

A wide-angle photograph of a dirt road stretching into the distance. The road is flanked by green and yellow wildflowers. A fence line runs along the left side of the road. The sky is a vibrant blue with several white, fluffy clouds scattered across it.

# 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)



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# 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





# 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



# Other Rules, Regulations, and Entities

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- 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

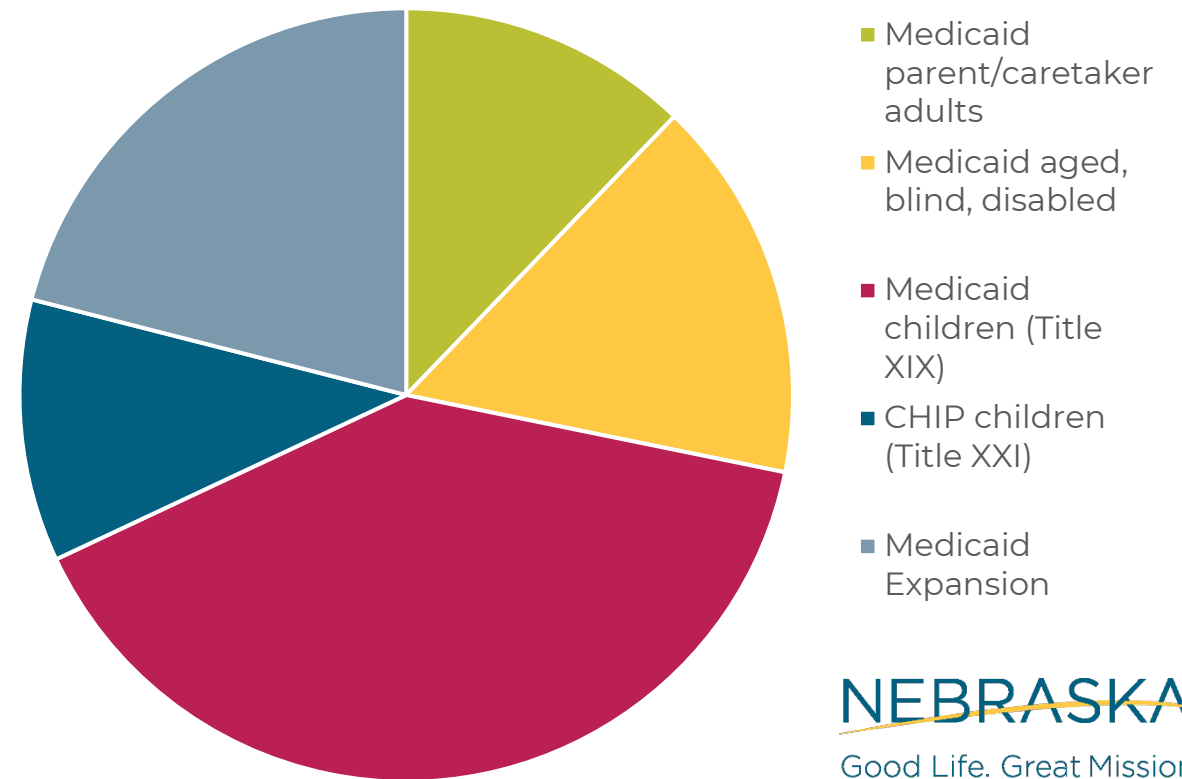


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# Who is on Medicaid in Nebraska?

- 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.

# 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.



# 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.



# 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)



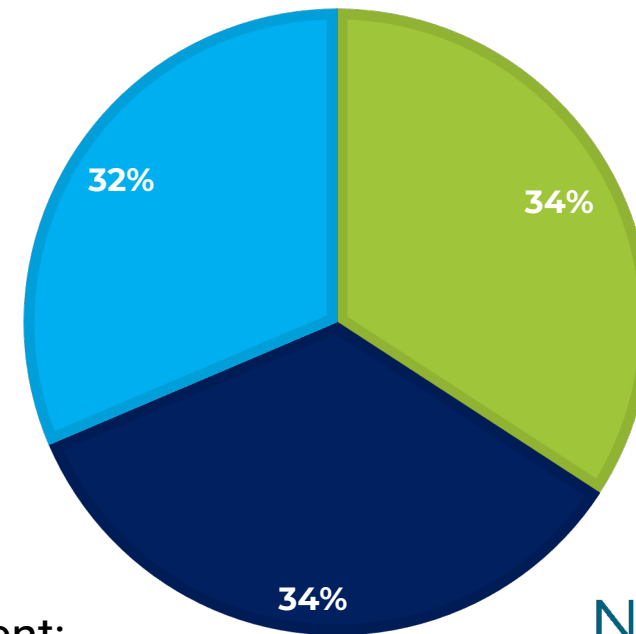
# How Medicaid Services are Delivered

- 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

Total Enrollment:  
372,613

## HERITAGE HEALTH ENROLLMENT, OCT 2022

■ Nebraska Total Care ■ United Healthcare ■ Molina



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# Care and Case Management

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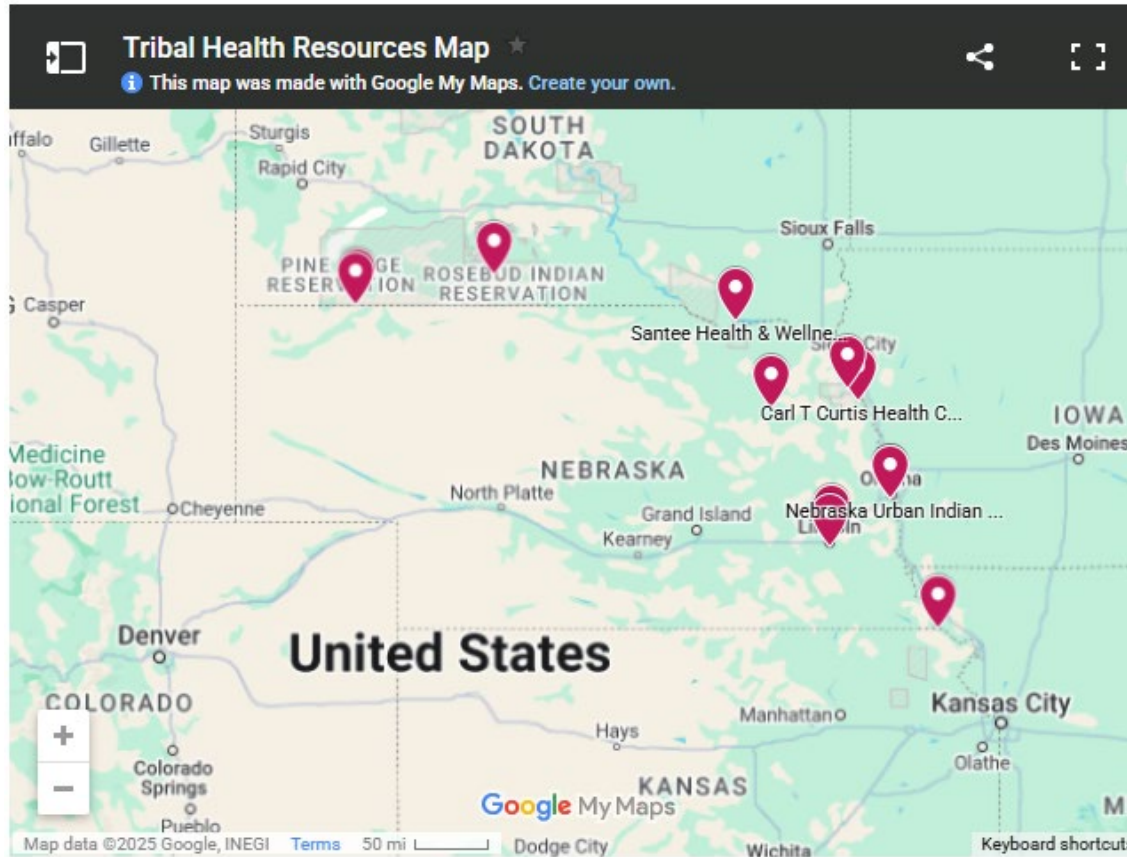
- Care management is a program offered by each MCO to help support members health goals, wellness, and quality of life by addressing their medical, behavioral health, and social determinant of health needs.
  - Enrollment is voluntary and can be ended by member at any time
  - A plan of care is developed 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

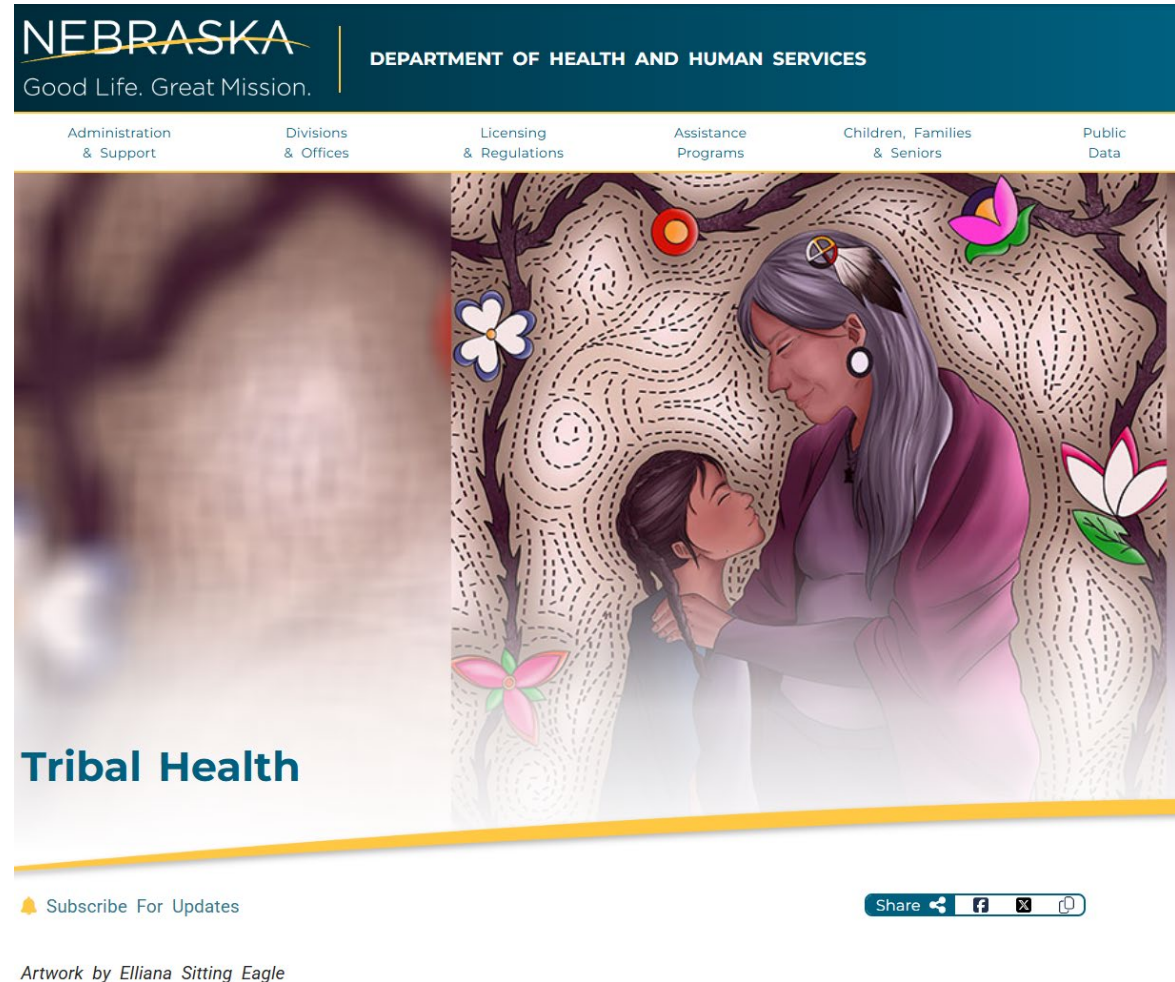
# NE Tribal Medicaid Overview & Updates

- 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



# 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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