

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

o Medicare ID	150100
o Provider Name	ST VINCENT EVANSVILLE HOSPITAL, INC
o Legacy Medicaid ID	350869065001
o Medicaid OldID	5038
o Parent OldID	5038
o SMART Act Adjustment Factor	1.000
o Trauma Level	2
o Perinatal Level	0
o Medicare IPPS Aggregate CCR	0.269
o Rate Enhancement Type	No

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,730.73
o IP COS 20 Acute Wage Index	0.9179
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	\$3,540.83
o IP COS 21 Psych Per Diem Rate	\$623.70
o IP COS 22 Rehab Per Diem Rate	\$593.25

Outpatient Rates

o OP Wage Index	0.9179
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	0.0000
o OP COS 24 Acute Crossover Adjustment	1.00000
o OP COS 24 Acute Standardized Amount	\$471.61
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$448.38
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