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: 174481

On April 7, 2016, Human Services Judge Nicole Kralik held an evidentiary hearing under Minn. Stat. § 256.045, subd. 3.

The following person took part in 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 Agency correctly denied the Appellant's request for a refund or credit of the $122.00 premium she paid for January 2016 MinnesotaCare health coverage.

FINDINGS OF FACT

1. Appellant filed a request for appeal on March 3, 2016. *Exhibit 1*. On April 7, 2016, the judge held a hearing by telephone conference. She closed the record, which consists of three exhibits, at the end of the hearing.[1]

2. Appellant applied for health insurance through the MNsure system on November 10, 2015. *Exhibit 2.*

3. Appellant, her husband, and their two minor children were approved for MinnesotaCare effective January 1, 2016. *Exhibit 2.*

4. Appellant received the MinnesotaCare premium invoice shortly after November 10, 2015. [redacted] *Testimony.* Appellant immediately paid the $122.00 premium for January 1, 2016. *Id.*

5. Due to a system error, Appellant's eligibility information did not interface. *Exhibit 2.* The interface error caused Appellant's insurance status to be reflected as "inactive." *Id.*

6. On an unknown date, the interface issue was resolved and Appellant's MinnesotaCare coverage was extended back to January 1, 2016. *Exhibit 2.*

7. On January 26, 2016, a notice of health plan enrollment was sent to Appellant. *Exhibit 3.* The notice stated that Appellant would be enrolled in Blue Plus with a start date of February 1, 2016. *Id.*

8. Appellant argues that she should be reimbursed or credited the $122.00 premium she paid for MinnesotaCare in January 2016. [redacted] *Testimony.* Because Appellant was told that her family was not covered by MinnesotaCare in January 2016, she rescheduled all medical appointments until February 2016. *Id.*

CONCLUSIONS OF LAW

1. ***Timely Appeal.*** This appeal is timely under Minn. Stat. § 256.045, subd. 3.

---

[1] Exhibit 1: Appellant's request for appeal; Exhibit 2: State agency appeal summary and attachments; Exhibit 3: Appellant's notice of health plan enrollment.

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

3. ***Coverage Effective Date.*** The effective date of coverage is the first day of the month following the month in which eligibility is approved and the first premium payment is received. *Minn. Stat. §256L.05, subd.3*.

4. ***Refunding Premiums.*** Only MinnesotaCare premiums paid for future months of coverage for which a health plan capitation fee has not been paid may be refunded. *Minn.Stat. §256L.15, subd.1b.*

5. ***Conclusion.*** The agency erred in not refunding Appellant's January 2016 MinnesotaCare premium. While coverage should begin the first day of the month following the month in which eligibility is approved and the first payment is received, that did not happen here. Instead, both parties agree that system errors caused Appellant's coverage to appear to be "inactive" in January 2016. Under the relevant statute, MinnesotaCare premiums paid for future months of coverage can be refunded when a health plan capitation fee has not been paid. In this case, Appellant paid for January 2016 coverage in November 2015. The Agency has not offered any evidence that a health plan capitation fee was paid for Appellant's January 2016 coverage. Finally, the notice the Appellant received on January 26, 2016 says the Appellant was enrolled in a health plan effective February 1, 2016. The Appellant and her family likely had fee-for-service coverage in January 2016. Since Appellant's household received no health services in January 2016 and the Agency likely did not make the capitation payment to a health plan for January 2016, the Agency should refund or credit Appellant's January 2016 premium payment of $122.00.

RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services, according to the findings of fact and conclusions of law, REVERSE the agency's refusal to refund the Appellant's $122.00 payment for January 2016 MinnesotaCare health coverage.

_____ _____

Nicole Kralik 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 Judge's recommended findings of fact, conclusions of law, and order 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:

- **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.[2]

[2] 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.