

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

Provider Information:

o Medicare ID	142014
o Provider Name	VIBRA HOSPITAL -SPRINGFIELD
o Legacy Medicaid ID	462597367001
o Medicaid OldID	19019
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	\$1,239.52
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