



July 3, 2024

[REDACTED]

RE: [REDACTED] v. DoHS/BFA
ACTION NO.: 24-BOR-2483

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,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

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

cc: Leslie Bonds, [REDACTED] DoHS

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

████████████████████,

Appellant,

v.

Action Number: 24-BOR-2483

**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 ██████████. 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 July 3, 2024.

The matter before the Hearing Officer arises from the June 6, 2024, decision by the Respondent to terminate the Appellant's Medicaid Work Incentive (MWIN) benefits.

At the hearing, the Respondent appeared by Leslie Bonds, ██████████ DoHS. Appearing as a witness for the Respondent was Lisa Reed, ██████████ DoHS. The Appellant represented herself. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Request Notification Form
- D-2 Hearing Request received June 18, 2024
- D-3 Statement from Appellant received June 18, 2024
- D-4 Email from Appellant dated January 6, 2024
- D-5 Email from Medicaid Policy Unit dated December 5, 2023
- D-6 Payment Coupon with Note from Lisa Reed
- D-7 Notice of Termination dated June 7, 2024
- D-8 Notice of Termination dated June 6, 2024
- D-9 Case Comments for October 2023
- D-10 Case Comments for November and December 2023
- D-11 Medical Review Team Disability Determination dated December 5, 2024

- D-12 Notice of Approval dated December 6, 2024
- D-13 Delinquent Notice dated June 3, 2024
- D-14 Case Comments for January and June 2024
- D-15 Email from Medical Policy Unit dated December 5, 2023
- D-16 Hearing Summary
- D-17 Email from HMS dated July 2, 2024

Appellant's Exhibits:

- A-1 Board of Review Scheduling Order dated June 18, 2024
- A-2 Statement from Appellant received June 18, 2024
- A-3 Notice of Approval dated December 6, 2024
- A-4 Email from Appellant dated January 6, 2024
- A-5 Email from Medical Policy Unit dated December 5, 2023

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 MWIN benefits in August 2023.
- 2) The Appellant was determined to be disabled by the Medical Review Team on December 5, 2023 (Exhibit D-11).
- 3) Senior Medicaid Policy Specialist Linda Newhouse sent an email to the Respondent advising that the Appellant had been approved for MWIN with a redetermination due in August 2024 (Exhibits D-5 and A-5).
- 4) The email advised that enrollment fees would begin April 1, 2023, for new applications but monthly premiums would be waived until the redetermination had been completed (Exhibits D-5 and A-5).
- 5) On December 6, 2023, the Respondent sent a notice to the Appellant advising that her MWIN benefits would begin the month after the month the enrollment fee was paid (Exhibit D-12).
- 6) The December 6, 2023, notice included a handwritten note from Respondent caseworker Lisa Reed advising that the Appellant did not owe monthly premiums until her redetermination in August 2024 (Exhibits D-6 and A-3).
- 7) The Appellant paid the \$50 enrollment fee in December 2023.

- 8) On June 3, 2024, the Respondent received an email from HMS, the administrator of the MWIN program, advising that no premiums had been received from the Appellant and the Appellant should be disenrolled from the program effective June 30, 2024 (Exhibit D-13).
- 9) The Respondent sent a notice of termination to the Appellant on June 6, 2024, advising that her MWIN benefits would be closed effective June 30, 2024, for failure to pay the monthly premium (Exhibit D-8).
- 10) On June 10, 2024, caseworker Lisa Reed emailed HMS Customer Service for clarification regarding the waiver of payments for premiums (Exhibit D-15).
- 11) On July 2, 2024, Michelle Hayes with HMS responded that MWIN monthly premiums were reinstated effective April 1, 2023, for new enrollees. However, Ms. Hayes conceded that HMS may have misinterpreted the information it was provided, and HMS would reactivate the Appellant's coverage if the State made that decision (Exhibit D-17).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 26 explains the MWIN program:

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.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.

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

DISCUSSION

Policy stipulates that new MWIN applicants are required to pay a \$50 enrollment fee prior to the approval of WMIN benefits. 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. Failure to pay the monthly premium results in case closure.

The Appellant met medical eligibility for MWIN benefits and paid the \$50 enrollment fee in December 2023. The Appellant was advised by the Respondent that she would not be required to pay monthly premiums until her MWIN redetermination in August 2024. The Respondent terminated the Appellant's MWIN benefits effective June 30, 2024, for failure to pay the monthly premium.

West Virginia, in its response to the Center for Medicare and Medicaid's request a State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions, requested a waiver under the Social Security Administration Act §1902(e)(14)(A) to delay the resumption of premiums until the scheduled renewal is conducted for MWIN members. The Medicaid Policy Unit communicated this information to the Respondent caseworker upon the approval of MWIN eligibility for the Appellant on December 5, 2023. However, HMS, the contracted agency administering the MWIN program, notified the Respondent to disenroll the Appellant due to her failure to pay the monthly premium.

While it appears there is an obvious lack of communication between West Virginia Medicaid and its own contracted agency, based upon the approval of the waiver by the Center for Medicare and Medicaid, the Appellant is exempt from paying monthly premiums until her redetermination is completed. The Respondent's decision to terminate the Appellant's MWIN benefits cannot be affirmed.

CONCLUSIONS OF LAW

- 1) Failure to pay monthly premiums for the MWIN program results in case closure.
- 2) West Virginia received a waiver from the Center for Medicare and Medicaid that allowed for the suspension of monthly MWIN premiums until a redetermination is completed.
- 3) The Appellant's MWIN redetermination is August 2024.
- 4) The Respondent incorrectly terminated the Appellant's MWIN benefits.

DECISION

It is the decision of the State Hearing Officer to **reverse** the decision of the Respondent to terminate the Appellant's Medicaid Work Incentive benefits. Benefits will be reinstated effective July 1, 2024, with no premium due until after a full redetermination has been completed.

ENTERED this 3rd day of July 2024.

Kristi Logan
Certified State Hearing Officer