

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

Provider Information:

o Medicare ID	142013
o Provider Name	Kindred Hospital Peoria
o Legacy Medicaid ID	261579585001
o Medicaid OldID	16014
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	\$642.44
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Outpatient Rates:

o OP Wage Index	0.9275
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)	\$343.28
o OP COS 29 Rehab Standardized Amount	\$283.50
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$271.17
