Rate change request effective January 1, 2026, FY 26.

Rates based the FY 25 "AS FILED to CMS dated 12-01-25" Medicare Cost Report.

Eleanor Slater Hospital - Provider # 410200	EDS Bill Type RPL	Prior Rates COST REPORT FY 24 02/20/2025	New Rates COST REPORT FY 25 12/01/2025	Difference
All Inclusive Rate Parts A, B & D	253	$ 2,232.03	$ 2,326.76	$ 94.73
Bill Type 253 minus Part B "Physician Only"	273	$ 2,191.14	$ 2,264.44	$ 73.30
Bill Type 253 minus Part D	293	$ 2,150.48	$ 2,255.37	$ 104.89
Bill Type 253 minus Part B & D	263	$ 2,109.59	$ 2,193.05	$ 83.46
	Part B =	$ 40.89	$ 62.32	$ 21.43
	Part D =	$ 81.55	$ 71.39	$ (10.16)

RPL: RECIPIENT PLACEMENT LEVEL