

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

Provider Information:

o Medicare ID	140300
o Provider Name	PROVIDENT MEDICAL CENTER
o Legacy Medicaid ID	366006541020
o Medicaid OldID	3049
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$29,748.75
o IP COS 20 Acute Wage Index	1.0000
o IP COS 20 Acute Labor Portion	1.0000
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$29,748.75
o IP COS 20 Acute Outlier CCR	1.345
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

Outpatient Rates:

o OP Wage Index	1.0000
o OP Labor Portion	1.0000
o OP High Volume Adjustment	1.0000
o OP COS 24 Acute Crossover Adjustment	1.0000
o OP COS 24 Acute Standardized Amount	\$2,732.09
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$2,732.09
