

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

Provider Information:

o Medicare ID	160033
o Provider Name	GENESIS MEDICAL CENTER
o Legacy Medicaid ID	421418847001
o Medicaid OldID	4031
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,305.98
o IP COS 20 Acute Wage Index	0.9648
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	\$3,233.83
o IP COS 20 Acute Outlier CCR	0.338
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$385.71
o IP COS 22 Rehab Per Diem Rate	\$536.05

Outpatient Rates:

o OP Wage Index	0.9648
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	\$363.800
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$352.25
o OP COS 29 Rehab Standardized Amount	\$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$259.40
