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	141327
o Provider Name	WABASH GENERAL
o Legacy Medicaid ID	376013625001
o Medicaid OldID	13013
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

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
o IP COS 22 Rehab Per Diem Rate	$518.74

Outpatient Rates:

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o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	$669.480
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$669.48
o OP COS 29 Rehab Standardized Amount	$265.000
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	$239.50