

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but at or below 150 percent of the FPL:

1. Cost sharing

- a. /No cost sharing is imposed.
- b. /Cost sharing is imposed under Section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			*Method for Determining Family Income (including monthly or quarterly period)
		Deductible	Co-insurance	Co-payment	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

- c. Limitations: The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly and quarterly basis as specified by the State above.
 - Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.

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2. ___/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but at or below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost sharing

- a. ___/No cost sharing is imposed.
- b. ___/Cost sharing is imposed under Section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			Method for Determining Family Income (including monthly or quarterly period)
		Deductible	Co-Insurance	Co-Payment	

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e. Enforcement

1. ___/ Providers are permitted to require, as a condition of the provision of care, items, or services, the payment of any cost sharing.
2. ___/(If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

- a. ___/ No premiums are imposed.
- b. ___/ Premiums are imposed under section 1916A if the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family income (including monthly or quarterly period)

Attach a schedule of the premium amounts for the various eligibility groups. (See above)

- c. Limitation: The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly and quarterly basis as specified by the State above.

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d. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o);
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
- Any other individuals exempted by section 1916A(b)(3)(A) of the Act.

e. Enforcement

1. ___/ Prepayment required for the following groups of individuals who are applying for Medicaid: Parents and caretaker relatives who were canceled for failure to pay premiums will be required to pay the overdue balance as well as the first month's premium prior to start of benefits.
2. ___/ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid: parents and caretaker relatives covered under Section 1902(a)(10)(A)(ii)(I) of the Act.
3. ___/ Payment will be waived on a case-by-case basis for undue hardship.

C. Period for determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

___/ Quarterly

___/ Monthly

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D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

