



### Provider Information

|                               |                          |
|-------------------------------|--------------------------|
| o Medicare ID                 | 140300                   |
| o Provider Name               | PROVIDENT MEDICAL CENTER |
| o Legacy Medicaid ID          | 366006541020             |
| o Medicaid OldID              | 3049                     |
| o Parent OldID                | 3049                     |
| o SMART Act Adjustment Factor | 1.000                    |
| o Trauma Level                | 0                        |
| o Perinatal Level             | 0                        |
| o Medicare IPPS Aggregate CCR | 1.311                    |
| o Rate Enhancement Type       | Yes                      |

### Inpatient Rates

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$29,991.17 |
| o IP COS 20 Acute Wage Index                | 1.0000      |
| o IP COS 20 Acute Labor Portion             | 1.0000      |
| 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                  | \$29,991.17 |
| 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                                         | 1.0000     |
| o OP Labor Portion                                      | 1.0000     |
| o Eligible for High Cost Drug & Device Add-On Payments  | Yes        |
| o OP COS 24 Acute High Volume Adjustment                | 0.00000    |
| o OP COS 24 Acute Crossover Adjustment                  | 1.00000    |
| o OP COS 24 Acute Standardized Amount                   | \$2,797.21 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$2,797.21 |
| 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        |