

Agency Name
Address
City, State Zip

Date:
Reference Number:

CLIENT NAME
ADDRESS
CITY, STATE ZIP

Health Care Notice: Coverage Will End
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Household Member Name(s).

Effective Date	Action	Program
August 31, 2015	Closed	Medical Assistance

Medical Assistance coverage will stop at the end of the day on the effective date shown above for the household members listed because:

We did not get all the needed information to renew coverage.

[Code of Federal Regulations, title 42, section 435.916; Minnesota Statutes, section 256B.056, subd. 7a]

If you return all the needed information by August 15, we will redetermine eligibility for you and your household members. If you do not return all the needed information by August 15, you will need to reapply for coverage. **Do not reapply online before September 1, 2015.**

- If you have questions, call your county human services agency. Or call the DHS Minnesota Health Care Programs (MHCP) Member Help Desk. You can call the help desk at 651-431-2670 or 800-657-3739. Or you can call using your preferred relay service.

- The fastest way to reapply is to go to www.mnsure.org and fill out an online application. Do not reapply online before September 1 , 2015. If you cannot apply online, you can fill out a paper application.
- If you want a paper application, call your county human services agency. Or call the DHS MHCP Member Help Desk. You can call the help desk at 651-431-2670 or 800-657-3739. Or you can call using your preferred relay service.
- You can also get help through a navigator. A navigator is a person from a trusted organization who is trained to provide free in-person help to people applying in MNSure for health care coverage. To find a navigator, go to www.mnsure.org. Click the “Get Help” tab on the home page. Follow the instructions to use the assister finder. Your county agency can also help you find a navigator in your area.

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!

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

How do I appeal?

<p>1. Internet Log in to your account at www.mnsure.org</p>	<p>2. Phone MNSure Contact Center: 1-855-366-7873</p>	<p>3. Mail MNSure 81 Seventh Street East, Suite 300 St. Paul, MN 55101-2211</p>	<p>4. In person Minnesota Department of Human Services Information Desk 444 Lafayette Road North St. Paul, MN 55101</p>
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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

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.

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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 people 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.