

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

Provider Information:

o Medicare ID	140290
o Provider Name	ST ALEXIUS MEDICAL CENTER
o Legacy Medicaid ID	364251846001
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	III

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	0.241
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

CCR changes effective January 1, 2015.

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Provider Information:

o Medicare ID	140290
o Provider Name	ALEXIAN BROTHERS CHILDRENS HOSPITAL
o Legacy Medicaid ID	364251846002
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	III

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	0.241
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

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