State of Illinois Department of Healthcare & Family Services
SFY2015 Medicaid FFS Hospital Payment Rate Sheet

Provider Information:

---

o Medicare ID	140133
o Provider Name	HOLY CROSS
o Legacy Medicaid ID	362170133001
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	II

Inpatient Rates:

---

o IP COS 20 Acute Standardized Amount	$3,306.89
o IP COS 20 Acute Wage Index	1.0416
o IP COS 20 Acute Labor Portion	0.688
o IP COS 20 Acute Medical Education Add-on	0.0000
o IP COS 20 Acute DRG Base Rate	$3,401.54
o IP COS 20 Acute Outlier CCR	0.259
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 22 Rehab Per Diem Rate	$661.23

CCR changes effective January 1, 2015.