

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

Provider Information:

o Medicare ID	153025
o Provider Name	HEALTHSOUTH DEACONESS REHABILITATION
o Legacy Medicaid ID	721375246002
o Medicaid OldID	5109
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 22 Rehab Per Diem Rate	\$909.70
---------------------------------	----------

Outpatient Rates:

o OP Wage Index	0.8901
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 29 Rehab Standardized Amount	\$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$247.53
