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State/Territory Name: NE

State Plan Amendment (SPA) #: 16-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

November 9, 2016

Calder Lynch, Medicaid Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 5th Floor
P.O. Box 95026
Lincoln, NE 68509-5026

Dear Mr. Lynch:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Nebraska State Plan Amendment (SPA) Transmittal Number #16-0003. This SPA was submitted on August 24, 2016, to clarify information concerning billing for multiple encounters on the same day and designates pharmacists as practitioners for encounter visits.

Based upon the information received, we approved SPA# 16-0003 on November 9, 2016, with an effective date of January 1, 2017, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as, the approved page for incorporation into the Nebraska State plan.

If you have any questions regarding this state plan amendment, please contact Barbara Cotterman at Barbara.Cotterman@cms.hhs.gov or (816) 426-5925.

Sincerely,

11/9/2016

Megan K. Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Signed by: Megan K. Buck -A

Enclosure

cc:
Nancy Keller
Rosalind Sipe
DHHS Nebraska

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0003	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 2017 January 1, 2017 *	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2017 \$1,891,746.00 -\$2,522,328.00 *	
		b. FFY 2018 \$2,648,444.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Item 2d, Page 1 of 2		Attachment 4.19-B, Item 2d, Page 1 of 2	
10. SUBJECT OF AMENDMENT: IHS Encounter Payment			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Governor has waived review	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE/AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Calder Lynch		Nancy Keller	
14. TITLE: Director, Division of Medicaid and Long-Term Care		Division of Medicaid & Long-Term Care	
15. DATE SUBMITTED: August 24, 2016		Nebraska Department of Health & Human Services	
		301 Centennial Mall South	
		Lincoln, NE 68509	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 24, 2016		18. DATE APPROVED: November 9, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Megan K. Buck		22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

* Pen and ink changes, per state request.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH-FACILITIES

Indian Health Service facilities or 638 Tribal facilities will be paid at the most current encounter rate established by the Indian Health Service which is published periodically in the Federal Register for established services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program. An encounter includes:

- a. A practitioner visit which may be a:
 - 1. physician, doctor of osteopathy, physician assistant, nurse practitioner, or certified nurse midwife,
 - 2. dentist,
 - 3. optometrist,
 - 4. podiatrist,
 - 5. chiropractor,
 - 6. speech, audiology, physical or occupational therapist,
 - 7. mental health provider such as a psychologist, psychiatrist, licensed mental health practitioner, certified drug and alcohol counselor, or a certified nurse practitioner providing psychotherapy or substance abuse counseling or other treatment with family and group therapy, or
 - 8. Pharmacists.
- b. Diagnostic services such as:
 - 1. radiology
 - 2. laboratory
 - 3. psychological testing or
 - 4. assessment (mental health)
- c. Supplies used in conjunction with a visit such as dressings, sutures, etc.
- d. Medications used in conjunction with a visit such as an antibiotic injection, and
- e. Prescribed drugs dispensed as part of the encounter.

Services not included in the encounter rate will be paid at the Medicaid fee for service allowable rate.

Encounters: Visits with more than one health professional, and multiple visits with the same health professional, that take place during the same day within the IHS or Tribal (638) facility constitute a single visit.

Exceptions:

- a. When the patient is seen in the clinic, or by a health professional, more than once in a day for distinctly different diagnosis. Documentation must include unrelated diagnosis codes;
- b. When the patient must return to the clinic for an emergency or urgent care situation subsequent to the first encounter that requires additional diagnosis or treatment;
- c. When a patient requires a pharmacy encounter in addition to a medical health professional or mental health encounter on the same day. Medicaid covers only one pharmacy encounter per day; and
- d. When the patient is seen in the clinic by a clinical social worker or psychologist for a mental health encounter in addition to a medical health professional encounter on the same day.

TN #. NE 16-0003

Supersedes

Approval Date November 9, 2016

Effective Date January 1, 2017

TN #. MS-00-06