



#### Provider Information

|                               |                               |
|-------------------------------|-------------------------------|
| o Medicare ID                 | 260104                        |
| o Provider Name               | SSM HEALTH DEPAUL HOSPITAL ST |
| o Legacy Medicaid ID          | 431343281014                  |
| o Medicaid OldID              | 19024                         |
| o Parent OldID                | 19024                         |
| o SMART Act Adjustment Factor | 0.965                         |
| o Trauma Level                | 0                             |
| o Perinatal Level             | 0                             |
| o Medicare IPPS Aggregate CCR | 0.262                         |
| o Rate Enhancement Type       | No                            |

#### Inpatient Rates

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,283.73  |
| o IP COS 20 Acute Wage Index                | 0.9011      |
| o IP COS 20 Acute Labor Portion             | 0.6200      |
| o IP COS 20 Acute Medical Education Add-on  | 0.00000     |
| o IP COS 20 Acute Crossover Adjustment      | 1.00000     |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 20 Acute DRG Rate                  | \$3,082.38  |
| o IP COS 21 Psych Per Diem Rate             | N/A         |
| o IP COS 22 Rehab Per Diem Rate             | N/A         |

#### Outpatient Rates

|                                                         |          |
|---------------------------------------------------------|----------|
| o OP Wage Index                                         | 0.9011   |
| o OP Labor Portion                                      | 0.6000   |
| o Eligible for High Cost Drug & Device Add-On Payments  | No       |
| o OP COS 24 Acute High Volume Adjustment                | 0.00000  |
| o OP COS 24 Acute Crossover Adjustment                  | 0.98912  |
| o OP COS 24 Acute Standardized Amount                   | \$362.84 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$337.60 |
| o OP COS 27/28/29 Psych/Rehab High Volume Adjustment    | N/A      |
| o OP COS 27/28 Psych Standardized Amount                | N/A      |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | N/A      |
| o OP COS 29 Rehab Standardized Amount                   | N/A      |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)    | N/A      |