



Minnesota Department of **Human Services**

**DECISION OF
STATE AGENCY
ON APPEAL**

In the Appeal of: [REDACTED] and [REDACTED]

For: Medical Assistance/MinnesotaCare/Qualified Health Plan

Agency: Minnesota Department of Human Services
MNsure

Docket: 173850

On April 4, 2016, Appeals Examiner Deborah L. Johnson held an evidentiary hearing under 42 United States Code §18081(f), Minnesota Statute §62V.05, subdivision 6(a).

The following person 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 ISSUES

The issue raised in this appeal is:

Whether the appellant demonstrated by a preponderance of evidence that the household's termination from the Qualified Health Plan (QHP) should be effective December 31, 2015.

FINDINGS OF FACT

1. The appellant submitted an appeal to the state agency on February 19, 2016. Human Services Judge Deborah L. Johnson held a hearing on April 4, 2016. She closed the record on that date including the identified agency exhibits.

2. The appellant applied for healthcare coverage as a single individual on February 19, 2015. MNsure determined that the appellant and his spouse, [REDACTED], were eligible to enroll in a QHP effective March 1, 2015. The appellants enrolled the same date and chose Blue Cross Blue Shield (BCBS) as their provider.

3. The appellant is not appealing eligibility related to Medical Assistance or MinnesotaCare. Therefore, there is no need to address these programs.

4. Federal regulations require that MNsure re-enroll an enrollee from one coverage year to the next as long as the enrollee remains eligible for a QHP. On December 16, 2015, MNsure sent the appellants' enrollment information to the insurance carrier giving the carrier instructions to re-enroll the appellants in the same plan for 2016.

5. On January 8, 2016, Mrs. [REDACTED] called MNsure to terminate QHP coverage for herself and her husband. She requested that the coverage be terminated effective December 31, 2015. MNsure noted in its memorandum that this was the first documented call. MNsure terminated coverage effective January 31, 2016, following the 15/16 policy.

6. Under the "15/16" policy, the policyholder must provide reasonable notice of the request to terminate coverage through a QHP. Reasonable notice is defined as "at least fourteen days before the requested date of termination." *See Memorandum.* As MNsure did not receive a request to terminate coverage effective December 31, 2015 until January 8, 2016, it terminated QHP participation effective January 31, 2016.

7. Mr. [REDACTED] testified that he called BlueCross BlueShield (BCBS) on December 23, 2015 to cancel his coverage. He wanted their coverage to end as of December 31, 2015. Mr. [REDACTED] believes he provided sufficient notice by notifying BCBS in December that he wished to terminate coverage. He was billed by BCBS for the months of January and February 2016. Since then, BCBS has refunded his payment for the month of February. However, he is seeking a refund from BCBS for the month of January

APPLICABLE LAW

1. Pursuant to 45 C.F.R. § 155.520(b)(1) and Minnesota Rule 770.0105, subpart 2(D) an appeal must be received within 90 days from the date of the notice of eligibility determination. Minnesota Statutes § 256.045, subd. 3 provides that a person may request a state fair hearing by filing an appeal either: (a) within thirty days of receiving written notice of the action or (b) within ninety days of such notice if the Appellant can show good cause why the request for an appeal was not submitted within the thirty day time limit.

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*.

CONCLUSIONS OF LAW

1. In terminating the appellants' QHP coverage as of January 31, 2016, the agency was properly following the provisions in federal law governing the Affordable Care Act (ACA). *45 C.F.R. §§ 155.430(a)(b) and (d)*. As the appellant did not notify MNsure until January 8, 2016 of her desire to close her QHP effective December 31, 2015, the earliest the agency could do so was January 31, 2016. Unfortunately, notice to the provider BCBS, is not notice to the state agency. The Appeals Examiner does not have jurisdiction to order BCBS to reverse the premium billing for January 2016.

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The Commissioner of Human Services DISMISS the appellant's appeal as it relates to Medical Assistance and MinnesotaCare as there is no issue in dispute.

The MNSure Board AFFIRM the QHP termination date of January 31, 2015.

Deborah L. Johnson
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: DHS Teresa Saybe 0838
MNSure General Counsel

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.
- **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.

