ACCESS MONITORING REVIEW PLAN – 2016

State of Illinois

Primary Care Services
Physician Specialty Services
Home Health Services
Behavioral Health Services
Obstetrical Care Services
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Obstetrical Services

Availability of Providers

Beneficiary Perception of the Access to Care

Utilization Data

Comparison Analysis of Payment Rates
Overview

Federal regulations (42 CFR 447.203) require each state to develop a monitoring plan for the following services categories provided under a fee-for-service (FFS) arrangement:

- Primary care services
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

These regulations, and further guidance provided by the Centers for Medicare and Medicaid Services, provide recommended reporting requirements for the state Medicaid agencies. The guidelines recognize existing data limitations from state to state and provide states with flexibility in meeting the reporting requirements.

Like most states, Illinois does not collect reimbursement rates from private health insurance companies. While the Illinois Department of Insurance is charged with regulating private insurance companies doing business in Illinois, their focus is largely centered on the financial solvency of companies. Specific reimbursement rates for medical services are neither collected nor mandated under state law and are generally viewed as confidential and proprietary to the company. In lieu of private sector rate comparisons, when available, Illinois has compared Medicaid rates against Illinois specific Medicare rates, as well as Medicaid rates from other states in Region V. However, we believe that rate comparisons alone are insufficient to effectively measure reasonable access to Medicaid services. While the availability of Medicare data provides the most complete comparison against Medicaid rates, such a direct comparison is misleading. As an 80/20 plan, 20% of any reimbursement rate must also be added before directly comparing to a Medicaid rate. Rather than any direct rate comparison, a more direct measure of access should consider the availability and use of Medicaid enrolled providers, as well as a client’s ability to see quality providers who can address their health concerns when they need them. In addition to Medicare rate comparisons, Illinois has assessed Medicaid access by considering:

- Client satisfaction surveys changes over time
- The availability of providers and changes over time
- The utilization of services and changes over time

Through this process, Illinois measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.
Analysis of the data and information contained in this report shows that Illinois Medicaid beneficiaries have access to healthcare that is similar to that of the general population in Illinois. This conclusion is based on the overall findings regarding a general satisfaction of clients with their providers, a general increase in enrolled providers, and most importantly, consistent client belief that they are able access needed medical care. The Department does note clients’ perception that the timeliness of accessing services has dropped from 2013 to 2015. While two points in time do not create a trend, it is an area that the Department will continue to monitor. However, the enrollment of providers remains strong. In addition, as federally required, the Department is implementing new public notice procedures that will solicit and consider provider concerns regarding any reduction in reimbursement rates.

During the 30 day comment period after publishing the Access Monitoring Review Plan on the Department’s website, comments were received from five different entities. In general, the comments were directed toward the methodology used in the development of the Access Plans. The Department followed the template and guidance that was issued by the federal government when developing the Access Monitoring Review Plan. Where appropriate, additional information has been incorporated based on the comments received.

The Department has created a website, https://www.illinois.gov/hfs/info/AccessToCare/ for providers and beneficiaries to view the Access Plan and submit comments regarding access to care throughout the State. In addition, the Department has created a toll-free telephone number, 1-844-591-9053 that providers and beneficiaries can call to express any concerns regarding access to care. Information gathered from these mediums will be used in future access plans.

Illinois Medicaid Program and Beneficiary Population

Illinois is an above average size state, with a total population of 13 million. The State of Illinois Medicaid programs provide healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Illinois Department of Healthcare and Family Services (HFS) is the single state agency that administers the Medicaid program within the state. In State fiscal year 2015, the Illinois Medicaid program provided coverage to approximately three million enrolled beneficiaries with total expenditures of approximately $17 billion. With 260 hospitals in Illinois and surrounding states and a large network of nearly 500 rural health clinics, federally qualified health centers, encounter rate clinics and hospital based clinics throughout Illinois, there are numerous options for Medicaid beneficiaries to receive healthcare.
The Medicaid program has seen significant changes in the covered populations in recent years. There has been a shift in coverage from FFS to Medicaid Managed Care resulting in approximately 50% of the three million beneficiaries enrolled in managed care by the end of state fiscal year 2015. In addition, due to the Affordable Care Act (ACA), the demographics of the beneficiary population have changed significantly, going from predominantly covering children to covering more adults. As seen in Figure 1, children under the age of 19 make up 42% of the covered population. Historically, the covered adult population was primarily female as seen in the ‘Other Adults’ and ‘Seniors’ category in Figure 2 while the children are split 50/50 between male and female. In contrast to the historical numbers, the newly eligible adult enrollment under the ACA has been more male than female. These changes in demographics will bring a change in the demand for the availability of different types of services moving forward.

Figure 1
Illinois collects and analyzes the child Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys administered through CMS. Historically, Illinois only collects data based on children’s experience. In the charts below, “All Kids” refers to responses from those enrolled in Illinois’ Title XXI All Kids Share and Premium programs and “Illinois Medicaid” refers to those enrolled under Title XIX. Since the data is retrospective, it may not demonstrate current access, but it is an indicator for whether or not beneficiaries are able to access medical services when they are needed.

As shown in Figure 3, over 80% of Illinois Medicaid beneficiaries responded that they “usually or always” were able to access needed care in a timely manner, which is close to the national average. It should be noted that those percentages are on the rise as the 2013 survey results recorded 72% of respondents answered “usually or always” to the same question.
Equally important is how quickly clients are able to see their providers. Such a comparison in Figure 4 showed client opinions to be higher than the national average in 2013, but dropping slightly below the national average in 2015. The chart represents the percentage of respondents that answered “Usually” or “Always” to questions of “how often do you get care as soon as it’s needed?” in situations where care is needed right away or for routine checkups.
In addition to these on-going surveys, Illinois operates a beneficiary call center as a service to beneficiaries and as a way to engage beneficiaries and assist them with their needs. The call center helps beneficiaries get answers to questions, change their Primary Care Provider (PCP), find specialists or other healthcare providers, file a complaint, report a new address or phone number and more. Each beneficiary receives a fact sheet upon enrollment which includes the toll-free number for the call center along with information about how to seek assistance if they have difficulty finding a provider or scheduling an appointment. The call center operates daily from 8am – 6pm and utilizes a messaging service after hours. Calls into the call center are recorded. On a monthly basis, a report is produced detailing the number of calls and the issues raised.

The majority of calls in which the beneficiary requests assistance with locating a provider are resolved immediately by call center staff.
Regional Definitions

For the purpose of closer analysis of access to care across the state of Illinois, the data presented in the Access Plans is compiled into the following five regions: Northwestern Illinois, Central Illinois, Southern Illinois, Cook County, and Collar Counties. The boundaries of these regions can be seen in Figure 4 below.

Figure 4

Illinois Regional Breakdown

Region 1 - Northwestern Illinois
Region 2 - Central Illinois
Region 3 - Southern Illinois
Region 4 - Cook County
Region 5 - Collar Counties
Primary Care Services

Availability of Primary Care Providers

Statewide, there are over 8,700 primary care providers enrolled as physicians, clinics, and dentists with the Department to provide services under the Medicaid program. From 2013 to 2015, the overall statewide number of primary care providers has increased by 10%. Figure 5 below displays the number of providers enrolled by region of the state from state fiscal year 2013 through 2015 by geographic region. The increase in provider enrollment does not indicate access issues for primary care services.

Figure 5: Number of Enrolled Providers by Region

<table>
<thead>
<tr>
<th>Providers</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Northwest</td>
<td>595</td>
<td>604</td>
<td>605</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>488</td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>257</td>
<td>258</td>
<td>246</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>2249</td>
<td>2235</td>
<td>2437</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>1289</td>
<td>1321</td>
<td>1429</td>
</tr>
<tr>
<td>Clinics*</td>
<td>Northwest</td>
<td>40</td>
<td>42</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>114</td>
<td>117</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>136</td>
<td>135</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>155</td>
<td>158</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>Dentists</td>
<td>Northwest</td>
<td>216</td>
<td>237</td>
<td>263</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>226</td>
<td>239</td>
<td>261</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>172</td>
<td>183</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>1470</td>
<td>1605</td>
<td>1702</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>539</td>
<td>602</td>
<td>633</td>
</tr>
</tbody>
</table>

*Clinics include Rural Health Clinics, FQHC’s, Encounter Rate Clinics, and Hospital based clinics. Provider count is not reflective of number of staff employed at the clinics, but rather the number of clinics.

Beneficiary Perceptions of Primary Care Services

One of the areas the CAHPS survey covers is the primary care providers. Parents or caretakers of children covered by Medical Assistance programs were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the worst personal doctor possible and 10 being the best personal doctor possible. The top-level responses were defined as those responses with a rating of 9 or 10. As seen in Figure 6, 73% of beneficiaries were highly satisfied with their child’s personal doctor, a rate comparable to the national average. For children with chronic
conditions, the rating of 9 or 10 of their personal doctor is a tick higher at 74%, slightly higher than the national average as see in Figure 7.

**Figure 6: Rating of Personal Doctor Top-Box Rates**

**Figure 7: Rating of Personal Doctor Top-Box Rates for Patients with Chronic Conditions**
Utilization Data for Primary Care Providers

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 8 and 9 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 8 has not dropped proportionately. This, as well as the increase in providers in Figure 5, can be attributed in part to the efforts of Managed Care companies to contract with providers that were not previously enrolled to provide services to Medicaid enrollees, thus broadening the Medicaid provider network. Figure 9 below shows the number of unique individuals that utilized services by type of provider within geographic regions. Dental visit data consists of initial or routine visits.

Figure 8: Number of Patient Visits by Region

<table>
<thead>
<tr>
<th>Providers</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
<td>144,366</td>
<td>123,607</td>
<td>87,383</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td>106,759</td>
<td>92,880</td>
<td>66,431</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>83,085</td>
<td>73,279</td>
<td>47,443</td>
</tr>
<tr>
<td>Cook</td>
<td></td>
<td>744,884</td>
<td>655,113</td>
<td>419,584</td>
</tr>
<tr>
<td>Collar</td>
<td></td>
<td>365,043</td>
<td>338,462</td>
<td>211,545</td>
</tr>
<tr>
<td>Clinics*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
<td>103,160</td>
<td>87,830</td>
<td>72,305</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td>237,383</td>
<td>229,362</td>
<td>186,136</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>289,899</td>
<td>257,946</td>
<td>253,102</td>
</tr>
<tr>
<td>Cook</td>
<td></td>
<td>435,765</td>
<td>369,671</td>
<td>241,042</td>
</tr>
<tr>
<td>Collar</td>
<td></td>
<td>101,343</td>
<td>100,761</td>
<td>66,368</td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
<td>84,594</td>
<td>94,104</td>
<td>71,457</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td>73,053</td>
<td>71,486</td>
<td>61,868</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>63,312</td>
<td>61,733</td>
<td>46,381</td>
</tr>
<tr>
<td>Cook</td>
<td></td>
<td>664,301</td>
<td>643,539</td>
<td>494,655</td>
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<tr>
<td>Collar</td>
<td></td>
<td>219,897</td>
<td>222,944</td>
<td>170,956</td>
</tr>
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</table>

*Clinics include Rural Health Clinics, FQHC’s, Encounter Rate Clinics, and Hospital based clinics.
**Figure 9: Number of Unique Users by Region**

<table>
<thead>
<tr>
<th>Providers</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Northwest</td>
<td>60,010</td>
<td>55,534</td>
<td>42,365</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>42,751</td>
<td>39,705</td>
<td>30,522</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>30,140</td>
<td>28,605</td>
<td>19,689</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>265,780</td>
<td>241,917</td>
<td>189,681</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>135,431</td>
<td>130,392</td>
<td>98,850</td>
</tr>
<tr>
<td>Clinics*</td>
<td>Northwest</td>
<td>35,040</td>
<td>32,952</td>
<td>26,739</td>
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<tr>
<td></td>
<td>Central</td>
<td>68,239</td>
<td>70,668</td>
<td>63,191</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>84,597</td>
<td>82,561</td>
<td>76,811</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>152,751</td>
<td>136,593</td>
<td>106,647</td>
</tr>
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<td></td>
<td>Collar</td>
<td>37,850</td>
<td>39,291</td>
<td>31,638</td>
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<td>Dentists</td>
<td>Northwest</td>
<td>68,769</td>
<td>74,676</td>
<td>62,221</td>
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<td>Central</td>
<td>57,289</td>
<td>54,971</td>
<td>51,014</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>50,430</td>
<td>49,630</td>
<td>40,036</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>466,655</td>
<td>448,991</td>
<td>391,073</td>
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<tr>
<td></td>
<td>Collar</td>
<td>161,973</td>
<td>165,793</td>
<td>146,236</td>
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</table>

*Clinics include Rural Health Clinics, FQHC’s, Encounter Rate Clinics, and Hospital based clinics.

In Figure 10 below, the visit per provider ratio is highest in 2013 across all three categories and in every region. This is primarily due to the movement of Illinois Medicaid clients moving from fee-for-service coverage to being covered by managed care entities as well as the increase in provider enrollment as seen in many instances in Figure 5 above. For clinics, the numbers represent the visits per clinic and the number of individual physicians or medical employees at the clinic is not reflected. None of the utilization data presented indicates any access to care issues for primary care services.
Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 11 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois’ payment rates are approximately 54% of the existing Medicare rates for the adult and pediatric populations. This is consistent with a recent study by The Henry J. Kaiser Family Foundation where it lists Illinois at 53% of Medicare rates for primary care services for the year 2014. This study can be found at [http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/](http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/). As seen in Figure 12, according to the study, Illinois is consistent with other states within CMS Region V. According to the website [www.medicare.gov/coverage/dental-services.html](http://www.medicare.gov/coverage/dental-services.html), ‘Medicare doesn’t cover most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, denture plates, or other dental devices.’ Therefore, a comparison of Illinois Medicaid dental rates to Medicare rates is not available for inclusion in Figure 11. The state has not experienced any changes in provider enrollment and availability or any changes in the beneficiaries’ ability to access services due to the current Medicaid rates.
### Figure 11: Illinois Medicaid Rates Compared to Medicare

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>SHORT DESCRIPTION</th>
<th>AVERAGE MEDICARE Non-FAC. PRICE</th>
<th>MEDICAID STATE MAX</th>
<th>MEDICAID ADD-ON (CHILD)</th>
<th>MEDICAID ADD-ON (ADULT)</th>
<th>Total MEDICAID Rate</th>
<th>MEDICAID AS % OF MEDICARE</th>
</tr>
</thead>
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<tr>
<td>99201</td>
<td>Office/outpatient visit new</td>
<td>$45.02</td>
<td>$27.95</td>
<td>$1.60</td>
<td>$1.60</td>
<td>$29.55</td>
<td>66%</td>
</tr>
<tr>
<td>99202</td>
<td>Office/outpatient visit new</td>
<td>$76.81</td>
<td>$32.00</td>
<td>$1.60</td>
<td>$1.60</td>
<td>$33.60</td>
<td>44%</td>
</tr>
<tr>
<td>99203</td>
<td>Office/outpatient visit new</td>
<td>$112.12</td>
<td>$41.60</td>
<td>$1.95</td>
<td>$1.95</td>
<td>$43.55</td>
<td>39%</td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit new</td>
<td>$171.12</td>
<td>$66.40</td>
<td>$3.25</td>
<td>$3.25</td>
<td>$69.65</td>
<td>41%</td>
</tr>
<tr>
<td>99205</td>
<td>Office/outpatient visit new</td>
<td>$215.09</td>
<td>$70.85</td>
<td>$3.25</td>
<td>$3.25</td>
<td>$74.10</td>
<td>34%</td>
</tr>
<tr>
<td>99211</td>
<td>Office/outpatient visit est</td>
<td>$20.14</td>
<td>$12.30</td>
<td>$0.58</td>
<td>$0.58</td>
<td>$12.88</td>
<td>64%</td>
</tr>
<tr>
<td>99212</td>
<td>Office/outpatient visit est</td>
<td>$44.41</td>
<td>$24.25</td>
<td>$1.40</td>
<td>$1.40</td>
<td>$25.65</td>
<td>58%</td>
</tr>
<tr>
<td>99213</td>
<td>Office/outpatient visit est</td>
<td>$74.82</td>
<td>$28.35</td>
<td>$18.21</td>
<td>$18.21</td>
<td>$46.56</td>
<td>62%</td>
</tr>
<tr>
<td>99214</td>
<td>Office/outpatient visit est</td>
<td>$110.21</td>
<td>$42.50</td>
<td>$30.47</td>
<td>$30.47</td>
<td>$72.97</td>
<td>66%</td>
</tr>
<tr>
<td>99215</td>
<td>Office/outpatient visit est</td>
<td>$148.98</td>
<td>$48.00</td>
<td>$1.95</td>
<td>$1.95</td>
<td>$49.95</td>
<td>34%</td>
</tr>
<tr>
<td>99341</td>
<td>Home visit new patient</td>
<td>$57.23</td>
<td>$27.95</td>
<td>$8.86</td>
<td>$8.86</td>
<td>$36.81</td>
<td>64%</td>
</tr>
<tr>
<td>99342</td>
<td>Home visit new patient</td>
<td>$82.38</td>
<td>$37.40</td>
<td>$16.23</td>
<td>$16.23</td>
<td>$53.63</td>
<td>65%</td>
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<td>99343</td>
<td>Home visit new patient</td>
<td>$135.39</td>
<td>$54.90</td>
<td>$31.38</td>
<td>$31.38</td>
<td>$86.28</td>
<td>64%</td>
</tr>
<tr>
<td>99344</td>
<td>Home visit new patient</td>
<td>$189.42</td>
<td>$70.55</td>
<td>$42.78</td>
<td>$42.78</td>
<td>$113.33</td>
<td>60%</td>
</tr>
<tr>
<td>99345</td>
<td>Home visit new patient</td>
<td>$229.94</td>
<td>$85.55</td>
<td>$50.85</td>
<td>$50.85</td>
<td>$136.40</td>
<td>59%</td>
</tr>
<tr>
<td>99347</td>
<td>Home visit est patient</td>
<td>$57.58</td>
<td>$24.25</td>
<td>$11.56</td>
<td>$11.56</td>
<td>$35.81</td>
<td>62%</td>
</tr>
<tr>
<td>99348</td>
<td>Home visit est patient</td>
<td>$87.60</td>
<td>$31.30</td>
<td>$22.82</td>
<td>$22.82</td>
<td>$54.12</td>
<td>62%</td>
</tr>
<tr>
<td>99349</td>
<td>Home visit est patient</td>
<td>$133.21</td>
<td>$47.50</td>
<td>$31.43</td>
<td>$31.43</td>
<td>$78.93</td>
<td>59%</td>
</tr>
<tr>
<td>99350</td>
<td>Home visit est patient</td>
<td>$185.11</td>
<td>$68.85</td>
<td>$41.29</td>
<td>$41.29</td>
<td>$110.14</td>
<td>60%</td>
</tr>
</tbody>
</table>

% of Medicare Using a State-wide Simple Average 54%

### Figure 12: State Medicaid Rates as a Percentage of Medicare Rates in 2014

<table>
<thead>
<tr>
<th>State</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>0.53</td>
</tr>
<tr>
<td>Indiana</td>
<td>0.53</td>
</tr>
<tr>
<td>Michigan</td>
<td>0.44</td>
</tr>
<tr>
<td>Minnesota</td>
<td>0.71</td>
</tr>
<tr>
<td>Ohio</td>
<td>0.57</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>0.58</td>
</tr>
</tbody>
</table>
**Data sources:**
- Medicaid provider enrollment system
- Medicaid claims payment data (MMIS)
- Results of CAHPS survey (access-related questions)
- CMS.Gov Physician Fee Schedule
- Illinois Medicaid Professional Fee Schedule
- The Kaiser Family Foundation KFF.org
- Medicare.gov

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**Physician Specialist Services**

**Availability of Physician Specialty Providers**

The Department currently has over 120,000 enrolled providers that offer specialty services to those enrolled in Illinois’ Medical Assistance programs throughout the state. While there are over 100 specialty categories ranging from internal medicine to neoplastic disorder, the Department selected the following five specialties for analysis based on significant levels of utilization: Anesthesiology, Cardiology, Endocrinology, Oncology, and Pediatrics.

As seen in Figure 13, the five specialties selected see a general increase in statewide provider enrollment from 2013 to 2015 ranging from a 3% increase in the number of Oncologists to a 16% increase in the number of Endocrinologists enrolled with the Department. Within each region, the enrollment numbers have either remained constant or seen increases. Neither of those trends indicates an access to care issue due to declining numbers of specialists enrolling with the Department.
### Figure 13: Number of Active Enrolled Specialty Providers by Region

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthesiology</strong></td>
<td><strong>Statewide</strong></td>
<td>2,214</td>
<td>2,299</td>
<td>2,313</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>164</td>
<td>159</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>129</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>72</td>
<td>67</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>546</td>
<td>579</td>
<td>607</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>646</td>
<td>669</td>
<td>669</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td><strong>Statewide</strong></td>
<td>368</td>
<td>381</td>
<td>393</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>37</td>
<td>34</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>52</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>22</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>172</td>
<td>178</td>
<td>182</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>85</td>
<td>92</td>
<td>94</td>
</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td><strong>Statewide</strong></td>
<td>171</td>
<td>187</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>21</td>
<td>23</td>
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</tr>
<tr>
<td></td>
<td>Southern</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>91</td>
<td>100</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>43</td>
<td>48</td>
<td>49</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td><strong>Statewide</strong></td>
<td>268</td>
<td>274</td>
<td>276</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>36</td>
<td>37</td>
<td>37</td>
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<td></td>
<td>Central</td>
<td>39</td>
<td>38</td>
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<tr>
<td></td>
<td>Southern</td>
<td>14</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>106</td>
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<td></td>
<td>Collar</td>
<td>73</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td><strong>Statewide</strong></td>
<td>2,294</td>
<td>2,386</td>
<td>2,522</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>195</td>
<td>208</td>
<td>214</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>163</td>
<td>173</td>
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<tr>
<td></td>
<td>Southern</td>
<td>114</td>
<td>117</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>1,223</td>
<td>1,270</td>
<td>1,374</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>599</td>
<td>618</td>
<td>644</td>
</tr>
</tbody>
</table>
Beneficiary Perceptions of Access to Care for Specialty Services

One focal point of the Illinois CAHPS report is the quality of and access to the various specialty doctors across Illinois. Again, Illinois’ CAHPS report is based on services provided to children and asks for the parents’ or caretakers’ opinion on the specialists that they have utilized. In Figure 14 below, parents were asked to rate their child’s specialist that is most often seen with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” The 2015 results show the Illinois Statewide Program Aggregate response rate with a 9 or 10 was 69.2%. That is nearly identical to the 2014 NCQA national average of 70%. The chart also shows that the top box response rate has not moved significantly from the 2013 response rate of 70%.

Figure 15 displays the results of the questions regarding access to specialized services for children with chronic conditions. For this chart, the parents or caretakers were asked how often was it easy to get special medical equipment or devices, how often was it easy to get therapy, and how often was it easy to get this treatment or counseling for their children. The acceptable responses were “Never, Sometimes, Usually, and Always”. The top-box response was defined as answering either “Usually or Always”. In 2015, for the Illinois Statewide Program Aggregate, the top-box response rate was 67.9%, down slightly from the 69.3% in 2013 and 11% lower than the national average of 79%.

Figure 14: Ratings of Specialists Seen Most Often Top-Box Rates
Utilization Data for Physician Specialist Providers

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 16 and 17 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 16 has not dropped proportionately. This, as well as the increase in providers in Figure 12, can be attributed in part to the efforts of Managed Care companies to contract with providers that were not previously enrolled to provide services to Medicaid enrollees, thus broadening the Medicaid provider network. Figure 17 below shows the number of unique individuals that utilized services by type of provider within geographic regions.

It should be noted that with the addition of the Affordable Care Act population in 2014, the demographics of the populations covered by the Illinois Medical Assistance programs changed significantly from being primarily children to a heavier mix of adult clients. Thus, the adult oriented specialty services such as cardiology sees an increase in unique users and patient visits in 2014. Pediatrics though sees the expected decrease in unique users and patient visits as the FFS population transitioned to managed care.
## Figure 16: Number of Patient Visits for Physician Specialists by Region

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthesiology</strong></td>
<td>Statewide</td>
<td>348,914</td>
<td>348,140</td>
<td>317,185</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>42,386</td>
<td>39,320</td>
<td>36,450</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>42,373</td>
<td>40,180</td>
<td>36,155</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>18,801</td>
<td>21,123</td>
<td>22,524</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>131,378</td>
<td>128,974</td>
<td>117,088</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>113,976</td>
<td>118,543</td>
<td>104,968</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td>Statewide</td>
<td>307,821</td>
<td>318,496</td>
<td>309,342</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>24,560</td>
<td>27,565</td>
<td>27,908</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>42,168</td>
<td>41,345</td>
<td>38,361</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>24,705</td>
<td>25,979</td>
<td>32,019</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>141,579</td>
<td>148,393</td>
<td>146,885</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>74,809</td>
<td>75,214</td>
<td>64,169</td>
</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td>Statewide</td>
<td>63,636</td>
<td>68,303</td>
<td>64,575</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>3,581</td>
<td>3,774</td>
<td>3,507</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>6,433</td>
<td>6,183</td>
<td>5,853</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>5,349</td>
<td>3,531</td>
<td>2,378</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>36,766</td>
<td>39,207</td>
<td>39,688</td>
</tr>
<tr>
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<td>Collar</td>
<td>11,507</td>
<td>15,608</td>
<td>13,149</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>Statewide</td>
<td>139,824</td>
<td>131,541</td>
<td>119,339</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>20,153</td>
<td>19,586</td>
<td>19,185</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>31,363</td>
<td>27,107</td>
<td>23,194</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>10,871</td>
<td>10,410</td>
<td>9,329</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>45,183</td>
<td>45,575</td>
<td>39,906</td>
</tr>
<tr>
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<td>Collar</td>
<td>32,254</td>
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<td><strong>Pediatrics</strong></td>
<td>Statewide</td>
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<td>8,102,638</td>
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<td>Northwest</td>
<td>831,629</td>
<td>765,106</td>
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<td>Central</td>
<td>693,773</td>
<td>669,289</td>
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<td>Southern</td>
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<td>501,799</td>
<td>282,075</td>
</tr>
<tr>
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<td>Cook</td>
<td>4,134,539</td>
<td>3,819,880</td>
<td>3,025,079</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>2,483,902</td>
<td>2,346,564</td>
<td>1,468,836</td>
</tr>
</tbody>
</table>
## Figure 17: Number of Unique Users of Physician Specialists by Region

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthesiology</strong></td>
<td><strong>Statewide</strong></td>
<td>215,592</td>
<td>217,940</td>
<td>200,373</td>
</tr>
<tr>
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<td>Northwest</td>
<td>27,789</td>
<td>26,103</td>
<td>23,903</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>28,134</td>
<td>26,815</td>
<td>24,143</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>11,867</td>
<td>12,937</td>
<td>12,722</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
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<td>75,444</td>
<td>72,983</td>
</tr>
<tr>
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<td>Collar</td>
<td>75,586</td>
<td>76,641</td>
<td>66,622</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td><strong>Statewide</strong></td>
<td>121,279</td>
<td>127,340</td>
<td>130,312</td>
</tr>
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<td>Northwest</td>
<td>11,639</td>
<td>12,799</td>
<td>13,396</td>
</tr>
<tr>
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<td>Central</td>
<td>16,965</td>
<td>17,644</td>
<td>17,179</td>
</tr>
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<td>Southern</td>
<td>10,373</td>
<td>11,542</td>
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</tr>
<tr>
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<td>Cook</td>
<td>54,909</td>
<td>56,782</td>
<td>59,431</td>
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<td>Collar</td>
<td>27,393</td>
<td>28,573</td>
<td>26,977</td>
</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td><strong>Statewide</strong></td>
<td>24,299</td>
<td>27,010</td>
<td>28,982</td>
</tr>
<tr>
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<td>Northwest</td>
<td>1,516</td>
<td>1,781</td>
<td>1,620</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>2,832</td>
<td>3,002</td>
<td>2,898</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>1,763</td>
<td>1,614</td>
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<tr>
<td></td>
<td>Cook</td>
<td>13,051</td>
<td>14,653</td>
<td>17,369</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>5,137</td>
<td>5,960</td>
<td>5,653</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td><strong>Statewide</strong></td>
<td>26,024</td>
<td>25,846</td>
<td>25,607</td>
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<tr>
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<td>Northwest</td>
<td>3,395</td>
<td>3,384</td>
<td>3,618</td>
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<tr>
<td></td>
<td>Central</td>
<td>4,033</td>
<td>3,912</td>
<td>3,673</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>2,161</td>
<td>2,193</td>
<td>2,162</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
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<td>Collar</td>
<td>6,119</td>
<td>6,028</td>
<td>5,811</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td><strong>Statewide</strong></td>
<td>893,995</td>
<td>878,373</td>
<td>846,674</td>
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</tr>
<tr>
<td></td>
<td>Central</td>
<td>75,845</td>
<td>73,962</td>
<td>70,185</td>
</tr>
<tr>
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<td>Southern</td>
<td>56,968</td>
<td>56,867</td>
<td>51,790</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>424,008</td>
<td>417,238</td>
<td>412,353</td>
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<tr>
<td></td>
<td>Collar</td>
<td>248,754</td>
<td>241,570</td>
<td>227,445</td>
</tr>
</tbody>
</table>

In Figure 18 below, statewide ratios of visits per provider have decreased from 2013 to 2015 and for most regions the ratio is highest in 2013 across all five specialties. The exceptions are anesthesiologists in the southern region, which has seen a 20% increase and cardiologists in the northwest and southern regions, with increases of 13% and 5% respectively. These increases are due to the influx of adults into the Medical Assistance programs due to the ACA and will be areas that the Department will monitor moving forward. In all other specialist/region combinations, like the statewide numbers, the ratio decreases from 2013 to 2015. This is
primarily due to the movement of Illinois Medicaid clients moving from fee-for-service coverage to being covered by managed care entities as well as the increase in provider enrollment across the board as seen in Figure 12 above. The utilization data displays a couple areas that need monitoring in the future but in total, does not indicate access to care issues for specialty services at this time.

**Figure 18: Number of Physician Specialist Visits per Provider by Region**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Statewide</td>
<td>224</td>
<td>217</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>258</td>
<td>247</td>
<td>224</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>328</td>
<td>300</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>261</td>
<td>315</td>
<td>313</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>241</td>
<td>223</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>176</td>
<td>177</td>
<td>157</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Statewide</td>
<td>836</td>
<td>836</td>
<td>787</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>664</td>
<td>811</td>
<td>754</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>811</td>
<td>780</td>
<td>724</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>1123</td>
<td>1082</td>
<td>1186</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>823</td>
<td>834</td>
<td>807</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>880</td>
<td>818</td>
<td>683</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Statewide</td>
<td>372</td>
<td>365</td>
<td>326</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>398</td>
<td>377</td>
<td>319</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>306</td>
<td>269</td>
<td>266</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>764</td>
<td>589</td>
<td>297</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>404</td>
<td>392</td>
<td>367</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>268</td>
<td>325</td>
<td>268</td>
</tr>
<tr>
<td>Oncology</td>
<td>Statewide</td>
<td>522</td>
<td>480</td>
<td>432</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>560</td>
<td>529</td>
<td>519</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>804</td>
<td>713</td>
<td>595</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>777</td>
<td>651</td>
<td>622</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>426</td>
<td>418</td>
<td>353</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>442</td>
<td>390</td>
<td>385</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Statewide</td>
<td>3779</td>
<td>3396</td>
<td>2269</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>4265</td>
<td>3678</td>
<td>2301</td>
</tr>
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<td></td>
<td>Central</td>
<td>4256</td>
<td>3869</td>
<td>2582</td>
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<tr>
<td></td>
<td>Southern</td>
<td>4611</td>
<td>4289</td>
<td>2474</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>3381</td>
<td>3008</td>
<td>2202</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>4147</td>
<td>3797</td>
<td>2281</td>
</tr>
</tbody>
</table>
Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 19 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois’ payment rates are approximately 67% of the existing Medicare rates for the adult and pediatric populations for some of the more frequently billed procedure codes. In addition, the rate comparison in Figure 11 for the primary care physicians is applicable to the office visit reimbursement of specialists.

Figure 19: Illinois Medicaid Rates Compared to Medicare

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>SHORT DESCRIPTION</th>
<th>AVERAGE MEDICARE</th>
<th>MEDICAID STATE</th>
<th>MEDICAID ADD-ON (CHILD)</th>
<th>MEDICAID ADD-ON (ADULT)</th>
<th>Total MEDICAID RATE</th>
<th>MEDICAID AS % OF MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>36620</td>
<td>Insertion catheter artery</td>
<td>$55.30</td>
<td>$37.40</td>
<td>$37.40</td>
<td>67.64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62311</td>
<td>Inject spine lumbar/sacral</td>
<td>$227.55</td>
<td>$86.00</td>
<td>$86.00</td>
<td>37.79%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93000</td>
<td>Electrocardiogram complete</td>
<td>$17.57</td>
<td>$22.15</td>
<td>$22.15</td>
<td>126.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93010</td>
<td>Electrocardiogram report</td>
<td>$8.85</td>
<td>$11.05</td>
<td>$11.05</td>
<td>124.82%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93016</td>
<td>Cardiovascular stress test</td>
<td>$23.08</td>
<td>$21.60</td>
<td>$21.60</td>
<td>93.59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93018</td>
<td>Cardiovascular stress test</td>
<td>$14.95</td>
<td>$22.15</td>
<td>$22.15</td>
<td>148.19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93306</td>
<td>Tte w/doppler complete</td>
<td>$65.77</td>
<td>$91.00</td>
<td>$91.00</td>
<td>138.37%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93306</td>
<td>Tte w/doppler complete</td>
<td>$163.67</td>
<td>$91.00</td>
<td>$91.00</td>
<td>55.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93306</td>
<td>Tte w/doppler complete</td>
<td>$229.44</td>
<td>$91.00</td>
<td>$91.00</td>
<td>39.66%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96367</td>
<td>Tx/proph/dg addl seq iv inf</td>
<td>$30.98</td>
<td>$19.11</td>
<td>$19.11</td>
<td>61.69%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96372</td>
<td>Ther/proph/diag inj sc/im</td>
<td>$25.42</td>
<td>$9.81</td>
<td>$9.81</td>
<td>38.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96413</td>
<td>Chemo iv infusion 1 hr</td>
<td>$136.54</td>
<td>$25.40</td>
<td>$25.40</td>
<td>18.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit new</td>
<td>$171.12</td>
<td>$66.40</td>
<td>$3.25</td>
<td>$3.25</td>
<td>40.70%</td>
<td></td>
</tr>
<tr>
<td>99212</td>
<td>Office/outpatient visit est</td>
<td>$44.41</td>
<td>$24.25</td>
<td>$1.40</td>
<td>$1.40</td>
<td>57.76%</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td>Office/outpatient visit est</td>
<td>$74.82</td>
<td>$28.35</td>
<td>$18.21</td>
<td>$18.21</td>
<td>62.23%</td>
<td></td>
</tr>
<tr>
<td>99214</td>
<td>Office/outpatient visit est</td>
<td>$110.21</td>
<td>$42.50</td>
<td>$30.47</td>
<td>$30.47</td>
<td>66.21%</td>
<td></td>
</tr>
<tr>
<td>99215</td>
<td>Office/outpatient visit est</td>
<td>$148.98</td>
<td>$48.00</td>
<td>$1.95</td>
<td>$1.95</td>
<td>33.53%</td>
<td></td>
</tr>
<tr>
<td>99223</td>
<td>Subsequent hospital care</td>
<td>$108.47</td>
<td>$69.00</td>
<td>$69.00</td>
<td>63.61%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99232</td>
<td>Subsequent hospital care</td>
<td>$74.97</td>
<td>$24.90</td>
<td>$24.90</td>
<td>32.21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99233</td>
<td>Subsequent hospital care</td>
<td>$108.47</td>
<td>$35.05</td>
<td>$35.05</td>
<td>32.31%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

% of Medicare Using a State-wide Simple Average 67%
Data sources: Medicaid provider enrollment system
- Medicaid claims payment data (MMIS)
- Results of CAHPS survey (access-related questions)
- CMS.Gov Physician Fee Schedule
- Illinois Medicaid Professional Fee Schedule

Home Health Services

Availability of Home Health Services Providers

Throughout the state, home health agencies are the primary provider of home health services. In some areas of the state, certified local public health departments and community health agencies also have provided home health services from 2013 to 2015. According to the enrollment data in Figure 20, the number of certified local public health departments and community health agencies that are providing home health services has primarily remained flat over the three year period while the number of enrolled home health agencies providing home health services has decreased slightly. By diving deeper into the enrollment numbers by region, the larger decline is occurring in the northwest and cook regions with gains in the collar region. This decline in the number of active providers alone does not signal an access to care issue but should be monitored if utilization numbers are trending upwards at the same time. Utilization data is discussed later in this section.
Figure 20: Number of Active Enrolled Home Health Services Providers by Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Local</td>
<td>Statewide</td>
<td>20</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Public Health</td>
<td>Northwest</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Department</td>
<td>Central</td>
<td>9</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Community Health Agencies</td>
<td>Statewide</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Health Agencies</td>
<td>Northwest</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Home Health</td>
<td>Statewide</td>
<td>248</td>
<td>271</td>
<td>238</td>
</tr>
<tr>
<td>Agencies</td>
<td>Northwest</td>
<td>39</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>24</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>28</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>103</td>
<td>115</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>54</td>
<td>69</td>
<td>60</td>
</tr>
</tbody>
</table>

Beneficiary perceptions of access to care for home health services

The Illinois CAHPS report does not focus on home health services. According to the June 2016 Specialist and PCP Search Report from the beneficiary hotline, less than 1% of calls were for in-home care. During the 30 day comment period after publishing the State’s Access Plans, there were no comments submitted to the Department in regards to access issues specific to home health services.

Utilization Data for Home Health Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in Figures 21 and 22 below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in Figure 21 has not dropped proportionately. The Community Health Agencies have only seen a 10% reduction in visits statewide while the Home
Health Agencies, the primary supplier of these services, has seen a 40% reduction, signaling that those remaining in FFS have greater access to these services.

Figure 21 below shows the number of unique individuals that utilized services by type of provider within geographic regions. Note that in Figures 21 and 22, the utilization data for Certified Local Public Health Departments for the Collar region has been removed due to the low numbers of individuals utilizing those providers to safeguard against publishing potentially identifiable information.

**Figure 21:  Number of Patient Visits for Home Health Services by Region**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certified Local Public Health Department</strong></td>
<td>Statewide</td>
<td>860</td>
<td>423</td>
<td>476</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>101</td>
<td>53</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>310</td>
<td>135</td>
<td>176</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>449</td>
<td>235</td>
<td>290</td>
</tr>
<tr>
<td><strong>Community Health Agencies</strong></td>
<td>Statewide</td>
<td>6815</td>
<td>5706</td>
<td>6102</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>2505</td>
<td>2744</td>
<td>2407</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>141</td>
<td>199</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>4169</td>
<td>2763</td>
<td>3591</td>
</tr>
<tr>
<td><strong>Home Health Agencies</strong></td>
<td>Statewide</td>
<td>65631</td>
<td>58845</td>
<td>38711</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>9110</td>
<td>7031</td>
<td>5451</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>7555</td>
<td>5044</td>
<td>3495</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>7763</td>
<td>5494</td>
<td>4795</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>26661</td>
<td>26999</td>
<td>15709</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>14542</td>
<td>14277</td>
<td>9261</td>
</tr>
</tbody>
</table>
As noted in the ‘Availability of Home Health Services Providers’ section of this report, the decrease in active, enrolled home health services providers could be a signal of access to care issues if it was accompanied with higher utilizations numbers. As seen in Figures 21 and 22 above, that is not the case as FFS utilization has dropped with the movement to managed care. In fact, the number of home health services visits per provider has decreased in every region of the state for each provider type listed in Figure 23. Home Health Agencies and Community Health Agencies have seen a decrease of 38% and 10% respectively. This data does not signal any access to care issues for home health services.
Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 24 compares the average Medicare rate across these four regions for commonly billed procedure codes to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois’ payment rates range from 44% to 114% of Medicare rates with a simple average across the comparable rates of 69%.
Figure 24: Illinois Medicaid Rates Compared to Medicare

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>SHORT DESCRIPTION</th>
<th>AVERAGE MEDICARE Non-FAC. PRICE</th>
<th>MEDICAID STATE MAX</th>
<th>MEDICAID ADD-ON (CHILD)</th>
<th>MEDICAID ADD-ON (ADULT)</th>
<th>Total MEDICAID Rate</th>
<th>MEDICAID AS % OF MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>Speech/hearing therapy</td>
<td>$80.93</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>46.49%</td>
</tr>
<tr>
<td>97001</td>
<td>Pt evaluation</td>
<td>$76.96</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>48.97%</td>
</tr>
<tr>
<td>97003</td>
<td>Ot evaluation</td>
<td>$86.48</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>43.74%</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic exercises</td>
<td>$32.95</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>114.91%</td>
</tr>
<tr>
<td>97530</td>
<td>Therapeutic activities</td>
<td>$35.15</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
<td>107.62%</td>
</tr>
</tbody>
</table>

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule

Behavioral Health Services

Availability of Behavioral Health Services Providers

Behavioral health encompasses both, psychiatric services and services to treat substance abuse. There are various different types of providers across the State of Illinois that offer behavioral health services covered by the Illinois Medical Assistance programs including Community Mental Health Centers, physicians, general hospitals as well as hospitals with psychiatric units and those devoted exclusively to psychiatric treatment, Department of Alcohol and Substance Abuse (DASA) providers, and providers whose services are covered under waiver programs. Figure 25 below shows the number of providers that administered behavior health services by the type of provider and by the region of the state. For each provider type, the number of providers remains stable or increases from 2013 to 2015.
Figure 25: Enrolled Providers Providing Behavioral Health Services by Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Provider</td>
<td>Statewide</td>
<td>752</td>
<td>739</td>
<td>796</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>103</td>
<td>102</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>119</td>
<td>119</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>132</td>
<td>127</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>268</td>
<td>270</td>
<td>292</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>130</td>
<td>121</td>
<td>141</td>
</tr>
<tr>
<td>Mental Health</td>
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<td></td>
<td>Northwest</td>
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<td>Central</td>
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<td>118</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>132</td>
<td>127</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>268</td>
<td>270</td>
<td>292</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>130</td>
<td>121</td>
<td>141</td>
</tr>
<tr>
<td>DASA</td>
<td>Statewide</td>
<td>255</td>
<td>261</td>
<td>284</td>
</tr>
<tr>
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<td>40</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>48</td>
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</tr>
<tr>
<td></td>
<td>Southern</td>
<td>44</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>84</td>
<td>90</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>39</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>Hospitals</td>
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Beneficiary Perceptions of Access to Care for Behavioral Health Services

The Illinois CAHPS report does not focus on behavioral health services. According to the June 2016 Specialist and PCP Search Report from the beneficiary hotline, 11% of calls were behavioral health related. During the 30 day comment period after publishing the State’s Access Plans, the comments received for the behavioral health access plan were not related to any specific access issues.

Utilization Data for Behavioral Health Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. There has not, however, been a sizeable reduction to the FFS utilization of these services from 2013 to 2015 as seen in Figure 26 below. In fact, while utilization of hospitals and physicians have seen decreases in utilization, DASA providers and Waiver Services providers have seen an increase with Community Mental Health provider utilization remaining fairly flat from 2014 to 2015 and slightly decreasing from 2013 to 2015. The same trends hold true for the number of unique users of each provider type in Figure 27.
Figure 26: Number of Behavioral Health Related Patient Visits by Provider Type and Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Community Mental Health Provider</td>
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<td>3,330,525</td>
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<td>593,542</td>
<td>515,186</td>
<td>507,308</td>
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<td>Central</td>
<td>519,100</td>
<td>483,964</td>
<td>481,500</td>
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<td>532,295</td>
<td>515,016</td>
<td>516,783</td>
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<td>Cook</td>
<td>1,398,799</td>
<td>1,345,706</td>
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<td>Collar</td>
<td>535,939</td>
<td>470,653</td>
<td>493,651</td>
</tr>
<tr>
<td>DASA</td>
<td>Statewide</td>
<td>402,467</td>
<td>402,805</td>
<td>421,495</td>
</tr>
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<td>Northwest</td>
<td>45,541</td>
<td>47,659</td>
<td>59,976</td>
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<td>Central</td>
<td>81,159</td>
<td>82,132</td>
<td>95,404</td>
</tr>
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<td>Southern</td>
<td>55,591</td>
<td>56,914</td>
<td>60,727</td>
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<td>Cook</td>
<td>172,800</td>
<td>173,094</td>
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<td>Hospitals</td>
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<td>297,808</td>
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<td>Central</td>
<td>12,389</td>
<td>10,462</td>
<td>8,574</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>14,638</td>
<td>8,331</td>
<td>5,029</td>
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<td>Cook</td>
<td>217,466</td>
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<td>34,171</td>
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<td>19,355</td>
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<td>56,294</td>
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Figure 27: Number of Unique Users of Behavioral Health Services by Region

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<th>2014</th>
<th>2015</th>
</tr>
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<tbody>
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<td>Community Mental Health Provider</td>
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<td>Central</td>
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<td>Southern</td>
<td>24,347</td>
<td>25,259</td>
<td>25,257</td>
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<td>Cook</td>
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<td>54,736</td>
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<td>22,077</td>
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<td>21,066</td>
<td>22,853</td>
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<td>542</td>
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<td>715</td>
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</table>

Figure 28 presents that while some increases in utilization in certain provider types was seen above, the number of visits per provider decreases from 2013 to 2015 in every region of the state except for Waiver Services providers which saw a decrease from 2013 to 2014 but an increase in 2015. While this increase is only 5% statewide, there were regional increases of 11% in the Northwest region, 17% in the Southern region, and 7% in the Cook region. There has been an increase in the number of Waiver Services providers as seen in Figure 25 to correlate
with the higher demand for services, but the Department should monitor these percentages moving forward. Across the other provider types, the data does not indicate access to care issues as either there has been an increase in enrolled providers or a decrease in FFS utilization that has led to lower visits per provider.

Figure 28: Number of Visits per Behavioral Health Provider by Provider Type and Region

<table>
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<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<td>4,055</td>
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<td>3,501</td>
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<td>1,543</td>
<td>1,484</td>
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<td>Central</td>
<td>1,691</td>
<td>1,643</td>
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<td>619</td>
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<td>472</td>
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<td>732</td>
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<td>743</td>
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<td>659</td>
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<td>908</td>
<td>871</td>
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</table>
Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

Illinois mental health rates are not easily comparable to Medicare. As shown above, mental health services are provided by a wide range of providers, including hospitals and physicians. Primary care and specialty care services are already analyzed in this report. However, the majority of mental health services are provided in a community setting which is reimbursed through Illinois specific service definitions that are not comparable to Medicare.

Data sources: Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
CMS.Gov Physician Fee Schedule
Illinois Medicaid Professional Fee Schedule

Obstetrical Services

Availability of Obstetrical Services Providers

The Illinois Medical Assistance programs provide coverage for obstetrical services to women throughout the state to ensure the health and well-being of both the mother and the child. These services include pre-natal, delivery, and post-partum care. The most direct indicator of access to obstetric care would be seen in the number of physicians enrolled with the Department with the specialty of Obstetric-Gynecology (OB-GYN). However, other types of providers do provide obstetrical care including Federally Qualified Health Centers, Rural Health Centers, and other general physicians. Figure 29 below relays the number of enrolled obstetricians by region and Figure 30 displays the number of providers in each region that provide prenatal and postpartum services. Note that in Figure 30, the number of physicians includes those enrolled as OB-GYN’s in Figure 29 but also includes non-OB-GYN specialty physicians. As seen in the charts, the OB-GYN enrollment numbers have held relatively steady or increased slightly in all regions as has the number of providers that have provided prenatal and postnatal services.
Figure 29: Enrolled OB-GYN Specialty Physicians by Region

<table>
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<tr>
<th>Provider Type</th>
<th>Region</th>
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<th>2014</th>
<th>2015</th>
</tr>
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<td>142</td>
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<td></td>
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Figure 30: Number of Providers Billing Prenatal and Postpartum Services by Type and Region

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<th>Region</th>
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<th>2014</th>
<th>2015</th>
</tr>
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<td>Central</td>
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</tr>
<tr>
<td></td>
<td>Southern</td>
<td>7</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>66</td>
<td>52</td>
<td>56</td>
</tr>
<tr>
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<td>Collar</td>
<td>14</td>
<td>12</td>
<td>15</td>
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<tr>
<td>Rural Health Centers</td>
<td>Statewide</td>
<td>13</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Physicians</td>
<td>Statewide</td>
<td>1682</td>
<td>1677</td>
<td>1719</td>
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<tr>
<td></td>
<td>Northwest</td>
<td>184</td>
<td>176</td>
<td>177</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>155</td>
<td>157</td>
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</tr>
<tr>
<td></td>
<td>Southern</td>
<td>100</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>826</td>
<td>833</td>
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<tr>
<td></td>
<td>Collar</td>
<td>417</td>
<td>415</td>
<td>415</td>
</tr>
</tbody>
</table>

Beneficiary Perceptions of Access to Care for Obstetrical Services

As the Illinois CAHPS survey is dedicated to children, it does not address obstetrical care. From the month of June 2016, only 7% of calls fielded by the Department’s beneficiary help line were to locate an OB-GYN. During the 30 day comment period after publishing the State’s Access Plans, there were no comments submitted to the Department in regards to access issues specific to OB-GYN services.
Utilization Data for Obstetrical Services

As stated in the Beneficiary Population section on page 3, the FFS enrollment has decreased dramatically from 2013 to 2015 due to the movement to enrollment into Medicaid Managed Care plans. Thus, the utilization numbers given in the Figures below reflect that transition as enrollment into managed care ramped up in 2014. It should be noted that while over 50% of enrollees have moved from FFS coverage to Managed Care from 2013 to 2015, the number of FFS patient visits as seen in the Figures below have not dropped proportionately, which can indicate a better access to care for FFS individuals. Figures 31 through 33 pertain to utilization of OB-GYNs and show that as the number of FFS users and visits decline, the visits per provider decline as well across all regions. The same results are seen in Figures 34 through 36 pertaining to utilization of prenatal and postpartum providers. In some instances, low volume numbers have been removed to protect against any potentially identifiable information.

Figure 31: Patient Visits to OB-GYN Specialty Physicians by Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric-Gynecology</td>
<td>Statewide</td>
<td>1,202,773</td>
<td>1,078,438</td>
<td>875,021</td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td>166,751</td>
<td>155,301</td>
<td>129,607</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>169,790</td>
<td>150,866</td>
<td>116,309</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>98,605</td>
<td>93,915</td>
<td>84,391</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>514,798</td>
<td>471,607</td>
<td>382,493</td>
</tr>
<tr>
<td></td>
<td>Collar</td>
<td>252,829</td>
<td>206,749</td>
<td>162,221</td>
</tr>
</tbody>
</table>

Figure 32: Unique Users of OB-GYN Specialty Physicians by Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric-Gynecology</td>
<td>Statewide</td>
<td>276,817</td>
<td>253,919</td>
<td>233,095</td>
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<tr>
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<td>Northwest</td>
<td>34,626</td>
<td>34,804</td>
<td>31,310</td>
</tr>
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<td>Central</td>
<td>34,808</td>
<td>32,318</td>
<td>28,006</td>
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<tr>
<td></td>
<td>Southern</td>
<td>25,706</td>
<td>24,787</td>
<td>24,342</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>122,510</td>
<td>110,298</td>
<td>102,832</td>
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<td>Collar</td>
<td>59,167</td>
<td>51,712</td>
<td>46,605</td>
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</table>
### Figure 33: Patient Visits per OB-GYN Specialty Physician by Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric-Gynecology</td>
<td>Statewide</td>
<td>850</td>
<td>749</td>
<td>584</td>
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<tr>
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<td>Northwest</td>
<td>1,200</td>
<td>1,094</td>
<td>858</td>
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<td></td>
<td>Central</td>
<td>1,239</td>
<td>1,048</td>
<td>786</td>
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<td></td>
<td>Southern</td>
<td>1,096</td>
<td>1,044</td>
<td>907</td>
</tr>
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<td></td>
<td>Cook</td>
<td>754</td>
<td>674</td>
<td>519</td>
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<tr>
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<td>Collar</td>
<td>691</td>
<td>570</td>
<td>438</td>
</tr>
</tbody>
</table>

### Figure 34: Patient Visits to Providers of Prenatal and Postpartum Care by Type and Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Centers</td>
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<td>5649</td>
<td>4451</td>
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<td>Northwest</td>
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<td>-</td>
<td>-</td>
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<td></td>
<td>Southern</td>
<td>158</td>
<td>141</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>2740</td>
<td>2273</td>
<td>2114</td>
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<td>Collar</td>
<td>2198</td>
<td>1613</td>
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<td>Rural Health Centers</td>
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<td>296</td>
<td>284</td>
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<tr>
<td></td>
<td>Central</td>
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<td>Southern</td>
<td>269</td>
<td>261</td>
<td>162</td>
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<tr>
<td>Physicians</td>
<td>Statewide</td>
<td>1,250,374</td>
<td>1,122,322</td>
<td>910,654</td>
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<tr>
<td></td>
<td>Northwest</td>
<td>168,544</td>
<td>155,718</td>
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<td>Central</td>
<td>173,302</td>
<td>155,668</td>
<td>117,831</td>
</tr>
<tr>
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<td>Southern</td>
<td>98,771</td>
<td>94,025</td>
<td>84,490</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>528,295</td>
<td>483,442</td>
<td>398,025</td>
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<td>Collar</td>
<td>281,462</td>
<td>233,469</td>
<td>183,258</td>
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</table>
Figure 35: Number of Unique Users of Prenatal and Postpartum Providers by Type and Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Centers</td>
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<td>4144</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>153</td>
<td>139</td>
<td>116</td>
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<tr>
<td></td>
<td>Cook</td>
<td>2569</td>
<td>2111</td>
<td>1964</td>
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<td>Collar</td>
<td>1924</td>
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<td>Rural Health Centers</td>
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<td>Central</td>
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<td>23</td>
<td>18</td>
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<tr>
<td></td>
<td>Southern</td>
<td>264</td>
<td>255</td>
<td>159</td>
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<tr>
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<td>266,972</td>
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<td>33,959</td>
<td>33,696</td>
<td>29,887</td>
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<td>Central</td>
<td>36,514</td>
<td>33,932</td>
<td>29,090</td>
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<tr>
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<td>Southern</td>
<td>25,767</td>
<td>24,821</td>
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<tr>
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<td>126,802</td>
<td>114,661</td>
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<td>Collar</td>
<td>67,786</td>
<td>59,862</td>
<td>53,164</td>
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</table>

Figure 36: Number of Visits Per Provider of Prenatal and Postpartum Care by Type and Region

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Centers</td>
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<td>61</td>
<td>58</td>
<td>40</td>
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<td>Northwest</td>
<td>138</td>
<td>106</td>
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</tr>
<tr>
<td></td>
<td>Central</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>23</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>42</td>
<td>44</td>
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<tr>
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<td>Collar</td>
<td>157</td>
<td>134</td>
<td>57</td>
</tr>
<tr>
<td>Rural Health Centers</td>
<td>Statewide</td>
<td>23</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>45</td>
<td>44</td>
<td>27</td>
</tr>
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<td>Physicians</td>
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<td>530</td>
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<td>885</td>
<td>718</td>
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<td>Central</td>
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<td>992</td>
<td>723</td>
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<tr>
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<td>Southern</td>
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<td>979</td>
<td>871</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
<td>640</td>
<td>580</td>
<td>459</td>
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<tr>
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<td>Collar</td>
<td>675</td>
<td>563</td>
<td>442</td>
</tr>
</tbody>
</table>
Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

In the state of Illinois, Medicare establishes four different rates by geographic location: East St. Louis, Suburban Chicago, Chicago, and Rest of Illinois. The data in Figure 37 compares the average Medicare rate across these four regions to the Illinois Medicaid rate and shows that for the most recent period (2015) Illinois’ payment rates are approximately 85% of the existing Medicare rates for the adult and pediatric populations. This is consistent with a recent study by The Henry J. Kaiser Family Foundation where it lists Illinois at 85% of Medicare rates for primary care services for the year 2014. This study can be found at [http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/](http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/). As seen in Figure 38, according to the study, Illinois is the highest of other states in within CMS Region V in terms of percentage of Medicare. The state has not experienced any changes in provider enrollment and availability or any changes in the beneficiaries’ ability to access services due to the current Medicaid rates.

**Figure 37: Illinois Medicaid Rates Compared to Medicare**

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>SHORT DESCRIPTION</th>
<th>AVERAGE PRICE</th>
<th>MEDICAID STATE MAX</th>
<th>MEDICAID ADD-ON (CHILD)</th>
<th>MEDICAID ADD-ON (ADULT)</th>
<th>Total MEDICAID Rate</th>
<th>MEDICAID AS % OF MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>59025</td>
<td>Fetal non-stress test</td>
<td>$52.39</td>
<td>$33.70</td>
<td>$33.70</td>
<td>$33.70</td>
<td>64.33%</td>
<td>85%</td>
</tr>
<tr>
<td>59409</td>
<td>Obstetrical care</td>
<td>$929.56</td>
<td>$924.45</td>
<td>$924.45</td>
<td>$924.45</td>
<td>99.45%</td>
<td>85%</td>
</tr>
<tr>
<td>59430</td>
<td>Care after delivery</td>
<td>$203.01</td>
<td>$50.15</td>
<td>$50.15</td>
<td>$50.15</td>
<td>24.70%</td>
<td>85%</td>
</tr>
<tr>
<td>76805</td>
<td>Ob us &gt;/= 14 wks sngl fetus modifier</td>
<td>$53.34</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>134.80%</td>
<td>85%</td>
</tr>
<tr>
<td>76805</td>
<td>Ob us &gt;/= 14 wks sngl fetus modifier</td>
<td>$91.53</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>78.55%</td>
<td>85%</td>
</tr>
<tr>
<td>76805</td>
<td>Ob us &gt;/= 14 wks sngl fetus</td>
<td>$144.87</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>49.63%</td>
<td>85%</td>
</tr>
<tr>
<td>76816</td>
<td>Ob us follow-up per fetus modifier</td>
<td>$46.53</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>154.52%</td>
<td>85%</td>
</tr>
<tr>
<td>76816</td>
<td>Ob us follow-up per fetus modifier</td>
<td>$71.44</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>100.64%</td>
<td>85%</td>
</tr>
<tr>
<td>76816</td>
<td>Ob us follow-up per fetus</td>
<td>$117.98</td>
<td>$71.90</td>
<td>$71.90</td>
<td>$71.90</td>
<td>60.95%</td>
<td>85%</td>
</tr>
</tbody>
</table>

% of Medicare Using a State-wide Simple Average 85%

**Figure 38: State Medicaid Rates as a Percentage of Medicare Rates in 2014**

<table>
<thead>
<tr>
<th>Location</th>
<th>Obstetric Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>0.85</td>
</tr>
<tr>
<td>Indiana</td>
<td>0.84</td>
</tr>
<tr>
<td>Michigan</td>
<td>0.72</td>
</tr>
<tr>
<td>Minnesota</td>
<td>0.63</td>
</tr>
<tr>
<td>Ohio</td>
<td>0.64</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>0.82</td>
</tr>
</tbody>
</table>
Data sources:
- Medicaid provider enrollment system
- Medicaid claims payment data (MMIS)
- CMS.Gov Physician Fee Schedule
- Illinois Medicaid Professional Fee Schedule
- The Kaiser Family Foundation KFF.org