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

Provider Information:

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o Medicare ID	144009
o Provider Name	Riveredge Hospital
o Legacy Medicaid ID	223682760001
o Medicaid OldID	6036
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

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o IP COS 21 Psych Per Diem Rate	$462.37

Outpatient Rates:

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o OP Wage Index	1.0282
o OP Labor Portion	0.600
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)	$143.05