



#### Provider Information

|                               |                                |
|-------------------------------|--------------------------------|
| o Medicare ID                 | 140304                         |
| o Provider Name               | ADVENTIST BOLINGBROOK HOSPITAL |
| o Legacy Medicaid ID          | 651219504001                   |
| o Medicaid OldID              | 2005                           |
| o Parent OldID                | 2005                           |
| o SMART Act Adjustment Factor | 0.965                          |
| o Trauma Level                | 2                              |
| o Perinatal Level             | II                             |
| o Medicare IPPS Aggregate CCR | 0.314                          |
| o Rate Enhancement Type       | Yes                            |

#### Inpatient Rates

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,555.19  |
| o IP COS 20 Acute Wage Index                | 1.0461      |
| o IP COS 20 Acute Labor Portion             | 0.6830      |
| o IP COS 20 Acute Medical Education Add-on  | 0.00000     |
| o IP COS 20 Acute Crossover Adjustment      | 0.99859     |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |
| o IP COS 20 Acute DRG Rate                  | \$3,661.96  |
| o IP COS 21 Psych Per Diem Rate             | \$0.00      |
| o IP COS 22 Rehab Per Diem Rate             | N/A         |

#### Outpatient Rates

|                                                         |          |
|---------------------------------------------------------|----------|
| o OP Wage Index                                         | 1.0461   |
| o OP Labor Portion                                      | 0.6000   |
| o Eligible for High Cost Drug & Device Add-On Payments  | Yes      |
| o OP COS 24 Acute High Volume Adjustment                | 0.00000  |
| o OP COS 24 Acute Crossover Adjustment                  | 0.98904  |
| o OP COS 24 Acute Standardized Amount                   | \$455.79 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate)    | \$463.26 |
| o OP COS 27/28/29 Psych/Rehab High Volume Adjustment    | N/A      |
| o OP COS 27/28 Psych Standardized Amount                | N/A      |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | N/A      |
| o OP COS 29 Rehab Standardized Amount                   | N/A      |
| o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)    | N/A      |