

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

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Provider Information:

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o Medicare ID	141306
o Provider Name	Community Memorial Hospital
o Legacy Medicaid ID	370624255001
o Medicaid OldID	19009
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates: (Informational Only)

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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:

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o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$717.480
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$717.48

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