## Table of Contents

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 26-0003**

This file contains the following documents in the order listed:

**DEPARTMENT OF HEALTH & HUMAN SERVICES**
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

**Financial Management Group**

August 25, 2026

Laura Phelan, Director
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
201 South Grand Avenue East
Springfield, IL 62763-0001

RE: TN 26-0003

Dear Director Phelan,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 26-0003, which was submitted to CMS on March 30, 2026. This state plan amendment proposes to provide rate increases for physician and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 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, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any questions, please contact please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 26-0003

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, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.50 and 42 CFR 440.40

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 68,250
b. FFY 2027 $ 91,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Introduction Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, Introduction Page 1 (supersedes 25-0014)

9. SUBJECT OF AMENDMENT
January 1, 2026 fee schedule updates

*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
[redacted]

12. TYPED NAME
Laura Phelan

13. TITLE
Administrator Division of Medical Programs

14. DATE SUBMITTED
03/30/26

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
March 30, 2026

17. DATE APPROVED

***PLAN APPROVED - ONE COPY ATTACHED***

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS



***Instructions on Back***

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 set and 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 1,2026 |
| 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 1,2026 |
| EPSDT, Private Duty Nursing for Individuals under the age of 21 | p. 35B | Private Duty Nursing for Individuals under the age of 21 | January 1, 2025 |
| Rehabilitative Services, Substance Use Disorder Treatment | p. 38-39 | Substance Use Prevention & Recovery | July 1, 2025 |