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

## Provider Information

- **Medicare ID**: 140186
- **Provider Name**: RIVERSIDE MEDICAL CENTER
- **Legacy Medicaid ID**: 362414944001
- **Medicaid OldID**: 11006
- **Parent OldID**: 11006
- **SMART Act Adjustment Factor**: 0.965
- **Trauma Level**: 2
- **Perinatal Level**: II
- **Medicare IPPS Aggregate CCR**: 0.274
- **Rate Enhancement Type**: Yes

## Inpatient Rates

- **IP COS 20 Acute Standardized Amount**: $3,436.26
- **IP COS 20 Acute Wage Index**: 1.0263
- **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**: $3,493.05
- **IP COS 21 Psych Per Diem Rate**: $402.67
- **IP COS 22 Rehab Per Diem Rate**: $632.19

## Outpatient Rates

- **OP Wage Index**: 1.0263
- **OP Labor Portion**: 0.6000
- **Eligible for High Cost Drug & Device Add-On Payments**: Yes

- **OP COS 24 Acute High Volume Adjustment**: 0.00000
- **OP COS 24 Acute Crossover Adjustment**: 0.98374
- **OP COS 24 Acute Standardized Amount**: $440.14
- **OP COS 24 Acute EAPG Conversion Factor (Base Rate)**: $439.82

- **OP COS 27/28/29 Psych/Rehab High Volume Adjustment**: 0.00000
- **OP COS 27/28 Psych Standardized Amount**: $201.46
- **OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)**: $204.64

- **OP COS 29 Rehab Standardized Amount**: $310.46
- **OP COS 29 Rehab EAPG Conversion Factor (Base Rate)**: $315.36