



**DEPARTMENT OF
HUMAN SERVICES**

Navigator/Certified Application Counselor Statewide Webinar

April 3, 2024

DHS Implements Individual-Level Eligibility Renewals for Medical Assistance and MinnesotaCare

- Beginning with renewals for July 2024, METS will carry out the ex parte (auto) renewal process on an individual level.
- One or more enrollees may have eligibility automatically renewed while one or more enrollees need to complete a renewal form

Renewal Notices

- Auto Renew Notice when all enrollees in a household have eligibility auto renewed.
- Need to Renew Notice when no one in a household has eligibility auto renewed, and the renewal form must be completed and returned to redetermine eligibility for all household members due for renewal.
- Combined Renewal and Results Notice when some enrollees are auto renewed and some enrollees are not auto renewed.

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



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

Date & Time Printed

Due date / Fecha lfmite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: [DUE DATE]

It is time to renew your healthcare coverage

Es tiempo de renovar su cobertura médica

Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd caymiskaaga caafimaadka

Txog sij hawm rov txuas ntxiv koj daim ntawv kho mob

Case Number: XXXXXXXX

You must complete and return a renewal form for:

We are not able to renew eligibility using the information available to us for these members listed here.

Member Name	MNsure ID Number	Health Care Program Type
Client's Name	MNsure ID	MA or MCRE
Client's Name	MNsure ID	MA or MCRE
Client's Name	MNsure ID	MA or MCRE

We renewed eligibility for:

We used information available to us to renew eligibility starting **[First day of new certification period]** for the members listed here.

Member Name	MNsure ID Number	Health Care Program Type	Basis of Eligibility
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis

Commonly asked questions:

What if my renewal form is received after [DUE DATE]?

- Members who need to complete and return a renewal form may have gaps in coverage if your form is received after [DUE DATE].
- Coverage for members we have renewed will continue.

What if I do not send in my renewal form at all?

- Coverage for members who need to complete and return a renewal form will end on [Current Certification End Date].
- Coverage for members we have renewed will continue.

What if I have more questions about the renewal process or my renewal status?

- If you have **Medical Assistance** and have questions about your case, call your county or tribal servicing agency listed on this notice.
- If you have **MinnesotaCare** or have general questions regarding health care eligibility, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Our hours of operation are 8:00a.m. – 5:00p.m. Press option 3 to request an interpreter in your preferred language.

MA Renewals for June 2024

- DHS mailed the DHS-8262 (blank renewal form) for the last time with certain renewals due for June 2024.
 - Need to Renew Notice with a DHS-8262
 - Combined renewal and results notice with a prepopulated renewal form
- For July 2024 renewals, all renewal forms for families with children and adults will be prepopulated.

Requesting Eligibility During the Reconsideration Period

- Reconsideration period: The four months after MA is closed for not completing a renewal (procedural termination).
- Some household members may be renewed while others are closed for not completing a renewal.
- To reapply, a former enrollee or household whose eligibility was procedurally terminated must provide:
 - The renewal form; or
 - Information or proofs to complete the renewal if they were not provided.

Requesting Eligibility During the Reconsideration Period

- An enrollee or household may also reapply during the reconsideration period by submitting a new Application for Health Coverage and Help Paying Costs (DHS-6696) or other health care application.
- Use the MNsure online application **only** when there is no household member who remains eligible for any health care program in METS, and the household's case is closed.
- Enrollees who had their MA or MinnesotaCare eligibility procedurally terminated but have household members who are still enrolled must not submit a new online application.

Changes Reported After an Individual is Auto Renewed

- Changes in circumstances reported in the renewal process may impact eligibility for previously renewed household members.
- Exceptions:
 - Auto newborn infants and people who are pregnant or postpartum.
 - For children under age 19, adverse changes reported after MA eligibility is renewed impact the child's eligibility if the change was reported before continuous eligibility begins and 10-day advance notice can be given.

DHS Explains Electronic Verification of Certain Assets for Minnesota Health Care Programs

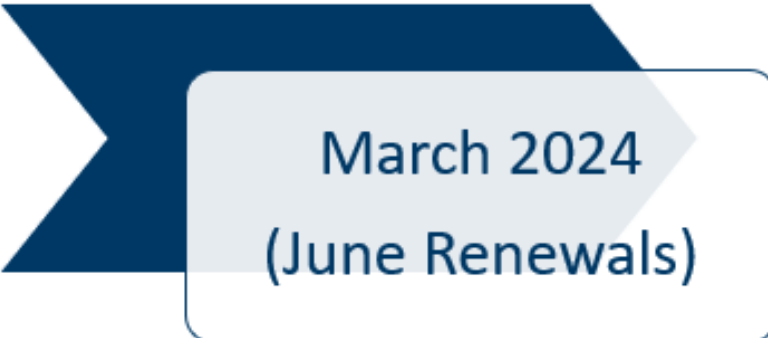
- Applicants and enrollees of Minnesota Health Care Programs (MHCP) for people age 65 or older, who are blind or who have a disability and are subject to an asset limit.
- Previously relied on paper proofs for all assets.
- Account Validation Service (AVS) is an electronic data source that contains information about financial accounts.
- Previously used AVS to identify unreported accounts. AVS will now be used to verify financial accounts.



Upcoming METS Renewal Notice Changes

Ashley Maine | HCEO Operations

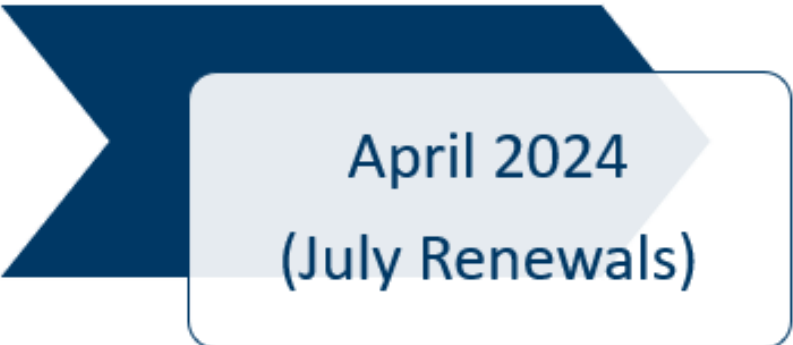
Renewal Changes Timeline



March 2024
(June Renewals)

Public Program Individual Renewals Start

- Need to Renew (NTR)
- Auto Renew (AR)
- Combined AR/NTR



April 2024
(July Renewals)

Prepopulated NTR Resumes



May 2024

Public Program Individual Renewal Processing Starts

- Renewal Eligibility Notice (REN)
- Combined REN

Thank You!

Ashley Maine

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



*

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

Date & Time Printed

Due date / Fecha límite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: **[DUE DATE]**

It is time to renew your health care coverage

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Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd caymiskaaga caafimaadka

Txog sij hawm rov txuas ntxiv koj daim ntawv kho mob

.....
Case Number: XXXXXXXX

Household members who need to renew their eligibility:

Member Name	MNsure ID Number	Health Care Program Type
Client's Name	MNsure ID	MA or MCRE
Client's Name	MNsure ID	MA or MCRE

Commonly asked questions:

What if my renewal form is received after [DUE DATE]?

You may experience gaps in your coverage if your form is received after [DUE DATE].

What if I do not send in my renewal form at all?

If we do not receive your form at all, your coverage will end on [Current Certification End Date].

What if I have more questions about the renewal process or my renewal status?

- If you have **Medical Assistance** and have questions about your case, call your county or tribal servicing agency listed on this notice.
- If you have **MinnesotaCare** or have general questions about health care eligibility, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Our hours of operation are 8:00a.m. – 5:00p.m. Press option 3 to request an interpreter in your preferred language. TTY: Use your preferred relay service.

SAMPLE

Here's what you need to do:

1. **Review the information** on the included renewal form.
2. **Update** any old or incorrect information. **Fill in** any missing information. **Attach** a sheet of paper if you need more space to write. For help completing this form, scan the code or go to <https://mn.gov/dhs/health-care/renewal>.
3. **Sign and date** the form.
4. **Mail, fax, or drop off your completed form by [DUE DATE]** to the servicing agency found at the top left of the first page of this notice. Visit <https://mn.gov/dhs/renewmycoverage> to find out about other ways you can submit your renewal.



Save time now:

Include proofs (Optional): Include copies of income or self-employment proofs (like pay stubs or tax returns) for all household members who have an income. Do not include original documents.

Collecting proofs may be required at a later step. Including proofs now can speed up your processing time.

Get additional support:


Get free help completing your renewal by contacting a navigator near you. You can find a navigator who speaks your language. Visit or call:

Obtenga ayuda gratuita contactando a un(a) ayudante cerca de usted. Para encontrar un(a) ayudante que hable su idioma cerca de usted visite la página de internet que se muestra abajo o llame al siguiente número:

Hel caawimaad bilaash ah oo la xariirta cusbooneysiintaada adoo la xariiraya hawl fududeeyaha kuugu dhaw. Waxaad heli kartaa hawl fududeeye ku hadla luuqadaada. Booqo ama wac ilahaan hoose:

Xav tau kev pab dawb txuas ntxiv koj daim ntawv kho mob thov hu rau tus neeg ua ntaub ntawv kho mob nyub ze koj. Koj yuav nrhiav tau tus neeg uas ntaub ntawv kho mob uas nws hais koj hom lus. Thov mus saib los yog hu rau cov chaw muaj kev pab nram qab no:

 mnsure.org/help/find-assister/find-assister.jsp

 855-366-7873

651-297-3862 or 800-657-3672

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိၤတၢ်ကကိးထံဝဲဒၣ်လိာ်စိးလိာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိာ်တဲမိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສໂປຣໂທໂພາຍເລກຂ້າງເທິງນີ້.

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

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

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

Renewal Form

This is the information we have about your household. Review the information on this notice, including the address. Tell us if any of the information is not correct and fill in any missing information. To add a new household member or new applicant requesting coverage, call the servicing agency listed in the return address on this notice. See the enclosed Agency Addresses form to get the address and phone number for your servicing agency.

Household Information

Name	Gender	Date of Birth	Marital Status	Pregnant?	Receiving coverage?

All this information is correct unless a change is entered below. If you are reporting a pregnancy, please provide the number of unborn child(ren) and the due date.

Relationships

Name

All this information is correct unless a change is entered below:

Residency

Name	Lives in Minnesota?	Plans to make Minnesota home?	Visiting Minnesota for medical care or personal reasons?	Is home address the same as mailing address?	Home address, if different from mailing address

All this information is correct unless a change is entered below:

Social Security Number (SSN)

Name	SSN provided?	If no, has person applied for SSN?

All this information is correct unless a change is entered below:

Citizenship Status

Name	United States Citizen?	United States National?

All this information is correct unless a change is entered below. If citizenship information has changed, please provide the effective date, Naturalization ID number and new name, if available.

Expected Tax Filing Information – Review the following information and report any tax filing status changes for any member in your household in the box after the tables.

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly?	Tax dependent of someone outside the household?	Expected to be claimed as a tax dependent by a noncustodial parent?

Name	Had or expects a change in family size?	Had or expects a decrease in annual household income?	Had or expects a change in tax-filing status?	Filed an application for unemployment benefits?	Had or expects a change in the number of people on tax return?

All this information is correct unless a change is entered below:

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Other Health Insurance Information

Name	Are you enrolled in health insurance through an employer?	Do you have access to health insurance through an employer?	Is employer making changes for new plan year?	Do you have Medicare or other non-employer health insurance?	Type of non-employer health insurance

All this information is correct unless a change is entered below. If you are reporting that someone has access to, but is not enrolled in, an employer insurance plan, we will need a completed **Appendix A: Health Coverage from Jobs** with your completed renewal form. Access the appendix at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG> or have one mailed to you by calling your county agency or DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

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SAMPLE

Adjustments to Income

Adjustments to income are the types of expenses you would list on Schedule 1 of the 1040 federal tax return. Your gross income minus any adjustments is your "adjusted gross income." For a complete list of allowable adjustments, see the Schedule 1 of the 1040 federal tax return.

How to complete this section: Review all the details for each adjustment listed on this form. Follow the steps below:

1. If the adjustment is still current and correct, do not make any changes.
2. Cross out any detail that is not correct and enter the corrections in the space provided.
3. Cross out all adjustments that ended.

If no changes are made, we will use all of the information in the table to determine eligibility for your household.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

Report new adjustments to income: Complete this section if any household members have new adjustments to income not listed in the previous table. If you need more space, write "New adjustments to income" on a separate piece of paper and include your case number and the information from the table. Return it with this form.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

Projected Annual Income

Projected annual income (PAI) is the income you expect to receive in [YYYY]. Eligibility for some health insurance is based on your expected household income for the year you want coverage, not last year's income. You must provide your projected annual income to qualify for the correct program.

How do you figure out PAI?

1. Start with the gross income you will report in [YYYY] on your federal tax return. Do not count income that is not included on a federal tax return. Examples of income that are not included are child support and worker's compensation.
2. Subtract any adjustments to income that you would report on Schedule 1 of your federal tax return.
3. Add any of the following sources of income as part of your PAI. Even though these sources of income may not be taxed when you file your federal tax return, you must add them when projecting your annual income.
 - **Title II Social Security benefits**
 - **Tax-exempt interest income**
 - **Foreign earned income**

We used the information we have on file and calculated the [YYYY] PAI for everyone in your household as shown in the second column of this table. Follow these steps:

1. Answer the question 'Is this amount correct?' by selecting yes or no in the table for each person in your household. You must answer this question for each household member.
2. If the 2025 calculated PAI is not correct for any person, enter the amount you expect will be the person's 2025 PAI in the New or Correct [YYYY] PAI Amount column.

Name	PAI Amount	Is this amount correct?	New or Correct [YYYY] PAI Amount
		Yes or No	
		Yes or No	

Other Information

Review each question below. If the answer is yes for you or anyone in your household, use the box below to explain which question the answer is yes for. Also write the name of the person answering yes.

- Stopped working or had hours, wages or salary decrease in the last six months?
- Has ongoing medical bills to meet a spenddown?
- Is seeking Medical Assistance payment of long-term-care services to reside in a long-term-care facility?
- Is seeking services to help a person stay in his or her home through a Medical Assistance home and community-based waiver program?
- Has a physical or mental health condition that limits the ability to work or perform daily activities?
- Is blind?
- Is getting services from the Center for Victims of Torture?
- Is in jail or prison?

Full Medical Assistance Determination

Some people may be eligible for Medical Assistance (MA) under different categories. These categories include people with disabilities, people who are blind, people who receive services from the Center for Victims of Torture, people seeking payment of long-term-care services, and people seeking community-based waiver services. In addition, people who have outstanding medical bills at application may qualify for coverage for three months before application, and people with excess income may qualify with a spenddown. We will screen you to see if you may be eligible for MA under a different category, using the information you gave us on this form or when you applied. We will contact you for more information if we think you might qualify. If one of these categories applies to you, but you have not reported information about that, call and tell your worker. If you want us to make a full MA determination for you, call your worker for more information.

Renewing Coverage in the Future

Each year, MNsure and DHS match data to verify and renew eligibility for help paying for health coverage. We need consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this information, your financial assistance cannot be verified during the year and renewed. You can change your consent at any time. **If you do not check a box, you are agreeing to the use of your information for 5 years.**

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for:

- 5 years
- 4 years
- 3 years
- 2 years
- 1 year
- Do not use information from tax returns to renew my eligibility for help paying for health coverage.

By signing below:

I received and reviewed the Notice of Privacy Practices and the Notice of Rights and Responsibilities. I know that I must report changes to the information listed on this renewal form.

I understand that if I am providing information on behalf of other people in my household, I must have consent to provide and view information about all the people that I have listed on this renewal form and agree to safeguard their information.

I declare under the penalties of perjury that this renewal form has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or to payment of a fine of not more than \$10,000, or both. I understand that there may be other penalties for not telling the truth.

Additional Agreements for Medical Assistance and MinnesotaCare:

- **If anyone on this renewal form is eligible for Medical Assistance or MinnesotaCare**, I consent to the release of my Minnesota Health Care Programs health records to the parties listed in the Consent for Sharing of Medical Information section of the Notice of Rights and Responsibilities.
- **If anyone on this renewal form is eligible for Medical Assistance**, I give the Medical Assistance agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties.
- **If I am a parent that is eligible for Medical Assistance**, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency, and I may not have to cooperate. I give to the Medical Assistance agency the rights to medical support paid for my children.
- **If anyone on this renewal form is eligible for Medical Assistance**, I have read and understand that the state may claim repayment for the cost of medical care, or the cost of the premiums paid for care, from my estate or my spouse's estate.
- **If anyone on this renewal form is eligible for Medical Assistance**, I agree and understand that my information, and information about me shared from third parties, will be shared for fraud prevention investigations as stated in the Notice of Privacy Practices.
- **If I or anyone in my household already receives Medical Assistance or MinnesotaCare**, I understand that the state may stop or change benefits because of the information I give on this form. I understand that the state may make changes without 10 days' advance notice. However, the state will send written notice no later than the effective date of the change.

If an enrollee is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

YOUR SIGNATURE	PHONE	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PHONE	DATE

For certified application counselors, navigators, in-person assisters, agents, and brokers only.

Complete this section if you are a certified application counselor, navigator, in-person assister, agent or broker filling out this renewal form for somebody else.

DATE (MM/DD/YYYY)	NAME OF ENROLLEE (First Name, Middle Name, Last Name, Suffix)	
NAME OF ASSISTER (First Name, Middle Initial, Last Name, Suffix)	ASSISTER PHONE NUMBER	
ORGANIZATION NAME	ASSISTER ID NUMBER	

Voter Registration

If you want to register to vote in Minnesota, you can complete a voter registration form at sos.state.mn.us.

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.

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/>.

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



* Date & Time Printed
Case Number: XXXXXXXXX

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

Health Care Notice

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

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

Health Care Results

Client's Name - MNsure ID Number: XXXXXXXXXX

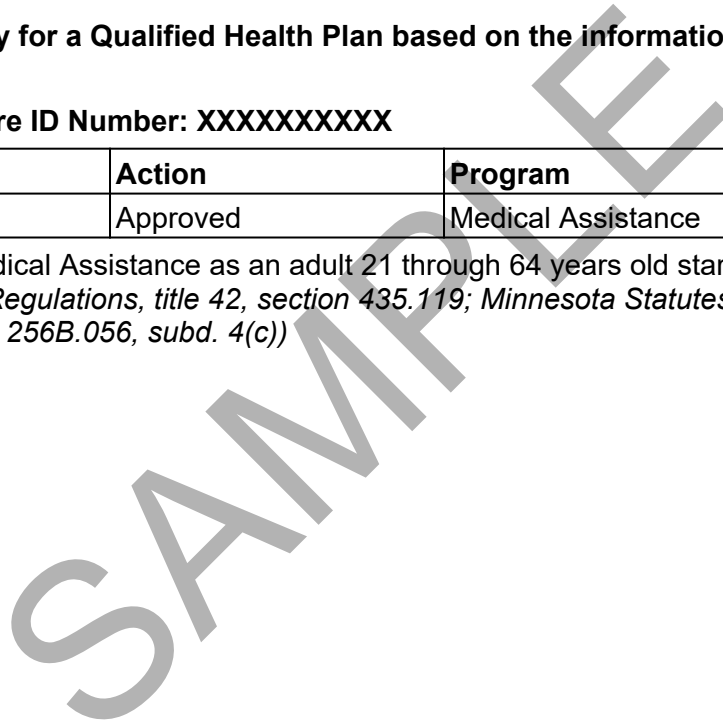
Effective date	Action	Program
05/31/2024	Closed	Medical Assistance
05/01/2024	Does not qualify	MinnesotaCare
05/01/2024	Does not qualify	Advanced Premium Tax Credits and/or Cost-Sharing Reductions
05/01/2024	Does not qualify	Qualified Health Plan

- **Your Medical Assistance will stop at the end of the day on 05/31/2024.** This will happen because:
 - **Your renewal for Medical Assistance is incomplete. You will receive another notice in the mail telling you what we need to process your renewal.**
- **You do not qualify for MinnesotaCare. You will receive another notice in the mail telling you why you do not qualify.**
- **You do not qualify for a Qualified Health Plan with Advanced Premium Tax Credit/ Cost-Sharing Reductions based on the information you provided.**
- **You do not qualify for a Qualified Health Plan based on the information you provided.**

Client's Name - MNSure ID Number: XXXXXXXXXX

Effective date	Action	Program
06/01/2024	Approved	Medical Assistance

- You qualify for Medical Assistance as an adult 21 through 64 years old starting 06/01/2024. *(Code of Federal Regulations, title 42, section 435.119; Minnesota Statutes, sections 256B.055, subd. 15, and 256B.056, subd. 4(c))*



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.

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 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 សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟံ့သုတ်ဟံ့သးဘတ်တကု်.ခဲန့မု်လိတ်ဘတ်တမိစၢကလီလၢတၢကကု်.ထဲဝဲဒုတ်လိတ်ဟံ့လိတ်မိတခါအံ့န့တ်,ကိးဘတ်လိတ်စိနီဂံလၢထးအံ့န့တ်တကု်.

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທສໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

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

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

Applicant and Enrollee Responsibility

- Sign and return the DHS-7823 (Authorization to Obtain Information from AVS) if requesting MA-ABD (including MSP) and have an asset limit.
 - Signature required from all people whose assets count for the applicant/enrollee: including self, spouse, sponsor, sponsor's spouse.
 - Reminder: As of January 1, 2024 MA-EPD applicants and enrollees do not have an asset limit.
- Report asset types, locations and values on application and renewal forms.
- Report changes to assets timely and provide proofs if necessary.
- Respond to requests for information about assets that cannot be verified using AVS.
- Respond to requests to show asset reduction if assets are over the applicable asset limit.

AVS and Asset Determination

- Information the applicant/enrollee reported will be compared to verifications and information returned by AVS to determine eligibility when it comes to assets.
- If these components are both within program asset limits, then the person is asset eligible:
 - (1) information the person reported on their application or renewal form and;
 - (2) accounts returned by AVS, financial accounts that AVS did not return but that the person reported (if any), and other countable “non-AVS” assets the person verified.
- If information shows over assets, workers will not deny or end eligibility until the applicant or enrollee is provided an opportunity to refute or confirm AVS results with verifications, and provide proofs of asset reduction.

How Navigators and Assisters Can Help

- Ensure the applicant and other required signers have signed the DHS-7823 included with application form.
- Ensure the applicant or enrollee includes all current asset information on their application or renewal form.
- Encourage applicants and enrollees to submit paper proofs for assets that cannot be verified by AVS, such as:
 - Life insurance cash values
 - Stocks and bonds
 - Annuities
- Workers will determine if assets are countable, excluded or unavailable.

Questions