

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 15-010**

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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**Financial Management Group**

**JAN 19 2016**

Felicia Norwood, Director  
Illinois Department of Healthcare and Family Services  
Prescott E Bloom Building  
201 South Grand Avenue East  
Springfield IL 62763-0002

RE: Illinois State Plan Amendment (SPA) 15-010

Dear Ms. Norwood:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-010. Effective July 1, 2015, this SPA allows hospitals separate reimbursement for Long Acting Reversible Contraceptive (LARC) devices provided in the inpatient hospital setting immediate postpartum. The coverage will be in addition to the Diagnostic Related Group (DRG) reimbursement for labor and delivery. The change is being made in order to maintain access to necessary medical services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 15-010 is approved effective July 1, 2015. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Fredrick Sebree, of my staff, at (217) 492-4122 or by e-mail at [Fredrick.sebree@cms.hhs.gov](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacts the signature of Kristin Fan.

Kristin Fan  
Director

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER <b>15-0010</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)

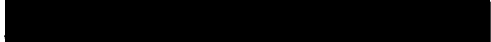
NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT

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


6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2015 (\$5.6 Million) b. FFY 2016 (\$22.5 Million)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <del>Attachment 4.19-B, Page 10.1</del> <b>ATTACHMENT 4.19-A, PAGE 10.1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-A, Page 10.1</b>

10. SUBJECT OF AMENDMENT:  
**Postpartum Long Acting Reversible Contraceptives**

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: <b>Felicia F. Norwood</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>8/12/15</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: <b>JAN 19 2016</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME <b>Kristen FAN</b>	22. TITLE: <b>Director, FMG</b>
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING INPATIENT RATES FOR HOSPITAL REIMBURSEMENT;  
MEDICAL ASSISTANCE-GRANT (MAG) and MEDICAL ASSISTANCE-NO GRANT (MANG)**

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- B. Excluded from DRG PPS reimbursements are:
1. Psychiatric services provided by:
    - a. A psychiatric hospital, as described in Chapter VIII.
    - b. A distinct part of psychiatric unit, as described in Chapter VIII.
  2. Physical rehabilitation services provided by:
    - a. A rehabilitation hospital, as described in Chapter VIII.
    - b. A distinct part rehabilitation unit, as described in Chapter VIII.
  3. Services provided by a long term acute care hospital, as described in Chapter VIII that are not psychiatric services or services described in subsections 1 and 2 of this Section.
  4. Inpatient services, reimbursed pursuant to negotiation as described in Section A.5 of Chapter VIII.
  5. Services provided by a large public hospital, as described in Chapter XXX.
  6. Hospital residing long term care services, as described in Chapter XI.
  7. Sub-acute alcoholism and substance abuse treatment services, as defined in Section P. of Chapter VIII.
  8. Inpatient services provided by Children's Specialty Hospitals as described in Chapter VIII.
  9. Inpatient services provided by non-cost reporting hospitals, excluding transplants, which will be reimbursed at a rate of \$672.24 per day.
  10. Long Acting Reversible Contraception.

07/15