

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

Provider Information:

o Medicare ID	141344
o Provider Name	LAWRENCE COUNTY MEMORIAL
o Legacy Medicaid ID	800618988001
o Medicaid OldID	12004
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$839.460
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$839.46
o OP COS 27/28 Psych Standardized Amount	\$839.460
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$839.46
