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June 30, 2012

Hammond-Henry District Hospital
ATTN: Chief Executive Officer
600 North College
Geneseo, IL 61254

Dear Chief Executive Officer:

Pursuant to Public Act 097-0689, for hospitals not identified as Safety Net Hospitals or Critical Access Hospitals, the rates or payments for hospital services shall be further reduced by 3.5%. These reductions apply to reimbursements for both institutional claims payments and the static payment programs.

As your hospital meets the criteria for designation as a Safety Net or Critical Access hospital, it is not subject to the reduction in reimbursement for hospital institutional services or static payments. The RY 2013 static payment determinations will be performed as usual in July and the results will be published via the State's web site shortly thereafter as in previous years. Your facility's assessment related payments remain unchanged and are attached.

Please provide a copy of this letter to your Chief Financial Officer and Patient Accounts Manager.

Sincerely,

F. N. Kopel, Administrator,
Division of Finance

Summary of Payments

Hammond-Henry District Hospital Geneseo			
PAYMENT PROGRAM	FY 12 ANNUAL AMOUNT	3.5% Reduction	FY 13 ANNUAL AMOUNT
High Volume Adjustment Payment:	\$0	\$0	\$0
Inpatient Services Adjustment Payment:	\$49,305	\$0	\$49,305
Capital Needs Payment:	\$0	\$0	\$0
Obstetrical Care Payment:	\$118,500	\$0	\$118,500
Trauma Care Payment:	\$0	\$0	\$0
Supplemental Tertiary Care Payment:	\$0	\$0	\$0
Crossover Care Payment:	\$0	\$0	\$0
Magnet Hospital Payment:	\$0	\$0	\$0
Ambulatory Procedure Listing Increase Payment:	\$294,481	\$0	\$294,481
TOTAL ANNUAL PAYMENT AMOUNT	\$462,286	\$0	\$462,286
MONTHLY PAYMENT AMOUNT	\$38,524	\$0	\$38,524
PLEASE NOTE: Actual payment amounts may vary due to rounding.			