

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

Provider Information:

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|-------------------------------|---------------------------------|
| o Medicare ID | 141301 |
| o Provider Name | John and Mary E. Kirby Hospital |
| o Legacy Medicaid ID | 370661215001 |
| o Medicaid OldID | 13010 |
| 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 |
