

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 785-0710
TTY: (800) 526-5812

June 30, 2012

Provena Mercy Center
ATTN: Chief Executive Officer
1325 North Highland Avenue
Aurora, IL 60506

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

Provena Mercy Center Aurora			
PAYMENT PROGRAM	FY 12 ANNUAL AMOUNT	3.5% Reduction	FY 13 ANNUAL AMOUNT
High Volume Adjustment Payment:	\$0	\$0	\$0
Inpatient Services Adjustment Payment:	\$2,275,577	\$0	\$2,275,577
Capital Needs Payment:	\$474,745	\$0	\$474,745
Obstetrical Care Payment:	\$0	\$0	\$0
Trauma Care Payment:	\$4,717,746	\$0	\$4,717,746
Supplemental Tertiary Care Payment:	\$43,811	\$0	\$43,811
Crossover Care Payment:	\$0	\$0	\$0
Magnet Hospital Payment:	\$0	\$0	\$0
Ambulatory Procedure Listing Increase Payment:	\$3,613,374	\$0	\$3,613,374
TOTAL ANNUAL PAYMENT AMOUNT	\$11,125,253	\$0	\$11,125,253
MONTHLY PAYMENT AMOUNT	\$927,104	\$0	\$927,104
PLEASE NOTE: Actual payment amounts may vary due to rounding.			