



Dec 26, 2014 11:42 AM
Reference Number : 10231891

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EMAParent ScenarioThree
1 Mendota Rd W Suite 100
West St Paul, MN 55118

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

MAChild ScenarioThree - MNSure ID Number: 9110678388

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

MAChild ScenarioThree 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
EMAParent ScenarioThree	Male	03/25/1970	No
MACHild ScenarioThree	Male	01/04/2004	No

Relationships

Name
EMAParent ScenarioThree Is the Parent of MACHild ScenarioThree

Expected Tax Filing Information

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly
EMAParent ScenarioThree	Tax Filer		No
MACHild ScenarioThree	Tax Dependent	MACHild ScenarioThree is dependent of EMAParent ScenarioThree	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
EMAParent ScenarioThree	No	No	No
MACHild ScenarioThree	No	No	No

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
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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
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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
EMAParent ScenarioThree	0.00
MAChild ScenarioThree	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.
- **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@MNsured.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.