December 19, 2024

[redacted]

RE: [redacted]
ACTION NO.: 24-BOR-3758

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 # 23-BOR-3758**

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 his Appeal request to the FFM on or about November 23, 2024.

On November 26, 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 did not submit any documents as evidence in the hearing.

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) On November 23, 2024, the Appellant used the Federally Facilitated Marketplace (FFM) to complete a health care assistance application for the 2025 coverage year.

2) The Appellant was granted a special enrollment period (SEP) application by the FFM.

3) At the time of the Appellant's application, she was a recipient of Medicaid benefits with certification ending in November 2024.

4) The FFM application results indicated that the Appellant was eligible to enroll in a Marketplace plan until January 29, 2025.

5) The FFM application results indicated the Appellant's FFM application was not reviewed for Medicaid or CHIP coverage because "you said you were recently found ineligible for this coverage."

6) The FFM application results indicated that the Appellant was ineligible for a premium income tax credit because she indicated that she has or could get other qualifying coverage.

7) On the FFM application, Section 3 *Application Members*, the Appellant responded to the question, "Denied Medicaid?" by marking "N/A".

8) The FFM application, Section 13 *Medicaid/CHIP Eligibility Attestations*, reflected, "N," marked in answer to "Full Requested Medicaid Determination."

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, in part:
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.

DISCUSSION

The Appellant appeals the results of her November 23, 2024 FFM application for 2025 health care assistance. According to policy, the Marketplace must complete an eligibility determination for applications. 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.

The Appellant testified that when she received her Medicaid closure notice from the Department of Human Services (DoHS), she believed she was permanently ineligible for Medicaid benefits. The Appellant believed that the FFM also found her Medicaid ineligible. However, on her 2025 Marketplace Eligibility Notice, it indicated her application was not reviewed for Medicaid or CHIP because she had stated she was recently found ineligible for the coverage. It is noted that the Appellant was granted a special enrollment period (SEP) application by the FFM due to loss of minimum essential coverage. Additionally, on the November 2024 FFM application, the Appellant indicated "N/A" (not applicable) to the question if she has been found ineligible for Medicaid benefit. Lastly, on the application, the Appellant indicated that she did not request a full Medicaid determination. Based on the information provided on the application, the FFM's decision not to review the Appellant's application for Medicaid eligibility is affirmed.

CONCLUSION OF LAW

1) Policy requires the FFM to review Medicaid eligibility when it is requested by an applicant.

2) The Appellant indicated on her FFM application that she did not want a full review of Medicaid eligibility.

3) The basis of the FFM granting a special enrollment period application for the Appellant was the loss of her minimum essential coverage.

4) The FFM's decision not to review the Appellant's application for Medicaid eligibility is affirmed.

DECISION

It is the determination of the State Hearing Officer to **UPHOLD** the FFM's decision not to review the Appellant's application for Medicaid eligibility.

ENTERED this 19th day of December 2024.

_____

Lori Woodward, Certified State Hearing Officer