### State of Illinois Department of Healthcare & Family Services

**Medicaid FFS Hospital Payment Rate Sheet**

**Effective: July 1, 2019**

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**Provider Information**

- **Medicare ID**: 141338
- **Provider Name**: MEMORIAL HOSPITAL
- **Legacy Medicaid ID**: 376020801001
- **Medicaid OldID**: 3091
- **Parent OldID**: 3091
- **SMART Act Adjustment Factor**: 1.000
- **Trauma Level**: 0
- **Perinatal Level**: 0
- **Medicare IPPS Aggregate CCR**: 0.312
- **Rate Enhancement Type**: Yes

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**Inpatient Rates**

- **IP COS 20 Acute Standardized Amount**: $3,436.26
- **IP COS 20 Acute Wage Index**: 0.8486
- **IP COS 20 Acute Labor Portion**: 0.6200
- **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**: $3,109.31
- **IP COS 21 Psych Per Diem Rate**: N/A
- **IP COS 22 Rehab Per Diem Rate**: N/A

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**Outpatient Rates**

- **OP Wage Index**: 1.0000
- **OP Labor Portion**: 0.6000
- **Eligible for High Cost Drug & Device Add-On Payments**: Yes
- **OP COS 24 Acute High Volume Adjustment**: 0.44810
- **OP COS 24 Acute Crossover Adjustment**: 0.98374
- **OP COS 24 Acute Standardized Amount**: $861.11
- **OP COS 24 Acute EAPG Conversion Factor (Base Rate)**: $1,226.70
- **OP COS 27/28/29 Psych/Rehab High Volume Adjustment**: 0.32180
- **OP COS 27/28 Psych Standardized Amount**: N/A
- **OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)**: N/A
- **OP COS 29 Rehab Standardized Amount**: $861.11
- **OP COS 29 Rehab EAPG Conversion Factor (Base Rate)**: $1,138.22

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