



March 26, 2026

Department of Health and Human Services
Nebraska Medicaid
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Submitted via: DHHS.Demonstrationwaivers@nebraska.gov.

Re: Nebraska Section 1115 Demonstration Waiver, the Sustainable Coverage Demonstration

Dear Dr. Steve Corsi:

On behalf of Families USA, thank you for the opportunity to comment on Nebraska's proposed Section 1115 Demonstration Waiver, the Sustainable Coverage Demonstration (herein after "proposed demonstration"). Families USA is the longtime national, non-partisan voice for health care consumers, dedicated to achieving high-quality, affordable health care and improved health for all. Informed by working closely with organizations on the ground in Nebraska and across the nation, Families USA must oppose Nebraska's proposed demonstration which aims to effectively eliminate retroactive coverage in the state's Medicaid program. This change will threaten the health of the state's most vulnerable residents, including children, seniors, and pregnant people, and will limit health care coverage for low-income Nebraskans who depend on the critical financial protection of retroactive Medicaid coverage to keep them from financial ruin in times of health care crises. The change also cuts federal funds from supporting Nebraska hospitals and its health care system, impacting state patients and taxpayers broadly.¹

Families USA strongly urges the Nebraska Department of Health and Human Services (NE DHHS) to withdraw its proposed Sustainable Coverage Demonstration and retain retroactive Medicaid coverage to the maximum extent allowable under federal law. Retroactive coverage has been an essential feature of the Medicaid program since 1972, ensuring access to care by covering medical expenses incurred in the month(s) prior to an individual's Medicaid application date.² Recent changes to federal law under the 2025 budget reconciliation bill (H.R. 1) will reduce retroactive coverage in 2027 (from 90 days to 30 or 60 days, depending on type of Medicaid enrollee).³ But even with those changes, Congress chose to maintain retroactive coverage in federal policy as a crucial lifeline protecting low-income Americans from financial hardship – particularly for individuals who do not know they are Medicaid-eligible or who may not be Medicaid-eligible until after a sudden health decline. **NE DHHS' attempt to remove retroactive coverage through this proposed demonstration goes far beyond federal law at the expense of vulnerable Nebraskans and the state's health system.**

The Proposed Demonstration Will Effectively Eliminate Retroactive Coverage for Many Vulnerable Nebraskans

NE DHHS proposes to limit retroactive eligibility "to the beginning of the month in which the individual applies for Medicaid." While the state claims "the waiver does not seek to eliminate retroactive eligibility in its entirety," many Nebraskans applying for Medicaid will be at risk of losing *all* access to retroactive coverage under this proposed demonstration.⁴ Retroactive Medicaid exists because it is unrealistic to

expect Medicaid applications to happen instantaneously during emergencies, and many Nebraskans only discover they are eligible for Medicaid when a medical emergency occurs.

For example, suppose an uninsured boy with asthma in Omaha has a bout with flu that exacerbates his asthma symptoms to the point where he is straining to breathe. On April 28th his parents take him to an emergency department (ED) and on April 29th, he is admitted to the hospital for a two day stay where doctors get his asthma symptoms under control. Like other low-income children in Douglas County, he has had very poor access to doctors and specialists to treat his asthma.⁵ Not only has he had to forgo needed medications due to high cost, but limited prior contact with the health care system has meant his family has not been made aware their son might be eligible for Medicaid. With the support of hospital staff, the boy's parents apply for Medicaid on May 1st before his hospital discharge.

Under current retroactive coverage policies, Nebraska Medicaid would cover this young boy's ED visit and hospital expenses in April, prior to the date of his Medicaid application.⁶ Under NE DHHS' proposed demonstration, all medical expenses incurred in April would be *excluded* because they did not happen in May, the month he applied for coverage. His parents are now solely responsible for his ED and hospitalization costs because they "failed" to file a Medicaid application while their son was in a life-threatening emergency and unable to breathe. Nationally, the average cost of an asthma-related hospital admission is \$6,884 and an ED visit for asthma can exceed \$12,000.⁷

The above example shows how critical Medicaid retroactive coverage is for keeping vulnerable Nebraskans out of crippling medical debt and how devastating Nebraska's policy change would be for low-income families in similar circumstances. Outside of emergency settings, retroactive Medicaid is imperative for many vulnerable populations who need access to timely care without the fear of mounting medical debt:

- **Children.** One in three Medicaid recipients in Nebraska are children.⁸ However, millions of Medicaid-eligible children across the country remain uninsured, often going without coverage because their parents or caretakers are not Medicaid-eligible themselves and do not realize their children have separate Medicaid or CHIP eligibility.⁹ Retroactive coverage is especially critical for children with complex health care needs or chronic medical conditions, where barriers to care in the community may limit access to ongoing treatment, and contact with the healthcare system may only happen when symptoms intensify to the point of emergency (as in the case of low-income children with asthma).¹⁰ Without retroactive coverage, children growing up in families with limited means become children growing up in families with debilitating medical debt.
- **Pregnant Women and Newborns.** While Nebraska Medicaid covers nearly four in ten births and the state has generous Medicaid eligibility for pregnant women,¹¹ many eligible women do not realize they qualify for the program until after delivery.¹² The reason for lack of Medicaid coverage early on in pregnancy is rooted in the fact that over half (56.1%) of counties in Nebraska are maternity care deserts, with extremely limited access to pregnancy-related care.¹³ This leaves over 12% of women in Nebraska without adequate prenatal care services and limited access to health care providers who could support them in applying for Medicaid.¹⁴ Without access to retroactive coverage, new mothers are extremely vulnerable for having to cover the high costs of labor and delivery if they arrive at the hospital without a Medicaid application already in hand. Retroactive Medicaid coverage is essential for all pregnant women, but especially for Nebraska mothers, as Nebraska's maternity care is the most expensive in the country and remains unaffordable for families paying out of pocket.¹⁵

- **Nursing Home Care.** Access to timely and reliable coverage is important for Nebraska’s aging residents who make up 34.1% of the state’s population and who largely live in rural communities and face high rates of poverty.¹⁶ Nebraska Medicaid covers half of nursing home residents,¹⁷ but many of these individuals only qualify for Medicaid *after* a sudden health decline or nursing home placement.¹⁸ Current access to retroactive coverage in the state offers the primary protection these older Nebraskans have against catastrophic debt. Without access to retroactive Medicaid, as proposed under NE DHHS’ demonstration, Nebraskans in need of nursing care could be on the hook for a month of coverage – an average cost of \$9,270¹⁹ – if their Medicaid application date does not sync with the month they first needed such care. Retroactive Medicaid ensures that Nebraska’s seniors can access care when necessary, not just after their Medicaid application has been submitted.

Eliminating Retroactive Coverage Ignores the Bureaucratic Barriers to Medicaid Coverage

Many Medicaid-eligible populations are not aware of their eligibility and often depend on health care providers to serve as trusted messengers for explaining coverage options and guiding them through the enrollment process.²⁰ NE DHHS argues that restricting retroactive eligibility will prompt people to enroll in Medicaid early and efficiently. However, this reasoning ignores the reality in Nebraska that poor access to health care for many low-income residents, as described above, prevents individuals from making trusted connections to health care providers that would facilitate their Medicaid application.²¹ In addition, NE DHHS’ proposed demonstration does not account for the state’s burdensome Medicaid enrollment process which make it difficult for eligible Nebraskans to find their way to coverage:

- **Burdensome Paperwork.** In 2024, 49% of Nebraska Medicaid applicants who lost access to Medicaid lost it not because they were no longer eligible, but because they had trouble navigating complex applications and poorly designed webpages, and difficulty collecting paperwork to determine eligibility.²² As Nebraska Medicaid must now implement work reporting requirements under H.R. 1, many Medicaid applicants will have to face the additional administrative barrier of providing proof of employment or exemption status.²³ These additional paperwork burdens are likely to further delay eligible individuals from submitting an application, especially as individuals recovering in the hospital after an emergency or adjusting to nursing care settings are not home with ready access to their paperwork.
- **Administrative Hurdles for Long-Term Care Applicants.** The need for home care services, assisted living, or nursing home care is often unexpected and triggered by a serious medical emergency or hospitalization, and families may not be prepared or equipped to navigate the complex paperwork necessary to apply for Medicaid coverage under these circumstances. On average, it takes 79 days to assemble paperwork, apply for, and receive Medicaid for long-term care needs.²⁴
- **High Call Center Wait Times and Administrative Backlog.** Call centers in Nebraska do not efficiently or adequately assist consumers, leaving applicants without the answers they need to complete their Medicaid applications promptly.²⁵ Moreover, the state’s Medicaid office has slow application processing times (over 37% of applications take longer than 30 days to process) and a backlog of coverage renewals (over 71% of beneficiary renewal paperwork is still pending); these processing rates put Nebraska in the bottom quartile of all states and suggest that NE DHHS does

not have adequate resources to keep up with its workload.²⁶ These factors put people at risk of delayed coverage, even if they are able to file a Medicaid application in the same month they receive services.²⁷

- **Lack of Access in Rural Communities.** Nearly half of Nebraska Medicaid enrollees live in rural areas, and rural applicants have difficulty applying due to limited internet access, transportation, and other barriers.²⁸ Changes to retroactive eligibility proposed by NE DHHS do not offer rural Nebraskans the practical tools they need to make timely applications.

Given the significant bureaucratic barriers to attaining Medicaid coverage, reducing and eliminating retroactive coverage would only hinder, rather than help, eligible people complete Medicaid applications more efficiently. Studies examining outcomes in five other states that restricted retroactive coverage showed **no evidence** that this policy encouraged patients' timeliness in submitting Medicaid applications.²⁹ We share in Nebraska's desire for low-income residents to be able to enroll in Medicaid more efficiently, but this proposed demonstration will not help the state meet that goal.

Eliminating Retroactive Coverage Means Higher Medical Debt for Nebraska's Most Vulnerable Residents

Almost 22% of Nebraskans already have trouble paying medical bills (double the national average) and over 170,000 adults in the state report having medical debt in a given year (11th highest medical debt rate in the country).³⁰ Reducing and eliminating retroactive coverage for Medicaid-eligible consumers will only worsen Nebraska's medical debt crisis. For example, when Indiana eliminated retroactive Medicaid coverage in 2016, **the average increase in medical debt was \$1,561 per person.**³¹

Unlike most states, Nebraska has not enacted protections to safeguard health care consumers against medical debt.³² For example, Nebraska law allows hospitals to send debts to collections without any waiting period and to initiate liens or foreclosures to collect medical debt.³³ Without debt protections in place, vulnerable Nebraskans who lose retroactive Medicaid coverage will have no ability to pay hospital and nursing home bills, putting them at risk of losing their homes.

Eliminating Retroactive Coverage Leads to Higher Levels of Uncompensated Care, Harming Hospitals and Safety-Net Providers and Costing the State Money

When Medicaid-eligible patients cannot get retroactive coverage, health care providers and the state must absorb the cost of uncompensated care (care provided that is not paid for).³⁴ Eliminating retroactive coverage only increases the vulnerability of Nebraska's safety-net providers:

- **Hospitals.** In 2024, Nebraska hospitals provided \$1.1 billion in uncompensated care; H.R. 1's Medicaid cuts are expected to increase Nebraska's uncompensated care costs by millions more every year.³⁵ Safety-net hospitals in the state are already in a precarious position – almost half of Nebraska's rural hospitals already operate at a loss, and several are at risk of closure³⁶ – and the added losses in covered care caused by NE DHHS' proposed demonstration will only increase their financial exposure.
- **Nursing Homes.** Nebraska experiences a critical, ongoing shortage of nursing homes with over 40 facilities closing since 2015.³⁷ Restricting retroactive coverage will not help these struggling providers: In Iowa, eliminating retroactive coverage led to an estimated \$7 million in lost

revenue for nursing facilities, so great that the state reinstated retroactive coverage for nursing facility residents.³⁸

As 34% of hospitals in Nebraska are state- or locally owned, a considerable amount of the additional uncompensated care costs caused by reduced retroactive coverage fall to the state taxpayer.³⁹ In addition, without retroactive coverage, the state forgoes the federal Medicaid contribution for these health care services (the federal government covers either 55.94% or 90% of retroactive coverage care costs, depending on the type of Medicaid enrollee)⁴⁰, meaning NE DHHS' proposed policy change will wind up costing the state more than it could possibly save for people who seek care at state-supported health care facilities. **While we understand Nebraska's desire to "reduce avoidable program costs" in Medicaid, eliminating retroactive coverage would turn away federal funding and ultimately hurt the state's hospitals and health system more than it will reduce in state Medicaid costs.**

Families USA Strongly Urges NE DHHS to Withdraw its Proposed Sustainable Coverage Demonstration and Retain Retroactive Medicaid Coverage to the Maximum Extent Allowable Under Federal Law

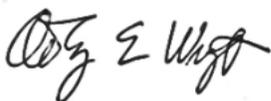
H.R. 1's new administrative barriers to Medicaid coverage and other federal cuts are expected to cause at least 30,000 Nebraskans to lose Medicaid coverage and become uninsured.⁴¹ Stripping retroactive coverage on top of that is a compounding blow to families, hospitals, and communities.

NE DHHS' demonstration proposes to drastically reduce, and effectively eliminate, Medicaid retroactive coverage, but does not propose any alternatives to fix the major gaps in access to care and considerable administrative barriers that cause a need for retroactive Medicaid coverage in the first place. In addition, the state has not proposed any support for vulnerable Nebraskans who would find themselves in crippling medical debt without retroactive coverage nor any support for hospitals and nursing home facilities in the state that would bear the brunt of providing health care services that are no longer covered by Medicaid and go uncompensated. **The proposed demonstration's plan to weaken retroactive coverage to the point of nonexistence only weakens the state's health care system without achieving the state's goal to motivate early and efficient Medicaid application.** We respectfully ask NE DHHS to withdraw its proposed demonstration and allow their most vulnerable residents to attain the retroactive Medicaid coverage afforded to them under federal law.

For questions or comments regarding these recommendations, please reach out to Mary-Beth Malcarney, Senior Advisor on Medicaid at Families USA at MMalcarney@familiesusa.org.

Thank you for your time and consideration.

Sincerely,



Anthony Wright
Executive Director

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