

# Medicaid Expansion in Nebraska FAQs

Updated April 2021



## BASICS

### What are the age and income requirements for Medicaid expansion?

A person must be between the ages of 19-64 with income of 138% or less of the Federal Poverty Level (FPL) to be eligible for Medicaid expansion, also known as Heritage Health Adult. The amount of income a person can have and be eligible depends on the size of the household. For a household of 1, it is about \$1,481 or less a month. For a household of 3, it is about \$2,525 or less a month.

### How do I apply for Medicaid?

You can apply online at [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov), over the phone by calling (855) 632-7633, by paper application, or by visiting a local Department of Health and Human Services office.

### If I need help filling out a Medicaid application, where do I go?

Enroll Nebraska's enrollment assisters provide free, local enrollment assistance to help with questions and assist with Medicaid applications. You can find a list of enrollment assisters at the [Enroll Nebraska website](#).

### Where do I go for more information about Medicaid expansion?

Nebraska Appleseed's [webpage dedicated to Medicaid expansion](#) provides basic expansion information and a space for you to share your story about why Medicaid expansion is important. You can also reach out to [Nebraska Appleseed's Community Assistance Line](#). The Nebraska Department of Health and Human Services (DHHS) also has a dedicated [Medicaid expansion page](#) that provides a fact sheet, flyer, frequently asked questions, and information about medical frailty and the benefit tiers.

### Does Medicaid expansion have an asset test?

No. While some categories of Medicaid have what is known as an asset or resource test to determine whether someone is eligible for Medicaid, the Medicaid expansion category does not have that type of test.

### Are people with children eligible for Medicaid expansion?

Yes. Under traditional Medicaid, parents that make 58% FPL or less are eligible under the parent/caretaker Medicaid category. Medicaid expansion will now cover parents with incomes between 59-138% FPL. Childless adults with incomes of 138% FPL or less are also eligible under expansion.

### Could college students or college-aged young adults be eligible?

Yes. If they meet the eligibility criteria, including the age and income requirements, college students or college-aged young adults are eligible for Medicaid expansion.

### What are the immigration status requirements for expansion?

The immigration status requirements for Medicaid expansion are the same as the immigration status requirements for other categories of Medicaid.



# TIERED BENEFIT SYSTEM

## What is the tiered benefit system?

Unlike other categories of Medicaid, Heritage Health Adult has two different benefit package levels. All Medicaid expansion enrollees will either have Prime coverage or Basic coverage. Individuals with Basic coverage will be denied certain benefits.

## Will benefit packages change for Medicaid enrollees that are not in the expansion group?

No. The tiered benefit system only applies to people eligible for Medicaid under the Medicaid expansion program.

## What is the difference between Prime and Basic coverage?

Prime coverage includes all Nebraska Medicaid benefits, including dental, vision, and over-the-counter drugs. Basic coverage includes all Nebraska Medicaid benefits except for dental, vision, and over-the-counter drugs.

## Who will receive Prime coverage?

19 and 20 year olds, pregnant women, and those determined to be medically frail will receive Prime coverage. Currently, there are no other ways for those in the expansion group to access Prime coverage.

## Who could be considered medically frail?

You may be considered medically frail if you have one of the following<sup>1</sup>:

- a disabling mental disorder;
- a chronic substance use disorder;
- a physical, intellectual, or developmental disability with functional impairment that significantly impairs you 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
- chronic homelessness as defined by the United States Department of Housing and Urban Development.

## Who determines whether someone is medically frail?

DHHS determines whether someone is medically frail.

## How can Medicaid expansion enrollees be reviewed for a medically frail determination?

To be reviewed for a medical frailty determination, you can self-identify as someone who is medically frail, or your managed care organization or DHHS may identify you as someone who is medically frail.<sup>2</sup> DHHS may require documentation to evaluate whether you could be considered medically frail.

## Who will receive Basic coverage?

Anyone eligible under Medicaid expansion who is not in Prime coverage -- meaning those who are not 19 or 20 years old, pregnant, or medically frail -- will receive Basic coverage.

## If you are not 19 or 20, pregnant, or medically frail, is there any way for people that are in the Basic coverage to receive Prime coverage?

No, not at this time.

## What is the waiver?

DHHS is planning to implement what is known as a Section 1115 waiver in order to impose work and wellness requirements on people with Medicaid expansion coverage. A Section 1115 waiver must be approved by the federal government before it can go into effect.

## Has the waiver been approved?

The waiver was approved on October 20, 2020, and DHHS has not announced when they will begin evaluating the waiver requirements.

## What are the requirements?

Unless exempt from some of the requirements, Medicaid expansion enrollees in Basic coverage will have to meet the following six separate requirements to get Prime coverage:

- Participate in health risk screening upon enrollment and annually thereafter;
- Attend a qualifying annual health visit;
- Not miss three or more appointments in a six month period;
- Maintaining employer-sponsored health insurance coverage;
- Report changes in circumstances that may affect access to Prime-only benefits within a certain time frame; and
- Meet community engagement requirements, also known as work requirements.

DHHS will evaluate the requirements every six months to determine whether someone should have Prime or Basic coverage. A person can be locked out of Prime coverage for six months or a year if they don't meet the requirements.

## Do the waiver requirements apply to other Medicaid enrollees not in the expansion group?

No. The waiver requirements will only apply to those eligible for Medicaid under the Medicaid expansion program.

# OTHER COVERAGE AND MEDICAID EXPANSION

## If I currently have health insurance coverage, could I be eligible for Medicaid expansion?

Yes. Depending on the type of coverage, you could be eligible for Medicaid expansion regardless of whether you have other health insurance coverage, including Marketplace coverage, private coverage, or employer-based coverage. However, if you are eligible for Medicaid expansion, you generally cannot receive Marketplace tax credits.

## Are people with Medicare eligible for Medicaid expansion?

If you are eligible for Medicare part A or B, you are not eligible for Medicaid expansion.<sup>3</sup>

## If I am currently on Medicaid share of cost or spend down, could I be eligible for expansion?

Yes. DHHS has stated that those with a share of cost who are otherwise eligible for Medicaid expansion will automatically be assessed for Medicaid expansion eligibility without needing an application. Through that process, DHHS may need more information from those currently on spend down and will notify those individuals if additional information is needed.

## DISCLAIMER

The information provided on this FAQ does not, and is not intended to, constitute legal advice; instead, all information and content are for general informational purposes only.

## ENDNOTES

1. 477 Nebraska Administrative Code § 29-003.03(A).
2. 477 Nebraska Administrative Code § 29-003.03(C).
3. 477 Nebraska Administrative Code § 29-002.02(C).

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