NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

August 27, 2026

Wendy E. Hill Petras, Acting Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 641068

RE: Nebraska State Plan Amendment NE 26-0006

Dear Ms. Petras:

Enclosed please find the above referenced amendment to the Nebraska Medicaid State Plan regarding the discontinuance of the Nebraska Medicaid Enhanced Primary Care program..

The Division of Medicaid and Long-Term Care sent notice on May 21, 2026 (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,

Jeremy Brunssen, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

cc: Tyson Christensen

Enclosures

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The state reimburses for services provided by physicians or nurse practitioners with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.400(a) remain in effect. The state will pay for these services using the enhanced rates in effect for these providers on January 1, 2014 for the state of Nebraska or if greater, the Medicare payments rates for the applicable year, or the Medicaid rate for the applicable year.

☐ The rates reflect all Medicare site of service and locality adjustments.
☒ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
☐ The rates reflect all Medicare geographic/locality adjustments.
☐ The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:

Method of Payment

☒ Effective January 1, 2015, and thereafter, the state will make payment utilizing the enhanced rates in effect as of January 1, 2014 for the state of Nebraska or, if greater, the Medicare payments rates for the applicable year, or the Medicaid rate for the applicable year.

☐ The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.
Supplemental payment is made: ☐ monthly ☐ quarterly

Primary Care Services Affected by this Payment Methodology

☒ This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Primary Care Services Affected by this Payment Methodology (continued)

☐ The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

Physician Services – Vaccine Administration

For calendar years (CYs) 2015 and thereafter, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicaid rate for the applicable year.

☐ Medicare Physician Fee Schedule rate

☒ State regional maximum administration fee set by the Vaccines for Children program

☐ Rate established by Medicaid

Documentation of Vaccine Administration Rates

The state uses the rates in effect as of July 1 of the applicable year.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Documentation of Vaccine Administration Rates

☐ The following codes will be cross walked to the CPT code 90640 for the increased vaccination administration rate:

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

Effective Date of Payment

E & M Services
This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at http://dhhs.ne.gov/medicaid/pages/med_provhome.aspx

Vaccine Administration
This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at http://dhhs.ne.gov/medicaid/pages/med_provhome.aspx

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0006

2. STATE: NE

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, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.400

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Click or tap here to enter text.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Att. 4.19-B, Item 5, Pgs 5-7 (Delete)

9. SUBJECT OF AMENDMENT
Enhanced Primary Care Program

10. GOVERNOR'S REVIEW *(Check One)*
- ○ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ○ SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ○ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- ◉ OTHER, AS Governor has waived review

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Jeremy Brunssen

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

14. DATE SUBMITTED
August 27, 2026

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

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