



## Representative

A representative is a person you name to act on your behalf in this appeal. If a representative is assisting you, identify that person in this section.

First Name	Middle Name	Last Name
Street Address		Title/Position
City	State	ZIP Code
Email	Phone Number	

## Programs (check all that apply)

Advanced premium tax credit

Cost-sharing reductions

Medical Assistance

MinnesotaCare

Qualified health plan

Other: please list (cannot be used for employer appeal)

## Reason for Appeal (check all that apply)

I disagree with the eligibility determination recently made by MNsire or the Department of Human Services. I want to appeal because:

I disagree with your determination that I am not eligible to buy health insurance through MNsire.

I disagree with your determination that I do not qualify for the program or programs checked above.

You took too long to determine my eligibility.

I am enrolled in Medical Assistance or MinnesotaCare, and I disagree with the level of benefits, services, initial premiums, or claims.

I qualify for advanced premium tax credits or cost-sharing reductions, and I disagree with the amount of prepayment you calculated.

I am enrolled in Medical Assistance or MinnesotaCare, and you took too long to process my claim.

Other: please list (cannot be used for employer appeal)

## Do you need a hearing right away?

You have a right to request an expedited (sped-up) appeal. If you need a hearing right away, check “yes” and tell us the reason, or call MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities). If your appeal is for Medical Assistance or MinnesotaCare and you have questions about expedited appeals, contact the DHS Appeals Office at 800-657-3510 (outstate) or 651-431-3600 (metro).

Yes

No

If you checked “yes” above, please give more detail about your medical condition and why it requires a faster appeal. Include information about your condition, its treatment needs, your remaining supply of any medications, any need for a physician visit, or other information that explains how a delay in receiving health services could put you at risk. Without this information, we will not be able to determine whether you qualify for a faster appeal.

## Status of Continued Eligibility and Benefits During Appeal

If your appeal is for Medical Assistance or MinnesotaCare, you may be able to get the same benefits you are receiving at the time you got the health care notice. But you may have to file your appeal within a certain time limit: by the effective date of the action on the health care notice or within 15 days of the date of the health care notice, depending on the situation. See the appeal rights information included with your health care notice for details.

If your appeal is about your eligibility to enroll in a qualified health plan, or to receive advanced premium tax credits or cost-sharing reductions, your benefits will continue at the same rate as before the determination you are appealing only if you select “I want to keep getting benefits at the same rate as before...” below.

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

I want to keep getting benefits at the same rate as before until the appeal decision.

I want to change my benefits to the level in my notice until the appeal decision.

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

What “benefits” means depends on the type of appeal you file:

- If you appeal a decision about **Medical Assistance or MinnesotaCare** then “benefits” means **eligibility and program benefits**.
- If you appeal a decision about **advanced premium tax credits or cost-sharing reductions** then “benefits” means the **amount of tax credits or reductions**.
- If you appeal a decision about **eligibility to enroll in a qualified health plan through MNsure** then “benefits” means **eligibility to enroll in a qualified health plan through MNsure**.

## Data Practices

Data about you will be collected throughout the appeals process. During this process, evidence and testimony will be collected for the purpose of deciding your rights under Minnesota and federal law. A party to an appeal is not required to supply data for the appeal, but deciding which evidence and testimony to submit may affect the outcome of the appeal. Certain other government officials may have access to information provided throughout the appeals process if statute allows or pursuant to a valid court order.

When the appeal proceeds outside the administrative appeals process to a Minnesota district court or to the United States Department of Health and Human Services, depending on the appeal issues, the record may become public.

Signature

Date