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

Provider Information:

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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:

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o IP COS 20 Acute Standardized Amount	$3,305.98
o IP COS 20 Acute Wage Index	1.0324
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	$3,380.53
o IP COS 20 Acute Outlier CCR	0.268
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 22 Rehab Per Diem Rate	$661.23

Outpatient Rates:

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o OP Wage Index	1.0324
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)	$484.89
o OP COS 29 Rehab Standardized Amount	$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	$357.09