

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet Effective January 1, 2018

Provider Information:

o Medicare ID	262010
o Provider Name	Kindred Hospital -St Louis
o Legacy Medicaid ID	522085555002
o Medicaid OldID	19410
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Per Diem Rate	\$604.01

Outpatient Rates:

o OP Wage Index	0.9011
o OP Labor Portion	0.600
o OP COS 24 Acute High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$362.84
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$337.60
