



#### Provider Information

|                               |                          |
|-------------------------------|--------------------------|
| o Medicare ID                 | 140088                   |
| o Provider Name               | COMER CHILDRENS HOSPITAL |
| o Legacy Medicaid ID          | 363488183008             |
| o Medicaid OldID              | 3466                     |
| o Parent OldID                | 3023                     |
| o SMART Act Adjustment Factor | 0.965                    |
| o Trauma Level                | 1                        |
| o Perinatal Level             | III                      |
| o Medicare IPPS Aggregate CCR | 0.219                    |
| o Rate Enhancement Type       | Yes                      |

#### Inpatient Rates

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,555.19  |
| o IP COS 20 Acute Wage Index                | 1.0526      |
| o IP COS 20 Acute Labor Portion             | 0.6830      |
| o IP COS 20 Acute Medical Education Add-on  | 0.00377     |
| 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                  | \$3,691.59  |
| 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                                         | 1.0526   |
| 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                   | \$446.07 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$655.51 |
| 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      |