

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

July 5, 2023

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

RE: Nebraska State Plan Amendment NE 23-0007

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding a proposed technical change to update language for certain excluded and covered drugs.

The Division of Medicaid and Long-Term Care sent notice on June 2, 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 or 402-471-7514. For submittal questions, please contact Dawn Kastens at 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Nebraska

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR
BOTH THE CATEGORICALLY NEEDY AND MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.</p> <p>X The following excluded drugs are covered:</p> <p><i>(“All” drugs categories covered under the drug class) <input type="checkbox"/></i></p> <p><i>(“Some” drugs categories covered under the drug class X -List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>(“None” of the drugs under this drug class are covered) <input type="checkbox"/></i></p> <p>X (a) agents when used for anorexia, weight loss, weight gain (limited to weight gain only)</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p>X (c) agents when used for the symptomatic relief of cough and colds</p>

TN No. NE 23-0007
Supersedes
TN No. NE 13-25

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Nebraska

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR BOTH THE CATEGORICALLY NEEDY AND MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
X	(d) prescription vitamins and mineral products, except prenatal vitamins and fluoride
X	(e) Select nonprescription drugs are covered as outlined on the Nebraska Point of Purchase System or listed on the Nebraska Medicaid Pharmacy Program website.
X	(f) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

TN No. NE 23-0007

Supersedes

TN No. NE 13-25

Approval Date _____ Effective Date _____

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 0 7	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
Section 5008 of the 21st Century Cures Act and amended Section 1903(i)(21) of the SSA

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 12a, Pages 2 and 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Att. 3.1-A, Item 12a, Pages 2 and 3

9. SUBJECT OF AMENDMENT
Over the Counter and Cosmetic Drugs

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

Kevin Bagley

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 5, 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