

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet Effective January 1, 2018

Provider Information:

o Medicare ID	154041
o Provider Name	BHC Meadows Hospital
o Legacy Medicaid ID	351858510002
o Medicaid OldID	2113
o SMART Act Adjustment Factor	0.965
o Trauma Level	None
o Perinatal Level	None

Inpatient Rates:

o IP COS 21 Psych Per Diem Rate	\$460.32
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Outpatient Rates:

o OP Wage Index	0.9948
o OP Labor Portion	0.600
o OP COS 27/28 Psych Standardized Amount	\$135.76
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$135.34
