



Provider Information

o Medicare ID	140010
o Provider Name	EVANSTON HOSPITAL
o Legacy Medicaid ID	362167060001
o Medicaid OldID	5011
o Parent OldID	5011
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	III
o Medicare IPPS Aggregate CCR	0.267
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,555.19
o IP COS 20 Acute Wage Index	1.0526
o IP COS 20 Acute Labor Portion	0.6830
o IP COS 20 Acute Medical Education Add-on	0.00377
o IP COS 20 Acute Crossover Adjustment	0.99859
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 20 Acute DRG Rate	\$3,691.59
o IP COS 21 Psych Per Diem Rate	\$467.85
o IP COS 22 Rehab Per Diem Rate	\$539.32

Outpatient Rates

o OP Wage Index	1.0526
o OP Labor Portion	0.6000
o Eligible for High Cost Drug & Device Add-On Payments	Yes
o OP COS 24 Acute High Volume Adjustment	0.44810
o OP COS 24 Acute Crossover Adjustment	0.98374
o OP COS 24 Acute Standardized Amount	\$446.07
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$655.51
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.32180
o OP COS 27/28 Psych Standardized Amount	\$166.10
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$226.48
o OP COS 29 Rehab Standardized Amount	\$289.26
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$394.41