



Provider Information

o Medicare ID	140103
o Provider Name	ST BERNARD HOSPITAL
o Legacy Medicaid ID	362264414001
o Medicaid OldID	3050
o Parent OldID	3050
o SMART Act Adjustment Factor	1.000
o Trauma Level	0
o Perinatal Level	II
o Medicare IPPS Aggregate CCR	0.543
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,436.26
o IP COS 20 Acute Wage Index	1.0427
o IP COS 20 Acute Labor Portion	0.6830
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute Crossover Adjustment	0.99859
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 20 Acute DRG Rate	\$3,531.49
o IP COS 21 Psych Per Diem Rate	\$621.48
o IP COS 22 Rehab Per Diem Rate	N/A

Outpatient Rates

o OP Wage Index	1.0427
o OP Labor Portion	0.6000
o Eligible for High Cost Drug & Device Add-On Payments	Yes
o OP COS 24 Acute High Volume Adjustment	0.44810
o OP COS 24 Acute Crossover Adjustment	0.98374
o OP COS 24 Acute Standardized Amount	\$440.14
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$643.07
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.32180
o OP COS 27/28 Psych Standardized Amount	\$201.46
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$273.11
o OP COS 29 Rehab Standardized Amount	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A