

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

Provider Information:

o Medicare ID	141328
o Provider Name	HARDIN COUNTY GENERAL
o Legacy Medicaid ID	370702309001
o Medicaid OldID	18013
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	1.3218
o OP COS 24 Acute Standardized Amount	\$346.120
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$346.12
