**Section 148.620 Assistance Level and Reimbursement**

a) Only approved dialysis facilities that are enrolled with the Department shall be reimbursed for dialysis treatments received by eligible patients.

b) The Department shall reimburse dialysis facilities for a portion of the costs of dialysis treatments provided to eligible patients. The Department will determine annually the rate of reimbursement to be used for the fiscal year, based on Medicare's Composite Payment Rates.

c) Assistance for chronic outpatient dialysis patients who are Medicare eligible, but who also qualify for the Program for both in-facility dialysis and home dialysis, will not exceed 15 percent of the Medicare rate.

d) New patients who qualify for chronic outpatient dialysis assistance during the waiting period for Medicare eligibility (60 to 90 days from the date of first dialysis) will be assisted at a maximum of 95 percent or less of the rate established under subsection (b) of this Section.

e) Patients who will never be eligible or qualify for Medicare will be assisted at a maximum of 95 percent or a minimum of 80 percent of the rate established under subsection (b).

(Source: Added at 26 Ill. Reg. 4825, effective March 15, 2002)