



Provider Information

o Medicare ID	140053
o Provider Name	HSHS ST JOHNS HOSPITAL
o Legacy Medicaid ID	370661238001
o Medicaid OldID	19007
o Parent OldID	19007
o SMART Act Adjustment Factor	1.000
o Trauma Level	1
o Perinatal Level	III
o Medicare IPPS Aggregate CCR	0.252
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,436.26
o IP COS 20 Acute Wage Index	0.9016
o IP COS 20 Acute Labor Portion	0.6200
o IP COS 20 Acute Medical Education Add-on	0.00588
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	\$3,241.02
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	N/A

Outpatient Rates

o OP Wage Index	0.9016
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	0.0000
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)	\$407.43
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.0000
o OP COS 27/28 Psych Standardized Amount	\$201.46
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$189.56
o OP COS 29 Rehab Standardized Amount	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A