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

Provider Information:

---

o Medicare ID	160058
o Provider Name	UNIVERSITY OF IOWA
o Legacy Medicaid ID	426004813001
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

---

o IP COS 20 Acute Standardized Amount	$3,306.89
o IP COS 20 Acute Wage Index	0.9885
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.0000
o IP COS 20 Acute DRG Base Rate	$3,283.31
o IP COS 20 Acute Outlier CCR	0.324
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 21 Psych Per Diem Rate	$395.64

CCR changes effective January 1, 2015.