

9506.0070 APPEALS.

Subpart 1. **Notice.** The commissioner shall follow the notification procedures in chapter 9505 and Minnesota Statutes, chapter 256B, if the commissioner denies, suspends, reduces, or terminates MinnesotaCare eligibility or covered health services. The commissioner shall mail the person a written notice that describes the action, the reason for the action, and the person's right to appeal the action according to Minnesota Statutes, section 256.045.

Subp. 2. **Appeal process.** An applicant or enrollee aggrieved by a determination or action of the commissioner may appeal the determination or action according to Minnesota Statutes, section 256.045. An applicant or enrollee must submit a written request for a hearing to the department within 30 days after receipt of the written notice of the determination or action, except that a person has 90 days to submit a written request upon showing good cause why the request was not submitted within 30 days.

Subp. 3. **Health plan complaint and appeal procedure.** An enrollee participating in a managed care health plan may utilize the health plan's internal complaint procedure but is not required to exhaust the internal complaint procedure before appealing to the commissioner. The appeal rights and procedures in part 9500.1463 apply to health plan enrollees.

Statutory Authority: *MS s 256.9352; 256.9363; 256L.02; 256L.12*

History: *19 SR 1286; 20 SR 495*

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