**State of Illinois Department of Healthcare & Family Services**
**SFY2016 Medicaid FFS Outpatient Hospital Payment Rate Sheet**

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Provider Information:

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|---|---|
| o Medicare ID | 140112 |
| o Provider Name | MASON DISTRICT |
| o Legacy Medicaid ID | 376017857001 |
| o Trauma Level | None |
| o Perinatal Level | None |

Outpatient Rates:

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|---|---|
| o OP Wage Index | 1.0000 |
| o OP Labor Portion | 0.600 |
| o OP High Volume Adjustment | No |
| o OP COS 24 Acute Crossover Adjustment | 0.98912 |
| o OP COS 24 Acute Standardized Amount | $1,166.330 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | $1,166.33 |

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