



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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. If you are a parent or guardian, your child may still be eligible for Medicaid even if you aren't.

Children up to age 19 in Nebraska could unnecessarily lose Medicaid coverage if their household information is not updated. If your child is still eligible, updating their information can make all the difference in maintaining the healthcare they need. Medicaid is always open. Remember that you can apply for Medicaid anytime, even when you have life changes.

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 online at www.ACCESSNebraska.ne.gov



- Email at DHHS.ANDICenter@nebraska.gov
- Fax at (402) 742-2351
- Call at:
 - o Toll Free: (855) 632-7633
 - o Omaha: (402) 595-1178
 - o Lincoln: (402) 473-7000
 - o 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](https://www.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](https://www.healthcare.gov) or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

