



MinnesotaCare

Guide to Health Plan Enrollment

including a
Notice about Your
Rights and Responsibilities



651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုၣ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ်လိတဲမိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

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.

LB2 (8-16)

ADA1 (2-18)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.Info@state.mn.us, call 800-657-3739, or use your preferred relay service.

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Glossary

Annual Health Plan Selection (formerly Open Enrollment) – A time period when health plan enrollees can select a different health plan, usually without evidence of insurability or waiting periods.

Capitation. The monthly premium the State pays to the health plan for an enrollee's health care coverage.

Copay – A copay is an amount you pay at the time you receive health care services; your copays count toward your deductible.

Cost sharing – Terms of a health plan that require enrollees to share the cost of health services, such as through copays and deductibles.

Deductible – A deductible is an amount that you pay toward your health care costs; there usually is a maximum deductible for each plan year.

Emergency – A condition that needs treatment right away. It is a condition that, without immediate care, could cause serious physical or mental harm; continuing severe pain; serious damage to body functions, organs or parts; or death. Labor and childbirth can sometimes be an emergency.

Evidence of Coverage – A document sent to you by your health plan explaining your coverage in detail. This used to be called a Certificate of Coverage.

Health plan – Health maintenance organizations (HMOs) and other plans that cover health care services.

Mixed household – Families where some members have medical assistance and others have MinnesotaCare on the same health care case.

Network – A group of health care providers who offer services to members of a health plan.

Primary care clinic – The clinic you choose for your routine care. Most of your care will be provided or approved by this clinic. The name of your clinic appears on your health plan card.

Primary care provider – The doctor or other health professional you see at your primary care clinic. This person will coordinate all of your health care.

Referral – Written consent from your primary care provider or clinic that you may need to get before you can see certain providers, such as specialists or doctors outside of your health plan network. Your primary care provider or clinic must write the referral.

Urgent care – Care for a condition that needs prompt treatment to stop the condition from getting worse. An urgent condition is not as serious as an emergency. Urgent care is available 24 hours a day.

What is MinnesotaCare?

MinnesotaCare is health insurance for uninsured Minnesota residents who meet income and other eligibility guidelines. MinnesotaCare is paid for with taxes paid by Minnesota health care providers, federal taxes and premiums paid by people who are enrolled. Premium amounts vary according to household income and size. MinnesotaCare does not pay for past medical bills.

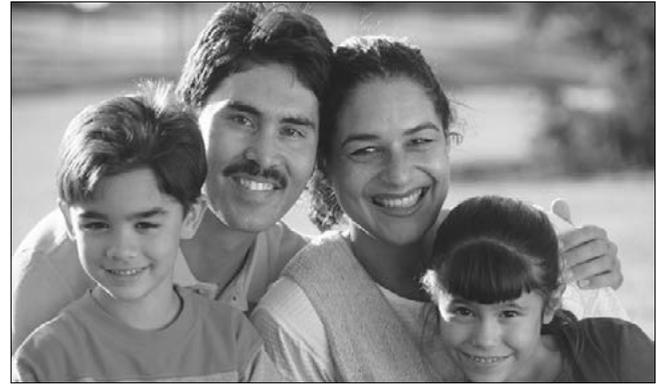
What do I need to do now that I have been approved for MinnesotaCare?

- **Pay your first premium.** Coverage will not start until your premium is paid.
- **Choose a health plan.** MinnesotaCare insurance is provided through health plans. You need to pick a health plan right away. If your health plan enrollment form is not received in time, you will be assigned to a health plan that may not be the one you want.

If you are American Indian, you can still get your medical services from an Indian Health Service (IHS) or tribal clinic. You can get services not provided by the IHS or certain tribal clinics through the health plan. More information for American Indians is on page 11.

How will I benefit from being enrolled in a health plan?

- Health plans are similar to a family doctor but on a larger scale. In a health plan, a network of providers – doctors, dentists, pharmacists, therapists, chiropractors, other health professionals and hospitals – serve all members enrolled in that health plan.
- By keeping all your health care with one health plan, the provider you see knows what your other doctors are doing for you and what medications they are prescribing for you.
- Health plans focus on prevention and early treatment.
- Health plans also help the state save money on health care costs.



Do I need to enroll everyone in my family in the same health plan?

Yes, all MinnesotaCare family members must be in the same health plan. However, each family member may choose a different clinic or physician within the same plan. In mixed households all members may not have the same health plan choices available to them.

How do I enroll in a health plan?

The enrollment form included in this packet (example below) shows which health plans are available in your county. The health plan booklets included in this packet list which doctors are with each plan. If you received a packet for a county other than where you live, call your worker.

Name of County/MinnesotaCare Street Address 1 Aitkin, MN 56431-1280		Case Number: 12345678 WKR ID: X123456	Type of enrollment: Initial SVC LOC: 999
April 18, 2002		Case Name Case Address City, State Zip	

ENROLLMENT FORM

Choose a health plan for your household from the choices below. Place an "X" on the line next to the health plan you want. Choose only one Health Plan.

Health Partners (This will be your health plan if you do not pick one)

Medica

UCare Minnesota

Blue Plus

Household members: The following members of your household are eligible for Medical Assistance, General Assistance or MinnesotaCare. Please PRINT the clinic or care system number for each person in the space provided. Choose a dental clinic **only** if you want HealthPartners or Itasca Medical Care. Answer all three questions for each person in your household.

Recipient ID	Recipient Name	Primary Care Clinic or Care System Number	Dental Clinic for HealthPartners or Itasca Medical	If you have other health insurance, name of company	Are you pregnant?	If you need an interpreter, enter code from below
87654321	John Doe	_____	_____	_____	Y N	_____
76543219	Jane Doe	_____	_____	_____	Y N	_____
65432198	Jim Doe	_____	_____	_____	Y N	_____
12345678	(Recipient Name)	_____	_____	_____	Y N	_____
12345678	(Recipient Name)	_____	_____	_____	Y N	_____

Interpreter Code:

Spanish 01	Hmong 02	Vietnamese 03	Kmer 04	Laotian 05	Russian 06	Somali 07	American Sign Language 08	Arabic 09	Serbo Croatian 10	Other 11	Other 12	Other 98
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Signature: I understand that when I fill out and sign this form, I am choosing a health plan and the State will pay a premium to the health plan for each person listed above. The information on the form will be given to your health plan. When your health plan starts, you will receive information and member cards from your health plan.

Signature _____ Date _____ Relationship to Person listed at the top of this form _____

1. Decide which plan is best for you and your family.
2. Fill out the enrollment form.
3. Return the form right away in the envelope provided.

If it is after the 15th of the month, call MinnesotaCare at 651-297-3862 or 800-657-3672. You may be able to choose a health plan over the phone.

Is the health plan that MinnesotaCare assigns to my family any better than the other health plans in my area?

- All health plans must provide the same basic benefits.
- The health plans available to your family are based on the county you live in. MinnesotaCare will assign a health plan if you do not return the form. The health plan will then assign you to a primary care clinic.
- MinnesotaCare doesn't know the health care needs of your family, and the assigned health plan may not be the best choice for you – that's why it's best to pick a health plan and primary care clinic yourself. If you want to keep the doctor that you go to now, find out which health plans he or she is with by calling your doctor's office.

What should I think about when choosing a health plan?

- The health plan you choose will not affect which benefits MinnesotaCare will pay for. All of the health plans will cover all of the benefits you have through MinnesotaCare.
- Will I be able to keep the same doctor and dentist?
 - Check the health plan booklets included in this packet to see if your family doctor and dentist are listed as health plan providers. You may also call your provider's office to find out if it is part of a health plan available to MinnesotaCare enrollees in your area.
 - You may have to choose a new doctor or dentist. If so, you may call the health plan for help. The number for each health plan is in the health plan booklets included in this packet.
- **If you use providers outside of the health plan you choose without getting approval, the health plan may not pay the bill.**



Questions to ask yourself

- Will I get care from a clinic or an individual provider?
- Will it be easy for me to get to the provider's office? Is the office near a bus line or near my work or home?
- Do the provider's office hours match my needs?
- What hospital is in the health plan's network and where is it located?
- Do I or does my family have any special medical needs? Does the health plan have providers that can meet those needs?
- What pharmacies in my area are in the health plan's network?

When will my health plan coverage begin?

Your health plan coverage begins when your MinnesotaCare coverage begins.

Call your worker if you have questions.

What happens once I am in a health plan?

- The health plan will send you a health plan ID card and a packet of information.
- Use the providers who are part of your health plan. If you don't know if a provider is part of your health plan, ask her or him before making an appointment.
 - When you go to a medical appointment, show your health plan ID card and your Minnesota Health Care Programs card.
 - Call your health plan if you have any questions. The telephone number is on your health plan card.

Important: Each health plan has rules regarding emergency health care. Be sure to follow your health plan's rules, or your plan may not pay the bill.

What is the difference between the Minnesota Health Care Programs card and the health plan card?

You will have two cards. MinnesotaCare will mail a Minnesota Health Care Programs card to you. Your health plan will mail you its membership card. You must show **both cards** when you go to your clinic or pharmacy.

Minnesota Health Care Programs card



- Is issued by the State of Minnesota
- Has your permanent member number, which stays the same even if you change health plans
- Must be shown along with your health plan ID card to your provider whenever you receive health care services
- Is a permanent card. Do not throw it away.

Health plan ID card



- Is issued by the health plan
- Has your health plan member number
- Must be shown along with your Minnesota Health Care Programs card to your provider whenever you receive health care services

What if I want to change my primary clinic after I've sent in my enrollment form?

You can pick a new primary clinic as long as the new clinic is part of your health plan's network. Call your health plan to change your clinic.

When can I change health plans?

If you want to change health plans, you can do so only under certain circumstances. For more information, see the "Your Rights" section on page 9.

What happens if I move to a different county?

Your health plan may change if you move to a different county. Call your worker if you are moving.

What if I get pregnant while I am enrolled in MinnesotaCare?

Call your worker if you become pregnant. You may be eligible for another program that does not have premiums or cost sharing. You must also notify your worker when your baby is born or if your pregnancy ends.



Be sure to read the next section:

Notice about your Rights and Responsibilities for the Minnesota Managed Health Care Programs.

It includes important information about

- What your rights are to necessary medical care
- When you can change health plans
- What to do if you have a problem with your health plan
- What to do if your health plan won't pay for something
- How to file a grievance or an appeal if you have a problem that is not being resolved

Notice about your Rights and Responsibilities for the Minnesota Managed Health Care Programs

Your responsibilities

- **ID Cards** – Show your health plan ID card AND your Minnesota Health Care Programs card every time you receive health care services.
- **Health care** – Know how to get emergency and other health care services in and out of your home area. Know the services that are covered in your program or benefit set. This information is in your health plan's Evidence of Coverage. If you receive a service that is not covered, you may have to pay for the service.
- **Each time you get health services** – Check to be sure that the provider is a health plan provider. If you receive service from a provider who is not in your health plan, you may have to pay for the service.
- **Copays** – Know which services require copays. A copay is an amount that you will be responsible to pay to your provider.
- **Benefit Limits** – Know which services have limits. You will be responsible for any costs above the benefit limit.
- **Your questions** – Call your health plan member services number. It is listed on the back of your health plan ID card. You can also call the Ombudsman for State Managed Health Care Programs at 651-297-3862 or 800-657-3672 or call your worker.

Your rights

You have the right to

- **Be treated with respect, dignity and consideration for privacy.**
- **Get the services you need 24 hours a day, seven days a week.** This includes emergencies.
- **Know that your health plan will keep your records private according to law.**
- **Request and receive a copy of your medical records.** You also have the right to ask for corrections to be made to the record.
- **Get a second opinion for medical, mental health and chemical dependency services.** For mental health or chemical dependency services, you may obtain a second opinion from a provider who is not part of your health plan.
- **Be told about your health problems.** Get information about treatments, your treatment choices and how they will help or harm you.
- **Refuse treatment.** Get information about what might happen if you refuse treatment. You also have the right to refuse care from specific providers.
- **Be free from restraints and/or seclusion that are not medically necessary.**
- **Change your primary care clinic every 30 days upon request to the health plan.**
- **Request to change your health plan at the following times** (if there is more than one health plan available in your county)
 - **For Cause** as determined by the state (including, but not limited to)
 - Lack of access to services and providers
 - Amount of travel to get to primary care
 - Poor quality of care
 - Continuity of care
 - **First-Year Change.** You can change your health plan once during the first year you are enrolled in managed care.
 - **Annual Health Plan Selection.** There is an open enrollment time each year. During this time the State will explain your right to change health plans.
 - **Other**
 - Within 90 days from the date you are first enrolled in the health plan.
 - If you were not eligible at the time of the Annual Health Plan Selection period, and you were reenrolled into a prior health plan.
 - If a health plan stops being part of the Minnesota Managed Health Care Program, you must choose a new health plan. If you do not like your new health plan, you will have 60 days to change your health plan again.
- **Receive notice of health plan decisions.** If your health plan denies, reduces or stops a health service or denies payment for the service, the health plan must tell you in writing
 - What action the health plan is taking.
 - The reason for not giving you the service or paying the bill, including state and federal laws and health plan policies that apply to the action.
 - How to file an appeal or request a state fair hearing.
- **If you have a problem with your health plan, you can do any of these things:**
 - Call your health plan member services. The phone number is on your health plan ID card.

- File a grievance. If you are unhappy with things like the quality of care or failure to respect your rights, you can contact your health plan. Tell them what happened. You will get a response from the plan within 30 days.
- File a health plan appeal. If you have services that are being denied, reduced, or stopped, or if the health plan is denying payment for services, call or write your health plan **within 60 days** of the date on the notice. You can have more time, if you have a good reason. Explain why you do not agree with the health plan decision. You can ask a relative, friend, provider, or lawyer to help with your appeal.
- Request a **state appeal** (state fair hearing). You must appeal to the health plan first. After you get the health plan's determination, you have 120 days to request a state appeal. If you appeal to the health plan and the health plan takes more than 30 days to decide your appeal, you may request a state appeal without waiting any longer. You may bring a friend, relative, advocate or attorney to the hearing.

To **request a state appeal**, mail or fax your request to:

Minnesota Department of Human Services
 Appeals Division
 PO Box 64941
 St. Paul, MN 55164-0941
 Fax to: 651-431-7523

Or **submit your request online with this form:**

<https://edocs.dhs.state.mn.us/lfserver/public/dhs-0033-eng>

- **For help with a grievance or appeal, contact the state ombudsman:**

Minnesota Department of Human Services
 Ombudsman for State Managed Health Care Programs
 PO Box 64249
 St. Paul, MN 55164-0249
 Phone: 651-431-2660 or 800-657-3729
Dhsombudsman.smhcp@state.mn.us

Are Indian Health Service or tribal clinics part of a health plan network?

In some cases, yes. If the Indian Health Service (IHS) or tribal clinic is in a health plan network, you may choose them as your primary care provider. If your IHS or tribal clinic is not in a health plan network, you will need to select a primary care doctor or clinic that is part of your health plan network.

You can continue or begin to use tribal and IHS clinics at any time. The health plan will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a health plan provider, you will not have to see your primary care provider for a referral.

Enrolling in a health plan does not guarantee you can see a particular health plan provider. If you want to make sure, you should call that provider to ask whether he or she is still part of the health plan. You should also ask if they are accepting new patients. The health plan may not cover all of your health care costs. Read your Evidence of Coverage carefully to find out what is covered. You can also call your health plan's member services department.

American Indians who are members of a Federally recognized Tribe or receiving services from an Indian Health Care Provider (IHCP) or IHS Contract Health Service (IHS-CHS) through referral from an Indian Health Service (IHS) are not charged copays.

If you are an American Indian and have any questions or need help, call your local Indian Health Service or tribal clinic.

Bois Forte Band

Bois Forte Medical Clinic
Nett Lake, MN
218-757-3650 or
800-223-1041

Fond-du-Lac Band

Min-No-Aya-Win Clinic
Cloquet, MN
218-879-1227 or
888-888-6007

Center for American Indian Resources (CAIR)

Duluth, MN
218-726-1370

Grand Portage Health Service

Grand Portage, MN
218-475-2235

Leech Lake Band

Clinics in:
Bemidji
Bena
Cass Lake
Deer River
Onigum
218-335-4500 or
800-282-3389

Mille Lacs Band

Ne-la-Shing Clinic
Onamia, MN
320-532-4163

East Lake Health Services

East Lake, MN
877-768-3311

Aazhoomog Clinic

Sandstone, MN
320-384-0149 or
877-884-0149

Prairie Island Community Clinic

Welch, MN
651-385-4148 or
800-554-5473

Shakopee Dakota Clinic

Prior Lake, MN
952-496-6150

Cass Lake PHS Indian Hospital

Cass Lake, MN
218-335-3200 or
888-257-8067

Red Lake Service Unit IHS/

PHS Hospital
Red Lake, MN
218-679-3912

White Earth Service Unit IHS/

PHS Facility
White Earth, MN
218-983-4300 or
800-477-0125

MinnesotaCare summary of coverage, cost sharing and limits (Effective Jan. 1, 2019)

This is only a summary. For details about covered services, you can call your worker or your health plan. Your health plan will send you a member handbook which includes detailed information about covered services.

If you are not in a health plan yet, you can call the Minnesota Health Care Programs Member Help Desk at 651-431-2670 or 800-657-3739.

Your provider must get approval for some services before you receive them. Services must be medically necessary.

MinnesotaCare Children under 19

There are no copays, deductibles or inpatient limits.

- Child and Teen Checkups
- Chiropractic care
- Dental care (limited for nonpregnant adults)
- Doctor/clinic visits
- Emergency room (ER) care
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Interpreter services
- Lab and X-ray
- Medical equipment and supplies
- Medical transportation (access, ambulance and special)
- Mental and behavioral health services
- Obstetrics and gynecology (OB-GYN)
- Prescriptions and Medication Therapy Management
- Rehabilitative therapy
- Substance use disorder services
- Urgent Care

MinnesotaCare

Parents, Caretakers, Adults without Children, and children who are 19 or 20 years old

Covered services:

Same as MinnesotaCare for Children except these services are limited:

- Medical transportation (emergency only)
- Dental care (limited for nonpregnant adults)

Services Not Covered

- Care in an intermediate care facility
- Nursing home care
- Orthodontic services
- Personal care assistance (PCA)
- Private duty nursing

MinnesotaCare cost sharing and limits:

Some people 21 years and older pay cost sharing. Cost sharing means the amount you pay toward your medical costs. The cost sharing amounts listed below are effective January 1, 2019.

- \$75 copay for emergency room visits
- \$25 copay for nonpreventive visits; no copays for chemical health and mental health visits
- \$250 per inpatient hospital admission
- \$100 ambulatory surgery
- \$25 copay for eyeglasses
- \$7 or \$25 copay for prescription drugs up to \$70 per month; no copay for some mental health drugs
- \$40 per visit for radiology services
- \$15 per non-routine dental visit

American Indians who are members of a federally recognized tribe are exempt from cost sharing.

You must pay your copay directly to your provider. Some providers require that you pay the copay when you arrive for medical services.

Summary 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Satisfaction Survey Results

	Rating of health plan	Customer service	Getting needed care	How well doctors communicate	Getting care quickly
MinnesotaCare – Responses from 18- to 64-year-olds					
Percentage of Enrollees Who Gave The Plan a High Rating for the Category					
Blue Plus	46%	56%	57%	75%	61%
HealthPartners	50%	67%	52%	82%	60%
Hennepin Health	**	**	**	**	**
Itasca Medical Care/ South Country Health Alliance (SCHA)	53%	61%	65%	78%	64%
UCare	57%	52%	61%	81%	59%
Average rating	52%	58%	57%	79%	60%

** Hennepin Health did not have enough MinnesotaCare responses to establish an individual score.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: DHS provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs.

Contact DHS.Info@state.mn.us, or call 800-657-3739

Language Assistance Services: DHS provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services.

Contact 800-657-3739

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax) Info.MDHR@state.mn.us (email)

DHS

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Questions

651-297-3862 (Twin Cities
metro area)

800-657-3672 (outside Twin
Cities metro area)

651-282-5100 (fax)

TTY: 800-627-3529 or 711