

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

Provider Information:

o Medicare ID	141344
o Provider Name	Lawrence County Memorial
o Legacy Medicaid ID	Hospital 800618988001
o Medicaid OldID	12004
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
o IP COS 21 Psych Per Diem Rate	\$371.82

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$841.820
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$841.82
o OP COS 27 Acute Standardized Amount	\$841.820
o OP COS 27 Acute EAPG Conversion Factor (Base Rate)	\$841.82
o OP COS 28 Acute Standardized Amount	\$841.820
o OP COS 28 Acute EAPG Conversion Factor (Base Rate)	\$841.82
