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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 23-0006

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 20, 2023

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

Re: Nebraska State Plan Amendment (SPA) 23-0006

Dear Mr. Bagley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-23-0006. This amendment proposes to allow Rural Health Clinics in Nebraska to bill and be reimbursed at their encounter rate for qualifying services provided via telehealth.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 405.2400-405.2472. This letter is to inform you that Nebraska Medicaid SPA 23-0006 was approved on October 20, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Tyson Christensen at 816-426-6440 or via email at tyson.christensen@cms.hhs.gov.

Sincerely,

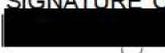
A black rectangular redaction box covers the signature of James G. Scott. A blue circular mark is visible to the left of the redaction.

Digitally signed by James G.
Scott -S
Date: 2023.10.20 14:37:58
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Dawn Kastens
Catherine Gekas-Steeby

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 — 0 0 0 6	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 405.2400-405.2472	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ 0 b FFY <u>2024</u> \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 2b Att. 4.19-B, Item 2b, Pgs 2 and 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 2b Att. 4.19-B, Item 2b, Pgs 2 and 4	
9. SUBJECT OF AMENDMENT Rural Health Clinic Telehealth Reimbursement		

10. GOVERNOR'S REVIEW (Check One)	
<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
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 July 27, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED July 27, 2023	17. DATE APPROVED October 20, 2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.10.20 14:38:41 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

ATTACHMENT 3.1-A
Item 2b
Applies to both
Categorically and Medically
Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – RURAL HEALTH CLINIC SERVICES

Rural Health Clinic Services

Covered services are limited to those defined in 42 CFR 440.20(b).

Telehealth

Rural health clinic services are covered when provided appropriately via telehealth.

TN No. NE 23-0006

Supersedes

TN No. MS-00-06

Approval Date: October 20, 2023

Effective Date: July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

ALTERNATIVE PAYMENT METHODOLOGY (APM)

For the rate period January 1, 2001, through September 30, 2001 centers/clinics may choose to have their rate computed under the Alternative Payment Methodology. To choose this method, the center/clinic must make this selection on the written memorandum form provided by the Department.

Under the Alternative Payment Method, the rate for Rural Health Clinic (RHC) services provided by provider-based RHCs associated with hospitals of 50 beds or less is the lower of cost or charges, as established by Medicare. Rates for the provider-based RHC centers/clinics associated with hospitals of 50 beds or more and Independent Rural Health Clinics are computed at the all inclusive encounter rate established by Medicare. The center/clinic's final rate for January 1, 2001 through September 30, 2001, is the greater of the APM rate or the PPS base rate. Beginning October 1, 2001, the PPS base rate will be updated annually based on the Medicare Economic Index (MEI).

For those non-RHC services for which no charge has been established by Medicare, Nebraska Medicaid makes payment according to the applicable Nebraska Medicaid fee schedule.

RATES FOR NEW RHC CENTERS/CLINICS

Effective January 1, 2001, initial interim rates for new RHCs entering the program after 1999, will be the average PPS rate of all RHC clinic/centers in Nebraska. The RHC's individual PPS base rate will be computed later, using its initial cost report. Once the PPS base rate has been established, it will be updated annually based on the Medicare Economic Index (MEI). The interim rate will be retroactively settled based on the RHC clinic/center's initial cost report.

TN #. NE 23-0006

Supersedes

TN #. MS-01-10

Approval Date: October 20, 2023

Effective Date: July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

It is the responsibility of the centers/clinics to inform and supply the State of Nebraska with necessary documentation regarding changes to types of service, cost reports and any other documentation.

Payment for Telehealth Services: Payment for the professional service performed by the distant site practitioner (i.e., where the practitioner is physically located at time of telehealth encounter) will be equal to what would have been paid without the use of telehealth. If a core service is appropriately provided via telehealth and the center or clinic is the distant site, the RHC will be reimbursed at the PPS or the APM encounter rate (whichever was chosen at the time of the service). Non-RHC services provided via telehealth would not be eligible for PPS/APM payment. Non-RHC services appropriately delivered via telehealth will be paid according to the applicable Nebraska Medicaid fee schedule (i.e., Physician or Mental Health and Substance Use Fee Schedule), as authorized elsewhere in the plan. For services appropriately provided via telehealth where the center or clinic is the originating site, the RHC will be reimbursed at the Nebraska Medicaid originating site fee as set forth in state regulations, as amended.

The provider must be in compliance with the standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

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