

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 20, 2011

OSF Holy Family Medical Center
ATTN: Chief Executive Officer
1000 West Harlem Avenue
Monmouth, IL 61462

Dear Chief Executive Officer:

Public Act 096-1382 has created the Critical Access Hospital Rate Adjustment which increases the rates assigned to the Illinois Department of Healthcare and Family Services Ambulatory Procedures Listing, effective for dates of service on or after January 1, 2011. Hospitals designated by the Illinois Department of Public Health as Critical Access Hospital providers in accordance with 42 CFR 485, subpart F, shall be eligible for an outpatient rate adjustment.

Your hospital has the designation of a Critical Access Hospital and is eligible for the Critical Access Hospital Rate Adjustment. These rate determinations have been calculated in accordance with Section 148.140(b)(6) of the *89 Illinois Administrative Code* and your facility's new outpatient APL rates are attached.

Appeals must be made in writing and received or postmarked no later than **THIRTY (30) DAYS FROM THE DATE OF THIS LETTER**. Appeals **MUST BE SUBMITTED IN WRITING AND MUST BE RECEIVED OR POSTMARKED NO LATER THAN JUNE 20, 2011**. Direct all appeals and supporting documents to:

Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
ATT: Hospital Unit
201 South Grand Avenue East, 2nd Floor
Springfield, Illinois 62763-0001

If you have any questions regarding the determination and calculation of the Critical Access Hospital Rate Adjustment rates, please contact the Bureau of Rate Development and Analysis at (217) 785-0710. Questions regarding the payment process should be directed to the Bureau of Comprehensive Health Services at (217) 782-5565.

Please provide a copy of this letter to your CFO and Patient Accounts Manager.

Attachment

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Updated Rates for the Ambulatory Procedure Listing (APL) - OSF Holy Family Medical Center
Hospital Specific Adjustment Amount: \$407.89

<u>APL Group</u>	<u>Old Rate</u>	<u>Rate Effective 1/1/2011</u>
GROUP 1. SURGICAL RATE		
a. Surgical – Intensive	\$1,794.00	\$2,201.89
b. Surgical – Moderate	\$1,049.00	\$1,456.89
c. Surgical – Low	\$752.00	\$1,159.89
d. Surgical - Very Low	\$287.00	\$694.89
GROUP 2. DIAGNOSTIC AND THERAPEUTIC		
a. Complex Diagnostic and Therapeutic	\$941.00	\$1,348.89
b. High-tech Diagnostic	\$304.00	\$711.89
c. Other Diagnostic	\$176.00	\$583.89
d. Therapeutic Procedures	\$136.00	\$543.89
GROUP 3. EMERGENCY ROOM PROCEDURES		
a. Emergency Level I	\$181.00	\$588.89
b. Emergency Level II	\$67.00	\$474.89
c. Non-emergency/Screening	\$26.00	\$433.89
GROUP 4. OBSERVATION SERVICES		
a. 1 hour through 6 hours, 30 minutes	\$74.00	\$481.89
b. 6 hours, 31 minutes through 12 hours 30 minutes	\$222.00	\$629.89
c. 12 hours, 31 minutes or more	\$443.00	\$850.89
GROUP 5. PSYCHIATRIC SERVICES		
a. Type A	\$68.00	Not Enrolled
Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00	
b. Type B	\$101.00	Not Enrolled
Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00	
GROUP 6. REHABILITATION SERVICES		
a. Enrolled and billing for Category of Service 29 (Rehabilitation Outpatient Services)	\$130.00	Not Enrolled
Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$130.00	
b. Enrolled and billing for Category of Service 24 (General Outpatient Services)	\$115.00	\$522.89
Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$130.00	