



**DECISION OF
MNSURE BOARD
ON APPEAL**

In the Appeal of: [REDACTED]
For: Insurance Affordability Programs
Agency: MNSure
Docket: 150593

On March 12, 2014 Appeals Examiner Phil Grove held an evidentiary hearing under 42 U.S.C. §18081(f) and Minn. Stat. §62V.05, Subd. 6(a).

The following people appeared at the hearing:

[REDACTED] Appellant
[REDACTED] Appellant's Representative
[REDACTED] MNSure Representative

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 a delay in enrollment caused by the agency's failure to send Appellant a paper bill for the premium is an appealable issue.

FINDINGS OF FACT

1. On January 1, 2014 MNsure (herein Agency) informed Appellant that she was eligible to purchase a health plan for herself and her daughter through MNsure and receive advance payment of a premium tax credit. However, Appellant never received a paper bill as requested. Appellant filed a request seeking compensation for this failure, which MNsure received on February 18, 2014. On March 12, 2014 I held an evidentiary hearing via telephone conference. I closed the record, consisting of one exhibit,¹ on that date.

2. At the hearing, the parties agreed that there was no dispute that Appellant is eligible to purchase a health plan for herself and her daughter through MNsure and to receive advance payment of a premium tax credit. Nevertheless, Appellant complains that she was delayed in obtaining coverage because she requested a paper bill for the selected coverage from MNsure and never received it. Therefore, she never paid the premium and is no longer able to obtain coverage effective January 1, 2014. Appellant seeks an order that restores her to the position she would be in if the paper bill had been sent to her; namely, that she may obtain coverage effective January 1, 2014.

CONCLUSIONS OF LAW

1. This appeal is timely under 45 C.F.R §155.520(b).

2. The MNsure Board lacks jurisdiction over this appeal under Minn. Stat. §62V.05, Subd. 6(a). By rule, MNsure appeals are available for the following actions:

(1) initial determinations and redeterminations made by MNsure of individual eligibility to purchase a qualified health plan through MNsure, made in accordance with Code of Federal Regulations, title 45, sections 155.305, (a) and (b); 155.330; and 155.335;

¹ The following exhibits were marked into evidence: Appeals Summary with attachments, Ex #1.

(2) initial determinations and redeterminations made by MNsure of eligibility for and level of advanced payment of premium tax credit, and eligibility for and level of cost sharing reductions, made in accordance with Code of Federal Regulations, title 45, sections 155.305 (f) to (g); 155.330; and 155.335;

(3) initial determinations and redeterminations made by MNsure of employer eligibility to purchase coverage for qualified employees through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (a);

(4) initial determinations and redeterminations made by MNsure of employee eligibility to purchase coverage through the Small Business Health Options Program under Code of Federal Regulations, title 45, section 155.710 (e);

(5) initial determinations and redeterminations made by MNsure of individual eligibility for an exemption from the individual responsibility requirement made in accordance with Code of Federal Regulations, title 45, section 155.605;

(6) a failure by MNsure to provide timely notice of an eligibility determination in accordance with Code of Federal Regulations, title 45, sections 155.310 (g); 155.330 (e)(1)(ii); 155.335 (h)(ii); 155.610 (i); and 155.715 (e) and (f);

(7) in response to a notice from MNsure under Code of Federal Regulations, title 45, section 155.310 (h), a determination by MNsure that an employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide coverage but is not affordable coverage with respect to an employee; and

(8) in response to a denial of a request to vacate a dismissal made according to this chapter and in accordance with Code of Federal Regulations, title 45, section 155.530 (d)(2).

Minn. Rule 7700.0105, Subpart 1. In this case, there is no issue under dispute for which an appeal is available. Appellant and MNsure are in agreement that

Appellant is eligible to purchase a health plan through MNsure and is eligible for advance payment of a premium tax credit. Appellant simply wishes to pursue a complaint that she is unable to purchase coverage effective January 1, 2014 because she delayed payment of the premium expecting to receive a paper bill. While this clearly appears to be a legitimate concern, the appeal process is limited to the issues designated in the rules and is not a general forum for this kind of concern. This appeal should be dismissed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT the MNsure Board DISMISS this appeal for lack of jurisdiction.

/s/Philip H. M. Grove
Philip H. M. Grove
Appeals Examiner

March 14, 2014
Date

ORDER OF THE MNSURE BOARD

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board adopts the Appeals Examiner's recommendation as the final decision.

FOR THE MNsure Board:

_____ Date

cc: [redacted] Appellant
[redacted] Appellant's Representative
[redacted] MNsure Representative

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.
- **Seek judicial review** to the extent it is available by law.

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.