

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

October 4, 2011

Holy Family Medical Center
100 North River Road
Chicago, IL 60016

Dear Provider;

In accordance with Public Act 096-1130, as signed by Gov. Quinn on July 20, 2010, the department has completed the calculation of all qualifying providers Long Term Acute Care supplemental per diem rate. Your facility has been deemed to meet the criteria as outlined in the Act. This supplemental per diem rate will be added to your current base per diem rate, effective for dates of service October 1, 2011 through Sept. 30, 2012. The department will begin paying this rate upon completion of the following items;

- 1) A signed provider participation agreement, and
- 2) A provider readiness review completed by eQ Health Solutions

Section 148.310(a)(i) of the 89 Illinois Administrative Code, allows you hospital 30 days from the date of this letter, to request a review of the Department's rate calculation. Such requests must be made in writing, no later than 30 days from the date of this letter. This appeal must be submitted in writing and must be received or postmarked no later than **November 3, 2011**. Direct this appeal and supporting documentation to:

Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Attn: Dan Jenkins
201 South Grand Avenue East, 2nd Floor
Springfield, Illinois 62763

If you have further questions in regard to this program, please do not hesitate to contact the Bureau of Rate Development and Analysis at (217) 785-0710. Questions regarding the payment process should be directed to the Bureau of Comprehensive Health Services at (217) 782-8162.

Sincerely,

Joseph R. Holler, Deputy Administrator
Division of Finance

Attch:

*Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Oct 1, 2011 – Sept 30, 2012*

**Holy Family Medical Center
100 North River Road
Northlake, IL 60016**

- Date of HFS designation as Long Term Acute Care Hospital January 1, 2011
- Hospital fiscal year 2009 Medicaid cost report total reported Medicaid cost (A) LTAC Report Not Available
- Hospital fiscal year 2009 Medicaid cost report total reported Medicaid days (B) LTAC Report Not Available
- Hospital fiscal year 2009 Medicaid cost report total reported Medicaid discharges (C) LTAC Report Not Available
- Hospital fiscal year 2009 Medicaid cost report based average length of stay LTAC Report Not Available

In the case of a newly designated LTAC provider that does not have a filed cost report covering a 12 month period of operation as an LTAC provider, a default Supplemental Per Diem Rate shall be established by the Department:

Long Term Acute Care Supplemental Per Diem Rate \$854.61
Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.
** Rates established based on new provider methodology. Refer to HFS for methodology rules.*