

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

Provider Information:

-
- | | |
|----------------------|------------------------------|
| o Medicare ID | 141316 |
| o Provider Name | HOOPESTON COMMUNITY MEMORIAL |
| o Legacy Medicaid ID | 363637465002 |
| 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 | \$1,117.580 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$1,117.58 |