

**NUMBER**

#23-21-10

**DATE**

April 17, 2023

**OF INTEREST TO**

County Directors

Social Services Supervisors and  
Staff

Financial Assistance Supervisors  
and Staff

Navigators, In-person assisters,  
and Certified Application  
Counselors

Tribal Chairpersons and Tribal  
Health Directors

**ACTION/DUE DATE**

Please read and prepare for  
implementation

**EXPIRATION DATE**

April 17, 2025

## DHS Announces New Minnesota Health Care Programs Renewal Form for Families, Children and Adults

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**TOPIC**

The new Minnesota Health Care Programs renewal form for families, children, and adults.

**PURPOSE**

To provide information about the new renewal form and cover letter for families, children and adults that will be used during the unwinding period from continuous coverage requirements.

**CONTACT**

County and tribal agencies should submit policy questions via HealthQuest.

All others should direct questions to:

Health Care Eligibility and Access Division  
PO Box 64989  
540 Cedar Street  
St. Paul, MN 55164-0989

**SIGNED**



JULIE MARQUARDT  
Interim Assistant Commissioner/Interim State Medicaid Director  
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. Introduction

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States must annually renew eligibility for individuals enrolled in Medicaid, the Children's Health Insurance Program, and the Basic Health Program. States must first attempt to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (i.e., ex parte renewal). Reliable information may include information in the enrollee's case and other more current information available to the state such as information accessed through trusted electronic data sources or from other benefit programs. If available information is sufficient to determine continued eligibility without requiring information from the individual, their eligibility is renewed on an ex parte basis or auto renewed. They must be provided a notice of this determination, the information used to make the determination, and their obligation to inform the state if any information in the notice is inaccurate or subsequently changes.

If available information is insufficient to determine continued eligibility, the state must provide the individual with a renewal form and inform the individual of any additional information or documentation needed to determine eligibility. Federal regulations<sup>1</sup> require the renewal form to be pre-populated with the most recent information about the enrollee for Medicaid enrollees whose eligibility is based on the modified adjusted gross income (MAGI) methodology (i.e., children, pregnant individuals, parents, relative caretakers, and adults).

Now that Medicaid continuous coverage policies have ended and renewals are resuming, the Department of Human Services (DHS) requested and received approval from the Centers for Medicare & Medicaid Services (CMS), to temporarily suspend the use of pre-populated renewal forms during the unwinding period. This approval was sought because to maintain enrollee coverage under the continuous coverage policies, adverse enrollee changes could not be acted on and entered in the Minnesota Eligibility Technology System (METS). As a result, enrollee case data may be significantly outdated and pre-populating renewal forms with such data would likely be confusing to enrollees. Instead, MAGI-based Medical Assistance (MA) enrollees (i.e., MA enrollees who are members of families with children and MA adults) and MinnesotaCare enrollees who are required to complete a renewal form, will receive a traditional fill-in-the-blank renewal form.

This bulletin announces the [Minnesota Health Care Programs Renewal for Families, Children and Adults form \(DHS-8262\)](#) for use only during the unwinding period. This form will be used for MAGI MA enrollees with eligibility renewals for July 2023 through June 2024, and for MinnesotaCare enrollees for January 2024 renewals, whose eligibility cannot be determined on an ex parte basis. See [Bulletin #23-21-09 DHS Announces the Resumption of Minnesota Health Care Programs Annual Eligibility Renewals](#) for more information on restarting renewals.

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<sup>1</sup> [Code of Federal Regulations, title 42, section 435.916\(a\)](#), [Code of Federal Regulations, title 42, section 600.340](#)

## II. New Renewal Form and Cover Letter

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### A. New Renewal Form

The [Minnesota Health Care Programs Renewal for Families, Children and Adults \(DHS-8262\)](#) was designed to streamline the renewal process by gathering only the information needed to redetermine eligibility.

The renewal form:

- Does not include questions about enrollees' citizenship or immigration status as these are unlikely to change in a way that would result in an enrollee losing eligibility.
- Adds a question that enables enrollees who have no income from any source to declare they have no income and then bypass other income questions.
- Includes Appendix A: New Coverage Request, which can be completed if a household has a new member or an existing member newly requesting health care coverage. If there is no new member or new coverage requested, this does not need to be returned with the form.

### B. New Renewal Cover Letter

DHS will mail a new cover letter with the Minnesota Health Care Programs Renewal for Families, Children and Adults (DHS-8262). See Attachment A for a sample of the cover letter.

## III. Action Required

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DHS will mail the [Minnesota Health Care Programs Renewal for Families, Children and Adults \(DHS-8262\)](#) to enrollees with eligibility in METS who are scheduled for renewals for July 2023 through June 2024, whose eligibility cannot be auto renewed. A fillable version of the form is available in the [Searchable document library \(eDocs\)](#) for use by county and tribal agencies, navigators, managed care organizations (MCOs) and others who are assisting enrollees with renewals. The form will also be translated in Hmong, Russian, Somali, Spanish and Vietnamese. The translated versions will also be available on eDocs.

Use the Minnesota Health Care Programs Renewal for Families, Children and Adults (DHS-8262) for all MAGI-based MA and MinnesotaCare renewals during the unwinding period.

### Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-297-3862 or 800-657-3672, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

# Appendix A: METS Renewal Sample Cover Letter

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SERVICING AGENCY NAME  
ADDRESS 1  
ADDRESS 2



*SAMPLE COVER LETTER - JANUARY MA & MINNESOTACARE RENEWAL*

ENROLLEE NAME  
ADDRESS1  
ADDRESS 2

Oct 2, 2023 5:07 PM

Due date / Fecha límite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: **November 1, 2023**

## It is time to renew your health care coverage

Es tiempo de renovar su cobertura médica

Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd caymiskaaga caafimaadka

Txog sij hawm rov txuas ntxiv koj daim ntawv kho mob

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**Case Number:**

### Household members who need to renew their eligibility:

Member Name	MNs ure ID Number	Health Care Program Type
ENROLLEE NAME		Medical Assistance
ENROLLEE NAME		MinnesotaCare

Turn this page over for commonly asked questions.

Case Number:

## Commonly asked questions:

### ***What if my renewal form is received after November 1, 2023?***

You may experience gaps in your coverage if your form is received after November 1, 2023.

### ***What if I do not send in my renewal form at all?***

If we do not receive your form at all, your coverage will end on December 31, 2023.

### ***What if I have more questions about the renewal process or my renewal status?***

- If you have **Medical Assistance** and have questions about your case, call your county or tribal servicing agency listed on this notice.
- If you have **MinnesotaCare** or have general questions about health care eligibility, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Our hours of operation are 8:00 a.m. – 5:00 p.m. Press option 3 to request an interpreter in your preferred language. TTY: Use your preferred relay service.

Case Number:

## Here's what you need to do:

1. **Answer the questions** on the included renewal form.
2. **Sign and date** the form.
3. **Mail, fax, or drop off your completed form by November 1, 2023** to your servicing agency found at the top left of the first page of this notice.



### Save time now:

**Include proofs (Optional):** Include copies of income or self-employment proofs (like pay stubs or tax returns) for all household members who have an income. Do not include original documents.

*Collecting proofs may be required at a later step. Including proofs now can speed up your processing time.*

## Get additional support:

Get free help completing your renewal by contacting a navigator near you. You can find a navigator who speaks your language. Visit or call:

Obtenga ayuda gratuita contactando a un(a) ayudante cerca de usted. Para encontrar un(a) ayudante que hable su idioma cerca de usted visite la página de internet que se muestra abajo o llame al siguiente número:

Hel caawimaad bilaash ah oo la xariirta cusbooneysiintaada adoo la xariiraya hawl fududeeyaha kuugu dhaw. Waxaad heli kartaa hawl fududeeye ku hadla luuqadaada. Booqo ama wac ilahaan hoose:

Xav tau kev pab dawb txuas ntxiv koj daim ntawv kho mob thov hu rau tus neeg ua ntaub ntawv kho mob nyub ze koj. Koj yuav nrhiav tau tus neeg uas ntaub ntawv kho mob uas nws hais koj hom lus. Thov mus saib los yog hu rau cov chaw muaj kev pab nram qab no:



[mnsure.org/help/find-assister/find-assister.jsp](https://mnsure.org/help/find-assister/find-assister.jsp)



855-366-7873

Case Number: