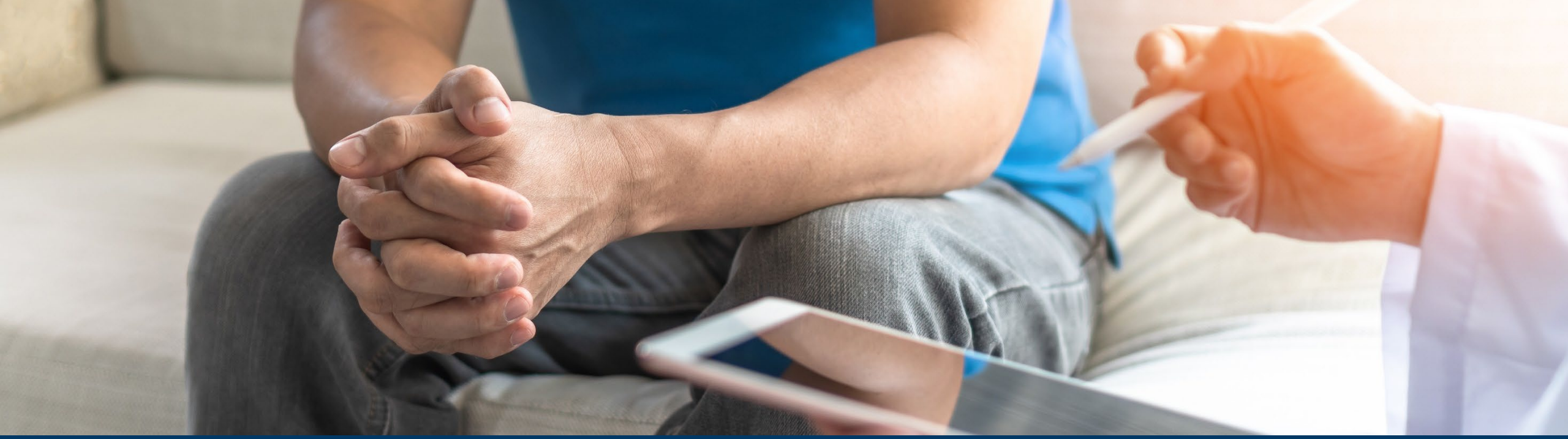


Annual Updates to the DHS-6696

Valerie Hurst-Baker| HCEA Policy Analyst

DEPARTMENT OF HUMAN SERVICES

Bulletin #25-21-08

- DHS Revises the Application for Health Coverage and Help Paying Costs and Supplement Form
  - Each year we update this application form in November, to be available during the annual open enrollment and to gather income information pertaining to the next year.
  - We gather ideas and suggestions throughout the year, so if you have these, send them in.
  - This year we have revised:
    - Cover Page
    - New Language Block
    - Questions about Immigration Status, Income, Medical Support
    - Attachment A – Notice of Privacy Practices and Notice of Rights and Responsibilities

Thank you!

Valerie Hurst-Baker

Valerie.Hurst-Baker@state.mn.us

Annual Updates to the DHS-6696 and DHS-6696B

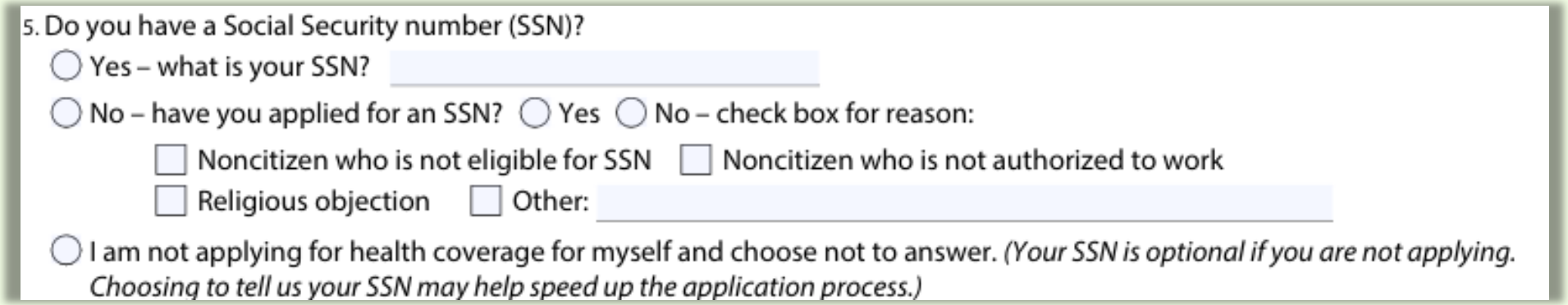
Beth Hoyer

HCEO Training Team

DHS-6696

Updates to DHS-6696: SSN

2024


5. Do you have a Social Security number (SSN)?

◯ Yes – what is your SSN? _____

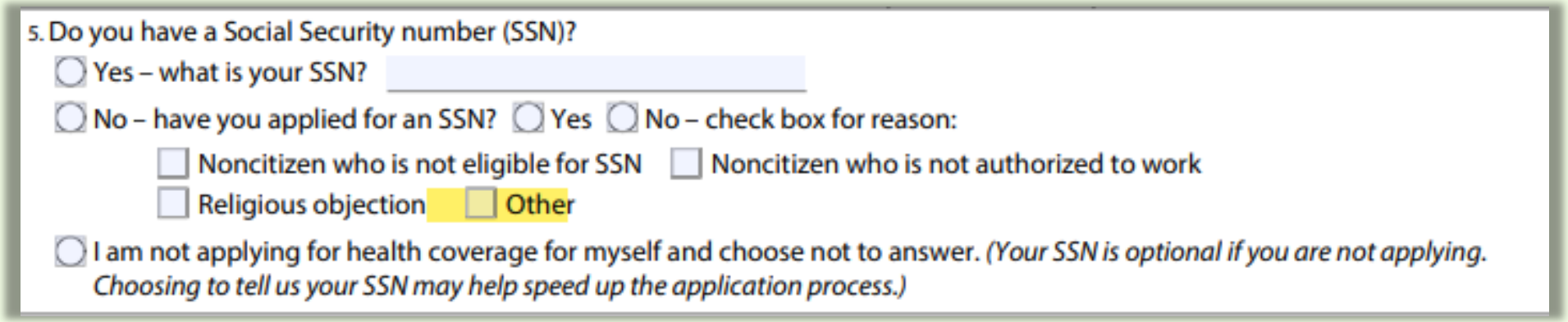
◯ No – have you applied for an SSN? ◯ Yes ◯ No – check box for reason:

☐ Noncitizen who is not eligible for SSN ☐ Noncitizen who is not authorized to work

☐ Religious objection ☐ Other: _____

◯ I am not applying for health coverage for myself and choose not to answer. *(Your SSN is optional if you are not applying. Choosing to tell us your SSN may help speed up the application process.)*

2025


5. Do you have a Social Security number (SSN)?

◯ Yes – what is your SSN? _____

◯ No – have you applied for an SSN? ◯ Yes ◯ No – check box for reason:

☐ Noncitizen who is not eligible for SSN ☐ Noncitizen who is not authorized to work

☐ Religious objection ☐ Other

◯ I am not applying for health coverage for myself and choose not to answer. *(Your SSN is optional if you are not applying. Choosing to tell us your SSN may help speed up the application process.)*

Updates to DHS-6696: Address

2024

6. ☐ Check here if you are homeless.

If you checked the box, in which county do you live?

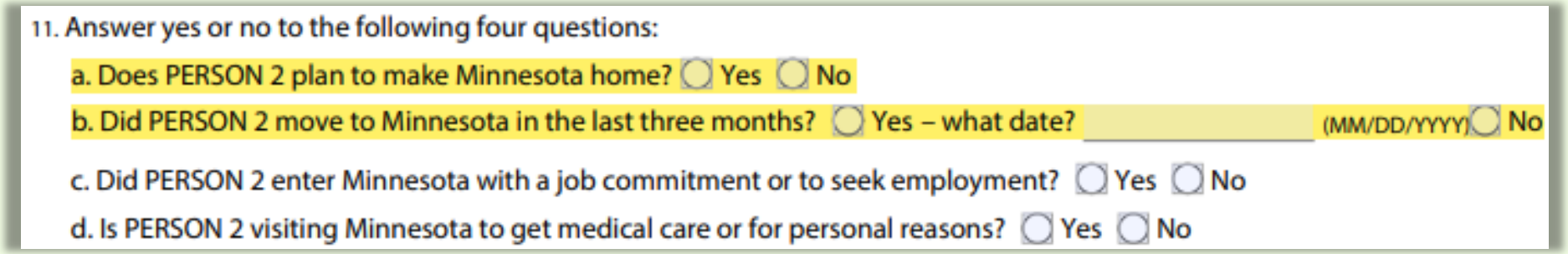
2025

6. ☐ Check here if you are homeless.

If you checked the box, in which county do you usually stay?

Updates to DHS-6696: Residency Questions

2025



11. Answer yes or no to the following four questions:

a. Does PERSON 2 plan to make Minnesota home? ◯ Yes ◯ No

b. Did PERSON 2 move to Minnesota in the last three months? ◯ Yes – what date? _____ (MM/DD/YYYY) ◯ No

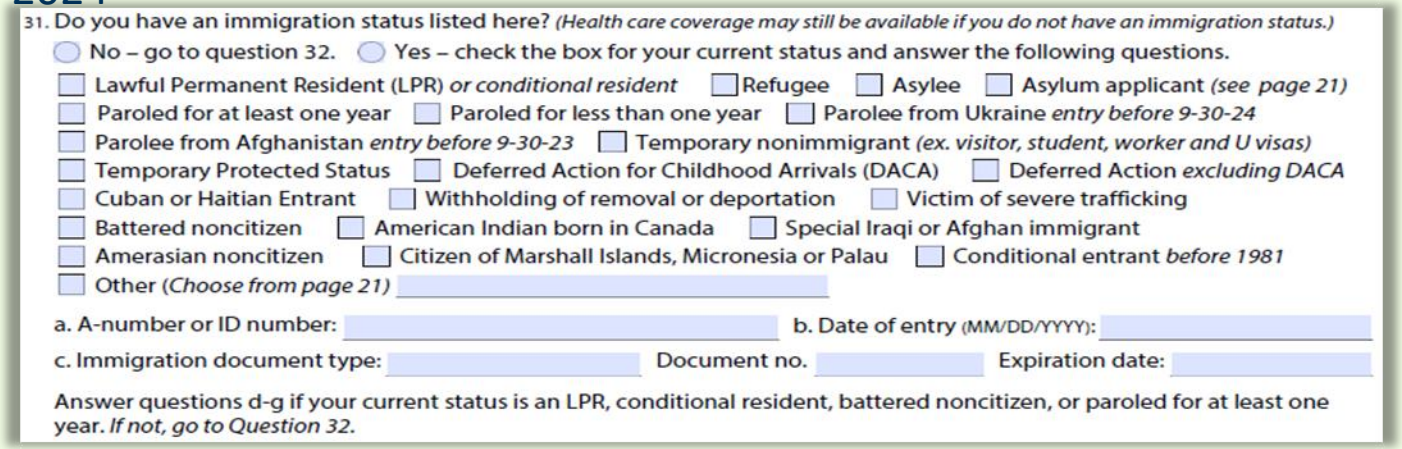
c. Did PERSON 2 enter Minnesota with a job commitment or to seek employment? ◯ Yes ◯ No

d. Is PERSON 2 visiting Minnesota to get medical care or for personal reasons? ◯ Yes ◯ No

On the 2025 version, the order of the state residency questions a and b were updated to align with the online application.

Updates to DHS-6696: Immigration Status

2024



31. Do you have an immigration status listed here? *(Health care coverage may still be available if you do not have an immigration status.)*

No – go to question 32. Yes – check the box for your current status and answer the following questions.

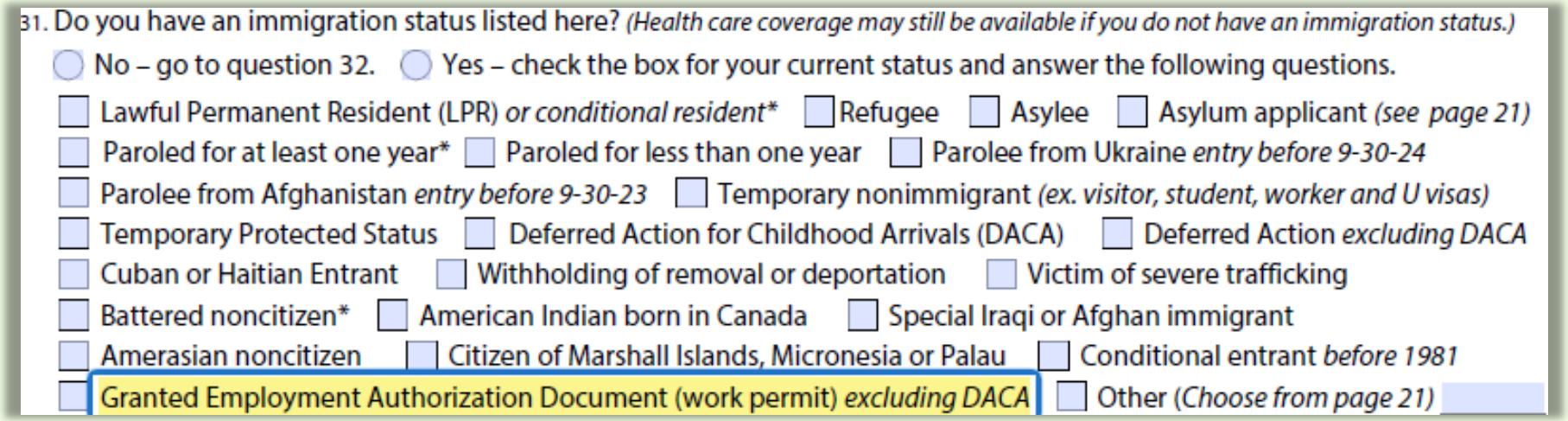
Lawful Permanent Resident (LPR) *or conditional resident* Refugee Asylee Asylum applicant *(see page 21)*
Paroled for at least one year Paroled for less than one year Parolee from Ukraine *entry before 9-30-24*
Parolee from Afghanistan *entry before 9-30-23* Temporary nonimmigrant *(ex. visitor, student, worker and U visas)*
Temporary Protected Status Deferred Action for Childhood Arrivals (DACA) Deferred Action *excluding DACA*
Cuban or Haitian Entrant Withholding of removal or deportation Victim of severe trafficking
Battered noncitizen American Indian born in Canada Special Iraqi or Afghan immigrant
Amerasian noncitizen Citizen of Marshall Islands, Micronesia or Palau Conditional entrant *before 1981*
Other *(Choose from page 21)*

a. A-number or ID number: b. Date of entry (MM/DD/YYYY):

c. Immigration document type: Document no. Expiration date:

Answer questions d-g if your current status is an LPR, conditional resident, battered noncitizen, or paroled for at least one year. *If not, go to Question 32.*

2025



31. Do you have an immigration status listed here? *(Health care coverage may still be available if you do not have an immigration status.)*

No – go to question 32. Yes – check the box for your current status and answer the following questions.

Lawful Permanent Resident (LPR) *or conditional resident** Refugee Asylee Asylum applicant *(see page 21)*
Paroled for at least one year* Paroled for less than one year Parolee from Ukraine *entry before 9-30-24*
Parolee from Afghanistan *entry before 9-30-23* Temporary nonimmigrant *(ex. visitor, student, worker and U visas)*
Temporary Protected Status Deferred Action for Childhood Arrivals (DACA) Deferred Action *excluding DACA*
Cuban or Haitian Entrant Withholding of removal or deportation Victim of severe trafficking
Battered noncitizen* American Indian born in Canada Special Iraqi or Afghan immigrant
Amerasian noncitizen Citizen of Marshall Islands, Micronesia or Palau Conditional entrant *before 1981*
Granted Employment Authorization Document (work permit) *excluding DACA* Other *(Choose from page 21)*

Updates to DHS-6696: Immigration Status "Other" Option

2024

IMMIGRATION STATUS - "OTHER" OPTION

If you or a family member are in an immigration status that is listed here, choose the "Other" box at Question 31 for Person 1 or Question 15 for Persons 2-4. Write the status from this list in the space provided for that question.

- ~~Employment Authorization, if based on:~~
  - ~~Applicant for Lawful Permanent Residence (LPR) – category c09~~
  - ~~Applicant for Cancellation of Removal or Suspension of Deportation – category c10~~
  - ~~Registry applicant – category c11~~
  - ~~Order of Supervision – category c18~~
  - ~~Applicant for Temporary Protected Status – category c19~~
  - ~~Applicant for Legalization under IRCA – category c20 or c22~~
  - ~~Legalization under the LIFE Act – category c24~~
  - ~~Beneficiary of certain employment-based visa petitions – category c35 or c36~~
- Applicant for:
  - Lawful Permanent Resident
  - Asylum – if age 14 or older, must have employment authorization
  - Withholding of removal or deportation – if age 14 or older, must have employment authorization
- Special Immigrant Juvenile petition – pending or approved
- Deferred Enforced Departure
- Convention Against Torture withholding of removal or deportation
- Temporary Resident status
- Family Unity beneficiary
- Administrative order staying removal issued by the Department of Homeland Security

2025

IMMIGRATION STATUS - "OTHER" OPTION

If anyone applying for coverage has an immigration status that is listed here, choose the "Other" box at Question 31 for Person 1 or Question 15 for Persons 2-4. Write the status from this list in the space provided for that question. If anyone applying for coverage does not have a status listed at Question 31 (Person 1) or Question 15 (Persons 2-4) or listed here, answer "No" to Question 31 (Person 1) or Question 15 (Persons 2-4). Health care coverage may still be available if you do not have an immigration status.

- Applicant for:
  - Lawful Permanent Resident
  - Asylum – if age 14 or older, must have employment authorization
  - Withholding of removal or deportation – if age 14 or older, must have employment authorization
- Special Immigrant Juvenile petition – pending or approved
- Deferred Enforced Departure
- Convention Against Torture withholding of removal or deportation
- Temporary Resident status
- Family Unity beneficiary
- Administrative order staying removal issued by the Department of Homeland Security

HCEO TRAINING TEAM

Updates to DHS-6696: Income/Jobs

2024

. TAXABLE WAGES AND TIPS: List the amount after pretax payroll deductions and before taxes. Pretax payroll deductions may be for a retirement plan, health insurance plan, childcare plan or a parking and transportation program. Choose one frequency and fill in the dollar amount. If work hours and wages vary, write the total wages expected for the next 12 months using the "Yearly" frequency. Include wages and tips paid by cash, personal check or other methods of payment.

2025

19. TAXABLE WAGES AND TIPS: List the amount before taxes are deducted. Do not include amounts deducted from wages by the employer for childcare, health insurance or retirement plans that are not taxable (sometimes called "pre-tax deductions"). Choose one frequency and fill in the dollar amount. If work hours and wages vary, write the total wages expected for the next 12 months using the "Yearly" frequency. Include wages and tips paid by cash, personal check or other methods of payment.

Updates to DHS-6696: Other Income

2024

OTHER INCOME: Check all that apply. List the amount before taxes and deductions. If you do not receive any other type of income, leave this question blank.

Note: Do not list child support, nontaxable veteran's payments, money from an Achieving a Better Life Experience (ABLE) account or Supplemental Security Income (SSI).

- ☐ Unemployment benefits $ _____ weekly
- ☐ Pensions or retirement, including taxable veteran's pensions $ _____ monthly
- ☐ Social Security benefits* $ _____ monthly
- ☐ Alimony received** $ _____ monthly
- ☐ Net rental or royalty $ _____ yearly
- ☐ Interest $ _____ yearly
  - How much of this interest amount is not taxable? $ _____
- ☐ Lottery or gambling winnings greater than $80,000 since January of 2018
  - Total amount of winnings: $ _____ Month and year winnings were received: _____
- ☐ Other taxable income that is expected within the next 12 months (Taxable income is income you would list on the Income section of IRS Form 1040).
  - Type: _____ $ _____ How often? _____
- ☐ Other taxable income this month
  - Type: _____ $ _____ How often? _____

*Social Security benefits include retirement, disability and Railroad Retirement benefits. SSI is not a Social Security benefit. List the gross amount before any deductions. Include both taxable and nontaxable Social Security benefits.

**Do not list alimony received if your divorce or separation agreement is dated after 2018.

2025

40. **OTHER INCOME:** Check all that apply. List the amount before taxes and deductions. If you do not receive any other type of income, leave this question blank.

Note: Do not list child support, nontaxable veteran's payments, money from an Achieving a Better Life Experience (ABLE) account or Supplemental Security Income (SSI).

- ☐ Unemployment benefits $ _____ weekly
- ☐ Taxable Minnesota Paid Leave benefits $ _____ weekly
- ☐ Taxable pensions or retirement $ _____ monthly
- ☐ Social Security benefits* $ _____ monthly
- ☐ Alimony received, if your divorce or separation agreement is dated before 1/1/2019 $ _____ monthly
- ☐ Net rental or royalty $ _____ yearly
- ☐ Interest $ _____ yearly
  - How much of this interest amount is not taxable? $ _____
- ☐ Lottery or gambling winnings greater than $80,000 since January of 2018
  - Total amount of winnings: $ _____ Month and year winnings were received: _____
- ☐ Other taxable income that is expected within the next 12 months (Taxable income is income you would list on the Income section of IRS Form 1040).
  - Type: _____ $ _____ How often? _____
- ☐ Other taxable income this month
  - Type: _____ $ _____ How often? _____

*Social Security benefits include retirement, disability and Railroad Retirement benefits. SSI is not a Social Security benefit. List the gross amount before any deductions. Include both taxable and nontaxable Social Security benefits.

HCEO TRAINING TEAM

Updates to DHS-6696: Adjustments and PAI

2024

*Do not list alimony payments if the payments are based on a divorce or separation agreement dated after 2018.

2025

Note regarding alimony was removed for 2025 as this is addressed now in the Other Income Section

PAI

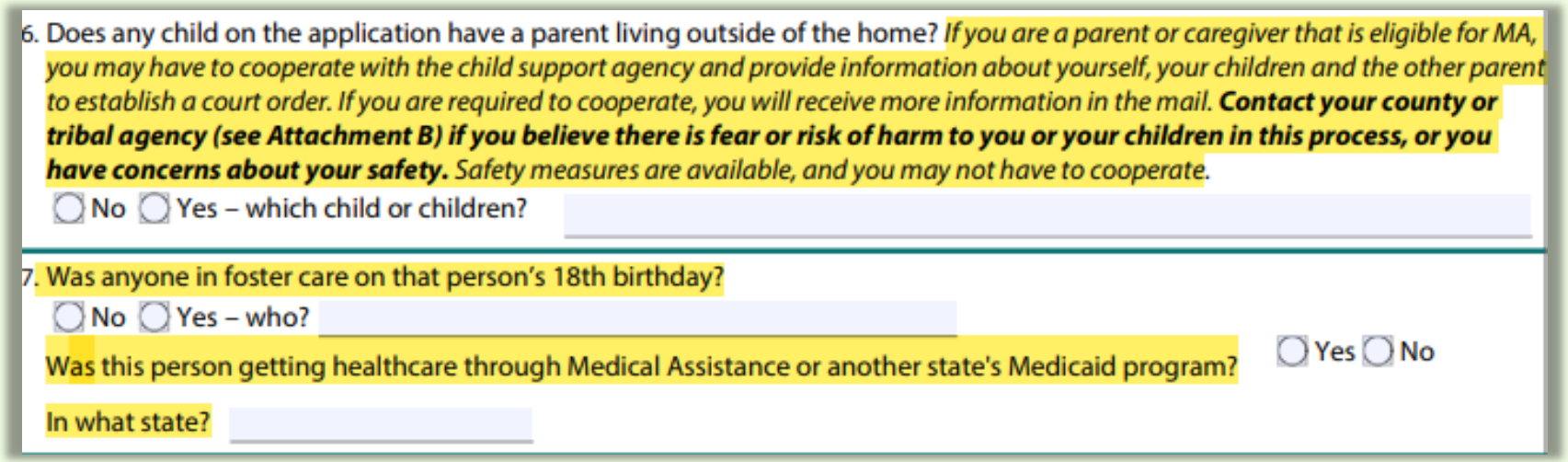
42. **PROJECTED ANNUAL INCOME FOR 2026:** Do you expect your total annual income for 2026 to be the same as the income you listed on this application?

- ◯ Yes – My total income expected for 2026 will be the same as the income I listed on this application.
- ◯ No – My total income expected for 2026 will be: $ _____

  Add up all of the income you received from January 1 until now, and all of the income you expect to receive through December 31.

Updates to DHS-6696: Step 4

2025



6. Does any child on the application have a parent living outside of the home? *If you are a parent or caregiver that is eligible for MA, you may have to cooperate with the child support agency and provide information about yourself, your children and the other parent to establish a court order. If you are required to cooperate, you will receive more information in the mail.* ***Contact your county or tribal agency (see Attachment B) if you believe there is fear or risk of harm to you or your children in this process, or you have concerns about your safety.*** *Safety measures are available, and you may not have to cooperate.*

◯ No ◯ Yes – which child or children? _____

7. Was anyone in foster care on that person's 18th birthday?

◯ No ◯ Yes – who? _____

Was this person getting healthcare through Medical Assistance or another state's Medicaid program? ◯ Yes ◯ No

In what state? _____

Updates to DHS-6696: Step 4

2025

8. Answer yes or no to the following six questions.

a. Is anyone applying blind? ◯ No ◯ Yes – who? _____

b. Does anyone applying have a physical, mental or emotional health condition that limits the person's ability to perform daily activities (like bathing, dressing, daily chores, etc.)?
◯ No ◯ Yes – who? _____

c. Is anyone applying seeking services and supports to help with activities of daily living to stay in the person's home or community through a home and community-based services (HCBS) waiver?
◯ No ◯ Yes – who? _____

d. Does anyone need help paying for care in a long-term care facility, such as a nursing home?
◯ No ◯ Yes – who? _____

e. Has anyone been determined blind or disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)?
◯ No ◯ Yes – who? _____

f. Does anyone applying under age 21 have a chronic condition you believe is disabling or has been certified disabled, and need additional services or supports? (If yes, your child under age 19 may be eligible for MA under the TEFRA option or under age 21 for home and community-based waiver services.)
◯ No ◯ Yes – who? _____

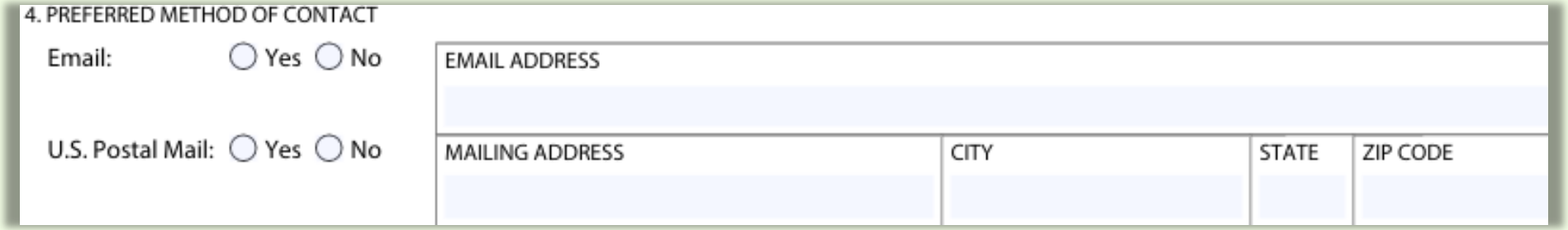
9. Is anyone applying in a residential treatment program for mental illness or drug or alcohol dependency?
◯ No ◯ Yes – who? _____

DHS-6696B

HCEO TRAINING TEAM

Updates to DHS-6696B: Contact Information

2024


4. PREFERRED METHOD OF CONTACT

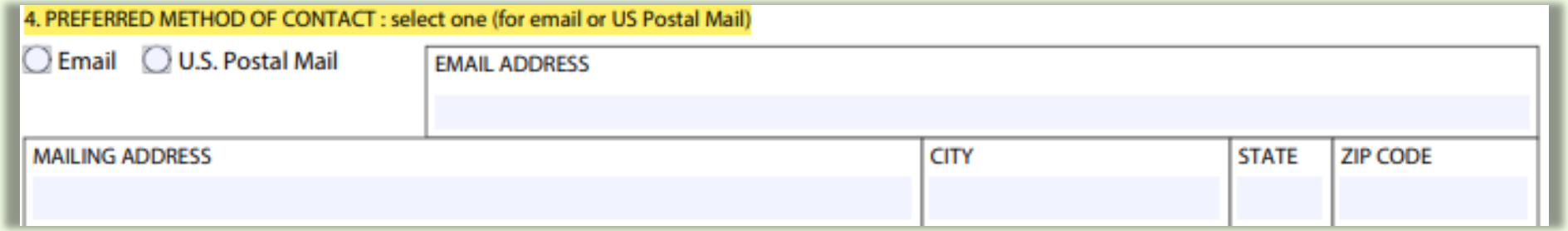
Email: ◯ Yes ◯ No

U.S. Postal Mail: ◯ Yes ◯ No

EMAIL ADDRESS

MAILING ADDRESS | CITY | STATE | ZIP CODE

2025


4. PREFERRED METHOD OF CONTACT : select one (for email or US Postal Mail)

◯ Email ◯ U.S. Postal Mail

EMAIL ADDRESS

MAILING ADDRESS | CITY | STATE | ZIP CODE

Updates to DHS-6696B: PAI

2025

11. We already have information about current monthly income for each person in your household. To determine what other help is available to meet your health care needs, we also need each person's projected annual income. Projected annual income is the total income that a person expects to have for the entire year, from January through December. **Do you expect your projected annual income for 2026 to be the same as the income we have on file?**

- ◯ Yes – The total income expected for 2026 will be the same as the income already on file for each person in the household. Go to question 12.
- ◯ No – The total income expected for 2026 will be different than the income already on file for one or more person in the household. For each person who expects a different total income:

1. Enter all income expected in Box A. Include all the income you would list on a tax return, plus nontaxable Social Security benefits, tax exempt interest and foreign income.

2. Enter all expected adjustments to income in Box B. *See question 10 for types of adjustments.*

3. Subtract the amount in Box B from Box A. (Box A minus Box B.) Enter the result in Box C.

NAME OF PERSON		
A. EXPECTED INCOME FOR 2026	B. ADJUSTMENTS TO INCOME FOR 2026	C. PROJECTED ANNUAL INCOME FOR 2026
NAME OF PERSON		

Updates to DHS-6696B: TEFRA screening

2024

17. Does any child in your household have a disability determination or a condition you believe is disabling, and need additional services or supports? (If yes, your child may be eligible for MA under the TEFRA option or home and community-based waiver services.)

2025

17. Does any person under age 21 on the application have a chronic condition you believe is disabling or has been certified disabled, and need additional services or supports? (If yes, your child may be eligible for MA under the TEFRA option or home and community-based waiver services.)

◯ No ◯ Yes – fill in the following information

If yes, name of child or children:

Updates to DHS-6696B

2025

Additional Agreements for Medical Assistance (MA) and MinnesotaCare:

- **If anyone on this supplement or my original application is eligible for MA or MinnesotaCare**, 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 supplement or my original application is eligible for MA,** I give the MA agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties.
- **If anyone on this supplement or my original application is eligible for MA,** 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 supplement or my original application is eligible for MA or MinnesotaCare,** 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 or caretaker that is eligible for MA,** I know I may be asked to cooperate with the child support agency that collects medical support from a parent outside of the home. 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 the MA agency the rights to medical support paid for my children.

Additional Updates: DHS Forms

- DHS-4839k Notice of Privacy Practices and Notice of Rights and Responsibilities
- DHS-5207 Agency Addresses
- DHS-6696D Appendix A: Health Coverage from Jobs

Thank you

Any Questions?

dhs.hc.trainersonline-questions@state.mn.us

HCEO TRAINING TEAM

Bulletin: DHS Ends MinnesotaCare Premium Reductions and Restores Standard Premium Scale

Regassa Oljirra | HCEA

Bulletin Overview

- Reduced MinnesotaCare premiums end December 31, 2025, when the federal law that prompted the reduced premium scale sunsets.
- Effective January 1, 2026, premiums will be billed under the standard MinnesotaCare premium scale:
  - Premiums will increase for enrollees who currently pay a premium.
  - Enrollees with HH income above 35% FPL will be required to pay a premium to maintain coverage. During the reduced premiums, enrollees at or below 160% FPL have not had to pay a premium since 2021.
  - People with income at or below 35% FPL will not have a premium (no change).
  - Premium exceptions still apply to some enrollees

Reduced Premium Scale until December 31, 2025, and the Standard Sliding Scale effective January 1, 2026

Annual Family Income as a Percentage of the Federal Poverty Guideline (FPG)	2021 through 2025 Monthly Premium Amount per Person	2026 Monthly Premium Amount per Person
0% - 34% FPG	$0	$0
35% - 54% FPG	$0	$4
55% - 79% FPG	$0	$6
80% - 89% FPG	$0	$8
90% - 99% FPG	$0	$10
100% - 109% FPG	$0	$12
120% - 129% FPG	$0	$15
130% - 139% FPG	$0	$16
140% - 149% FPG	$0	$25
150% - 159% FPG	$0	$37
160% - 169% FPG	$4	$44
170% - 179% FPG	$9	$52
180% - 189% FPG	$15	$61
190% - 199% FPG	$21	$71
200% FPG	$28	$80

Communications

- Beginning January 2026, MinnesotaCare premiums will be billed at the standard sliding scale:
  - At the end of October, DHS sent a text message to all MinnesotaCare enrollees informing them about the upcoming premium changes.
  - January premium bills will be mailed to enrollees in mid-November and December.
    - People who autorenewed (AR) will receive a premium notice in November with their new premium amount for January 2026.
    - People who did not autorenew must complete a renewal form before we can calculate their new premium amount. They will receive a premium billing notice in November *without* a premium amount listed. They will receive a bill with the premium amount after they have returned their renewal form, and their eligibility is redetermined.
  - A stuffer will be enclosed with the January premium bill to explain about the increased premium.

Legal Authorities

- Minnesota Statutes, section 256L.15, subdivision 2

Questions?
Thank you!

Regassa Oljirra

Regassa.Oljirra@state.mn.us