

Rate change request effective January 1, 2025, FY 25.

Rates based the FY 24 "AS FILED to CMS dated 11-29-24" Medicare Cost Report.

Eleanor Slater Hospital - Provider # 410200				
	EDS Bill Type	Prior Rates	New Rates	Difference
		<i>COST REPORT FY 23 2/13/2024</i>	<i>COST REPORT FY 24 11/30/2024</i>	
	RPL			
All Inclusive Rate Parts A, B & D	253	\$ 1,920.54	\$ 2,232.03	\$ 311.49
Bill Type 253 minus Part B "Physician Only"	273	\$ 1,885.91	\$ 2,191.14	\$ 305.23
Bill Type 253 minus Part D	293	\$ 1,841.91	\$ 2,150.48	\$ 308.57
Bill Type 253 minus Part B & D	263	\$ 1,807.28	\$ 2,109.59	\$ 302.31
	Part B =	\$ 34.63	\$ 40.89	\$ 6.26
	Part D =	\$ 78.63	\$ 81.55	\$ 2.92

RPL: RECIPIENT PLACEMENT LEVEL