

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 29, 2023

James G. Scott, Director
Centers for Medicare & Medicaid Services
Kansas City Regional Operations Group
Division of Medicaid Field Operations-North
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0006

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding Federal Medical Assistance Percentage (FMAP) proxy methodology.

The Division of Medicaid and Long-Term Care sent notice on August 18, 2023 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Matthew Ahern at Matthew.Ahern@nebraska.gov or 402-430-7621. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 402-471-9530.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Bagley".

Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

KB/dk

cc: Tyson Christensen

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">—</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>	2	4	—	0	0	0	6	<p>2. STATE</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">N</td> <td style="width: 20px; text-align: center;">E</td> </tr> </table>	N	E
2	4	—	0	0	0	6						
N	E											
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI</p>										
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 433.206(h)</p>		<p>4. PROPOSED EFFECTIVE DATE January 1, 2024</p>										
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6A, Pgs 4 and 6 Attachment D to Supplement 18 to Attachment 2.6A (new)</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a FFY <u>2023</u> \$ <u>0</u> b FFY <u>2024</u> \$ <u>0</u></p>										
<p>9. SUBJECT OF AMENDMENT Federal Medical Assistance Percentage (FMAP) Proxy Methodology</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 18 to Att. 2.6A, Pgs 4 and 6</p>										
<p>10. GOVERNOR'S REVIEW (Check One)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p> </td> </tr> </table>				<p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p>							
<p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p>											
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p>		<p>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</p>										
<p>12. TYPED NAME Kevin Bagley</p>		<p>14. DATE SUBMITTED September 29, 2023</p>										
<p>13. TITLE Director, Division of Medicaid & Long-Term Care</p>												
<p>14. DATE SUBMITTED September 29, 2023</p>												
<p>FOR CMS USE ONLY</p>												
<p>16. DATE RECEIVED</p>		<p>17. DATE APPROVED</p>										
<p>PLAN APPROVED - ONE COPY ATTACHED</p>												
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL</p>										
<p>20. TYPED NAME OF APPROVING OFFICIAL</p>		<p>21. TITLE OF APPROVING OFFICIAL</p>										
<p>22. REMARKS</p>												

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

B. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and got to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Nebraska

Attachment D to Supplement 18 to Attachment 2.6A

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective January 1, 2024, Nebraska elects the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy related deaths and severe maternal morbidity and will improve continuity of care for chronic health conditions.

Nebraska proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Group (42 CFR 435.119) and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Act, if the state completed a redetermination at the end of the original 60-day postpartum period.

Prior to Nebraska adding adult expansion, postpartum individuals, specifically those who received coverage under the state's eligibility category for pregnancy related individuals (42 CFR 435.116), with income equal to or less than 138% of the federal poverty level (FPL) (133% FPL plus the 5% disregard), but above the parent caretaker income limit (58% FPL), who were between the ages of nineteen and sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined ineligible after receiving 60 days of postpartum coverage. After October 1, 2020, these individuals were eligible for the Adult Group and for the newly eligible FMAP under section 1905(y) of the Social Security Act and once moved to the adult coverage group, Nebraska would have received enhanced FMAP for these individuals. Nebraska provides coverage to individuals in the Adult Group (42 CFR 435.119) up to 133% FPL (plus the 5% disregard).

Denominator: Based on 2019 calendar year data (pre-Medicaid Expansion for Nebraska), in Nebraska, 5,207 individuals were enrolled in a pregnancy-related group while pregnant and maintained coverage in this group through the 60-day postpartum period. Nebraska provides coverage to pregnant individuals with income between 0% and 199% FPL (5% disregard included), but only individuals with income up to 194% FPL, plus the 5% disregard, who meet no other full benefit coverage group (e.g., parent caretaker) are enrolled in the group for pregnancy related individuals (42 CFR 435.116), where pregnancy is a factor of eligibility. The total denominator is 5,207 individuals receiving postpartum care under the state's eligibility category for pregnancy-related individuals annually.

Numerator: Out of those 5,207 individuals, 2,412 individuals would either qualify for a non-adult coverage group, with income at or below 58% FPL or be above the income threshold for any non-adult coverage group full scope benefit, with income above 138% FPL. The remaining 2,803 individuals, with income above 58% FPL but equal to or less than 138% FPL, between the ages of nineteen and sixty-five years old, not disabled, and not enrolled in Medicare Part A or Part B, would have moved to the adult coverage group, and received the remaining 10 months of postpartum coverage under that group. Nebraska redetermines eligibility annually and therefore assumes the coverage would be for the entire additional 10-month period.

Proxy Percentage: Nebraska estimates that 53.8% (2,803 of remaining individuals with income above 58% but equal to or less than 138% FPL/5,207 individuals enrolled in a pregnancy-related group) of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the original 60-day postpartum period, but for the state's election of the extended postpartum coverage option.