

Nebraska's Reporting Requirements: An Unnecessary Burden on Patients and Providers

Despite a spate of court challenges blocking states' efforts to add work and other reporting requirements to their Medicaid programs, a few states, including Nebraska, are continuing to propose new burdensome requirements, claiming their approach is different from the other waivers that have been challenged in court. In Nebraska's case, it is true that the state's proposed requirements are different in that they are the most extensive and administratively burdensome to date.¹

Table 1. Proposed Medicaid Reporting Requirements in Five States

	Nebraska ²	Kentucky ³	Arkansas ⁴	New Hampshire ⁵	Indiana ⁶
Reporting on work requirements	✓	✓	✓	✓	✓
Reporting on medical appointments attended	✓	✓			
Reporting on primary care provider selection/engagement	✓		✓		
Reporting on eligibility status	✓	✓			✓
Reporting on appropriate use of the emergency department		✓			
Reporting on prescription medications filled	✓				
Reporting on health risk screening and social determinants assessment	✓				
Reporting on annual health visit	✓				
Reporting on commercial coverage	✓				
Total	8	4	2	1	2
Estimated percentage of enrollees who will lose coverage due to reporting requirements	32%⁷	26%-41%⁸	26%-30%⁹	30%-45%¹⁰	15%-25%¹¹

Table 1 (page 1) shows how Nebraska’s proposal to add work and other reporting requirements compares with similar proposals in four other states, which have faced lawsuits challenging their work reporting requirement waivers. The comparison highlights the particularly burdensome volume of Nebraska’s eight distinct reporting requirements for patients, providers, and plans. Nebraska is proposing to include more than twice as many requirements as Arkansas, New Hampshire, and Indiana — states

where thousands of beneficiaries have been projected to lose coverage. If implemented as proposed, it is expected that over 30,000 Nebraskans could lose full Medicaid coverage.¹² Given the evidence of administrative burden associated with these reporting requirements¹³ and other healthy behavior incentives¹⁴ on people who rely on Medicaid, it is perplexing that Nebraska has elected to pursue such a complicated and burdensome proposal.

Endnotes

¹ This analysis considers the number of distinct administrative reporting requirements in five states.

² Nebraska Department of Health and Human Services, *Heritage Health Adult Demonstration Final Waiver Application*, 2019, http://dhhs.ne.gov/Documents/1115_HHA_Application.PDF.

³ U.S. Centers for Medicare & Medicaid Services, *KY HEALTH Demonstration Approval*, November 20, 2018, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ky/ky-health-ca.pdf>.

⁴ U.S. Centers for Medicare & Medicaid Services, *Arkansas Works Demonstration Approval*, March 5, 2018, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-works-ca.pdf>.

⁵ U.S. Centers for Medicare & Medicaid Services, *New Hampshire Granite Advantage Health Care Program*, November 30, 2018, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-granite-advantage-health-care-program-ca.pdf>.

⁶ U.S. Centers for Medicare & Medicaid Services, *Healthy Indiana Plan*, December 20, 2019, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-ca.pdf>.

⁷ Based on Nebraska's member month estimates for the first full year of two-tiered coverage after ramp up (10/1/2021 to 9/30/2022). Nebraska Department of Health and Human Services, *Heritage Health Adult Demonstration Final Waiver*

Application, 2019, http://dhhs.ne.gov/Documents/1115_HHA_Application.PDF.

⁸ Estimates for Kentucky, Arkansas, New Hampshire, and Indiana are based on an analysis conducted by The Commonwealth Fund. Leighton Ku and Erin Brantley, "Medicaid Work Requirements in Nine States Could Cause 600,000 to 800,000 Adults to Lose Medicaid Coverage," *To the Point* (blog), The Commonwealth Fund, June 21, 2019, <https://doi.org/10.26099/hw4r-wa96>.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Martha Stoddard, "Nebraska Estimates One-Third of Recipients of Expanded Medicaid Would Not Get Full Coverage," *Omaha World-Herald*, October 25, 2019, https://www.omaha.com/livewellnebraska/health/nebraska-estimates-one-third-of-recipients-of-expanded-medicaid-would/article_0e20de15-8549-59ec-8f3b-2da029d28476.html.

¹³ Emmett Ruff and Joe Weissfeld, "The Results Are In: Medicaid Work Requirements Don't Work," *Families USA*, August 20, 2019, <https://www.familiesusa.org/resources/the-results-are-in-medicaid-work-requirements-dont-work/>.

¹⁴ Rachel Miller, Kristin Maurer, and Katherine Bradley, "Beneficiary Understanding of Incentives: Evidence from Interim Demonstration Evaluation Reports in Indiana, Iowa, and Michigan," *Centers for Medicare & Medicaid Services*, July 2017, <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/beneficiaries-understanding-incentives.pdf>.

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