

How to check your when your Medicaid renewal needs to be completed in ACCESSNebraska

Step 1: Log into your ACCESSNebraska account or create an account:

- [English login](#)
- [Spanish login](#)

Don't have access to a computer or need assistance? Call us at:

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

Step 2: Select Benefit Inquiry

The screenshot shows the ACCESSNebraska website interface. At the top, it says "Official Nebraska Government Website" and "ACCESSNebraska". The date "01/17/2023" is visible on the left, and "Logout | Español" is on the right. A large banner image features a family and the ACCESSNebraska logo. To the right is a "Other Useful Links" menu with items like "DHHS Programs", "Community Services", "Printable Forms", "Community Partners", "ReliaCard", "Explore Benefits", "iServe Nebraska Home Page", and "Contact Us". Below the banner, a text line reads: "ase including benefits, verification requests, and notices. Many of your questions can be answered with just a few clicks." The main content area contains eight service boxes: "Economic Assistance Application", "Developmental Disabilities Application", "Medicaid Renewal", "Healthcare/Medicaid Application", "Benefit Inquiry" (highlighted with a red box), "Report Changes", "Submit Documents", and "My Preferences". Each box lists specific actions users can take.

Economic Assistance Application	Developmental Disabilities Application	Medicaid Renewal	Healthcare/Medicaid Application
<ul style="list-style-type: none">• Complete an application for most DHHS benefits• Re-apply for continuous benefits (Recertification/Review) for DHHS programs except for Medicaid	<ul style="list-style-type: none">• Complete an application for Developmental Disabilities Services	<ul style="list-style-type: none">• Renew current Medicaid Benefits• To use this feature your Medicaid case must be due for renewal	<ul style="list-style-type: none">• Apply for Medicaid, Federal Insurance Affordability Programs, or• Qualified Healthcare plans
Benefit Inquiry	Report Changes	Submit Documents	My Preferences
<ul style="list-style-type: none">• View current benefits• View benefit history• Check application status• View Notices	<ul style="list-style-type: none">• Report changes in your household• Must be currently applying or receiving benefits to use this feature.	<ul style="list-style-type: none">• Upload/submit documents to DHHS• Must be currently applying or receiving benefits to use this feature.	<ul style="list-style-type: none">• Request USPS Mail/Email/Text notification of recent correspondence• Change preferences, Email address and cell phone number.

Step 3: Select View Benefit Information

Official Nebraska Government Website

ACCESS Nebraska

Benefits Inquiry

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Options

Benefit Inquiry Home

[View Benefit Information](#)

EXIT

Client Benefit Inquiry provides information about DHHS programs that you have applied for and/or DHHS programs for which you are receiving benefits. These programs include:

- Aid for Dependent Children (ADC)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Care (CC)
- Low Income Home Energy Assistance Program (LIHEAP)
- Assistance for Aged, Blind and Disabled Payment (AABD/PMT)
- Social Service Aged and Disabled (SSAD)
- Medicaid (MED)
- Developmental Disabilities Services (DD)
- Emergency Assistance (EA)
- Low Income Household Water Assistance Program (LIHWAP)

Select "View Benefit Information" to see a list of people for whom you can view benefit information (your programs cases or program cases in which you have an administrative role).

Select a person to view:

- Electronic Applications
- Current eligibility information
- Documents sent to you by DHHS
- Verification Requests

Select a specific program to view:

- Current and historical benefit information
- Current and historical case participant information
- The contact information you have on file with DHHS and more!

Step 4: Select Your Name

Official Nebraska Government Website

ACCESS Nebraska

Benefits Inquiry

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Options

Benefit Inquiry Home

[View Benefit Information](#)

Click Client's Name Here

EXIT

Supplemental Nutrition Assistance Program (SNAP)

Month Year	Status	Benefit Amount
March 2023	Active	\$89.00
February 2023	Active	\$89.00
January 2023	Active	\$89.00

Medicaid (MED)

Month Year	Status	Share of Cost Amount	Premium Amount
March 2023	Active	\$0.00	\$0.00
February 2023	Active	\$0.00	\$0.00
January 2023	Active	\$0.00	\$0.00

Low Income Home Energy Assistance Program (LIHEAP) - Other Assistance

Month Year	Status	Amount
March 2023	Closed	\$0.00
February 2023	Closed	\$0.00
January 2023	Closed	\$0.00

Medicaid (MED)

Month Year	Status	Share of Cost Amount	Premium Amount
March 2023	Closed	\$0.00	\$0.00
February 2023	Closed	\$0.00	\$0.00
January 2023	Closed	\$0.00	\$0.00

Step 5: Your Medicaid renewal must be completed by the Next Review Date. Sometimes, Nebraska Medicaid can complete renewals without contacting you. If we need more information, we will send you a notice in the mail, which will arrive up to 60 days before your renewal is due.

Official Nebraska Government Website

ACCESS Nebraska

Benefits Inquiry

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Options ▾

Benefit Inquiry Home

- View Benefit Information
- Client Name
 - SNAP
 - MED < Click Here**
 - LIHEAP
 - MED

EXIT

Case Information | Share of Cost / Premium History | Participant History | Case Status History | Case Person Information

Next Review Date: 05-31-2023

Month Year	Case Status	Share of Cost Amount	Premium Amount
March 2023	Active	\$0.00	\$0.00
February 2023	Active	\$0.00	\$0.00
January 2023	Active	\$0.00	\$0.00

Case Participants

March 2023

Name	Date of Birth	Status	Status Reason	Medicaid ID	Managed Care Provider	Primary Care Physician
Client Name	XX/XX/20XX	Active				

February 2023

Name	Date of Birth	Status	Status Reason	Medicaid ID	Managed Care Provider	Primary Care Physician
Client Name	XX/XX/20XX	Active				

January 2023

Name	Date of Birth	Status	Status Reason	Medicaid ID	Managed Care Provider	Primary Care Physician
Client Name	XX/XX/20XX	Active				