

**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	141329
o Provider Name	MORRISON COMMUNITY
o Legacy Medicaid ID	366008167001
o Medicaid OldID	13012
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	\$1,386.970
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,386.97

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