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State/Territory Name: IL

State Plan Amendment (SPA) #: 11-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



August 5, 2015

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #11-001 – Establishes a dental services rate to be paid to encounter rate clinics.

--Effective Date: January 1, 2011

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-01	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2011	

5. TYPE OF PLAN MATERIAL (Check One)

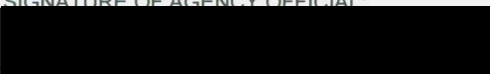
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$0.6 million b. FFY 2012 \$0.7 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, page 1(A)(1); Attachment 4.19-B, page 31C	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, page 1(A)(1); Attachment 4.19-B, page 31C

10. SUBJECT OF AMENDMENT:
Dental Services - Encounter Rate Clinics

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Greg Wilson, Chief 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 3/31/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **3/31/11** 18. DATE APPROVED: **8/5/15**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/11	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

10/05 3. Encounter Rate Clinic Reimbursement

- a. For free-standing encounter rate clinics enrolled in the Medicaid program prior to July 1, 1998, that are not operated by a county with a population of over three million, payment shall be made at the lesser of the following for services on or after October 1, 2005:
 - i. \$90.00 per encounter; or
 - ii. The clinic's charge to the general public.

01/11 b. For encounter rate clinics providing dental services as of January 1, 2011, payment shall be made at the lesser of:

- i. \$85 per encounter; or
- ii. The clinic's historical annual cost per encounter as calculated for a Federally Qualified Health Center (FQHC) in accordance with Section 2(b)(i)(E)(2).

bc. For all other encounter rate clinics, payment shall be made at the lesser of:

- i. The clinic's approved all inclusive interim per encounter rate as of May 1, 1981; or
- ii. \$50.00 per encounter; or
- iii. The clinic's charge to the general public.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

- 07/95 4. "Certified Pediatric Ambulatory Care Center" means a maternal and child health clinic that meets the participation, data and certification requirements described in this Section that qualifies as a hospital-based clinic and that, through staff and supporting resources, provides pediatric primary care and specialty services to Medicaid children with specialty needs from birth through 20 years of age in an outpatient setting. Hospitals with CPACC's must also provide primary care for at least 1,500 children not eligible for enrollment in the CPACC, as part of a CHAPCC, a CHOSC or an encounter rate clinic. Hospitals unable to meet this volume requirement must agree to serve as a specialty referral site for another hospital operating a CPACC through a written agreement submitted to the Department.
- 04/93 5. "Children's hospital" means a hospital that is engaged in furnishing services to outpatients who are predominately individuals under 18 years of age.
- [01/11](#) 6. "Encounter" means a face-to-face visit with a physician, nurse midwife, nurse practitioner or physician supervised physician assistant. Reimbursement for such encounters includes all medically necessary services and supplies furnished by or under the direction of a physician within the scope of their licensed practice. Some examples of these services include:
- a) Medical case management;
 - b) Laboratory services
 - c) Occupational therapy
 - d) Patient transportation
 - e) Pharmacy services
 - f) Physical therapy
 - g) Podiatric services
 - h) Optometric services
 - i) Speech/hearing services
 - j) X-ray services
 - k) Health education
 - l) Nutrition services
 - [m\) Dental services](#)