

**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 July 1, 2023.

The Department is proposing to enter into value-based supplemental rebate agreements with drug manufacturers for selected high-cost prescription drugs and gene therapies provided to Medicaid beneficiaries. The arrangement would allow the Department and the manufacturer to agree on benchmarks as they pertain to health outcomes and the methods as to which these benchmarks would be evaluated.

The Department expects this change to be budget neutral. 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.BPPC@illinois.gov](mailto:HFS.BPPC@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.