

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

Provider Information:

o Medicare ID	140224
o Provider Name	Presence St. Joseph Hospital
o Legacy Medicaid ID	363200170001
o Medicaid OldID	3052
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	III

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,283.73
o IP COS 20 Acute Wage Index	1.0526
o IP COS 20 Acute Labor Portion	0.683
o IP COS 20 Acute Medical Education Add-on	0.00728
o IP COS 20 Acute DRG Base Rate	\$3,426.47
o IP COS 20 Acute Outlier CCR	0.239
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$411.66
o IP COS 22 Rehab Per Diem Rate	\$546.59

Outpatient Rates:

o OP Wage Index	1.0526
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)	\$370.22
o OP COS 27/28 Psych Standardized Amount	\$135.76
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$140.04

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o OP COS 29 Rehab Standardized Amount	\$283.50
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$292.45

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