



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]

For: Qualified Health Plan

Agency: MNsure Board

Docket: 172520

On March 16, 2016, Appeals Examiner Kelly A. Vargo 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 the effective date for Appellant's coverage for her Qualified Health Plan.

## FINDINGS OF FACT

1. On or around November 6, 2015 MNsure Board ("Agency") informed Appellant that she would be able to enroll in a Qualified Health Plan. *Exhibit 3*. On November 23, 2015, Appellant contacted the Agency reporting technical problems with enrolling in a qualified health plan. *Id.* A MNsure representative completed a manual enrollment over the telephone for the Appellant's selected UCare Choice Gold plan for coverage effective January 1, 2016. *Id.* On December 9, 2015, Appellant contacted the Agency to review the status of her enrollment. *Id.* The Agency confirmed her enrollment in the UCare Choice Gold plan and advised Appellant of the processing time needed to complete enrollment. *Id.*

2. On January 19, 2016, the Agency sent Appellant's enrollment information to the insurance carrier. *Exhibit 3*. The Agency contends the delay in sending the information was related to technical problems between MNsure and health insurers. *Id.*

3. The Appellant filed an appeal on January 28, 2016 after she received an invoice from UCare on January 22, 2016. *Exhibit 1*.

4. An evidentiary hearing was scheduled for March 7, 2016 but was continued by appellant's agreement for additional time to resolve the issue. On March 16, 2016, Human Services Judge Kelly A. Vargo held an evidentiary hearing via telephone conference. The record, consisting of three exhibits,<sup>1</sup> was closed at the end of the hearing.

5. Appellant contends that while she selected a plan on November 23, 2015 she was not sent an invoice until the end of January 2016. *Testimony of Appellant*. Appellant contends that she paid the invoice dated January 22, 2016 but did not know she had insurance until a friend who works at UCare went into their system and told her she had insurance. *Id.* Appellant contends that she made several telephone calls to UCare questioning the health insurance carrier about her enrollment and UCare kept telling her to call MNsure. *Id.* Appellant contends she then made several calls to MNsure and was

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<sup>1</sup> Appellant's Appeal Request, Exhibit 1; DHS Agency's Appeal Summary and attachments, Exhibit 2. MNsure Agency's Appeal Summary and attachments.

put on hold for an hour each time only to not be given any information once she spoke to a representative. *Id.* Appellant contends that she should not be responsible for paying for insurance that she was unaware she had and in fact cancelled doctor appointments because she did not believe she had insurance. *Id.* Appellant admits she was aware at the time she selected a plan that the effective date would be January 1, 2016 but when she did not receive anything from the insurance carrier she thought it might have changed. *Id.* Appellant contends that she now wants the effective date to be February 1, 2016 and her paid premium should be credited. *Id.*

### 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. For a QHP selection received by the Exchange from a qualified individual between the first and fifteenth day of any subsequent month during the initial open enrollment period, the Exchange must ensure a coverage effective date of the first day of the following month. *45 C.F.R. § 155.410(c)(1)(ii)*. For a QHP selection received by the Exchange between the sixteenth and last day of the month the Exchange must ensure a coverage effective date of the first day of the second following month. *Id.* at (c)(1)(iii). Because Appellant selected a QHP on November 23, 2015, I conclude that MNsure correctly determined the effective date for Appellant's coverage to be January 1, 2016. While the Appellant may want a later effective date, the evidence shows that Appellant was aware on November 23, 2015 that her coverage would begin January 1, 2016. Appellant was not provided with any other written documentation from MNsure or UCare advising her otherwise. Appellant's frustration with the amount of time she was placed on hold does not grant her a new effective date.

5. The eligibility determination being appealed stands.

6. This decision is effective immediately.

#### RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

- The MNsure Board AFFIRM the agency's determination that Appellant is eligible for a Qualified Health Plan with coverage effective January 1, 2016;

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Kelly A. Vargo  
Appeals Examiner

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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.

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Date

cc: [REDACTED], Appellant  
Michael Turpin, MNsure  
Teresa 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 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 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.