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

Provider Information:

---

o Medicare ID	141300
o Provider Name	THOMAS H BOYD MEMORIAL
o Legacy Medicaid ID	370673461001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

---

o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	$1,440.900
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$1,440.90