

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 20, 2024

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 24-0018

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding the discontinuance of copayments.

The Division of Medicaid and Long-Term Care sent notice on March 15, 2024 (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 Matthew Ahern at [Matthew.Ahern@nebraska.gov](mailto:Matthew.Ahern@nebraska.gov) or 402-430-7621. 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 "Matthew Ahern".


Matthew Ahern, Interim Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

cc: Tyson Christensen

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 2 4 — 0 0 1 8	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.56	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 8,405 b. FFY 2025 \$ 20,081	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.18, Pgs 56, 56a, 56e, and 56f	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4.18, Pgs 56, 56a, 56e, and 56f	
9. SUBJECT OF AMENDMENT Discontinuance of Copayments		

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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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 Matthew Ahern	
13. TITLE Interim Director, Division of Medicaid & Long-Term Care	
14. DATE SUBMITTED June 20, 2024	

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

Revision: HCFA-AT-91-4  
August 1991

(BPD)

OMB No.: 0938-

State/Territory: Nebraska

Citation

4.18(b) (Continued)

42 CFR 447.51  
through  
447.48

- (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

Individuals age 19 and 20 who are eligible under the -

1. ADC Program;
2. AABD Program;
3. Refugee Resettlement Program; or
4. Ribicoff Program.

TN No. NE 24-0018

Supersedes

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

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

TN No. MS-94-2

HCFA ID: 0048P/0002P

56a

Revision: HCFA-AT-91-4  
August 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

4.18(b)(3) (Continued)

42 CFR 447.51  
through 447.58

- (iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:
- (A) Service(s) for which a charge(s) is applied;
  - (B) Nature of the charge imposed on each service;
  - (C) Amount(s) of and basis for determining the charge(s);
  - (D) Method used to collect the charge(s);
  - (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
  - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
  - (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
- Not applicable. There is no maximum.

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TN No. NE 24-0018

Supersedes

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

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

TN No. MS-94-2

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

4.18 (c) (3)

Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

1. 18 or older
2. 19 or older
3. 20 or older
4. 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

Individuals age 19 and 20 who are eligible under the -

1. ADC Program;
2. AABD Program;
3. Refugee Resettlement Program; or
4. Ribicoff Program.

TN No. NE 24-0018

Supersedes

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

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

TN No. MS-94-2

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

4.18(c)(3) (Continued)

447.51 through  
447.58

- (iii) For the medically needy, and other optional groups, ATTACHMENT 4.18C specifies the:
- (A) Service(s) for which charge(s) is applied;
  - (B) Nature of the charge imposed on each service;
  - (C) Amount(s) of and basis for determining the charge(s);
  - (D) Method used to collect the charge(s);
  - (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
  - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
  - (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
- Not applicable. There is no maximum.

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TN No. NE 24-0018

Supersedes  
TN No. MS-94-2

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

Effective Date \_\_\_\_\_  
HCFA ID: 7982E