**Section 148.115 Reimbursement Methodologies for Long Term Acute Care Services**

Effective with discharges on or after July 1, 2014:

a) Inpatient long term acute care psychiatric services excluded from the DRG PPS pursuant to 89 Ill. Adm. Code 149.50(b) shall be reimbursed under the inpatient psychiatric services methodologies specified in Section 148.110.

b) Inpatient long term acute care services excluded from the DRG PPS shall be reimbursed a hospital-specific rate paid per day of covered inpatient care, determined pursuant to this Section. The total payment for an inpatient stay will equal the sum of:

1) the payment determined in this Section; and

2) any applicable adjustments to payment specified in Section 148.290.

c) Payment for long term acute care services provided by a long term acute care hospital, as defined in Section 148.25(d)(4):

1) For which the Department had no inpatient base period paid claims data, shall be the product of the following:

A) $604.00; and

B) The length of stay, as defined in 89 Ill. Adm. Code 149.100(i).

2) For which the Department had inpatient base period paid claims data, shall be the product of the following:

A) The hospital-specific rate, as determined in subsection (d).

B) The length of stay, as defined in 89 Ill. Adm. Code 149.100(i).

d) The hospital-specific rate is calculated as the sum of:

1) The per diem rate for long term acute care services in effect on July 1, 2011.

2) The quotient, rounded to the nearest hundredth, of the hospital's allocated static payments divided by the hospital's covered days in the inpatient base period paid claims data.

e) Definitions

"Allocated static payments" means the adjustment payments made to the hospital pursuant to Sections 148.105, 148.115, 148.126, 148.295, 148.296 and 148.298 during SFY 2011 pursuant to the methodologies outlined in rule as of February 21, 2014 (see http://www2.illinois.gov/hfs/PublicInvolvement/hospital

ratereform/Pages/ Rules.aspx), as determined by the Department, allocated to long-term acute care services based on the ratio of long-term acute care claim charges, excluding psychiatric claim charges, to total inpatient claim charges determined using inpatient base period claims data.

"Inpatient base period paid claims data" means SFY 2011 inpatient Medicaid fee‑for-service paid claims data, excluding Medicare dual eligible claims.

f) Long Term Acute Care Supplemental Per Diem Rates.

1) The long term acute care supplemental per diem rates, as authorized under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act [210 ILCS 155], shall be the amount in effect as of October 1, 2010.

2) No new hospital may qualify under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act after June 14, 2012.

g) Effective for dates of service on and after July 1, 2018, rates in this Section are increased by 10.5 percent.

(Source: Amended at 42 Ill. Reg. 22401, effective November 29, 2018)