Illinois Department of Healthcare and Family Services **UPDATED TO REFLECT RATES EFFECTIVE WITH PUBLIC ACT 104-0007**
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

			Inpatient				
Hospital Old ID	Hospital Name	HFS Conf. Class	Admits	Relative Weight	Case Mix	Rate	Directed Payment
1003	OSF St Anthony's Health Center	High Medicaid	116	216.646	1.868	$5,418.00	$ 1,173,786
1007	Rush-Copley Medical Center	High Medicaid	577	733.082	1.271	$5,418.00	$ 3,971,837
2002	HSHS St Elizabeth's Hospital	High Medicaid	331	434.184	1.312	$5,418.00	$ 2,352,411
2006	MacNeal Hospital	High Medicaid	556	617.293	1.110	$5,418.00	$ 3,344,492
2015	Memorial Hospital	High Medicaid	759	994.180	1.310	$5,418.00	$ 5,386,469
3005	Memorial Hosp of Carbondale	High Medicaid	638	607.984	0.953	$5,418.00	$ 3,294,055
3023	University of Chicago Medicine	High Medicaid	2,301	5012.296	2.178	$5,418.00	$ 27,156,619
3025	Ann & Robert H Lurie Child Hosp	High Medicaid	1,203	2983.152	2.480	$5,418.00	$ 16,162,717
3048	Rush University Medical Center	High Medicaid	1,769	2853.341	1.613	$5,418.00	$ 15,459,399
3073	Advocate Illinois Masonic MC	High Medicaid	498	727.889	1.462	$5,418.00	$ 3,943,701
3122	Northwestern Memorial Hospital	High Medicaid	1,552	3120.741	2.011	$5,418.00	$ 16,908,174
4001	OSF Sacred Heart	High Medicaid	148	172.010	1.162	$5,418.00	$ 931,950
4005	HSHS St Mary's Hospital	High Medicaid	67	112.853	1.684	$5,418.00	$ 611,438
5008	Elmhurst Hospital	High Medicaid	474	567.519	1.197	$5,418.00	$ 3,074,817
5011	NorthShore Univ HealthSystem	High Medicaid	894	1207.225	1.350	$5,418.00	$ 6,540,744
5012	Presence Saint Francis Hospital	High Medicaid	194	367.660	1.895	$5,418.00	$ 1,991,982
7002	OSF St Mary Medical Center	High Medicaid	284	289.034	1.018	$5,418.00	$ 1,565,985
8008	Herrin Hospital	High Medicaid	130	206.998	1.592	$5,418.00	$ 1,121,516
11001	Presence St Mary's Hospital	High Medicaid	242	329.790	1.363	$5,418.00	$ 1,786,801
11006	Riverside Medical Center	High Medicaid	593	615.530	1.038	$5,418.00	$ 3,334,939
13020	Centegra Hospital-McHenry	High Medicaid	669	842.403	1.259	$5,418.00	$ 4,564,141
13027	Loyola University Med Center	High Medicaid	924	2306.508	2.496	$5,418.00	$ 12,496,661
13046	Sarah Bush Lincoln Health Ctr	High Medicaid	365	357.146	0.978	$5,418.00	$ 1,935,015
13047	Anderson Hospital	High Medicaid	232	215.825	0.930	$5,418.00	$ 1,169,341
14002	Edward Hospital	High Medicaid	417	577.450	1.385	$5,418.00	$ 3,128,622

Illinois Department of Healthcare and Family Services
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

					Outpatient		
Hospital Old ID	Hospital Name	HFS Conf. Class	EAGPs	Relative Weight	Case Mix	Rate	Directed Payment
1003	OSF St Anthony's Health Center	High Medicaid	12,424	2936.603	0.236	$1,512.00	$ 4,440,144
1007	Rush-Copley Medical Center	High Medicaid	17,921	5579.102	0.311	$1,512.00	$ 8,435,602
2002	HSHS St Elizabeth's Hospital	High Medicaid	8,628	3027.184	0.351	$1,512.00	$ 4,577,102
2006	MacNeal Hospital	High Medicaid	10,693	4249.549	0.397	$1,512.00	$ 6,425,317
2015	Memorial Hospital	High Medicaid	29,949	6767.669	0.226	$1,512.00	$ 10,232,715
3005	Memorial Hosp of Carbondale	High Medicaid	18,658	6643.894	0.356	$1,512.00	$ 10,045,567
3023	University of Chicago Medicine	High Medicaid	46,657	17130.769	0.367	$1,512.00	$ 25,901,723
3025	Ann & Robert H Lurie Child Hosp	High Medicaid	79,752	25370.528	0.318	$1,512.00	$ 38,360,239
3048	Rush University Medical Center	High Medicaid	54,951	18786.870	0.342	$1,512.00	$ 28,405,748
3073	Advocate Illinois Masonic MC	High Medicaid	21,135	7510.631	0.355	$1,512.00	$ 11,356,075
3122	Northwestern Memorial Hospital	High Medicaid	63,378	11125.250	0.176	$1,512.00	$ 16,821,378
4001	OSF Sacred Heart	High Medicaid	10,717	2265.267	0.211	$1,512.00	$ 3,425,084
4005	HSHS St Mary's Hospital	High Medicaid	8,478	2412.534	0.285	$1,512.00	$ 3,647,751
5008	Elmhurst Hospital	High Medicaid	39,619	7112.195	0.180	$1,512.00	$ 10,753,639
5011	NorthShore Univ HealthSystem	High Medicaid	49,599	8657.673	0.175	$1,512.00	$ 13,090,401
5012	Presence Saint Francis Hospital	High Medicaid	12,026	3659.121	0.304	$1,512.00	$ 5,532,591
7002	OSF St Mary Medical Center	High Medicaid	19,619	2661.200	0.136	$1,512.00	$ 4,023,735
8008	Herrin Hospital	High Medicaid	25,695	3659.351	0.142	$1,512.00	$ 5,532,939
11001	Presence St Mary's Hospital	High Medicaid	10,159	3600.881	0.354	$1,512.00	$ 5,444,532
11006	Riverside Medical Center	High Medicaid	30,995	6870.470	0.222	$1,512.00	$ 10,388,150
13020	Centegra Hospital-McHenry	High Medicaid	21,488	5878.908	0.274	$1,512.00	$ 8,888,908
13027	Loyola University Med Center	High Medicaid	78,763	14331.403	0.182	$1,512.00	$ 21,669,081
13046	Sarah Bush Lincoln Health Ctr	High Medicaid	42,090	10875.191	0.258	$1,512.00	$ 16,443,289
13047	Anderson Hospital	High Medicaid	14,702	3641.864	0.248	$1,512.00	$ 5,506,499
14002	Edward Hospital	High Medicaid	31,783	6946.341	0.219	$1,512.00	$ 10,502,868

Illinois Department of Healthcare and Family Services
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

Hospital Old ID	Hospital Name	HFS Conf. Class	Total Qtr Directed Payments	Monthly Payment
1003	OSF St Anthony's Health Center	High Medicaid	$ 5,613,930	$ 1,871,310
1007	Rush-Copley Medical Center	High Medicaid	$ 12,407,439	$ 4,135,813
2002	HSHS St Elizabeth's Hospital	High Medicaid	$ 6,929,513	$ 2,309,838
2006	MacNeal Hospital	High Medicaid	$ 9,769,809	$ 3,256,603
2015	Memorial Hospital	High Medicaid	$ 15,619,185	$ 5,206,395
3005	Memorial Hosp of Carbondale	High Medicaid	$ 13,339,622	$ 4,446,541
3023	University of Chicago Medicine	High Medicaid	$ 53,058,342	$ 17,686,114
3025	Ann & Robert H Lurie Child Hosp	High Medicaid	$ 54,522,956	$ 18,174,319
3048	Rush University Medical Center	High Medicaid	$ 43,865,147	$ 14,621,716
3073	Advocate Illinois Masonic MC	High Medicaid	$ 15,299,776	$ 5,099,925
3122	Northwestern Memorial Hospital	High Medicaid	$ 33,729,552	$ 11,243,184
4001	OSF Sacred Heart	High Medicaid	$ 4,357,034	$ 1,452,345
4005	HSHS St Mary's Hospital	High Medicaid	$ 4,259,188	$ 1,419,729
5008	Elmhurst Hospital	High Medicaid	$ 13,828,456	$ 4,609,485
5011	NorthShore Univ HealthSystem	High Medicaid	$ 19,631,145	$ 6,543,715
5012	Presence Saint Francis Hospital	High Medicaid	$ 7,524,573	$ 2,508,191
7002	OSF St Mary Medical Center	High Medicaid	$ 5,589,720	$ 1,863,240
8008	Herrin Hospital	High Medicaid	$ 6,654,455	$ 2,218,152
11001	Presence St Mary's Hospital	High Medicaid	$ 7,231,333	$ 2,410,444
11006	Riverside Medical Center	High Medicaid	$ 13,723,089	$ 4,574,363
13020	Centegra Hospital-McHenry	High Medicaid	$ 13,453,049	$ 4,484,350
13027	Loyola University Med Center	High Medicaid	$ 34,165,742	$ 11,388,581
13046	Sarah Bush Lincoln Health Ctr	High Medicaid	$ 18,378,304	$ 6,126,101
13047	Anderson Hospital	High Medicaid	$ 6,675,840	$ 2,225,280
14002	Edward Hospital	High Medicaid	$ 13,631,491	$ 4,543,830

Illinois Department of Healthcare and Family Services **UPDATED TO REFLECT RATES EFFECTIVE WITH PUBLIC ACT 104-0007**
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

			Inpatient				
Hospital Old ID	**Hospital Name**	**HFS Conf. Class**	**Admits**	**Relative Weight**	**Case Mix**	**Rate**	**Directed Payment**
15008	Advocate Christ Medical Center	High Medicaid	1,992	4106.342	2.061	$5,418.00	$ 22,248,161
16006	UnityPoint Health - Methodist	High Medicaid	991	992.332	1.001	$5,418.00	$ 5,376,456
16007	OSF Saint Francis Medical Ctr	High Medicaid	1,762	3688.147	2.093	$5,418.00	$ 19,982,378
18005	Mercyhealth Hosp-Rockton Ave	High Medicaid	238	442.940	1.861	$5,418.00	$ 2,399,847
18006	SwedishAmerican Hospital	High Medicaid	1,295	1648.131	1.273	$5,418.00	$ 8,929,575
19006	Memorial Medical Center	High Medicaid	841	1536.054	1.826	$5,418.00	$ 8,322,339
19007	HSHS St John's Hospital	High Medicaid	1,156	1914.574	1.656	$5,418.00	$ 10,373,162
21002	Carle Foundation Hospital	High Medicaid	1,565	2290.636	1.464	$5,418.00	$ 12,410,666
23003	Vista Medical Center East	High Medicaid	286	363.490	1.271	$5,418.00	$ 1,969,388
23008	NW Med Central DuPage Hospital	High Medicaid	715	991.147	1.386	$5,418.00	$ 5,370,037
31000	Franciscan Health Oly Fl/Chg	High Medicaid	503	642.654	1.278	$5,418.00	$ 3,481,902
3052	Presence Saint Joseph Hospital	High Medicaid	562	512.652	0.912	$5,418.00	$ 2,777,548
5006	Advocate Sherman Hospital	High Medicaid	464	441.753	0.952	$5,418.00	$ 2,393,416
18007	OSF Saint Anthony Medical Ctr	High Medicaid	472	897.921	1.902	$5,418.00	$ 4,864,935
21001	OSF Heart of Mary(Prev. Presence Covenant M	High Medicaid	85	120.770	1.421	$5,418.00	$ 654,334
4004	Decatur Memorial Hospital	High Medicaid	400	468.441	1.171	$5,418.00	$ 2,538,013

Illinois Department of Healthcare and Family Services
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

					Outpatient		
Hospital Old ID	**Hospital Name**	**HFS Conf. Class**	**EAGPs**	**Relative Weight**	**Case Mix**	**Rate**	**Directed Payment**
15008	Advocate Christ Medical Center	High Medicaid	37,777	15640.978	0.414	$1,512.00	$ 23,649,159
16006	UnityPoint Health - Methodist	High Medicaid	30,360	5785.510	0.191	$1,512.00	$ 8,747,691
16007	OSF Saint Francis Medical Ctr	High Medicaid	91,377	21730.196	0.238	$1,512.00	$ 32,856,056
18005	Mercyhealth Hosp-Rockton Ave	High Medicaid	13,444	2629.499	0.196	$1,512.00	$ 3,975,802
18006	SwedishAmerican Hospital	High Medicaid	79,449	17063.721	0.215	$1,512.00	$ 25,800,345
19006	Memorial Medical Center	High Medicaid	52,003	9837.215	0.189	$1,512.00	$ 14,873,870
19007	HSHS St John's Hospital	High Medicaid	23,491	8137.679	0.346	$1,512.00	$ 12,304,171
21002	Carle Foundation Hospital	High Medicaid	102,880	22734.306	0.221	$1,512.00	$ 34,374,271
23003	Vista Medical Center East	High Medicaid	13,980	3148.661	0.225	$1,512.00	$ 4,760,776
23008	NW Med Central DuPage Hospital	High Medicaid	128,553	11353.116	0.088	$1,512.00	$ 17,165,912
31000	Franciscan Health Oly Fl/Chg	High Medicaid	8,299	2419.770	0.292	$1,512.00	$ 3,658,692
3052	Presence Saint Joseph Hospital	High Medicaid	6,476	1542.716	0.238	$1,512.00	$ 2,332,587
5006	Advocate Sherman Hospital	High Medicaid	20,629	3806.608	0.185	$1,512.00	$ 5,755,591
18007	OSF Saint Anthony Medical Ctr	High Medicaid	25,326	5435.970	0.215	$1,512.00	$ 8,219,186
21001	OSF Heart of Mary(Prev. Presence Covenant M	High Medicaid	4,632	1375.151	0.297	$1,512.00	$ 2,079,228
4004	Decatur Memorial Hospital	High Medicaid	23,595	5819.185	0.247	$1,512.00	$ 8,798,608

Illinois Department of Healthcare and Family Services
Directed Payment Calculation: High Medicaid Hospitals

Determination Period: April 1, 2025 - June 30, 2025

Data Period: October 1, 2024 - December 31, 2024

Hospital Old ID	Hospital Name	HFS Conf. Class	Total Qtr Directed Payments	Monthly Payment
15008	Advocate Christ Medical Center	High Medicaid	$ 45,897,320	$ 15,299,107
16006	UnityPoint Health - Methodist	High Medicaid	$ 14,124,147	$ 4,708,049
16007	OSF Saint Francis Medical Ctr	High Medicaid	$ 52,838,434	$ 17,612,811
18005	Mercyhealth Hosp-Rockton Ave	High Medicaid	$ 6,375,650	$ 2,125,217
18006	SwedishAmerican Hospital	High Medicaid	$ 34,729,920	$ 11,576,640
19006	Memorial Medical Center	High Medicaid	$ 23,196,209	$ 7,732,070
19007	HSHS St John's Hospital	High Medicaid	$ 22,677,333	$ 7,559,111
21002	Carle Foundation Hospital	High Medicaid	$ 46,784,937	$ 15,594,979
23003	Vista Medical Center East	High Medicaid	$ 6,730,164	$ 2,243,388
23008	NW Med Central DuPage Hospital	High Medicaid	$ 22,535,948	$ 7,511,983
31000	Franciscan Health Oly Fl/Chg	High Medicaid	$ 7,140,593	$ 2,380,198
3052	Presence Saint Joseph Hospital	High Medicaid	$ 5,110,135	$ 1,703,378
5006	Advocate Sherman Hospital	High Medicaid	$ 8,149,008	$ 2,716,336
18007	OSF Saint Anthony Medical Ctr	High Medicaid	$ 13,084,121	$ 4,361,374
21001	OSF Heart of Mary(Prev. Presence Covenant M	High Medicaid	$ 2,733,562	$ 911,187
4004	Decatur Memorial Hospital	High Medicaid	$ 11,336,621	$ 3,778,874