



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]

For: Qualified Health Plan
MinnesotaCare
Medical Assistance

Agency: MNSure Board
Minnesota Department of Human Services

Docket: 149232

On January 30, 2014, Appeals Examiner Ruth Grunke Klein held an evidentiary hearing under 42 U.S.C. §18081(f) and Minnesota Statute §62V.05, subdivision 6(a).

The following people appeared at the hearing:

[REDACTED] Appellant
[REDACTED] MNSure Representative

Based on the evidence in the record and considering the arguments of the parties, I recommend the following findings of fact, conclusions of law, and order.

STATEMENT OF ISSUES

Whether Appellant is eligible for either medical assistance or MinnesotaCare; and

Whether MNSure properly denied an Advanced Premium Tax Credit (APTC) because Appellant is eligible for minimum essential coverage.

FINDINGS OF FACT

1. On December 2, 2013, MNSure notified Appellant that she was not eligible for an APTC. Appellant challenged the denial by filing an appeal request on January 3, 2014. *Exhibit 1.*

2. On January 30, 2014, Human Services Judge Ruth Grunke Klein held an evidentiary hearing via telephone conference. The record, consisting of two exhibits,¹ was closed at the end of the hearing.

3. Appellant is an adult who lives with her husband. She sought assistance with health insurance for herself only and disputes MNSure's denial of an APTC.

4. Appellant attested to projected annual income of \$16,236 on her application for assistance. This is less than 200 percent of the federal poverty level. *Exhibit 2.*

CONCLUSIONS OF LAW

1. This appeal is timely under 45 C.F.R §155.520(b).

2. The MNSure Board has the legal authority to review and decide issues in this appeal regarding Appellant's eligibility through MNSure for Advance Premium Tax Credits, Cost Sharing Reductions, Qualified Health Plan, and/or the Small Business Health Insurance Options Program. *Minn. Stat. § 62V.05, subd. 6.* The MNSure Board has an agreement with the Department of Human Services to hear and decide appeals involving premium assistance. The Commissioner of the Minnesota Department of Human Services has the legal authority to review and decide issues in this appeal regarding Appellant's eligibility for Medical Assistance and MinnesotaCare. *Minn. Stat. § 256.045, subd. 3.*

3. Appellant is eligible for medical assistance but she is not eligible for MinnesotaCare health coverage because her annual household income is projected to be less than 200 percent of the federal poverty level. *Minn. Stat. § 256B.056, subd. 4 and*

¹ Exhibit 1 is the appeal request and Exhibit 2 is a State Agency Appeals Summary from MNSure.

Minn. Stat. § 256L.07, subd. 1.

4. A person is not eligible for an APTC if she is eligible for minimum essential coverage except for coverage in the individual market. *45 CFR §155.305(f)(ii)(B)*. “Minimum essential coverage” includes government sponsored coverage such as medical assistance and MinnesotaCare. *26 CFR §1.36B-2(a)(2) and (c)*.

5. MNsure’s denial of an APTC for Appellant is correct. Her eligibility for medical assistance bars her from receiving an APTC. This is true regardless of whether Appellant is actually receiving medical assistance. The fact that she is eligible for medical assistance is a barrier to her receipt of an APTC.

6. The eligibility determinations being appealed stand.

7. This decision is effective immediately.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The Commissioner of Human Services AFFIRM the determination that Appellant is eligible for medical assistance.
- The MNsure Board AFFIRM the agency’s determination that Appellant is not eligible for Advanced Premium Tax Credit.

/s/Ruth Grunke Klein
Ruth Grunke Klein
Appeals Examiner

February 12, 2014
Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner of Human Services adopt the Appeals Examiner's findings of fact, conclusions of law and order as each agency's final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES as to any effect the decision has on Appellant's eligibility for Medical Assistance and/or MinnesotaCare benefits.

FOR THE MNSURE BOARD as to any effect the decision has on Appellant's eligibility through MNsure for Advance Premium Tax Credits, Cost Sharing Reductions, Qualified Health Plan, and/or the Small Business Health Insurance Options Program.

Date

cc: [REDACTED] Appellant
[REDACTED] MNsure
[REDACTED] Minnesota Department of Human Services -- 0989

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 recourse.

If you disagree with the effect this decision has on your eligibility for **Advance Premium Tax Credits, Cost Sharing Reductions, Qualified Health Plan, and/or the Small Business Health Insurance Options Program**, you may:

- **Appeal to the United States Department of Health and Human Services (DHHS)** under 42 U.S.C. § 18081(f) and 45 C.F.R. § 155.520(c). This decision is the final decision of MNsure, unless an appeal is made to DHHS. An appeal request may be made to DHHS *within 30 days of the date of this decision* by calling the Marketplace Call Center at 1-800-318-2596 (TTY 855-889-4325); or by downloading the appeals form for Minnesota from the appeals landing page on www.healthcare.gov.
- **Seek judicial review** to the extent it is available by law.

If you disagree with this effect this decision has on your eligibility for **Medical Assistance and/or MinnesotaCare** benefits, you may:

- **Request the Appeals Office reconsider this decision.** 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; however, if you submit additional evidence, you must explain why it was not provided at the time of the hearing. The request must be *in writing*, be made *within 30 days of the date of this decision*, and a *copy of the request must be sent to the other parties*. Send your written request, with your docket number listed, to:

Appeals Office
Minnesota Department of Human Services
P.O. Box 64941
St. Paul, MN 55164-0941
Fax: (651) 431-7523

- **Start an appeal in the district court.** This is a separate legal proceeding, and you must start this *within 30 days of the date of this decision* by serving a notice of appeal upon the other parties and the Commissioner. The law that describes this process is Minnesota Statute § 256.045, subdivision 7.