



Bulletin

NUMBER

#14-21-05

DATE

December 23, 2014

OF INTEREST TO

County Directors

Social Services Supervisors
and Staff

Financial Assistance
Supervisors and Staff

Case Managers

MinnesotaCare Operations

MNsure Managers,
Supervisors, and Staff

Tribal Governments
(Tribes)

ACTION/DUE DATE

Please read and
implement.

EXPIRATION DATE

December 23, 2016

Medical Assistance and MinnesotaCare Renewal Process for Cases in the New Eligibility System

TOPIC

The Medical Assistance and MinnesotaCare renewal process in the new eligibility system.

PURPOSE

Provide policy about and a general overview of the renewal process for Medical Assistance and MinnesotaCare in the new eligibility system.

CONTACT

Submit policy questions to HealthQuest.

Direct all other questions to:

Health Care Eligibility and Access (HCEA) Division
P.O. Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED

NATHAN MORACCO
Assistant Commissioner
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background and Introduction

The Affordable Care Act (ACA) and Minnesota Statutes require Minnesota to redetermine enrollees' eligibility for Medical Assistance (MA) and MinnesotaCare. Enrollees whose income eligibility is determined using the modified adjusted gross income (MAGI) method must have their eligibility redetermined every 12 months. In this bulletin, "renewing" eligibility means redetermining eligibility.

This bulletin provides a general overview of the upcoming renewal process for MA and MinnesotaCare enrollees in the new eligibility system. It also provides policy related to ACA changes and describes the actions county servicing agencies must take.

Please note: The renewal process for January and February 2015 renewals will depart from standard procedures. The Department of Human Services (DHS) will provide processing entities with information about the modified renewal procedures for January and February 2015 renewals via the Systems Information Resource (SIR) as the information becomes available.

A. Definitions

Benefit Year. The "benefit year" is the certification period.

Certification Period. The "certification period" is the time between regularly scheduled redeterminations of eligibility. The end of the certification period indicates when a redetermination of eligibility is required. Each product delivery case (PDC), such as Streamlined Medicaid or State Basic Health Plan, has one certification period that applies to all enrollees covered by that PDC.

Reconsideration Period. The "reconsideration period" is the four months following the end of the certification period.

Renewal Month. The "renewal month" is the first month following the end of the current certification period. The renewal month is the month for which eligibility is being renewed; it is the first month of the new certification period. For example, if the MA certification period is May 1, 2014, through April 30, 2015, then the MA renewal month is May 2015. The MinnesotaCare renewal month is January of the new benefit year.

II. Renewal Policy Overview

The Affordable Care Act and Medicaid regulations require that, for an enrollee whose income eligibility is based on MAGI, eligibility be redetermined annually using information in the enrollee's case file and information received from trusted electronic data sources. The eligibility redetermination must be based on the available information, without requiring additional information from the enrollee, if possible. Minnesota is following this renewal policy for both MA and MinnesotaCare enrollees with eligibility in the new eligibility system.

Enrollees who have their eligibility confirmed using available information must get a notice that tells them about the information used to renew their eligibility. They must contact their servicing agency if any of the information is inaccurate. These enrollees are considered “automatically renewed,” and they do not have to sign or return any paperwork to renew their eligibility. If an enrollee who has been automatically renewed contacts the servicing agency to update information, the change in information is treated like a change in circumstances, and the enrollee’s eligibility is redetermined.

For some enrollees, eligibility cannot be confirmed using available information, or available information shows that the enrollees are no longer eligible for their current program. These enrollees include those who need to submit verifications and those who, on their application, did not agree to use of federal tax data for renewal. They also include enrollees for whom electronic data sources show a change in circumstances that makes them ineligible for their current program. These enrollees must get a pre-populated renewal form that contains the available information used to redetermine their eligibility. These enrollees are considered “need-to-renew” enrollees, and they must sign and return the pre-populated renewal form, making any needed changes to the information on the form.

Eligibility for need-to-renew enrollees who do not return the pre-populated renewal form, or who return the form but do not provide all the information and verifications needed to renew eligibility, can be closed. However, eligibility for enrollees who are canceled for failing to renew must be redetermined without requiring a new application for people who submit the renewal form or information needed to complete the renewal process within four months of closure.

A. Certification Periods

MA and MinnesotaCare enrollees who are in the same household may have different certification periods, because the certification period policies are different for each program. Households with members who are enrolled in different programs may receive one renewal form for the entire household if the household members have the same renewal month. These households will receive separate renewal forms if household members have different renewal months.

1. Medical Assistance

MA enrollees have a 12-month certification period. The MA certification period begins the first day of the month of application or renewal and continues for 12 months. Approval of retroactive coverage does not affect the certification period. The Medicaid PDC in the new eligibility system has one active certification period for all MA-eligible enrollees. If an enrollee remains eligible after renewal, the new MA certification period is the first day of the renewal month and continues for 12 months.

Example: Husband and wife apply for assistance in May 2014, and both are eligible for MA. Their MA certification period is May 1, 2014, through April 30, 2015. In August 2014, they add a new household member, and the new household member is also MA eligible. The certification period for all MA enrollees is May 1, 2014, through April 30, 2015.

2. MinnesotaCare

The MinnesotaCare certification period ends each year on December 31. The certification period is January 1 through December 31 of the benefit year regardless of when an enrollee is determined eligible. If an enrollee remains eligible after renewal, the new MinnesotaCare certification period is January 1 through December 31.

Example: Joseph applies for assistance in March 2015 and is determined eligible for MinnesotaCare the same month. He pays his premium in March, and his coverage starts April 1, 2015, within the certification period of January 1, 2015, through December 31, 2015. Joseph must complete the renewal process by the end of December 2015 for coverage starting in January 2016. If he is determined eligible after renewal, then his new certification period is January 1, 2016, through December 31, 2016.

B. Changes Reported at Renewal

Eligibility and coverage begin and end dates for program changes that occur at renewal follow existing requirements for adverse and beneficial changes. If a MinnesotaCare enrollee reports a decrease in income on a renewal form that makes the enrollee MA eligible, MA coverage starts the first of the month the change was reported (that is, the first of the month the signed renewal form was received). If an MA enrollee reports an increase in income on a renewal form that makes the enrollee ineligible for MA but eligible for MinnesotaCare, MA ends for the next available month, with 10-day notice, and MinnesotaCare coverage starts the first day of the month after the determination or, if a premium is required, the first day of the month after receipt of the premium.

Example: Walter is enrolled in MinnesotaCare. He receives a pre-populated renewal form on November 12. He updates his income information to indicate his current income has decreased and his projected annual income for next year is lower than it was for the current year. Walter signs the form and drops it off at his servicing agency on November 13. His worker processes the renewal on December 10, and Walter's income is verified electronically. Walter is determined MA eligible. His MA coverage begins November 1.

Example: Jose is enrolled in MA. He receives a pre-populated renewal form on November 13. The form shows a new increased income amount based on electronic data sources. Jose reviews the form, signs it and mails it to his servicing agency on November 20. His worker processes the renewal on December 10, and Jose's income is verified electronically. Jose is determined MinnesotaCare eligible. MA ends effective December 31. Jose's MinnesotaCare coverage begins January 1 or the month after Jose submits the premium, if he is required to pay one.

C. Late Renewals

A late renewal is a renewal for which either of the following is true:

- The renewal form is received during the reconsideration period.
- The renewal form is received before the end of the certification period, but additional information or verifications that were required are received during the reconsideration period.

A late renewal is complete if the client returned both the pre-populated renewal form and any information or verifications that a worker requested during the renewal process. A late renewal must be treated as a new application.

The date of application set by a late renewal is the date the agency received the pre-populated renewal form, if it was received during the reconsideration period. If the agency received the pre-populated renewal form before the end of the certification period, the date of application is the date the information or verifications were received. Retroactive MA is available up to three months before the month of application if the enrollee meets the MA eligibility requirements for those months. An MA enrollee who submits a renewal form late and who moves from MA to MinnesotaCare when the late renewal is processed as a new application may have a gap in coverage, as MinnesotaCare is not available retroactively.

A pre-populated renewal form received after the end of the reconsideration period cannot be used to reapply for coverage. A former enrollee who wishes to reapply must either complete a new application online using the MNsure website at www.mnsure.org or complete the MNsure Application for Health Coverage and Help Paying Costs ([DHS-6696](#)).

Example: Eva's MA certification period ends March 31. Eva receives a pre-populated renewal form in February. Eva does not return the pre-populated renewal form by the last day of March. Instead, Eva returns the completed and signed form to her servicing agency on July 9. The worker treats the pre-populated renewal form as a new application, because the agency received it within the reconsideration period. Eva may be eligible for retroactive MA coverage for April through June if she was MA eligible in those months.

Example: Mark's MinnesotaCare certification period ends December 31. Mark receives a pre-populated renewal form in November and returns it to his servicing agency in December. A worker starts to process the renewal, and a new income verification is required. The worker sends Mark a request for income verification. Mark does not submit the requested verification until after December 31. The worker receives Mark's income verification on April 10. The worker treats the pre-populated renewal form as a new application, because the agency received the necessary verifications to complete it within the reconsideration period. The date of application is April 10. Mark qualifies for MinnesotaCare, with coverage beginning the first day of the month after he pays his premium. Mark is ineligible for retroactive coverage, unless his circumstances were different in the retroactive months such that he qualified for MA in those months.

Example: Raul's certification period for MA ends May 31. Raul receives a pre-populated renewal form in April but does not return the form by the last day of May. Instead, Raul returns the completed and signed form to his servicing agency in October. Raul must complete a new application to have eligibility determined, because he submitted the renewal form after the reconsideration period.

D. Renewals for Mixed Households

This section applies to renewals for households with some members enrolled in public programs and some in private-market plans. These cases are generally referred to as mixed households.

MNSure has its own renewal process for enrollees in a qualified health plan (QHP) with or without subsidies. Enrollees may become eligible for MA or MinnesotaCare as a result of that renewal process.

Households with family members enrolled in MA or MinnesotaCare will follow the MA and MinnesotaCare renewal process to renew eligibility for public programs, even if other family members are enrolled in Insurance Assistance (IA) or an unassisted qualified health plan (UQHP). ONEsource procedures include instructions for notifying MNSure when an enrollee moves either to or from IA or UQHP as a result of renewal processing. Eligibility workers should see the ONEsource procedure "Process MA and MinnesotaCare Renewals in the New Eligibility System" for more information and instructions for processing pre-populated renewal forms.

III. Renewal Notices and Forms

The new eligibility system generates a Health Care Renewal Notice by the tenth of the month that is two months before the renewal month. The Health Care Renewal Notice informs the household which members have been automatically renewed and which members need to renew. Household members with the same renewal month receive a

single Health Care Renewal Notice. The Health Care Renewal Notice serves as a cover sheet for additional system-generated notices that are issued at the same time based on whether an enrollee has been automatically renewed or needs to renew.

A. Notices for Automatically Renewed Enrollees

For enrollees who are automatically renewed, the Health Care Renewal Notice includes an information summary that outlines the information from the integrated case and electronic sources that was used to redetermine eligibility (Attachment A). Since automatically renewed enrollees continue to be eligible for the same program they had before their eligibility was redetermined, this notice is the only one automatically renewed enrollees will receive about their renewal results.

Automatically renewed enrollees should review the information summary to ensure the information used to determine their eligibility is correct and up to date. The notice instructs enrollees to call their worker or the Minnesota Health Care Programs (MHCP) Member Help Desk at DHS to report any corrections or changes.

B. Notices for Need-to-Renew Enrollees

For enrollees who need to renew, the Health Care Renewal Notice is the cover sheet for a renewal form (Attachment B). The form is pre-populated with information from the integrated case and information collected from electronic data sources.

Enrollees who receive a pre-populated renewal form must review the form, make any changes or updates, sign the form and return it to their servicing agency within 30 days from the issuance date on the renewal notice. The notice instructs enrollees to call their worker or the MHCP Member Help Desk at DHS with questions.

Although the renewal form provides space for enrollees to report changes, it does not include space to collect the information needed to add a new household member to a case. Enrollees must contact their worker to add a household member. The pre-populated renewal form sent with the Health Care Renewal Notice includes only information about known household members.

C. Notices for Those Who Do Not Complete the Renewal Process

If an enrollee does not return the renewal form or requested information or verifications by the renewal cutoff, the system automatically closes coverage in MMIS for all household members who did not renew effective the end of the month. The system sends a closing notice to all those for whom coverage is closed in MMIS. (This notice was unavailable at the time we issued this bulletin. A copy of this notice will be issued via SIR when it is available.)

D. Manual Notices for Processing Pre-populated Renewal Forms

For an enrollee who must complete a pre-populated renewal form, the system does not generate a notice informing the enrollee of the outcome of the renewal process, so workers must complete and mail a manual notice. The system will generate an approval notice only if the renewal process results in the enrollee moving to a new program. Therefore, workers must supplement the system-generated notice to provide the other necessary notices. Workers must create and send manual notices when they process a renewal and, as a result:

- The enrollee's eligibility for the same program continues (Attachment C);
- The program that the enrollee is eligible for changes from MinnesotaCare to MA or vice versa (Attachments D and E); or
- The enrollee is no longer eligible for MA or MinnesotaCare, and coverage is closing (Attachment F).

IV. Action Required

A. Automatic Renewal

No worker action is needed to initiate the automatic renewal process.

Eligibility workers should see the ONEsource procedure "Automatic Renewals in the New Eligibility System" for more information about actions to take for enrollees who are automatically renewed. For enrollees who are automatically renewed, MA and MinnesotaCare managed care enrollment follows the current procedures.

If a household provides new information after the system has processed an automatic renewal, workers should follow current procedures for changes reported between renewals.

Example: The system automatically renews Abby for MinnesotaCare and sends her the Health Care Renewal Notice and the information summary. On November 23, Abby contacts her worker and reports that the income on her information summary is incorrect. She is now working a different job and earning less. Abby faxes her income verification, and the worker updates the income information in the system. Abby is now eligible for MA. MA coverage starts on the first day of the month of the reported change, November 1.

B. Pre-populated Renewal Forms

Eligibility workers should see the ONEsource procedure “Process MA and MinnesotaCare Renewals in the New Eligibility System” for more information and instructions for processing pre-populated renewal forms. For enrollees who switch programs at renewal, MA and MinnesotaCare managed care enrollment follows the current procedures.

V. Legal Authorities

Code of Federal Regulations, title 42, chapter IV, subchapter C, part 435, subpart D, section 340

Code of Federal Regulations, title 42, chapter IV, subchapter C, part 435, subpart J, section 916

Minnesota Statutes, section 256B.056

Minnesota Statutes, section 256L.05, subdivision 3(a)

VI. Attachments

Attachment A: Health Care Renewal Notice with Information Summary

Attachment B: Health Care Renewal Notice with Renewal Form

Attachment C: Manual Notice: Processed and Program Continuation

Attachment D: Manual Notice: Renewal Change Notice—Medical Assistance

Attachment E: Manual Notice: Renewal Change Notice—MinnesotaCare

Attachment F: Manual Notice: Processed and Program Closing

VII. Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2283 (voice) or toll free at (888) 938-3224 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.



Nov 24, 2014 6:07 PM
Reference Number : 10168067

Pam Blue
123 Main Street
Saint Paul, MN 55117

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 members of your household listed on this notice.

Health Care Results

Pam Blue - MNsure ID Number: 1122336677

Effective date	Action	Coverage Type
01/01/2015	Auto Renewed	Medical Assistance

Pam Blue has been automatically renewed and qualifies for **Medical Assistance** as an adult starting **01/01/2015**. Please review the Information Summary included with this notice. We used this information to renew your coverage. (Code of Federal Regulations, title 42, section 435.916(a), Minnesota Statute 256B.056, subdivision 7 and Minnesota Statute 256L.05, subdivision 3a)

Suzie Blue - MNsure ID Number:

Effective date	Action	Coverage Type
01/01/2015	Auto Renewed	Medical Assistance

Suzie Blue has been automatically renewed and qualifies for **Medical Assistance** as a child age 2 through 18 starting **01/01/2015**. Please review the Information Summary included with this notice. We used this information to renew your coverage. (Code of Federal Regulations, title 42, section 435.916(a), Minnesota Statute 256B.056, subdivision 7 and Minnesota Statute 256L.05, subdivision 3a)

Information Summary

This is the information we have about your household. We used this information to renew your coverage. You must tell us if any of the information is not correct, including the address listed on this notice. You do not need to do anything if all of this information is correct.

Household Information

Name	Gender	Date of Birth	Pregnant
Pam Blue	Female	01/01/1984	No
Suzie Blue	Female	01/01/2004	No

Relationships

Name
Pam Blue Is the Child of Suzie Blue

Expected Tax Filing Information

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly
Pam Blue	Non Filer		No
Suzie Blue	Non Filer		No

Other Health Insurance Information

Name	Has Medicare or other Non-employer Health Insurance	Has Health Insurance through an Employer	Has Access to Health Insurance through an Employer

Income Information

This is the income we have for your household. It includes your taxable income plus any nontaxable foreign earned income, interest income and Title II Social Security Benefits. Title II Social Security Benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income.

Name	Type of Income	Amount	Frequency
Pam Blue	Self Employment	500.00	Monthly

Deduction Information

Allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 on the 1040 tax form.

Name	Type of Deduction	Amount	Frequency

Projected Annual Income

Your projected annual income is your anticipated modified adjusted gross income (MAGI) for 2015. It is the amount of income you expect to receive in 2015 minus the deductions you can claim on the front page of the 1040 tax form.

Name	Amount
Pam Blue	7,000.00
Suzie Blue	0.00

How do I use my health care coverage?

Medical Assistance

If you do not qualify for Medical Assistance, this information does not apply to you.

Contact us to obtain your Medical ID. Give your Medical ID Number to your medical providers. If you have medical bills for services received since the date you qualified for coverage, contact the medical provider and ask them to bill the State of Minnesota. The provider may be able to pay you back for bills you paid. See the enclosed Summary of coverage, cost sharing and limits for a list of covered services.

You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

MinnesotaCare

If you do not qualify for MinnesotaCare, this information does not apply to you.

Your coverage starts on the first of the next available month, unless you have a premium amount due. If you must make a payment for coverage to start, your coverage starts on the first day of the month after you make your first payment but no earlier than the first of next month. You will receive, if you have not already, your first premium notice in the mail. Send the payment to us as soon as you can.

You must enroll in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

When should I tell you if I have a change?

Report changes within 10 days of the change event. Tell us about all changes including:

- Where you live.
- Who lives with you.
- Who you list as a dependent on your income taxes.
- Income changes.
- Starting or stopping other health insurance.
- Incarceration status.
- Loss of Minnesota residency.
- Change in citizenship status.

If you are not sure if you should report a change, call to explain what is happening. If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

What if I think you made a mistake?

If you think a mistake has been made, you can call 1-855-366-7873 and tell us what you think is wrong. You can also appeal the action. An appeal is a meeting where you can talk to a judge about why you think we made a mistake.

How to appeal a decision?

For more details, please see the enclosed Appeals Rights document titled "IMPORTANT APPEAL RIGHTS! READ THIS NOW!" If you are appealing a Medical Assistance or MinnesotaCare action or change, you may need to act within 10 days; read the Appeals Rights document immediately. If you did not get the Appeals Rights document or have questions about your appeal rights, call 1-855-366-7873.

Questions?

Call the MNsure Contact Center, 1-855-366-7873, if you have questions about this notice. If this notice is about Medical Assistance or MinnesotaCare, call your worker or the DHS Member Help Desk at 651-431-2670 or 1-800-657-3739. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I disagree with the action taken on my application?

If you think the decision in your Health Care Notice is incorrect, you have the right to appeal. This is a legal process where an appeals examiner reviews a decision made by MNSure. You can learn more about how this works at www.mnsure.org.

How do I appeal?

1. Internet

Login to your account at www.mnsure.org

2. Phone

MNSure Contact Center:
1-855-366-7873

3. Mail

MNSure
81 Seventh Street East
Suite 300
St. Paul, MN 55101-2211

4. In-person

Minnesota Department of Human Services
Information Desk
444 Lafayette Road North
St. Paul, MN 55101

What can I appeal?

- If MNSure did not act on your request about health care coverage or processed your request too slowly
- If you do not agree with the action taken

Important: You must file your appeal within **90 days** of the date on your Health Care Notice. 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 receiving your Health Care Notice. See below for more 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.

What do I do after I file my appeal?

- Gather information related to the action that you are appealing that you think will prove or explain your position.
- 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 start or stop of a job, or people moving in or out of your household) within:
 - **30 days** if you receive any MinnesotaCare, Advanced Premium Tax Credit, Cost Sharing Reduction, or Qualified Health Plan
 - **10 days** if you get Medical Assistance

To report changes, call the MNSure Contact Center at 1-855-366-7873.

What if it's an emergency?

You have a right to ask for an expedited (sped up) appeal in an emergency. An emergency happens when your life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" when asked whether the appeal involves a medical emergency. This question is on the appeal request form. Or call the MNSure Contact Center at **1-855-366-7873**.

What happens to my benefits during an appeal involving a redetermination of eligibility?

Your benefits will automatically continue at the rate of prior coverage. But if you lose your appeal, you will have to pay back the benefits that you were not eligible to receive. You may want to ask to have your benefits reduced during your appeal so you do not have to pay them back if you lose. Check "I want to reduce or stop my benefits..." on the appeal request form, or call the MNsure Contact Center at 1-855-366-7873.

For Medical Assistance or MinnesotaCare, your benefits continue **only if** you follow these time frames. You must appeal:

- Within 10 days of the date on the Health Care Notice or
- Before the date when the action takes place.

Important: If you do not appeal within 10 days of the date on the Health Care Notice, you can still appeal within 30 days. Your benefits will only go back to your prior coverage if you win the appeal.

What if I lose my appeal?

If you lose your appeal, you will 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.

Can I get help with my appeal?

You may represent yourself at the hearing. You may also have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the appeal request form. If your income is below a certain limit, you may be able to get legal advice or help with an appeal from your local legal aid office.

Discrimination is against the law

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability and sex, including sex stereotypes and gender identity. If you believe you have been discriminated against, you have the right to file a complaint directly with the **federal** agency. Write to the U.S. Department of Health and Human Services Office for Civil Rights Region V at 233 North Michigan Avenue, Suite 240, Chicago, IL 60601 or call at (312) 886-2359 (Voice) and (800) 368-1019 (Toll-Free) (800) 537-7697 (TTY).

In Minnesota, if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age, or disability, you have the right to file a complaint with:

- **Minnesota Department of Human Services, Equal Opportunity and Access Division**, P.O. Box 64997, St. Paul, MN 55164-0997. Telephone (651) 431-3040. Minnesota Relay 711 or (800) 627-3529.
- **Minnesota Department of Human Rights**, Freeman Building, 625 Robert Street North, St. Paul, MN 55155. Telephone (651) 539-1100 and Toll-Free (800) 657-3704. TTY (651) 296-1283.
- **MNsure Accessibility and Equal Opportunity Office**, 81 7th Street East, Suite 300, St. Paul, MN 55101-2211, AEO@MNsure.org, Telephone (612) 279-8955.

1-855-366-7873

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອ ໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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 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.

LB3-0017 (3-13)

ADA ADVISORY

This information is available in accessible formats for individuals with disabilities by contacting MNSure at: AEO@MNSure.org or (612) 279-8955. For other information on disability rights and protections to access MNSure programs, contact the agency's Accessibility & Equal Opportunity office.

MNsure
PO Box 64252
St. Paul, Minnesota 55164-0252

Attachment B



Nov 24, 2014 7:35 PM
Reference Number : 10166532

*

Thomas Orange
123 Main Street
Saint Paul, MN 55117

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 members of your household listed on this notice.

Health Care Results

Thomas Orange - MNsure ID Number: 1155667788

Effective date	Action	Coverage Type
01/01/2015	Need to Renew	Unknown

Thomas Orange is up for renewal. Coverage will end on **12/31/2014** unless we can confirm eligibility. You must complete and sign the Renewal Form included with this notice. You must return the form within 30 days. (Code of Federal Regulations, title 42, section 435.916(a), Minnesota Statute 256B.056, subdivision 7 and Minnesota Statute 256L.05, subdivision 3a)

Renewal Form

This is the information we have about your household. You must review the information on this form, including the address listed on this notice, and tell us if any of the information is not correct. Send the signed form to the servicing agency listed on the top of this notice. You must return the form within 30 days. Call your worker or the DHS Member Help Desk at 651-431-2670 or 1-800-657-3739 if you have questions.

Household Information

Name	Gender	Date of Birth	Pregnant
Thomas Orange	Male	01/01/1984	No

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

We will need more information if you need to add a new person to your household. Call your worker or the DHS Member Help Desk at 651-431-2670 or 1-800-657-3739.

Relationships

Name

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

Expected Tax Filing Information

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly
Thomas Orange	Tax Filer		No

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

Other Health Insurance Information

Name	Has Medicare or other Non-employer Health Insurance	Has Health Insurance through an Employer	Has Access to Health Insurance through an Employer

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

Income Information

This is the income we have for your household. It includes your taxable income plus any nontaxable foreign earned income, interest income and Title II Social Security Benefits. Title II Social Security Benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income.

Name	Type of Income	Amount	Frequency
Thomas Orange	Wages before taxes at XYZ Corporation	729.37	Semi Monthly

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

Deduction Information

Allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 on the 1040 tax form.

Name	Type of Deduction	Amount	Frequency
Thomas Orange	Other Tax Deduction	100.35	Quarterly

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

Projected Annual Income

Your projected annual income is your anticipated modified adjusted gross income (MAGI) for 2015. It is the amount of income you expect to receive in 2015 minus the deductions you can claim on the front page of the 1040 tax form.

Name	Amount
Thomas Orange	18,000.00

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

Signature

By signing below:

- I agree that I have read and understand the Notice of Privacy Practices and the list of my responsibilities in that Notice.
- I agree that I have read and understand the Rights and Responsibilities section including Changes and MA Liens and Estate Claims.
- I agree and understand that my information will be shared for fraud investigations and audits as stated in the Notice of Privacy Practices.
- I agree and understand that my information will be released to the parties listed in the Notice of Privacy Practices in order to verify eligibility for Minnesota Health Care Programs.
- I agree to give the MA agency our rights to pursue and get any money from other health insurance, legal settlements or other third parties for medical benefits paid by the MA agency. I also give the MA agency the rights to pursue and get medical support from a spouse or parent.
- I agree to the release of my Minnesota Health Care Programs health records to the parties listed in the MA Authorization for Release (Sharing) of My Medical Information section.
- I declare that, under penalty of perjury, all parts of this form and any updates to information I give during the year are true and correct statements, to the best of my knowledge. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.
- I give MNsure permission to use income data from my federal tax returns to renew my eligibility this year.

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

YOUR SIGNATURE		DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PHONE	DATE

How do I use my health care coverage?

Medical Assistance

If you do not qualify for Medical Assistance, this information does not apply to you.

Contact us to obtain your Medical ID. Give your Medical ID Number to your medical providers. If you have medical bills for services received since the date you qualified for coverage, contact the medical provider and ask them to bill the State of Minnesota. The provider may be able to pay you back for bills you paid. See the enclosed Summary of coverage, cost sharing and limits for a list of covered services.

You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

MinnesotaCare

If you do not qualify for MinnesotaCare, this information does not apply to you.

Your coverage starts on the first of the next available month, unless you have a premium amount due. If you must make a payment for coverage to start, your coverage starts on the first day of the month after you make your first payment but no earlier than the first of next month. You will receive, if you have not already, your first premium notice in the mail. Send the payment to us as soon as you can.

You must enroll in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

When should I tell you if I have a change?

Report changes within 10 days of the change event. Tell us about all changes including:

- Where you live.
- Who lives with you.
- Who you list as a dependent on your income taxes.
- Income changes.
- Starting or stopping other health insurance.
- Incarceration status.
- Loss of Minnesota residency.
- Change in citizenship status.

If you are not sure if you should report a change, call to explain what is happening. If you do not tell us you have moved and returned mail has no forwarding address, coverage may end.

What if I think you made a mistake?

If you think a mistake has been made, you can call 1-855-366-7873 and tell us what you think is wrong. You can also appeal the action. An appeal is a meeting where you can talk to a judge about why you think we made a mistake.

How to appeal a decision?

For more details, please see the enclosed Appeals Rights document titled "IMPORTANT APPEAL RIGHTS! READ THIS NOW!" If you are appealing a Medical Assistance or MinnesotaCare action or change, you may need to act within 10 days; read the Appeals Rights document immediately. If you did not get the Appeals Rights document or have questions about your appeal rights, call 1-855-366-7873.

Questions?

Call the MNsure Contact Center, 1-855-366-7873, if you have questions about this notice. If this notice is about Medical Assistance or MinnesotaCare, call your worker or the DHS Member Help Desk at 651-431-2670 or 1-800-657-3739. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I disagree with the action taken on my application?

If you think the decision in your Health Care Notice is incorrect, you have the right to appeal. This is a legal process where an appeals examiner reviews a decision made by MNSure. You can learn more about how this works at www.mnsure.org.

How do I appeal?

1. Internet

Login to your account at www.mnsure.org

2. Phone

MNSure Contact Center:
1-855-366-7873

3. Mail

MNSure
81 Seventh Street East
Suite 300
St. Paul, MN 55101-2211

4. In-person

Minnesota Department of Human Services
Information Desk
444 Lafayette Road North
St. Paul, MN 55101

What can I appeal?

- If MNSure did not act on your request about health care coverage or processed your request too slowly
- If you do not agree with the action taken

Important: You must file your appeal within **90 days** of the date on your Health Care Notice. 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 receiving your Health Care Notice. See below for more 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.

What do I do after I file my appeal?

- Gather information related to the action that you are appealing that you think will prove or explain your position.
- 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 start or stop of a job, or people moving in or out of your household) within:
 - **30 days** if you receive any MinnesotaCare, Advanced Premium Tax Credit, Cost Sharing Reduction, or Qualified Health Plan
 - **10 days** if you get Medical Assistance

To report changes, call the MNSure Contact Center at 1-855-366-7873.

What if it's an emergency?

You have a right to ask for an expedited (sped up) appeal in an emergency. An emergency happens when your life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" when asked whether the appeal involves a medical emergency. This question is on the appeal request form. Or call the MNSure Contact Center at **1-855-366-7873**.

What happens to my benefits during an appeal involving a redetermination of eligibility?

Your benefits will automatically continue at the rate of prior coverage. But if you lose your appeal, you will have to pay back the benefits that you were not eligible to receive. You may want to ask to have your benefits reduced during your appeal so you do not have to pay them back if you lose. Check "I want to reduce or stop my benefits..." on the appeal request form, or call the MNsure Contact Center at 1-855-366-7873.

For Medical Assistance or MinnesotaCare, your benefits continue **only if** you follow these time frames. You must appeal:

- Within 10 days of the date on the Health Care Notice or
- Before the date when the action takes place.

Important: If you do not appeal within 10 days of the date on the Health Care Notice, you can still appeal within 30 days. Your benefits will only go back to your prior coverage if you win the appeal.

What if I lose my appeal?

If you lose your appeal, you will 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.

Can I get help with my appeal?

You may represent yourself at the hearing. You may also have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the appeal request form. If your income is below a certain limit, you may be able to get legal advice or help with an appeal from your local legal aid office.

Discrimination is against the law

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability and sex, including sex stereotypes and gender identity. If you believe you have been discriminated against, you have the right to file a complaint directly with the **federal** agency. Write to the U.S. Department of Health and Human Services Office for Civil Rights Region V at 233 North Michigan Avenue, Suite 240, Chicago, IL 60601 or call at (312) 886-2359 (Voice) and (800) 368-1019 (Toll-Free) (800) 537-7697 (TTY).

In Minnesota, if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age, or disability, you have the right to file a complaint with:

- **Minnesota Department of Human Services, Equal Opportunity and Access Division**, P.O. Box 64997, St. Paul, MN 55164-0997. Telephone (651) 431-3040. Minnesota Relay 711 or (800) 627-3529.
- **Minnesota Department of Human Rights**, Freeman Building, 625 Robert Street North, St. Paul, MN 55155. Telephone (651) 539-1100 and Toll-Free (800) 657-3704. TTY (651) 296-1283.
- **MNsured Accessibility and Equal Opportunity Office**, 81 7th Street East, Suite 300, St. Paul, MN 55101-2211, AEO@MNsured.org, Telephone (612) 279-8955.

1-855-366-7873

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອ ໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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 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.

LB3-0017 (3-13)

ADA ADVISORY

This information is available in accessible formats for individuals with disabilities by contacting MNSure at: AEO@MNSure.org or (612) 279-8955. For other information on disability rights and protections to access MNSure programs, contact the agency's Accessibility & Equal Opportunity office.



Reference Number:

Health Care Renewal Notice

We have renewed health care coverage for members of your household. This notice is for the members of your household listed below.

Health Care Results

MNSure ID Number:

Effective Date	Action	Coverage Type
	Renewed	

You remain eligible for the coverage type shown above, and your coverage will continue. [Code of Federal Regulations, title 42, sections 431.210 and 435.913; Minnesota Statutes, section 256L.04 (MinnesotaCare)]

If you are eligible for MinnesotaCare and you have a premium amount due, you must make a payment for coverage to continue. Your coverage continues on the first day of the month after you make your payment. You will receive your premium notice in the mail, if you have not already. Send the payment to us as soon as you can.

When should I tell you if I have a change?

Report changes within 10 days of the change. Tell us about all changes, including changes in:

- Where you live
- Who lives with you
- Who you list as a dependent on your income taxes
- Income
- Starting or stopping other health insurance
- Incarceration status
- Minnesota residency

- Citizenship or immigration status

If you are not sure whether to report a change, call to explain what is happening. If you do not tell us you moved and returned mail has no forwarding address, your coverage may end.

How do I appeal a decision?

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Questions?

Call the MHCP Member Help Desk at DHS at 855-366-7873 if you have questions about this notice.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

How do I appeal?

1. Internet Log in to your account at www.mnsure.org	2. Phone MNsured Contact Center: 1-855-366-7873	3. Mail MNsured 81 Seventh Street East, Suite 300 St. Paul, MN 55101-2211	4. In person Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55101
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What if I disagree with the action taken on my application?

If you do think the decision in your Health Care Notice is incorrect, you have the right to appeal. This is a legal process where an appeals examiner reviews a decision made by MNsure. You can learn more about how this works at www.mnsure.org.

What can I appeal?

- If MNsure did not act on your request about health care coverage or processed your request too slowly
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★ **Important:** You must file your appeal within **90 days** of the date on your Health Care Notice. 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 receiving your Health Care Notice. See below for more information about time limits for Medical Assistance and MinnesotaCare appeals.

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Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອ ໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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LB3-0017 (3-13)

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Reference Number:

Renewal Change Notice—Medical Assistance

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, the following household members now qualify for Medical Assistance.

Health Care Results

MNSure ID Number:

Effective Date	Action	Coverage Type
	Approved	Medical Assistance
	Closed	MinnesotaCare

You qualify for Medical Assistance starting on the approved date shown above. You qualify because your monthly household income is within the limits for your household size. [Code of Federal Regulations, title 42, sections 435.913 and 431.210]

You no longer qualify for MinnesotaCare, because your monthly household income makes you eligible for Medical Assistance. This change is effective at the end of the day on the closed date shown above.

When should I tell you if I have a change?

Report changes within 10 days of the change. Tell us about all changes, including changes in:

- Where you live
- Who lives with you
- Who you list as a dependent on your income taxes
- Income
- Starting or stopping other health insurance

- Incarceration status
- Minnesota residency
- Citizenship or immigration status

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How do I appeal a decision?

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Questions?

Call the MHCP Member Help Desk at DHS at 800-657-3739 if you have questions about this notice.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

How do I appeal?

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LB3-0017 (3-13)

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Reference Number:

Renewal Change Notice—MinnesotaCare

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, the following household members now qualify for MinnesotaCare.

Health Care Results

MNSure ID Number:

Effective Date	Action	Coverage Type
	Approved	MinnesotaCare
	Closed	Medical Assistance

You no longer qualify for Medical Assistance. You qualify for MinnesotaCare on the approved date shown above. This change is due to a change in your income, age, immigration status, or relationship to other household members, or it is due to your pregnancy ending. [Code of Federal Regulations, title 42, sections 431.210 and 435.913; Minnesota Statutes, section 256L.04 (MinnesotaCare)]

You no longer qualify for Medical Assistance starting on the closed date shown above. You no longer qualify for Medical Assistance because your monthly household income is more than the limit for your household size. [Code of Federal Regulations, title 42, sections 435.911 and 435.913]

Your MinnesotaCare coverage starts on the approved date shown above, unless you have a premium amount due. If you must make a payment for coverage to start, your coverage starts on the first day of the month after you make your first payment. You will receive your first

premium notice in the mail, if you have not already. Send the payment to us as soon as you can.

You must enroll in a health plan. You will get information in the mail about choosing a health plan. Once enrolled, you will get information from the health plan telling you how to get services.

When should I tell you if I have a change?

Report changes within 10 days of the change. Tell us about all changes, including changes in:

- Where you live
- Who lives with you
- Who you list as a dependent on your income taxes
- Income
- Starting or stopping other health insurance
- Incarceration status
- Minnesota residency
- Citizenship or immigration status

If you are not sure whether to report a change, call to explain what is happening. If you do not tell us you moved and returned mail has no forwarding address, your coverage may end.

How do I appeal a decision?

To learn about how to appeal, please see the enclosed appeals rights document titled "IMPORTANT APPEAL RIGHTS! READ THIS NOW!" If you are appealing a Medical Assistance or MinnesotaCare action or change, you may need to act within 10 days. Read the appeals rights document immediately. If you did not get the appeals rights document or have questions about your appeal rights, call 855-366-7873.

Questions?

Call the MHCP Member Help Desk at DHS at 800-657-3739 if you have questions about this notice.

IMPORTANT APPEAL RIGHTS! READ THIS NOW!

How do I appeal?

1. Internet Log in to your account at www.mnsure.org	2. Phone MNsure Contact Center: 1-855-366-7873	3. Mail MNsure 81 Seventh Street East, Suite 300 St. Paul, MN 55101-2211	4. In person Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55101
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What if I disagree with the action taken on my application?

If you do think the decision in your Health Care Notice is incorrect, you have the right to appeal. This is a legal process where an appeals examiner reviews a decision made by MNsure. You can learn more about how this works at www.mnsure.org.

What can I appeal?

- If MNsure did not act on your request about health care coverage or processed your request too slowly
- If you do not agree with the action taken

★ **Important:** You must file your appeal within **90 days** of the date on your Health Care Notice. 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 receiving your Health Care Notice. See below for more 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.

What do I do after I file my appeal?

- Gather information related to the action that you are appealing that you think will prove or explain your position.
- 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 start or stop of a job, or people moving in or out of your household) within:
 - 30 days** if you receive any MinnesotaCare, Advanced Premium Tax Credit, Cost Sharing Reduction, or Qualified Health Plan
 - 10 days** if you get Medical Assistance

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What if it's an emergency?

You have a right to ask for an expedited (sped up) appeal in an emergency. An emergency happens when your life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" when asked whether the appeal involves a medical emergency. This question is on the appeal request form. Or call the MNsure Contact Center at **1-855-366-7873**.

What happens to my benefits during an appeal involving a redetermination of eligibility?

Your benefits will automatically continue at the rate of prior coverage. But if you lose your appeal, you will have to pay back the benefits that you were not eligible to receive. You may want to ask to have your benefits reduced during your appeal so you do not have to pay them back if you lose. Check "I want to reduce or stop my benefits..." on the appeal request form, or call the MNsure Contact Center at 1-855-366-7873.

For Medical Assistance or MinnesotaCare, your benefits continue **only if** you follow these time frames. You must appeal:

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Reference Number:

Health Care Notice

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Health Care Results

MNSure ID Number:

Effective Date	Action	Coverage Type
	Closed	
	Does not qualify	

You no longer qualify for the program listed above. Your coverage will no longer be in effect on the day shown above. You no longer qualify because:

People who qualify for premium-free Medicare Part A may not refuse Medicare coverage to establish eligibility for MinnesotaCare. [Minnesota Statutes, section 256L.07, subd. 3]

If you are eligible for a Medicare Savings Program, this notice does not affect your eligibility for that program. Medicare Savings Programs may help pay some of your Medicare premium or related expenses.

If you are eligible for another health care assistance program, we will send a separate approval notice.

[Code of Federal Regulations, title 42, sections 431.210, 435.403, 435.406, 435.608, 435.119, 435.911, and 435.913 (Medical Assistance); Code of Federal Regulations, title 45, sections 155.302 and 155.305 (Exchange); Minnesota Statutes, section 256B.056, subd.1 (Medical Assistance); Minnesota Statutes, sections 256L.04, subds. 1, 10, and 12; 256L.07, subd. 3; and 256L.09, subd. 2 (MinnesotaCare)]

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