

Version History Table			
Date:	Document	Changes Made:	Impacted Pages:
1/2025	MIWD Eligibility Process Guide	Added when to waive an MIWD Premium section.	Pg. 2
6/2025	MIWD Eligibility Process Guide	Added premium payment information and a link to the Payport website.	Pg. 2

Medicaid Insurance for Workers with Disabilities (MIWD) Process Guide

Summary: Effective October 1, 2021, the *MIWD* program is made up of two eligibility categories: the *Basic Coverage Group* and the *Medical Improvement Group*. Working individuals who are otherwise eligible for Medicaid, except for income, and are not eligible for another full Medicaid category may be eligible for the *MIWD* program under the new guidelines.

- This guide is only intended to outline eligibility factors and process steps that are specifically used to determine *MIWD* eligibility.
- This guide must be used in conjunction with the [MLTC Processing Guide](#) and the [MLTC Change Management Guide](#).

If an individual is eligible in another full Medicaid coverage category, they should be approved in that category and not in either *MIWD* category. This does not include the buy-in only (SLMB/QI-1) or Medically Needy/Share of Cost categories.

NOTE: If an individual calls in with questions about their MIWD premium or to request help submitting their MIWD premium, staff must help answer their questions. DO NOT direct client questions to the DHHS Medicaid Premium Payments email inbox.

- Review the Medicaid Premium Notice in *NFOCUS Correspondence* to see the amount of the MIWD premium and when it is due.
- An individual subject to an MIWD premium may pay their premium with:
 - A paper check sent along with the Premium Due statement; or,
 - An e-Check through the Payport portal.
 - DHHS does not have credit/debit card payment options available at this time.
 - The url for the individual to access the Payport site is: <http://ne.gov/go/medicaidpremium>.
 - See [Medicaid Premium Payments via Payport Nebraska.gov Website](#) for steps on completing a payment.
- See the [TMA and MIWD Premium Q&A](#) for more information.

An MIWD premium is waived:

- For an individual who is pregnant or in their continuous postpartum period. See the [Premium Override Guide](#) for further information on overriding a premium.
- For individuals when tribal affiliation is verified.
 - Once tribal affiliation is verified, send an email to DHHS.MedicaidPremiumPayments@nebraska.gov with the following information:
 1. Individual's name;
 2. Master case number; and
 3. Date the tribal affiliation verification was scanned in document imaging.

Section 1 - MIWD Eligibility Criteria:

- A. **MIWD Basic Coverage Group (MIWD BCG):** consists of disabled individuals who are employed and are ineligible for another full Medicaid category. The individual must meet the following criteria to be eligible for *MIWD BCG*:
 - 1. Determined disabled by the Social Security Administration (SSA) or the State Review Team (SRT); and
 - 2. Receives income through active employment and/or self-employment; and
 - 3. Has countable income between 101% and 250% FPL, based on ABD financial units and unit size as outlined in [477-000-012](#); and
 - 4. Has resources at or below \$4,000 for an individual or \$6,000 for a married couple (plus \$25 per person for dependent children residing in the home); and
 - 5. The individual is at least age 16, but less than 65 years old.

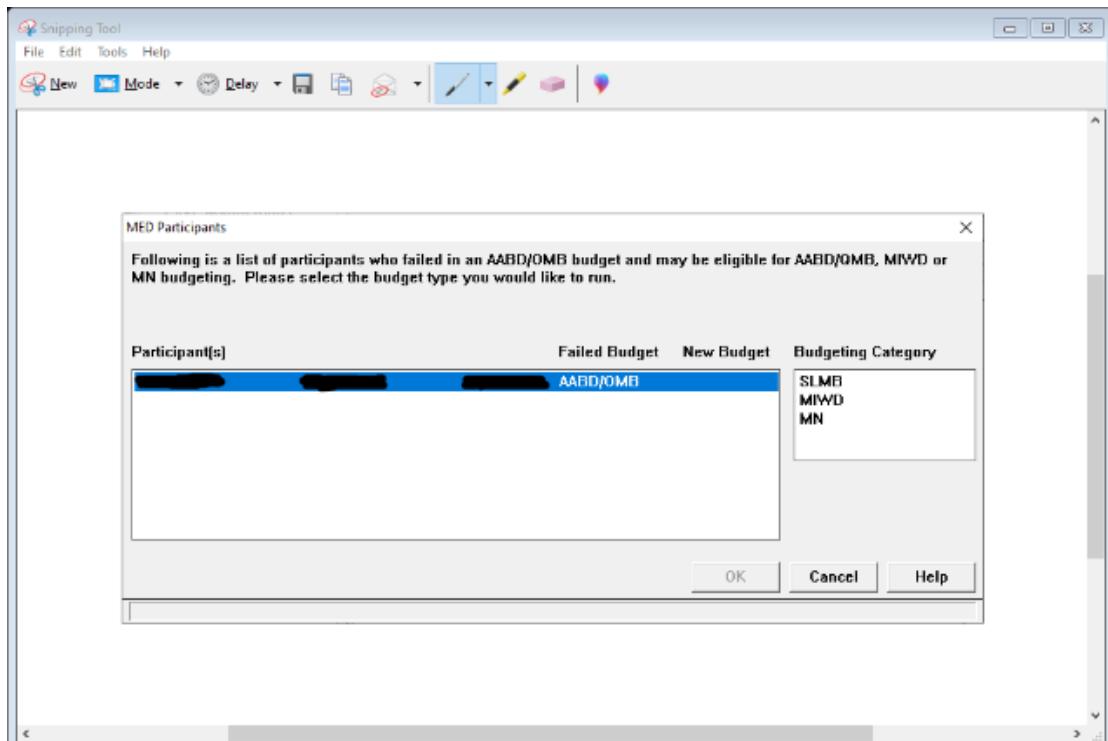
- B. **MIWD Medical Improvement Group (MIWD MIG):** consists of individuals who have lost their SSA/SRT disability designation, are ineligible for another full Medicaid category, and meet the following criteria:
 - 1. Is actively employed and/or self-employed more than 40 hours per month; and
 - 2. Is earning at or above the [federal minimum wage](#); and
 - 3. Has countable income below 250% FPL, based on ABD financial units and unit size as outlined in [477-000-012](#); and
 - 4. Has resources at or below \$4,000 for an individual or \$6,000 for a married couple (plus \$25 per person for dependent children residing in the home); and
 - 5. The individual is at least age 16, but less than 65 years old; and
 - 6. The individual participated in *MIWD BCG* for a minimum of one calendar month; and
 - a. Has a medically improved disability determination from the Department's *Internal Review Team (IRT)*, defined by:
 - i. A medically determined severe impairment; and
 - ii. The impairment continues to substantially limit the ability to work or conduct daily life activities; and
 - iii. The mental or physical health condition has been stabilized by assistive technology, medication, treatment, monitoring by medical professionals or a combination of these; and
 - iv. Loss of medical assistance could result in the inability to continue in the workforce, or a deterioration of health conditions to the point where they would meet the SSA definition of disabled.

NOTE: Because SRT is required by federal authority to adhere to SSA determinations for disability status, the Department has established a new review team, the Internal Review Team (IRT) that will determine if the individual meets the ‘medically improved disability’ status. Section 4: B provides detailed steps for working with the IRT on potential Medical Improvement cases.

Section 2 - Universal SSW Duties:

- A. **Identification of potential MIWD cases:** If the individual(s) has been determined ineligible for other Medicaid programs, the worker will review the case to determine if the individual is employed and/or self-employed **and** is disabled or attests to having a mental or physical disability.
1. Screen for possible *MIWD BCG* eligibility at initial application, renewal, or when a change is reported that affects eligibility:
 - a. If the individual is determined ineligible for other *MAGI* (unless Medicare eligible) and *Non-MAGI* full Medicaid categories due to earned income, or a combination of earned and unearned income:
 - i. Update the *Config Med* task and *MED Category* in Expert, as needed, to check for eligibility in both MAGI and Non-MAGI; and
 - ii. Review the case and application to determine if the individual meets the *MIWD BCG* criteria in Section 1:A (above) *and* all other Medicaid eligibility criteria per the [MLTC Processing Guide](#).
 - a) If the individual meets all *Non-MAGI* eligibility criteria and *MIWD BCG* eligibility criteria in Section 1: A (above):
 - 1) Leave the application pending, if applicable.
 - 2) Assign all Medicaid program cases to *MIWD* position # 2651004 *and* include a narrative with the reason for the *MIWD* referral.

NOTE: If the 16-64 year old individual is disabled and employed, the system should offer *MIWD* as a category choice if the case is configured to *Non-MAGI* as shown:



Section 3 - MIWD Team Supervisor Duties:

- A. Monitor the *MIWD* position number daily by:
1. Checking the *MIWD* position number, to review each assigned case and determine if the referral was appropriate based on the criteria listed in Section 1 (above).
 - a. The supervisor will assign all appropriate case(s) to a *MIWD* worker.
 - b. The supervisor will return incorrect case(s) to:
 - i. The assigning SSW, if originated from a local office; or
 - ii. Universal case management, if originated from a call center.

Section 4 - MIWD SSW Duties:

Special Processing Notes

- There are specific *MIWD* cases that N-FOCUS is not able to process that will require assistance from N-FOCUS Production Support. If the worker encounters one of the following cases the worker should contact N-FOCUS Production Support at 1-888-281-6629 (toll free) or 1-402-471-9698, and send an email to the Policy email box at DHHS.MedicaidPolicyQuestions@nebraska.gov:
- *MIWD* cases that include an individual living in a nursing home or assisted living with waiver (Defect NFO-489)

- A. Review the case and interfaces to determine if the individual has a current disability determination from the *SSA* or *SRT*.
1. If yes, proceed to step 4:C (below).
 2. If no, determine if a *SRT* referral is needed:
 - a. If the *SRT* disability determination is current, a referral is not required.
 - b. If the *SRT* disability determination is within 90 days of the end of approved period, or a *Medical Review Due* alert has been received, a *SRT* referral is needed.
 - c. If there is no current *SRT* disability determination, refer to the [SRT Process Guide](#) to determine if a *SRT* referral is appropriate.
 - i. If yes, assign to *SRT* position # 75013343.
 - ii. If no, assess if the individual lost the *SSA* or *SRT* disability determination due to a medical improvement and they were enrolled in *MIWD BCG* for a minimum of one calendar month; **or** if they have had a previously approved medical improvement from *IRT* and a *Medical Review Due* alert has been received:
 - a) If yes, verify the individual meets the employment criteria as outlined in Section 1: B (above) for the *MIWD MIG*.
 - 1) If yes, the assigned worker will send an email to DHHS.IRTIntake@nebraska.gov and attach completed DM-12.
 - (a) In subject line of email include client name/*IRT* referral.

- (b) In the body of the email indicate if this is an initial referral or a renewal.
- 2) Narrate date case has been sent to *IRT*.
- b) If no, the individual does not meet the *MIWD* criteria. Process the application under another Medicaid category, if eligible, or deny the application.
- B. When *SRT* or *IRT* referrals are required to verify a disability or a medically improved disability exists:
 - 1. The assigned worker will respond to additional information requests from the *SRT/IRT* by making additional calls, sending verification requests, or other applicable action to satisfy the request.
 - 2. The assigned worker will forward the required documentation to the *SRT/IRT* upon receipt from the client.
 - 3. Once the *SRT/IRT* makes its determination, the *SRT MLTC-73* or the *IRT MLTC-75* form will be scanned into document imaging (DI) and a ‘mail received’ alert will be generated for the assigned *MIWD* worker.
 - 4. Once the assigned worker receives the ‘mail received’ alert from *SRT/IRT* the worker will review the determination and take action as needed:
 - a. If the *SRT/IRT* determines a disability or medically improved disability exists, the assigned worker will update the Medical Impairment in the Expert system and determine eligibility under the applicable *MIWD* category, either *MIWD BCG* or *MIWD MIG*.
 - b. If the *SRT/IRT* determines a disability or medically improved disability does not exist, the assigned worker will deny eligibility if pending or close if active case.
 - c. A system-generated notice of action will be sent informing the individual of the *MIWD* eligibility determination.
 - i. The assigned worker will review the system generated notice to determine if an update is needed to the comment section for manual references or language prior to sending.
 - d. The assigned worker will narrate the actions taken in the case.
- C. Review the case to determine if the individual’s earnings from employment and/or self-employment have been verified per the [MLTC Processing Guide](#). Follow the [Verification Plan](#) to obtain necessary verifications, if needed.
- D. If the individual’s eligibility is being determined for the *MIWD MIG* group, the worker must use the [MIWD Federal Minimum Wage Template](#) and determine if that individual’s employment and earnings meet the criteria of employment according to Section 1:B (above) *MIWD Eligibility Criteria Medical Improvement Group*.
 - 1. The following narrative template must be utilized to document the calculation used:

Subheading <input type="button" value="Deselect All"/> *Multi Select*	MAGI Verification Medicaid Payment in Error Medically Frail Medical Impairment Medically Improved Group	MEDICAID
Narrative Detail		
Name Place of Employment Self-Employment Y/N Business Name/Type of Self-Employment Number of Hours Worked _____ per _____ (frequency) Pay Rate _____ per _____ (frequency) Hourly Wage Calculation Current Federal Minimum Wage		

2. If the results indicate that the individual does not meet the employment/earnings criteria for *MIWD MIG*, the assigned worker will close the case effective the first month possible, allowing for adequate and timely notice for the reason Eligibility Requirements Not Met.

- E. Review and ensure all other points of eligibility have been verified according to the [MLTC Processing Guide](#) and [MLTC Change Management Guide](#), as needed.
- F. Determine prospective eligibility as well as Retro eligibility, if required.
 1. Initial MIWD eligibility determinations will be processed in the *MIWD BCG* category if no other Medicaid categorical eligibility exists.
 - a. If the individual's income is at least 200%, but less than 250% FPL, NFOCUS will calculate a premium amount that will be due.
 1. Renewal and change management (including *Medical Review Due* alerts) eligibility determinations will be processed as follows:
 - a. The *MIWD BCG* budget will be approved if the individual is not eligible for another full Medicaid category, has a current disability determination from SSA or SRT, and all *MIWD BCG* and *Medicaid eligibility criteria* are met.
 - b. The *MIWD MIG* budget will be approved if the individual is not eligible for another full Medicaid category, has a current medically improved disability determination from IRT, has lost eligibility for *MIWD BCG* due to a medically improved disability, and all other *MIWD MIG* and Medicaid eligibility criteria are met.

*If a participant who was previously approved in the MIWD MIG category turns 65 years old, the *Medically Improved Disability* medical impairment will need to be end dated in order to process eligibility for SLMB/QI-1 or Medically Needy/Share of Cost.
 - c. If the individual's income is at least 200%, but less than 250% FPL in either the *MIWD BCG* or *MIWD MIG* budget, NFOCUS will calculate a premium amount due.
- G. The assigned worker will narrate the actions taken in the case.

- H. The assigned worker will review the system generated notice once the case is checked in to assure that appropriate information is displayed on the notice. The worker may need to update comments with specific information that may not be captured (e.g., manual references, etc.) prior to sending. For additional guidance, the worker should refer to the Special Processing Notes, located at the beginning of Section 4 of this Guide.