



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
1400 Virginia Street
Oak Hill, WV 25901

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

May 7, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1506

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,

Kristi Logan
State Hearing Officer
Member, State Board of Review

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

cc: Travis Hart, [REDACTED] DHHR

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

██████████,

Claimant,

v.

Action Number: 15-BOR-1506

**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 April 16, 2015, on an appeal filed March 10, 2015.

The matter before the Hearing Officer arises from the decision by the Respondent to deny Medicaid Work Incentive (MWIN) benefits for April 2014.

At the hearing, the Respondent appeared by Travis Hart, Economic Service Supervisor. Appearing as witnesses for the Respondent were Barbara Price, Economic Service Supervisor, and Susan Lanier, Economic Service Worker. The Claimant appeared *pro se*. Appearing as a witness for the Claimant was ██████████, the Claimant's daughter-in-law. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Department's Summary
- D-2 InROADS Medicaid Application dated November 24, 2013
- D-3 Verification Checklist dated January 29, 2014
- D-4 Bank Statement, Statement of Life Insurance, and Paystubs received February 7, 2014
- D-5 Supplement to Application for Health Coverage received March 20, 2014
- D-6 Notice of Enrollment Fee and Premium Fee Due dated March 21, 2014
- D-7 Notice of Decision dated May 21, 2014
- D-8 Correspondence from ██████████ to Susan Lanier dated April 10, 2015

- D-9 Correspondence from [REDACTED] to Susan Lanier dated April 10, 2015
- D-10 Correspondence from the Claimant to the Respondent dated March 4, 2015
- D-11 WV Income Maintenance Manual §23.3
- D-12 WV Income Maintenance Manual §23.2
- D-13 Case Comments from January 2014-April 2015

Claimant's Exhibits:

- C-1 Money Order Receipts dated November 10, 2014, December 15, 2014, and January 13, 2015

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 submitted an online application (D-2) for MWIN benefits on November 24, 2013. The Department processed the Claimant's application on January 29, 2014, and issued a Verification Checklist (D-3) that date requesting proof of the Claimant's earned income and liquid assets. The Supplement to Application for Health Coverage form was also issued for the Claimant to complete.
- 2) The Department received verification (D-4) of the Claimant's earned income and assets on February 7, 2014, but did not receive the Supplement form. A duplicate form was issued (D-13) to the Claimant, and she was notified to complete and return the form. The completed form (D-5) was received by the Department on March 20, 2014.
- 3) The Claimant was notified (D-6) on March 21, 2014, of the \$50 enrollment fee that was required to be paid before MWIN benefits would begin. The Claimant was also notified that her monthly premium for MWIN would be \$94.50 monthly.
- 4) The Department was notified (D-8 and D-9) by [REDACTED], the contract agency responsible for the MWIN program that the Claimant failed to pay the \$50 enrollment fee. The first premium payment of \$94.50 was received on May 21, 2014. Fifty dollars of the premium that was paid was applied to the Claimant's account as the enrollment fee, giving her a \$44.50 account credit. MWIN benefits for the Claimant were opened effective June 1, 2014.
- 5) The Department contended that the Claimant did not meet all the eligibility factors required for MWIN benefits until May 2014. Per policy, MWIN benefits begin the month following the receipt of the enrollment fee.

- 6) The Claimant contended that she sent the enrollment fee in at the same time as first premium. The Claimant paid by money order, but no longer had receipts for those money orders. The Claimant purported that [REDACTED] failed to credit her account each time she paid her premiums and has had to send in duplicate copies of the money order receipts to verify payment. The Claimant stated she needed MWIN backdated to April 2014 as she has outstanding doctors' bills for that month. The Claimant's MWIN benefits closed effective March 31, 2015 for non-payment of the monthly premium. The Claimant maintained that she was current on payment of the premiums, but that she was not given proper credit for the payments. The Claimant argued that her application was processed untimely, and had it been processed in November 2013 when she initially applied, she would have had Medicaid for April 2014.
- 7) The Claimant was given fourteen (14) days to provide copies of money orders verifying the payment of her enrollment fee prior to May 2014. The Claimant failed to provide verification of payment of the enrollment fee.

APPLICABLE POLICY

WV Income Maintenance Manual §1.24H states that if the Single Streamlined Application (SLA) form is submitted to apply for a non-Modified Adjusted Gross Income (MAGI) Medicaid group, the SLA Supplement (SLA-S1) is required to obtain additional information to determine eligibility.

WV Income Maintenance Manual §23.2D states that each eligible applicant must pay a \$50 enrollment fee and once approved, a monthly premium. Upon payment of the enrollment fee, the first month's premium is waived. After eligibility is established, the Worker must notify the applicant that all program requirements have been met except payment of the enrollment fee.

WV Income Maintenance Manual §23.3J states if an application has not been acted on within a reasonable period of time unless the delay is due to factors beyond the control of the Department, the client is eligible to receive direct reimbursement for out-of-pocket medical expenses.

WV Income Maintenance Manual §23.3M states that the beginning date of eligibility is the first day of the month following the date the enrollment fee is received.

DISCUSSION

The Claimant was notified by letter issued March 21, 2014, that all eligibility factors had been met for her to participate in the MWIN program, but that prior to the issuance of the MWIN benefit, the \$50 enrollment fee had to be paid. This notice also advised the Claimant that the first issuance month of the benefit would be the month after the receipt of the enrollment fee.

The Claimant was unable to provide verification that she paid the enrollment fee prior to May 2014. Policy stipulates that the first month of eligibility for the Claimant would be June 2014, the month after the payment was received.

While the Department clearly failed to act timely in processing the Claimant's MWIN application, the Claimant did not provide the requested verifications to the Department until March 20, 2014, and eligibility prior to that date could not be established.

CONCLUSIONS OF LAW

Whereas the enrollment fee for MWIN benefits was not received by the Department until May 2014, the Claimant's first month to receive the benefit was June 2014.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's denial of Medicaid Work Incentive benefits for the Claimant for April 2014.

ENTERED this 7th day of May 2015

Kristi Logan
State Hearing Officer