

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

Provider Information:

o Medicare ID	141304
o Provider Name	GENESIS MEDICAL CENTER ALEDO
o Legacy Medicaid ID	454475683001
o Medicaid OldID	1001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$812.290
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$812.29
