



**DECISION OF  
STATE AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: MinnesotaCare  
Agency: Minnesota Department of Human Services  
Docket: 161840

On May 4, 2015, Human Services Judge Christopher Cimafranca held an evidentiary hearing under Minnesota Statutes, section 256.045, subdivision 3.

The following person 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 Agency correctly terminated the MinnesotaCare coverage on March 31, 2015 even though the Appellant requested in September 2014 that coverage be terminated, the Appellant and her husband had other health insurance coverage beginning September 2014, and MinnesotaCare premiums have not been paid beginning September 2014.

## FINDINGS OF FACT

1. The Appellant and her husband were recipients of MinnesotaCare benefits. *Exhibit 1.*
2. Effective September 1, 2014, the Appellant and her husband had health insurance through the husband's employment. *Testimony of Appellant.*
3. On September 2, 2014, the Appellant and her husband asked the Agency to terminate their MinnesotaCare coverage. *Testimony of Appellant; Exhibit 1.*
4. However, the Agency did not effectuate the termination until March 31, 2015 due to system limitations. *Exhibit 1.*
5. The Appellant has not paid the MinnesotaCare premiums starting September 2014. *Testimony of Appellant.* The Appellant does not want to pay the premiums because she could not afford it. *Testimony of Appellant.*
6. The Appellant's current health insurance is not willing to cover a service on January 5, 2015 because the Agency did not actually terminate the MinnesotaCare coverage until March 31, 2015. *Testimony of Appellant.*
7. The Appellant is requesting termination paperwork that states MinnesotaCare was closed in September 2014. *Testimony of Appellant; Exhibit 2.*
8. On May 4, 2015, Human Services Judge Christopher Cimafranca held an evidentiary hearing by telephone conference. The record was closed at the conclusion of the hearing consisting of three exhibits.<sup>1</sup>

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<sup>1</sup> State Agency Appeal Summary, *Exhibit 1*; Fax from Appellant, *Exhibit 2*; Email from Agency on May 4, 2015, *Exhibit 3*.

## CONCLUSIONS OF LAW

1. This appeal is timely, and the Commissioner of Human Services has jurisdiction over this appeal, under Minnesota Statutes, § 256.045, subdivision 3.
2. Minnesota Statutes, §256L.07 subdivision 3(a) also provides that to be eligible for MinnesotaCare, a family or individual must not have minimum essential health coverage, as defined by section 5000A of the Internal Revenue Code. According to section 5000A of the Internal Revenue Code, minimum essential coverage means any of the following: 1) government sponsored coverage; 2) employer sponsored coverage; 3) a health plan offered in the individual market within a State; 4) a grandfathered health plan; or 5) other health benefits coverage. *26 U.S.C. § 5000A(f)(1); See also 26 C.F.R. § 1.36B-2(c).*
3. Recipients of MinnesotaCare benefits are required to pay a premium to receive the benefits. *Minn. Stat. § 256L.15, Subd. 1.* Nonpayment of the premium will result in disenrollment from the plan effective for the calendar month for which the premium was due. *Minn. Stat. § 256L.06, Subd. 3(d).* According to the Insurance Affordability Programs Manual, in order to maintain enrollment in MinnesotaCare, an eligible person must pay the monthly premium no later than noon on the last business day of the current month. If the premium is not paid by this date, the person is disenrolled from MinnesotaCare beginning the first day of the next month.
4. A 10-day advance notice must be sent when taking an adverse action including closing coverage. *Health Care Programs Manual, Chapter 26.*
5. The Agency's failure to effectuate termination of the Minnesota Coverage does not negate the fact that the Appellant was not eligible for MinnesotaCare beginning October 1, 2014 due to having access to employer sponsored coverage, the Appellant's request to terminate coverage, and non-payment of premiums. For this reason, I conclude that the Appellant's MinnesotaCare coverage terminated as of October 2014 as a matter of law and that the Appellant does not have any unpaid Minnesotacare premiums. Therefore, I recommend reversing the Agency's determination. The Agency should be ordered to change the termination date to October 1, 2014. It should also be ordered that the Appellant does not owe any unpaid MinnesotaCare premiums beginning September 2014 and the Agency should be ordered to cease billing the Appellant for the premiums beginning September 2014.

RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services REVERSE the Agency's determination, ORDER the Agency to change the MinnesotaCare termination date to October 1, 2014, ORDER the Agency to find that the Appellant does not owe any premiums beginning September 2014, and ORDER the Agency to cease billing the Appellant for the premiums beginning September 2014.

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Christopher Cimafranca  
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:

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Date

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>2</sup>

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

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<sup>2</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.