DEPARTMENT OF HUMAN SERVICES

2026 Minnesota Medicaid Equity Forum

Equity in Uncertain Times: Protecting Access, Centering Communities, *Understanding the Community Impacts of Federal and State Medicaid Changes*

Brief History of the Forums

In March 2023, the Department of Human Services' (DHS) Health Care Administration launched the first Minnesota Medicaid Equity Forum. The forum aimed to build off of the collective work between the Minnesota Department of Health (MDH) and the Minnesota Department of Human Services' partnership with eight of Minnesota's Managed Care Organizations (MCOs) to coordinate and share resources to help connect more Minnesotans from communities hardest hit by COVID-19 to lifesaving vaccines.

The first two forums (2023 and 2024) centered on addressing the need for community guidance and solutions during the reinstatement of health care eligibility renewals for Minnesota Health Care Programs (MHCP), Minnesota's largest health insurance initiative since the Affordable Care Act (ACA). The equity forums were a key venue for the department and its partners to discuss and determine how to focus funding and attention on decreasing racial and geographic disparities in disenrollment during the "unwind," and it worked. Disparities in disenrollment for Black & most American Indian enrollees disappeared & disparities for Hispanic/Latine enrollees significantly narrowed. That underlies the most important aspect of the forums, a commitment to action and accountability. Anticipating potential federal policy shifts that could significantly affect Medicaid funding, the third forum (2025) focused on the importance of personal stories and inclusive communication strategies as tools to protect and strengthen the Medicaid program. It provided Medicaid Matters resources for attendees to use and share in their communities.

The Minnesota Medicaid Equity Forums operate on the fundamental belief that achieving health equity[1] requires centering the experiences of communities navigating structural inequity and disadvantage and fostering collective, cross-sector action for sustainable change. To this end, the forums actively engage a diverse group of partners, including community-based organizations, faith-based groups, Minnesota Health Care Programs (MHCP) enrollees, managed care organizations, health care providers, Tribal Nations, Urban American Indian organizations, Minnesota county and state agencies, and Department of Human Services staff and leadership.

Each forum has therefore brought new collaborators to the space. Through investments made by department leadership and support from the Community Relations team, the reach and impact of the collective work have grown.

1. Health equity is a state where all persons, regardless of race, creed, income, sexual orientation, gender identity, age or ability have the opportunity to reach their full health potential without the limits of structural barriers. **Equality** means that everyone is provided the same things in order to live happy, healthy lives. **Equity,** on the other hand, means that we address structural barriers to achieve health, recognizing that some groups or people are starting from a different place because of inequitable policies or systems.



"Medicaid equity is a complex yet essential issue that directly impacts the health and well-being of our neighbors. Dedicating time to this topic fosters insight, encourages collaboration, and helps establish a thoughtful path forward during a time of significant uncertainty."

2026 Forum Focus

Medicaid (called Medical Assistance in Minnesota) and MinnesotaCare provide health care coverage to one in four Minnesotans. Recognizing that Medicaid is foundational to the health and well-being of Minnesotans, and in response to significant federal and state policy changes affecting Medicaid eligibility and access, the 2026 Minnesota Medicaid Equity Forum focused on the theme *"Equity in Uncertain Times: Protecting Access, Centering Communities, Understanding the Community Impacts of Federal and State Medicaid Changes."*

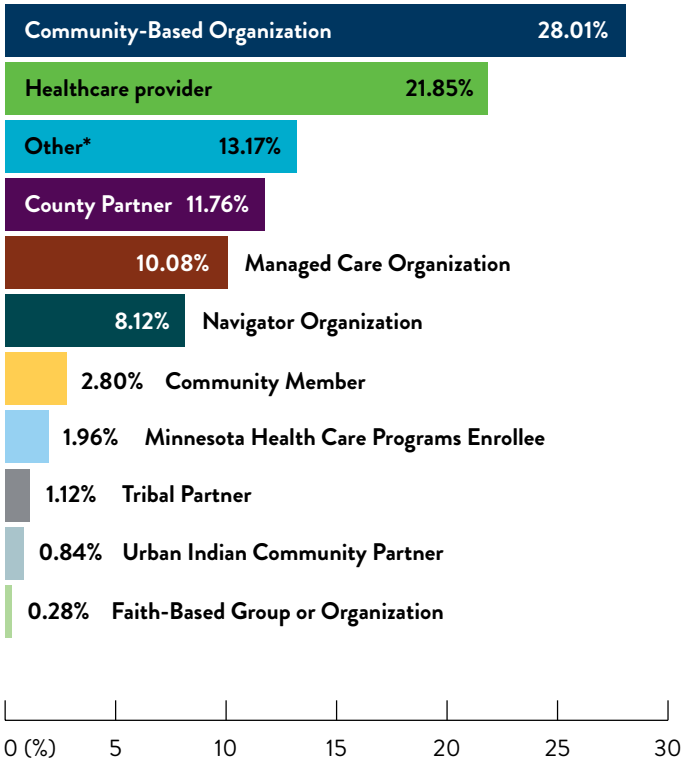
The 2026 forum, taking place across three venues (Metro, Duluth, and Virtual meetings), created space to share what is currently known about upcoming Medicaid changes resulting from the federal reconciliation law [Public Law 119-21, also known as H.R. 1 or the One, Big, Beautiful Bill Act (OBBBA)] federal actions around program integrity including threats to withhold Medicaid finding, and the state budget, acknowledge the uncertainty that remains as policy guidance continues to evolve, and explore how these changes may affect communities across Minnesota. Discussions highlighted the potential impacts of new eligibility requirements, increased administrative burdens, and coverage disruptions, particularly for communities already facing barriers to care.

Through small-group dialogue, panel discussions, and presentations, the forum emphasized the importance of centering the voices and experiences of those most impacted while identifying strategies to minimize harm, protect access to care, and advance equity during a period of significant change.

Forum Participants

In all, 370 community partners registered for the forums. Over two dozen DHS staff participated, as well. About ⅔ of the community partners were first-time participants in the Equity Forum.

Forum participants by organization type



*Examples of types of organizations that fall under "other": Healthcare advocacy organizations, Pharmacy Industry, Government, Education (Higher Ed & K-12), Philanthropic Organizations, Elder Care Organizations, Non-profit Organizations.



Themes & Recommendations from Collaborative Solutions Lab

This year's forum utilized a large-group facilitation technique, called the Collaborative Solutions Lab, which combines the fluidity of Open Space Technology[2] with the collaborative feedback process of a Critical Friends[3] framework. Together, these approaches allowed participants to co-create the agenda by offering multiple small-group discussion topics centered on the event theme. Topic conveners, those community partners who proposed a discussion topic, as well as department staff who led discussion topics, shared their rationale for the importance of the topic and received warm and cool feedback from participants, along with concrete recommendations and actionable next steps for the Department of Human Services and community partners.

The themes below capture key experiences, desires, and ideas across all three Forum sessions, each answering the overarching question: *What will support sustained, statewide, collective health equity efforts focused on Minnesotans on Medicaid?* Within each theme, we present the next steps directly informed by the participants' Collaborative Solution Lab conversations.

2. Open Space Technology is a meeting method where participants create their own agenda on the spot based on a central theme. People suggest topics, choose which discussions to join, and move freely between groups to share ideas. This hands-on approach cuts out rigid schedules, letting the crowd drive the conversations and solutions.

3. A Critical Friends group is a small team of peers who meet regularly to help each other improve their work. Members use structured guidelines to share their current projects or challenges, while others ask deep questions and offer honest feedback. The goal is to provide a safe but challenging space where professionals can grow through constructive critique.

1. Building Trust through Transparent & Tailored Communication

> *"When people get confused, they get frustrated. It's complicated for people outside the government."*
> — Forum participant

Community members have questions about how the upcoming Medicaid changes will affect them, including who will and will not be directly impacted by changes, work requirements, timing of changes, acceptable documentation (e.g., proof of compliance with work requirements), eligibility qualifications, and potential impacts of loss of coverage and ability to access health care. Forum participants want more information and timelines for communication from the department so they can effectively support their communities in navigating upcoming changes. While many unknowns remain because the federal government has not provided states with final guidance on Medicaid changes, the department has an opportunity to communicate the "why" behind upcoming changes, especially when those changes are tied to federal law. Participants also expressed a need for greater clarity surrounding fraud response efforts, the provider revalidation process, and budget-related decisions.

Given what is both known and unknown at this time, a focus on equity requires tailoring plain-language messages to the diverse and distinct ways community partners and communities actually receive and access information. For example, forum participants shared that people who are unhoused or transient need ways to access information that don't require a mailing address;

community partners may have the strategies and delivery methods that will best reach them. And people who speak languages other than English need translated resources and tools, such as the Minnesota Renewal LookUp Tool, to ensure the independent access achieved through this resource is truly available to everyone.

Next Steps

- **Equip partners to fight misinformation:** Share precise, factual information directly with trusted community partners so they can proactively dispel rumors and false narratives. (MN DHS)
- **Deploy multi-channel, localized strategies:** Utilize social media for digital audiences while leaning on traditional infrastructure like billboards, radio, and trusted community leaders to engage broader audiences. (MN DHS + Community Partners)
- **Support grassroots healthcare literacy:** Invest in community education initiatives that build awareness around healthcare options, ensuring marginalized populations are not left behind. (MN DHS + Community Partners)

2. Deepening Consistent Community Collaboration

> *"To a lot of community organizations, DHS is the enemy, and they need to be allies"*
> — Forum participant

Forum participants desire continued opportunities to bring their perspectives to the table to authentically co-create solutions with the department. To avoid treating community engagement as a series of one-off events, the department must embed community voices directly into consistent, high-frequency decision-making spaces and feedback loops. Ideas from forum participants include community members beta testing Minnesota Health Care Programs' web resources and participating in additional in-person and virtual listening sessions/forums across the state (especially in rural Minnesota). Forum participants also suggest roundtables with specific types of community partners (e.g., providers, counties, regional partners, etc.) to leverage their unique roles and spheres of influence; these roundtables could support identifying and enacting strategies, as well as the local and regional resources needed to enact them.

Next Steps

- **Establish high-frequency feedback loops:** Host regular listening sessions, roundtables, and feedback loops to keep community expertise at the center of program design. (MN DHS)
- **Bring the Department of Human Services directly into the community:** Partner with local organizations to meet people where they are, developing mobile clinics or information centers to ensure access. (MN DHS + Community Partners)
- **Equip community partners with data to inform decision-making and service delivery.** Ideas include a dashboard for assisters, navigators, and brokers to provide access to case records, status of form completion, the number of impacted individuals by geography, and strategies that can reduce the costs of care. (MN DHS)
- **Collaborate with cultural and Tribal leadership:** Connect with Tribal Leaders and elders to ensure information delivery aligns with community engagement structures and respects cultural contexts. (MN DHS + Community Partners)



3. Modernizing & Streamlining Systems for Accessibility

> *"People are finding out they don't have health insurance at very inopportune times."* — Forum participant

During the forums, we heard that navigating Minnesota Health Care Programs and county resources is a major barrier due to outdated communication, administrative, and technology platforms, inconsistent processes between counties, and confusing lookup tools (e.g, limitations on the scope of information available, functionality, and user experience). Forum participants shared that systems must be modernized and streamlined so that they work seamlessly statewide, giving participants and providers the ability to manage their health care coverage with confidence.

Next Steps

- **Simplify the digital user experience:** Redesign platforms to make updating personal information simple, allowing users to upload documents and see real-time status updates and next steps. (MN DHS)
- **Standardize verification submission processes across counties:** Upgrade backend systems and workflows to ensure consistent document submission and processing procedures across all counties, improving efficiency and user experience. (MN DHS + Community Partners)
- **Reduce administrative friction:** Eliminate required phone calls by updating online lookup tools and establishing accessible state and county phone lines. (MN DHS + Community Partners)

4. Investing in Existing Community Partner-Led Efforts

> *"The options where people can go and plant themselves are endless and more impactful than waiting for people to come to us."* — Forum participant

Forum participants emphasized the critical roles that community partners play to ensure Minnesotans get and keep health insurance, including how they support improved healthcare literacy and awareness of available services, and as such, DHS should continue to consider expanding direct, sustainable funding and engagement with the trusted individuals and organizations already embedded in the community. Consumer-facing navigators, assisters, community health workers, and peer specialists were mentioned frequently as needing accurate, clear, and timely information, as Minnesotans trust them to help navigate county systems to get and share important information. Participants also pointed to pharmacies, clinics, libraries, homeless shelters, religious institutions, schools, grocery stores, and block parties as places where people already go to receive information about accessing and using services.

Next Steps

- **Invest in navigators.** Provide financial resources to trusted community navigators and local organizations whose staff walk individuals through the enrollment process. (MN DHS + Community Partners)
- **Equip healthcare-specific community partners to provide Medicaid-related information within patient touch-points.** This includes creating materials for provider types to post in lobbies, exam rooms, as well as when people pick up prescriptions or read their visit summaries. (MN DHS + Community Partners)
- **Support existing creative efforts and cross-sector partnerships, especially in Greater Minnesota.** Make it easier to leverage regional funds to address regional needs. (MN DHS + Community Partners)

"Change begins when we have the courage to bring forward stories that often go unheard. Being HERE — and sharing those stories — is how we begin to change systems."

Panel Discussions and Key Insights

The 2026 Minnesota Medicaid Equity Forums convened 17 leaders across Metro, Virtual, and Greater Minnesota (Duluth) panels, representing a diversity of roles, organizations, and sectors. Panelists offered their perspectives related to Medicaid policy, administration, and community needs. The observations covered several key themes: resource prioritization, the partnership between state administration, community advocates, and county delivery systems, policy issues, state advisory representation, and industry perspectives on challenges in managed care, clinical practice, and health equity. Ground-level needs of Medicaid participants, enrollment navigation, and culturally responsive care were presented by leaders with insights from both lived experience and professional responsibilities within community partner organizations. County human services leaders presented the realities of Medicaid administration, economic support, resource constraints, and eligibility changes. Together, this coalition examined how policies translate into or present challenges for equity.

Across the three panels, speakers shared how confusion and fear affect communities; people do not know what information to trust because directives rapidly change before systems can adapt. Within and outside the Metro, rumors lead families to believe the Affordable Care Act (ACA) is ending, deterring individuals from seeking care. Near Duluth, rural residents face geographic barriers, including difficulties and inconsistencies in receiving important documents via postal mail. Additionally, rural Minnesotans lack consistent healthcare-related transportation, which is vital to receiving services and returning to more affordable settings for post-treatment recovery, above and beyond the challenges posed by the increased distance and time required to travel to seek care in the first place. Unclear timelines regarding changes to coverage prompt patients to expedite services out of concern that coverage will be revoked. Providers also report concern over reduced public trust in clinics unable to provide answers.

Communication gaps, noted by healthcare systems and community advocates, stem from operational and administrative challenges affecting patients and staff. Panelists shared that enrollees face processing delays from county paperwork backlogs, while workforce and care facility shortages, like dental care, behavioral health, and geriatric care providers, hinder access where needs are high. MNsure navigators noted that operations vary because counties process renewals independently, using non-interoperable systems, and without ease of access to these systems, navigators and participants rely on phone contact, which requires extended wait times and fewer patients in need being served. Panelists noted that, most often, the officials establishing guidelines do not utilize the services, and so there is a mismatch between the problem of sustaining access to care, its impact, and the offered solutions. This structure affects multiple stakeholders, validating observations from the Metro forum: "Medicaid isn't an enrollee problem, Medicaid is a community problem."

To address gaps and maintain enrollment, panelists recommended shifting from uniform procedures to human-centered models (e.g., community organizations assist by deploying on-site navigators, utilizing interpreters, and developing tracking platforms). Long-term resolution to address impactful operational and administrative concerns likely requires state-level adjustments: expanding behavioral health options, updating infrastructure, and providing digital tools to process applications. Outreach should utilize local channels through translated resources, diverse formats, and representative liaisons. A panelist outlined this approach by advising administrators to "Look at the community as people [who know best what they need from their public systems]" and prompting another community advocate to say, "We learn best from people who talk like us and are from the same community." Panelists emphasized that communication operates reciprocally and encouraged more spaces in which advocates are able to share local perspectives with legislators to illustrate how policies affect residents.

Ultimately, these regional discussions outlined that achieving equity involves modifying processes to improve clarity, predictability, and access. While adjustments and continuous improvement can create uncertainty, they allow for refining the quality and delivery of services by upgrading communication, streamlining renewals, and incorporating participant feedback into policy design. The Duluth forum provided a final reminder:

"My health is connected to the health of my neighbor. It can easily become us vs them, [but] I'm healthier when my neighbor is healthy."

Survey responses

Post-forum survey responses highlighted the appreciation participants had for the facilitated discussion activity (Collaborative Solutions Lab) and opening remarks (i.e., highlighting how the department had responded to past forum findings over the past 3 years) as favorite elements of the forums. Participants noted that the virtual participation option, proactive communication about session dates and agendas, and strong facilitation supported their ability to engage.

When asked what would encourage participation in future equity forums, the most common responses were: 1) seeing concrete actions taken in response to forum feedback and 2) scheduling forums at convenient times and locations. Participants also identified increased communication about federal and state Medicaid changes, along with continued efforts to build trust with community members and partners, as recommended key priorities for the Department of Human Services moving forward.

"Establishing trust and mutual respect among all partners — including individuals receiving services, providers, counties, and DHS — is essential. Without a strong foundation of collaboration and accountability, it will be difficult to build broader confidence in and support for the important work being done across our state. This must be the first step."
— Survey respondent

"This forum brought to light the shared challenges we are having in supporting our most vulnerable population. The collective voices show the willingness there is to find change, improve processes, and be part of proactive solutions. None of the current climate is simple, nor can this be solved in one meeting. Therefore, this is a stepping stone for collective action to unite and build a path forward in these challenging times. I will always prefer to be part of the effort that leads to change rather than the one that gives. Thank you to all the staff who made a virtual experience feel impactful!" — Survey respondent

Ways to stay engaged with the work

The work of health equity requires community guidance and co-creation. Relationships with the community require trust. For community members and organizational

partners across the state to trust in systems of support, the Department of Human Services has to continue to show up. The annual equity forums are, therefore, one of many ways the department is working to center the community, lead, and participate in this collective work. There are several ways for community partners to stay connected and continue to contribute to actions that come out of the forums.

- **Minnesota Medicaid Equity Partnership:** This group meets virtually every month and includes community-based organizations, managed care organizations, health care organizations, and more. One of the strengths of the partnership is the variety of partners who participate. Meetings are typically held on the fourth Tuesday of the month from 3-4 p.m. on Zoom. To join, please Subscribe to Minnesota Medicaid Equity Partnership.
- **Communications Roundtable:** This group of communications professionals meets quarterly to share new Medicaid and MinnesotaCare communications materials and campaigns, communications best practices with public health care programs, the latest data, and more. Meetings are typically on the fourth Thursday from 9 a.m. to 10 a.m. To join, email: MHCP.roundtables.DHS@state.mn.us
- **The Cultural and Ethnic Communities Leadership Council (CECLC):** The purpose of the council is to advise the Commissioner of the Minnesota Department of Human Services (DHS) on reducing disparities and inequities that affect racial and ethnic groups within department programs. The council, consisting of 15 to 25 members appointed by the commissioner, is charged with reviewing Department of Human Services policies for racial, ethnic, cultural, linguistic, and tribal disparities and providing an annual report regarding equitable delivery of services. Meetings are held on the third Friday of each month from 12-4 p.m. Meetings are in person with a hybrid option to join via Webex. Contact ceclc.information.dhs@state.mn.us to receive the meeting link and information.
- **Medicaid Advisory & Beneficiary Advisory Committees:** OMMD continues to lead the development of the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committees (BAC). These new committees are being created to help ensure that Medicaid-related policy discussions and decisions include the voices, experiences, and perspectives of the people and communities served by the program. To support this goal, OMMD has worked with colleagues across DHS to develop plain language bylaws that reflect the committee's commitment to inclusion, accessibility, and community-driven participation.

  OMMD is also working carefully to design an application and interview process that is equitable, transparent, and welcoming. The goal is to make it easier for interested community members, beneficiaries, and partners to understand the process and consider applying. A new website with information about the MAC and BAC will be available in the coming quarter. The website will include details about the committees, their purpose, how they will operate, and how individuals can get involved. Applications to join the committees are expected to open in mid-July, with the selection process beginning in late August. From August through September, OMMD will begin interviews and select committee members. The first Beneficiary Advisory Committee meeting is planned for mid to late October, followed by the first Medicaid Advisory Committee meeting.

  If you have questions about the MAC/BAC work or would like to get involved, please contact project lead Nenick Vu (nenick.vu@state.mn.us).

We encourage you to explore these opportunities to remain an active voice in shaping the future of Medicaid.

Other Ways to Stay Informed

- Visit the Minnesota Department of Human Services' Federal Medicaid changes website to learn the facts about the changes coming to Medicaid. https://mn.gov/dhs/federalchanges/
- Visit the Medicaid Matters website to explore powerful data, in-depth reports, and real personal stories that highlight the importance of Medicaid in Minnesota. https://mn.gov/dhs/medicaid-matters/
  - Read a report showing the expected impacts on Minnesotans from decreasing federal Medicaid coverage of retroactive medical bills.

Please direct any questions about this report to OMMD.Inbox.DHS@state.mn.us