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**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 23-0048**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 1, 2024

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

Re: Illinois State Plan Amendment (SPA) 23-0048


Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0048. This SPA proposes to modify the reimbursement methodology for COVID-19 vaccines and vaccine administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 23-0048 was approved on April 1, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kelly Cunningham  
Mary Doran  
Annet Godiksen  
Kati Hinshaw

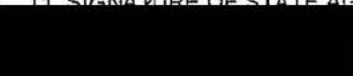
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 4 8</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>(585,000)</u> b. FFY <u>2025</u> \$ <u>(780,000)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.7-A, Pages 2-4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 7.7-A, Pages 2-3	

9. SUBJECT OF AMENDMENT  
Title XIX Medicaid Disaster Relief SPA - Vaccine Administration & Counseling

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 	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
12. TYPED NAME Kelly Cunningham	
13. TITLE Medicaid Administrator	
14. DATE SUBMITTED January 8, 2024	

**FOR CMS USE ONLY**

16. DATE RECEIVED January 8, 2024	17. DATE APPROVED April 1, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

**Reimbursement**

\_\_\_ The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

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X The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

\_\_\_ The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

\_\_\_ Medicare national average, OR

\_\_\_ Associated geographically adjusted rate.

X The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

Payment for COVID-19 vaccine and administration is made in accordance with a fee schedule established by the Department. COVID-19 vaccine rates are set at the Medicare rate (associated geographically adjusted rate). [From March 1, 2020, through December 31, 2023 the COVID-19 vaccine administration rate was set to 100% of the Medicare rate. Effective January 1, 2024, payment for COVID-19 vaccine administration is made according to the fee schedule for the applicable rendering provider type. All fee schedules are accessible at:](#)

<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>

**COVID-19 Vaccine and Vaccine Administration APM for FQHCs, RHCs, and Critical Clinic Providers:**

[The state reimburses FQHCs, RHCs, and Critical Clinic providers for the COVID-19 vaccine and its administration pursuant to an alternate payment methodology \(APM\), when agreed upon to by the provider.](#)

TN: 23-0048

Supersedes TN: 23-0020

Approval Date: 04/01/2024

Effective Date: 01/01/2024

**COVID-19 Vaccine and Vaccine Administration APM for FQHCs, RHCs, and Critical Clinic Providers, continued:**

Clinic providers are reimbursed for the COVID-19 vaccine at 100% of the Medicare rate. The supplemental amounts paid under this APM are in addition to the PPS paid to the clinics for an encounter. The amount in total paid to the FQHCs and RHCs is at least their provider-specific PPS rate.

Pursuant to the alternate payment methodology (APM) approved under the state’s Disaster Relief State Plan Amendment 21-0005, the state reimburses clinic providers that agree to accept an APM the Illinois COVID-19 fee schedule rate for COVID-19 Vaccine Administration. The supplemental amounts made under this APM are in addition to the PPS paid to the clinics, for an encounter. The amount in total paid to the FQHCs and RHCs is at least their provider-specific PPS rate. From December 11, 2020, through December 31, 2023, the supplemental amount paid under this APM is set to the Illinois COVID-19 fee schedule rate for COVID-19 Vaccine Administration, which is equivalent to 100% of the Medicare Suburban Chicago reimbursement rate. Effective January 1, 2024, the supplemental amount paid under this APM is set to \$16.71 for COVID-19 vaccines provided to children eligible under the VFC program, and \$15.25 for non-VFC vaccines.

This APM was developed to support clinic providers as key COVID-19 vaccine administration providers in Illinois’ COVID-19 vaccination strategy. Payments under this APM are to cover the additional costs associated with providing and administering the COVID-19 vaccine during COVID-19 vaccination administration-only visits as the PPS cost base did not include these costs. Clinics that opt-in to this APM must agree that the Illinois COVID-19 fee schedule rate covers their increased costs associated with COVID-19 vaccine administration in supplement to their PPS rate.

X  The state’s fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

COVID-19 vaccine counseling rate for children under the age of 21 is set at \$30.00. Payment for COVID-19 vaccine counseling is made in accordance with a fee schedule established by the Department. All fee schedules are accessible at:

<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>

**PRA Disclosure Statement** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 23-0048

Supersedes TN: New Page

Approval Date: 04/01/2024

Effective Date: 01/01/2024