

**HFS**Illinois Department of
Healthcare and Family Services**Medicaid FFS Hospital Payment Rate Sheet**
Effective: January 1, 2024**Provider Information**

o Medicare ID	144034
o Provider Name	BHC STREAMWOOD HOSPITAL INC
o Legacy Medicaid ID	621658515001
o Medicaid OldID	19404
o Parent OldID	19404
o SMART Act Adjustment Factor	1.000
o Trauma Level	0
o Perinatal Level	0
o Medicare IPPS Aggregate CCR	N/A
o Rate Enhancement Type	Yes

Inpatient Rates

o IP COS 20 Acute Standardized Amount	N/A
o IP COS 20 Acute Wage Index	N/A
o IP COS 20 Acute Labor Portion	N/A
o IP COS 20 Acute Medical Education Add-on	N/A
o IP COS 20 Acute Crossover Adjustment	N/A
o IP COS 20 Acute Outlier Fixed-Loss Amount	\$21,821.00
o IP COS 20 Acute DRG Rate	N/A
o IP COS 21 Psych Per Diem Rate	\$623.70
o IP COS 22 Rehab Per Diem Rate	N/A

Outpatient Rates

o OP Wage Index	N/A
o OP Labor Portion	N/A
o Eligible for High Cost Drug & Device Add-On Payments	Yes
o OP COS 24 Acute High Volume Adjustment	N/A
o OP COS 24 Acute Crossover Adjustment	N/A
o OP COS 24 Acute Standardized Amount	N/A
o OP COS 24 Acute EAPG Conversion Factor (Base Rate)	N/A
o OP COS 27/28/29 Psych/Rehab High Volume Adjustment	0.0000
o OP COS 27/28 Psych Standardized Amount	\$359.63
o OP COS 27/28 Psych EAPG Conversion Factor (Base Rate)	\$364.18
o OP COS 29 Rehab Standardized Amount	N/A
o OP COS 29 Rehab EAPG Conversion Factor (Base Rate)	N/A