



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

Provider Information

o Medicare ID	140158
o Provider Name	MERCY HOSPITAL MEDICAL CENTER
o Legacy Medicaid ID	362170152001
o Medicaid OldID	3042
o Parent OldID	3042
o SMART Act Adjustment Factor	1.000
o Trauma Level	0
o Perinatal Level	II+
o Medicare IPPS Aggregate CCR	0.324
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	\$3,436.26
o IP COS 20 Acute Wage Index	1.0427
o IP COS 20 Acute Labor Portion	0.6830
o IP COS 20 Acute Medical Education Add-on	0.00588
o IP COS 20 Acute Crossover Adjustment	0.99859
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 20 Acute DRG Rate	\$3,552.25
o IP COS 21 Psych Per Diem Rate	\$614.29
o IP COS 22 Rehab Per Diem Rate	\$757.23

Outpatient Rates

o OP Wage Index	1.0427
o OP Labor Portion	0.6000
o Eligible for High Cost Drug & Device Add-On Payments	Yes
o OP COS 24 Acute High Volume Adjustment	0.44810
o OP COS 24 Acute Crossover Adjustment	0.98374
o OP COS 24 Acute Standardized Amount	\$440.14
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$643.07
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.32180
o OP COS 27/28 Psych Standardized Amount	\$201.46
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$273.11
o OP COS 29 Rehab Standardized Amount	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A