

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Expansion Report
June 2021

July 30, 2021

Prepared in Accordance with LB 380 (2021)

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

July 30, 2021

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 380 (2021) please find attached a report on Medicaid Expansion Administrative and Aid policy decisions for the calendar month of June 2021.

If you have any questions, please contact me at Kevin.Bagley@Nebraska.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Bagley".

Kevin Bagley, 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, 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 June 2021:

Expansion was launched successfully on October 1, 2020. Details on enrollment for the month of June are below:

Medicaid Expansion - Eligibility Determinations (as of 7/1/21)		
	June 2021	Cumulative
Basic ¹	1,532	34,580
Prime ²	903	12,308
Medically Frail	555	6,217
Pregnant Women	27	230
19-20 Year Olds	321	5,861
TOTAL:	2,435	46,888

As indicated in last month's report, DHHS announced on June 1, 2021, that all individuals enrolled in Heritage Health Adult (Nebraska's Medicaid expansion program) will receive full state plan benefits effective October 1, 2021, which includes, dental, vision, and over-the-counter medication coverage. Following this announcement, DHHS began the required public and tribal noticing processes to enact the changes necessary to make these changes in benefits. MLTC also began the process of standing down its Medically Frail process. This determination will no longer be necessary, as everyone in Heritage Health Adult will receive the same benefits.

DHHS began discussions in June with its contracted Medicaid managed care entities³ (MCEs) to discuss updates the MCEs will need to make to their member and provider information materials, technology systems, and related items to be sure this change is implemented in a timely manner. In particular, DHHS began discussions with its Medicaid dental benefits manager to ensure

¹ Basic benefits include physical health, behavioral health, and prescription drug coverage.

² Prime benefits include all Basic benefits, plus dental, vision, and over-the-counter medication coverage.

³ Managed care entities include Medicaid's three managed care health plans as well as Medicaid's dental benefits manager.

provider capacity will be able to meet the increased number of Medicaid beneficiaries who will be eligible for dental benefits.

Internally, DHHS began planning and preparing changes to its own technology systems to implement this change. MLTC staff have also been preparing updated communications and training materials to be certain that both internal staff and the public understand the changes taking place.

For the latest program expenditures, please refer to the attached Expansion Aid table.

Program 349 Expansion Aid SFY 20-21		
	Appropriations	Expenditures
GF	\$43,863,305	\$27,023,608
FF est.	\$373,260,870	\$226,427,413
Total	\$417,124,175	\$253,451,021

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

Heritage Health Adult Single Benefit Plan Phase 1 Implementation Plan Timeline

6/30/21

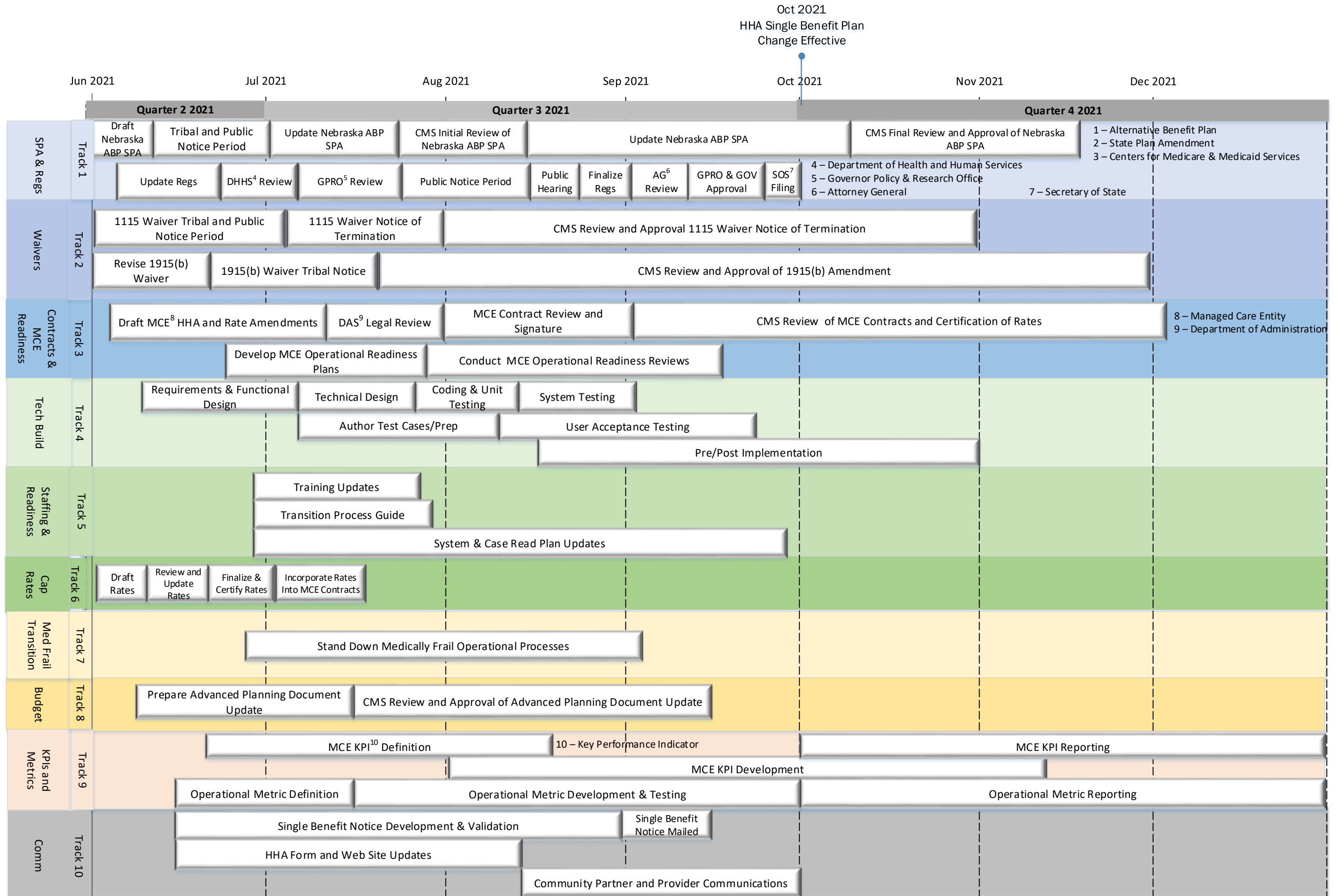


Figure 1: HHA Single Benefit Plan Phase 1 Implementation Timeline