

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2017

Provider Information:

o Medicare ID	150002
o Provider Name	METHODIST HOSPITAL NORTH
o Legacy Medicaid ID	350868133002
o Medicaid OldID	7031
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	1.0360
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,371.22
o IP COS 20 Acute Outlier CCR	0.268
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

Outpatient Rates:

o OP Wage Index	1.0360
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$363.990
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$367.81
o OP COS 27/28 Psych Standardized Amount	\$363.990
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$367.81
