

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

Provider Information:

o Medicare ID	144029
o Provider Name	THE PAVILION FOUNDATION
o Legacy Medicaid ID	232800410001
o Medicaid OldID	3013
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	\$549.31

Outpatient Rates:

o OP Wage Index	0.9210
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)	\$129.86
