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

**Provider Information**

- Medicare ID: 140174  
- Provider Name: PRESENCE MERCY CENTER-AURORA  
- Legacy Medicaid ID: 364195126039  
- Medicaid OldID: 1012  
- Parent OldID: 1012  
- SMART Act Adjustment Factor: 1.000  
- Trauma Level: 2  
- Perinatal Level: II  
- Medicare IPPS Aggregate CCR: 0.152  
- Rate Enhancement Type: Yes

**Inpatient Rates**

- IP COS 20 Acute Standardized Amount: $3,555.19  
- IP COS 20 Acute Wage Index: 1.0343  
- IP COS 20 Acute Labor Portion: 0.6830  
- IP COS 20 Acute Medical Education Add-on: 0.00000  
- IP COS 20 Acute Crossover Adjustment: 0.99859  
- IP COS 20 Acute Outlier Fixed-Loss Amount: $21,821.00  
- IP COS 20 Acute DRG Rate: $3,633.35  
- IP COS 21 Psych Per Diem Rate: $459.83  
- IP COS 22 Rehab Per Diem Rate: N/A

**Outpatient Rates**

- OP Wage Index: 1.0343  
- OP Labor Portion: 0.6000  
- Eligible for High Cost Drug & Device Add-On Payments: Yes  
- OP COS 24 Acute High Volume Adjustment: 0.45710  
- OP COS 24 Acute Crossover Adjustment: 0.98904  
- OP COS 24 Acute Standardized Amount: $455.79  
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): $670.37  
- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: 0.32180  
- OP COS 27/28 Psych Standardized Amount: $166.10  
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): $224.07  
- OP COS 29 Rehab Standardized Amount: N/A  
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): N/A