

Nebraska Medicaid and the Affordable Care Act (ACA)

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Medicaid Overview

- Medicaid pays for health care services for certain low income persons who meet specific eligibility requirements.
- Medicaid is a cooperative relationship between the Federal Government and States.
- In order to receive Federal funding, States must comply with all applicable federal requirements.

Nebraska Medicaid

- The Nebraska Division of Medicaid and Long-Term Care (MLTC), under the Nebraska Department of Health and Human Services (DHHS), is the designated Single State Agency tasked with administration of the Nebraska Medicaid program.
- The groups covered by Nebraska Medicaid include pregnant women, children and their families, and individuals who are aged, blind, or disabled.
- Those covered by Nebraska Medicaid must meet specific eligibility criteria as defined by state and federal law.

The Affordable Care Act

- The Affordable Care Act (ACA) is a federal law that Congress passed in 2010.
- The ACA requires most U.S. citizens and legal residents to have health care coverage by January 1, 2014.
- Nebraska has chosen the option of a Federally Facilitated Marketplace to allow citizens to obtain health insurance.
- The ACA requires integration between the Marketplace and the state Medicaid agency.

ACA Impact to Medicaid

- Changes to eligibility groups
 - Adds former foster care children as an eligibility group
- A new way to calculate eligibility for certain populations
 - Requires the use of Modified Adjusted Gross Income (MAGI) when determining Medicaid eligibility for pregnant women and children and their parents.
 - No asset tests
 - Based on tax household and tax laws to coordinate coverage with the Health Insurance Exchange
 - The eligibility rules for Medicaid applicants who are aged, blind, or disabled will **not** change.

ACA Impact to Medicaid (cont.)

- Required use of new single streamlined application for Insurance Affordability Programs including Medicaid
- New verification and validation rules
 - Electronic data sources for verification of eligibility criteria when available.
 - Federal Hub include: Residency, SSN, Citizenship, Lawful presence and IRS information on MAGI income.
 - Requiring “paper” verification from the client only if attestation is not “reasonably compatible” with data matches

Key Marketplace and Medicaid Interactions

- ACA Required interaction with Health Insurance Exchanges:
 - Use of the same “single streamlined application”
 - Transfer of applications; “No Wrong Door”
 - “Assessment” of Medicaid eligibility as opposed to “determination” by the Marketplace using State eligibility criteria
 - Use of Federal data sources (Hub) for verification of eligibility information
 - Coordination of appeals

ACA Milestones

- 11/16/12: NE made the decision to move forward with a Federally Facilitated Marketplace (FFM)
- 10/1/13: Open enrollment for the Marketplace begins. States will begin accepting the new “single streamlined application” and be able to determine MAGI Medicaid eligibility under the new rules
- 1/1/14: Marketplace goes live and the new Medicaid eligibility rules take effect.

Current Activities

- Rewrite of Nebraska Medicaid eligibility policy
- Reorganized staff to more effectively serve Medicaid clients
- Critical infrastructure updates to support mandatory ACA requirements.

Questions?



Useful Resources

- <http://cms.gov/>
- <http://www.medicaid.gov/AffordableCareAct/Provisions/Eligibility.html>