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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 24-0031

This file contains the following documents in the order

listed: 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

November 26, 2024

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

RE: TN 24-0031

Dear Director Cunningham:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 24-0031, which was submitted to CMS on October 18, 2024. This plan amendment adds an add-on payment for Renal Dialysis.

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 page.

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

Todd McMillion

Director

Division of Reimbursement Review

Enclosures

CENTERO I OR MEDIO/IRE & MEDIO/IRE GERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT O XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.60	a FFY 2025 \$ 1,070,000 b. FFY 2026 \$ 1,425,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 18.1	Attachment 4.19-B Page 18.1
9. SUBJECT OF AMENDMENT	
Renal Dialysis Add-On Payment	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	O THER, ABBI EDINES.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
11. SIGNATURE OF STATE AGENCY OFFICIAL	Department of Healthcare and Family Services
	Bureau of Program and Policy Coordination
12. TYPED NAME Kelly Cunningham	Attn: Kati Hinshaw
13. TITLE	201 South Grand Avenue East Springfield, IL 62763-0001
Administrator Division of Medical Programs	
14. DATE SUBMITTED	
October 18,2024	HCE ONLY
16. DATE RECEIVED	17. DATE APPROVED
October 18, 2024	November 26, 2024
·	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
January 1, 2025	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	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

- 1.1. Reimbursement for Hospital Outpatient and Provider-Based Clinic Services Effective for Services on or after July 1, 2014.
 - g. Payment for outpatient end-stage renal disease treatment (ESRDT) services shall be:
 - i. At the rate established by Medicare as of December 31, 2010

08/17

Effective August 5, 2017, hospitals and freestanding chronic dialysis centers will receive an add-on payment of \$60 per treatment day to the rate described in g.i. above for outpatient renal dialysis treatments or home dialysis treatments.

01/25

Effective January 1, 2025, hospitals and freestanding chronic dialysis centers will receive an add-on payment of \$95 per treatment day to the rate described in g.i. above for home dialysis treatments when provided in a skilled nursing facility.

TN # **24-0031** Approval date: 11/26/2024 Effective date: 01/01/2025

Supersedes TN# 17-0007