



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Reimbursement of HealthCare Premiums
Agency: MNSure Board
Minnesota Department of Human Services
Docket: 163540

On June 17, 2015 Appeals Examiner Ngoc Nguyen held an evidentiary hearing under 42 U.S.C. §18081(f) and Minnesota Statute §62V.05, subdivision 6(a).

The following people appeared at the hearing:

[REDACTED], Appellant

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 appellant is entitled to an Order granting him reimbursement of healthcare premiums he paid to a private health plan for the months of April 2015 through June 2015.

FINDINGS OF FACT

1. On May 12, 2015, Appellant filed an appeal regarding healthcare coverage for his newborn daughter, [REDACTED] [REDACTED] *Exhibit 2*. The agency determined on May 15, 2015 that [REDACTED] was eligible for Medical Assistance retroactive to her date of birth. *Id.* Appellant is now seeking reimbursement of premiums paid to the private health plan for his wife during the months of April 2015 through June 2015. *Id.*; *Testimony of Appellant*. On June 17, 2015, Appeals Examiner Ngoc Nguyen held an evidentiary hearing by telephone conference. The record, consisting of two exhibits¹, was closed at the end of the hearing.

2. On March 24, 2014, Appellant submitted an application for healthcare coverage through MNsure as a household of two with only Appellant's spouse requesting coverage. *Exhibit 1*. The agency asserted that MNsure incorrectly determined Appellant eligible for Medical Assistance and correctly determined Appellant's spouse eligible for a qualified health plan. Appellant's spouse was unable to enroll in 2014 because she did not qualify for special enrollment. *Id.*

3. On December 13, 2014, Appellant's spouse was manually enrolled in a health plan (Blue Cross/Blue Shield) effective January 1, 2015. *Exhibit 1*. At that time, Appellant's spouse had not completed a new 2015 application because she had a "mixed household" in 2014.² The agency reported that due to system limitations, consumers who had 2014 mixed eligibility did not complete a new application and were manually enrolled for 2015. *Id.*

4. The agency asserted that on February 9, 2015, Appellant contacted the agency to report the birth of his daughter and request that she be added to the healthcare application. *Exhibit 1*.

5. Agency call records noted that on May 11, 2015, Appellant contacted the agency to check the status of his daughter's Medical Assistance status. He was previously informed that his daughter qualified for Medical Assistance. *Exhibit 1*. Appellant reported at that time that both his spouse and daughter were dependents on his employer's health insurance coverage. The agency advised Appellant to cancel his spouse's MNsure coverage. Appellant reported to the agency that he did not want to cancel coverage until it was confirmed that his daughter's hospital bills would be covered from her date of birth ([REDACTED]). *Id.* Agency notes indicated that Appellant was advised to cancel his spouse's plan through MNsure by the 15th in order for the carrier to cancel the coverage by the first of the month. The agency informed Appellant that he must submit an application for healthcare coverage for his daughter and his

¹ Exhibit 1 – MNsure Appeals Summary with attachments; Exhibit 2 – Appellant's appeal.

² A mixed household is a household with some members enrolled in public programs and some in private-market plans.

daughter is determined eligible for Medical Assistance, he could request retroactive coverage back to her date of birth. *Id.*

6. On May 15, 2015, Appellant applied through MNsure for coverage for his spouse and daughter as a household of three. *Exhibit 1.* MNsure determined Appellant's daughter eligible for Medical Assistance and Appellant's spouse eligible for a qualified health plan. *Id.*

7. On June 12, 2015, the agency spoke with Appellant and asked him if he wanted to terminate his spouse's policy through MNsure. *Exhibit 1.* A termination request was made with an effective date of July 1, 2015. *Id.*

8. Appellant reported that he applied for healthcare coverage for his spouse in 2014; however she did not qualify. *Testimony of Appellant.* Again in November 2015, he submitted a healthcare application through MNsure for his spouse and was told that she must be manually enrolled. They chose a healthcare plan at that time. *Id.* Appellant reported that his daughter was born on January 28, 2015 and he contacted the agency on January 29, 2015, not February 9, 2015, to have her added to the application. *Id.* He continued to call MNsure and was told that someone would contact him. No one did. Appellant reported that in May 2015, a MNsure representative told him that they could not add his daughter and had to close the application. That was when he filed the appeal. *Id.*

9. Appellant reported that he had new employment and his spouse and daughter were covered through his employer-sponsored health plan. *Testimony of Appellant.* Appellant continued to pay his spouse's monthly premiums of \$226.61 per month to Blue Cross/Blue Shield for the months of April 2015 through June 2015 even though she was covered through his employer. *Id.* Appellant argued that had the agency made the determination of eligibility for his daughter when he requested that she be added, he would have canceled his wife's MNsure plan by April 1, 2015. He did not cancel the MNsure plan until he was assured that his daughter's hospital bills would be covered from the date of her birth. *Id.* Appellant requested reimbursement of his spouse's premiums for the months of April 2015 through June 2015. *Id.*

10. The agency argued that Appellant did not cancel his spouse's MNsure coverage until June 12, 2015. Based on the "fifteen/sixteen" rule, a request for termination between the first and the fifteenth of the month, the coverage will end the first day of the first following month. In addition, the agency argued that reimbursement of MNsure premiums is outside the scope of the appeal. *Exhibit 1.*

CONCLUSIONS OF LAW

1. This appeal is timely under 45 C.F.R. §155.520(b).

2. The MNsure Board would typically have the legal authority to review and decide this appeal under Minnesota Statute §62V.05, subdivision 6. As that provision allows, the MNsure Board has an agreement with the Department of Human Services to hear and decide

certain MNsure appeals. In addition, the Commissioner of Human Services typically exercises jurisdiction over this appeal under Minn. Stat. § 256.045, subd. 3.

3. The MNsure Board and the Minnesota Department of Human Services lack jurisdiction over the appellant's appeal regarding reimbursement of premiums paid to a private health insurance company as noted under Minn. Stat. §62V.05, Subd. 6(a). Pursuant to Minn. R. 7700.0105, Subpart 1, MNsure appeals are available for the following actions:

(1) initial determinations and redeterminations made by MNsure of individual eligibility to purchase a qualified health plan through MNsure, made in accordance with Code of Federal Regulations, title 45, sections 155.305, (a) and (b); 155.330; and 155.335;

(2) initial determinations and redeterminations made by MNsure of eligibility for and level of advanced payment of premium tax credit, and eligibility for and level of cost sharing reductions, made in accordance with Code of Federal Regulations, title 45, sections 155.305 (f) to (g); 155.330; and 155.335;

(3) initial determinations and redeterminations made by MNsure of employer eligibility to purchase coverage for qualified employees through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (a);

(4) initial determinations and redeterminations made by MNsure of employee eligibility to purchase coverage through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (e);

(5) initial determinations and redeterminations made by MNsure of individual eligibility for an exemption from the individual responsibility requirement made in accordance with Code of Federal Regulations, title 45, section 155.605;

(6) a failure by MNsure to provide timely notice of an eligibility determination in accordance with Code of Federal Regulations, title 45, sections 155.310 (g); 155.330 (e)(1)(ii); 155.335 (h)(ii); 155.610 (i); and 155.715 (e) and (f);

(7) in response to a notice from MNsure under Code of Federal Regulations, title 45, section 155.310 (h), a determination by MNsure that an employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide coverage but is not affordable coverage with respect to an employee; and

(8) in response to a denial of a request to vacate a dismissal made according to this chapter and in accordance with Code of Federal Regulations, title 45, section 155.530 (d)(2).

4. Department of Human Services appeals are available for actions outlined in Minn. Stat. § 256.045, subd. 3, none of which apply in this matter.

5. In this case, Appellant seeks reimbursement for premium payments to a private health insurance company for health care coverage during the months of April 2015 through June 2015. Appellant paid the premiums and was covered by the insurance company for these months. Although the Appeals Examiner does not take jurisdiction over this issue, I note that the Appellant received the benefit of being covered by the health plan during these months. The issue of reimbursement of premium from a private health plan is not subject to review by the Appeals Examiner under Minn. Stat. §62V.05, Subd. 6(a) and Minn. Rule 7700.0105, Subpart 1. Inasmuch as the Appeals Examiner does not have jurisdiction to consider the issue of whether the appellant is entitled to reimbursement of a premium paid to a private health insurance company, the Appellant's appeal on the issues must be dismissed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board and the Commissioner of Human Services DISMISS the Appellant's appeal for lack of jurisdiction.

Ngoc Nguyen
Appeals Examiner

Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner of Human Services adopt the Appeals Examiner's findings of fact, conclusions of law and order as each agency's final decision.

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 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.

cc: [REDACTED], Appellant
Michael Turpin, MNsure General Counsel