**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 | 140013 |
| o Provider Name | PROCTOR HOSPITAL |
| o Legacy Medicaid ID | 370681540001 |
| o Medicaid OldID | 16005 |
| o SMART Act Adjustment Factor | 0.965 |
| o Trauma Level | None |
| o Perinatal Level | II |

Inpatient Rates:

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|---|---|
| o IP COS 20 Acute Standardized Amount | $3,305.98 |
| o IP COS 20 Acute Wage Index | 0.8677 |
| 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 | $3,034.80 |
| o IP COS 20 Acute Outlier CCR | 0.293 |
| o IP COS 20 Acute Outlier Fixed-Loss Amount | $21,821.00 |
| o IP COS 21 Psych Per Diem Rate | $371.82 |

Outpatient Rates:

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|---|---|
| o OP Wage Index | 0.8677 |
| 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) | $331.28 |