

State of Illinois Department of Healthcare & Family Services  
Medicaid FFS Hospital Payment Rate Sheet effective July 1, 2016

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Provider Information:

|                      |                        |
|----------------------|------------------------|
| -----                |                        |
| o Medicare ID        | 141334                 |
| o Provider Name      | ST JOSEPHS-MURPHYSBORO |
| o Legacy Medicaid ID | 370618939006           |
| o Medicaid OldID     | 13024                  |
| o Trauma Level       | None                   |
| o Perinatal Level    | None                   |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| -----                                                |           |
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$761.390 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$761.39  |

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