

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

Provider Information:

o Medicare ID	260180
o Provider Name	CHRISTIAN HOSPITAL NE NW
o Legacy Medicaid ID	436057893001
o Medicaid OldID	9993
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	0.9011
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,103.26
o IP COS 20 Acute Outlier CCR	0.306
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$372.77
o IP COS 22 Rehab Per Diem Rate	\$536.99

Outpatient Rates:

o OP Wage Index	0.9011
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$363.800
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$338.49
o OP COS 27/28 Psych Standardized Amount	\$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$132.32
