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State/Territory Name: IL

State Plan Amendment (SPA) #: 13-019

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
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Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



March 11, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN 13-019

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #13-019 - Approves Illinois' request to include additional E&M and vaccine product codes to the list of eligible codes for the enhanced primary care payments.

--Effective Date: July 1, 2013

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure


cc: Mary Doran, HFS
Beth Green, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 13-019	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2013	

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: Section 1902 of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$0 b. FFY 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 62, 63, 64, 64A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Pages 62, 63, 64
10. SUBJECT OF AMENDMENT: Enhanced Primary Care Service Payments – Code Additions	
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: 12/30/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/13	18. DATE APPROVED: 3/11/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. 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

(Primary Care Services Affected by this Payment Methodology – continued)

- 07/13 The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).
 99217, 99224-99230, 99237, 99240, 99246-99250, 99256-99280, 99286-99288, 99289-99290, 99293-99294, 99295-99303, 99311-99314, 99317, 99319-99323, 99329-99333, 99338-99340, 99346, 99351-99353, 99358-99380, 99388-99390, 99398-99400, 99402-~~99405~~, 99408-99419, 99421-99454, 99456-99459, 99470, 99473-99474, 9948~~1~~₃-99498
- 07/13 The state will make payment under this SPA for the following codes and any successor codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

<u>E&M Codes</u>	<u>Effective Date</u>
99420	01/01/11
99401	10/01/12
99406	01/01/14
99407	01/01/14
99481	01/01/14
99482	01/01/14

<u>Vaccine Codes</u>	<u>Effective Date</u>
90650	10/19/09
90649	10/21/09
90670	03/19/10
Q2035	01/01/11
Q2036	01/01/11
Q2037	01/01/11
Q2038	01/01/11
Q2039	01/01/11
90715	03/01/11
90736	11/01/11
90654	02/01/12
90747	02/01/12
90672	07/01/13
90661	07/01/13
90673	07/01/13
90685	07/01/13
90686	07/01/13
90688	08/16/13

TN# 13-019
Supersedes
TN# 13-001

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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**0713 Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Response Choices:

- Medicare Physician Fee Schedule rate as implemented by the state and using the 2009 conversion factor.
- State regional maximum administration fee set by the Vaccines for Children program.

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

Response choices:

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: _____.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \$6.40. The state reimburses vaccine administration services using vaccine product codes. A crosswalk of the vaccine administration code to the applicable vaccine administration codes is provided on Page 64 of this Attachment.
- Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:
_____.

Effective Date of Payment

E & M Services: This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. A separate fee schedule for the two-year rate increase is published on the Department's website located at www.hfs.illinois.gov/reimbursement/.

Vaccine Administration: This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. A separate fee schedule for the two-year rate increase is published on the Department's website located at www.hfs.illinois.gov/reimbursement/.

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

07/13

VACCINE ADMINISTRATION FEE CROSSWALK

CROSSWALK TO	PRODUCT CODE
90460	90632
	90633
	90634
	90636
	90645
	90646
	90647
	90648
	90649
	90650
	90655
	90656
	90657
	90658
	90660
	90661
	90669
	90670
	90672
	90673
	90680
	90681
	90685
	90686
	90688
	90696
	90698
	90700
	90707
	90710
	90713
	90714
	90715
	90716
	90723
	90732
	90734
	90744
	90748

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

07/13

VACCINE ADMINISTRATION FEE CROSSWALK

CROSSWALK TO	PRODUCT CODE
90460	Q2034
	Q2035
	Q2036
	Q2037
	Q2038
	Q2039

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Supersedes
TN# New Page