

**HFS**Illinois Department of  
Healthcare and Family Services**Medicaid FFS Hospital Payment Rate Sheet**  
**Effective: January 1, 2024****Provider Information**

|                               |                                          |
|-------------------------------|------------------------------------------|
| o Medicare ID                 | 140162                                   |
| o Provider Name               | OSF ST JOSEPH MEDICAL CENTER BLOOMINGTON |
| o Legacy Medicaid ID          | 370662576001                             |
| o Medicaid OldID              | 2008                                     |
| o Parent OldID                | 2008                                     |
| o SMART Act Adjustment Factor | 1.000                                    |
| o Trauma Level                | 2                                        |
| o Perinatal Level             | II                                       |
| o Medicare IPPS Aggregate CCR | 0.236                                    |
| o Rate Enhancement Type       | Yes                                      |

**Inpatient Rates**

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,967.73  |
| o IP COS 20 Acute Wage Index                | 0.9762      |
| 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                  | \$3,909.18  |
| o IP COS 21 Psych Per Diem Rate             | N/A         |
| o IP COS 22 Rehab Per Diem Rate             | N/A         |

**Outpatient Rates**

|                                                         |          |
|---------------------------------------------------------|----------|
| o OP Wage Index                                         | 0.9762   |
| o OP Labor Portion                                      | 0.6000   |
| o Eligible for High Cost Drug & Device Add-On Payments  | Yes      |
| o OP COS 24 Acute High Volume Adjustment                | 0.0000   |
| o OP COS 24 Acute Crossover Adjustment                  | 1.00000  |
| o OP COS 24 Acute Standardized Amount                   | \$597.41 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$588.88 |
| o OP COS 27/28/29 Psych/Rehab High Volume Adjustment    | 0.0000   |
| o OP COS 27/28 Psych Standardized Amount                | N/A      |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | N/A      |
| o OP COS 29 Rehab Standardized Amount                   | N/A      |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)    | N/A      |