

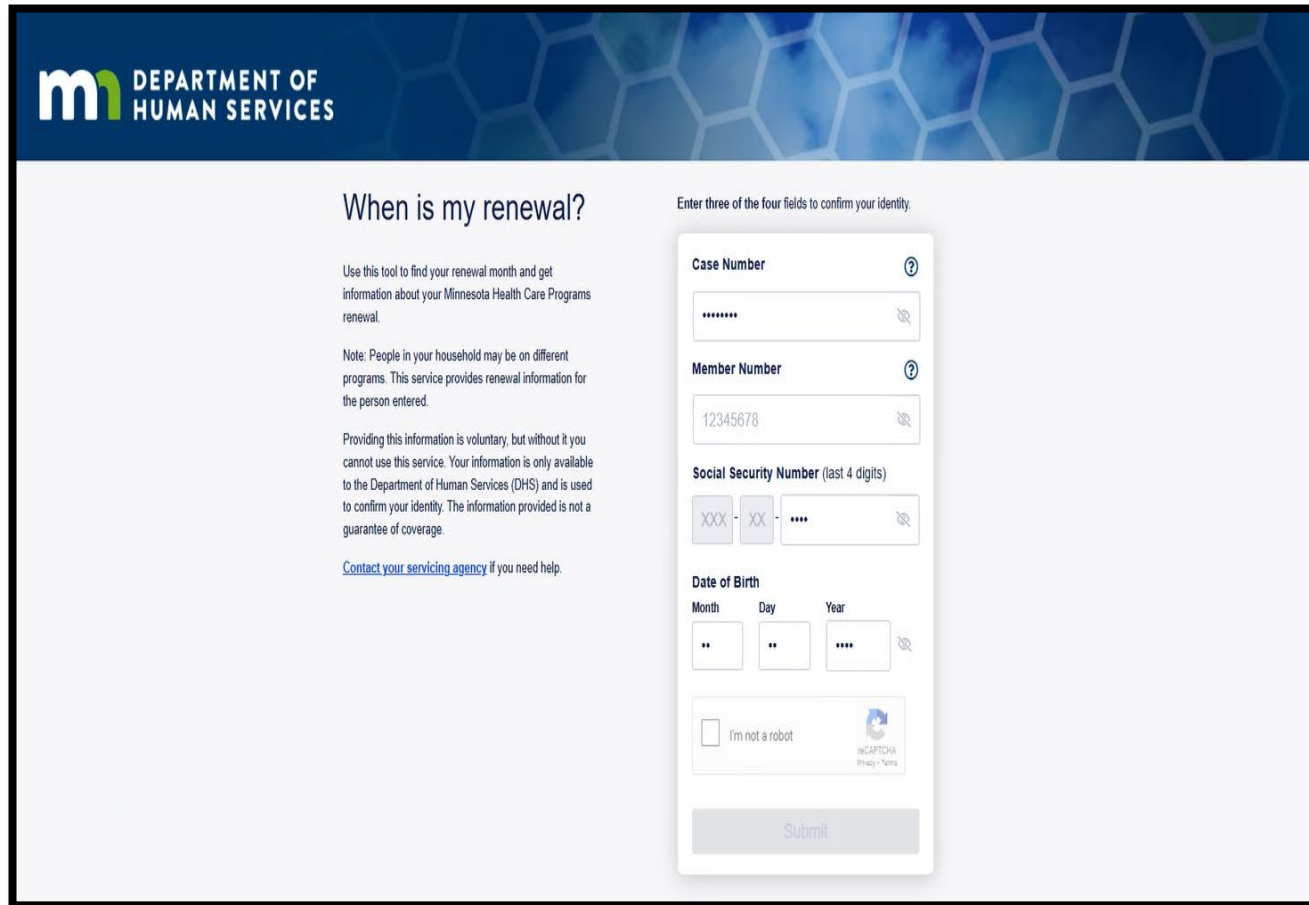
<https://www.mnrenewallookup.com>

## Renewal Date Lookup Tool

Bob Keppers | HCCS/HCESS Supervisor

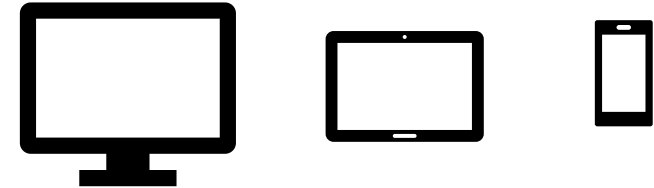
# Renewal Date Lookup Tool

DHS contracted with Deloitte during the unwind to develop and maintain an online tool for MHCP enrollees to get information about their renewal.



The screenshot shows the web interface of the Renewal Date Lookup Tool. At the top is the Minnesota Department of Human Services logo. The main heading is "When is my renewal?". Below this, there is explanatory text and a note about household members. The core of the interface is a form titled "Enter three of the four fields to confirm your identity." which includes input fields for Case Number, Member Number (pre-filled with 12345678), Social Security Number (last 4 digits), and Date of Birth (split into Month, Day, and Year). A reCAPTCHA "I'm not a robot" checkbox is at the bottom of the form, followed by a "Submit" button.


A link to the tool is available on the DHS Renew My Coverage website. Users can also navigate directly to [www.mnrenewallookup.com](http://www.mnrenewallookup.com)



The tool is **mobile friendly** and supports the latest versions of Microsoft Edge, Google Chrome, Firefox and Safari browsers.

# Renewal Date Lookup Tool 3.0 – Request Page

Wireframe of the request page for version 3.0



## When is my renewal?


Use this tool to find your renewal month and get information about your Minnesota Health Care Programs renewal.


Note: People in your household may be on different programs. This service provides renewal information for the person entered.


Providing this information is voluntary, but without it you cannot use this service. Your information is only available to the Department of Human Services (DHS) and is used to confirm your identity. The information provided is not a guarantee of coverage.


[Contact your servicing agency](#) if you need help.

Enter three of the four fields to confirm your identity.


Case Number 

..... 

Member Number 

12345678 

Social Security Number (last 4 digits)


XXX - XX - .... 


Date of Birth


Month


Day

Year

.. 

.. 

.... 

☐ I'm not a robot   
reCAPTCHA  
Privacy • Terms

Submit

# Renewal Date Lookup Tool 3.0 – Results Page

## Renewal Information

Showing information for: **Smith, John A**

Case Number: **12345678**  
Member Number: **87654321**

Unless otherwise stated, the information below reflects information in our systems as of **August 6, 2024**.

### Renewal Date, Mailing Address, and Servicing Agency

Watch for your renewal paperwork in the mail in June, **your renewal month is August**.

We will mail your renewal paperwork to this address:

**555 W 5th Street  
Apt 5  
Minneapolis, MN, 12345**

Contact your servicing agency or health plan if this is not correct.

Your servicing agency is **Aitkin County**.  
This is the agency who will process your renewal.  
[Find the contact information for your agency.](#)

### Program and Health Plan

Your program is **Medical Assistance (MA)**.


Your health plan is **Blue Plus**. For contact information, visit the health plan member services page on the DHS website.

### Tax Information Consent

**We need permission to use your tax information to verify your health care eligibility.**

If the tax filer in your household gives us consent, we may be able to automatically renew your coverage. This means you may not need to complete a form or send us copies of documents. Call your servicing agency to give us consent or [complete this form](#) and send it to your servicing agency.

### Renewal Status

 The renewal status for your **[Renewal Month Year]** renewal is **Auto Renewed**

We were able to automatically renew your eligibility by checking electronic data sources. Watch your mail for an envelope with a circle in blue. This contains an information summary. You must review the information summary and make sure all the information about you and your family is correct. You must report any changes to your servicing agency.

This status is based on information in our systems as of **June 25, 2024**. Renewal status is updated weekly, generally on Tuesdays.

## Information Provided

- Name
- Case Number
- Member Number
- Renewal Month
- Mailing Address
- Servicing Agency
- Program
- Health Plan or Fee For Service
- Expired FTI Consent (METS cases only)
- Renewal Status

# Renewal Date Lookup Tool 3.0 – Request Page

## Renewal Information

Showing information for: **Ray Testcase**

Case Number: **12345678**

Member Number: **01234567**

Unless otherwise stated, the information below reflects information in our systems as of **July 1, 2025**.

### Renewal Date, Mailing Address, and Servicing Agency



Watch for your renewal paperwork in the mail in June, **your renewal month is August**.

We will mail your renewal paperwork to this address:

**123 Main St**

**Apt/Suite Apt 2**

**Minneapolis, MN 55404**

Contact your servicing agency if this is not correct.

Your servicing agency is **Hennepin County**. This is the agency who will process your renewal.

[Find the contact information for your agency.](#)

# Renewal Date Lookup Tool 3.0 – Request Page

## Program and Health Plan

Your program is **Medical Assistance**.

Your health plan is **UCare**. [For contact information](#), visit the health plan member services page on the DHS website.

## Renewal Status



The renewal status for your **August 2025** renewal is **Renewal Form Needed**

Watch your mail for an envelope with a circle in blue. This contains your renewal form. You must complete your renewal form and return it with the needed proofs by the due date. Your servicing agency will determine if you remain eligible for your health care program.

If you have already returned your renewal form, your servicing agency will mail you a notice once they have reviewed it.

This status is based on information in our systems as of **July 15, 2025**. Renewal status is updated weekly, generally on Tuesdays.

# Renewal Date Lookup Tool 3.0 – Request Page

## Renewal Information

Showing information for: **Sally Sample**

Case Number: **12345678**

Member Number: **00123456**

Unless otherwise stated, the information below reflects information in our systems as of **July 1, 2025**.

### Renewal Date, Mailing Address, and Servicing Agency



Watch for your renewal paperwork in the mail in November, **your renewal month is January**.

We will mail your renewal paperwork to this address:

**123 ABC Street**  
**Apple Valley, MN 55124**

Contact your servicing agency if this is not correct.

Your servicing agency is **Department of Human Services**. This is the agency who will process your renewal.

[Find the contact information for your agency.](#)

# Renewal Date Lookup Tool 3.0 – Request Page

## Program and Health Plan

Your program is **MinnesotaCare**.

Your health plan is **Blue Plus**. [For contact information](#), visit the health plan member services page on the DHS website.

## Tax Information Consent

**We need permission to use your tax information to verify your health care eligibility.**

If the tax filer in your household gives us consent, we may be able to automatically renew your coverage. This means you may not need to complete a form or send us copies of documents. Call your servicing agency to give us consent or [complete this form](#) and send it to your servicing agency.

## Renewal Status

 The renewal status for your **January 2026** renewal is **Not Started**

Renewals have not started for your renewal month. Renewals start about 2 months before the renewal month.

This status is based on information in our systems as of **July 15, 2025**. Renewal status is updated weekly, generally on Tuesdays.



# Thank You!

**Bob Keppers**