

Service Agency Name  
Return Address 1  
Return Address 2 (if applicable)  
Return City, State, Zip



\* Current Date & Time  
Case Number: XXXXXXXXX

Primary Client Name  
Primary Client Address 1  
Primary Client Address 2 (if applicable)  
Primary Client City, State, Zip

**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**

**Client Name - MNsure ID Number: XXXXXXXXXXX**

Effective date	Action	Program

Sample

- You qualify for Medical Assistance as a (eligibility basis) starting XX/XX/XXXX. (Code of Federal Regulations, title 42, section 435.116; Minnesota Statutes, sections 256B.055, subd. 6, and 256B.057, subd. 1(b))

**Client Name - MNSure ID Number: XXXXXXXXX**

Effective date	Action	Program

- You qualify for Medical Assistance as a (eligibility basis) starting XX/XX/XXXX. (Code of Federal Regulations, title 42, section 435.119; Minnesota Statutes, sections 256B.055, subd. 15, and 256B.056, subd. 4(c))

Sample

## How do I use my health care coverage?

### If you qualify for Medical Assistance:

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

### If you qualify for MinnesotaCare:

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

## What if I have questions about this notice?

Call us if you have questions.

- For questions about Medical Assistance, call your county or tribal agency.
- For questions about MinnesotaCare or general questions about Medical Assistance, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

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

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

## **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.

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

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

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

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

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

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

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

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

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

## **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.

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/lfserver/Public/DHS-0033-ENG> and submit it electronically.
- For information on filing an appeal, call your county or tribal agency or the DHS Appeals Division at 651-431-3600.
- 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:

- 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 coverage, approval of coverage for a program you do not think you are eligible 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 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.

## 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.

**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 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).

## 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
- **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.

## 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.



## Your Civil Rights

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)  
<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/>

## 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 remedies.

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

**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၊  
အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទលេខខាងលើ ។  
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 ce présent document, veuillez appeler au numéro ci-dessus.

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

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

ໂປຣດຊາບ. ຖ້າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທສຳປະທັບສາຍເລືອນຂ້າງເທິງນີ້.

Hubachiisa. Dommen kun to 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 qoraalkaan, lambarka kore wac.

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

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