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

Provider Information:

---

o Medicare ID	140228
o Provider Name	SWEDISH-AMERICAN
o Legacy Medicaid ID	362222696001
o Medicaid OldID	18006
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	II+

Inpatient Rates:

---

o IP COS 20 Acute Standardized Amount	$3,305.98
o IP COS 20 Acute Wage Index	0.9823
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00518
o IP COS 20 Acute DRG Base Rate	$3,286.64
o IP COS 20 Acute Outlier CCR	0.185
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 21 Psych Per Diem Rate	$391.78

Outpatient Rates:

---

o OP Wage Index	0.9823
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)	$470.58
o OP COS 27/28 Psych Standardized Amount	$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	$183.96