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

### Provider Information
- **Medicare ID**: 140208
- **Provider Name**: CHRIST HOSPITAL
- **Legacy Medicaid ID**: 362169147001
- **Medicaid OldID**: 15008
- **Parent OldID**: 15008
- **SMART Act Adjustment Factor**: 0.965
- **Trauma Level**: 1
- **Perinatal Level**: III
- **Medicare IPPS Aggregate CCR**: 0.283
- **Rate Enhancement Type**: Yes

### Inpatient Rates
- **IP COS 20 Acute Standardized Amount**: $3,436.26
- **IP COS 20 Acute Wage Index**: 1.0427
- **IP COS 20 Acute Labor Portion**: 0.6830
- **IP COS 20 Acute Medical Education Add-on**: 0.00588
- **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**: $3,552.25
- **IP COS 21 Psych Per Diem Rate**: $435.16
- **IP COS 22 Rehab Per Diem Rate**: $596.42

### 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**: 0.44810
- **OP COS 24 Acute Crossover Adjustment**: 0.98374
- **OP COS 24 Acute Standardized Amount**: $440.14
- **OP COS 24 Acute EAPG Conversion Factor (Base Rate)**: $643.07
- **OP COS 27/28/29 Psych/Rehab High Volume Adjustment**: 0.32180
- **OP COS 27/28 Psych Standardized Amount**: $201.46
- **OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)**: $273.11
- **OP COS 29 Rehab Standardized Amount**: $310.46
- **OP COS 29 Rehab EAPG Conversion Factor (Base Rate)**: $420.88