

State of Illinois Department of Healthcare & Family Services
SFY2016 Medicaid FFS Outpatient Hospital Payment Rate Sheet

Provider Information:

o Medicare ID	140141
o Provider Name	CARLINVILLE AREA HOSPITAL
o Legacy Medicaid ID	370645239001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP Wage Index	1.0000
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$1,024.240
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,024.24