



Minnesota Health Care Programs: Renewal Process Playbook

January 6, 2025

Renewal Process Playbook Contents *(1 of 2)*

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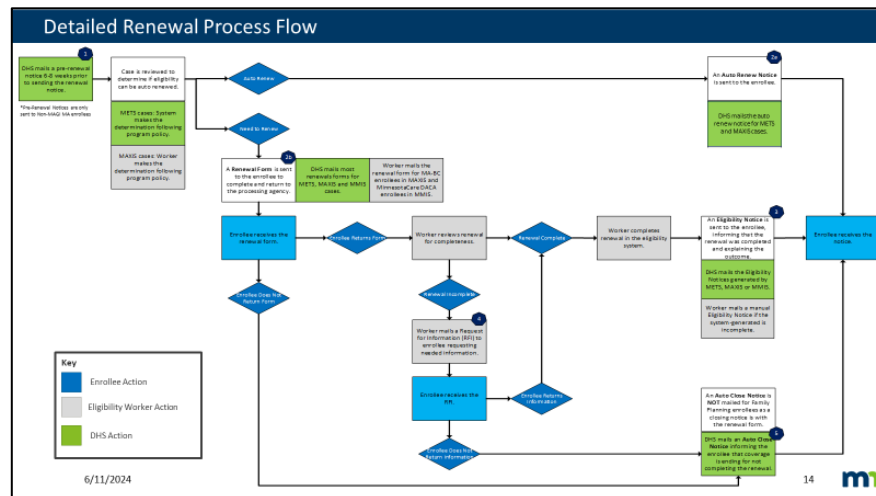
Renewal Process Playbook Contents *(2 of 2)*

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Renewal Process Playbook Introduction

Introduction to the Renewal Process Playbook

- The Renewal Process Playbook (the Playbook) serves as a reference guide for the end-to-end Minnesota Health Care Programs (MHCP) renewal process. Initially designed to address the continuous coverage Unwind, it serves as an ongoing renewal reference for stakeholders.
- The Playbook outlines the framework for the overall renewal process. It is designed as a reference for DHS staff, eligibility workers, partners, and other stakeholders involved with the State's renewal process.
- The Playbook presents a process workflow followed by detailed information about each step of the process, including the notices, forms, and criteria applied by DHS eligibility systems to administer eligibility for specific populations.
- The Playbook includes links for users to easily navigate to pages in the document and to external information sources.



Pre-Renewal Notice
Non-MAGI MA or Medicare Savings Programs
DHS-8269

Eligibility System	Program	Stuffers Included	Details
MAXIS	Non-MAGI MA Medicare Savings Programs	DHS-5207 – County Agency Address and Phone Number List DHS-3435 – Language Block	English version is mailed to enrollees.

Medical Assistance (MA) or Medicare Savings Programs (MSP) Notice

Your renewal date is coming up. Each year we must review your eligibility to see if you still qualify for coverage. We will mail you a notice if we are able to automatically renew your eligibility without your help. Review the notice to make sure it has correct information about you and your family. Report any changes or corrections to your county or tribal human services agency.

Watch your mail for renewal paperwork.
We will mail you a notice if we are able to automatically renew your eligibility without your help. Review the notice to make sure it has correct information about you and your family. Report any changes or corrections to your county or tribal human services agency by the due date.

If you do not get a notice or a renewal form in the mail in the next 8 weeks, contact your county or tribal agency.

Your assets will be counted for your renewal.
For your upcoming renewal, we must count your assets to decide if you qualify for MA or MSP. If the value of the assets you own is above the asset limit, you will need to reduce your assets to keep your health care coverage. We will mail you a notice if you need to reduce your assets. We do not count some types of assets toward the asset limit, including your home, one vehicle and personal items.

People enrolled in Medical Assistance for Employed Persons with Disabilities (MA-EPC) and children under age 21 do not have an asset limit and do not need to verify assets to renew eligibility.

Save paper proofs.
We will need proof of income and assets for you and your household members. Save documents that show proof of income and assets to send copies in with your renewal form. These include current paystubs, your income tax return, and account statements from your bank or other financial institutions.

Questions?
For more information, go online to <https://mn.gov/dhs/henewmycoverage>.
If you have questions about this notice or your case, call your county or tribal agency. See the enclosed listing of agency phone numbers.
If you have general questions about MA or MSP, call DHS Health Care Consumer Support at 651-297-3862 or 800-637-3672. If you have hearing or speech disabilities, contact us using your preferred telecommunication relay service.
If you need help understanding your options as a person with a disability, you can contact Disability Hub MN™ at 866-333-3466. If you are 65 or older or on Medicare, contact Senior LinkAge Line at 800-533-3433.

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Key Renewal Process Information

Programs Subject to Renewal

Program*	Description
MAGI MA	Modified Adjusted Gross Income (MAGI) Medical Assistance (MA). Minnesota's Medicaid program for people with low incomes serving children and families, pregnant women, and adults without children.
Non-MAGI MA	Minnesota's Medicaid program that does not utilize the MAGI methodology, predominantly seniors and people who are blind or have a disability. It also includes other small MA subprograms like MA for People with Breast or Cervical Cancer (MA-BC).
MinnesotaCare	Minnesota's Basic Health Program (BHP) for people with low incomes who do not have access to affordable employer-sponsored coverage and do not qualify for MA.
Medicare Savings Programs	Programs to help people who have low incomes pay their Medicare premiums and cost-sharing.
Minnesota Family Planning Program (Family Planning)	Minnesota Family Planning Program covers people not enrolled in MA. It covers only family planning services (including related supplies) and transportation services to and from providers of family planning services.

*Some programs do not have a renewal and are not included in the Playbook.

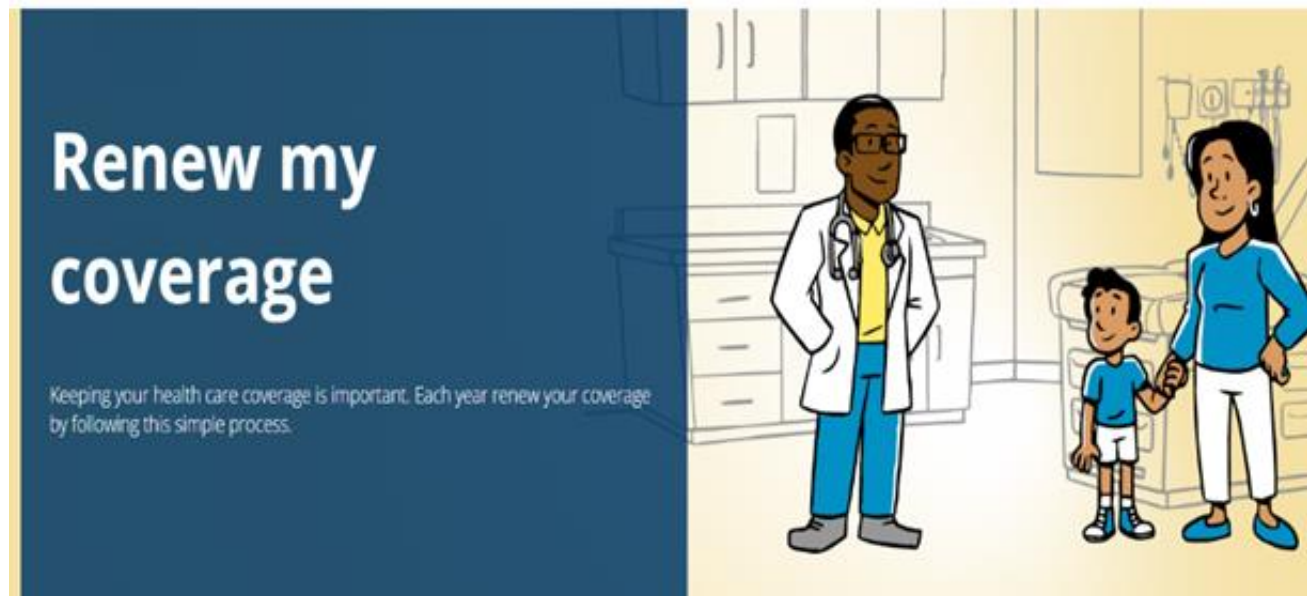
MHCP Eligibility Systems

System	Description
METS	The Minnesota Eligibility Technology System (METS) supports renewals for MAGI MA and MinnesotaCare.
MAXIS*	MAXIS supports renewals for Non-MAGI MA and Medicare Savings Programs.
MMIS	The Medicaid Management Information System (MMIS) supports renewals for the Family Planning program and MinnesotaCare for Deferred Action for Childhood Arrivals (DACA) Grantees.

*Not an acronym; MAXIS is the formal name of the system.

Renew My Coverage Website

The [Renew My Coverage](#) website is where enrollees can find information about health care coverage renewals. Enrollees can look up their renewal dates, learn how to update their addresses and phone numbers, get answers to renewal questions, connect with trusted partners, and receive other updates such as what to look for in the mail or via text message. There are also resources for partners and providers and the media such as renewal toolkits and a dashboard that tracks renewal processing statewide.



Renewal Distribution

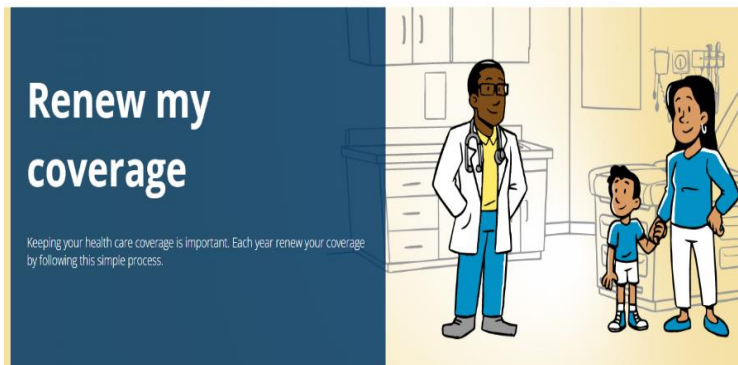
Program	Description
MAGI MA, Non-MAGI MA, and Family Planning	Renewals for MA and Family Planning occur monthly and are based on the anniversary month of an enrollee's initial application date (e.g., if an enrollee applied in July, they have a July renewal. All renewal paperwork needs to be completed, submitted, and processed by June 30 for coverage to continue July 1.)
MinnesotaCare	The MinnesotaCare renewal process begins in October for coverage effective January 1.

Renewal Date Lookup Tool

DHS created an online tool for enrollees, or the people assisting them, to look up their renewal month and learn when they will be receiving their renewal paperwork in the mail. This tool launches from the Renew My Coverage website.

1

User launches the tool from the DHS Renew My Coverage page



2

User enters Case Number and Member Number or Social Security Number

A screenshot of the 'When is my renewal?' tool. The header is 'mn DEPARTMENT OF HUMAN SERVICES'. The main heading is 'When is my renewal?'. Below it is a paragraph explaining the tool's purpose. To the right is a form titled 'Enter one of the three fields to confirm your identity.' with three input fields: 'Case Number' (with value 87044322), 'Member Number' (with value 12345678), and 'Social Security Number (not a digit)' (with value 000-00-1234). There is a 'Don't add it' checkbox and a 'Next' button. At the bottom is a 'Renewal Information' section with a link to 'mn.gov/dhs/renewalinformation'.

3

User views result

A screenshot of the 'When is my renewal?' tool showing the result. The header is 'mn DEPARTMENT OF HUMAN SERVICES'. The main heading is 'When is my renewal?'. Below it is a paragraph explaining the tool's purpose. To the right is a form titled 'Enter one of the three fields to confirm your identity.' with three input fields: 'Case Number' (with value 87044322), 'Member Number' (with value 12345678), and 'Social Security Number (not a digit)' (with value 000-00-1234). There is a 'Don't add it' checkbox and a 'Next' button. At the bottom is a 'Renewal Information' section with a link to 'mn.gov/dhs/renewalinformation'.

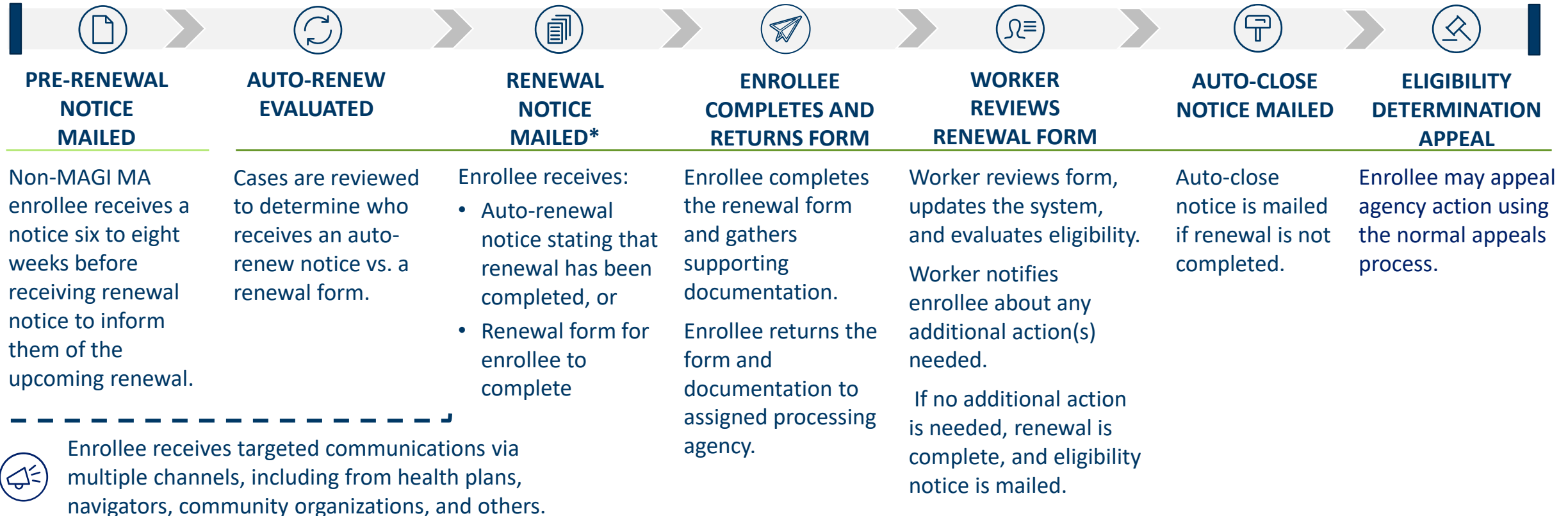
Watch for your renewal paperwork in the mail in May, your renewal month is July.

High-Level Renewal Process

Enrollees renewing coverage in any of the 12 monthly cohorts follow this journey.

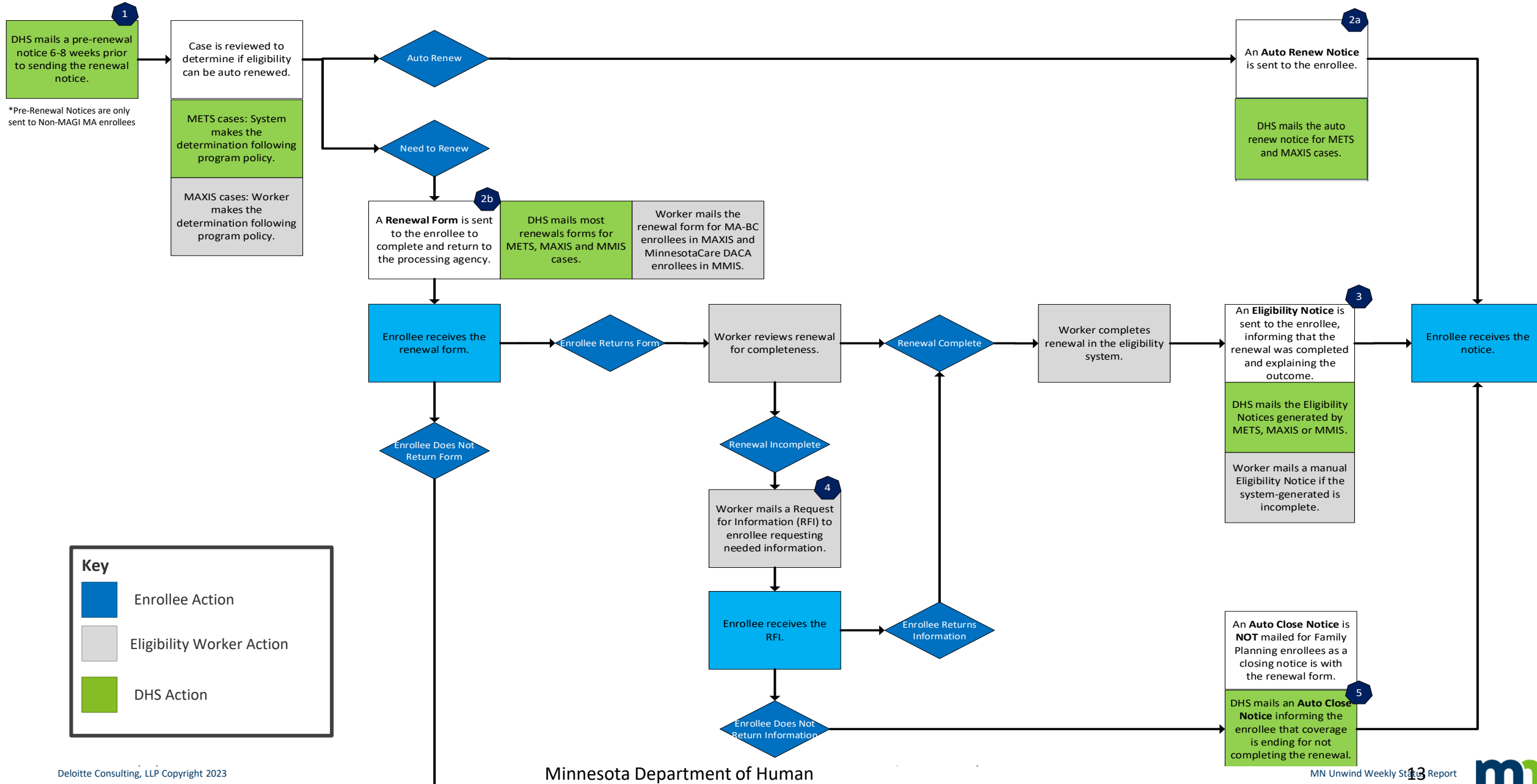
PRE-RENEWAL

RENEWAL PROCESS



*The renewal process is paper-based and conducted via U.S. mail. Notices and packets are in English and include a language block for enrollees requiring translation assistance.

Detailed Renewal Process Flow



Pre-Renewal Notice

Introduction to the Pre-Renewal Notice

- Non-MAGI MA enrollees will receive a pre-renewal notice six to eight weeks before receiving their renewal notice.
- Notices encourage enrollees to report contact information changes, watch for their renewal notices in the mail, prepare additional required information, and direct them where to go with questions.

Medical Assistance (MA) or Medicare Savings Programs (MSP) Notice

Your renewal date is coming up. Each year we must review your eligibility to see if you still qualify for coverage.

Watch your mail for renewal paperwork

We will mail you a notice if we are able to automatically renew your eligibility without your help. Review the notice to make sure it has correct information about you and your family. Report any changes or corrections to your county or tribal human services agency.

We will mail you a renewal form if we cannot automatically renew your eligibility. Your renewal form will come in an envelope with a blue dot on it that says Important Information Enclosed. Fill out the renewal form and return it to your county or tribal human services agency by the due date.

If you do not get a notice or a renewal form in the mail in the next 6-8 weeks, contact your county or tribal agency.

Your assets will be counted for your renewal

For your upcoming renewal, we must count your assets to decide if you qualify for MA or MSP. If the value of the assets you own is above the asset limit, you will need to reduce your assets to keep your health care coverage. We will mail you a notice if you need to reduce your assets. We do not count some types of assets toward the asset limit, including your home, one vehicle and personal items.

People enrolled in Medical Assistance for Employed Persons with Disabilities (MA-EPD) and children under age 21 do not have an asset limit and do not need to verify assets to renew eligibility.

Save paper proofs

We will need proof of income and assets for you and your household members. Save documents that show proof of income and assets to send copies in with your renewal form. These include current paystubs, your income tax return, and account statements from your bank or other financial institutions.

Questions?

For more information, go online to <https://mn.gov/dhs/renewmycoverage>.

If you have questions about this notice or your case, call your county or tribal agency. See the enclosed listing of agency phone numbers.

If you have general questions about MA or MSP, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. If you have hearing or speech disabilities, contact us using your preferred telecommunication relay service.

If you need help understanding your options as a person with a disability, you can contact Disability Hub MN™ at 866-333-2466. If you are 65 or older or on Medicare, contact Senior LinkAge Line at 800-333-2433.

Pre-Renewal Notice

Non-MAGI MA or Medicare Savings Programs

DHS-8269

Eligibility System

MAXIS

Program

- Non-MAGI MA
- Medicare Savings Programs

Stuffers Included

[DHS-5207](#) – County Agency Address and Phone Number List

DHS-3435 – Language Block

Details

[English](#) version is mailed to enrollees

Pre-Renewal Notice Mailing Dates by Cohort

Cohort	Mailing Date Range
1 – July Renewals	Non-MAGI MA and Medicare Savings Programs: 4/10/2024 – 4/17/2024
2 – August Renewals	Non-MAGI MA and Medicare Savings Programs: 5/8/2024 – 5/15/2024
3 – September Renewals	Non-MAGI MA and Medicare Savings Programs: 6/10/2024 – 6/17/2024
4 – October Renewals	Non-MAGI MA and Medicare Savings Programs: 7/10/2024 – 7/17/2024
5 – November Renewals	Non-MAGI MA and Medicare Savings Programs: 8/8/2024 – 8/15/2024
6 – December Renewals	Non-MAGI MA and Medicare Savings Programs: 9/10/2024 – 9/17/2024
7 – January Renewals	Non-MAGI MA and Medicare Savings Programs: 10/9/2024 – 10/16/2024
8 – February Renewals	Non-MAGI MA and Medicare Savings Programs: 11/8/2024 – 11/15/2024
9 – March Renewals	Non-MAGI MA and Medicare Savings Programs: 12/10/2024 – 12/17/2024
10 – April Renewals	Non-MAGI MA and Medicare Savings Programs: 1/8/2025 – 1/15/2025
11 – May Renewals	Non-MAGI MA and Medicare Savings Programs: 2/10/2025 – 2/17/2025
12 – June Renewals	Non-MAGI MA and Medicare Savings Programs: 3/10/2025 – 3/17/2025

Pre-Renewal Notice Envelopes

White, business-sized envelope



Renewal Notice

Introduction to the Auto-Renew Notice

- Auto-renew capability is automated for programs in METS and is a manual process for programs in MAXIS.
- If an enrollee's MA is automatically renewed, DHS will send them a notice and an information summary. Enrollees should review the information summary to make sure all information is correct. If it is correct, no other action is required by the enrollee. If it is not correct, the enrollee must provide updated information to the processing agency.

METS Auto-Renew Notice

[Return Addressee Recipient Line]
[Return Addressee Secondary Address Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo image

*
[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

[System Date_Time]
Case Number: [Case Number]

Health Care Renewal Notice

You are getting this notice because it is time to renew coverage for members of your household. This notice tells you the status of your renewal. This notice is for the people listed below.

Health Care Results

[Person Name] - MNsure ID Number: [MNsureID]

Effective Date	Action	Coverage Type
[Effective Date]	[Action]	[Coverage Type]

[Person Name]'s coverage has been automatically renewed. [Person Name] qualifies for [Coverage Type] [as a(n) [MA Basis]] starting [Effective Date]. Please review the information summary included with this notice. We used this information to renew [Person Name]'s coverage. *[(Statute)]*

Eligibility System	Program	Stuffers Included	Details
METS	<ul style="list-style-type: none">MAGI MAMinnesotaCare	DHS-4839K – Notice of Privacy Practices and Rights and Responsibilities	English version is mailed to enrollees Click here to access notice.

MAXIS Auto-Renew Notice

General mock-up Ex Parte Renewal Notices

DHS/TSS DIVISION
PO BOX 64965
ST. PAUL MN 55164-0965

99902629000011110

AUGUST 04, 2023 10:03 AM

CASE NUMBER: 9999999

MAXIS S TESTER
540 Cedar Street
St Paul, MN 55101

----- IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, SANDRA L. RANDALL at (651) 431-4040.
- * For TTY/IDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- * The back of this page lists your appeal rights and responsibilities.

----- HEALTH CARE EX PARTE NOTICE

Maxis S Tester's health care coverage has been automatically renewed for Medical Assistance (MA) and a [Medicare Savings Program Name] savings program effective 09/01/2023.

You have been renewed as a person who is receiving or is eligible for [SSI, RSDI, RRB or combination]. (42 CFR 435.916, MN Statutes 256B.056 and 256B.057)

If the enrollee's income was verified electronically due to zero income or SNAP/MFIP, the above paragraph would read:

You have been renewed because your income was verified using electronic sources. (42 CFR 435.916, MN Statutes 256B.056 and 256B.057)

If any of the information on this notice is wrong, please contact your worker listed in the notice.

If the enrollee had zero income, income was verified through SNAP/MFIP, or if they have a spenddown, long-term care obligation or waiver obligation:

Counted Income (all amounts are per month)
\$500 - Unearned Income
Deemer P Name - \$500 - Unearned Income

[Title]

1

Eligibility System

Program

Stuffers Included

Details

MAXIS

• Non-MAGI MA

N/A

English version is mailed to enrollees

Click [here](#) to access notice.

MAXIS Auto-Renew Calendar

Cohort	Ex Parte Report Pulled	Ex Parte Worker Deadline	Renewal Form Mailing Timeframe
1 – July Renewals	04/01/2024	05/14/2024	5/15/2024 – 05/22/2024
2 – August Renewals	05/01/2024	06/14/2024	06/15/2024 - 06/21/2024
3 – September Renewals	06/01/2024	07/14/2024	07/15/2024 - 07/22/2024
4 – October Renewals	07/01/2024	08/14/2024	08/15/2024 - 08/22/2024
5 – November Renewals	08/01/2024	09/14/2024	09/15/2024 - 09/20/2024
6 – December Renewals	09/01/2024	10/14/2024	10/15/2024 - 10/22/2024
7 – January Renewals	10/01/2024	11/14/2024	11/15/2024 - 11/22/2024
8 – February Renewals	11/01/2024	12/14/2024	12/15/2024 - 12/20/2024
9 – March Renewals	12/01/2024	01/14/2025	01/15/2025 - 01/22/2025
10 – April Renewals	01/01/2025	02/14/2025	02/15/2025 - 02/21/2025
11 – May Renewals	02/01/2025	03/14/2025	03/15/2025 - 03/21/2025
12 – June Renewals	03/01/2025	04/14/2025	04/15/2025 - 04/22/2025

Introduction to the Renewal Forms

There are seven different renewal forms that are sent and processed for renewals. All forms are mailed in English, with translated versions available in eDocs for some forms.

There are special considerations for MinnesotaCare for DACA Grantees & MA for People with Breast or Cervical Cancer (MA-BC) renewal forms:

- MinnesotaCare for DACA Grantees is not in METS. The cases are manually tracked and managed in MMIS. DHS will manually send a renewal form (DHS-8262) to these enrollees when the other MinnesotaCare renewals are sent.
- The renewal form for MA-BC is not system-generated. County workers manually send the renewal form (DHS-3525) to the enrollees when it is time for them to renew.

Renewal Forms *(1 of 2)*

eDocs #	Notice/Form	Eligibility System	Description
N/A	METS Need to Renew Form	METS	Pre-populated form for enrollees not auto-renewed
DHS-3418	MHCP Renewal	MAXIS	<ul style="list-style-type: none">• People who are age 65 or older or who are blind or disabled (ABD)• Employed persons with disabilities (EPD)• Children with a disability who are otherwise ineligible for MA due to household income (TEFRA)• People under a 1619(a) or 1619(b) status• People receiving services at the Center for Victims of Torture (CVT)• People enrolled in Emergency Medical Assistance (EMA)• People receiving Minnesota Supplemental Aid (MSA)
DHS-3727	Combined Annual Renewal for Certain Populations	MAXIS	Adults without children who receive Supplemental Security Income (SSI) or SSI and Retirement, Survivors and Disability Insurance (RSDI) income only

Renewal Forms *(2 of 2)*

eDocs #	Notice/Form	Eligibility System	Description
DHS-5576	Combined Six-Month Report	MAXIS	People enrolled in MA for Employed Persons with Disabilities (MA-EPD) and people in Non-MAGI MA with a spenddown and varying income
DHS-2128	MHCP Renewal for People Receiving Long-Term Care (LTC) Services	MAXIS	People residing in a long-term care facility or receiving long-term care services
DHS-3525	MHCP Application and Renewal Form for MA-BC	MAXIS	People on the MA-BC program
DHS-4740	Family Planning Application and Renewal Form	MMIS	MN Family Planning Application and Renewal Form

METS Need to Renew Form

Hennepin County-HHS
PO Box 107
Minneapolis, MN 55440



PETER KNOX
148 1ST AVE
MINNEAPOLIS MN 55404

Apr 1, 2024 12:18 PM

Due date / Fecha límite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: **May 1, 2024**

It is time to renew your health care coverage

Es tiempo de renovar su cobertura médica
Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd caymiskaaga caafimaadka
Txog sij hawm rov txuas ntxiv koj daim ntawv kho mob

Case Number: 16902144

Household members who need to renew their eligibility:

Member Name	MNSure ID Number	Health Care Program Type
Geraldine Knox	2210530548	Medical Assistance
Peter Knox	1125514594	Medical Assistance

Eligibility System

METS

Programs

- MAGI MA
- MinnesotaCare

Stuffers Included

- [DHS-5207](#) – County Agency Address and Phone Number List
- [DHS-4839K](#) – Notice of Privacy Practices and Rights and Responsibilities
- Return Envelope (DHS-2050)

Details

English version is mailed to enrollees
Click [here](#) to access the notice



Minnesota Health Care Programs Renewal

Office Use Only		
DATE RECEIVED	CASE NUMBER	WORKER NUMBER

- Answer questions the best you can.
- Return the form and proofs right away.
- Call your worker if you have questions.

1. Name and address

FIRST NAME	MI	LAST NAME		
DATE OF BIRTH		PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE	COUNTY

OPTIONAL INFORMATION ↓

What is your living situation? (choose one)

- ☐ I have my own housing (rent, pay a mortgage or share housing costs with a roommate).
☐ I live with family or friends because of economic hardship.
☐ I live in an emergency shelter.
☐ I live in a service provider's housing (foster home, group home or assisted living).
☐ I live in a hospital, nursing home, treatment facility or detox center.
☐ I live in a jail, prison or juvenile detention facility. Offender Identification Number (OID): _____
☐ I live in a hotel or motel.
☐ I live in a place not meant for housing (anywhere outside, a vehicle, an abandoned building, a bus or train station, or an airport). In which county do you live? _____
☐ Unknown
☐ I decline to answer.

2. If you or anyone in your family is an American Indian or Alaska Native, some income and assets might not count toward your eligibility and you might not be required to pay premiums. Do you want to request these exceptions?

- ☐ Yes – complete Appendix A ☐ No

Minnesota Health Care Programs Renewal

DHS-3418

Eligibility System

Programs

Stuffers Included

Details

MAXIS

- Non-MAGI MA
- Medicare Savings Programs

Return Envelope (DHS-2043)

[English](#) version is mailed to enrollees, but the form is available in other languages on eDocs ([Hmong](#), [Russian](#), [Somali](#), [Spanish](#), and [Vietnamese](#))





Combined Annual Renewal For Certain Populations

Office Use Only		
DATE RECEIVED	CASE NUMBER	WORKER NUMBER

1. Name and address

YOUR FIRST NAME	MI	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE	COUNTY

2. Do you or your spouse have any changes from the last year?

The cover page lists changes for each program that require proof. Also include if you are now a parent or caretaker relative living with and caring for a child under the age of 19, are pregnant, or if you are a former foster youth under the age of 26.

☐ No ☐ Yes – explain here

3. Do you or your spouse have any assets that require proof?

The cover page lists assets for each program that require proof.

☐ No ☐ Yes – explain here

Owner name(s)	Type of asset or vehicle	Asset location, company or bank name and address	Account number	Amount in the account or asset value
				\$
				\$

4. For MA-LTC, did you or your spouse:

- Buy, sell, trade, or give away assets – or refuse income or assets?
- Purchase an annuity, life estate, promissory note, loan, mortgage, or create a trust?

☐ No ☐ Yes – explain here ☐ N/A – I do not have MA-LTC

5. For SNAP, did you or your spouse win a cash prize from lottery or gambling of \$4,250 or more, in a single game or play?

☐ No ☐ Yes – explain here ☐ N/A – I do not have SNAP

WINNER NAME	AMOUNT	DATE OF WIN

6. Can we send you updates and reminders about your case in the future?

By checking "yes" here, you consent to receive electronic notifications. DHS is not responsible for any charges for electronic notifications. Standard messaging and data rates may apply. Check with your carrier.

Is it OK to contact you by text message? ☐ No ☐ Yes – contact number for texts:

Is it OK to contact you by email? ☐ No ☐ Yes – email address:

Combined Annual Renewal for Certain Populations

DHS-3727

Eligibility System

Programs

Stuffers Included

Details

MAXIS

- Non-MAGI MA
- Medicare Savings Programs

Return Envelope
(DHS-2043)

Available in [English](#)

Clear Form



MINNESOTA HEALTH CARE PROGRAMS (MHCP)



DHS-2128-ENG

6-24

Renewal for People Receiving Long-Term Care Services

Office Use Only

DATE RECEIVED	CASE NUMBER	WORKER NUMBER
---------------	-------------	---------------

1. Name and address

FIRST NAME	MI	LAST NAME
------------	----	-----------

DATE OF BIRTH	PHONE NUMBER
---------------	--------------

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
----------------	------	-------	----------	--------

MAILING STREET ADDRESS (if different)	CITY	STATE	ZIP CODE	COUNTY
---------------------------------------	------	-------	----------	--------

Do you live in a long-term care facility? (Long-term care facilities include nursing homes, intermediate care facilities and inpatient hospitals providing nursing facility level-of-care.)

☐ Yes - complete information ☐ No

LONG-TERM CARE FACILITY NAME	DATE MOVED INTO THIS FACILITY (MM/DD/YYYY)
------------------------------	--

STREET ADDRESS BEFORE MOVING TO THIS FACILITY	CITY	STATE	ZIP CODE	COUNTY
---	------	-------	----------	--------

If you own a home, do you plan to return there? ☐ Yes ☐ No

OPTIONAL INFORMATION ↓

What is your living situation? (choose one)

☐ I have my own housing (rent, pay a mortgage or share housing costs with a roommate).

☐ I live with family or friends because of economic hardship.

☐ I live in an emergency shelter.

☐ I live in a service provider's housing (foster home, group home or assisted living).

☐ I live in a hospital, nursing home, treatment facility or detox center.

☐ I live in a jail, prison or juvenile detention facility. Offender Identification Number (OID):

☐ I live in a hotel or motel.

☐ I live in a place not meant for housing (anywhere outside, a vehicle, an abandoned building, a bus or train station, or an airport). In which county do you live?

☐ Unknown

☐ I decline to answer.

2. Are you a parent, step-parent or guardian who has children under 19 living with you?

☐ Yes ☐ No

We may ask for more information later.

Renewal for People Receiving Long-Term Care Services

DHS-2128

Eligibility System

Programs

Stuffers Included

Details

MAXIS

- Non-MAGI MA
- Medicare Savings Programs

Return Envelope (DHS-2043)

Available in [English](#)

Clear Form

m

DEPARTMENT OF HUMAN SERVICES

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Application and Renewal Form for Medical Assistance for Women with Breast and Cervical Cancer (MA-BC)

DHS-3525-ENG

2-21

Provider Use Only

SAGE OR SCREEN OUR CIRCLE PROVIDER

PHONE NUMBER

DIAGNOSIS DATE

Office Use Only

DATE RECEIVED

CASE NUMBER

WORKER NUMBER

1. Tell us about yourself.

FIRST NAME

MI

LAST NAME

DATE OF BIRTH

Do you have a Social Security number (SSN)?

☐ Yes
☐ No

IF YES, WHAT IS YOUR SSN?

IF NO, HAVE YOU APPLIED FOR AN SSN?

IF YOU HAVE NOT APPLIED, WHY NOT? (Choose a reason code from the list on Attachment B)

HOME STREET ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER

MAILING ADDRESS (where you would like notices sent, if different from the home address)

CITY

STATE

ZIP CODE

Do you plan to make Minnesota your home?

Are you visiting Minnesota to get medical care or for personal reasons?

Do you have children under the age of 19 living at home?

Do you have a disability?

Are you blind?

Are you pregnant?

What language do you speak most of the time?

Do you need an interpreter?

OPTIONAL INFORMATION

RACE (check all that apply)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other:

HISPANIC OR LATINO?

☐ Yes
☐ No

Page 1 of 4

MHCP Application and Renewal Form for MA-BC

DHS-3525

Eligibility System	Program	Stuffers Included	Details
MAXIS	Non-MAGI MA	N/A	English version is mailed to enrollees, but the form is available in other languages on eDocs (Hmong , Russian , Somali , Spanish , and Vietnamese)





Combined Six-Month Report

Office Use Only		
DATE RECEIVED	CASE NUMBER	WORKER NUMBER

- Answer all questions the best you can.
- Return the form and proofs right away.
- Sign and date the form before returning.
- Call your worker if you have questions.

1. Name and address

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE

2. Has anyone moved in or out of your home in the past six months?

☐ No ☐ Yes – fill in below

PERSON 1 FIRST NAME	MI	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
MOVED IN OR OUT?		DATE OF CHANGE	U.S. CITIZEN OR U.S. NATIONAL?	ETHNICITY (optional)
<input type="radio"/> Moved in <input type="radio"/> Moved out			<input type="radio"/> Yes <input type="radio"/> No	Hispanic? <input type="radio"/> Yes <input type="radio"/> No
PERSON 2 FIRST NAME	MI	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
MOVED IN OR OUT?		DATE OF CHANGE	U.S. CITIZEN OR U.S. NATIONAL?	ETHNICITY (optional)
<input type="radio"/> Moved in <input type="radio"/> Moved out			<input type="radio"/> Yes <input type="radio"/> No	Hispanic? <input type="radio"/> Yes <input type="radio"/> No

*Race Codes: (choose all that apply)

A – Asian B – Black/African American N – American Indian/Native Alaskan P – Pacific Islander or Native Hawaiian W – White

3. Is anyone getting health care coverage through Medical Assistance (MA) or benefits from a Medicare Savings Program?

☐ No – go to question 14 ☐ Yes – go to question 4

Combined Six-Month Report

DHS-5576

Eligibility System

MAXIS

Programs

- Non-MAGI MA
- Medicare Savings Programs

Stuffers Included

- DHS 5576A Combined Six Month Report: Supplement for cash programs, if person is also getting help from cash assistance programs
- Return Envelope (DHS-8248)

Details

[English](#) version is mailed to enrollees, but the form is available in other languages on eDocs ([Hmong](#), [Russian](#), [Somali](#), [Spanish](#), and [Vietnamese](#))



Clear Form

m

DEPARTMENT OF HUMAN SERVICES

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Minnesota Family Planning Program Application

DHS-4740-ENG

2-23

Provider Use Only (If PE is approved, complete the information here and fax pages 1-2 and 7 to 651-431-7532.)

PE ONLY

FULL APPLICATION OR RENEWAL

PROVIDER NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NPI

PROVIDER PHONE NUMBER

DATE PE APPROVED

1. Tell us about yourself. Use a separate form for each person applying.

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

SEX

Male

Female

Are you pregnant?

Yes

No

PHONE NUMBER where we can call you

Cell

Home

Work

OTHER PHONE NUMBER where we can call you

Cell

Home

Work

SOCIAL SECURITY NUMBER (SSN) You do not need to give us your SSN if you are applying for short-term coverage only.*

Check here if you are homeless.

If you checked this box, in which county do you live?

HOME ADDRESS (Address where you live)**

APARTMENT OR SUITE NUMBER

CITY

STATE

ZIP CODE

COUNTY

MAILING ADDRESS (If different from home address)

APARTMENT OR SUITE NUMBER

CITY

STATE

ZIP CODE

COUNTY

Answer yes or no to the following questions:

a. Do you plan to make Minnesota your home?

Yes

No

b. Did you enter Minnesota with a job commitment or to seek employment?

Yes

No

YOUR PREFERRED SPOKEN LANGUAGE

YOUR PREFERRED WRITTEN LANGUAGE

Do you need an interpreter?

Yes

No

SELECT YOUR PREFERRED METHOD OF CONTACT ABOUT THIS FORM

EMAIL

Yes

No

U.S. POSTAL MAIL

Yes

No

EMAIL ADDRESS

* SSN. See the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A) for information about SSNs.

** Safe at Home Program. If your household is in Minnesota's Safe at Home Program, you do not need to give us your full home address. In the Home Address spaces, you only need to provide the name of the county you live in and your home zip code. Write your Safe at Home Program address in the Mailing Address spaces.

Page 1 of 7

Minnesota Family Planning Program Application and Renewal Form

DHS-4740

Eligibility System

Program

Stuffers Included

Details

MMIS

Family Planning

- Cover Sheet
- Return Envelope (DHS-2043)

Click [here](#) to access the cover sheet.

[English](#) version is mailed to enrollees, but the form is available in other languages on eDocs ([Hmong](#), [Russian](#), [Somali](#), [Spanish](#), and [Vietnamese](#))

1/6/2025

Minnesota Department of Human Services | mn.gov/dhs

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Ways to Complete and Submit a Renewal Form

HOW TO COMPLETE

- **Handwritten**

Forms sent via mail can be completed by hand by the enrollee

- **Electronic completion and printing (eDocs)**

Forms obtained via eDocs can be completed electronically and printed for submission

- **Phone**

Enrollees can call DHS Health Care Consumer Support (HCCS) and an eligibility worker can complete the form for the enrollee over the phone



HOW TO SUBMIT

- **Mail:**

- Minnesota Department of Human Services, PO Box 64960 St. Paul, MN 55164-0960
- [DHS-5207](#) – Processing agency addresses & phone numbers
- Mailed envelopes require postage (minimum of 3 USPS® Forever stamps per envelope)

- **Document upload:**

- [Document upload website](#)

- **Fax:**

- [DHS-5207](#) Processing agency addresses & phone numbers

- **In person:**

- [DHS-5207](#) Processing agency addresses & phone numbers

- **Phone**

- HCCS Line: (651) 297-3862 or (800) 657-3672

Processing Agencies

Renewals are processed by various processing agencies depending on the program. Contact information for county and Tribal processing agencies is provided here: [DHS-5207](#) – Processing agency addresses & phone numbers.

The following table shows the processing agencies that process renewals for each program.

MAGI MA	MinnesotaCare	Non-MAGI MA	Family Planning
<ul style="list-style-type: none">Counties	<ul style="list-style-type: none">DHS	<ul style="list-style-type: none">CountiesWhite Earth Nation	<ul style="list-style-type: none">DHS

Renewal Notice Mailing Dates by Cohort

Cohort	Mailing Date Range
1 – July Renewals	<ul style="list-style-type: none"> • METS: 4/24/2024 – 5/8/2024 • MAXIS: 5/15/2024 – 5/22/2024 • MMIS: 5/14/2024 – 5/17/2024
2 – August Renewals	<ul style="list-style-type: none"> • METS: 5/24/2024 – 6/6/2024 • MAXIS: 6/15/2024 – 6/21/2024 • MMIS: 6/13/2024 – 6/18/2024
3 – September Renewals	<ul style="list-style-type: none"> • METS: 6/19/2024 – 7/6/2024 • MAXIS: 7/15/2024 – 7/22/2024 • MMIS: 7/13/2024 – 7/17/2024
4 – October Renewals	<ul style="list-style-type: none"> • METS: 7/24/2024 – 8/7/2024 • MAXIS: 8/15/2024 – 8/22/2024 • MMIS: 8/15/2024 – 8/20/2024
5 – November Renewals	<ul style="list-style-type: none"> • METS: 8/21/2024 – 9/4/2024 • MAXIS: 9/15/2024 – 9/20/2024 • MMIS: 9/12/2024 – 9/17/2024
6 – December Renewals	<ul style="list-style-type: none"> • METS: 9/14/2024 – 9/27/2024 • MAXIS: 10/15/2024 – 10/22/2024 • MMIS: 10/15/2024 – 10/18/2024

Cohort	Mailing Date Range
7 – January Renewals	<ul style="list-style-type: none"> • METS: 10/18/2024 – 11/1/2024 • MAXIS: 11/15/2024 – 11/22/2024 • MMIS: 11/9/2024 – 11/13/2024
8 – February Renewals	<ul style="list-style-type: none"> • METS: 11/21/2024 – 12/5/2024 • MAXIS: 12/15/2024 – 12/20/2024 • MMIS: 12/12/2024 – 12/17/2024
9 – March Renewals	<ul style="list-style-type: none"> • METS: 12/26/2024 – 1/9/2025 • MAXIS: 1/15/2025 – 1/22/2025 • MMIS: 1/14/2025 – 1/17/2025
10 – April Renewals	<ul style="list-style-type: none"> • METS: 1/27/2025 – 2/9/2025 • MAXIS: 2/15/2025 – 2/21/2025 • MMIS: 2/11/2025 – 2/14/2025
11 – May Renewals	<ul style="list-style-type: none"> • METS: 2/24/2025 – 3/8/2025 • MAXIS: 3/15/2025 – 3/21/2025 • MMIS: 3/13/2025 – 3/18/2025
12 – June Renewals	<ul style="list-style-type: none"> • METS: 3/20/2025 – 4/3/2025 • MAXIS: 4/15/2025 – 4/22/2025 • MMIS: 4/12/2025 – 4/16/2025

Renewal Notice Envelopes

“Watch for the circle in blue when it’s time to renew”

Most renewal Notices (including auto-renew notices) will be mailed in white, 8x12 (full-page) envelopes with windows for recipient and sender information. A blue circle is printed on the front of each envelope indicating the important contents inside.



Family Planning Renewal Notice Envelopes

The Family Planning renewal notice will be sent in a white, business-sized envelope with a brightly colored sticker on the front to indicate the important contents inside.



Renewal Notice Return Envelopes

All renewals, except for the Combined Six-month Report, will include a half-sheet return envelope. The return envelopes will require postage (at least \$1.78, more if additional pages or proof is submitted). The envelopes will include a blue bar on the left side as a distinguishing mark to make it easier for processing agencies to sort through their mail and prioritize renewals.



Combined Six-Month Report Renewal Notice Return Envelopes



Eligibility Notice

Introduction to the Eligibility Notices

- An eligibility notice is sent when a worker completes renewal processing. The notice informs the enrollee of the eligibility outcome.
- There are different types of eligibility notices—some are system generated and some are sent by a worker.
- Enrollees can receive multiple eligibility notices when the renewal is completed.

METS Eligibility Notice

The METS Eligibility Notice is system generated by METS. There are four versions of this notice; the logo image varies based on the eligibility results.

The notice includes the respective eligibility outcome for all individuals in the household.

Form	Details
DHS Eligibility Notice	This notice is sent to households that are eligible for coverage from a public health program.
MNsure Eligibility Notice	This notice is sent to households that are eligible for coverage from a private program.
Combined Eligibility Notice	This notice is sent to households with family members eligible for differing programs, i.e., have mixed eligibility (Eligible for Private, Eligible for Public, or Ineligible).
Ineligible Notice	This notice is sent to households that are ineligible for coverage along with the reason for denial.

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

* [System Date_Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Notice

You are getting this notice because we received a renewal form for one or more people in your household. We used the information on the renewal form to redetermine health-care-program eligibility for all the people in your household. This notice tells you the eligibility results for each person in your household.

Health Care Results

[Person Name] - MNsure ID Number: [MNsure ID Number]


Effective date	Action	Program
[Effective Date]	[Action]	[Coverage Type]

[Approval/Closure/Denial – See [Appendix A](#)]

METS Manual Closing Notice

[Reset](#)

Agency Address
Address Line 1
Address Line 2
City, State Zip

 **DEPARTMENT OF
HUMAN SERVICES**

Case Number:



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

Health Care Renewal Notice

You are getting this notice because we reviewed your renewal form. This notice is for the members of your household shown below. Based on the information in your renewal form, these household members now qualify for a different health care program from the program they used to qualify for.

Health Care Results

Household member name

Effective Date	Action	Coverage Type
	Approved	MinnesotaCare 
	Closed	MinnesotaCare 

Form

Eligibility Notice

Details

This notice is mailed by a worker if an enrollee is no longer eligible for MA or MinnesotaCare and the system generated notice does not include the denial reason.

There are two versions of this notice:

1. [MHCP Transition](#) – the enrollee is moving from MA to MinnesotaCare or MinnesotaCare to MA
2. [MHCP Closing](#) – the enrollee is closing MA or MinnesotaCare and not moving to another Minnesota Health Care Program

MAXIS Renewal Notice

DAKOTA COUNTY HUMAN SERVICES
1 MENDOTA ROAD WEST
SUITE 100
WEST ST. PAUL MN 55118-4765

June 18, 2019 02:21 PM

CASE NUMBER: XXXXXX

PAUL A PAUL
121 AVENUE N
HASTINGS MN 55033-3552

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, GREG MALISZEWSKI at () - .
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
-

HEALTH CARE NOTICE OF ACTION

We processed your eligibility renewal. SHAWN S ALASPA is still eligible for benefits. (HCM 0905)

******* IMPORTANT APPEAL RIGHTS! READ THIS NOW! *******

If you don't agree with the action taken on your case, you can call your financial worker or an attorney. You can also appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days, or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice, but your benefits will not start again unless you win the appeal. To find out more, read the back of this notice.

WORKER: GREG M

TELEPHONE: () -

[Title]

1

Form

Details

Health Care Notice of Action

This notice is sent to individuals who remain eligible.

Click [here](#) to access the notice

MAXIS Eligibility Notice

Denied for over income

MN DEPT OF HUMAN SERVICES

444 LAFAYETTE ROAD N.

ST. PAUL MN 55155

December 21, 2022 02:21 PM

CASE NUMBER: 317458

EARNED DISREGARDS

123 MAIN STREET

ST PAUL MN 55045

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

This information is available in other forms to people with disabilities by calling your county worker, JULIANNA B. DANIELS at (651) 431-2805.

* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

* The back of this page lists your appeal rights and responsibilities

HEALTH CARE NOTICE OF ACTION

EARNED DISREGARDS's Medical Assistance (MA) benefits cannot be reopened for January 2023 because:

* Your income is above program limits.

Form

MAXIS Notice

Details

This notice is sent to individuals who are ineligible for MA along with the reason for denial. The notice varies based on the reason why the individual is no longer eligible (e.g., Denied for Over Income, Denied for Over Assets, etc.).

There are two notices for those deemed ineligible:

[MAXIS Over Assets Notice](#)

[MAXIS Over Income Notice](#)

Minnesota Family Planning Program Approval Notice

JOSEPHINE Q PUBLIC
444 LAFAYETTE ROAD N
SAINT PAUL, MN 55155-9999

JUNE 29, 2022

Applicant or Enrollee Name: JOSEPHINE Q PUBLIC
Case #: CASE0000
Client ID #: PM100000

Minnesota Family Planning Program (MFPP) coverage has been approved for you. Your coverage starts 02/01/2022. You must renew your coverage annually.

Whenever you call MFPP, please have your case number ready. Your case number is at the top of this notice and other MFPP notices.

You must report changes that affect your eligibility for MFPP within 10-days. These changes include but are not limited to the following:

- Changes in your address, income, or marital status
- Changes in tax-filing status or tax-dependent status for you and your family members
- Family members moving in or out of your household
- Pregnancy

The MFPP covers only family planning services and transportation services to and from providers of family planning services. If you need coverage for other types of health care services, you may want to apply for Medical Assistance (MA) or MinnesotaCare. If you would like an application for these programs, please call the number listed below. Or go to www.mnsure.org to apply for health coverage and help paying costs. For places to get low-cost care right away, visit the DHS website at <http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/resources/#7>.

If you are new to Minnesota Health Care Programs, you will get an ID card. If you had MA, MinnesotaCare, or MFPP before, please use the card you already have.

If you have questions, call MFPP at 651-431-3480 or 888-702-9968.

For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1, 9-15)

Family Planning Eligibility Notice

Form

Family Planning Eligibility Notice

Details

This notice is mailed by MMIS when a worker completes the processing for a Family Planning renewal.

If an enrollee remains eligible for Family Planning, a worker enters a new 12-month span in MMIS, and MMIS will generate a notice informing the enrollee of eligibility.

If an enrollee is no longer eligible for Family Planning after renewal processing, a denial code is entered into MMIS, and MMIS includes the denial reason on the notice.

Click below to access notices.

[Family Planning Approval Notice](#)

[Family Planning Denial Notice](#)

Request For Information (RFI) Notice

Introduction to the RFI Notice

- A Request for Information (RFI) Notice is sent by a worker during renewal processing if additional information or documentation is needed from the enrollee to determine eligibility.
- A worker must manually complete and send the RFI Notice to the enrollee; there are no system notices generated by METS, MAXIS, or MMIS.



MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Request for Information

Date:

To:



Redetermination Date:

Case number:

Case name:

Worker name:

Worker phone number:

Fax number:

Agency name:

Agency address:

Why did I get this letter?

We need more information to see whether you can get or keep your health care coverage.

What do I need to do?

Look at the items marked in this section. Send the checked information or proofs by . Write your case number on all papers you send.

- ☐ Proof of income received
- ☐ Projected annual income (PAI)
- ☐ Proof of projected annual income (PAI)
- ☐ Members of household
- ☐ Other insurance
- ☐ Copy of federal income tax forms and all W-2 wage statements
- ☐ Proof of U.S. citizenship and identity
- ☐ Proof of immigration status
- ☐ Proof of American Indian Tribal Membership
- ☐ Proof of American Indian Status
- ☐ These people need to sign, date and return the Signature Page included with this letter.
- ☐ Complete and return the form(s) included with this letter
- ☐ Other

COMMENTS

What will happen if I do not send the information?

You may not get coverage or coverage may end if we do not get the information by the date listed on the first page.

Questions

Call your worker if you have questions or need help getting any of the information.



MHCP Request for Information

DHS-3271

Eligibility System	Program	Stuffers Included	Details
METS MMIS	<ul style="list-style-type: none">MAGI MAMinnesotaCareFamily Planning	N/A	English version is mailed to enrollees; no translated materials are available

Notice of Late or Incomplete Household Report Form, Health Care Renewal Form, or Combined Six-Month Report or Recertification

DHS-2414

Notice of Late or Incomplete Household Report Form, Health Care Renewal Form, Combined Six-Month Report or Recertification

Date: _____ Case number: _____

To: _____ From: _____

Agency name: _____

Address: _____

Agency fax: _____

Agency email: _____

Program(s) terminated: Effective date _____

☐ Minnesota Family Investment Program (MFIP)
 ☐ Minnesota Care
 ☐ General Assistance (GA)
 ☐ Medical Assistance (MA)
 ☐ Housing Support
 ☐ Medicare Savings Programs (QMB, SLMB, QI1)
 ☐ Minnesota Supplemental Aid (MSA)
 ☐ Refugee Cash Assistance/Refugee Medical Assistance (RCA/RMA)
 ☐ Supplemental Nutrition Assistance Program (SNAP)

Your benefits will stop because:

☐ We did not get your _____

☐ Household Report Form ☐ Health Care Renewal Form ☐ Combined Six-Month Report ☐ Recertification

by _____ (month/day/year).

☐ We got your _____

☐ Household Report Form ☐ Health Care Renewal Form ☐ Combined Six-Month Report form ☐ Recertification

on _____. It is not complete because:

☐ You signed the form before the last day of the month and/or returned it too early. Re-date and sign the form.
 ☐ All required members of the unit did not sign the form. The person(s) below must sign.
 ☐ You did not give proofs. You must (see below):
 ☐ All items were not answered. You must (see below):

Note: Failure to return the report form or items requested above could affect your eligibility for other benefits, such as child care assistance.

Is the termination final?
Yes, unless we get all items by the last day of the month.

What should I do if my benefits stop? If you provide a completed form checked above and/or missing items the month following the month it was due, and you are eligible, your benefits will be issued:

- Back to the first day of the month we get the completed form for MFIP, Housing Support, MSA or MA.
- From the date we get the completed form and/or needed proofs for SNAP, GA, RCA or RMA.
- The month after we get your premium payment for Minnesota Care.

If I have questions on the termination who do I contact?

Contact: _____ at: _____

If you disagree with this action, you can appeal. (See back of this form.)

Basis for action: Minnesota Department of Human Services Combined Manual - 7.12.03; 7.12.06; 9.06.03; 26.42; Minnesota Department of Human Services Health Care Programs Manual, Chapter 8 - 8.10; 8.15; 8.20; 8.25; 8.25.05; 8.30; 8.35

Original - client Copy - Case Record Read important information on the back side.

Eligibility System	Program	Stuffers Included	Details
MAXIS	<ul style="list-style-type: none"> Non-MAGI MA Medicare Savings Programs 	N/A	English version is mailed to enrollees and the form is available in other languages on eDocs (Hmong , Russian , Somali , Spanish , and Vietnamese)

Auto-Close Notice

Introduction to the Auto-Close Notice

An auto-close notice is mailed if a renewal is not completed. The notice provides advance notice that the enrollee's coverage will end at the end of the month for not completing their renewal.

The auto close process also generates a health plan disenrollment notice for enrollees who are enrolled in a managed care plan.

Auto-close dates vary based on the eligibility system.

There is no auto-close notice for Family Planning. When a Family Planning renewal form is generated, a closing span is entered into MMIS. A consumer receives their renewal about 45 days prior to their coverage ending with a renewal cover letter that tells them that their coverage will end:

- On a certain date if they do not return the renewal and required proofs by a certain date, or if they no longer meet the eligibility requirements for Family Planning.

METS Auto-Close Notice

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

* [System Date Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Closing Notice

We sent you a renewal form to complete and return to us within 30 days. We did not get all the information needed to process your renewal. For this reason, health care coverage is closing for one or more members of your household. If you send us the information we need, we will look at your case again.

Health Care Results

[Person Name] - MNsure ID Number: [MNsure ID Number]

Effective date	Action	Coverage Type
[Effective date]	[Action]	[Coverage Type]

[Person Name] no longer qualifies for [Coverage Type] because you did not complete a renewal. [Person Name]'s coverage will stop at the end of the day on [Last day of certification period]. (Code of Federal Regulations, title 42, sections 435.916(a) and 600.340(e); Minnesota Statutes, sections 256B.056, subdivision 7a, and 256L.05, subdivision 3a)

Eligibility System

Program

Stuffers Included

Details

METS	<ul style="list-style-type: none">MAGI MAMinnesotaCare	N/A	<p>Sent to households to inform them that public program eligibility is closing for one or more household members.</p> <p>Click here to access notice.</p>
------	---	-----	--

MAXIS Auto-Close Notice

5200 FMINFO____
RAMSEY COUNTY HUMAN SERVICES
160 KELLOGG BLVD E
ST. PAUL MN 55101-1420

September 16, 20XX 08:27 PM

CASE NUMBER: XXXXXXXXX

NANCY NELSON
XXX AVENUE ST
ST PAUL MN 55106-3123

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, DOREY P. at (651) 266-4684.
- * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- * The back of this page lists your appeal rights and responsibilities.

HEALTH CARE NOTICE OF ACTION

NANCY M NELSON's following Health Care programs will stop at the end of the day on September 30, 20XX:

- * Medical Assistance (MA)

Because we did not get the following forms we need to keep your case open:

- * 12 Month Renewal

If we get the forms by September 30, 20XX, we will look at your case again. If you need help with your forms, call your financial worker. (HCM 0905)

Do not use your Minnesota Health Care Programs ID Card or Managed Care Plan Card after your coverage ends. If you use these cards after your coverage ends, you MAY be guilty of a crime.

Keep your cards in case you become eligible again. (HCM 0914, 0916)

[Title]

1

Eligibility System	Program	Stuffers Included	Details
MAXIS	<ul style="list-style-type: none">Non-MAGI MAMedicare Savings Programs	N/A	<p>Incomplete information or documentation that was not received during the initial renewal submission will be listed on this notice.</p> <p>Click here to access notice</p>



SERVICE AGENCY NAME GOES HERE
444 LAFAYETTE ROAD N
ST. PAUL, MN 55155-9999

03/01/22

WKR ID: WRKR001 SVC LOC: 999
JONATHAN Q. PUBLIC2
444 LAFAYETTE ROAD NORTH
SAINT PAUL, MN 55155-9999

HEALTH PLAN DISENROLLMENT NOTICE

Recipient ID: PM100002
Case Number: CASE0002
End Date: 03/31/22
Health Plan: ITASCA MEDICAL CARE

Name: JONATHAN Q. PUBLIC2
PMAP PREPAID MEDICAL ASSISTANC

YOU MAY NOT GET HEALTH CARE THROUGH MEDICAL ASSISTANCE OR MINNESOTACARE FROM THIS PLAN AFTER 03/31/22.

Your enrollment in ITASCA MEDICAL CARE is ending or changing for the reason or reasons below:

- Your Medical Assistance or MinnesotaCare eligibility has ended or changed.

If you are getting Medicare services through this health plan under Minnesota Senior Health Options (MSHO) or Special Needs BasicCare (SNBC) and your Medical Assistance eligibility has ended, you may continue to get Medicare covered services, including Part D, from this plan for up to three months.

If you have questions about this notice, please call your MANAGED CARE UNIT at (555) 555-5555.

See your appeal rights on the back. ==>

For accessible formats of this publication or assistance with additional
equal access to human services, write to DHS.info@state.mn.us, call
651-431-2670 or 800-657-3739, or use your preferred relay service.

Health Plan Disenrollment Notice

Eligibility System	Programs	Stuffers Included	Details
MMIS	<ul style="list-style-type: none">MAGI MAMinnesotaCareNon-MAGI MAMedicare Savings Programs	N/A	<p>This notice is generated by MMIS when the auto-close process occurs and closes coverage in MMIS.</p> <p>A notice is generated and sent for each person in a household whose coverage is closing.</p> <p>Click here to access notice.</p>

System Dates for Auto-Close *(1 of 2)*

The auto-close process will occur, and notices are generated, if a renewal has not been processed by the specified date:

Cohort	System Dates for Auto-Close
1 – July Renewals	METS: 6/6/2024 MAXIS: 6/16/2024
2 – August Renewals	METS: 1/6/2025 MAXIS: 1/6/2025
3 – September Renewals	METS: 8/6/2024 MAXIS: 8/16/2024
4 – October Renewals	METS: 9/5/2024 MAXIS: 9/16/2024
5 – November Renewals	METS: 10/3/2024 MAXIS: 10/16/2024
6 – December Renewals	METS: 11/6/2024 MAXIS: 11/16/2024

System Dates for Auto-Close *(2 of 2)*

Cohort	System Dates for Auto-Close
7 – January Renewals	METS: 12/1/2024 MAXIS: 12/16/2024
8 – February Renewals	METS: 1/6/2025 MAXIS: 1/16/2025
9 – March Renewals	METS: 2/6/2025 MAXIS: 2/16/2025
10 – April Renewals	METS: 3/6/2025 MAXIS: 3/16/2025
11 – May Renewals	METS: TBD MAXIS: 4/16/2025
12 – June Renewals	METS: TBD MAXIS: 5/16/2025

DHS Text Messaging Campaigns

Introduction to Text Messaging Campaigns

DHS implemented texting and robocall capabilities as additional means to contact enrollees and share information about the renewal process.

Using Amazon Web Service (AWS) Pinpoint, DHS will send a series of short messaging service (SMS) “nudges” to enrollees.

Five separate SMS campaigns will be conducted across renewal cohorts. These campaigns are described on the following pages.

Text Campaign #1: Introduction Announcement

Description: The **Introduction Announcement** is a general announcement to inform MHCP enrollees that DHS will be communicating important information via SMS texts moving forward. This is a one-time message sent to households that are newly enrolled or existing enrollees who provide a new phone number.

Audience: All cohorts will receive this initial message. A monthly Introduction Announcement will go out to new cases or phone numbers after the initial send.

Planned Send Schedule:

- Sent the first week of each Month
- Reoccurring Monthly for each Cohort



Text Campaign #2: Address Update Announcement

Description: The **Address Update Announcement** nudge is sent to MHCP enrollees prior to the renewal process, asking enrollees to update their contact information.

Audience: This text will go to all active cases six months prior to their renewal month.

Planned Send Schedule:

- Sent the first week of each Month
- Reoccurring Monthly for each Cohort



Text Campaign #4a & 4b: Renewal Form Nudge

Description:

4a: Informs the enrollee it is time to renew, and the form has been mailed. (look for the envelope with the blue dot). This message is sent to households that have not completed their renewal approximately 4 weeks before the end of their certification period.

4b: Reminds enrollees to return their renewal form if they have not already done so. This message is sent to households that haven't completed their renewal approximately 3 weeks before the end of their certification period.

Audience: Households for which a renewal form is needed, and the renewal has not been processed.

Planned Send Schedule:

- Sent the second week of each Month
- Reoccurring Monthly for each Cohort



Text Campaign #5: MNsure Referral Nudge

Description: The **MNsure Referral Nudge** is sent to a renewal cohort after a renewal has been processed, and household members lost MHCP coverage. It refers them to MNsure to explore private health insurance.

Audience: All members who have lost MHCP coverage will receive this initial message.

Planned Send Schedule:

- Sent the second week of each Month
- Reoccurring Monthly for each Cohort



Appendices

Appendix A: Enrollee Resources

Enrollee Resources: General Information

General information on renewals



Renew my Coverage Website: <https://mn.gov/dhs/renewmycoverage/>

General information about MHCP



Online: DHS Public Website: <https://mn.gov/dhs/>



Phone: Health Care Consumer Support at 651-431-2670 or 800-657-3739

Hours: 8:00 am – 5:00 pm, Monday – Friday

Enrollee Resources: Eligibility & Reporting Changes

Resources for eligibility-related information or to report changes, including address changes:

Program	Phone	In Person
MAGI MA Non-MAGI MA	County or tribal agency. Agency phone numbers can be found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5207-ENG	County or tribal agency. Agency addresses can be found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5207-ENG
MinnesotaCare Family Planning	Health Care Consumer Support at 800-657-3672 or 651-297-3862 Hours: 8:00 am – 5:00 pm, Monday – Friday	Elmer L. Andersen Human Services Building 540 Cedar Street St. Paul, MN 55101 Hours: 8:00 am – 5:00 pm Monday – Friday

Enrollee Resources: Health Plans

Health plan member services are available to assist and support MHCP enrollees. It is estimated that 85% of MHCP enrollees are enrolled in a health plan.

For MHCP enrollees **enrolled** in a health plan, a list of Health Plan Member Services can be found here: <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/health-plan-contacts.jsp>

For MHCP enrollees **not enrolled** in a health plan, enrollees receive services on a fee-for-service basis. These enrollees can contact Health Care Consumer Support for assistance:

- a. Phone: 800-657-3672 or 651-297-3862, **Hours:** 8:00 am – 5:00 pm, Monday – Friday
- b. Website: <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/ma-fee-for-service.jsp>

Enrollee Resources: Renewal Form Assistance

Program	Phone	In Person
MAGI MA	County or tribal agency. Agency phone numbers can be found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5207-ENG	County or tribal agency. Agency addresses can be found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5207-ENG
MinnesotaCare Family Planning	Health Care Consumer Support at 800-657-3672 or 651-297-3862 Hours: 8:00 am – 5:00 pm, Monday – Friday	Elmer L. Andersen Human Services Building 540 Cedar Street St. Paul, MN 55101 Hours: 8:00 am – 5:00 pm, Monday – Friday

Assisters: Navigators and other assisters provide free enrollment help through virtual meetings, phone appointments, or in-person meetings.

Website: <https://www.mnsure.org/help/find-assister/index.jsp>

Appendix B: Cohort-Specific Timelines

System Dates for Auto-Close *(1 of 2)*

The auto-close process will occur, and notices are generated, if a renewal has not been processed by the specified date:

Cohort	System Dates for Auto-Close
1 – July Renewals	METS: 6/6/2024 MAXIS: 6/16/2024
2 – August Renewals	METS: 1/6/2025 MAXIS: 1/6/2025
3 – September Renewals	METS: 8/6/2024 MAXIS: 8/16/2024
4 – October Renewals	METS: 9/5/2024 MAXIS: 9/16/2024
5 – November Renewals	METS: 10/3/2024 MAXIS: 10/16/2024
6 – December Renewals	METS: 11/6/2024 MAXIS: 11/16/2024

System Dates for Auto-Close *(2 of 2)*

Cohort	System Dates for Auto-Close
7 – January Renewals	METS: 12/1/2024 MAXIS: 12/16/2024
8 – February Renewals	METS: 1/6/2025 MAXIS: 1/16/2025
9 – March Renewals	METS: 2/6/2025 MAXIS: 2/16/2025
10 – April Renewals	METS: 3/6/2025 MAXIS: 3/16/2025
11 – May Renewals	METS: TBD MAXIS: 4/16/2025
12 – June Renewals	METS: TBD MAXIS: 5/16/2025

Cohort 1 Timeline: July 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs and Family Planning: 4/10/2024 – 4/17/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 4/24/2024 – 5/8/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 5/15/2024 – 5/22/2024Family Planning (MMIS): 5/14/2024 – 5/17/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 6/6/2024MAXIS: 6/16/2024

Cohort 2 Timeline: August 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 5/8/2024 – 5/15/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 5/24/2024 – 6/6/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 6/15/2024 – 6/21/2024Family Planning (MMIS): 6/13/2024 – 6/18/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 1/6/2025MAXIS: 1/6/2025

Cohort 3 Timeline: September 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 6/10/2024 – 6/17/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 6/19/2024 – 1/6/2025Non-MAGI MA and Medicare Savings Programs (MAXIS): 7/15/2024 – 7/22/2024Family Planning (MMIS): 7/13/2024 – 7/17/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 8/6/2024MAXIS: 8/16/2024

Cohort 4 Timeline: October 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 7/10/2024 – 7/17/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 7/24/2024 – 8/7/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 8/15/2024 – 8/22/2024Family Planning (MMIS): 8/15/2024 – 8/20/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 9/5/2024MAXIS: 9/16/2024

Cohort 5 Timeline: November 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 8/8/2024 – 8/15/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 8/21/2024 – 9/4/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 9/15/2024 – 9/20/2024Family Planning (MMIS): 9/12/2024 – 9/17/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 10/3/2024MAXIS: 10/16/2024

Cohort 6 Timeline: December 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 9/10/2024 – 9/17/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 9/14/2024 – 9/27/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 10/15/2024 – 10/22/2024Family Planning (MMIS): 10/15/2024 – 10/18/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 11/6/2024MAXIS: 11/16/2024

Cohort 7 Timeline: January 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 10/9/2024 – 10/16/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 10/18/2024 – 11/1/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 11/15/2024 – 11/22/2024Family Planning (MMIS): 11/9/2024 – 11/13/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 12/1/2024MAXIS: 12/16/2024

Cohort 8 Timeline: February 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 12/10/2024 – 12/17/2024
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 11/21/2024 – 12/5/2024Non-MAGI MA and Medicare Savings Programs (MAXIS): 12/15/2024 – 12/20/2024Family Planning (MMIS): 12/12/2024 – 12/17/2024
3	Auto-close date	<ul style="list-style-type: none">METS: 1/6/2025MAXIS: 1/16/2025

Cohort 9 Timeline: March 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 12/7/2023 – 12/14/2023
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 12/26/2024 – 1/9/2025Non-MAGI MA and Medicare Savings Programs (MAXIS): 1/15/2025 – 1/22/2025Family Planning (MMIS): 1/14/2025 – 1/17/2025
3	Auto-close date	<ul style="list-style-type: none">METS: 2/6/2025MAXIS: 2/16/2025

Cohort 10 Timeline: April 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 1/8/2025 – 1/15/2025
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 1/27/2025 – 2/9/2025Non-MAGI MA and Medicare Savings Programs (MAXIS): 2/15/2025 – 2/21/2025Family Planning (MMIS): 2/11/2025 – 2/14/2025
3	Auto-close date	<ul style="list-style-type: none">METS: 3/6/2025MAXIS: 3/16/2025

Cohort 11 Timeline: May 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 2/10/2025 – 2/17/2025
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 2/24/2025 – 3/8/2025Non-MAGI MA and Medicare Savings Programs (MAXIS): 3/15/2025 – 3/21/2025Family Planning (MMIS): 3/13/2025 – 3/18/2025
3	Auto-close date	<ul style="list-style-type: none">METS: TBDMAXIS: 4/16/2025

Cohort 12 Timeline: June 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none">Non-MAGI MA, Medicare Savings Programs, and Family Planning: 3/10/2025 – 3/17/2025
2	Renewal notice mailed	<ul style="list-style-type: none">MAGI MA and MinnesotaCare (METS): 3/20/2025 – 4/3/2025Non-MAGI MA and Medicare Savings Programs (MAXIS): 4/15/2025 – 4/22/2025Family Planning (MMIS): 4/12/2025 – 4/16/2025
3	Auto-close date	<ul style="list-style-type: none">METS: TBDMAXIS: 5/16/2025

Appendix C: Notices Sent when a Renewal is Completed

Notices Sent to Enrollee When Worker Completes the Renewal: Enrollee is Eligible for the Same Program

Scenario	Worker Processes Renewal Before Auto-Close	Worker Processes Renewal After Auto-Close
MAGI MA to MAGI MA	<ul style="list-style-type: none">• METS Renewal Eligibility Notice	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• Health Plan Reinstatement Notice
MinnesotaCare to MinnesotaCare	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• MinnesotaCare Premium Notice	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• MinnesotaCare Premium Notice• Health Plan Reinstatement Notice
Non-MAGI MA to Non-MAGI MA	<ul style="list-style-type: none">• MAXIS Renewal Notice	<ul style="list-style-type: none">• MAXIS Renewal Notice• Health Plan Reinstatement Notice
Family Planning to Family Planning	<ul style="list-style-type: none">• Family Planning Eligibility Notice	<ul style="list-style-type: none">• Family Planning Eligibility Notice

Notices Sent to Enrollee When Worker Completes the Renewal: Enrollee Has a Coverage Transition

System	Scenario	Worker Processes Renewal Before Auto-Close	Worker Processes Renewal After Auto-Close
METS	MAGI MA to MinnesotaCare	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • MinnesotaCare Premium Notice • Health Plan Disenrollment Notice 	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • MinnesotaCare Premium Notice • Health Plan Selection Packet
METS	MAGI MA to Qualified Health Plan	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • Health Plan Disenrollment Notice 	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker
METS	MinnesotaCare to MAGI MA	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • Health Plan Disenrollment Notice • Health Plan Selection Packet 	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • Health Plan Selection Packet
METS	MinnesotaCare to Qualified Health Plan	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker • Health Plan Disenrollment Notice 	<ul style="list-style-type: none"> • METS Renewal Eligibility Notice • Closing Notice from Worker

Notices Sent to Enrollee When Worker Completes the Renewal: No Eligibility

Scenario	Worker Processes Renewal Before Auto-Close	Worker Processes Renewal After Auto-Close
MAGI MA to No Program	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• Manual Closing Notice• Health Plan Disenrollment Notice	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• Manual Closing Notice
MinnesotaCare to No Program	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• Manual Closing Notice• Health Plan Disenrollment Notice	<ul style="list-style-type: none">• METS Renewal Eligibility Notice• Manual Closing Notice
Non-MAGI MA to No Program	<ul style="list-style-type: none">• MAXIS Eligibility Notice• Health Plan Disenrollment Notice	<ul style="list-style-type: none">• MAXIS Eligibility Notice
Family Planning to No Program	<ul style="list-style-type: none">• Family Planning Eligibility Notice	<ul style="list-style-type: none">• Family Planning Eligibility Notice

Appendix D: System Generated Notices

METS Auto-Renew Notice

METS Auto-Renew Notice *(1 of 8)*

[Return Addressee Recipient Line]
[Return Addressee Secondary Address Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

*

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

[System Date_Time]
Case Number: [Case Number]

Health Care Renewal Notice

You are getting this notice because it is time to renew coverage for members of your household. This notice tells you the status of your renewal. This notice is for the people listed below.

Health Care Results

[Person Name] - MNSure ID Number: [MNSureID]

Effective Date	Action	Coverage Type
[Effective Date]	[Action]	[Coverage Type]

[Person Name]'s coverage has been automatically renewed. [Person Name] qualifies for [Coverage Type] [as a(n) [MA Basis]] starting [Effective Date]. Please review the information summary included with this notice. We used this information to renew [Person Name]'s coverage. *[(Statute)]*

[System Date_Time]
Case Number: [Case Number]

[Page-of-Page]

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METS Auto-Renew Notice (2 of 8)

[System Date_Time]
Case Number: [Case Number]

[Page-of-Page]

Information Summary

This is the information we have about your household. We used this information to renew your coverage. You must tell us if any of the information, including the address listed on the notice, is not correct. Send the updated information to the return address on this notice or contact your case worker. You do not need to do anything if all of this information is correct.

Household Information

Name	Gender	Date of Birth	Marital Status	Pregnant?	Receiving coverage?
[Household Member]	[Gender]	[DOB]	[Marital Status]	[Pregnancy]	[Receiving coverage]

Relationships

Name
[Household Member] is the [Member Relationship] of [Household Member]

Residency

Name	Lives in Minnesota?	Plans to make Minnesota home?	Visiting Minnesota for medical care or personal reasons?	Is home address the same as mailing address?	Home address, if different from mailing address
[Household Member]	[Resident]	[MN Home?]	[Visiting MN?]	[Address Difference?]	[Home Address]

Social Security Number (SSN)

Name	SSN provided?	If no, has person applied for SSN?
[Household Member]	[SSN provided?]	[Applied for SSN?]

Citizenship Status

Name	United States Citizen?	United States National?
[Household Member]	[US Citizen?]	[US National]

[System Date_Time]
Case Number: [Case Number]

[Page-of-Page]

Noncitizen Information

Name	Immigration status (examples: asylee, legal permanent resident, refugee)	Entered US before August 22, 1996?	Lived in US for 5 or more years in a qualified status?	Honorably discharged veteran or active-duty military member?	Spouse or dependent child of an honorably discharged veteran or active-duty military member?
[Household Member]	[Immigration Status]	[Entered Before?]	[Qualified Status?]	[Military?]	[Military Relation?]

Expected Tax Filing Information

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly?	Tax dependent of someone outside the household?	Expected to be claimed as a tax dependent by a noncustodial parent?
[Household Member]	[Expected Tax Status]	[Household Member] is [Tax Relationship] of [Household Member]	[Married Filing Jointly?]	[Tax dependent?]	[Tax dependent to noncustodial?]

Name	Had or expects a change in family size?	Had or expects a decrease in annual household income?	Had or expects a change in tax-filing status?	Filed an application for unemployment benefits?	Had or expects a change in the number of people on tax return?
[Household Member]	[Family Size Change?]	[Household Income Decrease?]	[Tax-filing status change?]	[Filed Unemployment?]	[Tax Return People Change?]

METS Auto-Renew Notice (3 of 8)

[System Date_Time]
Case Number: [Case Number]

[Page-of-Page]

Other Health Insurance Information

Name	Are you enrolled in health insurance through an employer?	Do you have access to health insurance through an employer?	Is employer making changes for new plan year?	Do you have Medicare or other non-employer health insurance?	Type of non-employer health insurance
[Household Member]	[Employer Insurance?]	[Access to Employer Insurance?]	[Employer Plan Changes?]	[Non-employer Insurance?]	[Type of Non-employer Insurance]

Information about Health Insurance Available through an Employer

Name	Name of Employer	Are you the employee?	Does the employer offer a plan that meets the minimum value standard for Self-Only Coverage?	How much would the employee pay for Self-Only Coverage?	How often does the amount for coverage have to be paid?
[Household Member]	[Employer Name]	[Is Member employee?]	[Minimum value plan for Self-Only Coverage ?]	[Employee cost for Self-Only Coverage]	[Contribution frequency]

Information about Access to Family Health Insurance Available through an Employer

Name	Name of Employer	Are you the spouse or tax dependent of the employee?	Does the employer offer a plan that meets the minimum value standard for Family Coverage?	How much would the employee pay for Family Coverage?	How often does the amount for coverage have to be paid?
[Household Member]	[Employer Name]	[Member spouse or taxdependent ?]	[Minimum value plan for Family Coverage?]	[Employee cost for Family Coverage]	[Contribution frequency]

[System Date_Time]
Case Number: [Case Number]

[Page-of-Page]

Income Information

This is the income we have for your household. It includes your taxable income plus any nontaxable foreign earned income, interest income and Title II Social Security benefits. Title II Social Security benefits include retirement, disability and railroad retirement benefits. Supplemental Security Income (SSI) is not Title II income.

Name	Income	Seasonally employed?	Amount	Frequency	Amount of interest received or part of Social Security benefit amount that is tax-exempt?
[Household Member]	[Income type] EIN: XX-XXXXXXX	[Seasonally employed?]	[Income amount]	[Income frequency]	[Tax-exempt amount?]

Name	Stopped working in the last six months?	Had work hours, wages or salary decrease in last six months?
[Household Member]	[Stopped working?]	[Hours/wage decrease?]

Income Adjustments

Income adjustments are expenses listed on the front page of a federal tax return that you can subtract from your gross income. Your gross income minus any adjustments is your "adjusted gross income". For a complete list of allowable income adjustments, see the Adjusted Gross Income section on the 1040 tax form.

Name	Type of Income Adjustment	Amount of Income Adjustment	Frequency of Income Adjustment
[Household Member]	[Income Adjustment Type]	[Income Adjustment Amount]	[Income Adjustment Frequency]

METS Auto-Renew Notice (4 of 8)

[System Date_Time]
Case Number: [Case Number]

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Projected Annual Income

Projected annual income (PAI) is the income you expect to receive in [YYYY].

How do you figure out PAI?

1. Start with the income that you will earn in [YYYY]. This is gross income reported on your federal tax return. Do not count income that is not included on the federal tax return. Examples of income that is not included are child support and worker's compensation.
2. Add nontaxable Social Security, nontaxable interest income and foreign earned income, if applicable.
3. Subtract any adjustments that you will claim on your federal tax return. Some common adjustments are student loan interest and the self-employed health insurance expense.
4. You can use a federal tax return (1040 tax form) as a guide. The income from step 1 is listed in the Income section. The adjustments from step 3 are listed in the Adjusted Gross Income section.

Name	PAI Amount
[Household Member]	[PAI Amount]

Other Information

Name	Has ongoing medical bills to meet a spenddown?	Is seeking Medical Assistance payment of long-term-care services to reside in a long-term-care facility?	Is seeking services to help stay in his or her home through a Medical Assistance home and community-based waiver program?
[Household Member]	[Medical spenddown?]	[Seeking long-term-care payment?]	[Seeking help to stay in home?]

Name	Has a physical or mental health condition that limits the ability to work or perform daily activities?	Is blind?	Is getting services from the Center for Victims of Torture?	Is in jail or prison?
[Household Member]	[Condition limits work?]	[Blind?]	[Torture victim services?]	[Incarcerated?]

[System Date_Time]
Case Number: [Case Number]

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Full Medical Assistance Determination

Some people may be eligible for Medical Assistance (MA) under different categories. These categories include people with disabilities, people who are blind, people who receive services from the Center for Victims of Torture, people seeking payment of long-term-care services, and people seeking community-based waiver services. In addition, people who have outstanding medical bills at application may qualify for coverage for three months before application, and people with excess income may qualify with a spenddown. We will screen you to see if you may be eligible for MA under a different category, using the information you gave us on this form or when you applied. We will contact you for more information if we think you might qualify. If one of these categories applies to you, but you have not reported information about that, call and tell your worker. If you want us to make a full MA determination for you, call your worker for more information.

Voter Registration

if you want to register to vote in Minnesota, you can complete a voter registration form at sos.state.mn.us.

METS Auto-Renew Notice (5 of 8)

[System Date_Time]
Case Number: [Case Number]

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How do I use my health care coverage?

If you qualify for Medical Assistance:

- You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.
- If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.
- You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

- If you have a MinnesotaCare premium: You must make a full payment for coverage to start. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.
- If you do not have a MinnesotaCare premium: Your coverage will start on the first day of the month after you were approved.
- You must enroll in a health plan: You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

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.

[System Date_Time]
Case Number: [Case Number]

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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

METS Auto-Renew Notice (6 of 8)

[System Date_Time]
Case Number: [Case Number]

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Do I have to pay back the costs of my health care if I am receiving government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

[System Date_Time]
Case Number: [Case Number]

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IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action taken on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (2) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a DHS appeal form, or getting help by phone or in person. The DHS Appeals Division or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for information on filing an appeal)	3. Mail or Fax	4. In person
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/dfservlet/PublicKey/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call your county or tribal agency.• Or call the DHS Appeals Division at 651-431-3600.	<ul style="list-style-type: none">• Mail your request to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0041• Or fax it to 651-431-7523.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNSure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNSure, the county or tribal agency, or DHS processed your request too slowly.
- MNSure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

METS Auto-Renew Notice (7 of 8)

[System Date_Time]
Case Number: [Case Number]

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When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within **30 days** of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within **30 days**, you may be able to appeal up to **90 days** after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within **90 days** after the date of your health care notice.

***Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNsure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNsure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

[System Date_Time]
Case Number: [Case Number]

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You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- **30 days** if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- **10 days** if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 855-366-7873.

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

METS Auto-Renew Notice (8 of 8)

[System Date_Time]
Case Number: [Case Number]

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Civil Rights Notice

02/10/2024 1:11

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

DHS

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	■ sex
■ 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, 425 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-7042 (fax) info.MDHR@state.mn.us (email)

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 investigator'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

[System Date_Time]
Case Number: [Case Number]

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Civil Rights Notice

02/10/2024 1:11

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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, 425 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-7042 (fax) info.MDHR@state.mn.us (email)

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 investigator'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



MAXIS Auto-Renew Notice

MAXIS Auto-Renew Notice (1 of 2)

General mock-up Ex Parte Renewal Notices

DHS/TSS DIVISION
PO BOX 64965
ST. PAUL MN 55164-0965

9990262900001110

AUGUST 04, 2023 10:03 AM

CASE NUMBER: 9999999

MAXIS S TESTER
540 Cedar Street
St Paul, MN 55101

----- IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, SANDRA L. RANDALL at (651) 431-4040.
 - * For TTY/IDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
-

HEALTH CARE EX PARTE NOTICE

Maxis S Tester's health care coverage has been automatically renewed for Medical Assistance (MA) and a [Medicare Savings Program Name] savings program effective 09/01/2023.

You have been renewed as a person who is receiving or is eligible for [SSI, RSDI, RRB or combination]. (42 CFR 435.916, MN Statutes 256B.056 and 256B.057)

If the enrollee's income was verified electronically due to zero income or SNAP/MFIP, the above paragraph would read:

You have been renewed because your income was verified using electronic sources. (42 CFR 435.916, MN Statutes 256B.056 and 256B.057)

If any of the information on this notice is wrong, please contact your worker listed in the notice.

If the enrollee had zero income, income was verified through SNAP/MFIP, or if they have a spenddown, long-term care obligation or waiver obligation:

Counted Income (all amounts are per month)
\$500 - Unearned Income
Deemer P Name - \$500 - Unearned Income

[Title]

1

Used only if there's a spenddown, long-term care obligation or waiver obligation:

Your [spenddown, long-term care obligation or waiver obligation] amount is \$250 and was met on 8/31/2023. The amount you will be responsible to pay before the state will pay is \$75. This portion of your medical bills will not be paid by the state. You will receive an Explanation of Medical Benefits to tell you what bills to pay.

For more information about your automated renewal visit:
www.mn.gov/dhs/abdautorenew

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, refer to the back of this notice.


WORKER: SANDRA L. RANDALL TELEPHONE: (651) 431-4040

[Title]

2

METS Auto-Renew Notice (2 of 2)

Appeal Rights prints on the back of all notices



DEPARTMENT OF
HUMAN SERVICES

DHS-000-040 3-18

Appeal rights

- Appeal rights.** An appeal is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if:
 - You feel the agency did not act on your request for assistance.
 - You do not agree with the action taken.You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.
- For emergency help,** when your case is about an emergency and you need a faster decision on your appeal, you can ask for an emergency hearing in your appeal request. You can also request it by calling the Department of Human Services Appeals Division.
- For cash, child care and health care,** you may appeal within 30 days from the date you received this notice by sending a written appeal request saying you do not agree with the decision. You can send this letter to the agency, or directly to the Appeals Division. If you show good cause for not appealing your cash, child care and health care within 30 days, the agency can accept your appeal for up to 90 days from the date of the notice. Good cause is when you have a good reason for not appealing on time. The Appeals Division will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
- For the Supplemental Nutrition Assistance Program,** you may appeal within 90 days by writing or calling the agency or the Appeals Division.

Submit your appeal request:

- Online:** <https://edocs.dhs.state.mn.us/lhserver/Public/DHS-0033-ENG>
- Write:** Minnesota Department of Human Services Appeals Division
P.O. Box 64941
St. Paul, MN 55164-0941
- Fax:** 651-431-7523
- Call:** Metro: 651-431-3600
Greater Minnesota: 800-657-3510
or use your preferred relay service

- If you want to keep receiving your benefits until the hearing,** you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until the Appeals Division decides your appeal. If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for child care assistance, your provider will be reimbursed for eligible costs that you paid or incurred. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.
- You have the right to reapply** at any time if your benefits stop.
- Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To find your local legal aid office, visit www.LawHelpMN.org or call 888-354-5522.

[Title]

3

[Title]


4



METS Need to Renew Form

METS Need to Renew Form (1 of 8)

Hennepin County-HHS
PO Box 107
Minneapolis, MN 55440



*

PETER KNOX
148 1ST AVE
MINNEAPOLIS MN 55404

Apr 1, 2024 12:18 PM

Due date / Fecha límite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: **May 1, 2024**

It is time to renew your health care coverage

Es tiempo de renovar su cobertura médica
Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd caymiskaaga caafimaadka
Txog sij hawm rov buas ntiv koj daim ntawv kho mob

Case Number: 16902144

Household members who need to renew their eligibility:

Member Name	MNsure ID Number	Health Care Program Type
Geraldine Knox	2210530548	Medical Assistance
Peter Knox	1125514594	Medical Assistance

Apr 1, 2024 12:18 PM
Case Number: 16902144

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Commonly asked questions:

What if my renewal form is received after May 1, 2024?
You may experience gaps in your coverage if your form is received after May 1, 2024.

What if I do not send in my renewal form at all?
If we do not receive your form at all, your coverage will end on June 30, 2024.

What if I have more questions about the renewal process or my renewal status?

- If you have **Medical Assistance** and have questions about your case, call your county or tribal servicing agency listed on this notice.
- If you have **MinnesotaCare** or have general questions about health care eligibility, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Our hours of operation are 8:00a.m. – 5:00p.m. Press option 3 to request an interpreter in your preferred language. TTY: Use your preferred relay service.



METS Need to Renew Form (2 of 8)

Apr 1, 2024 12:18 PM
Case Number: 16902144

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Here's what you need to do:


1. Review the information on the included renewal form.

2. Update any old or incorrect information. Fill in any missing information. Attach a sheet of paper if you need more space to write. For help completing this form, scan the code or go to <https://mn.gov/dhs/health-care/renewal>.

3. Sign and date the form.

4. Mail, fax, or drop off your completed form by May 1, 2024 to the servicing agency found at the top left of the first page of this notice. Visit <https://mn.gov/dhs/renewmycoverage> to find out about other ways you can submit your renewal.



 Save time now:

Include proofs (Optional): Include copies of income or self-employment proofs (like pay stubs or tax returns) for all household members who have an income. Do not include original documents.

Collecting proofs may be required at a later step. Including proofs now can speed up your processing time.


Get additional support:


Get free help completing your renewal by contacting a navigator near you. You can find a navigator who speaks your language. Visit or call:

Obtenga ayuda gratuita contactando a un(a) ayudante cerca de usted. Para encontrar un(a) ayudante que hable su idioma cerca de usted visite la página de internet que se muestra abajo o llame al siguiente número:

Hel caawimaad bilaash ah oo la xariirta cusbooneysiintaada adoo la xariiraya hawl fududeeyaha kuugu dhaw. Waxaad heli kartaa hawl fududeeye ku hadla luuqadaada. Booqo ama wac ilahaan hoose:

Xav tau kev pab dawb txuas ntxiv koj daim ntawv kho mob thov hu rau tus neeg ua ntaub ntawv kho mob nyub ze koj. Koj yuav nrhiav tau tus neeg uas ntaub ntawv kho mob uas nws hais koj hom lus. Thov mus saib los yog hu rau cov chaw muaj kev pab nram qab no:

 mnsure.org/help/find-assister/find-assister.jsp

 855-366-7873

Apr 1, 2024 12:18 PM
Case Number: 16902144

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651-297-3862 or 800-657-3672

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာတမ်းကို အသုံးပြုရန်အတွက် အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

గំልగంపాతాల్ 1. యెజ్జుగ్రామీణులకు గుర్తింపు పత్రాలను పూర్తి చేయడానికి సహాయం కోసం యెజ్జుగ్రామీణులకు ఉచిత సహాయం అందించబడుతుంది.

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.

အသုံးပြုရန်အတွက် အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້, ຈົ່ງ ໂທລະສັບສື່ສານເລກດັ່ງຕໍ່ໄປນີ້.

Hubachisi. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kename bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniiti. Haddii aad u baahan tahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) 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.

L28 (1-20)



METS Need to Renew Form (3 of 8)

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Renewal Form

This is the information we have about your household. Review the information on this notice, including the address. Tell us if any of the information is not correct and fill in any missing information. To add a new household member or new applicant requesting coverage, call the servicing agency listed in the return address on this notice. See the enclosed Agency Addresses form to get the address and phone number for your servicing agency.

Household Information

Name	Gender	Date of Birth	Marital Status	Pregnant?	Receiving coverage?
Geraldine Knox	Female	01/01/1983	Married	No	Yes
Peter Knox	Male	01/01/1983	Married	No	Yes

All this information is correct unless a change is entered below. If you are reporting a pregnancy, please provide the number of unborn child(ren) and the due date.

Relationships

Name
Peter Knox Is the Spouse of Geraldine Knox

All this information is correct unless a change is entered below:

Residency

Name	Lives in Minnesota?	Plans to make Minnesota home?	Visiting Minnesota for medical care or personal reasons?	Is home address the same as mailing address?	Home address, if different from mailing address
Peter Knox	Yes	Yes	No	Yes	
Geraldine Knox	Yes	Yes	No	Yes	

All this information is correct unless a change is entered below:

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Social Security Number (SSN)

Name	SSN provided?	If no, has person applied for SSN?
Peter Knox	Yes	No
Geraldine Knox	Yes	No

All this information is correct unless a change is entered below:

Citizenship Status

Name	United States Citizen?	United States National?
Peter Knox	Yes	No
Geraldine Knox	Yes	No

All this information is correct unless a change is entered below. If citizenship information has changed, please provide the effective date, Naturalization ID number and new name, if available.

Expected Tax Filing Information – Review the following information and report any tax filing status changes for any member in your household in the box after the tables.

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly?	Tax dependent of someone outside the household?	Expected to be claimed as a tax dependent by a noncustodial parent?
Peter Knox	Tax Filer		Yes	No	No
Geraldine Knox	Tax Filer		Yes	No	No

Name	Had or expects a change in family size?	Had or expects a decrease in annual household income?	Had or expects a change in tax-filing status?	Filed an application for unemployment benefits?	Had or expects a change in the number of people on tax return?
Peter Knox	No	No	No	No	No
Geraldine Knox	No	No	No	No	No

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All this information is correct unless a change is entered below:

Other Health Insurance Information

Name	Are you enrolled in health insurance through an employer?	Do you have access to health insurance through an employer?	Is employer making changes for new plan year?	Do you have Medicare or other non-employer health insurance?	Type of non-employer health insurance
Geraldine Knox	No	No		No	
Peter Knox	No	No		No	

All this information is correct unless a change is entered below. If you are reporting that someone has access to, but is not enrolled in, an employer insurance plan, we will need a completed **Appendix A: Health Coverage from Jobs** with your completed renewal form. Access the appendix at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6696D-ENG> or have one mailed to you by calling your county agency or DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

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Income Information

This is the income we have for your household. It includes your taxable income plus any nontaxable foreign earned income, interest income and Title II Social Security benefits. Title II Social Security benefits include retirement, disability and railroad retirement benefits. Supplemental Security Income (SSI) is not Title II income.

How to complete this section: Review all the details for each income source listed on this form. Follow these steps:

1. If the type of income is still current, cross out any details of the income that are not correct and enter the corrections in the space(s) provided in the table.
2. Cross out all income that ended.
3. Cross out duplicate income information (income information listed more than once).

IMPORTANT: If you report a change in income, make sure you review and update all three sections on this form: Income Information, Adjustments to Income and Projected Annual Income.

Name	Income	Seasonally Employed? Yes or No	Amount	How Often? Weekly Bi-weekly Semi-monthly Monthly Yearly	Amount of interest received or part of Social Security benefit amount that is tax-exempt?
Peter Knox	Wages before taxes at Target EIN: 45-1245679	No	30,000.00	Yearly	0

Report new income: Complete this section for any household members that have new income to report that is not listed in the previous table. If you need more space, write "Report new income" on a separate piece of paper and include your case number and the information from the table. Return it with this form.

Name	Income	Seasonally Employed? Yes or No	Amount	How Often? Weekly Bi-weekly Semi-monthly Monthly Yearly	Amount of interest received or part of Social Security benefit amount that is tax-exempt?

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Adjustments to Income

Adjustments to income are the types of expenses you would list on Schedule 1 of the 1040 federal tax return. Your gross income minus any adjustments is your "adjusted gross income." For a complete list of allowable adjustments, see the Schedule 1 of the 1040 federal tax return.

How to complete this section: Review all the details for each adjustment listed on this form. Follow the steps below:

1. If the adjustment is still current and correct, do not make any changes.
2. Cross out any detail that is not correct and enter the corrections in the space provided.
3. Cross out all adjustments that ended.

If no changes are made, we will use all of the information in the table to determine eligibility for your household.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

Report new adjustments to income: Complete this section if any household members have new adjustments to income not listed in the previous table. If you need more space, write "New adjustments to income" on a separate piece of paper and include your case number and the information from the table. Return it with this form.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

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Projected Annual Income

Projected annual income (PAI) is the income you expect to receive in 2024. Eligibility for some health insurance is based on your expected household income for the year you want coverage, not last year's income. You must provide your projected annual income to qualify for the correct program.

How do you figure out PAI?

1. Start with the gross income you will report in 2024 on your federal tax return. Do not count income that is not included on a federal tax return. Examples of income that are not included are child support and worker's compensation.
2. Subtract any adjustments to income that you would report on Schedule 1 of your federal tax return.
3. Add any of the following sources of income as part of your PAI. Even though these sources of income may not be taxed when you file your federal tax return, you must add them when projecting your annual income.
 - Title II Social Security benefits
 - Tax-exempt interest income
 - Foreign earned income

We used the information we have on file and calculated the 2024 PAI for everyone in your household as shown in the second column of this table. Follow these steps:

1. Answer the question "Is this amount correct?" by selecting yes or no in the table for each person in your household. You must answer this question for each household member.
2. If the 2024 calculated PAI is not correct for any person, enter the amount you expect will be the person's 2024 PAI in the New or Correct 2024 PAI Amount column.

Name	PAI Amount	Is this amount correct?	New or Correct 2024 PAI Amount
Peter Knox	24,000.00	Yes or No	
Geraldine Knox	0.00	Yes or No	

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Other Information

Review each question below. If the answer is yes for you or anyone in your household, use the box below to explain which question the answer is yes for. Also write the name of the person answering yes.

- Stopped working or had hours, wages or salary decrease in the last six months?
- Has ongoing medical bills to meet a spenddown?
- Is seeking Medical Assistance payment of long-term-care services to reside in a long-term-care facility?
- Is seeking services to help a person stay in his or her home through a Medical Assistance home and community-based waiver program?
- Has a physical or mental health condition that limits the ability to work or perform daily activities?
- Is blind?
- Is getting services from the Center for Victims of Torture?
- Is in jail or prison?

Full Medical Assistance Determination

Some people may be eligible for Medical Assistance (MA) under different categories. These categories include people with disabilities, people who are blind, people who receive services from the Center for Victims of Torture, people seeking payment of long-term-care services, and people seeking community-based waiver services. In addition, people who have outstanding medical bills at application may qualify for coverage for three months before application, and people with excess income may qualify with a spenddown. We will screen you to see if you may be eligible for MA under a different category, using the information you gave us on this form or when you applied. We will contact you for more information if we think you might qualify. If one of these categories applies to you, but you have not reported information about that, call and tell your worker. If you want us to make a full MA determination for you, call your worker for more information.

Renewing Coverage in the Future

Each year, MNsure and DHS match data to verify and renew eligibility for help paying for health coverage. We need consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this information, your financial assistance cannot be verified during the year and renewed. You can change your consent at any time. If you do not check a box, you are agreeing to the use of your information for 5 years.

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for:

- ☐ 5 years
- ☐ 4 years
- ☐ 3 years
- ☐ 2 years
- ☐ 1 year
- ☐ Do not use information from tax returns to renew my eligibility for help paying for health coverage.

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By signing below:

I received and reviewed the Notice of Privacy Practices and the Notice of Rights and Responsibilities. I know that I must report changes to the information listed on this renewal form.

I understand that if I am providing information on behalf of other people in my household, I must have consent to provide and view information about all the people that I have listed on this renewal form and agree to safeguard their information.

I declare under the penalties of perjury that this renewal form has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or to payment of a fine of not more than \$10,000, or both. I understand that there may be other penalties for not telling the truth.

Additional Agreements for Medical Assistance and MinnesotaCare:

- If anyone on this renewal form is eligible for Medical Assistance or MinnesotaCare, I consent to the release of my Minnesota Health Care Programs health records to the parties listed in the Consent for Sharing of Medical Information section of the Notice of Rights and Responsibilities.
- If anyone on this renewal form is eligible for Medical Assistance, I give the Medical Assistance agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties.
- If I am a parent that is eligible for Medical Assistance, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency, and I may not have to cooperate. I give to the Medical Assistance agency the rights to medical support paid for my children.
- If anyone on this renewal form is eligible for Medical Assistance, I have read and understand that the state may claim repayment for the cost of medical care, or the cost of the premiums paid for care, from my estate or my spouse's estate.
- If anyone on this renewal form is eligible for Medical Assistance, I agree and understand that my information, and information about me shared from third parties, will be shared for fraud prevention investigations as stated in the Notice of Privacy Practices.
- If I or anyone in my household already receives Medical Assistance or MinnesotaCare, I understand that the state may stop or change benefits because of the information I give on this form. I understand that the state may make changes without 10 days' advance notice. However, the state will send written notice no later than the effective date of the change.

If an enrollee is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

METS Need to Renew Form (7 of 8)

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YOUR SIGNATURE	PHONE	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PHONE	DATE

For certified application counselors, navigators, in-person assisters, agents, and brokers only.

Complete this section if you are a certified application counselor, navigator, in-person assister, agent or broker filling out this renewal form for somebody else.

DATE (MM/DD/YYYY)	NAME OF ENROLLEE (First Name, Middle Name, Last Name, Suffix)	
NAME OF ASSISTER (First Name, Middle Initial, Last Name, Suffix)		ASSISTER PHONE NUMBER
ORGANIZATION NAME		ASSISTER ID NUMBER

Voter Registration

If you want to register to vote in Minnesota, you can complete a voter registration form at sos.state.mn.us.

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How do I use my health care coverage?

If you qualify for Medical Assistance:

- You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.
- If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.
- You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

- If you have a MinnesotaCare premium:** You must make a full payment for coverage to start. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.
- If you do not have a MinnesotaCare premium:** Your coverage will start on the first day of the month after you were approved.
- You must enroll in a health plan:** You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

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 or general questions about Medical Assistance, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

You can get free help from a Navigator. To find a Navigator in your area who speaks your preferred language, go to <https://www.mnsure.org> and click "Assister Directory" under Find Free Help.

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

METS Need to Renew Form (8 of 8)

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Case Number: 16902144

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Do I have to pay back the costs of my health care if I am receiving government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

Family Planning Cover Sheet

Family Planning Cover Sheet

Case Number: [REDACTED]
Redeem evaluation that is: 06/2020
Worker ID: PWTG20

It is time to renew your Minnesota Family Planning Program (MFPP) eligibility. If you would like MFPP coverage to continue, fill out the enclosed application form, sign it and return it with the required proofs. Your coverage will end on 04/30/2020 if you:

- * Do not return the renewal form and the required proofs by 04/30/2020
- OR
- * No longer meet the eligibility requirements of the MFPP. If you are no longer eligible, you will receive a notice explaining the reasons why you are no longer eligible.

Minnesota Statutes, §256H.78 and Approved §1115 Demonstration Project

Renewal Checklist:

- ☐ Did you answer all of the questions?
- ☐ Did you send proof of income? (Copies of all pay stubs from the last 30 days, or a copy of your most recent federal tax return forms if you are self-employed.)
- ☐ Did you sign and date the renewal form?

If you need help with this form, call your worker:
NAME: TAMMY G KEDROWSKI PHONE: 651-431-3480 or 1-888-702-9968

The MFPP only covers family planning services. If you need coverage for other types of health care services, you may want to apply for Medical Assistance (MA), General Assistance Medical Care (GAMC), or MinnesotaCare. If you would like an application for these programs, please call 651-431-3480 or 1-888-702-9968.

Please read the Rights and Responsibilities included in the envelope.

This information is available in other forms to people with disabilities by contacting us at 651-431-2670 (voice), toll free at 1-800-657-3739, or through the Minnesota Relay Service at 1-800-627-3529 (TTY) or 1-877-627-3848 (speech-to-speech relay service).

[Title]

1

ATTN: MN DEPT OF HUMAN SERVICES
MN DEPT OF HUMAN SERVICES
PO BOX 64960
ST. PAUL, MN 55164-0960

ATTN: MN DEPT OF HUMAN SERVICES
MN DEPT OF HUMAN SERVICES
PO BOX 64960
ST. PAUL, MN 55164-0960

DO NOT THROW THIS LETTER AWAY

There is important information about your eligibility on the other side of this letter. Turn this letter over to read about your eligibility.

Put this letter in the return envelope when you mail back your renewal form. Make sure the agency address shows through the envelope window.

[Title]

2

DHS Eligibility Notice

DHS Eligibility Notice *(1 of 5)*

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

* [System Date_Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Notice

You are getting this notice because we received a renewal form for one or more people in your household. We used the information on the renewal form to redetermine health-care-program eligibility for all the people in your household. This notice tells you the eligibility results for each person in your household.

Health Care Results

[Person Name] - MNsure ID Number: [MNsure ID Number]

Effective date	Action	Program
[Effective Date]	[Action]	[Coverage Type]

[Approval/Closure/Denial – See [Appendix A](#)]

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

How do I use my health care coverage?

If you qualify for Medical Assistance:

- You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.
- If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.
- You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

- If you have a MinnesotaCare premium:** You must make a full payment for coverage to start. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.
- If you do not have a MinnesotaCare premium:** Your coverage will start on the first day of the month after you were approved.
- You must enroll in a health plan:** You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

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

DHS Eligibility Notice (2 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

What changes must I report and when?

Report all changes, including changes in the following:

- Where you live
- Who lives with you
- Income
- The people you plan to list as dependents on your income tax return
- Starting or stopping other health insurance
- Access to insurance through a job
- Whether you are pregnant or have a new baby
- Incarceration status
- Citizenship or immigration status

If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

When should I report a change?

- If someone in your household has Medical Assistance, report a change within 10 days of the change.
- If no one in your household has Medical Assistance, report a change within 30 days of the change.

How do I report my change?

- If someone in your household has Medical Assistance, report a change by calling your county or tribal agency.
- If no one in your household has Medical Assistance, report a change by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3962.

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

Do I have to pay back the costs of my health care if I am receiving government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

DHS Eligibility Notice (3 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action taken on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (2) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a DHS appeal form, or getting help by phone or in person. The DHS Appeals Division or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for information on filing an appeal)	3. Mail or Fax	4. In person
<ul style="list-style-type: none">Log in to your account at www.mnsure.orgOr fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">Call your county or tribal agency.Or call the DHS Appeals Division at 651-431-3600.	<ul style="list-style-type: none">Mail your request to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941Or fax it to 651-431-7523.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNsure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNsure, the county or tribal agency, or DHS processed your request too slowly.
- MNsure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within 30 days of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within 90 days after the date of your health care notice.

***Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNsure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNsure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

DHS Eligibility Notice (4 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- 30 days if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- 10 days if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

Civil Rights Notice

CRS 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

DHS

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://wwwportal.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)

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

DHS Eligibility Notice (5 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

651-431-2670 or 800-657-3739

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

የስልክ: 651-431-2670 ወይም 800-657-3739 ለሰራተኛው አገልግሎት ይጠቀሙ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊

အထက်ပါဖုန်းနံပါတ်တို့သို့ ခေါ်ဆိုပါ။

අထက်ပါဖုန်းနံပါတ် ၆၅၁-၄၃၁-၂၆၇၀ သို့မဟုတ် ၈၀၀-၆၅၇-၃၇၃၉ ၏ ကူညီမှုများကို အခမဲ့အဖြစ် ရရှိနိုင်ပါသည်။

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 lus najnpawb xov tooj saum toj no.

ଏକ্সপ্লিকিটভাবে বর্ণিত, বিনামূলীতে এই নথিটি ব্যাখ্যা করার জন্য আমাদের সাথে যোগাযোগ করুন।

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

ໂປຣຕຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທຫາໂປຣຕຊາບເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentim 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.

Dignin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalka, 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.

123456789

Appendix A – Approval/Closure/Denial Text
This appendix is supplemental to the design document and provides formatting detail for the Approval/Closure/Denial text that follows the eligibility grid. The exact text will vary based upon program eligibility. Only one of the subsequent variations will appear for each household member included on the notice.

NEWLY APPROVED FOR MA
You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

NEWLY APPROVED FOR MA, CLOSED FOR MCRE
You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

NEWLY APPROVED FOR MA, CLOSED FOR PRIVATE PROGRAM
You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

You do not qualify for [Coverage Type] [Approval Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

NEWLY APPROVED FOR MCRE, CLOSED FOR MA
Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason]. [(Statute)]

NEWLY APPROVED FOR MCRE, CLOSED FOR PRIVATE PROGRAM
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

APPROVED FOR MCRE
You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason] [(Statute)].



MNsure Eligibility Notice

MNsure Eligibility Notice *(1 of 6)*

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

• [System Date_Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Notice

You are getting this notice because we received a renewal form for one or more people in your household. We used the information on the renewal form to redetermine health-care-program eligibility for all the people in your household. This notice tells you the eligibility results for each person in your household.

Health Care Results

[Person Name] - MNsure ID Number: [MNsure ID Number]

Effective date	Action	Program
[Effective Date]	[Action]	[Coverage Type]

[Approval/Closure/Denial – See [Appendix A](#)]

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

How do I use my health care coverage?

If you are eligible for a qualified health plan (QHP): You must choose a QHP through MNsure and pay your insurance company your first month's premium to avoid any coverage delays or cancellations. Once your enrollment is processed, you will get a welcome packet and your premium invoice from the insurance company you chose. You must continue to pay the premium for coverage to continue.

If you are eligible for an advanced premium tax credit (APTC) or cost-sharing reductions (CSRs):

- APTC: MNsure will apply the full APTC amount available to you toward the cost of your premium unless you choose to use a lesser amount. You can choose a QHP that costs less than your tax credit amount.
- CSRs: CSRs lower the amount you have to pay out of pocket for deductibles, coinsurance and copayments. If you qualify for CSRs, MNsure tells you which QHPs give you the CSRs you qualify for.

What if I have questions about this notice?

Call us if you have questions.

- For questions about qualified health plans, call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).
- 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 the 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.

If you have questions about Medical Assistance or MinnesotaCare, 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

MNsure Eligibility Notice (2 of 6)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

When should I tell you if I have a change?

Report changes within 30 days of the change. Tell us about all changes including changes in the following:

- Where you live
- Income
- The people you plan to list as dependents on your income tax return
- Starting or stopping other health insurance
- Access to insurance through a job
- Whether you are pregnant or have a new baby
- Incarceration status
- Minnesota residency
- Citizenship or immigration status

If you are not sure if you should report a change, call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities) to explain what is happening.

If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action MNsure or DHS took on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision made by MNsure about qualified health plan (QHP) coverage, cost-sharing reductions, or advanced premium tax credits; (2) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (3) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.mnsure.org/help/appeals and www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a MNsure or DHS appeal form, or getting help by phone or in person. The MNsure Contact Center or your county or tribal agency can help you file your appeal.

<u>1. Internet</u>	<u>2. Phone (for help filing an appeal)</u>	<u>3. Mail</u>	<u>4. In person (appeals help only)</u>
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org.• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).• Or call your county or tribal agency.	<ul style="list-style-type: none">• Mail your request to MNsure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.• Or mail it to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNsure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNsure, the county or tribal agency, or DHS processed your request too slowly.
- MNsure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

MNsure Eligibility Notice *(3 of 6)*

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within 30 days of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within 90 days after the date of your health care notice.

****Important:*** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNsure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNsure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- 30 days if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- 10 days if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

MNsure Eligibility Notice (4 of 6)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]
K of MNsure CR 1-118

Your Civil Rights

Civil Rights Notice

Discrimination is against the law. MNsure 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	

Free Services

1. Auxiliary Aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language Assistance

If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsured.org or 855-366-7873 (toll free).

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)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

MNsured

You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following:

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

Complaints must be in writing and filed within one year 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.

MNsured 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 MNsure 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 remedies.

Contact MNsure directly to file a discrimination complaint:

Deputy General Counsel
MNsure Accessibility and Equal Opportunity (AEO) Office
PO Box 64253, St. Paul, MN 55164-0253

651-539-2099 (855-366-7873 outside the Twin Cities) or use your preferred relay service
AEO@MNsured.org (email)

MNsure Eligibility Notice (5 of 6)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

855-366-7873

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

ያስተውሉ: ካለዎንም ከፍታ ይህንን ደክመንት የሚተረጎምለዎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።
ملحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊

အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

අိမ်ထောင်စုံတွဲ ၁ ပါးစုကုမ္ပဏီမှထွက်ခွာမှုအတွက် အထောက်အကူပြုပေးရန်အတွက် လူမှုဝelfare ဝန်ဆောင်ခံရသူများအတွက် ၊
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 nyem. 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.

විද්‍යාඥයන්ගේ, ඖෂධවිද්‍යාඥයන්ගේ සහ වෙනත් සෞඛ්‍ය සේවකයින්ගේ සේවයන්හි සහභාගීත්වය සඳහා සූදානම් වීම සඳහා සූදානම් වීම.
알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ပြောရန်အတွက်၊ လူမှုဝelfare ဝန်ဆောင်ခံရသူများအတွက် အထောက်အကူပြုပေးရန်အတွက် လူမှုဝelfare ဝန်ဆောင်ခံရသူများအတွက်၊
જિજ્ઞાસુઓ અને સહાયકોને આ દસ્તાવેજનું અર્થ સમજાવવા માટે મફત સહાયતા પ્રદાન કરવામાં આવે છે.

Hubachiisa. Dokumentiin kun tola akka siifhiikamu 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 qoraalka, 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.

125 (8-15)

Appendix A – Approval/Closure/Denial Text

This appendix is supplemental to the design document and provides formatting detail for the Approval/Closure/Denial text that follows the eligibility grid. The exact text will vary based upon program eligibility. Only one of the subsequent variations will appear for each household member included on the notice.

NEWLY APPROVED FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] starting on the effective date. [Approval reason] [(Statute)].

If you are currently enrolled in a qualified health plan, your coverage will continue, and you do not need to take further action at this time. A loss of Medical Assistance or MinnesotaCare coverage also makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNsure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNsure Contact Center as soon as possible to avoid a gap in coverage.

REMAINING ELIGIBLE FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You remain eligible for [Coverage Type], and your coverage will continue [(Statute)]. The amount of your advanced premium tax credits or cost-sharing reductions may have changed. Call the MNsure Contact Center at 855-366-7873 for more information.

Family members who are enrolled in a QHP will receive a separate notice when it is time to renew coverage. That notice will explain what you need to do to renew your private health insurance.

NEWLY APPROVED FOR UQHP, CLOSED FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [End Date]. If you are currently enrolled in a qualified health plan, your coverage will continue, but any advanced premium tax credit or cost-sharing reductions being applied to your coverage will end. This will happen because:

MNsure Eligibility Notice *(6 of 6)*

You do not qualify for [Coverage Type] [Denial Reason].

You qualify for [Coverage Type]. If you are currently enrolled in a QHP, your coverage will continue, and you do not need to take further action at this time.

A loss of Medical Assistance or MinnesotaCare coverage makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNsure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNsure Contact Center as soon as possible to avoid a gap in coverage.

APPROVED FOR UQHP

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type]. If you are currently enrolled in a QHP, your coverage will continue, and you do not need to take further action at this time.

A loss of Medical Assistance or MinnesotaCare coverage makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNsure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNsure Contact Center as soon as possible to avoid a gap in coverage.

REMAIN ELIGIBLE FOR UQHP

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You remain eligible for [Coverage Type], and your coverage will continue [(Statute)]. You do not need to take further action at this time.

Combined Eligibility Notice

Combined Eligibility Notice *(1 of 7)*

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

[System Date_Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Notice

You are getting this notice because we received a renewal form for one or more people in your household. We used the information on the renewal form to redetermine health-care-program eligibility for all the people in your household. This notice tells you the eligibility results for each person in your household.

Health Care Results

[Person Name] - MNSure ID Number: [MNSure ID Number]

Effective date	Action	Program
[Effective Date]	[Action]	[Coverage Type]

[Approval/Closure/Denial – See [Appendix A](#)]

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

How do I use my health care coverage?

If you qualify for Medical Assistance:

- You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.
- If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.
- You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

- If you have a MinnesotaCare premium: You must make a full payment to start your coverage. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.
- If you do not have a MinnesotaCare premium: Your coverage will start on the first day of the month after you were approved.
- You must enroll in a health plan: You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

If you are eligible for a qualified health plan (QHP):

You must choose a QHP through MNSure and pay your insurance company your first month's premium to avoid any coverage delays or cancellations. Once your enrollment is processed, you will get a welcome packet and your premium invoice from the insurance company you chose. You must continue to pay the premium for coverage to continue.

If you are eligible for an advanced premium tax credit (APTC) or cost-sharing reductions (CSRs):

- APTC: MNSure will apply the full APTC amount available to you toward the cost of your premium unless you choose to use a lesser amount. You can choose a QHP that costs less than your tax credit amount.
- CSRs: CSRs lower the amount you have to pay out of pocket for deductibles, coinsurance and copayments. If you qualify for CSRs, MNSure tells you which QHPs give you the CSRs you qualify for.

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 the Healthcare Consumer Support at 651-431-2670 or 800-657-3739.
- For questions about qualified health plans, call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Combined Eligibility Notice (2 of 7)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

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

If you have questions about Medical Assistance or MinnesotaCare, 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

What changes must I report and when?

Report all changes, including changes in the following:

- Where you live
- Who lives with you
- Income
- The people you plan to list as dependents on your income tax return
- Starting or stopping other health insurance
- Access to insurance through a job
- Whether you are pregnant or have a new baby
- Incarceration status
- Citizenship or immigration status

If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

When should I report a change?

- If someone in your household has Medical Assistance, report a change within 10 days of the change.
- If no one in your household has Medical Assistance, report a change within 30 days of the change.

How do I report my change?

- If someone in your household has Medical Assistance, report a change by calling your county or tribal agency.
- If someone in your household has MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862.
- If someone in your household has a qualified health plan, report changes by calling the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

Do I have to pay back the costs of my health care if I am receiving government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

Combined Eligibility Notice (3 of 7)

[System Date_Time]

Case Number: [Case Number]

- of -

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action MNSure or DHS took on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision made by MNSure about qualified health plan (QHP) coverage, cost-sharing reductions, or advanced premium tax credits; (2) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (3) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.mnsure.org/help/appeals and www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a MNSure or DHS appeal form, or getting help by phone or in person. The MNSure Contact Center or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for help filing an appeal)	3. Mail	4. In person (appeals help only)
<ul style="list-style-type: none">Log in to your account at www.mnsure.org.Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">Call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).Or call your county or tribal agency.	<ul style="list-style-type: none">Mail your request to MNSure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.Or mail it to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941.	<ul style="list-style-type: none">Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNSure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNSure, the county or tribal agency, or DHS processed your request too slowly.
- MNSure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

[System Date_Time]

Case Number: [Case Number]

- of -

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within 30 days of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within 90 days after the date of your health care notice.

**Important:* An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNSure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNSure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

Combined Eligibility Notice (4 of 7)

[System Date_Time]
Case Number: [Case Number] [# - of - #]

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- 30 days if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- 10 days if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

[System Date_Time]
Case Number: [Case Number] [# - of - #]

K-4b.1 AHPsure-DHS CR 1.18

Your Civil Rights

Civil Rights Notice

Discrimination is against the law. MNsure and the Minnesota Department of Human Services (DHS) do 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	

Free Services

1. Auxiliary Aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure and DHS will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language Assistance

If you have difficulty understanding English and need language help to access information and services, MNsure and DHS will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 855-366-7873 (toll free).

To request these free services from DHS, call the DHS Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 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
HHR 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)

Combined Eligibility Notice (5 of 7)

[System Date_Time]

Case Number: [Case Number]

[# - of - #]

MNsure and DHS

You have the right to file a complaint with MNsure or DHS if you believe you have been discriminated against in our health care programs because of any of the following:

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

Complaints must be in writing and filed within 180 days (or one year for MNsure consumers) 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.

MNsure or 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 MNsure or 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 remedies.

Contact **MNsure** directly to file a discrimination complaint:

Deputy General Counsel
 MNsure Accessibility and Equal Opportunity (AEO) Office
 PO Box 64253, St. Paul, MN 55164-0253
 651-539-2099 (855-366-7873 outside the Twin Cities)
 or use your preferred relay service
 AEO@MNsure.org (email)

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.

[System Date, Time] (# - of - #)
Case Number: [Case Number]

651-431-2670 or 800-657-3739

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

የአገልግሎት ቁጥር ይህንን ቁጥር ለማግኘት የሚያስፈልግዎትልን ቁጥር ወደዚህ ቁጥር ይጻፉ፡

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊

အထက်ပါနံပါတ်ကိုခေါ်ဆိုပါ။

နိဂုံးချုပ်အားဖြင့် ၁။ ဤစာရွက်စာတမ်းသည် အခမဲ့အကူအညီအတွက်ဖြစ်ပြီး အခမဲ့အကူအညီအတွက်

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 najupawb xov tooj satun toj no.

အသုံးပြုသူများအား: ဤစာရွက်စာတမ်းသည် အခမဲ့အကူအညီအတွက်ဖြစ်ပြီး အခမဲ့အကူအညီအတွက်

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

ပြောရန်: ဤစာရွက်စာတမ်းသည် အခမဲ့အကူအညီအတွက်ဖြစ်ပြီး အခမဲ့အကူအညီအတွက်

Hubachitsa. Dokumentin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbila.

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 qoraalkaan, 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.

BB-0109

Combined Eligibility Notice (6 of 7)

Appendix A – Approval/Closure/Denial Text

This appendix is supplemental to the design document and provides formatting detail for the Approval/Closure/Denial text that follows the eligibility grid. The exact text will vary based upon program eligibility. Only one of the subsequent variations will appear for each household member included on the notice.

NEWLY APPROVED FOR MA

You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

NEWLY APPROVED FOR MA, CLOSED FOR MCRE

You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

NEWLY APPROVED FOR MA, CLOSED FOR PRIVATE PROGRAM

You qualify for [Coverage Type] as [MA Type] starting [date]. [(Statute)]

You do not qualify for [Coverage Type] [Approval Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

NEWLY APPROVED FOR MCRE, CLOSED FOR MA

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason]. [(Statute)]

NEWLY APPROVED FOR MCRE, CLOSED FOR PRIVATE PROGRAM

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [Closing Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

APPROVED FOR MCRE

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] [Approval Reason] [(Statute)].

NEWLY APPROVED FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type] starting on the effective date. [Approval reason] [(Statute)].

If you are currently enrolled in a qualified health plan, your coverage will continue, and you do not need to take further action at this time. A loss of Medical Assistance or MinnesotaCare coverage also makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNSure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNSure Contact Center as soon as possible to avoid a gap in coverage.

REMAINING ELIGIBLE FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You remain eligible for [Coverage Type], and your coverage will continue [(Statute)]. The amount of your advanced premium tax credits or cost-sharing reductions may have changed. Call the MNSure Contact Center at 855-366-7873 for more information.

Family members who are enrolled in a QHP will receive a separate notice when it is time to renew coverage. That notice will explain what you need to do to renew your private health insurance.

NEWLY APPROVED FOR UQHP, CLOSED FOR APTC

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [End Date]. If you are currently enrolled in a qualified health plan, your coverage will continue, but any advanced premium tax credit or cost-sharing reductions being applied to your coverage will end. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason].

You qualify for [Coverage Type]. If you are currently enrolled in a QHP, your coverage will continue, and you do not need to take further action at this time.

Combined Eligibility Notice (7 of 7)

A loss of Medical Assistance or MinnesotaCare coverage makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNsure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNsure Contact Center as soon as possible to avoid a gap in coverage.

APPROVED FOR UQHP

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You qualify for [Coverage Type]. If you are currently enrolled in a QHP, your coverage will continue, and you do not need to take further action at this time.

A loss of Medical Assistance or MinnesotaCare coverage makes you eligible for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). Call the MNsure Contact Center at 855-366-7873 to enroll in a plan and to find out whether you are eligible for a special effective date for your coverage to begin. You must call the MNsure Contact Center as soon as possible to avoid a gap in coverage.

REMAIN ELIGIBLE FOR UQHP

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You remain eligible for [Coverage Type], and your coverage will continue [(Statute)]. You do not need to take further action at this time.

INELIGIBLE FOR ALL, CLOSING FOR ONE

*The order of the closing/Denial text will depend upon which program is closing

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [End Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason].

Ineligible Notice

Ineligible Notice (1 of 5)

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

[System Date_Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Notice

You are getting this notice because we received a renewal form for one or more people in your household. We used the information on the renewal form to redetermine health-care-program eligibility for all the people in your household. This notice tells you the eligibility results for each person in your household.

Health Care Results

[Person Name] - MNsure ID Number: [MNsure ID Number]

Effective date	Action	Program
[Effective Date]	[Action]	[Coverage Type]

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

You do not qualify for [Coverage Type] [Denial Reason]. [(Statute)]

Your [Coverage Type] will stop at the end of the day on [End Date]. This will happen because:

You do not qualify for [Coverage Type] [Denial Reason].

Ineligible Notice (2 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

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 the Healthcare Consumer Support at 651-431-2670 or 800-657-3739.
- For questions about qualified health plans, call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

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

If you have questions about Medical Assistance or MinnesotaCare, 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

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action MNSure or DHS took on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision made by MNSure about qualified health plan (QHP) coverage, cost-sharing reductions, or advanced premium tax credits; (2) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (3) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.mnsure.org/help/appeals and www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a MNSure or DHS appeal form, or getting help by phone or in person. The MNSure Contact Center or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for help filing an appeal)	3. Mail	4. In person (appeals help only)
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org.• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).• Or call your county or tribal agency.	<ul style="list-style-type: none">• Mail your request to MNSure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.• Or mail it to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941.	<p>Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.</p>

What can I appeal?

You can appeal any of these:

- MNSure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNSure, the county or tribal agency, or DHS processed your request too slowly.
- MNSure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

Ineligible Notice *(3 of 5)*

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within 30 days of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within 90 days after the date of your health care notice.

***Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNSure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNSure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- 30 days if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- 10 days if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Healthcare Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

Ineligible Notice (4 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]
Kv6.1 MNSure DHS CR 1-18

Your Civil Rights

Civil Rights Notice

Discrimination is against the law. MNSure and the Minnesota Department of Human Services (DHS) do 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	

Free Services

1. Auxiliary Aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNSure and DHS will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

To request these free services from MNSure, contact the MNSure Accessibility and Equal Opportunity (AEO) Office at AEO@MNSure.org or 855-366-7873 (toll free).

To request these free services from DHS, call the DHS Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 or 800-657-3739. Or use your preferred relay service.

2. Language Assistance

If you have difficulty understanding English and need language help to access information and services, MNSure and DHS will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

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)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

MNSure and DHS

You have the right to file a complaint with MNSure or DHS if you believe you have been discriminated against in our health care programs because of any of the following:

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

Complaints must be in writing and filed within 180 days (or one year for MNSure consumers) 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.

MNSure or 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 MNSure or 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 remedies.

Contact MNSure directly to file a discrimination complaint:

Deputy General Counsel
MNSure Accessibility and Equal Opportunity (AEO) Office
PO Box 64253, St. Paul, MN 55164-0253
651-539-2099 (855-366-7873 outside the Twin Cities)
or use your preferred relay service
AEO@MNSure.org (email)

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.

Ineligible Notice (5 of 5)

[System Date_Time]
Case Number: [Case Number]

[# - of - #]

651-431-2670 or 800-657-3739

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊
အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

අထက်ပါဖုန်းနံပါတ် ၁။ ပြန်လည်ပြောဆိုမှုများကိုအကူအညီပေးရန်အတွက် အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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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.

විද්‍යුත් තැපෑල මගින් ලබාදෙන සේවාවන් සඳහා අවබෝධ කරගන්න. ඔබට අවබෝධ කරගන්න. ඔබට අවබෝධ කරගන්න. ඔබට අවබෝධ කරගන්න.

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

ໄປຮອດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທໂປຣເຊັດເລກຂ້າງເທິງນີ້.

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.


187016



MHCP Transition

MHCP Transition (1 of 5)

Agency Address
Address Line 1
Address Line 2
City, State Zip

 **DEPARTMENT OF
HUMAN SERVICES**

Case Number: Case Number

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

Health Care Renewal Notice

You are getting this notice because we reviewed your renewal form. This notice is for the members of your household shown below. Based on the information in your renewal form, these household members now qualify for a different health care program from the program they used to qualify for.

Health Care Results

Household member name

Effective Date	Action	Coverage Type
	Approved	MinnesotaCare
	Closed	MinnesotaCare

Case Number: 2 of 10

☐ Program Change from Medical Assistance to MinnesotaCare:

You are no longer eligible for Medical Assistance. You are eligible for MinnesotaCare on the approved date shown above. This change is due to a change in your income, age, immigration status, or relationship to other household members, or it is due to your pregnancy ending. [Code of Federal Regulations, title 42, sections 431.210 and 435.913; Minnesota Statutes, section 256L.04 (MinnesotaCare)]

You no longer qualify for Medical Assistance starting on the closed date shown above. You no longer qualify for Medical Assistance because your monthly household income is more than the limit for your household size. [Code of Federal Regulations, title 42, sections 435.911 and 435.913]

Your MinnesotaCare coverage starts on the approved date shown above, unless you have a premium amount due. If you must make a payment for coverage to start, your coverage starts on the first day of the month after you make your first payment. You will receive your first premium notice in the mail, if you have not already. Send the payment to us as soon as you can.

You must enroll in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

☐ Program Change from MinnesotaCare to Medical Assistance

You qualify for Medical Assistance starting on the approved date shown above. You qualify because your monthly household income is within the limits for your household size. [Code of Federal Regulations, title 42, sections 435.913 and 431.210]

You no longer qualify for MinnesotaCare, because your monthly household income makes you eligible for Medical Assistance. This change is effective at the end of the day on the closed date shown above.

What if I receive premium assistance for a cost-effective health plan through Medical Assistance?

If you receive premium assistance for a cost-effective health plan through Medical Assistance and your Medical Assistance coverage ends, your premium assistance ends too. Medical Assistance will stop paying your prorated premium amount on the date your Medical Assistance ends.



MHCP Transition (2 of 5)

Case Number: 3 of 10

How do I use my health care coverage?

If you qualify for Medical Assistance:

- You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.
- If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.
- You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

- If you have a MinnesotaCare premium: You must make a full payment for coverage to start. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.
- If you do not have a MinnesotaCare premium: Your coverage will start on the first day of the month after you were approved.
- You must enroll in a health plan: You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

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 MinnesotaCare Operations at 800-657-3672 or 651-297-3862.
- For general questions about Medical Assistance or MinnesotaCare, call the MHCP Member Help Desk 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

Case Number: 4 of 10

St. Paul, MN 55101

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

What changes must I report and when?

Report all changes, including changes in the following:

- Where you live
- Who lives with you
- Income
- The people you plan to list as dependents on your income tax return
- Starting or stopping other health insurance
- Access to insurance through a job
- Whether you are pregnant or have a new baby
- Incarceration status
- Citizenship or immigration status

If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

When should I report a change?

- If someone in your household has Medical Assistance, report a change within 10 days of the change.
- If no one in your household has Medical Assistance, report a change within 30 days of the change.

How do I report my change?

- If someone in your household has Medical Assistance, report a change by calling your county or tribal agency.
- If no one in your household has Medical Assistance, report a change by calling MinnesotaCare Operations at 800-657-3672 or 651-297-3862.

Do I have to pay back the costs of my health care if I am receiving government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you are enrolled in MA.

If you are enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services

MHCP Transition (3 of 5)

Case Number:

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- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death.

Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <https://mn.gov/dhs/ma-estate-recovery/>

Case Number:

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IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action MNSure or DHS took on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision made by MNSure about qualified health plan (QHP) coverage, cost-sharing reductions, or advanced premium tax credits; (2) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (3) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.mnsure.org/help/appeals and www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a MNSure or DHS appeal form, or getting help by phone or in person. The MNSure Contact Center or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for help filing an appeal)	3. Mail	4. In person (appeals help only)
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org.• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call the MNSure Contact Center at 855-366-7873.• Or call your county or tribal agency.	<ul style="list-style-type: none">• Mail your request to MNSure 81 Seventh Street East Suite 300 St. Paul, MN 55101-2211.• Or mail it to Minnesota Department of Human Services Appeals Office 444 Lafayette Road North St. Paul, MN 55155.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNSure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNSure, the county or tribal agency, or DHS processed your request too slowly.
- MNSure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within 30 days of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See below for more important information

MHCP Transition (4 of 5)

Case Number:

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about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within 90 days after the date of your health care notice.

*** Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNsure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNsure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- 30 days if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- 10 days if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling MinnesotaCare Operations at 800-657-3672 or

Case Number:

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651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 855-366-7873.

Can I get help with my appeal?


You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

MHCP Closing

MHCP Closing (1 of 4)

[Reset Form](#)

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

 **DEPARTMENT OF
HUMAN SERVICES**

Case Number: [Select to Enter IC Number](#)

Case Name
Address Line 1
Address Line 2
City, State Zip

Health Care Notice

You are getting this notice because we reviewed your renewal form. This notice is for the members of your household shown below. Based on the information in your renewal form, these household members no longer qualify for the coverage listed on this notice.

Health Care Results

Household member name

Effective Date	Action	Coverage Type
	Closed	
	Does not qualify	

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Case Number:

You no longer qualify for the program listed above. Your coverage will no longer be in effect on the day shown above. You no longer qualify because:

Select a reason....

People who qualify for premium-free Medicare Part A may not refuse Medicare coverage to establish eligibility for MinnesotaCare. [Minnesota Statutes, section 256L.07, subd. 3]

If you are eligible for a Medicare Savings Program, this notice does not affect your eligibility for that program. Medicare Savings Programs may help pay some of your Medicare premium or related expenses.

If you are eligible for another health care assistance program, we will send a separate approval notice.

[Code of Federal Regulations, title 42, sections 435.916 (MA) and 600.340 (MinnesotaCare); Minnesota Statutes, sections 256B.056, subd.7 and 7a (MA) and 256L.05, subd. 3a (MinnesotaCare)]

What if I receive premium assistance for a cost-effective health plan through Medical Assistance?

If you receive premium assistance for a cost-effective health plan through Medical Assistance and your Medical Assistance coverage ends, your premium assistance ends too. Medical Assistance will stop paying your prorated premium amount on the date your Medical Assistance ends.

What if I have questions about this notice?

MHCP Closing (2 of 4)

Case Number:

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Call us if you have questions.

- For questions about Medical Assistance, call your county or tribal agency.
- For questions about MinnesotaCare, call MinnesotaCare Operations at 800-657-3672 or 651-297-3862.
- For general questions about Medical Assistance or MinnesotaCare, call the MHCP Member Help Desk 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

Do I have to pay back the costs of my health care if I received government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the Medical Assistance (MA) program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you were enrolled in MA.

If you were enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate

Case Number:

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planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <https://mn.gov/dhs/ma-estate-recovery/>

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action MNsure or DHS took on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision made by MNsure about qualified health plan (QHP) coverage, cost-sharing reductions, or advanced premium tax credits; (2) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (3) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.mnsure.org/help/appeals and www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a MNsure or DHS appeal form, or getting help by phone or in person. The MNsure Contact Center or your county or tribal agency can help you file your appeal.

<u>1. Internet</u>	<u>2. Phone (for help filing an appeal)</u>	<u>3. Mail</u>	<u>4. In person (appeals help only)</u>
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org.• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfeerver/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call the MNsure Contact Center at 855-366-7873.• Or call your county or tribal agency.	<ul style="list-style-type: none">• Mail your request to MNsure 81 Seventh Street East Suite 300 St. Paul, MN 55101-2211.• Or mail it to Minnesota Department of Human Services Appeals Office 444 Lafayette Road North St. Paul, MN 55155.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNsure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNsure, the county or tribal agency, or DHS processed your request too slowly.
- MNsure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

MHCP Closing (3 of 4)

Case Number:

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When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within **30 days** of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within **30 days**, you may be able to appeal up to **90 days** after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within **90 days** after the date of your health care notice.

*** Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNsure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNsure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

Case Number:

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- **30 days** if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- **10 days** if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling MinnesotaCare Operations at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNsure Contact Center at 855-366-7873.

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

MHCP Closing (4 of 4)

Civil Rights Notice

CPD UC-Medical 9-17

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

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- 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. Call MinnesotaCare at 800-657-3672, 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. Call MinnesotaCare at 800-657-3672, or use your preferred relay service.

Civil Rights Complaints

DHS

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.

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:

**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
- color
- national origin
- age
- disability
- sex (including sex stereotypes and gender identity)

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>

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
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- 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)

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

651-297-3862 or 800-657-3672

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိုး၊ ကိုဇာရှက်စာတမ်းအားအမဲခံဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ១ 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 nainpawb xov tooj saum toi no.

ဟိုသွင်ဟိုသွေးတင်တက်၊ ဝဲနုမလိင်တင်တင်မေးကလီလားတက်ကကြီးထဲဝဲဒင်လိ၊ ဝီလိဝီဝီတခါအံ့နု၊ ကြီးတင်လီတခါနီဂါလားထေးအံ့နုတက်၊

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

ໄປຮູດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທໄປທີ່ພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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 tarijumaadda 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.

MAXIS Renewal Notice

MAXIS Renewal Notice

DAKOTA COUNTY HUMAN SERVICES
1 MENDOTA ROAD WEST
SUITE 100
WEST ST. PAUL MN 55118-4765

June 18, 2019 02:21 PM

CASE NUMBER: XXXXXX

PAUL A PAUL
121 AVENUE N
HASTINGS MN 55033-3552

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, GREG MALISZEWSKI at () - .
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
-

HEALTH CARE NOTICE OF ACTION

We processed your eligibility renewal. SHAWN S ALASPA is still eligible for benefits. (HCM 0905)

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, you can call your financial worker or an attorney. You can also appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days, or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice, but your benefits will not start again unless you win the appeal. To find out more, read the back of this notice.

WORKER: GREG M

TELEPHONE: () -

[Title]

1

MAXIS Over Assets Notice

MAXIS Over Assets Notice (1 of 2)

Denied for over assets

MN DEPT OF HUMAN SERVICES
444 LAFAYETTE ROAD N.
ST. PAUL MN 55155

December 21, 2022 02:29 PM

CASE NUMBER: 317458

EARNED DISREGARDS
123 MAIN STREET
ST PAUL MN 55045

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

12/21/22 14:41:16 Client Copy (Waiting To Print) FMI2VAMI

- * This information is available in other forms to people with disabilities by calling your county worker, JULIANNA B. DANIELS at (651) 431-2808.
- * For TTY/ID users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- * The back of this page lists your appeal rights and responsibilities.

HEALTH CARE NOTICE OF ACTION

EARNED DISREGARDS's Medical Assistance (MA) benefits will stop at the end of the day on December 31, 2022 because:

* Our rules only allow you to have \$6000.00 in assets. You have more assets than this. You may reapply if you reduce your assets to less than this amount.

Citation: 2002 Laws of Minnesota, 1st Special Session, chapter 14, article 12, section 18, or Minnesota Statutes sections 256B.056, or 256B.057.

Visit www.MinnesotaHelp.info and click on Health Care Link for other coverage options.

Do not use your Minnesota Health Care Programs ID Card or Managed Care Plan Card after your coverage ends. If you use these cards after your coverage ends, you MAY be guilty of a crime.

Keep your cards in case you become eligible again. (MCM 0914, 0916)

MAXIS Over Assets Notice (2 of 2)

Page

Case Number: 317458-EARNED DISREGARDS

INCOME CALCULATION

BUDGET PERIOD: 10/01/22 THROUGH 09/30/23

PROGRAM	MA	MA	MA	MA	MA	MA
BUDGET MONTH	10/22	11/22	12/22	01/23	02/23	03/23
EARNED INCOME . . . (+)	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
EI DEDUCTIONS . . . (-)	1582.50	1582.50	1582.50	1582.50	1582.50	1582.50
NET INCOME . . . (=)	1417.00	1417.00	1417.00	1417.00	1417.00	1417.00
MONTHLY INC STANDARD (-)	1527.00	1527.00	1527.00	1527.00	1527.00	1527.00
MONTHLY SPENDDOWN . (=)	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL SIX MONTH INCOME . . (=)	9602.00					
SIX MONTH INCOME STANDARD (-)	9162.00					
SIX MONTH SPENDDOWN . . . (=)	0.00					

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

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- * Within 10 days, or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 90 days from the date you get this notice, but your benefits will not start again unless you win the appeal. To find out more, read the back of this notice.

WORKER: JULIANNA B. DANIELS TELEPHONE: (651) 421-2805

MAXIS Over Income Notice

MAXIS Over Income Notice (1 of 2)

Denied for over income

MN DEPT OF HUMAN SERVICES

444 LAFAYETTE ROAD N.

ST. PAUL MN 55155

December 21, 2022 02:31 PM

CASE NUMBER: 317458

—

—

EARNED DISREGARDS

123 MAIN STREET

ST PAUL MN 55045

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

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* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

* The back of this page lists your appeal rights and responsibilities

HEALTH CARE NOTICE OF ACTION

EARNED DISREGARDS's Medical Assistance (MA) benefits cannot be reopened for January 2023 because:

* Your income is above program limits.

Citation: 2003 Laws of Minnesota, First Special Session, chapter 14, article 12, section 68

Visit www.MinnesotaHelp.info and click on Health Care Link for other coverage options.

Case Number: 317458-EARNED DISREGARDS

INCOME CALCULATION

BUDGET PERIOD: 10/01/22 THROUGH 03/31/23

PROGRAM	MA	MA	MA	MA	MA	MA
BUDGET MONTH	10/22	11/22	12/22	01/23	02/23	03/23
EARNED INCOME. . . . (+)	\$000.00	\$000.00	\$000.00	\$000.00	\$000.00	\$000.00
EI DEDUCTIONS. . . . (-)	1882.50	1882.50	1882.50	1882.50	1882.50	1882.50
NET INCOME (=)	1417.00	1417.00	1417.00	1417.00	1467.00	1467.00
MONTHLY INC STANDARD(-)	1827.00	1827.00	1827.00	1827.00	1827.00	1827.00
MONTHLY SPENDDOWN. . (=)	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL SIX MONTH INCOME. . (=) 9602.00

SIX MONTH INCOME STANDARD (-) 9162.00

SIX MONTH SPENDDOWN . . . (=) 0.00

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MAXIS Over Income Notice *(2 of 2)*


date you get this notice, but your benefits will not start again unless
you win the appeal. To find out more, read the back of this notice.

WORKER: JULIANNA B. DANIELS

TELEPHONE: (651) 491-2805

Family Planning Approval Notice

Family Planning Approval Notice (1 of 3)



Minnesota Department of Human Services
PO Box 64960
St. Paul, MN 55164-0960

Minnesota Family Planning Program

Approval Notice

JOSEPHINE Q PUBLIC
444 LAFAYETTE ROAD N
SAINT PAUL, MN 55155-9999

JUNE 29, 2022

Applicant or Enrollee Name: JOSEPHINE Q PUBLIC
Case #: CASE0000
Client ID #: PM100000

Minnesota Family Planning Program (MFPP) coverage has been approved for you. Your coverage starts 02/01/2022. You must renew your coverage annually.

Whenever you call MFPP, please have your case number ready. Your case number is at the top of this notice and other MFPP notices.

You must report changes that affect your eligibility for MFPP within 10-days. These changes include but are not limited to the following:


- Changes in your address, income, or marital status
- Changes in tax-filing status or tax-dependent status for you and your family members
- Family members moving in or out of your household
- Pregnancy

The MFPP covers only family planning services and transportation services to and from providers of family planning services. If you need coverage for other types of health care services, you may want to apply for Medical Assistance (MA) or MinnesotaCare. If you would like an application for these programs, please call the number listed below. Or go to www.mnsure.org to apply for health coverage and help paying costs. For places to get low-cost care right away, visit the DHS website at <http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/resources/#7>.

If you are new to Minnesota Health Care Programs, you will get an ID card. If you had MA, MinnesotaCare, or MFPP before, please use the card you already have.

If you have questions, call MFPP at 651-431-3480 or 888-702-9968.

For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1, 9-15)



Minnesota Family Planning Program (MFPP)
IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action DHS took on my health care coverage?
If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews a decision by the Minnesota Department of Human Services (DHS) about MFPP coverage. You can learn more about how this works at www.dhs.state.mn.us/appeals/faqs.

How do I appeal?
You can appeal by submitting your own written request or filling out a DHS appeal form. You can get help on how to file the written appeal by contacting DHS by phone or in person. For more information about appeals, go to www.dhs.state.mn.us/appeals/faqs.

1. Internet	2. Phone (for help filing a written appeal)	3. Mail	4. In person (for help filing a written appeal)
Fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lserver/Public/DHS-0033-ENG and submit it electronically.	Call DHS at 651-431-3600 (Twin Cities Metro area) 800-657-3510 (outside Twin Cities Metro area). A staff member will explain the process for filing a written appeal.	Either fill out and print form DHS-0033 or write out your own appeal request, and mail it to the Minnesota Department of Human Services, Appeals Division, PO Box 64941, St. Paul, MN 55164-0941.	Go to the Minnesota Department of Human Services Information Desk at 444 Lafayette Road North, St. Paul, MN 55155. A staff member will explain the process for filing a written appeal.

What can I appeal?
You can appeal any of these:

- DHS failed to act on your request about health care coverage.
- DHS processed your request too slowly.
- DHS took an action you do not agree with (examples of actions: denial of MFPP coverage, approval of a change in your MFPP benefits).

When must I appeal?
You must file your MFPP appeal within **30 days** of receiving your health care notice. If you show good cause for not appealing an MFPP action within **30 days**, you may be able to appeal up to **90 days** after the date of your health care notice. See below for more important information about time limits for MFPP appeals.

Will my benefits continue during my appeal?
You may be able to continue to get the same MFPP benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit. For MFPP enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an

Family Planning Approval Notice (2 of 3)

action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. Tell DHS in writing if you do not want your benefits to continue.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for MFPP again if your MFPP benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell DHS the reason when you file your appeal. To ask for a sped-up appeal for MFPP, contact the DHS Appeals Division at 800-657-3510 (outstate) or 651-431-3600 (metro).

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within 10 days. Report changes by calling DHS at 651-431-3480 or 888-702-9968.

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

Civil Rights Notice

CB3 10-16

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

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

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
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Family Planning Approval Notice *(3 of 3)*

Contact the **MDHR** directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-639-1100 (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
- color
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- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)
- political beliefs

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.

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Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
PO Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Family Planning Denial Notice

Family Planning Denial Notice (1 of 3)



Minnesota Department of Human Services
PO Box 64960
St. Paul, MN 55164-0960

Minnesota Family Planning Program

Denial Notice

JOSEPHINE Q PUBLIC
444 LAFAYETTE ROAD N
SAINT PAUL, MN 55155-9999

JUNE 29, 2022

Applicant or Enrollee Name: JOSEPHINE Q PUBLIC
Case #: CASE0000
Client ID #: PM100000

Your application for the Minnesota Family Planning Program has been denied for the following reason:


- * **You have Medical Assistance (MA). You cannot have MA at the same time you have Minnesota Family Planning Program coverage. (Code of Federal Regulations, title 42, section 435.214)**

To apply for Medical Assistance (MA) or MinnesotaCare, contact your worker. Or go to www.mnsure.org to apply for health coverage and help paying costs.

For places to get low-cost care right away, visit the DHS website at <http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/resources/#7>.

If you have questions, call MFPP at 651-431-3480 or 888-702-9968.

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Family Planning Denial Notice (2 of 3)

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- sexual orientation
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- disability

Family Planning Denial Notice *(3 of 3)*

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800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

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Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
PO Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

METS Auto Close Notice

METS Auto Close Notice (1 of 4)

[Return Addressee Recipient Line]
[Return Addressee Delivery Address Line]
[Return Addressee Last Line]

Logo Image

[System Date Time]
Case Number: [Case Number]

[Addressee Recipient Line]
[Addressee Secondary Address Line]
[Addressee Delivery Address Line]
[Addressee Last Line]

Health Care Closing Notice

We sent you a renewal form to complete and return to us within 45 days. We did not get all the information needed to process your renewal. For this reason, health care coverage is closing for one or more members of your household. If you send us the information we need, we will look at your case again.

Health Care Results

[Person Name] - MNSure ID Number: [MNSure ID Number]

Effective date	Action	Coverage Type
[Effective date]	[Action]	[Coverage Type]

[Person Name] no longer qualifies for [Coverage Type] because you did not complete a renewal. [Person Name]'s coverage will stop at the end of the day on [Last day of certification period]. (Code of Federal Regulations, title 42, sections 435.916(a) and 600.340(e); Minnesota Statutes, sections 256B.056, subdivision 7a, and 256L.05, subdivision 3a).

What if I receive premium assistance for a cost-effective health plan through Medical Assistance?

If you receive premium assistance for a cost-effective health plan through Medical Assistance and your Medical Assistance coverage ends, your premium assistance ends too. Medical Assistance will stop paying your prorated premium amount on the date your Medical Assistance ends.

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 Health Care Consumer Support at 800-657-3672 or 651-297-3862.
- For general questions about Medical Assistance or MinnesotaCare, call Health Care 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

METS Auto Close Notice (2 of 4)

Do I have to pay back the costs of my health care if I received government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the Medical Assistance (MA) program paid for its members. This recovery process is done through Minnesota's MA estate recovery and lien program. Read the following if you were enrolled in MA.

If you were enrolled in MA, then, after you die, Minnesota must try to recover the costs of any long-term services and supports (LTSS) you received at 55 years old or older. LTSS include:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Even after you die, Minnesota cannot recover these costs if your spouse survives you, you have a child under 21 years old, or you have a child who is blind or permanently disabled. Once your spouse dies, Minnesota must try to recover your MA LTSS costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 years old, blind, or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action taken on my health care coverage?

If you think the decision in your health care notice is wrong, you have the right to appeal. An appeal is a legal process where a human services judge holds a hearing and reviews (1) a decision by the Minnesota Department of Human Services (DHS) about MinnesotaCare coverage; or (2) a decision by a county or tribal agency about Medical Assistance coverage. You can learn more about how this works at www.dhs.state.mn.us/appeals/faqs.

How do I appeal?

You can appeal by submitting your own written request, filling out a DHS appeal form, or getting help by phone or in person. The DHS Appeals Division or your county or tribal agency can help you file your appeal.

1. Internet	2. Phone (for information on filing an appeal)	3. Mail or Fax	4. In person
<ul style="list-style-type: none">• Log in to your account at www.mnsure.org• Or fill out the DHS-0033 form at https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG and submit it electronically.	<ul style="list-style-type: none">• Call your county or tribal agency.• Or call the DHS Appeals Division at 651-431-3600.	<ul style="list-style-type: none">• Mail your request to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941• Or fax it to 651-431-7523.	Get appeals help in person at Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55155.

What can I appeal?

You can appeal any of these:

- MNSure, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNSure, the county or tribal agency, or DHS processed your request too slowly.
- MNSure, the county or tribal agency, or DHS took an action you do not agree with (examples of actions: denial of Medical Assistance coverage, approval of coverage for a program you do not think you are eligible for, the amount of advanced premium tax credits you qualify for, a change in your MinnesotaCare benefits).

METS Auto Close Notice (3 of 4)

When must I appeal?

If your appeal involves Medical Assistance or MinnesotaCare, you must file your appeal within **30 days** of receiving your health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within **30 days**, you may be able to appeal up to **90 days** after the date of your health care notice. See below for more important information about time limits for Medical Assistance and MinnesotaCare appeals.

If your appeal involves QHPs, an advanced premium tax credit or cost-sharing reductions, you must file an appeal within **90 days** after the date of your health care notice.

*** Important:** An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be redetermined.

Will my benefits continue during my appeal?

You may be able to continue to get the same benefits you were receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit:

- For Medical Assistance and MinnesotaCare enrollees, we usually must send you an advance notice 10 days or more before the effective date of an action, or we may send you a notice five days before an action, depending on the situation. Your benefits will automatically continue if you file your appeal by the effective date of the action on the advance health care notice. In a few situations we may send you a notice less than five days before an action, or on the effective date of an action. Your benefits will continue if you file an appeal within 15 days from the date of that health care notice. You must pay your monthly MinnesotaCare premium to get continued coverage during your appeal. Tell DHS in writing if you do not want your benefits to continue.
- For QHP-related appeals, tell MNSure that you want to continue your benefits when you file your appeal.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

Important: You have the right to apply for Medical Assistance or MinnesotaCare again if your benefits stop.

What if I need a hearing right away?

You have the right to ask for an expedited (sped-up) appeal. If you need a hearing right away, tell MNSure or DHS the reason when you file your appeal. To ask for a sped-up appeal for Medical Assistance or MinnesotaCare, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

What do I do after I file my appeal?

Gather information related to the action you are appealing that you think will prove or explain the reason you think the action was wrong.

You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.

Continue to report changes (such as the start or stop of a job or changes in who lives with you) within these time frames:

- **30 days** if you have MinnesotaCare, a QHP, an advanced premium tax credit or cost-sharing reductions
- **10 days** if you have Medical Assistance

If you have Medical Assistance, report changes by calling your county or tribal agency. If you have MinnesotaCare, report changes by calling Health Care Consumer Support at 800-657-3672 or 651-297-3862. If you have a QHP, report changes by calling the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Can I get help with my appeal?

You may speak for yourself at the hearing. You may also have someone else speak for you. You can let us know that you want someone else to speak for you at the hearing when you file your appeal. If your income is below a certain limit, you may be able to get legal advice or help with your appeal from your local legal aid office.

MAXIS Auto Close Notice

MAXIS Auto Close Notice

5200
RAMSEY COUNTY HUMAN SERVICES
160 KELLOGG BLVD E
ST. PAUL MN 55101-1420

FMINFO ____

September 16, 20XX 08:27 PM

CASE NUMBER: XXXXXXXX

NANCY NELSON
XXX AVENUE ST
ST PAUL MN 55106-3123

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, DOREY P. at (651) 266-4684.
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
-

HEALTH CARE NOTICE OF ACTION

NANCY M NELSON's following Health Care programs will stop at the end of the day on September 30, 20XX:

- * Medical Assistance (MA)

Because we did not get the following forms we need to keep your case open:

- * 12 Month Renewal

If we get the forms by September 30, 20XX, we will look at your case again. If you need help with your forms, call your financial worker. (HCM 0905)

Do not use your Minnesota Health Care Programs ID Card or Managed Care Plan Card after your coverage ends. If you use these cards after your coverage ends, you MAY be guilty of a crime.

Keep your cards in case you become eligible again. (HCM 0914, 0916)

[Title]

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Case Number: XXXXXXXX-NANCY NELSON

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: DALE P.

TELEPHONE: (651) XXX-4684

[Title]

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Health Plan Disenrollment Notice

Health Plan Disenrollment Notice (1 of 2)

Distribution Type: 11T

Return to DHS, Deliver to Stacy Edwards - 0893.

Form Type: 00

SERVICE AGENCY NAME GOES HERE
444 LAFAYETTE ROAD N
ST. PAUL, MN 55155-9999

03/01/22

WKR ID: WRKR001 SVC LOC: 999
JONATHAN Q. PUBLIC2
444 LAFAYETTE ROAD NORTH
SAINT PAUL, MN 55155-9999

HEALTH PLAN DISENROLLMENT NOTICE

Recipient ID: PM100002
Case Number: CASE0002
End Date: 03/31/22
Health Plan: ITASCA MEDICAL CARE

Name: JONATHAN Q. PUBLIC2
PMAP PREPAID MEDICAL ASSISTANC

**YOU MAY NOT GET HEALTH CARE THROUGH MEDICAL ASSISTANCE
OR MINNESOTACARE FROM THIS PLAN AFTER 03/31/22.**

Your enrollment in ITASCA MEDICAL CARE is ending or changing for the reason or reasons below:

- Your Medical Assistance or MinnesotaCare eligibility has ended or changed.

If you are getting Medicare services through this health plan under Minnesota Senior Health Options (MSHO) or Special Needs BasicCare (SNBC) and your Medical Assistance eligibility has ended, you may continue to get Medicare covered services, including Part D, from this plan for up to three months.

If you have questions about this notice, please call your MANAGED CARE UNIT at (555) 555-5555.

See your appeal rights on the back. ==>


For accessible formats of this publication or assistance with additional
equal access to human services, write to DHS.info@state.mn.us, call
651-431-2670 or 800-657-3739, or use your preferred relay service.

1/6/2025

Minnesota Department of Human Services | mn.gov/dhs

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Health Plan Disenrollment Notice *(2 of 2)*

Your Appeal Rights

You have a right to appeal this decision. You may ask your county or tribal agency to help you file an appeal. Or you may appeal directly to the Appeals Division of the Minnesota Department of Human Services at the address below. Please attach a copy of this notice to your appeal. If you appeal you must submit the appeal within 30 days of getting this notice, or within 90 days if you can show good cause for not appealing within 30 days. If you appeal, you may represent yourself or ask a relative, friend, advocate or attorney to assist you.

MN Department of Human Services

Appeals Division

PO Box 64941

St. Paul, MN 55164-0941

Phone: 651-431-3600

Fax: 651-431-7523

Online: <https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-0033-ENG-eform>



You can learn more about the appeals process at www.dhs.state.mn.us/appeals/faqs.

If you have questions about this notice, please call your worker at the phone number listed on the first page.