

**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                 | 140038                      |
| o Provider Name               | Rochelle Community Hospital |
| o Legacy Medicaid ID          | 362548549001                |
| o Medicaid OldID              | 18004                       |
| o SMART Act Adjustment Factor | 1.000                       |
| o Trauma Level                | None                        |
| o Perinatal Level             | None                        |

Inpatient Rates:

|                                             |             |
|---------------------------------------------|-------------|
| o IP COS 20 Acute Standardized Amount       | \$3,283.73  |
| o IP COS 20 Acute Wage Index                | 0.8442      |
| 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             | \$2,966.53  |
| o IP COS 20 Acute Outlier CCR               | 0.315       |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | \$21,821.00 |

Outpatient Rates:

|                                                      |          |
|------------------------------------------------------|----------|
| o OP Wage Index                                      | .        |
| 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                | \$772.19 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$772.19 |

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| o Provider Name      | Rochelle Community Hospital |
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| o Medicaid OldID     | 18004                       |
| o Trauma Level       | None                        |
| o Perinatal Level    | None                        |

Outpatient Rates:

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|                                                      |          |
|------------------------------------------------------|----------|
| o OP Wage Index                                      | .        |
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