May 6, 2026

[redacted]

RE: [redacted] v. WVDoHS-BFA
ACTION NO.: 26-BOR-1763

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 persons 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,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

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

cc: Marsha Hizer, BFA

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL**
**BOARD OF REVIEW**

[redacted]

**Appellant,**

**v.** **Action Number: 26-BOR-1763**

**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 April 29, 2026, on an appeal filed with the Board of Review on April 10, 2026.

The matter before the Hearing Officer arises from the March 11, 2026, decision by the Respondent to terminate Medicaid assistance through the Medicaid Work Incentive (MWIN) program.

At the hearing, the Respondent appeared by Marsha Hizer, Economic Service Supervisor. 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 of Decision dated March 11, 2026

**Appellant's Exhibits:**

None

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 (MWIN) benefits since June 2018.

2) MWIN premium benefits were waived during the COVID-19 pandemic.

3) The Appellant has not paid MWIN premiums since the conclusion of the COVID-19 pandemic.

4) The Appellant has an outstanding balance of premiums owed to the MWIN program of approximately $1500.00.

5) On March 11, 2026, the Respondent issued a Notice of Decision informing the Appellant that her MWIN benefits would terminate effective March 31, 2026, due to the non-payment of premiums.

## APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 26.2.5 documents:

> 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.

West Virginia Income Maintenance Manual Chapter 26.2.5.A.1 documents:

> After eligibility is established, the applicant is notified that he meets all program requirements, except payment of the enrollment fee.
>
> The notice includes the following information:
>
> • The amount of the enrollment fee
> • The requirement that the enrollment fee must be received within 60 days of the date of the notice or the application will be denied
> • The amount of the ongoing monthly premium
> • Instructions to mail a check or money order for the enrollment fee made payable to the State of West Virginia with the enclosed enrollment fee payment stub to:

West Virginia Department of Human Services (DOHS)
P. O. Box 40288
Charleston, WV 25364

• The Worker's name
• Notice that the first month of coverage will be the month following the month the enrollment fee is received
• The applicant's personal identification number (PIN). This appears on the enrollment fee payment stub, which is attached to the applicant's method of payment and returned to the DOHS address above for proper credit of payment.

The contract agency is notified the same day it is issued to the applicant. See Appendix B of this chapter for the contact information of the contract agency.

West Virginia Income Maintenance Manual 26.2.5.A.2 documents:

It is the responsibility of the contract agency to notify the Department when the enrollment fee is paid, not paid, or returned for insufficient funds.

If the Department does not receive notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is automatically denied and the appropriate notice is generated by the system.

If the Department receives notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is automatically approved and the appropriate notice is generated by the 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.

West Virginia Income Maintenance Manual 26.2.5.B documents:

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.

West Virginia Income Maintenance Manual 26.2.5.B.1 documents:

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

West Virginia Income Maintenance Manual 26.2.5.B.2 documents:

> 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.
>
> The contract agency does not accept advance payments for future anticipated premium payments. They are returned.
>
> 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.

West Virginia Income Maintenance Manual 26.2.5.B.4 documents:

> When the premium payment is not received by the contract agency by the 26th of the coverage month, the contract agency staff notifies the Department by the 10th of the following month. The eligibility system will be updated and the AG will automatically close on adverse action date and the client is sent advance notice of M-WIN closure for premium non-payment.
>
> The contract agency also notifies the Department 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 contract agency is notified of any subsequent AG closures.

## DISCUSSION

The Medicaid Work Incentive (MWIN) program is a full coverage Medicaid group which assists individuals with disabilities in becoming independent of public assistance by enabling them to enter the workforce without losing essential medical care.

The MWIN program requires an enrollment fee and a monthly premium to ensure continued eligibility. When the monthly premium is not received by the 26th of the coverage month, the assistance group will automatically close on the adverse action date and the customer is sent advance notice of the MWIN closure for premium non-payment.

The Appellant had an outstanding balance of premium payments of approximately $1500.00. On March 11, 2026, the Respondent terminated the Appellant's MWIN program coverage due to non-payment of monthly premiums. The Appellant appeals the Respondent's decision. The

Respondent must prove by a preponderance of evidence that the Appellant failed to pay the monthly premiums to ensure continued MWIN eligibility.

The Appellant has been a recipient of MWIN program benefits since June 2018. The Appellant has not paid a monthly premium since the conclusion of the COVID-19 pandemic. The Appellant's failure to pay monthly premiums resulted in an outstanding balance of premium payments owed to the Respondent in the amount of approximately $1500.00. On March 11, 2026, the Respondent issued a termination notice (Exhibit D-1) to the Appellant informing her of the termination of MWIN coverage due to non-payment of monthly premiums effective March 31, 2026.

The Appellant indicated that she has not received any correspondence from the Respondent concerning her MWIN status due to an incorrect zip code being entered on her address. The Appellant indicated that she has initiated the process to reapply for MWIN coverage. Marsha Hizer, Economic Service Supervisor, confirmed the Appellant's reapplication for MWIN coverage and her application is currently pending for additional information. Ms. Hizer indicated that the outstanding balance of premiums would be waived once the Appellant reestablishes her eligibility for the MWIN program.

Governing policy mandates the payment of monthly premiums to ensure the continued eligibility for the MWIN program. The Appellant has failed to provide payment for monthly premiums for multiple months and provided no evidence to support her claim that she had not received timely invoices. Because the Appellant has failed to provide payment for monthly premiums as required by policy, the Respondent was correct in its decision to terminate the Appellant's coverage for the MWIN program.

## CONCLUSIONS OF LAW

1) The MWIN program requires the payment of monthly premiums to ensure continued eligibility.

2) The Appellant failed to pay monthly premiums for multiple months.

3) The Respondent's decision to terminate the Appellant's coverage for the MWIN program for failure to pay monthly premiums is affirmed.

## DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the decision of the Respondent to terminate the Appellant's coverage for the MWIN Medicaid program.

**ENTERED this _____ day of May 2026.**

_____

Eric L. Phillips
**State Hearing Officer**