

A wide-angle landscape photograph showing a dirt road that curves through a vast, open field. The field is filled with green and yellow wildflowers, and a fence line runs parallel to the road on the left. The sky is a vibrant blue, dotted with numerous white, fluffy clouds. The overall scene is bright and clear, suggesting a sunny day.

# Medicaid 101

Medicaid and Long-Term Care

# Today's Discussion

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- Medicaid History and Overview
- Medicaid Eligibility and Programs
- Medicaid Services in Nebraska

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# Medicaid History and Overview

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# 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- \$3.8 billion (~\$1.1B State Funds) budgeted for fiscal year 2022
  - Funding for Medicaid comes from both state and federal sources
  - Slightly over 50% comes from federal funds (FMAP)



# History of Medicaid

- Created in 1965 via amendments to the Social Security Act of 1935
  - Title XVIII- Medicare
  - Title XIX- Medicaid
- The two programs are commonly confused
  - Almost everyone in the U.S. age 65 or over is eligible for Medicare
  - Medicaid has different eligibility requirements in each state
- About 76 million people on Medicaid nationally, vs 62 million on Medicare (source: CMS, July 2020)
  - Populations can overlap



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# History of Medicaid

- Additional legislation has changed the program over the years
- The Children's Health Insurance Program (CHIP, 1997) created Title XXI of the Social Security Act
  - Provides funding for health coverage for low-income children
  - Part of Medicaid in Nebraska
- Patient Protection and Affordable Care Act (2010)
  - Increased funding to states for Medicaid and gave the states the option to expand Medicaid



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# Other Rules, Regulations, and Entities

- Centers for Medicare and Medicaid Services (CMS)- federal agency located in Baltimore, MD, that oversees Medicaid
  - Regional office in Kansas City, MO
- Nebraska DHHS administers Medicaid in the state
  - Per federal law, a single state agency must run Medicaid in each state
  - DHHS manages the funding, reviews policy and determines eligibility
- State Plan
  - Contract between state and CMS that allows the state to draw federal funds
  - Outlines Nebraska's Medicaid services, delivery methods, etc.
- Other various federal and state laws also apply

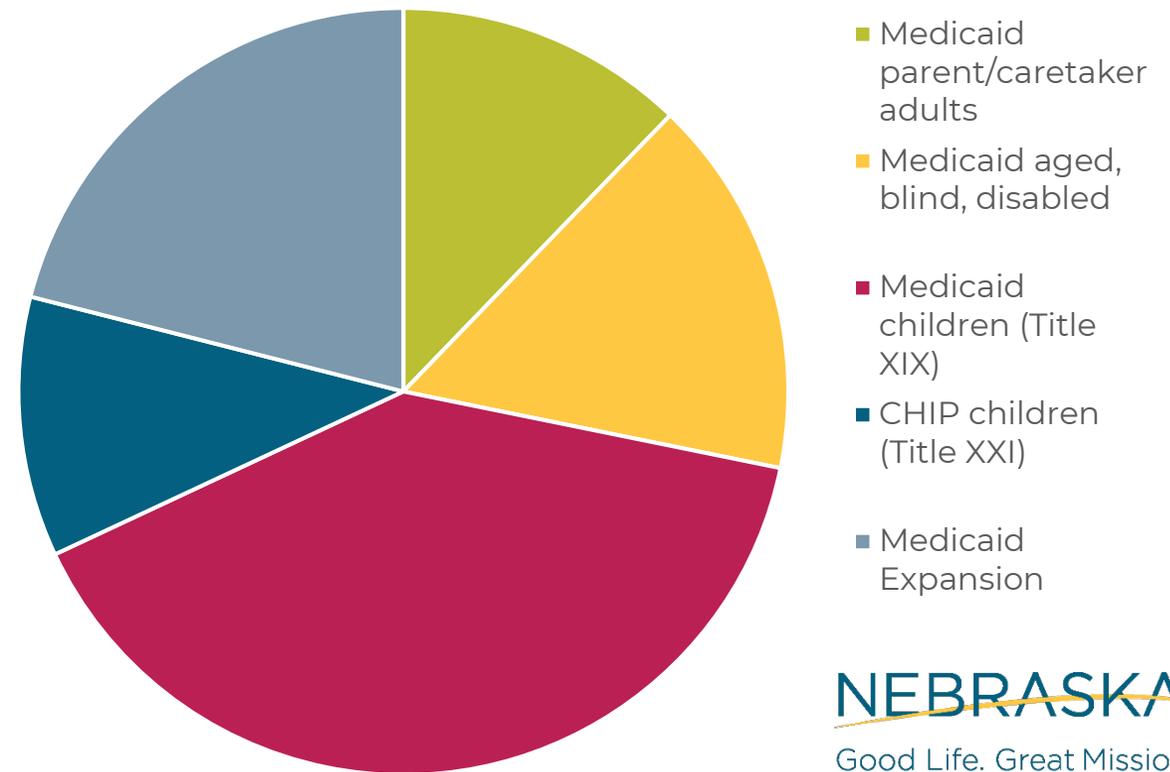


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# Who is on Medicaid in Nebraska?

- As of July 2024, there were ~346,980 enrollees in Nebraska Medicaid- about 17 percent of Nebraska's population
- Children are the majority of enrollees (138,147)
- The rest of the population is broken down accordingly:
  - Parents/Caretaker adults: 42,316
  - Aged, Blind, Disabled: 55,544
  - Expansion: 72,940

Nebraska Medicaid and CHIP enrollment, July 2024



# Medicaid Expansion in Nebraska

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- In November 2018, Nebraska's voters approved Initiative 427, extending Medicaid coverage to adults ages 19-64 who annually earn up to 133% of the federal poverty level
  - This is about \$20,832 per year for an individual (2025)
- Medicaid Expansion began on October 1, 2020
- In the past, low-income adults eligible for Medicaid either had to have children or have special medical needs
- Coverage includes services like doctor's office visits, hospital visits, and prescription drugs, as well as dental, vision, and over-the-counter drug coverage.

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# Medicaid Application Process

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# How do I apply for Medicaid?

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## Online

- Complete an online application at [iServe.nebraska.gov](https://iServe.nebraska.gov).

## Phone Application

- Complete an application with the assistance of a Medicaid worker by calling the Medicaid Customer Service Center.
  - Toll Free: (855) 632-7633
  - Lincoln: (402) 473-7000
  - Omaha: (402)595-1178

## Paper Application

- Contact the Medicaid Customer Service Center to request a paper application.

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# Medicaid Eligibility and Programs

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# Primary Eligibility Requirements

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- Application
- Citizenship/Alien Status
- Nebraska Resident
- Social Security Number
- Age
- Dependent Child
- Relative Responsibility
- Cooperation with Child Support
- Living Arrangement
- Assignment of Third Party medical payments (TPL)
- Resources
- Income
- Categorical Eligibility Factors



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# How is Eligibility Determined?

- Qualifications based on medical need are set in statute
  - Aged, blind and disabled are among these groups
- Income guidelines are based around the Federal Poverty Level (FPL)
  - Staff in MLTC verify these requirements



- **MAGI:** Modified Adjusted Gross Income. Taxable income methodology
- **Non-MAGI:** Any Medicaid category which does not use MAGI methodology. Generally, there will also be a resource test with non-MAGI category.

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# Pregnant Women (PW) and Parent/Caretaker Medicaid (P/CR)

- **Pregnant Women:** In order to be eligible as a pregnant woman, the individual must be pregnant and have income equal to or less than 194% of the Federal Poverty Level (FPL).
  - Must provide due date
    - Attestation is acceptable unless the information is not reasonably compatible
  - Post-partum eligibility
    - Women covered for 12 months after delivery
  - Continuous Eligibility (CE)
    - Newborn covered through first birthday
- **Parents and Caretakers:** In order to be eligible as a parent/caretaker, the individual must have a dependent child and have household income equal to or less than 58% of the FPL.



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# Emergency Medical Services for Aliens (EMSA)

- **Emergency Medical Services for Aliens (EMSA):** Eligibility for EMSA is limited to the time necessary to treat the medical condition and only coverage for emergency services will be authorized.
  - Does not have a qualified non-citizen status for Medicaid
  - Must be eligible for a category of Medicaid except for citizenship or qualified non-citizen status
  - Meet all other income and categorical eligibility requirements
  - Covers treatment for emergency medical conditions as defined by Policy



# Other Medicaid Programs

- Children's Medicaid
- CHIP
- 599 CHIP
- Hospital presumptive
- Aged, blind, or disabled
- Medicare Part B beneficiaries
- Medically Needy
- Share of Cost
- Resource Spend Down
- Transitional Medical Assistance
- Former Foster Care
- Women's Cancer Program



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# Medicaid Services in Nebraska

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# What Services are Covered?

- Certain services are required by federal law, others are optional for states to cover
- Services Nebraska Medicaid offers include (but are not limited to):
  - Physicians services
  - Hospital services
  - Ambulance services
  - Dental services
- State Medicaid services must be equal to all Medicaid clients both in:
  - Geography (statewideness rule)
  - Benefits (comparability rule)

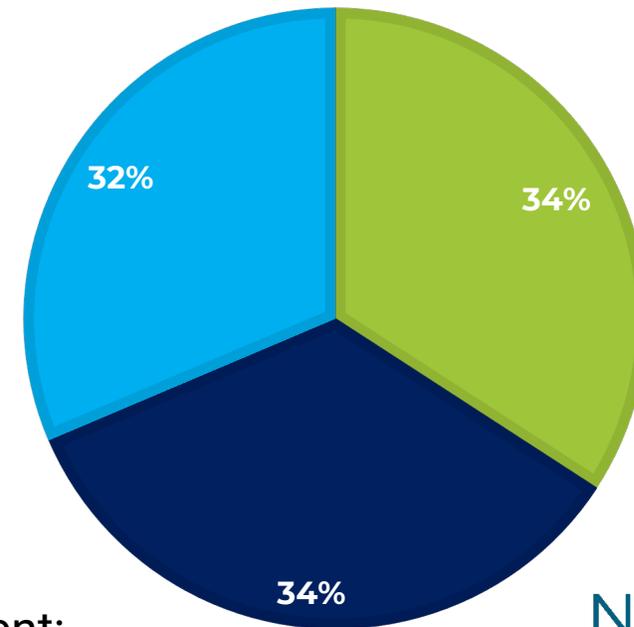


# How Medicaid Services are Delivered

- Almost all Nebraskans on Medicaid are enrolled in a managed care program called **Heritage Health**
- Managed care is a system by which the state contracts with managed care organizations (MCOs) that coordinate all care for an individual
  - This includes physical health, behavioral health, dental care, and pharmacy needs
- Three companies are available for Heritage Health members to choose from:
  - UnitedHealthcare Community Plan
  - Molina Healthcare
  - Nebraska Total Care

## HERITAGE HEALTH ENROLLMENT, OCT 2022

■ Nebraska Total Care ■ United Healthcare ■ Molina



Total Enrollment:  
372,613

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# Care and Case Management

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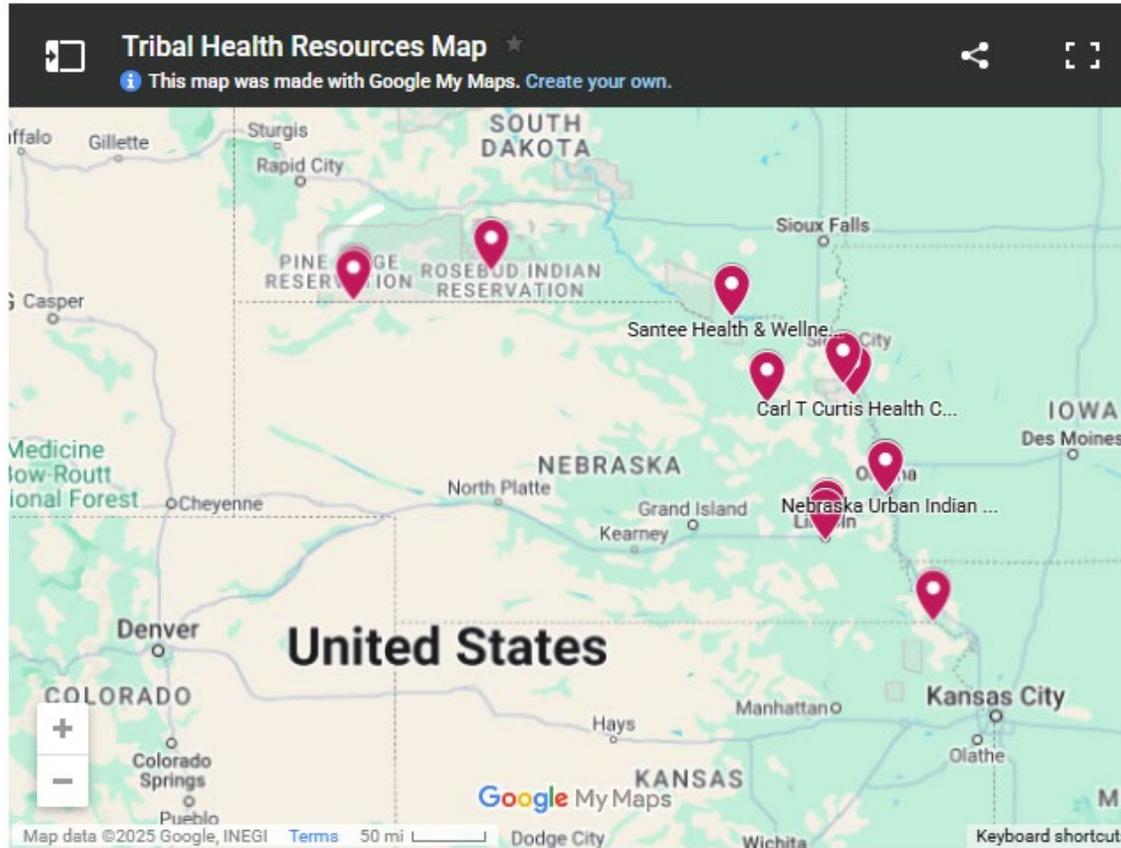
- Care management is a program offered by each MCO to help support members health goals, wellness, and quality of life by addressing their medical, behavioral health, and social determinant of health needs.
  - Enrollment is voluntary and can be ended by member at any time
  - A plan of care is developed with the member to identify member-specific goals and coordinate with providers, member, and family if appropriate
  - Care management staff are teams of experienced nurses, behavioral health professionals, and social workers

They can provide help with:

- Finding a health care provider, making appointments, and coordinating care
- Transportation to appointments
- Finding housing assistance
- Information on community resources for food, child care, clothing and other needs

# NE Tribal Medicaid Overview & Updates

- Nebraska Medicaid is committed to collaborating with the four Federally recognized Tribes headquartered in Nebraska – the Omaha, Ponca, Santee Sioux, and Winnebago Tribes – in addition to other Tribal Nations, organizations, and Indian healthcare providers that serve Nebraska Medicaid members.
- NE Medicaid hosts quarterly in-person Tribal Consultation meetings. Additionally, NE Medicaid holds monthly stakeholder calls to discuss policy updates and any issues that Tribal Providers may be experiencing.



# Recent Tribal Health Initiatives

- Operationalizing the updated IHS “Four Walls Rule”
- Data Sharing Agreements
- NEMT Arrangements with MCOs
- Operational Changes for verifying AI/AN status for Medicaid premium programs

The screenshot shows the Nebraska Department of Health and Human Services website. At the top, the logo reads "NEBRASKA Good Life. Great Mission." and "DEPARTMENT OF HEALTH AND HUMAN SERVICES". Below the logo is a navigation menu with six items: "Administration & Support", "Divisions & Offices", "Licensing & Regulations", "Assistance Programs", "Children, Families & Seniors", and "Public Data". The main content area features a large image of a woman with long grey hair embracing a young girl. The background of the image is a traditional Native American woodcut-style pattern with floral motifs. The text "Tribal Health" is overlaid on the bottom left of the image. Below the image, there is a "Subscribe For Updates" button with a bell icon and a "Share" button with icons for Facebook, Twitter, and LinkedIn. At the bottom of the page, it says "Artwork by Elliana Sitting Eagle".

# Nebraska Department of Health and Human Services Medicaid and Long-Term Care

Questions can be emailed to  
[DHHS.MLTCEXperience@nebraska.gov](mailto:DHHS.MLTCEXperience@nebraska.gov)



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