

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

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Provider Information:

|                               |                     |
|-------------------------------|---------------------|
| o Medicare ID                 | 143301              |
| o Provider Name               | LA RABIDA CHILDRENS |
| o Legacy Medicaid ID          | 362170143001        |
| o Medicaid OldID              | 3036                |
| o SMART Act Adjustment Factor | 1.000               |
| o Trauma Level                | None                |
| o Perinatal Level             | None                |

Inpatient Rates:

|                                 |            |
|---------------------------------|------------|
| o IP COS 20 Acute Per Diem Rate | \$1,525.92 |
| o IP COS 22 Rehab Per Diem Rate | \$1,525.92 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| 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 29 Rehab Standardized Amount                | \$265.000 |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate) | \$357.09  |

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