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

NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2018 - 12/31/2018

MEDICAID MANAGED CARE RATE SCHEDULE

OPCERT	HOSPITAL NAME	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	$129.93
7002002	BETH ISRAEL MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$97.86
3535001	BON SECOURS COMMUNITY HOSP	$739.05	$554.29	$554.29	$554.29	$53.73
7000001	BRONX-LEBANON HOSPITAL CTR	$872.20	$654.15	$654.15	$654.15	$68.79
7001003	BROOKLYN HOSPITAL	$872.20	$654.15	$654.15	$654.15	$108.94
4429000	CANTON-POTSDAM HOSPITAL	$805.05	$603.79	$603.79	$603.79	$61.70
7001009	CONEY ISLAND HOSPITAL	$872.20	$654.15	$654.15	$654.15	$85.96
5127000	EASTERN LONG ISLAND HOSPITAL	$690.86	$518.15	$518.15	$518.15	$31.53
1401005	ERIE COUNTY MEDICAL CENTER	$813.08	$609.81	$609.81	$609.81	$21.40
7003001	FLUSHING HOSPITAL MED CTR	$872.20	$654.15	$654.15	$654.15	$11.27
4329000	GOOD SAMARITAN / SUFFERN	$739.05	$554.29	$554.29	$554.29	$65.84
7002009	HARLEM HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$150.74
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$739.05	$554.29	$554.29	$554.29	$59.35
7001046	INTERFAITH MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$27.83
7000002	JACOBI MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$119.98
7001016	KINGS COUNTY HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$297.90
7002021	METROPOLITAN HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$41.02
5957001	MID HUDSON VALLEY DIV OF WMC	$739.05	$554.29	$554.29	$554.29	$67.34
2950002	NASSAU UNIV MED CTR	$690.86	$518.15	$518.15	$518.15	$42.66
4324000	NYACK HOSPITAL	$739.05	$554.29	$554.29	$554.29	$33.19
7000014	ST BARNABAS HOSPITAL	$872.20	$654.15	$654.15	$654.15	$120.26
5149001	ST CHARLES HOSPITAL	$690.86	$518.15	$518.15	$518.15	$25.06
5907001	ST JOHNS RIVERSIDE HOSPITAL	$739.05	$554.29	$554.29	$554.29	$17.24
7002032	ST LUKES / ROOSEVELT HOSP	$872.20	$654.15	$654.15	$654.15	$93.90
0101004	ST PETERS HOSPITAL	$509.96	$382.47	$382.47	$382.47	$50.61
7004003	STATEN ISLAND UNIV HOSP	$872.20	$654.15	$654.15	$654.15	$50.70
7001045	WOODHULL MEDICAL	$872.20	$654.15	$654.15	$654.15	$49.87

MMD = Medicaly Managed Detox

MSIW = Medicaly Supervised Inpatient Withdrawal

OBS = Observation