



Legislative Report

Periodic Data Matching

Annual Report

Health Care Eligibility and Access

September 1, 2020

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$1,825.

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I. Executive summary

The Minnesota Department of Human Services (DHS) initiated the periodic data matching (PDM) process in August 2018 pursuant to Minnesota Statutes, section 256B.0561. DHS must conduct periodic data matching to identify Medical Assistance (MA) or MinnesotaCare enrollees in the Minnesota Eligibility Technology System (METS) who may no longer qualify for their program based on available electronic data. DHS must send identified enrollees notices, giving them 30 days to respond and either provide information that confirms their continuing program eligibility or provide a reasonable explanation for data discrepancies. Enrollees who fail to respond or whose response shows program ineligibility get their health care coverage closed.

This report provides an overview of the PDM process and the results for each completed cycle of PDM from July 2019 through February 2020. DHS suspended PDM cycles starting in March 2020 due to the COVID-19 public health emergency, preserving access to health care programs in accordance with Emergency Executive Orders [20-11](#) and [20-12](#) and to qualify for a temporary 6.2 Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act¹. To qualify for the FMAP increase, the state must maintain Medicaid coverage (MA in Minnesota) for all individuals enrolled on and after March 18, 2020 through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or dies. Since the PDM process automatically terminates MA and MinnesotaCare coverage for reasons other than voluntary closure, loss of state residency or death, DHS suspended the PDM process to preserve Minnesota's eligibility for the enhanced FMAP.

This report includes the results for each of the eight completed cycles of PDM from July 2019 through February 2020. For that period, MA and MinnesotaCare PDM resulted in the following cumulative totals:

- 254,150 cases, representing 536,893 individual enrollees, selected for PDM based on their month of application. 49,753 individual MA and MinnesotaCare enrollees identified as possibly ineligible as a result of PDM.
- Terminated coverage for 18,900 individual MA and MinnesotaCare enrollees as a result of PDM. Of those whose coverage was terminated, 17,166 individual MA and MinnesotaCare enrollees lost coverage due to failure to respond to their notice.

¹ The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state's Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

II. Legislation

Minnesota Statutes, section 256B.0561, subdivision 4, mandates this Legislative Report:

Subd. 4. Report.

By September 1, 2019, and each September 1 thereafter, the commissioner shall submit a report to the chairs and ranking minority members of the house and senate committees with jurisdiction over human services finance that includes the number of cases affected by periodic data matching under this section, the number of recipients identified as possibly ineligible as a result of a periodic data match, and the number of recipients whose eligibility was terminated as a result of a periodic data match. The report must also specify, for recipients whose eligibility was terminated, how many cases were closed due to failure to cooperate.

III. Introduction

This report was prepared in response to Minnesota Statutes, section 256B.0561, subdivision 4. It includes a brief background of the PDM process and provides the data for eight completed cycles of PDM conducted from July 2019 through February 2020 for the following measures:

- The number of cases affected by periodic data matching.
- The number of enrollees identified as possibly ineligible as a result of a periodic data match.
- The number of enrollees whose eligibility was terminated as a result of a periodic data match.
- The number of enrollees whose eligibility was terminated for failure to respond to a PDM notice.

IV. Background: The PDM process

Medical Assistance (MA) and MinnesotaCare enrollees whose eligibility is in Minnesota Eligibility Technology System (METS) are subject to PDM using electronic data sources at least once during an enrollee's 12-month period of eligibility. For MA enrollees, METS selects cases for PDM each month based on the month of application, and ensures that the PDM process does not occur within three months before or after an enrollee's annual renewal. For MinnesotaCare enrollees, PDM occurs in the months of March through August to avoid the annual renewal period that occurs each fall.

The data sources used for PDM include:

- Social Security Administration information including:
 - Social Security Disability Insurance (SSDI) and Retirement, Survivors, and Disability Insurance (RSDI) benefit amounts
 - Medicare Part A information
 - Death information
- Equifax: Wage information from participating employers
- Internal Revenue Service: Income information from federal tax returns

METS requests information from these data sources via the Federal Data Services Hub, and the information returned is used to project an eligibility result for the enrollee. If the eligibility result is within the enrollee's current program requirements, there is no discrepancy and PDM is complete for that enrollee. No notice is sent to the enrollee.

However, if the PDM eligibility result is not within the enrollee's current program requirements, a discrepancy is identified indicating the enrollee may no longer qualify for their current program. A discrepancy is raised when electronic data are received indicating an enrollee has income that exceeds the program income limit, has Medicare coverage when Medicare is a barrier to program eligibility (i.e., MA for adults without children or MinnesotaCare), or the enrollee is deceased.

- If a discrepancy is identified, a system-generated notice is sent to the enrollee instructing them to resolve the discrepancy by:
 - Completing the discrepancy response form and returning it to the servicing agency listed on the discrepancy notice; or
 - Calling the servicing agency on the discrepancy notice.
- The enrollee must respond to the discrepancy notice and provide information requested within 30 days of the date on the notice. An extension beyond the 30-day period is available when an enrollee cooperates with the agency but cannot provide the information needed before the date of closure.
- When the enrollee responds, the eligibility worker reviews and acts on the information provided by the enrollee, including whether the enrollee confirms the discrepancy or disputes the discrepancy and provides an explanation that resolves the discrepancy. The worker enters the information in METS and a system-generated notice is mailed to the enrollee confirming continued eligibility, a change in program or closing of coverage, as appropriate.
- If the enrollee fails to respond to the discrepancy notice, MA or MinnesotaCare coverage is closed at the end of the month and they are mailed a closing notice.

V. Periodic data matching results

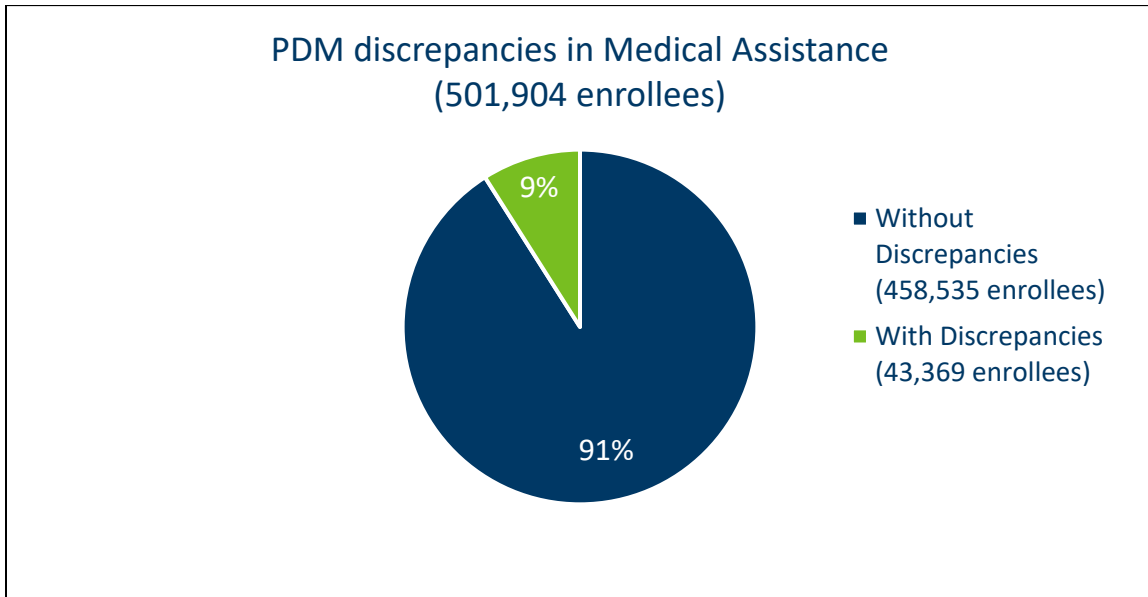
Month	Health care program	Enrollees selected for PDM process	Enrollees with a PDM data discrepancy	Enrollees closed at end of month*	Enrollees closed for not responding to PDM notice	Enrollees closed due to ineligibility
July 2019	MA	78,110	9,422	3,428	3,092	336
July 2019	MinnesotaCare	17,438	4,503	1,020	802	218
August 2019	MA	85,582	6,160	2,257	2,049	208
August 2019	MinnesotaCare	15,892	1,638	444	299	145
September 2019	MA	64,743	3,955	**	**	**
September 2019	MinnesotaCare	381	41	**	**	**
October 2019	MA	61,439	5,994	4,035	3,729	306
October 2019	MinnesotaCare	294	63	11	5	6
November 2019	MA	49,636	2,897	1,334	1,235	99
November 2019	MinnesotaCare	204	20	2	1	1
December 2019	MA	52,681	3,708	1,846	1,765	81
December 2019	MinnesotaCare	84	3	16	3	13
January 2020	MA	60,661	6,063	2,448	2,326	122
January 2020	MinnesotaCare	234	31	5	4	1
February 2020	MA	52,052	5,150	2,024	1,833	191
February 2020	MinnesotaCare	462	85	30	23	7
TOTALS	MA	501,904	43,369	17,372	16,029	1,343
TOTALS	MinnesotaCare	34,989	6,384	1,528	1,137	391

* Closing may be due to an enrollee's failure to respond to the discrepancy notice or because the enrollee was determined ineligible based on updated information they provided during the PDM process.

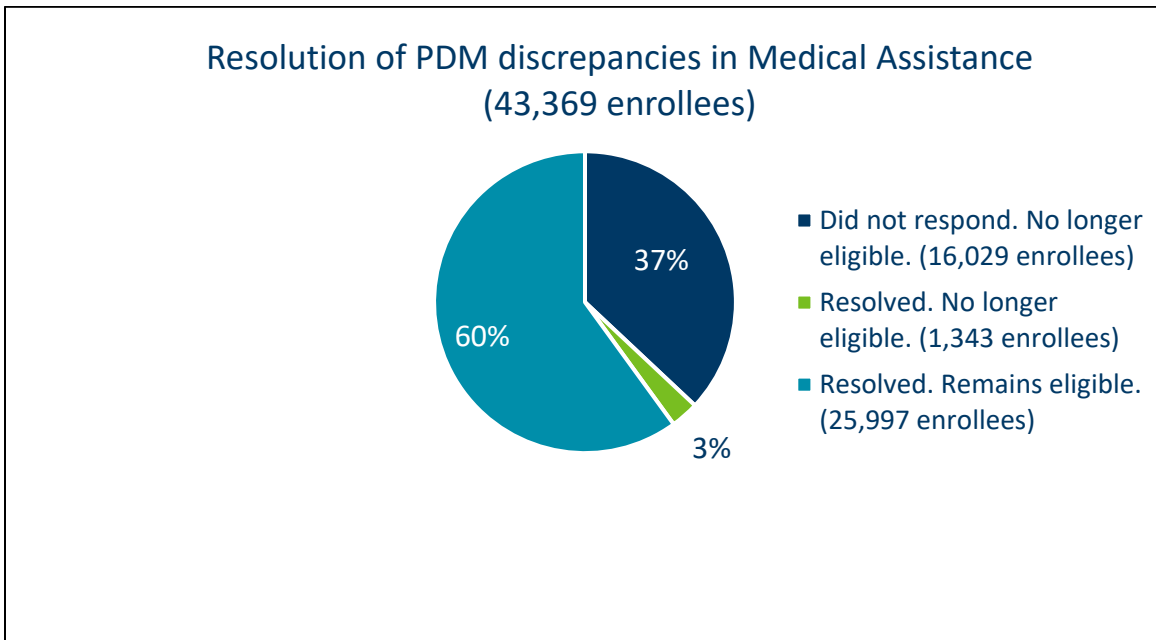
** Closures were delayed and are included in the count for October 2019. This delay prevented enrollees from moving into a qualified health plan (QHP) and immediately into the annual QHP renewal process, which occurs each September. While in the QHP renewal process, workers cannot complete actions to resolve PDM discrepancies and maintain public program coverage if appropriate.

Results for MA enrollees

Of the 501,904 MA enrollees selected for PDM, 91% (458,535 enrollees) had no discrepancies, and 9% (43,369 enrollees) had discrepancies.

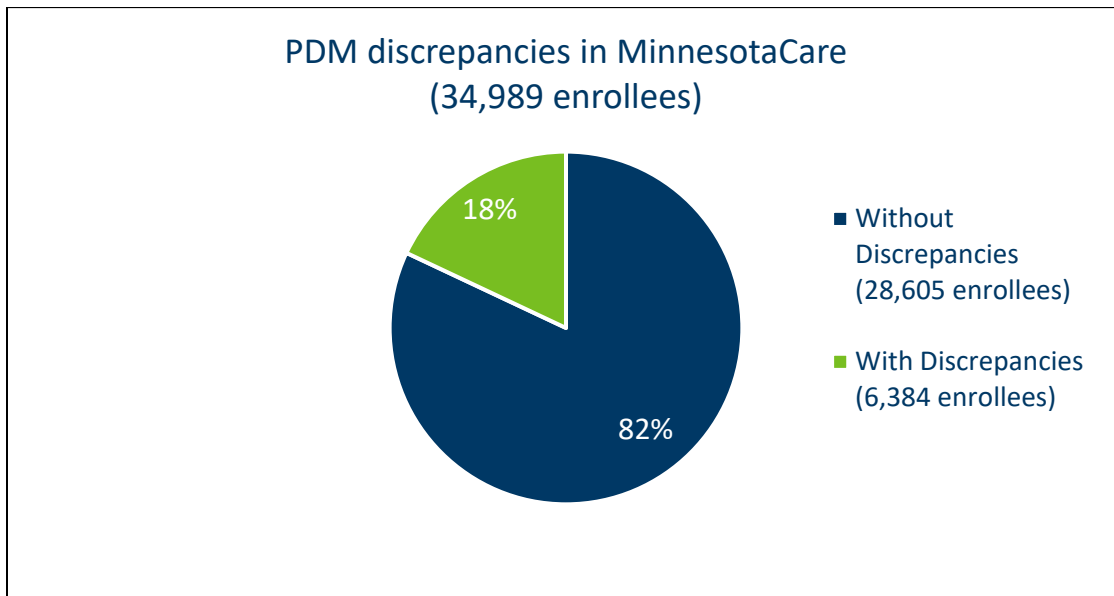


Of the 43,369 MA enrollees with data discrepancies, 60% (25,997 enrollees) resolved the discrepancies and remained eligible for MA, 37% (16,029 enrollees) were closed because they did not respond to the discrepancy notice, and 3% (1,343 enrollees) responded but were determined to no longer be eligible for MA based on the information provided.



Results for MinnesotaCare enrollees

Of the 34,989 MinnesotaCare enrollees selected for PDM, 82% (28,605 enrollees) had no discrepancies, and 18% (6,384 enrollees) had discrepancies.



Of the 6,384 MinnesotaCare enrollees with discrepancies, 76% (4,856 enrollees) resolved the discrepancies and remained eligible for MinnesotaCare, 18% (1,137 enrollees) were closed because they did not respond to the discrepancy notice, and 6% (391 enrollees) responded but were determined to no longer be eligible for MinnesotaCare based on the information provided.

