

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

Provider Information:

o Medicare ID	458590
o Provider Name	Harsha Behavioral Center Inc.
o Legacy Medicaid ID	261091197001
o Medicaid OldID	20005
o SMART Act Adjustment Factor	1.000
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 21 Psych Per Diem Rate	\$839.72
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