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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 Tr	ansmittal Number (TN) in the format S	T-YY-0000 where ST= the state abbreviation, YY = the last two digits of the
IL-19-0015	<u>na 0000 – a jour aigii number wiin iead</u>	ling zeros. The dashes must also be entered.
IL-19-0013		
Proposed Effective I	Date	
09/01/2019	(mm/dd/yyyy)	
F 1 10: 1 17		
Federal Statute/Regi		
Section 1902 of	the Social Security Act	
Federal Budget Imp	act	
	Federal Fiscal Year	Amount
	- Tederal Fiscal Tear	Timount
First Year	2019	\$ 2000000.00
		200000.00
Second Year	2020	\$ 24000000.00
		\$ 2400000.00
Subject of Amendme	ent	
-	Γitle XIX copayments	
	1111 Copus 111110	
		//
Governor's Office R		
Governo	or's office reported no comment	
Commer	nts of Governor's office received	
Describe	:	
O No reply	received within 45 days of subn	nittal
	s specified	
Describe		
Signature of State A	gency Official	
Submitted By:	Ma	ary Doran
Last Revision 1	Date: Oc	t 29, 2019
Submit Date:		27, 2019

State: Illinois

Citation

MEDICAL ASSISTANCE PROGRAM

[Page Left Blank Intentionally] 42 CFR 447.51 4.18 Recipient Cost Sharing and Similar Charges through 447.58

Condition or Requirement

(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.

1916(a) and (b) of the Act

- (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:
 - (1) No enrollment fee, premium, or similar charge is imposed under the plan.
 - (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 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement	
[Page Left Blank Intentionally]		
	4.18 (b)	(2) (Continued)
4 2 CFR 447.51 through 447.58		(iii) All services furnished to pregnant women.
Ü		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 <i>CFR</i> 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 <i>CFR</i> 447.60.
4 2 CFR 438.108 4 2 CFR 447.60		Managed care enrollees may be charged deductibles, coinsurance rates, and co-payments in an amount equal to the State Plan service cost-sharing.
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

MEDICAL ASSISTANCE PROGRAM

Citation **Condition or Requirement** [Page Left Blank Intentionally] 4.18 (b) (Continued) 42 CFR 447.51 (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, co-payment, or similar charges are imposed for services that through 447.58 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

MEDICAL ASSISTANCE PROGRAM

Citation Condition or Requirement

[Page Left Blank Intentionally]

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: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or	Requirement
[Page Left Blan 1916(c) of the Act	ık Intentionally]	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: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or	Requirement
[Page Left Blanl 4 2 CFR 447.51 t hrough 447.58	· · · · · · · · · · · · · · · · · · ·	Individuals are covered as medically needy under the plan.
anough 171.00	⊟_(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 <i>CFR</i> 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: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation **Condition or Requirement** [Page Left Blank Intentionally] 42 CFR 447.51 4.18 (c) (2) (Continued) through 447.58 (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy. (iii) All services furnished to pregnant women. ☐ 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 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 to an individual receiving hospice care, as defined 1916 of the Act, Pub.L. 99-272 in section 1905(o) of the Act. (Section 9505) 447.51 through (viii) Services provided by a health maintenance organization (HMO) to enrolled individuals. 447.58

── Not applicable. No such charges are imposed.

State: Illinois

Citation

MEDICAL ASSISTANCE PROGRAM

[Page Left Blank Intentionally] 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

Condition or Requirement

 \Box 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: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation Condition or Requirement

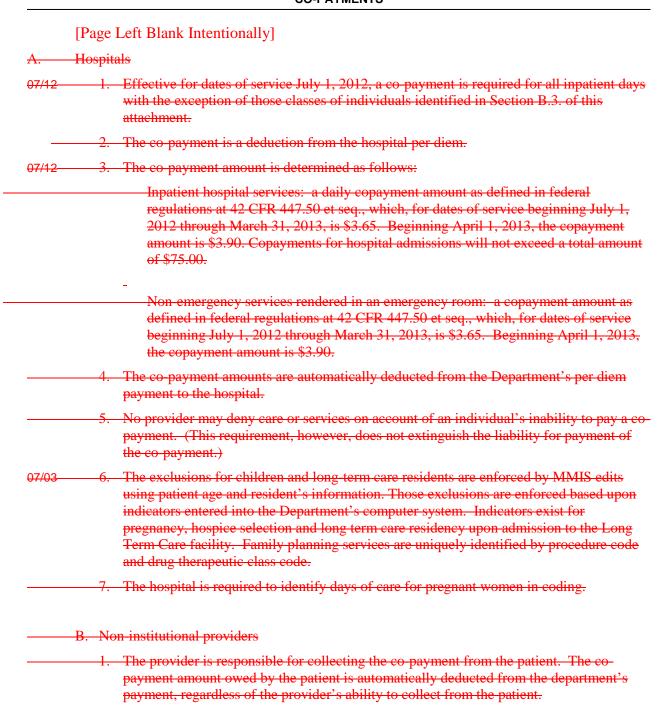
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42 CFR 447.51 4.18 (c) (2) (Continued)

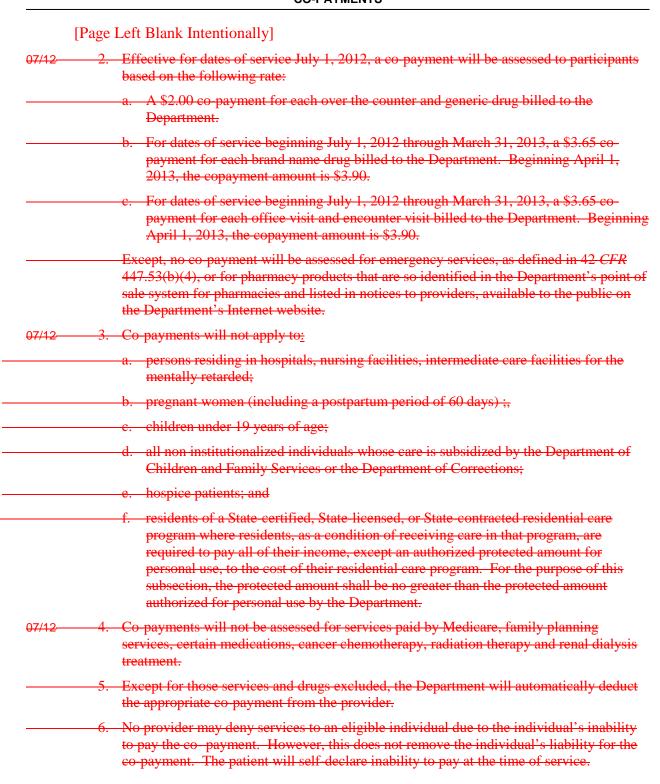
through 447.58

- (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.

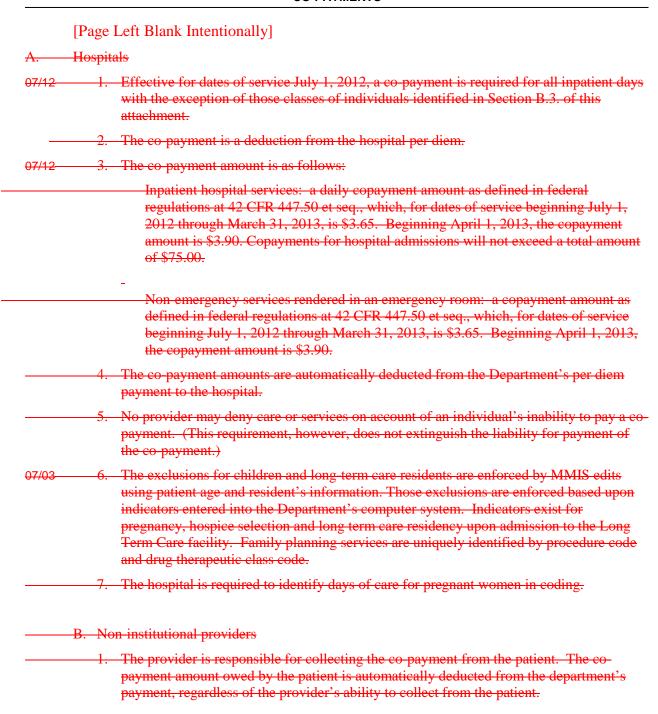
CO-PAYMENTS



CO-PAYMENTS

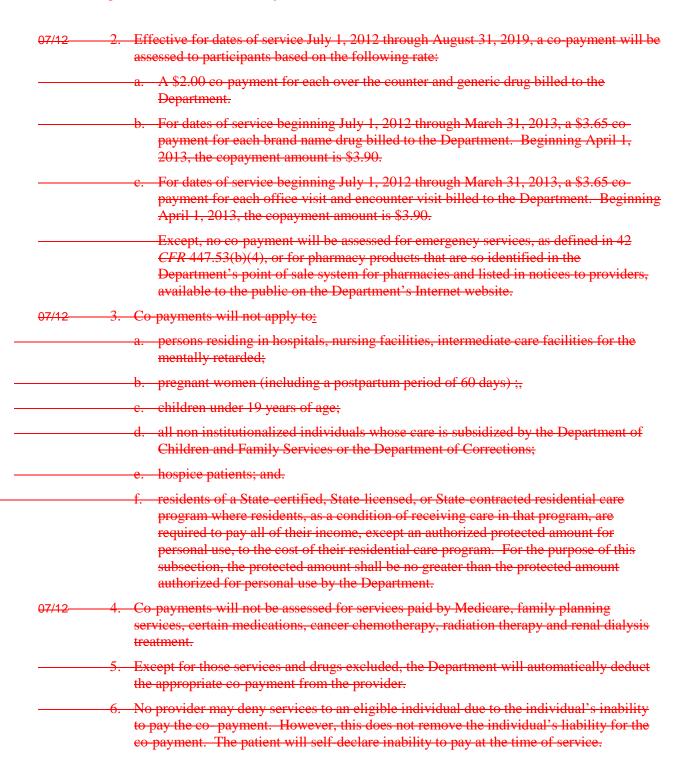


CO-PAYMENTS



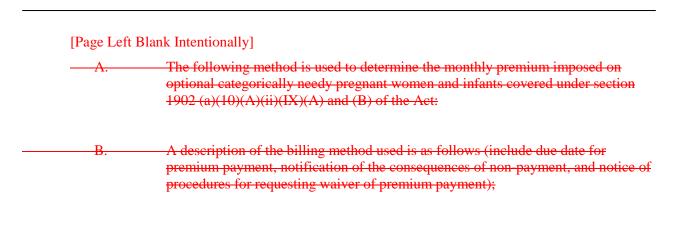
CO-PAYMENTS

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State: Illinois

PREMIUMS IMPOSED ON LOW INCOME PREGNANT WOMEN AND INFANTS



*Description provided on attachment.

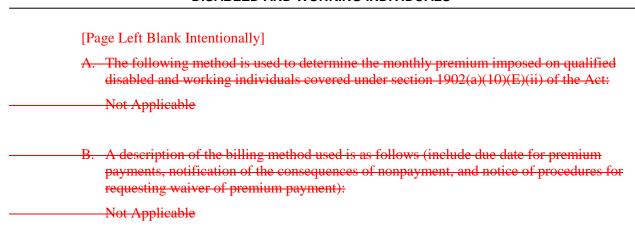
State: Illinois

PREMIUMS IMPOSED ON LOW INCOME PREGNANT WOMEN AND INFANTS

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: Illinois

OPTIONAL SLIDING SCALE PREMIUMS IMPOSED ON QUALIFIED DISABLED AND WORKING INDIVIDUALS



Approval date: 11/1/19 Effective date: 09/01/2019

^{*}Description provided on attachment.

State: Illinois

OPTIONAL SLIDING SCALE PREMIUMS IMPOSED ON QUALIFIED DISABLED AND WORKING INDIVIDUALS

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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: Illinois	OMB Control Number: 0938-1148	
Transmittal Number: <u>IL</u> - <u>19</u> - <u>0015</u>	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-pay	ments) to individuals covered under Medicaid.	

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

TN # 19-0015 Approval Date: 11/1/19 Effective Date: 9/1/2019