



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

**Sherri A. Young, DO, MBA, FAAFP
Cabinet Secretary**

**Ann Vincent-Urling
Interim Inspector General**

March 6, 2024

[REDACTED]

RE: [REDACTED]
ACTION NO.: 24-BOR-1025

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 assure 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,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

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

cc: Board of Review

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

In Re: [REDACTED], Appellant

Action # 24-BOR-1025

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 review to the Appellant and the Appellant's choice to 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 December 15, 2023.

On January 3, 2024, 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 *pro se*. The Marketplace was not represented. The Appellant was placed under oath.

The Appellant submitted a Notification of West Virginia Medicaid approval as evidence in the hearing, marked as Exhibit A-1.

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 receiving West Virginia Medicaid.
- 2) The Appellant received notification from the West Virginia Department of Human Services (DoHS) that she needed to renew her certification for Medicaid.
- 3) The Appellant submitted her renewal paperwork to the DoHS but received notification her Medicaid benefits had been terminated.
- 4) On December 15, 2023, the Appellant used the Federally Facilitated Marketplace (FFM) to complete a health care assistance application for the 2024 coverage year.

- 5) The FFM application results indicated the Appellant was not evaluated for Medicaid or CHIP coverage.
- 6) The Appellant was approved for WV Medicaid in February 2024, with backdated coverage to December 2023.
- 7) The Appellant is currently receiving WV Medicaid benefits.
- 8) The issue on appeal has been resolved.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM), Chapter 1, §1.2.6.D, *Federally Facilitated Marketplace (FFM)*: Individuals may apply online at the FFM (the Marketplace) for insurance affordability programs and Modified Adjusted Gross Income (MAGI) Medicaid coverage groups, including the Adult Group.

When the individual's income is at or below the income limits for Medicaid, the Marketplace will determine the applicant's eligibility for Medicaid and forward the data file to the eligibility system. The eligibility system will determine the specific Medicaid coverage group and Medicaid will be issued without delay.

WV IMM, Chapter 1, §1.6.11.A *Coordination between DHHR and the FFM, in part:* Regardless of where the applicant submits their Single Streamlined Application (SLA), eligibility can be determined for insurance affordability programs including MAGI coverage groups based on the information collected on the application without requiring additional action by the applicant.

WV IMM, Chapter 1, §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 an 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.

[Emphasis added]

WV IMM, Chapter 1, §1.8.5, Beginning Date Of Eligibility: Eligibility begins the first day of the month in which eligibility is established. Eligibility may be backdated up to three months prior to the month of the application, when the client met all eligibility requirements in the prior month(s).

WV IMM, Chapter 1, §1.8.6.A Redetermination, in part: Process Cases are normally redetermined annually. The redetermination schedule is set automatically by the eligibility system. When possible, the redetermination process is completed automatically using electronic data matches without requiring information from the client. This redetermination process is initiated which matches current information with the hub. The Reasonable Compatibility Provision applies each time this occurs.

WV Common Chapters Manual, Chapter 700, §710.20.A.2, provides that a request for a hearing may be dismissed if the issue on appeal has been resolved or rendered moot.

DISCUSSION

The Appellant appeals the results of her December 15, 2023 FFM application for 2024 health care assistance. According to policy, the Marketplace must complete an eligibility determination for applications. Additionally, the FFM is required to check for existing Medicaid and/or WVCHIP coverage. The FFM relies on the information collected on the application to decide the applicant's eligibility for insurance affordability programs, including Modified Adjusted Gross Income (MAGI) coverage groups. The Board of Review may only determine if the Marketplace correctly decided the Appellant's Medicaid eligibility based on the information supplied within the application.

Based on the Appellant's testimony and submitted evidence, it was determined that the Appellant's 2023 WV Medicaid renewal paperwork was processed by the DoHS sometime in February 2024 with backdated coverage to December 2023. The issue on appeal has been resolved and is now moot.

CONCLUSIONS OF LAW

- 1) Policy allows for the dismissal of a hearing request if the issue on appeal has been resolved or rendered moot.
- 2) Because the Appellant's WV Medicaid benefits have been approved and is ongoing without a loss of benefits, the issue on appeal is resolved.

DECISION

It is the determination of the State Hearing Officer that because the issue on appeal has been resolved and rendered moot, the hearing request is hereby **DIMISSED**.

ENTERED this 6th day of March 2024.

Lori Woodward, Certified State Hearing Officer