

September 15, 2011

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106

RE: Nebraska SPA #11-27 – Payment of Medicare Part A and Part B
Deductible/Coinsurance

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding payment of Medicare Part A and Part B Deductible/Coinsurance to correct our State Plan to reflect our existing practice.

Prior to submitting this State Plan Amendment, the Division of Medicaid and Long-Term Care sought consultation from federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact that the proposed State Plan Amendment might have, if any, on the Tribes. We received no comments.

If you have content questions, please feel free to contact Margaret Booth, margaret.booth@nebraska.gov, 402-471-9380 or for submittal questions, Pat Taft, 402-471-7787, pat.taft@nebraska.gov.

Sincerely,



Vivianne M. Chaumont, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

cc: Gail Brown Stevenson

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|---|--|--|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: NE 11-27 | 2. STATE Nebraska |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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, 2011 | |
| 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 2011 \$0 b. FFY 2012 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B, page 2 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 4.19-B, page 2 | |
| 10. SUBJECT OF AMENDMENT: Payment of Medicare Part A and Part B Deductible/Coinsurance - correction to page | | | |
| 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: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509 | |
| 13. TYPED NAME: Vivianne M. Chaumont | | | |
| 14. TITLE: Director, Division of Medicaid and Long-Term Care | | | |
| 15. DATE SUBMITTED: September 15, 2011 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 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
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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

TN # NE 11-27

Supersedes

TN # MS-04-02

Approval Date _____

Effective Date _____