

**State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective July 1, 2017**

Provider Information:

o Medicare ID	141351
o Provider Name	Clay County Hospital
o Legacy Medicaid ID	376000605001
o Medicaid OldID	6003
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates: (Informational Only)

o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	0.8448
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	\$2,972.36
o IP COS 20 Acute Outlier CCR	0.325
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$627.250
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$627.25
