

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 13-21**

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  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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September 19, 2013

Vivianne M. Chaumont, Director  
Department of Health and Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall S., 5<sup>th</sup> Floor  
P.O. Box 95026  
Lincoln, Nebraska, 68509-5026

Dear Ms. Chaumont:

The Centers for Medicare & Medicaid Services (CMS) received Nebraska's state plan amendment (SPA), transmittal #13-021 on August 19, 2013 requesting an exception to 42 CFR 455.508(b) which states, "the entity must hire a minimum of 1.0 FTE Contractor Medical Director who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the relevant State licensing authorities and has relevant work and educational experience". A State may seek to be excepted, in accordance with § 455.516, from requiring its RAC to hire a minimum of 1.0 FTE Contractor Medical Director by submitting to CMS a written request for CMS review and approval.

Your request for an exception to 42 CFR 455.508(b) has been approved.

This SPA was approved September 18, 2013, with an effective date of July 1, 2013, as requested by the state. Enclosed is a copy of the CMS 179 form, as well as the approved page for incorporation into the Nebraska State plan.

If you have any questions regarding this amendment, please contact Sandra Levels at [Sandra.Levels@cms.hhs.gov](mailto:Sandra.Levels@cms.hhs.gov) or (816) 426-5925.

Sincerely,

//s//

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosure

cc: Anne Harvey  
Nancy Keller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 13-21	<b>2. STATE</b> Nebraska
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> July 1, 2013	

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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 455.516 *	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2013      \$0 b. FFY 2014      \$0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  36b	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  36b

10. SUBJECT OF AMENDMENT:  
Medical Director for Medicaid Recovery Audit Contractor

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

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>	<b>16. RETURN TO:</b>  Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
<b>13. TYPED NAME:</b> Vivianne M. Chaumont	
<b>14. TITLE:</b> Director, Division of Medicaid and Long-Term Care	
<b>15. DATE SUBMITTED:</b> August 19, 2013	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> August 19, 2013	<b>18. DATE APPROVED:</b> September 18, 2013
PLAN APPROVED - ONE COPY ATTACHED	
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> July 1, 2013	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b>
<b>21. TYPED NAME:</b> James G. Scott	<b>22. TITLE:</b> Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

\* Pen and Ink change per state request via e-mail dated 9.17.13.

Revision: (Draft)  
State/Territory: Nebraska

Citation

Section 1902(a)(42)(B)(i)  
of the Social Security Act

4.5b Medicaid Recovery Audit Contractor Program

\_\_\_\_\_ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.

X The State is seeking an exception to establishing such program for the following reasons:

Nebraska Medicaid will not implement its Recovery Audit Contractor program by January 1, 2012, and requests an exemption of that requirement. The anticipated implementation date is November 30, 2012.

Nebraska Medicaid will not require a Nebraska licensed full time equivalent Medicaid Director for its RAC program.

Section 1902(a)(42)(B)(ii)(I)  
of the Act

X The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.

Nebraska Medicaid will be issuing a request for proposals to procure a Medicaid RAC vendor.

Place a check mark to provide assurance of the following:

X The State will make payments to the RAC(s) only from amounts recovered.

Section 1902  
(a)(42)(B)(ii)(I)(aa) of the Act

X The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.

The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):

X The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.

TN No 13-21  
Supersedes  
TN No. NE 12-03

Approval Date SEP 18 2013

Effective Date JUL 1 2013