



**HFS**

**Illinois Department of  
Healthcare and Family Services**

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December 3, 2024

CHRISTIAN HOSPITAL NE NW

ATTN: Jeffrey Barbera

11133 Dunn Road

St. Louis, MO 63136

Dear Jeffrey:

RE: CHRISTIAN HOSPITAL NE NW -9993

This letter is in response to an appeal of the 2025 disproportionate share hospital (DSH) adjustment determination. In accordance with 89 Illinois Administrative Code, Section 148.120(c), the Department utilizes cost report information supplied by the hospitals as well as certain days not available from the cost report, to determine the Medicaid inpatient utilization rates for all hospitals. After reviewing the additional data supplied upon appeal, the results are as follows:

Additional Medicaid eligible days requested for inclusion in the MIUR calculation for the annual DSH determination: 0

Additional Medicaid eligible days allowed per HFS review: 0

Final MIUR, DSH, MPA and MHVA rates after review:

|                    |           | Rate Effective Date     |
|--------------------|-----------|-------------------------|
| Revised MIUR:      | 38.56%    | 10/01/2024 – 09/30/2025 |
| Revised DSH Rate:  | \$ 5.00   | 10/01/2024 – 09/30/2025 |
| Revised MPA Rate:  | \$ 81.33  | 01/01/2025 – 12/31/2025 |
| Revised MHVA Rate: | \$ 159.41 | 01/01/2025 – 12/31/2025 |

Any claims paid with the original RY 2025 rates will be retroactively adjusted. This is the final decision by the Department regarding this matter.

Please contact our office at 217/785-0710 if you have questions.

Sincerely,

Dan Jenkins  
Deputy Administrator  
Division of Medical Programs