



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Medical Assistance
Agency: MNsure Board
Minnesota Department of Human Services
Docket: 150243

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] Department of Human Services 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 ISSUE

Whether Appellant and her husband are eligible for MinnesotaCare.

FINDINGS OF FACT

1. On or about January 9, 2013, Appellant was notified that she and her husband were not eligible for MinnesotaCare. On February 5, 2014, Appellant filed an appeal of the decision. On February 7, 2014, her request for an expedited hearing was granted.

2. On February 13, 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 lives with her husband and their child, who receives medical assistance. On January 9, 2014, Appellant filed an application for health care for herself and her husband. They were denied MinnesotaCare health coverage and approved for advanced payment of premium tax credits (APTC) and cost sharing reductions effective February 1, 2014. Appellant disagrees with the denial of MinnesotaCare. Although DHS believes Appellant and her husband are eligible for the program, the MNsure computer system is currently unable to accept the data necessary to put the assistance in place.

4. Appellant and her husband had health coverage until January 26, 2014 and on this date Appellant started receiving unemployment insurance of \$531 weekly. Her husband does not receive any income. A household income of \$531 weekly is 141 percent of the federal poverty level and would likely require a monthly MinnesotaCare premium payment of no more than \$50. *Testimony of hearing participants.*

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

¹ Exhibit 1 is the appeal request and Exhibit 2 is a State Agency Appeals Summary from the Minnesota Department of Human Services.

regarding Appellant's eligibility for Medical Assistance and MinnesotaCare. *Minn. Stat. § 256.045, subd. 3.*

3. The modified adjusted gross income (MAGI) of the people in a person's household is used when determining a person's eligibility for MinnesotaCare. 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. § 256L.01 subd. 5 (as amended in Minnesota Session Laws Chapter 10S, Article I, Section 55)² and 26 CFR §1.36B-1.*

4. Appellant and her husband are eligible for MinnesotaCare because their annual income is anticipated to be 141 percent of the federal poverty level. *Minn. Stat. § 256L.07, subd. 1.*

5. The Minnesota Department of Human Services must grant MinnesotaCare health coverage for Appellant and her husband effective March 1, 2014 as long as any premium for the coverage is paid by that date.

6. 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 MinnesotaCare.
- The Commissioner of Human Services REVERSE the determination that Appellant's husband is not eligible for MinnesotaCare.

/s/Ruth Grunke Klein
Ruth Grunke Klein
Appeals Examiner

February 19, 2014
Date

² While the amendment to Minn. Stat. § 256L.01, subd. 5 is effective January 1, 2014 or upon federal approval, the Minnesota 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.

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.