

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 17-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 0355  
Kansas City, MO 64106



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

September 15, 2017

Thomas "Rocky" Thompson, Acting Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 5<sup>th</sup> Floor  
PO Box 95026  
Lincoln, NE 68509-5026

Dear Mr. Thompson:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Nebraska State Plan Amendment (SPA) Transmittal Number #17-0007. This amendment, submitted July 27, 2017, will limit the payment of Medicare Part A and B deductibles and cost-sharing on Medicare crossover claims for Medicaid covered services to zero if the Medicare payment equals or exceeds the Medicaid rate. Where the Medicaid rate exceeds the Medicare payment, the state will pay the lesser of either the difference between the Medicare payment and the Medicaid rate, or the Medicare deductible and cost-sharing amount on the claim, if any. The state will continue to pay deductibles and cost-sharing for Medicare covered services that are not covered by Medicaid at the Medicare rate.

Nebraska SPA 17-0007 was approved on September 15, 2017, with the state's requested effective date of July 1, 2017. 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 state plan amendment, please contact Barbara Cotterman at [Barbara.Cotterman@cms.hhs.gov](mailto:Barbara.Cotterman@cms.hhs.gov) or (816) 426-5925.

Sincerely,  9/15/2017

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

Signed by: James G. Scott -A

Enclosures

cc:  
Heather Leschinsky – NE DHHS  
Denise Woolman – NE DHHS  
Michael Michalski – NE DHHS  
Sarah Rhoades – CMS  
Cathy Sturgill - CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 17-0007	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 July 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(n) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2017                      \$-3,065,157.27 b. FFY 2018                      \$-12,426,153.49	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1 to Attachment 4.19-B, Pages 1-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement 1 to Attachment 4.19-B, Page 1-3	
10. SUBJECT OF AMENDMENT: <del>Medicaid/Medicare Crossover</del> Implementation of new "lesser of" payment methodology logic for Medicare-Medicaid Crossover Coinsurance and deductibles for Medicaid covered services. *			
11. GOVERNOR'S REVIEW (Check One): <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:	
13. TYPED NAME: Thomas "Rocky" Thompson		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: July 27, 2017			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: July 27, 2017		18. DATE APPROVED: September 15, 2017	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:  * Pen and changes, per state email dated 09.13.17			

Revised: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 1  
OMB No.: 0938-

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

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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).

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TN #. NE 17-0007

Supersedes

TN #. NE-10-09

Approval Date September 15, 2017 Effective Date July 1, 2017

HCFA id: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

<u>QMBs:</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
	<u>Part B *MR /SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
<u>Other</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
<u>Medicaid</u>		
<u>Beneficiaries</u>	<u>Part B *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
<u>Dual</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
<u>Eligible</u>		
<u>(QMB Plus)</u>	<u>Part B *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>

\*For Medicare part A and B Deductible and Coinsurance, services not covered in the Medicaid State Plan the payments will be made at the Medicare payment rate.

TN #. NE 17-0007

Supersedes

Approval Date September 15, 2017 Effective Date July 1, 2017

TN #. NE 11-27

Revised: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 3  
OMB No: 0938-

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

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Item 1

Special Rate Method

For Medicare part A and B Deductible and Coinsurance- Services covered in the Medicaid State Plan. 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 the Medicare paid amount;  
or
  - b) The Medicare coinsurance and deductible, if any, for the claim.

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TN# NE 17-0007  
Supersedes  
TN# NE 10-09

Approved September 15, 2017 Effective July 1, 2017