



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Bill J. Crouch
Cabinet Secretary

M. Katherine Lawson
Inspector General

February 16, 2018

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 18-BOR-1094

Dear Mr. [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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Darlene Smith, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 18-BOR-1094

**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 February 14, 2018, on a request for appeal filed January 19, 2018.

The matter before the Hearing Officer arises from the January 16, 2018 decision by the Respondent to deny the Appellant's Medicare Premium Assistance/Medicaid application.

At the hearing, the Respondent appeared by Jennifer Nicholas, Economic Service Worker, WVDHHR. The Appellant was represented by his daughter, ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Income Maintenance Manual Chapter 5.4
- D-2 Electronic mail transmission dated January 11, 2018
- D-3 Notices of Decision dated January 16, 2018
- D-4 Data exchange information and electronic mail transmission dated January 11, 2018

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 the Respondent's Medicare Premium Assistance/Medicaid Programs in January 2017.

- 2) The Appellant's household income of \$1,459 exceeds the maximum income limit (\$1,357) for the Respondent's Medicare Premium Assistance Programs.
- 3) The Appellant also previously refused Medicare Part B, a potential resource, and, therefore, is ineligible for the Respondent's Medicaid Programs (see Exhibit D-4).
- 4) The Appellant was notified of the denials in Notices of Decision dated January 16, 2018 (D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 5.4.A states that all applicants for and recipients of Medicaid, who qualify for Medicare Buy-In, must enroll in Medicare Parts A and B, unless an exemption to enrollment is met. Exemptions include, but are not limited to, no established record of birth or the individual has other creditable health insurance and will be disadvantaged by Medicare enrollment.

Failure, without an exemption, to enroll in Medicare for the above specified Medicaid applicants and recipients, results in denial of Medicaid or exclusion from the Medicaid Assistance Group. When the individual is the only Medicaid Assistance Group member, Medicaid is closed. The individual remains ineligible until he enrolls.

Chapter 4 of the Manual states that the maximum income limit for the Medicare Premium Assistance Program is \$1,357 for a one-person Assistance Group.

DISCUSSION

To qualify for the Respondent's Medicare Premium Assistance Program, income for a one-person household cannot exceed \$1,357, according to policy. In addition, policy states that an individual who is eligible for Medicare Parts A and B, but refuses the benefit, is ineligible for Medicaid.

The Appellant's representative did not dispute the Respondent's calculation of household income as \$1,459 per month, which exceeds the maximum allowable income limit for the Medicare Premium Assistance Program.

The Appellant's representative testified that he is not enrolled in Medicare Part B, as another family member previously handled his benefits and refused the coverage. She indicated that the Appellant must now pay a penalty of \$465 to enroll in Medicare Part B since he previously failed to enroll, in addition to his \$165 monthly premium. She stated that the Appellant cannot afford to pay the penalty to enroll in Medicare Part B.

While the Appellant's situation is unfortunate, policy clearly states that he must be enrolled in Medicare Part B in order to receive Medicaid benefits.

CONCLUSION OF LAW

The Respondent acted correctly in denying the Appellant's Medicare Premium Assistance/Medicaid Program application.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Respondent's action to deny Medicare Premium Assistance/Medicaid benefits.

ENTERED this 16th Day of February 2018.

**Pamela L. Hinzman
State Hearing Officer**