

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

Provider Information:

o Medicare ID	140148
o Provider Name	MEMORIAL-SPRINGFIELD
o Legacy Medicaid ID	370661220001
o Medicaid OldID	19006
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	II

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	0.9012
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00518
o IP COS 20 Acute DRG Base Rate	\$3,119.54
o IP COS 20 Acute Outlier CCR	0.274
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	\$503.45

Outpatient Rates:

o OP Wage Index	0.9012
o OP Labor Portion	0.600
o OP High Volume Adjustment	1.3218
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)	\$447.44
o OP COS 27/28 Psych Standardized Amount	\$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$174.92

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Provider Information:

o Medicare ID	140148
o Provider Name	MEMORIAL MED CTR CHILDRENS HSP
o Legacy Medicaid ID	370661220012
o Medicaid OldID	19015
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	II

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	0.9012
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00518
o IP COS 20 Acute DRG Base Rate	\$3,119.54
o IP COS 20 Acute Outlier CCR	0.274
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

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o OP Labor Portion	0.600
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o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$363.800
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