State of Illinois Department of Healthcare & Family Services  
Medicaid FFS Hospital Payment Rate Sheet  
Effective: July 1, 2019

### Provider Information

- **Medicare ID**: 141329  
- **Provider Name**: MORRISON COMMUNITY HOSPITAL  
- **Legacy Medicaid ID**: 366008167001  
- **Medicaid OldID**: 13012  
- **Parent OldID**: 13012  
- **SMART Act Adjustment Factor**: 1.000  
- **Trauma Level**: 0  
- **Perinatal Level**: 0  
- **Medicare IPPS Aggregate CCR**: 0.312  
- **Rate Enhancement Type**: Yes

### 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

### 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**: $1,652.60  
- **OP COS 24 Acute EAPG Conversion Factor (Base Rate)**: $2,354.22  
- **OP COS 27/28/29 Psych/Rehab High Volume Adjustment**: N/A  
- **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**: N/A  
- **OP COS 29 Rehab EAPG Conversion Factor (Base Rate)**: N/A