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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 24-0009

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

November 27, 2024

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

Re: Nebraska State Plan Amendment (SPA) – 24-0009

Dear Director Ahern:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0009. This amendment proposes to add rural emergency hospital clinics as a Medicaid provider.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulation (CFR) Part 485 Subpart E and 42 CFR 440.90. This letter informs you that Nebraska Medicaid SPA TN 24-0009 was approved on November 26, 2024, effective July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nebraska State Plan.

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

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink smudge is visible above the box.

Digitally signed by James
G. Scott -S
Date: 2024.11.27 11:48:23
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dawn Kastens, DHS

**TRANSMITTAL AND NOTICE OF
APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID
SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 9

2. STATE

N E

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXITO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 485 Subpart E and 42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0

b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A, Item 9, Pg 1a (new); Att. 4.19-B, Item 9, Pg 1a (new)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)

Click or tap here to enter text.

9. SUBJECT OF AMENDMENT

New clinic type: Rural Emergency Hospitals

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



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

Matthew Ahern

13. TITLE

Interim Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED

September 4, 2024

FOR CMS USE ONLY

16. DATE RECEIVED

September 4, 2024

17. DATE APPROVED

November 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.11.27 11:48:59 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Rural Emergency Hospital (REH) Clinics: REH services, provided by clinics certified by Medicare as REHs, include emergency department and observation services.

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

CLINIC SERVICES

RURAL EMERGENCY HOSPITAL (REH) CLINICS:

Payment for Services Furnished by a REH

The outpatient rate is the ancillary and outpatient service cost center's cost-to-charge ratio up to 100%.

Out-of-State REH Rates

Outpatient rates will be the average of in-state rural emergency hospitals.

Payment for Certified Registered Nurse Anesthetist (CRNA) Fees:

A certified registered nurse anesthetist (CRNA) provider may choose to retain their billing privileges and submit claims directly for certified registered nurse anesthetist charges, which would follow the anesthesia fee schedule. The REH may also elect one of the following two options to bill for certified registered nurse anesthetist professional fees on behalf of the certified registered nurse anesthetist provider. Certified registered nurse anesthetist providers in either circumstance must reassign billing privileges to the REH. In cases when Medicare is the primary payer, the provider must follow Medicare billing requirements. In either option below, the certified registered nurse anesthetist provider must not separately bill for charges that occurred in the REH for which they have reassigned billing privileges:

- (A) The REH may choose to bill on a professional claim form for outpatient certified registered nurse anesthetist services. Reimbursement will follow the Nebraska Medicaid anesthesia fee schedule; or
- (B) The REH may bill on an institutional claim form for outpatient professional certified registered nurse anesthetist costs using revenue code 964 (certified registered nurse anesthetist professional fees). Reimbursement will be based on REH outpatient applicable rates.

The agency's rates were set as of July 1, 2024 and are effective for Rural Emergency Hospital Clinic services on or after that date. All rates are published at:
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Ratesand-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN # NE 24-0009

Supersedes

Approval Date: 11/26/2024 Effective Date: 07/01/2024

TN # New