

Table of Contents

State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 24-0025

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

April 1, 2025

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

RE: TN 24-0025

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 24-0025, which was submitted to CMS on October 1, 2024. This plan amendment updates rates for Physician, Free Standing Birth Centers, Early and Periodic Screening Diagnostic, and Treatment (EPSDT), and Dental 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 January 1, 2025. 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,



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 2 5 2. STATE IL

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440

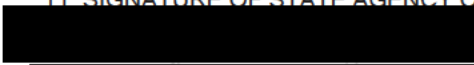
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 10,052,550
b. FFY 2026 \$ 13,403,400

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Introduction Pages 1 & 2, and Pages 33C, 48(A)(1), and 48(B)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Introduction Pages 1 & 2, and Pages 33C, 48(A)(1), and 48(B)

9. SUBJECT OF AMENDMENT
Incorporates various provider rate increases and updates the fee schedule date for state plan services.

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


12. TYPED NAME
Kelly Cunningham

13. TITLE
Administrator Division of Medical Programs

14. DATE SUBMITTED
October 1, 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 ONLY

16. DATE RECEIVED
October 1, 2024

17. DATE APPROVED
April 1, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

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 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, with the following exception:

1. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methodologies are listed in the Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, pages that follow. For services provided via telehealth, qualifying patient sites are reimbursed a facility fee of \$25; the distant site provider is reimbursed in accordance with the standard Medicaid reimbursement methodology for the allowable Medicaid services performed. 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	January 1, 2025
Physician’s Services	p. 33-33C	Practitioner	January 1, 2025
Physician’s Services - Optometrists	p. 33-33C	Optometric	January 1, 2025
Dental Services	p. 34	Dental	January 1, 2025
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, 2025
Medical Supplies & Equipment	p. 35A	Durable Medical Equipment	January 1, 2025
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, 2025
EPSDT, In-Home Shift Nursing Services	p. 35B	Home Health	January 1, 2025
Rehabilitative Services, Substance Use Disorder Treatment	p. 38-39	Substance Use Prevention & Recovery	July 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

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**

Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Pharmacist Services	p. 47E	Pharmacist	January 1, 2023
Acupuncturist Services	p. 47E	Acupuncture	April 1, 2023
Licensed Genetic Counselors	p. 47E	Practitioner	January 1, 2025
Licensed Certified Professional Midwives	p. 47E	Midwives	September 5, 2024
Screening Services	p. 48	Practitioner	January 1, 2025
Preventive Services, Adaptive Behavior Support	p. 48	Adaptive Behavior Support	October 1, 2021
Preventive Services, Lactation Support Services	p. 48	Lactation Consultant	January 1, 2024
Preventive Services, Doula Services	p. 48(1)	Doula	February 1, 2024
Preventive Services, Home Visiting	p. 48(1)	Home Visiting	September 5, 2024
Freestanding Birth Centers	p. 48(A)(1)	Birth Centers	January 1, 2025

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**

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>
- 01/25 Certain office visits and behavioral health procedure codes billable by physicians board certified in psychiatry and APNs with a psychiatric certification 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, 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>
- 01/23 Effective for dates of 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.

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**

01/25 30. Other Clinics

a. Reimbursement for Freestanding Birth Centers

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 Freestanding Birth Centers. 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/>.

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**

30. Other Clinics (continued)

b. Reimbursement for End Stage Renal Disease Treatment

The amount approved for payment of esrdt shall be based on the methodology of 1.1.g of this attachment.

c. Reimbursement for Ambulatory Surgical Treatment Center

Ambulatory Surgical Treatment Center (ASTC) EAPG standardized amount. For ASTC's as defined in Attachment 3.1-A 21), the EAPG standardized amount is determined such that simulated EAPG payments using outpatient base period paid claims data are equal to reported payments of outpatient base period paid claims data as contained in the Department's claims data warehouse.