

**State of Illinois Department of Healthcare & Family Services**  
**Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2017**

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Provider Information:

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|-------------------------------|------------------------|
| o Medicare ID                 | 144039                 |
| o Provider Name               | Garfield Park Hospital |
| o Legacy Medicaid ID          | 232983574003           |
| o Medicaid OldID              | 3021                   |
| 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 | \$839.72 |
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Outpatient Rates:

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|---------------------------------------------------------|-----------|
| o OP Wage Index                                         | 1.0443    |
| o OP Labor Portion                                      | 0.600     |
| o OP High Volume Adjustment                             | No        |
| o OP COS 27/28 Psych Standardized Amount                | \$136.320 |
| o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate) | \$139.94  |

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