

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

Provider Information:

o Medicare ID	140113
o Provider Name	PRESENCE COVENANT MEDICAL CTR-URBANA
o Legacy Medicaid ID	364195126038
o Medicaid OldID	21001
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	II+

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	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,127.73
o IP COS 20 Acute Outlier CCR	0.208
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	\$496.60

Outpatient Rates:

o OP Wage Index	0.9210
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)	\$342.96
o OP COS 27/28 Psych Standardized Amount	\$136.320
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$129.86
