

Good Life, Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



June 26, 2025

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 25-0018

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska Medicaid State Plan regarding outpatient practitioner provider reimbursement.

The Division of Medicaid and Long-Term Care sent notice on May 16, 2025 (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 Jeremy Brunssen at jeremy.brunssen@nebraska.gov or 402-540-0380. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 531-893-3379.

Sincerely,

Drew Gonshorowski, Director

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Division of Medicaid and Long-Term Care

Department of Health and Human Services

cc: Tyson Christensen

Enclosures

FORM CMS-179 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE N E	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 January 1, 2026	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2026 \$ 75,338 b. FFY 2027 \$ 102,962	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B, Item 5, Pg 1a (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.	
9. SUBJECT OF AMENDMENT Outpatient Practitioner Provider 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	
Duo hihi	Dawn Kastens Division of Medicaid & Long-Term Care	
12. TYPED NAME	Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509	
Drew Gonshorowski		
13. TITLE Director, Division of Medicaid & Long-Term Care		
14. DATE SUBMITTED	7	
June 26, 2025 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		

ATTACHMENT 4.19-B Item 5, Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Nebraska Medicaid will implement a one-time rate adjustment that will be applied to physician services effective January 1, 2026. This rate update will be implemented as follows:

- 1. Increase labor and delivery codes to 135% of Medicare geographically adjusted rates;
- 2. Increase evaluation and management codes to 120% of Medicare geographically adjust rates;
- 3. Increase all other services not listed in steps 1-2 by 20% compared to rates from the January 1, 2025, Nebraska Medicaid physician fee schedule; and
- 4. As applicable, increase rates for all services listed in steps 1-3 above by 10% when the service is rendered in a rural county in Nebraska.
 - a. All counties, with the exception of Douglas, Lancaster and Sarpy counties are considered rural counties for the purposes of this one-time rural county rate adjustment.

Transmittal # NE 2	<u>25-0018</u>	
Supersedes	Approved	Effective
Transmittal # New		