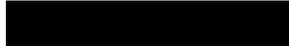




In the Appeal of:



**DISMISSAL ORDER**

For: Medical Assistance  
MinnesotaCare  
Advance Payment of Premium Tax Credit  
Cost Sharing Reductions  
Qualified Health Plan

Agency: MNsure Board and  
Minnesota Department of Human Services

Docket: 161245

On March 5, 2015, appellant filed an appeal regarding the agency's determination of appellant's eligibility for the programs listed above. An evidentiary hearing has been scheduled for March 31, 2015 to review the matter.

On March 31, 2015, the appellant withdrew the appeal orally.

Because the appellant withdrew the appeal, the appeal must be dismissed. Because the appeal is dismissed, the appellant's eligibility for the programs listed above remains the same as stated in the notice of action that resulted in this appeal, unless the parties agree or have agreed otherwise.

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner of the Minnesota Department of Human Services adopt the Human Services Judge's findings of fact, conclusions of law and order as each agency's final decision. The matter is dismissed and the appellant's eligibility for the programs listed above remains the same as stated in the notice of action that resulted in this appeal, unless the parties agree or have agreed otherwise.

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.

/s/ Douglass Alvarado  
Douglass Alvarado  
Human Services Judge

April 1, 2015  
Date

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

### **FURTHER APPEAL RIGHTS**

**This decision is final, unless you make a further appeal.**

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:

- Request the dismissal be vacated and the appeal reinstated.

If you disagree with this effect this decision has on your eligibility for Medical Assistance and/or MinnesotaCare benefits, you may:

- Request the dismissal be vacated and the appeal reinstated (but only if the dismissal was because you missed your hearing);
- Request the decision be reconsidered; or
- Appeal to District Court.

### **Right to Reinstate Appeal**

This dismissal may be vacated and the appeal reinstated if you make a written request showing good cause why the judge should do this. Examples of good cause include a personal injury, death or serious illness in your family, or an emergency that prevents you or a witness from attending the hearing. See the *How to Request the Appeal be Reinstated or Reconsidered* instructions for this type of appeal at the end of this letter.

- If your request to reinstate the appeal is in regards to your eligibility for Advance Premium Tax Credits, Cost Sharing Reductions, Qualified Health Plan, and/or the Small Business Health Insurance Options Program, you must make the written request to the Appeals Office *within 30 days of the date of this decision*.

- If your request is in regards to your eligibility for Medical Assistance and/or MinnesotaCare benefits, you must make the written request ***within 10 days of the date of this decision***. A Medical Assistance or MinnesotaCare appeal can only be reinstated if the reason for the dismissal was because you missed the hearing.

### **Right to Reconsideration**

If you disagree with the effect the decision has on your eligibility for Medical Assistance and/or MinnesotaCare benefits, you may make a written request to the Appeals Office to reconsider this decision. See the *How to Request the Appeal be Reinstated or Reconsidered* instructions for this type of appeal at the end of this letter. You must make the written request ***within 30 days of the date of this decision***.

### **How to Request the Appeal be Reinstated or Reconsidered**

To request that your appeal be reinstated or reconsidered, you must make a written request to the Appeals Office at:

Appeals Office  
Minnesota Department of Human Services  
P.O. Box 64941  
St. Paul, MN 55164-0941  
Fax: (651) 431-7523

The written request must state the reasons why you believe your appeal should be reinstated or reconsidered. A copy of the request must also be sent to the other parties. To ensure timely processing of your request, please include the name of the judge (also called an Appeals Examiner) assigned to your appeal, along with the docket number for your appeal.

### **Appeal to District Court**

If you disagree with the effect the decision has on your eligibility for Medical Assistance and/or MinnesotaCare benefits, you may 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 Minn. Stat. § 256.045, subd. 7.