State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet
Effective: July 1, 2018

**Provider Information**

- Medicare ID: 141345
- Provider Name: SALEM TOWNSHIP HOSPITAL
- Legacy Medicaid ID: 370925318007
- Medicaid OldID: 19001
- Parent OldID: 19001
- SMART Act Adjustment Factor: 1.000
- Trauma Level: 0
- Perinatal Level: 0
- Medicare IPPS Aggregate CCR: 0.315
- Rate Enhancement Type: Yes

**Inpatient Rates**

- IP COS 20 Acute Standardized Amount: $3,555.19
- IP COS 20 Acute Wage Index: 0.8442
- IP COS 20 Acute Labor Portion: 0.6200
- IP COS 20 Acute Medical Education Add-on: 0.00000
- IP COS 20 Acute Crossover Adjustment: 0.99859
- IP COS 20 Acute Outlier Fixed-Loss Amount: $21,821.00
- IP COS 20 Acute DRG Rate: $3,207.24
- IP COS 21 Psych Per Diem Rate: N/A
- IP COS 22 Rehab Per Diem Rate: N/A

**Outpatient Rates**

- OP Wage Index: 1.0000
- OP Labor Portion: 1.0000
- Eligible for High Cost Drug & Device Add-On Payments: No
- OP COS 24 Acute High Volume Adjustment: 0.45710
- OP COS 24 Acute Crossover Adjustment: 1.00000
- OP COS 24 Acute Standardized Amount: $444.55
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): $647.75
- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: N/A
- OP COS 27/28 Psych Standardized Amount: N/A
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): N/A
- OP COS 29 Rehab Standardized Amount: N/A
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): N/A