

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

|                               |                                                |
|-------------------------------|------------------------------------------------|
| o Medicare ID                 | 140010                                         |
| o Provider Name               | NORTHSHORE UNIVERSITY HEALTH EVANSTON HOSPITAL |
| o Legacy Medicaid ID          | 362167060001                                   |
| o Medicaid OldID              | 5011                                           |
| o Parent OldID                | 5011                                           |
| o SMART Act Adjustment Factor | 1.000                                          |
| o Trauma Level                | 1                                              |
| o Perinatal Level             | III                                            |
| o Medicare IPPS Aggregate CCR | 0.29                                           |
| o Rate Enhancement Type       | Yes                                            |

**Inpatient Rates**

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,540.87  |
| o IP COS 20 Acute Wage Index                | 1.0380      |
| o IP COS 20 Acute Labor Portion             | 0.6830      |
| o IP COS 20 Acute Medical Education Add-on  | 0.00588     |
| o IP COS 20 Acute Crossover Adjustment      | 0.99859     |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 20 Acute DRG Rate                  | \$3,648.98  |
| o IP COS 21 Psych Per Diem Rate             | \$467.85    |
| o IP COS 22 Rehab Per Diem Rate             | \$539.32    |

**Outpatient Rates**

|                                                         |          |
|---------------------------------------------------------|----------|
| o OP Wage Index                                         | 1.0380   |
| 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                | 0.4481   |
| o OP COS 24 Acute Crossover Adjustment                  | 0.98374  |
| o OP COS 24 Acute Standardized Amount                   | \$441.03 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$642.60 |
| o OP COS 27/28/29 Psych/Rehab High Volume Adjustment    | 0.3218   |
| o OP COS 27/28 Psych Standardized Amount                | \$204.97 |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | \$277.11 |
| o OP COS 29 Rehab Standardized Amount                   | \$316.01 |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)    | \$427.23 |