

November 16, 1990

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 17 (1990)

TO: ALL AUTOMOBILE SELF-INSURERS AND INSURERS LICENSED TO WRITE AUTOMOBILE INSURANCE IN NEW YORK

RE:

(A) NO-FAULT REIMBURSEMENT SCHEDULES FOR HOSPITAL OUTPATIENT SERVICES RENDERED FROM JULY 1, 1990 THROUGH JUNE 30, 1991; AND

(B) NO-FAULT REIMBURSEMENT SCHEDULES FOR HOSPITAL INPATIENT SERVICES UNDER NO-FAULT FOR TREATMENT RENDERED ON AND AFTER JANUARY 1, 1990

Pursuant to Regulation No. 83 (11 NYCRR 68.2), the No-Fault rate schedules for reimbursing hospital services provided for under Section 5102(a)(1) of the Insurance Law shall be as follows:

(A) outpatient services, as established for Workers' Compensation by the Chair of the Workers' Compensation, Board (WCB), in conformity with Chapter 453 of the Laws of 1984; and

(B) inpatient services in conformity with Section 2807-c of the Public Health Law.

Attached is the Outpatient Hospital Rate Schedule, established by the WCB Chair for the period July 1, 1990 through June 30, 1991. Also attached are revisions to the original text.

This Circular Letter also advises No-Fault insurers that there is additional and updated information to enable them to process and pay 1990 hospital inpatient claims under the Diagnosis-Related Group (DRG) system. This data was prepared by the Department of Health's Office of Health Systems Management (OHSM) and includes the following:

(A) 1990 DRG Case Payment Rates for reimbursement of Acute and Alternate Level of Care Hospitalizations for the Long Island Region and the Buffalo Region for the period starting January 1, 1990; and

(B) revised 1990 DRG Case Payment Rates for reimbursement of Acute and Alternate Level of Care Hospitalizations for the period July 1, 1990 through December 31, 1990 for all relevant regions. Upon receipt of a written request from the senior claims officer of your company, the Insurance Department will furnish one copy of this data to your company. Since this data has been provided to Workers' Compensation insurers, please request it only if you have not previously received it from another source. You should make this information available to all your claims personnel who are responsible for the review of hospital inpatient billings payable under the No-Fault law.

The written requests for the DRG information concerning inpatient hospital services can be sent to:

New York State Insurance Department

Property & Casualty Insurance Bureau

160 West Broadway

New York, NY 10013-3393

Attn: Edward T. McGuiness, Senior Examiner

Any questions or problems with regard to the information should be brought to the attention of Mr. McGuiness at (212) 602-0334.

Very truly yours,

[SIGNATURE]

Salvatore R. Curiale

Superintendent of Insurance

To: Hospital Out-patient Fee Schedule Users.

Subject: July 1, 1990 Hospital Out-patient Fee Schedule.

Your copy of the recently-published Hospital Out-patient Fee Schedule may contain errors. Please review your copy and make corrections as indicated below:

		Emergency Service
Page	Hospital	Room Rate
1	Our Lady of Victory Hospital of Lackawanna	\$ 77.00
1	Sheehan Memorial Emergency Hospital, Inc.	79.00
1	Sisters of Charity Hospital	68.00
1	St. Joseph Intercommunity Hospital	85.00
3	Rochester General Hospital	85.00
10	Massapequa General Hospital	85.00

[SIGNATURE]

Jack Leieher

Director, Regulatory

Services Bureau