

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

Provider Information:

o Medicare ID	140084
o Provider Name	VISTA MEDICAL CTR EAST
o Legacy Medicaid ID	203978521002
o Medicaid OldID	23003
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	II

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	1.0443
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,390.22
o IP COS 20 Acute Outlier CCR	0.129
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$456.00

Outpatient Rates:

o OP Wage Index	1.0443
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)	\$369.60
o OP COS 27/28 Psych Standardized Amount	\$136.320
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$139.94
o OP COS 29 Rehab Standardized Amount	\$285.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$292.58
