

State of Illinois Department of Healthcare & Family Services
Medicaid FFS Hospital Payment Rate Sheet effective January 1, 2016

Provider Information:

o Medicare ID	144034
o Provider Name	BHC Streamwood Hospital Inc.
o Legacy Medicaid ID	621658515001
o Medicaid OldID	19404
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	\$483.01
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Outpatient Rates:

o OP Wage Index	1.0282
o OP Labor Portion	0.600
o OP High Volume Adjustment	No
o OP COS 27/28 Psych Standardized Amount	\$140.670
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$143.05
