

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

Provider Information:

o Medicare ID	142010
o Provider Name	RM HEALTH PROVIDERS LTD PSP
o Legacy Medicaid ID	364113692001
o Medicaid OldID	8020
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	\$1,855.51
---------------------------------	------------

Outpatient Rates:

o OP Wage Index	1.0282
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)	\$365.93
