

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

Provider Information:

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- 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:

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- o IP COS 20 Acute Per Diem Rate \$1,239.52