



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]

For: Advance Payment of Premium Tax Credit  
Cost Sharing Reductions  
MinnesotaCare  
Medical Assistance

Agency: MNSure Board  
Minnesota Department of Human Services

Docket: 149512

On February 28, 2014, Appeals Examiner Douglass C. Alvarado held an evidentiary hearing under 42 United States Code §18081(f) and Minnesota Statute §62V.05, subdivision 6(a).

The following people appeared at the hearing:

[REDACTED] Appellant  
[REDACTED] Appellant's Representative  
[REDACTED] MNSure Representative  
[REDACTED] Minnesota Department of Human Services

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 the MNsure Board correctly determined that the Appellant was eligible for an advance payment of a premium tax credit of \$0 as provided in the Affordable Care Act.

Whether the MNsure Board correctly determined that the Appellant was ineligible for cost sharing reductions as provided in the Affordable Care Act.

Whether the Minnesota Department of Human Services correctly determined that the Appellant was ineligible for Medical Assistance and MinnesotaCare benefits.

## FINDINGS OF FACT

1. The MNsure Board (MNsure) advised the Appellant that she was eligible for advance payment of the premium tax credit in the amount of zero dollars effective January 1, 2014 and ineligible for cost sharing reductions under the Affordable Care Act. The Appellant was determined ineligible for MinnesotaCare coverage and Medical Assistance benefits by the Minnesota Department of Human Services (DHS). The Appellant filed a request challenging this action, which MNsure received on January 9, 2014. A hearing was scheduled for February 11, 2014. The matter was continued on consent of the parties. On February 28, 2014, Appeals Examiner Alvarado held an evidentiary hearing via telephone conference. The judge accepted into evidence three exhibits from MNsure and DHS<sup>1</sup> and one exhibit from the Appellant<sup>2</sup>. The record was closed at the conclusion of the hearing.

2. The Appellant, age 19, is currently a college student living on campus in [REDACTED] *Appellant's testimony.*

3. The Appellant is claimed as a tax dependent by his mother, [REDACTED] *Testimony of [REDACTED]* The Appellant's zip code as listed on his application, which dictates the geographic region he is assigned for purposes of calculating overall premium costs, is [REDACTED]. *Appellant's testimony.*

4. [REDACTED] was determined eligible for Medical Assistance based upon a prior application filed in or about October 2013. *Testimony of [REDACTED]* Although [REDACTED] had also applied for Medical Assistance for the Appellant in October 2013, he

---

<sup>1</sup> The exhibits submitted by MNsure and DHS were marked as follows: 1) Appeals Exhibit 1; 2) Appeals Exhibit 2; and 3) DHS Memorandum from [REDACTED] with Attachments A-C.

<sup>2</sup> The Appellant submitted one exhibit which was marked as follows: A) Appeal Request Form.

was “dropped from the application”. *Id.*

5. [REDACTED] started working in November 2013. *Testimony of [REDACTED]* The Appellant works weekends at the same employer. *Id.* This employer is closing the business on or about March 14, 2014. *Id.* [REDACTED] would have had access to employer-sponsored health insurance coverage after 90 days of employment if her employment was not terminating. *Id.*

6. On January 9, 2014 the Appellant applied for health care coverage through the MNsure eligibility system. *Agency Exhibit # 1.*

7. The Appellant is eligible for enrollment in a Qualified Health Plan. *Agency Exhibit # 1.*

8. At the time of the Appellant’s application for health care assistance, the household’s attested projected annual household income was \$52,800. *Agency Exhibit # 1 and testimony of [REDACTED] and [REDACTED]* This income consists of the household’s anticipated modified adjusted gross income (MAGI) of \$52,800,<sup>3</sup> which consists of adjusted gross income of \$52,800, foreign income and housing costs excluded under 26 U.S.C. § 911 of \$0, tax exempt interest of \$0, and Social Security benefits that are not included in gross income of \$0. *Id.*

9. The Agency determined that Appellant’s household income is 340.43% of the 2013 federal poverty level (FPL). *Agency Exhibit # 2 and testimony of [REDACTED]* .

10. The Agency determined that the Appellant’s applicable percentage is 9.5%. *Agency Exhibit # 1 and testimony of [REDACTED]* This applicable percentage was determined by referring to a table in the federal regulations that specifies minimum and maximum percentages according to income level and then determining where Appellant’s income fell within this range. *Id.*

11. The Agency determined that the Appellant's required share of premiums for the benchmark plan, which is the second lowest-cost silver plan available through MNsure, is \$5,016 annually or \$418 monthly. *Agency Exhibit # 2 and testimony of [REDACTED]* This amount was determined by multiplying the Appellant’s applicable percentage (9.5) by the household income (\$52,800).<sup>4</sup> *Id.*

12 The benchmark plan (second lowest-cost silver plan) that covers the Appellant only that is available at the address provided on the MNsure application costs

---

<sup>3</sup> [REDACTED] had attested income of \$50,000. The Appellant had attested income of \$2,800. *Agency Exhibit # 1.*

<sup>4</sup> (\$52,800 x 9.5% = \$5,016; \$5,016 ÷ 12 months = \$418)

\$107.50 per month or \$1,290 annually. *Agency Exhibit # 1 and testimony of* [REDACTED]

13. The Appellant has not enrolled in qualified health plan before the date of this hearing. *Testimony of* [REDACTED]

14. The Appellant was determined eligible for advance payment of a tax credit in the amount of zero dollars and ineligible for cost sharing reductions. *Agency Exhibit # 2 and testimony of* [REDACTED] The Appellant was also ineligible for MinnesotaCare coverage of Medical Assistance because the household income at the time of application exceeded the income standards for these programs. *Agency Exhibit # 3 and testimony of* [REDACTED]

15. Based upon the household's change in circumstances, the household's anticipated income for 2014 is approximately \$9,960. *Testimony of* [REDACTED]

#### APPLICABLE LAW

16. Pursuant to 45 C.F.R. § 155.520(b)(1) and Minn. R. 7700.0105, subp. 2(D) an appeal must be received within 90 days from the date of the notice of eligibility determination. A person may request a state fair hearing by filing an appeal either: 1) within thirty days of receiving written notice of the action; or 2) within ninety days of such notice if the Appellant can show good cause why the request for an appeal was not submitted within the thirty day time limit. *Minn. Stat. 256.045, subd. 3(h) and Minn. Stat. 256L.10.*

17. 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.*

18. Federal regulations governing Medical Assistance and Exchange appeals require that, if an individual appeals a determination of eligibility for the advance payment of the premium tax credit or cost sharing reductions, the appeal will automatically be treated as a request for a fair hearing of the denial of eligibility of Medicaid.<sup>5</sup> The reason for this automatically pairing of Medicaid appeals with appeals

---

<sup>5</sup> 45 C.F.R. § 155.510(b)(3); 78 Fed. Reg. 4598 (proposed Jan. 22, 2013)(comments regarding proposed 42 C.F.R. § 431.221(e)); and 78 Fed. Reg. 54096 (Aug. 30, 2013)(comments regarding 45 C.F.R. § 155.510(b)(3)).

concerning advance payment of the premium tax credits is to further the goal of providing a streamlined, coordinated appeals process for Appellants which avoids the need for the Appellant to file multiple appeals with different agencies. *Id.* In Minnesota, Medicaid programs include Medical Assistance and MinnesotaCare. Determinations of eligibility for Medical Assistance and MinnesotaCare are made by the Minnesota Department of Human Services.

19. Effective January 1, 2014, to be eligible for Medical Assistance children age 19-20 may have an income up to 133 percent of the federal poverty level (FPL) for the household size.<sup>6</sup> *Minn. Stat. § 256B.056, subd. 4(d).* Effective January 1, 2014 or upon federal approval, children age 19-20 with family income above 133 percent of the federal poverty guidelines and equal to or less than 200 percent of FPL for the applicable family size shall be eligible for MinnesotaCare according to this section.<sup>7</sup> *Minn. Stat. § 256L.04, subd. 1 as amended in the Minnesota Session Laws, Chapter 108, Article 1, Section 55.*<sup>8</sup>

20. Federal regulations concerning eligibility for advance payment of a premium tax credit are found at 45 C.F.R. §155.305(f)(1) and 26 C.F.R §1.36B-2. MNsure must determine a tax filer eligible for an advance premium tax credit if he or she is expected to have household income, as defined in 26 C.F.R. 1.36B-1(e), between 100% and 400% of federal poverty guidelines during the benefit year for which coverage is requested (unless he or she is a lawfully present noncitizen), and one or more applicants for whom the tax filer expects to claim a personal exemption deduction on his or her federal tax return for the benefit year are: (a) eligible for enrollment in a Qualified Health Plan through the Exchange as specified in 45 C.F.R. 155.305(a), and (b) are not eligible for minimum essential coverage, with the exception of coverage in the individual market, in accordance with section 26 C.F.R. 1.36B-(a)(2) and (c). 45 C.F.R. §155.305(f).

21. A “taxpayer's family” means the individuals for whom a taxpayer properly claims a deduction under 26 U.S.C. §151 for the taxable year. *26 C.F.R. §1.36B-1(d).* Family size means the number of individuals in the family. *Id.* Family and family size may include individuals who are not subject to or are exempt from the penalty under 26 U.S.C. § 5000A for failing to maintain minimum essential coverage. *Id.*

22. “Household income” means the sum of a taxpayer's modified adjusted gross

---

<sup>6</sup> 133 percent of FPL for a household of two people is \$20,628.00 annually.

<sup>7</sup> 200 percent of FPL for a household of two people is \$31,020.00 annually.

<sup>8</sup> While the amendment to Minn. Stat. § 256L.07, subd. 2 is effective January 1, 2014 or upon federal approval, the Department of Human Services has extended the MinnesotaCare program and implemented the modifications of the program effective January 1, 2014 in anticipation of federal approval of this basic health plan under the Affordable Care Act retroactive to January 1, 2014.

income plus the aggregate modified adjusted gross income of all other individuals who are included in the taxpayer's family and are required to file a tax return for the taxable year. *26 C.F.R. §1.36B-1(e)(1)*. "Modified adjusted gross income" (MAGI) means adjusted gross income increased by: (i) amounts excluded from gross income under 26 U.S.C. §911 (foreign income and housing costs); (ii) tax exempt interest the taxpayer receives or accrues during the taxable year; and (iii) social security benefits not included in gross income under 26 U.S.C. §86. *26 C.F.R. §1.36B-1(e)(2)*.

23. A taxpayer's premium assistance credit amount for a taxable year is the sum of the premium assistance amounts determined under 26 C.F.R. §1.36B-3(d) for all coverage months for individuals in the taxpayer's family. *26 C.F.R. §1.36B-3(a)*.

24. The premium assistance amount for a coverage month is the lesser of: (1) the premiums for the month for one or more qualified health plans in which a taxpayer or a member of the taxpayer's family enrolls through the Exchange; or (2) the excess of the adjusted monthly premium for the applicable benchmark plan (second lowest-cost silver plan) over 1/12 of the product of a taxpayer's household income and the applicable percentage for the taxable year. *26 C.F.R. §1.36B-3(d)*.

25. The adjusted monthly premium is the premium an insurer would charge for the applicable benchmark plan to cover all members of the taxpayer's coverage family, adjusted only for the age of each member of the coverage family as allowed under section 2701 of the Public Health Service Act (42 U.S.C. 300GG). *26 C.F.R. §1.36B-3(e)*. The adjusted monthly premium is determined without regard to any premium discount or rebate under the wellness discount demonstration project under 2705(d) of the Public Health Service Act, and may not include any adjustments for tobacco use. *Id.*

26. The applicable benchmark plan for each coverage month is the second lowest-cost silver plan as described in section 1302(d)(1)(B) of the Affordable Care Act offered through the Exchange for the rating area where the taxpayer resides. *26 C.F.R. §1.36B-3(f)*. The applicable benchmark plan provides self-only or family coverage. *Id.* Self-only coverage is for a taxpayer: (1) who computes tax under 26 U.S.C. §1(c) (meaning unmarried individuals other than surviving spouses and heads of household) and is not allowed a deduction under section 151 for a dependent for the taxable year; (2) who purchases only self-only coverage for one individual; or (3) whose coverage family includes only one individual. *26 C.F.R. §1.36B-3(f)(1)(i)*. Family coverage is for all other taxpayers. *26 C.F.R. §1.36B-3(f)(1)(ii)*. The applicable benchmark plan for family coverage is the second lowest cost silver plan that applies to the members of the taxpayer's coverage family (such as a plan covering two adults if the members of a taxpayer's coverage family are two adults). *26 C.F.R. §1.36B-3(f)(2)*.

27. The applicable percentage multiplied by taxpayer's household income

determines the taxpayer’s required share of premiums for the benchmark plan. *26 C.F.R. §1.36B-3(g)(1)*. This required share is subtracted from the adjusted monthly premium for the applicable benchmark plan when computing the premium assistance amount. *Id.* There are several steps to calculate the applicable percentage. First, the percentage that the taxpayer’s household income bears to the federal poverty line for the taxpayer’s family size needs to be determined. *Id.* Second, the resulting federal poverty line percentage is compared to the income categories described in the table in *26 C.F.R. §1.36B-3(g)(2)*. *Id.* Third, an applicable percentage within an income category increases on a sliding scale in a linear manner, and is rounded to the nearest one-hundredth of one percent. *Id.*

28. The applicable percentage table is:

| <b>Household income percentage of federal poverty line</b> | <b>Initial percentage</b> | <b>Final percentage</b> |
|--|---------------------------|-------------------------|
| Less than 133%   | 2                         | 2                       |
| At least 133% but less than 150%                           | 3                         | 4                       |
| At least 150% but less than 200%                           | 4                         | 6.3                     |
| At least 200% but less than 250%                           | 6.3                       | 8.05                    |
| At least 250% but less than 300%                           | 8.05                      | 9.5                     |
| At last 300% but less than 400%                            | 9.5                       | 9.5                     |

*26 C.F.R. §1.36B-3(g)(2)*.

29. Federal regulations concerning eligibility for cost-sharing reductions (CSR) are found at *45 CFR 155.305(g)*. MNsure must determine an applicant eligible for cost-sharing reductions if the applicant meets the following eligibility requirements:

- (A) The applicant meets the requirements for eligibility for enrollment in a Qualified Health Plan (QHP) through the Exchange;
- (B) The applicant meets the requirements for advance payments of the premium tax credit; and
- (C) The applicant is expected to have a household income that does not exceed 250 percent of the FPL, for the benefit year for which coverage is requested.

*45 CFR §155.305 g(1)(i)*. MNsure may only provide cost-sharing reductions to an enrollee who is not an Indian if he or she is enrolled through the Exchange in a silver-level QHP, as defined by section 1302(d)(1)(B) of the Affordable Care Act. *45 CFR 155.305 g(1)(ii)*.

30. MNsure must use the following eligibility categories for cost-sharing reductions when making eligibility determinations:

(i) An individual who is expected to have a household income greater than or equal to 100 percent of the FPL and less than or equal to 150 percent of the FPL for the benefit year for which coverage is requested, or for an individual who is eligible for advance payments of the premium tax credit under paragraph (f)(2)<sup>9</sup> of this section, a household income less than 100 percent of the FPL for the benefit year for which coverage is requested;

(ii) An individual is expected to have a household income greater than 150 percent of the FPL and less than or equal to 200 percent of the FPL for the benefit year for which coverage is requested; and

(iii) An individual who is expected to have a household income greater than 200 percent of the FPL and less than or equal to 250 percent of the FPL for the benefit year for which coverage is requested.

*45 CFR 155.305 g(2).*

#### CONCLUSIONS OF LAW

31. This appeal is timely in that it was filed within 90 days of receipt of the determinations regarding the Appellant's eligibility for advanced payment of a premium tax credit (APTC) and cost sharing reductions and within 30 days of receipt of the determinations regarding his eligibility for MinnesotaCare coverage and Medical Assistance.

32. At the time of the Appellant's January 9, 2014 application for health care assistance, the Appellant met the general requirements to be eligible for premium assistance or advance payment of the premium tax credit as provided in 45 C.F.R. §155.305(f) because the Appellant is expected to have a household income of greater than or equal to 100%<sup>10</sup> but not more than 400%<sup>11</sup> of the federal poverty level, he is eligible to enroll in a Qualified Health Plan through MNsure and he is not already eligible for minimum essential coverage.

33. The Appellant seeks health care assistance for himself only because his mother, [REDACTED] was previously determined eligible for Medical Assistance benefits. The Appellant is a tax dependent of [REDACTED]. Therefore, his family size consists of himself and his mother.

---

<sup>10</sup> 100 % FPL for a household of two people is \$15,510 annually.

<sup>11</sup> 400 % FPL for a household of two people is \$62,040 annually.

34. The attested household income at the time of application was \$52,800. This income is 340.43% of the 2013 federal poverty level, which is \$15,510 for a family size of two [ $\$52,800 \div \$15,510 = 3.4043 \times 100 = 340.43$  or 340 % rounded]. This income exceeded the eligibility limits for MinnesotaCare and Medical Assistance.

35. Pursuant to 26 C.F.R. §1.36B-3(g)(2) the Appellant's applicable percentage is 9.5 %. This determination is made as follows. The initial percentage for a taxpayer with household income at least 300% but less than 400% of the federal poverty line is 9.5 and the final percentage is 9.5.

36. The Appellant's required share of premiums for the benchmark plan, which is the second lowest-cost silver plan available through MNsure, is \$418 per month ( $\$52,800 \times 9.5 \% = \$5,016$  annually or \$418 monthly). The second lowest silver level plan available to the Appellant based upon his age and permanent zip code is \$107.50 per month (\$1,290 annually). Inasmuch as the Appellant's required share of premiums exceeded the cost of the applicable benchmark plan, he was not eligible for any premium assistance or advance payment of the premium tax credit for 2014 even though the family income was between 100 and 400 percent FPL.

37. Inasmuch as the Appellant's family MAGI for the applicable tax year at the time of application exceeded 250 percent FPL he was ineligible for cost-sharing reductions.

38. At the hearing, [REDACTED] testified that the family's anticipated income for 2014 has changed due to the loss of employment for both [REDACTED] and the Appellant effective March 14, 2014. The anticipated income is now approximately \$9,960. This income is less than 133% FPL for a household of two people. Based upon this attested income the Appellant meets the income standard for Medical Assistance. Eligibility for Medical Assistance constitutes minimum essential coverage. The fact that the Appellant qualified for minimum essential coverage renders him ineligible for MinnesotaCare coverage, APTC and cost-sharing reductions.

39. Based upon the foregoing, the determinations of MNsure that the Appellant is not eligible for a premium tax credit for 2014 or cost sharing reductions and the determination of DHS that the Appellant is ineligible for MinnesotaCare are upheld. The determination of DHS that the Appellant was ineligible for Medical Assistance effective January 1, 2014 is upheld. However, based upon the attestation at the hearing regarding the change in anticipated MAGI for 2014, the Appellant is eligible for Medical Assistance effective March 1, 2014.

40. This decision is effective January 1, 2014.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board AFFIRM the Agency's determination of the Appellant's eligibility for an advance payment of a Premium Tax Credit and cost sharing reductions as provided in the Affordable Care Act effective January 1, 2014.
- The Commissioner of the Minnesota Department of Human Services AFFIRM the determination that Appellant is not eligibility for MinnesotaCare coverage effective January 1, 2014.
- The Commissioner of the Minnesota Department of Human Services AFFIRM the determination that Appellant is not eligibility for Medical Assistance benefits effective January 1, 2014 through February 28, 2014.
- The Commissioner of the Minnesota Department of Human Services REVERSE the determination that the Appellant is not eligibility for Medical Assistance benefits effective March 1, 2014 and ORDER the Department of Human Services to provide Medical Assistance to the Appellant retroactive to March 1, 2014 if otherwise eligible.

/s/Douglass C. Alvarado  
Douglass C. Alvarado  
Appeals Examiner

March 12, 2014  
Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner of the Minnesota Department 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] Appellant's Representative  
[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](http://www.healthcare.gov).

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.