



Minnesota Department of **Human Services**

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**DECISION OF  
STATE AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: MinnesotaCare  
Agency: Minnesota Department of Human Services  
Docket: 161714

On May 5, 2015, Human Services Judge Kathleen McDonough held an evidentiary hearing under Minn. Stat. § 256.045, subd. 3.

The following people appeared at the hearing:

[REDACTED], Appellant

The Human Services Judge, based on the evidence in the record and considering the arguments of the parties, recommends the following findings of fact, conclusions of law, and order.

## STATEMENT OF ISSUE

The issue raised in this appeal is:

Whether the Minnesota Department of Human Services correctly determined that the Appellant was eligible for enrollment in MinnesotaCare coverage effective January 1, 2015.

## FINDINGS OF FACT

1. On January 16, 2015 the Agency sent appellant a notice that her MinnesotaCare eligibility was approved effective January 1, 2015. *Agency Exhibit # 1.* The Appellant filed a request challenging the Agency's effective date of her MinnesotaCare coverage, which the appeals office received on March 12, 2015. *Appellant's Exhibit A.* Human Services Judge McDonough held an evidentiary hearing via telephone conference on May 5, 2015. The judge accepted into evidence one exhibit from the Agency<sup>1</sup> and one exhibit from the Appellant<sup>2</sup>. The record was closed at the conclusion of the hearing.

2. On December 10, 2014, the Appellant applied for affordable health care insurance through the MNsure Eligibility System for herself, her husband and daughter. *Agency Exhibit # 1.* Appellant's daughter was approved for Medical Assistance starting December 1, 2014 and Appellant and her husband were approved for MinnesotaCare for January 1, 2015. *Id.* However, Appellant was not notified until January 16, 2015 that she and her husband were eligible for MinnesotaCare. *Agency Exhibit 1 and Testimony of Appellant.*

3. The Appellant received a premium notice for January 2015 coverage on January 16, 2015. *Appellant's testimony.* Appellant argues that she does not owe a premium for January because she was not notified of her eligibility until January 16, 2015 and had already paid the premiums for private health insurance coverage for January. *Agency Exhibit 1 and Appellant's testimony.*

4. The Agency has taken no negative action against the Appellant for failure to pay the January 2015 MinnesotaCare premium. *Agency Exhibit # 1.*

## CONCLUSIONS OF LAW

1. A person may request a state fair hearing by filing an appeal either: 1) within thirty days of receiving written notice of the action; or 2) within ninety days of

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<sup>1</sup> The Agency's exhibit was marked as follows: 1) State Agency Appeals Summary and attachments.

<sup>2</sup> The Appellant submitted one exhibit which was marked as follows: A) Appeal Request Form.

such notice if the Appellant can show good cause why the request for an appeal was not submitted within the thirty day time limit. *Minn. Stat. 256.045, subd. 3(h) and Minn. Stat. 256L.10*. In this case, the appeal was filed within 30 days of the receipt of first MinnesotaCare premium notice. Therefore, this appeal is timely.

2. The Commissioner of Human Services has jurisdiction over this appeal under Minn. Stat. § 256.045, subd. 3.

3. The effective date of MinnesotaCare coverage is the first day of the month following the month in which eligibility is approved and the first premium payment has been received. *Minn. Stat. § 256L.05, subd. 3(a)*. The initial premium must be received by the last working day of the month for coverage to begin the first day of the following month. *Id. at (b)*. In order to begin coverage for family members subject to a premium payment, the full premium for all eligible family members must be paid by the deadline. *Minnesota Insurance Affordability Programs Manual (IAPM), Chapter 500.20.05*.

4. In this case, the Appellant applied for affordable health insurance through the MNsure Eligibility System on December 10, 2014. She was determined eligible for MinnesotaCare coverage effective January 1, 2015. The Appellant was not notified of her eligibility for such coverage and did not receive a premium bill for January 2015 coverage until January 16, 2015.

5. Pursuant to Minn. Stat. 256L.05, subd. 3 and IAPM, Chapter 500.20.05, cited above, the Appellant did not qualify for MinnesotaCare coverage for January 2015 and she does not owe a premium for January, thus the Agency should not bill Appellant for January coverage.

### RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services REVERSE the determination of the Minnesota Department of Human Services to enroll the Appellant in MinnesotaCare coverage effective January 1, 2015, and ORDER the Agency to cease its billing of the Appellant for January 2015 coverage.

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Kathleen McDonough  
Human Services Judge

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Date

ORDER OF THE COMMISSIONER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the Commissioner of Human Services adopts the Human Services Judge's recommendation as her final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES:

\_\_\_\_\_ Date

cc: [REDACTED], Appellant  
Teressa Saybe, Minnesota Department of Human Services – 0838

**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 this decision, 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 that you must start *within 30 days of the date of this decision*. You start this proceeding by serving a notice of appeal upon the other parties and the Commissioner, and filing the original notice and proof of service with the county district court. The law that describes this process is Minnesota Statute § 256.045, subdivision 7.<sup>3</sup>

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<sup>3</sup> County agencies do not have the option of appealing decisions about Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Diversionary Work Program (DWP) benefits to district court under 7 C.F.R. § 273.15(q)(2) and Minnesota Statute § 256J.40.