



Minnesota Department of **Human Services**

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**DECISION OF  
STATE AGENCY  
ON APPEAL**

In the Appeal of:

██████████

For:

MinnesotaCare/Medical Assistance

Agency:

Minnesota Department of Human Services

Docket:

167377

On November 4, 2015, Human Services Judge Deborah L. Johnson held an evidentiary hearing under Minn. Stat. §256.045, subd. 3.

The following people appeared at the hearing:

██████████, Appellant

The 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 Commissioner of Human Services has jurisdiction to order the relief the appellant is requesting.

## FINDINGS OF FACT

1. The appellant submitted an appeal to the state agency on September 17, 2015. Human Services Judge Deborah L. Johnson held a telephone evidentiary hearing on November 4, 2015. The Judge closed the record, including the identified state agency exhibits, on that date.

2. William Welk, MinnesotaCare, submitted a memorandum in this matter dated October 27, 2015. Mr. Welk noted that MinnesotaCare enrolled the appellant from June 2015 through August 2015. MinnesotaCare paid capitation payment for the months of September – October 2014 and March to September 2015. *Attachment 2*. The appellant remitted one payment of \$200. *Attachment 3*. In his memorandum, Mr. Welk noted that MinnesotaCare was removing billings for the months of October and November 2015. *See Memorandum*.

3. Mr. Welk noted that an individual has MinnesotaCare coverage the first day of the month following the month the premium is received. Mr. Welk noted that “due to system limitations” the agency covered the appellant without payment. The agency also erred in failing to disenroll the appellant for non-payment. *Id.*

4. The appellant reported a change in income on June 9, August 12 and September 9, 2015. MinnesotaCare did not update this information until September 9, 2015. When MinnesotaCare did update, the appellant’s case was closed effective September 30, 2015. *Id.*

5. Due to his change in income, the appellant became eligible for Medical Assistance in June 2015. He attempted to notify MinnesotaCare of this multiple times. The appellant is asking the Human Services Judge to order MinnesotaCare to cease sending him premium notices. *Testimony of Mr. [REDACTED]*

## CONCLUSIONS OF LAW

1. The appeal is timely and the Commissioner of Human Services has jurisdiction over this appeal under Minn. Stat. §256.045, subd. 3.

2. It appears that the appellant ceased remitting premium payments for MinnesotaCare coverage for July, August and September. If he did not pay a premium

for July coverage he should have been disenrolled effective July 1, 2015. Thus, MinnesotaCare should cease billing the appellant for any months that the appellant should have been disenrolled for non-payment of the premium. However, with respect to the June coverage, since he did not notify MinnesotaCare of a change in income until June 9, he would still be responsible for the premium payment for coverage that month because MinnesotaCare would have already paid a capitated payment on his behalf and his change in status took place mid-month. *Minn. Stat. §256L.06, Minn. Stat. §256L.15 Subd. 1b. and Minn. Rule 9506.0050, Subp. 2.*

RECOMMENDED ORDER

THE JUDGE RECOMMENDS THAT, according to the findings of fact and conclusions of law, that MinnesotaCare adjust its billing of premiums to conform with the provisions of Conclusion of Law 2, above.

\_\_\_\_\_  
Deborah L. Johnson  
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 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  
DHS Teressa Saybe 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 action.

If you disagree with this decision, you may:

- **Request the appeal be reconsidered.** 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. The request must be *in writing*, be made *within 30 days of the date of this decision* and send 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. *A copy of the request must be sent to the other parties*. To ensure timely processing of your request, please include the name of the Human Services Judge assigned to your appeal, along with the docket number for your appeal.
- **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.

