



Minnesota Department of **Human Services**

**DECISION OF
STATE AGENCY
ON APPEAL**

In the Appeal of: [REDACTED]
For: MinnesotaCare
Medical Assistance
Agency: Minnesota Department of Human Services
Docket: 167686

On November 23, 2015 Human Services Judge Kelly A. Vargo held an evidentiary hearing under Minn. Stat. § 256.045, subd. 3.

The following people appeared at 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

Whether the Minnesota Department of Human Services correctly determined not to provide the Appellant with reimbursement for premiums paid for coverage from May 2015 through September 2015.

FINDINGS OF FACT

1. The Minnesota Department of Human Services (herein DHS) advised the Appellant that her request for reimbursement for premiums paid for coverage from May 2015 through September 2015 was denied. *Exhibit 2*. Appellant filed a request challenging this determination on September 3, 2015 which was not received by the appeals office until September 16, 2015. *Exhibit 1*. An evidentiary hearing was scheduled for October 26, 2015 but was continued based upon the request of the Appellant. On November 23, 2015, Human Services Judge Kelly A. Vargo held an evidentiary hearing via telephone conference. The judge accepted into evidence two exhibits¹. The record was closed at the conclusion of the hearing.

2. Appellant applied for health care assistance for herself and her daughter, [REDACTED], on August 24, 2014. *Exhibit 2*. Based on the information submitted, the agency determined [REDACTED] was eligible for Medical Assistance and Appellant was eligible for MinnesotaCare. *Id.* On March 9, 2015, Appellant contacted DHS and inquired about her renewal period. *Id.* Appellant filled out a renewal application which was received by DHS on March 13, 2015. *Id.* Appellant listed no changes on her 2015 renewal application. *Id.* On April 29, 2015, DHS reviewed her renewal application and approved ongoing MinnesotaCare coverage for Appellant effective January 1, 2015 and approved Medical Assistance for [REDACTED]. *Id.*

3. On September 3, 2015, Appellant contacted DHS and reported that her employment ended on April 30, 2015. *Exhibit 2*. Appellant reported after her employment ended she began receiving weekly unemployment benefits in the amount of \$306. *Id.* On September 22, 2015, DHS received proof of Appellant's unemployment income. *Id.* Upon reviewing Appellant's verifications, DHS determined that effective September 1, 2015, Appellant was eligible for Medical Assistance. *Id.*

4. Appellant does not dispute DHS's determination regarding [REDACTED] eligibility for Medical Assistance. *Testimony of Appellant*. Appellant does not dispute

¹ Exhibit 1- Appeal Request; Exhibit 2- Appellant's additional submissions and notices; Exhibit 3- Agency Appeal Summary and attachments.

DHS's April 29 2015 determination that she was eligible for ongoing MinnesotaCare coverage. *Appellant's Testimony*. However, Appellant contends that she called DHS in April 2015 to report her termination from employment. *Id.* Appellant contends the agency failed to act upon her notification and she wants to be reimbursed premiums she paid from May 2015 through October 2015. *Id.* Appellant reports DHS erred when they failed to act upon her reporting her loss of employment. *Id.* DHS contends that reimbursement for premiums paid to MinnesotaCare is outside the scope of jurisdiction of this administrative appeal. *Exhibit 2*. The agency contends the agency paid capitation fees for Appellant for the months of January 2014 through October 2015. *Id.*

CONCLUSIONS OF LAW

1. For Medical Assistance and MinnesotaCare appeals, a person may request a state fair hearing by filing an appeal either: 1) within 30 days of receiving written notice of the action; or 2) within 90 days of such notice if the Appellant can show good cause why the request for an appeal was not submitted within the 30 day time limit. *Minn. Stat. § 256.045, subd. 3(h)*. The Commissioner of the Minnesota Department of Human Services has the legal authority to review and decide issues about eligibility for Medical Assistance and MinnesotaCare. *Minn. Stat. § 256.045, subd. 3*. This appeal is timely because DHS has not submitted evidence to show when Appellant was provided with proper notice of the Agency's determination to deny her request for reimbursement of past premiums paid. Therefore I find that the time period for Appellant to submit a timely appeal request did not begin to toll.

2. The state laws about MinnesotaCare are set forth in Minnesota Statutes, Chapter 256L. Applicants may submit applications online, in person, by mail, or by phone in accordance with the Affordable Care Act, and by any other means by which Medical Assistance applications may be submitted. Applicants may submit applications through MNsure or through the MinnesotaCare program. *Minn. Stat. § 256L.05, subd. 1(a)*.

3. 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. 1(b)*.

4. MNsure must implement changes affecting enrollment or premiums only, on the first day of the month following the date on which the Exchange is notified of the change. *45 C.F.R. § 155.330(f)(1)(iii)*. With certain exceptions, a person who satisfies all Medical Assistance eligibility requirements at any time within a month is eligible for the entire month beginning with the first of the month. *Minn. R. 9505.0110, subp. 3*.

5. Appellant applied for healthcare coverage through MNsure eligibility system. Appellant was determined to be eligible for MinnesotaCare based on her attested projected income. Appellant is not contesting DHS's determination in April 2015 that she was eligible for ongoing MinnesotaCare coverage nor is Appellant contesting Tysha Allen's eligibility for Medical Assistance. Appellant contends she notified the agency that she lost her employment in April and the agency failed to act upon the notification. There is no evidence that Appellant reported her change in employment in April 2015. The evidence overwhelmingly shows that Appellant did not report her termination from employment until September 2015. Upon receiving verification of Appellant's change in income, DHS correctly determined Appellant eligible for Medical Assistance effective September 1, 2015. Because Appellant did not timely report her change in income, Appellant was obligated to continue to pay MinnesotaCare premiums. Also, during this time DHS continued to make capitation payments for Appellant's coverage. Because capitation payments were made and Appellant had healthcare coverage, a refund of the premium payments is not available under Minnesota Statute. Therefore, I find that DHS correctly denied Appellant's request for a refund of her MinnesotaCare premium payments from May – September 2015.

RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services AFFIRM the determination that the Appellants are ineligible for past premiums paid for the months of May 2015 through September 2015 for MinnesotaCare coverage.

Kelly A. Vargo
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 Human Services Judge's recommendation as her final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES:

Date

cc: [REDACTED], Appellant
Teressa Saybe, Minnesota Department of Human Services – 0838