



# Minnesota Health Care Programs: Renewal Process Playbook

June 18, 2025

# Renewal Process Playbook Contents *(1 of 2)*

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# Renewal Process Playbook Contents *(2 of 2)*

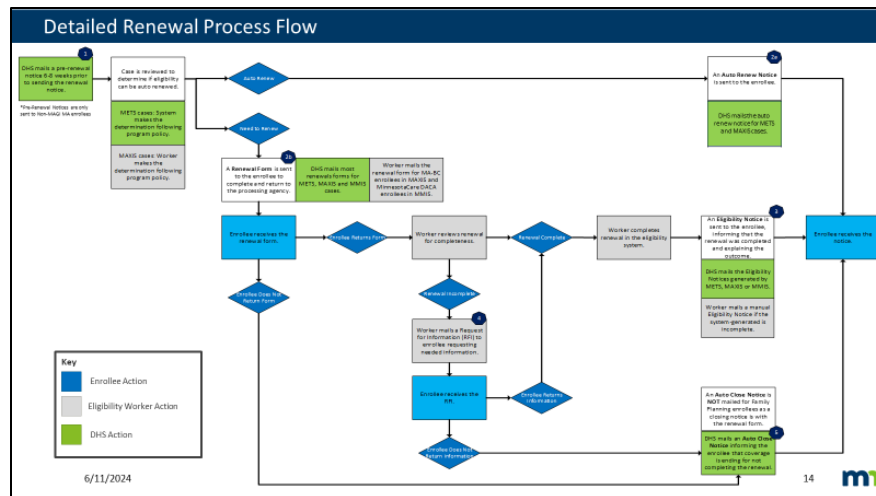
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# Renewal Process Playbook Introduction



# 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 8-10 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 800-637-3572. 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 800-533-2433.

6/11/2024 Minnesota Department of Human Services | mn.gov/dhs 17

# Key Renewal Process Information

# Programs Subject to Renewal

Program*	Description
<b>MAGI MA</b>	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.
<b>Non-MAGI MA</b>	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).
<b>MinnesotaCare</b>	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.
<b>Medicare Savings Programs</b>	Programs to help people who have low incomes pay their Medicare premiums and cost-sharing.
<b>Minnesota Family Planning Program (Family Planning)</b>	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.

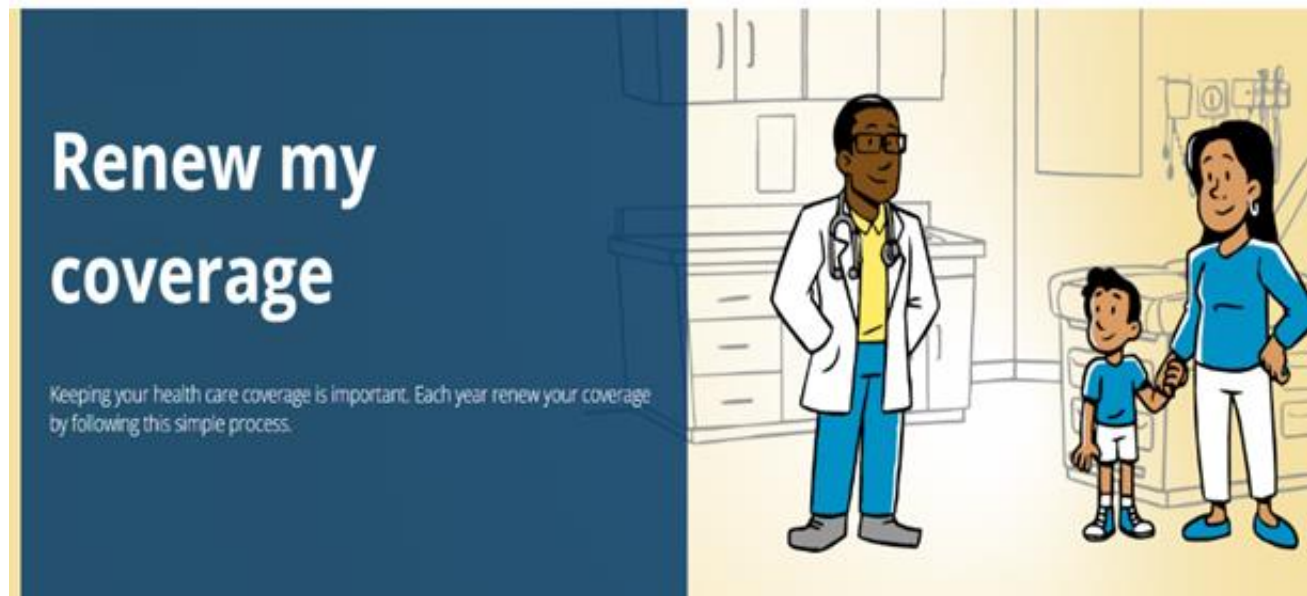
# MHCP Eligibility Systems

System	Description
<b>METS</b>	The Minnesota Eligibility Technology System (METS) supports renewals for MAGI MA and MinnesotaCare.
<b>MAXIS*</b>	MAXIS supports renewals for Non-MAGI MA and Medicare Savings Programs.
<b>MMIS</b>	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
<b>MAGI MA, Non-MAGI MA, and Family Planning</b>	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.)
<b>MinnesotaCare</b>	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

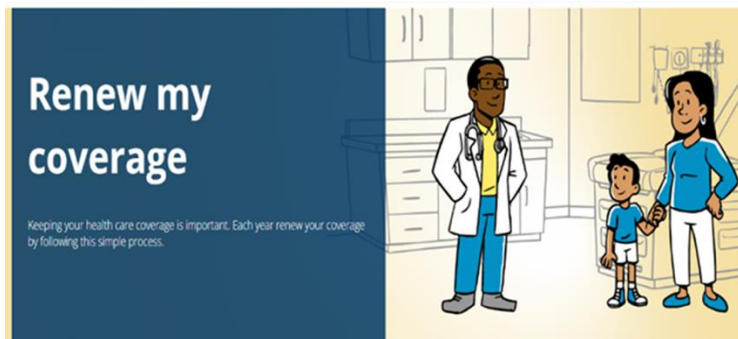
Users can access the tool from the Renew My Coverage website or by going directly to [www.mnrenewallookup.com](http://www.mnrenewallookup.com)

2

User enters information to confirm identity

3

User views result

A screenshot of the 'When is my renewal?' page on the Minnesota Department of Human Services website. The page has a blue header with the DHS logo. The main content area is white. It includes a section titled 'When is my renewal?' with a brief explanation of the tool. Below this is a form titled 'Enter two of the three fields to confirm your identity.' which contains three input fields: 'Case Number' (with a dropdown menu), 'Member Number' (with a dropdown menu), and 'Social Security Number (last 4 digits)' (with a dropdown menu). There are also checkboxes for 'MVA', 'DOB', and 'PIVOT'. A 'Go' button is at the bottom of the form. At the bottom of the page, there is a 'Renewal Information' section with a link to 'mn.gov/dhs/renewalinfo'.A screenshot of the 'When is my renewal?' page on the Minnesota Department of Human Services website, showing the result. The page layout is identical to the previous screenshot, but the 'Go' button at the bottom of the form is now highlighted in blue, indicating it has been clicked. The 'Renewal Information' section at the bottom now displays the result: 'Watch for your renewal paperwork in the mail in May, your renewal month is July.'

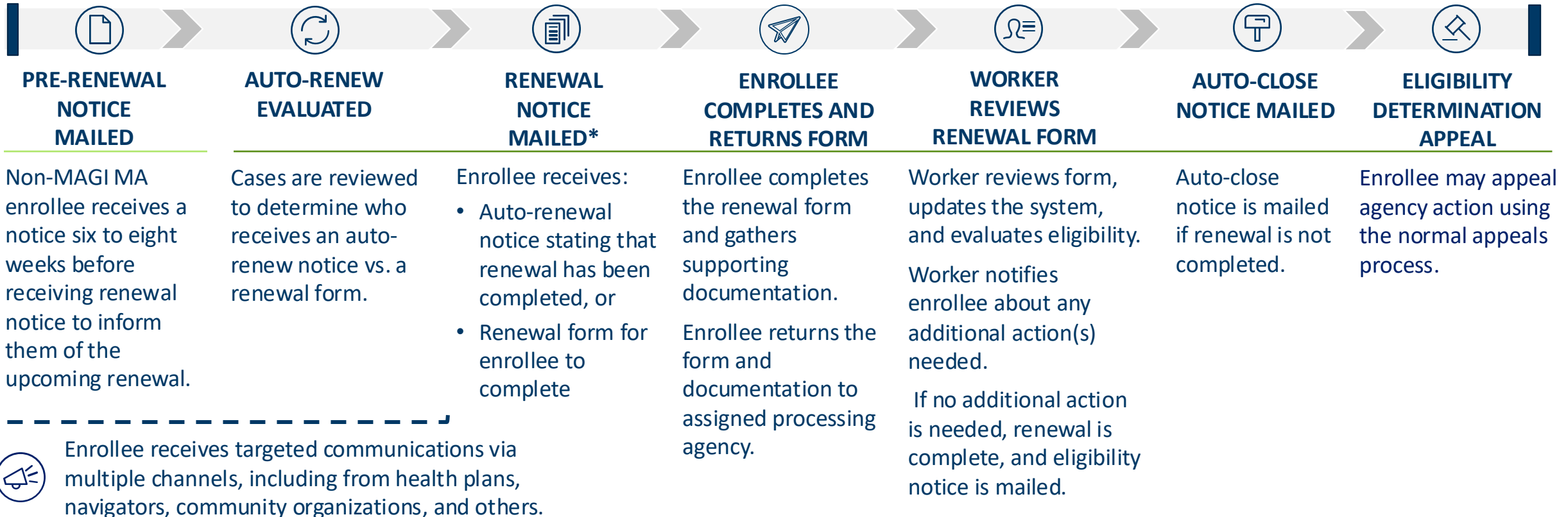
Watch for your renewal paperwork in the mail in May, your renewal month is July.

# High-Level Renewal Process

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

## PRE-RENEWAL

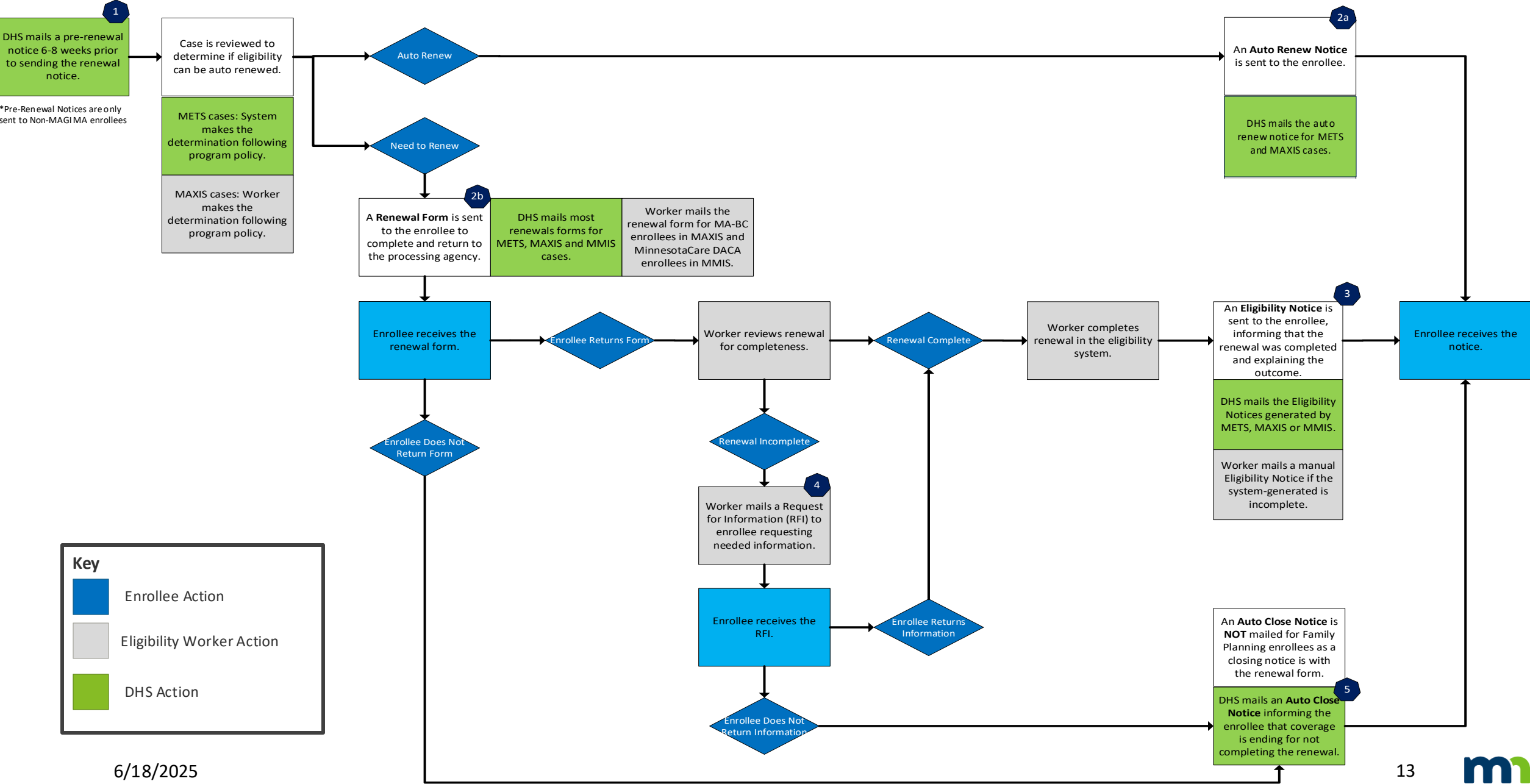
## RENEWAL PROCESS



\*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 annual 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.

# Pre-Renewal Notice

## Non-MAGI MA or Medicare Savings Programs

DHS-8269

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

June 18, 2025 01:04 PM

Case Number: 671295  
DICK I NEYMAN  
512 CEDAR ST  
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) 431-6193.  
\* 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.  
-----

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

Eligibility System	Program	Stuffers Included	Details
MAXIS	<ul style="list-style-type: none"><li>Non-MAGI MA</li><li>Medicare Savings Programs</li></ul>	<p><a href="#">DHS-5207</a> – County Agency Address and Phone Number List</p> <p>DHS-3435 – Language Block</p>	<p>English version is mailed to enrollees</p> <p>Click <a href="#">here</a> to access notice.</p>

The Pre-Renewal Notice is being transitioned to a system-generated MAXIS notice. The change is expected to occur with the September 2025 cohort.



# Pre-Renewal Notice Mailing Dates by Cohort

Cohort	Mailing Date Range
1 – July Renewals	Non-MAGI MA and Medicare Savings Programs: <b>4/9/2025 – 4/16/2025</b>
2 – August Renewals	Non-MAGI MA and Medicare Savings Programs: <b>5/8/2025 – 5/15/2025</b>
3 – September Renewals	Non-MAGI MA and Medicare Savings Programs: <b>6/10/2025 – 6/17/2025</b>
4 – October Renewals	Non-MAGI MA and Medicare Savings Programs: <b>7/9/2025 – 7/16/2025</b>
5 – November Renewals	Non-MAGI MA and Medicare Savings Programs: <b>8/8/2025 – 8/15/2025</b>
6 – December Renewals	Non-MAGI MA and Medicare Savings Programs: <b>9/10/2025 – 9/17/2025</b>
7 – January Renewals	Non-MAGI MA and Medicare Savings Programs: <b>10/8/2025 – 10/15/2025</b>
8 – February Renewals	Non-MAGI MA and Medicare Savings Programs: <b>11/10/2025 – 11/18/2025</b>
9 – March Renewals	Non-MAGI MA and Medicare Savings Programs: <b>12/10/2025 – 12/17/2025</b>
10 – April Renewals	Non-MAGI MA and Medicare Savings Programs: <b>1/8/2026 – 1/15/2026</b>
11 – May Renewals	Non-MAGI MA and Medicare Savings Programs: <b>2/10/2026 – 2/18/2026</b>
12 – June Renewals	Non-MAGI MA and Medicare Savings Programs: <b>3/10/2026 – 3/17/2026</b>



# 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"><li>MAGI MA</li><li>MinnesotaCare</li></ul>	<a href="#">DHS-4839K</a> – Notice of Privacy Practices and Rights and Responsibilities	English version is mailed to enrollees
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# MAXIS Auto-Renew Notice

## 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: 999999

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 ITTY/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.

# 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 Renewal Form	METS	<ul style="list-style-type: none"><li>• Pre-populated form for enrollees not auto-renewed.</li><li>• “Need to Renew (NTR)” is sent when everyone selected for renewal did not auto renew.</li><li>• “Combined Renewal and Results Form (CRRF)” is sent when some enrollees selected for renewal auto renewed and some did not.</li></ul>
DHS-3418	MHCP Renewal	MAXIS	<ul style="list-style-type: none"><li>• People who are age 65 or older or who are blind or disabled (ABD)</li><li>• Employed persons with disabilities (EPD)</li><li>• Children with a disability who are otherwise ineligible for MA due to household income (TEFRA)</li><li>• People under a 1619(a) or 1619(b) status</li><li>• People receiving services at the Center for Victims of Torture (CVT)</li><li>• People enrolled in Emergency Medical Assistance (EMA)</li><li>• People receiving Minnesota Supplemental Aid (MSA)</li></ul>

# Renewal Forms *(2 of 2)*

eDocs #	Notice/Form	Eligibility System	Description
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
DHS-5576	Combined Six-Month Report	MAXIS	People enrolled 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

## Minnesota Health Care Programs Renewal for Families, Children and Adults

### Why did I receive this renewal form?

You must complete this form to renew your Medical Assistance (MA) or MinnesotaCare for families, children and adults.

### What do I need to do with this form?

- Review and complete each section of the form that applies to you or members of your household.
- Read the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A). Do not return these pages. Keep them for your records.
- Sign and date the form.
- Attach proofs. **Send copies of proofs. Do not send original documents.**
- Mail, fax (be sure to fax front and back pages), or take the form and proofs to your servicing agency as soon as you have completed the form. Visit <https://mn.gov/dhs/renewmycoverage> to find out about other ways you can submit your renewal.
- If you are enrolled in a health plan, your health plan can help you submit your renewal form.

### How can I get help with this form?

- Get free help, including help to submit your renewal form from a navigator. Go to <https://www.mnsure.org> and click "Assister Directory" under Find Free Help. Search the directory to find a navigator near you and one that speaks your language. Your servicing agency can also help you find a navigator in your area.

### Who can I call if I have questions?

- If anyone in your household has Medical Assistance, call your county or tribal servicing agency.
  - If your household only has MinnesotaCare, call DHS Health Care Consumer Support.
  - See the Agency Addresses (Attachment B) to get the address and phone number for your servicing agency.
- If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

### What will happen if I do not return this form?

Your coverage will stop if you do not return this form.

# METS Renewal Form

DHS-8262

Eligibility System	Programs	Stuffors Included	Details
METS	<ul style="list-style-type: none"> <li>• MAGI MA</li> <li>• MinnesotaCare</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">DHS-5207</a> – County Agency Address and Phone Number List</li> <li>• <a href="#">DHS-4839K</a> – Notice of Privacy Practices and Rights and Responsibilities</li> <li>• Return Envelope (DHS-2050)</li> </ul>	A prepopulated <a href="#">English</a> version is mailed to enrollees

# 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?

# 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)

## 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	<a href="#">English</a> version is mailed to enrollees, but the form is available in other languages on eDocs ( <a href="#">Hmong</a> , <a href="#">Russian</a> , <a href="#">Somali</a> , <a href="#">Spanish</a> , and <a href="#">Vietnamese</a> )





# 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

<b>PERSON 1</b> 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
<b>PERSON 2</b> 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](#))





## Minnesota Family Planning Program Application

**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.

# Minnesota Family Planning Program Application and Renewal Form

DHS-4740

## Eligibility System

MMIS

## Program

Family Planning

## Stuffers Included

- Cover Sheet
- Return Envelope (DHS-2043)

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

## Details

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



# 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 their agency and a 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**

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

# 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"><li>Counties</li></ul>	<ul style="list-style-type: none"><li>DHS</li></ul>	<ul style="list-style-type: none"><li>Counties</li><li>White Earth Nation</li><li>Red Lake Nation</li></ul>	<ul style="list-style-type: none"><li>DHS</li></ul>

# Renewal Notice Mailing Dates by Cohort

Cohort	Mailing Date Range
1 – July Renewals	<ul style="list-style-type: none"> <li>• METS: 4/23/2025 – 5/7/2025</li> <li>• MAXIS: 5/15/2025 – 5/22/2025</li> <li>• MMIS: 5/13/2025 – 5/16/2025</li> </ul>
2 – August Renewals	<ul style="list-style-type: none"> <li>• METS: 5/21/2025 – 6/5/2025</li> <li>• MAXIS: 6/15/2025 – 6/22/2025</li> <li>• MMIS: 6/11/2025 – 6/16/2025</li> </ul>
3 – September Renewals	<ul style="list-style-type: none"> <li>• METS: 6/25/2025 – 7/10/2025</li> <li>• MAXIS: 7/15/2025 – 7/22/2025</li> <li>• MMIS: 7/15/2025 – 7/18/2025</li> </ul>
4 – October Renewals	<ul style="list-style-type: none"> <li>• METS: 7/23/2025 – 8/6/2025</li> <li>• MAXIS: 8/15/2025 – 8/22/2025</li> <li>• MMIS: 8/13/2025 – 8/18/2025</li> </ul>
5 – November Renewals	<ul style="list-style-type: none"> <li>• METS: 8/21/2025 – 9/5/2025</li> <li>• MAXIS: 9/15/2025 – 9/22/2025</li> <li>• MMIS: 9/12/2025 – 9/17/2025</li> </ul>
6 – December Renewals	<ul style="list-style-type: none"> <li>• METS: 9/15/2025 – 9/29/2025</li> <li>• MAXIS: 10/15/2025 – 10/22/2025</li> <li>• MMIS: 10/15/2025 – 10/20/2025</li> </ul>

Cohort	Mailing Date Range
7 – January Renewals	<ul style="list-style-type: none"> <li>• METS: 10/13/2025 – 10/27/2025</li> <li>• MAXIS: 11/15/2025 – 11/21/2025</li> <li>• MMIS: 11/7/2025 – 11/13/2025</li> </ul>
8 – February Renewals	<ul style="list-style-type: none"> <li>• METS: 11/24/2025 – 12/10/2025</li> <li>• MAXIS: 12/15/2025 – 12/22/2025</li> <li>• MMIS: 12/15/2025 – 12/18/2025</li> </ul>
9 – March Renewals	<ul style="list-style-type: none"> <li>• METS: 12/24/2025 – 1/9/2026</li> <li>• MAXIS: 1/15/2026 – 1/23/2026</li> <li>• MMIS: 1/13/2026 – 1/16/2026</li> </ul>
10 – April Renewals	<ul style="list-style-type: none"> <li>• METS: 1/22/2026 – 2/9/2026</li> <li>• MAXIS: 2/15/2026 – 2/23/2026</li> <li>• MMIS: 2/10/2026 – 2/13/2026</li> </ul>
11 – May Renewals	<ul style="list-style-type: none"> <li>• METS: 2/19/2026 – 3/8/2026</li> <li>• MAXIS: 3/15/2026 – 3/20/2026</li> <li>• MMIS: 3/12/2026 – 3/17/2026</li> </ul>
12 – June Renewals	<ul style="list-style-type: none"> <li>• METS: 3/19/2026 – 4/3/2026</li> <li>• MAXIS: 4/15/2026 – 4/22/2026</li> <li>• MMIS: 4/12/2026 – 4/15/2026</li> </ul>



# 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

[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](#)]

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.



# METS Manual Closing Notice

Reset

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



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

## 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

6/18/2025

Minnesota Department of Human Services | mn.gov/dhs

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# 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: 217458

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., [MAXIS Over Assets Notice](#), [MAXIS Over Income Notice](#), etc.)

## 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](http://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](mailto: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.  
DUE DATE

- ☐ 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"> <li>MAGI MA</li> <li>MinnesotaCare</li> <li>Family Planning</li> </ul>	N/A	<a href="#">English</a> 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 \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Minnesota Family Investment Program (MFIP)       | <input type="checkbox"/> Minnesota Care   |
| <input type="checkbox"/> General Assistance (GA)                          | <input type="checkbox"/> Medical Assistance (MA)                                      |
| <input type="checkbox"/> Housing Support                                  | <input type="checkbox"/> Medicare Savings Programs (QMB, SLMB, Q11)                   |
| <input type="checkbox"/> Minnesota Supplemental Aid (MSA)                 | <input type="checkbox"/> Refugee Cash Assistance/Refugee Medical Assistance (RCA/RMA) |
| <input type="checkbox"/> 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:

- |  |   |
|--|---|
| <input type="checkbox"/> You signed the form before the last day of the month and/or returned it too early. Re-date and sign the form. | <input type="checkbox"/> All required members of the unit did not sign the form. The person(s) below must sign. |
| <input type="checkbox"/> You did not give proofs. You must (see below):  | <input type="checkbox"/> 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

- 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"><li>MAGI MA</li><li>MinnesotaCare</li></ul>	N/A	<p>Sent to households to inform them that public program eligibility is closing for one or more household members.</p> <p>Click <a href="#">here</a> to access notice.</p>
------	---	-----	--

# 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: 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

MAXIS

## Program

- Non-MAGI MA
- Medicare Savings Programs

## Stuffers Included

N/A

## Details

Incomplete information or documentation that was not received during the initial renewal submission will be listed on this notice.

Click [here](#) to access notice



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"><li>MAGI MA</li><li>MinnesotaCare</li><li>Non-MAGI MA</li><li>Medicare Savings Programs</li></ul>	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 <a href="#">here</a> 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: 6/6/2025 MAXIS: 6/16/2025
2 – August Renewals	METS: 7/6/2025 MAXIS: 7/16/2025
3 – September Renewals	METS: 8/6/2025 MAXIS: 8/16/2025
4 – October Renewals	METS: 9/6/2025 MAXIS: 9/16/2025
5 – November Renewals	METS: 10/6/2025 MAXIS: 10/16/2025
6 – December Renewals	METS: 11/6/2025 MAXIS: 11/16/2025

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

Cohort	System Dates for Auto-Close
7 – January Renewals	METS: 12/1/2025 MAXIS: 12/16/2025
8 – February Renewals	METS: 1/5/2026 MAXIS: 1/16/2026
9 – March Renewals	METS: 2/5/2026 MAXIS: 2/16/2026
10 – April Renewals	METS: 3/5/2026 MAXIS: 3/16/2026
11 – May Renewals	METS: 4/6/2026 MAXIS: 4/16/2026
12 – June Renewals	METS: 5/6/2026 MAXIS: 5/16/2026

# 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.

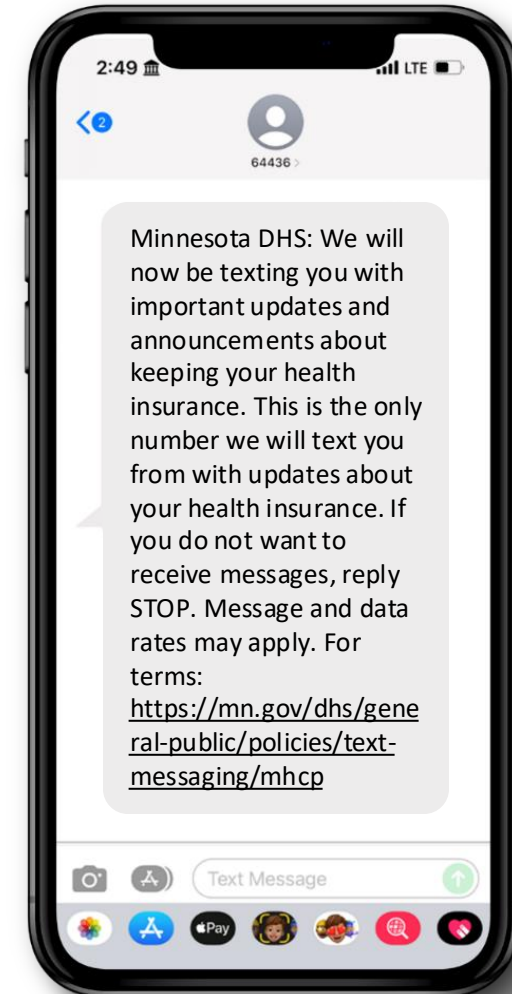
# Text Campaign #1: Introduction Announcement

**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





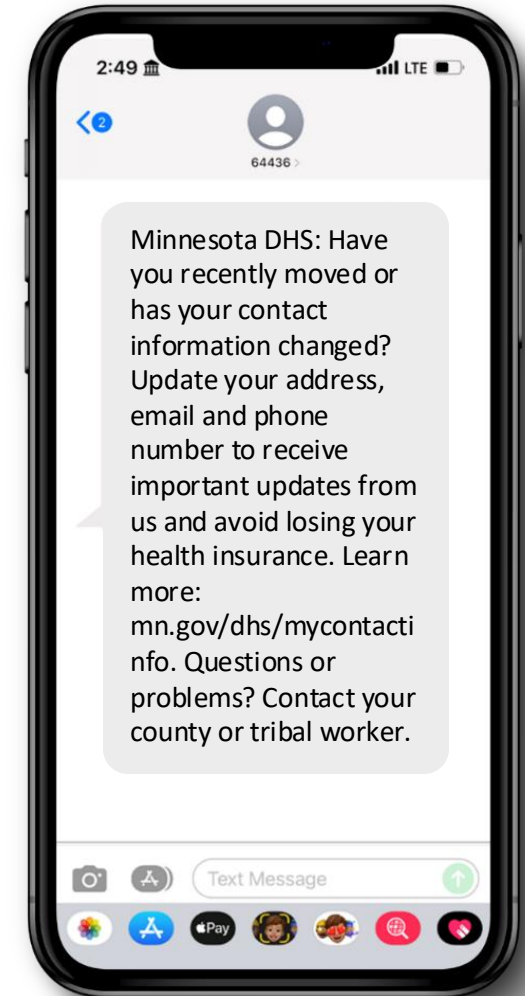
# Text Campaign #2: Address Update Announcement

**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



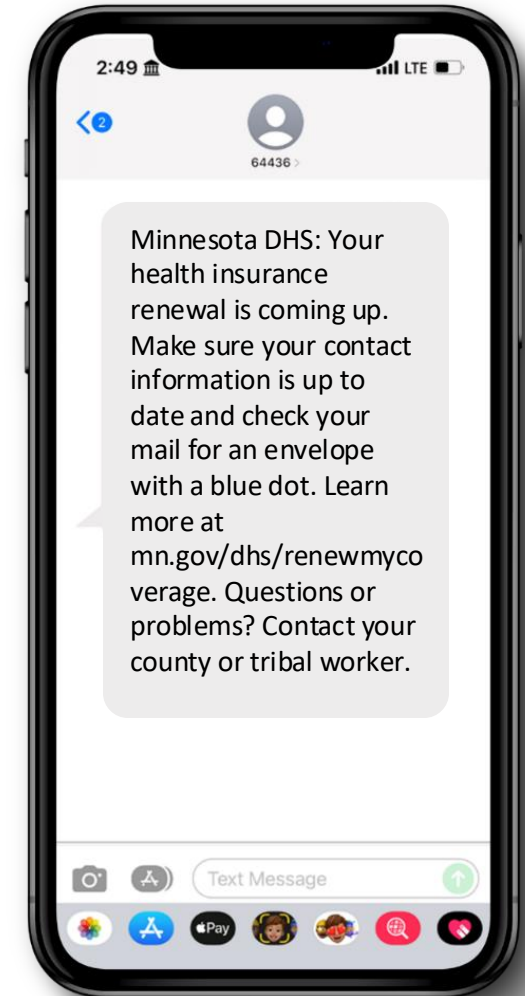
# Text Campaign #3: Renewal Form Nudge

**Description:** 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.

**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



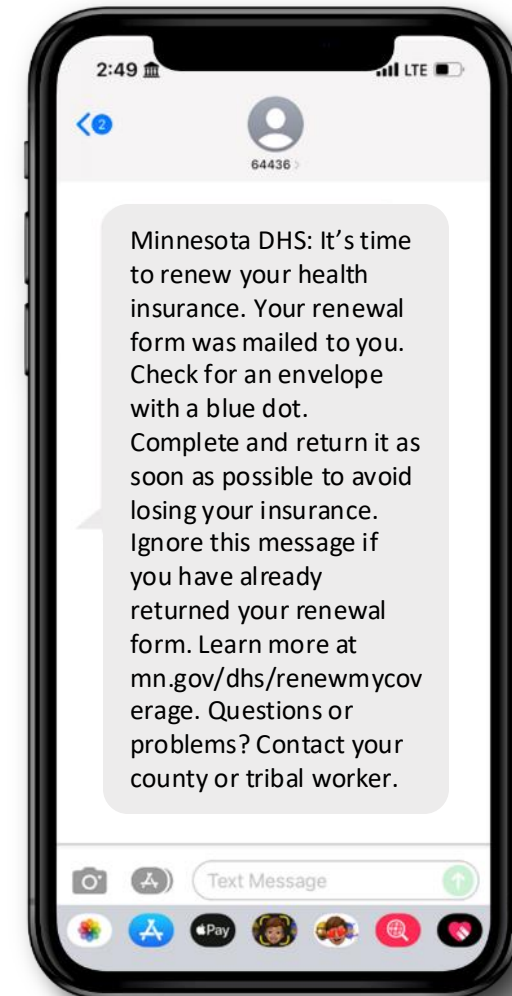
# Text Campaign #4: Renewal Form Nudge

**Description:** Reminds enrollees to return their renewal form if they have not already done so. This message is sent to households that have not 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



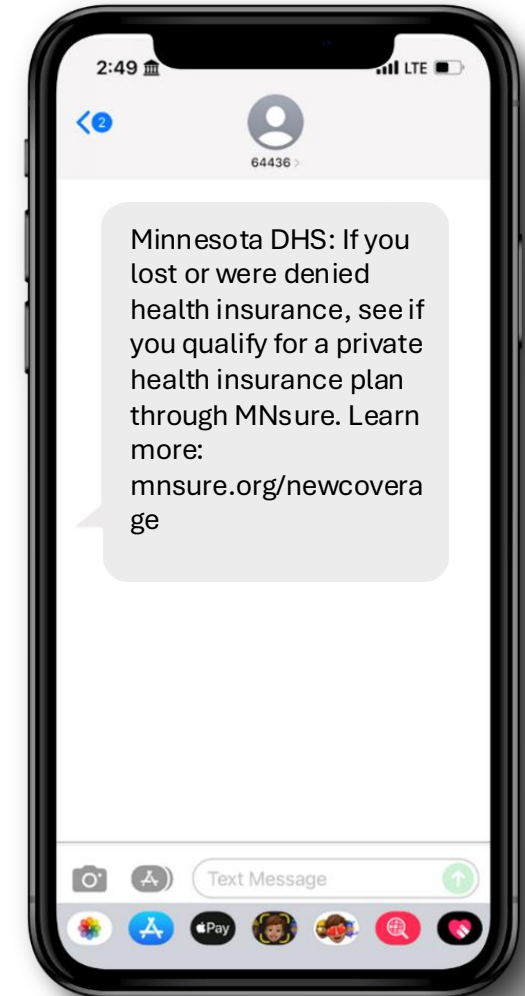
# Text Campaign #5: MNsure Referral Nudge

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

# Cohort 1 Timeline: July 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs and Family Planning: <b>4/9/2025 – 4/16/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>4/23/2025 – 5/7/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>5/15/2025 – 5/22/2025</b></li><li>Family Planning (MMIS): <b>5/13/2025 – 5/16/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>6/6/2025</b></li><li>MAXIS: <b>6/16/2025</b></li></ul>

# Cohort 2 Timeline: August 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>5/8/2025 – 5/15/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>5/21/2025 – 6/5/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>6/15/2025 – 6/22/2025</b></li><li>Family Planning (MMIS): <b>6/11/2025 – 6/16/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>7/6/2025</b></li><li>MAXIS: <b>7/16/2025</b></li></ul>

# Cohort 3 Timeline: September 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>6/10/2025 – 6/17/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>6/25/2025 – 7/10/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>7/15/2025 – 7/22/2025</b></li><li>Family Planning (MMIS): <b>7/15/2025 – 7/18/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>8/6/2025</b></li><li>MAXIS: <b>8/16/2025</b></li></ul>

# Cohort 4 Timeline: October 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>7/9/2025 – 7/16/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>7/23/2025 – 8/6/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>8/15/2025 – 8/22/2025</b></li><li>Family Planning (MMIS): <b>8/13/2025 – 8/18/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>9/6/2025</b></li><li>MAXIS: <b>9/16/2025</b></li></ul>

# Cohort 5 Timeline: November 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>8/8/2025 – 8/15/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>8/21/2025 – 9/5/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>9/15/2025 – 9/22/2025</b></li><li>Family Planning (MMIS): <b>9/12/2025 – 9/17/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>10/6/2025</b></li><li>MAXIS: <b>10/16/2025</b></li></ul>



# Cohort 6 Timeline: December 2025 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>9/10/2025 – 9/17/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>9/15/2025 – 9/29/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>10/15/2025 – 10/22/2025</b></li><li>Family Planning (MMIS): <b>10/15/2025 – 10/20/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>11/6/2025</b></li><li>MAXIS: <b>11/16/2025</b></li></ul>

# Cohort 7 Timeline: January 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>10/8/2025 – 10/15/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>10/13/2025 – 10/27/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>11/15/2025 – 11/21/2025</b></li><li>Family Planning (MMIS): <b>11/7/2025 – 11/13/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>12/1/2025</b></li><li>MAXIS: <b>12/16/2025</b></li></ul>

# Cohort 8 Timeline: February 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>11/10/2025 – 12/18/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>11/24/2025 – 12/10/2025</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>12/15/2025 – 12/22/2025</b></li><li>Family Planning (MMIS): <b>12/15/2025 – 12/18/2025</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>1/5/2026</b></li><li>MAXIS: <b>1/16/2026</b></li></ul>

# Cohort 9 Timeline: March 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>12/10/2025 – 12/17/2025</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>12/24/2025 – 1/9/2026</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>1/15/2026 – 1/23/2026</b></li><li>Family Planning (MMIS): <b>1/13/2026 – 1/16/2026</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>2/6/2026</b></li><li>MAXIS: <b>2/16/2026</b></li></ul>

# Cohort 10 Timeline: April 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>1/8/2026 – 1/15/2026</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>1/22/2026 – 2/9/2026</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>2/15/2026 – 2/23/2026</b></li><li>Family Planning (MMIS): <b>2/10/2026 – 2/13/2026</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>3/6/2026</b></li><li>MAXIS: <b>3/16/2026</b></li></ul>

# Cohort 11 Timeline: May 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>2/10/2026 – 2/18/2026</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>2/19/2026 – 3/8/2026</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>3/15/2026 – 3/20/2026</b></li><li>Family Planning (MMIS): <b>3/12/2026 – 3/17/2026</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>4/6/2026</b></li><li>MAXIS: <b>4/16/2026</b></li></ul>

# Cohort 12 Timeline: June 2026 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"><li>Non-MAGI MA, Medicare Savings Programs, and Family Planning: <b>3/10/2026 – 3/17/2026</b></li></ul>
2	Renewal notice mailed	<ul style="list-style-type: none"><li>MAGI MA and MinnesotaCare (METS): <b>3/19/2026 – 4/3/2026</b></li><li>Non-MAGI MA and Medicare Savings Programs (MAXIS): <b>4/15/2026 – 4/22/2026</b></li><li>Family Planning (MMIS): <b>4/12/2026 – 4/15/2026</b></li></ul>
3	Auto-close date	<ul style="list-style-type: none"><li>METS: <b>5/6/2026</b></li><li>MAXIS: <b>5/16/2026</b></li></ul>

# 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
<b>MAGI MA to MAGI MA</b>	<ul style="list-style-type: none"><li>• METS Renewal Eligibility Notice</li></ul>	<ul style="list-style-type: none"><li>• METS Renewal Eligibility Notice</li><li>• Health Plan Reinstatement Notice</li></ul>
<b>MinnesotaCare to MinnesotaCare</b>	<ul style="list-style-type: none"><li>• METS Renewal Eligibility Notice</li><li>• MinnesotaCare Premium Notice</li></ul>	<ul style="list-style-type: none"><li>• METS Renewal Eligibility Notice</li><li>• MinnesotaCare Premium Notice</li><li>• Health Plan Reinstatement Notice</li></ul>
<b>Non-MAGI MA to Non-MAGI MA</b>	<ul style="list-style-type: none"><li>• MAXIS Renewal Notice</li></ul>	<ul style="list-style-type: none"><li>• MAXIS Renewal Notice</li><li>• Health Plan Reinstatement Notice</li></ul>
<b>Family Planning to Family Planning</b>	<ul style="list-style-type: none"><li>• Family Planning Eligibility Notice</li></ul>	<ul style="list-style-type: none"><li>• Family Planning Eligibility Notice</li></ul>

# 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
<b>METS</b>	MAGI MA to MinnesotaCare	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• MinnesotaCare Premium Notice</li> <li>• Health Plan Disenrollment Notice</li> </ul>	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• MinnesotaCare Premium Notice</li> <li>• Health Plan Selection Packet</li> </ul>
<b>METS</b>	MAGI MA to Qualified Health Plan	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• Health Plan Disenrollment Notice</li> </ul>	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> </ul>
<b>METS</b>	MinnesotaCare to MAGI MA	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• Health Plan Disenrollment Notice</li> <li>• Health Plan Selection Packet</li> </ul>	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• Health Plan Selection Packet</li> </ul>
<b>METS</b>	MinnesotaCare to Qualified Health Plan	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> <li>• Health Plan Disenrollment Notice</li> </ul>	<ul style="list-style-type: none"> <li>• METS Renewal Eligibility Notice</li> <li>• Closing Notice from Worker</li> </ul>

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

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

# Appendix D: System Generated Notices

# MAXIS Pre-Renewal Notice

# MAXIS Pre-Renewal Notice

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

June 18, 2025 01:04 PM

Case Number: 671295

DICK I NEYMAN  
512 CEDAR ST  
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) 431-6193.
- \* 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.

-----  
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

[Title]

1

limit and do not need to verify assets to renew eligibility.  
June 18, 2025 01:04 PM  
Case Number: 671295-DICK I NEYMAN

Page 2

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

-----  
\*\*\*\*\* 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) 431-6193

[Title]

2

6/18/2025

Minnesota Department of Human Services | [mn.gov/dhs](https://mn.gov/dhs)

[Click here to return to pg. 16](#)

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# 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](http://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

**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/lfservlet/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](http://www.LawHelpMN.org) or call 888-354-5522.

[Title]

3

[Title]

4



# Family Planning Cover Sheet

# Family Planning Cover Sheet

ATTN: MN DEPT OF HUMAN SERVICES  
MN DEPT OF HUMAN SERVICES  
PO BOX 94960  
ST. PAUL, MN 55164-0960

ATTN: MN DEPT OF HUMAN SERVICES  
MN DEPT OF HUMAN SERVICES  
PO BOX 94960  
ST. PAUL, MN 55164-0960

JENNIFER Q. PUBLIC-001  
444 LAFAYETTE ROAD N  
SAINT PAUL, MN 55155-9999

## **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.

Case Number: CASEF002  
Redetermination Date: 03/2024  
Worker ID: WKKR000

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 03/31/2024 if you:

\* Do not return the renewal form and the required proofs within 30 days.

OR

\* No longer meet the eligibility requirements of the MFPP. If you are no longer eligible, you will receive a notice explaining the reason(s) why you are no longer eligible.

Minnesota Statutes, §256B.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: MFPP 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).

# 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 reviewed your case for your annual renewal. We redetermined health care program eligibility for one or more people in your household. This notice tells you the eligibility results for each person who requested coverage.

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 member number. Give your health care provider your MHCP member ID card each time you receive services.
- 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.

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 bill in the mail. Make the payment to us as soon as you can.
- If you are not required to pay a MinnesotaCare premium:** Your coverage will start on the first day of the month after you were approved.
- Once your coverage starts, you will get a Minnesota Health Care Programs (MHCP) member ID card showing your member ID number. Give your health care provider your MHCP member ID card each time you receive services.

For Medical Assistance and MinnesotaCare:


- If your health care coverage will be provided through a managed care 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 a health plan ID card and information telling you how to get services. Give your health care provider your health plan ID card and MHCP member ID card each time you receive services.
- If your health care coverage will be provided through fee-for-service:** Minnesota Health Care Programs (MHCP) pays a fee to MHCP enrolled health care providers for any covered service they provide to you. Give your health care provider your MHCP member ID card each time you receive services. To find fee-for-service providers, go to the Minnesota Health Care Programs Provider Directory online at <https://mhcpproviderdirectory.dhs.state.mn.us/> or scan the QR code.

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.



# DHS Eligibility Notice *(2 of 5)*

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

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

## 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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

[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
- Managed care premiums (capitations) for coverage of these services

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- #]

## Your Appeal Rights

### 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 a decision by the Department of Human Services (DHS) or a county or tribal agency about Medical Assistance (MA) or MinnesotaCare coverage. You can learn more about how this works at [www.dhs.state.mn.us/appeals/faqs](http://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. Your county or tribal agency can help you file your appeal.

Do any of the following to start an appeal:

- Fill out the Appeal to State Agency form (DHS-0033) at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG> and submit it electronically.
- Mail your request to the Minnesota Department of Human Services Appeals Division, PO Box 64941, St. Paul, MN 55164-0941, or fax it to 651-431-7523.
- For information on filing a written appeal, or to appeal by phone, call the DHS Appeals Division at 651-431-3600 or 800-657-3510.
- To get help in person, come to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, St. Paul, MN 55155.

### What can I appeal?

You can appeal any of these:

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

### When must I appeal?

An advance notice about your changing coverage must be sent to you 10 days or more before the effective date of an action. In a few situations, we may send you a notice five days before an action, or on the effective date of an action.

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

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

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

### 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 must file your appeal within a certain time limit. Your benefits may continue if you file an appeal by the effective date of the action listed on the health care notice, or within 15 days of the notice date. 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.

*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 reapply for Medical Assistance or MinnesotaCare 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, or have questions about expedited appeals, contact the DHS Appeals Division at 651-431-3600 (metro) or 800-657-3510 (outstate). Please give detailed information about your situation and why it requires a faster appeal. Without this information, we will not be able to determine whether you qualify for a faster appeal and will consider your appeal through the standard appeal process.

### 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. Most hearings are done over the phone.

Continue to report changes that happen in your household, such as the start or stop of a job, or changes in who lives with you.

- For MA, continue to report changes within 10 days of the change. Report changes by calling your county or tribal agency.
- If you and everyone in your household gets MinnesotaCare, continue to report changes within 30 days. Call the DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 to report a change.

### 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. To find a legal aid office near you, visit <http://www.lawhelpmn.org>. You can also call your local legal aid office.

- If you live in Hennepin County, call 612-334-5970.
- If you live in Ramsey County, call 651-222-4731.
- For all other counties, call 800-292-4150.



# DHS Eligibility Notice *(4 of 5)*

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

## Your Civil Rights

CB3 (HC-Medical) 5-23

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, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity) or political beliefs.

### Free Services

#### Auxiliary aids

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

#### Language assistance

If you have difficulty understanding English and need language help to access information and services, 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 DHS, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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 a 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 sexual orientation and gender identity), or political beliefs.

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

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-368-1019 (voice), 800-537-7697 (TDD)  
202-619-3818 (fax)  
OCRComplaint@hhs.gov (email)  
<https://ocrportal.hhs.gov/>

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

#### 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, or disability.

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

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) or 800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)  
<https://mn.gov/mdhr/intake/consultationinquiryform/>

#### Minnesota Department of Human Services (DHS)

You have a 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, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity), or 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.

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

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.



# DHS Eligibility Notice (5 of 5)

[System Date\_Time]

Case Number: [Case Number]

[# -of- #]

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: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါရက်စွဲဖော်ပြပါနေ့ရက်အထိ ဆိုပါ။

గమనిక: మీకు తెలుగులో ఉన్న ఈ పత్రాన్ని అర్థం చేసుకోవడానికి సహాయం అందించడానికి, పైన ఉన్న ఫోన్ నెంబర్‌ను పిలువండి.

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。

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Thov ua twb zoo nyeem. Yog lais 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 සහ ආවේණික මගින් මෙම ලේඛනයේ අර්ථය පැහැදිලි කිරීම සඳහා ආවේණික සහ ආවේණික මගින් සහාය සැපයීම සඳහා දුරකථන අංකය භාවිත කරන්න.

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

ໄປຮອດຊາຍ. ຖ້າຫາກ ຫ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຂໍຮູ້, ຈົ່ງໂທສະໄໝໂພກເລກດັ່ງເທິງນີ້.

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 (afcelinta) 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.

06/18/2025

[System Date\_Time]

Case Number: [Case Number]

[# -of- #]

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 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 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 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.

## 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.

# MNsure Eligibility Notice (2 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 MNsure or DHS took on my application?

If you disagree with MNsure's action, you can ask for an escalated review of your case by calling MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities). You can also file an 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](http://www.mnsure.org/help/appeals) and [www.dhs.state.mn.us/appeals/faqs](http://www.dhs.state.mn.us/appeals/faqs).

### How do I appeal?

Do any of the following to start an appeal:

- Log in to your account at [MNsue.org](http://MNsue.org) to access the Appeal Request Form.
- Call MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities).
- Write to MNsure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.
- Come in person to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, St. Paul, MN 55155. 
- Visit <https://www.mnsure.org/help/appeals/> and follow the instructions.

### 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 you MinnesotaCare benefits).

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

### When can 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.

### What if it's an emergency?

You have a right to request an expedited (sped-up) appeal for an emergency. An emergency happens when a person's life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" on the Appeal Request Form when asked whether the appeal involves a medical emergency and tell us the reason. Or call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities). 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).

### 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.

# MNsure Eligibility Notice (3 of 5)

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

*Note: The term "benefits" has meanings that change with the appeal type. If you appeal an advance payment of the premium tax credit and/or cost-sharing reductions, "benefits" means the amount of the tax credits and/or reductions. If you appeal the eligibility to purchase a qualified health plan(QHP) through MNsure, "benefits" means the eligibility to purchase a QHP through MNsure.*

## 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.
- Attend your appeal hearing. 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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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 or you may also have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the Appeal Request Form. If your income is below a certain limit, you may be able to get legal advice or help with an appeal from your local legal aid office.

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

## Your Civil Rights

**Discrimination is against the law.** MNsure 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).

## Free Services

**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.

**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@MNsure.org or 651-539-2099 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 a 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, or sex (including stereotypes and gender identity).

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

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-368-1019 (voice), 800-537-7697 (TDD)  
202-619-3818 (fax)  
<https://ocrportal.hhs.gov>



# MNsure Eligibility Notice (4 of 5)

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

**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, or disability.

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

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St Paul, MN 55104  
651-539-1100 (voice) or 800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)  
info.MDHR@state.mn.us (email)  
https://mn.gov/mdhr/intake/consultationinquiryform/

**MNsure**

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, 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 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.

MNsure 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:

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

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

**855-366-7873**

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

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အထက်ပါနံပါတ်ကိုခေါ်ဆိုပါ။

අထွတ်အမြတ်အကျိုးရှိစေရန်အတွက်၊ လူမှုဝelfareအဖွဲ့အစည်းများမှ အကူအညီလိုအပ်ပါက၊

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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.

ဝမ်းသာတိုးတက်မှုနှင့် အကျိုးရှိစေရန်အတွက်၊ လူမှုဝelfareအဖွဲ့အစည်းများမှ အကူအညီလိုအပ်ပါက၊

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ပြင်ဆင်သူ၊ ဖုန်းအကူအညီအဖွဲ့အစည်းများမှ အကူအညီလိုအပ်ပါက၊

ຈົ່ງໃຫ້အကူအညီအဖွဲ့အစည်းများမှ အကူအညီလိုအပ်ပါက၊

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

6/18/2025

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# MNsure Eligibility Notice *(5 of 5)*

## 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:

**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 8)*

[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

[IMPORTANT: WE COULD NOT COMPLETE THE RENEWAL FOR SOMEONE IN YOUR HOUSEHOLD.  
REVIEW THE ELIGIBILITY RESULTS FOR ALL HOUSEHOLD MEMBERS.]

You are getting this notice because we reviewed your case for your annual renewal. We redetermined health care program eligibility for one or more people in your household. This notice tells you the eligibility results for each person who requested coverage.

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- #]

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



# Combined Eligibility Notice *(2 of 8)*

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

## **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 or general questions about Medical Assistance, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.
- For questions about qualified health plans, call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

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.

## **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.

[System Date\_Time]  
Case Number: [Case Number]

[# -of- #]

## **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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.
- 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).

# Combined Eligibility Notice *(3 of 8)*

[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
- Managed care premiums (capitations) for coverage of these services

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]

[# -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](http://www.dhs.state.mn.us/appeals/faqs).

If you disagree with MNsure's action, you can ask for an escalated review of your case by calling MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities). You can also file an appeal.

### 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.

Do any of the following to start an appeal:

- Log in to your account at [MNsure.org](http://MNsure.org) to access the Appeal Request Form.
- Please fill out the DHS-0033 form at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG> and submit it electronically.
- For information on filing a written appeal, or to appeal by phone, call the DHS Appeals Division at 651-431-3600 or 800-657-3510.
- Mail your request to the Minnesota Department of Human Services Appeals Division, PO Box 64941, St. Paul, MN 55164-0941, or fax it to 651-431-7523.
- To get help in person, come to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, 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).

# Combined Eligibility Notice *(4 of 8)*

[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 QHP, 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 must file your appeal within a certain time limit. Your benefits may continue if you file an appeal by the effective date of the action listed on the health care notice, or within 15 days of the notice date. 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 651-431-3600 (metro) or 800-657-3510 (outstate). Or call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

[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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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.

# Combined Eligibility Notice *(5 of 8)*

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

CB7 (DHS-MNsure) 11-22

## Your Civil Rights

Discrimination is against the law. MNsure and the Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity).

### Free Services

**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.

**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 651-539-2099 or 855-366-7873 (toll free).

**To request these free services from DHS,** call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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 a 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, or sex (including sexual orientation and gender identity).

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

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

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-368-1019 (voice), 800-537-7697 (TDD)  
202-619-3818 (fax)  
<https://ocrportal.hhs.gov>

### 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, or disability.

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

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) or 800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)  
<https://mn.gov/mdhr/intake/consultationinquiryform/>

### MNsure and DHS

You have a 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, public assistance status, marital status, age, disability, sex (including sexual orientation 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.



# Combined Eligibility Notice (6 of 8)

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

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

MNsure Accessibility and Equal Opportunity (AEO) Office  
PO Box 64253  
St. Paul, MN 55164-0253  
651-539-2099 or 855-366-7873 (voice) 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  
PO Box 64997  
St Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

[System Date\_Time]  
Case Number: [Case Number]

[# - of -# ]

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။ ဤစာရန်စာတမ်းအားအမေ့တာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါစာနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ១ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែប្រែយ៉ាងណាមួយនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟံသွတ်ဟံသဘောတရား၊ ခဲမုက်လိတ်ဘဉ်တရား၊ မေဇာကလီလ၊ တရားကကိယထေဝ်ဒ်လိတ်တိလိတ်တိတခါ၊ နှုတ်ကိဘဉ်လိတ်တိတိဂါဂါလ၊ ထေဝ်ဒ်တရား၊

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

ໄປຮຽນຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ໄປສູ່, ຈົ່ງໂທຮັບໂປດໂຟນາຍເລກຂ້າງເທິງນີ້.

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.

Digniini. Haddii aad u baahantahay 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.

LHR2 (10-20)

# Combined Eligibility Notice (7 of 8)

## 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].

# Combined Eligibility Notice *(8 of 8)*

**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.

#### 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 or general questions about Medical Assistance, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.
- For questions about qualified health plans, call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

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.

[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](http://www.dhs.state.mn.us/appeals/faqs).

If you disagree with MNsure's action, you can ask for an escalated review of your case by calling MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities). You can also file an appeal.

### 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.

Do any of the following to start an appeal:

- Log in to your account at [MNsured.org](http://MNsured.org) to access the Appeal Request Form.
- Please fill out the DHS-0033 form at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG> and submit it electronically.
- For information on filing a written appeal, or to appeal by phone, call the DHS Appeals Division at 651-431-3600 or 800-657-3510.
- Mail your request to the Minnesota Department of Human Services Appeals Division, PO Box 64941, St. Paul, MN 55164-0941, or fax it to 651-431-7523.
- To get help in person, come to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, 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).

# 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 QHP, 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 must file your appeal within a certain time limit. Your benefits may continue if you file an appeal by the effective date of the action listed on the health care notice, or within 15 days of the notice date. 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 651-431-3600 (metro) or 800-657-3510 (outstate). Or call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities).

[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 DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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 - #]  
CB7 (DHS-MNsure) 11-22

## Your Civil Rights

Discrimination is against the law. MNsure and the Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, public assistance status, marital status, age, disability, sex (including sexual orientation and gender identity).

### Free Services

**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.

**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 651-539-2099 or 855-366-7873 (toll free).

**To request these free services from DHS,** call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. 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 a 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, or sex (including sexual orientation and gender identity).

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

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-368-1019 (voice), 800-537-7697 (TDD)  
202-619-3818 (fax)  
<https://ocrportal.hhs.gov>

[System Date\_Time]  
Case Number: [Case Number]

[# - of - #]

## 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, or disability.

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

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) or 800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)  
<https://mn.gov/mdhr/intake/consultationinquiryform/>

### MNsure and DHS

You have a 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, public assistance status, marital status, age, disability, sex (including sexual orientation 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:

MNsure Accessibility and Equal Opportunity (AEO) Office  
PO Box 64253  
St. Paul, MN 55164-0253  
651-539-2099 or 855-366-7873 (voice) 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  
PO 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 - #]

651-297-3862 or 800-657-3672

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

የከተሙ ስልክ ቁጥር 651-297-3862 ወይም 800-657-3672 ለሰላም ጥራት ያለው ትርጉም ለማግኘት ይጠቀሙ፡፡

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

သတိ: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ៖ បើអ្នកត្រូវការជំនួយក្នុងការយល់ព្រមឯកសារនេះដោយឥតគិតថ្លៃ សូមទូរស័ព្ទលេខខាងលើ ។

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.

தீவிரமாக கேளுங்கள். உங்களுக்கு இதுவரை உதவிக்காகத் தேவையான உதவியைப் பெற உதவியாக இருக்கிற தொலைபேசி எண்ணை அழைக்கவும்.

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

ໂປຣຕຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ໃຫ້, ຈົ່ງໂທສະໂປສໂພງເລກຂ້າງເທິງນີ້.

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'naan 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.


05/01/2017



# MHCP Transition

# MHCP Transition (1 of 5)

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
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Effective Date	Action	Coverage Type
<input type="text"/>	Approved	MinnesotaCare <input type="text"/>
<input type="text"/>	Closed	MinnesotaCare <input type="text"/>

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](http://www.mnsure.org/help/appeals) and [www.dhs.state.mn.us/appeals/faqs](http://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"><li>• Log in to your account at <a href="http://www.mnsure.org">www.mnsure.org</a>.</li><li>• Or fill out the DHS-0033 form at <a href="https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG">https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG</a> and submit it electronically.</li></ul>	<ul style="list-style-type: none"><li>• Call the MNSure Contact Center at 855-366-7873.</li><li>• Or call your county or tribal agency.</li></ul>	<ul style="list-style-type: none"><li>• Mail your request to MNSure 81 Seventh Street East Suite 300 St. Paul, MN 55101-2211.</li><li>• Or mail it to Minnesota Department of Human Services Appeals Office 444 Lafayette Road North St. Paul, MN 55155.</li></ul>	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 Transition *(5 of 5)*

## Civil Rights Notice

CB3 HC-Medical 8-17

**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

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

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.

ያስተውሉ፡ ካለምንም ከፍታ ይህንን ደኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ፡-

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

သတိ။ ကုဏ္ဍုန်စာတမ်းအားအမေ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ១ បើអត្រាការជំនួយក្នុងការបកប្រែកសារនេះដោយគិតត្រឹម សមហេតុផលតាមលេខខាងលើ ។

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 ntwv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟံသျှာ်ဟံသးတၢ်တၢ်က့ၢ်. ဝဲန့ၣ်လိာ်တၢ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကိၤထံဝဲန့ၣ်လိာ်. တီၤလံာ်မိၤတၢ်အံၤန့ၣ်, ကိၤတၢ်လိာ်မိၤနီၣ်ကိၤလၢထးအံၤန့ၣ်တၢ်က့ၢ်.

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

ໄປຮດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພີ່, ຈົ່ງໂທສະໄໝໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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 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.


LB2 (8-16)

# MHCP Closing

# MHCP Closing (1 of 4)

Reset Form

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



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	

2 of 8

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?

6/18/2025

Minnesota Department of Human Services | mn.gov/dhs

[Click here to return to pg. 43](#)

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# MHCP Closing (2 of 4)

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Case Number:

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

4 of 8

Case Number:

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](http://www.mnsure.org/help/appeals) and [www.dhs.state.mn.us/appeals/faqs](http://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"><li>Log in to your account at <a href="http://www.mnsure.org">www.mnsure.org</a>.</li><li>Or fill out the DHS-0033 form at <a href="https://edocs.dhs.state.mn.us/lfrserver/Public/DHS-0033-ENG">https://edocs.dhs.state.mn.us/lfrserver/Public/DHS-0033-ENG</a> and submit it electronically.</li></ul>	<ul style="list-style-type: none"><li>Call the MNsure Contact Center at 855-366-7873.</li><li>Or call your county or tribal agency.</li></ul>	<ul style="list-style-type: none"><li>Mail your request to MNsure 81 Seventh Street East Suite 300 St. Paul, MN 55101-2211.</li><li>Or mail it to Minnesota Department of Human Services Appeals Office 444 Lafayette Road North St. Paul, MN 55155.</li></ul>	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:

- MNsured, the county or tribal agency, or DHS failed to act on your request about health care coverage.
- MNsured, the county or tribal agency, or DHS processed your request too slowly.
- MNsured, 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:

5 of 8

## 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:

6 of 8

- 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.





# 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.  
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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  
129 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/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3829. 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: 2003 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](http://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

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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	1467.00	1467.00
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 . . (=)	8602.00					
SIX MONTH INCOME STANDARD (-)	9162.00					
SIX MONTH SPENDDOWN . . . (=)	0.00					

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\*\*\*\*\* 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 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: 317455

—

—

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.

Citation: 2003 Laws of Minnesota, First Special Session, chapter 14, article 12, section 68

Visit [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info) and click on Health Care Link for other coverage options.

Case Number: 317455-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 . . . (+)	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
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EI DEDUCTIONS . . . (-)	1582.50	1582.50	1582.50	1582.50	1582.50	1582.50
-------------------------	---------	---------	---------	---------	---------	---------

NET INCOME . . . (=)	1417.00	1417.00	1417.00	1417.00	1467.00	1467.00
----------------------	---------	---------	---------	---------	---------	---------

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
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TOTAL SIX MONTH INCOME . . (=) 8602.00

SIX MONTH INCOME STANDARD (-) 9162.00

SIX MONTH SPENDDOWN . . . (=) 0.00

### \*\*\*\*\* 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



# 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) 431-2805

# 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](http://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](mailto: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](http://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](http://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 <a href="https://edocs.dhs.state.mn.us/lserver/Public/DHS-0033-ENG">https://edocs.dhs.state.mn.us/lserver/Public/DHS-0033-ENG</a> 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](mailto:dhs.info@state.mn.us) or 800-657-3739, or use your preferred relay service.**



**Language Assistance Services:** DHS provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact the Minnesota Health Care Programs (MHCP) Member Help Desk at [dhs.info@state.mn.us](mailto:dhs.info@state.mn.us) or 800-657-3739, or use your preferred relay service.**

## **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following three agencies directly to file a discrimination complaint.

### **U.S. Department of Health and Human Services' Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- 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
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- religion
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- sex
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# 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  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)



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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](http://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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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:

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- sex
- sexual orientation
- marital status
- public assistance status
- disability



# Family Planning Denial Notice *(3 of 3)*

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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)

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Contact **DHS** directly to file a discrimination complaint:  
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](http://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"><li>• Log in to your account at <a href="http://www.mnsure.org">www.mnsure.org</a></li><li>• Or fill out the DHS-0033 form at <a href="https://edocs.dhs.state.mn.us/lfservlet/public/DHS-0033-ENG">https://edocs.dhs.state.mn.us/lfservlet/public/DHS-0033-ENG</a> and submit it electronically.</li></ul>	<ul style="list-style-type: none"><li>• Call your county or tribal agency.</li><li>• Or call the DHS Appeals Division at 651-431-3600.</li></ul>	<ul style="list-style-type: none"><li>• Mail your request to Minnesota Department of Human Services Appeals Division PO Box 64941 St. Paul, MN 55164-0941</li><li>• Or fax it to 651-431-7523.</li></ul>	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.

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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 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?

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# METS Auto Close Notice *(4 of 4)*

## OS HC-Ned3rd 1-18

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- 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 (WHCP) Member Help Desk at [dhs.info@state.mn.us](mailto:dhs.info@state.mn.us) or 800-657-3739, or use your preferred relay service.

**Language Assistance Services:** DHS provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact the Minnesota Health Care Programs (MHCP) Member Help Desk at [dhs.info@state.mn.us](mailto:dhs.info@state.mn.us) or 800-657-3739, or use your preferred relay service.

## 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:

- religion
- disability

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://ocportal.hhs.gov/oc/portal/lobby.jsf>

In Minnesota, you have the right to file a complaint with the MCHR 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)

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

ያስተውሉ፡ ካለምንም ከፍ ይህንን ደክመኑት የሚተረጉሞሎ እስተርሶሚ ከፈለጉ ከላይ ወደተጻፈው የሰልክ ቁጥር ይደውሉ፡

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကုန်အညီလိုအပ်ပါက၊

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.

[illegible]

ໂປຣດຊາຍ. ຖັດຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທໂປສິພາຍເລກຄັ້ງເທື່ອນີ້.

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

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

# 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) 627-3843. * 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

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]	2




# Health Plan Disenrollment Notice

Distribution Type: 41T

Return to DHS. Deliver to Stacy Edwards - 0833.

Form Type: 00

 <div>SERVICE AGENCY NAME GOES HERE 444 LAFAYETTE ROAD N ST. PAUL, MN 55155-9999</div>	WKR ID: WRKR001 SVC LOC: 999 JONATHAN Q. PUBLIC2 444 LAFAYETTE ROAD NORTH SAINT PAUL, MN 55155-9999
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03/01/22

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 *(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/lfservlet/Public/DHS-0033-ENG-eform>



You can learn more about the appeals process at [www.dhs.state.mn.us/appeals/faqs](http://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.

