



**DECISION  
OF AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED]  
For: Qualified Health Plan (QHP)  
Agency: MNsure Board  
Docket: 174410

On April 18, 2016 Appeals Examiner Deborah L. Johnson 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 ISSUES

The issue raised in this appeal is:

Whether the Appeals Examiner has jurisdiction due to timeliness of the appeal

Whether the Appeals Examiner has the authority to order Delta Dental to cease billing the appellant for coverage.

## FINDINGS OF FACT

1. The appellant submitted an appeal to the state agency on February 25, 2016. Appeals Examiner Deborah L. Johnson held a hearing on April 18, 2016. The Appeals Examiner closed the record on that date including the identified state agency exhibits.

2. The appellant is requesting that the Appeals Examiner order Delta Dental to cease billing him for coverage for the months of September 2015 through December 2015.

3. The appellant applied for healthcare insurance for a household of three on August 31, 2015. MNsure determined that the appellant and his wife were eligible to enroll in a Qualified Health Plan (QHP). The appellant enrolled online in a QHP on August 31, 2015 and a dental plan effective September 1, 2015.

4. On December 18, 2015, MNsure manually enrolled the appellant and his spouse in a QHP effective January 1, 2016. The insurance carrier was different than the previous one. The appellant and his spouse did not select a dental plan for 2016. Thus, he was not enrolled in a dental coverage program for 2016.

5. The appellant contacted MNsure on February 25, 2016 requesting that MNsure terminate his Delta Dental coverage effective September 1, 2015. The appellant stated that he never intended to enroll in a dental coverage plan.

6. It is the position of MNsure that it has no legal authority under the Affordable Care Act (ACA) to retroactively terminate the appellant's coverage through Delta Dental back to September 1, 2015.

7. The appellant testified that he found the MNsure site to be very confusing and that he does not believe he requested dental coverage. If he did it was in error and it was never his intention to apply for such coverage. Delta Dental is billing him for coverage of September 2015 through December 2015 and he wants the Appeals Examiner to order Delta Dental to stop billing him. *Testimony of Mr. [REDACTED]*

CONCLUSIONS OF 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. Here, the appellant is appealing an enrollment into Delta Dental that took place September 1, 2015. The Appeals Examiner has no jurisdiction over the matter as the appeal of this issue is not timely. Additionally, the MNsure Board lacks jurisdiction over the appellant’s appeal regarding reimbursement of premium billings coming from a private health insurance company. *Minn. Stat. §62V.05, Subd. 6(a) and Minn. R. 7700.0105, Subpart 1.*

RECOMMENDED ORDER

THE APPEALS EXAMINER RECOMMENDS THAT:

The MNsure Board DISMISS the appeal as it is not timely under the applicable law and the MNsure Board does not have jurisdiction over the subject matter.

\_\_\_\_\_  
Deborah L. Johnson  
Appeals Examiner

\_\_\_\_\_  
Date

ORDER

IT IS THEREFORE ORDERED THAT based upon all the evidence and proceedings, the MNSure Board adopt the Appeals Examiner's findings of fact, conclusions of law and order as each agency's final decision.

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.

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Date

cc: [REDACTED], appellant  
MNSure Board 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](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.