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	263028
o Provider Name	SHRINERS HOSPITAL FOR CHILDREN
o Legacy Medicaid ID	631254288001
o Medicaid OldID	19016
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

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o IP COS 22 Rehab Per Diem Rate	$909.70

Outpatient Rates:

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o OP Wage Index	0.9011
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 29 Rehab Standardized Amount	$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	$249.27