# Provider Information

- Medicare ID: 262010
- Provider Name: KINDRED HOSPITAL - ST LOUIS
- Legacy Medicaid ID: 522085555002
- Medicaid OldID: 19410
- Parent OldID: 19410
- SMART Act Adjustment Factor: 0.965
- Trauma Level: 0
- Perinatal Level: 0
- Medicare IPPS Aggregate CCR: 0.288
- Rate Enhancement Type: No

## Inpatient Rates

- IP COS 20 Acute Standardized Amount: N/A
- IP COS 20 Acute Wage Index: N/A
- IP COS 20 Acute Labor Portion: N/A
- IP COS 20 Acute Medical Education Add-on: N/A
- IP COS 20 Acute Crossover Adjustment: N/A
- IP COS 20 Acute Outlier Fixed-Loss Amount: N/A
- IP COS 20 Acute Per Diem Rate: $604.01
- IP COS 21 Psych Per Diem Rate: N/A
- IP COS 22 Rehab Per Diem Rate: N/A

## Outpatient Rates

- OP Wage Index: 0.9011
- OP Labor Portion: 0.6000
- Eligible for High Cost Drug & Device Add-On Payments: No
- OP COS 24 Acute High Volume Adjustment: 0.00000
- OP COS 24 Acute Crossover Adjustment: 0.98912
- OP COS 24 Acute Standardized Amount: $362.84
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): $337.60
- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: N/A
- OP COS 27/28 Psych Standardized Amount: N/A
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): N/A
- OP COS 29 Rehab Standardized Amount: N/A
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): N/A