

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

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Provider Information:

|                               |                           |
|-------------------------------|---------------------------|
| o Medicare ID                 | 144035                    |
| o Provider Name               | NAPERVILLE PSYCH VENTURES |
| o Legacy Medicaid ID          | 363965251001              |
| o Medicaid OldID              | 14004                     |
| 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 |
|---------------------------------|----------|

Outpatient Rates:

|                                                         |           |
|---------------------------------------------------------|-----------|
| o OP Wage Index                                         | 1.0360    |
| 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) | \$139.26  |

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