

# Beneficiary Advisory Committee (BAC)

## May 21, 2026

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# Welcome

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- Open Meetings Act
- Conflict of Interest Form
- Roll Call

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# Follow-ups from last meeting

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- Review and approve March 19, 2026, meeting minutes:  
<https://dhhs.ne.gov/Documents/DRAFT%20BAC%20Meeting%20Minutes%203.19.26.pdf>

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# MLTC Announcements

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- Nebraska SPA and Waiver Updates
- Upcoming OBBBA changes

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# MLTC Annual Report

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- Any feedback from the committee?
- Vote to approve
- Report will be posted to the MAC/BAC webpages

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# BAC Announcements

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- At this time, BAC members may share updates and announcements

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# InterRAI Discussion

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- This agenda topic is being moved to the July meeting
- Developmental Disabilities Advisory Committee - <https://dhhs.ne.gov/Pages/DD-Advisory-Committee.aspx>

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# Medicaid Work Requirements (MWR) Group Feedback

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# Medicaid Work Requirements (MWR) Group Feedback

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- What information have you seen from DHHS directly about Medicaid Work Requirements?
  - Where did you see or hear this information? Online? In person? By mail or telephone?
- What information have you seen from other people or organizations about MWR?
  - Where did you see or hear this information? Online? In person? By mail or telephone?

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# Medicaid Work Requirements (MWR) Group Feedback

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- If you had a question about MWR, where would you go to find the answer?
  - Do you think other members and advocates are aware of resources to find information?
- Based on what you've heard in this group and outside of it, what do you think members and advocates are confused about?

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# MWR Notice Language – Approval (Long)

## Medicaid Work Requirements Notice of Eligibility - **Renewal or Approval**

DHHS has confirmed that **[insert names of applicable individuals]** completed Medicaid work requirement activities or had an exemption and are eligible for Medicaid coverage in the Heritage Health Adult (HHA) group (also known as Medicaid expansion), per 477 NAC 29-003.

To keep their coverage, they will need to complete work requirement activities or meet an exemption during at least one month between now and their next renewal.

### How can I meet Medicaid work requirements?

You can meet work requirements by completing work requirement activities or having an exemption.

To show you are meeting work requirements, you must spend at least 80 hours per month doing one of these activities:

- Working
- Participating in a work program
- Volunteering

You can also meet work requirements by attending school at least half time. You can combine activities to reach 80 hours.

You can also meet the work requirements if you are working and earn at least \$580 in a month, even if you worked fewer than 80 hours.

## Exemptions

Some Nebraska Medicaid expansion adults may not need to complete work requirements activities if they have one of the following exemptions:

- Under age 26 and aged out of foster care
- A tribal affiliation
- A parent or caretaker of a child age 13 or younger or someone with a disability
- A veteran with a total disability rating
- Medically frail
- Compliant with TANF work rules
- In a SNAP household that is not exempt from work rules
- In a drug or alcohol treatment program
- Incarcerated or recently released (within 90 days)
- Pregnant or up to 12 months postpartum

Other mandatory exceptions may apply.

## Temporary Hardship Exemptions

You may not need to complete work requirements if you have one of the following temporary hardship reasons:

- You were hospitalized or in a nursing facility
- You or a dependent traveled outside of your community for serious medical care
- You live in a county under a federal emergency
- You live in a county with high unemployment

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# MWR Notice Language – Approval (Long)

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## What happens if I fail to meet Medicaid Work Requirements?

If DHHS does not have enough information to verify work requirements or an exemption, we will contact you and ask for more information. If DHHS requests additional information from you, you must submit the requested information within 30 days of receipt, or you may lose your Medicaid coverage.

If you do not meet Medicaid work requirements, do not have an exemption, or you do not respond to a notice from DHHS, you will lose your Medicaid coverage. To qualify for coverage, you would need to meet work requirements and apply for Medicaid again (see contact information below for ways to apply).

## How to contact Nebraska Medicaid

You can provide information to DHHS related to Medicaid work requirements in any of the following ways:

- 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)
- TTY Number: (402) 471-7256
- Fax: (402) 742-2351

In person: at a local DHHS office <https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

For more information on work requirement activities please visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>.

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# MWR Notice Language – Approval (Short)

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## Medicaid Work Requirements Notice of Eligibility – **Renewal or Approval**

DHHS has confirmed that **[insert names of applicable individuals]** completed Medicaid work requirement activities or had an exemption and are eligible for Medicaid coverage in the Heritage Health Adult (HHA) group (also known as Medicaid expansion), per 477 NAC 29-003.

To keep their coverage in the current category, they will need to complete work requirement activities or meet an exemption during at least one month between now and their next renewal.

See the attached Medicaid Work Requirements – Approval Summary for more information about complying with Medicaid Work Requirements.

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# MWR Notice Language – Failure to Meet MWR

## Failure to meet Medicaid Work Requirements – Notice of Closure or Denial

After reviewing all provided and available information, DHHS determined that [insert names of applicable individuals] has not met the work requirements or an exemption as part of eligibility for the Heritage Health Adult (HHA) group (also known as Medicaid expansion). DHHS has found them ineligible for Medicaid, per 477 NAC 29-003.

To qualify for coverage, they will need to submit a new application. At that time, they must complete work requirement activities or meet an exemption. For more information on how to complete work requirement activities or meet an exemption please visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>.

If they applied through the Federal Marketplace their application was sent to Nebraska DHHS for a Medicaid eligibility determination. Their Medicaid eligibility determination will not be communicated to the Federal Marketplace.

They might still be able to get health coverage through the Federal Marketplace, but they might not be eligible for Advanced Premium Tax Credits. This is because they failed to meet Medicaid Work Requirements. For more information, go to [HealthCare.gov](https://www.healthcare.gov) or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

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# MWR Notice Language – Failure to Provide MWR

## Failure to provide Med Work Requirement compliance - **Notice of Closure or Denial**

DHHS was not provided with enough information to confirm that **[insert names of applicable individuals]** completed work requirement activities or had an exemption as part of eligibility for the Heritage Health Adult (HHA) group (also known as Medicaid expansion). DHHS has found them ineligible for Medicaid, per 477 NAC 29-003.

To be re-considered for coverage, they will need to submit information to DHHS by **[DATE – end of 90-day consideration period]** verifying they completed work requirement activities or met an exemption in a qualifying month. For more information on how to complete work requirement activities, meet an exemption, and qualifying months please visit <https://dhhs.ne.gov/Pages/WorkRequirements.aspx>.

If they applied through the Federal Marketplace their application was sent to Nebraska DHHS for a Medicaid eligibility determination. Their Medicaid eligibility determination will not be communicated to the Federal Marketplace.

They might still be able to get health coverage through the Federal Marketplace, but they might not be eligible for Advanced Premium Tax Credits. This is because they failed to meet Medicaid Work Requirements. For more information, go to [HealthCare.gov](https://www.healthcare.gov) or contact the Federal Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

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# Open Discussion / Public Comment

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# Next Meeting

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- July 16 2026, from 3 to 5 p.m. – Lincoln, NE
- In-person meeting –virtual option for the public

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For information on the Nebraska Medicaid Advisory Committee, email  
[DHHS.MACandBAC@Nebraska.gov](mailto:DHHS.MACandBAC@Nebraska.gov)

or visit <https://dhhs.ne.gov/Pages/Medicaid-Beneficiary-Advisory-Committee.aspx>

For general Medicaid inquiries, email  
[DHHS.MedicaidCommunications@Nebraska.gov](mailto:DHHS.MedicaidCommunications@Nebraska.gov)

or visit <https://dhhs.ne.gov/Pages/Medicaid-and-Long-Term-Care.aspx>



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