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

Provider Information:

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o Medicare ID	141308
o Provider Name	WASHINGTON COUNTY
o Legacy Medicaid ID	376020408001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

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o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	$902.820
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$902.82