



**DECISION
OF AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: Reimbursement of HealthCare Premiums
Agency: MNsure Board
Minnesota Department of Human Services
Docket: 156126

On October 8, 2014 Appeals Examiner Deborah L. Johnson held an evidentiary hearing under 42 U.S.C. §18081(f) and Minnesota Statute §62V.05, subdivision 6(a).

The following people appeared at the hearing:

[REDACTED], Appellant

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 the appellant is entitled to an Order granting her reimbursement of healthcare premiums she paid to a private health plan for the month of August 2014.

FINDINGS OF FACT

1. On July 1, 2014, the appellant submitted an application for healthcare coverage through the online MNsure eligibility system during the open enrollment period. On September 15, 2014, the appellant submitted an appeal. An evidentiary hearing was conducted by telephone on October 8, 2014. The record, consisting of the Appeals Memorandum and the appellant's email, was closed on that date.

2. On July 10, 2014, the MNsure eligibility system determined that the appellant was eligible for a Qualified Health Plan and for Advanced Payment of Premium Tax Credit in the amount of \$72. Coverage was effective August 1, 2014. MNsure forwarded the appellant's enrollment to the carrier, Preferred One, on August 8, 2014. The appellant did not receive her enrollment cards until the beginning of September, 2014.

3. The appellant believes that her August 2014 premium should be refunded to her because she was transferred back and forth between MNsure and Preferred One. Despite all the telephone calls and attempts for communication on her part, she did not have confirmed eligibility until she received her enrollment card in September. Although she was covered effective August 1, 2014, she wants a refund because she delayed medical appointments and did not utilize her healthcare in August, due to the fact that her eligibility was not confirmed. *Testimony of the Appellant.*

CONCLUSIONS OF LAW

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

2. The MNsure Board would typically have the legal authority to review and decide this appeal under Minnesota Statute §62V.05, subdivision 6. As that provision allows, the MNsure Board has an agreement with the Department of Human Services to hear and decide certain MNsure appeals. In addition, the Commissioner of Human Services typically exercises jurisdiction over this appeal under Minn. Stat. § 256.045, subd. 3.

3. The MNsure Board and the Minnesota Department of Human Services lack jurisdiction over the appellant's appeal regarding reimbursement of premiums paid to a private health insurance company and over the issue of the start date of coverage as noted

under Minn. Stat. §62V.05, Subd. 6(a). Pursuant to Minn. R. 7700.0105, Subpart 1, 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;
- (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).

4. Department of Human Services appeals are available for actions outlined in Minn. Stat. § 256.045, subd. 3, none of which apply in this matter.

5. In this case, the appellant seeks reimbursement for a premium payment to a private health insurance company for health care coverage during the month of August 2014. The appellant paid the premium and was covered by the insurance company for the month of August 2014. Although the Appeals Examiner does not take jurisdiction over this issue, I note that the appellant received the benefit of being covered by the health plan during the month of August 2014. The issue of reimbursement of premium from a private health plan is not subject to review by the Appeals Examiner under Minn. Stat. §62V.05, Subd. 6(a) and Minn. Rule 7700.0105, Subpart 1. Likewise, the Appeals Examiner does not have jurisdiction to consider whether the coverage date of the appellant's Qualified Health Plan was correct in that the coverage date is not dictated by the agency's action or inaction, and is not among the numerated list of appealable issues under Minn. R. 7700.0105, Subpart 1. Inasmuch as the Appeals Examiner does not have jurisdiction to consider the issue of whether the appellant is entitled to reimbursement of a premium paid to a private health insurance company or whether the date of the start of the appellant's health care coverage is correct, the appellant's appeal on the issues must be dismissed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board and the Commissioner of Human Services DISMISS the appellant's appeal for lack of jurisdiction.

Deborah L. Johnson
Appeals Examiner

Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNsure Board and the Commissioner 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 Appellant's eligibility for Medical Assistance and/or MinnesotaCare benefits.

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

Date

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.

cc: [REDACTED], Appellant
Kim Carolan, Minnesota Department of Human Services – 0989
Michael Turpin, MNsure General Counsel

