

NUMBER

#24-21-02

DATE

March 13, 2024

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Financial Assistance Supervisors
and Workers

Tribal Chairpersons and Tribal
Health Directors

Navigators, Certified
Application Counselors and
Brokers

ACTION/DUE DATE

Please read and implement.

EXPIRATION DATE

March 13, 2026

DHS Implements Individual-Level Eligibility Renewals for Medical Assistance and MinnesotaCare

TOPIC

Medical Assistance for Families with Children and Adults (MA-FCA) and MinnesotaCare eligibility renewals at the individual level.

PURPOSE

This bulletin provides information on the implementation of individual-level eligibility renewals for MA-FCA and MinnesotaCare.

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 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. Background

In August 2023, the Centers for Medicare & Medicaid Services (CMS) clarified that states must conduct Medicaid ex parte eligibility renewals (also called auto renewals) at an individual level and not at the household level. In an ex parte renewal, the state attempts to confirm an enrollee's eligibility using information in the case file and from trusted electronic data sources before sending a renewal form and requesting information from the enrollee. In households with more than one enrollee, when eligibility for one or more enrollees cannot be confirmed, the state must still auto renew eligibility for those enrollees whose eligibility can be confirmed.

Minnesota's Medicaid program, known as Medical Assistance (MA), conducts ex parte renewals in two different eligibility systems. The Minnesota Eligibility Technology System (METS) conducts an automated ex parte process for MA enrollees who are children, pregnant people, parents, and adults without children (MA-FCA), and MinnesotaCare enrollees. In MAXIS eligibility workers conduct a manual ex parte process for MA enrollees who are age 65 or older, blind or who have a disability (MA-ABD), and Medicare Savings Programs (MSP) enrollees. Before November 2023, both ex parte renewal processes were performed at the household level, rather than an individual level. In households with more than one enrollee, when eligibility for one or more could not be confirmed, no enrollee was auto renewed, and the household was required to complete a renewal form.

In November 2023, DHS implemented a series of temporary steps to renew eligibility at an individual level. These temporary strategies, referred to as Mitigation Plan 2.0, are described in [Bulletin #23-21-26](#). DHS implemented an ongoing mitigation strategy for MA-FCA and MinnesotaCare renewals due for January 2024 and later, until METS could be updated to conduct renewals at an individual level.

METS programming to conduct and support individual level renewals will be in place beginning with MA-FCA renewals due for June 2024 eligibility. This bulletin describes how DHS is implementing individual renewals for MA-FCA and MinnesotaCare enrollees with eligibility supported by METS.

II. Individual-Level Renewals for MA-FCA and MinnesotaCare

MA-FCA and MinnesotaCare enrollees must have eligibility renewed once annually. When an enrollee is due for annual renewal, METS carries out the automated ex parte renewal process. METS also supports eligibility redeterminations based on eligibility workers' processing of renewal forms. DHS has implemented METS changes to conduct ex parte renewals and support renewal form processing at the individual enrollee level.

A. Ex Parte Renewal Redeterminations

Beginning with MA-FCA renewals due for June 2024 eligibility, METS will conduct ex parte renewals at the individual level. An enrollee's eligibility will be auto renewed if there is sufficient information in the case file and from trusted electronic data sources to confirm their eligibility, regardless of whether eligibility can be confirmed for other enrollees in the household.

In households with more than one enrollee due for renewal, some enrollees may be auto renewed while other enrollees will need to complete a renewal form. When this happens, DHS will mail the household a new combined renewal and results notice. The notice will indicate who was auto renewed and who

must complete and return the enclosed renewal form. DHS will begin mailing the combined renewal and results notice for households with an MA renewal due for June 2024 eligibility. See Attachment A for a sample of the combined renewal and results notice.

DHS will continue to mail the [Auto Renew Notice](#) when all enrollees in a household have eligibility auto renewed. Likewise, DHS will continue to mail the [Need to Renew Notice](#) when no one in a household has eligibility auto renewed, and the renewal form must be completed and returned to redetermine eligibility for all household members due for renewal.

Prepopulated Renewal Forms Resume

During the unwinding period, DHS requested and received approval from the Centers for Medicare & Medicaid Services (CMS), to temporarily stop using prepopulated renewal forms for MA-FCA and MinnesotaCare. Instead, DHS sent the [Minnesota Health Care Programs Renewal for Families, Children and Adults \(DHS-8262\) \(PDF\)](#) to households whose eligibility could not be auto renewed. See [Bulletin #23-21-10](#) for more information.

DHS will mail the DHS-8262 for the last time with certain renewals due for June 2024, and will return to prepopulated renewal forms with renewals due for July 2024 and thereafter.

For enrollees with an MA-FCA renewal due for June 2024 eligibility:

- DHS will mail a Need to Renew Notice with a DHS-8262 if all household members need to complete and return a renewal form.
- DHS will mail a combined renewal and results notice with a prepopulated renewal form if some enrollees in the household are auto renewed and some need to complete and return the renewal form.

For enrollees with an MA-FCA or MinnesotaCare renewal due for July 2024 eligibility or later, DHS will mail prepopulated forms to all households when one or more household members who must complete and return a renewal form.

County and tribal agencies and DHS must continue to accept the DHS-8262 if an enrollee with a renewal due in 2024 submits it in lieu of a prepopulated form.

B. Renewal Form Redeterminations

Beginning with MA-FCA renewals due for June 2024 eligibility, for households where a renewal form must be completed to renew eligibility for more than one enrollee, eligibility for each individual enrollee must be redetermined and if appropriate, renewed as soon as there is sufficient information gathered to do so. When a renewal form is returned and has enough information to redetermine eligibility for an enrollee, the renewal must be processed and eligibility for that enrollee redetermined regardless of missing information or proofs needed for other household members' eligibility. A renewal decision must not be delayed for one enrollee while additional information or verification is requested for other enrollees in the household. METS changes will allow the redetermination and renewal of individual enrollees when a renewal form is processed and will generate the corresponding eligibility results notice.

C. Procedural Termination for Failure to Complete a Renewal

A procedural termination is when an enrollee's MA or MinnesotaCare eligibility is closed for failure to complete a renewal. METS will close MA-FCA and MinnesotaCare eligibility for enrollees when a renewal form or information or proofs requested for renewal are not submitted timely. An enrollee may have MA-FCA or MinnesotaCare eligibility closed for failure to renew regardless of whether other enrollees in their household were auto renewed or had eligibility redetermined based on a renewal form. An enrollee whose eligibility is procedurally terminated must be sent a closing notice at least 10 days before the date of closure.

1. Requesting Eligibility During the Reconsideration Period

The reconsideration period is the four-month period after an enrollee's MA or MinnesotaCare eligibility is procedurally terminated. If the renewal form or requested information for renewal is submitted during this period, it must be accepted in lieu of requiring a new application form and is processed as an application.

Some household members may have their eligibility procedurally terminated while other members in the same household have their eligibility redetermined. Also, it is possible that enrollees in the same household may have different procedural termination dates and different reconsideration periods.

During the reconsideration period, a former enrollee or household whose eligibility was procedurally terminated must provide the following to reapply:

- The renewal form if the household did not previously submit the renewal form; or
- Information or proofs if the renewal form was submitted but requested information or proofs to complete the renewal for one or more enrollees were not provided.

An enrollee or household may also reapply during the reconsideration period by submitting a new [Application for Health Coverage and Help Paying Costs \(DHS-6696\) \(PDF\)](#) or other health care application by mail, fax, in person, [health care document upload tool](#) or by telephone. The MNsure online application is used only when there is no household member who remains eligible for any health care program in METS, and the household's METS case is closed. Enrollees who had their MA-FCA or MinnesotaCare eligibility procedurally terminated but have household members who are still enrolled must not submit a new online application.

A former enrollee determined eligible for MA-FCA during the reconsideration period will continue to have the same certification period and renewal schedule as other enrollees in their household whose MA eligibility was successfully renewed. MinnesotaCare enrollees renew eligibility for January each year, regardless of when their eligibility was determined or renewed.

2. Requesting Eligibility After the Reconsideration Period

After the reconsideration period ends, former enrollees or households whose eligibility was procedurally terminated must reapply to request a new eligibility determination. When all members of a household had MA-FCA or MinnesotaCare procedurally terminated, the household may reapply by submitting a new application via the [MNsure online application](#), or by

completing and submitting the [Application for Health Coverage and Help Paying Costs \(DHS-6696\) \(PDF\)](#) or other health care application by mail, fax, in person, [health care document upload tool](#) or by telephone.

DHS will provide policy and procedural guidance about the process for one or more former enrollees to reapply after the reconsideration period when other enrollees in their household remain enrolled in MA-FCA, MinnesotaCare or another METS supported health care program in the future. County, tribal and DHS workers must continue to follow current procedures until further guidance is issued.

D. Changes Reported After an Individual Enrollee is Renewed

In households where some members have eligibility auto renewed and others in the household must complete a renewal form, changes in circumstances reported on the renewal form or collected in the renewal process may impact eligibility for the previously renewed household members. When the renewal is processed, eligibility for all household members is redetermined. Enrollees who are determined ineligible for MA or MinnesotaCare based on changes reported after their eligibility is renewed must be given 10-day advance notice of the closure.

There are exceptions for certain MA enrollees, including children eligible for MA as an auto newborn and people who are pregnant or within the 12-month postpartum period. These MA enrollees have continuous eligibility, and changes reported for another enrollee's renewal do not impact their MA eligibility.

In addition, for children under age 19, adverse changes reported after the child's MA eligibility is renewed do not impact the child's eligibility unless the change was reported before the new certification period and 10-day advance notice can be given before the new certification period begins. See [Bulletin #23-21-27](#) for more information about continuous eligibility for MA for children under age 19.

III. Action Required

County, tribal and DHS eligibility workers must follow the policies outlined in this bulletin and related ONESource instructions.

IV. Attachments

Attachment A: Sample combined renewal and results notice

V. Legal Authority

Code of Federal Regulations, title 42, sections 435.916(a) and 457.343

Code of Federal Regulations, title 42, section 600.340(c)

Americans with Disabilities Act (ADA) Advisory

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

Service Agency Name
 Service Agency Address Line 1
 Service Agency Address Line 2
 City, State Zip Code



*

Primary Client Name
 Client Address Line 1
 Client Address Line 2
 City, State Zip Code

Date & Time Printed

Due date / Fecha lí mite / Waqtiga kama danbeysta ah / Hnub tag sij hamn: **[DUE DATE]**

It is time to renew your health care coverage

Es tiempo de renovar su cobertura mé dica

Waxaaa la joogaa waqtigii aad cusbooneysiin lahayd ayntaaskaaga aafimaadka

Txog sij hawm rov txuas ntxiv koj daim ntawv kho nroob

Case Number: XXXXXXXXX

You must complete and return a renewal form for:

We are not able to renew eligibility using information available to us for these members listed here.

Member Name	MNsure ID Number	Health Care Program Type
Client's Name	MNsure ID	MA or MCRE
Client's Name	MNsure ID	MA or MCRE
Client's Name	MNsure ID	MA or MCRE

See next page for members who have been renewed and commonly asked questions.

We renewed eligibility for:

We used information available to us to renew eligibility starting **[First day of new certification period]** for the members listed here.

Member Name	MNsure ID Number	Health Care Program Type	Basis of Eligibility
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis
Client's Name	MNsure ID	MA or MCRE	Eligibility Basis

Commonly asked questions:

What if my renewal form is received after [DUE DATE]?

Members who need to complete and return a renewal form may have gaps in coverage if your form is received after [DUE DATE].
Coverage for members we have renewed will continue.

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

Coverage for members who need to complete and return a renewal form will end on [Current Certification End Date].
Coverage for members we have renewed will continue.

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 the notice.

If you have **MinnesotaCare** or have general questions regarding health care eligibility, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672. Our hours of operation are 8:00a.m. – 5:00p.m. Press option 3 to request an interpreter in your preferred language.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

Here's what you need to do:

1. **Review the information** on the included renewal form.
2. **Update** any old or incorrect information. **Fill in** any missing information. **Attach** a sheet of paper if you need more space to write. For help completing this form, scan the code or go to <https://mn.gov/dhs/health-care/renewal>.
3. **Sign and date** the form.
4. **Mail, fax, or drop off your completed form by [DUE DATE]** to the servicing agency found at the top left of the first page of this notice. Visit <https://mn.gov/dhs/renewmycoverage> to find out about other ways you can submit your renewal.



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

 855-366-7873

Renewal Form

This is the information we have about your household. Review the information on this notice, including the address. Tell us if any of the information is not correct and fill in any missing information. To add a new household member or new applicant requesting coverage, call the servicing agency listed in the return address on this notice. See the enclosed Agency Addresses form to get the address and phone number for your servicing agency.

Household Information

Name	Gender	Date of Birth	Marital Status	Pregnant?	Receiving coverage?

All this information is correct unless a change is entered below. If you are reporting a pregnancy, please provide the number of unborn child(ren) and the due date.

SAMPLE

Residency

Name	Lives in Minnesota?	Plans to make Minnesota home?	Visiting Minnesota for medical care or personal reasons?	Is home address the same as mailing address?	Home address, if different from mailing address

All this information is correct unless a change is entered below:

Social Security Number (SSN)

Name	SSN provided?	If no, has person applied for SSN?

All this information is correct unless a change is entered below:

Citizenship Status

Name	United States Citizen?	United States National?

All this information is correct unless a change is entered below. If citizenship information has changed, please provide the effective date, Naturalization ID number and new name if available.

Noncitizen Information

Name	Immigration status (example: asylee, legal permanent resident, refugee)	Entered US before August 22, 1996?	Lived in US for 5 or more years in a qualified status?	Honorably discharged veteran or active-duty military member?	Spouse or dependent child of an honorably discharged veteran or active-duty military member?

All this information is correct unless a change is entered below. If noncitizen information has changed, please provide the date the new status began, the type of document you have, the Alien ID number, and the card number.

Expected Tax Filing Information Review the following information and report any tax filing status changes for any member in your household in the box after the tables.

Name	Expected Tax Status	Tax Relationship	Married Filing Jointly?	Tax dependent of someone outside the household?	Expected to be claimed as a tax dependent by a noncustodial parent?

SAMPLE

Name	Had or expects a change in family size?	Had or expects a decrease in annual household income?	Had or expects a change in tax-filing status?	Filed an application for unemployment benefits?	Had or expects a change in the number of people on tax return?

Name	Had or expects a change in family size?	Had or expects a decrease in annual household income?	Had or expects a change in tax-filing status?	Filed an application for unemployment benefits?	Had or expects a change in the number of people on tax return?

All this information is correct unless a change is entered below:

Other Health Insurance Information

Name	Are you enrolled in health insurance through an employer?	Do you have access to health insurance through an employer?	Is employer making changes for new plan year?	Do you have Medicare or other non-employer health insurance?	Type of non-employer health insurance

SAMPLE

All this information is correct unless a change is entered below. If you are reporting that someone has access to, but is not enrolled in, an employer insurance plan, we will need a completed **Appendix A: Health Coverage from Jobs** with your completed renewal form. Access the appendix at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6696D-ENG> or have one mailed to you by calling your county agency or DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

Information about Health Insurance Available through an Employer

Name	Name of Employer	Are you the employee?	Does the employer offer a plan that meets the minimum value standard for Self-Only Coverage?	How much would the employee pay for Self-Only Coverage?	How often does the amount for coverage have to be paid?

All this information is correct unless a change is entered below. If you are reporting that someone has access to, but is not enrolled in, an employer insurance plan, we will need a completed **Appendix A: Health Coverage from Jobs** with your completed renewal form. Access the Appendix at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG> or have one mailed to you by calling your county agency or DHS Health Care Consumer Support at 651-297-3362 or 800-657-3672.

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Information about Access to Family Health Insurance Available through an Employer

Name	Name of Employer	Are you the spouse or tax dependent of the employee?	Does the employer offer a plan that meets the minimum value standard for Family Coverage?	How much would the employee pay for Family Coverage?	How often does the amount for coverage have to be paid?

*All this information is correct unless a change is entered below. If you are reporting that someone has access to, but is not enrolled in, an employer insurance plan, we will need a completed **Appendix A: Health Coverage from Jobs** with your completed renewal form. Access the appendix at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG> or have one mailed to you by calling your county agency or DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.*

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SAMPLE

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.

How to complete this section: Review all the details for each income source listed on this form. Follow these steps:

1. If the type of income is still current, cross out any details of the income that are not correct and enter the corrections in the space(s) provided in the table.
2. Cross out all income that ended.
3. Cross out duplicate income information (income information listed more than once).

IMPORTANT: If you report a change in income, make sure you review and update all three sections on this form: Income Information, Adjustments to Income and Projected Annual Income.

Name	Income	Seasonally Employed? Yes or No	Amount	How Often? Weekly Bi-weekly Semi-monthly Monthly Yearly	Amount of interest received or part of Social Security benefit amount that is tax-exempt?

SAMPLE

Report new income: Complete this section for any household members that have new income to report that is not listed in the previous table. If you need more space, write "Report new income" on a separate piece of paper and include your case number and the information from the table. Return it with this form.

Name	Income	Seasonally Employed? Yes or No	Amount	How Often? Weekly Bi-weekly Semi-monthly Monthly Yearly	Amount of interest received or part of Social Security benefit amount that is tax-exempt?

Adjustments to Income

Adjustments to income are the types of expenses you would list on Schedule 1 of the 1040 federal tax return. Your gross income minus any adjustments is your adjusted gross income. For a complete list of allowable adjustments, see the Schedule 1 of the 1040 federal tax return.

How to complete this section: Review all the details for each adjustment listed on this form. Follow the steps below:

1. If the adjustment is still current and correct, do not make any changes.
2. Cross out any detail that is not correct and enter the corrections in the space provided.
3. Cross out all adjustments that ended.

If no changes are made, we will use all of the information in the table to determine eligibility for your household.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

Report new adjustments to income: Complete this section if any household members have new adjustments to income not listed in the previous table. If you need more space, write "New adjustments to income" on a separate piece of paper and include your case number and the information from the table. Return it with this form.

Name	Type of Adjustment	Amount of Adjustment	Frequency of Adjustment

Other Information

Review each question below. If the answer is yes for you or anyone in your household, use the box below to explain which question the answer is yes for. Also write the name of the person answering yes.

- Stopped working or had hours, wages or salary decrease in the last six months?
- Has ongoing medical bills to meet a spenddown?
- Is seeking Medical Assistance payment of long-term-care services to reside in a long-term-care facility?
- Is seeking services to help a person stay in his or her home through a Medical Assistance home and community-based waiver program?
- Has a physical or mental health condition that limits the ability to work or perform daily activities?
- Is blind?
- Is getting services from the Center for Victims of Torture?
- Is in jail or prison?

Full Medical Assistance Determination

Some people may be eligible for Medical Assistance (MA) under different categories. These categories include people with disabilities, people who are blind, people who receive services from the Center for Victims of Torture, people seeking payment of long-term-care services, and people seeking community-based waiver services. In addition, people who have outstanding medical bills at application may qualify for coverage for three months before application, and people with excess income may qualify with a spenddown. We will screen you to see if you may be eligible for MA under a different category, using the information you gave us on this form or when you applied. We will contact you for more information if we think you might qualify. If one of these categories applies to you, but you have not reported information about that, call and tell your worker. If you want us to make a full MA determination for you, call your worker for more information.

Renewing Coverage in the Future

Each year, MNSure and DHS match data to verify and renew eligibility for help paying for health coverage. We need consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this information, your financial assistance cannot be verified during the year and renewed. You can change your consent at any time. **If you do not check a box, you are agreeing to the use of your information for 5 years.**

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for:

- 5 years
- 4 years
- 3 years
- 2 years
- 1 year
- Do not use information from tax returns to renew my eligibility for help paying for health coverage.

By signing below:

I received and reviewed the Notice of Privacy Practices and the Notice of Rights and Responsibilities. I know that I must report changes to the information listed on this renewal form.

I understand that if I am providing information on behalf of other people in my household, I must have consent to provide and view information about all the people that I have listed on this renewal form and agree to safeguard their information.

I declare under the penalties of perjury that this renewal form has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or to payment of a fine of not more than \$10,000, or both. I understand that there may be other penalties for not telling the truth.

Additional Agreements for Medical Assistance and MinnesotaCare

If anyone on this renewal form is eligible for Medical Assistance or MinnesotaCare, I consent to the release of my Minnesota Health Care Programs health records to the parties listed in the Consent for Sharing of Medical Information section of the Notice of Rights and Responsibilities.

If anyone on this renewal form is eligible for Medical Assistance, I give the Medical Assistance agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties.

If I am a parent that is eligible for Medical Assistance, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency, and I may not have to cooperate. I give to the Medical Assistance agency the rights to medical support paid for my children.

If anyone on this renewal form is eligible for Medical Assistance, I have read and understand that the state may claim reimbursement for the cost of medical care, or the cost of the premiums paid for care, from my estate or my spouse's estate.

If anyone on this renewal form is eligible for Medical Assistance, I agree and understand that my information, and information about me shared from third parties, will be shared for fraud prevention investigations as stated in the Notice of Privacy Practices.

If I or anyone in my household already receives Medical Assistance or MinnesotaCare, I understand that the state may stop or change benefits because of the information I give on this form. I understand that the state may make changes without 10 days' advance notice. However, the state will send written notice no later than the effective date of the change.

If an enrollee is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

YOUR SIGNATURE	PHONE	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PHONE	DATE

For certified application counselors, navigators, in-person assisters, agents, and brokers only.

Complete this section if you are a certified application counselor, navigator, in-person assister, agent or broker filling out this renewal form for somebody else.

DATE (MM/DD/YYYY)	NAME OF ENROLLEE (First Name, Middle Name, Last Name, Suffix)	
NAME OF ASSISTER (First Name, Middle Initial, Last Name, Suffix)		ASSISTER PHONE NUMBER
ORGANIZATION NAME		ASSISTER ID NUMBER

Voter Registration

If you want to register to vote in Minnesota, you can complete a voter registration form at sos.state.mn.us.

SAMPLE

How do I use my health care coverage?

If you qualify for Medical Assistance:

You will get a Minnesota Health Care Programs (MHCP) member ID card showing your Medical Assistance ID number. Give your MHCP member ID card or Medical Assistance ID number to your health care providers.

If you have medical bills for services received since the date you qualified for coverage, contact the health care provider and ask the provider to bill the State of Minnesota. The provider may be able to pay you back for bills you have already paid.

You may be enrolled in a health plan. You will get information in the mail about choosing a health plan. Once you are enrolled, the health plan will send you an ID card and information telling you how to get services.

If you qualify for MinnesotaCare:

If you have a MinnesotaCare premium: You must make a full payment for coverage to start. Your coverage starts on the first day of the month after you make your first payment. If you have not gotten it already, you will get your first premium notice in the mail. Send the payment to us as soon as you can.

If you do not have a MinnesotaCare premium: Your coverage will start on the first day of the month after you were approved.

You must enroll in a health plan: You will get information in the mail about choosing a health plan. You may be enrolled in an assigned health plan until we get your enrollment form. Once we get your enrollment form and you are enrolled, the health plan will send you an ID card and information telling you how to get services. You will also get an MHCP member ID card.

SAMPLE

Do I have to pay back the costs of my health care if I am receiving government assistance?

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

If you are 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.

Also, Minnesota must try to recover the costs of all MA services an MA member received at any age while permanently living in a medical institution. However, MA members who qualify for services under modified adjusted gross income (MAGI) eligibility criteria are not subject to recovery for services received before the age of 55.

The state may file an MA lien against your real property to recover MA costs before your death, but only if you are permanently living in a medical institution. The state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs after death. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property
- Your real property that you own solely
- Your real property that you own with someone else

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