



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Qualified Health Plan – Effective Date
Agency: Minnesota Department of Human Services
MNSure Board
Docket: 164366

On July 15, 2015, Appeals Examiner Jonathan R. Hall held an evidentiary hearing under 42 United States Code §18081(f), Minnesota Statute §62V.05, subdivision 6(a), and Minnesota Statute §256.045, subdivision 3.

The following people appeared at the hearing:

[REDACTED] Appellant.¹
[REDACTED] Appellant's Witness

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.

¹ Both the MNSure and Department of Human Services agencies were provided with a copy of the Notice and Order for Hearing, but no representative from either agency appeared.

STATEMENT OF ISSUES

Whether the MNsure Board (Agency) correctly determined that the effective date of the appellant's Qualified Health Plan (QHP) was May 1, 2015.

FINDINGS OF FACT

1. On March 10, 2015, the Appellant applied for health coverage through the Agency's website. The Agency determined that the Appellant's household was eligible for a special enrollment period, and that he, his wife, and one of their two children were eligible to enroll in a QHP and receive \$390.60 in monthly tax credits. The other child was determined to be eligible for medical assistance. *Exhibit 2.* On June 10, 2015, the Appellant submitted an appeal challenging that determination. Human Services Judge Jonathan R. Hall scheduled a telephone hearing for July 8, 2015, but continued it until July 15, 2015 for the Appellant's benefit. The judge held the record open until July 29, 2015 to receive additional evidence from the Appellant. The judge closed the record, consisting of three exhibits,² on that date.

2. On March 23, 2015, the Appellant selected a QHP and was informed that it would be effective on May 1, 2015. *Exhibit 2.*

3. On April 14, 2015, the Appellant's eligibility for a special enrollment period was verified. *Exhibit 2.*

4. On April 21, 2015, the Agency sent the Appellant's QHP information to the insurance carrier. *Exhibit 2.*

5. On June 2 and June 3, 2015, the Appellant called the Agency and requested that the effective date of his QHP be changed to June 1, 2015 because he had just received his premium notice and insurance cards. The appellant contended the same at the hearing. *Exhibit 2; Appellant Testimony.*

6. The Appellant contended at the hearing that he should not be required to pay the May 2015 premium because he did not receive evidence of coverage until June 2015. *Appellant Testimony.*

CONCLUSIONS OF LAW

7. Under 45 C.F.R §155.520(b), an individual must submit an appeal within 90 days of the date of the notice of eligibility; or a timeframe consistent with the state Medicaid agency's requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination. In this case, the Agency

² Exhibit 1 (Appeal); Exhibit 2 (State Agency Appeals Summary, MNsure); Exhibit 3 (State Agency Appeals Summary, DHS).

approved the Appellant's QHP selection on March 23, 2015. The appeal was received on June 10, 2015. Therefore the appeal is timely.

8. The MNSure Board has legal authority to determine the Appellant's QHP effective date. QHP enrollment selections received by the Agency between the first and the fifteenth day of the month must be effective on the first day of the following month. *45 C.F.R. § 155.420(b)(1)(ii)*. In this case, the preponderant evidence supports a finding that the Agency correctly determined that the Appellant's QHP effective date was May 1, 2015 because he selected a QHP on March 23, 2015. The fact that the Appellant did not receive his premium notice insurance cards until June cannot be the basis for altering the effective date of his QHP because under the law, it had already been made effective on May 1, 2015. Therefore, the agency's determination should be affirmed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNSure Board AFFIRM the determination of Appellant's household's QHP effective date.

/s/ Jonathan R. Hall
Jonathan R. Hall
Appeals Examiner

September 28, 2015
Date

ORDER

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

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/Louis Thayer
Co-Chief Human Services Judge

September 30, 2015
Date

cc: [REDACTED] Appellant
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 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.

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