



Heritage Health Adult Expansion

***DHHS will begin accepting applications August 1, 2020
Benefits begin October 1, 2020***

Heritage Health Adult will cover Nebraska residents, age 19 through 64, whose income is at or below 138 percent of the federal poverty level. For 2020, this is an annual income of \$17,609 for a single person and \$36,156 for a household of four.

This fact sheet includes information on who is covered, how to apply, and the benefits provided by the program.

How to Apply

Beginning August 1, 2020, applications can be submitted in the following ways:

- Online at www.ACCESSNebraska.ne.gov,
- Over the phone by calling ACCESS Nebraska at:
 - Omaha: (402) 595-1178
 - Lincoln: (402) 473-7000
 - Toll Free: (855) 632-7633
 - TDD: (402) 471-7256,
- By paper application (which may be downloaded from AccessNebraska.gov):
 - By fax at (402) 742-2351,
 - By email at DHHS.ANDICenter@nebraska.gov,
 - By mail at P.O. Box 2992, Omaha, NE 68103-2992, or
- In person at a DHHS local office.
 - Find a local office at <http://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

Documents needed with an application depends on the information provided on the application. DHHS will send a notice asking for any needed documents after the application is received.

Call ACCESSNebraska or visit a DHHS local office for help with applying.

Those eligible for Medicaid will receive a notice explaining their eligibility category and benefit information. Applicants can create an online account with ACCESSNebraska to apply and check their application status.

Eligibility

For those found eligible:

Medicaid eligibility renewals are completed annually. Those with Medicaid coverage do not need to file an application every year. DHHS will send a paper form to the Medicaid beneficiary if the renewal is unable to be completed automatically.

For people with Medicaid coverage who later become ineligible, a new application is needed after 90 days of ineligibility.

For those found ineligible:

If someone is determined ineligible for Medicaid, their application is sent to the Federal Marketplace (healthcare.gov). The marketplace will assist with finding private insurance coverage. If an applicant believes they were denied in error, they may request a fair hearing (appeal). An appeal form may be requested by phone however a written request must be received to formally file an appeal.

Individuals may call our agency to request a form.

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

Individuals may send a written appeal to:

Legal Services – Hearing Section
PO Box 98914, Lincoln NE 68509-8914

Medically Frail

Individuals with a qualifying health condition or life circumstance may be determined to be Medically Frail. Individuals enrolled in Heritage Health Adult and determined to be Medically Frail will receive the Prime Benefits package (see Benefits and Services).

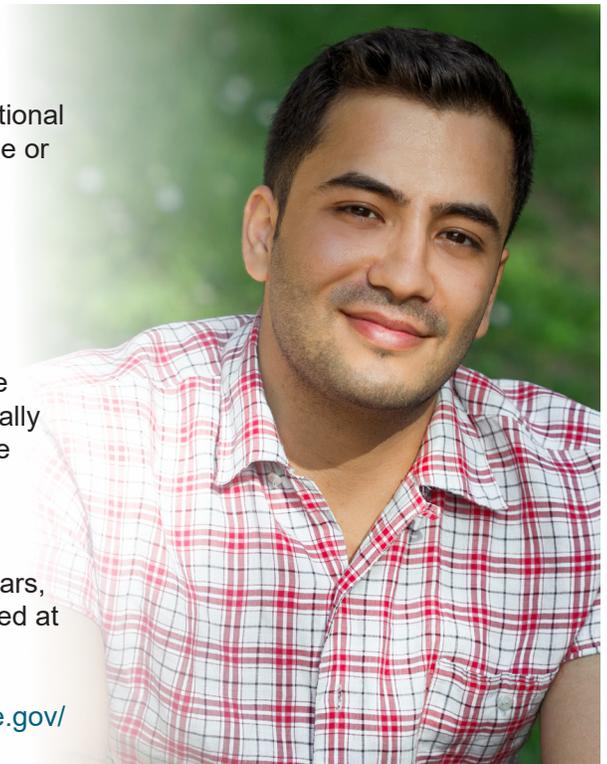
Conditions or circumstances included with Medically Frail status:

- A disabling mental disorder;
- A chronic substance use disorder;
- A physical, intellectual, or developmental disability with functional impairment that significantly impairs you from performing one or more activities of daily living each time the activity occurs;
- A disability determination based on Social Security Criteria;
- A serious and complex medical condition; or
- Chronic homelessness as defined by the United States Department of Housing and Urban Development.

Anyone currently enrolled in Heritage Health Adult can request to be reviewed for Medically Frail status. In order to be determined Medically Frail, DHHS may need certain medical documents. This may include an attestation from an appropriate health care provider. A member's Heritage Health plan will be able to help with this process.

A Medically Frail determination is effective for either one or three years, depending on the health diagnosis. This will need to be re-determined at the end of that period in order to retain Medically Frail status.

More information is available on the DHHS website at <http://dhhs.ne.gov/Pages/Medically-Frail.aspx>.



Benefits and Services

Heritage Health Adult will have two benefit packages: Basic and Prime.

Basic benefits include medical, behavioral health, and prescription drug coverage.

Prime benefits include all Basic benefits, plus dental, vision, and over-the-counter medication coverage. These benefits are available to pregnant women, medically frail adults, and adults 19 to 20 years of age.

How to use benefits:

Medicaid benefits and services are provided through managed care organizations, also called [Heritage Health plans](#). Individuals new to Medicaid are automatically enrolled as members in one of the Heritage Health plans. Heritage Health plans assist with services such as sending reminders of doctor's appointments and paying the doctor for their services.

Patients who have prime benefits will have their dental benefits provided through [MCNA](#).

When assigned to a Heritage Health plan, Automated Health Systems (AHS) sends a notification of the Heritage Health plan assignment. A welcome packet from the Heritage Health plan follows this notification.

Members can change their Heritage Health plan in the first 90 days. Members can change their Heritage Health plan online at <https://www.neheritagehealth.com/>. Assistance is available should members have questions about the different Heritage Health plans by calling 1 (888) 255-2605.

Changing Health Coverage or Benefits

Individuals Currently on Medicaid

Those currently on Medicaid may transition to the Heritage Health Adult program and could experience a change in benefits. DHHS will inform individuals whose benefits change. These individuals will not need to submit a new Medicaid application.

Please note that until the federal Department of Health and Human Services (HHS) cancels the COVID-19 public health emergency (PHE), Medicaid beneficiaries that move to the Heritage Health Adult program will not experience a change in benefits.

Some individuals on Medicaid are subject to a share of cost. Individuals who transition from Medicaid to Heritage Health Adult who previously had a share of cost will no longer have a share of cost. Individuals on Medicaid who currently have a share of cost and do not transition from Medicaid to Heritage Health Adult will continue to have a share of cost.

Individuals with Insurance through Healthcare.gov

Some individuals with coverage through Healthcare.gov, also known as the federal marketplace, may be eligible for Heritage Health Adult. These individuals will need to submit a Medicaid application. This can be done via ACCESSNebraska or by updating their account at healthcare.gov.

If approved for Heritage Health Adult, these individuals will need to inform their current health insurance carrier to make necessary updates.

Individuals who receive other DHHS benefits

Some individuals currently receiving benefits through other DHHS programs may be eligible for Medicaid. These programs include Ryan White, Every Woman Matters, State Disability Program, Supplemental Nutrition Assistance Program, and the Refugee Resettlement Program. If these individuals do not have a current Medicaid application on file, they will need to complete a Medicaid application to be considered for eligibility.

Individuals with Employer-Sponsored Insurance

Some individuals currently receiving health coverage through their employer may be eligible for Medicaid. These individuals will need to complete a Medicaid application to be considered for eligibility.

If approved for Heritage Health Adult, these individuals will need to inform their current health insurance carrier to make necessary updates.

Health Care Providers

Currently, providers are required to verify Medicaid eligibility prior to providing services. Providers may use this same process (<http://dhhs.ne.gov/Pages/Medicaid-Provider-Client-Eligibility-Verification.aspx>) to verify if the individual has vision, dental, and OTC medication coverage and which Heritage Health plan with which the individual is enrolled.

Providers may be asked to attest to an applicant's Medically Frail status, including any relevant diagnoses. A form will be made available to the applicant, as well as publicly available online, that the provider can fill out to complete this attestation. These forms will be available online at <http://dhhs.ne.gov/Pages/Medically-Frail.aspx>.

