

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2017

Provider Information:

o Medicare ID	140289
o Provider Name	ANDERSON HOSPITAL
o Legacy Medicaid ID	370662561001
o Medicaid OldID	13047
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	II

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	0.8987
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,082.26
o IP COS 20 Acute Outlier CCR	0.294
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 22 Rehab Per Diem Rate	\$519.96

Outpatient Rates:

o OP Wage Index	0.8987
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	\$363.990
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$338.15
