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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 24-0018-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 9, 2024

Matthew Ahern
Interim Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) – 24-0018-A

Dear Director Matthew Ahern:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-24-0018-A. This amendment proposes to make changes to the Nebraska State Plan to no longer assess copayments for selected services.

We conducted our review of your submittal according to statutory requirements in Sections 1916 and 1916A of the Social Security Act, and 42 CFR 447.50-.57. This letter informs you that Nebraska Medicaid SPA TN 24-0018 was approved on September 9, 2024, with an effective date of May 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nebraska State Plan.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Division of Program Operations

Enclosures

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Nebraska

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YF-NNNN or SS-YF-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YF = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

NE-24-0018-A

Proposed Effective Date

05/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.56. *Sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50-.57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 8405.00
Second Year	2025	\$ 20081.00

Subject of Amendment

Discontinuance of Copayments

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal

- Other, as specified

Describe:

Does not require Governor office review.

Signature of State Agency Official

Submitted By: Crystal Georgiana
Last Revision Date: Jul 18, 2024
Submit Date: Jul 18, 2024



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NE - 24 - 0018-A

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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