

## **Table of Contents**

**State Territory Name: ILLINOIS**

**State Plan Amendment (SPA) #: 22-0024**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



## **FINANCIAL MANAGEMENT GROUP**

### **Division of Reimbursement Review**

---

April 27, 2023

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

RE: State Plan Amendment 22-0024

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0024. This amendment establishes Outpatient Hospital (OH) reimbursement rates for medical forensic examinations.

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 July 1, 2022.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosure

|   |  |  |                       |
|---|--|--|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  |  | <b>1. TRANSMITTAL NUMBER</b><br>2 2 — 0 0 2 4  | <b>2. STATE</b><br>IL |
| <b>TO: CENTER DIRECTOR</b><br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | <b>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</b><br><input checked="" type="radio"/> XIX <input type="radio"/> XXI   |                       |
| <b>5. FEDERAL STATUTE/REGULATION CITATION</b><br>42 CFR 440.20  |  | <b>4. PROPOSED EFFECTIVE DATE</b><br>July 1, 2022  |                       |
| <b>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b><br>Attachment 4.19-B, Pages 10 and 31B3   |  | <b>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</b><br>a. FFY 2022 \$ 350,000<br>b. FFY 2023 \$ 1,400,000   |                       |
| <b>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b><br>Attachment 4.19-B, Pages 10 and 31B3  |  | <b>9. SUBJECT OF AMENDMENT</b><br><br>Medical forensic examination reimbursement for outpatient hospitals and FQHCs  |                       |
| <b>10. GOVERNOR'S REVIEW (Check One)</b><br><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL<br><input checked="" type="radio"/> OTHER, AS SPECIFIED: |  |  |                       |
| <b>11. SIGNATURE OF STATE AGENCY OFFICIAL</b><br><div style="background-color: black; height: 20px; width: 100%;"></div>  |  | <b>15. RETURN TO</b><br>Department of Healthcare and Family Services<br>Bureau of Program and Policy Coordination<br>Attn: Mary Doran<br>201 South Grand Avenue East<br>Springfield, IL 62763-0001 |                       |
| <b>12. TYPED NAME</b><br>Theresa Eagleson   |  | <b>13. TITLE</b><br>Director of Healthcare and Family Services   |                       |
| <b>14. DATE SUBMITTED</b><br>9/29/22  |  | <b>16. DATE RECEIVED</b><br>September 29, 2022   |                       |
| FOR CMS USE ONLY  |  |  |                       |
| <b>18. EFFECTIVE DATE OF APPROVED MATERIAL</b><br>July 1, 2022  |  | <b>17. DATE APPROVED</b><br>April 27, 2023   |                       |
| PLAN APPROVED - ONE COPY ATTACHED   |  |  |                       |
| <b>20. TYPED NAME OF APPROVING OFFICIAL</b><br>Todd McMillion   |  | <b>19. SIGNATURE OF APPROVING OFFICIAL</b><br><div style="background-color: black; height: 20px; width: 100%;"></div>  |                       |
| <b>21. TITLE OF APPROVING OFFICIAL</b><br>Director, Division of Reimbursement Review  |  | <b>22. REMARKS</b><br><br>Pen and ink change authorized by state   |                       |

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**

---

07/14 1.1. Reimbursement for Hospital Outpatient and Clinic Services Effective for Services on or after July 1, 2014.

a. Fee-For-Service Reimbursement

- i. Reimbursement for hospital outpatient and clinic services shall be made on a fee-for-service basis except for:
  - A. Services as described in subsection b of this Section;
  - B. End Stage Renal Disease Treatment (ESRDT) services, as described in subsection c. of this Section;
  - C. Those services provided by a Freestanding Emergency Center, as described in subsection h. of this Section.
  - D. Medical forensic examinations provided to a sexual assault survivor shall be reimbursed at a rate of \$1,000.
- ii. Except for the services reimbursed under the EAPG PPS, described in subsection (b) of this Section, fee-for-service reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals in the same manner as non-hospital providers who bill fee-for-service.