Minnesota Department of **Human Services**

DECISION OF

STATE AGENCY

ON APPEAL

In the Appeal of: [redacted]

For: MinnesotaCare

Agency: Minnesota Department of Human Services

Docket: 170368

On January 14, 2016, Human Services Judge James A. Watchke-Koranne held an evidentiary hearing under Minn. Stat. § 256.045, subd. 3.

The following people appeared at the hearing:

[redacted], Appellant

The Human Services Judge, based on the evidence in the record and considering the arguments of the parties, recommends the following findings of fact, conclusions of law, and order.

STATEMENT OF ISSUES

The issue raised in this appeal is:

> Whether the Minnesota Department of Human Services correctly determined to terminate the Appellant's MinnesotaCare coverage effective January 1, 2016.

FINDINGS OF FACT

1. By MinnesotaCare Cancellation Notice dated December 12, 2015, the Minnesota Department of Human Services (herein Agency) notified the Appellant of its determination to terminate MinnesotaCare coverage for the Appellant effective January 1, 2016. *Exhibit 2.* The Appellant filed a request challenging the termination, which the appeals office received on December 17, 2015. *Exhibit 1.* Human Services Judge Watchke-Koranne held an evidentiary hearing via telephone conference on January 14, 2016. The judge accepted into evidence two exhibits and the record was closed at the conclusion of the hearing.

2. The Appellant had been in receipt of MinnesotaCare coverage. *Testimony of Appellant.*

3. The Appellant is employed. The Appellant attested to a projected modified adjusted gross income (MAGI) of $33,624. *Exhibit 2.*

4. Appellant's household consists of Appellant, three children, and [redacted] an adult. *Exhibit 2 and Testimony of Appellant.* Appellant further attested on his renewal form that he is a single individual with one dependent, seeking coverage for himself only. *Id.*

5. The Agency determined on December 12, 2015 that the Appellant was ineligible for MinnesotaCare coverage effective January 1, 2016 because the household income is above MinnesotaCare income guidelines. *Exhibit 2.*

6. The Appellant indicated that he previously had MinnesotaCare coverage and has had no changes in his income. *Appellant's testimony.*

CONCLUSIONS OF LAW

1. A person may request a state fair hearing by filing an appeal either: 1) within thirty days of receiving written notice of the action; or 2) within ninety days of such notice if the appellant can show good cause why the request for an appeal was not submitted within the thirty day time limit. *Minn. Stat. 256.045, subd. 3., Minn. Stat.*

256L.10 and Minn. Rules 9506.0070. In this case, the record establishes that the Appellant requested a hearing within 30 days of receipt of the cancellation notice. Therefore, this appeal is timely.

2. The Commissioner of Human Services has jurisdiction over this appeal under Minn. Stat. § 256.045, subd. 3.

3. 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 2015, 200 percent of the FPG for a household of two was $31,860.

4. Because the Appellant's income of $33,624 is above 200% of the federal poverty level, the Department of Human Services correctly determined the appellant was not eligible for MinnesotaCare.

RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services affirm the Agency's determination to terminate the Appellant's MinnesotaCare coverage effective January 1, 2016.

_____ _____

James A. Watchke-Koranne Date
Human Services Judge

ORDER OF THE COMMISSIONER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the Commissioner of Human Services adopts the Human Services Judge's recommendation as her final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES:

_____ _____

Date

cc: [redacted], Appellant
Teressa 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.
- **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).