

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

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Provider Information:

|                               |                         |
|-------------------------------|-------------------------|
| o Medicare ID                 | 140058                  |
| o Provider Name               | Passavant Area Hospital |
| o Legacy Medicaid ID          | 370661230001            |
| o Medicaid OldID              | 10002                   |
| o SMART Act Adjustment Factor | 0.965                   |
| o Trauma Level                | None                    |
| o Perinatal Level             | II                      |

Inpatient Rates:

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,283.73  |
| o IP COS 20 Acute Wage Index                | 0.9011      |
| o IP COS 20 Acute Labor Portion             | 0.620       |
| o IP COS 20 Acute Medical Education Add-on  | 0.00000     |
| o IP COS 20 Acute DRG Base Rate             | \$3,082.38  |
| o IP COS 20 Acute Outlier CCR               | 0.327       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

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 |

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