

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

Provider Information:

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| o Medicare ID | 141351 |
| o Provider Name | CLAY COUNTY |
| o Legacy Medicaid ID | 376000605001 |
| 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 Crossover Adjustment | 0.98912 |
| o OP COS 24 Acute Standardized Amount | \$570.060 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$570.06 |