

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

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

December 12, 2012

Pinckneyville Community Hospital  
ATTN: Chief Executive Officer  
101 North Walnut  
Pinckneyville, IL 62274

Public Act 096-1382 created the Critical Access Hospital Rate Adjustment which increased 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, were notified of their new outpatient rates in a letter dated May 20, 2011.

Effective July 1, 2012, hospitals were no longer allowed to bill APL Group 6 services on the UB-04. HFS agreed to recalculate the Critical Access Hospital Rate Adjustment in accordance with Section 148.140(b)(6) of the *89 Illinois Administrative Code* with the APL Group 6 services removed from the base year claims data.

Your hospital has the designation of a Critical Access Hospital and is eligible for the Critical Access Hospital Rate Adjustment. The attached rate sheet lists the increase to the rate that was in effect as of January 1, 2011, the rates in effect 1/1/2011 through 6/30/2012, and your facility's new outpatient APL rates effective 7/1/12 forward.

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 January 11, 2013**. Direct all appeals and supporting documents to:

Illinois Department of Healthcare and Family Services  
Bureau of Rate Development and Analysis  
ATTN: Hospital Unit  
201 South Grand Avenue East, 2<sup>nd</sup> 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.**

F.N. Kopel  
Administrator, Division of Finance

Attachment

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Updated Rates for the Ambulatory Procedure Listing (APL) - Pinckneyville Community Hospital  
Hospital Specific Adjustment Amount: \$72.98

<u>APL Group</u>	<u>Rate Effective 1/1/2011</u>	<u>Rate Effective 7/1/2012</u>
<b>GROUP 1. SURGICAL RATE</b>		
a. Surgical – Intensive	\$2,056.55	\$2,129.53
b. Surgical – Moderate	\$1,311.55	\$1,384.53
c. Surgical – Low	\$1,014.55	\$1,087.53
d. Surgical - Very Low	\$549.55	\$622.53
<b>GROUP 2. DIAGNOSTIC AND THERAPEUTIC</b>		
a. Complex Diagnostic and Therapeutic	\$1,203.55	\$1,276.53
b. High-tech Diagnostic	\$566.55	\$639.53
c. Other Diagnostic	\$438.55	\$511.53
d. Therapeutic Procedures	\$398.55	\$471.53
<b>GROUP 3. EMERGENCY ROOM PROCEDURES</b>		
a. Emergency Level I	\$443.55	\$516.53
b. Emergency Level II	\$329.55	\$402.53
c. Non-emergency/Screening	\$288.55	\$361.53
<b>GROUP 4. OBSERVATION SERVICES</b>		
a. 1 hour through 6 hours, 30 minutes	\$336.55	\$409.53
b. 6 hours, 31 minutes through 12 hours 30 minutes	\$484.55	\$557.53
c. 12 hours, 31 minutes or more	\$705.55	\$778.53
<b>GROUP 5. PSYCHIATRIC SERVICES</b>		
a. Type A Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	Not Enrolled	Not Enrolled
b. Type B Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	Not Enrolled	Not Enrolled