

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 20-0012**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



## **Financial Management Group**

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December 12, 2020

Theresa Eagleson, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001

RE: State Plan Amendment 20-0012

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number (TN) 20-0012. Effective September 1, 2020, this amendment updates the methodology for supplementals payments for professional services provided by government funded universities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved TN 20-0012, effective September 1, 2020. Attached are the CMS-179 and applicable plan pages.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

cc:  
Deborah Benson  
Courtenay Savage

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL                  FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>20-0012</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>September 1, 2020</b>	

5. TYPE OF PLAN MATERIAL (Check One)


NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

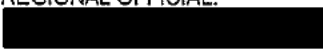
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.50; 42 CFR 447</b>	7. FEDERAL BUDGET IMPACT a. FFY 2020 - \$0 b. FFY 2021 - \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Pages 33A, 33B</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-B, Pages 33A, 33B</b>
10. SUBJECT OF AMENDMENT: <b>Supplemental payments for professional services provided by government funded universities</b>	

11. 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: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Theresa Eagleson</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>09/30/2020</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>September 30, 2020</b>	18. DATE APPROVED: <b>12/12/2020</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>September 1, 2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME <b>Todd McMillion</b>	22. TITLE: <b>Director, Division of Reimbursement Review</b>
23. 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

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- payment for performing a prenatal risk assessment (\$15);
- payment for performing risk assessments on children (\$15);
- increased reimbursement for deliveries (\$400 additional);
- a \$10 increase in the EPSDT screening rate; and
- an 8 percent increase in the reimbursement rate for office visits for children.

04/09 The rate for all physician services provided on or after July 1, 2002, shall be the rate in effect June 30, 2002, less 2.6 percent.

Physicians employed by government-operated entities other than hospitals, long term care facilities, and cost-reporting clinics.

For services provided by salaried physicians employed by a government-operated entity that is not a hospital, long term care facility, or cost-reporting clinic, the State or local government agency operating that entity may elect to enter into an interagency or intergovernmental agreement, as appropriate, with the Department that specifies the responsibilities of the two parties with respect to physician services provided by the entity and the funding thereof, including supplemental payments to universities for certain physician services. This methodology also applies to podiatric services in item 10 and chiropractic services in item 11.

- 09/20 a. Effective September 1, 2020, supplemental payments are available for services, eligible under Title XIX of the *Social Security Act*, that are provided by physicians who are employed by either the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago, the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Rockford, the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Peoria, or the SIU Physicians and Surgeons, Inc at the Southern Illinois University School of Medicine at Springfield.
- Physician services eligible for supplemental payments shall include:
    - services provided by an Advanced Practice Nurse (APN) or Physician’s Assistant (PA) when billed under the collaborating physician’s name and provider ID, and
    - services provided by interns and residents when billed under the teaching physician’s name and provider ID.
  - Physician services eligible for supplemental payments shall not include services provided by contracting physicians nor any other non physician not specified in the state plan.
  - Such supplemental payments will be made on a quarterly basis as described below.

- 09/20 b. Definitions
- Average Commercial Rate means, the average contractually defined payment amount paid to the university for practitioner services including patient share amounts, for each CPT code. This average shall be based on the participating university's payments from the five largest private insurance carriers for the CPT services.

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**

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- ii. Average Commercial Payment Ceiling means the following computation:
  - A. Multiplying the Average Commercial Rate by the number of paid claims provided in a quarter and paid to the university for clients eligible under Titles XIX of the Social Security Act.
  - B. Summing the products for all procedure codes as described in subsection b.ii.A. above.
- 09/20 c. The supplemental payments shall be determined as follows:
  - i. The supplemental payment to the university shall equal the Average Commercial Rate less all payments otherwise made by the department for the same services, for procedure codes rendered in the current period and paid to the university. These supplemental payments shall be based on all available payments and adjustments on file with the department at the time the payment amount is determined.
  - ii. The sum of payments made for each qualifying CPT service shall not exceed the Average Commercial Rate Ceiling.
- 09/20 d. Periodic Updates to the Base Period Medicare Equivalent of the Average Commercial Rate: The department shall update to the Average Commercial Rate annually, using the most recent data available.