

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

Provider Information:

o Medicare ID	141302
o Provider Name	MIDWEST MEDICAL CENTER
o Legacy Medicaid ID	204560540002
o Medicaid OldID	7009
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$2,009.250
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$2,009.25
