

Draft MA only default ex parte notice

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 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 EX PARTE NOTICE

Maxis S Tester's health care coverage has been automatically renewed for Medical Assistance (MA) effective 09/01/2023.

(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.

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

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

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

WORKER: SANDRA L. RANDALL

TELEPHONE: (651) 431-4040

Draft MSP only default ex parte notice

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HEALTH CARE EX PARTE NOTICE

Maxis S Tester's health care coverage has been automatically renewed for a Qualified Medicare Beneficiary (QMB) savings program effective 09/01/2023.

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HEALTH CARE EX PARTE NOTICE

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(42 CFR 435.916, MN Statutes 256B.056 and 256B.057)

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Appeal rights prints on the back of all notices

DHS-3351-ENG 3-18



Appeal rights

- **Appeal rights.** An appeal is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if:
 - You feel the agency did not act on your request for assistance.
 - You do not agree with the action taken.You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.
- **For emergency help,** when your case is about an emergency and you need a faster decision on your appeal, you can ask for an emergency hearing in your appeal request. You can also request it by calling the Department of Human Services Appeals Division.
- **For cash, child care and health care,** you may appeal **within 30 days** from the date you received this notice by sending a written appeal request saying you do not agree with the decision. You can send this letter to the agency, or directly to the Appeals Division. If you show good cause for not appealing your cash, child care and health care **within 30 days**, the agency can accept your appeal for **up to 90 days** from the date of the notice. Good cause is when you have a good reason for not appealing on time. The Appeals Division will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
- **For the Supplemental Nutrition Assistance Program,** you may appeal **within 90 days** by writing or calling the agency or the Appeals Division.
- Submit your appeal request:
 - **Online:** <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-0033-ENG>
 - **Write:** Minnesota Department of Human Services Appeals Division
P.O. Box 64941
St. Paul, MN 55164-0941
 - **Fax:** 651-431-7523
 - **Call:** Metro: 651-431-3600
Greater Minnesota: 800-657-3510
or use your preferred relay service
- **If you want to keep receiving your benefits until the hearing,** you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until the Appeals Division decides your appeal. If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for child care assistance, your provider will be reimbursed for eligible costs that you paid or incurred. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.
- **You have the right to reapply** at any time if your benefits stop.
- **Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To find your local legal aid office, visit www.LawHelpMN.org or call 888-354-5522.