

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

Provider Information:

o Medicare ID	143028
o Provider Name	Van Matre HealthSouth Rehab Hospital
o Legacy Medicaid ID	364397130001
o Medicaid OldID	18002
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 22 Rehab Per Diem Rate	\$1,121.34

Outpatient Rates:

o OP Wage Index	0.9942
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 29 Rehab Standardized Amount	\$285.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$284.01
