

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective July 1, 2016

Provider Information:

o Medicare ID	141351
o Provider Name	CLAY COUNTY
o Legacy Medicaid ID	376000605001
o Medicaid OldID	6003
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$627.470
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$627.47
