

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 24-0010**

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 S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 24, 2024

Elizabeth M. Whitehorn, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3rd Floor  
Springfield, IL 62763-0001

RE: TN 24-0010

Dear Ms. Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-A IL-24-0010, which proposes to increase Graduate Medical Education (GME) payments to freestanding children's hospitals.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Fred Sebree at via email at [fredrick.sebree@cms.hhs.gov](mailto:fredrick.sebree@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 4 — 0 0 1 0

2. STATE  
I L

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447 Subpart C**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 2,650,000  
b. FFY 2025 \$ 5,300,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-A, page 136**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-a, page 136**

9. SUBJECT OF AMENDMENT  
**Increase in GME payments to freestanding children's hospitals.**

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  
**Kelly Cunningham**  
Digitally signed by Kelly Cunningham  
Date: 2024.03.28 12:43:10 -0500

12. TYPED NAME  
**Kelly Cunningham**

13. TITLE  
**Administrator Division of Medical Programs**

14. DATE SUBMITTED  
**March 28, 2024**

15. RETURN TO  
**Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
Attn: Kati Hinshaw  
201 South Grand Avenue East Springfield, IL 62763-0001**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**3/28/2024**

17. DATE APPROVED  
**June 24, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**4/1/2024**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, FMG**

22. 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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- C. Payment. A qualifying hospital shall receive a payment that is the product of the following factors:
1. the lesser of:
    - a. the sum of the hospital's annualized Medicaid Intern Resident Cost and annualized Medicaid IME payment, or
    - b. the product of:
      - i. the number of interns and residents as reported on Worksheet S3, Part 1, Col 9, line 14, and
      - ii. 120% of the statewide average cost per intern and resident for all eligible hospitals
  2. For payments through December 31, 2022, 22.6 percent.
  3. For payments on or after January 1, 2023:
    - a. 35 percent for safety net hospitals or hospitals with 100 or more Full Time Equivalent Residents and Interns, as reported on the hospital's Medicare cost report ending in Calendar year 2018; or
    - b. 30 percent.
  4. For payments on or after April 1, 2024, for a children's hospital, as defined in Chapter II.C.3.a, 100 percent.