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State/Territory Name: Nebraska

State Plan Amendment (SPA) NE: 22-0007

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

January 17, 2023

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

RE: TN 22-0007

Dear Mr. Bagley:

We have reviewed the proposed Nebraska State Plan Amendment (SPA) to Attachment 4.19-B NE-22-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 7, 2022. This plan amendment provides clarification for Tribal telehealth.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or Robert.Bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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|---|---|---|---|---|---|---|---|---|--|---|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">—</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> </tr> </table> | 2 | 2 | — | 0 | 0 | 0 | 7 | 2. STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;"> </td> </tr> </table> | N | |
| | 2 | 2 | — | 0 | 0 | 0 | 7 | | | | |
| N | | | | | | | | | | | |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI | | | | | | | | | | | |

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| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE October 1, 2022 |
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| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.90 | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ <u>0</u> b. FFY 2024 \$ <u>0</u> |
|---|---|

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| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B, Item 2d Pg 2 of 2 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 4.19-B, Item 2d Pg 2 of 2 |
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9. SUBJECT OF AMENDMENT
Tribal Telehealth

10. GOVERNOR'S REVIEW (Check One)

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| <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review |
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| 11. SIGNATURE OF STATE AGENCY OFFICIAL | 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 |
| 12. TYPED NAME Kevin Bagley | |
| 13. TITLE Director, Division of Medicaid & Long-Term Care | |
| 14. DATE SUBMITTED November 7, 2022 | |

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|---------------------------------------|---------------------------------------|
| FOR CMS USE ONLY | |
| 16. DATE RECEIVED November 7, 2022 | 17. DATE APPROVED January 17, 2023 |

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| PLAN APPROVED - ONE COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2022 | 19. SIGNATURE OF APPROVING OFFICIAL |
| 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion | 21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review |

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment for Telehealth Services: Tribal Health Clinic Core Services provided appropriately via telehealth technologies are covered under the encounter rate.

To be reimbursed at the encounter rate, telehealth services provided and billed by Indian Health Service and Tribal 638 facilities are required to meet the definition of an encounter under Nebraska state regulation and the Nebraska State Plan (Attachment 4.19-B, Item 2d), as well as all other applicable requirements around billing and reimbursement for telehealth services outlined in state regulation. IHS and Tribal facilities would also still need to meet the federal “four walls” requirement under 42 CFR § 440.90 by ensuring that either the provider or Medicaid beneficiary is present at the facility during the encounter.

TN #. NE 22-0007

Supersedes

TN #. MS-00-06

Approval Date January 17, 2023

Effective Date October 1, 2022