



**DECISION OF
MNSURE BOARD
ON APPEAL**

In the Appeal of: [REDACTED]
For: Qualified Health Plan
Agency: MNSure
Docket: 163822

On June 18, 2015, Appeals Examiner Ruth Grunke Klein held an evidentiary hearing under 42 U.S.C. §18081(f) and Minn. Stat. §62V.05, Subd. 6(a).

The following person took part in the hearing:

[REDACTED], appellant

Based on the evidence in the record and considering the arguments of the parties, the appeals examiner recommends the following findings of fact, conclusions of law, and order.

STATEMENT OF ISSUE

Whether the agency correctly decided that the start date of the appellant and her family's Qualified Health Plan (QHP) was March 1, 2015 because they enrolled in a QHP on February 14, 2015 even though the family received medical assistance through March 2015.

FINDINGS OF FACT

1. The agency did not send the appellant a written notice of action about the start date of health coverage through a QHP. On May 22, 2015, the appellant filed an appeal through the agency website. On June 18, 2015, Appeals Examiner Ruth Grunke Klein held an evidentiary hearing by telephone conference. She closed the record on June 26, 2015, after receiving four exhibits.¹

2. The appellant is married and has two children. In early February 2015 she received a letter saying that she and her family's medical assistance coverage will end at the end of March 2015 and she should go online and sign up for coverage by February 15, 2015. *Testimony of the appellant, exhibit 1.*²

3. The appellant went to a navigator and they made several phone calls to her county human services office and either the agency or the Minnesota Department of Human Services (DHS). They were assured that the family had insurance through March 2015 and that enrollment in a QHP would be effective April 1, 2015. *Testimony of the appellant.*

4. On February 14, 2015, the appellant, with the assistance of a navigator, enrolled her and her family in a QHP. She later learned that the coverage became effective March 1, 2015. She challenges the March 1, 2015 start date of coverage; she argues that the start date of the coverage should be April 1, 2015, the day immediately after her and her family's medical assistance ended.³

¹ Exhibit 1 is the appeal; exhibit 2 is a June 16, 2015 letter from the appellant with four letters dated June 1, 2015; exhibit 3 is an Appeals Memorandum from the agency with some exhibits; exhibit 4 is a February 14, 2015, letter to the appellant.

² The judge finds the appellant's testimony about what the letter she received in early February 2015 said about when medical assistance will end more persuasive than the agency's assertion that the letter said medical assistance will end at the end of February 2015. The agency did not provide a copy of the letter and the "generic" version of the letter the agency did provide did not say when medical assistance coverage will end. The appellant provided letters from the Minnesota Department of Human Services (DHS) saying the family had Minnesota Health Care Coverage from April 1, 2013 through March 31, 2015 with no break in coverage over 63 days. While the agency points out that the letter sent in February 2015 says if you fail to apply for health care in MNsure you will get coverage for an additional 30 days, the appellant did not fail to apply for coverage through MNsure in February 2015.

³ The QHP provider has ended coverage because of nonpayment and the appellant has filed a grievance with the insurer.

CONCLUSIONS OF LAW

5. The MNsure Board has jurisdiction over whether the start date of the QHP is correct. Since the appellant did not receive written notice of the start date, this appeal is timely. The time period for submitting an appeal has not yet begun. *See* 45 C.F.R. 155.520(b) *and* Minn. Rule 7700.0105, Subpart 1A(1).

6. The term “minimum essential coverage” includes coverage under medical assistance. 26 U.S. C. § 5000A(f)(1)(B).

7. 45 C.F.R. §420(d) says

The Exchange must allow a qualified individual or enrollee, and, when specified below, his or her dependent, to enroll in or change from one QHP to another if one of the following triggering events occur:

(1) The qualified individual or his or her dependent either:

(i) Loses minimum essential coverage. The date of the loss of coverage is the last day the consumer would have coverage under his or her previous plan or coverage. . . .

8. 45 C.F.R. §420(b)(2)(iv) says

In a case where a consumer loses coverage as described in paragraph (d)(1) or (d)(6)(iii) of this section, if the plan selection is made before or on the day of the loss of coverage, the Exchange must ensure that the coverage effective date is on the first day of the month following the loss of coverage.

9. The agency’s decision that the start date of the appellant’s and her family’s coverage through a QHP is March 1, 2015 rather than April 1, 2015 was incorrect. The regulations governing effective dates of QHPs require the effective date of coverage to be the first day of the month following the loss of coverage if a consumer loses medical assistance and selects a plan before the coverage ends. The appellant’s minimum essential coverage ended on March 31, 2015, and she enrolled in a QHP before that date. The agency should change the effective date of QHP coverage to April 1, 2015.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT the MNsure Board REVERSE the decision that the start date of the appellant's and her family's QHP was March 1, 2015. The agency should change the start date to April 1, 2015.

Ruth Grunke Klein
Appeals Examiner

Date

ORDER OF THE MNSURE BOARD

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board adopts the Appeals Examiner's recommendation as the final decision.

FOR THE MNsure Board:

Date

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

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:

- **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.
- **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 written copy of a notice of appeal upon MNsure and any other adverse party of record, and filing the original notice and proof of service with the court administrator of the county district court. The law that describes this process is Minnesota Statute § 62V.05, subdivision 6(e)-(i).