

NUMBER

21-21-07

DATE

May 26, 2021

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Financial Assistance Supervisors
and Staff

Tribal Chairpersons and Tribal
Health Directors

Health Care Eligibility
Operations (HCEO) Managers,
Supervisors and Staff

ACTION/DUE DATE

Effective June 1, 2021.

Please read and follow issued
instructions.

EXPIRATION DATE

May 26, 2023

DHS Explains Redetermination and Closure of MHCP for Enrollees Not Validly Enrolled due to Abuse

TOPIC

Redetermination and closure of Minnesota Health Care Programs (MHCP) for enrollees who are not validly enrolled due to abuse.

PURPOSE

This bulletin describes redetermination and closure policies of MHCP during the COVID-19 emergency for enrollees who are not validly enrolled due to abuse.

CONTACT

County, tribal agencies and DHS workers should submit Medical Assistance (MA) and MinnesotaCare policy questions via HealthQuest.

All others should direct MA and MinnesotaCare questions to:

Health Care Eligibility and Access (HCEA) Division
PO Box 64989
540 Cedar Street St. Paul, MN 55164-0989

SIGNED

MATT ANDERSON

Assistant Commissioner/State Medicaid Director
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

On April 29, 2020, the Department of Human Services (hereafter referred to as “DHS” or “we”) published [Bulletin #20-21-02](#), announcing temporary eligibility policy changes to Minnesota Health Care Programs (MHCP) to ensure enrollees maintain coverage during the COVID-19 public health emergency (PHE). We announced that for the duration of the COVID-19 PHE enrollees would remain covered unless the enrollee died, is no longer a state resident or voluntarily requested case closure. Subsequently, we issued [Bulletin #20-21-10](#) and [Bulletin #20-21-13](#) which announced additional changes requiring action during the COVID-19 PHE.

The Centers for Medicare & Medicaid Services (CMS) published an interim final rule, effective November 2, 2020, which reinterprets section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), including the requirement that states seeking the temporary enhanced federal funding maintain enrollees’ coverage through the end of the month in which the COVID-19 PHE ends. The new rule defines “validly enrolled” and requires states to redetermine eligibility and end continued coverage for enrollees who are not validly enrolled due to enrollee fraud or abuse, or due to agency error. In [Bulletin #21-21-04](#) we described the circumstances in which an enrollee is not validly enrolled due to fraud or agency error. This bulletin describes the circumstances in which enrollees are not validly enrolled due to enrollee abuse, and directs county, tribal and DHS workers to redetermine eligibility and end continued coverage for these enrollees with advance notice. Abuse is defined in federal regulations as beneficiary practices that result in unnecessary cost to the Medicaid program. It includes when investigation findings show an enrollee or the enrollee’s representative provided or failed to provide information that resulted in an incorrect eligibility determination.

The policy changes in this bulletin apply to all MinnesotaCare populations and the following Medical Assistance (MA) populations and subprograms:

- Medical Assistance for Families with Children and Adults (MA-FCA)
- Medical Assistance for People Age 65 and Older, Blind or Disabled (MA-ABD)
- Medical Assistance for Employed Persons with Disabilities (MA-EPD)
- Medical Assistance for Long-Term Care (MA-LTC)
- Medical Assistance under the TEFRA Option
- Medical Assistance Northstar Care for Children
- Medical Assistance for the Treatment of Breast and Cervical Cancer (MA-BC)
- Medical Assistance for People Receiving Services at the Center for Victims of Torture (MA-CVT)
- Medicare Savings Programs (MSP): Qualified Medicare Beneficiaries (QMB), Service Limited Medicare Beneficiaries (SLMB), Qualified Individuals (QI) and Qualified Working Disabled (QWD)
- Emergency Medical Assistance (EMA)
- Minnesota Family Planning Program (MFPP)

II. Not Validly Enrolled Due to Abuse

Effective June 1, 2021, current MA and MinnesotaCare enrollees who are validly enrolled based on a determination of eligibility, must remain continuously covered during the PHE, unless the enrollee died, is no longer a state resident, requests voluntary closure, or is disenrolled for a reason described in Bulletins [#20-21-10](#), [#20-21-13](#) or [#21-21-04](#). Generally, an enrollee is considered validly enrolled, unless an agency determines the enrollee is not validly enrolled due to fraud or abuse, or due to agency error.

Certain enrollees who are not validly enrolled may be closed during the PHE. An MA or MinnesotaCare enrollee is not validly enrolled due to abuse when all of the following has occurred:

- An allegation of fraud is received or fraud is suspected, and the county, tribal or DHS worker initiates a referral to the fraud prevention investigators who conduct a full investigation.
- The fraud investigation results in a finding that the enrollee or the enrollee's representative provided or failed to provide information that caused an incorrect eligibility determination.
- The incorrect eligibility determination occurred:
 - At a redetermination or renewal that continued the MA or MinnesotaCare coverage the enrollee currently has, with a certification period that began before March 18, 2020, or
 - At the enrollee's most recent application, or most recent redetermination that moved them into MA or MinnesotaCare.

Beginning June 1, 2021, workers must redetermine eligibility for an MA or MinnesotaCare enrollee who is not validly enrolled due to abuse, using the enrollee's current, correct and verified information, including evidence provided by investigators if current, verified information is not provided by the enrollee. If determined ineligible, close MA or MinnesotaCare with five-day advance notice of closure. See the Eligibility Policy Manual (EPM) [Section 1.3.1.5 Notices](#). If determined eligible for another program, notify the enrollee of eligibility and enroll that person in that program following standard policies and procedures.

III. Action Required

Effective June 1, 2021, county, tribal and DHS workers must follow the policies outlined in this bulletin and corresponding instructions issued after its publication. DHS will issue instructions through SIR announcements, video conferences, ONEsource and other communications.

IV. Legal Reference

Code of Federal Regulations, title 42, section 433.400(b)

Code of Federal Regulations, title 42, sections 455.2, 455.15 and 455.16

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-297-3862 or toll free at 800-657-3672, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.