

6-Month Medicaid Renewals

Frequently Asked Questions (FAQ)

H.R. 1 (the “One Big Beautiful Bill Act”) became federal law on July 4, 2025. It made changes to the Nebraska Medicaid program, including changes to renewal periods for members in the Medicaid **expansion group**.

This FAQ document explains the upcoming changes to renewal periods for Medicaid expansion members and applicants.

What is a renewal?

Medicaid renewals are sometimes also called redeterminations or recertifications. A Medicaid renewal is a check-in to make sure you still qualify for health benefits through Nebraska Medicaid.

There are many different things that can change whether someone qualifies for Medicaid and what category of Medicaid they qualify for. When it's time for your renewal, DHHS reviews information like:

- How much money you and your household are making each month
- Your home address
- If your household size has changed (like a new baby being born, an adoption, family member dying, or a divorce)
- And more

This information helps DHHS see if you still qualify for Medicaid. Sometimes, DHHS won't have enough information to see if you still qualify, so we will have to ask you to send more information.

What is changing?

Current Renewal Schedule:

Right now, Medicaid renewals are scheduled once a year (every 12 months) for each member in the Medicaid expansion group. This means that when you first get Medicaid health coverage, DHHS will schedule your first renewal for 12 months later. Every year after that, you will have your Medicaid renewal on the same date.

Upcoming Changes:

Starting in 2027, renewals will be scheduled for every six months instead of every 12 months. This means that if you are a new member in the Medicaid expansion group, your first renewal will be scheduled 6 months after the date you first get coverage, unless you have an exemption. Members in other groups will still have renewals every 12 months.

However, **the change does not start right away for everyone**. Read the next question for more information on when this change might happen for you and other Medicaid expansion members.

What are the exemptions to this change?

You may continue to have renewals every 12 months if you are a member of a federally recognized Native American tribe, an Urban Indian, California Indian, or if you receive services through the Indian Health Service (IHS).

When is this change happening?

For New Applicants:

If you're a new applicant applying on or after January 1, 2027, and you're eligible in the expansion group:

- Your very first renewal will be scheduled for 6 months after your coverage starts.
- After that, renewals will continue every 6 months.

For Existing Medicaid Members:

For people who are already on Medicaid who are in the expansion group:

- **Your next upcoming renewal date stays the same.** DHHS will not change the date they already have scheduled.
- The 6-month rule starts in March 2027 for existing members. If your currently scheduled renewal is in March 2027 or later, your *next* renewal after that will be set for 6 months later.
- *Example:* If their next renewal is in March 2027, your following renewal will be scheduled for September 2027 (6 months later, instead of a full year).

Also, if you already have Medicaid in a different Medicaid category and you transition into the Medicaid expansion group after January 1, your next renewal will be set for 6 months later.

What is the expansion group?

People enrolled through Medicaid expansion are Medicaid members who:

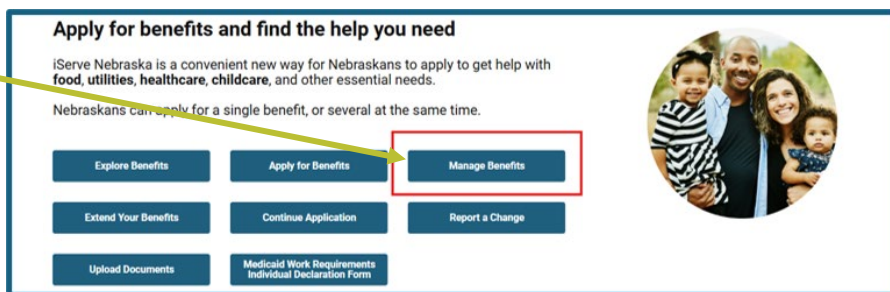
- Are between age 19 and 64
- Are not pregnant
- Do not have a disability
- Are not enrolled in Medicare
- Meet income limits (earn up to 138% of the federal poverty level or about \$22,025 per year for one person or \$45,540 for a family of four)

How do I know when my next renewal is?

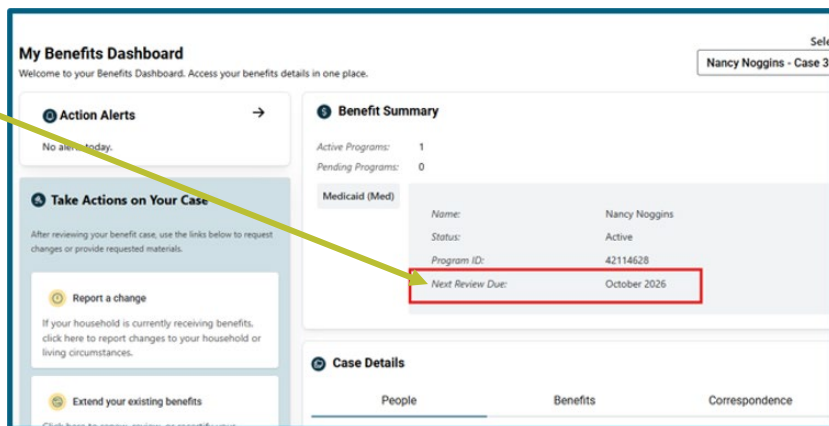
To check when your next renewal is, visit <https://iserve.nebraska.gov/>

Step 1: Log into your iServe account.

Step 2: Click the **Manage Benefits** button.



Step 3: On the My Benefits Dashboard under **Benefit Summary**, find the Medicaid program case information. The **Next Review Date** is the date of your next Medicaid Renewal.



If you don't have access to internet, you can also find out your next renewal date is by contacting DHHS using the contact information at the end of this FAQ.

Will this change how often I need to complete work requirements?

If you are subject to work requirements, this change means that you will need to meet work requirements in one calendar month out of every six months instead of one calendar month per year. Some people may be exempt from having to meet work requirements.

For more information on how to meet work requirements or whether you may have an exemption, visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>.

Do I have to do anything for each renewal?

The most important thing to do is check your mail, email, and text messages regularly in case DHHS asks you for information.

Many times, DHHS will be able to complete your renewal without asking you to send information. If DHHS does not send you a request, then you do not have to send additional information.

If DHHS does send you a request, you can send information:

- **Online:** at <https://iserve.nebraska.gov/>
- **By mail:** P.O. Box 2992
Omaha, NE 68103-2992
- **By phone:**
 - Phone Number: (855) 632-7633 (press option 3)
 - Lincoln Phone Number: (402) 473-7000 (press option 3)
 - Omaha Phone Number: (402) 595-1178 (press option 3)

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- TTY Number: (402) 471-7256
 - Fax: (402) 742-2351
 - In person: at a [local DHHS office](#)