



**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: 151371

On April 7, 2014, Appeals Examiner Douglass C. Alvarado held an evidentiary hearing under 42 United States Code §18081(f), Minnesota Statute §62V.05, subdivision 6(a) and Minnesota Statute § 256.045, subdivision 3.

The following people appeared at the hearing:

[REDACTED] Appellant;  
[REDACTED] MNsure  
[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 zero dollars on behalf of the Appellant, [REDACTED] and [REDACTED] as provided in the Affordable Care Act.

Whether the MNSure Board correctly determined that the Appellant was not eligible for cost sharing reductions on behalf of the Appellant, [REDACTED] and [REDACTED] as provided in the Affordable Care Act.

Whether the Minnesota Department of Human Services correctly determined that the Appellant, [REDACTED] and [REDACTED] were not eligible for Medical Assistance and MinnesotaCare benefits.

## FINDINGS OF FACT

1. The MNSure Board (herein MNSure) advised the Appellant that he 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. *Agency Exhibit # 1*. The Appellant, [REDACTED] and [REDACTED] were also determined ineligible for MinnesotaCare coverage and Medical Assistance benefits. *Agency Exhibit # 2*. The Appellant filed a request challenging these determinations, which MNSure received on March 18, 2014. On April 7, 2014, Appeals Examiner Alvarado held an evidentiary hearing via telephone conference. The judge accepted into evidence two exhibits from MNSure and the Minnesota Department of Human Services (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 44, lives with his wife [REDACTED] age 43, and their twin daughters [REDACTED] and [REDACTED] age 11. *Agency Exhibit # 1 and Appellant's testimony*.

3. The Appellant applied for health care assistance for himself, [REDACTED] and [REDACTED] through the MNSure eligibility system on February 14, 2014. *Agency Exhibit # 1 and Appellant's testimony*. [REDACTED] has been in receipt of Medical Assistance – TEFRA for which the Appellant pays a parental fee.

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<sup>1</sup> The Agencies' exhibits which were marked as follows: 1) MNSure State Agency Appeal Summary; and 2) DHS State Agency Appeals Summary.

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

*Appellant's testimony.*

4. The Appellant's zip code, which dictates the geographic region he is assigned for purposes of calculating overall premium costs, is [REDACTED] *Agency Exhibit # 1, Attachment B and Appellant's testimony.*

5. The Appellant attested to projected annual household income of \$76,263 (\$37,763 for himself and \$38,500 for [REDACTED] *Agency Exhibit # 1, Attachment A and Appellant testimony.* The household's anticipated modified adjusted gross income (MAGI) consists of adjusted gross income of \$76,264, 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.*

6. MNSure determined that Appellant's household income is 323% of the 2013 federal poverty level for a household of four people. *Agency Exhibit # 1.*

7. MNSure determined that the Appellant's applicable percentage is 9.5%. *Agency Exhibit # 1.* 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.*

8. MNSure 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 \$7,245 annually or \$603.75 monthly. *Agency Exhibit # 1.* This amount was determined by multiplying the Appellant's applicable percentage (9.5) by his household income (\$76,623).<sup>3</sup> *Id.*

9. The benchmark plan (second lowest-cost silver plan) that covers the Appellant, his wife and one child that is available where Appellant lives costs \$440.13 per month or \$5,281.56 annually. *Agency Exhibit # 1, Attachment B.*

10. The Appellant has been on disability leave from his employment for approximately two years. *Appellant's testimony.* He is currently enrolled in COBRA employer-sponsored health insurance coverage for himself, his wife and [REDACTED] *Id.* Eligibility for this coverage will end October 2014 if the Appellant does not return to work. *Id.* The cost of this family coverage is \$500 monthly<sup>4</sup>. *Id.* The Appellant has a family deductible of \$8,000 with no co-payments once the deductible is met. *Id.* The Appellant's enrollment in employer-sponsored coverage was not reported on his MNSure

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<sup>3</sup> (\$76,263 x 9.5% = \$7,245; \$7,245 ÷ 12 months = \$603.75)

<sup>4</sup> The Appellant provided no information at the hearing regarding the cost of self-only coverage.

application. *Testimony of* [REDACTED]

11. The Appellant was determined eligible for advance payment of a tax credit in the amount of zero dollars. He was determined ineligible for cost sharing reductions, MinnesotaCare coverage and Medical Assistance for himself, his wife and [REDACTED] *Agency Exhibits # 1 & 2 and testimony of* [REDACTED] *and* [REDACTED]

#### APPLICABLE LAW

12. Pursuant to 45 C.F.R. § 155.520(b)(1) and Minn. R. 7700.0105, subp. 2(D) an appeal regarding advance payment of a premium tax credit, cost-sharing reductions and qualified health plan issues must be received within 90 days from the date of the notice of eligibility determination. With regard to appeals of Medical Assistance and MinnesotaCare determinations, a person may request a state fair hearing by filing an appeal either: 1) within 30 days after receiving written notice of the action, decision, or final disposition which is being contested, or within 90 days of such written notice if the applicant, recipient, patient, or relative shows good cause why the request was not submitted within the 30-day time limit. *Minn. Stat. 256.045, subd. 3(h)*.

13. 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*.

14. 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 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.

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<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)).

15. Effective January 1, 2014, to be eligible for Medical Assistance a parent or caretaker relative 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(b)*. A child under age 19 may have income up to 275 percent of the federal poverty level for the household size or an equivalent standard when converted using modified adjusted gross income methodology as required under the Affordable Care Act<sup>7</sup>. *Id.* at subd. 4(e). The modified adjusted gross income methodology as defined in the Affordable Care Act shall be used for eligibility categories based on: (i) children under age 19 and their parents and relative caretakers; (ii) children ages 19 to 20; (iii) pregnant women; (iv) infants; and (v) adults without children. *Id.* at subd. 1a(b)(1). For individuals whose income eligibility is determined using the modified adjusted gross income methodology an amount equivalent to five percent of the federal poverty guidelines for the household size is subtracted from the individual's modified adjusted gross income *Id.* at subd. 1a(b)(2).

16. “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).

17. Effective January 1, 2014 or upon federal approval, families with children 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 are eligible for MinnesotaCare.<sup>8</sup> *Minn. Stat. § 256L.04, subd. 1 as amended in the Minnesota Session Laws, Chapter 108, Article 1, Section 55*. When determining eligibility for MinnesotaCare coverage as of January 1, 2014, "income" is determined by using modified adjusted gross income methodology, as defined in 26 C.F.R. § 1.36B-1. *Minn. Stat. § 256L.01, subd. 5*. To be eligible for MinnesotaCare coverage, a family or individual must not have minimum essential health coverage, as defined by section 5000A of the Internal Revenue Code. *Minn. Stat. § 256L.07, subd. 3(a)*.

18. 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

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<sup>6</sup> 133 percent of FPL for a household of four people is \$31,321 annually.

<sup>7</sup> 275 percent of FPL for a household of four people is \$64,762 annually.

<sup>8</sup> 200 percent of FPL for a household of four people is \$47,100 annually.

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-2(a)(2) and (c). *45 C.F.R. §155.305(f)*.

19. Minimum essential coverage is defined in 26 C.F.R. § 136B-2(c) and 26 U.S.C. § 5000A(f)(1) as coverage which is: 1) government sponsored; 2) employer sponsored; 3) a health plan offered in the individual market within a State; 4) a grandfathered health plan; or 5) other health benefits coverage.

20. Federal regulations provide that an individual is eligible for government-sponsored minimum essential coverage if the individual meets the criteria for coverage under a government-sponsored program as of the first day of the first full month the individual may receive benefits under the program. *26 C.F.R. § 1.36B-2(c)(2)(i)*. Individuals who meet the eligibility criteria for government-sponsored minimum essential coverage must complete the requirements necessary to receive benefits. *Id.* at (c)(2)(ii).

21. Employer-sponsored minimum essential coverage must be affordable and provide minimum value. *26 C.F.R. § 1.36B-2(c)(3)(i)*. An employee or an individual who may enroll in the employer-sponsored plan is considered eligible for minimum essential coverage for a month during the plan year if the employee or related individual could have enrolled in the plan for that month during an open or special enrollment period. *Id.* at (c)(3)(iii). The employer-sponsored plan year is the plan's regular 12-month coverage period. *Id.* at (c)(3)(ii). Minnesota has adopted these same affordability and minimum value criteria with regard to MinnesotaCare coverage effective January 1, 2014. *Minn. Stat. § 256L.07, subd. 2 as amended in the Minnesota Session Laws, Chapter 108, Article 1, Section 55.*

22. An eligible employer-sponsored plan is affordable for an employee or a related individual if the portion of the annual premium the employee must pay, whether by salary reduction or otherwise (required contribution), for self-only coverage does not exceed the required contribution percentage of the applicable taxpayer's household income for the taxable year. *26 C.F.R. § 1.36B-2(c)(3)(v)(A)(I)*. The required contribution percentage is currently defined in paragraph (c)(3)(v)(C) of this section as 9.5 percent.

23. An eligible employer-sponsored plan provides minimum value only if the plan's share of the total allowed costs of benefits provided to the employee under the plan is at least 60 percent. *26 C.F.R. § 1.36B-2I(3)(vi)*. Pursuant to 45 C.F.R. § 156.145 there are 3 ways to determine minimum value:

- Employer-sponsored plans may determine minimum value by entering information about cost-sharing features (deductibles, co-insurance and maximum out-of-pocket costs but not premium costs) of the plan for different categories of benefits into either the MV calculator.
- Safe harbor checklists may be used to determine minimum value for plans that cover all of the four core categories of benefits (1. Physician and mid-level practitioner care, 2. Hospital and emergency room services, 3. Pharmacy benefits, and 4. Laboratory and imaging services) and services and have specified cost-sharing amounts. If an employer-sponsored plan's terms are consistent with or more generous than any one of the safe harbor checklists the plan has minimum value.
- For employer-sponsored plans with “nonstandard” features such as quantitative limits on any of the four core categories of benefits (i.e. limits on the # of physician visits or covered hospital days) such plans may first generate an initial value using either the MV calculator and then engage a certified actuary to make appropriate adjustments to consider nonstandard features or simply engage the certified actuary to determine MV without the calculator.
- Any plan in the small group market that meets any of the levels of coverage set forth in 45 C.F.R. 156.140 satisfies minimum value.

24. 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.*

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

26. 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)*.

27. 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)*.

28. 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.*

29. 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)*.

30. 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.*

31. 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).

32. 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).

33. 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

34. This appeal is timely in that it was filed within 90 days of receipt of the MNsure eligibility system's determination regarding the Appellant's eligibility for advanced payment of a premium tax credit (APTC) and cost sharing reductions. Although the appeal was filed more than 30 days from the real time notification regarding the denial of MinnesotaCare and Medical Assistance eligibility, DHS failed to provide any evidence at the hearing to establish that the Appellant received notification of his appeal rights and of the time period in which to appeal these determinations. Therefore, the appeal of the MinnesotaCare and Medical Assistance eligibility determinations is also timely.

35. The Appellant attested on his MNsure application for health care assistance that his anticipated household adjusted gross income was \$76,263 for 2014. He applied for assistance with health insurance for himself, his wife and [REDACTED]. The Appellant's other child, [REDACTED] is in receipt of MA-TEFRA. The Appellant did not report on the application that his family was in receipt of COBRA employer-sponsored health insurance. This coverage is expected to terminate the end of October 2014.

36. Based upon the Appellant's taxpayer's family, the household size is four people. The Appellant's household income is 324% of the 2013 federal poverty level, which is \$23,550 for a family size of four [ $\$76,263 \div \$23,550 = 3.2383 \times 100 = 323.83\%$  or 324% rounded to the nearest whole number]. 5% FPL is subtracted when computing eligibility for Medical Assistance benefits. The Appellant and [REDACTED] are ineligible for Medical Assistance because 319% FPL exceeds the Medical Assistance income standard for parents/caretakers of 133% FPL. [REDACTED] is ineligible for Medical Assistance because 319% FPL exceeds the Medical Assistance income standard for children age 2-19 of 275% FPL.

37. For MinnesotaCare eligibility, there is no disregard of MAGI income. Inasmuch as the household MAGI which is 324% of FPL exceeds the MinnesotaCare income standard of 200% FPL, the Appellant, [REDACTED] and [REDACTED] are ineligible for MinnesotaCare coverage.

38. MNSure determined that although the Appellant's MAGI was expected to be between 100% and 400% FPL, he was eligible for a premium tax credit of zero dollars. Pursuant to 26 C.F.R. § 1.36B-3(g)(2) the Appellant's applicable percentage is 9.5 % because the household income is at least 300% but less than 400% of FPL.

39. The Appellant's required share of premiums for the benchmark plan, which is the second lowest-cost silver plan available through MNSure, is \$603.75 per month ( $\$76,263 \times 9.5\% = \$7,244.98$  annually or \$603.75 monthly). The second lowest silver level plan available to the Appellant based upon the age of the household members seeking coverage and zip code is \$440.13 per month (\$5,281.56 annually). Inasmuch as the Appellant's required share of premiums exceeds the cost of the applicable benchmark plan, he is not eligible for any premium assistance or advance payment of the premium tax credit for 2014 even though his income is between 100 and 400 percent FPL.

40. Inasmuch as the Appellant's MAGI for the applicable tax year exceeds 250 percent FPL he is not eligible for cost-sharing reductions.

41. Furthermore, based upon the Appellant's testimony at the hearing, the household is in receipt of employer-sponsored COBRA health insurance coverage through October 2014. The cost of family coverage is \$500 monthly. The Appellant contended that the COBRA insurance was not affordable because he has a deductible of \$8,000 annually. However, affordability is based upon the cost of premiums for self-only coverage. The Appellant had no information at the hearing regarding the cost of self-only coverage. Nevertheless, the annual premium cost to the Appellant for family coverage as reported at the hearing is less than 9.5% of the household's income. Therefore, it is must be concluded that the cost of self-only coverage, which would be less than family coverage, is affordable. The Appellant did not establish at the hearing that his current health care coverage did not provide minimum value in that the family's annual deductible is more than \$2,000 and out-of-pocket expenses for deductibles, co-insurance, etc. (excluding premiums) of \$8,000 is less than the annual cost-sharing limitations for family coverage.<sup>10</sup>

42. For these reasons, the determinations of MNSure not to provide the Appellant, [REDACTED] and [REDACTED] with a premium tax credit or cost-sharing reductions for 2014 are upheld. The determinations of DHS to deny eligibility for MinnesotaCare coverage or Medical Assistance benefits on behalf of the Appellant, [REDACTED] and [REDACTED] are also upheld.

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<sup>10</sup> Pursuant to 26 U.S.C. § 223(c)(2)(A) a "high deductible health plan" means a health plan (i) which has an annual deductible which is not less than (I) \$1,000 for self-only coverage, and (II) twice the dollar amount in subclause (I) for family coverage, and (ii) for which the sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed (I) \$5,000 for self-only coverage, and (II) twice the dollar amount in subclause (I) for family coverage.

43. This decision is effective February 1, 2014, with regard to the eligibility for Medical Assistance. This decision is effective February 14, 2014, with regard to eligibility for MinnesotaCare, advance payment of premium tax credits and cost-sharing reductions.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNSure Board AFFIRM the Agency’s determination of the Appellant’s ineligibility 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 Medical Assistance or MinnesotaCare benefits.

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

April 22, 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.

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\_\_\_\_\_  
Date

cc: [REDACTED] Appellant  
Michael Turpin, MNsure  
Kim Carolan, 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.