



**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: 151929

On May 5, 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] Minnesota Department of Human Services

The Human Services Judge, based on the evidence in the record and considering the arguments of the parties, recommends 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 a maximum advance payment of a premium tax credit of \$218 monthly as provided in the Affordable Care Act.

Whether the MNsure Board correctly determined that the Appellant was eligible for cost sharing reductions equal to one-half of the applicable out-of-pocket limit and an increase in the plan's share of total allowed costs of benefits to 73 percent as provided in the Affordable Care Act.

Whether the Minnesota Department of Human Services correctly determined that the Appellant was ineligible for Medical Assistance effective January 1, 2014.

Whether the Minnesota Department of Human Services correctly determined that the Appellant was ineligible for MinnesotaCare coverage effective April 1, 2014.

FINDINGS OF FACT

1. The Minnesota Department of Human Services (herein DHS) determined that the Appellant was eligible for MinnesotaCare coverage from January 1, 2014, through March 31, 2014. *Agency Exhibit # 1*. The Appellant was determined ineligible for Medical Assistance benefits effective January 1, 2014. *Id.* In or about March 2014, the Appellant was determined ineligible for MinnesotaCare coverage effective April 1, 2014, based upon the correction of erroneous information regarding the Appellant's income. *Id.* The MNsure Board (herein MNsure) advised the Appellant that she was eligible for a maximum advance payment of the premium tax credit in the amount of \$218 monthly and eligible for cost sharing reductions of one-half of the applicable out-of-pocket limit and 73 percent under the Affordable Care Act. *Agency Exhibit # 2*. The Appellant filed a request challenging these actions, which MNsure received on April 7, 2014. On May 5, 2014, Appeals Examiner Alvarado held an evidentiary hearing via telephone conference. The judge accepted into evidence two exhibits from MNsure and DHS¹ and one exhibit from the Appellant². The record was closed at the conclusion of the hearing.

2. The Appellant, age 61, lives alone. *Appellant's testimony*. She expects to file taxes for 2014. *Id.* Her zip code which dictates the geographic region she is assigned

¹ The Agencies submitted two exhibits which were marked as follows: 1) DHS State Agency Appeals Summary; and 2) MNsure State Appeals Summary.

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

for purposes of calculating overall premium costs, is [REDACTED] *Id.* and Agency Exhibit # 2, Attachment A.

3. The Appellant's source of income is permanent spousal maintenance in the amount of \$1,946.25 monthly. *Appellant's testimony.*

4. The Appellant applied for health care insurance affordability programs via a paper application on or about November 13, 2013. *Agency Exhibit # 1 and testimony of the Appellant and [REDACTED]* The Appellant was advised by DHS that she was ineligible for Medical Assistance and MinnesotaCare coverage based upon her income. *Appellant's testimony.* She was referred to MNsure navigators to assist her with an online application for other health care insurance affordability programs since the Appellant does not own or have access to a computer. *Id.* and testimony of [REDACTED]

5. On December 23, 2013, the Appellant applied for health care insurance affordability programs through the MNsure Eligibility System. *Agency Exhibits # 1 & 2.* The Appellant attested to annual adjusted gross income in the amount of \$23,100.³ *Agency Exhibit # 1, Attachment A & Agency Exhibit # 2, Attachment A.* The Appellant's anticipated modified adjusted gross income (MAGI) consists of adjusted gross income of \$23,100, 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. Initially, the Appellant's projected 2014 income was adjusted by medical deductions included in her 2012 income tax return. *Appellant's testimony.* This produced an inaccurate projection of the Appellant's anticipated MAGI for 2014 and resulted in a determination by DHS that the Appellant was eligible for MinnesotaCare coverage effective January 1, 2014. *Id.* and Agency Exhibit # 1. The Appellant was determined ineligible for Medical Assistance benefits. *Id.*

7. Subsequently, the Appellant's corrected anticipated MAGI was entered into the MNsure Eligibility System. *Testimony of the Appellant and [REDACTED]* MNsure and DHS determined that Appellant's household income is 201.04% [201% rounded] of the 2013 federal poverty level. *Agency Exhibit # 2.*

8. DHS determined that the Appellant was ineligible for Medical Assistance effective January 1, 2014. *Agency Exhibit # 1.* DHS further determined that the Appellant was ineligible for MinnesotaCare coverage effective April 1, 2014. *Id.* and testimony of the Appellant and [REDACTED]

³ At the hearing, the Appellant attested to adjusted gross income in the amount of \$23,355 annually. *Appellant's testimony.*

9. MNSure determined that the Appellant's applicable percentage is 6.3%. *Agency Exhibit # 2*. 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.*

10. 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 \$1,452 annually or \$121 monthly. *Agency Exhibit # 2*. This amount was determined by multiplying the Appellant's applicable percentage (6.3) by her household income (\$23,100).⁴ *Id.*

11. The benchmark plan (second lowest-cost silver plan) that covers the Appellant only that is available where Appellant lives costs \$339.40 per month or \$4,072.80 annually. *Agency Exhibit # 2, Attachment B*.

12. The Appellant was determined eligible for a maximum advance payment of a tax credit in the amount of \$218 monthly, cost sharing reductions equal to one-half of the applicable out-of-pocket limit and an increase in the plan's share of total allowed costs of benefits to 73 percent based upon her household income. *Agency Exhibit # 2 and testimony of the Appellant*.

13. The Appellant enrolled in a silver plan, Preferred One. *Appellant's testimony*. She has an annual deductible of \$2,700.00 and monthly premiums of \$146.02. *Id.*

APPLICABLE LAW

14. Pursuant to 45 C.F.R. § 155.520(b)(1) and Minn. R. 770.0105, subp. 2(D) an appeal must be received within 90 days from the date of the notice of eligibility determination.

15. 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*.

⁴ (\$23,100 x 6.3% = \$1,455.30 [\$1,455 rounded]; \$1,455 ÷ 12 months = \$121.25 [\$121 rounded].)

16. 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.⁵ 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.

17. Effective January 1, 2014, to be eligible for Medical Assistance adults without children who are under age 65 and who are not determined to be disabled may have an income up to 133 percent of the federal poverty level (FPL) for the household size.⁶ *Minn. Stat. § 256B.056, subd. 4(v).*

18. The modified adjusted gross income methodology as defined in the Affordable Care Act is 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). An amount equivalent to five percent of the federal poverty level is subtracted from the individual's modified adjusted gross income for individuals whose Medical Assistance income eligibility is determined using the modified adjusted gross income methodology. *Id.* at subd. 1a(b)(2).

19. “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)*. Pursuant to the Affordable Care Act “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)*.

20. Effective January 1, 2014 or upon federal approval, individuals and households with no children who have incomes that are above 133 percent and equal to or less than 200 percent of the federal poverty guidelines for the applicable family size are eligible for MinnesotaCare.⁷ *Minn. Stat. § 256L.04, subd. 1 as amended in the*

⁵ 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)).

⁶ 133 percent of FPL for a household of one person is \$15,281 annually.

⁷ 200 percent of FPL is \$22,980 people for a household of one person. *Federal Register, Vol. 78, No. 16, January 24, 2013,*

Minnesota Session Laws, Chapter 108, Article 1, Section 44. 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 as amended in the Minnesota Session Laws, Chapter 108, Article 1, Section 30.* .

21. 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-2(a)(2) and (c). *45 C.F.R. §155.305(f).*

22. 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.*

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:

Household income percentage of federal poverty line	Initial percentage	Final percentage
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. 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; or (2) the excess of the adjusted monthly premium for the applicable benchmark plan over $\frac{1}{12}$ 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)*.

30. 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)*.

31. 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)⁸ 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).

32. Individuals whose household income is more than 200 percent but not more than 250 percent of the poverty line for a family of the size involved are eligible for a reduction of the applicable out-of-pocket limit by one-half and the plan's share of the total allowed costs of benefits provided under the plan is 73 percent. 42 U.S.C. § 18071(c)(1)(A)(ii) and (c)(1)(B)(i)(III).

CONCLUSIONS OF LAW

33. This appeal is timely in that it was filed within 90 days of receipt of the Agency's determination regarding the Appellant's ineligibility for MinnesotaCare coverage and eligibility advanced payment of a premium tax credit (APTC) and cost sharing reductions.

34. The Appellant seeks enrollment in MinnesotaCare coverage or in the alternative greater assistance with the purchase of health care coverage based upon her low income. The Appellant contends that the after payment of the premium and deductible expenses of her purchased health care plan her residual income places her well within the poverty guidelines.

35. However, eligibility for Medical Assistance, MinnesotaCare coverage, APTC and cost-sharing reductions is determined by anticipated MAGI for the benefit year, household composition, age and residency of the household. At the hearing the Appellant attested to projected 2014 adjusted gross income of \$23,355 (based upon monthly spousal maintenance income of \$1,946.25). This household MAGI represents 203% of FPL for a household of one person.⁹ For Medical Assistance purposes only, 5% FPL is subtracted when determining eligibility. The Appellant is ineligible for Medical Assistance benefits because 296% FPL exceeds the income standard of 133% FPL for adults without children who are under the age of 65 and who have not been determined to be disabled. The Appellant is also ineligible for MinnesotaCare coverage because 203% FPL exceeds the income standard of 200% FPL for MinnesotaCare eligibility.

36. The Appellant meets 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% but not more than 400% of the federal poverty level, she is eligible to enroll in a Qualified Health Plan through MNsure and she is not already eligible for minimum essential coverage.

⁹ \$23,355 divided by \$11,490 = 2.0326 x 100 = 203.26% [203% rounded].

37. Pursuant to 26 C.F.R. §1.36B-3(g)(2) the Appellant's applicable percentage is 6.41%. This determination is made as follows. The initial percentage for a taxpayer with household income at least 200% but less than 250% of the federal poverty line is 6.3 and the final percentage is 8.05. The excess of Appellant's federal poverty line percentage (203) over the initial household income percentage in Appellant's range (200) is 3.¹⁰ The difference between the initial household income percentage in the taxpayer's range and the ending household income percentage in the taxpayer's range is 50.¹¹ The result of dividing the first calculation by the second calculation is 0.06.¹² The difference between the initial premium percentage and the second premium percentage in the taxpayer's range is 1.75.¹³ The product of multiplying this difference (1.75) by the result of dividing the first and second calculation (0.06) is 0.11.¹⁴ Adding this product (0.11) to the initial premium percentage in the taxpayer's range (6.3) results in Appellant's applicable percentage of 6.41.¹⁵

38. The Appellant's required share of premiums for the benchmark plan, which is the second lowest-cost silver plan available through MNsure, is \$124.75 per month (\$23,355 x 6.41 % = \$1,497.06 annually or \$124.75 monthly). The second lowest silver level plan available to the Appellant based upon her age and zip code is \$339.40 per month (\$4,072.80 annually). The cost of the applicable benchmark plan minus the Appellant's required share of premiums is \$214.65 monthly or \$2,575.80 annually. Therefore, the maximum advanced premium tax credit to which the Appellant is eligible is \$214.54 monthly. The Appellant purchased a health care plan which has monthly premiums in the amount of \$146.02. The Appellant is eligible for advance payment of premium tax credits equal to the difference between the Appellant's required share of premiums and the cost of her selected health plan premium is \$21.27 per month.

39. Inasmuch as the Appellant's MAGI for the applicable tax year is between 200 and 250 percent FPL she is eligible for cost-sharing reductions of one-half of the out-of-pocket limit. In addition, the plan's share of the total allowed costs of benefits provided under the Appellant's plan is 73 percent. Therefore, MNsure correctly computed the Appellant's eligibility for cost sharing reductions. The Appellant has enrolled in a QHP. Assuming the plan the Appellant enrolled in is a silver plan, she is eligible for the aforementioned cost-sharing reductions.

40. The determinations of MNsure regarding her eligibility for premium tax credits and for cost sharing reductions of 73 percent are upheld. The eligibility for these tax credits and cost-sharing reductions would take effect upon the termination of the

¹⁰ $(203 - 200 = 3)$

¹¹ $(250 - 200 = 50)$

¹² $(3 \div 50 = 0.06)$

¹³ $(8.05 - 6.3 = 1.75)$

¹⁴ $(1.75 \times 0.06 = 0.11)$

¹⁵ $(6.3 + 0.105 = 6.41)$

Appellant's MinnesotaCare coverage effective April 1, 2014. The determinations that the Appellant is ineligible for Medical Assistance effective January 1, 2014, as well as the determination that the Appellant is ineligible for MinnesotaCare effective April 1, 2014 are also upheld.

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 April 1, 2014.
- The Commissioner of the Minnesota Department of Human Services AFFIRM the determination that Appellant is not eligibility for Medical Assistance 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 April 1, 2014.

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

May 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] 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.

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.