

# Communications toolkit for navigators

## Preparing members for renewals Phase 2: Renew my coverage messaging toolkit

**Text message**

**English**

Keep your health insurance. Watch for a packet in the mail soon about how to renew your health insurance. Connect with us for help at [insert calls to action].

**Vietnamese**

Giữ bảo hiểm sức khỏe của quý vị. Hãy để ý nhận một tập hồ sơ gửi qua bưu điện trong đó có thông tin hướng dẫn quý vị cách gia hạn Trợ cấp y tế\*. Kết nối với chúng tôi để được giúp đỡ tại < >.

**Hmong**

Khaws koj li kev tuav pov hwm kev noj qab haus huv cia. Saib pob ntawv hauv kev xa ntawv sai-sai no txog tias yuav rov ntxiv hnub nyoog dua tshiab koj qhov Kev Pab Cuam Kho Mob li cas\*. Sib txuas nrog peb txhawm rau kev pab ntawm < >.

**Russian**

Позаботьтесь о своей медицинской страховке. В ближайшее время вы получите по почте пакет документов с информацией о том, как продлить ваше участие в программе Medical Assistance\*. Обращайтесь к нам за помощью: < >.

**Somali**

Ilaalso caymiskaaga caafimaadka. Dhawaan waxaa boostada kugu soo gaari doono baakidh sida macluumaadka  sida loo cusboonaysiiyo Medical Assistance\*. Nagala soo xiriir si aad u hesho caawimaad barta <>.

**Spanish**

Mantenga su seguro medico. Espere pronto un paquete en el correo sobre cómo renovar su Asistencia Médica\*. Póngase en contacto con nosotros para obtener ayuda en < >.

**Email message or copy for supplementary mailed letter**

**English**

Subject line: Avoid gaps in your health insurance

We want to help you avoid losing your health insurance and creating possible disruptions in seeing your doctor or filling a prescription. You should be receiving a packet in the mail soon from the Minnesota Department of Human Services about how to renew your Medical Assistance\*. Return the requested materials by the deadline to prevent losing your health insurance.

We’re here to help. If you didn’t receive your packet in the mail or want to prepare for getting the packet, contact us to:

* Help you update your address
* Help you get mailed a new packet
* Answer questions about your coverage

We are also available to help you complete the paperwork.

Connect with us at <insert calls to action> or visit [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/) to learn more.

**Vietnamese**

Tránh bị gián đoạn bảo hiểm sức khỏe của quý vị

Chúng tôi muốn giúp quý vị tránh bị mất bảo hiểm y tế của quý vị và có thể bị gián đoạn việc gặp bác sĩ hoặc mua thuốc theo toa. Quý vị sắp sửa nhận được một tập hồ sơ gửi qua bưu điện từ Sở Dịch vụ Nhân sinh Minnesota chỉ dẫn quý vị cách gia hạn bảo hiểm y tế. Gửi trở lại các tài liệu được yêu cầu trước thời hạn để tránh bị mất dịch vụ chăm sóc sức khỏe với chúng tôi.

Chúng tôi luôn sẵn sàng giúp đỡ quý vị. Nếu quý vị không nhận được tập hồ sơ gửi qua bưu điện từ Sở Dịch vụ Nhân sinh Minnesota, vui lòng liên lạc với chúng tôi để:

* Giúp quý vị cập nhật địa chỉ của quý vị
* Giúp quý vị nhận được tập hồ sơ mới qua bưu điện
* Trả lời các thắc mắc về bảo hiểm của quý vị.

Chúng tôi cũng sẵn sàng giúp quý vị điền các giấy tờ.

Kết nối với chúng tôi tại <> hoặc vào trang mạng [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/vietnamese/index.jsp) để tìm hiểu thêm.

**Hmong**

Zam tsis pub muaj qhov khoob hauv koj qhov kev tuav pov hwm kev noj qab haus huv

Peb xav pab koj txog kev zam kev poob koj qhov kev tuav pov hwm kev noj qab haus huv thiab kev tsim uas muaj feem cuam tshuam rau hauv kev mus ntsib koj tus kws kho mob los sis sau daim ntawv yuav tshuaj. Koj yuav tsum tau txais ib pob ntawv hauv kev xa ntawv sai-sai no los ntawm Minnesota Tuam Tsev Pab Pej Xeem hais txog tias yuav ntxiv hnub nyoog dua tshiab rau koj qhov Kev Pab Cuam Them Nqi Kho Mob (Medical Assistance). Xa cov ntaub ntawv thov rov qab los ntawm lub sij hawm tau teev tseg txhawm rau tiv thaiv kom tsis txhob poob koj qhov kev saib xyuas kev noj qab haus huv nrog peb.

Peb nyob no los pab koj. Yog tias koj tsis tau txais koj daim ntawv xa tuaj ntawm Minnesota Tuam Tsev Pab Pej Xeem, hu rau peb:

* Pab koj hloov kho koj qhov chaw nyob
* Pab koj kom tau txais ib pob ntawv tshiab
* Teb cov lus nug txog koj qhov kev duav roos

Peb kuj tseem nyob ntawm no los pab koj ua cov ntaub ntawv kom tiav.

Sib txuas nrog peb ntawm < > los sis mus saib [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/hmong/index.jsp) yog xav paub ntau ntxiv.

**Russian**

Не допускайте прерываний своей страховки

Мы хотим помочь вам избежать потери медицинской страховки и возможных проблем с посещением врача или получением рецептов. В ближайшее время вы должны получить по почте пакет документов от Департамента социального обеспечения штата Миннесота с информацией о том, как продлить ваше участие в программе Medical Assistance\*. Предоставьте запрошенные материалы в установленный срок, чтобы не потерять возможность получать у нас медицинскую помощь.

Мы всегда готовы помочь. Если вы не получили по почте пакет документов от Департамента социального обеспечения штата Миннесота, свяжитесь с нами, чтобы мы могли:

* помочь вам обновить свой адрес;
* помочь вам получить по почте новый пакет документов;
* ответить на вопросы по вашей страховке.

Мы готовы также помочь вам оформить документы.

Для получения дополнительных сведений свяжитесь с нами: < > или зайдите на сайт [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/russian/index.jsp).

**Somali**

Ka fogow daldaloolada caymiskaaga caafimaadka

Waxaan rabnaa inaan kaa caawinno inaad iska ilaaliso inaad lumiso caymiskaaga caafimaadka iyo abuurista carqalado suurtagal ah ee inaad la kulanto dhakhtarkaaga ama qaadashada dawooyinka dhakhtar kuu qoro. Waxaa dhawaan boostada kugu soo gaari doono baakidh ka socdo Waaxda Adeegyada Dadweynaha ee Minnesota oo sida macluumaad ku saabsan sida loo cusboonaysiiyo Medical Assistance\*. Soo celi agabka la codsaday ugu dambayn taariikhda kama dambaysta si looga hortago luminta daryeelkaaga caafimaad ee aad nala leedahay.

Waxaan halkan u joognaa inaan ku caawinno. Haddii Waaxda Adeegyada Dadweynaha ee Minnesota aadan boostada kaga helin baakaddaada, nala soo xidhiidh si:

* Aan kaaga caawinno inaad cusboonaysiiso ciwaankaga
* Aan kaaga caawinno in laguu soo diro baakidh cusub
* Lagaaga jawaabo su'aalaha ku saabsan caymiskaaga.

Waxaan sidoo kale diyaar u nahay inaan kaa caawinno buuxinta waraaqaha.

Nagala soo xiriir barta < > ama booqo [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/somali/index.jsp) si aad wax badan u ogaato.

**Spanish**

Evite interrupciones en su seguro medico

Queremos ayudarle a evitar que pierda su seguro médico y a posibles interrupciones para ver a su médico o para obtener una receta. Pronto recibirá por correo un paquete del Departamento de Servicios Humanos de Minnesota sobre cómo renovar su Asistencia Médica\*. Devuelva los materiales solicitados antes de la fecha límite para evitar perder su seguro médico con nosotros.

Estamos aquí para ayudar. Si no ha recibido su paquete por correo del Departamento de Servicios Humanos de Minnesota, póngase en contacto con nosotros para:

* Ayudarle a actualizar su dirección
* Ayudarle a que le envíen un nuevo paquete por correo
* Responder preguntas sobre su cobertura.

También estamos disponibles para ayudarle a completar los documentos.

Póngase en contacto con nosotros en < > o visite [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/spanish/index.jsp) para obtener más información.

**Proactive phone script**

Hi, this is <navigator organization>. We’re calling to let you know that you should have received a packet in the mail recently from the Minnesota Department of Human Services about how to renew your Medical Assistance\*. We want to help you avoid losing your health insurance and creating possible disruptions in seeing your doctor or filling a prescription.

Did you receive your packet?

[[If NO: Connect enrollees with the appropriate processing entity to request a new renewal packet:

* If they have Medical Assistance, they need to contact their county to update their information or their tribe if they belong to Red Lake Nation or White Earth Nation. Please use the appropriate list to find the correct county or tribal contact information for enrollees to connect with to update their address.
* If they have MinnesotaCare, please tell enrollese to call Health Care Consumer Support at 800-657-3672.]]
* Direct the enrollee in the meantime to mn.gov/dhs/renewmycoverage to find a blank renewal form and more information on completing their renewal.

[[If YES:]]

* It’s important to return the packet by the deadline to avoid delays in accessing health care.
* Do you have questions about the packet?

There are several documents that will help to get ready now to prepare for your renewal packet:

* You’ll need to show proof of income for you and your family members to send in with your completed renewal form.
	+ If you filed a federal tax return in the last three years, you can send in your most recently filed federal tax return including all forms and schedules. Cross out any income on the tax form that you do not expect to have next year.
	+ If you expect income that is not listed on your return or you did not file taxes in the last three years, send your most recent proof of expected income. Examples include:
		- Current pay stubs or earnings statements
		- Statement from your employer
		- Business financial records
		- Pension statement from a government or private source
		- Unemployment compensation statement
		- Interest or dividend statement
		- Receipt or statement of rent you receive
		- Social Security award letter
		- Proof of asset sale ([capital gain or loss](https://www.irs.gov/newsroom/capital-gains-and-losses-10-helpful-facts-to-know-0))
		- Proof of one-time income
		- Proof of alimony paid
	+ You should also provide proof of allowable IRS income adjustments. These include:
		- Proof of [educator expenses](https://www.irs.gov/credits-deductions/individuals/deducting-teachers-educational-expenses-at-a-glance)
		- Student loan interest statements
		- Proof of [health savings account deductions](https://www.irs.gov/publications/p969#en_US_2017_publink1000204023)
		- Proof of self-employment
		- Proof of [Simplified Employee Pension Plan](https://www.irs.gov/retirement-plans/plan-sponsor/simplified-employee-pension-plan-sep), [SIMPLE IRA plan](https://www.irs.gov/retirement-plans/plan-sponsor/simple-ira-plan) or [other qualified plans](https://www.irs.gov/retirement-plans/retirement-plans-for-self-employed-people)
		- Proof of [IRA deductions](https://www.irs.gov/retirement-plans/individual-retirement-arrangements-iras)
		- Proof of [deductible part of self-employment tax](https://www.irs.gov/businesses/small-businesses-self-employed/self-employment-tax-social-security-and-medicare-taxes)
		- Proof of certain business expenses for reservists, performing artists and fee-based government officials.
* If you’re 65 or older, blind or get your coverage through a disability status and don’t have children, you’ll also need to provide account statements from your banks or other financial institutions and award letters for Supplemental Security Income or Retirement Survivors Disability Insurance.
* If your immigration status has changed since you applied for your insurance or last renewed it, you’ll also need to provide a copy of documentation showing your immigration status change.