

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

Provider Information:

| | |
|----------------------|-------------------|
| o Medicare ID | 141308 |
| o Provider Name | WASHINGTON COUNTY |
| o Legacy Medicaid ID | 376020408001 |
| o Medicaid OldID | 14003 |
| o Trauma Level | None |
| o Perinatal Level | None |

Outpatient Rates:

| | |
|--|-----------|
| o OP High Volume Adjustment | No |
| o OP COS 24 Acute Standardized Amount | \$995.720 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$995.72 |
