



**DEPARTMENT OF
HUMAN SERVICES**

Minnesota's Continuous Coverage Unwind: Renewal Process Playbook

October 3, 2023

Document Version

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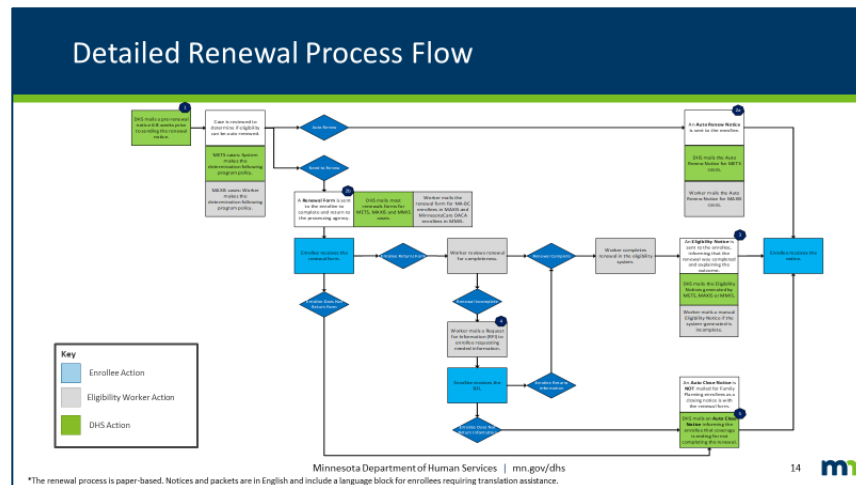
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Renewal Process Playbook Introduction

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 can serve 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
MA, MinnesotaCare, and Family Planning
DHS-8270

Eligibility System

Eligibility System	Program	Stuffers Included	Details
METS MMIS	<ul style="list-style-type: none"> MAGI MA MinnesotaCare Family Planning 	<ul style="list-style-type: none"> DHS-5207 – County Agency Address and Phone Number List DHS-3435 – Language Block 	English version is mailed to enrollees, but the form is available in other languages on eDocs (Among, Russian, Somali, Spanish, and Vietnamese)

Questions?
For more information, go online to <https://mn.gov/dhs/coverage>. If you have questions about this notice or your case, call your county or tribal agency. Please see the contact listing of agency phone numbers. If you have general questions about Medical Assistance or MinnesotaCare, call DHS Health Care Consumer Support at 651-291-3882 or 800-687-3822. If you have general questions about Minnesota Family Planning Program, call 651-431-3480 or 888-322-3968. If you have hearing or speech disabilities, contact us using your preferred telecommunication relay service.

6/16/2023 Minnesota Department of Human Services | mn.gov/dhs

Key Renewal Process Information

Programs Subject to Renewal

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

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

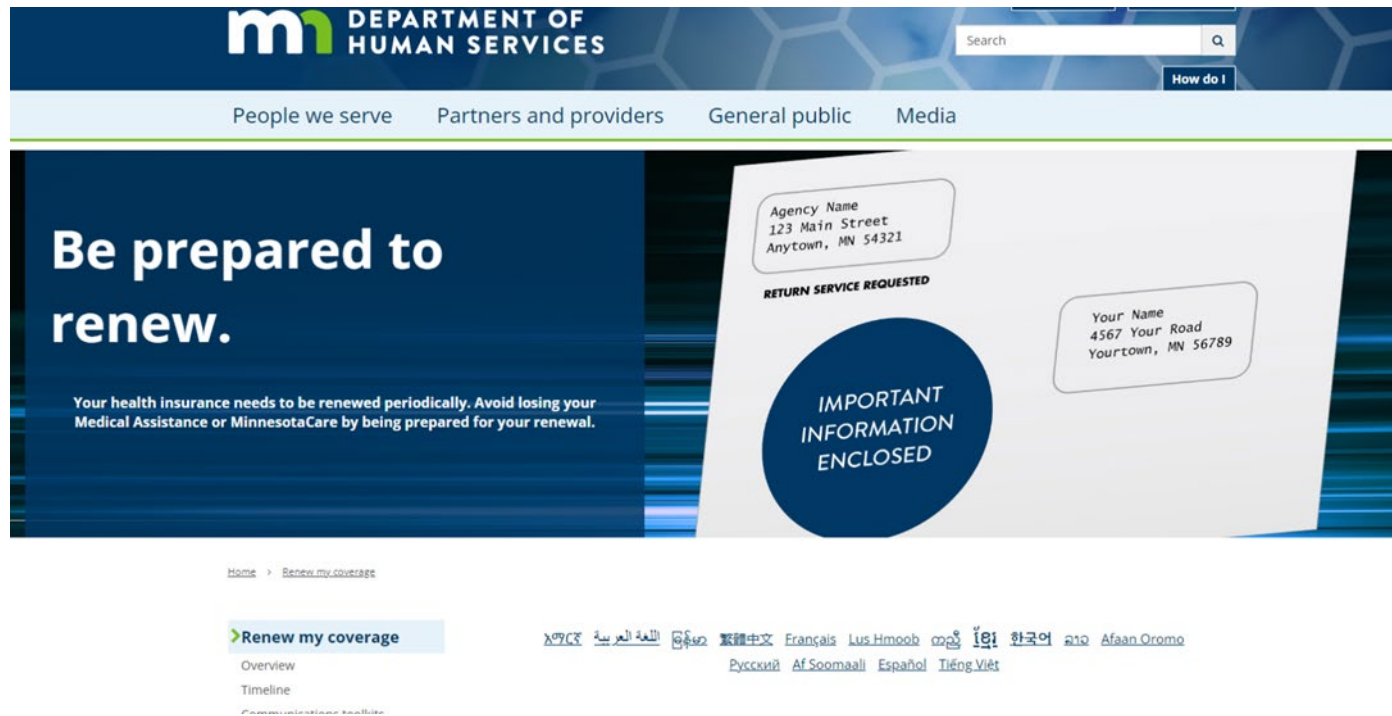
MHCP Eligibility Systems

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

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

Renew My Coverage Website

The [Renew My Coverage](#) website is where enrollees can find information about the end of the continuous coverage and the resumption of 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 the statewide resumption of renewals.



Renewal Distribution

Program	Description
MAGI MA, Non-MAGI MA, and Family Planning	<p>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.)</p> <p>The renewal process will restart in April 2023, beginning with enrollees who have a July 2023 renewal.</p>
MinnesotaCare	<p>The renewal process for MinnesotaCare will restart in October 2023 for coverage effective January 1, 2024.</p>

Renewal Date Lookup Tool

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

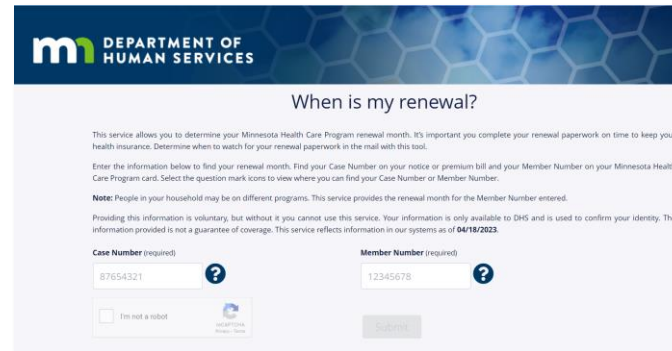
1

User launches the tool from the DHS Renew My Coverage page



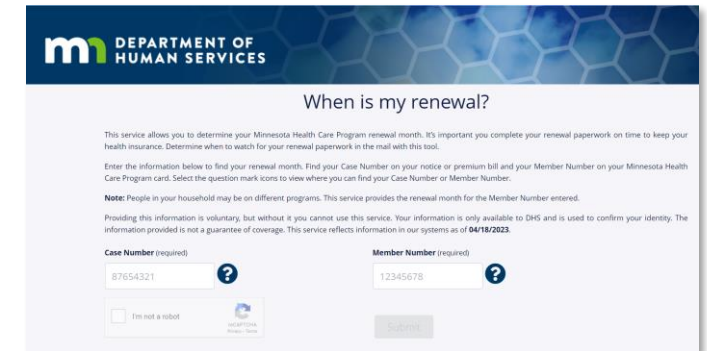
2

User enters Case Number and Member Number



3

User views result



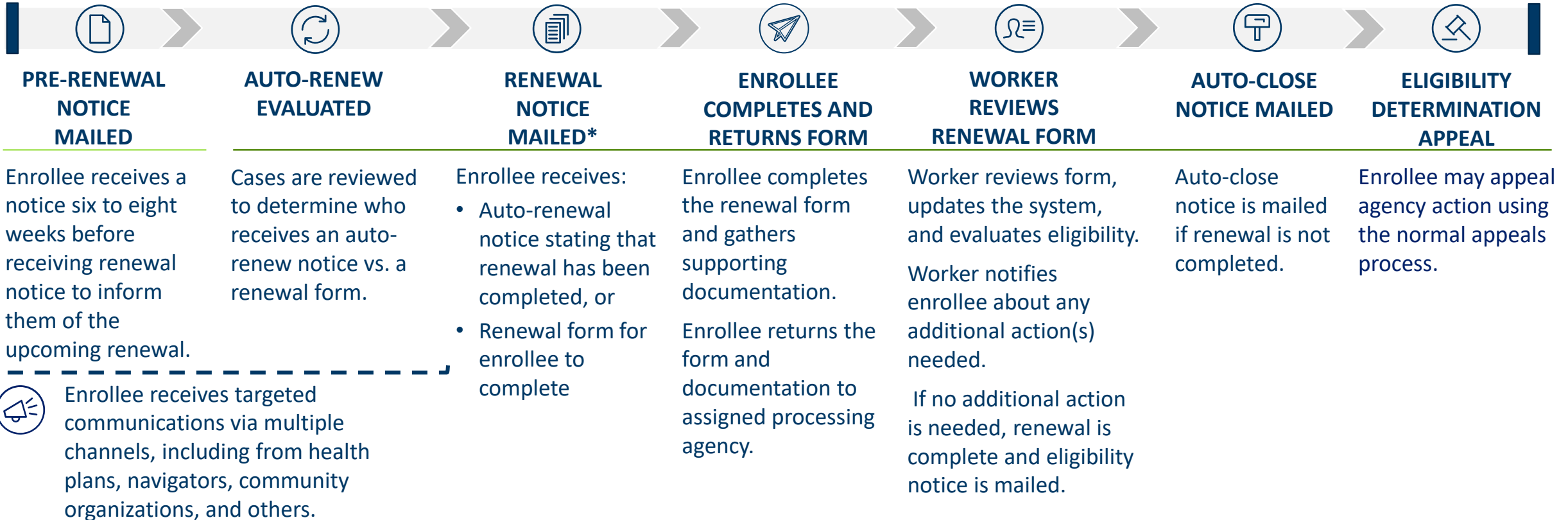
Watch for your renewal paperwork in the mail in May, your renewal month is July.

High-Level Renewal Process

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

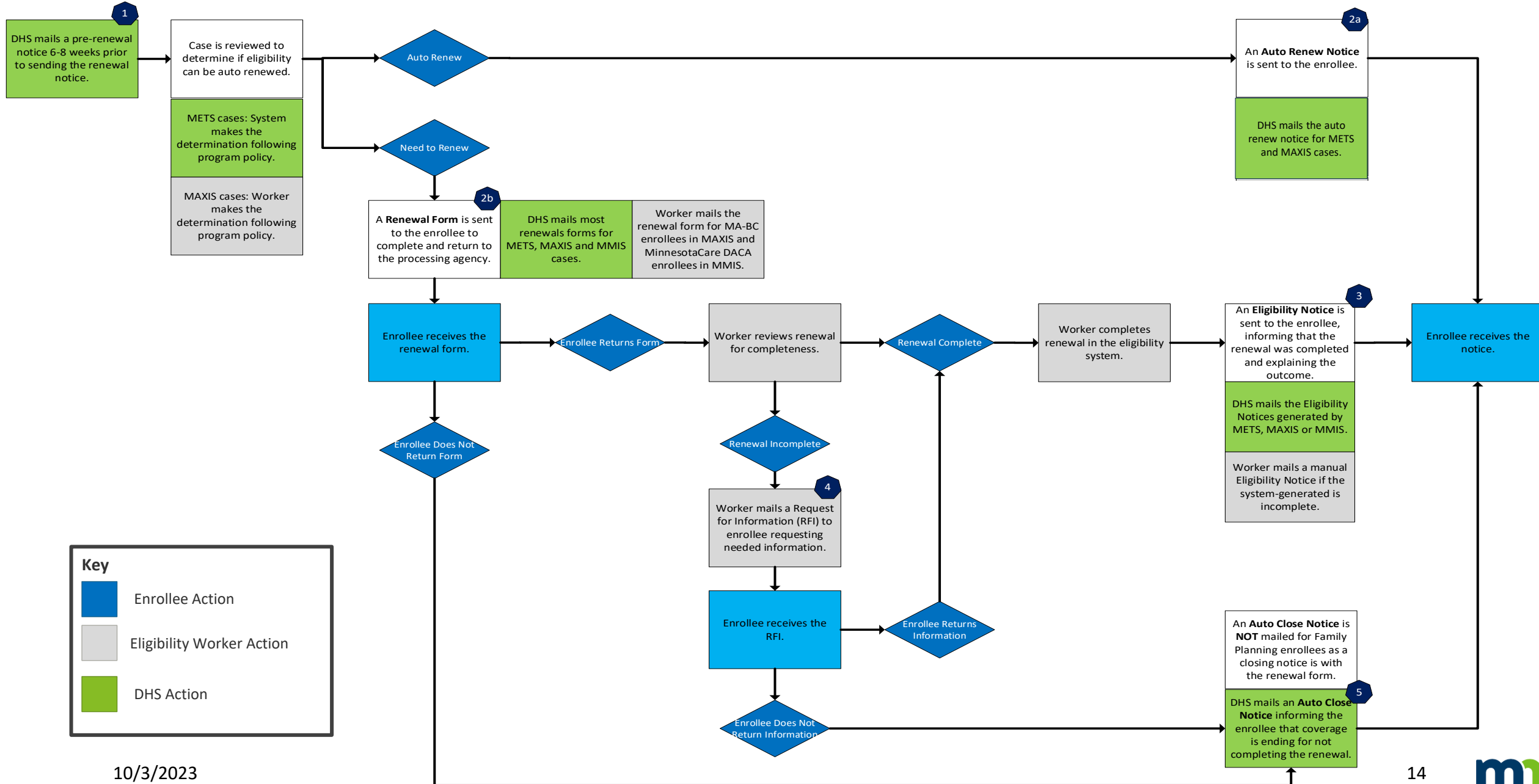
PRE-RENEWAL

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

- Enrollees will receive a pre-renewal notice six to eight weeks before receiving their renewal notice.
- Notices inform enrollees that renewals will be restarting and that regular rules will now apply.
- Notices encourage enrollees to report contact information changes, watch for their renewal notices in the mail, prepare additional required information, and direct them where to go with questions.

Medical Assistance, MinnesotaCare and Minnesota Family Planning Program Notice

During the COVID-19 emergency, the Minnesota Department of Human Services (DHS) put special rules in place to help you keep your health care coverage. Due to a new federal law, we must now resume renewals. Regular Medical Assistance, MinnesotaCare and Minnesota Family Planning Program rules will now apply. Here is what you need to do.

Report changes to your contact information

Has your address, phone number or email address changed recently? If so, please report these to your county or tribal agency to make sure we can reach you.

Watch for your renewal

We must review your eligibility to see if you still qualify for coverage.

We will mail a renewal form to you. If you do not get this within the next 6-8 weeks, contact your county or tribal agency. Without your completed renewal form, your coverage cannot continue.

Save paper proofs

We will need proof of income for you and your family members. Please save current paystubs, income tax returns and other documents that show your income to send in with your renewal form.

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. Please see the enclosed listing of agency phone numbers.

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

If you have general questions about Minnesota Family Planning Program, call 651-431-3480 or 888-702-9968.

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

Pre-Renewal Notice

MA, MinnesotaCare, and Family Planning

DHS-8270

Eligibility System	Program	Stuffors Included	Details
METS MMIS	<ul style="list-style-type: none"> MAGI MA MinnesotaCare Family Planning 	<p>DHS-5207 – County Agency Address and Phone Number List</p> <p>DHS-3435 – Language Block</p>	<p>English version is mailed to enrollees, but the form is available in other languages on eDocs (Hmong, Russian, Somali, Spanish, and Vietnamese)</p>



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

During the COVID-19 emergency, the Minnesota Department of Human Services (DHS) put special rules in place to help you keep your health care coverage. Due to a new federal law, we must now resume renewals. Regular MA and MSP program rules will now apply. Here is what you need to do.

Report changes to your contact information

Has your address, phone number or email address changed recently? If so, please report these to your county or tribal agency to make sure we can reach you.

Watch for your renewal

We must review your eligibility to see if you still qualify for coverage.

We will mail a renewal form to you. If you do not get this within the next 6-8 weeks, contact your county or tribal agency. Without your completed renewal form, your coverage cannot continue.

Save paper proofs

We will need proof of income and assets for you and your family members. Please save documents that show proof of income and assets to send in with your renewal form. These include current paystubs, 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. Please see the enclosed listing of agency phone numbers.

If you have general questions about MA or MSP, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

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

Pre-Renewal Notice

MA or Medicare Savings Programs

DHS-8269

Eligibility System	Program	Stuffers Included	Details
MAXIS	<ul style="list-style-type: none"> Non-MAGI MA Medicare Savings Programs 	<p>DHS-5207 – County Agency Address and Phone Number List</p> <p>DHS-3435 – Language Block</p>	<p>English version is mailed to enrollees, but the form is available in other languages on eDocs (Hmong, Russian, Somali, Spanish, and Vietnamese)</p>



Pre-Renewal Notice Mailing Dates by Cohort *(1 of 2)*

Cohort	Mailing Date Range
1 – July Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 3/13/2023 – 3/17/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 4/7/2023 – 4/14/2023
2 – August Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 4/7/2023 – 4/14/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 5/9/2023 – 5/16/2023
3 – September Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 5/9/2023 – 5/16/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 6/7/2023 – 6/14/2023
4 – October Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 6/7/2023 – 6/14/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 7/10/2023 – 7/17/2023
5 – November Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 7/10/2023 – 7/17/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 8/9/2023 – 8/16/2023
6 – December Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 8/9/2023 – 8/16/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 9/8/2023 – 9/15/2023

Pre-Renewal Notice Mailing Dates by Cohort *(2 of 2)*

Cohort	Mailing Date Range
7 – January Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 9/8/2023 – 9/15/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 10/9/2023 – 10/16/2023
8 – February Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 10/9/2023 – 10/16/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 11/8/2023 – 11/15/2023
9 – March Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 11/8/2023 – 11/15/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 12/7/2023 – 12/14/2023
10 – April Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 12/7/2023 – 12/14/2023• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 1/9/2024 – 1/16/2024
11 – May Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 1/9/2024 – 1/16/2024• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 2/7/2024 – 2/14/2024
12 – June Renewals	<ul style="list-style-type: none">• MAGI MA and MinnesotaCare: 2/7/2024 – 2/14/2024• Non-MAGI MA, Medicare Savings Programs, and Family Planning: 3/7/2024 – 3/14/2024

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.
- 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, but no other action is required by the enrollee.
- A manual process is being developed for programs in MAXIS as part of our CMS-approved mitigation strategy.

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: [MNsuredID]

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

METS

Program

- MAGI MA
- MinnesotaCare

Stuffers Included

[DHS-4839](#) – Notice of Privacy Practices and Rights and Responsibilities

Details

English version is mailed to enrollees

Click icon to access notice:



METS Auto-Renew

MAXIS Auto-Renew Notice

General mock-up Ex Parte Renewal Notices

DHS/ISS DIVISION 9990262900001110
 PO BOX 64965
 ST. PAUL MN 55164-0965

AUGUST 04, 2023 10:03 AM

CASE NUMBER: 9999999

MAXIS S TESTER
 540 Cedar Street
 St Paul, MN 55101

 IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

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

HEALTH CARE EX PARTE NOTICE

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

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

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


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

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

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

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

[Title] 1

Eligibility System	Program	Stuffers Included	Details
MAXIS	• Non-MAGI MA	N/A	English version is mailed to enrollees Click icon to access notice:  MAXIS Auto-Renew

MAXIS Auto-Renew Calendar

Cohort	Ex Parte Report Pulled	Ex Parte Worker Deadline	ROR Report Information Pulled
1 – July Renewals	N/A	N/A	5/15/2023
2 – August Renewals	05/15/2023	06/14/2023	06/15/2023
3 – September Renewals	06/15/2023	07/14/2023	07/15/2023
4 – October Renewals	07/14/2023	08/14/2023	08/15/2023
5 – November Renewals	08/14/2023	09/14/2023	09/15/2023
6 – December Renewals	09/14/2023	10/14/2023	10/15/2023
7 – January Renewals	10/14/2023	11/14/2023	11/15/2023
8 – February Renewals	11/14/2023	12/14/2023	12/15/2023
9 – March Renewals	12/14/2023	01/14/2024	01/15/2024
10 – April Renewals	01/14/2024	02/14/2024	02/15/2024
11 – May Renewals	02/14/2024	03/14/2024	03/15/2024
12 – June Renewals	03/14/2024	04/14/2024	04/15/2024

Introduction to the Renewal Forms

There are seven different renewal forms that will be sent and processed during the Unwind. All forms will be 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
DHS-8262	METS Need to Renew Form	METS	Form for enrollees not auto-renewed
DHS-3418	MHCP Renewal	MAXIS	<ul style="list-style-type: none"> • People who are age 65 or older or who are blind or disabled (ABD) • Employed persons with disabilities (EPD) • Children with a disability who are otherwise ineligible for MA due to household income (TEFRA) • People under a 1619(a) or 1619(b) status • People receiving services at the Center for Victims of Torture (CVT) • People enrolled in Emergency Medical Assistance (EMA) • People receiving Minnesota Supplemental Aid (MSA)
DHS-3727	Combined Annual Renewal for Certain Populations	MAXIS	Adults without children who receive Supplemental Security Income (SSI) or SSI and Retirement, Survivors and Disability Insurance (RSDI) income only

Renewal Forms *(2 of 2)*

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

METS Need to Renew Form

DHS-8262

Case Number: 16039683

7 -of- 24



DHS-8262-ENG

4-23

Minnesota Health Care Programs Renewal for Families, Children and Adults

1a. Name, address and contact information				
FIRST NAME	MI	LAST NAME		
PHONE NUMBER where we can call you: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		OTHER PHONE NUMBER where we can call you: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE	COUNTY
1b. Contacting you by email or text message				
Can we send you updates and reminders about your case in the future? By checking here, you consent to receive electronic notifications. DHS and MNsure are not responsible for any charges for electronic notifications. It is your responsibility to check with your individual carrier, as standard message and data rates may apply.				
Is it okay to contact you via email? <input type="radio"/> Yes – fill in the information <input type="radio"/> No				
EMAIL ADDRESS				
Is it okay to contact you via text message? <input type="radio"/> Yes – fill in the information <input type="radio"/> No				
PHONE NUMBER				

If you need more space, make copies of this page or write the question number and answer on a separate piece of paper.

Eligibility System

METS

Programs

- MAGI MA
- MinnesotaCare

Stuffors Included

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

Details

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



Minnesota Health Care Programs Renewal

DHS-3418

Clear Form

m DEPARTMENT OF HUMAN SERVICES

DHS-3418-ENG 4-23

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 or copays. Do you want to request these exceptions?

Yes – complete Appendix A No

Page 1 of 12 If you need more space, write the question number and the answer on a separate piece of paper.

Eligibility System

MAXIS

Programs

- Non-MAGI MA
- Medicare Savings Programs

Stuffers Included

Return Envelope (DHS-2043)

Details

[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

DHS-3727

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

Eligibility System

Programs

Stuffers Included

Details

MAXIS

- Non-MAGI MA
- Medicare Savings Programs

Return Envelope (DHS-2043)

Available in [English](#)



Renewal for People Receiving Long-Term Care Services

DHS-2128

Clear Form

mn DEPARTMENT OF HUMAN SERVICES
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Renewal for People Receiving Long-Term Care Services

DHS-2128-ENG 4-23

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.

Page 1 of 10

Eligibility System

Programs

Stuffers Included

Details

MAXIS

- Non-MAGI MA
- Medicare Savings Programs

Return Envelope (DHS-2043)

Available in [English](#)



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

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? Yes No 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? Yes No Are you visiting Minnesota to get medical care or for personal reasons? Yes No

Do you have children under the age of 19 living at home? Yes No Do you have a disability? Yes No Are you blind? Yes No Are you pregnant? Yes No

What language do you speak most of the time? Do you need an interpreter? Yes No

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

MHCP Application and Renewal Form for MA-BC

DHS-3525

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





Combined Six-Month Report

Office Use Only		
DATE RECEIVED	CASE NUMBER	WORKER NUMBER

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

1. Name and address

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

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

No Yes - fill in below

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

PHONE NUMBER where we can call you OTHER PHONE NUMBER where we can call you

SOCIAL SECURITY NUMBER (SSN) Check here if you are homeless.

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


YOUR PREFERRED SPOKEN LANGUAGE YOUR PREFERRED WRITTEN LANGUAGE Do you need an interpreter?

SELECT YOUR PREFERRED METHOD OF CONTACT ABOUT THIS FORM 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

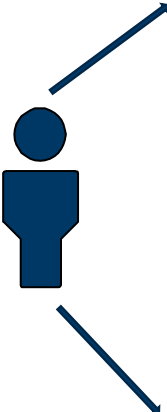
DHS-4740

Eligibility System	Program	Stuffers Included	Details
MMIS	Family Planning	<ul style="list-style-type: none"> Cover Sheet Return Envelope (DHS-2043) <p>Click icon to access the cover sheet:</p>  <p>Family Planning Cover Sheet</p>	<p>English version is mailed to enrollees, but the form is available in other languages on eDocs (Hmong, Russian, Somali, Spanish, and Vietnamese)</p>



Ways to Complete and Submit a Renewal Form

HOW TO COMPLETE

- 
- **Handwritten**
Forms sent via mail can be completed by hand by the enrollee
 - **Electronic completion and printing (eDocs)**
Forms obtained via eDocs can be completed electronically and printed for submission
 - **Phone**
Enrollees can call DHS Health Care Consumer Support (HCCS) and an eligibility worker can complete the form for the enrollee over the phone



HOW TO SUBMIT

- **Mail:**
 - Minnesota Department of Human Services, PO Box 64960 St. Paul, MN 55164-0960
 - [DHS-5207](#) – Processing agency addresses & phone numbers
 - Mailed envelopes require postage (minimum of 3 USPS® Forever stamps per envelope)
 - **Document upload:**
 - [Document upload website](#)
 - **Fax:**
 - [DHS-5207](#) – Processing agency addresses & phone numbers
 - DHS Fax: (651) 431-7532
 - **In person:**
 - [DHS-5207](#) – Processing agency addresses & phone numbers
- **Phone**
 - HCCS Line: (651) 297-3862 or (800) 657-3672

Processing Agencies

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

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

MAGI MA	MinnesotaCare	Non-MAGI MA	Family Planning
<ul style="list-style-type: none">• Counties (MA households with no family members on MinnesotaCare)• DHS (MA households with one or more family members on MinnesotaCare)	<ul style="list-style-type: none">• DHS	<ul style="list-style-type: none">• Counties• White Earth Nation	<ul style="list-style-type: none">• DHS

Renewal Notice Mailing Dates by Cohort

Cohort	Mailing Date Range
1 – July Renewals	<ul style="list-style-type: none"> • METS: 4/24/2023 – 5/4/2023 • MAXIS: 5/15/2023 – 5/22/2023 • MMIS: 5/11/2023 – 5/15/2023
2 – August Renewals	<ul style="list-style-type: none"> • METS: 5/23/2023 – 6/8/2023 • MAXIS: 6/15/2023 – 6/22/2023 • MMIS: 6/13/2023 – 6/16/2023
3 – September Renewals	<ul style="list-style-type: none"> • METS: 6/23/2023 – 7/7/2023 • MAXIS: 7/15/2023 – 7/21/2023 • MMIS: 7/12/2023 – 7/15/2023
4 – October Renewals	<ul style="list-style-type: none"> • METS: 7/24/2023 – 8/4/2023 • MAXIS: 8/15/2023 – 8/22/2023 • MMIS: 8/12/2023 – 8/19/2023
5 – November Renewals	<ul style="list-style-type: none"> • METS: 8/23/2023 – 9/8/2023 • MAXIS: 9/15/2023 – 9/22/2023 • MMIS: 9/13/2023 – 9/20/2023
6 – December Renewals	<ul style="list-style-type: none"> • METS: 9/18/2023 – 10/3/2023 • MAXIS: 10/15/2023 – 10/23/2023 • MMIS: 10/12/2023 – 10/19/2023

Cohort	Mailing Date Range
7 – January Renewals	<ul style="list-style-type: none"> • METS: 10/19/2023 – 11/2/2023 • MAXIS: 11/15/2023 – 11/22/2023 • MMIS: 11/8/2023 – 11/15/2023
8 – February Renewals	<ul style="list-style-type: none"> • METS: 11/28/2023 – 12/8/2023 • MAXIS: 12/15/2023 – 12/22/2023 • MMIS: 12/12/2023 – 12/16/2023
9 – March Renewals	<ul style="list-style-type: none"> • METS: 12/22/2023 – 1/5/2024 • MAXIS: 1/15/2024 – 1/22/2024 • MMIS: 1/11/2024 – 1/17/2024
10 – April Renewals	<ul style="list-style-type: none"> • METS: 1/26/2024 – 2/8/2024 • MAXIS: 2/15/2024 – 2/22/2024 • MMIS: 2/8/2024 – 2/15/2024
11 – May Renewals	<ul style="list-style-type: none"> • METS: 2/23/2024 – 3/8/2024 • MAXIS: 3/15/2024 – 3/22/2024 • MMIS: 3/14/2024 – 3/20/2024
12 – June Renewals	<ul style="list-style-type: none"> • METS: 3/25/2024 – 4/5/2024 • MAXIS: 4/15/2024 – 4/22/2024 • MMIS: 4/11/2024 – 4/14/2024

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	Clickable Icon
DHS Eligibility Notice	This notice is sent to households that are eligible for coverage from a public health program.	 DHS Eligibility Notice
MNsure Eligibility Notice	This notice is sent to households that are eligible for coverage from a private program.	 MNsure Eligibility Notice
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).	 Combined Eligibility Notice
Ineligible Notice	This notice is sent to households that are ineligible for coverage along with the reason for denial.	 Ineligible Notice

METS Manual Closing Notice

Reset

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

mn DEPARTMENT OF HUMAN SERVICES

Case Number: Case Number

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

Health Care Renewal Notice

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

Health Care Results

Household member name

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

Effective Date	Action	Coverage Type
	Approved	MinnesotaCare
	Closed	MinnesotaCare

Form

Details



Eligibility Notice

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

Click icons to access notice:

MHCP Transition Notice MHCP Closing Notice



MAXIS Renewal Notice

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

June 18, 2019 02:21 PM

CASE NUMBER: XXXXXX

PAUL A PAUL
121 AVENUE N
HASTINGS MN 55033-3552

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

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

HEALTH CARE NOTICE OF ACTION

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

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

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

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

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

WORKER: GREG M

TELEPHONE: () -

[Title]

1

Form

Details

Health Care Notice of Action

This notice is sent to individuals who remain eligible.

Click icon to access notice:



MAXIS Renewal
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) 491-2805.

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

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

HEALTH CARE NOTICE OF ACTION

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

* Your income is above program limits.

Form

MAXIS Notice

Details

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

Click icons to access notice:



Over Assets
Notice



Over Income
Notice

Minnesota Family Planning Program Approval Notice

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

JUNE 29, 2022

Applicant or Enrollee Name: JOSEPHINE Q PUBLIC
Case #: CASE0000
Client ID #: PMI00000

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

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

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

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

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

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

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

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

Family Planning Eligibility Notice

Form

Family Planning Eligibility Notice

Details

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

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

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

Click icons to access notice:



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



DHS-3271-ENG 10-19

Redetermination Date:

Case number:

Case name:

Worker name:

Worker phone number:

Fax number:

Agency name:

Agency address:

Date:

To:

Why did I get this letter?

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

What do I need to do?

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

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

COMMENTS

What will happen if I do not send the information?

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

Questions

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

MHCP Request for Information

DHS-3271

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



Clear Form

m DEPARTMENT OF HUMAN SERVICES

DHS-2414-ENG 9-20

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

Date: [date] Case number: [case number]

To: [client name] [authorized rep]
[street address]
[apartment number]
[city], [state] [zip code]

From:
Agency name: [agency name]
Address:
[street address]
[city], [state] [zip code]

Program(s) terminated: Effective date []

Minnesota Family Investment Program (MFIP) Minnesota Care
 General Assistance (GA) Medical Assistance (MA)
 Housing Support Medicare Savings Programs (QMB, SLMB, Q1)
 Minnesota Supplemental Aid (MSA) Refugee Cash Assistance/Refugee Medical Assistance (RCA/RMA)
 Supplemental Nutrition Assistance Program (SNAP)

Your benefits will stop because:
 We did not get your We got your

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 complete the form checked above and give it to us 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 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?
If you have questions, 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 - §0007.12.03; §0007.12.06; §0009.06.03; §0026.42; §0029.06.18
Minnesota Department of Human Services Health Care Programs Manual, Chapter 8 - §08.10; §08.15; §08.20; §08.25; §08.25.05; §08.30; §08.35

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

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

DHS-2414

Eligibility System	Program	Stuffers Included	Details
MAXIS	<ul style="list-style-type: none"> • Non-MAGI MA • Medicare Savings Programs 	N/A	English version is mailed to enrollees; no translated materials are available



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 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).

Eligibility System

Program

Stuffers Included

Details

METS

- MAGI MA
- MinnesotaCare

N/A

Sent to households to inform them that public program eligibility is closing for one or more household members.

Click icon to access notice:



METS Auto-Close Notice

MAXIS Auto-Close Notice

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

September 16, 20XX 08:27 PM

CASE NUMBER: XXXXXXXXX

NANCY NELSON
 XXX AVENUE ST
 ST PAUL MN 55106-3123

 IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

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

HEALTH CARE NOTICE OF ACTION

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

- * Medical Assistance (MA)

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

- * 12 Month Renewal

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

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

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

[Title]

1

Eligibility System

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 icon to access notice:



MAXIS
Auto-Close 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	Stuffors Included	Details
MMIS	<ul style="list-style-type: none"> MAGI MA MinnesotaCare Non-MAGI MA Medicare Savings Programs 	N/A	<p>This notice is generated by MMIS when the auto-close process occurs and closes coverage in MMIS.</p> <p>A notice is generated and sent for each person in a household whose coverage is closing.</p> <p>Click icon to access notice:</p>  <p>Health Plan Disenrollment</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: 6/7/2023 MAXIS: N/A
2 – August Renewals	METS: 7/6/2023 MAXIS: 7/16/2023
3 – September Renewals	METS: 8/8/2023 MAXIS: 8/16/2023
4 – October Renewals	METS: 9/7/2023 MAXIS: 9/16/2023
5 – November Renewals	METS: 10/5/2023 MAXIS: 10/16/2023
6 – December Renewals	METS: 11/7/2023 MAXIS: 11/16/2023

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

Cohort	System Dates for Auto-Close
7 – January Renewals	METS: 12/1/2023 MAXIS: 12/16/2023
8 – February Renewals	METS: 1/8/2024 MAXIS: 1/16/2024
9 – March Renewals	METS: 2/6/2024 MAXIS: 2/16/2024
10 – April Renewals	METS: 3/6/2024 MAXIS: 3/16/2024
11 – May Renewals	METS: 4/8/2024 MAXIS: 4/16/2024
12 – June Renewals	METS: 5/8/2024 MAXIS: 5/16/2024

DHS Text Messaging Campaigns

Introduction to Text Messaging Campaigns

DHS is implementing texting capability as an additional means to contact enrollees and share information about the renewal process. This effort helps Minnesota to meet the CMS requirement that states outreach Medicaid enrollees about renewals using dual modalities.

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.

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.

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 Date: May 15-17, 2023
- Subsequent Send Date: Monthly



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: The first send of this text will go to all active cases (Cohorts 1-12). Subsequent monthly sends will be sent to active cases six months prior to their renewal month.

Planned Send Schedule:

- Initial Send Date: May 24, 2023
- Subsequent Sends: Monthly



Campaign 3: Renewal Awareness Nudge

Description: The **Renewal Awareness Nudge** is sent to a renewal cohort in the month that the pre-renewal notices are mailed. It encourages enrollees to get ready for their renewal and to update their contact information.

Audience:

- Initial send: October 2023 renewals for METS cases and September 2023 renewals for MAXIS and MMIS cases
- Subsequent sends: Monthly to active cases in the month pre-renewal notices are mailed

Planned Send Schedule:

- Initial Send: June 2023
- Subsequent Sends: Monthly



Campaign 4: Renewal Form Nudge

Description:

- The **Renewal Form Nudge** is sent to a renewal cohort in the month prior to the cohort's renewal month, reminding enrollees to complete and submit their forms.
- DHS will send up to two times for each renewal cohort, but only for households for which renewal forms are needed and renewals have not been processed.
- The first message is sent within the first week of the month prior to the renewal month. The second message is sent one week after the first message.

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

Planned Send Schedule:

Message 1: Initial Send	Message 2: Initial Send	Message 1 & 2 Subsequent sends
June 2023 for July renewals	One week after initial send	Message 1: Monthly (1st week of month) Message 2: Monthly (2nd week of month)



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:

- Initial Send: July 2023 for July renewals
- Subsequent Sends: Monthly



Appendices

Appendix A: Enrollee Resources

Enrollee Resources: General Information

General information for the end of continuous coverage and the resumption of renewals



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

General information about MHCP



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



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

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

Enrollee Resources: Eligibility & Reporting Changes

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

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

Enrollee Resources: Health Plans

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

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

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

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

Enrollee Resources: Renewal Form Assistance

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

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

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

Appendix B: Cohort-Specific Timelines

Cohort 1 Timeline: July 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 3/13/2023 – 3/17/2023 Non-MAGI MA, Medicare Savings Programs and Family Planning: 4/7/2023 – 4/14/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 4/24/2023 – 5/4/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 5/15/2023 – 5/22/2023 Family Planning (MMIS): 5/11/2023 – 5/15/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 6/1/2023, whichever is later MMIS: Upon receipt of renewal form or 6/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 6/7/2023 MAXIS: N/A
5	Last day for worker to process	<ul style="list-style-type: none"> 6/30/2023 7/31/2023

Cohort 2 Timeline: August 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 4/7/2023 – 4/14/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 5/9/2023 – 5/16/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 5/23/2023 – 6/8/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 6/15/2023 – 6/22/2023 Family Planning (MMIS): 6/13/2023 – 6/16/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 7/1/2023, whichever is later MMIS: Upon receipt of renewal form or 7/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 7/5/2023 – 7/7/2023 MAXIS: 7/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 7/31/2023 8/31/2023

Cohort 3 Timeline: September 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 5/9/2023 – 5/16/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 6/7/2023 – 6/14/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 6/23/2023 – 7/7/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 7/15/2023 – 7/21/2023 Family Planning (MMIS): 7/12/2023 – 7/17/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 8/1/2023, whichever is later MMIS: Upon receipt of renewal form or 8/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 8/5/2023 – 8/7/2023 MAXIS: 8/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 8/31/2023 9/30/2023 (This is a Saturday; the last business day is 9/29/2023)

Cohort 4 Timeline: October 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 6/7/2023 – 6/14/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 7/10/2023 – 7/17/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 7/24/2023 – 8/4/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 8/15/2023 – 8/22/2023 Family Planning (MMIS): 8/12/2023 – 8/19/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 9/1/2023, whichever is later MMIS: Upon receipt of renewal form or 9/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 9/5/2023 – 9/7/2023 (METS notices suppressed due to Mitigation Plan 2.0) MAXIS: 9/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 9/30/2023 (This is a Saturday; the last business day is 9/29/2023) 10/31/2023 12/31/2023 (This is a Sunday; the last business day is 12/29/2023)

Cohort 5 Timeline: November 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 7/10/2023 – 7/17/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 8/9/2023 – 8/16/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 8/23/2023 – 9/8/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 9/15/2023 – 9/22/2023 Family Planning (MMIS): 9/13/2023 – 9/20/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 10/1/2023, whichever is later MMIS: Upon receipt of renewal form or 10/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 10/5/2023 – 10/7/2023 (METS notices suppressed due to Mitigation Plan 2.0) MAXIS: 10/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 10/31/2023 11/30/2023 1/31/2024

Cohort 6 Timeline: December 2023 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 8/9/2023 – 8/16/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 9/8/2023 – 9/15/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 9/18/2023 – 10/3/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 10/15/2023 – 10/23/2023 Family Planning (MMIS): 10/12/2023 – 10/19/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 11/1/2023, whichever is later MMIS: Upon receipt of renewal form or 11/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 11/5/2023 – 11/7/2023 (METS notices suppressed due to Mitigation Plan 2.0) MAXIS: 11/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 11/30/2023 12/31/2023 (This is a Sunday; the last business day is 12/29/2023) 2/29/2024

Cohort 7 Timeline: January 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 9/8/2023 – 9/15/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 10/9/2023 – 10/16/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 10/19/2023 – 11/2/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 11/15/2023 – 11/22/2023 Family Planning (MMIS): 11/8/2023 – 11/15/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 12/1/2023, whichever is later MMIS: Upon receipt of renewal form or 12/1/2023, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 12/5/2023 – 12/7/2023 MAXIS: 12/16/2023
5	Last day for worker to process	<ul style="list-style-type: none"> 12/31/2023 (This is a Sunday; the last business day is 12/29/2023) 1/31/2024

Cohort 8 Timeline: February 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 10/9/2023 – 10/16/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 11/8/2023 – 11/15/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 11/28/2023 – 12/8/2023 Non-MAGI MA and Medicare Savings Programs (MAXIS): 12/15/2023 – 12/22/2023 Family Planning (MMIS): 12/12/2023 – 12/16/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 1/1/2024, whichever is later MMIS: Upon receipt of renewal form or 1/1/2024, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 1/5/2024 – 1/7/2024 MAXIS: 1/16/2024
5	Last day for worker to process	<ul style="list-style-type: none"> 1/31/2024

Cohort 9 Timeline: March 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 11/8/2023 – 11/15/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 12/7/2023 – 12/14/2023
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 12/22/2023 – 1/5/2024 Non-MAGI MA and Medicare Savings Programs (MAXIS): 1/15/2024 – 1/22/2024 Family Planning (MMIS): 1/11/2024 – 1/17/2023
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 2/1/2024, whichever is later MMIS: Upon receipt of renewal form or 2/1/2024, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 2/5/2024 – 2/7/2024 MAXIS: 2/16/2024
5	Last day for worker to process	<ul style="list-style-type: none"> 2/29/2024

Cohort 10 Timeline: April 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 12/7/2023 – 12/14/2023 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 1/9/2024 – 1/16/2024
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 1/26/2024 – 2/8/2024 Non-MAGI MA and Medicare Savings Programs (MAXIS): 2/15/2024 – 2/22/2024 Family Planning (MMIS): 2/8/2024 – 2/15/2024
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 3/1/2024, whichever is later MMIS: Upon receipt of renewal form or 3/1/2024, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 3/5/2024 – 3/7/2024 MAXIS: 3/16/2024
5	Last day for worker to process	<ul style="list-style-type: none"> 3/31/2024 (This is a Sunday; the last business day is 3/29/2024)

Cohort 11 Timeline: May 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 1/9/2024 – 1/16/2024 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 2/7/2024 – 2/14/2024
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 2/23/2024 – 3/8/2024 Non-MAGI MA and Medicare Savings Programs (MAXIS): 3/15/2024 – 3/22/2024 Family Planning (MMIS): 3/14/2024 – 3/20/2024
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 4/1/2024, whichever is later MMIS: Upon receipt of renewal form or 4/1/2024, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 4/5/2024 – 4/7/2024 MAXIS: 4/16/2024
5	Last day for worker to process	<ul style="list-style-type: none"> 4/30/2024

Cohort 12 Timeline: June 2024 Renewals

Step	Description	Dates
1	Pre-renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare: 2/7/2024 – 2/14/2024 Non-MAGI MA, Medicare Savings Programs, and Family Planning: 3/7/2024 – 3/14/2024
2	Renewal notice mailed	<ul style="list-style-type: none"> MAGI MA and MinnesotaCare (METS): 3/25/2024 – 4/5/2024 Non-MAGI MA and Medicare Savings Programs (MAXIS): 4/15/2024 – 4/22/2024 Family Planning (MMIS): 4/11/2024 – 4/14/2024
3	Worker processing can begin	<ul style="list-style-type: none"> METS: Upon receipt of renewal form MAXIS: Upon receipt of renewal form or 5/1/2024, whichever is later MMIS: Upon receipt of renewal form or 5/1/2024, whichever is later

Step	Description	Dates
4	Auto-close date	<ul style="list-style-type: none"> METS: 5/5/2024 – 5/7/2024 MAXIS: 5/16/2024
5	Last day for worker to process	<ul style="list-style-type: none"> 5/31/2024

Appendix C: Notices Sent when a Renewal is Completed

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

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

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

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

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

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

