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

Provider Information:

o Medicare ID	14-4040
o Provider Name	Chicago Behavioral Hospital
o Legacy Medicaid ID	800865012001
o SMART Act Adjustment Factor	.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 21 Psych Per Diem Rate	$460.32
o IP Psych Per Diem Add-On	$48.25

Outpatient Rates:

o OP Wage Index	1.0324
o OP Labor Portion	.600
o OP High Volume Adjustment	No
o OP COS 27/28 Psych Standardized Amount	$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	$143.40