Nebraska
2014 CHIP Fact Sheet

The Children’s Health Insurance Program (CHIP) was created in 1997 to provide quality health coverage for children under 19 in families that earned too much to qualify for Medicaid but were unable to afford coverage in the private market. Each state has the option to cover its CHIP population under its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 strengthened the program through increased federal funding, new outreach and enrollment opportunities, mental health parity, the requirement to cover dental care, and other provisions. In 2010, the Affordable Care Act (ACA) extended CHIP funding through federal fiscal year 2015 and required states to maintain Medicaid and CHIP eligibility levels and processes for children through 2019.1

Participation Rate: 85.5% of eligible children in Nebraska participated in either Medicaid or CHIP in 2011, the last year for which we have national data. The national average was 87.2% in 2011.2

Eligibility Levels: States establish CHIP eligibility levels within federal rules. Under the ACA’s maintenance of effort requirement, they must maintain CHIP eligibility levels they had in place when ACA was enacted until September 30, 2019. Beginning in 2014, eligibility levels for CHIP were revised based on Modified Adjusted Gross Income (MAGI).

### Modified Adjusted Gross Income (MAGI) Eligibility Levels for CHIP in Nebraska (by Age Group) in 2014

<table>
<thead>
<tr>
<th>Ages 0 – 1</th>
<th>Ages 1 – 5</th>
<th>Ages 6 – 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 213% FPL</td>
<td>Up to 213% FPL</td>
<td>Up to 213% FPL</td>
</tr>
</tbody>
</table>

Note: Eligibility levels do not include the mandatory 5% income disregard. Data from the state. Conception to birth coverage is also offered under the CHIP unborn child option at 197% FPL.

Benefit Package: States that operate Medicaid expansion CHIP programs must follow Medicaid rules, including providing all Medicaid covered benefits to enrolled children. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines. In addition to general medical and dental benefits, other benefits offered in Nebraska CHIP program include (but are not necessarily limited to):

- Inpatient and outpatient behavioral health services
- Physical and occupational therapy
- Vision exams and corrective lenses
- Services for speech, hearing, and language disorders
- Hearing exams and hearing aids
- Durable medical equipment

Delivery System: The provider network for CHIP is the same as Medicaid. Managed care is offered state-wide.

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1 Information in this fact sheet has been verified by the state.
2 Genevieve Kenney et al., Medicaid/CHIP Participation Rates Among Children: An Update. September 2013. [http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407769](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407769)
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**Premiums & Cost Sharing:** Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed five percent of family income.

**Nebraska does not have any premiums or cost sharing.**

**Efforts to Simplify Enrollment and Renewals:** CHIPRA established a five-year incentive program to support state efforts to simplify enrollment and renewal of eligible children in Medicaid and CHIP. From FY2009 - FY2013, Nebraska did not qualify for incentive payments.4

**Enrollment and Renewal Strategies Implemented in Nebraska, as of December 2013**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Used</th>
<th>Strategy</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination of in-person interview*</td>
<td>✓</td>
<td>Use of presumptive eligibility</td>
<td></td>
</tr>
<tr>
<td>Elimination of asset test*</td>
<td>✓</td>
<td>Use of 12-month continuous eligibility</td>
<td></td>
</tr>
<tr>
<td>Use of joint application and renewal forms*</td>
<td>✓</td>
<td>Use of express lane eligibility</td>
<td></td>
</tr>
<tr>
<td>Automatic/Administrative renewal*</td>
<td></td>
<td>Premium assistance</td>
<td></td>
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</tbody>
</table>


**Other Program Characteristics:** Below are some other key program characteristics of Nebraska’s CHIP program.

<table>
<thead>
<tr>
<th>Does Nebraska...</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Require a waiting period?5</td>
<td>No</td>
</tr>
<tr>
<td>Offer a buy-in option?6</td>
<td>No</td>
</tr>
<tr>
<td>Cover dependents of public employees?7</td>
<td>No</td>
</tr>
<tr>
<td>Cover lawfully residing children without a five-year waiting period?8</td>
<td>Yes</td>
</tr>
</tbody>
</table>


**Quality Measures:** States may report on a "core set" of quality measures for children. Nebraska reported on 2 measures for federal fiscal year 2012.

Source: Department of Health and Human Services, *2013 Annual Report on the Quality of Care for Children in Medicaid and CHIP, September 2013*.

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3 To qualify for incentive payments each fiscal year, states had to implement at least 5 out of 8 specified strategies and increase child enrollment in Medicaid above a state-specific target level.


5 States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before s/he can enroll in CHIP.

6 States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

7 CHIPRA provided states the option to cover the income-eligible dependents of state employees under CHIP.

8 CHIPRA provided states the option to remove the five-year waiting period for lawfully residing children.

For more information, visit [www.nashp.org](http://www.nashp.org).

The David and Lucile Packard Foundation supported the development of this factsheet.