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State/Territory Name: IL

State Plan Amendment (SPA) #: 21-0022

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

January 25, 2022

Kelly Cunningham, Medicaid Administrator
State of Illinois, Division of Medical Programs
Department of Healthcare and Family
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

RE: TN 21-0022

Dear Ms. Cunningham:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, IL 21-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 7, 2021. This plan amendment updates the reimbursement immunizations for children under 21.


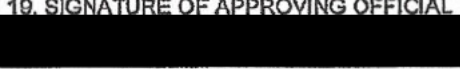
Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 1 — 0 0 2 2	2. STATE IL
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO. CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.40		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 4,500,000 b. FFY 2023 \$ 6,000,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 35B		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 35B	
9. SUBJECT OF AMENDMENT Reimbursement for immunizations for children under 21.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001	
12. TYPED NAME Teresa Eagleson			
13. TITLE Director of Healthcare and Family Services			
14. DATE SUBMITTED 12/7/2021			
FOR CMS USE ONLY			
16. DATE RECEIVED December 7, 2021		17. DATE APPROVED January 25, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

STATE PLAN UNDER TITLE XXX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—

OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

19. FAMILY PLANNING: Variable maximum per visit category: initial visit, annual visit, routine visit, problem visit and supply visit.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning 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 Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

- 01/22 20. HEALTHY KIDS SERVICES: (Early and Periodic Screening, Diagnosis and Treatment); Variable maximum depending upon provider type: hospital outpatient clinic facility—Department approved outpatient rate; encounter rate clinic—Department approved visit rate; physician visit—Department approved rate(s).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of healthy kids services. The agency's fee schedule rate was set as of July 1, 2012 January 1, 2022, and is effective for services provided on or after that date. All rates are published on the Department's website in Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

TN#2100022

Supersedes

TN#1500196

Approve date: 01/25/2022

Effective date: 01/01/2022