**Section 2090.80 Rate Appeals**

a) Providers may appeal their rates in writing within 30 calendar days of the postmark date of the rate notice.

b) Appeals shall be submitted to the Department.

c) The Department shall determine whether a reason for the appeal exists pursuant to subsection (d) of this Section and that the written appeal contains all elements required in subsection (e) of this Section. Further clarification of the information submitted may be requested of the provider.

d) Rate appeals may be considered for the following reasons:

1) Mechanical or clerical errors committed by the provider in reporting historical expenses used in the calculation of allowable costs.

2) Mechanical or clerical errors committed by the Department in auditing historical expenses as reported and/or in calculating reimbursement rates.

3) The Department and the provider have entered into a written agreement to amend, alter, or modify substantive programmatic or management procedures attendant to the delivery of services, which have a substantial impact upon the costs of service delivery.

4) The Department has amended the licensed capacity of a facility or treatment service.

5) The Department requires substantial treatment service changes as a result of mandated licensure requirements.

6) The Department requires substantial changes in physical plant as a result of mandated licensure requirements. In such instances, the provider must submit a plan of corrections for capital improvements approved by the licensing authority, along with the required cost information.

7) State and/or federal regulatory requirements have generated a substantial increase in allowable costs.

e) To be accepted for review, the written appeal shall include:

1) The current approved reimbursement rate, allowable costs, and the additional reimbursable costs sought through the appeal;

2) A clear, concise statement of the basis for the appeal;

3) A detailed statement of financial, statistical, and related information in support of the appeal, indicating the relationship between the additional reimbursable costs as submitted and the circumstances creating the need for increased reimbursement;

4) A citation to any mandated or contractual requirement pertinent to the appeal; and

5) A statement by the provider's chief executive officer or financial officer that the application of and information contained in the vendor's reports, schedules, budgets, books and records submitted are true and accurate.

(Source: Amended at 23 Ill. Reg. 13879, effective November 4, 1999)