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**State/Territory: Illinois**

**State Plan Amendment (SPA) #: 22-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Medical Benefits Health Programs Group**

November 16, 2023

Theresa Eagleson  
Director of Healthcare and Family Services  
Illinois Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
201 South Grand Avenue East  
Springfield, IL 62763-0002

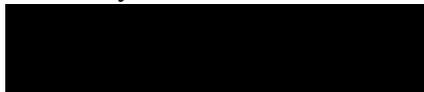
Dear Theresa Eagleson,

The CMS Division of Pharmacy team has reviewed Illinois State Plan Amendment (SPA) 22-0031 received in the CMS Medicaid & CHIP Operations Group on September 30, 2022. This SPA proposes to increase the professional dispensing fee for Illinois based hemophilia treatment centers for 340B purchased antihemophilic products to \$207.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0031 is approved with an effective date of September 3, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the updated, signed CMS-179 form, as well as the pages approved for incorporation into Illinois' state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or [terry.simananda@cms.hhs.gov](mailto:terry.simananda@cms.hhs.gov).

Sincerely,



Cynthia R. Denemark, R.Ph.  
Director  
Division of Pharmacy

cc: Mary Doran, Illinois Department of Healthcare and Family Services  
Courtenay Savage, Illinois State Lead, Medicaid Program Operations, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 3 1</u>	2. STATE <u>IL</u>
	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 September 3, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>400</u> b. FFY <u>2023</u> \$ <u>5,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 32A	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 32A	

9. SUBJECT OF AMENDMENT  
Dispensing Fee - Antihemophilic Products

10. 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:

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 THERESA EAGLESON	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED 9/30/2022	

FOR CMS USE ONLY

16. DATE RECEIVED September 30, 2022	17. DATE APPROVED November 16, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL September 3, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denmark, R.Ph.	21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy
22. 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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- 09/22 c. PROFESSIONAL DISPENSING FEE. Effective July 15, 2019, the professional dispensing fee for Illinois-based Critical Access Pharmacies shall be \$15.55 for both single source and multiple source drugs. For all other pharmacies, the professional dispensing fee shall be \$8.85 for both single source and multiple source drugs. Critical Access Pharmacies are defined as pharmacies physically located within Illinois in counties with less than 50,000 residents; and whose owner(s) do not have ownership or control interest in ten (10) or more pharmacies; and which are brick and mortar, meaning the pharmacy location is open to the public, recipients present at the pharmacy to fill prescriptions, and the majority of the pharmacy's business is not mail order based or through delivery to a residential facility and which is not owned/operated by a hospital or located within a hospital. Effective February 1, 2013, the professional dispensing fee for 340B purchased drugs shall be \$12.00 for both single source and multiple source drugs. Effective September 3, 2022, the professional dispensing fee for Illinois-based hemophilia treatment centers as defined under Section 501(a)(2) of the Social Security Act shall be \$207 for 340B purchased antihemophilic products. Only one professional dispensing fee shall be paid for each 30 or greater day supply of drugs dispensed.
- 07/19 d. CRITICAL CLINIC PROVIDERS. Reimbursement for prescribed drugs dispensed by Critical Clinic Providers shall be at the rate described in Chapter 30, subsection (d)(ii)(A) for that class of providers.
- 02/12 e. PRICING. Drug prices are updated no less frequently than monthly utilizing data procured from a national drug database source.
- 10/14 f. FQHC/RHC Long Acting Reversible Contraceptives (LARCs) and Non-surgical, Transcervical Permanent, Female Contraceptive Devices.
- Effective for dates of service on or after October 13, 2012, FQHCs and RHCs, as described in subsection (2)(a), may elect to receive reimbursement for LARCs (specifically intrauterine devices and single rod implantable devices) for contraceptive purposes.
- Effective for dates of service on or after October 1, 2014, FQHCs and RHCs, as described in subsection (2)(a), may elect to receive reimbursement for non-surgical transcervical permanent contraceptive devices.
- Reimbursement for the LARCs and transcervical permanent contraceptive devices shall be made in accordance with the following:
- i. To the extent that the LARCs or transcervical permanent contraceptive devices were purchased under the 340B Drug Pricing Program, the FQHC or RHC must bill the actual acquisition cost for the device.
  - ii. Reimbursement shall be made at the FQHC or RHC's actual 340B acquisition cost for LARCs and transcervical permanent contraceptive devices purchased through the 340B program. For LARCs and transcervical permanent contraceptive devices not purchased through the 340B program, reimbursement shall be made at the lower of the provider's charges, which shall be actual acquisition cost plus a \$12 administration fee, or the rate on the Department's practitioner fee schedule.
  - iii. Reimbursement is separate from any encounter payment the FQHC or RHC may receive for LARCs or transcervical permanent contraceptive devices.