

## Unwinding Renewal Notices – Families with Children and Adults

Notice	Who Gets this Notice?	When is Notice Sent?	How Can I Help?
<p><a href="#"><u>METS Pre-Renewal Notice</u></a></p> <p>Notice title: Medical Assistance, MinnesotaCare and Minnesota Family Planning Program Notice</p> <p>Form Number: DHS-8270-ENG 3-23</p> <p>This notice tells enrollees that renewals are resuming for people enrolled in Medical Assistance (MA).</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<p>DHS sends this notice 6 – 8 weeks before the renewal form or the renewal notice for people automatically renewed.</p>	<ul style="list-style-type: none"> <li>• Help enrollees report address and phone number changes to their county, tribal or DHS servicing agency.</li> <li>• Check the <a href="#"><u>Renewal Date Look Up Tool</u></a> to help enrollees identify when they are scheduled for renewal.               <ul style="list-style-type: none"> <li>• If the renewal month is in the future, check the <a href="#"><u>renewal cohort paperwork schedule</u></a> to see when the enrollee should expect renewal paperwork to come in the mail.</li> <li>• If the renewal month is in the past, the enrollee should have received other notices. Check the online consumer portal if possible to see if the enrollee was sent a renewal form, an auto renew notice or renewal eligibility notice.</li> </ul> </li> </ul>
<p><a href="#"><u>METS Auto Renew Notice</u></a></p> <p>Notice title: Health Care Renewal Notice</p> <p>This notice tells enrollees that their eligibility was automatically renewed.</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<p>DHS sends this notice when a household is auto renewed; about 7-9 weeks before the renewal month.</p>	<ul style="list-style-type: none"> <li>• Help the enrollee review and update the Information Summary that comes with this notice.               <ul style="list-style-type: none"> <li>• No further action is needed if the Information Summary is correct.</li> <li>• If the Information Summary is not correct, help the enrollee cross out the incorrect information.</li> <li>• Use the white space to write in the correct information.</li> <li>• The enrollee should return the Information Summary to the agency listed on the top left of the Health Care Renewal Notice.</li> </ul> </li> </ul>

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<p><a href="#">It is time to renew your health care coverage</a> cover letter</p> <p>This notice tells enrollees that they need to complete and return a renewal form. This comes with a renewal form to complete and return.</p> <p><a href="#">Minnesota Health Care Program Renewal for Families, Children and Adults</a></p> <p>Form number: DHS-8262-ENG 9-23</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<ul style="list-style-type: none"> <li>• DHS sends the renewal cover letter with renewal form about 7-9 weeks before the renewal month.</li> </ul>	<ul style="list-style-type: none"> <li>• Help the enrollee with completing the renewal form and return it by the due date on the notice.</li> <li>• If the enrollee brings in the cover letter without the renewal form: <ul style="list-style-type: none"> <li>○ Help the enrollee complete and submit the <a href="#">MHCP Renewal for Families, Children and Adults (DHS-8262)</a> form before the due date on the notice.</li> </ul> </li> <li>• If the enrollee brings in the <a href="#">MHCP Renewal for Families, Children and Adults (DHS-8262)</a> without the cover letter: <ul style="list-style-type: none"> <li>○ Check the <a href="#">Renewal Date Look Up Tool</a> to see when the enrollee is scheduled for renewal.</li> <li>○ If the renewal month is in the future, or it is now the reconsideration period,* help the enrollee complete and submit the renewal form before the due date.</li> <li>○ If it is now beyond the reconsideration period,* help the enrollee reapply for coverage.</li> </ul> </li> </ul>
<p><a href="#">METS Renewal Eligibility Notice</a></p> <p>Notice title: Health Care Notice</p> <p>This notice tells enrollees about the result of their renewal.</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<p>The system sends this notice when:</p> <ul style="list-style-type: none"> <li>• A case is manually autorenewed by county, tribal or DHS staff.</li> <li>• A renewal form is processed by county, tribal or DHS staff.</li> </ul>	<ul style="list-style-type: none"> <li>• The enrollee should review the health care results in the Health Care Notice for members of the household.</li> <li>• No renewal form is needed because this notice is sent after a household has been manually auto renewed.</li> <li>• If the enrollee wants to appeal the outcome of the renewal eligibility results, the county or tribal agency can help them file the appeal or direct the enrollee to the appeal information in this notice.</li> <li>• The enrollee can report a change by contacting the county, tribal or DHS servicing agency.</li> <li>• The enrollee can choose a qualified health plan (QHP), and enroll through the MNsure consumer portal.</li> </ul>

<p><a href="#"><u>METS Health Care Renewal Update</u></a></p> <p>Notice title: Health Care Renewal Update</p> <p>This notice tells enrollees more time is needed to review and process their renewal.</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<p>The county or tribal agency sends this notice when the agency determines more time is needed to process the renewal form that was received.</p>	<ul style="list-style-type: none"> <li>• No action is needed unless the enrollee receives a request for information.</li> <li>• If the enrollee received a request for information, help the enrollee gather and submit the items needed.</li> <li>• The enrollee can report a change by contacting the county, tribal or DHS servicing agency.</li> </ul>
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<p><a href="#">METS July – September 2023 Reinstatement Notice</a></p> <p>Notice title: Health Care Medical Assistance Reinstatement Notice</p> <p>This notice tells enrollees that that some household member’s eligibility was reopened and renewed.</p>	<p>People enrolled in MA for families with children and adults without children.</p>	<p>DHS sends this notice when an enrollee’s eligibility is reinstated and renewed by DHS.</p>	<ul style="list-style-type: none"> <li>• If the enrollee received medical care while coverage was closed, see the <a href="#">Fee for Service Coverage (DHS-3403-ENG)</a> form that was sent with the Health Care Medical Assistance Reinstatement Notice to find out how to get bills paid or get back out-of-pocket expenses during the reopened months.</li> <li>• Remind the enrollee that other household members who were not reinstated must still complete the <a href="#">MHCP Renewal for Families, Children and Adults (DHS-8262)</a> form and send requested proofs if they want health care coverage again. Their health care coverage is still closed.</li> <li>• Help the enrollee complete and submit the <a href="#">MHCP Renewal for Families, Children and Adults (DHS-8262)</a> form if it has not been submitted and the other household members still need coverage.</li> </ul>
<p><a href="#">METS July – September 2023 Gap Months Reinstatement Notice</a></p> <p>Notice title: Health Care Notice</p> <p>This notice tells enrollees that their MA was reopened for certain months.</p>	<p>People enrolled in MA for families with children and adults without children.</p>	<p>DHS sends this notice when:</p> <ul style="list-style-type: none"> <li>• An enrollee was closed for not completing renewal.</li> <li>• An enrollee reapplied and is eligible for a program other than MA.</li> <li>• DHS reinstated MA for months between when MA was closed and when the new eligibility began.</li> </ul>	<p>If the enrollee received medical care or filled a prescription while coverage was closed, see the <a href="#">Fee for Service Coverage (DHS-3403-ENG)</a> form that was sent with the Health Care Notice to find out how to get bills paid or get back out-of-pocket expenses during the reopened months.</p>

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<p><a href="#"><u>METS Coverage Closure Notice (October sample)</u></a></p> <p>Notice title: Medical Assistance Closure Notice</p> <p>This notice tells enrollees that MA will stop because a renewal was not completed.</p>	<p>People enrolled in MA for families with children and adults without children.</p>	<p>DHS sends this notice the first week of the renewal month.</p>	<ul style="list-style-type: none"> <li>• If a renewal form has not been completed and returned, help the enrollee complete and submit <a href="#"><u>Minnesota Health Care Programs Renewal for Families, Children and Adults (DHS-8262)</u></a>.</li> <li>• If a renewal form was already submitted, no action is needed unless the enrollee receives a request for information.</li> <li>• If the enrollee received a request for information, help the enrollee gather and submit the items needed.</li> <li>• If it is now beyond the reconsideration period,* help the enrollee reapply for coverage.</li> </ul>
<p><a href="#"><u>METS Manual Notice of Renewal October - December Renewal Months Notice</u></a></p> <p>Notice title: Health Care Renewal Notice</p> <p>This notice tells enrollees that some household members' eligibility was automatically renewed.</p>	<p>People enrolled in MA for families with children and adults without children.</p>	<p>DHS, or the county or tribal agency, sends this notice when one or more enrollees are manually auto renewed by county, tribal or DHS staff.</p>	<ul style="list-style-type: none"> <li>• Remind the enrollee that household members who are not listed must complete <a href="#"><u>MHCP Renewal for Families, Children and Adults (DHS-8262)</u></a> and send requested proofs to renew their health care coverage.</li> <li>• If a renewal form has not been completed and returned, help the enrollee complete and submit <a href="#"><u>MHCP Renewal for Families, Children and Adults (DHS-8262)</u></a>.</li> <li>• If a renewal form was already submitted, no action is needed unless the enrollee receives a request for information.</li> <li>• If the enrollee received a request for information, help the enrollee gather and submit the items needed.</li> </ul>

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<p><a href="#"><u>METS Renewal Eligibility Notice</u></a></p> <p>Notice title: Health Care Notice</p> <p>METS system-generated notice</p> <p>This notice tells enrollees the result of their renewal.</p>	<ul style="list-style-type: none"> <li>• People enrolled in MA for families with children and adults without children.</li> <li>• People eligible for MinnesotaCare.</li> </ul>	<p>The system sends this notice when:</p> <ul style="list-style-type: none"> <li>• A case is manually autorenewed by county, tribal or DHS staff.</li> <li>• A renewal form is processed by county, tribal or DHS staff.</li> </ul>	<ul style="list-style-type: none"> <li>• The enrollee should review the health care results on the Health Care Notice for members of the household.</li> <li>• If the enrollee wants to appeal the outcome of the renewal, the county or tribal agency can help them file an appeal or direct the enrollee to the appeal information in this notice.</li> <li>• The enrollee can report a change by contacting the county, tribal or DHS servicing agency.</li> </ul>

**\*Reconsideration Periods**

<b>Renewal Cohort</b>	<b>Date Coverage Ended</b>	<b>Reconsideration Period</b>
<b>for Not Completing Renewal</b>		
<b>July 2023</b>	7/31/2023	August – November 2023
<b>August 2023</b>	8/31/2023	September – December 2023
<b>September 2023</b>	9/30/2023	October 2023 – January 2024
<b>October 2023</b>	12/31/2023	January – April 2024
<b>November 2023</b>	1/31/2024	February – May 2024
<b>December 2023</b>	2/29/2024	March – June 2024
<b>January 2024</b>	1/31/2024	February – May 2024
<b>February 2024</b>	1/31/2024	February – May 2024
<b>March 2024</b>	2/29/2024	March – June 2024
<b>April 2024</b>	3/31/2024	April – July 2024
<b>May 2024</b>	4/30/2024	May – August 2024
<b>June 2024</b>	5/31/2024	June – September 2024