

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

Provider Information:

o Medicare ID	141327
o Provider Name	WABASH GENERAL
o Legacy Medicaid ID	376013625001
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	\$637.880
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$637.88