

August 23, 2011

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

RE: Nebraska SPA #NE 11-28 – Fee Schedule Rates

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding our Fee Schedule Rates. Please note that this is for the same page that is still pending at CMS for Nebraska SPA #10-20.

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

If you have content questions, please feel free to contact Margaret Booth, 402-471-9380 [margaret.booth@nebraska.gov](mailto:margaret.booth@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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|---|--|--|----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 1. TRANSMITTAL NUMBER:<br>NE 11-28   | 2. STATE<br>Nebraska |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                      |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>July 1, 2011   |                      |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>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:<br>a. FFY 2011      \$(1,209,366)<br>b. FFY 2012      \$(4,117,464)  |                      |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Attachment 4.19-B, Item 1  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br>Attachment 4.19-B, Item 1   |                      |
| 10. SUBJECT OF AMENDMENT:<br>Fee Schedule Rates   |  |  |                      |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                      |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br>   |  | 16. RETURN TO:<br>Patricia (Pat) Taft<br>Division of Medicaid & Long-Term Care<br>Nebraska Department of Health & Human Services<br>301 Centennial Mall South<br>Lincoln, NE 68509 |                      |
| 13. TYPED NAME:<br>Vivianne M. Chaumont   |  |  |                      |
| 14. TITLE:<br>Director, Division of Medicaid and Long-Term Care   |  |  |                      |
| 15. DATE SUBMITTED:<br>August 23, 2011  |  |  |                      |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |  |                      |
| 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

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Except as otherwise noted in the plan, state developed fee schedule rates are the same for both government and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.dhhs.ne.gov/med/provhome.htm> (Division of Medicaid and Long-Term Care website). The above mentioned fee schedule is applicable to all services reimbursed via a fee schedule. The agency's rates were set as of July 1, 2011 and are effective for services on or after that date.

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TN No. NE 11-28

Supersedes

TN No. NE 10-20

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_