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

Provider Information:

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o Medicare ID	141350
o Provider Name	ST FRANCIS-LITCHFIELD
o Legacy Medicaid ID	370661236001
o Medicaid OldID	12007
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	I

Inpatient Rates:

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o IP COS 20 Acute Standardized Amount	$3,288.82
o IP COS 20 Acute Wage Index	0.8448
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	$2,972.36
o IP COS 20 Acute Outlier CCR	0.325
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00

Outpatient Rates:

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o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	$512.840
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$512.84