

Medical Assistance (MA) Coverage for COVID-19 Testing

What is this application for?

Complete this application if you are uninsured and need coverage for COVID-19 testing.

The MA Coverage for COVID-19 Testing program provides limited MA coverage to an uninsured person during the COVID-19 peacetime emergency. This program covers only COVID-19 testing and the related office visit.

Who is eligible for MA Coverage for COVID-19 Testing?

To qualify for MA Coverage for COVID-19 Testing, a person must:

- Be a resident of Minnesota.
- Be a U.S. citizen or U.S. national, or have a qualifying immigration status.
- Not have other health coverage:
 - Not be enrolled in a group health plan or an individual health insurance plan. This includes a qualified health plan through MNsure, employer-sponsored health insurance, retiree health plans and COBRA continuation coverage.
 - Not be enrolled in a health care program funded by the federal government, including Medicare, TRICARE and Veterans Administration, and federal employee health plans.
 - Not be enrolled in MA or MinnesotaCare.

Exception: You can qualify for MA Coverage for COVID-19 Testing if you are enrolled in MA with a spenddown, the Alternative Care program or the Minnesota Family Planning Program.

- Tell your medical provider if you have MA or MinnesotaCare. Contact your servicing agency to ask how COVID-19 testing and related services are covered.

How do I apply for health coverage beyond COVID-19 testing?

If you are a child, parent, relative caretaker of a child, pregnant woman, or an adult under age 65 who does not have any children under age 19 living with you, you can:

- Apply online at www.mnsure.org
- Fill out the [Application for Health Coverage and Help Paying Costs \(DHS-6696\) \(PDF\)](#). Find this application at www.mnsure.org or have one mailed to you by calling 651-431-2670 or 800-657-3739.

If you are age 65 or older, an adult under age 65 who has Medicare, if you are blind or have a disability, you can:

- Fill out the [Application for Certain Populations \(DHS-3876\) \(PDF\)](#). You can have one mailed to you by calling 651-431-2670 or 800-657-3739.

If you need help to pay for nursing facility care or home and community-based services to help you remain living in your home, you can:

- Fill out the [Application For Medical Assistance for Long-Term-Care Services \(MA-LTC\) \(DHS-3531\)\(PDF\)](#). You can have one mailed to you by calling 651-431-2670 or 800-657-3739.

Questions?

If you have questions or need help, call DHS Health Care Consumer Support at 651-431-3994 or 800-366-5414.

800-366-5414 or 651-431-3994

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.

ဟ်သုတ်ဟ်သးဘုတ်တကုာ်. ဝဲန့ဗုာ်လိာ်ဘုတ်တကုာ်မၤတၢ်လီၤတၢ်ကၠးထံဝဲဒၣ်လိာ် တီၤလိာ်စိတၢ်အံၤန့ဣ်,ကိးဘုတ်လိာ်ဝဲစိနီၣ်ဂံၢ်လၢဝးအံၤန့ဣ်တကုာ်.

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)



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. ADA1 (2-18)

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Application for MA Coverage for COVID-19 Testing

Provider Use Only			
DATE OF SERVICE	PROVIDER NAME	PROVIDER NPI	PROVIDER PHONE NUMBER

Section 1. Tell us about yourself

FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., II, Etc.)	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER*	SSN NOT AVAILABLE (Enter Reason Code - select reason code from Attachment A)		GENDER <input type="radio"/> Male <input type="radio"/> Female	
*See the Notice of Privacy Practices and Notice of Rights and Responsibilities for information about SSNs.				
<input type="checkbox"/> If you are in the Safe at Home Program, you do not need to provide your full home address. Check the box and write your Safe at Home Program address in the Mailing Address section.				
<input type="checkbox"/> If homeless, check the box and tell us where we can reach you in the home address field.				
HOME ADDRESS (number and street)			APARTMENT OR SUITE NUMBER	
CITY	STATE	ZIP CODE	COUNTY	
MAILING ADDRESS (if different from above)			APARTMENT OR SUITE NUMBER	
CITY	STATE	ZIP CODE	COUNTY	
Do you plan to make Minnesota your home? <input type="radio"/> Yes <input type="radio"/> No				
Are you visiting Minnesota to get medical care or for personal reasons? <input type="radio"/> Yes <input type="radio"/> No				
BEST CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER	PREFERRED SPOKEN LANGUAGE	PREFERRED WRITTEN LANGUAGE	
Are you a U.S. citizen or U.S. national? (A U.S. national is a person born in American Samoa or Swains Island, a person born outside the U.S. with one or both parents who are U.S. nationals, or a person born in the Northern Mariana Islands who chose to be a U.S. national.) <input type="radio"/> Yes <input type="radio"/> No (If no, complete the next questions about your immigration status.)				

What is your current immigration status? (choose a status code from **Attachment A**, or write status if it is not on the list).

Code or status: _____

a. Immigration document type: _____

b. Alien I.D. number: _____

c. Card number: _____

d. Document expiration date (MM/DD/YYYY): _____

e. Date of entry (MM/DD/YYYY): _____

f. Did you enter the United States before August 22, 1996? Yes No

g. Have you lived in the United States for five years or more in a qualified status? (See **Attachment A** to determine whether you have a qualified status.) Yes No

h. Did you ever have an immigration status different from your current status (example: refugee or asylee)?
 No Yes – what is the previous immigration status? (choose a status code from **Attachment A**, or write status if it is not on the list).

CODE OR STATUS

ORIGINAL DATE OF ENTRY (MM/DD/YYYY)

Do you want MA Coverage for COVID-19 Testing for a prior month? Yes - answer question a. No

(The start date for MA Coverage for COVID-19 Testing can be up to three months before your application date, but no earlier than May 1, 2020.)

a. I want MA Coverage for COVID-19 Testing to start
 One month ago Two months ago Three months ago

If Hispanic or Latino ethnicity (OPTIONAL – check all that apply)

Mexican Mexican American Chicano or Chicana Puerto Rican
 Cuban Other _____

Race (OPTIONAL – check all that apply)

White Black or African American American Indian or Alaska Native
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian Native Hawaiian Guarmanian or Chamorro
 Samoan Other Pacific Islander Other _____

Section 2. Health insurance information

Are you enrolled in a group health plan or an individual health insurance plan? This includes a qualified health plan through MNSure, employer or union insurance, retiree health plans or COBRA continuation coverage? Yes No

Are you enrolled in a health care program funded by the federal government, including Medicare, TRICARE and Veterans Administration, or a federal employee health plan? Yes No

- * Are you enrolled in Medical Assistance (MA) or MinnesotaCare? Yes No
- * You can qualify for MA Coverage for COVID-19 Testing if you are enrolled in MA with a spenddown, the Alternative Care program or the Minnesota Family Planning Program.

Section 3. Complete if the applicant is under age 19

For applicants under age 19 who live with a parent, caretaker relative or responsible adult, enter the following information about the parent, caretaker relative or responsible adult.

FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX
DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (SSN)*		BEST CONTACT PHONE NUMBER	

*See the Notice of Privacy Practices and Notice of Rights and Responsibilities for information about SSNs.

Signature Page

Effective Date: May 1, 2020

Read the following information and sign.

By signing this page:

I received and reviewed the Notice of Privacy Practices and the Notice of Rights and Responsibilities (Attachment A). I know that I must report changes to the information listed on this application.

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 the application and agree to safeguard their information.

I declare under the penalties of perjury that this application 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 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.

- **If anyone on this application is eligible for Medical Assistance**, I consent to the release of medical records as described in the Consent for Sharing of Medical Information section of the Notice of Rights and Responsibilities.
- **If anyone on this application 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 anyone on this application is eligible for Medical Assistance**, I have read and understand that the state may claim repayment 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 application is eligible for Medical Assistance**, I 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 and the Notice of Rights and Responsibilities.
- **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.

Does any child on the application have a parent living outside of the home? Yes No

Sign this application

SIGNATURE OF APPLICANT (if completing form)	DATE
SIGNATURE OF PARENT, CARETAKER RELATIVE OR RESPONSIBLE ADULT (if completing form)	DATE

Next steps

- Reminder: Did the applicant sign this document?
- Fax the completed application to 651-431-7374 (Date faxed: _____)
- Or mail to: Health Care Eligibility Operations, PO Box 64252, St. Paul, MN 55164-0252.

Attachment A

Social Security Number Codes

Choose a reason for not applying for a Social Security number (SSN) and place your letter choice in the proper question.

Reasons for not applying for an SSN:

- A. Not eligible for an SSN
- B. Can be issued for nonwork reason only
- C. Religious objections
- D. Newborn or newly adopted
- E. Other reason

Immigration Status Codes

Choose an immigration status from the list and place your letter choice in the proper question. The immigration statuses with an asterisk (*) are qualified statuses.

- A. American Indian born in Canada (Immigration and Nationality Act [INA], section 289)*
- B. Amerasian noncitizen*
- C. Asylee*
- D. Conditional entrant*
- E. Cuban or Haitian entrant*
- F. Deportation being withheld under section 243(h) or 231(b)(3) of the INA*
- G. Refugee*
- H. Special Iraqi or Afghani immigrant*
- I. Victim of severe trafficking (LPR or T Visa)*
- J. Withholding of removal*
- K. Battered noncitizen*
- L. Lawful permanent resident (LPR)*
- M. Paroled for at least one year*
- N. Temporary nonimmigrant
- O. Deferred action for childhood arrivals

MINNESOTA DEPARTMENT OF HUMAN SERVICES AND MNSURE

Notice of Privacy Practices and Notice of Rights and Responsibilities

(Effective Date: November 2019)

This notice informs you of the privacy practices of the Minnesota Department of Human Services and MNSure, and your rights and responsibilities when applying for and enrolling in health insurance coverage through these agencies. When you apply for help paying for coverage, you may be found eligible for a public program like Medical Assistance and MinnesotaCare or a qualified health plan on the individual market for which you may receive tax credits and cost-sharing reductions. At the time that you apply, you may not know which program you qualify for, and in some cases, a single household may be covered by different programs. Therefore, please review the privacy practices and rights and responsibilities for each program for which you or your household members may qualify.

MNSure manages eligibility and enrollment in individual market qualified health plans (with or without advanced premium tax credits), with coordination through the health insurance carrier that you select.

The Minnesota Department of Human Services and Minnesota county and tribal agencies manage eligibility and enrollment in Medical Assistance and MinnesotaCare.

Notice of Privacy Practices

Privacy Practices for All Programs

This part of the notice describes how private or confidential information about you and your family may be used and disclosed.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical and mental health services and decide whether you can pay for some services
- To decide whether you need protective services (for Medical Assistance and MinnesotaCare only)
- To decide about out-of-home care and in-home care for you (for Medical Assistance and MinnesotaCare only)
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people that may lie about the help they need or to get assistance they may not be entitled to receive
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To collect money from the state or federal government for help we give you

Why do we ask for your Social Security number?

We need a Social Security number (SSN) for every person applying for health care coverage, if they have one. (See 42 CFR § 435.910; 45 CFR § 155.310.)

You do not have to give us the SSN for people in your home that are not applying for coverage, but providing an SSN may help speed up the application process.

We use SSNs to verify identity and prevent duplication of state and federal benefits. Additionally, SSNs are used to conduct computer data matches with federal and local agencies to verify income, resources and other information that may affect your eligibility or benefits. We will keep all the information you provide private and secure, as required by law. We will use personal information only to check if you're eligible for health coverage.

If someone who is applying does not have an SSN, he or she may be required to apply for one to get Medical Assistance. There are exceptions to this for people who:

- are not eligible for a Social Security number,
- can only get a Social Security number for a valid non-work reason, or
- refuse to get a Social Security number due to a well-established religious objection.

If you want help getting an SSN, visit socialsecurity.gov, or call 800-772-1213. TTY users should call 800-325-0778.

Why do we ask for your income information?

We ask for income information and check state and federal sources to confirm your income and family size. We will use this information only for the purposes authorized by law, such as verifying eligibility or determining eligibility for the advanced premium tax credit and cost-sharing reductions, and the amount of the credit or reduction. We will not share this information with any other person or entity.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will share information about you only as needed and as allowed or required by law. For all programs, we may share your information with the following agencies or people that need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, and partner nonprofit and private agencies
- Researchers, auditors, investigators, and others that do quality-of-care reviews and studies or begin prosecutions or legal actions related to managing the human services programs
- Court officials, county attorneys, attorneys general, other law enforcement officials, fraud investigators, and fraud prevention investigators
- Health care insurers, health care agencies, managed care organizations and others that pay for your care
- Guardians, conservators or people with power of attorney who are authorized representatives
- Certified application counselors, in-person assisters, and navigators and anyone else the law says we must or can give the information to

Additionally, for Medical Assistance and MinnesotaCare only, we may share your information with the following agencies or people that need the information to do their jobs:

- Human services offices, including child support enforcement offices
- Child protection investigators
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services, in limited situations

What are our responsibilities?

- We must protect the privacy of your personal, health care and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We will not sell any data collected, created or maintained as part of this application.
- We must follow the terms of this notice and give you a copy of it, but we may change our privacy policy. Those changes will apply to all information we have about you. The new notice will be available on request, and we will put changes to it on our website at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4839K-ENG> and www.mnsure.org.
- The law requires us to keep your private information private and secure.
- As the law requires, if something happens that causes your private information to no longer be private and secure, we will let you know.

This part of the notice describes how medical or other information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you, such as health and claims records. You may have to pay for the copies.
- You can choose someone to act for you with a medical power of attorney or as a legal guardian. That person can exercise your rights and make choices about your information.

Ask us to correct health or other records about you

You may question whether the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation anytime information is shared.

Request confidential communications

- You have the right to ask us in writing to share health information with you in a certain way or in a certain place.
- We will consider all reasonable requests. We must say yes if you tell us you would be in danger if we did not. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say no if it would affect your care.

Get a list of those with whom we've shared information

- This list will not include disclosures for treatment, payment, and health care operations. It will also not include certain other disclosures, such as any you asked us to make.
- We will provide one list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you do not understand the information, ask your worker to explain it to you. You may ask the Minnesota Department of Human Services or MNsure for another copy of this notice.

Genetic Information

MNSure does not collect, maintain or use genetic information.

Record Retention

Information provided in an application for coverage through MNSure is subject to the False Claims Act and will be kept for up to 10 years. MNSure follows a records retention schedule and maintains data according to state and federal law. After the appropriate time period, MNSure shreds paper files and permanently removes electronic data to prevent recovery.

Privacy Practices for Medical Assistance and MinnesotaCare Only

This part of the notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We can use and share your health care information to

• Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
- We can also share your information with guardians, conservators or people with power of attorney who are authorized representatives.

• Run our organization

- We can use and share your information to run our organization and contact you when necessary. This includes sharing your information with employees or volunteers with other state, county, local, federal, and partner nonprofit and private agencies, including child support offices.
- We can share your information with these people and groups:
 - Auditors, investigators, and others that do quality-of-care reviews and studies
 - Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services, in limited situations
 - Certified application counselors, in-person assisters, and navigators and anyone else the law says we must or can give the information to
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term-care plans.
Example: We use health information about you to develop better services for you.

• Pay for your health services

- We can use and share your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

• Help with public health and safety issues

- We can share health information about you for purposes like these:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

• Do research

- We can use or share your information for health research.

• Comply with the law

- We will share information about you if state or federal laws require it. This includes sharing information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

• Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

• Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- With governmental agencies in other states administering public benefits programs
- For special government functions, such as military, national security, and presidential protective services

• Respond to lawsuits and legal actions

- We can share health information about you in response to a court order. We may share the information with court officials, county attorneys, attorneys general, other law enforcement officials, child support officials, child protection and fraud investigators, and fraud prevention investigators.

What are your choices?

For certain health information, you can tell us your choices about what we share.

You have both the right and choice to tell us to:

- Share health information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will be provided to parents only when the medical provider believes that your health is at risk if the information is not shared. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint to either the county agency, the organization or the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)
312-886-1807 (fax)

If you believe the Minnesota Department of Human Services violated your privacy rights, you may also contact:

Minnesota Department of Human Services
Attn: Data Complaint
PO Box 64998
St. Paul, MN 55164-0998

If you believe MNSure has violated your privacy rights, you may also contact:

MNSure Privacy Manager
355 Randolph Ave., Suite 100
St. Paul, MN 55102

Whom do you contact if you need more information about privacy practices?

If you need more information about privacy practices, call the Health Care Consumer Support at 800-657-3739 or 651-431-2670.

Notice of Rights and Responsibilities

Rights and Responsibilities for All Programs

Changes

If you have Medical Assistance (MA), you must report a change within 10 days of the change happening. Call your county or tribal agency to report the change. If you have MinnesotaCare, you must report a change within 30 days of the change happening. If everyone in your household receives MinnesotaCare, call MinnesotaCare Operations at 800-657-3672 or 651-297-3862 to report the change. If anyone in your household has MA, call your county agency to report the change.

If you are enrolled in a qualified health plan (QHP), have advanced premium tax credits (APTC) applied to your coverage, or receive cost-sharing reductions (CSR), you must report a change within 30 days of the change happening. Call MNSure at 855-366-7873 to report any changes.

If you do not report changes, you may have to pay money back to the state or federal government for benefits that you received but were not eligible for. If you are not sure whether to report a change, call and explain what is happening. Examples of changes you need to report include the following:

Income changes when you

- Start a new job, change jobs or stop a job
- Start to get new income or stop getting income, like Social Security or unemployment
- Have changes in the amount of income you get from your business, from farming or other types of self-employment

Residence changes when you

- Move to a new address
- Are temporarily out of Minnesota for more than 30 days

Life changes in your household when someone

- Becomes pregnant or has a baby
- Moves in or out of your home
- Dies, gets married or divorced
- Starts or stops other health insurance or Medicare
- Becomes disabled
- Goes into or gets out of jail

Tax Filing

If you purchased a QHP through MNsure and are receiving APTC or wish to claim the Premium Tax Credit (PTC), you must file taxes with the Internal Revenue Service (IRS). If you are married at the end of the year, you must file a joint income tax return with your spouse.

When you file your federal income tax return, the IRS will compare the income on your tax return with the income on your application. If the income on your tax return is lower than the income on your application, you may be eligible to get an additional tax credit amount. On the other hand, if the income on your tax return is higher than the income on your application, you may owe additional federal income tax. At the end of the tax year, MNsure will issue a 1095A form for you to use in reporting health insurance coverage to the IRS. You can find more information about tax filing on the MNsure website: www.mnsure.org/individual-family/cost/1095-A.jsp

You Have the Right to Ask for a Hearing

If you feel your health care eligibility or benefits are wrong or your application was not processed correctly, you may ask for an appeal hearing. By requesting an appeal hearing, you are requesting a fair review of your case. You can represent yourself or use an attorney, advocate, authorized representative, relative, friend or other person. You will find specific appeal instructions on all eligibility notices that you receive. Learn more about the appeals process and how to ask for a hearing at the MNsure appeals website at www.mnsure.org/help/appeals or at the DHS website at www.dhs.state.mn.us/appeals/faqs.

You can complete and submit an appeal request online at <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-0033-ENG>.

You can also print the form available at the address above and submit the completed form by fax to 651-431-7523 or by mail to this address:

Minnesota Department of Human Services
Appeals Division
PO Box 64941
St. Paul, MN 55164-0941

Immigration

Immigration information you give to us is private. We use it to see whether you can get coverage. We share it only when the law allows it or requires it, such as to verify identity. In most cases, applying will not affect your immigration status unless you are applying for payment of long-term-care services.

You do not have to give us your immigration information if you are a pregnant woman living in the United States without the knowledge or approval of the United States Citizenship and Immigration Services (USCIS). You also do not have to give us your immigration information if you are:

- Applying for emergency medical care only
- Helping someone else apply
- Not applying for yourself

Rights and Responsibilities for Medical Assistance and MinnesotaCare Only

Reviews

The state or federal agency's health care program auditors may look at your case. They will review the information you gave us and check to make sure we processed your case correctly. They will let you know if they need to ask you questions.

Consent for Sharing of Medical Information

In your application for Minnesota Health Care Program coverage, you have given your written and signed consent to the following agencies and people to share between them medical information about you only for the limited purposes indicated:

- Health providers, including health plans, insurance agencies, MA or MinnesotaCare, county advocates, school districts, your county or state case workers, and their contractors and subcontractors, for these purposes:
 - To determine who should pay for your health care
 - To provide, manage and coordinate health care services
- All other agencies or people listed on this Notice of Privacy Practices and Notice of Rights and Responsibilities, for this purpose:
 - To administer Minnesota Health Care Programs, pay for services, and conduct research and investigations

This consent applies to medical information about your minor children you applied for on this application.

You can stop this consent at any time by asking in writing for it to end. The written notice to stop this consent will not affect information the agency has already given to others. This consent is good while you are enrolled in MA or MinnesotaCare, up to one year or longer if the law permits.

However, it does not end after one year for records given to consulting providers or for payment of your bills, fraud investigations or quality-of-care review and studies.

An agency or person who gets your information through this consent could give the information to others.

If you end this consent, you cannot enroll or stay enrolled in Minnesota Health Care Programs.

Other Health Care

You and your household members enrolled in MA or MinnesotaCare must tell us about any other health insurance that you have or that is available to you, including employer-sponsored coverage, private health insurance, long-term-care insurance, and any limited health coverage, such as dental or accident coverage. You must tell us whether your employer offers insurance and whether you accepted it.

You and your household members enrolled in MA may need to accept and keep a health insurance policy when the policy is found to be cost effective. If you have a good reason for not doing that, you may ask the state to approve the reason. If you do not give us information about your health insurance policy, you may not get coverage.

You must also tell us when you have become eligible for Medicare. MA pays for the Medicare premiums of some low-income people.

MA Medical Support

If you are applying for yourself and your children and you do not live with the other parent, the law says you may have to give information to child support staff if both you and your child are eligible for MA. This includes helping the state prove who the father of your children is and helping the state to get the other parent to help pay the children's medical expenses. If you do not help child support staff, your children will still get coverage, but your coverage will end, unless you are pregnant.

You may ask for a waiver from helping if it is against the best interests of your child or children, or against your best interests because of fear of physical or emotional harm. The agency will review your proof and tell you whether you still must give information to child support staff.

Assignment of Medical Payments

By accepting MA, you give your rights to all medical payments for yourself, and anyone else you apply for and for whom you can legally assign rights, to the State of Minnesota. These include medical payments from all other people or companies, including medical support payments from an absent parent. This assignment of medical payments begins as soon as health care coverage starts.

You also agree to help the state get paid back for medical expenses that should have been paid by others. You may not have to help the state if you have a good reason for not helping and the state approves the reason.

MA Estate Claims and Liens

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' health care services. This recovery process is done through Minnesota's MA estate recovery and lien program.

If you are enrolled in MA when you are 55 years old or older, after you die, Minnesota must try to recover certain payments the MA program made for your health care, including:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

Home and community-based services include home health and skilled nursing services, personal care attendant costs, and medical supplies and equipment. They also include physical therapy, occupational therapy and speech therapy, when the therapy is provided by a home health or home rehabilitation agency.

If you permanently live in a medical institution, Minnesota must also try to recover the costs of all MA services you received while living in a medical institution. If you are permanently living in a medical institution and you do not have a spouse or disabled child living on your homesteaded real property, the state may file an MA lien against your real property to recover MA costs before your death.

After you die, the state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs. 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

Minnesota cannot start recovery of these costs while your spouse is still living or if you have a child under 21 years old or a child who is permanently disabled. Once your spouse dies, Minnesota must try to recover your MA costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 or permanently disabled. Your children do not have to use their assets to reimburse the state for any MA services you received.

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/>.