

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

Provider Information:

o Medicare ID	263303
o Provider Name	Ranken Jordan A Pediatric Rehab Ctr
o Legacy Medicaid ID	430666765002
o Medicaid OldID	19017
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	\$1,219.11
o IP COS 22 Rehab Per Diem Rate	\$1,219.11

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
o OP COS 29 Rehab Standardized Amount	\$283.50
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$266.68
