



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Medical Assistance
Agency: MNsure Board
Minnesota Department of Human Services
Docket: 151991

On May 5, 2014 Appeals Examiner David E. Gassoway 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] MinnesotaCare 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 the agency erred in refraining from updating the appellant's financial information such that the appellant should be terminated from the Medical Assistance program.

FINDINGS OF FACT

1. On February 7, 2014, the appellant submitted an application for healthcare coverage through the online MNsure eligibility system.¹

2. The MNsure eligibility system determined that the appellant was eligible for Medical Assistance (MA) benefits.²

3. On April 1, 2014, the appellant contacted the MinnesotaCare agency to inform the agency that her income increased and to request that the agency close her MA case because she no longer met the income eligibility standard.³ The MinnesotaCare agency is responsible for inputting the changes to the income in the eligibility determination system.⁴ The appellant also attempted to update her financial information in the MNsure eligibility system, but was unable to do so.⁵ The appellant reported the income within the required statutory time period.⁶

4. The appellant reported that her increased income was \$49,536, which equates to 253.64% of the Federal Poverty Level (FPL).⁷

5. The appellant's increased income renders her ineligible for MA benefits.⁸

6. For an unspecified reason, the MinnesotaCare agency and the MNsure eligibility system were unable to update the appellant's MA case to reflect the appellant's increased income or to close her MA case.⁹

7. On April 9, 2014, the Appellant submitted an appeal.¹⁰ An evidentiary hearing was conducted by telephone on May 5, 2014. The record, consisting of three

¹ Exh. 1.A.

² Exh. 1.A.

³ Test. of Appellant. See also Test. of [REDACTED]

⁴ Test. of [REDACTED]

⁵ Test. of Appellant.

⁶ Test. of [REDACTED]

⁷ Exh. 1, p. 3. See also Exh. 1.C.

⁸ Test. of [REDACTED] explaining that income cannot exceed 133% of FPL for MA eligibility.

⁹ Test. of [REDACTED]

¹⁰ Exh. 3.

exhibits¹¹, was closed on that date.

CONCLUSIONS OF LAW

1. This appeal is timely under 45 C.F.R. §155.520(b) and under Minn. Stat. 256.045, subd. 3.

2. The MNsure Board has the legal authority to review and decide this appeal under Minnesota Statute §62V.05, subdivision 6. As that provision allows, the MNsure Board has an agreement with the Department of Human Services to hear and decide appeals involving premium assistance. In addition, the Commissioner of Human Services has jurisdiction over this appeal under Minn. Stat. § 256.045, subd. 3.

3. Minn. Rule, part 9505.0090, subpart 2, requires the agency to act upon an application within 45 days (which may be extended somewhat) or to give notice about why it cannot make a decision. This regulation does not require the agency to deny an application within the time limit; the regulation benefits applicants by avoiding situations where the agency delays processing an application.

4. The Exchange must determine eligibility promptly and without undue delay.¹²

5. In this case, the appellant has met her statutory obligation to report an increase in her income. The MinnesotaCare agency representative acknowledges that the appellant has done due diligence in reporting her increased income. The MinnesotaCare agency is required to act upon the appellant's reported changed giving rise to a new determination of eligibility within 45 days. The MNsure agency is required to determine eligibility promptly and without undue delay. Here, the appellant updated her income information on April 1, 2014 with the MinnesotaCare agency and MNsure. Forty-five days had not yet passed. Thus, the MinnesotaCare agency and the MNsure system did not err in failing to update the appellant's MA case to reflect MA ineligibility at the time of the appeal hearing in this matter. Likewise, the MNsure board is unable to determine the appellant's eligibility for healthcare benefits through the exchange until the MinnesotaCare agency completes its redetermination of the appellant's MA. As such, the MNsure board did not err in failing to provide the appellant with a determination of eligibility through the MNsure system. The appellant's appeal should be dismissed as not ripe for judicial review.

6. This decision is effective May 1, 2014.

¹¹ Exhibit 1 – Agency Appeal Summary from MinnesotaCare; Exhibit 2 – Agency Appeal Summary from MNsure; Exhibit 3 - Appellant's Appeal Request.

¹² 45 C.F.R. §155.310(e)(1).

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board and the Commissioner of Human Services DISMISS the appellant's as not ripe.

/s/ David E. Gassoway
David E. Gassoway
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 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

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.

cc: [REDACTED] Appellant
[REDACTED] MNsure
[REDACTED] Minnesota Department of Human Services - 0989

