



State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet
Effective: July 1, 2019

Provider Information

o Medicare ID	180102
o Provider Name	LOURDES HOSPITAL
o Legacy Medicaid ID	610600313001
o Medicaid OldID	16015
o Parent OldID	16015
o SMART Act Adjustment Factor	0.965
o Trauma Level	0
o Perinatal Level	0
o Medicare IPPS Aggregate CCR	0.240
o Rate Enhancement Type	No

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,221.03
o IP COS 20 Acute Wage Index	0.8486
o IP COS 20 Acute Labor Portion	0.6200
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute Crossover Adjustment	1.00000
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 20 Acute DRG Rate	\$2,918.68
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	\$527.42

Outpatient Rates

o OP Wage Index	0.8486
o OP Labor Portion	0.6000
o Eligible for High Cost Drug & Device Add-On Payments	No
o OP COS 24 Acute High Volume Adjustment	0.00000
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$353.01
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$317.45
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.00000
o OP COS 27/28 Psych Standardized Amount	\$155.99
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$141.82
o OP COS 29 Rehab Standardized Amount	\$71.40
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$64.91