

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

Provider Information:

o Medicare ID	141300
o Provider Name	THOMAS H BOYD MEMORIAL
o Legacy Medicaid ID	370673461001
o Medicaid OldID	3009
o Trauma Level	None
o Perinatal Level	None

Outpatient Rates:

o OP High Volume Adjustment	No
o OP COS 24 Acute Standardized Amount	\$1,710.810
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	\$1,710.81
