



State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet
Effective: January 1, 2020

Provider Information

o Medicare ID	142008
o Provider Name	KINDRED HOSPITAL CHICAGO
o Legacy Medicaid ID	363915965005
o Medicaid OldID	14085
o Parent OldID	14085
o SMART Act Adjustment Factor	0.965
o Trauma Level	0
o Perinatal Level	0
o Medicare IPPS Aggregate CCR	0.257
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	N/A
o IP COS 20 Acute Wage Index	N/A
o IP COS 20 Acute Labor Portion	N/A
o IP COS 20 Acute Medical Education Add-on	N/A
o IP COS 20 Acute Crossover Adjustment	N/A
o IP COS 20 Acute Outlier Fixed-Loss Amount	N/A
o IP COS 20 Acute Per Diem Rate	\$932.21
o IP COS 20 Acute Per Diem Rate Addition	\$ 60.00
o IP COS 21 Psych Per Diem Rate	\$371.82
o IP COS 22 Rehab Per Diem Rate	N/A

Outpatient Rates

o OP Wage Index	1.0427
o OP Labor Portion	0.6000
o Eligible for High Cost Drug & Device Add-On Payments	Yes
o OP COS 24 Acute High Volume Adjustment	0.00000
o OP COS 24 Acute Crossover Adjustment	0.98374
o OP COS 24 Acute Standardized Amount	\$440.14
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$444.08
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	N/A
o OP COS 27/28 Psych Standardized Amount	N/A
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	N/A
o OP COS 29 Rehab Standardized Amount	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A