



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: Qualified Health Plan  
Agency: MNSure Board  
Docket: 157370

On December 11, 2014, Appeals Examiner Ellen Longfellow held an evidentiary hearing by telephone conference under 42 United States Code §18081(f), Minnesota Statute §62V.05, subdivision 6(a), and Minnesota Statute §256.045, subdivision 3.

The following persons appeared at the hearing:

[REDACTED] 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 MNsure Board properly determined the effective date of the Appellant's Qualified Health Plan as July 1, 2014 based upon the law and its policies.

## FINDINGS OF FACT

1. On December 11, 2014, Appeals Examiner Ellen Longfellow held an evidentiary hearing by telephone conference. The record, consisting of two exhibits<sup>1</sup>, was closed at the end of the hearing.
2. On June 8, 2014, appellant applied for insurance coverage through MNsure. On that same date, MNsure determined that appellant was eligible for a qualified health plan. *Exhibit 1.*
3. Since appellant was losing minimum essential health insurance coverage as of May 31, 2014, she was eligible for a sixty-day special enrollment period. MNsure manually enrolled appellant in a qualified health plan on June 8, 2014 for coverage effective July 1, 2014. Appellant selected a Preferred One health plan on June 8, 2014. MNsure sent appellant's enrollment to Preferred One on June 20, 2014. The MNsure policy on Special Enrollment Periods says that if the life event that triggers the application is loss of health coverage, the coverage start date is "the first day of the month following date of plan selection". *Exhibit 1.*
4. Appellant initially thought that her insurance coverage would begin July 1, 2014 but she never received confirmation of that from MNsure and did not receive the Preferred One health cards until after September 18, 2014. *Testimony of appellant.* Appellant contacted MNsure in July, 2014 and was told that application was still being processed. On September 18, 2014, Appellant received a bill from Preferred One for premiums for the months of July, August and September, 2014 for an amount of \$679.76. *Id.*
5. Appellant did not use any health services from July, 2014 to October, 2014 because she wasn't sure if she had coverage. She cancelled her Preferred One coverage for November, 2014. *Testimony of appellant.*

## APPLICABLE LAW

6. For MNsure appeals, an appeal must be received within 90 days from the date of the notice of eligibility determination. *45 C.F.R. § 155.520(b)(1); Minn. R. 7700.0105, subp. 2(D).*
7. The MNsure Board has the legal authority to review and decide issues about a

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<sup>1</sup> Exhibit 1 - MNsure State Agency Appeals Summary with attachments; Exhibit 2 – Appeal request form.

household'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.

### Enrollment Periods

8. Federal regulations concerning enrollment in qualified health plans (QHPs) are found at 45 C.F.R. §§155.400 – 155.430. The Exchange may only permit a qualified individual to enroll in a QHP or an enrollee to change QHPs during the initial open enrollment period, the annual open enrollment period, or a special enrollment period described in §155.420 of this subpart for which the qualified individual has been determined eligible. *45 C.F.R. §155.400(a)(2)*. The initial open enrollment period began October 1, 2013 and extended through March 31, 2014. *45 C.F.R. §155.400(b)*. For the benefit year beginning on January 1, 2015, the annual open enrollment period begins on November 15, 2014, and extends through February 15, 2015. *45 C.F.R. §155.400(e)*.

9. The Exchange must allow a qualified individual or enrollee, and, when specified, his or her dependent, to enroll in or change from one QHP to another via a special enrollment period if a triggering event occurs, including among other things, the qualified individual or his or her dependent loses minimum essential coverage. *45 C.F.R. §155.420(d)*.

10. Except as specified in paragraphs (b)(2) and (3) of this section, for a QHP selection received by the Exchange from a qualified individual—

- (i) Between the first and the fifteenth day of any month, the Exchange must ensure a coverage effective date of the first day of the following month; and
- (ii) Between the sixteenth and the last day of any month, the Exchange must ensure a coverage effective date of the first day of the second following month.

*45 C.F.R. §155.420(b)(1)*.

11. The effective date for coverage under a special enrollment period due to loss of essential minimum coverage is different in Minnesota from the fifteen/sixteen rule above. Under a MNsure policy, the effective date is the first day of the month after the person selects his or her plan. *MNsure policy, pg. 3 (May 2, 2014)*.

### CONCLUSIONS OF LAW

12. Since the appellant did not receive a notice of eligibility and was not aware of her coverage until September, 2014, this appeal was started within the allowed time limits under 45

C.F.R §155.520(b).

13. The MNsure Board has legal authority to review appellant’s household’s eligibility for enrollment in a qualified health plan and premium assistance under Minnesota Statute § 62V.05, subdivision 6.

14. There is no dispute that appellant qualifies to enroll in a qualified health plan due to being eligible for special enrollment. There is also no dispute that Appellant submitted her application for health care coverage to MNsure on June 8, 2014. The MNsure policy for people applying in a special enrollment period is different than other applications. It requires coverage the first of the month after the applicant selects a plan. In this case, under that rule, the appellant’s coverage began on July 1, 2014. This policy is clearly designed to benefit people in the appellant’s position that need coverage quickly due to the loss of minimal health insurance coverage.

15. I conclude that MNsure properly determined the effective date of the appellant’s health care coverage with Preferred One as July 1, 2014 based upon the law and its policies. It is unfortunate that MNsure did not confirm the appellant’s coverage date promptly and that appellant may need to pay the premiums. If the appellant had had a medical emergency after July 1, 2014, she would have had insurance coverage.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board AFFIRM the Agency’s determination of the appellant’s effective date as July 1, 2014 for the appellant’s qualified health plan.

/s/ Ellen Longfellow  
Ellen Longfellow  
Appeals Examiner

December 19, 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

### **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).
- **Seek judicial review** to the extent it is available by law.