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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0015

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 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

November 5, 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 #19-0015	-Eliminates Cost Sharing
	-Effective Date: September 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/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

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

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Illinois**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IL-19-0015

Proposed Effective Date

09/01/2019 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	\$2000000.00
Second Year	2020	\$24000000.00

Subject of Amendment

Elimination of Title XIX copayments

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Mary Doran**
Last Revision Date: **Oct 29, 2019**
Submit Date: **Sep 27, 2019**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
<p>[Page Left Blank Intentionally] 42 CFR 447.51 through 447.58</p>	<p>4.18 Recipient Cost Sharing and Similar Charges</p>
<p>1916(a) and (b) of the Act</p>	<p>(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and co-payments do not exceed the maximum allowable charges under 42 CFR 447.54.</p> <p>(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:</p> <p>(1) No enrollment fee, premium, or similar charge is imposed under the plan.</p> <p>(2) No deductible, coinsurance, co-payment, or similar charge is imposed under the plan for the following:</p> <p>(i) Services to individuals under age 18, or under—</p> <p><input type="checkbox"/> Age 19</p> <p><input type="checkbox"/> Age 20</p> <p><input type="checkbox"/> Age 21</p> <p>Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.</p> <p>(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
[Page Left Blank Intentionally]	
42 CFR 447.51 through 447.58	4.18 (b) (2) (Continued)
42 CFR 447.51 through 447.58	(iii) All services furnished to pregnant women.
	<input type="checkbox"/> Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
	(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
	(vi) Family planning services and supplies furnished to individuals of childbearing age.
	(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
42 CFR 438.108 42 CFR 447.60	<input checked="" type="checkbox"/> Managed care enrollees may be charged deductibles, coinsurance rates, and co-payments in an amount equal to the State Plan service cost sharing.
	<input type="checkbox"/> Managed care enrollees are not charged deductibles, coinsurance rates, and co-payments.
1916 of the Act, Pub.L. 99-272, (Section 9505)	(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

State: **Illinois** STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Citation **Condition or Requirement**

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~~4.18 (b) — (Continued)~~

~~42 CFR 447.51
through 447.58~~

~~(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, co-payment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.~~

~~Not applicable. No such charges are imposed.~~

~~(i) For any service, no more than one type of charge is imposed.~~

~~(ii) Charges apply to services furnished to the following age groups:~~

~~18 or older~~

~~19 or older~~

~~20 or older~~

~~21 or older~~

~~Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.~~

State: **Illinois** STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Citation **Condition or Requirement**

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~~4.18 (b) — (3) — (Continued)~~

~~42 CFR 447.51
through 447.58~~

~~(iii) For the categorically needy and qualified Medicare beneficiaries, Attachment 4.18-A specifies the:~~

~~(A) Service(s) for which a charge(s) is applied;~~

~~(B) Nature of the charge imposed on each service;~~

~~(C) Amount(s) of and basis for determining the charge(s);~~

~~(D) Method used to collect the charge(s);~~

~~(E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;~~

~~(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and~~

~~(G) Cumulative maximum that applies to all deductible, coinsurance or co-payment charges imposed on a specified time period.~~

~~Not applicable. There is no maximum.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
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1916(c) of the Act	☐ 4.18 (b) (4) A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. Attachment 4.18 D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	☐ 4.18 (b) (5) For families receiving extended benefits during a second 6 month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	☐ 4.18 (b) (6) A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. Attachment 4.18 E specifies the method and standards the State uses for determining the premium.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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MEDICAL ASSISTANCE PROGRAM

Citation Condition or Requirement

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42 CFR 447.51 through 447.58

4.18 (c) Individuals are covered as medically needy under the plan.

(1) An enrollment fee, premium or similar charge is imposed. Attachment 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

(2) No deductible, coinsurance, co-payment or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
<p>[Page Left Blank Intentionally] 42 CFR 447.51 through 447.58</p>	<p>4.18 (e) (2) (Continued)</p> <p>(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.</p> <p>(iii) All services furnished to pregnant women.</p> <p><input type="checkbox"/> Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.</p> <p>(iv) Services furnished to any individual who is an inpatient in a hospital, long term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.</p> <p>(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).</p> <p>(vi) Family planning services and supplies furnished to individuals of childbearing age.</p> <p>(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.</p> <p>(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.</p> <p><input type="checkbox"/> Not applicable. No such charges are imposed.</p>
<p>1916 of the Act, Pub.L. 99-272 (Section 9505) 447.51 through 447.58</p>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: **Illinois**
MEDICAL ASSISTANCE PROGRAM

Citation **Condition or Requirement**

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~~4.18 (c) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, co-payment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.~~

~~Not applicable. No such charges are imposed.~~

~~(i) For any service, no more than one type of charge is imposed.~~

~~(ii) Charges apply to services furnished to the following age group:~~

~~18 or older~~

~~19 or older~~

~~20 or older~~

~~21 or older~~

~~Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
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42 *CFR* 447.51
through 447.584.18 (e) ~~(2)~~ (Continued)

~~(iii) For the medically needy, and other optional groups, Attachment 4.18-C specifies the:~~

~~(A) Service(s) for which charges(s) is applied;~~

~~(B) Nature of the charge imposed on each service;~~

~~(C) Amount(s) of and basis for determining the charges(s);~~

~~(D) Method used to collect the charge(s);~~

~~(E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers~~

~~(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 *CFR* 447.53(b); and~~

~~(G) Cumulative maximum that applies to all deductible, coinsurance, or co-payment charges imposed on a family during a specified time period.~~

~~Not applicable. There is no maximum.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

CO-PAYMENTS

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~~A. Hospitals~~

~~07/12 1. Effective for dates of service July 1, 2012, a co-payment is required for all inpatient days with the exception of those classes of individuals identified in Section B.3. of this attachment.~~

~~2. The co-payment is a deduction from the hospital per diem.~~

~~07/12 3. The co-payment amount is determined as follows:~~

~~Inpatient hospital services: a daily copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which, for dates of service beginning July 1, 2012 through March 31, 2013, is \$3.65. Beginning April 1, 2013, the copayment amount is \$3.90. Copayments for hospital admissions will not exceed a total amount of \$75.00.~~

~~-~~

~~Non-emergency services rendered in an emergency room: a copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which, for dates of service beginning July 1, 2012 through March 31, 2013, is \$3.65. Beginning April 1, 2013, the copayment amount is \$3.90.~~

~~4. The co-payment amounts are automatically deducted from the Department's per diem payment to the hospital.~~

~~5. No provider may deny care or services on account of an individual's inability to pay a co-payment. (This requirement, however, does not extinguish the liability for payment of the co-payment.)~~

~~07/03 6. The exclusions for children and long-term care residents are enforced by MMIS edits using patient age and resident's information. Those exclusions are enforced based upon indicators entered into the Department's computer system. Indicators exist for pregnancy, hospice selection and long-term care residency upon admission to the Long Term Care facility. Family planning services are uniquely identified by procedure code and drug therapeutic class code.~~

~~7. The hospital is required to identify days of care for pregnant women in coding.~~

~~B. Non-institutional providers~~

~~1. The provider is responsible for collecting the co-payment from the patient. The co-payment amount owed by the patient is automatically deducted from the department's payment, regardless of the provider's ability to collect from the patient.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

CO-PAYMENTS

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~~07/12~~ ~~2. Effective for dates of service July 1, 2012, a co-payment will be assessed to participants based on the following rate:~~

- ~~a. A \$2.00 co-payment for each over the counter and generic drug billed to the Department.~~
- ~~b. For dates of service beginning July 1, 2012 through March 31, 2013, a \$3.65 co-payment for each brand name drug billed to the Department. Beginning April 1, 2013, the copayment amount is \$3.90.~~
- ~~c. For dates of service beginning July 1, 2012 through March 31, 2013, a \$3.65 co-payment for each office visit and encounter visit billed to the Department. Beginning April 1, 2013, the copayment amount is \$3.90.~~

~~Except, no co-payment will be assessed for emergency services, as defined in 42 CFR 447.53(b)(4), or for pharmacy products that are so identified in the Department's point of sale system for pharmacies and listed in notices to providers, available to the public on the Department's Internet website.~~

~~07/12~~ ~~3. Co-payments will not apply to:~~

- ~~a. persons residing in hospitals, nursing facilities, intermediate care facilities for the mentally retarded;~~
- ~~b. pregnant women (including a postpartum period of 60 days);~~
- ~~c. children under 19 years of age;~~
- ~~d. all non-institutionalized individuals whose care is subsidized by the Department of Children and Family Services or the Department of Corrections;~~
- ~~e. hospice patients; and~~
- ~~f. residents of a State-certified, State-licensed, or State-contracted residential care program where residents, as a condition of receiving care in that program, are required to pay all of their income, except an authorized protected amount for personal use, to the cost of their residential care program. For the purpose of this subsection, the protected amount shall be no greater than the protected amount authorized for personal use by the Department.~~

~~07/12~~ ~~4. Co-payments will not be assessed for services paid by Medicare, family planning services, certain medications, cancer chemotherapy, radiation therapy and renal dialysis treatment.~~

~~5. Except for those services and drugs excluded, the Department will automatically deduct the appropriate co-payment from the provider.~~

~~6. No provider may deny services to an eligible individual due to the individual's inability to pay the co-payment. However, this does not remove the individual's liability for the co-payment. The patient will self-declare inability to pay at the time of service.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

CO-PAYMENTS

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~~A. Hospitals~~

~~07/12 1. Effective for dates of service July 1, 2012, a co-payment is required for all inpatient days with the exception of those classes of individuals identified in Section B.3. of this attachment.~~

~~2. The co-payment is a deduction from the hospital per diem.~~

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~~-~~

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~~7. The hospital is required to identify days of care for pregnant women in coding.~~

~~B. Non-institutional providers~~

~~1. The provider is responsible for collecting the co-payment from the patient. The co-payment amount owed by the patient is automatically deducted from the department's payment, regardless of the provider's ability to collect from the patient.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

CO-PAYMENTS

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~~07/12~~ ~~2. Effective for dates of service July 1, 2012 through August 31, 2019, a co-payment will be assessed to participants based on the following rate:~~

- ~~a. A \$2.00 co-payment for each over the counter and generic drug billed to the Department.~~
 - ~~b. For dates of service beginning July 1, 2012 through March 31, 2013, a \$3.65 co-payment for each brand name drug billed to the Department. Beginning April 1, 2013, the copayment amount is \$3.90.~~
 - ~~c. For dates of service beginning July 1, 2012 through March 31, 2013, a \$3.65 co-payment for each office visit and encounter visit billed to the Department. Beginning April 1, 2013, the copayment amount is \$3.90.~~
- ~~Except, no co-payment will be assessed for emergency services, as defined in 42 CFR 447.53(b)(4), or for pharmacy products that are so identified in the Department's point of sale system for pharmacies and listed in notices to providers, available to the public on the Department's Internet website.~~

~~07/12~~ ~~3. Co-payments will not apply to:~~

- ~~a. persons residing in hospitals, nursing facilities, intermediate care facilities for the mentally retarded;~~
- ~~b. pregnant women (including a postpartum period of 60 days) ;~~
- ~~c. children under 19 years of age;~~
- ~~d. all non-institutionalized individuals whose care is subsidized by the Department of Children and Family Services or the Department of Corrections;~~
- ~~e. hospice patients; and~~
- ~~f. residents of a State-certified, State-licensed, or State-contracted residential care program where residents, as a condition of receiving care in that program, are required to pay all of their income, except an authorized protected amount for personal use, to the cost of their residential care program. For the purpose of this subsection, the protected amount shall be no greater than the protected amount authorized for personal use by the Department.~~

~~07/12~~ ~~4. Co-payments will not be assessed for services paid by Medicare, family planning services, certain medications, cancer chemotherapy, radiation therapy and renal dialysis treatment.~~

~~5. Except for those services and drugs excluded, the Department will automatically deduct the appropriate co-payment from the provider.~~

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

PREMIUMS IMPOSED ON LOW INCOME PREGNANT WOMEN AND INFANTS

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~~A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902 (a)(10)(A)(ii)(IX)(A) and (B) of the Act:~~

~~B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of non-payment, and notice of procedures for requesting waiver of premium payment);~~

~~*Description provided on attachment.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

PREMIUMS IMPOSED ON LOW INCOME PREGNANT WOMEN AND INFANTS

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~~_____ C. State or local funds under other programs are used to pay for premiums:~~

~~_____ Yes _____ No~~

~~D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:~~

~~*Description provided on attachment.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**OPTIONAL SLIDING SCALE PREMIUMS IMPOSED ON QUALIFIED
DISABLED AND WORKING INDIVIDUALS**

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~~A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:~~

~~Not Applicable~~

~~B. A description of the billing method used is as follows (include due date for premium payments, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):~~

~~Not Applicable~~

~~*Description provided on attachment.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

**OPTIONAL SLIDING SCALE PREMIUMS IMPOSED ON QUALIFIED
DISABLED AND WORKING INDIVIDUALS**

[Page Left Blank Intentionally]

~~C. State or local funds under other programs are used to pay for premiums:~~

~~Yes No~~

~~Not Applicable~~

~~D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:~~

~~Not Applicable~~



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IL - 19 - 0015

Expiration date: 10/31/2014

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415