Nebraska Medicaid: Overview, Eligibility, Services, and Application

Planting Seeds of Partnership
April 16, 2019
What is Medicaid?

• A jointly administered state and federal program that assists low-income, disabled, and other populations obtain health care

• One of the State of Nebraska’s largest expenses- $2.1 billion budgeted for fiscal year 2017
  - Slightly over 50% comes from federal funds

• Not to be confused with Medicare, which nearly everyone 65 and older receives
Nebraska Medicaid Enrollment

December 2018 Enrollment

- **Children**: 67%
- **Parent/Caretaker**: 10%
- **Aged**: 8%
- **Blind & Disabled**: 15%

*Helping People Live Better Lives.*
Primary Eligibility Requirements

- Application
- Citizenship and Immigration status
- Nebraska Resident
- Social Security Number
- Relative Responsibility
- Cooperation with Child Support
- Living Arrangement
- Assignment of Third Party medical payments (TPL)
Nebraska Medicaid Categories

MAGI (Modified Adjusted Gross Income)
- Children birth to age 18
- Parent / Caretaker Relatives
- Pregnant Women
- Subsidized guardianship / adoption age 19-21
- Children’s Health Insurance Program (CHIP)
- 599 CHIP

Non-MAGI
- Aged, Blind, and Disabled
- Medically Needy / Share of Cost
- Transitional Medical Assistance (TMA)
- Long-Term Care
- Medicaid Insurance for Workers with Disabilities (MIWD)
- Disabled Adult Child
- Medicare Savings Program (QMB/SLMB/QI-1)
- Former Foster Care up to age 26
- Women’s Cancer Program
# Nebraska Medicaid Income Guidelines

<table>
<thead>
<tr>
<th>FPL</th>
<th>200%</th>
<th>250%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIWD PREMIUM</td>
<td>MIWD</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2,082</td>
<td>2,603</td>
</tr>
<tr>
<td>2</td>
<td>2,819</td>
<td>3,523</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FPL</th>
<th>120%</th>
<th>135%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLMB</td>
<td>QI-1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1,249</td>
<td>1,406</td>
</tr>
<tr>
<td>2</td>
<td>1,691</td>
<td>1,903</td>
</tr>
</tbody>
</table>

Complete guide is available on DHHS's website

[Logo: Nebraska Department of Health and Human Services]

Nebraska Medicaid Services

- Mandatory and Optional Services:
  - Mandatory services include: inpatient hospital, nursing home, physicians
  - Optional services include: dental, therapies, prosthetic devices

- Personal Assistance Services
  - Services include:
    - Basic personal hygiene
    - Toileting/bowel and bladder care
    - Mobility, transfers, comfort
    - Nutrition
    - Medications
Nebraska Medicaid Waivers

- Home and Community Based Services (HCBS)
  - Aged and Disabled (A&D)
  - Traumatic Brain Injury (TBI)

- Developmental Disabilities (DD)
  - Comprehensive DD waiver

- Waivers allow states to provide non-state plan services to people who are otherwise Medicaid eligible when those services are needed to keep an individual in a non-institutional setting as an alternative to institutional care.
Managed Care
- A system by which the state pays a per member per month (PMPM) capitation and the Managed Care Organization is at risk for all services covered under the contract.

Managed Care’s History in Nebraska
- July 2012: Physical health managed care launched
- Fall 2013: Behavioral health managed care launched

Heritage Health
- Nebraska managed care, Heritage Health, started January 1, 2017.
- Combines physical, behavioral, and pharmacy services.
- Three health plans are operating statewide.
  - Nebraska Total Care
  - UnitedHealthcare Community Plan of Nebraska
  - WellCare of Nebraska
Heritage Health Open Enrollment

- Members can choose to change health plans for the following calendar year between November 1 to December 15.
- If members are happy with their current plans, they do not have to change.
- Flyers are sent out in August to inform members of open enrollment.
- Packets are sent out closer to the open enrollment dates.
- Additional resources for Heritage Health members can be found at: www.neheritagehealth.com.
Launched on October 1, 2017, Managed Care of North America (MCNA) began operations as Nebraska’s Dental Benefits Manager.

MCNA delivers all dental benefits and services to Nebraska Medicaid members.
- This is also managed care, but currently not part of Heritage Health.
- Dental providers in Nebraska contract with MCNA as part of its network.
- MCNA handles claims payment, prior authorizations, and coordinates all care.
Ways to apply for Medicaid

- Online: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
- Phone by calling the Customer Service Center (CSC)
  - Lincoln: 402-473-7000
  - Omaha: 402-595-1178
  - Greater Nebraska: 1-855-632-7633

Paper applications are available at local offices across the state

Annual Renewals

- Prepopulated forms mailed
- Phone by calling the CSC’s
- Online via My Account
Questions?
Drew Preston
Lindsay Bockelmann

Thank you!