

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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June 30, 2012

St. Mary of Nazareth Hospital Center
ATTN: Chief Executive Officer
2233 West Division Street
Chicago, IL 60622

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

St. Mary of Nazareth Hospital Center Chicago			
PAYMENT PROGRAM	FY 12 ANNUAL AMOUNT	3.5% Reduction	FY 13 ANNUAL AMOUNT
High Volume Adjustment Payment:	\$3,897,600	\$0	\$3,897,600
Inpatient Services Adjustment Payment:	\$7,288,665	\$0	\$7,288,665
Capital Needs Payment:	\$8,886,293	\$0	\$8,886,293
Obstetrical Care Payment:	\$1,500,300	\$0	\$1,500,300
Trauma Care Payment:	\$0	\$0	\$0
Supplemental Tertiary Care Payment:	\$194,518	\$0	\$194,518
Crossover Care Payment:	\$0	\$0	\$0
Magnet Hospital Payment:	\$0	\$0	\$0
Ambulatory Procedure Listing Increase Payment:	\$6,298,029	\$0	\$6,298,029
TOTAL ANNUAL PAYMENT AMOUNT	\$28,065,405	\$0	\$28,065,405
MONTHLY PAYMENT AMOUNT	\$2,338,784	\$0	\$2,338,784
PLEASE NOTE: Actual payment amounts may vary due to rounding.			

Summary of Payments

St. Mary of Nazareth - Saints Mary and Elizabeth Med Ctr North Chicago			
PAYMENT PROGRAM	FY 12 ANNUAL AMOUNT	3.5% Reduction	FY 13 ANNUAL AMOUNT
High Volume Adjustment Payment:	\$2,945,100	\$0	\$2,945,100
Inpatient Services Adjustment Payment:	\$5,576,678	\$0	\$5,576,678
Capital Needs Payment:	\$6,471,865	\$0	\$6,471,865
Obstetrical Care Payment:	\$0	\$0	\$0
Trauma Care Payment:	\$0	\$0	\$0
Supplemental Tertiary Care Payment:	\$41,815	\$0	\$41,815
Crossover Care Payment:	\$0	\$0	\$0
Magnet Hospital Payment:	\$0	\$0	\$0
Ambulatory Procedure Listing Increase Payment:	\$4,579,397	\$0	\$4,579,397
TOTAL ANNUAL PAYMENT AMOUNT	\$19,614,855	\$0	\$19,614,855
MONTHLY PAYMENT AMOUNT	\$1,634,571	\$0	\$1,634,571
PLEASE NOTE: Actual payment amounts may vary due to rounding.			