



Heritage Health Adult Expansion

Heritage Health Adult covers Nebraska residents, age 19 through 64, whose income is at or below 138 percent of the federal poverty level. For 2021, this is an annual income of \$17,774 for a single person and \$36,570 for a household of four.

This fact sheet includes information on who is covered, how to apply, and the benefits provided by the program.

How to Apply

Applications can be submitted in the following ways year-round:

- Online at www.ACCESSNebraska.ne.gov,
- 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,
- By paper application (which may be downloaded from AccessNebraska.gov):
 - By fax at (402) 742-2351,
 - By email at DHHS.ANDICenter@nebraska.gov,
 - By mail at P.O. Box 2992, Omaha, NE 68103-2992, or
- In person at a DHHS local office.
 - Find a local office at <https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

Documents needed with an application depends on the information provided on the application. DHHS will send a notice asking for any needed documents after the application is received.

Call ACCESSNebraska or visit a DHHS local office for help with applying.

Those eligible for Medicaid will receive a notice explaining their eligibility category and benefit information. Applicants can create an online account with ACCESSNebraska to apply and check their application status.

Eligibility

For those found eligible:

Medicaid eligibility renewals are completed annually. Those with Medicaid coverage do not need to file an application every year. DHHS will send a paper form to the Medicaid beneficiary if the renewal is unable to be completed automatically.

For people with Medicaid coverage who later become ineligible, a new application is needed after 90 days of ineligibility.

For those found ineligible:

If someone is determined ineligible for Medicaid, their application is sent to the Federal Marketplace (healthcare.gov). The marketplace will assist with finding private insurance coverage. If an applicant believes they were denied in error, they may request a fair hearing (appeal). An appeal may be requested by phone or in writing.

Individuals may call our agency to request an appeal or to request an appeal form be mailed to them:

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

Individuals may send written appeal requests to:

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



Benefits and Services

All individuals eligible under Heritage Health Adult receive full state plan services, which includes medical, behavioral health, dental, drug, and vision.

How to use benefits:

Most Medicaid benefits and services are provided through managed care organizations, also called **Heritage Health plans**. Individuals new to Medicaid through expansion are automatically enrolled as members in one of the Heritage Health plans. Heritage Health plans assist with services such as sending reminders of doctor's appointments and paying the doctor for their services.

Dental benefits are provided through **MCNA**.

When assigned to a Heritage Health plan, Automated Health Systems (AHS) sends a notification of the Heritage Health plan assignment. A welcome packet from the Heritage Health plan follows this notification.

Members can change their Heritage Health plan in the first 90 days. Members can change their Heritage Health plan online at <https://www.neheritagehealth.com/>. Assistance is available should members have questions about the different Heritage Health plans by calling 1 (888) 255-2605.

Changing Health Coverage or Benefits

Individuals with Insurance through Healthcare.gov:

Some individuals with coverage through Healthcare.gov, also known as the federal marketplace, may be eligible for Heritage Health Adult. These individuals can submit a Medicaid application. This can be done via ACCESSNebraska or by updating their account at healthcare.gov.

If approved for Heritage Health Adult, these individuals will need to inform their current health insurance carrier to change or cancel their coverage.

Individuals who receive other DHHS benefits:

Some individuals currently receiving benefits through other DHHS programs may be eligible for Medicaid. These programs include Ryan White, Every Woman Matters, State Disability Program, Supplemental Nutrition Assistance Program, and the Refugee Resettlement Program. If these individuals do not have a current Medicaid application on file, they will need to complete a Medicaid application to be considered for eligibility.

Health Care Providers

Providers are required to verify Medicaid eligibility prior to providing services. Providers may use this same process (<https://dhhs.ne.gov/Pages/Medicaid-Provider-Client-Eligibility-Verification.aspx>).

Providers should also verify the Heritage Health plan with which the individual is enrolled.

