



Health Care Eligibility and Enrollment Modernization

METS – eligibility determination

- Children, Parents, Adults Without Children - MA
- MinnesotaCare

MAXIS – eligibility determination

- Aged, Blind, and Disabled populations - MA

MMIS

- Managed Care Enrollment
- Premium Billing
- Coverage

Health Care E&E

Unwinding Lessons Learned

Enrollee experience

- Limited online capabilities and those existing are not meeting the needs of many populations
 - MAXIS and MMIS MC enrollment all manual
- Process confusing and difficult for enrollees and assisters to help
- Delays and lack of information

County and Tribal Worker experience

- Too many manual and complex workarounds
- Need to understand up to 3 different systems/processes
- Limited workforce, especially those with deeper knowledge

Compliance

- Oversight challenging with limited visibility into processing agency operations
- Complex processes and manual work increase risk of errors

Health Care E&E METS Service Delivery Transformation (SDT) Funding

- DHS received \$32.3 million in FY 2024-25 and \$2.4 million in FY 2026-27.
- Outcomes to be achieved:
 - Compliance with federal E&E requirements
 - Improve core functionality to improve speed and accuracy of eligibility determinations and reduce administrative burden for county and Tribal workers
 - Implement online renewals for MA and MinnesotaCare
- Relatively little of the SDT funding has been spent thus far due to the need to focus on meeting federal requirements related to PHE unwind and implementing legislative changes, which were funded with other legislative appropriations

Health Care E&E

New and Existing Federal Regulations and Guidance

Focus on Outcomes (examples)

- Systems and processes are accessible and easy to use
 - Accessibility standards and language access
 - Mobile device capability
- Eligibility Determinations are accurate
 - People are evaluated on all bases
 - Determinations are made for each individual in a household separately
- Timely determinations and appeals
 - State Medicaid agency monitors
- Enrollees who cooperate with requests for needed information are protected from losing coverage

Focus on the end-to-end enrollee experience

- Application through accessing services to federal reporting
- Renewal through continuing access to services to federal reporting
- Reporting a change in circumstance through accessing services to federal reporting
- Engage with enrollees, community organizations, and assisters

Address workforce concerns, worker experience, state oversight, and compliance

- Leveraging lessons learned from the Unwinding
- Engage with counties and Tribal Nations

Health Care E&E Modernization and Compliance (continued)

DHS analyzing new regulations and guidance and identifying resources needs

- Including resources for E&E modernization in FFY25 APD (begins 10/1/24)
- Interaction with MNSure's new eligibility system

Monthly meetings between DHS and MACSSA IT leaders

- Begin to discuss future framework
- Identify when and how counties engage

Planning for engagement with Tribal Nations that process health care eligibility

Thank you!