

Table of Contents

State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 23-0026

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 6, 2023

Theresa Eagleson
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001
RE: TN IL 23-0022

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 10, 2023. This plan amendment updates Enhanced Ambulatory Patient Groups (EAPG).

Based upon the information provided by the State, we have approved the amendment with an effective date of August 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,



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 2 6 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
August 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 25.1A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 25.1A

9. SUBJECT OF AMENDMENT
EAPG Grouper

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted Signature]

12. TYPED NAME
Theresa Eagleson

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
8/10/23

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 **AUGUST 10, 2023**

17. DATE APPROVED
November 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
AUGUST 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
TODD MCMILLION

21. TITLE OF APPROVING OFFICIAL
DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: Illinois

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

- 07/20 k. Expensive Drugs and Devices Add-On Payment
- i. Qualifying Criteria: In addition to the statewide standardized amounts, the Department shall make an add-on payment for outpatient expensive devices and drugs beginning July 1, 2018, for in-state hospitals as defined in subsection j. of this Chapter. This add-on payment shall apply to claim lines that:
 - A. Are assigned with one of the following EAPGs: 490, 1001 to 1020, and coded with one of the following revenue codes: 0274 to 0276, 0278; or
 - B. Are assigned with one of the following EAPGs: 430 to 441, 443, 444, 460 to 465, 495, 496, 1090.
 - 08/23 C. Are assigned to EAPGs that clinically represent drugs and devices outside of those listed in (A) and (B) above, upon installation of grouping software updates, as determined by the Department.
 - ii. Payment: The add-on payment shall be calculated as follows:
 - A. The product of the following:
 - 1. The claim line's covered charges.
 - 2. The hospital's total acute cost to charge ratio as defined in subsection iii. of this Section.
 - B. The sum of:
 - 1. The claim line's EAPG payment.
 - 2. \$1,000.
 - C. The product of:
 - 1. The difference between subsections ii.A. and ii.B of this Section.
 - 2. 0.8.