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DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Medicaid Advisory Committee
DRAFT Meeting Minutes
Thursday, September 17, 2026

The Medicaid Advisory Committee (MAC) met on Thursday, September 17, 2026, from 3 to 5 p.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.

MAC members in attendance: Jennifer Hansen, Jenelle Miller, Elizabeth Thelen, Mary Phillips, Renae Wacker, Christopher Moyer, Daniel Pierce, Melissa Inzauro, Eamon Maloney, Allison Sothan

Managed Care Organization (MCO) representatives in attendance: Chad Russel (as a designee for Frank Clepper)

Department of Health and Human Services (DHHS) employees in attendance: Ashiye Aator, Amy Booe, Bailey Graden, Celia Wightman, Jacob Kawamoto, Jennifer Clark, William Morgan, Kimberly Vaughn, Akshay Nathan

Members of the public in attendance: Kim Bainbridge, Themis Gomes
Adam Tagart, Adriana, Adriana Kohler, Adrienne Downs, Amber Corbin, Anna, Brad Meurrens Collin, Kylie Croup, DB, Diana Lundquist, Diana Lundquist, Dylan Glaser, Emily Kutler, Isaac Remboldt, John Stansel, Julie Pham, Kaci Viter, Nikki Krause, Kristen Larsen
Lindsey Muniak, Mackenzie Evans, Mackenzie Evans, Marcy Berry, Margaret Palmquist, Marie, Woodhead, Pegg Siemek-Asche, Rachael Porter, Rachana Pradhan, Rebecca Lechner, Sandy, Griffin, Sarah Swanson, Tori Navickas, Trevor Toteve, Monica Larsen

MAC members not in attendance: Philip Gray, Dave Miers, Kelly Weiler, Brandi Renner, Amber Corbin, Kevin Low, Rebecca Lechner

I. Opening and Introductions

The meeting was called to order by Jennifer at 3:01 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Jennifer welcomed the meeting attendees
- Bailey 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. Alli motioned to approve the minutes and Mary seconded. The July meeting minutes were approved.

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.

Applied Behavior Analysis (ABA)

- Follow-Up Question: Why was the 20 hour cap put into place and why is it necessary?
    - Answer: Individuals may receive up to 20 hours of ABA services per week without a prior authorization, and additional hours may be prior authorized if clinically appropriate. 20 hours is based on clinical recommendations from a team of ABA experts, and average utilization by members who use ABA services. The state does not aim to reduce access to services needed by Nebraska youth, but it is important to ensure the care being provided is clinically appropriate and services are sustainable.
- Follow-Up Question: One MCO rate is lower and the turn around on pay time is slower than other MCOs.
    - Answer: MCOs are allowed to negotiate rates with their network providers. Some rates may be at, below, or above the Medicaid Fee Schedule. All MCOs are following rate and turn around times as required by Nebraska Medicaid.

- Follow-Up Question: Members mentioned that to their knowledge, there is information in the final version that was not included in the public comment version of the document. For example, the 20 hour cap.
    - Answer: The 20-hour per week limit before prior authorization was included in the public comment version of the document, which was posted for public comment in December of 2025. This draft can still be viewed here. There were some changes made from the draft version based on provider feedback during the public comment period.

1915(i)

- Follow-Up Question: What is the status of the 1915(i) waiver?
    - Answer: Currently, the Division of Behavioral Health (DBH) has changed its course of action. After re-evaluating, DBH is currently pursuing the Target Case Management service component of the 1915(i) waiver, while the overall waiver is on hold.

Questions, Comments, and Answers

- Question: Do we track the denials of out of state services? Are numbers increasing or decreasing?
    - Answer: MLTC can look into this data.
- Question: Is there a list of out of state providers?
    - Answer: Some out of state providers are considered in network. It's important to note that there is a difference between out of state providers versus out of network providers.
- Comment: Providers are still getting denials for 20 hours of ABA.
- Question: What is the criteria to meet 20 hours? Who is this set by?
    - Answer: MLTC will take this question back.

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. For general Medicaid questions email 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. Beneficiary Advisory (BAC) Update

Mary gave the BAC Update. She spoke about the work both subcommittees have been doing.

Read the InterRAI subcommittee's draft report here:
https://dhhs.ne.gov/Documents/DRAFT%20Report%20from%20BAC%20InterRAI%20Subcommittee.pdf

VI. Nebraska's Section 1115 Medicaid Substance Use Disorder (SUD) Waiver

Ashiye gave a presentation on MLTC's SUD waiver. The slides from this presentation can be found on the MAC website.

VII. 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 no longer qualify:

• **Green Card Holders** (also known as Lawful Permanent Residents)*
• **Cuban/Haitian Entrants**
• **Compact of Free Association (COFA) migrants**, including individuals from Micronesia, Marshall Islands, and Palau
• Lawfully present noncitizens who are:
  ◦ **Pregnant, or**
  ◦ **Under the age of 19**
 	
*Green card holders (lawful permanent residents) must:
• Meet the five-year bar
• Be credited with 40 working quarters; or
• Be exempt from meeting the 5-year bar
	• Refugees*
	• Asylum grantees*
	• Victims of severe trafficking*
	• Noncitizens whose deportation is being withheld*
	• Noncitizens granted conditional entry
	• Noncitizens victims of domestic violence by a spouse or parent
	• Iraqi and Afghani Parolees*
	• Amerasian Immigrants
	• Noncitizens who are veterans or active-duty military and spouses or unmarried dependents who also have qualified noncitizen status*
	• Other humanitarian parolees
	• Other noncitizens
	
	*Unless they have adjusted and been granted lawful permanent resident status.

- 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.
- Question: If EMSA is not approved, will the cost fall on the hospital to pay the bill? Are hospitals aware of this change?
    - Answer: We have been engaging stakeholders. Costs will likely shift.
- Question: How many on waivers will be impacted?
    - Answer: Still waiting on verification requests for 87 individuals. As a reminder, these changes do not impact kids under 19.
- Question: How does this impact school reimbursement for MIPS, specifically for individuals 19-21? Are schools being notified of this change?
    - MLTC will take this question back.

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, there 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 mange 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
- Question: Will DHHS be increasing staff to deal with the increased work load?
    - Answer: At this time there are no plans to increase staff.

Medicaid Work Requirements (MWR)

- SPA was approved be 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%)

Discussion:

- Question: For the people who didn't respond to MWR verification requests, Does MLTC think it's because the beneficiary knew they wouldn't qualify?
    - Answer: It's too early to determine trends in the data. We will need more time to determine and see trends.
- Question: How does the number of applications received this year vary from the number received last year?

- Answer: Applications have been steady so far. It may take time to see if MWR impacts this specific data set.

VIII. Open Discussion / Public Comment

- Medicaid is denying ABA based on school coverage. What is Medicaid process for filling this gap when kids can't access services in schools?
- There are new ABA codes, does Nebraska plan to adopt these codes?
  - The team is reviewing these codes.
- Appleseed is doing outreach on H.R.1 initiatives and is a resource for Medicaid beneficiaries and families.
- It was requested that the MAC ensure that the MWR data is being shared in the minutes.
- There was feedback that iServe is not easy to use.
- A member of the public stated that a delay in access is a dealt in care which leads to worse health outcomes.

IX. MAC Member Discussion

- MAC members asked if MLTC will share the data in the minutes
  - Yes, the data will be shared.
- MAC members discussed how to get education out there on the upcoming H.R.1 changes
- MAC members discussed looking at iServe and asked if there is a feedback box on iServe

X. Confirm the Next Meeting Time and Location

The next meeting is scheduled for **Thursday, November 12, 2026**, from 3:00 p.m. to 5:30 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.

XI. Adjournment

The meeting was adjourned by the Committee at 5:02pm.