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

Provider Information:

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o Medicare ID	141315
o Provider Name	ILLINI COMMUNITY
o Legacy Medicaid ID	371396010001
o Medicaid OldID	16009
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	$1,100.900
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$1,100.90