



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]

For: Advance Payment of Premium Tax Credit
MinnesotaCare
Medical Assistance

Agency: MNsure Board
Minnesota Department of Human Services

Docket: 164612

On July 21, 2015, Appeals Examiner Mariam P. Mokri 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.

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 ISSUES

1. Whether the Minnesota Department of Human Services correctly denied Appellant medical assistance (MA) and MinnesotaCare coverage
2. Whether the MNsure board correctly determined Appellant is ineligible to enroll in a qualified health plan (QHP).

FINDINGS OF FACT

1. On June 13, 2015, the Minnesota Department of Human Services (DHS) determined Appellant is ineligible for MA and MinnesotaCare. *Exhibit 1*. On that same date the MNsure Board (MNsure) determined Appellant is ineligible to enroll in a QHP. *Exhibit 3*. The Appellant filed an appeal request, which was received on June 19, 2015. *Exhibit 3*. On July 21, 2015, Appeals Examiner Mariam Mokri held an evidentiary hearing via telephone conference. The record closed at the conclusion of the hearing with three exhibits¹.

2. On March 31, 2015, Appellant's MA coverage was terminated. *Exhibit 3*.

3. On June 13, 2015, Appellant applied for health coverage through the MNsure system. *Exhibit 1*. He applied as a single tax filer with no dependents. *Id.* Appellant's projected annual income was listed as \$42,500, which is 400% of the federal poverty line (FPL). *Id.*

4. Appellant was denied for MA and MinnesotaCare for having an income exceeding the income limits for the programs. *Exhibit 1*.

5. On June 18, 2015, MNsure determined that Appellant was unable to enroll in a QHP because he was outside the 60 day special enrollment period after he lost his MA coverage. *Exhibit 3*. Additionally, Appellant did not qualify for a new special enrollment period. *Id.*

6. Appellant is a single tax filer, claims no dependents, and no one claims him. *Exhibit 2*. His current seasonal income is \$14,560 yearly. *Exhibit 2*.

7. Appellant testified that he did not enroll during the 60 day period because he was on vacation and also suffered from pancreatitis. *Testimony of Appellant*. He was unaware of the 60 day period to enroll in a QHP after his MA terminated. *Id.*

¹ Exhibit 1: State Agency Appeals Summary – MNsure; Exhibit 2: Appeal to State Agency; Exhibit 3: State Agency Appeals Summary – DHS.

APPLICABLE LAW

1. For MNsure appeals, an appeal must be received within 90 days from the date of the notice of eligibility determination. *45 C.F.R. § 155.520(b)(1); Minn. R. 7700.0105, subp. 2(D)*.

2. The MNsure Board has the legal authority to review and decide issues in this appeal regarding 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. *Minn. Stat. § 62V.05, subd. 6*. The MNsure Board has an agreement with the Department of Human Services to hear and decide appeals involving premium assistance. The Commissioner of the Minnesota Department of Human Services has the legal authority to review and decide issues in this appeal regarding Appellant's eligibility for Medical Assistance and MinnesotaCare. *Minn. Stat. § 256.045, subd. 3*. Appeals of premium assistance shall also include a determination regarding medical assistance and MinnesotaCare. *45 C.F.R. § 155.510(b)*.

Enrollment Periods

3. Federal regulations concerning enrollment in qualified health plans (QHPs) are found at 45 C.F.R. §§155.400 – 155.430. The Exchange may only permit a qualified individual to enroll in a QHP or an enrollee to change QHPs during the initial open enrollment period, the annual open enrollment period, or a special enrollment period described in §155.420 of this subpart for which the qualified individual has been determined eligible. *45 C.F.R. §155.400(a)(2)*. The initial open enrollment period began October 1, 2013 and extended through March 31, 2014. *45 C.F.R. §155.400(b)*. For the benefit year beginning on January 1, 2015, the annual open enrollment period begins on November 15, 2014, and extends through February 15, 2015. *45 C.F.R. §155.400(e)*.

4. 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 via a special enrollment period if one of the following triggering events occur:

- a. Loss of minimum essential coverage;
- b. Loss of pregnancy-related coverage;
- c. Loss of medically needy coverage;
- d. Household gains a dependent or becomes a dependent through marriage, birth, adoption, adoption placement, or foster care placement;

- e. Individual becomes a citizen;
- f. Individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of error, misrepresentation, or inaction of a MNsure employee;
- g. Enrollee or dependent adequately demonstrates to MNsure that the QHP they are enrolled in substantially violated a material contract provision;
- h. Change in eligibility for tax credits or cost-sharing reductions;
- i. Qualified individual or dependent obtains a new QHP as the result of a permanent move;
- j. Enrollee is an Indian as defined by the Indian Health Care Improvement Act; or
- k. Enrollee is not enrolled or misenrolled due to misconduct by a non-Exchange entity.

45 C.F.R. § 155.420(d).

5. A triggering event for a special enrollment period is also available to a qualified individual if the enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of the exchange. *45 C.F.R. § 155.420(d)(4).*

6. Special enrollment periods generally allow a qualified individual 60 days to enroll in a QHP. *45 C.F.R. § 155.420(c).* However, in the case where a qualified individual's non-enrollment is due to error by MNsure, MNsure may determine the length of the special enrollment period, as long as it does not exceed 60 days. *45 C.F.R. § 155.420(c)(3) & (d)(4).*

7. **MA Eligibility.** Applicants are eligible for MA if their current household income is 133% or below the federal poverty guideline (FPL).

8. **MinnesotaCare Eligibility.** Applicants are eligible for MinnesotaCare if their current household income is between 133-200% of the FPL.

CONCLUSIONS OF LAW

9. The income limit for medical assistance for a household of one is \$15,521². Appellant's current income is more than the income limit, therefore he is ineligible for medical assistance.

10. The income limit for MinnesotaCare for a household of one is \$23,340 annually³. Appellant's current income exceeds the income limit, therefore he is ineligible for MinnesotaCare.

11. Appellant had a triggering event for a special enrollment period when he lost his MA coverage on March 31, 2015. At that point, Appellant had 60 days within which to enroll in a QHP. Appellant failed to enroll within the timeframe due to his own error. Appellant has failed to state a new triggering event which would open a new special enrollment period. MNsure's decision should be affirmed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board AFFIRM the Agency's determination that Appellant is ineligible to enroll in a QHP at this time as provided in the Affordable Care Act.
- The Commissioner of Minnesota Department of Human Services AFFIRM the Agency's finding of Appellant's ineligibility for medical assistance and MinnesotaCare.

Mariam Mokri
Appeals Examiner

Date

² <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3461A-ENG>.

³ <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3461A-ENG>.

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner of the Minnesota Department of Human Services 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.

Date

cc: [REDACTED], Appellant
Michael Turpin, MNsure
Teresa 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 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.

- **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).

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*. You may also fax the request to (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 written copy of a notice of appeal upon the Commissioner 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 § 256.045, subdivision 7.