

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

Provider Information:

o Medicare ID	141339
o Provider Name	TAYLORVILLE MEMORIAL HOSPITAL
o Legacy Medicaid ID	370661250008
o Medicaid OldID	20001
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$697.940
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$697.94

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Provider Information:

o Medicare ID	141339
o Provider Name	TAYLORVILLE MEM CHILDRENS HOSP
o Legacy Medicaid ID	370661250009
o Medicaid OldID	20002
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$440.830
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$440.83
