Provider Bulletin 26-23

NEBRASKA
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To:	All Providers Participating in the Nebraska Medicaid Program
From:	Jeremy Brunssen, Interim Director
Date:	November 20, 2026
Re:	Implementation of Member Cost Sharing

This provider bulletin is being issued to notify Nebraska Medicaid providers of the upcoming implementation of member cost sharing requirements, **effective for dates of service beginning January 1, 2027**.

Services Subject to Cost Sharing

As part of the implementation of member cost sharing, the services below will be subject to cost sharing, commonly referred to as copays, at the rates and frequencies noted:

Service Type	Rate	Frequency
Inpatient Hospital Stays	$35	Per Admission
Outpatient Hospital Services	$5	Per Visit
Chiropractor Services	$4	Per Visit
Durable Medical Equipment (DME) Claims	$4	Per Date of Service
Over-the-Counter (OTC) Drugs	$4	Per Covered Prescription
Podiatry Services	$4	Per Visit
Vision Services	$4	Per Visit

Cost Sharing Exemptions

The services subject to cost sharing are limited to the services mentioned above, meaning no other services are subject to cost sharing. While the services above will be subject to cost sharing, there are populations of members and services that are exempt from cost sharing. Those are:

Member Populations:

- Pregnant Women
- Institutionalized Individuals (Nursing Homes or other medical institutions
- Breast and Cervical Cancer Patients
- Children (18 years old or younger)
- Hospice Patients
- Members aged 65 or older
- Native Americans and Alaskan Natives
- Recipients Eligible for Title IV-E, Regardless of Age

Services:

- Specified COVID-19 Diagnostic / Testing / ACIP Recommended / Treatment
- RHC Services
- Emergency Services
- Primary Care Services
- FQHC Services
- CCBHC Services
- Services Provided by Indian Health Care Providers
- Title IV-E Services (Recipients of Any Age)

In addition to the overarching member and service exemptions, there are exemptions within services subject to cost sharing that are exempt from cost sharing. Those are:

Service Types that Require Cost Sharing	Cost Sharing Exclusions – Services

Inpatient Hospital Stays	• Interim Billing (Bill Type)
	  ○ Bill Types: 113 & 114
	• Transfers between hospitals (Discharge Status and Hospital Peer Group)
	  ○ Discharge Status Code = 2, 5, 82, 85
	• Medicare Crossover Claims
	• Claims with payment by other source; non-Medicaid primary claims

Outpatient Hospital Services	• Medicare Crossover Claims • Claims with payment by other source; non-Medicaid primary claims
Chiropractic Services	• Medicare Crossover Claims • Claims with payment by other source; non-Medicaid primary claims
Durable Medical Equipment (DME) Claims	• Rental Equipment (RR/KR Modifier on Fee Schedule) • Medicare Crossover Claims • Claims with payment by other source; non-Medicaid primary claims
Over-the-Counter (OTC) Drugs	• Family Planning (therapeutic class) • Smoking Cessation Products (therapeutic class)
Podiatry Services	• Medicare Crossover Claims • Claims with payment by other source; non-Medicaid primary claims
Vision Services	• Medicare Crossover Claims • Claims with payment by other source; non-Medicaid primary claims

Household Cost Sharing Limitation

Nebraska Medicaid premiums and cost sharing incurred by all beneficiaries in the household may not exceed an aggregate limit of five percent of the household's income applied on a quarterly basis. For any household which meets or exceeds the five percent quarterly threshold, the household is exempt from all further cost sharing for the remainder of the quarter. Any cost sharing which is determined by Nebraska Medicaid to be in excess of the five percent quarterly limit shall be refunded through applicable paid claims during the quarter. Nebraska Medicaid providers must return any refunded copay amount to any household member which incurred a copay in excess of the household limit.

Provider Responsibility

The provider may collect the cost sharing from the beneficiary when the service is provided. The provider cannot refuse to provide services to the beneficiary if the beneficiary is unable to pay the cost sharing amount at the time of the service. This does not alleviate the beneficiary's liability for the cost sharing amount, nor does it prevent the provider from attempting to collect the cost sharing amount.

Providers will bill their usual and customary charge regardless of whether the cost sharing has been collected. Claims payments subject to cost sharing will be reduced by the applicable cost sharing amount. The provider will not enter the cost sharing as a prior payment or amount paid on the claim.

Provider Awareness

While the cost sharing requirement is effective January 1, 2027, related system functionality will continue to be developed and implemented after the effective date. Cost sharing indicators in NMES and PBM will not reflect the new requirements as of January 1, 2027; as a result, these systems may indicate that a member is not responsible for a copay when a copay is required. Further information and guidance are forthcoming from MLTC.

Definitions

Per Date of Service means a single request for durable medical equipment, supplies, or related items that are provided together on the same date of service by a provider to a Medicaid beneficiary. Multiple items furnished under the same order on the same date of service and billed together shall be subject to only one copayment, regardless of the number or quantity of items provided.

Per Visit means a single payable visit to a healthcare provider. When multiple, covered services occur during a single visit only one copayment shall be assessed.

Per Covered Prescription means a single, distinct order for a prescribed over-the-counter (OTC) medication issued by an authorized prescribing provider and dispensed to a Medicaid beneficiary. Each separately dispensed prescription shall constitute one prescription for purposes of assessing a copayment, regardless of the quantity of medication dispensed.

Provider Resources

If you have questions regarding this bulletin, please email at: DHHS.MLTCExperience@nebraska.gov.

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to help you stay up to date about new Provider Bulletins.