

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

Provider Information:

o Medicare ID	141319
o Provider Name	HAMMOND-HENRY
o Legacy Medicaid ID	366008003001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Crossover Adjustment	0.98912
o OP COS 24 Acute Standardized Amount	\$598.830
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$598.83