

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 15-0011**

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  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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October 29, 2015

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 (SPA).

Transmittal #15-0011 – Allows payment to providers for copayments and deductibles of Qualified Medicare Beneficiaries enrolled in Medicare Advantage plans.

--Effective Date: July 1, 2015

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](mailto: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  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>15-0011</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>July 1, 2015</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: <del>Section 1902 of the Social Security Act</del> ces, 10/26/15 Section 1902(n)(1) through (3) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2015 \$0 b. FFY 2016 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <del>Supplement to Attachment 4.19-B, Page 3 and 4</del> Supplement 1 to Attachment 4.19-B, Page 3 and 4 ces, 10/26/15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <del>Supplement to Attachment 4.19-B, Page 3 and 4</del> ces, 10/26/15 Supplement 1 to Attachment 4.19-B, Page 3 and 4

10. SUBJECT OF AMENDMENT:

**Payment of Qualified Medicare Beneficiaries copayments and deductibles**

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:



13. TYPED NAME: **Felicia F. Norwood**

14. TITLE: **Director of Healthcare and Family Services**

15. DATE SUBMITTED **8/12/15**

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**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **8/12/15**

18. DATE APPROVED: **10/29/15**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**7/1/15**

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 TYPES OF CARE  
PAYMENT OF MEDICARE PART A AND PART B DEDUCTIBLE/COINSURANCE**

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- I. For those Title XVIII services not otherwise covered by the Title XIX State Plan, the Medicaid agency will establish rates for those services at 80% of the full Medicare allowable charge for use in determining the amount of coinsurance and deductible due the provider.
- II. Full co-insurance is applicable to Medicare Part A skilled nursing services.
- 10/02 III. For certain drugs and medical supplies provided by a pharmacy or DME provider only when covered by Medicare, the Department will pay the full coinsurance and deductible amounts. When not covered by Medicare, the Department will reimburse the pharmacy or DME provider according to its regular Medicaid reimbursement methodologies. A detailed list of the applicable drugs and supplies is available on the [Department's IDPA](http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement) web site <http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement> [www.state.il.us/dpa/](http://www.state.il.us/dpa/). The Department will alert enrolled pharmacies and outpatient hospital pharmacies of any additions, deletions, and changes to this list via a "Informational Notice" to those providers.
- ~~07/1507/09~~ IV. ~~For Providers who render services to~~ Qualified Medicare Beneficiaries (QMBs) ~~or QMB Plus beneficiaries~~ enrolled in Medicare Advantage Plans ~~may bill the Department for co-insurance and deductibles, excluding Private Fee-For-Service (PFFS) Plans, the capitated payment for co-insurance and deductibles will be negotiated with the Plan. The maximum monthly capitated payment rates will be determined as follows, using the most recent year for which fee-for-service data is considered complete by the Department:~~
- ~~a) Segregate the eligible QMB population into separate categories according to Age (less than 65, and 65 and older).~~
  - ~~b) Within each eligible QMB category, the total Medicare Part A and Part B deductibles and co-payments paid by the Department will be compiled and then divided by the total eligible months for QMBs of that category. The resulting average expenditure amount will be the monthly fee-for-service equivalent for that eligible QMB category.~~
  - ~~c) Actuarially based adjustments will be applied to the monthly fee-for-service equivalent rates to account for differences in Medicare Advantage Plan cost sharing as well as any allowable administrative costs.~~
  - ~~d) The adjusted fee-for-service equivalent rates will be trended to the midpoint of the rate period for which they are being set.~~

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

State: **Illinois**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE  
PAYMENT OF MEDICARE PART A AND PART B DEDUCTIBLE/COINSURANCE**

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- ~~e) Maximum monthly capitated payment rates shall be recalculated every three years.~~
- ~~V. For QMBs enrolled in PFFS Plans, coinsurance and deductible amounts will be paid to providers and determined similar to the amounts calculated for beneficiaries enrolled in original Medicare.~~

[Material Removed]