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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Expansion Report
September 2021

October 26, 2021

Prepared in Accordance with LB 380 (2021)

October 26, 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 September 2021.

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

Sincerely,

Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Attachments: 1

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 decisions for the calendar month of September 2021:

Expansion was launched successfully on October 1, 2020. Details on enrollment for the month of September 2021 are below:

Medicaid Expansion - Eligibility Determinations (as of 10/1/21)		
	September 2021	**Cumulative**
Basic[1]	1,993	39,061
Prime[2]	227	14,292
Medically Frail	(162)	7,263
Pregnant Women	(4)	268
19-20 Year Olds	393	6,761
TOTAL:	**2,220**	**53,353**

On October 1, 2021, all Medicaid expansion beneficiaries automatically received full state plan benefits, including dental coverage, vision coverage, and over-the-counter medication coverage. To put this change into effect, the following activities occurred in September 2021:

On September 21, 2021, DHHS's state plan amendment to provide for a single, full set of benefits for everyone eligible for Medicaid through expansion was approved by the federal government.

On September 2, 2021, the federal government formally terminated the state's section 1115 demonstration waiver. The section 1115 demonstration waiver would have allowed individuals enrolled in Heritage Health Adult who did not automatically qualify for full state plan benefits to qualify for them by participating in wellness, personal responsibility, and community engagement activities.

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[1] Basic benefits include physical health, behavioral health, and prescription drugs.

[2] Prime benefits include all Basic benefits, plus dental, vision, and over-the-counter medications. Prime benefits is synonymous with full state-plan benefits.

On September 28, 2021, the federal government approved the state's amendments to its 1915(b) managed care waiver. Additionally, DHHS's contract amendments for its contracted Medicaid managed care entities[3] continue to be reviewed through the state's procurement process. Medicaid's operational readiness reviews with the managed care entities were completed on September 17, 2021

Regulatory updates to 471 NAC 39, 477 NAC 29, and 482 NAC 2, 4-5 went into effect on September 27, 2021.

DHHS eligibility staff completed their training in September related to this program change. On September 20, 2021, DHHS completed its testing of its technology systems and the federal government approved financial federal participation to support these changes.

Finally, on September 9, 2021, DHHS mailed a notification to all expansion beneficiaries detailing the changes to the program, and DHHS staff completed a series of meetings and webinars for external stakeholders to share information about the program changes.

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

Program 349 Expansion Aid SFY 21-22		
	Appropriations	**Expenditures**
General Funds	$43,863,305	$15,477,781
Federal Funds (estimated)	$373,260,870	$123,010,844
Total	$417,124,175	$138,488,625

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

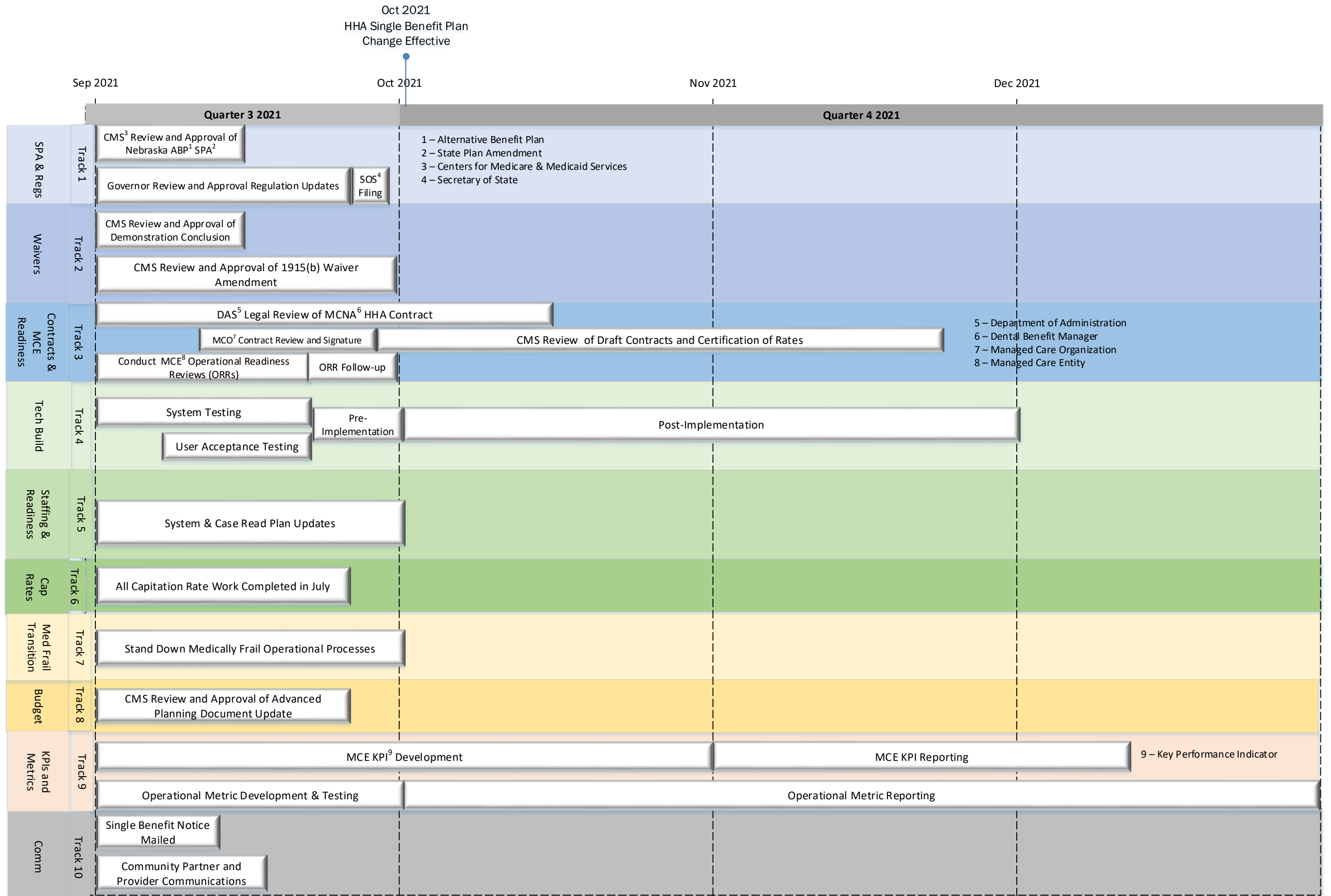[3] Managed care entities include Nebraska Medicaid's three managed care health plans, as well as the dental benefits plan.

Figure 1: HHA Single Benefit Plan Implementation Timeline