

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

o Medicare ID	150008
o Provider Name	ST. CATHERINE HOSPITAL
o Legacy Medicaid ID	351738708002
o Medicaid OldID	5058
o Parent OldID	5058
o SMART Act Adjustment Factor	1.000
o Trauma Level	0
o Perinatal Level	0
o Medicare IPPS Aggregate CCR	0.263
o Rate Enhancement Type	No

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,679.29
o IP COS 20 Acute Wage Index	1.0219
o IP COS 20 Acute Labor Portion	0.6830
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	\$3,734.32
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	\$518.74

Outpatient Rates

o OP Wage Index	1.0219
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	0.98912
o OP COS 24 Acute Standardized Amount	\$357.70
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$358.46
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