

To: All Providers Participating in the Nebraska Medicaid Program
From: Kevin Bagley, Director *KB*
Date: May 10, 2023
Re: Nebraska Medicaid Continues to Hold Weekly Public Webinars on the Unwind

This provider bulletin is being issued to notify Medicaid providers that Nebraska Medicaid will continue to host weekly virtual meetings for the foreseeable future about the return to regular eligibility operations.

Meeting Information

These meetings are open to providers, members, and the general public. Each meeting includes a presentation followed by time for you to ask any questions. The webinars will take place on Mondays from noon to 1 p.m. CST.

On May 22, 2023, Director Kevin Bagley will join representatives from Nebraska Medicaid to discuss the information presented in the unwind dashboard.

You can join any of the meetings by using the following link:

- <https://sonvideo.webex.com/sonvideo/j.php?MTID=mc2d373fceca61b30762a793248dc8b11>
Join by phone: 408-418-9388 (access code: 2490 348 9887)

If you are interested in viewing recordings of previous meetings about this topic, they can be found online at <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>.

Background

Since the beginning of the COVID-19 pandemic, Medicaid members have kept Medicaid coverage even if they are no longer eligible. Following the recent passage of federal legislation, the Nebraska Department of Health and Human Services (DHHS) has restarted regular reviews of members' Medicaid eligibility.

Nebraska Medicaid began full redeterminations of member eligibility on March 1, 2023. It will take approximately twelve months to review all members' eligibility. A member can contact ACCESSNebraska to find out which month their renewal will take place.

What this means for Medicaid members

A Medicaid member's eligibility is generally rechecked every twelve months. If sufficient information is already available to confirm a member is still eligible, the member is automatically renewed. If information is needed from a member to confirm eligibility, a written request for information is mailed.

It is important that a member makes sure their contact information with DHHS is up to date. Contact information includes:

- Mailing address
- Email address
- Phone number

If a member's contact information is not up to date, a member might not receive a request for information. If a member does not respond to a request, they may unnecessarily lose their Medicaid coverage.

It is also important that a member makes sure that they let DHHS know of any major life changes that could affect their eligibility. These include:

- A change in address
- A change in income or resources
- A change in the household, including marriage, divorce, pregnancy, or a new child

A member can contact DHHS by visiting ACCESSNebraska.ne.gov or by calling ACCESSNebraska at:

- Omaha: (402) 595-1178
- Lincoln: (402) 473-7000
- Toll-Free: (855) 632-7633
- TDD: (402) 471-7256

How you can help

Please help us get the word out about how important it is that Medicaid members make sure their information with DHHS is up to date. Our goal is to avoid unnecessary loss of coverage. For more information, visit dhhs.ne.gov/Pages/Medicaid-MOE.aspx.

If you have questions regarding this bulletin, please email DHHS.MLTCEXperience@nebraska.gov.

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.