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

Provider Information:

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o Medicare ID	141319
o Provider Name	HAMMOND-HENRY
o Legacy Medicaid ID	366008003001
o Medicaid OldID	7004
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	I

Inpatient Rates:

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o IP COS 20 Acute Standardized Amount	$3,305.98
o IP COS 20 Acute Wage Index	0.8396
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	$2,977.21
o IP COS 20 Acute Outlier CCR	0.343
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00

Outpatient Rates:

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o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	$613.920
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$613.92