

Service Agency  
Address 1  
Address 2 (If Needed)  
City, State Zip Code  
Agency Phone Number

Reset Form

Print Form



Nov 13, 2023 7:39 AM

Case Number:

Primary Client Name  
Address 1  
Address 2 (If Needed)  
City, State Zip Code

**Health Care Renewal Notice**

**Health Care Results**

Member Name	MNsure ID Number	Action	
		Renewed	Medical Assistance

Add member

Good news! We reviewed the information we have on file for your annual renewal. We automatically renewed health care program eligibility for one or more people in your household effective .

*(Code of Federal Regulations, title 42, section 435.916; Minnesota Statutes, section 256B.056, subdivision 7a)*

**IMPORTANT:** We recently sent a renewal form to your household. For people in your household who are not listed, complete and return the renewal form and proofs right away to renew health care program eligibility.

You can get free help with your renewal 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.

If you have questions, need another renewal form, or no longer want coverage, call your servicing agency listed on the top left of this notice.

Case Number:

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

Case Number:

## Your Appeal Rights

DHS-3741

### 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 Minnesota Department of Human Services (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:

- Log into your account at [www.MNsure.org](http://www.MNsure.org) to access the Appeal Request Form.
- Fill out the (DHS-0033) at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG> and submit it electronically.
- For information on filing an appeal, call DHS Appeals Division at 651-431-3600 or 800-657-3510. A staff member will explain the process for filing a written appeal.
- 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:

- DHS, the county or tribal agency failed to act on your request about health care coverage.
- DHS, the county or tribal agency processed your request too slowly.
- DHS, the county or tribal agency 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, a change in your MA or MinnesotaCare benefits).

### When must I appeal?

An advance notice about your changing MA 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 MA 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.

Case Number:

### **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. Your benefits will continue if you file an appeal within 30 days from the date of that health care notice. Tell DHS in writing if you do not want your benefits to continue.

**Important:** You have the right to apply for MA 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, or have questions about expedited appeals, contact the DHS Appeals Division at 800-657-3510 (outstate) or 651-431-3600 (metro). 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.

For MA, continue to report changes (such as the start or stop of a job or changes in who lives with you) 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 (such as start or stop of a job or changes in who lives with you).

### **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.

Case Number:

## Civil Rights Notice

CB3 (HC-Medical) 10-22

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, 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)  
OCRComplaint@hhs.gov (email) <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>

Case Number:

## **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.

Case Number:

**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။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

សំបុត្រសំខាន់ៗនៃការបកប្រែឯកសារនេះអាចមានលក្ខណៈប្រើប្រាស់បានដោយឥតគិតថ្លៃ ប្រសិនបើអ្នកទាក់ទងនឹងការបកប្រែឯកសារនេះ។

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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) 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.

LB2 (0-20)



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-297-3862 / 800-657-3672, or use your preferred relay service. ADA1 (2-18)