

**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 changes that continue many of the state's COVID-19 approved flexibilities through the COVID-19 Public Health Emergency unwinding period. These flexibilities are effective during the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act).

The proposed changes confirm that the Illinois Medicaid program is complying with the federal American Rescue Plan Act's coverage standards for COVID-19:

- **Testing.** The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19. COVID-19 testing rates are set at the Medicare rate (National Government Services, Jurisdiction J6).
- **Vaccines, vaccine administration, and counseling.** The state assures coverage of COVID-19 vaccines and administration of the vaccines. COVID-19 vaccine and administration rates are set at the Medicare rate (associated geographically adjusted rate). The state also assures coverage of medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act. COVID-19 vaccine counseling rate for children under the age of 21 is set at \$30.00.
- **Treatment.** The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), as well as coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19. Methodologies for COVID-19 monoclonal antibody treatment rates are set at the Medicare rate (National average). All other methodologies for treatment are identified in the state's approved State Plan.

In addition, the Department provides assurance that coverage for the treatment and prevention of COVID-19, including vaccines, vaccine counseling, and testing, is provided to beneficiaries without cost sharing.

The Department estimates an annual cost of \$180 million annually. 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](mailto: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.