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State/Territory Name: IL

State Plan Amendment (SPA) #: 15-0016

This file contains the following documents in the order listed:

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

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·		1. TRANSMITTAL NUMBER	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICARD SERVICES TO: REGIONAL ADMINISTRATOR		15-0016	ILLINOIS
		3. PROGRAM IDENTIFICATION:	
		Title XIX of the Social Security Act (Medicald)	
		4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		December 22, 2015	
5. TYPE OF PLAN MATE	RIAL (Check One)		
[] NEW STATE PL	AN [] AMENDMENT TO BE CONSIDERED	AS NEW PLAN [X] AMENDM	ENT
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8. FEDERAL STATUTE/R	REGULATION CITATION:	7. FEDERAL BUOGET IMPACT	
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		b. FFY 2017 \$7 MUNO	ar.
& PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
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Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



December 15, 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 (SPA).

Transmittal #15-0016

New reimbursement rates for emergency and non-emergency transportation services

– Effective Date: December 22, 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.

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

### 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

# 05/15 17. MEDICAL SUPPLIES AND EQUIPMENT:

Medical Supplies: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Supply 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 Durable Medical Equipment fee schedule located at

http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/

Medical Equipment: The rate for medical equipment services provided on or after July 1, 2012, shall be the lower of:

- The cost plus 50 percent
- The Medicare allowable rate less 8.7 percent.
- The manufacturer's suggested retail price less 8.7 percent.
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, medical equipment and supply rates are reduced by 16.75% with the exception of governmental providers.
- 18. TRANSPORTATION: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Ambulance, medicar and service car and taxi providers: base rate plus mileage rate; oxygen add-ons may be reimbursed when provided in ambulances; attendants may be reimbursed when provided by medicars, service cars or taxis; stretchers may be reimbursed when provided by medicars; mileage may be reimbursed when provided by private automobile. Commercial carrier transportation is approved on case-by-case basis and reimbursed at the prevailing or a negotiated rate.
- Description 
  Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation services. The agency's fee schedule rate was set as of <a href="#July1,2012">July 1, 2012</a> <a href="#December 22, 2015">December 22, 2015</a>, and is effective for services provided on or after that date. All rates are published on the Department's website in the Transportation Services fee schedule located at <a href="http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/">http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/</a>.
- O5/15 Effective for dates of service May 1, 2015 through June 30, 2015, emergency and nonemergency ambulance rates are reduced by 16.75% with the exception of governmental providers.

TN # **15-0016** Approval date: 12/15/16 Effective date: **12/22/2015** 

Supersedes TN # 15-0008

### 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

19. FAMILY PLANNING: Variable maximum per visit category: initial visit, annual visit, routine visit, problem visit and supply visit.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning 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 Practitioner Fee Schedule located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/

20. HEALTHY KIDS SERVICES: (Early and Periodic Screening, Diagnosis and Treatment): Variable maximum depending upon provider type: hospital outpatient clinic facility—Department approved outpatient rate; encounter rate clinic—Department approved visit rate; physician visit—Department approved rate(s).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of healthy kids 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 Practitioner Fee Schedule located at <a href="http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/">http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/</a>

TN # **15-0016** Approval date: 12/15//16 Effective date: **12/22/2015** 

Supersedes TN # New page