NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Expansion Report December 2022

January 2023

Prepared in Accordance with LB 380 (2021)





DEPT. OF HEALTH AND HUMAN SERVICES

January 6, 2023

Clerk of the Legislature Legislative Fiscal Office P.O. Box 94604 Lincoln, NE 68509

Dear Clerk of the Legislature and Legislative Fiscal Office:

In accordance with LB 380 (2021) please find attached a report on Medicaid Expansion enrollment and expenditures for the calendar month of December 2022.

If you have any questions, please contact me at Kevin.Bagley@Nebraska.gov.

Sincerely,

Kevin Bagley, Director

Division of Medicaid and Long-Term Care

Department of Health and Human Services

Attachments: 1

Medicaid Expansion Programs 249 (Administration) & 349 (Aid)

The Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC), provides the following update regarding Medicaid Expansion for the calendar month of December 2022:

Details on enrollment for the month of December 2022 are below:

Medicaid Expansion - Eligibility Determinations		
	December 2022	Cumulative
TOTAL:	2,527	79,826

For the latest program expenditures, please refer to the Expansion Aid table below:

Program 349 Expansion Aid SFY 22-23		
	Appropriations	Expenditures
General Funds	\$72,726,625	\$43,994,450
Federal Funds		
(estimated)	\$715,058,780	\$360,298,335
Total	\$787,785,405	\$404,292,786

MLTC announced in June 2021 that all Nebraskans who are eligible for Medicaid expansion will receive equal benefits coverage, including dental services, vision services, and over-the-counter medications. This went into effect on October 1, 2021. Nebraska withdrew its application for the Section 1115 Heritage Health Adult (HHA) demonstration program, which would have allowed Nebraskans who have Basic benefits coverage through Medicaid expansion to qualify for Prime benefits by participating in wellness, personal responsibility, and community engagement activities.

Capitation rates are issued to the managed care plans to provide coverage for expansion beneficiaries and are set in a routine manner similar to all other Medicaid beneficiaries.