State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2016

Provider Information:

---

o Medicare ID	140202
o Provider Name	ADVOCATE CONDELL MEDICAL CENTER
o Legacy Medicaid ID	262525968001
o Medicaid OldID	12010
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	II+

Inpatient Rates:

---

o IP COS 20 Acute Standardized Amount	$3,305.98
o IP COS 20 Acute Wage Index	1.0425
o IP COS 20 Acute Labor Portion	0.696
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	$3,403.77
o IP COS 20 Acute Outlier CCR	0.206
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00

Outpatient Rates:

---

o OP Wage Index	1.0425
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	$363.800
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$369.02