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

### Provider Information
- Medicare ID: 140200
- Provider Name: ELMHURST MEMORIAL HOSPITAL
- Legacy Medicaid ID: 362167784001
- Medicaid OldID: 5008
- Parent OldID: 5008
- SMART Act Adjustment Factor: 0.965
- Trauma Level: 2
- Perinatal Level: II+
- Medicare IPPS Aggregate CCR: 0.193
- Rate Enhancement Type: Yes

### Inpatient Rates
- IP COS 20 Acute Standardized Amount: $3,436.26
- IP COS 20 Acute Wage Index: 1.0413
- IP COS 20 Acute Labor Portion: 0.6830
- IP COS 20 Acute Medical Education Add-on: 0.0000
- 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: $3,528.21
- IP COS 21 Psych Per Diem Rate: N/A
- IP COS 22 Rehab Per Diem Rate: N/A

### Outpatient Rates
- OP Wage Index: 1.0413
- OP Labor Portion: 0.6000
- Eligible for High Cost Drug & Device Add-On Payments: Yes
- OP COS 24 Acute High Volume Adjustment: 0.0000
- 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): $443.71
- 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