

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

Provider Information:

o Medicare ID	140150
o Provider Name	University of Illinois
o Legacy Medicaid ID	376000511011
o Medicaid OldID	3098
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	III

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$11,469.20
o IP COS 20 Acute Wage Index	1.0000
o IP COS 20 Acute Labor Portion	1.000
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$11,469.20
o IP COS 20 Acute Outlier CCR	0.336
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 21 Psych Per Diem Rate	\$1,671.35
o IP COS 22 Rehab Per Diem Rate	\$2,254.29

Outpatient Rates:

o OP Wage Index	1.0000
o OP Labor Portion	1.000
o OP COS 24 Acute High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	1.00000
o OP COS 24 Acute Standardized Amount	\$1,063.96
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,063.96
o OP COS 27/28 Psych Standardized Amount	\$1,063.96
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$1,063.96

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

o OP COS 29 Rehab Standardized Amount	\$1,063.96
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	\$1,063.96