

HF4158 - 0 - Medical Assistance Modified

Chief Author: **Kim Hicks**
 Committee: **Human Services Finance**
 Date Completed: **3/12/2024 11:17:02 AM**
 Agency: **Human Services Dept**

| State Fiscal Impact | Yes | No |
|---------------------------|-----|----|
| Expenditures | | X |
| Fee/Departmental Earnings | | X |
| Tax Revenue | | X |
| Information Technology | | X |
| Local Fiscal Impact | | X |

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

| State Cost (Savings) | Biennium | | | Biennium | | |
|-----------------------|----------------------|--------|--------|----------|--------|--------|
| | Dollars in Thousands | FY2023 | FY2024 | FY2025 | FY2026 | FY2027 |
| Total | - | - | - | - | - | - |
| Biennial Total | | | | - | | - |

| Full Time Equivalent Positions (FTE) | Biennium | | | Biennium | | |
|--------------------------------------|----------|--------|--------|----------|--------|--------|
| | | FY2023 | FY2024 | FY2025 | FY2026 | FY2027 |
| Total | - | - | - | - | - | - |

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

This fiscal note has been reviewed and meets the LBO requirements for compliance with the fiscal note Uniform Standards and Procedures. This proposed legislation could have a fiscal impact; however, the fiscal impact is not able to be determined. Please refer to DHS's narrative for more information.

LBO Signature: Kate Schiller **Date:** 3/12/2024 11:17:02 AM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

| State Cost (Savings) = 1-2 | | Biennium | | | Biennium | |
|--|--------|----------|--------|--------|----------|---|
| Dollars in Thousands | FY2023 | FY2024 | FY2025 | FY2026 | FY2027 | |
| Total | - | - | - | - | - | - |
| Biennial Total | | | - | | | - |
| 1 - Expenditures, Absorbed Costs*, Transfers Out* | | | | | | |
| Total | - | - | - | - | - | - |
| Biennial Total | | | - | | | - |
| 2 - Revenues, Transfers In* | | | | | | |
| Total | - | - | - | - | - | - |
| Biennial Total | | | - | | | - |

Bill Description

Section 1 would modify reviews for MA-EPD premiums from the current 6-month review date to a 12-month review date. Section 1 would also allow enrollees to report changes in circumstances within 30 days, instead of 10 days.

Assumptions

The effective date for this bill is assumed to be January 1, 2025.

The postponement of reviews for the MA-EPD program, from six months to twelve months, may have a cost to the state; this is because DHS would lose enrollee contributions, in the form of higher premiums, had reviews been completed sooner at the 6-month review date. The amount of the loss cannot be determined, however, because it is unknown whether enrollees would have otherwise paid a higher premium or opted to drop coverage or change MA programs. The bill also allows enrollees to report changes in circumstances within 30 days, instead of the current requirement of 10 days. This extension to 30 days could result in an increase or decrease in one’s premium amount, and a corresponding increase or a decrease to state costs. This potential cost will be indeterminable because DHS cannot predict the timing of or type of changes in circumstances.

Expenditure and/or Revenue Formula

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

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Date: 3/11/2024 3:32:01 PM

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