



**DECISION OF  
STATE AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: Qualified Health Plan  
Agency: MNSure Board  
Docket: 154786

On September 4, 2014, Appeals Examiner Diane Gnotta held an evidentiary hearing under 42 United States Code §18081(f) and Minnesota Statute §62V.05, subdivision 6(a).

The following people appeared at the hearing:

[REDACTED] Appellant.

Based on the evidence in the record and considering the arguments of the parties, the Appeals Examiner recommends the following findings of fact, conclusions of law, and order.

## STATEMENT OF ISSUES

The sole issue under appeal is whether the appellant's health premium payment to his Qualified Health Plan was properly applied.

## FINDINGS OF FACT

1. On November 6, 2013, appellant applied for an Unassisted Qualified Health Plan through the MNsure Exchange, and was determined eligible for an Unassisted Qualified Health Plan. *Exhibit 2.* Appellant elected Preferred One and received a billing notice from MNsure dated December 12, 2013 that his first premium payment of \$280.14 was due December 15, 2013 and should be paid to MNsure. *Appellant's Exhibit C.* On or around December 16, 2014, appellant issued his payment as directed, became a confirmed enrollee of Preferred One in January 2014, but was informed by Preferred One during February 2014 that it never received appellant's first premium payment that appellant had been directed to pay to MNsure. *Testimony of Appellant.* Preferred One subsequently canceled appellant's health coverage during April/May 2014, and appellant had to make an additional premium payment in early June 2014 to reinstate his health coverage. *Exhibit 1; Testimony of Appellant.* This appeal was received by MNsure on or around July 21, 2014. *Appellant's Exhibit A.* This matter was initially scheduled for an evidentiary hearing on August 28, 2014, but was continued until September 4, 2014. On September 4, 2014, Appeals Examiner Gnotta held an evidentiary hearing via telephone conference. The Appeals Examiner accepted into evidence two exhibits from the Agency<sup>1</sup> and three exhibits from the Appellant<sup>2</sup>. The record was closed at the conclusion of the hearing.

2. Appellant seeks to have his initial premium payment of \$280.04 refunded or credited to his premium account at Preferred One. *Testimony of Appellant.*

3. Appellant had his credit union investigate his missing premium check payment for check number 2940, and learned this check was cashed on December 20, 2013. *Testimony of Appellant; Exhibit B.* The check went through Wells Fargo, South Dakota (originator), and was received by Federal Reserve Bank, Atlanta (receiver). *Exhibit B.*

4. On May 9, 2014, appellant provided the results of his credit union's investigation to MNsure. *Exhibit B.*

---

<sup>1</sup> MNsure Ex. 1, Appeals Summary; Health Care Eligibility Operations Ex. 2, Appeals Summary.

<sup>2</sup> Appellant Ex. A, Appeal Request; Ex. B, Bank Documentation; Ex. C, MNsure Premium Invoice.

5. MNSure contends it never received appellant's first premium payment. *Exhibit 1.* MNSure contends that its finance department reviewed the information provided by appellant concerning appellant's check number 2940, and determined that the check was not cashed by any bank affiliated with MNSure. *Id.* MNSure further contends that the issue of appellant's missing premium payment and request for refund or credit is outside the subject matter jurisdiction of the appeals process. *Id.*

#### APPLICABLE LAW

6. Pursuant to 45 C.F.R. § 155.520(b)(1) and Minn. R. 7700.0105, subp. 2(D) an appeal must be received within 90 days from the date of the notice of eligibility determination.

7. 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.

8. Minn. R. 7700.0105, subp. 1(A) provides that MNSure appeals are available for the following actions:

- (1) initial determinations and redeterminations made by MNSure of individual eligibility to purchase a qualified health plan through MNSure;
- (2) initial determinations and redeterminations made by MNSure of eligibility for and level of advance payment of premium tax credit, and eligibility for and level of cost sharing reductions;
- (3) initial determinations and redeterminations made by MNSure of employer eligibility to purchase coverage for qualified employees through the Small Business Health Options Program;
- (4) initial determinations and redeterminations made by MNSure of employee eligibility to purchase coverage through the Small Business Health Options Program;
- (5) initial determinations and redeterminations made by MNSure of individual eligibility for an exemption from the individual responsibility requirement;
- (6) a failure by MNSure to provide timely notice of an eligibility determination;
- (7) in response to a notice from MNSure under Code of Federal Regulations, title 45, section 155.310 (h), a determination by MNSure that an employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide coverage but is not affordable coverage with respect to an employee; and
- (8) in response to a denial of a request to vacate a dismissal.

9. The Appellant is not contesting the determination regarding his eligibility to enroll in a QHP or any other allowable subject matter under the MNsure appeals process. Rather, appellant is contesting the misapplication of his first premium payment to Preferred One, which he was directed to remit to MNsure pursuant to MNsure's December 12, 2014 premium billing notice. MNsure asserts that it never received appellant's premium payment. Because the scope of subject matter jurisdiction governing MNsure appeals does not include application or misapplication of premium payments, this appeal must be dismissed for lack of subject matter jurisdiction.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board DISMISS the Appellant's appeal of the missing premium payment made to MNsure for his selected Qualified Health Plan, Preferred One.

\_\_\_\_\_  
Diane Gnotta  
Appeals Examiner

\_\_\_\_\_  
Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board adopt the Appeals Examiner's findings of fact, conclusions of law and order as the agency's final decision.

FOR THE MNSURE BOARD as to any effect the decision has on Appellant's eligibility through MNsure for Qualified Health Plan.

\_\_\_\_\_  
Date

cc: [REDACTED], Appellant  
Michael Turpin, 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](http://www.healthcare.gov).