**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 | 141300 |
| o Provider Name | THOMAS H BOYD MEMORIAL |
| o Legacy Medicaid ID | 370673461001 |
| o Medicaid OldID | 3009 |
| 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 | $1,710.810 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | $1,710.81 |