



Preparing to renew your Medicaid coverage



Frequently Asked Questions

Normally, Nebraska Department of Health and Human Services (DHHS) checks once per year to make sure you still qualify for Medicaid coverage. These yearly reviews are called “renewals.” During the COVID-19 pandemic, DHHS has not ended anyone’s coverage. Learn more about the federal Public Health Emergency here. <https://dhhs.ne.gov/Pages/Medicaid-PHE.aspx>.

Starting March 1, 2023, Nebraska Medicaid will once again be reviewing who still qualifies for Medicaid coverage. This FAQ explains what you can do to prepare for your renewal and how to avoid an unnecessary gap in your health coverage.

Q. What can I do to make sure I’m prepared for my renewal?

A. Make sure DHHS has the best contact information for you.

This includes your mailing address, phone number, and email address. To make sure your contact information is up to date, you can:

- Visit us online at ACCESSNebraska.ne.gov
- Email us at DHHS.ANDICenter@nebraska.gov
- Fax us at (402) 742-2351
- Call us at:
 - o Toll Free: (855) 632-7633
 - o Omaha: (402) 595-1178
 - o Lincoln: (402) 473-7000
 - o TDD: (402) 471-7256

Q. What changes should I report to DHHS?

A. In addition to your contact information, you should also let DHHS know if your income or resources have changed since you applied for Medicaid. You should also let us know if your household has changed (like a marriage, divorce, pregnancy, or a new child).

Q. When is my renewal due?

A. Renewal dates generally depend on the month you first became eligible for Medicaid. It is not the same month for every Medicaid member.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due. Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

Q. I have never done a renewal. What does it mean?

A. Renewals normally happen once per year. When it's time for a renewal, DHHS verifies that the information we have for you and your family, like ages and income, is still correct. With your updated information, we make sure you still qualify for Medicaid coverage.

Sometimes, DHHS can complete these renewals without contacting you. If we need more information, we will send you a notice in the mail.

Q. I already completed a renewal in the last year. What does this mean for me?

A. Generally, you can expect to see your renewal around the same month as last year. DHHS will review all members' eligibility over the next year.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due. Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

Q. When will I get a renewal notice?

A. Sometimes, DHHS can complete renewals without contacting you. If we need more information, we will send you a notice in the mail, which will arrive up to 60 days before your renewal is due.

If you've signed up for an online account with ACCESSNebraska to manage your benefits, you can use the 'Medicaid Renewal' feature after logging into your account to see when your next renewal is due. Visit ACCESSNebraska.ne.gov to log into your account, or you can contact us at the phone numbers listed above.

Q. I received a renewal notice. What do I need to do?

A. You might lose your Medicaid coverage if you don't respond to a renewal notice. If you lose coverage for this reason, you have 90 days to complete your renewal with DHHS. Your coverage will resume if you are still eligible after this renewal.

Q. What happens if I don't complete my renewal?

A. DHHS may end your Medicaid coverage if you do not complete your renewal. If you lose coverage for this reason, you will have a 90-day grace period to respond to your renewal notice from DHHS. Your coverage will resume if you are still eligible after this renewal.



Q. What happens if I complete my renewal, but I no longer qualify for Medicaid?

A. You will receive a notice letting you know when your Medicaid coverage ends. If you no longer qualify for Medicaid, we may also send your information to the federal marketplace (also known as [HealthCare.gov](https://www.healthcare.gov)) to see if you qualify for financial assistance for health coverage.

Q. What coverage is available through the marketplace, and how do I apply?

A. Health coverage through the marketplace covers things like prescription drugs, doctor visits, urgent care, hospital visits, and more. If DHHS sends your information to the marketplace, the marketplace will send you a letter about completing an application, and you might qualify for financial assistance. For more information, you can go to [HealthCare.gov](https://www.healthcare.gov) or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Q. Can people still apply for Medicaid?

A. Yes, DHHS will continue to accept new Medicaid applications like usual.

Q. Will there be any changes to who can qualify for Medicaid?

A. No, DHHS is only checking whether everyone with Medicaid coverage still qualifies for coverage. There are not any current changes to who can qualify for coverage.

Q. Will there be any changes to my Medicaid benefits?

A. There are not any current changes to currently covered benefits.

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