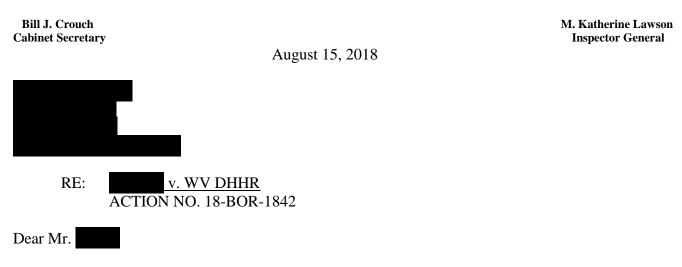


State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review 203 East Third Avenue Williamson, WV 25661



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,

Stephen M. Baisden State Hearing Officer Member, State Board of Review

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

cc: Amy McCoy, WV DHHR, County Office

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

Appellant,

v.

ACTION NO. 18-BOR-1842

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 **Example**. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' (WV DHHR) Common Chapters Manual. This fair hearing was convened on July 31, 2018, on an appeal filed June 8, 2018.

The matter before the Hearing Officer arises from the March 19, 2018, decision by the Respondent to discontinue the Appellant's eligibility for the Medicaid Buy-In, Qualified Medicare Beneficiary Medicaid program (hereinafter QMB), for the months of April, May and June 2018.

At the hearing, the Respondent appeared by Amy McCoy, Economic Service Worker at the WV DHHR, County Office. The Appellant appeared *pro se*, by his representative and niece

The participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Letter from Respondent dated February 12, 2018, Medicaid mail-in review form
- D-2 Letter from Respondent dated March 19, 2018, QMB closure notice

Appellant's Exhibits:

A-1 Handwritten letter from Appellant to Respondent dated June 8, 2018

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence, 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 was a recipient of a Medicare Buy-In Medicaid program, QMB.
- 2) On February 12, 2018, the Respondent sent the Appellant a QMB review form (Exhibit D-1), with a cover letter explaining that he should complete and return the form before March 31, 2018.
- 3) On March 19, 2018, the Respondent sent the Appellant a letter (Exhibit D-2), informing him that his QMB Medicaid would be discontinued after March 31, 2018, because he had not completed a benefit review.
- 4) The Appellant's QMB remained closed from April through June 2018.
- 5) Neither the review form (Exhibit D-1) nor the closure letter (Exhibit D-2) were mailed to the Appellant. Both pieces of correspondence were e-mailed to the Appellant through the WV DHHR's on-line customer service website, known as inROADS.
- 6) The Appellant requested a fair hearing to protest the closure of his eligibility for QMB Medicaid.

APPLICABLE POLICY

The West Virginia Income Maintenance Manual (WV IMM) Chapter 1, §1.16.10.A reads as follows in part:

The redetermination [for the Medicare Buy-In Programs] may be submitted by mail or online by use of inROADS.

WV IMM Chapter 1, §1.16.10.B reads as follows in part:

QMB, SLIMB and QI-1 cases are redetermined annually.

- QMB and SLIMB redeterminations are scheduled in the 12th month of eligibility.
- QI-1 redeterminations are due in December of each year, regardless of the beginning month of eligibility.

WV IMM Chapter 1, §1.16.10.B reads as follows in part:

The redetermination process for QMB, SLIMB and QI-1 is initiated by the eligibility system which generates a pre-populated form and letter of explanation to the client. The redetermination form is due by the first day of the 12th month of the certification period or December 1 for QI-1. If the redetermination form is not received by the adverse action date, the AG is issued a notice of closure.

DISCUSSION

Medicare Buy-In encompasses three separate WV Medicaid programs that pay a recipient's Medicare premium each month. These three programs are: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB) and Qualified Individual Medicare Assist (QI-1). The Appellant had been approved for QMB, and his benefits were due for review in March 2018.

On February 12, 2018, the Appellant was sent a review form with a cover sheet (Exhibit D-1) informing him that his QMB would be discontinued if he did not complete his review by March 31, 2018. As of March 19, 2018, the Appellant had not completed his yearly review, so the Respondent sent him a letter (Exhibit D-2), informing him that his QMB would be discontinued effective March 31, 2018.

The Appellant did not receive these two letters by the U.S. Postal Service. Rather, he received these notices through the WV DHHR's on-line customer service network, known as inROADS.

This service allows a WV DHHR benefit recipient to receive notices, review forms and other correspondence by e-mail. A recipient may also complete his or her benefit reviews and/or redeterminations through this system. However, individuals who elect to use inROADS may not receive traditional postal notifications.

The Appellant's representative, his niece, testified that neither the Appellant nor anyone else in his family requested that he receive his notices via inROADS. She testified that the Appellant is elderly and is not an experienced user of computers, cell phones or other digital technologies. She testified that the Appellant had no idea that his QMB was past-due for a review until he attempted to purchase groceries and found that three months of Medicare premiums had been deducted from his monthly Social Security amount.

The Respondent's representative testified that she did not know if the Appellant or someone else in his family requested that he receive his WV DHHR correspondence through inROADS, because she did not have access to the Appellant's inROADS account. She testified that she did not know if the Appellant received the review form and closure notice by traditional mail in addition to inROADS, or if the inROADS notifications were the only versions sent.

The Respondent did not provide evidence such as case recordings to document if the Appellant or someone in his family requested that he receive his departmental correspondence through inROADS. However, testimony from the Appellant's representative to the effect that he was not an experienced computer user supports his position that he would not have requested this method of case management.

The Respondent did not issue to the Appellant proper notification that his benefits were due for review or that his benefits were closing due to a lack of review. Therefore, the Respondent incorrectly closed the Appellant's QMB benefits for April through June 2018.

CONCLUSION OF LAW

The Appellant did not submit a QMB benefit review by March 31, 2018, pursuant to WV IMM Chapter 1, §1.16.10.B. However, he was not notified properly of the review or of the benefit closure. The Respondent did not act correctly in discontinuing the Appellant's eligibility QMB for April, May and June 2018.

DECISION

It is the decision of the State Hearing Officer to REVERSE the Respondent's decision to discontinue the Appellant's eligibility for QMB Medicaid, and to reinstate his QMB benefits for the months of April, May and June 2018.

ENTERED this 15th Day of August 2018.

Stephen M. Baisden State Hearing Officer