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

Provider Information:
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- Medicare ID: 140208
- Provider Name: Advocate Childrens Hospital
- Legacy Medicaid ID: 362169147074
- Medicaid OldID: 15002
- SMART Act Adjustment Factor: 0.965
- Trauma Level: 1
- Perinatal Level: III

Inpatient Rates:
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- IP COS 20 Acute Standardized Amount: $3,283.73
- IP COS 20 Acute Wage Index: 1.0526
- IP COS 20 Acute Labor Portion: 0.683
- IP COS 20 Acute Medical Education Add-on: 0.00728
- IP COS 20 Acute DRG Base Rate: $3,426.47
- IP COS 20 Acute Outlier CCR: 0.278
- IP COS 20 Acute Outlier Fixed-Loss Amount: $21,821.00

Outpatient Rates:
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- OP Wage Index: 1.0526
- OP Labor Portion: 0.600
- OP COS 24 Acute High Volume Adjustment: 1.3218
- OP COS 24 Acute Crossover Adjustment: 0.98912
- OP COS 24 Acute Standardized Amount: $362.84
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): $489.36