

Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 23-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

March 27, 2024

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

Re: Illinois State Plan Amendment (SPA) 23-0021

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) IL-23-0021. This amendment proposes to add a new Section 7.4.B in order to temporarily extend provisions originally approved in Disaster Relief SPAs IL-20-0004, IL-20-0013, IL-21-0004, IL-21-0005, and IL-23-0016.

This amendment also proposes to add a new Section 7.4.C to temporarily increase the asset test to \$17,500 for Medicaid beneficiaries determined eligible through the Aged, Blind, and Disabled category.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois' Medicaid SPA Transmittal Number 23-0021 is approved with an effective date of May 12, 2023.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2024.03.27
08:12:16 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Kelly Cunningham
Mary Doran
Annet Godiksen
Kati Hinshaw

State/Territory: Illinois

7.4.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 11/08/2023 in SPA Number 23-0016) of the state plan.

Enrollment

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Presumptive Eligibility for MAGI Adults: *The state chooses to add Presumptive Eligibility for MAGI parents and caretaker relative adults eligible under 1902 (a) (10) (A) (i) I, former foster care under 1902 (a) (10) (A)(i) (IX), pregnant women as identified in the eligibility groups listed in SPA 14.0003 (S28), and Medicaid Expansion Adults eligible under 1902(a)(10)(A)(i)(VIII).*

More Frequent PE for Children and Adults: *The state requests to change the children's limit on PE periods to two times per calendar year and to apply this new limit to PE under the newly requested MAGI categories.*

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

The state requests to change the limit for presumptive eligibility for pregnant women to two times in a calendar year.

Premiums and Cost Sharing

2. The agency suspends enrollment fees, premiums and similar charges for:

a. All beneficiaries

b. The following eligibility groups or categorical populations:

Premiums are suspended for those enrolled in the Ticket to Work (Medicaid Buy-In) program, the only Title XIX program that currently requires premiums.

State/Territory: Illinois

Benefits

Benefits:

2. X The agency makes the following adjustments to benefits currently covered in the state plan:

1. *Effective retroactive to March 1, 2020, for the purposes of testing to diagnose or detect SARS-CoV-2 antibodies to SARS-CoV-2, or COVID-19, tests conducted in non-office settings such as parking lots are covered, exempting requirements in 42 CFR 440.30(b).*

2. *Preventive Services (42 CFR 440.130(c). Service: The ordering and/or administration of COVID-19 vaccines by qualified providers in accordance with [HHS COVID-19 Public Readiness and Emergency Preparedness Act \(PREP Act\) Declaration](#) and authorizations. Services are to prevent disease, disability and other health conditions or their progression; prolong life; and promote physician and mental health and efficiency.*

Qualified Providers:

- *Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.*
- *Licensed pharmacists employed by an enrolled pharmacy are qualified to order and administer COVID-19 vaccines per the HHS COVID-19 PREP Act Declaration and authorizations.*
- *Pharmacy technicians and pharmacy interns employed by an enrolled pharmacy may also administer COVID-19 vaccines when ordered by the supervising licensed pharmacist per the HHS COVID-19 PREP Act Declaration and authorizations.*

3. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the state wideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

Telehealth:

5. X The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

The state has added virtual check-in visit and e-visit codes to the [COVID-19 Fee Schedule](#). Additionally, FQHCs, RHCs, Encounter Rate Clinics and Critical Clinic Providers may bill these codes, fee-for-service, at the rate established by the Department as listed on the [COVID-19 Fee Schedule](#). The clinics identified above will not receive their established encounter rate for virtual check-in visits and e-visits.

State/Territory: Illinois

Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

a. Published fee schedules –

Effective date (enter date of change): March 9, 2020

Location (list published location): <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

b. Other:

Payment for services delivered via telehealth:

2. For the duration of the emergency, the state authorizes payments for telehealth services that:

a. Are not otherwise paid under the Medicaid state plan;

b. Differ from payments for the same services when provided face to face;

c. Differ from current state plan provisions governing reimbursement for telehealth;

The state has added virtual check-in visit and e-visit codes to the [COVID-19 Fee Schedule](#). Additionally, FQHCs, RHCs, Encounter Rate Clinics and Critical Clinic Providers shall bill these codes, fee-for-service, at the rate established by the Department as listed on the [COVID-19 Fee Schedule](#). The clinics identified above will not receive their established encounter rate for virtual check-in visits and e-visits.

d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

3. Other payment changes:

COVID-19 Diagnostic Testing Specimen Collection APM for FQHCs and RHCs:

TN: 23-0021

Supersedes TN: [New Page](#)

Approval Date: 03/27/2024

Effective Date: 05/12/2023

Effective March 17, 2020, for COVID-19 diagnostic testing specimen collection, FQHCs and RHCs, that agree to accept an alternative payment methodology (APM) will be paid the Illinois [COVID-19 fee schedule](#) rate for Handling of Specimen for Transfer from Office to a Lab when there is a COVID-19 testing-only visit and the COVID-19 diagnostic testing specimen collection is administered by staff who have authority to do so under state law and are covered under Illinois' Medicaid State Plan. The supplemental amounts made under this APM are in addition to the Prospective Payment System (PPS) paid to the FQHCs and RHCs for an encounter. The amount in total paid to the FQHCs and RHCs is at least their provider-specific PPS rate.

This APM was developed to support FQHCs and RHCs as key COVID-19 diagnostic testing providers in Illinois' COVID-19 testing strategy. Payments under this APM are to cover the additional costs associated with COVID-19 diagnostic testing specimen collection by FQHCs and RHCs during COVID-19 testing-only visits as the PPS cost base for FQHCs and RHCs did not include these costs. The supplemental amount paid under this APM is the Illinois [COVID-19 fee schedule](#) rate for Handling of Specimen for Transfer from Office to a Lab, which is equivalent to 100% of the Medicare Rest of IL reimbursement rate developed by CMS to account for the additional costs associated with COVID-19 diagnostic testing specimen collection. This rate is being used as FQHC and RHC cost data history is not available for rate development and it is the same rate paid to other outpatient clinics that have comparable costs for COVID-19 testing specimen collection. FQHCs and RHCs that opt-in to this APM must agree that the Illinois [COVID-19 fee schedule](#) rate covers their increased costs associated with COVID-19 testing specimen collection in supplement to their PPS rate.

FQHCs and RHCs will receive the [COVID-19 fee schedule](#) rate for each COVID-19 diagnostic testing specimen collection administered during COVID-19 testing-only visits. Payments made to the FQHCs and RHCs under this APM will be made per submitted claim for the administration of COVID-19 diagnostic testing specimen collection during a COVID-19 testing-only visit, effective with dates of service beginning March 17, 2020, through the end of the public health emergency.

The supplemental payments under this APM are only for COVID-19 testing-only visits. If the COVID-19 diagnostic testing specimen collection is administered as part of a billable encounter visit, then the FQHCs or will receive their provider-specific PPS rate. FQHCs and RHCs Providers may not receive a supplemental payment under this APM and a PPS payment for encounters that include COVID-19 diagnostic testing specimen collection.

COVID-19 Vaccine Administration APM for FQHCs and RHCs:

Effective December 11, 2020, for COVID-19 vaccine administration, FQHCs and RHCs that agree to accept an APM will be paid the Illinois [COVID-19 fee schedule](#) rate for COVID-19 Vaccine Administration when the COVID-19 vaccine is administered by staff who have authority to do so under state law and are covered under Illinois' Medicaid State Plan. The supplemental amounts made under this APM are in addition to the PPS paid to the FQHCs and RHCs, for an encounter. The amount in total paid to the FQHCs and RHCs is at least their provider-specific PPS rate.

This APM was developed to support FQHCs and RHCs as key COVID-19 vaccine administration providers in Illinois' COVID-19 vaccination strategy. Payments under this APM are to cover the additional costs associated with COVID-19 vaccine administration by FQHCs and RHCs, during COVID-19 vaccination administration-only visits as the PPS cost base did not include these costs.

The supplemental amount paid under this APM is the Illinois [COVID-19 fee schedule](#) rate for COVID-19 Vaccine Administration, which is equivalent to 100% of the Medicare Suburban Chicago reimbursement rate developed by CMS to account for the additional costs associated with COVID-19 vaccine administration. This rate is being used as FQHC and RHC, cost data history is not available for rate development and it is the same rate paid to other outpatient clinics that have comparable costs for COVID-19 vaccine administration. FQHCs and RHCs that opt-in to this APM must agree that the Illinois [COVID-19 fee schedule](#) rate covers their increased costs associated with COVID-19 vaccine administration in supplement to their PPS rate.

FQHCs and RHCs will receive the [COVID-19 fee schedule](#) rate for each COVID-19 vaccine administered only visit. Payments made to the FQHCs and RHCs under this APM will be made per submitted claim for the standalone administration of a COVID-19 vaccine, effective with dates of service beginning December 11, 2020, through the end of the public health emergency.

The supplemental payments under this APM are for COVID-19 vaccine administration. If the COVID-19 vaccine administration is administered as part of a billable encounter visit, to receive a supplemental payment under this APM in addition to the PPS payment for the encounter, FQHCs and RHCs must submit COVID-19 vaccine administration codes on a claim separate from any other codes.

COVID-19 Diagnostic Testing Specimen Collection Reimbursement for Encounter Rate Clinics and Critical Care Providers:

Effective March 17, 2020, for COVID-19 diagnostic testing specimen collection, Encounter Rate Clinics and Critical Clinic Providers will be paid the Illinois [COVID-19 fee schedule](#) rate for Handling of Specimen for Transfer from Office to a Lab when there is a COVID-19 testing-only visit and the COVID-19 diagnostic testing specimen collection is administered by staff who have authority to do so under state law and are covered under Illinois' Medicaid State Plan.

This payment was developed to support Encounter Rate Clinics and Critical Clinic Providers as key COVID-19 diagnostic testing providers in Illinois' COVID-19 testing strategy. These payments are to cover the additional costs associated with COVID-19 diagnostic testing specimen collection by Encounter Rate Clinics and Critical Clinic Providers during COVID-19 testing-only visits as the cost base for Encounter Rate Clinics and Critical Clinic Providers did not include these costs. The payment for this service is the Illinois [COVID-19 fee schedule](#) rate for Handling of Specimen for Transfer from Office to a Lab, which is equivalent to 100% of the Medicare Rest of IL reimbursement rate developed by CMS to account for the additional costs associated with COVID-19 diagnostic testing specimen collection. This rate is being used as Encounter Rate Clinic and Critical Clinic Provider cost data history is not available for rate development and it is the same rate paid to other outpatient clinics that have comparable costs for COVID-19 testing specimen collection. The Illinois [COVID-19 fee schedule](#) rate covers their increased costs associated with COVID-19 testing specimen collection.

Encounter Rate Clinics and Critical Clinic Providers will receive the [COVID-19 fee schedule](#) rate for each COVID-19 diagnostic testing specimen collection administered during COVID-19 testing-only visits. Payments made to the Encounter Rate Clinics or Critical Clinic Providers will be made per submitted claim for the administration of COVID-19 diagnostic testing specimen collection during a COVID-19 testing-only visit, effective with dates of service beginning March 17, 2020, through the end of the public health emergency.

If more than only a COVID-19 diagnostic testing specimen collection is administered as part of a billable encounter visit, then the Encounter Rate Clinics and Critical Clinic Providers will receive their provider-specific encounter rate.

COVID-19 Vaccine Administration Payment for Encounter Rate Clinics and Critical Clinic Providers:

Effective December 11, 2020, for COVID-19 vaccine administration, Encounter Rate Clinics and Critical Clinic Providers will be paid the Illinois [COVID-19 fee schedule](#) rate for COVID-19 Vaccine Administration when the COVID-19 vaccine is administered by staff who have authority to do so under state law and are covered under Illinois' Medicaid State Plan.

This payment was developed to support Encounter Rate Clinics and Critical Clinic Providers as key COVID-19 vaccine administration providers in Illinois' COVID-19 vaccination strategy. These payments are to cover the additional costs associated with COVID-19 vaccine administration by Encounter Rate Clinics and Critical Clinic Providers during COVID-19 vaccine administration-only visits as the cost base for Encounter Rate Clinics and Critical Clinic Providers did not include these costs. The supplemental amount paid is the Illinois [COVID-19 fee schedule](#) rate for COVID-19 Vaccine Administration, which is equivalent to 100% of the Medicare Suburban Chicago reimbursement rate developed by CMS to account for the additional costs associated with COVID-19 vaccine administration. This rate is being used as Encounter Rate Clinic and Critical Clinic Provider cost data history is not available for rate development and it is the same rate paid to other outpatient clinics that have comparable costs for COVID-19 vaccine administration. The Illinois [COVID-19 fee schedule](#) rate covers their increased costs associated with COVID-19 vaccine administration.

Encounter Rate Clinics and Critical Clinic Providers will receive the [COVID-19 fee schedule](#) rate for each COVID-19 vaccine administered only visit. Payments made to the Encounter Rate Clinics and Critical Clinic Providers will be made per submitted claim for the standalone administration of a COVID-19 vaccine, effective with dates of service beginning December 11, 2020, through the end of the public health emergency.

If the COVID-19 vaccine administration is administered as part of a billable encounter visit, to receive this payment for COVID-19 vaccination administration in addition to the payment for the encounter, Encounter Rate Clinics and Critical Clinic Providers must submit COVID-19 vaccine administration codes on a claim separate from any other codes.

State/Territory: Illinois

7.4.C. Temporary Policies in effect following the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 11/08/2023 in SPA Number 23-0016) of the state plan, with modifications.

Eligibility

The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive resource methodologies:

Disregard resources between the resource eligibility standard and \$17,500 in determining eligibility for the following groups:

- Mandatory ABD group for 209(b) States--1902(f)
- Age and Disability-Related Poverty Level Group--1902(a)(10)(A)(ii)(X)
- Medically Needy Individuals under 21--1902(a)(10)(C)
- Medically Needy Individuals Based on Age, Blindness, or Disability--1902(a)(10)(C)