

**State of Illinois Department of Healthcare & Family Services**  
**Medicaid FFS Hospital Payment Rate Sheet Effective January 1, 2018**

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Provider Information:

|                               |                                  |
|-------------------------------|----------------------------------|
| -----                         |                                  |
| o Medicare ID                 | 140113                           |
| o Provider Name               | Presence Covenant Medical Center |
| o Legacy Medicaid ID          | 364195126006                     |
| o Medicaid OldID              | 21001                            |
| o SMART Act Adjustment Factor | 0.965                            |
| o Trauma Level                | None                             |
| o Perinatal Level             | II+                              |

Inpatient Rates:

|                                             |             |
|---------------------------------------------|-------------|
| -----                                       |             |
| o IP COS 20 Acute Standardized Amount       | \$3,283.73  |
| o IP COS 20 Acute Wage Index                | 0.8867      |
| o IP COS 20 Acute Labor Portion             | 0.620       |
| o IP COS 20 Acute Medical Education Add-on  | 0.00000     |
| o IP COS 20 Acute DRG Base Rate             | \$3,053.06  |
| o IP COS 20 Acute Outlier CCR               | 0.177       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 21 Psych Per Diem Rate             | \$371.82    |
| o IP COS 22 Rehab Per Diem Rate             | \$496.60    |

Outpatient Rates:

|                                                         |          |
|---------------------------------------------------------|----------|
| -----                                                   |          |
| o OP Wage Index                                         | 0.8867   |
| o OP Labor Portion                                      | 0.600    |
| o OP COS 24 Acute High Volume Adjustment                | No       |
| o OP COS 24 Acute Crossover Adjustment                  | 0.98912  |
| o OP COS 24 Acute Standardized Amount                   | \$362.84 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$334.49 |
| o OP COS 27/28 Psych Standardized Amount                | \$135.76 |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | \$126.53 |

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| o Provider Name               | Presence Covenant Medical Center |
| o Legacy Medicaid ID          | 364195126038                     |
| o Medicaid OldID              | 21001                            |
| o SMART Act Adjustment Factor | 0.965                            |
| o Trauma Level                | None                             |
| o Perinatal Level             | II+                              |

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