HFS
Illinois Department of Healthcare and Family Services

Medicaid FFS Hospital Payment Rate Sheet
Effective: January 1, 2023

Provider Information

o Medicare ID	140158
o Provider Name	INSIGHT CHICAGO
o Legacy Medicaid ID	362170152001
o Medicaid OldID	3042
o Parent OldID	3042
o SMART Act Adjustment Factor	1.000
o Trauma Level	0
o Perinatal Level	II+
o Medicare IPPS Aggregate CCR	0.476
o Rate Enhancement Type	Yes

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	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	0.4481
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	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A