

**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                 | 150004                   |
| o Provider Name               | ST MARGARETS-MERCY NORTH |
| o Legacy Medicaid ID          | 351835133002             |
| o Medicaid OldID              | 8017                     |
| o SMART Act Adjustment Factor | 0.965                    |
| 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                | 1.0282      |
| 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             | \$3,370.87  |
| o IP COS 20 Acute Outlier CCR               | 0.302       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP Wage Index                                      | 1.0282    |
| 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) | \$365.93  |

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