

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.

<u>Eleanor Slater Hospital - Provider # 410200</u>	<u>EDS</u>	<u>Prior</u>	<u>New</u>	<u>Difference</u>
	<u>Bill Type</u>	<u>Rates</u>	<u>Rates</u>	
		<i>COST REPORT</i>	<i>COST REPORT</i>	
		<i>FY 24</i>	<i>FY 25</i>	
	<u>RPL</u>	<i>02/20/2025</i>	<i>12/01/2025</i>	
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