

Updates to the DHS-8262 MHCP Renewal for Families, Children and Adults

Molly Mielke | HCEO

What do I need to do with this form?

Why did I receive this renewal form?

During the COVID-19 emergency, we kept your health care coverage open without requiring a renewal. Due to a new federal law, we must resume renewals. You must complete this form to renew your health care coverage.

What do I need to do with this form?

- Review and complete each section of the form that applies to you or **members of your household.**
- Read the Notice of Privacy Practices and Notice of Rights and Responsibilities enclosed with this form. Do not return these pages. Keep them for your records.
- Sign and date the form.
- Attach proofs. **Send copies of proofs. Do not send original documents.**
- Mail, fax (be sure to fax front and back pages), or take the form and proofs to your servicing agency as soon as you have completed the form. Visit <https://mn.gov/dhs/renewmycoverage> to find out about other ways you can submit your renewal.
- If you are enrolled in a health plan, your health plan can help you submit your renewal form.

1a. Name, address and contact information

Minnesota Health Care Programs Renewal for Families, Children and Adults

1a. Name, address and contact information				
This person should be the contact person for the renewal.				
FIRST NAME	MI	LAST NAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
PHONE NUMBER where we can call you:		OTHER PHONE NUMBER where we can call you:		
<input type="text"/> <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		<input type="text"/> <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Do you expect your projected annual income for 2024 to be the same as the income you listed on this form?

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Projected annual income is the total income that a person expects to have for the entire year, from January through December.

- Yes – The total income expected for 2024 will be the same as the income listed on this form for each person in the household. Continue to question 13.
- No – The total income expected for 2024 will be different than the income listed on this form for one or more people 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. See questions 7-10 for types of income to include.
 2. Enter all expected adjustments to income in Box B. See question 11 for types of adjustments.
 3. Subtract the amount in box B from box A. (A-B). Enter the result in box C.

Name	A. Expected income for 2024	B. Adjustments to Income for 2024	C. *Projected annual income for 2024
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

13. Is anyone enrolled in other health care coverage?

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Yes – check the type of coverage and provide the information No

<input type="checkbox"/> Employer	<input type="checkbox"/> Medicare
<input type="checkbox"/> TRICARE (Do not check if you have direct care or line of duty)	<input type="checkbox"/> Peace Corps
<input type="checkbox"/> Private or other insurance	<input type="checkbox"/> COBRA
<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription drug coverage
<input type="checkbox"/> Vision	<input type="checkbox"/> Long-term-care (LTC) insurance
	<input type="checkbox"/> VA health care programs

Policy			
POLICY HOLDER'S NAME		POLICY HOLDER'S DATE OF BIRTH	INSURANCE COMPANY NAME
START DATE	END DATE	GROUP NUMBER	NAME OF INSURANCE POLICY
IF EMPLOYER INSURANCE, LIST THE EMPLOYER			
LIST EVERYONE THAT IS COVERED BY THIS POLICY			POLICY NUMBER

Check the type of coverage and provide the information.

<input type="checkbox"/> Employer	<input type="checkbox"/> Medicare
<input type="checkbox"/> TRICARE (Do not check if you have direct care or line of duty)	<input type="checkbox"/> Peace Corps
<input type="checkbox"/> Private or other insurance	<input type="checkbox"/> COBRA
<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription drug coverage
<input type="checkbox"/> Vision	<input type="checkbox"/> Long-term-care (LTC) insurance
	<input type="checkbox"/> VA health care programs

Policy		
POLICY HOLDER'S NAME	POLICY HOLDER'S DATE OF BIRTH	INSURANCE COMPANY NAME

eDocs Version of the DHS-8262

- The updated DHS-8262 will be published to eDocs on October 1, 2023.
- Beginning October 1, 2023, METS will ask for Current Year and Next Year PAI.
 - If directing enrollees to the DHS-8262 in eDocs in September, advise enrollees to include their 2023 and 2024 PAI amounts.
 - Any November Renewals processed in October will require 2024 PAI.

Thank You!

Molly Mielke