

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

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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                                         | 0.8867   |
| 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) | \$126.53 |

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