

Retroactive Medicaid Coverage

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 rules about retroactive coverage.

This FAQ document explains the upcoming changes to retroactive coverage periods for Medicaid members and applicants.

What is retroactive Medicaid coverage?

Retroactive coverage is a rule that lets Medicaid pay for medical bills you had before you applied for Medicaid.

To get retroactive coverage, you must have been eligible for Medicaid during the period Medicaid is paying for. This means you met all requirements to qualify for Medicaid but hadn't applied yet. These requirements can include things like your age and income.

What is changing?

Current Retroactive Coverage Rules:

Before January 1, 2027, Nebraska Medicaid currently pays for medical bills for up to three months before a Medicaid member's application date, as long as they would have qualified for Medicaid during that three-month period.

Upcoming Retroactive Coverage Rules:

Starting January 1, 2027, federal rules for retroactive coverage will change, and the time period for retroactive coverage will shorten. This will be different depending on which Medicaid category you're in.

If you apply for Medicaid and you qualify in the Medicaid expansion group, you may be able to get retroactive coverage for up to one month before the month you apply.

If you apply for Medicaid and you qualify in any other Medicaid category, you may be able to get retroactive coverage for up to two months before the month you apply.

What is the Medicaid 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 apply for retroactive coverage?

Current Medicaid Members Who Recently Applied:

If you recently applied for Medicaid, you have up to six months from when you submitted your application to request retroactive coverage. You can do this by visiting <https://iserve.nebraska.gov/> and submitting a change report. You can also contact DHHS:

- **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](#)

New Applicants:

There is not a separate application for retroactive coverage. The general Medicaid application includes a question that asks if you need assistance paying past medical bills. Make sure to mark 'yes' if you need help.

What do I need to do about this change?

Current Medicaid Members:

If you are already a Medicaid member, this change will not affect your Medicaid coverage. If you lose your Medicaid coverage and you reapply after January 1, 2027, any retroactive coverage you might get will be shortened.

New Applicants:

If you submit a Medicaid application on or after January 1, 2027, any retroactive coverage you might get will be shortened.

If you think you might be eligible for Medicaid, make sure to apply right away. Don't wait until an emergency medical visit.