

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

Provider Information:

o Medicare ID	141340
o Provider Name	VALLEY WEST COMMUNITY
o Legacy Medicaid ID	364244337001
o Medicaid OldID	19028
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$1,047.850
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,047.85
