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

Provider Information

- Medicare ID: 140150
- Provider Name: UNIVERSITY OF ILLINOIS
- Legacy Medicaid ID: 376000511011
- Medicaid OldID: 3098
- Parent OldID: 3098
- SMART Act Adjustment Factor: 1.000
- Trauma Level: 0
- Perinatal Level: III
- Medicare IPPS Aggregate CCR: 0.336
- Rate Enhancement Type: Yes

Inpatient Rates

- IP COS 20 Acute Standardized Amount: $5,183.68
- IP COS 20 Acute Wage Index: 1.0000
- IP COS 20 Acute Labor Portion: 1.0000
- IP COS 20 Acute Medical Education Add-on: 0.00000
- IP COS 20 Acute Crossover Adjustment: 1.00000
- IP COS 20 Acute Outlier Fixed-Loss Amount: $21,821.00
- IP COS 20 Acute DRG Rate: $5,183.68
- IP COS 21 Psych Per Diem Rate: $1,389.39
- IP COS 22 Rehab Per Diem Rate: $1,756.23

Outpatient Rates

- OP Wage Index: 1.0000
- OP Labor Portion: 1.0000
- Eligible for High Cost Drug & Device Add-On Payments: Yes
- OP COS 24 Acute High Volume Adjustment: 0.00000
- OP COS 24 Acute Crossover Adjustment: 1.00000
- OP COS 24 Acute Standardized Amount: $1,004.97
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): $1,004.97
- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: 0.00000
- OP COS 27/28 Psych Standardized Amount: $1,004.97
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): $1,004.97
- OP COS 29 Rehab Standardized Amount: $1,004.97
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): $1,004.97