

**Subject** Transition from Public Health Emergency

**Authors** Noor and others

**Analyst** Randall Chun

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## Overview

This bill modifies certain DHS eligibility procedures to provide a transition from the federal public health emergency, and appropriates money to the commissioner of human services.

Sections 1 and 2 modify DHS procedures related to the termination of the federal public health emergency on May 11, 2023. During the public health emergency, states were initially required to maintain eligibility for individuals on MA by temporarily halting most eligibility renewals and taking other steps to ensure continuous coverage for enrollees, in order to receive an enhanced federal match. The Consolidated Appropriations Act of 2023 ends these requirements and allows states to begin MA eligibility redeterminations on April 1. These sections contain provisions that govern the transition from continuous coverage under the public health emergency.

Section 3 provides funding to the commissioner of human services, to implement the provisions in the bill.

## Summary

Section	Description
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| 1 | <b>Waivers and modifications; federal funding extension.</b><br>Amends Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended. Allows DHS COVID waiver CV 17 (preserving health coverage under MA and MinnesotaCare) to remain in effect as needed to comply with federal guidance, and until the enrollee's first renewal following the resumption of MA and MinnesotaCare renewals after March 31, 2023. States that the section is effective the day following final enactment. |
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Section	Description
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2	<b>Response to COVID-19 public health emergency.</b>
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Amends Laws 2021, First Special Session chapter 7, article 1, section 36. The amendment to paragraph (a) extends the prohibition on collecting unpaid MA employed persons with disabilities (MA-EPD) premiums through the month prior to an enrollee's first renewal following the resumption of MA renewals after March 31, 2023. (Under current law, this extends until the end of the federal public health emergency.) Also makes a conforming change related to language on MinnesotaCare premiums that is reinstated in paragraph (g).

The amendment to paragraph (b) allows periodic data matching to be suspended for up to 12 months following the resumption of MA and MinnesotaCare renewals after March 31, 2023. (Under current law, this is suspended for up to six months following the end of the federal public health emergency.)

A new paragraph (d) requires assets for persons enrolled in MA as of March 31, 2023, as elderly, blind, or persons with disabilities, that exceed the program asset limit for those groups (\$3,000 for a household of one/\$6,000 for a household of two), to be disregarded until their second annual renewal following the resumption of renewals after March 31, 2023.

A new paragraph (e) allows the commissioner to temporarily adjust MA eligibility verification requirements as needed to comply with federal guidance and ensure timely renewals, for the period during which enrollees are subject to their first annual renewal after March 31, 2023. Requires the commissioner to implement controls to monitor the effectiveness of these adjustments and ensure program integrity.

A new paragraph (f) allows the commissioner to temporarily extend the timeframe to take final administrative action on fair hearing requests from MA and MinnesotaCare recipients, until the end of the 23rd month after the end of the month in which the federal public health emergency ends. Requires the commissioner, during this time period, to:

- 1) not delay resolving expedited fair hearings;
- 2) provide MA and MinnesotaCare benefits, pending the outcome of a fair hearing decision, to any MA or MinnesotaCare recipient who requests a fair hearing in a timely manner, and regardless of whether benefits have been requested;
- 3) reinstate MA or MinnesotaCare benefits back to the date of action, if the recipient requests a fair hearing in a timely manner;
- 4) take final administrative action within the 90 days permitted under federal regulations, for fair hearing requests where MA or MinnesotaCare benefits cannot be provided pending the outcome of the fair hearing;

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- 5) not recoup or recover from the recipient the cost of MA or MinnesotaCare benefits provided pending final administrative action, even if the agency action is sustained; and
- 6) not use this authority as justification for a delay in taking final action, and only exceed the federal 90-day time limit for taking final action to the extent the commissioner is unable to take timely action on a fair hearing request.

A new paragraph (g) prohibits the commissioner from collecting unpaid MinnesotaCare premiums for a coverage month that occurred during the federal public health emergency.

A new paragraph (h) directs the commissioner, as required by the Centers for Medicare and Medicaid Services, to suspend certain procedural limitations for MA enrollees.

A new paragraph (i) requires the commissioner to waive MinnesotaCare premiums for all enrollees, beginning May 1, 2023, through June 30, 2024.

States that this section is effective the day following final enactment, or upon federal approval, whichever is later.

**3 Appropriation.**

**Subd. 1. Transition to standard eligibility for medical assistance and MinnesotaCare.** (a) Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services for MA.

(b) Appropriates money in fiscal year 2024 from the health care access fund to the commissioner of human services for MinnesotaCare. States that this is a onetime appropriation.

(c) Appropriates money in fiscal years 2024 and 2025 from the general fund to the commissioner of human services to administer the transition to standard MA and MinnesotaCare eligibility functions. States that this is a onetime appropriation.

(d) Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services for systems costs to implement the transition to standard MA and MinnesotaCare eligibility functions and the suspension of MinnesotaCare premiums.

(e) Appropriates money in fiscal year 2024 from the general fund to the commissioner of human services to provide grants to county and Tribal

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processing entities to assist with resuming MA renewals after March 31, 2023. Specifies the criteria for distribution.

**Subd. 2. Grants to navigators.** (a) Appropriates money in fiscal year 2024 from the health care access fund to the commissioner of human services, for grants to navigator organizations with a contract in good standing as of the date of enactment. Specifies the criteria for determining grant amounts. States that this is a onetime appropriation, available until June 30, 2025.

(b) Appropriates money in fiscal year 2024 from the health care access fund to the commissioner of human services for grants to navigator organizations for successful MA and MinnesotaCare enrollments. States that this is a onetime organization.



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