



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]

For: Qualified Health Plan

Agency: MNSure Board

Docket: 164665

On July 21, 2015, Appeals Examiner Mariam 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 person appeared at the hearing:

[REDACTED], Appellant
Lindsey Millard, MNSure.

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 MNsure Board accurately determined Appellant's effective termination date from his qualified health plan (QHP).

FINDINGS OF FACT

1. On June 19, 2015, MNsure terminated Appellant from his QHP effective July 1, 2015. *Exhibit 1*. On June 19, 2015, Appellant filed an appeal with the state agency. *Exhibit 1*. On July 21, 2015, Appeals Examiner Mariam Mokri held an evidentiary hearing via telephone conference with two exhibits¹.
2. On January 9, 2015, Appellant applied for health coverage as a family of four. *Exhibit 1*. MNsure determined the family was eligible to enroll in a QHP. *Id.* Appellant enrolled in a Blue Cross Blue Shield QHP with effective coverage beginning February 1, 2015. *Id.*
3. On June 19, 2015, Appellant contacted MNsure and explained that his wife and two children were covered through Medica, overlapping with his Blue Cross coverage. *Exhibit 1*. Appellant requested MNsure terminate Blue Cross coverage for his wife and children retroactively to February 1, 2015. *Id.* Appellant requested to maintain coverage for himself. *Id.*
4. MNsure terminated the Blue Cross coverage for his wife and children effective July 1, 2015. *Id.*
5. Appellant argues that he should not be forced to pay for two health insurances simultaneously. *Testimony of Appellant*. Appellant discovered the double billing in April/May 2015. *Id.* Appellant attempted to work through Medica and Blue Plus to resolve the issue. *Id.* It was not until he realized that the health plans could not do anything that he made the request of MNsure. *Id.*

APPLICABLE LAW

6. 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)*.
7. The MNsure Board has the legal authority to review and decide issues about a household'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.
8. ***Effective dates for enrollee-requested termination of coverage or enrollment.*** For

¹ Exhibit 1: State Agency Appeals Summary; Exhibit 2: Appeal to State Agency.

the purposes of termination, reasonable notice is defined as at least fourteen days before the requested effective date of termination. The last day of enrollment through the Exchange is:

- a. The termination date specified by the enrollee with reasonable notice,
- b. Fourteen days after the termination is requested by the enrollee,
- c. On a date on or after the date on which the termination is requested by the enrollee, subject to the determination of the QHP, if the QHP agrees to termination in fewer than fourteen days and the enrollee requests an earlier termination effective date,
- d. If enrollee is newly eligible for Medicaid, CHIP, or BHP, then the last day of enrollment is the day before eligibility in the new program,
- e. The retroactive termination date requested by the enrollee, if specified by applicable state laws

CONCLUSIONS OF LAW

9. This appeal was started within the allowed time limits under 45 C.F.R §155.520(b).

10. The MNsure Board has legal authority to review Appellant's household's eligibility for enrollment in a qualified health plan and premium assistance under Minnesota Statute § 62V.05, subdivision 6.

11. In this case, Appellant's request for termination dating back to February 1, 2015 is not reasonable as it was not at least 14 days before the requested termination date. Minnesota law does not have specific provisions allowing retroactive termination dates. Therefore, MNsure was correct in terminating on July 1, 2015, which is less than 14 days after the request for termination was made. MNsure's determination that QHP coverage for Appellant's wife and two children be effective July 1, 2015 should be affirmed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board AFFIRM the Agency's effective termination date of July 1, 2015.

Mariam Mokri
Appeals Examiner

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 the agency's final decision.

FOR THE MNSURE BOARD as to any effect the decision has on Appellant's household's eligibility through MNSure for Advance Premium Tax Credits, Cost Sharing Reductions, Qualified Health Plans, and/or the Small Business Health Insurance Options Program.

Date

cc: _____, Appellant
Michael Turpin, MNSure

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.

If you disagree with this 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, and you must start this *within 30 days of the date of this decision* by serving a notice of appeal upon the other parties and the Commissioner. The law that describes this process is Minnesota Statute § 256.045, subdivision 7.
- **Seek judicial review** to the extent it is available by law.