



Provider Information

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| o Medicare ID | 141345 |
| o Provider Name | SALEM TOWNSHIP HOSPITAL |
| o Legacy Medicaid ID | 370925318007 |
| o Medicaid OldID | 19001 |
| o Parent OldID | 19001 |
| o SMART Act Adjustment Factor | 1.000 |
| o Trauma Level | 0 |
| o Perinatal Level | 0 |
| o Medicare IPPS Aggregate CCR | 0.315 |
| o Rate Enhancement Type | Yes |

Inpatient Rates

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|---|-------------|
| o IP COS 20 Acute Standardized Amount | \$3,555.19 |
| o IP COS 20 Acute Wage Index | 0.8442 |
| o IP COS 20 Acute Labor Portion | 0.6200 |
| o IP COS 20 Acute Medical Education Add-on | 0.00000 |
| 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 | \$3,207.24 |
| o IP COS 21 Psych Per Diem Rate | N/A |
| o IP COS 22 Rehab Per Diem Rate | N/A |

Outpatient Rates

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|---|------------|
| o OP Wage Index | 1.0000 |
| o OP Labor Portion | 1.0000 |
| o Eligible for High Cost Drug & Device Add-On Payments | No |
| 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 | \$1,013.64 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$1,443.99 |
| 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 |