

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

Provider Information:

| | |
|-------------------------------|-------------------|
| o Medicare ID | 141343 |
| o Provider Name | Crawford Memorial |
| o Legacy Medicaid ID | 370793762001 |
| o Medicaid OldID | 18014 |
| o SMART Act Adjustment Factor | 1.000 |
| o Trauma Level | None |
| o Perinatal Level | I |

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 | \$706.980 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$706.98 |
