
Appellants: [REDACTED]
For: Medical Assistance
Agency: Department of Human Services
Docket: 264686

**DECISION OF
STATE AGENCY
ON APPEAL**

On November 3, 2023, Human Services Judge Kalli Bennett held a hearing under Minnesota Statutes, section 256.045, subdivision 3.¹

The following people appeared at the hearing:

[REDACTED], Appellant.

The human services judge, based on the evidence in the record and considering the arguments of the parties, recommends the following Findings of Fact, Conclusions of Law, and Order.

¹The MNsure Board contracts with the Department of Human Services for its Appeals Division to conduct hearings and issue decisions regarding disputes involving MNsure determinations in accordance with Minnesota Statutes, section 62V.05, subdivision 6, and Minnesota Rules, part 7700.0105. The Minnesota Department of Human Services conducts state fair hearings pursuant to Minnesota Statutes, section 256.045, subdivision 3.

STATEMENT OF ISSUES

The issue raised in this appeal is:

Whether the Agency correctly determined Appellant is not eligible for Medical Assistance (MA) or MinnesotaCare coverage.

Recommended decision:

AFFIRM the Agency's determination.

PROCEDURAL HISTORY

1. On August 31, 2023, the Agency sent a Health Care Notice informing Appellant that she is not eligible for Medical Assistance (MA) or MinnesotaCare due to being over the program income limits.²
2. On September 22, 2023, the Appeals Division received Appellant's appeal request.³
3. On November 3, 2023, the human services judge held an evidentiary hearing on the matter by telephone conference. At the hearing, Appellant requested the record be held open for the opportunity to submit additional documents. The record was held open until November 12, 2023 for Appellant to submit any additional documents. On November 10, 2023, additional documents were received from Appellant.⁴ On November 12, 2023, the record closed consisting of the hearing testimony and three exhibits.⁵

FINDINGS OF FACT

1. On June 6, 2023, Appellant submitted an application for health care coverage.⁶ At the time, Appellant was not receiving public health care coverage.⁷

² See Exhibit 1.

³ See Exhibit A.

⁴ See Exhibit B.

⁵ Exhibit A: Appeal Request; Exhibit B: Appellant's Additional Documents; Exhibit 1: Agency Appeal Summary with attachments.

⁶ See Exhibit 1.

⁷ See Exhibit 1.

2. In the application, Appellant provided information regarding household size and income.⁸ Based on the information provided, the Agency determined the following:⁹

- a. Appellant's household consists of three people: Appellant, and her two minor children, [REDACTED] (4 years old) and [REDACTED] (7 years old).¹⁰
- b. Based on the information provided, Appellant has gross wage income of \$952.35 weekly from [REDACTED]; which amounts to \$4,126.86 gross monthly income and a projected annual income (PAI) of \$49,522.20.¹¹

3. On June 29, 2023, Appellant contacted [REDACTED] County about the status of the pending health care application.¹² Appellant requested to be listed as a non-applicant on the health care application.¹³

4. On June 29, 2023, the Agency sent Appellant a Health Care Notice, informing Appellant that her two minor children were approved for Medical Assistance (MA) effective June 1, 2023.¹⁴

5. On August 16, 2023, Appellant contacted [REDACTED] County to request that she be added as an applicant on the health care case.¹⁵

6. Based on the information that had been provided in the June 6, 2023 application, the Agency determined that Appellant was eligible for a Qualified Health Plan (QHP) with Advanced Premium Tax Credits (APTC).¹⁶

7. On August 31, 2023, the Agency sent Appellant a Health Care Notice.¹⁷ The notice informed Appellant that she was not eligible for MA and MinnesotaCare due to being over the income limits for MA and MinnesotaCare; but was eligible for a QHP with APTC.¹⁸

8. On September 22, 2023, the Appeals Division received Appellant's appeal.¹⁹

⁸ See Exhibit 1.

⁹ See Exhibit 1.

¹⁰ See Exhibit 1.

¹¹ See Exhibit 1.

¹² See Exhibit 1.

¹³ See Exhibit 1.

¹⁴ See Exhibit 1.

¹⁵ See Exhibit 1.

¹⁶ See Exhibit 1.

¹⁷ See Exhibit 1.

¹⁸ See Exhibit 1.

¹⁹ See Exhibit A.

ARGUMENTS OF PARTIES

1. **Agency.** The Agency argues that, based on the income information provided by the Appellant in the application, Appellant is over the program income limits for MA and MinnesotaCare; and therefore is ineligible for coverage.

2. **Appellant.**

a. Appellant argues that she is a contract nurse and was previously receiving benefits through the staffing agency. Appellant argues that she was unaware that the staffing agency cancelled her insurance at the end of April 2023, as they were still deducting premiums from her pay check. Appellant argues that she was under the impression that she still had health coverage with the staffing agency since they continued to deduct health benefits from her paychecks. Appellant argues that she initially applied for MA for her kids to use as secondary insurance, and took herself off the application because she thought she had primary insurance coverage with the staffing agency. Appellant argues that she then later learned she wasn't covered by the employer plan and that it had ended April 30, 2023. Appellant argues that in she was later reimbursed for the premiums that had been incorrectly deducted.

b. Appellant argues that she did go to the doctor; and so even though she applied in August, she's looking for retroactive coverage for June and July 2023. Appellant argues that the \$952.35 reported on the application was for during the school year. Appellant argues that her pay can fluctuate because sometimes there isn't school (i.e., conferences, school breaks, etc.); however, Appellant stated she did work during the summer for summer school four days per week (Monday-Thursday) for four hours per day; and argues that during the summer from approximately June 19 – July 27 she was earning about \$400-\$500 per week. Appellant argues that she then didn't work for the school from the end of July until approximately August 28, 2023. Appellant stated that she also receives \$600 per month in child support. Appellant stated that she also casually works for [REDACTED]; but argues that she didn't work at [REDACTED] during June or July 2023; however, she acknowledged she did work for [REDACTED] some during August 2023.

APPLICABLE LAW

1. **Jurisdiction.** The Commissioner of Human Services has jurisdiction over appeals involving matters listed in Minnesota Statutes, section 256.045, subdivision 3(a).

2. **Timeliness.** Unless federal or Minnesota law specifies a different time frame in which to file an appeal, an individual or organization specified in this section may contest the specified action by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action or within 90 days of such written notice if the person

shows good cause why the request was not submitted within the 30 day time limit.²⁰ Examples of good cause include personal injury or illness, an emergency, an obligation which reasonably takes precedence, excusable neglect, excusable inadvertence, excusable mistake, or other good cause as determined by the human services judge.²¹ The individual filing the appeal has the burden of proving good cause by a preponderance of the evidence.²²

3. ***Burden of Persuasion.*** The burden of persuasion is governed by specific state or federal laws and regulations that apply to the subject of the hearing.²³ Unless otherwise required by specific state or federal laws that apply to the subject of the appeal, the appellant carries the burden to persuade the appeals examiner that a claim is true and must demonstrate such by a preponderance of the evidence.²⁴

4. ***Preponderance of the Evidence.*** The “preponderance of the evidence” means, in light of the record as a whole, the evidence leads the human services judge to believe that the finding of fact is more likely true than not true.²⁵ The legal claims or arguments of a participant do not constitute either a finding of fact or a conclusion of law, except to the extent the human services judge adopts an argument as a finding of fact or conclusion of law.²⁶ The human services judge’s recommended order must be based on all relevant evidence.²⁷

5. ***Medical Assistance.*** The state laws about Medical Assistance are set forth in Minnesota Statutes, Chapter 256B. In order to be eligible for Medical Assistance, an adult, parent, or caretaker relative may have household income up to 133% of the federal poverty guidelines (FPG) for the same household size.²⁸ For a household size of three, 133% of the FPG is \$2,755 monthly.²⁹

6. ***MinnesotaCare.*** The state laws about MinnesotaCare are set forth in Minnesota Statutes, Chapter 256L. In order to be eligible for MinnesotaCare, a household’s income needs to be between 133% and 200% of federal poverty guidelines for the same household size.³⁰ For a household of three, 200% of the FPG is \$46,060 annually.³¹

²⁰ Minn. Stat. § 256.045, subd. 3(i).

²¹ Minn. Stat. § 256.0451, subd. 13.

²² Minn. Stat. § 256.045, subd. 3(i).

²³ Minn. R. 7700.0105, subp. 16(D).

²⁴ Minn. R. 7700.0105, subp. 16(D).

²⁵ Minn. Stat. § 256.0451, subd. 22.

²⁶ Minn. Stat. § 256.0451, subd. 22.

²⁷ Minn. Stat. § 256.045, subd. 5.

²⁸ Minn. Stat. § 256B.056, subd. 4(b).

²⁹ Income and Asset Guidelines are available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3461A-ENG>.

³⁰ Minn. Stat. § 256L.04, subd. 1.

³¹ Income and Asset Guidelines are available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3461A-ENG>.

CONCLUSIONS OF LAW

1. This appeal is timely and the Commissioner of Human Services has jurisdiction over this appeal under Minnesota Statutes, section 256.045, subdivision 3.
2. While I am sympathetic to Appellant's situation, the preponderance of credible evidence supports finding that the Agency correctly determined Appellant is not eligible for MA or MinnesotaCare due to being over the program income limits; and therefore, the Agency's denial should be affirmed. My analysis is as follows:
 - a. The Agency evaluated Appellant's eligibility based on the income information provided by Appellant in the June 6, 2023 application (\$4,126.85 per month; PAI of \$49,522.20). At the hearing, Appellant argued that the income information used by the Agency from the application is inaccurate, as her income can fluctuate. Therefore, there is an issue of the best evidence of income and what income information to use for determining eligibility.
 - b. At the hearing, Appellant argued that her income fluctuates based on the school hours/breaks; and argued that the income she reported on the application (\$952.35 per week) is only for during the school year. Appellant argued that from approximately June 19 – July 27, 2023 she was only making about \$400-\$500 per week and then didn't work as a contract nurse for the school from the end of July until August 28, 2023. Appellant also later provided testimony that she casually works for [REDACTED]. There is no mention by the Agency of whether or not this other work/income with [REDACTED] was reported on the application. Appellant acknowledged at the hearing that she did work for [REDACTED] during August 2023, but did not provide specifics about the income earned from that position. Although the record was held open for Appellant to submit any additional documents she wished to provide, the record contains no verifications to establish what income Appellant earned during the summer months or support Appellant's argument that she meets the income limits for MA or MinnesotaCare. Additionally, when Appellant contacted the Agency in August 2023 to be added to the application, she did not report any new income information to the Agency (i.e., lower income during the summer). Therefore, based on the record and preponderance of credible evidence, I find the Agency correctly used the income reported by Appellant in the application (\$4,126.85 per month; PAI \$49,522.20), and that same income will be used for the purposes of determining eligibility.
 - c. Based on the preponderance of credible evidence, I find the Agency correctly determined Appellant is over the program income limits for MA and MinnesotaCare; and therefore the Agency's denial should be affirmed.

RECOMMENDED ORDER

Based on all of the evidence, I recommend that the Commissioner of Human Services:

- AFFIRM the Agency's determination that Appellant is not eligible for MA or MinnesotaCare.

Kalli Bennett
Kalli Bennett
Human Services Judge

12-26-2023
Date

ORDER

On behalf of the Commissioner of Human Services and for the reasons stated above, I adopt the recommended Findings of Fact, Conclusions of Law, and Recommended Order as the final decision of the Department of Human Services.

Anna I. Cortez
Anna I. Cortez
Co-Chief Human Services Judge

December 27, 2023
Date

cc: [REDACTED], Appellant
DHS – Eligibility Appeals Unit (via e-mail)

FURTHER APPEAL RIGHTS

This decision is final unless you take further action.

Appellants who disagree with this decision should consider seeking legal counsel to identify further legal action. If you disagree with this decision, you may:

- **Request the appeal be reconsidered.** The request must state the reasons why you believe your appeal should be reconsidered. The request may include legal arguments and may include proposed additional evidence supporting the request. If you propose additional evidence, you must explain why the evidence was not provided at the hearing. **The request must be in writing and be made within 30 days of the date this decision was issued by the co-chief human services judge.**

You can mail the request to: Appeals Division, Minnesota Department of Human Services, P.O. Box 64941, St. Paul, MN 55164-0941. You can also fax the request to (651) 431-7523. **You must send a copy of the request to the other parties.** To ensure timely processing of your request, please include the name of the human services judge assigned to your appeal and the docket number. The law that describes this process is Minnesota Statutes, section 256.0451, subdivision 24.

- **Start an appeal in the district court.** This is a separate legal proceeding that you must start **within 30 days of the date this decision was issued by the co-chief human services judge.** You start this proceeding by: 1) serving a written copy of a notice of appeal upon the Commissioner of Human Services and upon any other adverse party of record; and 2) filing the original notice and proof of service with the court administrator of the county district court. The law that describes this process is Minnesota Statutes, section 256.045, subdivision 7.³²

³² County agencies do not have the option of appealing decisions about Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Diversionary Work Program (DWP) benefits to district court under 7 Code of Federal Regulations, section 273.15(q)(2), and Minnesota Statutes, section 256J.40. A prepaid health plan may not appeal this order under Minnesota Statutes, section 256.045, subdivision 7.