

**HFS**Illinois Department of  
Healthcare and Family Services**Medicaid FFS Hospital Payment Rate Sheet**  
**Effective: August 1, 2023****Provider Information**

|                               |                            |
|-------------------------------|----------------------------|
| o Medicare ID                 | 263025                     |
| o Provider Name               | SSM Select Rehab St. Louis |
| o Legacy Medicaid ID          | 263694972001               |
| o Medicaid OldID              | 2020                       |
| o Parent OldID                | 2020                       |
| o SMART Act Adjustment Factor | 1.000                      |
| o Trauma Level                | 0                          |
| o Perinatal Level             | 0                          |
| o Medicare IPPS Aggregate CCR | N/A                        |
| o Rate Enhancement Type       | No                         |

**Inpatient Rates**

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | N/A         |
| o IP COS 20 Acute Wage Index                | N/A         |
| o IP COS 20 Acute Labor Portion             | N/A         |
| o IP COS 20 Acute Medical Education Add-on  | N/A         |
| o IP COS 20 Acute Crossover Adjustment      | N/A         |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 20 Acute DRG Rate                  | N/A         |
| o IP COS 21 Psych Per Diem Rate             | N/A         |
| o IP COS 22 Rehab Per Diem Rate             | \$909.70    |

**Outpatient Rates**

|                                                         |        |
|---------------------------------------------------------|--------|
| o OP Wage Index                                         | N/A    |
| o OP Labor Portion                                      | N/A    |
| o Eligible for High Cost Drug & Device Add-On Payments  | No     |
| o OP COS 24 Acute High Volume Adjustment                | N/A    |
| o OP COS 24 Acute Crossover Adjustment                  | N/A    |
| o OP COS 24 Acute Standardized Amount                   | N/A    |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | N/A    |
| 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    |