

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

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Provider Information:

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|                      |                              |
|----------------------|------------------------------|
| o Medicare ID        | 141304                       |
| o Provider Name      | GENESIS MEDICAL CENTER ALEDO |
| o Legacy Medicaid ID | 454475683001                 |
| o Medicaid OldID     | 1001                         |
| 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 Standardized Amount                | \$812.290 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$812.29  |

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