Nebraska's Medicaid Expansion

Heritage Health Adult

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Medicaid Expansion Overview

HERITAGE HEALTH ADULT EXPANSION

- Nebraska is extending Medicaid coverage to adults ages 19-64 who annually earn up to 138% of the federal poverty level
  - This is about $17,000 per year for an individual
- In the past, lower income adults eligible for Medicaid either had to have children or have special medical needs
- “Heritage Health Adult” is the program name for Medicaid expansion
  - This builds on top of the existing Heritage Health program for current Medicaid enrollees

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Who is covered by the expansion?

HERITAGE HEALTH ADULT EXPANSION

Individuals under 138% of the federal poverty level who are not otherwise eligible for Medicaid

Household Size	138 % Federal Poverty Level
1	$17,609
2	$23,791
3	$29,974
4	$36,156
5	$42,338
6	$48,521
7	$54,703
8	$60,886

*Figures reflect 2020 federal poverty levels

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When does expanded Medicaid launch?

HERITAGE HEALTH ADULT EXPANSION

- Expanded Medicaid in Nebraska will launch on **October 1, 2020**
- DHHS will begin accepting applications on **August 1, 2020**
- Individuals can apply:
  - Online with ACCESSNebraska
  - Over the phone, (855)632-7633
  - At a DHHS local office
- Paper applications will be mailed to individuals who request them
    - These can be sent to DHHS:
      - Via email, DHHS.ANDICenter@nebraska.gov,
      - Mail, P.O. Box 2992, Omaha, NE 68103-2992
      - Fax, (402) 742-2351

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Application Process

- ACCESSNebraska and local office staff can provide help with the application process
- DHHS will inform all applicants of their results
- If an individual is not eligible for HHA:
  - DHHS will inform the individual of other benefits they may be eligible for
  - The application will be sent to the federal marketplace (healthcare.gov) for consideration there
  - The individual has the right to appeal and can contact DHHS at (855) 632-7633 to request a state fair hearing

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Medicaid Eligibility Notice Language

- If determined eligible for HHA/Medicaid, the member will receive a notice with the following language:

<HHA Eligible Members> are eligible for Heritage Health Adult. See the benefit tier information below.

Individual	Benefit Tier	Effective Date
John Smith	Basic	09-01-2019
Brenda Smith	Prime	09-01-2019
Jack Smith	Basic	09-01-2019
Quincy One	Prime	09-01-2019

Benefit Tier Eligibility

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HHA Eligibility

- Medicaid eligibility criteria include: age, income, residency, citizenship, etc.
- Once an individual is enrolled in HHA, they can be reassessed for eligibility each year automatically without a new application. The enrollee will remain in HHA as long as they meet eligibility
- Individuals enrolled in HHA must report to DHHS changes that could impact their eligibility, such as change in income or address, within 10 days of the change

What benefits are available?

- Heritage Health Adult will cover basic and prime benefits
- Basic benefits will include all existing Medicaid services, with the exception of three services: dental, vision, and over-the-counter medications
- Prime benefits will add dental, vision, and over-the-counter medication coverage
    - Prime benefits will be limited at this time to pregnant women, adults age 19-20, and medically frail individuals

Individuals with other coverage or DHHS benefits

- Some adults ages 19-64 currently on Medicaid may be transferred to HHA and will be notified by DHHS of any changes to eligibility or benefits
  - Please note that until the federal Department of Health and Human Services (HHS) ends the COVID-19 public health emergency (PHE), Medicaid beneficiaries that transition to HHA will not experience a change in benefits
- Individuals in other DHHS programs (such as SNAP) may be eligible for HHA, and are required to submit an application to be considered for HHA

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Individuals with other coverage or DHHS benefits

- Individuals with health coverage through the federal marketplace (healthcare.gov)
  - Can submit an application for HHA
  - If found eligible for HHA, these individuals will need to inform their current health insurance carrier to make necessary updates
- Individuals with employer-sponsored coverage can submit an application for HHA
  - If found eligible for HHA, these individuals will need to inform their current health insurance carrier to make necessary updates

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How will HHA members receive care?

- HHA members will join one of three managed care organization (MCO) health plans in the Heritage Health program
  - These health plans coordinate and reimburse health services the member receives
- Once enrolled in a health plan, members will receive an enrollment notice followed by a welcome packet from their health plan
- Members can change health plans any time in the first 90 days of enrollment, and can change health plans during open enrollment, November 1 - December 15 each year

Medically Frail

- Many people eligible for expansion will have particular health needs and social determinants of health that may be barriers to improving health
  - These individuals can be designated “Medically Frail”
- Individuals who are determined medically frail by DHHS will receive Prime benefits

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Medically Frail

- A member enrolled in HHA with basic benefits can request a review by DHHS for Medically Frail status
  - The MCOs can help members obtain a review
  - DHHS makes the medically frail determination, and will notify the member on whether they qualify for Medically Frail status
- A Medically Frail determination is effective for either one or three years, depending on the health diagnosis

Medically Frail Notice Information

- If determined Medically Frail, the member will receive a notice with the following language:

Your initial referral for Medically Frail status has been reviewed. **Our information shows you ARE Medically Frail according to 477 NAC 29-003.03.** As Medically Frail, you will receive Prime Benefit Tier services including dental, vision, and over-the-counter medications, in addition to the Basic Benefit Tier services. Your Medically Frail status is effective _____ through _____. At the end date, you will need to apply to have your Medically Frail status reviewed.

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Medically Frail

- Diagnoses/conditions that can lead to a Medically Frail determination include:
  - A disabling mental disorder;
  - A chronic substance abuse disorder;
  - A physical, intellectual, or developmental disability with functional impairment that significantly impairs one's from performing one or more activities of daily living each time the activity occurs;
  - A disability determination based on Social Security Criteria;
  - A serious and complex medical condition; or
  - Chronically homeless as defined by the United States Department of Housing and Urban Development.

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Provider Responsibilities include

- Providers are required to check patient eligibility prior to providing services
  - Please note that some HHA beneficiaries will receive their Medicaid Cards prior to October 1, 2020. Coverage for HHA does not begin until October 1, 2020
- Providers will need to verify whether the patient has dental, vision, and over-the-counter medication benefits
  - This can be verified at http://dhhs.ne.gov/Pages/Medicaid-Provider-Client-Eligibility-Verification.aspx

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Provider Responsibilities include

- Providers may be asked to attest to their patient's Medically Frail status, which will include the relevant diagnoses
  - The attestation form will be made available to the patient, and will also be available on the DHHS Website at http://dhhs.ne.gov/pages/Medically-Frail.aspx
  - The attestation form can be submitted by the provider to DHHS:
    - Through ACCESSNebraska
    - Via email: dhhs.medfrailreview@nebraska.gov
    - By mail: Nebraska DHHS
      Attention: Heritage Health Adult Medically Frail Determinations
      301 Centennial Mall South
      Lincoln, NE 68509

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Informational Materials

- Informational Materials from DHHS on Medicaid expansion are available, including:
  - Beneficiary FAQ
  - Fact Sheet (for general audiences)
  - Flyers
  - Rack Card
  - DHHS website
- Materials are available at no charge
- To order copies from DHHS, please use the form below:
  - Form Link

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Questions?

DHHS.MedicaidExpansionQuestions@Nebraska.gov