

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

Provider Information:

o Medicare ID	140053
o Provider Name	St. John's Hospital
o Legacy Medicaid ID	370661238001
o Medicaid OldID	19007
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	III

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,283.73
o IP COS 20 Acute Wage Index	0.9265
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00728
o IP COS 20 Acute DRG Base Rate	\$3,156.91
o IP COS 20 Acute Outlier CCR	0.258
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$371.82

Outpatient Rates:

o OP Wage Index	0.9265
o OP Labor Portion	0.600
o OP COS 24 Acute High Volume Adjustment	1.3218
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)	\$453.46
o OP COS 27/28 Psych Standardized Amount	\$135.76
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$129.77
