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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 24-0007

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 14, 2024

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

RE: TN 24-0007

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 24-0007, which was submitted to CMS on March 15, 2024. This plan amendment updates Fee-for Service rate schedules for Physicians and Other Licensed Practitioner services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. 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 Debi Benson at 312-886-0360 or via email at Deborah.Benson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

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 4 — 0 0 0 7

2. STATE

I L

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.50, 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2024 \$ 36,240,000

b FFY 2025 \$ 72,480,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Introduction Page 1, 33, 33C, 34, 47D, & 47E

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B, Introduction Page 1, 33, 33C, 34, 47D,
& 47E

9. SUBJECT OF AMENDMENT

Updating certain provider rates established by the Practitioner Fee Schedule.

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. SENDER AGENCY OFFICIAL

12. TYPED NAME
Kelly Cunningham13. TITLE
Administrator Division of Medical Programs14. DATE SUBMITTED
March 15, 2024

15. RETURN TO

Department of Healthcare and Family Services

Bureau of Program and Policy Coordination

Attn: Kati Hinshaw

201 South Grand Avenue East Springfield, IL 62763-0001

FOR CMS USE ONLY16. DATE RECEIVED
March 15, 202417. DATE APPROVED
June 14, 2024**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion21. TITLE OF APPROVING OFFICIAL
Division of Reimbursement Review

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****Effective dates for Reimbursement Rates for Specified Services:**

Reimbursement rates for the services listed in this introductory section are effective for services provided on or after that date. Reimbursement is made at the lesser of the usual and customary charge to the general public or the 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.

All rates are published on the Department's reimbursement webpage located at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Other Laboratory & X-Ray Services	p. 33	Practitioner	April 1, 2024
Physician's Services	p. 33-33C	Practitioner	April 1, 2024
Physician's Services - Optometrists	p. 33-33C	Optometric	April 1, 2024
Dental Services	p. 34	Dental	January 1, 2023
Eyeglasses	p. 34	Optometric	April 1, 2024
Podiatric Services	p. 34	Podiatric	April 1, 2024
Speech, Occupational, & Physical Therapy Services	p. 35	Therapy Providers	January 1, 2024
Audiology Services	p. 35	Audiologist	April 1, 2024
Prosthetic Devices	p. 35	Durable Medical Equipment	January 1, 2024
Medical Supplies & Equipment	p. 35A	Durable Medical Equipment	January 1, 2024
Transportation Services	p. 35A	Transportation	January 1, 2024
Family Planning Services	p. 35B	Family Planning	January 1, 2024
EPSDT, Healthy Kids Services	p. 35B	Practitioner	January 1, 2024
EPSDT, In-Home Shift Nursing Services	p. 35B	Home Health	January 1, 2024
Licensed Clinical Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and Licensed Marriage and Family Therapist Services	p. 47D	Licensed Practitioner of the Healing Arts	April 1, 2024
Pharmacist Services	p. 47E	Pharmacist	January 1, 2023
Acupuncturist Services	p. 47E	Acupuncture	April 1, 2023
Screening Services	p. 48	Practitioner	January 1, 2024
Preventive Services – Adaptive Behavior Support	p. 48	Adaptive Behavior Support	October 1, 2021
Preventive Services, Doula Services	p. 48(1)	Doula	February 1, 2024

Payment methodologies are listed in the Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, pages that follow.

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**

5. RESERVED

- 01/24 6. OTHER LABORATORY AND X-RAY SERVICES: Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the statewide maximum established by the Department, not to exceed the upper limits specified in federal regulations. Reimbursement is based upon the applicable modifier billed by the provider, and will be either for the technical component, the professional component, or a global amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Laboratory and X-ray services. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.

Clinic diagnostic laboratory services comply with Section 1903(i)(7) of the Social Security Act, which limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis.

- 04/24 Providers participating in the state's Breast Cancer Quality Screening and Treatment Initiative are reimbursed for mammography and breast tomosynthesis services at the Medicare Chicago Metropolitan rate.

- 01/24 7. PHYSICIAN'S SERVICES: Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 Physician services. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.

Providers, including practitioners working under the supervision of the physician and billing under the physician's name and provider number, statewide who meet the participation requirements for the Maternal and Child Health Program receive enhanced reimbursement rates for services provided to pregnant women and children through age 20 who are participants in the MCH Program. The enhanced rates, which are detailed on the practitioner fee schedule and paid in combination with the maximum fee-for-service rates, include:

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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7. Physician Services, Continued:
- 07/19 Effective for dates of service July 1, 2019 and after, physicians and APNs partnering with participating providers of Mental Health Rehabilitative Services and who bill the Mental Health Rehabilitative service provider's National Provider Identification (NPI) as their payee will receive an add-on payment. The procedure codes and reimbursement rates subject to the add-on payment are published on the Practitioner Fee Schedule located at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>
- 07/19 Effective for dates of service July 1, 2019 and after, certain office visits and behavioral health procedure codes billable by physicians board certified in psychiatry and APNs with a psychiatric certification will be reimbursed at the Medicare rate in effect on July 1, 2019. The procedure codes and reimbursement rates subject to the rate increase are published on the Practitioner Fee Schedule located at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>
- 01/23 Effective for service on or after January 1, 2023, physicians, APNs, and physician's assistants are eligible to receive quality incentive payments within the timeframes outlined below. Payments will be made as follows:
- a. A \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs within 26 days after the delivery date.
 - b. A separate \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs between 27-89 days after the delivery date.

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8. DENTAL SERVICES: Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the statewide maximum 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.
- 04/24 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 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://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 9. EYEGLASSES: Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 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).
- 04/24 10. PODIATRIC SERVICES: Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published 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.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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26. Other Practitioner Services:

- 04/24 A. Licensed Clinical Psychologists. Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 psychologist services. Psychologists will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 B. Licensed Clinical Social Workers (LCSWs). Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 social worker services. Social workers will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 C. Licensed Clinical Professional Counselors (LCPC). Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 LCPC services. LCPCs will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 D. Licensed Marriage and Family Therapists (LMFTs). Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 LMFT services. LMFTs will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

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26. Other Practitioner Services, continued:

- 04/24 E. Pharmacist Services. Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 pharmacist services. Pharmacists will be reimbursed at 85% of the physician reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 F. Acupuncturist Services. Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the 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 acupuncturist services. Acupuncturists will be reimbursed at 60% of the Medicare reimbursement rate. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.