



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]

For: Qualified Health Plan  
MinnesotaCare  
Medical Assistance

Agency: MNsure Board  
Minnesota Department of Human Services

Docket: 164632

On July 23, 2015, Appeals Examiner Phil Grove 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 MNsure Board correctly determined that the effective date for Appellant's coverage for his Qualified Health Plan is May 1, 2015.

## FINDINGS OF FACT

1. On June 10, 2015, the MNsure Board ("Agency") orally informed Appellant that they would not be able to enroll him in a Qualified Health Plan effective July 1, 2015. The Appellant challenged this action by filing an appeal request with the Agency on June 18, 2015.

2. On July 23, 2015, Human Services Judge Phil Grove held an evidentiary hearing via telephone conference. The record, consisting of the hearing testimony and one exhibit, was closed at the end of the hearing.

3. There are no material facts in dispute. On February 15, 2015 Appellant moved to Minnesota and applied for a Qualified Health Plan (QHP) on the MNsure eligibility system. On that date, he was approved for purchase of a QHP and for Advanced Premium Tax Credits and Cost Sharing Reductions, but was determined ineligible for Medical Assistance and MinnesotaCare. *Exhibit 1*. He selected a QHP online on March 16, 2015. On April 14, 2015 Appellant reported to MNsure that he moved to Minnesota on February 15, 2015, and MNsure determined that he qualified for a sixty-day special enrollment period based on an address change beginning the date of his move. Because Appellant enrolled in a QHP on March 16, 2015, the effective date of coverage was determined to be May 1, 2015.

4. At the hearing, Appellant stated that he wanted to change the effective date of coverage to July 1, 2015 because he could not afford to pay the premiums for May and June 2015. Even with the premium tax credit, he owes a premium of \$122.54 per month and this is not affordable for him. Appellant did not dispute MNsure's tax credit calculation or any of the facts presented by MNsure.

## CONCLUSIONS OF LAW

1. This appeal is timely under 45 C.F.R §155.520(b).
2. The MNsure Board has the legal authority to review and decide issues in this appeal regarding 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. *Minn. Stat. § 62V.05, subd. 6*. The MNsure Board has

an agreement with the Department of Human Services to hear and decide appeals involving premium assistance. The Commissioner of the Minnesota Department of Human Services has the legal authority to review and decide issues in this appeal regarding Appellant's eligibility for Medical Assistance and MinnesotaCare. *Minn. Stat. § 256.045, subd. 3.*

3. Federal regulations governing Medical Assistance and Exchange appeals require that, if an individual appeals a determination of eligibility for the advance payment of the premium tax credit or cost sharing reductions, the appeal will automatically be treated as a request for a fair hearing of the denial of eligibility of Medicaid. *45 C.F.R. § 155.510(b)(3); 78 Fed. Reg. 4598 (proposed Jan. 22, 2013)(comments regarding proposed 42 C.F.R. § 431.221(e)); and 78 Fed. Reg. 54096 (Aug. 30, 2013)(comments regarding 45 C.F.R. § 155.510(b)(3)).* The reason for this automatically pairing of Medicaid appeals with appeals concerning advance payment of the premium tax credits is to further the goal of providing a streamlined, coordinated appeals process for appellants which avoids the need for the appellant to file multiple appeals with different agencies. *Id.* In Minnesota, Medicaid programs include Medical Assistance and MinnesotaCare. Thus, an appeal of the advance payment of the premium tax credit or cost sharing reduction level activates the appellant's hearing rights with respect to the implicit determinations concerning Medical Assistance and MinnesotaCare, and confers jurisdiction on the Commissioner of Human Services to address any disputed issues concerning eligibility for those programs. However, in this case the record reflects that Appellant does not dispute the agency's implicit determination that Appellant is ineligible for Medical Assistance and MinnesotaCare.

4. Federal regulations for health insurance exchanges created under the Affordable Care Act state that qualified individuals who become eligible for a QHP as a result of a permanent address change are eligible for a 60-day special enrollment period. *7 C.F.R. §155.420(d).* The applicable federal rules require that when individuals who qualify for such a special enrollment period enroll in a QHP between the 16<sup>th</sup> day and the last day of a given month, the coverage effective date is the first day of the second following month. *7 C.F.R. §155.420(b)(1)(ii).* Appellant, who qualified for a special enrollment period as a result of a permanent address change, selected a QHP on March 16, 2015. Therefore, the coverage effective date is May 1, 2015. MNsure does not have authority to change the coverage effective date to a different date. MNsure's determination that the coverage effective date is May 1, 2015 should be affirmed.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board AFFIRM the agency's determination that the coverage effective date for Appellant's QHP is May 1, 2015;
- The Commissioner of Human Services AFFIRM the determination that Appellant is not eligible for Medical Assistance or MinnesotaCare benefits.

\_\_\_\_\_  
Phil Grove  
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

cc: [REDACTED], Appellant  
Michael Turpin, MNsure General Counsel  
Teresa Saybe, Minnesota Department of Human Services -- 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 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](http://www.healthcare.gov).
- **Seek judicial review** to the extent it is available by law.

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  
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.