

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2017

Provider Information:

o Medicare ID	140172
o Provider Name	ST JAMES HOSP AND HLTH CTRS
o Legacy Medicaid ID	362167869011
o Medicaid OldID	31000
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	II+

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	1.0443
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	\$3,390.22
o IP COS 20 Acute Outlier CCR	0.269
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 22 Rehab Per Diem Rate	\$661.23

Outpatient Rates:

o OP Wage Index	1.0443
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	\$363.990
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$488.54
o OP COS 29 Rehab Standardized Amount	\$285.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$386.73
