

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

Provider Information:

o Medicare ID	140300
o Provider Name	PROVIDENT MEDICAL CENTER
o Legacy Medicaid ID	366006541020
o Medicaid OldID	3049
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$26,017.47
o IP COS 20 Acute Wage Index	1.000
o IP COS 20 Acute Labor Portion	1.000
o IP COS 20 Acute Medical Education Add-on	1.00000
o IP COS 20 Acute DRG Base Rate	\$26,017.47
o IP COS 20 Acute Outlier CCR	0.310
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

Outpatient Rates:

o OP Wage Index	1.000
o OP Labor Portion	1.000
o OP High Volume Adjustment	1.000
o OP COS 24 Acute Crossover Adjustment	1.000
o OP COS 24 Acute Standardized Amount	\$1,826.08
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,828.08
