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	140114
o Provider Name	SWEDISH COVENANT
o Legacy Medicaid ID	362179813001
o Medicaid OldID	3056
o SMART Act Adjustment Factor	1.000
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	0.156
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 21 Psych Per Diem Rate	$371.82
o IP COS 22 Rehab Per Diem Rate	$465.85

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 27/28 Psych Standardized Amount	$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	$189.55
o OP COS 29 Rehab Standardized Amount	$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	$357.09