

**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        | 141305            |
| o Provider Name      | MEMORIAL-CARTHAGE |
| o Legacy Medicaid ID | 370684691001      |
| o Medicaid OldID     | 3010              |
| o Trauma Level       | None              |
| o Perinatal Level    | None              |

Outpatient Rates:

|                                                      |             |
|------------------------------------------------------|-------------|
| o OP High Volume Adjustment                          | No          |
| o OP COS 24 Acute Standardized Amount                | \$1,025.080 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$1,025.08  |

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