NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Expansion Report January 2020

March 2, 2020

Prepared in Accordance with LB 294 (2019)



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



February 28, 2020

Clerk of the Legislature Legislative Fiscal Office P.O. Box 94604 Lincoln, NE 68509

Dear Clerk of the Legislature and Legislative Fiscal Office:

In accordance with LB 294 (2019) please find attached a report on Medicaid Expansion Administrative and Aid policy decisions for the calendar month of January 2020.

If you have any questions, please contact Nate Watson, JD and Cert Legis Prac, Deputy Director for Policy and Regulations, at nate.watson@nebraska.gov.

Sincerely,

Jeremy Brunssen, Interim Director Division of Medicaid and Long-Term Care Department of Health and Human Services

Attachments: 2

Medicaid Expansion Programs 249 (Administration) & 349 (Aid)

The Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care (MLTC), provides the following update regarding Medicaid Expansion Administrative and Aid policy decisions for the calendar month of January 2020:

MLTC continues to work on filling Social Service Worker positions. Newly hired team members attend 5 weeks of classroom training and then complete 2-3 weeks of on-the-job training in Medicaid eligibility. Training for the Adult expansion population will begin in June.

The federal comment period for the section 1115 demonstration waiver concluded on January 17, 2020. The Centers for Medicare & Medicaid Services (CMS) received approximately 414 public comments on the waiver application. Following the end of the federal public comment period, CMS began its formal federal review of Nebraska Medicaid's 1115 application.

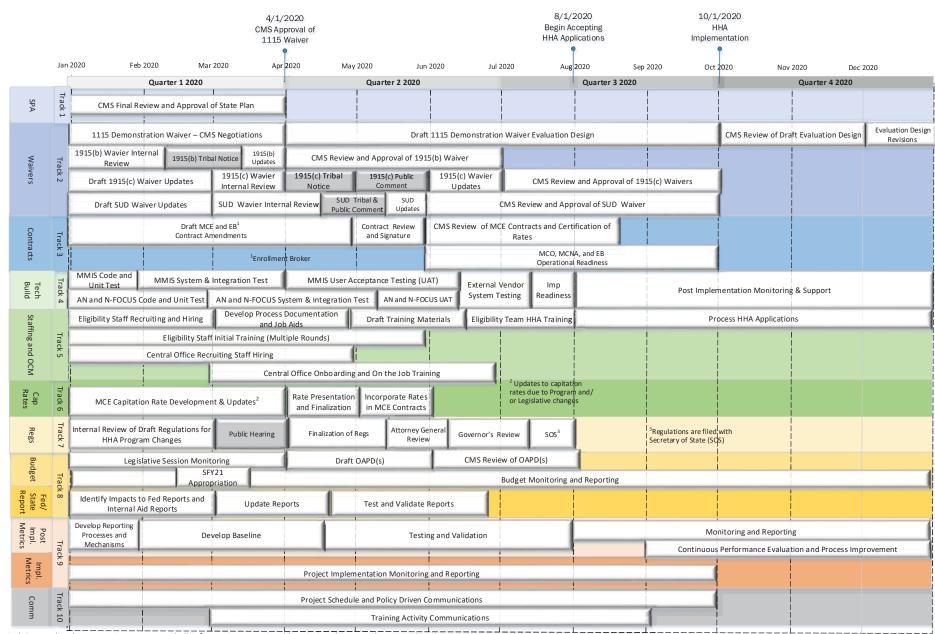
MLTC made two program design decisions of note in the month of January. The first decision of note is related to requirements around case and care management for the adult expansion group. In deciding what specific tasks are included in case and care management, MLTC has decided to not include filling prescriptions, as it would be difficult to monitor evenly. For example, members who have more prescriptions would be subject to this requirement more than a member with only an occasional prescription.

The other program design decision made in January was related to how the Heritage Health plans gather new member health information, such as any health visits before enrolling in Medicaid. The health plans will be required to assist their members in providing this information and the plans will send this information to DHHS for purposes such as determining member benefit tiers.

Discussions continue and are ongoing with our federal and Nebraska partners. Implementation remains on track for October 1, 2020.

For the latest project schedule, please refer to the attached timeline.

01/15/2020



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