

HR 1– Medicaid Eligibility Provisions

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Delays Implementation of Eligibility & Enrollment Rules

- Delays implementation of two sets of regulations that were finalized by the Centers for Medicare & Medicaid Services (CMS), until September 30, 2034
 - [Streamlining Medicaid: Medicare Savings Program Eligibility Determination and Enrollment](#)
 - [Medicaid Program: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes](#)
- Provisions of the final rules that have already been implemented continue to apply and do not need to be reversed

Changes to Immigrant Eligibility

- As of October 1, 2026, amends the definition of “qualified alien” to only include individuals “lawfully admitted for permanent residence,” certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants
- Refugees, humanitarian parolees, asylum grantees, certain abused spouses and children, trafficking victims, and certain other non-citizens would no longer be considered qualified aliens for purposes of Medicaid
 - The law continues to allow coverage for lawfully present pregnant people and children under age 21 under the CHIPRA 214 group

Adults without Children Work/Community Engagement Mandate

- As of December 31, 2026, the states must establish work/community engagement requirements for adults without children as a condition of their Medicaid eligibility
 - HHS must issue an interim final rule by June 1, 2026
- The HHS Secretary can exempt a state from compliance if the state demonstrates a good faith effort. This exemption cannot be extended beyond December 31, 2028

Work/Community Engagement - Exceptions

- Mandatory exceptions and optional hardship waivers:
 - Indians and Urban Indians
 - Veterans with rated disabilities
 - Medically frail
 - People receiving Alcohol Use Disorder or Substance Use Disorder Treatment
 - People who meet the work requirements for SNAP or MFIP
 - Individuals with a disability
 - Incarcerated individuals
 - Optional short-term hardship waivers

Work/Community Engagement - Compliance

- An individual must work or participate in other qualifying activities at least 80 hours per month
 - monthly income that is at least 80 times the federal hourly minimum wage ($\$7.25/\text{hour} \times 80 = \$580/\text{month}$)
 - seasonal workers with average monthly income over previous 6 months that is at least 80 times the federal hourly minimum wage
 - community service or work program
 - at least half-time enrollment in an educational program
- OR
- a combination of these activities for 80 hours.

Adults without Children 6-Month Eligibility Renewals

- Beginning January 2027, eligibility for adults without children is subject to renewal every 6 months
 - Members of Tribes are exempt from this requirement
- There are no changes to the requirement that states attempt to renew eligibility using trusted data sources and only require renewal forms be completed if an individual's eligibility cannot be renewed ex parte
- The Centers for Medicare & Medicaid Services (CMS) must issue guidance for states before mid January 2026

Limited Retroactive Eligibility

- For applications submitted on or after January 1, 2027, creates shorter retroactive coverage periods:
 - One month for adults without children
 - Two months for all other eligibility categories

Reducing Duplicate Enrollment

- Effective January 1, 2027, requires states to regularly obtain and verify enrollee address information using reliable sources (e.g., United States Postal Service return mail, Managed Care Organizations (MCOs) and the National Change of Address database)
- The federal government must develop a new system to track addresses to ensure enrollees are not enrolled in multiple states by October 1, 2029
 - The new system may eventually replace the Public Assistance Reporting Information System (PARIS)

Ensuring Timely Closure of Deceased Enrollees

- Effective January 1, 2027, states must check the Social Security Administration's Death Master File at least quarterly to identify and disenroll enrollees who are deceased

Adults without Children Cost Sharing Mandate

- By October 1, 2028, states must impose cost sharing on adults without children with income above 100% FPG
 - Cost-sharing must be more than \$0 and less than \$35 per service
 - Cost-sharing cannot be more than 5% of individual or family income
- States cannot charge premiums, enrollment fees, or similar charges
- States can choose to allow Medicaid enrolled providers to deny care if the enrollee doesn't pay the cost-sharing amount
- No cost-sharing permitted on primary care, prenatal care, pediatric care, emergency room care, services provided in a FQHC, CCBHC, or RHC

Thank You!

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