

Rate change request effective January 1, 2024, FY 24.

Rates based the FY 23 "AS FILED by CMS dated 11-30-23" Medicare Cost Report.

Eleanor Slater Hospital - Provider # 410200				
<u>Eleanor Slater Hospital - Provider # 410200</u>	<u>EDS</u> <u>Bill Type</u>	<u>Prior</u> <u>Rates</u>	<u>New</u> <u>Rates</u>	<u>Difference</u>
		<i>COST REPORT</i> <i>1/1/2022</i>	<i>COST REPORT</i> <i>11/30/2023</i>	
All Inclusive Rate Parts A, B & D	253	\$ 1,769.52	\$ 1,920.54	\$ 151.02
Bill Type 253 minus Part B "Physician Only"	273	\$ 1,733.11	\$ 1,885.91	\$ 152.80
Bill Type 253 minus Part D	293	\$ 1,701.40	\$ 1,841.91	\$ 140.51
Bill Type 253 minus Part B & D	263	\$ 1,664.99	\$ 1,807.28	\$ 142.29
	Part B =	\$ 36.41	\$ 34.63	\$ (1.78)
	Part D =	\$ 68.12	\$ 78.63	\$ 10.51