

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

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Provider Information:

|                               |                             |
|-------------------------------|-----------------------------|
| o Medicare ID                 | 141329                      |
| o Provider Name               | Morrison Community Hospital |
| 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: (Informational Only)

|                                             |             |
|---------------------------------------------|-------------|
| 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 |

Outpatient Rates:

|                                                      |             |
|------------------------------------------------------|-------------|
| o OP High Volume Adjustment                          | No          |
| o OP COS 24 Acute Standardized Amount                | \$1,405.470 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$1,405.47  |

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