

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE CATEGORICALLY NEEDY AND QUALIFIED MEDICARE BENEFICIARIES

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

Service	Amount of copayment
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 dispensing fee
Hearing Aids.....	\$3 per dispensing fee
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.

TN No. 11-17
Supersedes
TN No. MS-02-03

Approval Date _____ Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE CATEGORICALLY NEEDY AND QUALIFIED MEDICARE
BENEFICIARIES

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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.

An Individual who is unable to pay the copayment is identified by self-declaration to the provider.

Certain individuals and services are excluded from copayments in compliance with 42 CFR 447.53. American Indians are excluded from copayment requirements in compliance with 42 CFR 447.53. 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.

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

TN No. 11-17

Supersedes

Approval Date _____

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TN No. MS-94-2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE MEDICALLY NEEDY AND OTHER OPTIONAL GROUPS

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 dispensing fee
Hearing Aids.....	\$3 per dispensing fee
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
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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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State Nebraska

COST-SHARING FOR THE MEDICALLY NEEDY AND OTHER OPTIONAL GROUPS

(continued from page 1)

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