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

Provider Information:

---

o Medicare ID	140200
o Provider Name	ELMHURST MEMORIAL
o Legacy Medicaid ID	362167784001
o Medicaid OldID	5008
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	II

Inpatient Rates:

---

o IP COS 20 Acute Standardized Amount	$3,305.98
o IP COS 20 Acute Wage Index	1.0282
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	$3,370.87
o IP COS 20 Acute Outlier CCR	0.228
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 21 Psych Per Diem Rate	$398.73
o IP COS 22 Rehab Per Diem Rate	$522.84

Outpatient Rates:

---

o OP Wage Index	1.0282
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)	$365.93
o OP COS 27/28 Psych Standardized Amount	$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	$143.05