**Provider Information**

- Medicare ID: 144034
- Provider Name: BHC STREAMWOOD
- Legacy Medicaid ID: 621656515001
- Medicaid OldID: 19404
- Parent OldID: 19404
- SMART Act Adjustment Factor: 0.965
- Trauma Level: 0
- Perinatal Level: 0
- Medicare IPPS Aggregate CCR: 0.259
- Rate Enhancement Type: Yes

**Inpatient Rates**

- IP COS 20 Acute Standardized Amount: N/A
- IP COS 20 Acute Wage Index: N/A
- IP COS 20 Acute Labor Portion: N/A
- IP COS 20 Acute Medical Education Add-on: N/A
- IP COS 20 Acute Crossover Adjustment: N/A
- IP COS 20 Acute Outlier Fixed-Loss Amount: N/A

- IP COS 20 Acute DRG Rate: N/A
- IP COS 21 Psych Per Diem Rate: $483.01
- IP COS 22 Rehab Per Diem Rate: N/A
- IP Psych Per Diem Rate Add-On: $48.25

**Outpatient Rates**

- OP Wage Index: 1.0526
- OP Labor Portion: 0.6000
- Eligible for High Cost Drug & Device Add-On Payments: Yes

- OP COS 24 Acute High Volume Adjustment: N/A
- OP COS 24 Acute Crossover Adjustment: N/A
- OP COS 24 Acute Standardized Amount: N/A
- OP COS 24 Acute EAPG Conversion Factor (Base Rate): N/A

- OP COS 27/28/29 Psych/Rehab High Volume Adjustment: 0.00000
- OP COS 27/28 Psych Standardized Amount: $166.10
- OP COS 27/28 Psych EAPG Conversion Factor (Base Rate): $171.34

- OP COS 29 Rehab Standardized Amount: N/A
- OP COS 29 Rehab EAPG Conversion Factor (Base Rate): N/A