



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Medical Assistance
Agency: MNsure Board
Minnesota Department of Human Services
Docket: 149631

On February 13, 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] Program Specialist

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 ISSUE

Whether Appellant is eligible for medical assistance instead of MinnesotaCare.

FINDINGS OF FACT

1. On January 1, 2014, Appellant was notified that she was eligible for MinnesotaCare. On January 17, 2014, Appellant filed an appeal of the decision by telephoning the appeals office.
2. On February 13, 2014, Human Services Judge Ruth Grunke Klein held an evidentiary hearing via telephone conference.¹ The record, consisting of three exhibits,² was closed at the end of the hearing.
3. Appellant is not disabled and lives by herself. She disagrees with the decision that she is eligible for MinnesotaCare and not medical assistance.
4. On December 30, 2013, Appellant submitted an online application through MNsure for assistance with health coverage. Although the application said that her income before taxes is \$750 every two weeks, her income is actually much less than that. Her 2013 W-2 forms say that her annual gross income was \$12,038. *Testimony of Appellant and Exhibit 3*. She anticipates that her income will not change significantly in 2014 and that she will have a student loan interest deduction on her federal income taxes of \$40 monthly. *Testimony of Appellant and 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*.

¹ Appellant agreed to go ahead with the hearing even though she had not yet received Exhibit 2.

² Exhibit 1 is the appeal request; Exhibit 2 is a State Agency Appeals Summary; and Exhibit 3 is Appellant's application for health coverage.

3. The modified adjusted gross income (MAGI) of the people in a person's household is used when determining a non-disabled person's eligibility for medial assistance. Adjusted gross income (as defined in the tax code) is modified by adding back foreign income and housing costs excluded from gross income; tax exempt interest; and social security benefits not included in gross income. *Minn. Stat. § 256B.056, subd. 1a and 26 CFR §1.36B-1*. Adjusted gross income is gross income minus the deductions listed at 26 U.S.C. § 62. One of the deductions is interest on education loans. *26 U.S.C. § 62 (17)*.

4. A person is eligible for medical assistance if her income is up to 133 percent of federal poverty guidelines for her household size. *Minn. Stat. § 256B.056, subd. 2(c)*. One hundred percent of the federal poverty guidelines for a household of one is \$11,496. *Minnesota Department of Human Services Health Care Programs Manual, chapter 22*.

5. Appellant is eligible for medical assistance because her annual income is anticipated to be less than 133 percent of the federal poverty guidelines for a household of one.

6. The Minnesota Department of Human Services must grant medical assistance instead of MinnesotaCare for Appellant effective January 1, 2014.

7. This decision is effective immediately.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The Commissioner of Human Services REVERSE the determination that Appellant is not eligible for medial assistance. Appellant must be granted medical assistance effective January 1, 2014.

/s/Ruth Grunke Klein
Ruth Grunke Klein
Appeals Examiner

February 24, 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] Minnesota Department of Human Services – 0989
[REDACTED] MNsure

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.