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

Provider Information

- Medicare ID: 140095
- Provider Name: ST ANTHONY HOSPITAL
- Legacy Medicaid ID: 510217097009
- Medicaid OldID: 3075
- Parent OldID: 3075
- SMART Act Adjustment Factor: 1.000
- Trauma Level: 0
- Perinatal Level: II
- Medicare IPPS Aggregate CCR: 0.314
- 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: 0.00000
- 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: $3,531.49
  - IP COS 21 Psych Per Diem Rate: $645.95
  - 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: 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