



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Qualified Health Plan
Agency: MNsure Board
Docket: 157592

On December 11, 2014, Appeals Examiner Ellen Longfellow held an evidentiary hearing by telephone conference (MNsire representative) and in person (appellant) 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.
[REDACTED] MNsure Appeals 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 MNsure Board properly determined the effective date of the Appellant's Qualified Health Plan as March 1, 2014 based upon the law.

FINDINGS OF FACT

1. On December 11, 2014, Appeals Examiner Ellen Longfellow held an evidentiary hearing by telephone conference (MNsure representative) and in person (appellant). The record was kept open until December 18, 2014 for the parties to submit additional materials. The record, consisting of six exhibits¹, was closed on December 18, 2014.
2. Initially, there was some confusion as to which state agency was the subject of the appeal, the Minnesota Department of Human Services or MNsure. Both submitted an appeal summary. At the hearing, it was clear that this was a MNsure appeal regarding the effective date of the health insurance.
3. On January 9, 2014, appellant created an account with MNsure. A paper application from appellant was received by MNsure on January 13, 2014. On January 14, 2014, MNsure determined that appellant was eligible for a qualified health plan. *Exhibit 1.*
4. Appellant talked to a MNsure representative on January 13, 2014 on the telephone. The appellant said that she was having problems with the computer and the MNsure representative recommended that she use a navigator or go to a library. The appellant said that she wanted coverage for February 1, 2014. The MNsure representative told her that she would have to enroll in a health plan and make a premium payment by January 15, 2014 in order to have coverage begin on February 1, 2014. *Exhibit 5.*
5. On January 31, 2014, appellant called MNsure twice. The first contact was to verify her social security number. The second call was for help enrolling in a health care plan. The representative manually enrolled her in a health plan with a beginning coverage date of March 1, 2014. *Exhibits 1 and 5.*
6. MNsure extended open enrollment to May 15, 2014 for people who made a good faith attempt to apply or enroll during the open enrollment period that ended on March 31, 2014 but were unable to do so. If people enrolled through this option, they could obtain coverage back to when they tried to apply. This option does not apply to the appellant because she was able to enroll during the regular open enrollment period. *Exhibit 1.*

¹ Exhibit 1 –MNsure appeal summary and memo; Exhibit 2 –DHS appeal summary and memo; Exhibit 3 –Appellant 's appeal request form; Exhibit 4 – Materials submitted by appellant including application; Exhibit 5 – Additional records from MNsure including telephone records; Exhibit 6 – E-mails from appellant with additional information.

7. Appellant testified that she tried to enroll on-line with MNsure in December, 2013 but wasn't able to do so. The system said that there was a problem with her social security number. She was able to resolve that issue and talked to someone at ██████ County about her eligibility for assistance with health insurance. After numerous tries and the assistance of a navigator, she finally was able to submit a paper application on January 13, 2014 which was within the open enrollment period. *Testimony of appellant; Exhibit 6.*

8. Appellant knew that she did not have coverage for January, 2014 and obtained catastrophic insurance for January, 2014. She and her husband did not have any health coverage for February, 2014. They have medication bills from January and February, 2014 that were not covered by any insurance. Appellant knew that her coverage began in March, 2014 because she paid the premium at the end of February, 2014 for March 1st, 2014 coverage. *Testimony of appellant.*

9. Appellant enrolled during the regular open enrollment period for MNsure for 2014 health insurance coverage so she is bound by the rules of that enrollment period.

APPLICABLE LAW

10. 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).*

11. The MNsure Board has the legal authority to review and decide issues about a 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

12. 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).* MNsure extended the open enrollment period to May 15, 2014 for those who were unable to enroll during the initial period. *MNsure policy – <https://www.mnsure.org/images/retro-coverage-policy-2014-04-29.pdf>*

13. 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. §155.410(c)

CONCLUSIONS OF LAW

14. Since the appellant did not receive an official notice of eligibility regarding her health care plan's effective date this appeal was started within the allowed time limits under 45 C.F.R §155.520(b).

15. 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.

16. There is no dispute that appellant qualified to enroll in a qualified health plan. Appellant submitted her application on January 13, 2014 which was during the open enrollment period for 2014. Federal law for people applying in an open enrollment period is that if the party enrolls in a plan in the first part of the month (1 – 15th), the effective date for coverage is the first of the next month. If the party enrolls in a plan at the end of the month (15th – 31st), the effective date is the first day of the second following month. The appellant enrolled in a health plan on January 31, 2014.

17. I conclude that MNsure properly determined the effective date of the appellant's health care coverage with her health plan as March 1, 2014 based upon the law.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNSure Board AFFIRM the Agency's determination of the appellant's effective date as March 1, 2014 for the appellant's qualified health plan.

/s/Ellen Longfellow
Ellen Longfellow
Appeals Examiner

January 9, 2015
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.

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.

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