



Appeal Request Form

Important: Make sure you complete pages 1 & 2 of this form. Please download and save this PDF file to your computer first, then fill it out, then re-save the file so the information you enter is saved. If you are using a public or shared computer, delete this form when you are done.

Information about Person or Employer Requesting to Appeal

First Name:

Middle Name:

Last Name:

MNSure Username of the person requesting this appeal:

Business name:

Street Address:

Phone Number:

City:

County:

State:

Zip Code:

Date of Birth:

Email:

Do you need an interpreter for the hearing?

If you do need an interpreter, what is your preferred language?

Yes

No

Spanish

Hmong

Somali

Other (explain):

Representative

A representative is a person whom you have named to act on your behalf in this appeal. If you are being assisted by a representative, you should identify that person in this section.

First Name:

Middle Name:

Last Name:

Title or Position (if representing a business):

Street Address:

Phone Number:

City:

State:

Zip Code:

Email:



Programs

(check all that apply)

- Advance Premium Tax Credits (APTC)
- Medical Assistance (MA)/Children's Health
- Qualified Health Plan (QHP)
- Cost Sharing Reductions (CSR)
- MinnesotaCare
- Small Business Health Options Program (SHOP): Employer
- Small Business Health Options Program (SHOP): Employee
- Employer Shared Responsibility
- Other; Please list:

Reason for Appeal

(check all that apply)

I disagree with the eligibility determination recently made by MNsure. I want to appeal because:

- I was notified that I am not eligible to use MNsure.
- I was notified that I don't qualify for the program(s) checked above.
- You took too long to determine my eligibility.
- I'm enrolled in MA/CHIP/MinnesotaCare and I disagree with the level of benefits, services, initial premiums or claims.
- I qualify for premium tax credits and/or cost sharing reductions, but I disagree with the amount or prepayment you calculated.
- I'm enrolled in MA/CHIP/MinnesotaCare and you took too long to process my claim.
- I was notified by MNsure that I don't qualify for the Individual Responsibility Exemption.
- I'm an employer and I was notified that one of my employees is eligible for APTC.
Please list the employee's name, address, employee's date of birth, and effective date of employee's coverage.

Other; please explain:

Does this appeal involve a Medical Emergency?

Please refer to the instructions for Requesting an Appeal on page 3 before you complete this section.

Yes* No

*If yes, please explain the medical emergency:

Status of Continued Eligibility and Benefits During Appeal

Please refer to the Instructions for Requesting an Appeal on page 3 before you complete this section.

If my benefits are being cut or stopped, my decision for continuing benefits is:

- I want to keep getting benefits at the same rate as before until the appeal decision.
- I want to reduce my benefits to the level in my notice until the appeal decision.

Client Signature:

Date:



Instructions for Requesting an Appeal

To request an appeal, please complete, sign and date pages 1 & 2 of the appeal request form. You can submit this form in the following ways:

- Visit www.mnsure.org and log into your account to access the appeals form.
- Complete the appeals form that can be found at www.mnsure.org/help/appeals and email it to <mailto:dhs.mnsureappealsindexing@state.mn.us> or mail it to the address listed below.
- Call the Contact Center toll-free at 1-855-366-7873.
- Mail the appeal request form to: MNsure, 81 East 7th Street, Suite 300, St. Paul, MN 55101-2211.
- Come in person to the Minnesota Department of Human Services Information Desk: 444 Lafayette Road N, St. Paul, MN 55101.

Time Limit

You must file an appeal within ninety (90) days of the date of your Health Care Notice. If your appeal involves Medical Assistance or MinnesotaCare, you must file an appeal within thirty (30) days of receiving the Health Care Notice, or ninety (90) days, if you can show good cause for filing the appeal late. If you are receiving Medical Assistance or MinnesotaCare benefits and wish to continue benefits at the same rate as before, you must appeal within ten (10) days of the date on the Health Care Notice or before the date when the action takes place.

What if it is an Emergency?

You have a right to request an emergency expedited appeal if there is an immediate need for health services because a standard appeal could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. If you have a medical emergency, check 'yes' when asked if the appeal involves a medical emergency on the appeal request form or call MNsure at 1-855-366-7873.

Information about Continued Benefits

In appeals where your eligibility is redetermined, your benefits will only continue at the same rate as before the determination you are appealing if you select the 'I want to keep getting benefits at the same rate as before' checkbox.

If you lose your appeal, you will likely have to pay back the extra benefits.

If you lose your appeal, you will likely have to pay back the benefits you got while your appeal was pending.

The meaning of the term 'benefits' based on the type of appeal you file. If you appeal a decision made regarding Medical Assistance or MinnesotaCare, the term 'benefits' means eligibility and program benefits. If you appeal the advanced payment of premium tax credits (APTC) and or cost-sharing reductions (CSR), the term 'benefits' means the amount of tax credits and/or reductions. If you appeal the eligibility to purchase a QHP through MNsure, 'benefits' means the eligibility to purchase a QHP through MNsure.

Data Practices

Data on individuals will be collected throughout the appeals process. During this process, evidence and testimony will be collected for the purpose of deciding an individual's rights under Minnesota and federal law. A party to an appeal is not required to supply data for an appeal; yet, deciding which evidence and testimony to submit may have an impact on the outcome of the appeal decision. Certain other government officials may have access to information provided throughout the appeals process if this is allowed by statute or pursuant to a valid court order. When the appeal proceeds outside of the MNsure appeals process to district court, the appeal record will be public unless a protective order is issued. When the appeal proceeds outside of the MNsure appeals process to the United States Department of Health and Human Services, the record will be classified pursuant to federal law governing the collection of data on individuals.