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

Provider Information:

---

o Medicare ID	141342
o Provider Name	UNION COUNTY
o Legacy Medicaid ID	364431843001
o Medicaid OldID	1006
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

---

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	$675.040
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	$675.04