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State/Territory Name: IL

State Plan Amendment (SPA) #: 15-0004

This file contains the following documents in the order listed:

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

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



October 17, 2016

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #15-0004 – Rate Reductions for Dental, Eyeglasses, Optometrists and Optometric Services, Podiatry, and Home Health Services

– Effective Dates:

May 1, 2015 for Dental, Eyeglasses, Podiatry, and Home Health Services

May 2, 2015 for Optometrists and Optometric Services

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS
Kimberley Cox, HFS
Mary Doran, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 15-0004	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: May 1, 2015

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)

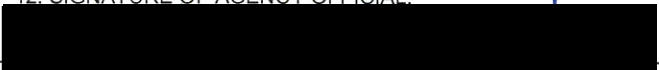
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2015 (\$1,084,486.50) b. FFY
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 34 and 34A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 34 and 34A

10. SUBJECT OF AMENDMENT:

Dental, Eyeglasses, Podiatry and Home Health Services – Rate Modifications

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: 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: Felicia F. Norwood	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 5-22-15	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 22, 2015	18. DATE APPROVED: October 17, 2016
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PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: 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**

8. DENTAL SERVICES: Reimbursement will be made for eligible recipients at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken.
- ~~07/14~~05/15 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Dental services. The agency's fee schedule rate was set as of July 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website ~~within the Dental Office Reference Manual located at www.hfs.illinois.gov/reimbursement/dental.html~~ in the Dental Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, dental services reimbursement rates are reduced by 16.75%, with the exception of preventive services for children 0-18 years of age identified on the Dental Fee Schedule and governmental providers.
- ~~07/12~~05/15 9. EYEGLASSES: ~~Same as 6.~~ Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Eyeglasses. The agency's fee schedule rate was set as of July 1, 2012 and is effective for services provided on or after that date. All rates are published on the Department's website in the Optometric Services Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, eyeglasses reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- 05/15 Effective for dates of service May 2, 2015 through June 30, 2015, optician, optometrists and optical supplies reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- Eyeglasses, including lenses and frames, are provided based on fee schedule rates established through contract in the State of Illinois in accordance with Section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.54(d)(1).
- ~~10/14~~05/15 10. PODIATRIC SERVICES: ~~Same as 6.~~ Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Podiatric services. The agency's fee schedule rate was set as of October 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Podiatrist ~~Procedure Code~~ Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, podiatric service reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- For Illinois public universities, supplemental payments are available for services provided by podiatrists employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to podiatric services.

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

07/12 11. CHIROPRACTIC SERVICES: ~~Same as 6.~~ Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Chiropractic services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Chiropractor fee schedule located at www.hfs.illinois.gov/reimbursement/.

For Illinois public universities, supplemental payments are available for services provided by chiropractors employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to chiropractic services.

12. HOME HEALTH CARE SERVICES: Home Health Care Services rates are based on the following:

a) Effective for services on or after July 1, 2002, home health providers shall be paid an all inclusive, per visit rate which shall be the lowest of:

- 1) the provider's usual and customary charge to the general public for the service. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken;
- 2) the provider's Medicare rate; or

07/14 ~~05/15~~ 3) the Department's fee schedule rate set as of July 1, 2014, and is effective for services provided on or after that date. Effective for dates of service May 1, 2015 through June 30, 2015, home health service reimbursement rates are reduced by 16.75% with the exception of governmental providers. All rates are published on the Department's website in Home Health Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

b) The rate methodology is uniform for governmental and private providers.