

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 785-0710  
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June 30, 2012

St. Bernard Hospital  
ATTN: Chief Executive Officer  
326 West 64th Street  
Chicago, IL 60621

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

<b>St. Bernard Hospital Chicago</b>			
<b>PAYMENT PROGRAM</b>	<b>FY 12 ANNUAL AMOUNT</b>	<b>3.5% Reduction</b>	<b>FY 13 ANNUAL AMOUNT</b>
High Volume Adjustment Payment:	\$2,192,000	\$0	\$2,192,000
Inpatient Services Adjustment Payment:	\$4,688,518	\$0	\$4,688,518
Capital Needs Payment:	\$5,914,479	\$0	\$5,914,479
Obstetrical Care Payment:	\$1,024,200	\$0	\$1,024,200
Trauma Care Payment:	\$0	\$0	\$0
Supplemental Tertiary Care Payment:	\$9,057	\$0	\$9,057
Crossover Care Payment:	\$0	\$0	\$0
Magnet Hospital Payment:	\$0	\$0	\$0
Ambulatory Procedure Listing Increase Payment:	\$3,272,582	\$0	\$3,272,582
<b>TOTAL ANNUAL PAYMENT AMOUNT</b>	<b>\$17,100,836</b>	<b>\$0</b>	<b>\$17,100,836</b>
<b>MONTHLY PAYMENT AMOUNT</b>	<b>\$1,425,070</b>	<b>\$0</b>	<b>\$1,425,070</b>
PLEASE NOTE: Actual payment amounts may vary due to rounding.			