

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

Provider Information:

o Medicare ID	140053
o Provider Name	ST JOHNS-SPRINGFIELD
o Legacy Medicaid ID	370661238001
o Medicaid OldID	19007
o SMART Act Adjustment Factor	0.965
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	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	0.258
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$371.82

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	140053
o Provider Name	ST JOHNS CHILDRENS HOSP
o Legacy Medicaid ID	370661238009
o Medicaid OldID	19002
o SMART Act Adjustment Factor	0.965
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	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
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o OP COS 24 Acute Standardized Amount	\$363.800
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