

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

---

Provider Information:

|                               |                         |
|-------------------------------|-------------------------|
| o Medicare ID                 | 141345                  |
| o Provider Name               | SALEM TOWNSHIP HOSPITAL |
| o Legacy Medicaid ID          | 370925318007            |
| o Medicaid OldID              | 19001                   |
| o SMART Act Adjustment Factor | 1.000                   |
| 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                | 0.8396      |
| 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             | \$2,977.21  |
| o IP COS 20 Acute Outlier CCR               | 0.343       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$847.200 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$847.20  |

---