



Heritage Health Adult Expansion Frequently Asked Questions



On November 6, 2018, Initiative 427 was passed by a vote of Nebraska's residents. The ballot initiative expands the Medicaid population to Nebraskans under the age of 65 whose income is at or below 138 percent of the federal poverty level (FPL).

General FAQs

Who is newly eligible for Medicaid Expansion in Nebraska (the Heritage Health Adult Program)?

Nebraska residents, age 19 through 64, whose income is at or below 138 percent of the federal poverty level (FPL). For 2020, this is an annual income of \$17,609 for a single person and \$36,156 for a household of four.

What is the difference between Heritage Health and Heritage Health Adult?

Heritage Health is the managed care program that manages Medicaid services in Nebraska. Heritage Health Adult (HHA) is part of the overall Heritage Health program. HHA covers those eligible for Nebraska's Medicaid expansion. Those eligible for Medicaid in the Heritage Health Adult category will be enrolled into a Heritage Health plan to manage their benefits.

Eligibility FAQs

I believe I may be eligible. When can I apply for coverage?

The Department of Health and Human Services (DHHS) will begin accepting applications from expansion-eligible Nebraskans beginning August 1, 2020. Benefits for this category begin October 1, 2020.

How can newly eligible people apply for coverage?

Beginning August 1, 2020, applications can be submitted in the following ways:

- Online at www.ACCESSNebraska.ne.gov,
- Over the phone by calling ACCESS Nebraska at:
 - Omaha: (402) 595-1178
 - Lincoln: (402) 473-7000

- o Toll Free: (855) 632-7633
- o TDD: (402) 471-7256,
- Submitting a paper application (paper applications may be downloaded from AccessNebraska.gov):
 - o By fax at (402) 742-2351,
 - o By email at DHHS.ANDICenter@nebraska.gov,
 - o By mail at P.O. Box 2992, Omaha, NE 68103-2992, or
- In person at a DHHS local office.
 - o Find a local office at <http://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

Will Medicaid now cover undocumented immigrants?

No. Undocumented immigrants remain ineligible, except for some limited, emergency services.

Do I need to submit documents with my application?

This depends on the information you provide on your application. DHHS will send you a notice asking for any needed documents after your application is received.

Are college students eligible if they are self- supporting?

College students may be eligible if they meet all of the eligibility criteria for the expansion group.

Where can I find help applying?

You can call or visit the ACCESSNebraska website, or visit a DHHS local office. Find a local office at <http://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

I have sent my application. How will I know if I am eligible?

If eligible for Medicaid, you will receive a notice explaining your eligibility category and benefit information. You can also create an online account with ACCESSNebraska to check your application status.

What do I do if I am determined ineligible for Nebraska Medicaid?

If you are determined ineligible for Medicaid, your application is sent to the Federal Marketplace (healthcare.gov). The Marketplace can assist you with private insurance coverage. If you believe you were denied in error, you may request a fair hearing (appeal).

How do I appeal an eligibility determination?

An appeal form may be requested by phone however a written request must be received to formally file the appeal.

You may call our agency to request a form to be mailed to you.

- Omaha: (402) 595-1178
- Lincoln: (402) 473-7000
- Toll Free: (855) 632-7633
- TDD: (402) 471-7256

You may send your written appeal to:

Legal Services – Hearing Section
PO Box 98914
Lincoln, NE 68509-8914

What if my income changes?

As with all Medicaid programs, changes which impact eligibility must be reported to DHHS within ten days of the change. Once DHHS verifies this information, we will assess your Medicaid eligibility based on the new information.

How often do I need to reapply for Medicaid?

Medicaid eligibility renewals are completed annually and there is no need to file a new application. If DHHS is not able to complete the renewal automatically, we will send you a paper application to complete.

If you become ineligible, a new application is needed after 90 days of ineligibility.



Benefits and Services

When do benefits begin for people determined eligible?

Benefits will begin for eligible Nebraskans on October 1, 2020.

What benefits will be available through Medicaid expansion?

For adults in the expansion group, there will be two benefit packages available, Basic and Prime.

The Basic benefits package includes medical, behavioral health, and prescription drug coverage. This benefits package is available to all adults in the expansion group.

The Prime benefits package includes all Basic benefits, plus dental, vision, and over-the-counter medication coverage. This benefits package is available to pregnant women, medically frail adults, and adults 19 to 20 years of age in the expansion group.

How do I use my Medicaid benefits?

Medicaid benefits and services are managed through managed care organizations also known as Heritage Health plans.

If you are eligible, you will be enrolled in a Heritage Health plan. Heritage Health plans assist with things like reminding you of your doctor's appointment and paying the doctor for their services.

Medical, behavioral health, and pharmacy benefits are provided through the [Heritage Health program](#). Dental benefits are provided through [MCNA](#).

How will I know which Heritage Health plan I am enrolled in?

You will be automatically enrolled in one of the Heritage Health plans after you are determined eligible for Medicaid. You will receive a notification of your Heritage Health plan assignment from DHHS's enrollment broker, Automated Health Systems (AHS). This will be followed by a welcome packet from the Heritage Health plan.

Can I change my Heritage Health plan?

Yes. You can change your Heritage Health plan in the first 90 days. You can change your Heritage Health plan through

the enrollment broker at <https://www.neheritagehealth.com>. Assistance is available should you have questions about the different Heritage Health plans.

Other Topics

Medically Frail

What is Medically Frail?

If you are eligible for Heritage Health Adult and are medically frail, you can receive the Prime benefits package. You may be determined Medically Frail if you have:

- A disabling mental health condition;
- 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.

How could I be determined Medically Frail?

Anyone currently enrolled in Heritage Health Adult can request their health condition be reviewed for Medically Frail eligibility. In order to be determined Medically Frail, you may have to submit certain medical documents. This may include an attestation from an appropriate health care provider. Other items you may have to complete include a homelessness form or a disability determination, depending on your situation. Your Heritage Health plan will be able to help with this process.

Is a Medically Frail determination permanent?

A Medically Frail determination is effective for either one or three years, depending on the health diagnosis. This will need to be re-determined at the end of that period in order to retain Medically Frail status. You will be informed of the duration if you are determined Medically Frail.

Individuals Who Already Have Coverage/Insurance

I am already on Medicaid. Will I move into Heritage Health Adult?

If you are currently on Medicaid, you may be moved to the Heritage Health Adult program and experience a change in benefits. If your benefits change, DHHS will inform you with a letter called a Notice of Action.

Please note that until the federal Department of Health and Human Services (HHS) cancels the COVID-19 public health emergency (PHE), Medicaid beneficiaries that move to the Heritage Health Adult program will not experience a change in benefits.

If I am on Medicaid and move into Heritage Health Adult will I need to submit a new application?

No, if you are already on Medicaid you will move you into Heritage Health Adult and you will not need to submit a new application.

I am already on Medicaid and have a share of cost, also known as a “spend down”. Will I have a share of cost if I move into Heritage Health Adult?

No, if you move into Heritage Health Adult you will no longer have a share of cost.

If you are on Medicaid and currently have a share of cost and do not move into Heritage Health Adult you will continue to have a share of cost.



I have health insurance through healthcare.gov. Will I be eligible for Medicaid expansion?

You may be eligible. If you believe you are eligible, complete a Medicaid application on or after August 1, 2020. This can be done via ACCESSNebraska or by updating your account at healthcare.gov.

If approved for Medicaid, you will need to follow up with your current health insurance to make necessary updates.

I receive benefits or services through another DHHS program (such as EWM, Ryan White, Refugee, Disability, etc.). Will I be eligible for Medicaid expansion?

You may be eligible. If you believe you are eligible, please complete a Medicaid application on or after August 1, 2020.

I receive health benefits through my employer. Will I be eligible for Medicaid expansion?

You may be eligible. If you believe you are eligible, please complete a Medicaid application on or after August 1, 2020.

