

Healthcare & Family Services
ADVANCED PAYMENT PLAN AGREEMENT

This AGREEMENT is entered into between: **Presence St. Joseph Medical Center**, provider ID **364195126041**, located at: **333 North Madison St, Joliet, IL 60435** (hereinafter referred to as the PROVIDER) and Healthcare & Family Services (hereinafter referred to as the DEPARTMENT).

WHEREAS, the PROVIDER has submitted a request to the DEPARTMENT, Bureau of Hospital and Provider Services for an advanced payment; and,

WHEREAS, the PROVIDER has met all the requirements for an advance payment; and, WHEREAS, the advanced payment is based upon the following emergency situation; **there is a cash flow problem experienced by the hospital which is related to agency system problems or delayed payments. The advance is necessary to ensure continued access to care for HFS clients.**

NOW THEREFORE, in consideration of the terms set forth herein, the PROVIDER and DEPARTMENT agree as follows:

1. The DEPARTMENT will make an advanced payment to the PROVIDER in the amount of **\$2,272,164**.
2. The DEPARTMENT shall recoup the advanced payment at:
 - A. _____ the rate of **35 percent** of the net total of all services beginning with voucher dates on or after November 1, 2014.
 - B. _____ **100 percent** of vouchers on or after December 1, 2014.
3. The DEPARTMENT will continue to recoup against provider claims until such time that the entire advanced amount of **\$2,272,164** is recouped.
4. If there is a change of PROVIDER ownership, if the PROVIDER'S possession is otherwise transferred, if a change in licensure status occurs, or for any other reason, at the DEPARTMENT'S discretion, the DEPARTMENT may exercise its option to immediately recover the entire balance of the advanced payment due the DEPARTMENT.

The PROVIDER shall comply with all applicable provisions of State and Federal law and regulations.

The PROVIDER certifies that he/she or the firm has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has the PROVIDER made an admission of guilt of such conduct which is a matter of record.

The PROVIDER further certifies that he/she or the firm has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961.

The PROVIDER agrees to comply with the Federal Civil Rights Act of 1964, the Federal Rehabilitation Act of 1973, the Illinois Human Rights Act of all other Federal and State laws, regulations or orders prohibit discrimination because of race, color, religion, sex, national ancestry, age, marital status or physical or mental handicap.

The AGREEMENT entered into: _____ (DATE).

Deputy Administrator

Printed Name of Provider Representative

Administrator
Division of Medical Programs
Healthcare & Family Services

Signature

Title