DECISION
OF AGENCY
ON APPEAL

In the Appeal of: [redacted]

For: MNsure – Advance Premium Tax Credits
Minnesota Health Care Programs

Agency: MNsure
Minnesota Department of Human Services

Docket: 170665

On January 27, 2016, 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
Gretchen Fitzgerald, 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 coverage under the Minnesota Health Care Programs for Appellant's household, because the household's income exceeded program limits.
>
> Whether MNsure properly determined that Appellant's household qualified for $313.53 per month in Advance Premium Tax Credits, based on the reported household size and expected annual income for 2016.

FINDINGS OF FACT

1. ***Procedural History.***

a. On December 4, 2015, the Minnesota Department of Human Services ("DHS") sent [redacted] ("Appellant") a Health Care Notice of Action, informing Appellant that his household no longer qualified for the Minnesota Health Care Programs. In response, Appellant filed an appeal request that was received by the Appeals Office on December 28, 2015. *MNsure Exhibit 2; Appellant Exhibit A.*

b. On January 27, 2016, Human Services Judge John Freeman held an evidentiary hearing by telephone conference. The Judge accepted into the record one exhibit from Appellant, two exhibits from DHS, and three exhibits from MNsure. The Judge left the record open to receive additional documents from Appellant and optional responses from DHS and MNsure. On February 12, 2016, the record was closed consisting of the testimony of the parties and nine exhibits.[1]

2. ***Appellant's Household.***

a. Appellant lives with his wife, [redacted] and three of their children, including a 17-year-old daughter and twin 13-year-old sons. All three children will be claimed as tax dependents for the 2016 tax year. *Testimony of Appellant; DHS Exhibit 1.*

b. Appellant's other son, [redacted] is 21 years old and lived apart from Appellant at the time of the evidentiary hearing. However, Appellant expects [redacted] to move back into the home in the coming weeks, and expects to claim him as a tax dependent for the 2016 tax year. This change in circumstances was reported to MNsure on January 26, 2016, and was being processed by MNsure at the time the hearing took

[1] Appellant Exhibit A: Appeal Request Form. Appellant Exhibit B: Income and tax documents. DHS Exhibit 1: Appeals Summary and Memorandum. DHS Exhibit 2: Addendum to Appeals Summary. DHS Exhibit 3: Proof that Minnesota Health Care Programs coverage remains in effect pending outcome of appeal. MNsure Exhibit 1: Appeals Memorandum and attachments. MNsure Exhibit 2: Health Care Notice of Action dated December 4, 2015. MNsure Exhibit 3: Health Care Notice of Action dated January 25, 2015. MNsure Exhibit 4: Addendum to Appeals Memorandum.

place. On February 3, 2016, Appellant confirmed by letter that [redacted] would be moving into the home "in the next week or so". According to Appellant, [redacted] is not currently a full-time student, and Appellant is not certain whether he will be a full-time student at any point in 2016. *Testimony of Appellant; Appellant Exhibit B.*

3. ***Household Income.***

a. The household's current income is comprised of three sources – self-employment income for Ms. [redacted] wage income for Ms. [redacted] and pension income for Appellant. In addition, [redacted] receives wage income. *MNsure Exhibit 1; Testimony of Appellant.*

b. Ms. [redacted] has worked as a self-employed nurse since 2013. In 2014,[2] Ms. [redacted] had $30,560 in self-employment income, and $692 in self-employment expenses, resulting in net self-employment income of $29,868. Appellant expects Ms. [redacted] self-employment income to stay about the same in 2016. *Appellant Exhibit B; Testimony of Appellant.*

c. Ms. [redacted] worked for [redacted] throughout 2015 and continues to do so. In 2015, Ms. [redacted] earned $31,403.61 before taxes, and Appellant expects her to earn about the same in 2016. *Appellant Exhibit B; Testimony of Appellant.*

d. In 2015, Appellant received $30,646.20 in gross pension income through the [redacted]. For 2016, Appellant expects that to increase one percent to $30,952.66. *Appellant Exhibit B; Testimony of Appellant.*

e. [redacted] receives $12 per hour from his employment with [redacted] as a "call-in employee". [redacted] works eight hours per week, earning gross pay of $96.69 per week. Appellant expects that [redacted] pay to stay the same for the foreseeable future. As such, [redacted] projected 2016 wage income is $5,027.88. *Appellant Exhibit B; Testimony of Appellant.*

f. Taking all of the above sources of income, the projected 2016 annual income for the household is $97,252.15. Excluding [redacted] wages from the total household income, the projected 2016 annual income is $92,224.27.

4. ***Health Insurance Needs and Coverage.***

a. In addition to the medical needs of other household members, Appellant has a litany of serious medical conditions, sees many doctors, and takes 15 medications each day. Because of this, Appellant is deeply concerned about the affordability of coverage available to him. Additionally, Appellant's household has numerous and very significant monthly expenses beyond health insurance. *Testimony of Appellant.*

b. No member of Appellant's household has employer-sponsored health insurance available to her or him. *Testimony of Appellant.*

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[2] At the time of the hearing, 2015 taxes have not been filed, so the 2014 IRS Schedule C is the most recent accounting of self-employment income and expenses.

c. Appellant's household previously received health insurance coverage through the Minnesota Health Care Programs, [3] and continue to do so pending the outcome of this appeal. However, in light of updated income information provided during an annual renewal on December 4, 2015, the household was determined to no longer be eligible for the Minnesota Health Care Programs. Instead, the agencies determined that Appellant's household was eligible to purchase a Qualified Health Plan ("QHP") through the MNsure exchange, and would receive Advance Premium Tax Credits to offset the monthly premiums. *MNsure Exhibit 1; MNsure Exhibit 2; DHS Exhibit 1; Testimony of MNsure.*

d. To date, Appellant has not purchased a QHP through MNsure, as the household's coverage through the Minnesota Health Care Programs continues pending appeal. In addition, Appellant contests the affordability of the plans available to the household. *Testimony of Appellant; MNsure Exhibit 4.*

5. ***Advance Premium Tax Credits.***

a. On December 23, 2015, Appellant reported to DHS projected annual income for the household of $83,624, and requested that [redacted] was removed from the household since he was living apart from Appellant. DHS processed these changes on January 25, 2016, and MNsure subsequently determined that Appellant, Ms. [redacted] and their three minor children would qualify for $313.53 per month in Advance Premium Tax Credits ("APTC") if they chose to select a plan from the MNsure marketplace. This determination was based on the household's affordability percentage of 9.5%, affordability dollar amount of $662.02 per month, and benchmark plan premium of $975.55 per month. *Testimony of MNsure; MNsure Exhibit 1.*

b. On January 26, 2016, the day before the hearing, Appellant reported that he would claim [redacted] as a tax dependent after all, given that [redacted] would be moving into the home. As of the date of the hearing, MNsure had not yet processed that change. *Testimony of MNsure; MNsure Exhibit 1.*

c. On January 27, 2016, the day of the hearing, DHS updated the household's projected income to be $114,717. However, this was based on an error by DHS, in which it attributed the same income to Appellant's pension as it did to Ms. [redacted] wages. *DHS Exhibit 2; MNsure Exhibit 4.*

d. On February 4, 2016, MNsure processed Appellant's request to add [redacted] back into the home as a tax dependent. MNsure also added [redacted] income, increasing the total household income to $120,861. This reduced the APTC amount to $182.76 per month. However, the projected annual income of $120,861 was based on the same error referenced above. *MNsure Exhibit 4.*

6. ***Appellant's Position.*** Appellant does not explicitly contest the calculations used to determine the family's eligibility for Minnesota Health Care Programs or the

[3] Strangely, MNsure Exhibit 1 indicates that all household members previously received coverage through MinnesotaCare. Much more likely is that the three minor children were covered by Medical Assistance and the adults were covered by MinnesotaCare.

amount of APTC they are entitled to. Instead, Appellant contests the affordability of coverage available to his family, even with the APTC discounts, particularly given Appellant's health needs and the household's considerable expenses. *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 DHS. *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 the eligibility determination that is being appealed. *45 C.F.R. § 155.520(b)(1); Minn. R. § 7700.0105, subp. 2(D).*

b. ***Minnesota Health Care Programs Determinations.*** The Commissioner of the Minnesota Department of Human Services has jurisdiction over appeals involving Medical Assistance and MinnesotaCare (known collectively as the "Minnesota Health Care Programs"). An applicant for or recipient of Minnesota Health Care Programs 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. §§ 9505.0130, subp. 2 and 9506.0070, subp. 2.*

c. ***Analysis.*** In this case, Appellant's appeal request addresses both the termination of his family's Minnesota Health Care Programs coverage and the QHP affordability programs. As such, both MNsure and DHS are involved in this appeal. The appeal request was received fewer than 30 days after DHS's determination that Appellant's household no longer qualified for Minnesota Health Care Programs coverage. In addition, the request was received fewer than 90 days after MNsure's APTC determination. As such, the appeal is timely, and the MNsure Board and the Commissioner of DHS have jurisdiction over its subject matter.

2. ***Household Composition.***

a. ***General Rules.*** Appellant's December 4, 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 slightly different rules for determining who is considered part of an eligibility household. However, for most households, the household composition rules are based on the rules that apply for the Advance Premium Tax Credit program. Under those rules, an eligibility household is made up of a tax filer,

the tax filer's spouse, and all tax dependents the taxpayer expects to claim for the benefit year. *See, 26 C.F.R. § 1.36B-1(d); Insurance Affordability Programs Manual § 400.10.15.*[4]

b. ***Claiming Tax Dependents.*** Tax dependents are either qualifying children or qualifying relatives. *26 U.S.C. § 152(a).* For each category, numerous requirements exist in order for someone to be claimed as a dependent under Internal Revenue Service rules. Among other requirements to claim someone as a qualifying child, the proposed dependent must either be under age 19 or a full-time student under age 24. *26 U.S.C. § 152(c)(3).* The age requirement does not apply to those with a permanent disability. *Id.* Among other requirements to claim someone as a qualifying relative, the proposed dependent's expected gross income must be less than the personal exemption amount (of $4,050 for 2016). *26 U.S.C. § 152(d)(1)(B).*

c. ***Responsibility for Advance Credit Payments.*** A taxpayer must reconcile all advance credit payments for coverage of any member of his/her family. If advance credit payments are made for coverage of an individual who is not claimed as a dependent, the taxpayer who attested to MNsure the intention to claim that individual as a dependent must reconcile the advance credit payments. *26 C.F.R. § 1.36B-4.*

d. ***Analysis.*** In this case, although Appellant intends to claim [redacted] as a tax dependent, it is not clear that he is able to do so under IRS rules. [redacted] is over age 19 and not a full-time student, and is projected to earn more than $4,050 in 2016. However, because household size for determining advance payment of tax credits is based on <u>expected</u> tax-filing status, and because MNsure has accepted [redacted] inclusion in the household, the analysis below assumes he will indeed be a household member. If that changes, there are steps the family can take to address the change. First, Appellant can contact MNsure to alter his household size based on changed circumstances. Second, as noted in (c) above, the changes can be addressed through the APTC reconciliation process, whereby the final tax credit amount is determined based on actual 2016 income and actual 2016 tax-filing status.

3. ***Income Eligibility.*** 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 those in Appellant's household, as well as for all recipients of MinnesotaCare and Advance Premium Tax Credits. *Minn. Stat. § 256B.056, subd. 1a(b)(1); Minn. Stat. § 256L.01, subd. 5; 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

[4] The DHS Insurance Affordability Programs Manual provides a general understanding of new eligibility policy for Medical Assistance for families with children and adults, MinnesotaCare, and APTC. It can be found online at www.mn.gov/dhs by clicking "General Public", then "Publications, forms and resources", then "Manuals", then "Insurance Affordability Programs Manual (IAPM)".

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).*

It is not necessarily the case that the income of each household member is considered when determining the household's MAGI. Instead, household income is arrived at by adding the MAGI of the taxpayer(s) to the aggregate MAGI of all others who are part of the taxpayer's APTC household and are expected to be required to file a tax return. *26 U.S.C. § 36B(d)(2)(A).* For the 2015 tax year, single dependents with no unearned income were required to file a tax return if their earned income exceeded $6,300. *IRS Pub. 501 [Exemptions, Standard Deduction, and Filing Information]*. Although that amount changes each year, historically the change has been a small increase.

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[5] ("FPG") for non-pregnant adults who qualify under the MAGI income standard. *Minn. Stat. § 256B.056, subd. 4(c).* For children under 19 years old, that income limit is raised to 275 percent of the FPG. *Minn. Stat. § 256B.056, subd. 4(e).* In addition, an amount of the household income equal to five percent of the Federal Poverty Guidelines is disregarded, effectively increasing the income limits to 138 percent and 280 percent of the FPG, respectively. *Minn. Stat. § 256B.056, subd. 1a(b)(2).* For a household of six, 138 percent of the 2015 FPG[6] is $44,947 and 280 percent of the FPG is $91,196.

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 2015, 200 percent of the FPG for a household of six was $65,140.

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 six was $130,280. 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. *26 U.S.C. § 36B(b)(2).* However, there is no dispute in this case that Appellant qualifies for an APTC in 2016, although the amount needs to be reviewed.

e. ***Income Eligibility for Cost-Sharing Reductions.*** Households with income that does not exceed 250 percent of the previous year's FPG are eligible for cost-sharing reductions if they select a Silver Plan. The cost-sharing reduction for those with income greater than 200 percent of the FPG, but not more than 250 percent of the FPG, increases the actuarial value of a Silver Plan from 70 percent to 73 percent. This means

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[5] 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.

[6] The Medical Assistance program uses 2015 FPG levels from July 1, 2015, through June 30, 2016. *Minn. Stat. § 256B.056, subd. 1c(a).*

that the plan's actuarial value increases by decreasing the average out-of-pocket costs paid by the insured by three percent. *45 C.F.R. § 155.305(g).* In 2015, 250 percent of the FPG for a household of six was $81,425.

f. ***Analysis.*** In December 2015, when DHS redetermined the household's eligibility for MinnesotaCare and Medical Assistance, it used income and household size reported by Appellant at that time. Since then, Appellant has updated his income estimates, as well as a household size change. As such, eligibility should be reassessed based on the information detailed in the Findings of Fact above. The projected annual income of Appellant's household is $92,224.27, which correlates to 283.16 percent of the FPG for a household of six. This does not include [redacted] income because his expected income is less than an amount that would require him to file taxes as a tax dependent. The FPG amount does, however, include [redacted] as a household member, because the family expects to claim him as a tax dependent.

Given the household's projected income of 283.16 percent of the FPG for a household of six, DHS correctly determined that none of the household members are eligible for Medical Assistance or MinnesotaCare. Further, MNsure correctly determined that Appellant's household is eligible to purchase a QHP with Advance Premium Tax Credits, although not with Cost-Sharing Reductions. The APTC amount is addressed below.

4. ***Other Eligibility Considerations.*** It should be noted that 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 and MNsure do not dispute that Appellant's household members meet eligibility requirements other than those related to income. In addition, those additional eligibility requirements are not relevant to the Medical Assistance and MinnesotaCare determinations, since income ineligibility is itself a sufficient reason to deny coverage under those programs.

5. ***Amount of Advance Premium Tax Credit.***

a. ***Process.*** MNsure explains the process for determining the amount of the tax credit that can be paid in advance in its Exhibit 1. The process involves determining the household's affordability percentage; then determining the household's affordability dollar amount; then determining the household's benchmark premium; and, finally, applying the difference between the affordability dollar amount and benchmark premium as an APTC. *26 C.F.R. § 1.36B-3.* That process is redone below, using the updated income information.

b. ***Affordability Percentage.*** The process for determining the household's affordability percentage (or "applicable percentage") is detailed in the Internal Revenue Code at 26 C.F.R. § 1.36B-3(g). MNsure included a formula for this, as follows:

$$(294.35 – 250) / (300 / 250) * (9.66 – 8.18) + 8.18 = 9.5 \text{ percent}$$

The first number refers to the household income as a percentage of the FPG, while the other numbers have to do the FPG range and associated affordability percentage range for

those with income between 250 and 300 percent of the FPG. While the formula above shows the correct result, it does not correctly dictate the order of the calculations. In addition, the reference to "300 / 250" should instead be "300 – 250".

In addition, as noted above, new information from Appellant changes the FPG percentage from 294.35 to 283.16. When the formula is corrected and the new FPG is used, the result is as follows:

[(283.16 – 250) / (300 – 250)] * (9.66 – 8.18) + 8.18 = 9.16%

As such, the affordability percentage for Appellant's household is 9.16%.

c. ***Affordability Dollar Amount.*** Next, household income is multiplied by the affordability percentage, and then divided by 12, to arrive at the monthly affordability dollar amount, as follows:

($92,224 * 9.16%) / 12 months = $703.98 per month

26 C.F.R. § 1.36B-3(g)(1).

d. ***Benchmark Plan.*** The cost of the benchmark plan is the total premium amount for all household members for the second lowest-cost silver plan available, based on the ages of the household members and where they live. MNsure determined this to be $1,159.72. *26 C.F.R. § 1.36B-3(f).*

e. ***APTC.*** Finally, the difference between the cost of the benchmark plan and the affordability dollar amount is the amount the household is eligible for in prepayment of the tax credit. In this case, that is as follows:

$1,159.72 – $703.98 = $455.74

26 C.F.R. § 1.36B-3(d).

6. ***Conclusion.***

a. Given the projected income of Appellant's household, DHS correctly determined the household members ineligible for Medical Assistance and MinnesotaCare.

b. Also, MNsure correctly determined that Appellant's household was eligible to purchase a QHP through the MNsure marketplace, and that the household would qualify for discounted premiums through Advance Premium Tax Credits. Although the amount of the APTC was accurate based on the information MNsure had, DHS had made an error in totaling the household income, and expected income has since been updated by Appellant. As such, the APTC has been recalculated above.

c. Importantly, those who qualify for APTC are not required to take the full amount of the tax credit in advance, given that the amount the family qualified for will be reconciled in concert with next year's tax filing. As such, MNsure should allow the family the opportunity to choose a lesser APTC amount if desired, particularly given potential uncertainty of the household size.

d. Finally, Appellant is justifiably concerned about the affordability of health coverage for his family of six, particularly given the family's expenses. However,

the income standards and tax credit amounts are prescribed by law, and cannot be altered on a case-by-case basis. If Appellant expects changes to the household's income or deductions, those can be reported to MNsure for a reassessment of eligibility.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The Commissioner of Human Services AFFIRM the determination of DHS that Appellant's household members are ineligible for Medical Assistance and MinnesotaCare, as the household's income exceeds applicable limitations under those programs; and

- The MNsure Board AFFIRM the determination that Appellant was eligible to enroll in a QHP with Advance Premium Tax Credits, but with an APTC amount of $455.74, or a lesser amount at the election of Appellant.

_____ _____

John Freeman
Appeals Examiner

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.

_____ _____

Date

cc: [redacted] Appellant
Gretchen Fitzgerald, Appeals Representative, MNsure
Lisa Grohs, State Program Administrator Intermediate, DHS

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.