

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

Provider Information:

o Medicare ID	142006
o Provider Name	KINDRED HOSPITAL - SYCAMORE
o Legacy Medicaid ID	363915965006
o Medicaid OldID	19012
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	\$1,136.84
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Outpatient Rates:

o OP Wage Index	1.0360
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)	\$367.81
