

**NEBRASKA**

Good Life. Great Mission.

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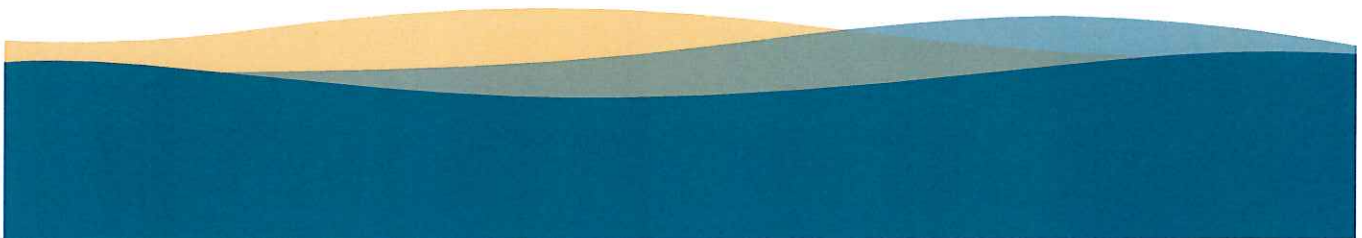
DEPT. OF HEALTH AND HUMAN SERVICES

## **Division of Medicaid and Long-Term Care**

**2017 Report on Medicaid Rules and Regulations**

**6/26/2017**

§ 68-909(4)



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

June 26, 2017

Patrick O'Donnell  
Clerk of the Legislature  
Room 2018  
State Capitol  
P.O. Box 94604  
Lincoln, NE 68509-4604

Please find attached a supplemental submission to Nebraska Medicaid's report on the implementation of rules and regulations, state plan amendments, and waivers adopted under the Medical Assistance Act and the effect of such rules and regulations, amendments, or waivers on eligible recipients of medical assistance and medical assistance expenditures pursuant to Neb. Rev. Stat. § 68-909(4). This supplemental submission provides notice specifically about the change in the payment methodology for Medicare crossover claims for dual eligible Medicaid and Medicare members.

Sincerely,

A handwritten signature in black ink, appearing to read "Rocky Thompson".

Thomas "Rocky" Thompson, Interim Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

**Medicaid Report of Implementation of Rules and Regulations,  
State Plan Amendments and Waivers  
January 1, 2016 through December 31, 2017**

Neb. Rev. Stat. § 68-909(4) requires the Department to periodically, but no less than biennially, report to the Governor, the Legislature, and the Medicaid Reform Council on the implementation of rules and regulations, Medicaid State Plan Amendments, and waivers adopted under the Medical Assistance Act and the effect of such rules and regulations, amendments, or waivers on eligible recipients of medical assistance and medical assistance expenditures. This report summarizes the implementation of rules, regulations, and State Plan Amendments specifically for the implementation of the change in payment methodology for claims that are processed by Medicare and Medicaid for dual-eligible members.

**DUAL ELIGIBLES**

Change in the methodology for claims that are processed by both Medicare and Medicaid for dual-eligible members to pay the minimum of either 1) the difference between the Medicare allowed amount and the Medicare paid amount, or 2) the difference between the Medicaid allowed amount and the Medicare paid amount. This change is estimated to achieve a savings of \$11.3 million to the state's general fund for fiscal year 2018-2019.

The State Plan Amendment will be implemented effective July 1, 2017.

Regulations (471 NAC 3) will be implemented effective July 1, 2017.