

**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        | 141350                |
| o Provider Name      | ST FRANCIS-LITCHFIELD |
| o Legacy Medicaid ID | 370661236001          |
| o Medicaid OldID     | 12007                 |
| o Trauma Level       | None                  |
| o Perinatal Level    | None                  |

Outpatient Rates:

|                                                      |           |
|------------------------------------------------------|-----------|
| o OP High Volume Adjustment                          | No        |
| o OP COS 24 Acute Standardized Amount                | \$512.010 |
| o OP COS 24 Acute EAPG Conversion Factor (Base Rate) | \$512.01  |

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