

477-000-002 – Renewal Process**Renewals**

A redetermination of eligibility for continued Medicaid benefits must be completed every twelve (12) months.

If information is not available to complete a renewal, a prepopulated renewal form shall be sent by the Department to the applicant or his/her authorized representative. The completed renewal form and necessary verifications shall be returned within thirty (30) days of the date the renewal form was sent.

A renewal notice is sent to the client when the eligibility determination is complete. If the eligibility determination results in a negative action, the client or his/her authorized representative will receive a notice of action sent at least ten (10) calendar days before the date the action becomes effective, which is always the first day of the month.

If the renewal form and necessary information are submitted within ninety (90) days after termination, a new application shall not be required.

Note: A renewal application may be submitted in person, by mail, by telephone, by fax, or by electronic submission at www.accessnebraska.ne.gov. The application is considered valid the date it is received by the Department if it contains the applicant's name, address, and proper signature of the applicant or authorized representative.

MAGI (Modified Adjusted Gross Income) Renewal:

A renewal application is only needed if permission to attempt a renewal using electronic data sources is not on file or the electronic data sources do not provide verification as defined by the Nebraska Verification Plan.

Non-MAGI Renewal (Non SSI):

A prepopulated renewal form shall be required every twelve (12) months for Non-MAGI based eligibility renewals. The completed renewal form and necessary verifications shall be returned within thirty (30) days of the date the renewal form was sent.

Note: A medical need must exist to be approved in a medically needy category. If there is no medical need, the client must reapply in the future when a medical need exists.

Non-MAGI Renewal (SSI):

Clients receiving SSI at the time of renewal do not require an application.

SSI clients who are determined eligible for Medicaid by the Social Security Administration (SSA) under the provisions of 1619(b) are not required to complete an application at renewal, and resources do not need to be verified.

A renewal is not required for periodic non-pay for income due to an extra pay period.