

Appeal Request Form



Instructions for Requesting an Appeal

To request an appeal, please complete, sign, and date the appeal request form and submit the form. You can do that in the following ways:

- Visit www.mnsure.org and log in to your account to access the appeals form. Then complete and submit the form online.
- Complete the appeals form that is available at www.mnsure.org/help/appeals.jsp. Then email the form to dhs.mnsureappealsindexing@state.mn.us. Or print the form and mail it to MNSure, 81 East 7th Street, Suite 300, St. Paul, MN 55101-2211.
- Call the MNSure Contact Center toll-free at 855-366-7873. The MNSure Contact Center can help you complete and submit the appeal request form.
- Come in person to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N., St. Paul, MN 55155, and ask for help completing and submitting the form.

Time Limits

If your appeal involves Medical Assistance or MinnesotaCare, you must file an appeal within 30 days of receiving the health care notice. If you show good cause for not appealing a Medical Assistance or MinnesotaCare action within 30 days, you may be able to appeal up to 90 days after the date of your health care notice.

If your appeal involves qualified health plans, advanced premium tax credits, or cost-sharing reductions, you must file an appeal within 90 days of the date of your health care notice.

Person or Employer Administrator Requesting the Appeal

First Name

Middle Name

Last Name

MNSure Username of the Person
Requesting this Appeal (if known)

Business Name (if employer)

Street Address

Phone Number

City

State

Zip Code

County of Residence

Date of Birth

Email

Do you need an interpreter for the hearing?

If you need an interpreter, what is your preferred language?

Yes

Spanish

No

Hmong

Somali

Other (fill in)

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 855-366-7873. 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. Please 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