

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 23, 2025

Carrie Grubert
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244

Attn: Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Mail Stop - S2-01-16

RE: Nebraska CHIP State Plan Amendment NE 25-0006

Dear Ms. Grubert,

Attached please find amendment NE 25-0006 to the Nebraska Children's Health Insurance Program (CHIP) State Plan. Nebraska Medicaid is requesting this amendment due to aligning the strategic objectives and goals in Section 9 of the state plan with those reported in the state's CHIP Annual Report.

Prior to submitting this state plan amendment, the Division of Medicaid and Long-Term Care sought consultation on November 21, 2024 (attached) 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 questions or need additional information, please feel free to contact Crystal Georgiana at Crystal.Georgiana@nebraska.gov or 402-470-1797.

Sincerely,

Drew Gonshorowski, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY

ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: _____ Nebraska _____

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(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date
Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Drew Gonshorowski

Position/Title: Director; Div of Medicaid & LTC

Name: Crystal Georgiana

Position/Title: Administrator II; Div of Medicaid & LTC

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, and Baltimore, Maryland 21244-1850.**

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children's Health Insurance Program (CHIP). In February 2009, the Children's Health Insurance Program

Reauthorization Act (CHIPRA)

Proposed effective date: March 11, 2021
Proposed implementation date: March 11, 2021

SPA#19: NE-24-0015

Purpose of SPA: The purpose of this SPA is to assure coverage of age-appropriate vaccines and their administration without cost sharing, and continuous eligibility for children.

Proposed effective date: October 1, 2023 for vaccines, January 1, 2024 for continuous eligibility.

Proposed implementation date: October 1, 2023 for vaccines, January 1, 2024 for continuous eligibility.

SPA #20: NE-25-0006

Purpose of SPA: Update Section 9, Strategic Objectives and Performance Goals and Plan Administration, to align with Section IV of the CHIP Annual Report.

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Tribal notice was provided to all Nebraska tribes on November 21, 2024. No comments were received.

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information

The State assures that it has made the following findings with respect to the payment aspects of

its plan: (Section 2103(e))

- 8.8.1. ☒ No Federal funds will be used toward State matching requirements. (Section 2105(c)(4)) (42CFR 457.220)
- 8.8.2. ☒ No cost-sharing (including premiums, deductibles, copayments, coinsurance and all other types) will be used toward State matching requirements. (Section 2105(c)(5) (42CFR 457.224) (Previously 8.4.5)
- 8.8.3. ☒ No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))
- 8.8.4. ☒ Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))
- 8.8.5. ☒ No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)
- 8.8.6. ☒ No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

_____The strategic objective for Nebraska's CHIP program is to reduce the number of uninsured children within the state.

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

As noted in 9.1 the strategic objective is to decrease the number of uninsured children in

Nebraska. The performance goal to evaluate the program's effectiveness is to maintain the distribution of CHIP informational materials to 100% Nebraska's Public School Districts by or near the beginning of each school year.

- a. Numerator – The number of public school districts provided CHIP information.
- b. Denominator – The number of public-school districts in the state of Nebraska.

Nebraska's second performance goal is to expand the Medicaid School-Based Services program to reimburse Medicaid-approved services provided in schools outside of individualized education plans and individualized family support plans to include any Medicaid service documented as a medical necessity.

- a. Numerator – The current number of children receiving Medicaid-approved school based services.
- b. Denominator – The number of children receiving Medicaid-approved services to include all medically necessary services.

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Performance will be measured by manual tracking via the School Based Services Coordinator. The School Based Services Coordinator receives a school district list from the Nebraska Department of Education and materials are prepared. CHIP informational mailers are sent to each of the school districts in Nebraska.

Performance will also be measured by annual reporting of the number of children receiving Medicaid-approved school-based services.

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

- 9.3.1. ☐ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. ☒ The reduction in the percentage of uninsured children.
- 9.3.3. ☐ The increase in the percentage of children with a usual source of care.
- 9.3.4. ☐ The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. ☐ HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. ☐ Other child appropriate measurement set. List or describe the set used.
- CMS child core measures
 - CAHPS 5.0H.is used to measure the following:
 - Children with chronic conditions measuring satisfaction with the respective health plans.
 - Parents measuring their children's care satisfaction
- These measures are reported on annually.
- 9.3.7. ☐ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
- 9.3.7.1. ☐ Immunizations
- 9.3.7.2. ☐ Well childcare
- 9.3.7.3. ☐ Adolescent well visits
- 9.3.7.4. ☐ Satisfaction with care
- 9.3.7.5. ☐ Mental health
- 9.3.7.6. ☐ Dental care
- 9.3.7.7. ☐ Other, list:
- 9.3.8. ☐ Performance measures for special targeted populations.
- 9.4. ☒ The State assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

Guidance: The State should include an assurance of compliance with the annual reporting requirements, including an assessment of reducing the number of low-income uninsured children. The State should also discuss any annual activities to be