STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE MEDICALLY NEEDY

Effective October 15, 2011, the Nebraska Medical Assistance Program established the following schedule of copayments:

Chiropractic Office Visits ……. $1 per visit
Dental Services ……..... ……..……..……..……..…. $3 per specified service
Durable Medical Equipment…….$3 per specified service
Drugs ……$2 per prescription
Brand Name Drugs……$3 per prescription
Eyeglasses……..... $2 per eyeglasses
Hearing Aids……...$3 per hearing aid
Inpatient Hospital Services…… $15 per admission
Mental Health and Substance Abuse Services…….....$2 per specified service
Occupational Therapy (non-hospital based)……..... $1 per specified service
Optometric Office Visits …….. $2 per visit
Outpatient Hospital Services……..... $3 per visit
Physical Therapy (non-hospital based) …… $1 per specified service
Physicians (M.D.'s and D,O's)
Office Visits ……..… $2 per visit
(Excluding Primary Care Physicians -
Family Practice, General Practice,
Pediatricians, Internists, and physician
extenders {including physician assistants,
nurse practitioners and nurse midwives)
providing primary care services)
Podiatrists Services ……..…$1 per visit
Speech Therapy (non-hospital based) ……..$2 per specified service

As a basis for determining the copayment amount, the standard copayment amount is determined by applying up to the maximum copayment amounts specified in 42 CFR 447.54(a)(3) to the agency's average or typical payment for that service. For inpatient hospital services, the amount was calculated so as to not exceed one-half of the first day's per diem for each hospital admission.

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The copayment is collected by the provider at the time the service is provided. If the client is unable to pay the copayment when the service is provided, the provider may bill the client for the amount of the copayment.

Certain individuals and services are excluded from copayments in compliance with 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b). Individuals who are subject to the copayment requirement will be identified to providers by calling the Nebraska Medicaid Eligibility System (NMES). Providers will be educated that certain services, including emergency services, family planning services, and HMO services, are not subject to copayment. In addition, computer edits will lower the payment amount of those services that require a copayment. Services and/or clients excluded from copayment will be identified by the system and payment will be made in the usual manner.

Indians are exempt from copayments based on race. Effective August 1, 2012, payment under Medicaid due to an Indian health care provider or a health care provider through referral under contract health services for directly furnishing an item or service to an Indian will not be reduced by the amount of any enrollment fee, premium, or similar charge, or any deductible, copayment, cost sharing, or similar charge that otherwise would be due from the Indian.

There will not be a cumulative maximum that applies to all charges imposed on a specified time period.