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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 23-0014

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 21, 2023

Theresa Eagleson
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001
RE: TN IL 23-0030

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2023. This plan amendment provides for quality incentive payments for Postpartum Care Visits.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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 Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 4

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.50

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 225,563
b. FFY 2024 \$ 300,750

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Pages 31B3, 33C, 48C, 48D

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Pages 31B3, 33C, 48C, 48D

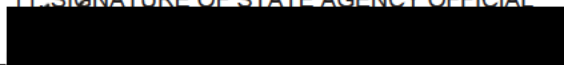
9. SUBJECT OF AMENDMENT

Quality incentive payments for postpartum care visits

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
Theresa Eagleson

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
3/31/23

15. RETURN TO
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001


FOR CMS USE ONLY

16. DATE RECEIVED MARCH 31, 2023

17. DATE APPROVED
November 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
JANUARY 1, 2023

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: Illinois

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

- xii. Alternative Payment Methodology and Managed Care Organizations
- Beginning January 1, 2018, Centers providing care through a contractual arrangement with managed care organizations (MCOs) have the option to elect to receive payments from the MCOs that are at least equal to their FFS provider specific PPS rate. If a Center does not elect this option, the Department will make supplemental payments to the Center at least quarterly that equals the difference between the payment under the PPS rate and the payment provided by the MCO.
- 04/21 xiii. FQHC encounter rates for dates of service April 1, 2021 through June 30, 2021 will be set at a level 25.9% above the rates in effect on March 31, 2021.
- xiv. FQHC encounter rates for dates of service beginning July 1, 2021 and after, will be set at a level 11.5% above the rates in effect on March 31, 2021.
- xv. At the end of each calendar year, rates as established in subsection xiv. will be trended annually effective January 1 of the next year by the MEI published by CMS for the most recent year.
- 01/23 xvi. Effective for service on or after January 1, 2023, FQHCs and RHCs who provide maternal health services are eligible to receive quality incentive add-on payments when postpartum care visits are conducted by a physician, APN, or physician's assistant within the timeframes outlined below. Payments shall be reimbursed through an APM when these services are provided on the same date as a medical visit and 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.
- The APM must be agreed to by the Department and the FQHC/RHC and must result in a payment to the FQHC/RHC which is at least the PPS rate.

State: Illinois

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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7. Physician Services, Continued:
- 07/19 Effective for dates of service July 1, 2019 and after, physicians and APNs partnering with participating providers of Mental Health Rehabilitative Services and who bill the Mental Health Rehabilitative service provider's National Provider Identification (NPI) as their payee will receive an add-on payment. The procedure codes and reimbursement rates subject to the add-on payment are published on the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/FeeSchedule/>
- 07/19 Effective for dates of service July 1, 2019 and after, certain office visits and behavioral health procedure codes billable by physicians board certified in psychiatry and APNs with a psychiatric certification will be reimbursed at the Medicare rate in effect on July 1, 2019. The procedure codes and reimbursement rates subject to the rate increase are published on the Practitioner Fee Schedule located at: <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>
- 07/22 Effective for dates of service July 1, 2022 and after, physician or APN-led teams of qualified professionals shall be eligible to receive reimbursement for psychiatric collaborative care model (CoCM) services. Reimbursement for CoCM services billed under the lead practitioner's name and provider number shall be made at 75% of the Medicare rates in effect as of January 1, 2022. Reimbursement shall be made at a rate of \$98.07 for each month of service for teams billed under an FQHC, RHC, encounter rate, or critical care clinic's provider number.
- 01/23 Effective January 1, 2023, reimbursement rates for prenatal and postpartum visits shall be increased to the rate for an adult well visit, including any applicable add-ons. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. Rates for adult well visits are published on the Department's website in the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- 01/23 Effective January 1, 2023, reimbursement rates for external cephalic version (ECV) will be increased to 100% of the Medicare rate.
- 01/23 Effective for service on or after January 1, 2023, physicians, APNs, and physician's assistants are eligible to receive quality incentive payments within the timeframes outlined below. Payments will be made as follows:
- a. A \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs within 26 days after the delivery date.
 - b. A separate \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs between 27-89 days after the delivery date.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

30. Other Clinics (continued)

d. Reimbursement for County-Operated Outpatient Facilities

i. County-operated outpatient facilities. A county-operated outpatient facility is a non-hospital-based clinic operated by and located in an Illinois county with a population exceeding three million.

A. Critical Clinic Providers. A critical clinic provider is a county-operated outpatient facility, that is within or adjacent to a large public hospital as defined in Chapter VII in Attachment 4.19-A

B. County ambulatory health centers. A county ambulatory health center is a County-operated outpatient facility that is not a critical clinic provider.

C. County-operated outpatient facilities shall submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

ii. Methodology

A. Critical clinic providers reimbursement.

1. For critical clinic providers, reimbursement for all services, including pharmacy-only-encounters, provided shall be on an all-inclusive per day encounter rate that shall equal reported direct costs of Critical Clinic Providers for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.

2. Effective for service on or after January 1, 2023, critical clinic providers are eligible for quality incentive payments when postpartum care visits are conducted by a physician, APN, or physician's assistant within specific timeframes outlined below. Payments will be made as follows:

a) A \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs within 26 days after the delivery date.

b) A separate \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs between 27-89 days after the delivery date.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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- B. For county ambulatory health centers, the final rate is determined as follows:
1. Base rate. The base rate shall be the rate calculated as follows:
 - a). Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.
 - b) The resulting quotient, as calculated in subsection (i) of this subsection (c)(2)(A), shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.
 - c) The resulting product, as calculated in subsection (ii) of this Section, shall be added to the resulting quotient, as calculated in subsection (i) of this subsection (c)(2)(A), to determine the per encounter base rate.
 - d) The resulting sum, as calculated in subsection (iii) of this Section, shall be the base rate.
 2. Supplemental rate.
 - a) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.
 - b) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.
 - c) The quotient derived in subsection (i) of this subsection (c)(2)(B), shall be added to the product derived in subsection (ii) of this Section, to determine the per encounter supplemental rate.
 - d) The resulting sum, as described in subsection (iii) of this subsection (c)(2)(B), shall be the supplemental rate.
 3. Final rate. The final rate shall be the sum of the base rate and the supplemental rate.