State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet
Effective: July 1, 2019

Provider Information

- Medicare ID: 144005
- Provider Name: AURORA CHICAGO LAKESHORE HOSPITAL
- Legacy Medicaid ID: 36447617001
- Medicaid OldID: 3108
- Parent OldID: 3108
- SMART Act Adjustment Factor: 0.965
- Trauma Level: 0
- Perinatal Level: 0
- Medicare IPPS Aggregate CCR: 0.257
- Rate Enhancement Type: Yes

Inpatient Rates

- IP COS 20 Acute Standardized Amount: N/A
- IP COS 20 Acute Wage Index: N/A
- IP COS 20 Acute Labor Portion: N/A
- IP COS 20 Acute Medical Education Add-on: N/A
- IP COS 20 Acute Crossover Adjustment: N/A
- IP COS 20 Acute Outlier Fixed-Loss Amount: N/A
- IP COS 20 Acute DRG Rate: N/A
- IP COS 21 Psych Per Diem Rate: $572.10
- IP COS 22 Rehab Per Diem Rate: N/A

Outpatient Rates

- OP Wage Index: 1.0427
- OP Labor Portion: 0.6000
- Eligible for High Cost Drug & Device Add-On Payments: Yes
- OP COS 24 Acute High Volume Adjustment: N/A
- OP COS 24 Acute Crossover Adjustment: N/A
- OP COS 24 Acute Standardized Amount: N/A
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): N/A
- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: 0.0000
- OP COS 27/28 Psych Standardized Amount: $201.46
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): $206.62
- OP COS 29 Rehab Standardized Amount: N/A
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): N/A