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Springfield, Illinois 62763-0002

Telephone: (217) 524-7110  
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**Date:** June 11, 2010

**To:** Illinois Hospital Providers

**Re:** Fiscal Year 2011 Hospital Assessment Program  
Notice of Accelerated Assessment

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This is to inform you that the department has determined that your facility is subject to the assessment imposed on Illinois hospital inpatient services under the provisions of *Public Act 95-0859* and the accelerated provisions under *Public Act 96-821 (305 ILCS 5/V-A)*.

Enclosed are your facility's assessment remittance notices for fiscal year 2011. The top section of each notice contains the calculation of the assessment on an annual and an accelerated basis. The bottom, perforated, section of the notice has the facility's name and address, the tax identification number and personal identification number (PIN) assigned by the department, the total amount due, and the due date. **Pursuant to *Public Act 96-821*, hospitals that are identified as owing accelerated assessment payments are required to make accelerated payments for July 2010 through October 2010. No further assessment payments will be due for the period of November 2010 through June 2011.**

Hospitals must remit the accelerated assessment using the Illinois State Treasurer's E-Pay Program. In order to use this service, your hospital will need an Internet connection, checking account information (bank routing number and account number), from which the payment will be made, and the hospital's current remittance card. If your hospital is not familiar with the Illinois State Treasurer's E-Pay Program, please contact the Bureau of Program and Reimbursement Analysis at 217-524-7110.

In addition, each hospital is responsible for ensuring debit authorizations can be initiated from designated accounts in the appropriate dollar amount. Following is the company identification number to be given to your banking institution, if debit block filters are used on the hospital's account. Please use 1000123502 for these transactions.

The methodology used to calculate the assessment amount, and copies of the statute (305 *ILCS 5/V-A*), and the administrative rules (89 *Ill. Adm. Code 140.80*) pertaining to the hospital assessment program may be found under [Laws and Rules](#) on the department's Web site.

If you have any questions concerning this information, please do not hesitate to contact the Bureau of Program and Reimbursement Analysis, by e-mail at [bpra@illinois.gov](mailto:bpra@illinois.gov) or by telephone at 217-524-7110.

Greg Wilson, Chief  
Bureau of Program and Reimbursement Analysis