

**NYS DEPARTMENT OF HEALTH
SCHEDULE OF MEDICAID MANAGED CARE (MA HMO)
INPATIENT EXEMPT UNIT PSYCHIATRIC RATES - EFFECTIVE 7/1/2018 - 10/31/2018**

		(1)	(1a)	(2)	(3)	(4)	(5)
		PSYCHIATRIC					
		PSYCHIATRIC OPERATING BILLING RATE (age 18 and over)	PSYCHIATRIC OPERATING BILLING RATE (age 17 and under)	PSYCHIATRIC NON- OPERATING BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add- on	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME						
1623001	ADIRONDACK MEDICAL CENTER	\$716.31	\$973.97	\$1.85	\$0.00	\$231.32	\$187.52
0101000	ALBANY MEDICAL CTR HOSP	\$614.25	\$835.20	(\$113.75)	\$29.80	\$244.16	\$187.52
0501000	AUBURN COMMUNITY HOSPITAL	\$750.25	\$1,020.11	\$27.21	\$0.00	\$242.28	\$187.52
7002001	BELLEVUE HOSPITAL CENTER	\$657.63	\$894.18	\$177.85	\$129.33	\$287.55	\$254.96
3535001	BON SECOURS COMMUNITY HOSP	\$589.64	\$801.73	\$111.84	\$0.00	\$257.82	\$187.52
7000001	BRONXCARE HOSPITAL CTR	\$684.30	\$930.44	\$60.26	\$187.61	\$299.21	\$254.96
7001002	BROOKDALE HOSPITAL MED CTR	\$673.25	\$915.42	\$36.17	\$86.84	\$294.38	\$254.96
5263000	CATSKILL REGIONAL MED CTR	\$796.11	\$1,082.47	\$66.52	\$0.00	\$257.09	\$187.52
5401001	CAYUGA MEDICAL CENTER	\$766.78	\$1,042.59	\$96.06	\$0.00	\$247.62	\$187.52
0901001	CHAMPLAIN VALLEY PHYS	\$731.19	\$994.20	\$92.16	\$0.00	\$236.12	\$187.52
4401000	CLAXTON-HEPBURN MED CTR	\$669.32	\$910.07	\$50.33	\$0.00	\$216.15	\$187.52
3421000	CLIFTON SPRINGS HOSPITAL	\$604.58	\$822.05	\$30.02	\$0.00	\$195.24	\$187.52
1001000	COLUMBIA MEMORIAL HOSPITAL	\$713.96	\$970.77	\$47.11	\$0.00	\$230.56	\$187.52
7001009	CONEY ISLAND HOSPITAL	\$649.73	\$883.44	\$132.38	\$116.79	\$284.09	\$254.96
1101000	CORTLAND REGIONAL MED CTR	\$698.73	\$950.06	(\$35.44)	\$0.00	\$225.64	\$187.52
5127000	EASTERN LONG ISLAND HOSPITAL	\$636.49	\$865.44	\$11.18	\$0.00	\$278.30	\$254.96
3101000	EASTERN NIAGARA HOSPITAL	\$571.41	\$776.95	\$5.02	\$0.00	\$227.13	\$187.52
4601001	ELLIS HOSPITAL	\$593.89	\$807.51	\$56.94	\$0.81	\$236.07	\$187.52
7003000	ELMHURST HOSPITAL CTR	\$691.69	\$940.49	\$199.11	\$257.88	\$302.44	\$254.96
1401005	ERIE COUNTY MEDICAL CENTER	\$651.64	\$886.03	\$100.46	\$35.05	\$259.03	\$187.52
3202003	FAXTON-ST LUKES HEALTHCARE	\$722.92	\$982.95	(\$16.57)	\$0.03	\$233.45	\$187.52
7003001	FLUSHING HOSPITAL	\$664.00	\$902.84	\$150.12	\$108.17	\$290.33	\$254.96
5601000	GLENS FALLS HOSPITAL	\$709.00	\$964.03	\$45.79	\$0.00	\$228.96	\$187.52
7002009	HARLEM HOSPITAL CENTER	\$675.37	\$918.30	\$279.02	\$212.95	\$295.30	\$254.96
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPU	\$759.30	\$1,032.42	\$94.01	\$0.00	\$245.20	\$187.52
5153000	HUNTINGTON HOSPITAL	\$679.93	\$924.50	\$183.22	\$0.05	\$297.30	\$254.96
7001046	INTERFAITH MEDICAL CENTER	\$677.24	\$920.84	\$87.74	\$0.73	\$296.12	\$254.96
7000002	JACOBI MEDICAL CENTER	\$712.90	\$969.33	\$435.41	\$98.71	\$311.71	\$254.96
7003003	JAMAICA HOSPITAL	\$722.41	\$982.26	\$45.92	\$215.50	\$315.87	\$254.96
5149000	JOHN T MATHER MEMORIAL HOSP	\$661.04	\$898.82	\$9.30	\$0.00	\$289.04	\$254.96
7001016	KINGS COUNTY HOSPITAL CENTER	\$651.98	\$886.50	\$348.63	\$159.72	\$285.07	\$254.96
7001033	KINGSBROOK JEWISH MED CTR	\$737.90	\$1,003.32	\$29.79	\$23.66	\$322.64	\$254.96
7002017	LENOX HILL HOSPITAL	\$668.82	\$909.39	\$138.98	\$88.11	\$292.44	\$254.96
7000008	LINCOLN MEDICAL	\$663.29	\$901.88	\$83.33	\$236.99	\$290.02	\$254.96
5123000	LONG ISLAND COMMUNITY HOSPITAL	\$654.42	\$889.81	\$46.18	\$0.00	\$286.14	\$254.96
7003004	LONG ISLAND JEWISH	\$699.34	\$950.89	\$271.55	\$73.43	\$305.78	\$254.96
7001020	MAIMONIDES MEDICAL CENTER	\$765.02	\$1,040.20	\$45.87	\$39.56	\$334.50	\$254.96
3824000	MARY IMOGENE BASSETT HOSP	\$655.92	\$891.85	\$42.33	\$6.41	\$211.82	\$187.52
2909000	MERCY MEDICAL CENTER	\$653.39	\$888.41	\$55.16	\$2.31	\$285.69	\$254.96

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		(1)	(1a)	(2)	(3)	(4)	(5)
		PSYCHIATRIC					
		PSYCHIATRIC OPERATING BILLING RATE (age 18 and over)	PSYCHIATRIC OPERATING BILLING RATE (age 17 and under)	PSYCHIATRIC NON-OPERATING BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME						
7002021	METROPOLITAN HOSPITAL CENTER	\$656.22	\$892.26	\$80.06	\$267.98	\$286.93	\$254.96
5957001	MID-HUDSON VALLEY DIV OF WMC	\$555.26	\$754.99	\$59.37	\$0.00	\$242.78	\$187.52
7000006	MONTEFIORE MEDICAL CENTER	\$721.64	\$981.21	\$71.88	\$538.26	\$315.53	\$254.96
5903001	MONTEFIORE MOUNT VERNON HOSP	\$678.01	\$921.89	(\$6.10)	\$0.06	\$296.46	\$254.96
7002002	MOUNT SINAI BETH ISRAEL	\$726.46	\$987.77	\$86.58	\$180.18	\$317.64	\$254.96
7002024	MOUNT SINAI HOSPITAL	\$720.16	\$979.20	\$118.87	\$78.95	\$314.89	\$254.96
7002032	MOUNT SINAI ST LUKES / ROOSEVELT	\$782.82	\$1,064.40	\$109.60	\$44.74	\$342.29	\$254.96
2950002	NASSAU UNIV MED CTR	\$727.75	\$989.52	\$64.96	\$22.76	\$318.20	\$254.96
5820000	NEWARK-WAYNE COMMUNITY HOSP	\$672.98	\$915.05	\$3.82	\$0.00	\$217.33	\$187.52
3102000	NIAGARA FALLS MEMORIAL	\$549.14	\$746.67	\$71.69	\$1.83	\$218.28	\$187.52
7000024	NORTH CENTRAL BRONX HOSPITAL	\$733.15	\$996.86	\$91.12	\$111.34	\$320.56	\$254.96
2951001	NORTH SHORE UNIVERSITY HOSP	\$746.58	\$1,015.12	\$177.11	\$469.17	\$326.44	\$254.96
5920000	NORTHERN WESTCHESTER HOSP	\$650.11	\$883.95	\$56.88	\$0.00	\$284.26	\$254.96
7001021	NY METHODIST HOSP / BROOKLYN	\$686.55	\$933.50	(\$11.55)	\$81.23	\$300.19	\$254.96
7002054	NY PRESBYTERIAN HOSPITAL	\$718.75	\$977.28	\$171.55	\$66.56	\$314.27	\$254.96
4324000	NYACK HOSPITAL	\$626.59	\$851.97	\$109.52	\$0.00	\$273.98	\$254.96
7002053	NYU LANGONE HOSPITAL-BROOKLYN	\$653.71	\$888.85	\$122.34	\$65.98	\$285.83	\$254.96
7002053	NYU LANGONE HOSPITALS	\$687.71	\$935.08	(\$4.75)	\$391.91	\$300.70	\$254.96
0401001	OLEAN GENERAL HOSPITAL	\$668.37	\$908.78	\$77.47	\$0.00	\$215.84	\$187.52
3523000	ORANGE REGIONAL MED CTR	\$639.96	\$870.15	\$323.91	\$0.00	\$279.82	\$187.52
3702000	OSWEGO HOSPITAL	\$716.05	\$973.61	\$69.62	\$0.00	\$231.23	\$187.52
5932000	PHELPS HOSPITAL	\$642.66	\$873.82	\$91.79	\$0.00	\$281.00	\$254.96
3950000	PUTNAM COMMUNITY HOSPITAL	\$659.18	\$896.29	\$90.42	\$0.00	\$288.22	\$187.52
7003007	QUEENS HOSPITAL CENTER	\$732.50	\$995.98	\$239.74	\$215.88	\$320.28	\$254.96
7004010	RICHMOND UNIV MED CTR	\$642.53	\$873.65	\$10.87	\$8.99	\$280.94	\$254.96
2701003	ROCHESTER GENERAL HOSPITAL	\$600.25	\$816.16	\$95.20	\$1.17	\$238.60	\$187.52
3201002	ROME MEMORIAL HOSPITAL	\$670.63	\$911.86	\$42.04	\$0.00	\$216.57	\$187.52
4102002	SAMARITAN HOSPITAL OF TROY	\$562.08	\$764.26	\$70.58	\$0.00	\$223.42	\$187.52
2201000	SAMARITAN MEDICAL CENTER	\$734.76	\$999.05	\$29.84	\$0.29	\$237.28	\$187.52
4501000	SARATOGA HOSPITAL	\$588.30	\$799.91	\$81.09	\$0.00	\$233.85	\$187.52
6120700	SOLDIERS AND SAILORS MEM HOSP	\$583.35	\$793.18	\$128.66	\$0.00	\$188.38	\$187.52
2950001	SOUTH NASSAU COMMUNITIES	\$619.01	\$841.67	\$28.68	\$0.66	\$270.66	\$254.96
7000014	ST BARNABAS HOSPITAL	\$659.82	\$897.16	\$84.42	\$23.69	\$288.50	\$254.96
5157003	ST CATHERINE OF SIENA	\$679.87	\$924.42	\$109.67	\$0.00	\$297.27	\$254.96
3202002	ST ELIZABETH MEDICAL CENTER	\$730.15	\$992.78	\$48.73	\$0.15	\$235.79	\$187.52
7001024	ST JOHNS EPISCOPAL SO SHORE	\$767.14	\$1,043.08	\$49.78	\$85.53	\$335.43	\$254.96
0701001	ST JOSEPHS HOSP / ELMIRA	\$646.44	\$878.96	\$30.19	\$0.00	\$208.75	\$187.52
3301003	ST JOSEPHS HOSP HLTH CTR	\$624.64	\$849.32	\$290.15	\$0.23	\$248.29	\$187.52
5907002	ST JOSEPHS MEDICAL CENTER	\$658.41	\$895.24	\$82.19	\$29.74	\$287.88	\$254.96



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		PSYCHIATRIC OPERATING BILLING RATE (age 18 and over)	PSYCHIATRIC OPERATING BILLING RATE (age 17 and under)	PSYCHIATRIC NON-OPERATING BILLING RATE (w/out DME)	*Informational Only* PSYCHIATRIC DME Add-on	PSYCHIATRIC ECT PAYMENT	PSYCHIATRIC ALC PER DIEM
OPCERT	HOSPITAL NAME						
2801001	ST MARYS HOSP / AMSTERDAM	\$657.49	\$893.99	\$20.73	\$0.00	\$212.32	\$187.52
7004003	STATEN ISLAND UNIV HOSP	\$654.10	\$889.38	\$187.13	\$61.53	\$286.00	\$254.96
2701005	STRONG MEMORIAL HOSPITAL	\$635.95	\$864.70	\$29.29	\$34.21	\$252.79	\$187.52
2754001	THE UNITY HOSP OF ROCHESTER	\$548.01	\$745.13	\$23.05	\$1.01	\$217.83	\$187.52
0427000	TLC HEALTH NETWORK	\$593.79	\$807.38	\$68.09	\$0.00	\$191.75	\$187.52
0303001	UNITED HEALTH SERVICES INC	\$599.76	\$815.49	\$37.03	\$0.76	\$238.40	\$187.52
5151001	UNIV HOSP AT STONY BROOK	\$659.18	\$896.29	\$204.72	\$112.48	\$288.22	\$254.96
3301007	UNIV HOSP SUNY HLTH SCI CTR	\$649.24	\$882.77	\$81.33	\$121.77	\$258.07	\$187.52
3301007	UPSTATE UNIV HOSP/COMM GEN	\$654.90	\$890.47	\$81.33	\$0.00	\$260.32	\$187.52
5957001	WESTCHESTER MEDICAL CENTER	\$732.18	\$995.55	\$68.38	\$99.94	\$320.14	\$254.96
0602001	WOMANS CHRISTIAN ASSOC	\$645.31	\$877.43	\$55.52	\$0.00	\$208.39	\$187.52
7001045	WOODHULL MEDICAL	\$653.91	\$889.12	\$82.72	\$72.58	\$285.92	\$254.96
6027000	WYOMING CO COMMUNITY HOSP	\$675.15	\$918.00	(\$22.01)	\$0.00	\$218.03	\$187.52

Notes regarding 7/1/2018 Pyschiatric Inpatient Rate Publication:

- 1) With the exceptions noted below, the rates on this publication schedule are the same as the previously published 1/1/2018 Psychiatric Inpatient Rates
- 2) The only update associated with these rates is the increase in the age factor for patients 17 and under from 1.0872 to 1.3597 effective July 1, 2018
- 3) Column (1a) has been added which has the age factor for patients 17 and under already applied to the Psychiatric Operating portion of the billing rate (column 1 x 1.3597)
- 4) The DOH Medicaid FFS and HMO Claims Payment Calculation file posted to the Department of Health website has been updated to reflect the factor increase