

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

Provider Information:

o Medicare ID	140091
o Provider Name	CARLE FOUNDATION
o Legacy Medicaid ID	371119538001
o Medicaid OldID	21002
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	III

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	0.9210
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00516
o IP COS 20 Acute DRG Base Rate	\$3,143.87
o IP COS 20 Acute Outlier CCR	0.203
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 22 Rehab Per Diem Rate	\$606.97

Outpatient Rates:

o OP Wage Index	0.9210
o OP Labor Portion	0.600
o OP High Volume Adjustment	1.3218
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)	\$453.33
o OP COS 29 Rehab Standardized Amount	\$285.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$358.86
