

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

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Provider Information:

|                               |              |
|-------------------------------|--------------|
| o Medicare ID                 | 140018       |
| o Provider Name               | MT SINAI     |
| o Legacy Medicaid ID          | 361509000001 |
| o Medicaid OldID              | 3045         |
| o SMART Act Adjustment Factor | 1.000        |
| o Trauma Level                | 1            |
| o Perinatal Level             | III          |

Inpatient Rates:

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,305.98  |
| o IP COS 20 Acute Wage Index                | 1.0324      |
| o IP COS 20 Acute Labor Portion             | 0.696       |
| o IP COS 20 Acute Medical Education Add-on  | 0.00518     |
| o IP COS 20 Acute DRG Base Rate             | \$3,398.04  |
| o IP COS 20 Acute Outlier CCR               | 0.234       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 21 Psych Per Diem Rate             | \$728.15    |

Outpatient Rates:

|                                                         |           |
|---------------------------------------------------------|-----------|
| o OP Wage Index                                         | 1.0324    |
| 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)    | \$484.89  |
| o OP COS 27/28 Psych Standardized Amount                | \$140.670 |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | \$189.55  |

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Provider Information:

|                               |                           |
|-------------------------------|---------------------------|
| o Medicare ID                 | 140018                    |
| o Provider Name               | SINAI CHILDREN'S HOSPITAL |
| o Legacy Medicaid ID          | 361509000006              |
| o Medicaid OldID              | 3006                      |
| o SMART Act Adjustment Factor | 1.000                     |
| o Trauma Level                | 1                         |
| o Perinatal Level             | III                       |

Inpatient Rates:

|                                             |             |
|---------------------------------------------|-------------|
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| o IP COS 20 Acute Wage Index                | 1.0324      |
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|                                                      |           |
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