

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

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Provider Information:

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|                      |                 |
|----------------------|-----------------|
| o Medicare ID        | 141303          |
| o Provider Name      | DR. JOHN WARNER |
| o Legacy Medicaid ID | 376000695001    |
| o Medicaid OldID     | 3062            |
| 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 Standardized Amount                | \$799.040 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$799.04  |

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