



**Beneficiary Advisory Committee  
DRAFT Meeting Minutes  
Thursday, September 17, 2026**

The Beneficiary Advisory Committee (BAC) met on Thursday, September 17, 2026, from 12:30 to 2:30p.m. CST at the South Omaha Library in Omaha, Nebraska. The meeting was in-person and members of the public were able to join virtually. A call-in option was also available.

**BAC members in attendance:** Alissa Kern, Allison Sothan, Franck Toe, Lori Wachter, Mary Phillips, Renae Wacker

**Department of Health and Human Services (DHHS) employees in attendance:** Amy Booe, Ashiye Aator, Bailey Graden, Celia Wightman, Jacob Kawamoto, Kimberly Vaughn

**Members of the public in attendance:**

Adrienne Downs, Amber Corbin, Amy Graham, Brad Meurrens, Cathy, Collin, Debbra Koester, Dee, Diana Lundquist, Gretchen Frank, Jamie Hogle, Kathy Rohloff, Kelsey Arends, Kristen Larsen, Kylie Croup, Laurie Rolfsmeyer, Maria Ptak, Monica Larsen, Nikki Krause, Observer, Peggy Stone, Randi Ross Home Care, Stephanie, Tori Sorensen,

**BAC members not in attendance:** Amber Corbin, Arvoni Johnson, Vanessa Chavez-Jurado

**I. Opening and Introductions**

The meeting was called to order by Mary at 12:35 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Mary welcomed the meeting attendees and reminded the committee of the Conflict-of-Interest policy. Conflict of Interest forms were available at the meeting.
- Celia ran through roll call

**II. Review and Approval of July 16, 2026, Draft Minutes**

No edits were suggested to be made to the minutes. Renae motioned to approve the minutes and Mary seconded. The July meeting minutes were approved unanimously.

**III. Follow-ups from the July Meeting**

**Out of State Services**

- Follow-Up Question: Is there any information on the DHHS website?

- Answer: Yes, the regulations can be found on the [Nebraska Secretary of State website](#). The references are 471 NAC 1 002.02(E)-(E)(iii).
- Follow-Up Question: What is the process to receive Medicaid services out of state?
  - Answer: The member's provider must refer the member for treatment out of state and then the remainder must occur.
    - Out of state providers must be approved Medicaid providers in Nebraska. If not, they must enroll in NE Medicaid.
    - To initiate the Single Case Agreement (SCA) process the out-of-state provider must fax in the request.
    - The request should include;
      - "Prior Authorization Form" found on the MCOs websites including the best contact information for the servicing provider
      - Medical records to support medical necessity, as well as any required documentation like an order from the referring provider
      - Information requesting a Single Case Agreement and any additional information to support why they are requesting out of network services.
    - Authorization requests will undergo medical necessity review and reasoning for the need for an out-of-network provider will be considered.

#### **IV. Announcements**

- Open Enrollment is October 15-December 7. During this time, Medicaid beneficiaries can choose to change their MCO.
- The federal mileage reimbursement rate has been increased to \$0.760 per mile.
- Effective January 1, 2027, Maternity Services billing will be unbundled. More information can be found in this [provider bulletin](#).
- MLTC is updating the MAC/BAC public comment process as follows
  - Public comments are intended for and should be directed to the committee rather than to DHHS. The committee may then decide to take action on the comment. DHHS/MLTC will not use this time to answer any specific questions. To ensure that everyone gets a chance to share their comment, we are implementing a 3 minute timer for each comment. For comments to the MAC/BAC email [DHHS.MACandBAC@nebraska.gov](mailto:DHHS.MACandBAC@nebraska.gov). For general Medicaid questions email [DHHS.MLTCExperience@nebraska.gov](mailto:DHHS.MLTCExperience@nebraska.gov).
- State Plan Amendment (SPA) Updates
  - NE 26-0003: Personal Assistance Services (PAS) Methodology
    - Effective January 1, 2027, the payment methodology for personal assistance services will be updated
  - NE 26-0011: Disproportionate Share Hospital (DSH)
    - Effective October 1, 2026, the calculation to determine uncompensated care for Disproportionate Share Hospital eligibility will be changed
- You can view Nebraska Medicaid public notices [here](#).
- You can view Nebraska Medicaid SPA updates [here](#).

## **V. Subcommittee Updates**

### **Access to Out-of-State Care**

- Renae gave an update on the subcommittee that they sent questions to Medicaid and Long-Term Care (MLTC) staff for review and are awaiting responses.
- BAC members agreed to extend the scope of the subcommittee. Previously, they had focused on access to care for individuals in Western Nebraska. The subcommittee will now focus on out-of-state and out-of-network care in general, including people who live in the Eastern Nebraska and seek care in bordering states to the East.
- Allison – shared interest in joining the subcommittee to represent the Eastern side of the state.

### **InterRAI**

- Mary shared that the InterRAI subcommittee had been meeting every week since the last BAC meeting. The subcommittee has completed a report on their research and recommendations. The BAC will have time to review the report and will hold a vote to approve the report.

### **Discussion:**

- Attendees discussed that the assessment has also been impacting Aged and Disabled (AD) Waiver recipients
- The BAC voted to continue the subcommittee's work and extend the scope to address these concerns
  - Renae made a motion to continue the InterRAI subcommittee's work, Lori seconded the motion. The committee voted unanimously in favor.

### **Read the InterRAI subcommittee's draft report here:**

<https://dhhs.ne.gov/Documents/DRAFT%20Report%20from%20BAC%20InterRAI%20Subcommittee.pdf>

## **VI. H.R.1 Updates**

### **Medicaid Eligibility Changes for Noncitizens**

- Effective, October 1, federal law changes which noncitizens are eligible for full Medicaid coverage. As a result, some noncitizens who currently qualify for Medicaid will no longer be eligible for full Medicaid benefits after September 30, 2026. This chart shows who may continue to qualify and who may no longer qualify.

| Noncitizens who may continue to qualify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Noncitizens who may <u>no</u> longer qualify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Green Card Holders</b> (also known as Lawful Permanent Residents)*</li> <li>• <b>Cuban/Haitian Entrants</b></li> <li>• <b>Compact of Free Association (COFA) migrants</b>, including individuals from Micronesia, Marshall Islands, and Palau</li> <li>• Lawfully present noncitizens who are: <ul style="list-style-type: none"> <li>◦ <b>Pregnant, or</b></li> <li>◦ <b>Under the age of 19</b></li> </ul> </li> </ul> <p>*Green card holders (lawful permanent residents) must:</p> <ul style="list-style-type: none"> <li>• Meet the five-year bar</li> <li>• Be credited with 40 working quarters; or</li> <li>• Be exempt from meeting the 5-year bar</li> </ul> | <ul style="list-style-type: none"> <li>• Refugees*</li> <li>• Asylum grantees*</li> <li>• Victims of severe trafficking*</li> <li>• Noncitizens whose deportation is being withheld*</li> <li>• Noncitizens granted conditional entry</li> <li>• Noncitizens victims of domestic violence by a spouse or parent</li> <li>• Iraqi and Afghani Parolees*</li> <li>• Amerasian Immigrants</li> <li>• Noncitizens who are veterans or active-duty military and spouses or unmarried dependents who also have qualified noncitizen status*</li> <li>• Other humanitarian parolees</li> <li>• Other noncitizens</li> </ul> <p>*Unless they have adjusted and been granted lawful permanent resident status.</p> |

- Nebraska Medicaid sent verification requests to approximately 1,000 individuals. This verification requests asks them to send additional information so MLTC can confirm if they continue to meet Medicaid eligibility requirements
- Emergency Medicaid Services for Aliens (EMSA) will cover behavioral health emergencies. EMSA coverage is dependent on the patient's presentation and if emergent care is provided. As a reminder, anyone can call 988 if they are having an emergency behavioral health issue.
- MLTC is pulling together resources and meeting with stakeholders.
- More information can be found on the [webpage](#), including the [FAQ document](#).

## 6- month Redeterminations – H.R.1 Section 71107

- Effective January 1, 2027, Medicaid members in the expansion category will have renewals every 6 months rather than ever 12 months.
- For new applicants who apply on or after January 1, 2027 and are in the Medicaid expansion group, their first renewal will be scheduled for 6 months later
- For existing Medicaid members, their next scheduled renewal date will not change. DHHS will begin scheduling 6-month renewals for existing members starting in March 2027. If a member's next renewal is coming up in March 2027 or later, the following renewal will be scheduled for 6 months after that date
  - For example, if your next renewal is in March 2027, DHHS will schedule the following renewal for August of 2027.
- Members can check their renewal date by logging into iServe, clicking manage benefits, and looking under benefits summary
- How does this impact Medicaid Work Requirements?

- This change means that Medicaid expansion members who are subject to work requirements will need to meet work requirements in one calendar month out of every 6 months instead of one calendar month per year.
- Members should remember to check their mail frequently to see if DHHS has requested any information to confirm if they've met work requirements

### Medicaid Work Requirements (MWR)

- SPA was approved by CMS on September 4, 2026 with a 'companion letter'
  - Nebraska is currently drafting a response to CMS
- Programmatic updates (I can't remember what I said here, probably about verification in 2028)
- Data / Reporting Update
  - MLTC is working on finalizing IT components to enable CMS Performance Indicator (PI) and Eligibility Processing (EP) metrics. This update will allow Nebraska to show Medicaid work requirement-related eligibility determinations made along with the corresponding application or renewal month.
  - Once these updates are in place, MLTC will also be creating a public 'dashboard' to report on MWR metrics
- Emerging metrics shared at the MAC and BAC meetings reflect Medicaid work requirement-related eligibility determinations made, but do not account for the corresponding application or renewal month. This information only reflects Medicaid work requirement-related determinations made between the timelines outlined below for applications and renewals under the Medicaid adult expansion / Heritage Health Adult (HHA) category.
  - Note: Other determinations made for applications and renewals under the Medicaid adult expansion / Heritage Health Adult (HHA) category for the timelines outlined below that did not require a Medicaid work requirement-related determination are generally for applications received prior to May 1, 2026 and renewals due prior to July 1, 2026.

### **Total applications processed (determinations made) for new applications under the Medicaid adult expansion / Heritage Health Adult (HHA) category, May 2026 – August 2026**

- 9,614 total applications processed for the Medicaid expansion category
  - 4,623: Approved, total in HHA
    - **3,532: Approved, either meeting or exempt from the Medicaid work requirement**
      - 1,862: Approved meeting Qualifying Activities
        - 1,197: Compliance with the requirement through working 80hrs or receiving at least \$580 in a qualifying month accounted for ~92% of all Qualifying Activity renewal approvals
      - 1,578: Approved with an Exemption
        - 524: Parent / Caregiver - Child Age 13 or Younger (33.2%)
        - 393: Medically Frail (24.9%)
        - 182: Native American (11.5%)

- All other Exemption reasons combined – 30.4%
- 92: Approved with a Temporary Hardship
  - High Unemployment and Temporary Med Services are the two most common (~70% of Temporary Hardships at application)
- 1,091: Approved, not requiring a Medicaid work requirement determination
  - These reflect applications received prior to May 1, 2026 but processed after May 1
- 4,991 denied, any reason
  - **557 denied due to work requirements**
    - 466: Denied for failing to provide requested information needed to verify compliance with, or exemption from, the new Medicaid work requirement (MWR Not Responsive) (83.7%)
    - 91: Denied for failing to meet, or be exempt from, the new Medicaid work requirement (MWR Non-Compliant) (16.3%)
  - 4,434 denied for any other reason (example, over eligible income limits)

**Total renewals processed (determinations made) for renewals due under the Medicaid adult expansion / Heritage Health Adult (HHA) category and subject to the new Medicaid work requirement, July 2026 – August 2026**

- **7,280: Total renewals processed needing a work requirement determination**
  - **6,747: Approved, either meeting or exempt from the Medicaid work requirement**
    - 2,449: Approved meeting Qualifying Activities (36.9%)
      - 2,368: Compliance with the requirement through working 80hrs or receiving at least \$580 in a qualifying month accounted for ~97% of all Qualifying Activity renewal approvals
    - 4,171: Approved with an Exemption (61.1%)
      - 1,612 Medically Frail (38.6%)
      - 1,307 Caregiver - Child Age 13 or Younger (31.3%)
      - All other Exemption reasons combined – 30.1%
    - 127: Approved with a Temporary Hardship (1.9%)
      - 109 Emergency Declaration (85.8%)
      - 15 High Unemployment (11.8%)
  - **533 denied**
    - 490: Denied for failing to provide requested information needed to verify compliance with, or exemption from, the new Medicaid work requirement (MWR Not Responsive) (91.9%)
    - 43: Denied for failing to meet, or be exempt from, the new Medicaid work requirement (MWR Non-Compliant) (8.1%)

**VII. Open Discussion / Public Comment**

Tori Sorensen spoke about the AD Waiver assessment and the service needs assessment.

Kelsey Arends spoke about transparency and documentation for the BAC, including recommending the inclusion of the InterRAI subcommittee's subcommittee and work requirements data in the meeting minutes.

### **VIII. BAC Member Discussion**

#### **Posting BAC Meeting Recordings**

The BAC requested that MLTC records and posts BAC meetings publicly.

- Renae made a motion to formally request that MLTC posts meeting recordings. Mary seconded the motion. The committee voted unanimously in favor.
- MLTC will review this request and come back with an answer.

#### **Posting Noncitizen Eligibility Comparison Chart**

The BAC requested that MLTC posts the noncitizen eligibility comparison chart that was shared during the meeting.

- Allison made a motion to formally request that MLTC posts the chart. Renae seconded the motion. The committee voted unanimously in favor.
- MLTC will review this request and come back with an answer.

### **IX. Confirm the Next Meeting Time and Location**

The next meeting is scheduled for **Thursday, November 12, 2026**, from 12:30 p.m. to 3:00 p.m. in Lincoln, Nebraska at the Bennett Martin Public Library.

There **will** be a virtual option for this meeting for MAC members. Members of the public will also be able to join virtually.

### **X. Adjournment**

The meeting was adjourned by the Committee at 2:34 p.m.