Service Agency Name Service Agency Address Line 1 Service Agency Address Line 2 City, State, Zip Code



Date & Time Printed
Case Number: XXXXXXXX

Primary Client Name Client Address Line 1 Client Address Line 2 City, State, Zip Code

Medical Assistance or MinnesotaCare Discrepancy Outcome Notice

We sent you a Discrepancy Notice because we received information about you or members of your household that was different from what you told us. The discrepancies for the following people have either been resolved or no longer apply:

[Name(s)]

If you are eligible for a different health care program, we will send you another notice that explains the eligibility for all members of your household who have requested assistance. It will also tell you if you need to send us any additional information or proof about the information you told us.

Date & Time Printed [# - of - #]

Case Number: XXXXXXXX

What if I have questions about this notice?

Call us if you have questions.

- For questions about Medical Assistance, call your county or tribal agency.
- For questions about MinnesotaCare, call Healthcare Consumer Support at 800-657-3672 or 651-297-3862.
- For general questions about Medical Assistance or MinnesotaCare, call Healthcare Consumer Support at 651-431-2670 or 800-657-3739.

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

You can also visit us in person:

- For in-person help about Medical Assistance, go to your county or tribal agency.
- For in-person help about MinnesotaCare, go to the MinnesotaCare walk-in office. The walk-in office is on the first floor of the Elmer L. Andersen Human Services Building in St. Paul. It is next to the security desk in the lobby.

Location: Elmer L. Andersen Human Services Building

540 Cedar Street St. Paul, MN 55101

Hours: 8:00 a.m. to 5:00 p.m., Monday–Friday

Date & Time Printed Case Number: XXXXXXXX

Civil Rights Notice

CB3 HC-Medical 1-18

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

creed ■ race color religion ■ national origin ■ sexual orientation

 public assistance status marital status ■ age

sex (including sex stereotypes and gender identity) political beliefs

Auxiliary Aids and Services: DHS provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact the Minnesota Health Care Programs (MHCP) Member Help Desk at dhs.info@state.mn.us or 800-657-3739, or use your preferred relay service.

Language Assistance Services: DHS provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact the Minnesota Health Care Programs (MHCP) Member Help Desk at dhs.info@state.mn.us or 800-657-3739, 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 the 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 ■ age color disability national origin ■ sex

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

Director, U.S. Department of Health and Human Services' Office for Civil Rights 200 Independence Avenue SW, Room 509F HHH Building Washington, DC 20201 800-368-1019 (voice)

800-537-7697 (TDD)

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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:

■ religion sexual orientation ■ race color marital status creed national origin public assistance status Sex disability

Contact the MDHR directly to file a complaint:

Minnesota Department of Human Rights Freeman Building, 625 North Robert Street St. Paul, MN 55155 651-539-1100 (voice) 800-657-3704 (toll free) 711 or 800-627-3529 (MN Relay) 651-296-9042 (fax) Info.MDHR@state.mn.us (email)

DHS

You have the 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 sexual orientation sex (including sex stereotypes and color public assistance status gender identity) ■ national origin marital status political beliefs creed age ■ religion disability

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 P.O. Box 64997 St. Paul. MN 55164-0997 651-431-3040 (voice) or use your preferred relay service

651-431-2670 or 800-657-3739

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

ያስተውሉ: ካለምንም ክፍያ ይሀንን ዶኩመንት የሚተረጉምሎ አስተርጻሚ ክፈለጉ ክላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ። ملاحظة: إذا أردت مساعدة مجانبة لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဇုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសំព្ទឹតាមលេខខាងលើ ។ 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.

Thoy 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.

တ်သူဉ်တ်သးဘဉ်တက္၊ စဲနစ္၊လိဉ်ဘဉ်တ၊စာစားကလီလာတ၊ကရီးထဲစဲစဉ်လံ တီလံဂ်စီတခါဆုံးနှဉ်,ကီးဘဉ်လီတဲစီနီဂ်ဂ်လာထးဆုံးနှဉ်တက္၊. 알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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 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.