

**PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING
MEDICAL ASSISTANCE PAYMENT RATES**

**STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

The Illinois Department of Healthcare and Family Services is proposing a change in the methods and standards by which the Department will reimburse providers. The proposed changes are effective for dates of service on or after January 1, 2023

Pursuant to [PA 102-1018](#), the Department is proposing to increase rates for breast tomosynthesis services to the Medicare Chicago Metropolitan rate. The Department estimates this change to increase expenditures by \$1.6 million.

The proposed change is subject to approval by the federal Centers for Medicare and Medicaid Services and may be modified or revised during the approval process.

Any interested party may submit questions or comments concerning these proposed changes in reimbursement methods and standards. All questions or comments must be submitted in writing within thirty (30) days of the publication date of this notice and addressed to:

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
E-mail address: HFS.bpra@illinois.gov

The notice may be viewed at the DHS local offices (except in Cook County). In Cook County, the notice may be reviewed at the Office of the Director, Illinois Department of Healthcare and Family Services, 401 South Clinton Street, 1st Floor, Chicago, Illinois. Comments received regarding this notice shall be published on the HFS web site at <http://www.illinois.gov/hfs/info/legal/PublicNotices/Pages/>.

This notice is being provided in accordance with federal requirements found at 42 CFR 447.205.