

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 15-0003**

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**

June 22, 2015

Calder Lynch, Director  
Department of Health & Human Services  
Division of Medicaid and Long Term Care  
301 Centennial Mall S., 5th Floor  
PO Box 95026  
Lincoln, Nebraska 68509

Dear Mr. Lynch:

On March 24, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #15-003, which proposes to continue enhanced payments for primary care physician (PCP) services effective January 1, 2015.

This SPA 15-003 was approved on June 18, 2015, with an effective date of January 1, 2015, as requested by the State. 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 contact Narinder Singh at (816) 426-5925 or [Narinder.Singh@cms.hhs.gov](mailto:Narinder.Singh@cms.hhs.gov).


Sincerely,

//s//

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

Enclosure

cc: Heather Leschinsky  
Nancy Keller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-003	2. STATE Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 January 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2015                      \$1,183,730.65 b. FFY 2016                      \$1,578,307.53	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B Item 5, Page 5-7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): ATTACHMENT 4.19-B Item 5, Page 5-7	
10. SUBJECT OF AMENDMENT: Enhanced PCP Payments			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
13. TYPED NAME: Calder Lynch			
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: March 24, 2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Increased Primary Care Service Payment

The state reimburses for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.400(a) remain in effect. The state will pay for these services using the enhanced rates in effect for these providers on January 1, 2014 for the state of Nebraska or if greater, the Medicare payments rates for the applicable year, or the Medicaid rate for the applicable year.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:

Method of Payment

- Effective January 1, 2015, and thereafter, the state will make payment utilizing the enhanced rates in effect as of January 1, 2014 for the state of Nebraska or, if greater, the Medicare payments rates for the applicable year, or the Medicaid rate for the applicable year.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405. Supplemental payment is made:  monthly  quarterly

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

90460	99359	99374	99380	99404	99420	99450	99489
90461	99363	99375	99381	99408	99441	99455	99495
99339	99364	99377	99391	99409	99442	99456	99496
99340	99367	99378	99401	99411	99443	99487	
99358	99368	99379	99403	99412	99444	99488	

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Transmittal # NE 15-003

Supersedes \_\_\_\_\_

Approved \_\_\_\_\_

Effective \_\_\_\_\_

Transmittal # NE 13-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Primary Care Services Affected by this Payment Methodology (continued)

- The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

99224 – 1-1-2011

99225 – 1-1-2011

99226 – 1-1-2011

Physician Services – Vaccine Administration

For calendar years (CYs) 2015 and thereafter, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicaid rate for the applicable year.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate established by Medicaid

Documentation of Vaccine Administration Rates

The state uses the rates in effect as of July 1 of the applicable year.

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Transmittal # NE 15-003

Supersedes

Approved \_\_\_\_\_

Effective \_\_\_\_\_

Transmittal # NE 13-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Documentation of Vaccine Administration Rates

The following codes will be cross walked to the CPT code 90640 for the increased vaccination administration rate:

90633 SL	90656 SL	90681 SL	90713 SL	90734 SL
90647 SL	90657 SL	90696 SL	90714 SL	90744 SL
90648 SL	90658 SL	90698 SL	90715 SL	90746 SL
90649 SL	90660 SL	90700 SL	90716 SL	90748 SL
90650 SL	90670 SL	90707 SL	90721 SL	
90655 SL	90680 SL	90710 SL	90723 SL	
	<u>90685 SL</u>			
	<u>90686 SL</u>			
	<u>90687 SL</u>			
	<u>90688 SL</u>			

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at [http://dhhs.ne.gov/medicaid/pages/med\\_provhome.aspx](http://dhhs.ne.gov/medicaid/pages/med_provhome.aspx)

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at [http://dhhs.ne.gov/medicaid/pages/med\\_provhome.aspx](http://dhhs.ne.gov/medicaid/pages/med_provhome.aspx)

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Transmittal # NE 15-003

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Approved \_\_\_\_\_

Effective \_\_\_\_\_

Transmittal # NE 13-10