# Nebraska Medicaid Unwind Resources

This resource includes electronic versions of Nebraska's Medicaid unwind material along with links to DHHS social media sites that are being used to promote awareness of Nebraska's Medicaid return to normal operations following the end of the continuous coverage requirement.

Resources Included

- Nebraska Medicaid presentation for providers and partners
- Frequently asked questions (FAQs)
- Fact Sheet
- Rack Card
- Flyer

**Note**: Nebraska Medicaid is currently obtaining translations of the FAQs, Fact Sheet, Rack Card, and Flyer and will update the document to include these additional resources.

DHHS Social Media Links

- FaceBook - https://www.facebook.com/NEDHHS/
- Twitter - https://twitter.com/NEDHHS
- YouTube - https://www.youtube.com/user/NebraskaDHHS

# Nebraska Medicaid Continuous Coverage Unwind

## Information for Providers & Partners

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# Federal Public Health Emergency Requirements

- The Families First Coronavirus Response Act (2020) provides states with additional federal money if they do not disenroll members during the federal COVID-19 public health emergency (PHE).
- This is called the “continuous coverage” requirement.
- Medicaid members who are validly enrolled on or after March 18, 2020, cannot lose coverage until the month following the end of the PHE.
  - For example, if the PHE ends in January, a person cannot lose coverage until February

# Continuous Coverage Requirement Is Ending

- In December 2022 federal legislation was enacted that decouples the continuous coverage requirement from the end of the COVID-19 PHE.
- The continuous coverage requirement will end March 31, 2023. Beginning April 1, 2023, states will be able to disenroll Medicaid members who are no longer eligible.
- The newly enacted federal legislation does not address the end date of the COVID-19 PHE, and as of January 2023, the PHE is still in effect.

# Medicaid Enrollment and Renewals

- A person's Medicaid eligibility is based on a number of factors such as their income and resources.
- Once they are enrolled in the program, Medicaid works with members to complete annual renewals, to confirm they still qualify.
  - Medicaid sends letters in the mail letting members know what to expect and how to complete their renewal.

# Conducting Renewals

- Nebraska Medicaid generally reviews all members' eligibility once per year to see if they still qualify for coverage.
- During the PHE, we have continued to review eligibility, but no Nebraskan has involuntarily lost coverage. Regular communication with many members has not happened during the pandemic.
- On March 1, 2023, Nebraska Medicaid will begin the "unwind" of the continuous coverage requirement and will return to normal operations. Members may be required to provide information as part of the return to normal.

# Conducting Renewals

- Medicaid is required by the federal government to conduct a full redetermination, also known as a renewal, of eligibility for all Medicaid members.
- On March 1, 2023, DHHS will begin completing renewals for all Medicaid members.
  - We will be spreading this work out over the following year (March 2023 to April 2024), as the federal government is allowing states up to 14 months to complete renewals following the end of the MOE requirement.
- Nebraska Medicaid's aim is to prevent unnecessary loss of coverage.

# Medicaid Member Renewal Projections

- As of January 2023, DHHS projects that we will complete over 380,000 renewals over the MOE Unwind period.

| | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimated Renewal Volume | 25890 | 27785 | 36460 | 38971 | 41501 | 44059 | 38247 | 29334 | 24054 | 24728 | 26046 | 25621 | 382,696 |

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# Conducting Renewals

- Nebraska Medicaid will begin by trying to automatically renew a member's coverage. If we know a member has not moved and has not had a change in income, we can automatically renew.
  - For example: a long-term nursing home resident.
- If we can't complete an automatic renewal, we will mail a printed renewal form to the member.
  - These forms are mailed up to 60 days before the member's renewal must be completed.

# Conducting Renewals

- If a member doesn't respond, they can lose their coverage for failing to provide information. If we don't have up-to-date information, we can't be sure a member is actually eligible.
  - If a member loses coverage for this reason, they have up to 90 days after their coverage is ended to complete their renewal.
  - Their coverage will resume if they are still eligible after this renewal.

# Medicaid Members Who Are No Longer Eligible

- If a member is no longer eligible for Medicaid, we will send them a notice and may also send their information to the federal marketplace.
  - This does not happen in cases that are closed for failure to provide information.
- The marketplace will send the member a letter so they can complete an application and see if they qualify for financial assistance for coverage.
- Health coverage through the marketplace covers prescription drugs, doctor visits, urgent care, hospital visits, and more.
- Marketplace web site: https://www.healthcare.gov/

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# Medicaid Changes

- As part of returning to normal operations, Nebraska Medicaid will be making some changes to the eligibility processes.
  - Medicaid members have 30 days to respond to verification requests.
  - We will no longer accept member self-attestations for information required to determine eligibility. Going forward, we will need proof of income.
    - Common examples include income, employment start/end dates.
  - Limits on member's temporary absence from the state will revert to 90 days or less.

# Member Outreach

- To make sure that Nebraska Medicaid has current contact information, we will conduct targeted member outreach.
  - In June 2022, we began texting and emailing members during their annual renewal. Members are being asked to watch for their renewals and update their contact information.
  - Starting in February 2023, we will also send letters, run a social media campaign, run paid media ads and public service announcements, conduct media interviews, and post resources for partners.
- We want to follow up with members we've lost contact with. We want to ensure we have the most up-to-date contact information and other household information related to eligibility.
- We will also work with community partners, providers, Tribes, and state agencies to help members update their contact information.

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# Member Outreach

- In February, we will send a letter to Medicaid members at risk of losing coverage to let them know about their upcoming renewal and to make sure their contact information is up to date.
  - Our health plans will also be sending a letter with the same information to members.
- Medicaid will continue sending an initial email and text when a renewal form is sent and is also sending reminders when the renewal must be completed.
  - Members will also receive updates from their health plan about the unwind and when their Medicaid renewal is due.

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# Additional Outreach

- We are also planning communications with community partners, providers, Tribes, and state agencies to provide information and raise awareness.
  - Press releases
  - Social/paid media
  - Provider bulletins
  - New web page
  - Public service announcements

# Informational Materials

- Medicaid has developed informational materials about the MOE Unwind that can be downloaded from our website to share with members.
  - These include a Member FAQ, Fact Sheet, Rack Cards, and Flyers.
  - These are on our website at: https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx
  - Social media toolkit
- We encourage our partners to post this information in their lobby and waiting areas to help spread awareness.

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# What Members Need to Know

- Members should make sure their contact information is up to date.
- Members should let us know about any life changes that affect eligibility.

Contact information to confirm:

- Mailing address
- Phone number
- Email address

Life changes to report:

- Someone in the home moves
- Someone's income or resources change
- Household changes like a marriage, divorce, pregnancy, or a new child

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# How Can Members Report Changes?

- Medicaid members can update their information, or check if their information is up to date, in the following ways:
- Members who have signed up for an online account with ACCESSNebraska to manage their benefits can use the 'Medicaid Renewal' feature after logging into their account to see when their next renewal is due, or they can contact us using the following information.

  - Online at www.ACCESSNebraska.ne.gov
  - Email at DHHS.ANDICenter@nebraska.gov
  - Fax at (402) 742-2351
  - Over the phone by calling ACCESS Nebraska at:
    - Omaha: (402) 595-1178
    - Lincoln: (402) 473-7000
    - Toll Free: (855) 632-7633
    - TDD: (402) 471-7256

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# Checking for Your Renewal

- Once you are logged in to ACCESSNebraska, in the lower left corner you will see a box named “Benefit Inquiry.”
- Click on that box to check when your renewal is coming up.

Official Nebraska Government Website

# Benefits Inquiry

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Options

Benefit Inquiry Home

View Benefit Information

× EXIT

Client Benefit Inquiry provides information about DHHS programs that you have applied for and/or DHHS programs for which you are receiving benefits. These programs include:

- Aid for Dependent Children (ADC)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Care (CC)
- Low Income Home Energy Assistance Program (LIHEAP)
- Assistance for Aged, Blind and Disabled Payment (AABD/PMT)
- Social Service Aged and Disabled (SSAD)
- Medicaid (MED)
- Developmental Disabilities Services (DD)
- Emergency Assistance (EA)
- Low Income Household Water Assistance Program (LIHWAP)

Select "View Benefit Information" to see a list of people for whom you can view benefit information (your programs cases or program cases in which you have an administrative role).

Select a person to view:

- Electronic Applications
- Current eligibility information
- Documents sent to you by DHHS
- Verification Requests

Select a specific program to view:

- Current and historical benefit information
- Current and historical case participant information
- The contact information you have on file with DHHS
- and more!

Official Nebraska Government Website

ACCESS Nebraska

# Benefits Inquiry

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Options

Benefit Inquiry Home

View Benefit Information
Click Client's Name Here

EXIT

**Supplemental Nutrition Assistance Program (SNAP)**

| Month Year | Status | Benefit Amount |
|---|---|---|
| March 2023 | Active | $89.00 |
| February 2023 | Active | $89.00 |
| January 2023 | Active | $89.00 |

**Medicaid (MED)**

| Month Year | Status | Share of Cost Amount | Premium Amount |
|---|---|---|---|
| March 2023 | Active | $0.00 | $0.00 |
| February 2023 | Active | $0.00 | $0.00 |
| January 2023 | Active | $0.00 | $0.00 |

**Low Income Home Energy Assistance Program (LIHEAP) - Other Assistance**

| Month Year | Status | Amount |
|---|---|---|
| March 2023 | Closed | $0.00 |
| February 2023 | Closed | $0.00 |
| January 2023 | Closed | $0.00 |

**Medicaid (MED)**

| Month Year | Status | Share of Cost Amount | Premium Amount |
|---|---|---|---|
| March 2023 | Closed | $0.00 | $0.00 |
| February 2023 | Closed | $0.00 | $0.00 |
| January 2023 | Closed | $0.00 | $0.00 |

Official Nebraska Government Website

# Benefits Inquiry

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Options

Benefit Inquiry Home

- View Benefit Information
  - Client Name
    - SNAP
    - MED < Click Here
    - LIHEAP
    - MED

× EXIT

Case Information | Share of Cost / Premium History | Participant History | Case Status History | Case Person Information

Next Review Date: 05-31-2023

| Month Year | Case Status | Share of Cost Amount | Premium Amount |
|---|---|---|---|
| March 2023 | Active | $0.00 | $0.00 |
| February 2023 | Active | $0.00 | $0.00 |
| January 2023 | Active | $0.00 | $0.00 |

## Case Participants

**March 2023**

| Name | Date of Birth | Status | Status Reason | Medicaid ID | Managed Care Provider | Primary Care Physician |
|---|---|---|---|---|---|---|
| Client Name | XX/XX/20XX | Active | | | | |

**February 2023**

| Name | Date of Birth | Status | Status Reason | Medicaid ID | Managed Care Provider | Primary Care Physician |
|---|---|---|---|---|---|---|
| Client Name | XX/XX/20XX | Active | | | | |

**January 2023**

| Name | Date of Birth | Status | Status Reason | Medicaid ID | Managed Care Provider | Primary Care Physician |
|---|---|---|---|---|---|---|
| Client Name | XX/XX/20XX | Active | | | | |

# Suspension of Cost Sharing

- All cost sharing including copays and premiums will continue to be suspended until the end of the PHE.
- DHHS will provide more information on the resumption of cost sharing once the PHE has expired.

# Thank you!

Please reach out with any questions

DHHS.MLTCExperience@Nebraska.gov

@NEDHHS NebraskaDHHS @NEDHHS

dhhs.ne.gov

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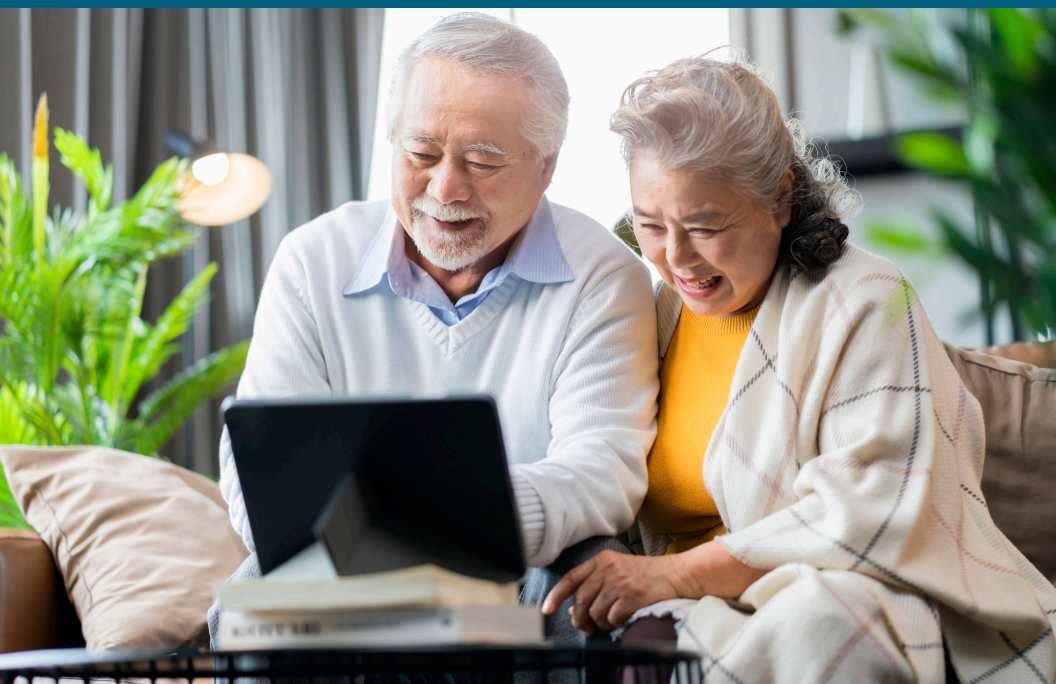
# Preparing to renew your Medicaid coverage



## Frequently Asked Questions

Normally, Nebraska Department of Health and Human Services (DHHS) checks once per year to make sure you still qualify for Medicaid coverage. These yearly reviews are called “renewals.” During the COVID-19 pandemic, DHHS has not ended anyone’s coverage. Learn more about the federal Public Health Emergency here. https://dhhs.ne.gov/Pages/Medicaid-PHE.aspx.

Starting March 1, 2023, Nebraska Medicaid will once again be reviewing who still qualifies for Medicaid coverage. This FAQ explains what you can do to prepare for your renewal and how to avoid an unnecessary gap in your health coverage.

### Q. What can I do to make sure I’m prepared for my renewal?

A. Make sure DHHS has the best contact information for you.

This includes your mailing address, phone number, and email address. To make sure your contact information is up to date, you can:

- Visit us online at ACCESSNebraska.ne.gov
- Email us at DHHS.ANDICenter@nebraska.gov
- Fax us at (402) 742-2351
- Call us at:
  - Toll Free: (855) 632-7633
  - Omaha: (402) 595-1178
  - Lincoln: (402) 473-7000
  - TDD: (402) 471-7256

### Q. What changes should I report to DHHS?

A. In addition to your contact information, you should also let DHHS know if your income or resources have changed since you applied for Medicaid. You should also let us know if your household has changed (like a marriage, divorce, pregnancy, or a new child).

**Q. When is my renewal due?**

A. Renewal dates generally depend on the month you first became eligible for Medicaid. It is not the same month for every Medicaid member.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due. Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

**Q. I have never done a renewal. What does it mean?**

A. Renewals normally happen once per year. When it's time for a renewal, DHHS verifies that the information we have for you and your family, like ages and income, is still correct. With your updated information, we make sure you still qualify for Medicaid coverage.

Sometimes, DHHS can complete these renewals without contacting you. If we need more information, we will send you a notice in the mail.

**Q. I already completed a renewal in the last year. What does this mean for me?**

A. Generally, you can expect to see your renewal around the same month as last year. DHHS will review all members' eligibility over the next year.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due.Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

## Q. When will I get a renewal notice?

A. Sometimes, DHHS can complete renewals without contacting you. If we need more information, we will send you a notice in the mail, which will arrive up to 60 days before your renewal is due.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due. Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

## Q. I received a renewal notice. What do I need to do?

A. You might lose your Medicaid coverage if you don't respond to a renewal notice. If you lose coverage for this reason, you have 90 days to complete your renewal with DHHS. Your coverage will resume if you are still eligible after this renewal.

## Q. What happens if I don't complete my renewal?

A. DHHS may end your Medicaid coverage if you do not complete your renewal. If you lose coverage for this reason, you will have a 90-day grace period to respond to your renewal notice from DHHS. Your coverage will resume if you are still eligible after this renewal.

**Q. What happens if I complete my renewal, but I no longer qualify for Medicaid?**

A. You will receive a notice letting you know when your Medicaid coverage ends. If you no longer qualify for Medicaid, we may also send your information to the federal marketplace (also known as HealthCare.gov) to see if you qualify for financial assistance for health coverage.

**Q. What coverage is available through the marketplace, and how do I apply?**

A. Health coverage through the marketplace covers things like prescription drugs, doctor visits, urgent care, hospital visits, and more. If DHHS sends your information to the marketplace, the marketplace will send you a letter about completing an application, and you might qualify for financial assistance. For more information, you can go to HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

**Q. Can people still apply for Medicaid?**

A. Yes, DHHS will continue to accept new Medicaid applications like usual.

**Q. Will there be any changes to who can qualify for Medicaid?**

A. No, DHHS is only checking whether everyone with Medicaid coverage still qualifies for coverage. There are not any current changes to who can qualify for coverage.

**Q. Will there be any changes to my Medicaid benefits?**

A. There are not any current changes to currently covered benefits.

# Preparing for Medicaid Renewals

## Background

Normally, DHHS checks to see if the member still qualifies for Medicaid coverage at least once per year. During the COVID-19 pandemic, DHHS has not ended anyone's coverage, even if they were no longer eligible.

Starting March 1, 2023, DHHS will begin reviewing who still qualifies for Medicaid coverage. This fact sheet explains what members can do to prepare for their renewal and how to avoid an unnecessary gap in coverage.

Please note that there will be no changes to who can qualify for Medicaid or what benefits Medicaid covers. DHHS is only checking to make sure everyone who has Medicaid coverage still qualifies for coverage. DHHS will continue to accept new Medicaid applications.

## Understanding Medicaid Renewals

Over the next year, Nebraska Medicaid will once again be reviewing who still qualifies for coverage. DHHS will first try to renew coverage based on the information provided by the member. Some members will receive renewal notices in the mail from DHHS. It is important that the member completes their renewal to avoid an unnecessary gap in coverage.

Members will receive text and email message reminders from DHHS to make sure they don't miss their renewal notice.

If a member does not complete their renewal, DHHS may end their coverage. If a member loses coverage for this reason, they will have a 90-day grace period to respond to their renewal notice from DHHS. If they are still eligible after the renewal, the member's coverage will continue without a gap.

## What members need to know

Medicaid members should keep their information up to date with DHHS so that they receive important updates, such as renewal notices. It's important that members keep their contact information up to date so they avoid an unnecessary gap in their coverage.

If a member does not keep their contact information up to date, DHHS may send updates to the wrong address. If a member misses a renewal notice and does not provide DHHS with necessary information, their coverage may end for failing to provide information.

Members should make sure their contact information is up to date. This includes:

- Mailing address
- Phone number
- Email address

DHHS needs to know about any recent life changes that may affect their Medicaid eligibility, such as:

- If they moved
- If their income changes
- Other household changes such as a marriage, divorce, pregnancy, or a new child

To check that their contact information is up to date, report changes, and see when their renewal is due, members can:

- Visit us online at www.ACCESSNebraska.ne.gov
- Email us at DHHS.ANDICenter@nebraska.gov
- Fax us at (402) 742-2351
- Call us at:
  - Toll Free: (855) 632-7633
  - Omaha: (402) 595-1178
  - Lincoln: (402) 473-7000
  - TDD: (402) 471-7256

Members who have signed up for an online account with ACCESSNebraska to manage their benefits can use the 'Medicaid Renewal' feature after logging into their account to see when their next renewal is due. Or members can contact us at the information listed above.

Members should read all mail they receive from DHHS and follow any instructions included on notices.

## If Members are no longer eligible for Medicaid

If a member completes their renewal and is no longer eligible for Medicaid, Nebraska Medicaid will send their information to the federal marketplace (also known as HealthCare.gov). Health coverage through the marketplace covers things like prescription drugs, doctor visits, urgent care, hospital visits, and more. The marketplace will send the member a letter so they can complete an application and see if they qualify for financial assistance for coverage.

For more information, visit HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

# Have you heard the news? Medicaid renewals are coming up

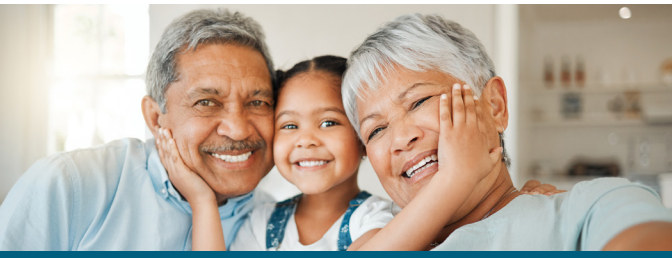
Regular Medicaid renewals will start on March 1, 2023.

Following these steps will help avoid unnecessary gaps in your coverage:

**UPDATE CONTACT INFORMATION**
Let DHHS know the best ways to contact you by updating your name, address, phone number, and email

**NOTIFY DHHS OF LIFE CHANGES**
Marriage, divorce, pregnancy, the birth of a child, income changes, or if someone in your household moves

**CHECK YOUR MAIL**
DHHS will send you important updates and notices



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MLTC-OTH-52 1/2023

## What do Medicaid members need to do?

Members should let DHHS know if their contact information has changed.

- Mailing address
- Phone number
- Email address

Updating your information with DHHS will ensure that you receive important updates in the mail.

You should also be sure to let DHHS know of any recent life changes. These changes may impact your Medicaid eligibility:

- If you moved
- If your income changes
- Other household changes such as a marriage, divorce, pregnancy, or a new child

You can confirm your renewal date, update contact information, and report changes by:

- Visiting ACCESSNebraska.ne.gov
- Emailing us at: DHHS.ANDICenter@nebraska.gov
- Faxing us at (402) 742-2351
- Calling us at:
  - **Toll Free:** 855-632-7633
  - **Lincoln Local Calls:** 402-473-7000
  - **Omaha Local Calls:** 402-595-1178
  - **TDD:** 402-471-7256

## What happens if you are no longer eligible?

If you are found to be no longer eligible, Nebraska Medicaid may send your information to the federal marketplace (also known as HealthCare.gov). The federal marketplace will help the member apply for low cost coverage.

# Preparing to renew your Medicaid coverage

Starting March 1, 2023, Nebraska Medicaid will once again be reviewing all Medicaid members' coverage to see who still qualifies.

Medicaid members should watch their mail for important updates from DHHS.

Medicaid members should make sure their contact information is up to date. This includes their email address, mailing address, and phone number.

To check their renewal date and update their contact information, Medicaid members can:

Visit us online at ACCESSNebraska.ne.gov
Email us at DHHS.ANDICenter@nebraska.gov
Fax us at (402) 742-2351
Call us at:
**Toll Free:** 855-632-7633
**Lincoln Local Calls:** 402-473-7000
**Omaha Local Calls:** 402-595-1178
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