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

Provider Information:

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o Medicare ID	140251
o Provider Name	Presence Our Lady of the Resurrection Med. Ct
o Legacy Medicaid ID	362644178001
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

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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	0.203
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00

CCR changes effective January 1, 2015.

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

Provider Information:

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o Medicare ID	140251
o Provider Name	PRESENCE OUR LADY RES MEDICAL CENTER
o Legacy Medicaid ID	362644178003
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

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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
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