

Address Name  
Address Line 1  
Address Line 2  
City, State, Zip



Phone Number: Enter Agency Phone Number

Address Name  
Address Line 1  
Address Line 2  
City, State Zip

Date: Enter Date  
Case Number: Enter Case Number

## Health Care Renewal Update

We sent you a notice saying your health care coverage was going to stop. However, we received your renewal form and have reopened your health care coverage. Your health care coverage will remain in place while we review your renewal.

Once we decide the outcome of your renewal, we will send you another notice.

If you saw a doctor or filled a prescription while your coverage was closed, read the enclosed Fee-for-Service Coverage notice to find out how to submit bills for payment.

We continued coverage for the following people while we review your renewal.

Name	Member ID Number	Program

### What if I have questions about this notice?

If you have questions or disagree with this notice, have changes to report or believe there is an error on your case, call the agency listed at the top left of this notice.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

## **Do I have to pay back the costs of my health care if I am receiving government assistance?**

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the Medical Assistance (MA) program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs
- Managed care premiums (capitations) for coverage of these services

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

# Your Civil Rights

CB3 (HC-Medical) 5-23

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity) or political beliefs.

## Free Services

### Auxiliary aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, DHS will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

### Language assistance

If you have difficulty understanding English and need language help to access information and services, DHS will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

**To request these free services from DHS**, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Or use your preferred relay service.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following: race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

Contact the **OCR** directly to file a complaint:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-368-1019 (voice), 800-537-7697 (TDD)  
202-619-3818 (fax)  
OCRComplaint@hhs.gov (email)  
<https://ocrportal.hhs.gov/>

## **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following: race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) or 800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)  
<https://mn.gov/mdhr/intake/consultationinquiryform/>

## **DHS**

You have a right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity), or political beliefs.

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
PO Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

MINNESOTA HEALTH CARE PROGRAMS

Case Number: «IC\_NUMBER»

# Fee-for-Service Coverage

Service Agency: «AGENCY NAME»

February 15, 2024

To: «APPLICATION FILER NAME»  
«ADDRESS1»  
«ADDRESS2»  
«CITY», «STATE» «ZIP»

## Why am I getting this letter?

Coverage for the people listed here has been reopened. These people will have health care coverage “fee-for-service” for the months of \_\_\_\_\_ «FFS\_Months» \_\_\_\_\_.

NAME	MEMBER ID NUMBER
«NAME1»	«PMI1»
«NAME2»	«PMI2»
«NAME3»	«PMI3»
«NAME4»	«PMI4»
«NAME5»	«PMI5»
«NAME6»	«PMI6»

## What do I need to do?

Before you make medical appointments or fill prescriptions, ask the clinic or pharmacy if they can bill the state on a fee-for-service basis. Fee-for-service means you are not enrolled in a health plan. You can get medical services from any enrolled Minnesota Health Care Programs provider who agrees to bill the State of Minnesota for payment.

You can find fee-for-service providers by:

- Looking in the Minnesota Health Care Programs Provider Directory online at <http://MHCPproviderdirectory.dhs.state.mn.us> **OR**
- Calling DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

If you had medical bills for services received during the months listed, contact the clinic, pharmacy or other medical providers and ask them to bill the State of Minnesota. The provider may be able to pay you back for bills you already paid.

## Questions

Call your servicing agency listed on the top right of this notice. Please see the enclosed listing of agency phone numbers.

**Take this letter with you to the clinic or pharmacy.**

**651-297-3862 or 800-657-3672**

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለዎንም ከፍቻ ይህንን ደክሙንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟံသုတ်ဟံသဘောတကုန်. ဝဲနုမုလိတ်ဘုတ်မၤစၢၤကလိလၢတၢ်ကကုန်ထံဝဲဒၣ်လၢဟံလၢဟံစိတၢ်ဆၢန့ၣ်. ကိဘုတ်လိတ်စိနီၣ်ဂၢၢ်လၢထးဆၢန့ၣ်တကုန်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

1B3 (10-20)



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-297-3862 / 800-657-3672 or use your preferred relay service. ADA1 (2-18)

Providers: Contact the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with billing questions.