

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

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Provider Information:

|                               |                   |
|-------------------------------|-------------------|
| o Medicare ID                 | 140145            |
| o Provider Name               | ST JOSEPHS-BREESE |
| o Legacy Medicaid ID          | 371208459001      |
| o Medicaid OldID              | 2010              |
| 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                | 0.8987      |
| 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             | \$3,082.26  |
| o IP COS 20 Acute Outlier CCR               | 0.460       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP Wage Index                                      | 0.8987    |
| 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                | \$363.990 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$338.15  |

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