$237.65
4102003	ST MARYS HOSPITAL	\$509.96	\$382.47	\$382.47	\$382.47	\$23.60
0101004	ST PETERS HOSPITAL	\$509.96	\$382.47	\$382.47	\$382.47	\$78.26
7004003	STATEN ISLAND UNIV HOSP	\$872.20	\$654.15	\$654.15	\$654.15	\$56.97
7001045	WOODHULL MEDICAL	\$872.20	\$654.15	\$654.15	\$654.15	\$33.01
<b>MMD = Medically Managed Detox</b>						
<b>MSIW = Medically Supervised Inpatient Withdrawal</b>						
<b>OBS = Observation</b>						



**Updates - 4/1/2015 - 12/31/15 Rates (changes since latest approved 1/1/2015 rates)**

**Rate Deletions:**

3301008 CROUSE HOSPITAL (Rates end-dated due to decertification)

**Eff Date**

02/12/2015 - 12/31/2015