

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

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Provider Information:

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

Inpatient Rates:

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

Outpatient Rates:

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

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