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STATE/TERRITORIAL NAME: NEBRASKA

STATE PLAN AMENDMENT (SPA)#: 21-0015

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages
January 20, 2022

Kevin Bagley, Director
Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) 21-0015

Dear Mr. Bagley:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0015. This amendment provides coverage of claim payments for third party liability coverage.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nebraska Medicaid SPA Transmittal Number 21-0015 is approved effective December 31, 2021.

If you have any questions, please contact Sandra Porter at 312-353-8310 or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Matthew Ahern
Dawn Kastens
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
   210015

2. STATE
   NE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
   XIX

4. PROPOSED EFFECTIVE DATE
   December 31, 2021

5. FEDERAL STATUTE/REGULATION CITATION
   SSA Section 1902(a)(25)(E)
   SSA Section 1902(a)(25)(F)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022 $ 0
   b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Section 4.22, Page 69a
   Att. 4.22-B, Page 1

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Section 4.22, Page 69a (MS 94-12)
   Att. 4.22-B, Page 1 (MS 91-20)

9. SUBJECT OF AMENDMENT
   Third Party Liability

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

11. TYPED NAME
    Kevin Bagley

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

13. DATE SUBMITTED
    December 22, 2021

14. TITLE OF STATE AGENCY OFFICIAL
    [Redacted]

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

16. DATE RECEIVED
    December 22, 2021

17. DATE APPROVED
    January 20, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
    December 31, 2021

19. SIGNATURE OF APPROVING OFFICIAL
    [Redacted]
    Date: 2022.01.20 15:11:53 -0600

20. TYPED NAME OF APPROVING OFFICIAL
    James G. Scott
    Director, Division of Program Operations

21. REMARKS

22. FOR CMS USE ONLY

PLAN APPROVED - ONE COPY ATTACHED
<table>
<thead>
<tr>
<th>Citation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 433.139(a)(1) and (2)</td>
<td>Describes the basic provisions the agency uses for claims involving third party liability and the methods that are used for payment of claims (e.g., cost avoidance, pay and recover later) which include, but are not limited to, the requirement to apply cost avoidance procedures for claims for prenatal services, including labor, delivery, and postpartum care services.</td>
</tr>
<tr>
<td>42 CFR 433.139(b)(3) through (i)</td>
<td>Describes the requirement to make payments without regard to potential third party liability for pediatric preventative services, unless a determination has been made related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.</td>
</tr>
<tr>
<td>42 CFR 433.139(b)(3)(ii)(A) and (B)</td>
<td>Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency and the state is required to make payment for the claim without regard to third party liability 100 days after the provider submits the claim to the liable third party, which has not been paid, unless a determination has been made related to cost-effectiveness and access to care at which time the payment can be made within 30 days.</td>
</tr>
<tr>
<td>42 CFR 433.139(b)(3)(ii)(C)</td>
<td>ATTACHMENT 4.22-B specifies the following:</td>
</tr>
<tr>
<td>42 CFR 433.139(f)(2)</td>
<td>The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).</td>
</tr>
<tr>
<td>42 CFR 433.139(f)(3)</td>
<td>The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.</td>
</tr>
<tr>
<td>42 CFR 447.20</td>
<td>The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.</td>
</tr>
</tbody>
</table>
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

REQUIREMENTS FOR THIRD PARTY LIABILITY - PAYMENT OF CLAIMS

1. PROVIDER BILLING

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency. However, the provider must indicate on the claims form or by attachment whether or not the third party was billed. Compliance with billing requirements is monitored by manual review of documentation.

2. PAYMENT OF CLAIMS

The state is required to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.

The state is required to make payments without regard to potential TPL for pediatric preventative services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.

When services under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency, the state is required to make payment for the claim without regard to third party liability within 100 days after the provider submits the claim to the liable third party, which has not been paid, unless a determination has been made related to cost-effectiveness and access to care at which time the payment can be made within 30 days.

3. THRESHOLD FOR SEEKING RECOVERY

Health Insurance - Most recovery activity for health insurance is for services covered under the cost avoidance waiver. The Department uses a $250 accumulated threshold as the waived services, if covered, are generally subject to deductibles/coinsurance under the health insurance plan. These reductions to anticipated recoveries do not make it cost effective to pursue amounts under this threshold.

Casualty Coverage - The Department uses a $250 threshold in determining whether to pursue recovery after a liable third party has been identified.

4. CLAIM ACCUMULATIONS

Health Insurance - Claims generally accumulate for one year for purposes of determining whether to pursue recovery. However, the Department has the capability to continue to accumulate claims for the two calendar years prior to the current year and file for reimbursement of paid claims over one year old when appropriate.

Casualty Coverage - For purposes of the paid claim trauma code follow-up only, claims accumulate for a quarter.

TN #. NE 21-0015
Supersedes Approval Date January 20, 2022
TN #. MS 91-20 Effective Date December 31, 2021