December 23, 2025

[redacted]

RE: [redacted] v. WV DoHS
ACTION NO.: 25-BOR-3223

Dear [redacted]:

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Human Services. These same laws and regulations are used in all cases to ensure that all people are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Amy Hayes
State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Kristyne Hoskins, Department Representative

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted]

Appellant,

v. **Action Number: 25-BOR-3223**

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU FOR FAMILY ASSISTANCE

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for [redacted] This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on December 16, 2025.

The matter before the Hearing Officer arises from the October 29, 2025 notification from the Respondent that the Appellant's Medicaid Work Incentive (M-WIN) benefits would stop effective November 30, 2025.

At the hearing, the Respondent appeared by Kristyne Hoskins, Economic Service Worker Senior, West Virginia Department of Human Services (DoHS). Appearing as witnesses for the Respondent was Emily Burke, Economic Service Worker, DoHS. The Appellant was self-represented. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

D-1 Notice from DoHS to [redacted] of Medical Assistance Redetermination dated September 22, 2025
D-2 Medical Assistance Redetermination filled out by [redacted] dated as received by the Respondent on October 3, 2025
D-3 Case comments screen prints of comments dated October 2 through October 21, 2025
D-4 Medicaid Work Incentive Computation Sheet dated October 6, 2025
D-5 Notice from DoHS to [redacted] dated October 6, 2025, indicating that Medicaid Work Incentive Program (M-WIN) premium will decrease from $115.50 to $101.50 effective for November 1, 2025
D-6 Case comments screen prints of comments dated October 2 through October 21, 2025

D-7 Verification of employment of [redacted] at [redacted] County Schools indicating dates of employment and annual salary amount
D-8 Case comments screen prints of comments dated October 21 through November 4, 2025
D-9 Paystubs of [redacted] dated October 24, 2025, and October 10, 2025
D-10 Case comments screen prints of comments dated October 21 through November 4, 2025
D-11 Email from MWINCustomerService@gainwelltechnologies.com to daniel.l.rock@wv.gov dated October 29, 2025
D-12 Notice from DoHS to [redacted] dated October 29, 2025, indicating that Medicaid Work Incentive Program (M-WIN) benefits will stop effective November 30, 2025
D-13 SSI Information Response screen prints
D-14 Benefits Currently Received screen prints for [redacted]
D-15 Written statement by Department Worker Daniel Rock

Appellant's Exhibits:

A-1 Aetna Better Health of West Virginia card for [redacted] with effective date November 1, 2025
A-2 Notice from West Virginia Bureau of Medical Services (BMS) to [redacted] dated December 3, 2025, indicating that the member has reached the quarterly maximum out-of-pocket copay limit
A-3 Notice from Aetna Better Health of West Virginia to [redacted] dated December 5, 2025, indicating that they were billed for medical services dated November 4, 2025

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

1) The Appellant was a recipient of Medicaid Work Incentive (M-WIN) benefits.

2) On September 22, 2025, the Respondent mailed the Appellant a Medical Assistance Redetermination form for her M-WIN. (Exhibit D-1)

3) On October 3, 2025, the Respondent received the Appellant's completed redetermination form indicating that she was requesting M-WIN. (Exhibit D-2)

4) On October 6, 2025, the Respondent processed the Appellant's M-WIN review and updated her reported annual salary. (Exhibit D-3)

5) On October 6, 2025, the Respondent notified the Appellant that her M-WIN premium would decrease from $115.50 to $101.50 effective November 1, 2025. (Exhibit D-5)

6) On October 21, 2025, the Appellant contacted the Respondent and reported that her income had been calculated incorrectly. (Exhibit D-10)

7) The Respondent based its income calculation on the employer's report of annual income in the amount of $35,414.50 dated August 12, 2025. (Exhibit D-7)

8) On October 29, 2025, the Appellant came in to the local office and provided paystubs dated October 10 and October 24, which reflected gross earnings of $2700.88 for the month of October. (Exhibit D-8, Exhibit D-9)

9) After the October pay stubs were submitted, the Respondent's worker calculated that the Appellant's premium for M-WIN would decrease to $87.50 per month. (Exhibit D-8)

10) On October 29, 2025, the Bureau for Medical Services' (BMS) contracted agency, HMS, a Gainwell Technologies Company, notified the Respondent that the Appellant never paid her premium and has an outstanding balance of $434.00 for the months of August through November 2025. (Exhibit D-11)

11) The Appellant acknowledged that she received notice in August 2025, that a premium payment was due and that she had not paid the premium.

12) On October 29, 2025, the Respondent notified the Appellant that her M-WIN benefits would stop effective November 30, 2025, because the Respondent was notified by the agency who collects the M-WIN Premium that the Appellant failed to pay the monthly premium. (Exhibit D-12)

APPLICABLE POLICY

West Virginia Income Maintenance Manual, Sections 11.6.11.D and 4.14.4.J describe the Income requirements for Spenddown, in pertinent part:

1.6.11.D Spenddown
Spenddown applies to SSI-related and AFDC–related coverage groups only.

4.14.4.J Spenddown
To be eligible for Medicaid, the Income Group's (IG) monthly countable income must not exceed the amount of the MNIL. If the income exceeds the MNIL, the AG has an opportunity to spend the income down to the MNIL by incurring medical expenses. These expenses are subtracted from the income for the six-month POC, until the income is at, or below, the MNIL for the Needs Group (NG) size. The spenddown process applies only to AFDC-Related and SSI-Related Medicaid.

West Virginia Income Maintenance Manual, Section 26.2.1 describes the Financial requirements for the Medicaid Work Incentive (M-WIN) Program, in pertinent part (emphasis added):

26.2.1 Financial

Income: 250% of the Federal Poverty Level (FPL) – When Unearned Income is at or below the Supplemental Security Income (SSI) Payment Level.
No spenddown provision.
Assets: $2,000 – Individual; $3,000 – Individual with Spouse.

West Virginia Income Maintenance Manual, Section 26.2.3 describes the Disability requirements for the M-WIN Program, in pertinent part:

26.2.3 Disability
The applicant must be disabled as defined by the Social Security Administration (SSA). The SSA or the State Medical Review Team (MRT) may determine the disability. Disability, for this coverage group, is defined as a medically determined physical or mental condition that has lasted, or is expected to last, a year or more, or is expected to result in death. The disability definition for individuals under age 18 is found in Section 13.2.1.B.

West Virginia Income Maintenance Manual, Chapter 26 describes the Enrollment Fee and Premium Payment requirements for the M-WIN Program, in pertinent part:

26.2.5 Enrollment Fee And Premium Payment
Each eligible applicant must pay a $50 enrollment fee. Once the assistance group (AG) is approved, an ongoing monthly premium payment will be required. Upon payment of the enrollment fee, the first month's premium is waived. In the following months, the client must make the premium payment by the premium due date for continued enrollment.

Except in the case of agency error, the enrollment fee must be paid each time the client loses coverage under this program for any reason. This includes, but is not limited to, non-payment of the monthly premium, failure to complete a redetermination of eligibility, or voluntary disenrollment. When an enrollment fee payment is returned for insufficient funds, this is considered as non-payment.

26.2.5.A Enrollment Fee

26.2.5.A.1 Notification
After eligibility is established, the Worker must notify the applicant that he meets all program requirements, except payment of the enrollment fee. The Worker must follow specific eligibility system instructions exactly found in desk guides to create the correct enrollment fee notification letter and enrollment fee payment stub the client must enclose with the payment.

26.2.5.A.2 Payment
It is the responsibility of the contract agency to notify the Worker when the enrollment fee is paid, not paid, or returned for insufficient funds.

If the Worker does not receive notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is denied.

When the Worker receives confirmation of the applicant's payment of the enrollment fee, he codes the AG in the eligibility system.

The contract agency does not accept advance payments for anticipated enrollment fees. The contract agency must return any advance payments received to the applicant.

26.2.5.B Monthly Premium Payments
When the enrollment fee is paid, the first month's premium is waived. The following and subsequent months require a premium payment for enrollment to continue.

26.2.5.B.1 Notification
The contract agency sends premium due letters and payment stubs to M-WIN clients on approximately the second day of the month in which the premium is due. To ensure proper credit of payment, the client must mail the stub and payment in the window envelope provided addressed to:

DOHS-Medicaid
P. O. Box 40288
Charleston, WV 25364

26.2.5.B.2 Payment
Premium payments are due the 16th of the coverage month and are considered overdue if not received by the 26th of the coverage month.

Local and State offices do not accept Premium payments.

If the client reapplies after closure due to non-payment of a premium(s), he must pay the enrollment fee again, but is not required to pay the missed premium(s).

When M-WIN Medicaid benefits are continued due to a Fair Hearing request, the premium(s) must be paid for any continued month at the last established amount.

26.2.5.B.4 Non-Payment of Premium/Insufficient Funds
When the premium payment is not received by the contract agency by the 26th of the coverage month, the contract agency staff notifies the local office by the 10th of the following month and the Worker sends the client advance notice of M-WIN closure for premium non-payment.

The contract agency also notifies the local office when premium payments are returned for insufficient funds. This is considered as non-payment. The AG is closed using the same procedures as for non-payment after advance notice.

The Worker must notify the contract agency of any subsequent AG closures.

Overdue Premium Example: Mr. Chive received M-WIN in March. He is mailed his premium due letter April 2 for the month of April. Payment is due April 16 and overdue April 26. If not received, the contract agency notifies the local office by May 10. The

Worker sends advance notice to the AG that his last month of M-WIN is May. A new enrollment fee is necessary to reestablish coverage for June.

West Virginia Income Maintenance Manual, Section 26.3.10, describes the M-WIN Redetermination requirements, in pertinent part:

26.3.10 Redetermination

- M-WIN AGs are redetermined every six months, in the sixth month of eligibility.
- The Worker must set an alert and schedule the redetermination.
- The Worker is responsible for sending the appropriate review form so the redetermination is completed prior to or during the month in which it is due.
- When the redetermination is completed and the AG remains eligible, the new eligibility period begins the month immediately following the month of the redetermination.
- The Worker must set an alert for the next redetermination.

West Virginia Income Maintenance Manual, Section 26.11.1, describes the M-WIN Case Maintenance procedures and Closures requirements, in pertinent part:

26.11.1 Closures

A Medicaid Work Incentive (M-WIN) client may be determined ineligible prior to the end of the six-month eligibility period if he:

- Moves out of state
- Dies
- Reaches age 65
- Becomes eligible for Supplemental Security Income (SSI)
- Was approved for M-WIN in error and is not currently eligible
- Becomes an inmate of a public institution
- Is determined no longer disabled by the Social Security Administration (SSA) or the Medical Review Team (MRT)
- Acquires assets over the allowable limit
- Terminates employment voluntarily or employment is no longer competitive; see Section 26.11.4.
- Fails to meet the requirements in Section 26.11.4 when determined unable to maintain employment – involuntary
- Fails to pay a required enrollment fee or premium payment(s)
- Voluntarily disenrolls

When the assistance group (AG) is closed for any reason, including voluntary disenrollment, advance notice is required. See Section 9.3.1.B for when advance notice requirements are waived. Any notice must inform the client of the last month for which a premium is due. The M-WIN Worker must notify the contract agency of the termination and the effective date of closure, i.e., the last day of the last month for which the premium is due.

West Virginia Income Maintenance Manual, Chapter 26, Appendix A describes the M-WIN Program Premium Amounts:

APPENDIX A: M-WIN Program Premium Amounts

Monthly Gross Income	Premium Amount
$500 or Less	$15.00
$501 – 700	$17.50
$701 – 900	$24.50
$901 – 1100	$31.50
$1101 – 1300	$38.50
$1301 – 1500	$45.50
$1501 – 1700	$52.50
$1701 – 1900	$59.50
$1901 – 2100	$66.50
$2101 – 2300	$73.50
$2301 – 2500	$80.50
$2501 – 2700	$87.50
$2701 – 2900	$94.50
$2901 – 3100	$101.50
$3101 – 3300	$108.50
$3301 – 3500	$115.50
$3501 – 3700	$122.50
$3701 – 3826*	$129.50

*Individuals whose monthly gross income exceeds $3,826 pay the maximum premium amount of $129.50.

West Virginia Income Maintenance Manual, Chapter 26, Appendix B describes the Bureau for Medical Services Contract Agency, in pertinent part:

APPENDIX B: M-WIN Contract Agency Contact Information

The current contract agency that tracks and manages M-WIN enrollment fee and monthly premium payments is Health Management Systems (HMS). Contact information is listed below:

Health Management Systems (HMS)
1201 B Greenbrier St.
Charleston, West Virginia 25311
Phone: 1-877-735-7430
Fax: (304) 342-1605
Email: MWINcustomerservice@gainwelltechnologies.com

Any requests for refunds of M-WIN enrollment fees or monthly premium payments must first be requested of, and reviewed by, the Bureau for Medical Services (BMS) Medicaid Policy Unit staff. This staff forwards appropriate requests for refunds to HMS.

West Virginia Income Maintenance Manual, Section 9.3.1, describes the Advance Notice Requirements in pertinent part:

9.3.1 Advance Notice Requirements
A client must receive advance notice in all situations involving adverse actions except those described in the Adverse Actions Not Requiring Advance Notice section below.
The advance notice requirement is that notification be mailed to the client at least 13 days prior to the first day of the month in which the benefits are affected.

9.3.1.A Adverse Actions Requiring Advance Notice
Medicaid and WVCHIP
AG closure
Removal of a client from the AG

DISCUSSION

The Medicaid Work Incentive (M-WIN) is a full coverage Medicaid group that assists individuals with disabilities in becoming independent of public assistance by enabling them to enter the workforce without losing essential medical care. Chapter 26 of the West Virginia Income Maintenance Manual outlines specific guidelines for determining eligibility for the M-WIN group.

Eligibility requirements for M-WIN include financial eligibility, age, disability, employment, and enrollment fee with required monthly premium payments. The program is different from other Medicaid coverage programs. The Appellant protests the Respondent's closure of her M-WIN benefits due to her failure to pay the monthly premium.

Policy states that the client must make the premium payment by the premium due date for continued enrollment in M-WIN. When the premium payment is not received by the contract agency by the 26th of the coverage month, the contract agency staff notifies the local office by the 10th of the following month and the worker sends the client advance notice of M-WIN closure for premium non-payment. Closure is an adverse action which requires advance notice of 13 days prior to the first day of the month in which the benefits are affected. Additionally, policy states that M-WIN assistance groups (AGs) are redetermined every six months.

The Respondent requested a six-month financial redetermination to establish continuing eligibility for the Appellant's M-WIN benefits. The Respondent was notified by the contract agency staff of the Appellant's non-payment of the M-WIN premium on October 29, 2025. The Respondent notified the Appellant on that same day that the M-WIN benefits would stop effective November 30, 2025.

The Appellant argued that she never had to pay a premium for her M-WIN benefits until she was notified of premium payments due in August 2025. The Respondent's worker Emily Burke (hereinafter Ms. Burke) testified that the M-WIN program was previously being administered by a different Department of Human Services (DoHS) unit, that there was a huge backlog of cases, and that non-payment of premiums were previously not being handled as required. Ms. Burke testified that the DoHS local office resumed administration of the M-WIN program in February of 2025. She also testified that previous reviews had errors, including the failure to assess whether

premium payments had been paid. When the local office took over administration of the program, they began correcting the issues.

Based on the policy, the Respondent correctly determined that a redetermination must be completed in September, because a previous financial redetermination had been completed six months prior. The Respondent also correctly determined that it must ascertain whether the premium payments had been made to establish if the Appellant continued to be eligible for the M-WIN program.

Policy states that the contract agency sends premium due letters and payment stubs to M-WIN clients on approximately the second day of the month in which the premium is due. It states that the current contract agency that tracks and manages M-WIN enrollment fee and monthly premium payments is Health Management Systems (HMS). The Bureau for Medical Services (BMS) contract agency is a separate entity from the Respondent.

The Appellant testified that she received notification from a company in Irving, Texas, that she owed a premium payment of approximately $150 in August 2025, and that she could not afford to pay the premium. Although the notification did not come from West Virginia, it did notify the Appellant of a premium payment. Collection of premium payments is administered by the BMS contract agency, HMS. The Respondent's representative Kristyne Hoskins testified that the Respondent does not participate in, nor have any control over, the contract agency in how and from where it notifies M-WIN recipients of their premium payments.

The Respondent notified the Appellant on October 6, 2025, that her premium payment would decrease to $101.50 effective November 1, 2025.

Because the Appellant was notified that she must pay a premium to continue to receive M-WIN benefits in August 2025, and was notified of the amount by the Respondent on October 6th, the Appellant received proper notice of the premium payment. Additionally, the Respondent must determine financial eligibility by verifying that premiums have been paid. The Respondent received information that the premiums had not been paid. The Respondent's determination that the Appellant's M-WIN must be closed for non-payment of premiums was correct.

The Appellant argued that she never received notice that she must pay a $50 enrollment fee. The Respondent's witness Emily Burke testified that the $50 enrollment fee was waived during COVID. The fact that the $50 enrollment fee was never paid or was waived does not affect the continuing requirement of a premium payment for M-WIN.

The Appellant argued that she may be qualified for a program called "Spenddown." Spenddown applies to SSI-related and AFDC–related Medicaid coverage groups only. M-WIN is not an SSI-related Medicaid coverage group or an AFDC-related coverage group. It is a separate program. Additionally, policy describes that M-WIN financial requirements have no spenddown provision.

The Appellant further argued that the Respondent should have known that she wanted to apply for a Medicaid coverage group with a spenddown provision because she told the Respondent's workers that she could not afford the premium payment for M-WIN. In order to be eligible for a

spenddown provision, the Appellant would have to apply for and be determined to be eligible for a Medicaid coverage group with a spenddown provision. The Appellant's eligibility for such a program could only be determined if she applied for that program.

Lastly, the Appellant argued that she received communications from Aetna Better Health and that this means she continues to be eligible for some form of Medicaid. Aetna Better Health is a third-party Managed Care Organization (MCO). A communication from an MCO does not establish eligibility for a program as determined by the Department of Human Services.

CONCLUSIONS OF LAW

1) Eligibility for Medicaid Work Incentive (M-WIN) must be redetermined every six months and the Respondent notified the Appellant of a redetermination on September 22, 2025.

2) For the M-WIN program, a premium payment is required, and the premium amount is based on the income of the applicant.

3) The contract agency sends premium due letters and payment stubs to M-WIN clients.

4) The Respondent was notified by the contract agency on October 29, 2025, that the Appellant had not paid the premiums for August 2025 to November 2025.

5) The Respondent correctly determined on October 29, 2025, that the Appellant's M-WIN benefits must be closed because she failed to pay the required premium payments.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the determination of the Respondent to close the Appellant's M-WIN benefits effective November 30, 2025.

ENTERED this 23rd day of December 2025.

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Amy Hayes
State Hearing Officer