

**State of Illinois Department of Healthcare & Family Services**  
**Medicaid FFS Hospital Payment Rate Sheet effective July 1, 2016**

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Provider Information:

|                      |                          |
|----------------------|--------------------------|
| o Medicare ID        | 141322                   |
| o Provider Name      | ABRAHAM LINCOLN MEMORIAL |
| o Legacy Medicaid ID | 370723793001             |
| o Medicaid OldID     | 12005                    |
| o Trauma Level       | None                     |
| o Perinatal Level    | None                     |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$785.920 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$785.92  |

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Provider Information:

|                      |                                |
|----------------------|--------------------------------|
| o Medicare ID        | 141322                         |
| o Provider Name      | ABRAHAM LINCOLN CHILDRENS HOSP |
| o Legacy Medicaid ID | 370723793006                   |
| o Medicaid OldID     | 12006                          |
| o Trauma Level       | None                           |
| o Perinatal Level    | None                           |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$495.180 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$495.18  |

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