

## **Table of Contents**

**State/Territory Name: ILLINOIS**

**State Plan Amendment (SPA) #: 22-0037**

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

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**FINANCIAL MANAGEMENT GROUP**

---

**Division of Reimbursement Review**

November 18, 2022

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

RE: State Plan Amendment 22-0037

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number IL - 22-0037. This amendment provides for a rate increase for Dental Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2023.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 3 7</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.100	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>3,750,000</u> b. FFY <u>2024</u> \$ <u>5,000,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 34	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 34	

9. SUBJECT OF AMENDMENT  
**Dental rate increase**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED <u>10/28/2022</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>October 28, 2022</b>	17. DATE APPROVED <b>November 18, 2022</b>
--	---

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2023</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. 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**

---

8. DENTAL SERVICES: Reimbursement will be made for eligible recipients at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department. 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.
- 01/23 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Dental services. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in the Dental Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 01/21 Dental services provided by public academic medical centers will be reimbursed at the fee schedule rate set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Department's reimbursement webpage located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 9. EYEGASSES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Eyeglasses. 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 Optometric Services Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- Eyeglasses, including lenses and frames, are provided based on fee schedule rates established through contract in the State of Illinois in accordance with Section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.54(d)(1).
- 05/15 10. PODIATRIC SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Podiatric services. The agency's fee schedule rate was set as of October 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Podiatrist Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- For Illinois public universities, supplemental payments are available for services provided by podiatrists 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 podiatric services.