

**NUMBER**

#24-21-10

**DATE**

November 7, 2024

**OF INTEREST TO**

County Directors

Social Services Supervisors and  
Staff

Financial Assistance Supervisor  
and Workers

Tribal Chairperson and Tribal  
Health Directors

Navigators, Certified  
Application Counselors and  
Brokers

**ACTION/DUE DATE**

Please read and implement

**EXPIRATION DATE**

November 7, 2026

## DHS Expands MinnesotaCare Eligibility to Include Undocumented Individuals

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### TOPIC

Expanding MinnesotaCare eligibility to include undocumented individuals.

### PURPOSE

This bulletin announces the expansion of MinnesotaCare eligibility to include undocumented individuals.

### CONTACT

Submit policy questions to HealthQuest. Direct all other questions to the following address:

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

### SIGNED



JOHN CONNOLLY  
Assistant Commissioner  
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

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Minnesota has a strong tradition of providing health and human services to people in need, so they can live in dignity and achieve their highest potential. Since 1992, MinnesotaCare has been a vital part of the health care coverage landscape, helping to close the coverage gap for individuals and families with low incomes just above Medical Assistance (MA) limits and who do not have access to health insurance through an employer.

MinnesotaCare provides comprehensive health care coverage for uninsured Minnesota residents who are not eligible for MA and have income at or below 200% of the Federal Poverty Guidelines (FPG).

For most enrollees, MinnesotaCare is funded by a combination of sources, including federal Basic Health Program funding, a state tax on Minnesota hospitals and health care providers, and enrollee premiums. A MinnesotaCare enrollee's coverage is paid primarily with federal funding if Basic Health Program guidelines are met. To advance the goal that all Minnesotans thrive, Minnesota uses state-only funds to provide MinnesotaCare to certain residents who do not meet federal Basic Health Program guidelines. For example, people aged 65 or older who are not eligible for or enrolled in Medicare, but do meet all other MinnesotaCare eligibility factors, qualify for state funded MinnesotaCare.

Note: Individuals granted Deferred Action for Childhood Arrivals (DACA) are also eligible for state-only funded MinnesotaCare. People who have been granted DACA can apply for MinnesotaCare by completing and submitting an [Application for Health Care Coverage and Help Paying Costs \(DHS-6696\)\(PDF\)](#) to DHS. In May 2024, the Biden administration published a final rule to include DACA grantees as lawfully present noncitizens for purposes of federal Basic Health Program funding. DHS will announce implementation of this change for MinnesotaCare enrollees who have been granted DACA in a future bulletin.

Pursuant to federal Basic Health Program guidelines and Minnesota statutes, a Minnesota resident who is a U.S. citizen, U.S. national, is considered lawfully present, or has been granted DACA is eligible for MinnesotaCare, as long as all other MinnesotaCare eligibility factors are met. (For the remainder of this bulletin, the term "U.S. citizen" refers to either a U.S. citizen or a U.S. national.) The Minnesota Department of Human Services (DHS) defines the term "lawfully present" for federally funded MinnesotaCare in the Minnesota Health Care programs Eligibility Policy Manual (EPM) at [Appendix H, Lawfully Present Noncitizens](#), with a list of immigration statuses and circumstances from federal guidelines. If an individual is not a U.S. citizen, none of the immigration statuses or circumstances listed at EPM [Appendix H Lawfully Present Noncitizens](#) apply to them, and they are not a DACA grantee, they are considered not lawfully present, or undocumented, and are ineligible for MinnesotaCare. (For the remainder of this bulletin, the terms "undocumented" and "not lawfully present" will be used interchangeably.)

With support from a broad coalition of community, health, labor and faith organizations, the 2023 Minnesota legislature amended state law to extend state-only funded MinnesotaCare to Minnesotans who are undocumented individuals. Beginning January 1, 2025, an individual may be eligible for MinnesotaCare regardless of their citizenship or immigration status, if they meet all other MinnesotaCare eligibility factors. The Minnesota Eligibility Technology System (METS) and the Medicaid Management Information System (MMIS), which support MinnesotaCare eligibility and enrollment, will be ready to conduct eligibility determinations on and after November 12, 2024, for undocumented individuals who will be newly eligible for MinnesotaCare beginning January 1, 2025.

The change described in this bulletin applies only to MinnesotaCare. MinnesotaCare eligibility policies and processes for applicants and enrollees who are U.S. citizens, who have a status or circumstance that is considered lawfully present or who have been granted DACA are not changing at this time.

## II. MinnesotaCare Eligibility Effective January 1, 2025

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For applications processed on and after November 12, 2024, Minnesota residents will qualify for MinnesotaCare beginning January 1, 2025, regardless of their citizenship or immigration status, if they meet all other MinnesotaCare eligibility factors. Participation in MinnesotaCare is no longer limited to Minnesotans who are U.S. citizens, have an immigration status that is considered lawfully present, or have been granted DACA.

MinnesotaCare coverage for people who are undocumented will be state-only funded and will be delivered on a fee-for-service basis. Note that MinnesotaCare coverage for enrollees who are U.S. citizens or are considered lawfully present noncitizens continues to qualify for federal Basic Health Program funding and will continue to be delivered through managed care organizations.

### A. Citizenship, Immigration Status and Lawful Presence

Although being an undocumented individual will no longer disqualify an applicant from MinnesotaCare eligibility, citizenship and immigration information remains important to ensure federal and state funding is properly allocated and to convey the correct method of health care delivery. In addition, a MinnesotaCare enrollee who has a change in their citizenship or immigration status may be determined eligible for Medical Assistance. A person who qualifies for Medical Assistance is not eligible for MinnesotaCare.

#### 1. Initial Application

MinnesotaCare applicants must attest if they are a U.S. citizen. Applicants who do not have U.S. citizenship must attest if they are considered lawfully present, as defined by the list of immigration statuses and circumstances in EPM [Appendix H, Lawfully Present Noncitizens](#), or if they have been granted DACA. Eligibility is approved for an applicant who makes an attestation of citizenship, lawful presence or DACA and meets all other eligibility criteria. The attestation is then subject to electronic verification requirements. See EPM [Section 3.2.1.1 MinnesotaCare Citizenship](#) and [Section 3.2.1.2 MinnesotaCare Lawful Presence and DACA](#).

To qualify for MinnesotaCare on and after January 1, 2025, people who are undocumented individuals must attest that they are not lawfully present. MinnesotaCare eligibility will be approved for an applicant who indicates they do not have a lawfully present status or circumstance, if they meet all other MinnesotaCare eligibility criteria. Proof that a person is undocumented is not required.

#### 2. Corrections and Changes after Application

MinnesotaCare enrollees must report changes that may affect their eligibility, including changes to their U.S. citizenship or immigration status, and their eligibility must be redetermined with the new information. See EPM [Section 1.3.2.1 Change in Circumstances](#).

An enrollee may need to correct or revise a prior attestation about citizenship or immigration status or report a change in their citizenship or immigration status. When an enrollee who previously indicated that they are not lawfully present, corrects or updates their information to indicate they are now a citizen or have an immigration status or circumstance that is considered lawfully present, the enrollee's new attested information must be electronically verified. See EPM [Section 3.2.1.1 MinnesotaCare Citizenship](#) and [Section 3.2.1.2 MinnesotaCare Lawful Presence and DACA](#). Upon successful verification, eligibility must be redetermined and if eligible, the enrollee will qualify for federally funded MinnesotaCare, with managed care service delivery beginning the next available month.

When an enrollee who previously indicated that they are a U.S. citizen or lawfully present noncitizen, corrects or updates their information to indicate they are not considered lawfully present, the new attested information is not subject to verification. Eligibility must be redetermined and if eligible, the enrollee will qualify for state-funded MinnesotaCare with fee-for-service benefits delivery beginning the next available month.

## B. MinnesotaCare Eligibility and Program Requirements

This section describes MinnesotaCare eligibility policies and program requirements that are not changing, and includes information about how these eligibility requirements apply to undocumented individuals who will newly qualify for MinnesotaCare beginning January 1, 2025.

### 1. MA Eligibility Precludes MinnesotaCare Eligibility

An applicant or enrollee who is eligible for MA without a spenddown is not eligible for MinnesotaCare. See EPM [Section 3.2.3.1 MinnesotaCare Health Care Coverage Barriers](#). When an MA enrollee has a change in circumstances that ends their current MA basis of eligibility, they must be redetermined under all other MA eligibility groups. If they are not eligible for any MA eligibility group, they must be redetermined for MinnesotaCare.

A person who is undocumented may qualify for CHIP-funded MA for Pregnant People or MA for People Receiving Services at the Center for Victims of Torture. Once determined eligible, the person will remain on MA as long as they meet the MA eligibility requirements. See EPM [Section 2.2.2.1.2 MA-FCA Pregnant Person Basis of Eligibility](#) and [Section 2.5.2 MA for People Receiving Services at the Center for Victims of Torture](#). When MA eligibility ends, they must be redetermined for all other MA eligibility groups and if ineligible, for MinnesotaCare. Depending on the person's circumstances, additional information may be needed to determine their eligibility for MinnesotaCare. If additional information is needed, the servicing agency will contact the person and may send a supplemental form by U.S. mail for the person to complete and return. The person must not be required to reapply to be determined for MinnesotaCare. See EPM [Section 1.3.2.1 Change in Circumstances](#).

### 2. State Residency

A person must be a Minnesota resident, living in Minnesota and intending to make Minnesota their home, to qualify for MinnesotaCare. People are not required to live in Minnesota for a specific duration of time to be considered a resident. An applicant meets the state residency requirement by attesting on

the application that they live in Minnesota, plan to make Minnesota their home and are not just visiting Minnesota to get medical care or for personal reasons.

People are not required to provide proof of Minnesota residency unless the person's attestation related to residency is inconsistent with other information provided by the person or known to the agency. The person may have to provide proof of residency to resolve the inconsistency.

An applicant's immigration status, or for an undocumented individual the lack of a status, cannot be used to establish an inconsistency in state residency. Request more information about state residency only if information other than immigration status is inconsistent with attested state residency. See EPM [Section 1.4, MinnesotaCare State Residency](#) for more information.

### **3. Social Security Number**

DHS uses Social Security Numbers (SSNs) to prevent duplication of benefits, and to verify income and other eligibility factors through electronic data sources.

A person does not need an SSN to qualify for MinnesotaCare. A MinnesotaCare applicant who does not have an SSN does not need to apply for one for MinnesotaCare. MinnesotaCare applicants who have an SSN must provide it, and if an SSN is provided it must be electronically verified.

A MinnesotaCare applicant who is an undocumented individual may or may not have an SSN. If the person has an SSN, they must provide it, and it must be electronically verified. If the person does not have an SSN, DHS will use other information, including the person's name and date of birth to prevent duplication of benefits. A MinnesotaCare applicant who does not have an SSN and who has income will likely need to provide paper proof of their income, since electronic verification of their income is not possible. See section B.5. Income Eligibility and Verification.

A household member who is not applying for coverage does not have to provide their SSN. However, providing SSNs for non-applying household members who have an SSN can be helpful to speed up the application process. See EPM [Section 3.2.5, MinnesotaCare Social Security Number](#) for more information.

### **4. Other Health Insurance and Employer-Sponsored Coverage**

Certain types of health care coverage may be a barrier to MinnesotaCare eligibility. Some types of health care coverage, such as Consolidated Omnibus Budget Reconciliation Act (COBRA) insurance, are a barrier to MinnesotaCare only if the person is enrolled. See EPM [Section 3.2.3.1 MinnesotaCare Health Coverage Barriers](#) for more information.

For other types of insurance, such as employer-sponsored coverage, access to the coverage may be a barrier, even if the person is not enrolled. A person applying for or enrolled in MinnesotaCare who is or was offered employer-sponsored coverage by their current employer is not eligible for MinnesotaCare if that coverage is considered affordable under federal standards and meets the federal minimum value standard. Access to employer-sponsored coverage may also impact MinnesotaCare eligibility for the employee's spouse and children, if the employee is a tax filer who expects to file a joint federal tax return with the spouse and will include the children as tax dependents.

Employer-sponsored coverage is a barrier to MinnesotaCare eligibility for an employee, their spouse or dependents if they are enrolled in the coverage, regardless of whether the employer-sponsored coverage meets the minimum value and affordability standards. See EPM [Section 3.2.3.2, MinnesotaCare Employer-Sponsored Coverage](#) for more information.

A MinnesotaCare applicant who is an undocumented individual may work for an employer who offers them employer-sponsored coverage. Some undocumented individuals use assumed names for their job. The MinnesotaCare eligibility rules pertaining to access to employer-sponsored coverage and enrollment in employer-sponsored coverage apply to an employee regardless of whether they use their actual name or an assumed name for their employment.

## 5. Income Eligibility and Verification

To be eligible for MinnesotaCare, a person must have household income at or below 200% FPG. Income eligibility for MinnesotaCare is based on projected annual income (PAI). PAI is the Modified Adjusted Gross Income (MAGI) that a person expects to have for a calendar year. When a person is requesting MinnesotaCare coverage for a future calendar year, PAI consists of the MAGI a person expects to receive for that future year. A person's household income generally includes their own PAI plus the PAI of their spouse and children under age 19. However, MinnesotaCare household composition and income counting rules vary depending on whether a person expects to file a tax return or expects to be claimed as a tax dependent for the calendar year. See EPM [Section 3.3.3 MinnesotaCare Income Methodology](#) and [Section 3.3.1 MinnesotaCare Household Composition and Family Size](#) for more information.

MinnesotaCare requires verification of a person's PAI. PAI must be verified through an available electronic data source or by paper proof if electronic data sources are unsuccessful or unavailable. MinnesotaCare eligibility is approved for applicants who meet all other eligibility criteria who attest to PAI within the MinnesotaCare limit. If paper proof of PAI is required, the person or people whose MinnesotaCare eligibility depends on the verification are given a reasonable opportunity period of 90 days to provide proof of PAI. The 90-day reasonable opportunity period can be extended for MinnesotaCare enrollees if the household is demonstrating a good faith effort to get and provide proof of their PAI. MinnesotaCare eligibility and coverage must end with the 10-day advance notice when PAI is not verified by the end of the reasonable opportunity period or any extension. See EPM [Section 3.3.4 MinnesotaCare Income Verification](#) for more information.

An individual who reports having no income is not required to provide verification or an explanation, unless electronic sources or other information the agency has indicate there is inconsistent information. See EPM [Section 1.3.2.4 MHCP Inconsistent Information](#) for more information.

A wide variety of paper documentation is acceptable proof of PAI. MinnesotaCare enrollees can also use a signed Yearly Income Statement form [\(DHS-7117\)\(PDF\)](#) or a signed affidavit to verify PAI if they are unable to provide other proof. The Yearly Income Statement can be used on its own, or it may be used in conjunction with other paper proof if the person is able to provide only partial proof of PAI. See EPM [Section 3.3.4 MinnesotaCare Income Verification](#), which references [Section 2.2.3.5 Income Verification](#) for examples of the types of proofs that are acceptable.

## 6. Eligibility and Coverage Begin Dates

MinnesotaCare eligibility and coverage often begin on different dates. When a person is determined eligible for MinnesotaCare, coverage can begin no earlier than the first day of the month following the determination. For a person who is not required to pay a MinnesotaCare premium, coverage begins the first day of the month after eligibility is approved. For a person who is required to pay a MinnesotaCare premium, coverage begins the first day of the month after they are approved and their first premium is paid. See EPM [Section 3.4.1, MinnesotaCare Begin and End Dates](#) for more information.

Undocumented individuals who will newly qualify for MinnesotaCare must apply, be determined eligible and submit their initial premium payment if required, all before noon on December 31, 2024, to receive MinnesotaCare coverage beginning January 1, 2025. MinnesotaCare coverage will begin in a later month for people who apply, are determined eligible for MinnesotaCare or submit their initial premium later, in accordance with standard MinnesotaCare rules.

## 7. Premiums

Certain MinnesotaCare enrollees must pay a monthly premium to establish and maintain coverage. The premium amount is based on household income and household size. Children under age 21, families with a military member who recently completed a tour of active duty, and people who are American Indians or Alaska Natives are exempt from monthly MinnesotaCare premiums.

MinnesotaCare is currently available under a reduced premium scale and with no monthly premiums for enrollees with household income under 160% FPG. This is due to the American Rescue Plan Act of 2021, which increased premium tax credits for people purchasing coverage through the health insurance marketplace. Subsequently, the Inflation Reduction Act of 2022 extended the premium tax credit increase through December 31, 2025. Accordingly, DHS implemented and then extended the reduced MinnesotaCare premium scale with no premiums for enrollees under 160% FPG through December 31, 2025. The MinnesotaCare Premium Estimator Table ([DHS-4139A](#)) lists estimated premiums based on household income and household size. The premium listed on an enrollees premium bill is the official calculation and the amount an enrollee must pay to start and maintain MinnesotaCare coverage.

When MinnesotaCare eligibility is approved, a premium bill is sent by U.S. mail to the individual or household. MinnesotaCare coverage will begin the first day of the month after the initial premium is paid. DHS must get the initial premium payment by noon on the last business day of the month for coverage to start on the first day of the next month. Each month thereafter, the enrollee will receive a premium bill by mail.

See [MinnesotaCare Premiums](#) for more information about premiums, including payment options and premium due dates. See EPM [Section 3.1.2.2 MinnesotaCare Premiums and Cost Sharing](#) for information about the grace month and coverage closure for nonpayment of premiums.

## 8. Overlapping MinnesotaCare and Emergency Medical Assistance

Emergency Medical Assistance (EMA) covers emergency services for certain people who meet financial and non-financial eligibility requirements for MA, but are not eligible due to their immigration status. Eligibility for and enrollment in EMA is not a barrier to MinnesotaCare eligibility. A person may be

enrolled in both EMA and MinnesotaCare at the same time, if they meet the eligibility requirements for both programs, and they pay any required MinnesotaCare premium.

Eligibility for EMA must be determined for an applicant who is an undocumented individual and who indicates on their application that they want help paying for a medical emergency. In addition, an undocumented individual who indicates they want MA to pay for medical bills from the past three months may qualify for EMA, if the bills were related to a medical emergency. Some undocumented individuals may qualify for and need coverage of medical emergency services that are not covered by MinnesotaCare. For more information, see EPM [Section 2.5.3 Emergency Medical Assistance](#) and [Minnesota Health Care Programs \(MHCP\) Summary of Coverage, Cost Sharing and Limits \(DHS-3860\) \(PDF\)](#).

## C. MinnesotaCare Benefits and Health Care Delivery

All MinnesotaCare enrollees have the same benefits, regardless of their U.S. citizenship or immigration status. Some MinnesotaCare enrollees who are age 21 or older have cost sharing. MinnesotaCare benefit and cost sharing information can be found at [Minnesota Health Care Programs \(MHCP\) Summary of Coverage, Cost Sharing and Limits \(DHS-3860\)\(PDF\)](#).

Coverage for MinnesotaCare enrollees who are undocumented individuals will be provided fee-for-service. These enrollees will not be enrolled in a managed care organization. Enrollees with fee-for-service coverage must use a medical provider enrolled with Minnesota Health Care Programs (MHCP). A [directory of enrolled providers](#) is available online. See EPM [Section 1.6, Minnesota Health Care Programs Health Care Delivery](#) for more information.

# III. Applying for or Requesting MinnesotaCare

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## A. Applications for MinnesotaCare

A person may apply for MinnesotaCare at any time throughout the year. Applicants are encouraged to work with [MNsured-certified navigators](#) to apply for and request MHCP eligibility, including MinnesotaCare. MNsure-certified navigators are trained experts who provide free application and enrollment help at local, trusted community organizations. Navigators can help applicants fill out applications, provide proofs, report changes and more.

To apply for MinnesotaCare, an individual or household must:

- Apply online through MNsure, Minnesota's health insurance marketplace at [www.mnsure.org](http://www.mnsure.org); or
- Fill out and return the [Application for Health Care Coverage and Help Paying Costs \(DHS-6696\)\(PDF\)](#) to their [local county or tribal agency](#).

Minnesotans who are undocumented individuals can start applying for MinnesotaCare beginning November 12, 2024.

## **B. Household Members who are Undocumented Individuals**

A new application is not needed to request MinnesotaCare for an undocumented individual who is currently enrolled in MHCP or who has a household member who is currently enrolled in MHCP or in another insurance affordability program. The household must contact their servicing agency to request MinnesotaCare coverage for the undocumented individual, including current EMA enrollees who may be newly eligible for MinnesotaCare. More information or paper proofs may be needed for the MinnesotaCare eligibility determination.

## **IV. Action Required**

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County, tribal and DHS workers must follow the policies outlined in this bulletin and instructions issued in advance of, and following, the publication of this bulletin.

## **V. Legal Authorities**

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Laws of Minnesota 2023, chapter 70, article 16, section 15

### **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.