

NUMBER

#20-21-10

DATE

October 6, 2020

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

Please read and follow issued
instructions.

EXPIRATION DATE

October 6, 2022

DHS Announces Updates to Temporary Policies for Minnesota Health Care Programs during the COVID-19 Public Health Emergency

TOPIC

Updates to temporary policy changes to Minnesota Health Care Programs (MHCP) during the COVID-19 public health emergency.

PURPOSE

This bulletin provides updates to temporary eligibility policy changes to MHCP during the COVID-19 public health emergency.

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 (DHS) (hereafter referred to as “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, Medical Assistance (MA) and MinnesotaCare enrollees would remain covered, unless the enrollee is deceased, is no longer a state resident or voluntarily requests closure of their case.

Subsequent guidance by the Centers for Medicare & Medicaid Services (CMS) require updates to the previously issued temporary policies for some MHCP enrollees which are described in this bulletin.

II. Additional Changes in Circumstances Requiring Action during the PHE

Beginning April 1, 2020, DHS instructed workers not to act on changes in circumstances for MA or MinnesotaCare enrollees that would result in the loss of coverage, reduction in benefits or increase in cost sharing unless the enrollee is deceased, is no longer a state resident or voluntarily requests closure.

The following are additional exceptions and most are a return to standard policies.

A. CHIP-Funded MA for Pregnant Women Ends after the Postpartum Period

Beginning July 1, 2020, workers must close Children’s Health Insurance Program (CHIP) funded MA coverage for formerly pregnant women after the two-month postpartum period. CMS did not approve Minnesota’s request to continue CHIP-funded MA for these enrollees after the postpartum period.

Workers must follow standard policies and procedures for CHIP-funded MA enrollees at the end of the two-month postpartum period. A redetermination of eligibility must occur before MA closure, and 10-day advance notice must be given. For more information see the Eligibility Policy Manual (EPM) [Section 2.2.2.1.2 MA-FCA Pregnant Woman Basis of Eligibility](#).

B. Federally-Funded MA for Certain Lawfully Present Enrollees

Beginning August 1, 2020, workers must close MA coverage at the end of the month a lawfully present MA enrollee turns 21 years old or the end of the two-month postpartum for lawfully present pregnant women who do not have an MA-qualified immigration status or are in a five-year waiting period. CMS issued guidance informing states that federal funding is not available to continue MA coverage for lawfully present children when they turn 21 years old and for lawfully present pregnant women after

the two-month postpartum period, if they do not have an MA-qualified immigration status or are in a five-year waiting period.

Workers must follow standard policies and procedures for lawfully present MA enrollees who turn age 21 or whose two-month postpartum period ends. Because these enrollees are lawfully present, they may qualify for MinnesotaCare or a qualified health plan (QHP) with or without financial assistance. A redetermination of eligibility must occur before MA closure, and 10-day advance notice must be given. For more information see the EPM [Section 2.1.2.2.2, MA Immigration Status](#).

This change applies only to lawfully present children who have turned 21 and pregnant women whose postpartum period has ended. MA enrollees who are lawfully present children under 21 years old and lawfully present noncitizen pregnant women (including those still in the postpartum period), remain eligible for MA during the COVID-19 public health emergency.

C. MinnesotaCare Ends When Enrollees Become Incarcerated or Enroll in Minimum Essential Coverage

Beginning July 8, 2020, workers must close MinnesotaCare coverage when:

- Enrollees become incarcerated after a court has found them guilty of charges.
- Enrollees enroll in health insurance that provides minimum essential coverage (MEC) including Medicare. This does not include people who have access to but have not enrolled in health insurance that provides MEC and is a barrier to MinnesotaCare eligibility.

CMS approved maintaining coverage for MinnesotaCare enrollees during the COVID-19 public health emergency except when the enrollee is deceased, is no longer a state resident, voluntarily requests coverage be closed or for these two additional reasons.

Workers must follow standard policies and procedures for MinnesotaCare enrollees who become incarcerated or who enroll in health insurance that is a barrier to MinnesotaCare. A redetermination of eligibility must occur before MinnesotaCare closure, and 10-day advance notice must be given. For more information, see the EPM [Section 3.2.2 MinnesotaCare Incarceration Status](#) and [Section 3.2.3.1 MinnesotaCare Health Care Coverage Barriers](#).

This policy applies to all MinnesotaCare enrollees, including enrollees from or receiving services from a tribal nation.

D. Limited Coverage for MA Enrollees Who Become Incarcerated

Beginning June 12, 2020, workers must maintain MA eligibility in MAXIS for enrollees who become incarcerated but update their living arrangement code in the Medicaid Management Information System (MMIS). This is currently done for MA enrollees who become incarcerated whose case is in the Minnesota Eligibility Technology System (METS).

When MA enrollees become incarcerated, their MA coverage is limited to inpatient hospital services including professional and dental services associated with the inpatient hospital stay. To receive the temporary federal funding increase provided under the Families First Coronavirus Response Act (FFCRA), states must provide continuous eligibility to individuals enrolled in MA on or after March 18, 2020, through the month in which the federal PHE ends even if they become incarcerated. However, the FFCRA does not supersede the federal funding payment prohibition for inmates of a public institution. Federal funding is available only for coverage of inpatient hospital services provided to incarcerated enrollees.

This policy applies to all MA enrollees, including enrollees from or receiving services from a tribal nation.

III. Action Required

County, tribal and DHS workers must follow the policies outlined in this bulletin and instructions that were issued by SIR announcements in advance of the publication of this bulletin.

Workers can find procedures for implementing the policies outlined in this bulletin on the [COVID-19 ONEsource](#) page.

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.