

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

Provider Information:

o Medicare ID	143301
o Provider Name	LA RABIDA CHILDRENS
o Legacy Medicaid ID	362170143001
o Medicaid OldID	3036
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Per Diem Rate	\$1,525.92
o IP COS 22 Rehab Per Diem Rate	\$1,525.92

Outpatient Rates:

o OP Wage Index	1.0443
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)	\$488.54
o OP COS 29 Rehab Standardized Amount	\$285.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$386.73
