

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

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Provider Information:

|                               |                               |
|-------------------------------|-------------------------------|
| -----                         |                               |
| o Medicare ID                 | 141339                        |
| o Provider Name               | TAYLORVILLE MEMORIAL HOSPITAL |
| o Legacy Medicaid ID          | 370661250008                  |
| o Medicaid OldID              | 20001                         |
| o SMART Act Adjustment Factor | 1.000                         |
| 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                | 0.8448      |
| 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             | \$2,972.36  |
| o IP COS 20 Acute Outlier CCR               | 0.325       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| -----                                                |           |
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$691.560 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$691.56  |

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Provider Information:

|                               |                                |
|-------------------------------|--------------------------------|
| o Medicare ID                 | 141339                         |
| o Provider Name               | TAYLORVILLE MEMORIAL CHILDRENS |
| o Legacy Medicaid ID          | 37066125000 9                  |
| o Medicaid OldID              | 20002                          |
| o SMART Act Adjustment Factor | 1.000                          |
| 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                | 0.8448      |
| 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             | \$2,972.36  |
| o IP COS 20 Acute Outlier CCR               | 0.325       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |          |
|------------------------------------------------------|----------|
| o OP High Volume Adjustment                          | No       |
| o OP COS 24 Acute Standardized Amount                | \$408.01 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$408.01 |

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