Attachment 2

Dear Provider,

This letter serves as your notification of your discharge payment percentage for your xx/xx/xxx fiscal year end cost report. A provider's discharge payment percentage is calculated by dividing the number of LTCH PPS discharges which did not receive payment at the site neutral rate by the total number of LTCH PPS discharges for the cost reporting period. Our records indicate that for this cost reporting period, you had XX LTCH PPS discharges, of which XX did not receive payment at the site neutral rate. Therefore, your discharge payment percentage for your xx/xx/xxx fiscal year end cost report is XX%.

If you have any questions regarding this calculation please contact <<person>>.

Sincerely,