

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

In Re: [REDACTED] **Appellant**

Action Number: 26-BOR-2161

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 45 CFR Part 155, Subpart F as a result of the Federally Facilitated Marketplace (FFM) having denied Medicaid coverage to the Appellant and the Appellant having chosen to appeal that denial and have the appeal heard by the appeals entity for the State of West Virginia. That entity is the Board of Review within the West Virginia Department of Health. The Appellant submitted her appeal request to the FFM on or about June 15, 2026.

The question of whether the FFM was correct in determining that the Appellant was not eligible for a premium tax credit and Medicaid at the time of the application is determined de novo in this proceeding.

On June 22, 2026, the federal appeals entity electronically transmitted to the Board of Review the Appellant's appeal file.

The hearing was held by telephone. The Appellant appeared and was self-represented. The Marketplace was not represented. The Appellant was placed under oath.

The Appellant submitted the following documents as evidence in the hearing:

Exhibit 1 Screenshots of Direct Deposit from April 3 through June 12, 2026

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 applied for assistance with health care through the Federally Facilitated Marketplace (FFM) on May 22, 2026.
- 2) The Appellant reported \$1,300 a month in earned income on the FFM application.

- 3) The Appellant was found ineligible for a premium tax credit but was found to be potentially eligible for Medicaid.
- 4) The Appellant's FFM application was forwarded to the Department of Human Services (DoHS) to determine eligibility for Medicaid.
- 5) On May 29, 2026, the DoHS sent a notice to the Appellant advising that her income was excessive to receive Medicaid benefits.
- 6) The Appellant is a tax-filer, claiming no dependents and she is not claimed by anyone else as a tax dependent. The Appellant falls into the Modified Adjusted Gross Income (MAGI) Adult coverage group.
- 7) The income limit for a one-person assistance group for MAGI Adult Medicaid is \$1,769 or 133% of the Federal Poverty Level (FPL).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 1 explains the Medicaid application process:

1.2.6.D Federally Facilitated Marketplace

Individuals may apply online at the Federally Facilitated Marketplace for insurance affordability programs and MAGI Medicaid coverage groups, including Parents/Caretaker Relatives, Adult, Pregnant Women, Children Under Age 19, and WVCHIP. When the individual's income is at or below the income limits for Medicaid, the Marketplace will determine the applicant's eligibility for Medicaid or WVCHIP and forward the data file to the eligibility system. The eligibility system will determine the specific Medicaid or WVCHIP coverage group through which Medicaid will be issued without delay.

1.6.11.A.1 Applications Taken by the Marketplace

West Virginia entered into an agreement with the FFM whereby the Department will accept as final the Medicaid and WVCHIP eligibility determinations made by the Marketplace based on MAGI. The Marketplace determines eligibility for MAGI Medicaid groups and WVCHIP only, in real time without delay when possible. Non-financial and financial information about the applicant is matched with the Federal Data Hub (FDH). When completing the eligibility determination for an applicant that submits a single-streamlined application (SLA) to the Marketplace, the Marketplace must:

- Accept the SLA;
- Check for existing Medicaid or WVCHIP coverage;
- Verify citizenship/immigration status, residency, incarceration status, current monthly income and annual income;
- Apply the reasonable compatibility standard and reconcile any differences;
- Apply West Virginia's state eligibility rules;
- Complete the eligibility determination;

- Provide appropriate notices, fair hearing rights, and communications to the client;
- Transfer the eligible client's electronic account to the Department, without delay;
- Transfer applications to the Department for applicants requesting a full determination of Medicaid on a basis other than MAGI; and,
- Transfer to the Department for a full eligibility determination, without delay, the electronic account of a client that indicates on their application potential eligibility for a non-MAGI coverage group.
- If the individual is over income for MAGI Medicaid or WVCHIP, evaluate him for the insurance affordability programs, Advance Premium Tax Credits and Cost Sharing Reductions (APTC/CSR).

Marketplace Determines Eligibility for a MAGI Coverage Group

When the Marketplace determines the applicant is eligible for a MAGI coverage group, the DOHS must:

- Accept electronic accounts transferred from the Marketplace for clients determined Medicaid or WVCHIP eligible based on MAGI.
- Promptly complete enrollment into the correct Medicaid or WVCHIP coverage group.
- Not request any additional information or verifications from the client.
- Provide additional notification of enrollment to the client, including benefits available.

Marketplace Determines Potential Eligibility for a MAGI Coverage Group

When the Marketplace determines the applicant is potentially eligible for a MAGI coverage group, the DOHS must:

- Accept the electronic account for the client who is assessed by the Marketplace as potentially eligible for a MAGI group
- Notify the Marketplace of receipt of the electronic account
- Not request additional information of verifications from the client already verified electronically
- Conduct any additional verifications that may be required
- Promptly determine eligibility without requiring another application; ensure timeliness standards in this chapter are met
- Notify the client and the Marketplace of the final eligibility determination

West Virginia Income Maintenance Manual Chapter 4 Appendix A lists income limits for Medicaid:

133% FPL for a one-person assistance group is \$1,769

DISCUSSION

West Virginia entered into an agreement with the FFM whereby the DoHS will accept as final the Medicaid and WVCHIP eligibility determinations made by the Marketplace based on MAGI. The FFM determines eligibility for MAGI Medicaid groups and WVCHIP only, in real time without

delay when possible. Non-financial and financial information about the applicant is matched with the Federal Data Hub (FDH). If the FFM determines an applicant may be potentially eligible for MAGI Medicaid, the application is transmitted to the DoHS for evaluation.

The Appellant applied for health coverage through the FFM on May 22, 2026, and was determined ineligible for a premium tax credit and found to be potentially eligible for MAGI Medicaid. The DoHS received the Appellant's transmitted FFM application and determined on May 29, 2026, that her income was excessive for MAGI Medicaid benefits. The Appellant filed an appeal through the FFM on June 15, 2026.

The Appellant reported that she was earning \$1,300 monthly on the FFM application. The Appellant testified that she makes \$14 an hour and works 32 hours per week, paid bi-weekly. The Appellant provided the following screenshots of her direct deposit amounts with the FFM appeal:

April 3	\$153.27
April 17	\$722.93
May 1	\$683.18
May 15	\$634.80
May 29	\$686.32
June 12	\$372.77

Eligibility for Medicaid is determined by averaging the total gross income received in the thirty-day period prior to the date of application, not net income as provided by the Appellant with her appeal. A determination of MAGI Medicaid cannot be made without information regarding the Appellant's gross earned income.

The Appellant's FFM application was evaluated by the DoHS and she was found ineligible due to excessive income. The Appellant may appeal the May 29, 2026, denial of MAGI Medicaid by the DoHS.

The Appellant was evaluated for the premium tax credit and was denied based on her potential eligibility for Medicaid.

CONCLUSIONS OF LAW

- 1) The Appellant applied for a premium tax credit and Medicaid through the FFM on May 22, 2026.
- 2) Based on the income reported on the FFM application, the Appellant was found ineligible for the premium tax credit and potentially eligible for MAGI Medicaid.
- 3) The FFM application was transmitted to the DoHS for a determination of MAGI Medicaid eligibility.
- 4) The DoHS determined the Appellant's income was excessive to receive MAGI Medicaid benefits.

- 5) In absence of complete and accurate documentation of the Appellant's income, MAGI Medicaid eligibility was not established.
- 6) The Appellant may appeal the May 29, 2026, denial of MAGI Medicaid by the DoHS by contacting the Board of Review or the DoHS.

DECISION

It is the determination of the State Hearing Officer that the Appellant is not eligible for a premium tax credit. The documentation submitted failed to establish the Appellant's eligibility for MAGI Medicaid.

ENTERED this 8th day of July 2026.

Kristi Logan
Certified State Hearing Officer