

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 18-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 3, 2018

Patricia R. Bellock, 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. Bellock:

The Centers for Medicare & Medicaid Services (CMS), has completed its review of Illinois State Plan Amendment (SPA) Transmittal Number (TN) 18-0009.

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

- |             |   |
|-------------|---|
| TN #18-0009 | <ul style="list-style-type: none"><li>– This SPA authorizes the Department of Healthcare and Family Services to increase both the base and mileage charges for ground ambulance service providers by 12%. This increase will apply to emergency and non-emergency ambulance transportation services.</li><li>– Effective Date: July 1, 2018</li><li>– Approval Date: August 3, 2018</li></ul> |
|-------------|---|

If you have any questions regarding this SPA, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

cc: Teresa Hursey, HFS  
Sara Barger, HFS  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>18-0009</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>July 1, 2018</b>

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$875,000 b. FFY 2019 \$3.5 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Page 35A</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-B, Page 35A</b>

10. SUBJECT OF AMENDMENT:

**Increasing the reimbursement rates for ground ambulance emergency and non-emergency base rate and mileage rate**

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: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Terésa T. Hursey</b>	
14. TITLE: <b>Interim Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>06-21-18</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>June 21, 2018</b>	18. DATE APPROVED: <b>August 3, 2018</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2018</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>

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**

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05/15 17. MEDICAL SUPPLIES AND EQUIPMENT:

Medical Supplies: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Supply services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Durable Medical Equipment fee schedule located at

<http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

Medical Equipment: The rate for medical equipment services provided on or after July 1, 2012, shall be the lower of:

- The cost plus 50 percent
- The Medicare allowable rate less 8.7 percent.
- The manufacturer's suggested retail price less 8.7 percent.

07/12 18. TRANSPORTATION: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Ambulance, medicar and service car and taxi providers: base rate plus mileage rate; oxygen add-ons may be reimbursed when provided in ambulances; attendants may be reimbursed when provided by medicars, service cars or taxis; stretchers may be reimbursed when provided by medicars; mileage may be reimbursed when provided by private automobile. Commercial carrier transportation is approved on case-by-case basis and reimbursed at the prevailing or a negotiated rate.

~~12/45~~07/18 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation services. The agency's fee schedule rate was set as of ~~December 22, 2015~~ July 1, 2018, and is effective for services provided on or after that date. All rates are published on the Department's website in the Transportation Services fee schedule located at  
<http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

07/18 Effective for dates of service July 1, 2018, and after the ground ambulance emergency and non-emergency base rate and mileage rate will be increased by 12%.