

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

Provider Information:

o Medicare ID	144005
o Provider Name	AURORA CHICAGO LAKESHORE HOSPITAL
o Legacy Medicaid ID	364476817001
o Medicaid OldID	3108
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 21 Psych Per Diem Rate	\$572.10
---------------------------------	----------

Outpatient Rates:

o OP Wage Index	1.0360
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 27/28 Psych Standardized Amount	\$136.320
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$139.26

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

Provider Information:

o Medicare ID	144005
o Provider Name	AURORA CHICAGO LAKESHORE CHILDRENS HOSPITAL
o Legacy Medicaid ID	364476817002
o Medicaid OldID	3109
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 21 Psych Per Diem Rate	\$839.72
---------------------------------	----------

Outpatient Rates:

o OP Wage Index	1.0360
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 27/28 Psych Standardized Amount	\$136.320
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$139.26
