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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0014

This file contains the following documents in the order listed:

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



Regional Operations Group

November 1, 2019

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

Transmittal #19-0014	-Increases home health agency rates
	-Effective Date: October 1, 2019
	-Approval Date: November 1, 2019

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/

Celestine Curry
Acting Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS
Jane Eckert, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0014	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: October 1, 2019

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 2020 \$2,150,000 b. FFY 2021 \$2,150,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 34A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 34A

10. SUBJECT OF AMENDMENT:
Rate increase for home health agency visits

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: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9-26-19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 26, 2019	18. DATE APPROVED: November 1, 2019
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Celestine Curry	22. TITLE: Acting Deputy Director
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

07/12 11. CHIROPRACTIC SERVICES: 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

05/15/10/19 3) the Department's fee schedule rate set as of ~~July 1, 2014~~ October 1, 2019, and 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.