Nebraska Medicaid and the Affordable Care Act (ACA)
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