

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations

July 8, 2010

Refer to:
DMCH: RED
NE SPA 10-09

COPY

Kerry Winterer
Chief Executive Officer
Department of Health & Human Services
301 Centennial Mall South, 3rd Floor
P.O. Box 95026
Lincoln, NE 68509-5026

Dear Mr. Winterer:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Nebraska State Plan Amendment (SPA) 10-09 which revises the methodology for payment of Medicare Part A coinsurance for nursing facility services.

Based on the information provided, we are pleased to inform you that SPA 10-09 is approved with the requested effective date of July 1, 2010. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Nebraska State plan. If you have any questions regarding this amendment, please call Rebecca Dillender at (816) 426-5925.

Sincerely,

Leticia Barraza
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Vivianne Chaumont
Cindy Kadavy
Pat Taft

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: NE 10-09	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 7/1/2010	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902 (n)(1) and 1902 (n)(2)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2010 \$(3,600,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B, pp 1 and 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B, pp 1 and 3

10. SUBJECT OF AMENDMENT:
Payment of Medicare Part A Coinsurance for Nursing Facility Services.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has waived review
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: April 16, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: April 19, 2010	18. DATE APPROVED: July 8, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Leticia Barrera	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

TN #. NE 10-09
Supersedes
TN #. MS-91-24

Approval Date JUL 08 2010

Effective Date JUL 01 2010
HCFA id: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item 1

Special Rate Method

For nursing facility services, except for Skilled Nursing Units in Small Rural Hospitals ("Swing Beds"), covered under Medicare Part A, payments are limited to State plan rates and payments according to the following method:

- 1) If the Medicare payment amount for a claim exceeds or equals the State plan rate or payment for that claim, Medicaid reimbursement will be zero (0).
- 2) If the State plan rates and payments for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:
 - a) the difference between the Medicaid State plan rates and payments minus the Medicare payment amount; or
 - b) the Medicare coinsurance and deductible, if any, for the claim.

TN# NE 10-09

Supersedes

Approved JUL 08 2010

Effective JUL 01 2010

TN# MS-91-24