

**State of Illinois Department of Healthcare & Family Services  
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2017**

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Provider Information:

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o Medicare ID	141329
o Provider Name	MORRISON COMMUNITY
o Legacy Medicaid ID	366008167001
o Medicaid OldID	13012
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

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o IP COS 20 Acute Standardized Amount	\$3,288.82
o IP COS 20 Acute Wage Index	0.8448
o IP COS 20 Acute Labor Portion	0.620
o IP COS 20 Acute Medical Education Add-on	0.00000
o IP COS 20 Acute DRG Base Rate	\$2,972.36
o IP COS 20 Acute Outlier CCR	0.325
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00

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