

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

Provider Information:

o Medicare ID	140251
o Provider Name	Community First Medical Center
o Legacy Medicaid ID	472313900001
o Medicaid OldID	3085
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	1.0443
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,390.22
o IP COS 20 Acute Outlier CCR	0.182
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
