

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

Provider Information:

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| 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:

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| o IP COS 21 Psych Per Diem Rate | \$839.72 |
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