This document was translated from English by machine and may contain mistakes. The English original is at https://www.novaracg.com/2026/10/12/the-exemption-is-a-query-who-actually-decides-minnesotas-medicaid-work-requirement/.

The Exemption Is a Query: Who Actually Decides Minnesota's Medicaid Work Requirement

Heather Grizzle · October 12, 2026

El requisito laboral de Medicaid de Minnesota comienza el 1 de enero. La mayoría de las decisiones se basarán en cruces de datos. Cinco preguntas que los condados deberían hacerle a DHS ahora.

Contenidos

1. Lo que exige la norma
2. La primera decisión la toma una consulta
3. Donde los datos escasean
4. El condado carga con el resto
5. Cinco preguntas para plantear al estado antes de enero

On January 1, 2027, Minnesota's Medical Assistance program begins requiring some adults to prove they work. The day before, the last federal recovery dollars from the American Rescue Plan Act expire, taking with them money that has carried a good share of city and county public health, violence prevention and emergency planning work since 2021.[1] The overlap has been covered as a budget story, and it is one. It is also a story about who makes decisions. Most eligibility determinations under the new requirement will not be made by a person reading a file. They will be made by a data match, and the people who answer for those determinations at the county counter will not have seen the logic that produced them.

Lo que exige la norma

Según la Ley H.R. 1 y la norma final provisional que los Centros de Servicios de Medicare y Medicaid emitieron el 1 de junio de 2026, los adultos de la expansión deben demostrar 80 horas al mes de trabajo, servicio comunitario, participación en un programa laboral o inscripción a tiempo parcial en estudios o capacitación profesional, o un ingreso mensual de al menos $580.[2] Los estados deben revisar un período retrospectivo de al menos uno y hasta tres meses al momento de la solicitud, y deben verificar al menos un mes de cumplimiento en cada período de revisión de seis meses. Las renovaciones para este grupo pasan de una vez al año a dos veces.[3] Antes de que un estado pueda pedirle documentación a una persona, primero debe revisar los datos que ya posee, como los datos de nómina y los reclamos y registros de encuentros de Medicaid. Si no puede verificar el cumplimiento, envía un aviso de incumplimiento y la persona tiene 30 días para demostrar cumplimiento o una exención antes de que la cobertura sea denegada o terminada. La autodeclaración se permite hasta 2027; a partir de enero de 2028, generalmente se exige documentación cuando esté razonablemente disponible.[3]

La primera decisión la toma una consulta

The Minnesota Department of Human Services told MPR News in August that about 243,000 Minnesotans on Medical Assistance will have to meet the requirement.[4] The department's 2026 supplemental budget estimated that about 128,000 people will be subject to regular reporting.[5] The two figures come from different documents and may not rest on identical assumptions, but the most direct reading of the gap is that more than 100,000 people are expected to be cleared without ever being asked, because a data source will show them working, exempt or otherwise compliant. That is the program working as designed, and it is far better than making a quarter of a million people file paperwork twice a year. It also means the largest single determination in the program, who must report and who need not, is a system output. Nobody in a county office signs it.

The state is building toward exactly that. A March 2026 DHS systems modernization briefing to the Legislature schedules "METS functionality improvements tied to HR-1" between the third quarter of 2026 and the first quarter of 2027, lists intelligent document processing, workflow automation and call-center virtual assistants as under

analysis, and describes a competitive "bake-off" to select the eligibility rules engine.[6] The same briefing reports that automated ex parte renewals rose from 17 percent of renewals to above 76 percent during the Medicaid unwinding, saving an estimated 115,725 worker hours. It also states that "demand for systems work exceeds available resources," and that the department's IT budget is 1.3 percent of operating expenses against a peer average of 4.1 percent.[6] None of this is a criticism of DHS staff. It describes the conditions under which the automation will be built: quickly, on a thin budget, against a fixed federal date, with federal guidance and litigation still moving.

The vendor market has arrived to meet those conditions. The Center on Budget and Policy Priorities reviewed well over a dozen products aimed at work requirement verification, from Equifax's The Work Number at roughly $15 per income report to per-verification and per-enrollee tools, several of them with AI document classification or chatbots built in.[7] Its caution about single-vendor arrangements applies to every county that will live with the result: the risk of "elevated costs, diminished control over implementation outcomes, and challenges in enforcing vendor accountability."[7]

Donde los datos escasean

Automated verification works best for people whose lives already sit in clean records: one W-2 employer, a payroll provider that reports to the database, a condition coded the way the rule expects. It works worst for the kinds of work Greater Minnesota has a great deal of. CBPP notes that the traditional income databases do not cover all W-2 employees and do not cover 1099 workers.[7] Farm labor, seasonal work, small employers paying in cash, gig work and self-employment are where a match fails and a notice goes out to someone who met the requirement. Medical frailty, the broadest exemption, is the category data sees least well. Danny Mintz of Code for America told Nextgov that there is "not really necessarily a good data source that covers those cases at this point."[8] The rule directs states to maintain "auditable, regularly updated" ICD-10 code lists to identify people who may be medically frail.[9] A code list is a model. Someone decides what goes on it, and people whose disabling conditions are undiagnosed, miscoded or treated outside the claims system are the ones it will miss.

Arkansas ya realizó este experimento. Cuando el estado impuso el reporte laboral en 2018, unos 18,000 de aproximadamente 100,000 adultos objetivo perdieron la cobertura en cuestión de meses. Un equipo de Harvard, escribiendo en el New England

Journal of Medicine, encontró que más del 95 por ciento del grupo objetivo ya trabajaba o debía estar exento, y que cerca de un tercio nunca había oído hablar del requisito. El empleo no aumentó.[10] Las personas perdieron la cobertura porque el sistema de reportes les falló, no porque fallaran la prueba.

El condado carga con el resto

Every case the data cannot clear lands with a person: the noncompliance notice, the 30-day window, the phone call, and the visit to the county or Tribal office that DHS now tells enrollees to make.[11] Minnesota's last eligibility surge, the Medicaid unwinding, required $36 million in state funding to help counties and Tribal Nations handle the additional work.[6] The work requirement returns that load on a six-month cycle, in the same year that ARPA-funded positions end. When eligible people lose coverage anyway, the cost resurfaces as uncompensated care at safety-net hospitals, which is the pressure the Next City and MinnPost reporting documents at Hennepin County Medical Center.[1]

Eso deja a los directores de servicios humanos del condado en una posición difícil. Su personal explicará, defenderá y a veces revertirá decisiones producidas por un motor de reglas y un conjunto de fuentes de datos que el condado no eligió, no puede inspeccionar y quizás no se le informe cuando cambien. Cuando una coincidencia es errónea, el trabajador de elegibilidad en el mostrador se convierte en la cara pública de un error cometido en otro lugar, y el condado absorbe la apelación, la reincorporación y la queja.

Cinco preguntas para plantear al estado antes de enero

Los condados no controlan METS ni el motor de reglas. Lo que sí controlan es qué piden antes de la fecha de inicio y qué insisten en medir después. Vale la pena plantearle por escrito cinco preguntas al DHS ahora mismo, a través de MACSSA o directamente.

1. **Cobertura de los datos.** ¿Qué fuentes de datos aprueban automáticamente a una persona, y a qué grupos no llegan esas fuentes? La respuesta debería nombrar específicamente a los trabajadores autónomos, agrícolas, estacionales, informales (gig) y pagados en efectivo.

2. **Revisión antes del aviso.** Antes de emitir un aviso de incumplimiento, ¿una persona revisa el caso, o el aviso se genera directamente a partir de una coincidencia fallida?
3. **Reporte de errores.** ¿Recibirán los condados cifras mensuales sobre las terminaciones por incumplimiento, y sobre cuántas de ellas fueron revertidas en apelación o reincorporadas dentro de 90 días? Las tasas de reversión son la medida de error más barata disponible, y el estado ya las tiene.
4. **Visibilidad de proveedores e IA.** Donde un producto de proveedor o una función de IA interviene en la determinación, ya sea clasificación de documentos, un chatbot que responde preguntas de elegibilidad o un filtro de probable fragilidad, ¿qué puede ver el condado de sus reglas, y quién lo audita?
5. **Control de cambios.** Cuando cambien las directrices de CMS o un tribunal falle sobre la definición de fragilidad, ¿con qué rapidez puede cambiar la lógica, y cómo se informará a los condados antes de que su personal tenga que responder por ello?

Ninguna de estas preguntas retrasa la implementación. Cada una hace que un error sea visible más pronto, que es la única manera confiable de evitar que un sistema de verificación funcione como un recorte de elegibilidad que nadie votó. La norma federal fijó la fecha de inicio. Lo que los condados pidan en las próximas doce semanas determinará cuánto del sistema podrán ver una vez que esté en funcionamiento.

> **TIPS**
>
> Know something about a sign language AI system that the public should know? Send it to tips@novaracg.com. Every tip is read by me and kept confidential. If you work in the UK, writing to us is not by itself a protected disclosure under the Public Interest Disclosure Act 1998, so before you share employer information, check your options with Protect (protect-advice.org.uk), the free whistleblowing advice line.

SUPPORT NCG

NCG does this work without vendor money, so our findings stay ours. If it has been useful to you, you can support NCG's independent work here. NCG is a for-profit company, not a charity. Contributions are not tax-deductible and buy no service or influence.

Notas

1. Kim Bellware, "Cities built their safety nets on federal money. Now it's leaving all at once," Next City, republished by MinnPost, October 2026. https://www.minnpost.com/news/top-story/2026/10/cities-built-their-safety-nets-on-federal-money-now-its-leaving-all-at-once/
2. Centers for Medicare & Medicaid Services, interim final rule on Medicaid community engagement requirements, Federal Register, June 3, 2026, https://www.govinfo.gov/content/pkg/FR-2026-06-03/pdf/2026-11094.pdf; National Association of Counties, "CMS Issues Interim Final Rule on Medicaid Community Engagement Requirements," June 2026, https://www.naco.org/news/cms-issues-interim-final-rule-medicaid-community-engagement-requirements
3. Center for Health Care Strategies, "A Summary of Federal Medicaid Work Requirements," https://www.chcs.org/resource/a-summary-of-national-medicaid-work-requirements/; Minnesota Department of Human Services, "Special edition: News from DHS," August 11, 2026, https://content.govdelivery.com/accounts/MNDHS/bulletins/42449c8
4. MPR News, "Minnesota DHS rolls out eligibility tool ahead of federal Medicaid work requirement changes," August 6, 2026. https://www.mprnews.org/story/2026/08/06/minnesota-dhs-rolls-out-medicaid-eligibility-tool-ahead-of-work-requirements
5. Minnesota Department of Human Services, 2026 Supplemental Budget Book (March 2026), as reported by the Minnesota Budget Project, "Health coverage at risk for 128,000 Minnesotans subject to new Medicaid work reporting requirements," May 14, 2026. https://mnbudgetproject.org/resource/health-coverage-at-risk-for-128000-minnesotans-subject-to-new-medicaid-work-reporting-requirements

6. Minnesota Department of Human Services, "System Modernization Update," presented to the Minnesota House of Representatives, March 8, 2026, slides 3 to 8 and 13 to 15. https://www.house.mn.gov/comm/docs/eC69ygMf6EO-d1OZF8Jt0Lw.pdf
7. Symonne Singleton and Jennifer Wagner, "Assessing the Medicaid Work Requirement Vendor Landscape," Center on Budget and Policy Priorities, February 9, 2026. https://www.cbpp.org/research/health/assessing-the-medicaid-work-requirement-vendor-landscape
8. Nextgov/FCW, "CMS quietly moved a Medicaid technology project to a federal data hub as new eligibility requirements approach," July 2026. https://www.nextgov.com/digital-government/2026/07/cms-quietly-moved-medicaid-technology-project-federal-data-hub-new-eligibility-requirements-approach/415106/
9. Holland & Knight, "CMS Issues Interim Final Rule Implementing Medicaid Community Engagement Requirements," June 2026. https://www.hklaw.com/en/insights/publications/2026/06/cms-issues-interim-final-rule-implementing-medicaid-community
10. Benjamin D. Sommers et al., "Medicaid Work Requirements: Results from the First Year in Arkansas," New England Journal of Medicine, June 19, 2019; reported in KFF Health News, "Study: Arkansas Medicaid Work Requirement Hits Those Already Employed." https://kffhealthnews.org/news/study-arkansas-medicaid-work-requirements-hit-those-already-employed/
11. Minnesota Department of Human Services, "Special edition: News from DHS," August 11, 2026. https://content.govdelivery.com/accounts/MNDHS/bulletins/42449c8

Cómo citar

Grizzle, H. M. (2026, October 12). The Exemption Is a Query: Who Actually Decides Minnesota's Medicaid Work Requirement. Novara Consulting Group. https://www.novaracg.com/es/2026/10/12/the-exemption-is-a-query-who-actually-decides-minnesotas-medicaid-work-requirement/