ILLINOIS DEPARTMENT OF Healthcare and Family Services

Pat Quinn, Governor
Julie Hamos, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

April 11, 2012

Kindred Hospital Springfield
701 N. Walnut
Springfield, IL 62702

Dear Provider;

In accordance with Public Act 096-1130, as signed by Gov. Quinn on July 20, 2010, the department has completed the calculation of all qualifying providers Long Term Acute Care supplemental per diem rate. Your facility has been deemed to meet the criteria as outlined in the Act. This supplemental per diem rate will be added to your current base per diem rate, effective for dates of service October 1, 2011 through Sept. 30, 2012. The department will begin paying this rate upon completion of the following items;

1) A signed provider participation agreement, and
2) A provider readiness review completed by eQ Health Solutions

Section 148.310(a)(i) of the 89 Illinois Administrative Code, allows you hospital 30 days from the date of this letter, to request a review of the Department's rate calculation. Such requests must be made in writing, no later than 30 days from the date of this letter. This appeal must be submitted in writing and must be received or postmarked no later than **May 11, 2012**. Direct this appeal and supporting documentation to:

Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis
Attn: Dan Jenkins
201 South Grand Avenue East, 2nd Floor
Springfield, Illinois 62763

If you have further questions in regard to this program, please do not hesitate to 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) 782-8162.

Sincerely,

F. N. Kopel, Administrator
Division of Finance

Attch:

Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Oct 1, 2011 – Sept 30, 2012

Kindred Hospital - Springfield
701 N Walnut Street
Springfield, IL 62702-4913

·	Hospital fiscal year 2009 Medicaid cost report total reported Medicaid cost (A)	No Applicable LTC Report
·	Hospital fiscal year 2009 Medicaid cost report total reported Medicaid days (B)	N/A
·	Hospital fiscal year 2009 Medicaid cost report total reported Medicaid discharges (C)	N/A
·	Hospital fiscal year 2009 Medicaid cost report based average length of stay	N/A
·	Calculated hospital fiscal year 2009 Medicaid cost per diem (System-wide Average)	$1,228.35
·	Applicable DRI inflation factor *(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)*	1.12884
·	Rate year 2012 inflated per diem rate	$1,386.61

- ***LESS*** -

·	Current Hospital Per Diem base rate o 89 IL Admin Code 148.270(c)(4)		$604.01
·	Rate Year 2012 Disproportionate Share per diem rate (10/1/2011 - 09/30/2012) o 89 IL Admin Code 148.120	$	-
·	Rate Year 2012 Medicaid Percentage Adjustment per diem rate (10/1/2011 - 09/30/2012) o 89 IL Admin Code 148.122	$	-
·	Rate Year 2012 Medicaid High Volume Adjustment per diem rate (10/1/2011 - 09/30/2012) o 89 IL Admin Code 148.290(d)	$	-

Long Term Acute Care Supplemental per diem rate $782.60
Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.

** Rates established based on new provider methodology. Refer to HFS for methodology rules.*