



Legislative Report

Periodic data matching

Annual report

Health Care Eligibility and Access

Sept. 25, 2019

For more information contact:

Minnesota Department of Human Services

Health Care Eligibility and Access

P.O. Box 64989

St. Paul, MN 55164-0989

651-431-2283



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call (877) 627-3848, or use your preferred relay service. ADA1 (2-18)

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$4,070.

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Contents

- I. Executive summary.....4
- II. Legislation.....5
- III. Introduction.....6
- IV. Background - The PDM process6
- V. Periodic Data Matching Results8

I. Executive summary

The Minnesota Department of Human Services (DHS) initiated the Periodic Data Matching (PDM) process in August 2018 pursuant to Minnesota Statutes, section 256B.0561. DHS must conduct periodic data matching to identify enrollees on Medical Assistance (MA) or MinnesotaCare programs in the Minnesota Eligibility Technology System (METS), who based on available electronic data may no longer qualify for the program in which they are enrolled. DHS must notify such enrollees, and must allow them 30 days to respond and provide information that confirms continuing eligibility or a reasonable explanation for the discrepancy. MA or MinnesotaCare coverage is closed for enrollees who fail to respond or whose response does not support eligibility.

This report provides an overview of the PDM process, and the results for each of the seven completed cycles of PDM from September 2018 through July 2019.

For that period, MA and MinnesotaCare data matching resulted in the following cumulative totals:

- A total of 281,086 cases were selected for data matching based on their month of application.
- (Note: The number of cases reflects a total number of 580,137 individual MA and MinnesotaCare enrollees who were selected for PDM.)
- A total of 68,461 individual MA and MinnesotaCare enrollees were identified as possibly ineligible as a result of the match.
- A total of 22,990 individual MA and MinnesotaCare enrollees were terminated as a result of a periodic data match.
- Of the total number of enrollees whose coverage was terminated, a total of 20,386 individual MA and MinnesotaCare enrollees were closed due to failure to cooperate (i.e., enrollee did not respond).

II. Legislation

Minnesota Statutes, section 256B.0561, subdivision 4, mandates this Legislative Report:

Subd. 4. **Report.**

By September 1, 2019, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

III. Introduction

This report was prepared in response to Minnesota Statutes, section 256B.0561, subdivision 4. It includes a brief background to familiarize the reader with the PDM process, and provides the data for seven completed cycles of data matching (September 2018, and February 2019 through July 2019) for the following measures:

- The number of cases affected by periodic data matching,
- The number of enrollees identified as possibly ineligible as a result of a periodic data match,
- The number of enrollees whose eligibility was terminated as a result of a periodic data match
- The number of enrollees whose eligibility was terminated for failure to cooperate.

IV. Background: The PDM process

MA and MinnesotaCare enrollees whose eligibility is in METS are subject to PDM using electronic data sources at least once during an enrollee's 12-month period of eligibility. For MA enrollees, METS selects cases for PDM each month based on the month of application, and ensures that the periodic data matching process does not occur within three months before or after an enrollee's annual renewal. For MinnesotaCare enrollees, PDM occurs in the months of March through August to avoid the annual renewal period that occurs each fall.

The data sources used for PDM include:

- Social Security Administration information including:
 - Social Security Disability Insurance (SSDI) and Retirement, Survivors, and Disability Insurance (RSDI) benefit amounts
 - Medicare Part A information
 - Death information
- Equifax - Wage information from participating employers
- Internal Revenue Service (IRS) - Income information from federal tax returns

METS requests information from these data sources via the Federal Data Services Hub, and the information returned is used to project an eligibility result for the enrollee. A discrepancy is raised when electronic data is received that indicates an enrollee has income that exceeds the program income limit, the enrollee has Medicare coverage and Medicare is a barrier to program eligibility (i.e., MA for adults without children or MinnesotaCare), or the enrollee is deceased.

- If the eligibility result is within the enrollee's current program requirements, there is no discrepancy and PDM is complete for that enrollee. No notice is sent to the enrollee.
- If the eligibility result is not within the enrollee's current program requirements, a discrepancy is identified indicating the enrollee may no longer qualify for their current program.

- A system generated Discrepancy Notice is sent to the enrollee instructing them to resolve the discrepancy by:
 - Completing the Discrepancy Response Form and returning it to the servicing agency listed on the Discrepancy Notice
 - Calling the servicing agency on the Discrepancy Notice
- The enrollee must cooperate by responding to the Discrepancy Notice and providing information requested within 30 days of the date on the notice. An extension beyond the 30-day period is available when an enrollee is cooperating with the agency but is unable to provide the information needed before the date of closure.
- If the enrollee responds, the eligibility worker acts on the information provided by the enrollee, including whether the enrollee confirms the discrepancy or reports a change that resolves the discrepancy. The worker enters the information in METS and a system-generated notice is mailed to the enrollee confirming continued eligibility, a change in program, or closing of coverage.
- If the enrollee fails to respond to the Discrepancy Notice, MA or MinnesotaCare is closed at the end of the month and they are mailed a closing notice.

V. Periodic Data Matching Results

Table 1 – Results for MA and MinnesotaCare Enrollees by PDM Month

PDM Month	Enrollees Selected for PDM Process	Enrollees with a Discrepancy	Enrollees Closed at End of PDM Month*	Enrollees Closed Did Not Cooperate	Enrollees Closed Cooperated but No Longer Eligible
September 2018 (Field Test)	64,901 MA enrollees	6,659 MA enrollees	2,340 MA enrollees	2,281 MA enrollees	59 MA enrollees
February 2019	51,954 MA enrollees	5,192 MA enrollees	2,349 MA enrollees	2,087 MA enrollees	262 MA enrollees
March 2019	49,749 MA enrollees	4,619 MA enrollees	2,041 MA enrollees	1,808 MA enrollees	233 MA enrollees
March 2019	1,639 MinnesotaCare enrollees	154 MinnesotaCare enrollees	35 MinnesotaCare enrollees	18 MinnesotaCare enrollees	17 MinnesotaCare enrollees
April 2019	80,849 MA enrollees	9,609 MA enrollees	3,025 MA enrollees	2,713 MA enrollees	312 MA enrollees
April 2019	17,932 MinnesotaCare enrollees	3,073 MinnesotaCare enrollees	540 MinnesotaCare enrollees	374 MinnesotaCare enrollees	166 MinnesotaCare enrollees
May 2019	87,475 MA enrollees	10,887 MA enrollees	4,047 MA enrollees	3,622 MA enrollees	425 MA enrollees
May 2019	19,349 MinnesotaCare enrollees	3,904 MinnesotaCare enrollees	834 MinnesotaCare enrollees	576 MinnesotaCare enrollees	258 MinnesotaCare enrollees
June 2019	92,935 MA enrollees	8,649 MA enrollees	2,928 MA enrollees	2,710 MA enrollees	218 MA enrollees
June 2019	17,806 MinnesotaCare enrollees	1,770 MinnesotaCare enrollees	403 MinnesotaCare enrollees	303 MinnesotaCare enrollees	100 MinnesotaCare enrollees
July 2019	78,110 MA enrollees	9,442 MA enrollees	3,428 MA enrollees	3,092 MA enrollees	336 MA enrollees
July 2019	17,438 MinnesotaCare enrollees	4,503 MinnesotaCare enrollees	1,020 MinnesotaCare enrollees	802 MinnesotaCare enrollees	218 MinnesotaCare enrollees
TOTALS Sept. 2018 through July 2019	505,973 MA enrollees	55,057 MA enrollees	20,158 MA enrollees	18,313 MA enrollees	1,845 MA enrollees
TOTALS Sept. 2018 through July 2019	74,164 MinnesotaCare enrollees	13,404 MinnesotaCare enrollees	2,832 MinnesotaCare enrollees	2,073 MinnesotaCare enrollees	759 MinnesotaCare enrollees

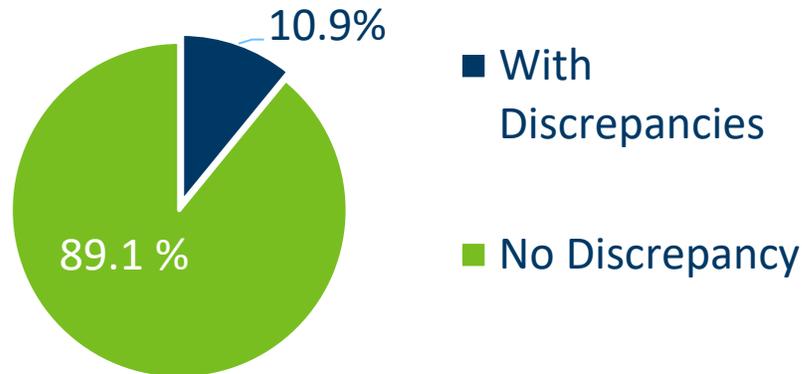
* Closing may be due to failure by the enrollee to respond to the Discrepancy Notice or because the enrollee was determined ineligible based on updated information they provided during the PDM process.

Results for MA Enrollees

PDM results for MA enrollees for September 2018 and February through July 2019 PDM cycles.

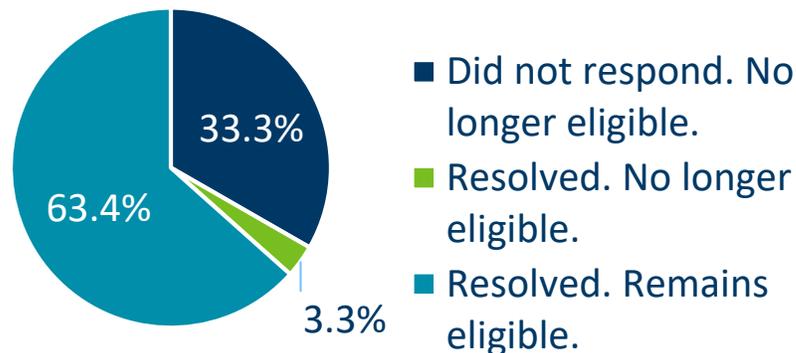
Of the total number of MA enrollees selected for PDM (505,973 enrollees), 89.1% did not have a discrepancy and 10.9% had discrepancies.

MA Enrollees PDM Discrepancy Status (505,973 enrollees)



Of those with discrepancies (55,057 enrollees), 63.4% of the enrollees (34,899 enrollees) resolved the discrepancies and remained eligible for MA, 33.3% (18,313 enrollees) were closed because they did not respond to the Discrepancy Notice, and 3.3% (1,845 enrollees) responded but based on the information provided were determined to be no longer eligible for MA.

MA Enrollees Resolution of PDM Discrepancies (55,057 enrollees)



MA Forecast Comparisons

For September 2018, the 2,340 MA enrollees that closed at the end of the PDM month in the field test is 83.3% of the 2,808 enrollees projected to close based on the November 2018 forecast. (There were a small number of additional closures in subsequent months due to counties granting extensions to enrollees to complete the PDM process.) Projected closures due to the PDM process were subsequently adjusted downward by about 17% in the February 2019 forecast to reflect the field test experience. Some enrollees may have returned information resolving the discrepancy after closure resulting in their MA eligibility being restored. Based on data from the field test, approximately 30% of MA enrollees closed at the end of the PDM month had their eligibility restored the following month. The February 2019 forecast also reflects restored eligibility for about 30% of enrollees initially closed.

For February 2019, the 2,349 MA enrollees that closed at the end of the PDM month is 99.2% of the 2,368 enrollees projected to close based on the February 2019 forecast. (There were a small number of additional closures in subsequent months due to counties granting extensions to enrollees to complete the PDM process.) Some enrollees may have returned information resolving the discrepancy after closure resulting in their MA eligibility being restored. Based on data from the February cohort, approximately 37% of MA enrollees closed at the end of the PDM month have since had their eligibility restored back to March 2019.

For March 2019, the 2,041 MA enrollees that closed at the end of the PDM month is 87.2% of the 2,340 enrollees projected to close based on the February 2019 forecast. (There were a small number of additional closures in subsequent months due to counties granting extensions to enrollees to complete the PDM process.) Some enrollees may have returned information resolving the discrepancy after closure resulting in their MA eligibility being restored. Based on data from the March cohort, approximately 34% of MA enrollees closed at the end of the PDM month have since had their eligibility restored back to April 2019.

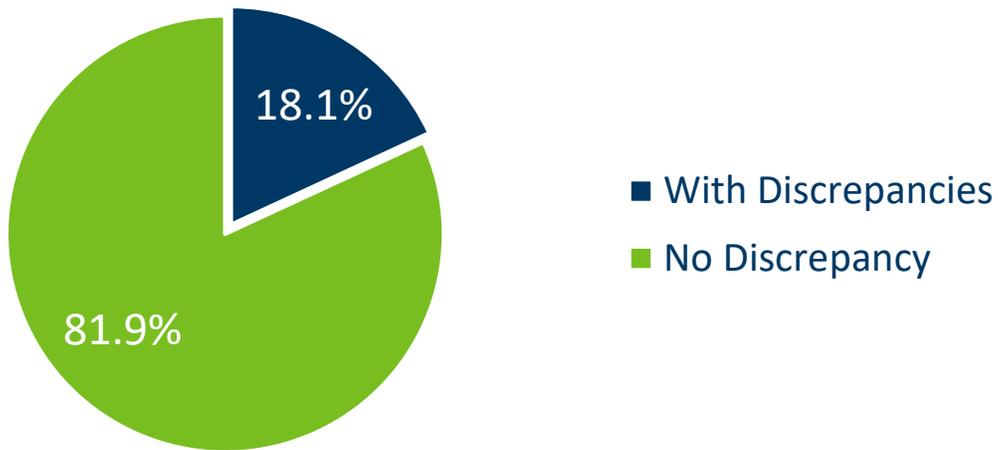
DHS is in the process of tracking additional PDM cohorts for future forecast updates.

Results for MinnesotaCare Enrollees

PDM results for MinnesotaCare enrollees for March through July 2019 PDM cycles

Of the total number of MinnesotaCare enrollees selected for PDM (74,164 enrollees), 81.9% did not have a discrepancy and 18.1% had discrepancies.

MinnesotaCare Enrollees PDM Discrepancy Status (74,164 enrollees)



Of those with discrepancies (13,404 enrollees), 78.9% of the enrollees (10,572 enrollees) resolved the discrepancies and remained eligible for MinnesotaCare, 15.5% (2,073 enrollees) were closed because they did not respond to the Discrepancy Notice, and 5.6% (759 enrollees) responded but based on the information provided were determined to be no longer eligible for MinnesotaCare.

MinnesotaCare Resolution of PDM Discrepancies (13,404 enrollees)

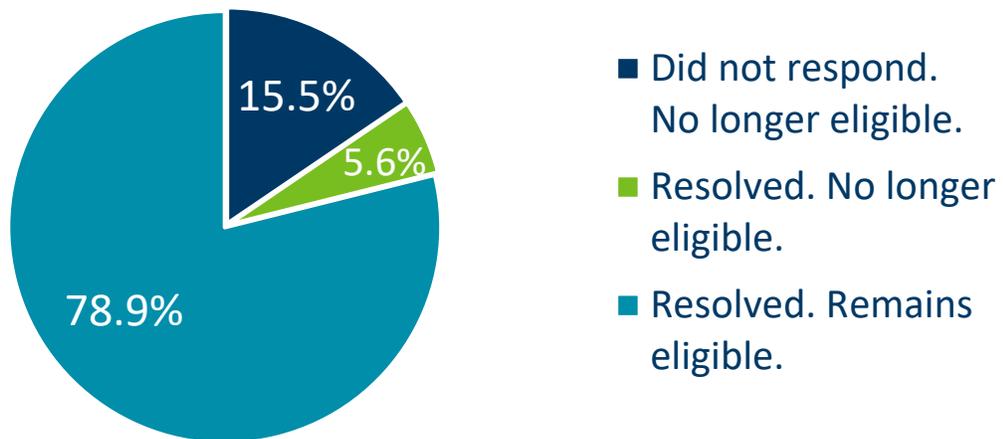


Table 2: PDM Discrepancies by Type

The following table shows the type and number of discrepancies identified per month for both MA and MinnesotaCare enrollees. The PDM process identified a total of 68,670 discrepancies. An enrollee may have more than one type of discrepancy. Of this total, 98.6% (67,716) were income discrepancies, 1.1% (756) were discrepancies related to Medicare Part A data, and 0.3% (198) were discrepancies indicating that an enrollee was deceased.

Discrepancy Types	September 2018	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	TOTAL
Income	6,615	5,137	4,720	12,504	14,671	10,263	13,806	67,716
Medicare	33	61	66	200	116	133	147	756
Death	14	31	16	27	34	50	26	198



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- I. Executive summary.....4
- II. Legislation.....5
- III. Introduction.....6
- IV. Background: The PDM process7
- V. Periodic data matching results.....8

I. Executive summary

The Minnesota Department of Human Services (DHS) initiated the periodic data matching (PDM) process in August 2018 pursuant to Minnesota Statutes, section 256B.0561. DHS must conduct periodic data matching to identify Medical Assistance (MA) or MinnesotaCare enrollees in the Minnesota Eligibility Technology System (METS) who may no longer qualify for their program based on available electronic data. DHS must send identified enrollees notices, giving them 30 days to respond and either provide information that confirms their continuing program eligibility or provide a reasonable explanation for data discrepancies. Enrollees who fail to respond or whose response shows program ineligibility get their health care coverage closed.

This report provides an overview of the PDM process and the results for each completed cycle of PDM from July 2019 through February 2020. DHS suspended PDM cycles starting in March 2020 due to the COVID-19 public health emergency, preserving access to health care programs in accordance with Emergency Executive Orders [20-11](#) and [20-12](#) and to qualify for a temporary 6.2 Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act¹. To qualify for the FMAP increase, the state must maintain Medicaid coverage (MA in Minnesota) for all individuals enrolled on and after March 18, 2020 through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or dies. Since the PDM process automatically terminates MA and MinnesotaCare coverage for reasons other than voluntary closure, loss of state residency or death, DHS suspended the PDM process to preserve Minnesota's eligibility for the enhanced FMAP.

This report includes the results for each of the eight completed cycles of PDM from July 2019 through February 2020. For that period, MA and MinnesotaCare PDM resulted in the following cumulative totals:

- 254,150 cases, representing 536,893 individual enrollees, selected for PDM based on their month of application. 49,753 individual MA and MinnesotaCare enrollees identified as possibly ineligible as a result of PDM.
- Terminated coverage for 18,900 individual MA and MinnesotaCare enrollees as a result of PDM. Of those whose coverage was terminated, 17,166 individual MA and MinnesotaCare enrollees lost coverage due to failure to respond to their notice.

¹ The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state's Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

II. Legislation

Minnesota Statutes, section 256B.0561, subdivision 4, mandates this Legislative Report:

Subd. 4. Report.

By September 1, 2019, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

III. Introduction

This report was prepared in response to Minnesota Statutes, section 256B.0561, subdivision 4. It includes a brief background of the PDM process and provides the data for eight completed cycles of PDM conducted from July 2019 through February 2020 for the following measures:

- The number of cases affected by periodic data matching.
- The number of enrollees identified as possibly ineligible as a result of a periodic data match.
- The number of enrollees whose eligibility was terminated as a result of a periodic data match.
- The number of enrollees whose eligibility was terminated for failure to respond to a PDM notice.

IV. Background: The PDM process

Medical Assistance (MA) and MinnesotaCare enrollees whose eligibility is in Minnesota Eligibility Technology System (METS) are subject to PDM using electronic data sources at least once during an enrollee's 12-month period of eligibility. For MA enrollees, METS selects cases for PDM each month based on the month of application, and ensures that the PDM process does not occur within three months before or after an enrollee's annual renewal. For MinnesotaCare enrollees, PDM occurs in the months of March through August to avoid the annual renewal period that occurs each fall.

The data sources used for PDM include:

- Social Security Administration information including:
 - Social Security Disability Insurance (SSDI) and Retirement, Survivors, and Disability Insurance (RSDI) benefit amounts
 - Medicare Part A information
 - Death information
- Equifax: Wage information from participating employers
- Internal Revenue Service: Income information from federal tax returns

METS requests information from these data sources via the Federal Data Services Hub, and the information returned is used to project an eligibility result for the enrollee. If the eligibility result is within the enrollee's current program requirements, there is no discrepancy and PDM is complete for that enrollee. No notice is sent to the enrollee.

However, if the PDM eligibility result is not within the enrollee's current program requirements, a discrepancy is identified indicating the enrollee may no longer qualify for their current program. A discrepancy is raised when electronic data are received indicating an enrollee has income that exceeds the program income limit, has Medicare coverage when Medicare is a barrier to program eligibility (i.e., MA for adults without children or MinnesotaCare), or the enrollee is deceased.

- If a discrepancy is identified, a system-generated notice is sent to the enrollee instructing them to resolve the discrepancy by:
 - Completing the discrepancy response form and returning it to the servicing agency listed on the discrepancy notice; or
 - Calling the servicing agency on the discrepancy notice.
- The enrollee must respond to the discrepancy notice and provide information requested within 30 days of the date on the notice. An extension beyond the 30-day period is available when an enrollee cooperates with the agency but cannot provide the information needed before the date of closure.
- When the enrollee responds, the eligibility worker reviews and acts on the information provided by the enrollee, including whether the enrollee confirms the discrepancy or disputes the discrepancy and provides an explanation that resolves the discrepancy. The worker enters the information in METS and a system-generated notice is mailed to the enrollee confirming continued eligibility, a change in program or closing of coverage, as appropriate.
- If the enrollee fails to respond to the discrepancy notice, MA or MinnesotaCare coverage is closed at the end of the month and they are mailed a closing notice.

V. Periodic data matching results

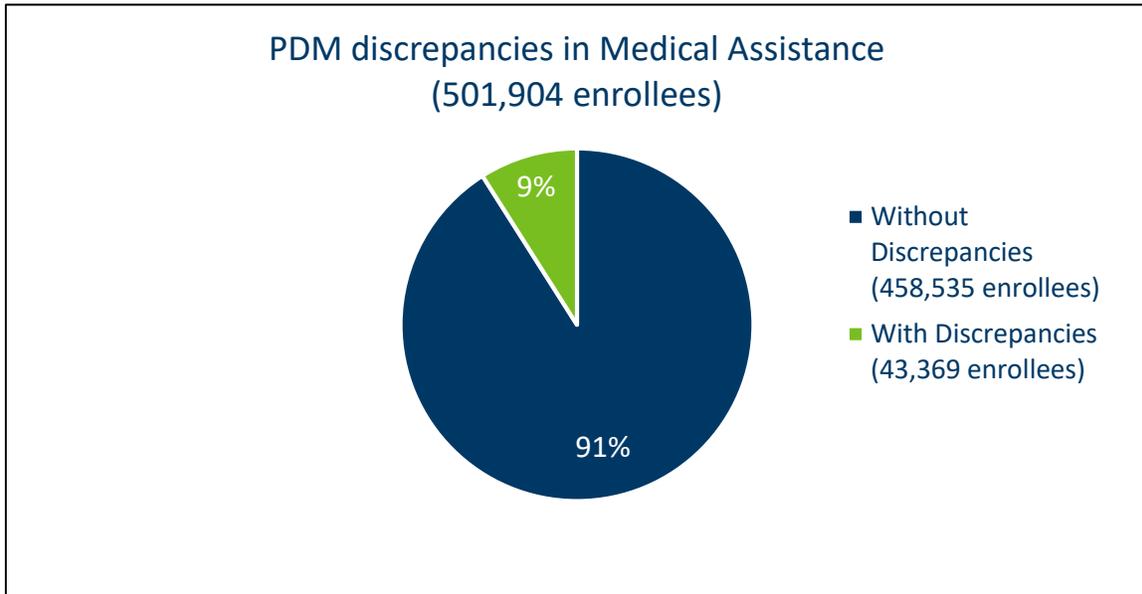
Month	Health care program	Enrollees selected for PDM process	Enrollees with a PDM data discrepancy	Enrollees closed at end of month*	Enrollees closed for not responding to PDM notice	Enrollees closed due to ineligibility
July 2019	MA	78,110	9,422	3,428	3,092	336
July 2019	MinnesotaCare	17,438	4,503	1,020	802	218
August 2019	MA	85,582	6,160	2,257	2,049	208
August 2019	MinnesotaCare	15,892	1,638	444	299	145
September 2019	MA	64,743	3,955	**	**	**
September 2019	MinnesotaCare	381	41	**	**	**
October 2019	MA	61,439	5,994	4,035	3,729	306
October 2019	MinnesotaCare	294	63	11	5	6
November 2019	MA	49,636	2,897	1,334	1,235	99
November 2019	MinnesotaCare	204	20	2	1	1
December 2019	MA	52,681	3,708	1,846	1,765	81
December 2019	MinnesotaCare	84	3	16	3	13
January 2020	MA	60,661	6,063	2,448	2,326	122
January 2020	MinnesotaCare	234	31	5	4	1
February 2020	MA	52,052	5,150	2,024	1,833	191
February 2020	MinnesotaCare	462	85	30	23	7
TOTALS	MA	501,904	43,369	17,372	16,029	1,343
TOTALS	MinnesotaCare	34,989	6,384	1,528	1,137	391

* Closing may be due to an enrollee's failure to respond to the discrepancy notice or because the enrollee was determined ineligible based on updated information they provided during the PDM process.

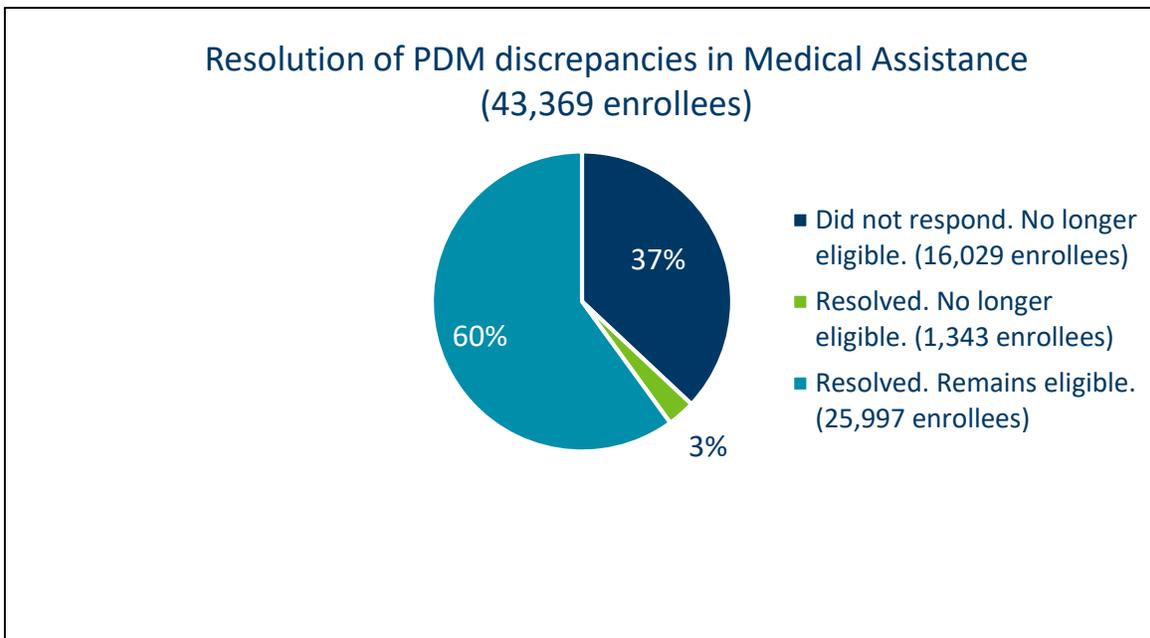
** Closures were delayed and are included in the count for October 2019. This delay prevented enrollees from moving into a qualified health plan (QHP) and immediately into the annual QHP renewal process, which occurs each September. While in the QHP renewal process, workers cannot complete actions to resolve PDM discrepancies and maintain public program coverage if appropriate.

Results for MA enrollees

Of the 501,904 MA enrollees selected for PDM, 91% (458,535 enrollees) had no discrepancies, and 9% (43,369 enrollees) had discrepancies.

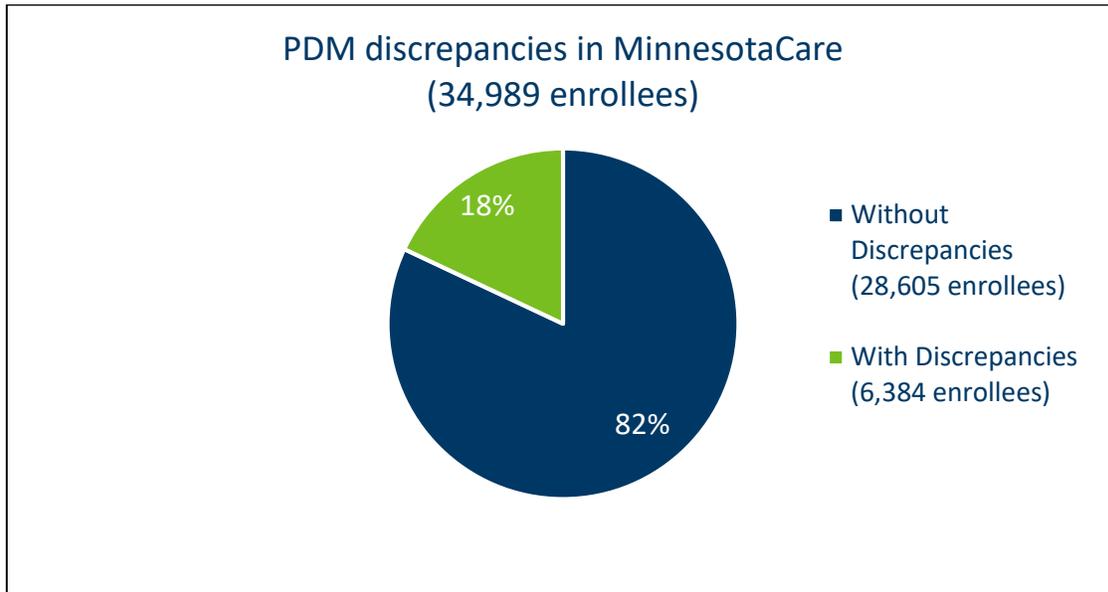


Of the 43,369 MA enrollees with data discrepancies, 60% (25,997 enrollees) resolved the discrepancies and remained eligible for MA, 37% (16,029 enrollees) were closed because they did not respond to the discrepancy notice, and 3% (1,343 enrollees) responded but were determined to no longer be eligible for MA based on the information provided.

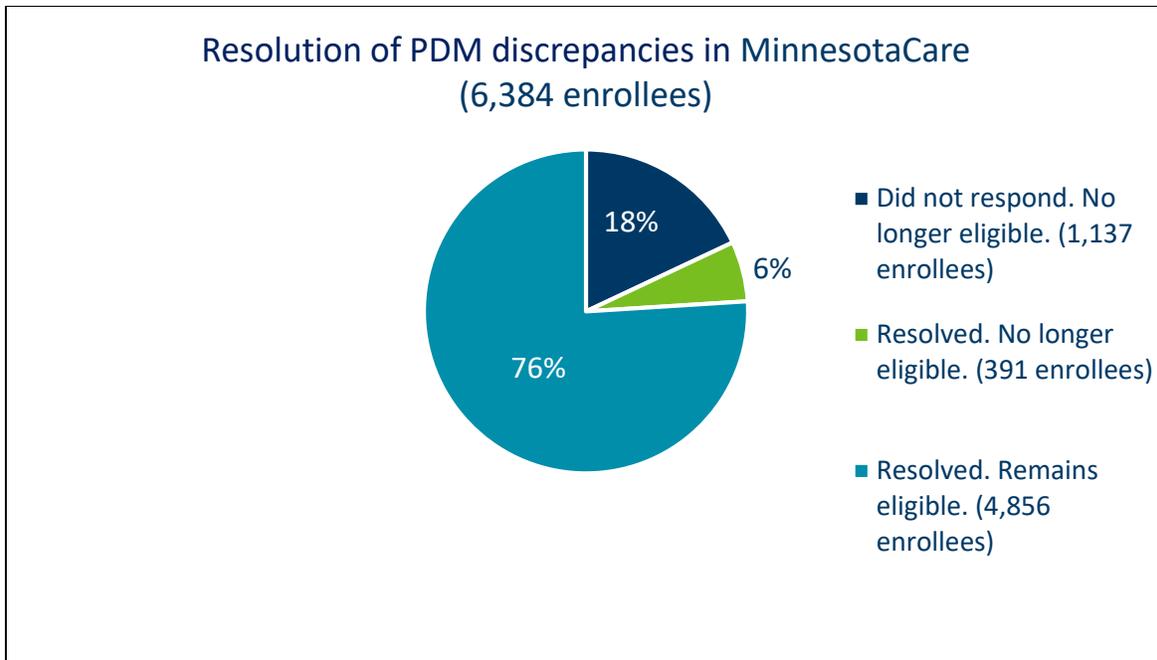


Results for MinnesotaCare enrollees

Of the 34,989 MinnesotaCare enrollees selected for PDM, 82% (28,605 enrollees) had no discrepancies, and 18% (6,384 enrollees) had discrepancies.



Of the 6,384 MinnesotaCare enrollees with discrepancies, 76% (4,856 enrollees) resolved the discrepancies and remained eligible for MinnesotaCare, 18% (1,137 enrollees) were closed because they did not respond to the discrepancy notice, and 6% (391 enrollees) responded but were determined to no longer be eligible for MinnesotaCare based on the information provided.



256B.0561 PERIODIC DATA MATCHING TO EVALUATE CONTINUED ELIGIBILITY.

Subdivision 1. **Definition.** For the purposes of this section, "periodic data matching" means obtaining updated electronic information about medical assistance and MinnesotaCare recipients on the MNsure information system from federal and state data sources accessible to the MNsure information system and using that data to evaluate continued eligibility between regularly scheduled renewals.

Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data matching to identify recipients who, based on available electronic data, may not meet eligibility criteria for the public health care program in which the recipient is enrolled. The commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients at least once during a recipient's 12-month period of eligibility.

(b) If data matching indicates a recipient may no longer qualify for medical assistance or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no more than 30 days to confirm the information obtained through the periodic data matching or provide a reasonable explanation for the discrepancy to the state or county agency directly responsible for the recipient's case. If a recipient does not respond within the advance notice period or does not respond with information that demonstrates eligibility or provides a reasonable explanation for the discrepancy within the 30-day time period, the commissioner shall terminate the recipient's eligibility in the manner provided for by the laws and regulations governing the health care program for which the recipient has been identified as being ineligible.

(c) The commissioner shall not terminate eligibility for a recipient who is cooperating with the requirements of paragraph (b) and needs additional time to provide information in response to the notification.

(d) A recipient whose eligibility was terminated according to paragraph (b) may be eligible for medical assistance no earlier than the first day of the month in which the recipient provides information that demonstrates the recipient's eligibility.

(e) Any termination of eligibility for benefits under this section may be appealed as provided for in sections 256.045 to 256.0451, and the laws governing the health care programs for which eligibility is terminated.

Subd. 3. **Recipient communication requirements.** The commissioner shall include in all communications with recipients affected by the periodic data matching the following contact information for: (1) the state or county agency directly responsible for the recipient's case; and (2) consumer assistance partners who may be able to assist the recipient in the periodic data matching process.

Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

(b) This subdivision expires January 1, 2027.

Subd. 5. **Federal compliance.** The commissioner shall ensure that the implementation of this section complies with the Affordable Care Act, including the state's maintenance of effort requirements. The

commissioner shall not terminate eligibility under this section if eligibility terminations would not conform with federal requirements, including requirements not yet codified in Minnesota Statutes.

History: *2015 c 71 art 11 s 17; 1Sp2017 c 6 art 4 s 21,22; 2020 c 115 art 3 s 21; 2022 c 98 art 14 s 20*

FOR IMMEDIATE RELEASE

May 11, 2023

Contact: HHS Press Office

202-690-6343

media@hhs.gov

HHS Secretary Xavier Becerra Statement on End of the COVID-19 Public Health Emergency

Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra released the following statement on the end of the COVID-19 Public Health Emergency (PHE):

"Thanks to the Biden-Harris Administration's whole-of-government approach to combatting COVID-19, our country is in a better place than at any point during the pandemic.

"We have learned many lessons during the last two and a half years and have worked to strengthen our preparedness and response efforts by creating resiliency in the domestic supply chain, building capacity to ensure adequate stockpiles, and fostering innovation through projects like Project NextGen.

"HHS and the leadership across the Department remain focused on protecting the health and well-being of all Americans, particularly those at highest at risk, including seniors and immunocompromised people, making sure we don't leave the uninsured behind and monitoring the latest subvariants so we're prepared and ready to manage the risks of the virus moving forward. The PHE is ending, but COVID-19 remains a public health priority, and our work to protect the American public will continue."

###

Note: All HHS press releases, fact sheets and other news materials are available at <https://www.hhs.gov/news>.

Like [HHS on Facebook](#), follow HHS on Twitter [@HHSgov](#), and sign up for [HHS Email Updates](#).

Last revised: May 11, 2023

STATE OF MINNESOTA
OFFICE OF THE GOVERNOR
SAINT PAUL 55155

June 29, 2021

The Honorable Melissa Hortman
Speaker of the House of Representatives
The State of Minnesota

Dear Speaker Hortman:

Please be advised that I have received, approved, signed, and deposited in the Office of the Secretary of State the following House Files:

[H. F. No. 33](#), relating to state government; establishing a biennial budget for health and human services; modifying various provisions governing Department of Human Services health programs, the Department of Health, health-related licensing boards, prescription drugs, telehealth, economic supports, child care assistance, child protection, behavioral health, direct care and treatment, disability services, and home and community-based services; continuing Minnesota premium security plan to a certain date; making technical changes; modifying fees; establishing civil and criminal penalties; establishing task forces; requiring reports; appropriating money. ([Journal of the House 822](#))

Sincerely,

Tim Walz
Governor

[Chapter 7](#) (H. F. No. 33)

Sec. 36. **RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY.**

(a) Notwithstanding Minnesota Statutes, section 256B.057, subdivision 9, 256L.06, subdivision 3, or any other provision to the contrary, the commissioner shall not collect any unpaid premium for a coverage month that occurred during the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.

(b) Notwithstanding any provision to the contrary, periodic data matching under Minnesota Statutes, section 256B.0561, subdivision 2, may be suspended for up to six months following the last day of the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.

(c) Notwithstanding any provision to the contrary, the requirement for the commissioner of human services to issue an annual report on periodic data matching under Minnesota Statutes, section 256B.0561, is suspended for one year following the last day of the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.

EFFECTIVE DATE. This section is effective the day following final enactment.

STATE OF MINNESOTA
OFFICE OF THE GOVERNOR
SAINT PAUL 55155

June 2, 2022

The Honorable Melissa Hortman
Speaker of the House of Representatives
The State of Minnesota

Dear Speaker Hortman:

Please be advised that I have received, approved, signed, and deposited in the Office of the Secretary of State the following House Files:

[H. F. No. 4065](#), relating to state government; modifying provisions governing the Department of Health, health care, health-related licensing boards, health insurance, community supports, behavioral health, continuing care for older adults, child and vulnerable adult protection, economic assistance, direct care and treatment, preventing homelessness, human services licensing and operations, the Minnesota Rare Disease Advisory Council, nonintoxicating hemp regulation, organ donation regulation, mandated reports, and long-term care consultation services; making forecast adjustments; requiring reports; appropriating money.

Sincerely,

Tim Walz
Governor

[Chapter 98](#) (H. F. No. 4065)

Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

(b) This subdivision expires January 1, 2027.