



December 10, 2024

[REDACTED]

RE: [REDACTED] v. WV DoHS/BFA
ACTION NO.: 24-BOR-3557

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: Ann Hubbard, WVDoHS/BFA

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

████████████████████,

Appellant,

v.

Action Number: 24-BOR-3557

**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 November 26, 2024.

The matter before the Hearing Officer arises from the August 20, 2024 decision by the Respondent to close the Appellant's Adult Medicaid benefits effective November 1, 2024.

At the hearing, the Respondent appeared by Ann Hubbard, Economic Service Supervisor. The Appellant appeared *pro se*. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Summary
- D-2 Medicaid and/or WVCHIP approval notice dated November 2, 2023
- D-3 Medicaid and/or WVCHIP approval notice dated November 2, 2023
- D-4 Adult Medicaid Benefits closure letter (EDC1) dated August 20, 2024
- D-5 WV Income Maintenance Manual (IMM), Chapter 1, §1.8 *et. seq.*

Appellant's Exhibits:

- A-1 Written statement from Appellant, undated; November 1, 2023 Marketplace Eligibility Notice; November 3, 2023, Marketplace Eligibility Notice; Email exchange with ██████████ dated November 6, 2024; Form 1040 US Income Tax Return for tax year 2023, page 1, unsigned

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 medical assistance through the Federally Facilitated Marketplace (FFM) on November 1, 2023.
- 2) On the November 1, 2023 application, the Appellant reported her gross income for the month of November 2023 as \$1,350. (Exhibit A-1)
- 3) Based on the Appellant's reported gross income for the month of November 2023, FFM found that the Appellant was ineligible for a premium tax credit but potentially eligible for Medicaid. (Exhibit A-1)
- 4) The FFM instructed the Appellant to wait for a final determination from the state agency. (Exhibit A-1)
- 5) The November 1, 2023 Marketplace Eligibility Notice (Eligibility Notice) included the phone number for West Virginia Medicaid for additional assistance. (Exhibit A-1)
- 6) The Eligibility Notice explained that another notice from the state agency regarding Medicaid programs, next steps, and the start date would be forthcoming. (Exhibit A-1)
- 7) On November 1, 2023, the Respondent received the Appellant's application information from FFM which was verified through the Federal Data Hub (FDH) resulting in Modified Adjusted Gross Income (MAGI) Medicaid approval. (Exhibit D-1)
- 8) Notice of the Appellant's Medicaid approval was sent on November 2, 2023, to the address transmitted with the Appellant's information from the FFM of [REDACTED] which is the Appellant's physical address. (Exhibits D-2 and D-3)
- 9) The Appellant has a post office box mailing address which was not transmitted to the Respondent.
- 10) On November 3, 2023, the Appellant submitted a corrected FFM application indicating that her yearly 2024 income would be approximately \$22,980. (Exhibit A-1)
- 11) The November 3, 2023 Eligibility Notice indicated that the Appellant was eligible for a Marketplace plan and premium tax credit, but ineligible for Medicaid. (Exhibit A-1)

- 12) The November 3, 2023 Eligibility Notice included the phone number for West Virginia Medicaid for additional assistance. (Exhibit A-1)
- 13) On August 19, 2024, the Appellant received notice from the FFM that she was enrolled in Medicaid in addition to a Marketplace plan. (Exhibit A-1)
- 14) On August 19, 2024, the Appellant contacted the Respondent and requested that her Medicaid be closed. (Exhibit A-1)
- 15) On August 20, 2024, notification of Medicaid closure was sent to the Appellant. (Exhibit D-4)

APPLICABLE POLICY

West Virginia Income Maintenance Manual (WVIMM), Chapter 1, §1.2.6.D, *Federally Facilitated Marketplace (FFM)*, in part: 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.

➤ **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

DISCUSSION

West Virginia entered into an agreement with the FFM whereby the Department will accept as final the Medicaid and WVCHIP eligibility determinations made by FFM. 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. Non-financial and financial information about the applicant is matched with the Federal Data Hub (FDH). Policy requires FFM to verify current monthly income and annual income and transmit the applicant’s information to the Respondent.

FFM Application

The Appellant submitted an application on November 1, 2023 with the FFM for medical assistance. On the Appellant’s November 1, 2023 application, she indicated that her monthly gross income for the month of application was \$1,350. Based on the information provided by the Appellant, the FFM determined that the Appellant was not eligible for a premium tax credit but indicated that it would transmit her information to the state agency (West Virginia) for possible Medicaid coverage. On November 1, 2023, the state of West Virginia received the Appellant’s FFM application with a notation that the income was verified through the Federal Data Hub (FDH). Based upon the transmitted information from FFM, the Respondent promptly approved the Appellant for MAGI Medicaid coverage as required by policy. Notification of the Appellant’s Medicaid approval was sent on November 2, 2023 to the Appellant’s physical address provided by the FFM of [REDACTED]. The Appellant does not receive

mail at her physical address. Instead, the Appellant receives her mail at a post office box. Unfortunately, the Appellant's mailing address was not provided by the FFM to the Respondent. However, the Respondent did provide policy-required notification to the address of record for the Appellant.

Policy requires when an individual's income is at or below the income limits for Medicaid, FFM 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.

Notice

The Appellant brings this appeal stating that the MAGI Medicaid benefits were "opened in error and without my knowledge." However, the Appellant acknowledged that she requested evaluation for Medicaid coverage in her FFM application. Based on the information the Appellant provided on her November 1, 2023 FFM application, FFM notified her that she was potentially eligible for Medicaid and her information would be forwarded to the state agency for Medicaid coverage. Unfortunately, the FFM instructed her to wait for a final determination by the state agency, which she never received due to FFM failing to transmit her correct mailing address.

Based on the information received from the FFM, the Respondent correctly processed the information, which was verified through the FDH and promptly approved. Notice of the Appellant's approval was sent to the address of record, [REDACTED]

Eligibility

The Appellant also argues that because she underestimated her income for November 2023 on her November 1, 2023 application, she should not have been eligible for MAGI Medicaid. The Appellant testified that her estimated 2024 income was \$22,980, and when averaged to a monthly amount, would have made her over 133% FPL. The FFM is responsible to verify non-financial and financial information about the applicant by matching the provided information with the Federal Data Hub (FDH). The FFM is to transfer the eligible client's electronic account to the Respondent, without delay. The Respondent is required to accept the electronic account for the client who is assessed by the FFM as potentially eligible for a MAGI group and not request any additional information when already verified electronically. The Appellant's information was verified through the FDH and was determined to be MAGI Medicaid eligible resulting in prompt approval.

The Board of Review must determine whether the Respondent followed policy in its approval of the Appellant's Medicaid benefits. Policy mandates that the Respondent promptly and without delay approve Medicaid applications completed through the FFM, if eligible. Notification of approval must be made to the applicant. The Respondent promptly approved the Appellant's FFM Medicaid application based upon the information she provided and verified through the FDH, and notification of approval was sent to the address of record.

The Respondent showed by a preponderance of evidence that it correctly acted upon the information provided by the Appellant and FFM in approving the Appellant's MAGI Medicaid

coverage on November 1, 2023, and subsequently terminated the coverage upon the Appellant's request, effective November 1, 2024.

CONCLUSIONS OF LAW

- 1) Policy requires that the Respondent process information transmitted from the FFM in a prompt manner for Medicaid determination.
- 2) On November 1, 2023, the Respondent received information from the FFM regarding the Appellant's eligibility for MAGI Medicaid with a reported income of \$1,350 for the month of application.
- 3) The income limit for a one-person assistance group for MAGI Medicaid is 133% of the federal poverty level, or \$1,616 per month.
- 4) After a FDH match, the Respondent approved the Appellant for MAGI Medicaid and sent notice to the address of record on November 2, 2023.
- 5) After the Appellant contacted the Respondent, the Respondent promptly terminated the Appellant's Medicaid benefits which was sent to the address provided by the Appellant.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the November 2, 2023 approval of the Appellant's MAGI Medicaid and the closure of the Appellant's Medicaid as of November 1, 2024.

ENTERED this 10th day of December 2024.

Lori Woodward, Certified State Hearing Officer