

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

March 31, 2024

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Ms. Keisha Patent, Director
Legislative Fiscal Office
P.O. Box 94604
Lincoln, NE 68509

Subject: Monthly Medicaid Expansion Report LB814 (2023)

Dear Mr. Metzler and Director Patent:

In accordance with LB814 (2023), please find attached a report on Medicaid Expansion enrollment and expenditures for the calendar month of February 2024.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Ahern".

Matthew Ahern
Interim Director, Division of Medicaid and Long-Term Care

Attachment

Division of Medicaid and Long-Term Care

Monthly Medicaid Expansion Report LB814 (2023)

March 2024

LB814 (2023) § 90(9) & § 98

Medicaid Expansion Programs 249 (Administration) and 349 (Aid)

The Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC) provides the following update regarding Medicaid Expansion for the calendar month of February 2024:

Details on enrollment for February 2024 are below:

Medicaid Expansion - Monthly Enrollment	
February 2024	71,598

For the latest program expenditures, please refer to the Expansion Aid table below:

Program 349 Expansion Aid SFY 23-24		
	Appropriations	Expenditures
General Funds	\$95,951,798	\$55,350,697
Federal Funds (estimated)	\$802,600,672	\$505,896,874
TOTAL:	\$898,552,470	\$561,247,571

MLTC announced in June 2021 that effective October 1, 2021, all Nebraskans eligible for Medicaid Expansion will receive equal benefits coverage, including dental services, vision services, and over-the-counter medications. Nebraska withdrew its application for the Section 1115 Heritage Health Adult (HHA) demonstration program, which would have allowed Nebraskans who have Basic benefits coverage through Medicaid Expansion to qualify for Prime benefits by participating in wellness, personal responsibility, and community engagement activities.

Capitation rates are issued to the managed care plans to provide coverage for expansion beneficiaries and are set in a routine manner similar to all other Medicaid members.