

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 Extension to Resolve Discrepancy

You contacted us to extend the time you have to resolve the discrepancy listed below. The time period has been extended 30 days from the date on this notice for the following people:

[Name(s)]

You can contact the agency listed above or complete the form that we sent you. If you complete the form, send it to the agency listed at the top of this page. If you would like to call the agency listed above and do not know the phone number, call the DHS Member Help Desk at 651-431-2670 or 800-657-3739 for assistance.

Medicare Discrepancy

Information from electronic sources indicates that the following people have Medicare Part A.

[Name]

Death Discrepancy

Information from electronic sources indicates that **[Name]** is deceased. This person's death may affect health care coverage for the following people:

[Name]

Income Discrepancy

Income information received indicates that the following people may no longer meet the income limit for their health care program. You must confirm the income information for your household.

[Name(s)]

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

Who can help me resolve a discrepancy?

If you have Medical Assistance, your county or tribal agency has workers who can help you. If you have MinnesotaCare, you can get help from workers at Healthcare Consumer Support. The Department of Human Services (DHS) also partners with trusted organizations across the state. People from these organizations, called navigators, are trained to provide free face-to-face help. To find a navigator near you, use the MNSure Assister Directory at www.mnsure.org.

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:

- | | | | |
|-------------------|----------------------|----------------------------|---|
| ■ 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 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:

- | | | |
|-------------------|------------|----------------------------|
| ■ 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 (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

651-431-2670 or 800-657-3739

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

ያስተውሉ፡ ካለምንም ከፍፆ ይህንን ደብዳቤ የሚተረጎም ለአስተርጓሚ 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.

ဟံသူဟံသးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကိၣ်တဲဝဲနဉ်လၢာ် တီလၢာ်စိတခါအံၤန့ၣ်,ကိးဘဉ်လိာ်တဲဝဲနဉ်လၢာ်အံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ພາຍເລກຂ້າງເທິງນີ້.

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.