



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: Qualified Health Plan  
Agency: MNsure Board  
Docket: 156718

On 11/6/2014, Appeals Examiner Ellen Longfellow 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] Appellant's husband  
[REDACTED] Attorney for Appellant

MNsure submitted written materials but did not participate in the hearing

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 appellant is entitled to a remedy for her claim that MNSure failed to provide information regarding the in-network providers for her MNSure health plan.

## FINDINGS OF FACT

1. The MNSure Board (herein MNSure) advised the Appellant that the Appellant was eligible for a qualified health plan. *Exhibit 1*. The Appellant enrolled with her family of three in a Preferred One Plan on February 10, 2014. The appellant received retroactive coverage beginning January 1, 2014. The Appellant filed a request challenging these determinations that MNSure received on October 6, 2014. *Exhibits 1 and 2*. On November 6, 2014, Appeals Examiner Ellen Longfellow held an evidentiary hearing via telephone conference. The judge accepted into evidence two exhibits.<sup>1</sup> The record was closed at the conclusion of the hearing.

2. The Appellant applied for a health care insurance affordability programs for herself and her family on the MNSure Eligibility System on February 3, 2014. *Exhibit 1*. MNSure determined that the family was eligible to sign up for a qualified health plan. On February 10, 2014, Appellant enrolled in a Preferred One plan and received retroactive coverage beginning in January 1, 2014. *Exhibit 1*.

3. The Appellant and her husband testified that due to problems with the MNSure computer and telephone systems, they were unable to find out the health plan details including who the in-network providers were for the Preferred One plan. They admitted that they did not call Preferred One directly because they thought that they had to go through MNSure. *Testimony of Appellant and [REDACTED]*

4. On January 27, 2014, the Appellant became very sick and was taken by ambulance to Abbot Northwestern Hospital. She had surgery and stayed in the hospital for a week. The Appellant and her husband said that they tried but could not find out if Allina / Abbott Northwestern Hospital were in-network providers for the Preferred One plan that they were on. *Testimony of Appellant and [REDACTED]*

5. The Appellant found out in April, 2014 that Allina / Abbot Northwestern was not an in-network provider for her Preferred One health plan at a medical procedure at Abbott. An employee told the Appellant that she had a co-payment since Allina and Abbott were out-of-network providers. In August, 2014, they received the bills from Allina for over \$90,000 for the Appellant's hospital stay. They said until that time, they did not appreciate what the impact was for going to an out-of-network provider. *Testimony of Appellant and [REDACTED]*

6. The Appellant filed a request for an appeal on October 5, 2014 which was received by the Appeals Office on October 6, 2014. *Exhibit 2*.

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<sup>1</sup> Exhibit 1 – State Agency Appeals Summary; Exhibit 2 – Appeal Request Form

## CONCLUSIONS OF LAW

1. The MNsure Board lacks jurisdiction over the appellant's appeal regarding knowledge of the in-network providers for her private health care company as noted under Minn. Stat. §62V.05, Subd. 6(a). Pursuant to Minn. R. 7700.0105, Subpart 1, 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, made in accordance with Code of Federal Regulations, title 45, sections 155.305, (a) and (b); 155.330; and 155.335;

(2) initial determinations and redeterminations made by MNsure of eligibility for and level of advanced payment of premium tax credit, and eligibility for and level of cost sharing reductions, made in accordance with Code of Federal Regulations, title 45, sections 155.305 (f) to (g); 155.330; and 155.335;

(3) initial determinations and redeterminations made by MNsure of employer eligibility to purchase coverage for qualified employees through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (a);

(4) initial determinations and redeterminations made by MNsure of employee eligibility to purchase coverage through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (e);

(5) initial determinations and redeterminations made by MNsure of individual eligibility for an exemption from the individual responsibility requirement made in accordance with Code of Federal Regulations, title 45, section 155.605;

(6) a failure by MNsure to provide timely notice of an eligibility determination in accordance with Code of Federal Regulations, title 45, sections 155.310 (g); 155.330 (e)(1)(ii); 155.335 (h)(ii); 155.610 (i); and 155.715 (e) and (f);

(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 made according to this chapter and in accordance with Code of Federal Regulations, title 45, section 155.530 (d)(2).

2. In this case, the appellant seeks a remedy for her claim that MNsure failed to provide information to her about the in-network providers for her Preferred One coverage. She argued that this would fall under the category of failure to provide timely notice of eligibility determinations. This type of issue does not fall under this category and is not among the

numerated list of appealable issues under Minn. R. 7700.0105, Subpart 1. Inasmuch as the Appeals Examiner does not have jurisdiction to consider the issue of whether MNsure failed to provide information on the in-network providers of a health plan, the appellant's appeal on this issue must be dismissed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board DISMISS the appellant's appeal for lack of jurisdiction.

/s/ Ellen Longfellow  
Ellen Longfellow  
Appeals Examiner

December 26, 2014  
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.

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Date

cc: [redacted] Appellant  
[redacted] MNsure  
[redacted] Attorney for appellant

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.