

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

|                               |                         |
|-------------------------------|-------------------------|
| o Medicare ID                 | 140250                  |
| o Provider Name               | SOUTH SUBURBAN HOSPITAL |
| o Legacy Medicaid ID          | 362169147022            |
| o Medicaid OldID              | 8016                    |
| o Parent OldID                | 8016                    |
| o SMART Act Adjustment Factor | 1.000                   |
| o Trauma Level                | 0                       |
| o Perinatal Level             | II                      |
| o Medicare IPPS Aggregate CCR | 0.292                   |
| 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  | 0.00000     |
| 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                  | \$3,627.65  |
| 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                                         | 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                | 0.0000   |
| 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)    | \$443.75 |
| 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      |