

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.

## **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

## Civil Rights Notice

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

- |                   |                      |                            |   |
|-------------------|----------------------|----------------------------|---|
| ■ race            | ■ creed              | ■ public assistance status | ■ disability  |
| ■ color           | ■ religion           | ■ marital status           | ■ sex (including sex stereotypes and gender identity) |
| ■ national origin | ■ sexual orientation | ■ age                      | ■ 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](mailto: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](mailto: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:

- |                   |            |                            |
|-------------------|------------|----------------------------|
| ■ race            | ■ religion | ■ sexual orientation       |
| ■ color           | ■ creed    | ■ marital status           |
| ■ national origin | ■ sex      | ■ public assistance status |
|                   |            | ■ 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](mailto: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 gender identity) |
| ■ color           | ■ public assistance status |   |
| ■ 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

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