

Servicing Agency Name
Address

Applicant Name
Address

Date & Time
Case Number:

Your Health Care Eligibility Is Ending

We asked for information or verification to determine ongoing eligibility for health care programs. We did not get this information or verification. For that reason, the people listed on this notice are no longer eligible for Medical Assistance or MinnesotaCare after the date below.

If you contact us or provide the missing information by the date below, we will look at your case again. If you would like to call us and do not know the number, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 for help.

Health Care Results

Name: _____ **MNsure ID Number:** _____

Effective Date	Action	Coverage Type
Date	Closed	MinnesotaCare

More information is on the following pages.

- **You do not qualify for MinnesotaCare because you did not provide proof of your projected annual income** (*Code of Federal Regulations, title 45, sections 155.315 and 155.320*).
- **You no longer qualify for MinnesotaCare. The last day you can receive coverage from MinnesotaCare is [Date].**
- **You will get another notice telling you whether you are eligible for another program.**

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 received government assistance?

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the Medical Assistance (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 were enrolled in MA.

If you were 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
- Managed care premiums (capitations) for coverage of these services

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.

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 <https://mn.gov/dhs/ma-estate-recovery/>.

Your Appeal Rights

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 a decision by the Department of Human Services (DHS) or a county or tribal agency about Medical Assistance (MA) or MinnesotaCare 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. Your county or tribal agency can help you file your appeal.

Do any of the following to start an appeal:

- Fill out the Appeal to State Agency form (DHS-0033) at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG> and submit it electronically.
- 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.
- For information on filing a written appeal, or to appeal by phone, call the DHS Appeals Division at 651-431-3600 or 800-657-3510.
- 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 or MinnesotaCare coverage, approval of coverage for a program you do not think you are eligible for, or a change in your Medical Assistance or MinnesotaCare benefits).

When must I appeal?

An advance notice about your changing coverage must be sent to you 10 days or more before the effective date of an action. In a few situations, we may send you a notice five days before an action, or on the effective date of an action.

You must file your appeal within **30 days** of receiving your health care notice. If you show good cause for not appealing within 30 days, you may be able to appeal up to 90 days after the date of your health care notice. See the next section 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 must file your appeal within a certain time limit. Your benefits may continue if you file an appeal by the effective date of the action listed on the health care notice, or within 15 days of the notice date. 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 reapply for Medical Assistance or MinnesotaCare 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, or have questions about expedited appeals, contact the DHS Appeals Division at 651-431-3600 (metro) or 800-657-3510 (outstate). Please give detailed information about your situation and why it requires a faster appeal. Without this information, we will not be able to determine whether you qualify for a faster appeal and will consider your appeal through the standard appeal process.

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. Most hearings are done over the phone.

Continue to report changes that happen in your household, such as the start or stop of a job, or changes in who lives with you.

- For MA, continue to report changes within 10 days of the change. Report changes by calling your county or tribal agency.
- If you and everyone in your household gets MinnesotaCare, continue to report changes within 30 days. Call the DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 to report a change.

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. To find a legal aid office near you, visit <http://www.lawhelpmn.org>. You can also call your local legal aid office.

- If you live in Hennepin County, call 612-334-5970.
- If you live in Ramsey County, call 651-222-4731.
- For all other counties, call 800-292-4150.

Your Civil Rights

CB3 (HC-Medical) 5-23

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)
OCRComplaint@hhs.gov (email)
<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/>

Minnesota Department of Human Services (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 actions.

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