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

Provider Information:

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o Medicare ID	140239
o Provider Name	ROCKFORD MEMORIAL
o Legacy Medicaid ID	362167847001
o SMART Act Adjustment Factor	0.965
o Trauma Level	1
o Perinatal Level	III

Inpatient Rates:

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o IP COS 20 Acute Standardized Amount	$3,306.89
o IP COS 20 Acute Wage Index	0.9790
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.0000
o IP COS 20 Acute DRG Base Rate	$3,263.83
o IP COS 20 Acute Outlier CCR	0.345
o IP COS 20 Acute Outlier Fixed-Loss Amount	$21,821.00
o IP COS 21 Psych Per Diem Rate	$391.31

CCR changes effective January 1, 2015.