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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0001

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

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



FINANCIAL MANAGEMENT GROUP

April 9, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

RE: State Plan Amendment 21-0001

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 21-0001. This amendment increases dental rates for services provided by dental practice plans operated by publicly funded academic medical centers.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2021.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion, Director
Division of Reimbursement Review

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0001	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, 2021	

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: Title XIX of the Social Security Act SECTION 1902 42 CFR 440.110	7. FEDERAL BUDGET IMPACT a. FFY 2021 - \$2,250,000.00 b. FFY 2022 - \$3,000,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Pages 34

10. SUBJECT OF AMENDMENT:
Rate increase for dental services provided by dental practice plans operated by publicly funded academic medical centers

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: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 2/3/21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 3, 2021	18. DATE APPROVED: April 9, 2021
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:
pen and ink change made by state - Debi Benson
red pen and ink change made by DRR with state approval - DB

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**

8. DENTAL SERVICES: Reimbursement will be made for eligible recipients at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken.
- 07/18 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Dental services. The agency's fee schedule rate was set as of 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 Dental Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 01/21 Dental services provided by public academic medical centers will be reimbursed at the fee schedule rate set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Department's reimbursement webpage located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 9. EYEGLASSES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Eyeglasses. 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 Optometric Services Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- Eyeglasses, including lenses and frames, are provided based on fee schedule rates established through contract in the State of Illinois in accordance with Section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.54(d)(1).
- 05/15 10. PODIATRIC SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Podiatric services. The agency's fee schedule rate was set as of October 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Podiatrist Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- For Illinois public universities, supplemental payments are available for services provided by podiatrists employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to podiatric services.