

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet Effective January 1, 2018

Provider Information:

o Medicare ID	140290
o Provider Name	Alexian Brothers Childrens Hospital
o Legacy Medicaid ID	364251846001
o Medicaid OldID	8088
o SMART Act Adjustment Factor	0.965
o Trauma Level	2
o Perinatal Level	III

Inpatient Rates:

o IP COS 20 Acute Standardized Amount	\$3,283.73
o IP COS 20 Acute Wage Index	1.0526
o IP COS 20 Acute Labor Portion	0.683
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$3,401.70
o IP COS 20 Acute Outlier CCR	0.241
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

Outpatient Rates:

o OP Wage Index	1.0526
o OP Labor Portion	0.600
o OP COS 24 Acute High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$362.84
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$370.22
