



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
P.O. Box 1247
Martinsburg, WV 25402

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

February 3, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1018

Dear Ms. [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 Health and Human Resources. 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
State Hearing Officer
Member, State Board of Review

Encl: Claimant's Recourse to Hearing Decision
Form IG-BR-29

cc: Peter VanKleeck, ESS

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BOARD OF REVIEW**

██████████,

Claimant,

v.

Action Number: 15-BOR-1018

**WEST VIRGINIA DEPARTMENT OF
HEALTH AND HUMAN RESOURCES,**

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 West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on January 29, 2015, on an appeal filed January 2, 2015.

The matter before the Hearing Officer arises from the December 18, 2014 decision by the Respondent to stop Qualified Medicare Beneficiary program benefits.

At the hearing, the Respondent appeared by Peter VanKleeck, Economic Services Supervisor. The Claimant, who was present, appeared by her daughter, ██████████. As witness for the Claimant was the Claimant's other daughter, ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Summary
- D-2 Notice of Medical Review due (MREV), dated November 17, 2014
- D-3 Notice of Qualified Individual I benefit closure, dated December 18, 2014
- D-4 WV Income Maintenance Manual (IMM), Chapter 1, §1.2.B.2

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 Claimant was a recipient of Medicare supplement program benefits, Qualified Individual I (QI-1). Notice was sent to the Claimant on November 17, 2014 that her yearly Medicaid eligibility review was due by December 31, 2014. Note: the form was due by December 1, 2014. (Exhibit D-2)
- 2) On December 18, 2014, the Department sent Notice to the Claimant that her QI-1 benefits were being closed due to non-completion of an eligibility review. (Exhibit D-3)
- 3) The Claimant asserted she did return the eligibility review form before the due date. Her witness, [REDACTED], stated that she did see that the Claimant had used the same envelope that the Department had sent her and noted that the Claimant had put ten (10) stamps on it. Ms. [REDACTED] testified that this was “before the holidays.”
- 4) The Department representative testified that he had checked the log sheets at the local office and found no evidence of the Department receiving them.

APPLICABLE POLICY

West Virginia Income Maintenance Manual (IMM) §1.2.B.2 requires that periodic reviews of total eligibility be made at specific intervals, depending on the program or coverage group. Failure by the client to complete a redetermination usually results in ineligibility.

DISCUSSION

The Claimant was due for an eligibility review which needed to be completed by December 31, 2014. The Claimant asserts that she completed and returned the eligibility review form to the Department sometime before the end of December 2014. Although the testimony of the Claimant and her witness were credible, unfortunately, there is no record of the Department receiving it. As no eligibility review could be completed, the Department was correct in terminating the Claimant’s QI-1 benefits.

CONCLUSION OF LAW

The Claimant was required to complete an eligibility review by December 31, 2014, which was not done. Per policy, the Claimant’s Medicare supplement program benefits must be terminated.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's closure of Claimant's Medicare supplement program benefits.

ENTERED this 3rd day of February 2015.

**Lori Woodward
State Hearing Officer**