



**State of West Virginia**  
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**  
**Office of Inspector General**  
**Board of Review**  
**P.O. Box 1736**  
**Romney, WV 26757**

**Joe Manchin III**  
**Governor**

**Patsy A. Hardy, FACHE, MSN, MBA**  
**Cabinet Secretary**

December 4, 2009

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held November 19, 2009. Your hearing request was based on the Department of Health and Human Resources' action to terminate your Qualified Medicare Beneficiary medical coverage under the Medicaid program.

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.

Eligibility for the Qualified Medicare Beneficiary is based on current policy and regulations. These regulations provide that in order to establish financial eligibility for the program, a household's countable income has to equal to or less than 100% of the Federal Poverty Level for the household's size. (West Virginia Income Maintenance Manual Chapter 10.16).

The information which was submitted at your hearing revealed that your household's total countable income exceeded 100% of the Federal Poverty Level.

It is the decision of the State Hearings Officer to Uphold the action of the Department to terminate your Qualified Medicare Beneficiary coverage.

Sincerely,

Eric Phillips  
State Hearing Officer  
Member, State Board of Review

cc: Board of Review  
Ann Hubbard, ESS

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

-----,

**Claimant,**

**v.**

**Action Number: 09-BOR-1942**

**West Virginia Department of  
Health and Human Resources,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**I. INTRODUCTION:**

This is a report of the State Hearing Officer resulting from a fair hearing concluded on December 4, 2009 for ----- . This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on November 19, 2009 on a timely appeal, filed September 15, 2009.

**II. PROGRAM PURPOSE:**

The Qualified Medicare Beneficiaries (QMB), the Specified Low Income Medicare Beneficiaries (SLIMB), and the Qualified Individuals (QI-1 and QI-2) Programs provide limited coverage under the Medicaid Program for eligible individuals or couples who are eligible for Medicare, Part A and who meet specified income tests. The QMBV program has a lower maximum income level and provides coverage of all Medicare co-insurance and deductibles as well as payment of the Medicare premium. SLIMB and QI-1 have higher maximum income levels and provide only for the payment of the Medicare Part B premium. The maximum income level for QI-2 is 175% of the Federal Poverty Level. This program pays for a portion of the Medicare premium.

**III. PARTICIPANTS:**

-----, Claimant  
Ann Hubbard, Economic Service Supervisor

Presiding at the Hearing was Eric L. Phillips, State Hearing Officer and a member of the Board of Review.

**IV. QUESTION TO BE DECIDED:**

The question to be decided is whether or not the Department was correct in its decision to terminate the Claimants Qualified Medicare Beneficiary Program.

**V. APPLICABLE POLICY:**

West Virginia Income Maintenance Manual Chapter 10.16, 10.22

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 Hearing Summary
- D-2 Computer Printouts verifying household income
- D-3 Denial Notice dated September 4, 2009
- D-4 West Virginia Income Maintenance Manual Chapter 10.16, 10.22

**VII. FINDINGS OF FACT:**

- 1) The Claimant was a current recipient of the Qualified Medicare Beneficiary program and completed a redetermination of her benefits on August 24, 2009. The Claimant reported to the Department that her household consisted of herself and her husband. The review listed Social Security income as the primary income for the household. Reported income for the Claimant was listed as \$593.00 per month and the Claimant's husband's income was listed as \$1642.40 per month (Exhibit D-2). Total gross income for the household was listed as \$2235.40. The Department granted the Claimant a \$20.00 allowable disregard making countable income applied to the eligibility determination of \$2215.40.
- 2) On September 4, 2009, the Department issued the Claimant Exhibit D-3, Denial Notice that informed the Claimant that her Qualified Medicare Beneficiary benefits would terminate. This letter documents in pertinent part:

“Your 8/24/09 application for Qualified Individual I has been Denied.

Reason: Income is more than the income limit for you to receive benefits.

The following individuals are ineligible-----.”
- 3) The Claimant testified that she was previously eligible for the program and was uncertain as to why the Department terminated her redetermination for benefits. The Department contended that the Claimants husband, Roger Walls, was not included on the Claimants initial application. At the time of recertification for the program, the Claimant listed her husband in the household and all corresponding income was attributed to the redetermination process. After denial of the

Qualified Medicare Beneficiary, the Department evaluated the Claimant for other Medicaid programs; the Claimant's excessive income deemed her ineligible for these programs.

4) West Virginia Income Maintenance Manual Chapter 10.16 states in pertinent part:

A. Determining Eligibility

Countable income is determined by subtracting any allowable disregards and deductions from the total non-excluded gross income.

Step 1: Determine the total non-excluded gross unearned income and subtract the appropriate disregards.

Step 2: Determine the total non-excluded gross earned income.

Step 3: Add unearned income from Step 1.

Step 4: Subtract the amount of income diverted to a PASS account and the Death Benefit deduction.

The result is the total monthly countable income.

Step 5: Compare the amount in Step 4 to the QMB, SLIMB, or QI-1 income levels for the appropriate number of persons. If the amount is less than or equal to the QMB, SLIMB or QI-1 income levels, the client(s) is eligible.

Eligibility for these coverage groups is determined as follows:

QMB-Income is less than or equal to 100% FPL

SLIMB-Income is greater than 100% FPL, but less than or equal to 120% FPL

QI-1 – Income is greater than 120% FPL, but less than or equal to 135% FPL

5) West Virginia Income Maintenance Manual Chapter 10 Appendix A lists income limits for the programs as:

QMB-\$1215 monthly (2 person household)

SLIMB-\$1216-\$1457 monthly (2 person household)

QI-1-\$1458-\$1640 monthly (2 person household)

**VIII. CONCLUSIONS OF LAW:**

- 1) Policy dictates that in order to be eligible for the Qualified Medicare Beneficiary Program, a household's total income must be equal to or less than 100% of the Federal Poverty Level (\$1215.00 monthly) for the corresponding household size.
- 2) The household's total monthly income exceeds the limits established by policy; therefore the Department was correct in its decision to terminate the Claimants Qualified Medicare Beneficiary assistance.

**IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Departments decision to terminate the Claimants Qualified Medicare Beneficiary assistance.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_\_ day of December 2009.**

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**Eric L. Phillips  
State Hearing Officer**