

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2023

Mr. Brandon Metzler
Clerk of the Legislature
State Capitol Room 2018
Lincoln, NE 68509

Ms. Mikayla Finley
Legislative Fiscal Analyst
State Capitol Room 1007
Lincoln, NE 68509

Subject: Monthly Medicaid Expansion Report LB814 (2023)

Dear Mr. Metzler and Ms. Finley:

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

Sincerely,

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

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

Division of Medicaid & Long-Term Care

Monthly Medicaid Expansion Report

December 2023

Neb. Rev. Stat. § 90(9) & § 98

LB814 (2023)

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 November 2023:

Details on enrollment for November 2023 are below:

Medicaid Expansion - Monthly Enrollment	
November 2023	73,982

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	\$43,045,525
Federal Funds (estimated)	\$802,600,672	\$340,659,260
TOTAL:	\$898,552,470	\$383,704,785

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.