

**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                 | 522005                             |
| o Provider Name               | LAKEVIEW NEUROREHAB CENTER MIDWEST |
| o Legacy Medicaid ID          | 364037237003                       |
| o Medicaid OldID              | 23009                              |
| o SMART Act Adjustment Factor | 0.965                              |
| o Trauma Level                | None                               |
| o Perinatal Level             | None                               |

Inpatient Rates:

|                                 |          |
|---------------------------------|----------|
| o IP COS 20 Acute Per Diem Rate | \$604.01 |
| o IP COS 22 Rehab Per Diem Rate | \$604.01 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP Wage Index                                      | 1.0685    |
| 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) | \$374.63  |
| o OP COS 29 Rehab Standardized Amount                | \$265.000 |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate) | \$275.89  |

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