

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

Provider Information:

o Medicare ID	143301
o Provider Name	La Rabida Children's Hospital
o Legacy Medicaid ID	362170143001
o Medicaid OldID	3036
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 20 Acute Per Diem Rate	\$1,525.92
o IP COS 22 Rehab Per Diem Rate	\$1,525.92

Outpatient Rates:

o OP Wage Index	1.0526
o OP Labor Portion	0.600
o OP COS 24 Acute High Volume Adjustment	1.3218
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)	\$489.36
o OP COS 29 Rehab Standardized Amount	\$283.50
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$292.45
