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

Heather Grizzle · October 12, 2026

明尼苏达州的医疗补助工作要求将于*1*月*1*日生效。大多数决定将通过数据匹配做出。各县现在应向*DHS*提出的五个问题。

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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.

规定要求什么

根据《H.R. 1》法案以及医疗保险和医疗补助服务中心(CMS)于2026年6月1日发布的临时最终规则,扩展计划下的成年人必须证明每月有80小时的工作、社区服务、参与工作计划,或半时制在校就读或接受职业培训,或者每月收入至少达到580美元。[2] 各州在申请时必须回溯至少一个月、最多三个月的记录,并且必须在每六个月的复核期内核实至少一个符合要求的月份。该群体的资格复核将由每年一次改为每年两次。[3] 在州政府要求个人提交书面材料之前,必须先核查其已掌握的数据,例如工资数据以及医疗补助理赔和服务记录数据。如果无法核实其是否符合要求,州政府将发出不合规通知,当事人有30天时间证明自己符合要求或符合豁免条件,否则其保障将被拒绝或终止。自我申报在2027年底前仍被允许;从2028年1月起,凡是能够合理获取的情况下,一般都需要提交书面证明材料。[3]

第一个决定由一次查询做出

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]

数据薄弱之处

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.

阿肯色州已经做过这个实验。该州于2018年实施工作报告要求后,约10万名目标成年人中有约18,000人在数月内失去了保障。哈佛大学的一个团队在《新英格兰医学杂志》上撰文指出,目标群体中超过95%的人本已在工作或本应符合豁免条件,其中约三分之一的人此前根本没有听说过这项要求。就业率并未因此上升。[10] 人们失去保障,是因为报告系统辜负了他们,而不是因为他们未能通过测试。

剩下的由县里承担

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]

这使得县人力服务主管们处境艰难。他们的工作人员将不得不解释、辩护,有时还要推翻由一个规则引擎和一套县里既未选择、也无法审查、甚至在变更时可能都不会被告知的数据源所产生的决定。当匹配结果出错时,服务窗口的资格审核工作人员就成了别处所犯错误的公众面孔,而由县里来承担申诉、恢复保障和投诉处理的后果。

1月之前应向州政府提出的五个问题

各县无法掌控METS系统或规则引擎。但它们可以掌控在启动日期之前提出什么要求,以及之后坚持要衡量什么。现在就值得以书面形式——通过MACSSA或直接——向人力服务部提出以下五个问题。

1. **数据的覆盖范围。**哪些数据源能够自动核实通过某人的资格,这些数据源又覆盖不到哪些群体?答案应当明确点出自雇者、农业工作者、季节性工作者、零工经济从业者以及以现金支付工资的工作者。
2. **通知前的审核。**在发出不合规通知之前,是否有人对该案例进行审核,还是该通知直接由一次匹配失败自动生成?
3. **错误报告。**各县是否会收到关于因不合规而被终止资格的月度数据,以及其中有多少在申诉中被撤销或在90天内恢复?撤销率是现成可得的、成本最低的错误衡量指标,而州政府手头已经掌握这些数据。

4. **供应商与AI的可见性。**凡是供应商产品或AI功能涉及资格认定之处——无论是文档分类、回答资格问题的聊天机器人,还是用于筛查可能脆弱人群的程序——县里能够看到其规则的哪些部分,又由谁来对其进行审计?
5. **变更管控。**当CMS的指导方针发生变化,或法院就脆弱性定义作出裁决时,相关逻辑能够多快做出调整,县里又将在其工作人员需要为此负责之前多久得到通知?

这些问题都不会拖延实施进度。每一个问题都能让错误更早被发现,而这是防止一个核实系统在事实上变成一次无人投票通过的资格削减的唯一可靠办法。联邦规则已经定下了启动日期。而各县在接下来的十二周里提出什么要求,将决定该系统一旦运行起来之后,它们能看到多少。

> **TIPS**
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> 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.

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