

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

1. Cost sharing

- a. No cost sharing is imposed.
- b. Cost sharing is imposed under section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			*Method of Determining Family Income (including monthly or quarterly period)
		Deductible	Co-insurance	Co-payment	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

b. Limitations:

- The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the

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family involved, as applied on a monthly and quarterly basis as specified by the State above.

- Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.

c. No cost sharing will be imposed for the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
- Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
- Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

d. Enforcement

1. Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.

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- 2. (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
- 3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
- 4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost sharing amounts

- a. No cost sharing is imposed.
- b. Cost sharing is imposed under section 1916A of the Act as follows (specify amounts by groups and services (see below)):

Group of Individuals	Item/Service	Type of Charge		*Method of Determining Family Income (including monthly or quarterly period)
		Deductible	Co-insurance Co-payment	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

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Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.

c. No cost sharing shall be imposed for the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care, and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income;
- Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
- Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act);
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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d. Enforcement

1. Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
2. (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

- a. No premiums are imposed.
- b. Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family Income (including monthly or quarterly)
<p>Children enrolled in the autism waiver with family income at or above 185% FPL who are:</p> <ul style="list-style-type: none"> • Optional targeted low income Children under 1902(a)(10)(A)(ii)(XIV). <p>OR</p> <ul style="list-style-type: none"> • Children receiving home and community based services eligible under 42 CFR 435.217. 	<p>For all individuals described, premiums shall begin at 1% of family income for those with family income at or above 185% of FPL on a sliding fee scale as described on Page 5a. Total premiums imposed in a family shall never exceed 5 % of family income.</p>	<p>Different methodology is used for determining family income for premium by program. The premium is imposed monthly. No disregards are allowed.</p> <p>In addition, both the parents' and the child's income are counted when determining the family income available for paying the premium for the 217 children, while only the child's income is counted when determining the child's eligibility.</p>

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Premium Schedule

If gross income is this % of FPL:	Premium is this percent:
185 – 204.99%	1.00% of 185% FPL
205 – 224.99%	1.25% of 205% FPL
225 – 244.99%	1.50% of 225% FPL
245 – 264.99%	1.75% of 245% FPL
265 – 284.99%	2.00% of 265% FPL
285 – 304.99%	2.25% of 285% FPL
305 – 324.99%	2.50% of 305% FPL
325 – 344.99%	2.75% of 325% FPL
345 – 364.99%	3.00% of 345% FPL
365 – 384.99%	3.25% of 365% FPL
385 – 404.99%	3.50% of 385% FPL
405 – 424.99%	3.75% of 405% FPL
425 – 444.99%	4.00% of 425% FPL
445 – 464.99%	4.25% of 445% FPL
465 – 484.99%	4.50% of 465% FPL
485 – 504.99%	4.75% of 485% FPL
505 – 524.99%	5.00% of 505% FPL
525 – 544.99%	5:00% of 525% FPL
545 – 564.99%	5.00% of 545% FPL
565 – 584.99%	5.00% of 565% FPL
585 – 604.99%	5.00% of 585% FPL
Etc.	Etc.

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b. Limitation:

- The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

c. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o);
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
- American Indians under certain circumstances and other populations excluded in accordance with section 1916A(b)(3)(A) of the Act.

d. Enforcement

1. Prepayment required for the following groups of individuals who are applying for Medicaid:
Children receiving services through the Nebraska Autism waiver who are in families with income at or above 185% of the FPL. This includes children receiving home and community based services under 42 CFR 435.217 and optional targeted low income children under 1902(a)(10)(A)(ii)(XIV). (Optional targeted low income children will be terminated from waiver enrollment, but not from Medicaid enrollment, after failure to pay the premium for 60 days).
2. Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid:
Children receiving services through the home and community based Autism Waiver under 42 CFR 435.217 will be terminated from waiver eligibility and Medicaid eligibility after failure to pay the premium for 60 days.
3. Payment will be waived on a case-by-case basis for undue hardship.

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C. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

Quarterly

Monthly

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D Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

The family of a child on the autism waiver will be sent a monthly notice indicating the premium amount due and instructions to remit payment to the Nebraska Department of Health & Human Services. Participants of the autism waiver are exempt from other co-pays and deductibles. If any of the waiver participant's family members have paid a copay under Medicaid, documentation of this payment will be made, and this amount will be deducted from the premium due, so that the family does not pay more than 5% of their total income on premiums and cost sharing.

The family's aggregate premiums, and other cost sharing requirements to which members of the family may be subject under Medicaid and CHIP, will be tracked electronically. This will be done by the State Medicaid program by obtaining monthly ad hoc reports from the Financial and Program Analysis unit of the Department of Health and Human Services. The reports will be based off all family members' Medicaid identification numbers and the amount of Medicaid copays paid under each such Medicaid ID, to ensure the family does not pay more than 5% of their total income on premiums and cost sharing.

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