State of Illinois Department of Healthcare & Family Services
SFY2015 Medicaid FFS Hospital Payment Rate Sheet

Provider Information:

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o Medicare ID	263303
o Provider Name	RANKEN JORDAN A PED REHAB CTR
o Legacy Medicaid ID	430666765002
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	$1,219.11
o IP COS 22 Rehab Per Diem Rate	$1,219.11

CCR changes effective January 1, 2015.