



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: Medical Assistance  
Qualified Health Plans  
Agency: Minnesota Department of Human Services  
MNSure  
Docket: 170258

On December 23, 2015, Appeals Examiner John Freeman 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; and  
Mubarek Abdi, Appeals Representative, MNSure.

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 ISSUES

The issues raised in this appeal are:

Whether the Minnesota Department of Human Services properly terminated Appellant's Medical Assistance coverage effective December 1, 2015, because Appellant no longer met eligibility requirements; and

Whether MNsure properly determined a January 1, 2016, start date for Appellant's Qualified Health Plan with Advance Premium Tax Credits, because Appellant did not qualify for a special enrollment period.

## FINDINGS OF FACT

### 1. ***Procedural History.***

a. [REDACTED] ("Appellant") received a letter from MNsure dated December 3, 2015, advising him that his Medical Assistance health coverage had ended and that he was eligible to enroll in a Qualified Health Plan ("QHP") with a start date of January 1, 2016. In response, Appellant submitted an expedited appeal request to MNsure and the Minnesota Department of Human Services ("DHS"), which was received by the Appeals Office on December 15, 2015. On December 16, 2015, Appellant's request for an expedited appeal was approved, and a hearing was scheduled for December 23, 2015.

b. Human Services Judge John Freeman held an evidentiary hearing on December 23, 2015, and accepted into the record one exhibit from Appellant, one exhibit from MNsure, and one exhibit from DHS. The record was held open until December 30, 2015, to receive one additional exhibit each from Appellant and DHS. An additional exhibit was received from Appellant the same day as the hearing, and no further exhibits were received from DHS. On December 30, 2015, the record was closed consisting of the testimony of Appellant and MNsure, and four exhibits.<sup>1</sup>

2. ***Appellant's Household and Income.*** Appellant is a household of one for insurance purposes. His current sources of income include Social Security benefits of \$21,360 per year, and rental income of about \$4,990 per year, after expenses. At the time Appellant began receiving Medical Assistance coverage, discussed below, he had significantly less income than he has currently.<sup>2</sup>

3. ***Previous Medical Assistance Coverage.*** In December 2014, Appellant applied for health coverage through the MNsure internet portal, and was determined eligible for Medical Assistance, with a start date of December 1, 2014. Appellant

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<sup>1</sup> Appellant Exhibit A: Appeal to State Agency. Appellant Exhibit B: MNsure Renewal Verification Request. MNsure Exhibit 1: Appeal Summary (incl. health care notices). DHS Exhibit 1: State Agency Appeals Summary.

<sup>2</sup> Appellant had some difficulty recalling when his current sources of income began, but was confident that he did not have both sources of income at the time of his December 2014 application. This is consistent with his approval for Medical Assistance at that time.

continued to be covered through Medical Assistance until November 30, 2015. *Testimony of Appellant; Testimony of MNSure.*

4. ***Medical Assistance Renewal.***

a. There is a dispute about when paperwork for Appellant's annual Medical Assistance renewal was sent to him. Appellant claims that shortly after November 13, 2015, he received a MNSure Renewal Verification Request, requiring him to update his income and related information to determine whether he continued to be eligible for Medical Assistance coverage. Appellant kept and provided a copy of that request, which was dated November 13, 2015, from ██████████ County Human Services. The request included the following notices regarding the timing within which to return the request:

Redetermination date: 12/1/2015

Send the checked information or proofs by 11/23/2015.

What will happen if I do not send the information? You may not get coverage or coverage may end if we do not get the information by the date listed above.

Appellant claims to have returned the completed document on November 18, 2015, two or three days after receiving it. *Testimony of Appellant; Appellant Exhibit B.*

b. DHS did not participate in the evidentiary hearing. In addition, DHS did not address the timing of the renewal request nor when it was received by the county in its written submission. MNSure's submission does not include the November 13, 2015, renewal form, but does include a cover letter that appears to have been sent along with the renewal form. The cover letter is dated October 7, 2015, and instructs Appellant to "complete and sign the Renewal Form included with this notice." MNSure did not have a similar cover letter with a November date, however. Since MNSure did not have in its records the renewal form itself, but rather only the cover letter dated October 7, 2015, MNSure concluded that the renewal request must have been sent on or near October 7, 2015. Appellant has no recollection of receiving such a request in October 2015. *DHS Exhibit 1; MNSure Exhibit 1; Testimony of MNSure; Testimony of Appellant.*

c. For the reasons that follow, I find that the preponderant evidence in this case supports a finding that Appellant first received the renewal request shortly after November 13, 2015, and did not receive such a request in October 2015. While the cover letter offered by MNSure was dated in October, it appears to reference the renewal paperwork that Appellant credibly testified to having received in November, and which is dated November 13, 2015. If we infer that the dates on both documents were the dates the documents were generated, but also that the documents were mailed together, it follows that the documents must have been mailed on the latter of the two dates. Of course, it is possible that the renewal request dated November 13, 2015, was a second notice, and that the first was sent on or near October 7, 2015. However, MNSure could not find a second cover letter for November, which suggests that the October cover letter's reference to "the Renewal Form included with this notice" is a reference to the renewal form that was dated November 13, 2015. In addition, Appellant took care to quickly complete the November

request when he received it and testified credibly that he did not receive a prior notice. Finally, the November notice includes no reference to a prior notice.

d. In short, while it is possible that Appellant received a notice in October, the weight of the evidence supports a conclusion that he did not and that the only request for renewal was sent in November. As such, and in the absence of any information from DHS to contrary, the most likely inference is that the October 7, 2015, date on the cover letter was generated because it is slightly more than 45 days before the November 23, 2015, due date of the renewal paperwork. Sending the forms by this date would presumably allow ample time for the Appellant to gather the renewal information and for the county to process the renewal with no gap in coverage. However, it appears that there was a delay in actually sending the renewal paperwork, and that it was finally sent on November 13, 2015.

5. ***Medical Assistance Termination and QHP Coverage.***

a. On or around November 18, 2015, or November 19, 2015, Appellant received a Health Care Closing Notice from ██████████ County, which was dated November 16, 2015. Appellant did not act on this notice and assumed it would not result in the closure of his Medical Assistance. Appellant's reason for this was that he assumed his renewal paperwork had not been received by the time the closing notice had been sent – essentially, that they crossed in the mail. This assumption is unfortunate, but was reasonable under the circumstances. As noted above, the renewal paperwork was dated November 13, 2015, and explicitly gave Appellant until November 23, 2015, to send the required information. That paperwork warned Appellant that his coverage may end, but only if it was not sent back by November 23, 2015. The closing notice was dated November 16, 2015, and indicated that Medical Assistance would close after November 30, 2015, because renewal paperwork had not been received. At the time Appellant received this notice, he had sent the renewal paperwork and had done five days prior to the date it needed to be sent by. As such, Appellant reasonably assumed the closing notice would be superseded by his compliance with the renewal paperwork and its due date. *MNsure Exhibit 1; Appellant Exhibit A; Testimony of Appellant.*

b. Before filing an appeal, Appellant received a letter from MNsure Operations dated December 3, 2015. The letter informed Appellant that he had been determined ineligible for Medical Assistance, but that he was approved to purchase a QHP with part of the monthly premium paid through an Advance Premium Tax Credit (“APTC”). The effective date of the QHP would be January 1, 2016, assuming Appellant selected a plan in a timely manner. By the date of the appeal hearing, Appellant had selected a plan anticipated to start January 1, 2016. *Testimony of MNsure; MNsure Exhibit 1; Testimony of Appellant.*

6. ***Appellant's Position.*** Appellant believes that he should not have a gap in coverage, because he responded to the renewal form in a timely manner, and prior to the deadline imposed on the renewal form. Due to his lack of coverage for December 2015, Appellant was forced to postpone cancer surgery that had been scheduled for December 17, 2015. *Testimony of Appellant.*

## CONCLUSIONS OF LAW

### 1. **Jurisdiction.**

a. **MNsure Determinations.** The MNsure Board of Directors (“MNsure Board”) has the legal authority to hear and decide appeals of MNsure determinations regarding eligibility for Qualified Health Plans and Advance Premium Tax Credits, as well as other MNsure determinations. *Minn. Stat. § 62V.05, subd. 6(a); Minn. R. § 7700.0105, subp. 1(A)*. The MNsure Board also has the authority to enter into agreements with state agencies to conduct appeal hearings, and currently has such an agreement with the Department of Human Services. *Minn. Stat. § 62V.05, subd. 6(b)*. For an appeal request to be considered, it must be received by MNsure within 90 days from the date of the notice of eligibility determination that is being appealed. *45 C.F.R. § 155.520(b)(1); Minn. R. § 7700.0105, subp. 2(D)*.

b. **Medical Assistance Determinations.** The Commissioner of the Minnesota Department of Human Services has jurisdiction over appeals involving Medical Assistance. An applicant for or recipient of Medical Assistance may appeal an agency action within 30 days after receiving written notice of the action, or within 90 days if the applicant shows good cause for not requesting a hearing within 30 days. *Minn. Stat. § 256.045, subd. 3; Minn. R. § 9506.0070, subp. 2*.

c. **Conclusion.** In this case, Appellant’s appeal request addresses both the termination of his Medical Assistance coverage and the start date of his QHP. As such, both MNsure and DHS are involved in this appeal. The appeal request was received fewer than 30 days after Appellant was determined ineligible for Medical Assistance and eligible for a QHP with a January 1, 2016, start date. As such, the appeal is timely, and the MNsure Board and the Commissioner of DHS have jurisdiction over the appeal.

2. **Income Eligibility.** Appellant’s December 3, 2015, Health Care Notice includes determinations for Medical Assistance, MinnesotaCare, and Advance Premium Tax Credits, known collectively as insurance affordability programs. Each of the insurance affordability programs have unique income requirements for eligibility, as addressed below.

a. **Definition of Income.** The Modified Adjusted Gross Income (“MAGI”) standard is used to determine eligibility for most recipients of Medical Assistance, including Appellant, as well as for recipients of Advance Premium Tax Credits. *Minn. Stat. § 256B.056, subd. 1a(b)(1); 26 C.F.R. § 1.36B-1(e)*. The starting point for determining a household’s MAGI is the household’s gross income minus certain pretax deductions, such as retirement savings. *26 U.S.C. § 62(a)*. Gross income is then reduced by certain additional deductions, if applicable, which are found in the “Adjusted Gross Income” section of Internal Revenue Service Form 1040. *Id.* The adjusted gross income is then increased by certain nontaxable income, if applicable, which include the nontaxable amount of social security benefits, as well as nontaxable interest and foreign income. *26 C.F.R. § 1.36B-1(e)(2)*.

b. ***Income Eligibility for Medical Assistance.*** Eligibility for Medical Assistance considers the annualized current monthly income of the household, and provides an income limit of 133 percent of the Federal Poverty Guidelines<sup>3</sup> (“FPG”) for non-pregnant adults who qualify under the MAGI income standard. *Minn. Stat. § 256B.056, subd. 4(c)*. In addition, an amount of the household income equal to five percent of the Federal Poverty Guidelines is disregarded, effectively increasing the income limit to 138 percent of the FPG. *Minn. Stat. § 256B.056, subd. 1a(b)(2)*. At the time Appellant was determined no longer eligible for Medical Assistance, 138 percent of the FPG for a household of one was \$16,243.

c. ***Income Eligibility for MinnesotaCare.*** Eligibility for MinnesotaCare considers the anticipated annual income of the household, and provides an income limit of 200 percent of the previous year’s FPG. *Minn. Stat. § 256L.04, subd. 7*. In 2014, 200 percent of the FPG for a household of one was \$23,340.

d. ***Income Eligibility for Advance Premium Tax Credits.*** Eligibility for APTC considers the anticipated annual income of the household, and provides an income limit of 400 percent of the previous year’s FPG. *26 C.F.R. §§ 1.36B-2(b)(1), 1.36B-1(h)*. In 2015, 400 percent of the FPG for a household of one was \$47,080. Importantly, not all households with income at or below 400 percent of the FPG qualify for APTC. Eligibility also depends on the cost of the “benchmark plan” for each household member, given their age and location. However, there is no dispute in this case that Appellant qualifies for an APTC in 2016.

e. ***Conclusion.*** When DHS redetermined Appellant’s eligibility for Medical Assistance, it used annualized monthly income reported by Appellant of \$26,350, which exceeds the non-pregnant adult limit of \$16,243. As such, DHS properly determined that Appellant was no longer eligible for Medical Assistance. DHS also properly determined Appellant was ineligible for MinnesotaCare, as his expected annual income exceeded \$23,340 (200 percent of the FPG), as well. Finally, MNsure properly determined that Appellant was eligible for APTC as his expected annual income was below 400 percent of the FPG, and it is undisputed that he met other eligibility requirements.

3. ***Other Eligibility Considerations.*** Each of the insurance affordability programs referenced above have additional requirements for eligibility. However, those are not addressed in this decision for two reasons. First, DHS does not dispute that Appellant meets eligibility requirements other than those related to income for Medical Assistance. In addition, those additional eligibility requirements are not relevant since income ineligibility is itself a sufficient reason to deny coverage through Medical Assistance. Second, MNsure acknowledges that Appellant meets all requirements for APTC and has offered Appellant APTC for the 2016 plan year. Further, the amount of the APTC is not in dispute.

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<sup>3</sup> The Federal Poverty Guidelines are published each year by the U.S. Department of Health and Human Services. The 2015 Federal Poverty Guidelines can be found at <http://aspe.hhs.gov/2015-poverty-guidelines>.

4. ***Enrolling in a QHP.***

a. MNSure may only permit a qualified individual to enroll in a QHP during the annual open enrollment period, or through a special enrollment period for which the qualified individual has been determined eligible.<sup>4</sup> *45 C.F.R. § 155.410(a)(2)*. For the 2016 plan year, the open enrollment period began on November 1, 2015, and will end on January 31, 2016. *45 C.F.R. § 155.410(e)*. An applicant may qualify for a special enrollment period any time of year, including during open enrollment.

b. In this case, Appellant's need to enroll in a QHP took place during the annual open enrollment period. For the current open enrollment period, coverage selected by December 28, 2015,<sup>5</sup> would have a January 1, 2016, start date. Coverage selected between December 29, 2015 and January 15, 2016, would have a February 1, 2016, start date. However, as explained below, Appellant was also eligible for two special enrollment periods, which have start dates that are different than those used for applicants selecting coverage pursuant to open enrollment. As noted above, special enrollment periods can apply during open enrollment, allowing their start dates to supersede the standard open enrollment rules. As such, Appellant's appropriate QHP coverage start date must be analyzed considering the applicable special enrollment periods.

5. ***Special Enrollment Periods.***

a. MNSure must allow a qualified individual to enroll in a QHP if one of a number of special enrollment periods apply. *45 C.F.R. § 155.420(a)(1)*. Among other circumstances, special enrollment periods are available to those who:

- 1) lost minimum essential coverage, such as Medical Assistance; or
- 2) were not enrolled in a QHP due to an error, misrepresentation, or inaction of an officer, employee, or agent of MNSure.

*45 C.F.R. §§ 155.420(d)*.

b. In this case, two special enrollment periods apply to Appellant. First, Appellant lost minimum essential coverage when his Medical Assistance coverage ended on November 30, 2015. Second, and as explained below, Appellant was not enrolled in a QHP for December 2015 due to an error, misrepresentation or inaction of an agent of MNSure. To conclude that the second special enrollment period applies, three separate conclusions must be reached, as described below.

c. First, I conclude that Appellant was not enrolled in a QHP for December 2015. Although that fact is unchallenged, Appellant was offered and completed enrollment for January 2016. However, this appeal is about Appellant's opportunity to enroll in coverage for December 2015, which Appellant was denied. The

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<sup>4</sup> Enrollment in Medical Assistance and MinnesotaCare is year-round, and not subject to open enrollment or special enrollment periods.

<sup>5</sup> The standard rule for open enrollment requires plan selection by December 15 to allow for January 1 coverage. However, the MNSure Board extended the due date for January 1, 2016, coverage to December 28, 2015.

fact that Appellant was eventually enrolled in a QHP does not change that he was not able to do so for a period of time.

d. Second, I conclude that Appellant's non-enrollment for December 2015 was due to an error, misrepresentation or inaction. In particular, the preponderant evidence supports a conclusion that the county first provided Appellant health care renewal information on November 13, 2015, and that the county had intended to provide this information sooner – on or around October 7, 2015.

Further, the notice informed Appellant that his “coverage may end if we do not get the information by the date listed above,” which was November 23, 2015. That at least implicitly created a promise to Appellant that his redetermination would be completed before he lost coverage, as long as he met the deadline imposed by the Agency. Appellant returned that paperwork on November 18, 2015,<sup>6</sup> within a few days of receiving it. If Appellant's redetermination had been done before his coverage ended, he would have had the opportunity to enroll in a QHP that began December 1, 2015.<sup>7</sup> In short, denying Appellant enough time to complete the renewal paperwork was an error, and that error resulted in Appellant's non-enrollment in coverage for the month of December 2015.

e. Finally, I conclude the error that led to Appellant's non-enrollment in a QHP for December 2015 was an error of an agent of MNsure – namely, DHS and the county that processed the renewal on its behalf. The special enrollment period regulations do not specifically define the term agent, so I consider its common usage. Definitions of agent include someone who does business for another, acts on behalf of another, or represents another.<sup>8</sup> When it comes to the health insurance renewal process, there is a close interconnection between MNsure, DHS and the counties, and the same is true for other aspects of MNsure and the insurance affordability programs. Regarding renewal, MNsure explained that the county uses the MNsure system to send renewal notices, and renewal information sent back to the county is entered into the MNsure system by county staff. As happened in this case, that information is then made available to MNsure, and MNsure acts on that information if it finds a consumer eligible for a QHP and/or APTC. In other words, MNsure acquires that QHP and APTC eligibility information based on the county's input of the renewal data. Because MNsure is ultimately impacted and arguably benefits from this process carried out by the county, it is reasonable to conclude that the county is acting in part on MNsure's behalf.

It may be argued that an agency relationship is negated by the fact that DHS and the counties are ultimately responsible to administer enrollments in Medical Assistance and MinnesotaCare, while MNsure is ultimately responsible to administer QHP enrollments (with or without APTC). While that distinction exists, overstating the dichotomy ignores the reality of the interconnectedness of the insurance affordability programs and their administration. In addition to the renewal example above, it is important to note that it is

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<sup>6</sup> Following the evidentiary hearing, which DHS did not participate in, two formal requests were sent to DHS to provide the receipt date of Appellant's renewal paperwork. These requests were not responded to.

<sup>7</sup> See Conclusion of Law 7 below for coverage start dates based when a special enrollment period is based on loss of coverage.

<sup>8</sup> See Merriam-Webster Dictionary at <http://www.merriam-webster.com/dictionary/agent> and Cambridge Dictionary at <http://dictionary.cambridge.org/us/dictionary/english/agent>.

common for single households to have some members eligible for Medical Assistance and others eligible for QHPs, which furthers the need for close coordination of activities between the agencies, and for each to work on behalf of the other at times.

In addition, rules governing MNsure and Medical Assistance contemplate this coordination. For example, federal law requires that MNsure offer one streamlined application regardless of whether eligibility is ultimately for a QHP or for Medical Assistance. *See 45 C.F.R. § 155.405*. As another example, MNsure cannot determine someone eligible for a QHP if that person is eligible for MinnesotaCare. *See, Minn. Stat. § 156L.04, subd. 1c*. Similarly, the Commissioner of DHS is required to coordinate with MNsure to ensure that MinnesotaCare enrollees can stay with their MinnesotaCare health plan and provider network, if possible, if they later become eligible for medical assistance or coverage through MNsure. *See, Minn. Stat. § 256L.121, subd. 3(4)*.

In conclusion, there is necessarily a mutual agency relationship between DHS and MNsure when it comes to the renewal process and other MNsure functions. As happened here, activities of DHS and the counties result in consumers being shifted from programs administered by DHS to those of MNsure. In this case, without the county's actions with respect to the renewal process, Appellant would not have come to MNsure's attention as a possible QHP enrollee. As such, I conclude that the county was acting in part as an agent of MNsure when the error in the renewal process occurred.

6. ***Length of Special Enrollment Period.*** Having established that two special enrollment periods should apply to Appellant, we must determine the length of the special enrollment period. Generally, individuals getting coverage through a special enrollment period have 60 days from the date of the event that triggered the special enrollment period to select a QHP. *45 C.F.R. § 155.420(c)(1)*. For those whose special enrollment period is based on the loss of minimum essential coverage, they also have 60 days before the loss of coverage to select a plan if they are able to anticipate the loss of coverage. *45 C.F.R. § 155.420(c)(2)(i)*. For those whose special enrollment period is based on an error on the part of a MNsure agent, MNsure may define the length of the special enrollment period as appropriate based on the circumstances, although the length may not exceed 60 days. *45 C.F.R. § 155.420(c)(3)*. Although two special enrollment periods apply in this case, most of the period that would be based on loss of coverage has already lapsed. As such, I conclude that have a 60 day open enrollment period that begins on the date of this decision.

7. ***Coverage Start Date.***

a. For individuals who qualify for a special enrollment period due to a loss of minimum essential coverage, their QHP coverage must begin on one of two dates. If the individual selects a plan before the coverage he is losing ends, the new QHP coverage must begin on the first of the month following the loss of previous coverage. On the other hand, if the individual selects a plan after the previous coverage ends, the new coverage must take effect on the first of the month immediately following plan selection. *45 C.F.R. §§ 155.420(b)(2)(iv)*. For individuals who qualify for a special enrollment period due to an error on the part of a MNsure agent, their QHP coverage must begin on

an appropriate date based on the circumstances of the special enrollment period. 45  
C.F.R. §§ 155.420(b)(2)(iii).

b. In this case, Appellant was provided an opportunity to enroll in a QHP shortly after December 3, 2015, which was after the November 30, 2015, end date of his Medical Assistance coverage. As such, the coverage start date rules for loss of coverage do not provide an appropriate remedy, since Appellant was denied the opportunity to avoid a coverage gap by completing plan selection before his loss of previous coverage.

c. On the other hand, Appellant qualifies for a special enrollment period based on an error of a MNsure agent. That special enrollment period provides for a start date appropriate to the circumstances. As noted above, but for the error of a MNsure agent, Appellant would have had coverage for the month of December 2015. As such, the start date that is appropriate to the circumstances of this special enrollment period is December 1, 2015.

#### 8. *Summary.*

a. The preponderant evidence submitted in this case supports Appellant's position that he timely complied with the renewal paperwork, yet was not afforded an opportunity to enroll in a Qualified Health Plan that would have provided seamless coverage, due to an error on the part of an agent of MNsure. As such, a special enrollment period should be provided that will allow Appellant to avoid a gap in coverage, by providing a December 1, 2015, coverage start date.

b. It should also be noted that evidence presented in this case suggests that Appellant may have avoided seeking care throughout December 2015, given the uncertainty of his coverage. As such, Appellant is under no obligation to select coverage pursuant to the new special enrollment period for the month of December 2015.

### RECOMMENDED ORDER

#### THE APPEALS EXAMINER RECOMMENDS THAT:

- The Commissioner of Human Services AFFIRM the determination of DHS that Appellant is ineligible for Medical Assistance after November 30, 2015; and
- The MNsure Board REVERSE the determination that Appellant was ineligible to enroll in coverage for the month of December 2015; and instead ORDER the MNsure Agency to permit Appellant to enroll in a QHP during a 60-day special enrollment period beginning the date of this Decision, providing Appellant retroactive coverage beginning December 1, 2015, if Appellant elects to act on the special enrollment period, by contacting the MNsure appeals office at [mnsure.mnsureappealsindexing@state.mn.us](mailto:mnsure.mnsureappealsindexing@state.mn.us).

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John Freeman  
Appeals Examiner

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Date

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 COMMISSIONER OF HUMAN SERVICES as to any effect the decision has on Appellants' eligibility for Medical Assistance and/or MinnesotaCare benefits.

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

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Date

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cc: [REDACTED], Appellant  
MNsure General Counsel  
Teresa Saybe, DHS – 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 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](http://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).