

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

Provider Information:

o Medicare ID	140217
o Provider Name	Presence St. Joseph Hospital
o Legacy Medicaid ID	364195126007
o Medicaid OldID	5007
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	1.0295
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,373.86
o IP COS 20 Acute Outlier CCR	0.207
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$401.71

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Provider Information:

o Medicare ID	140217
o Provider Name	PRESENCE ST JOSEPH MED CTR
o Legacy Medicaid ID	364195126040
o Medicaid OldID	5007
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	1.0295
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,373.86
o IP COS 20 Acute Outlier CCR	0.207
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$401.71

Outpatient Rates:

o OP Wage Index	1.0295
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)	\$366.21
o OP COS 27/28 Psych Standardized Amount	\$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$143.16
