



**NEW YORK STATE DEPARTMENT OF HEALTH  
FINANCIALLY DISTRESSED HOSPITAL OUTPATIENT RATE ADD-ONS  
EFFECTIVE 12/1/2021 - 3/31/2022**

<i>Financially Distressed Hospital Rate Add-ons (12/1/2021 - 3/31/2022)</i>				Clinic (Article 28)	Ambulatory Surgery	Emergency Department
Operating Certificate	Medicaid ID	NPI	Hospital Name	Add-on Payment Per Visit	Add-on Payment Per Visit	Add-on Payment Per Visit
3535001	00273905	1659360709	Bon Secours Community Hospital	\$200.00	\$1,500.00	\$250.00
3535001	04397215	1891842308	Bon Secours Community Hospital	\$200.00	\$1,500.00	\$250.00
7000001	01744072	1245390855	Bronxcare Hospital Center	\$200.00	\$1,237.00	\$189.00
7000001	00476022	1417027558	Bronxcare Hospital Center	\$200.00	\$1,237.00	\$189.00
7000001	01754636	1548310758	Bronxcare Hospital Center	\$200.00	\$1,237.00	\$189.00
7000001	01793948	1578613782	Bronxcare Hospital Center	\$200.00	\$1,237.00	\$189.00
7001002	03109900	1124166657	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	00243572	1295868073	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	00243669	1316112600	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	02998667	1346380870	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	02998745	1356307656	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	03139104	1407989288	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	00734336	1487724712	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	03427507	1558630426	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	03005649	1588868889	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	02998763	1689849952	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001002	02998772	1841465218	Brookdale Hospital Medical Center	\$120.00	\$1,500.00	\$144.00
7001003	00243614	1326046467	Brooklyn Hospital Center	\$167.00	\$1,500.00	\$235.00
7001003	02998718	1609800432	Brooklyn Hospital Center	\$167.00	\$1,500.00	\$235.00
7001003	02998727	1790719524	Brooklyn Hospital Center	\$167.00	\$1,500.00	\$235.00
3301008	00279396	1033107743	Crouse Hospital	\$200.00	\$1,500.00	\$250.00
7003001	00243843	1033257738	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003001	03184145	1063545283	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003001	02998823	1154461622	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003001	01780354	1548217763	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003001	N/A	1568693174	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003001	03184154	1730213877	Flushing Hospital Medical Center	\$197.00	\$1,289.00	\$250.00
7003003	00243852	1225176175	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	02998832	1245370717	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	N/A	1245432483	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	01616320	1477505220	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	N/A	1548579196	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	03456815	1669505301	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	N/A	1750516795	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	03009001	1780624049	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00
7003003	03456824	1982737136	Jamaica Hospital Medical Center	\$110.00	\$1,273.00	\$196.00



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Table with 7 columns: Hospital ID, Add-on ID, Hospital Name, Clinic (Article 28), Ambulatory Surgery, and Emergency Department. It lists various hospitals and their associated rates for different services.