Minnesota Department of **Human Services**

DECISION OF

STATE AGENCY

ON APPEAL

In the Appeal of: [redacted]

For: Minnesota Health Care Programs

Agency: Minnesota Department of Human Services

Docket: 172302

On April 1, 2016, Human Services Judge John Freeman held an evidentiary hearing under Minn. Stat. § 256.045, subd. 3.

The following person 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 issues raised in this appeal are:

Whether the appeal was submitted timely; and

Whether the Agency properly determined the effective start date of Appellant's MinnesotaCare coverage as June 1, 2015, because Appellant completed an application for MinnesotaCare coverage in May 2015.

FINDINGS OF FACT

1. On January 21, 2016, the Appeals Office received an appeal request from [redacted] ("Appellant") regarding the start date of her MinnesotaCare coverage. *Appellant Exhibit A.* The Minnesota Department of Human Services ("Agency") was added as a party to the appeal because it involved MinnesotaCare.

2. An evidentiary hearing was originally scheduled to take place on March 17, 2016. However, in a prehearing conference with Appellant, it became clear that the parties were not in agreement regarding the issue on appeal. In particular, the Agency's initial submission addressed a delay in processing Appellant's MinnesotaCare application,[1] and stated that the delay had since been resolved and the coverage backdated to June 1, 2015. *Agency Exhibit 1.* However, Appellant's contention on appeal is that the coverage start date should have been May 1, 2015, rather than the processing delay. *Testimony of Appellant.*

3. On April 1, 2016, Human Services Judge John Freeman held an evidentiary hearing by telephone conference, in which Appellant participated but the Agency did not. The Judge accepted into the record one exhibit from Appellant and three exhibits from the Agency. At the end of the hearing, the record was held open to receive additional information from each party. On May 2, 2016, the record was closed consisting of the Appellant's testimony, three exhibits from Appellant, and four exhibits from the Agency.[2]

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[1] Although Appellant's MinnesotaCare application was received by Blue Earth County in May 2016, it was not fully processed until July 2015. The Agency provided proof that coverage was backdated to June 1, 2015, and Appellant confirmed that her medical expenses after May 2015 have been covered.

[2] Appellant Exhibit A: Appeal Request Form. Appellant Exhibit B: Renewal and coverage notices from Blue Earth County. Appellant Exhibit C: Statement that Appellant learned of MinnesotaCare start date in June. Agency Exhibit 1: Withdrawal Notice indicating that Appellant's application has interfaced with the eligibility system and is active. Agency Exhibit 2: Addendum to Withdrawal Notice regarding an attempt to backdate coverage. Agency Exhibit 3: Agency Summary stating that backdating coverage was not possible because the application was submitted in May 2015 (attaching the application signed by Appellant May 8, 2015). Agency Exhibit 4: Notice that the May 8, 2015, application was processed by the county in June, but backdated to June (attaching eligibility screenshots and Health Care Renewal Notice).

4. Appellant was enrolled in Medical Assistance through April 30, 2015. *Testimony of Appellant; Agency Exhibit 1*. At that time, Appellant's Medical Assistance coverage was terminated due to an increase in her income reported on a semiannual renewal form. *Id.* The income change was due to Appellant increasing her hours of employment, and Appellant does not dispute that the change ended her eligibility for Medical Assistance. *Testimony of Appellant.*

5. The Agency claims that Appellant was sent a disenrollment notice, informing Appellant that her Medical Assistance would end after April 30, 2016. *Agency Exhibit 4.* The Agency did not provide a copy of this notice, but did provide a screenshot from its eligibility system stating that notice was sent on April 10, 2015. *Id.* In addition, Appellant acknowledged receiving the notice and also being aware that her Medical Assistance was ending after April 2015. *Testimony of Appellant.* Appellant claims to have applied for MinnesotaCare in April 2015. *Id.*

6. Since June 2015, Appellant has been continuously enrolled in MinnesotaCare coverage. *Testimony of Appellant; Agency Exhibit 3.* The start date of June 1, 2015, is based on [redacted] County receiving Appellant's application for MinnesotaCare in May 2015. *Agency Exhibits 3 and 4.* Appellant claimed in testimony that she submitted the application in April 2015, but the Agency provided the signed application, showing Appellant's signature and a date of "05/08/2015" next to it. *Testimony of Appellant; Agency Exhibit 4.* As such, the preponderant evidence supports the Agency's position that the application was submitted in May 2015.

7. The Agency did not explain why Appellant was required to submit a new application upon the determination of her ineligibility for Medical Assistance, rather than Appellant being transitioned directly to MinnesotaCare. In addition, the Agency was not able to determine whether Appellant was offered the opportunity to stay on Medical Assistance with a spenddown upon the determination of her ineligibility for the program.

8. Appellant does not know precisely when she first learned that her MinnesotaCare coverage would begin June 1, 2015, but stated that she believes it was sometime that month (in June 2015). *Appellant Exhibit C.* In addition, Appellant provided a Fee-for-Service Coverage letter sent by the Agency on July 27, 2015, indicating that her MinnesotaCare coverage was opened June 2015 and that Appellant would be covered on a fee-for-service basis for June and July. *Appellant Exhibit B.* Finally, Appellant stated that she had to reschedule surgery that was set for May 2015 to August 2015, due to the uncertainty of her coverage in May. *Testimony of Appellant.* By August, according to Appellant, the delay in processing her coverage had been resolved. *Id.* Given the above, I find that Appellant was aware of the June 1, 2015, start date of her coverage by no later than August 2015.

9. Appellant has significant ongoing health needs, and requires expensive immunity treatments every three weeks, including a treatment received in May 2015.

Testimony of Appellant. Appellant owes at least $5,000 in medical costs for the month of May 2015. *Id.* Appellant requested an appeal in January 2016 because she was told by the provider that, at that point, she needed to either pay the outstanding bill or appeal. *Id.*

CONCLUSIONS OF LAW

1. ***Jurisdiction.***

a. Although the Commissioner of Human Services has jurisdiction over the subject matter of appeals involving MinnesotaCare and Medical Assistance (known collectively as the Minnesota Health Care Programs), jurisdiction in an individual case also requires that the appeal is submitted timely. A Minnesota Health Care Programs appeal is timely when a written request for a hearing is sent within 30 days after receiving written notice of the action being appealed, or within 90 days of such written notice if the appellant shows good cause for not appealing sooner. *Minn. Stat. § 256.045, subd. 3(i).*

b. In this case, Appellant did not file a timely appeal when she requested a fair hearing in January 2016. Looked at in the light most favorable to Appellant, her timeline to appeal would have begun no later than August 2015, or approximately five months before her appeal request. It is certainly the case that Appellant had good cause for not appealing within 30 days, given the delay in processing her MinnesotaCare coverage. However, when an appeal request is submitted beyond 90 days after the action being appealed, no good cause exception exists. The Commissioner does not have the jurisdiction to consider the merits of the appeal, and it must be dismissed as untimely.

2. ***MinnesotaCare Start Date.*** Because the appeal must be dismissed, I do not reach the second issue regarding the propriety of the June 1, 2015, start date of Appellant's MinnesotaCare coverage. As noted above, the record did not establish whether Appellant was offered coverage through Medical Assistance with a spenddown, given her significant and ongoing medical expenses. The record also does not establish why Appellant was required to submit a new application, rather than being otherwise transitioned from Medical Assistance to MinnesotaCare in light of Minn. Stat. § 256L.04, subd. 14(b). Because the Commissioner does not have jurisdiction over this appeal, any further review of these discrepancies will need to take place between the parties and the County.

RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services DISMISS the appeal as untimely.

_____ _____

John Freeman
Human Services Judge

Date

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 the Commissioner's final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES:

_____ _____

Date

cc: [redacted] Appellant
Teressa Saybe, Minnesota Department of Human Services

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:

- **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.[3]

[3] County agencies do not have the option of appealing decisions about Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Diversionary Work Program (DWP) benefits to district court under 7 C.F.R. § 273.15(q)(2) and Minnesota Statute § 256J.40.