

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

July 27, 2023

James G. Scott, Director  
Centers for Medicare & Medicaid Services  
Kansas City Regional Operations Group  
Division of Medicaid Field Operations-North  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 23-0006

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding rural health clinic telehealth reimbursement.

The Division of Medicaid and Long-Term Care sent notice on June 9, 2023 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact 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 Carisa Schweitzer Masek at [Carisa.SchweitzerMasek@nebraska.gov](mailto:Carisa.SchweitzerMasek@nebraska.gov) or 402-471-7514. For submittal questions, please contact Dawn Kastens at [Dawn.Kastens@nebraska.gov](mailto:Dawn.Kastens@nebraska.gov) or 402-471-9530.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Bagley".

Kevin Bagley, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

KB/dk  
cc: Tyson Christensen  
Enclosures

**TRANSMITTAL AND NOTICE OF  
APPROVAL OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID  
SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 0 6	2. STATE N E
--	-----------------

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 405.2400-405.2472

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a FFY 2023 \$ 0  
b FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Att. 3.1-A, Item 2b  
Att. 4.19-B, Item 2b, Pgs 2 and 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Att. 3.1-A, Item 2b  
Att. 4.19-B, Item 2b, Pgs 2 and 4

9. SUBJECT OF AMENDMENT  
Rural Health Clinic Telehealth Reimbursement

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Governor has waived review

11. SIGNATURE OF STATE AGENCY OFFICIAL  


15. RETURN TO  
Dawn Kastens  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

12. TYPED NAME  
Kevin Bagley

13. TITLE  
Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED  
July 27, 2023

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – RURAL HEALTH CLINIC SERVICES

---

Rural Health Clinic Services

The rural health clinic must be certified by HCFA for participation in the Medicare program. Covered services are limited to those defined in 42 CFR 440.20(b).

Telehealth:

Rural health clinic services are covered when provided appropriately via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

---

TN No. NE 23-0006

Supersedes

TN No. MS-00-06

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

ALTERNATIVE PAYMENT METHODOLOGY (APM)

For the rate period January 1, 2001, through September 30, 2001 centers/clinics may choose to have their rate computed under the Alternative Payment Methodology. To choose this method, the center/clinic must make this selection on the written memorandum form provided by the Department.

Under the Alternative Payment Method, the rate for Rural Health Clinic (RHC) services provided by provider-based RHCs associated with hospitals of 50 beds or less is the lower of cost or charges, as established by Medicare. Rates for the provider-based RHC centers/clinics associated with hospitals of 50 beds or more and Independent Rural Health Clinics are computed at the all inclusive encounter rate established by Medicare. The center/clinic's final rate for January 1, 2001 through September 30, 2001, is the greater of the APM rate or the PPS base rate. Beginning October 1, 2001, the PPS base rate will be updated annually based on the Medicare Economic Index (MEI).

For those non-RHC services for which no charge has been established by Medicare, Nebraska Medicaid makes payment according to the applicable Nebraska Medicaid fee schedule.

RATES FOR NEW RHC CENTERS/CLINICS

Effective January 1, 2001, initial interim rates for new RHCs entering the program after 1999, will be the average PPS rate of all RHC clinic/centers in Nebraska. The RHC's individual PPS base rate will be computed later, using its initial cost report. Once the PPS base rate has been established, it will be updated annually based on the Medicare Economic Index (MEI). The interim rate will be retroactively settled based on the RHC clinic/center's initial cost report.

TN #. NE 23-0006

Supersedes

TN #. MS-01-10

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

It is the responsibility of the centers/clinics to inform and supply the State of Nebraska with necessary documentation regarding changes to types of service, cost reports and any other documentation.

Payment for Telehealth Services: Payment for the professional service performed by the distant site practitioner (i.e., where the practitioner is physically located at time of telehealth encounter) will be equal to what would have been paid without the use of telehealth. If a core service is appropriately provided via telehealth and the center or clinic is the distant site, the RHC will be reimbursed at the PPS or the APM encounter rate (whichever was chosen at the time of the service). Non-RHC services provided via telehealth would not be eligible for PPS/APM payment. Non-RHC services appropriately delivered via telehealth will be paid according to the applicable Nebraska Medicaid fee schedule (i.e., Physician or Mental Health and Substance Use Fee Schedule), as authorized elsewhere in the plan. For services appropriately provided via telehealth where the center or clinic is the originating site, the RHC will be reimbursed at the Nebraska Medicaid originating site fee as set forth in state regulations, as amended.

The provider must be in compliance with the standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

---

TN #. NE 23-0006

Supersedes

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

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

TN #. MS-01-10