

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

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Provider Information:

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|                      |                        |
|----------------------|------------------------|
| o Medicare ID        | 141302                 |
| o Provider Name      | MIDWEST MEDICAL CENTER |
| o Legacy Medicaid ID | 204560540002           |
| 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                | \$1,673.730 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$1,673.73  |