

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

Provider Information:

- | | |
|-------------------------------|------------------------------|
| o Medicare ID | 142014 |
| o Provider Name | VIBRA HOSPITAL - SPRINGFIELD |
| o Legacy Medicaid ID | 462597367001 |
| o Medicaid OldID | 19019 |
| 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 | \$1,239.52 |
|---------------------------------|------------|