



**State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
P. O. Box 468  
Hamlin, WV 25523**

**Joe Manchin III  
Governor**

**Martha Yeager Walker  
Secretary**

April 17, 2009

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held March 31, 2009. Your hearing request was based on the Department of Health and Human Resources' action to deny your eligibility for benefits for January and February 2009 through the Qualified Medicare Beneficiary (QMB) 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 Program is based on current policy and regulations. Some of these regulations state as follows: QMB and SLIMB redeterminations are scheduled in the 12<sup>th</sup> month of eligibility. Failure to complete and return the redetermination results in AG closure. (Section 1.15.Q.2 of the West Virginia Income Maintenance Manual)

The information submitted at your hearing reveals that you failed to complete and return the redetermination form as required by policy. As a result, the Department was correct to terminate your eligibility for QMB benefits.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your eligibility for Medicaid benefits through the Qualified Medicare Beneficiary (QMB) Program for the months of January and February 2009.

Sincerely,

Cheryl Henson  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Kathy Lawrence, [REDACTED] DHHR

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

-----,

**Claimant,**

**v.**

**Action Number: 09-BOR-665**

**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 April 10, 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 March 31, 2009 on a timely appeal, filed February 3, 2009. The record was left open until April 10, 2009 for the Department to submit additional documents.

It should be noted here that the claimant's benefits have been terminated.

**II. PROGRAM PURPOSE:**

The Qualified Medicare Beneficiary Program is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The Qualified Medicare Beneficiary (QMB), the Specified Low Income Medicare Beneficiary (SLIMB), and the Qualifying Individuals (QI-1) 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 QMB 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.

**III. PARTICIPANTS:**

-----, Claimant

Katherine Lawrence, Raleigh DHHR

Presiding at the Hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

All parties participated by videoconference.

**IV. QUESTIONS TO BE DECIDED:**

The question to be decided is whether the Department is correct in the decision to deny eligibility for coverage under QMB for the months of January and February 2009.

**V. APPLICABLE POLICY:**

West Virginia Income Maintenance Manual, Chapter 1.15

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

**Department's Exhibits:**

- DHS-1 Department's Summary
- DHS-2 List of Evidence
- DHS-3 Notification letter dated December 5, 2007
- DHS-4 Notification letter dated November 24, 2008
- DHS-5 Notification letter dated December 1, 2008
- DHS-6 Hearing Request form DFA-FH-1
- DHS-7 Hearing Record Form
- DHS-8 Notification letter dated February 4, 2009
- DHS-9 DFA-QSQ-1 QMB application form dated February 3, 2009
- DHS-10 Notification letter dated February 9, 2009
- DHS-11 WV Income Maintenance Manual Sections 4.1, 1.15
- DHS-12 Case Comments dated February 3 and February 6, 2009
- DHS-13 Fax from DHHR dated April 1, 2009

**Claimant's Exhibits:**

None

**VII. FINDINGS OF FACT:**

- 1) On December 4, 2007 the Claimant visited the [REDACTED] County DHHR Office to make application for benefits. He was approved for Qualified Medicare Beneficiary (QMB) benefits effective January 1, 2008. The Claimant was advised the benefit would be due for review in December 2008 (DHS-3).
- 2) The Department sent the Claimant a QMB review form through the mail on November 24, 2008 (DHS-4). This review form included the following pertinent information:

The following individual and the type of medical assistance listed is due for review on 12/31/08.

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Qualified Medicare Beneficiary Coverage

Please complete this form and return it to the Worker by 12/10/08 to the address above. You may also complete your review online at [www.wvinroads.org](http://www.wvinroads.org) by choosing "Review existing benefit (s)". Additional instructions are available online. If you have any questions you may call the Customer Service Center at 1-877-716-1212.

Failure to complete the review and return it by the date due will result in closure of the individual's medical assistance case.

The Department attached a review form with the notification.

- 3) The Department sent the Claimant another notification letter on December 1, 2008 (DHS-5) advising the Claimant that his QMB coverage would stop. The notice included the following pertinent information:

ACTION: Your Qualified Medicare Beneficiary Coverage benefits will stop. You will not receive this benefit after DECEMBER 2008.

REASON: You did not turn in all requested information  
You did not return the review form.

The Claimant failed to return the review form.

- 4) On February 3, 2009 the Claimant visited the [REDACTED] DHHR Office and submitted the DFH-FH-1 fair hearing request form (DHS-6). He also submitted (DHS-9) a DFA-QSQ-1 (application for QMB). This new application was processed by the Department and approved effective March 1, 2009. The Department determined that policy requires them to begin coverage the month following the date of application for QMB. The Claimant requested this hearing to determine his eligibility for the months of January and February 2009.
- 5) The Claimant contends he did not receive the notice, and added that "if he did he didn't understand what it was". He states he was in the [REDACTED] County DHHR Office during the months of November and December 2008 for heating assistance and the worker never explained to him the need for the review form to be completed. The Claimant indicates he can read "somewhat", and has an eighth grade education.

- 6) The Department submitted documentation of case activity for the Claimant during the months of November and December 2008 (DHS-13) requested by the Hearing Officer. This evidence shows the Claimant submitted, either by mail or online, a SNAP food stamp review on November 10, 2008 at which time the worker requested verification of his Veteran's benefits. The Claimant submitted the verification of Veteran's benefits to the Department on December 4, 2008, and the case was updated with his December 2008 income amount. The Department's receptionist also verified that the Claimant did not register to see a case worker during the months of November and December 2008. The Department contends that this contact with the Claimant was not sufficient to complete the QMB review.
- 7) The West Virginia Income Maintenance Manual, Section 1.15 states in pertinent part:

#### M. BEGINNING DATE OF ELIGIBILITY

##### 1. QMB

The beginning date of eligibility for QMB is the first day of the month following the month in which the application for QMB coverage is approved. Eligibility is never established before the month, following the month of application.

#### N. REDETERMINATION SCHEDULE

QMB and SLIMB redeterminations are scheduled in the 12<sup>th</sup> month of eligibility.

#### Q. REDETERMINATION VARIATIONS

##### 2. The Date Of The Redetermination

The redetermination process is initiated by RAPIDS which generates the redetermination form and a letter of explanation PRL5. The information is mailed around the 25<sup>th</sup> day of the 11<sup>th</sup> month of the certification period. The redetermination must be submitted by the 10<sup>th</sup> day of the 12<sup>th</sup> month of the certification period. The redetermination may be submitted by mail or online by use of inROADS. The redetermination may also be completed using the DFA-QSQ-1 or OFS-2

Failure to complete and return the redetermination results in AG closure. The QMB, SLIMB or QI-1 AG may be reopened using the RPIDS-issued redetermination form when it is returned by the last day of the 13<sup>th</sup> month and the individual is otherwise eligible. After the end of the 13<sup>th</sup>

month, a DFA-QSQ-1 or OFS-2 must be completed.

#### **VIII. CONCLUSIONS OF LAW:**

- 1) Policy provides that a redetermination must be completed for QMB every twelve (12) months and failure to complete and return the review form within a specific period of time results in termination of eligibility. In this instance, the Claimant was initially required to submit the form by December 10, 2008. When this did not occur, per policy the Claimant had until January 31, 2009 to submit the redetermination form for it to be considered for review. After that date, policy requires a new application be completed. Policy also states that when approving an application for QMB coverage, the benefits begin the month following the month of application.
- 2) The Claimant failed to return the redetermination form within the timeframes allowed. He submitted a new application for QMB benefits on February 3, 2009. Although the Claimant did have some contact with the Department during the period in question, he failed to supply the necessary documents and information as required.
- 3) Based on the evidence, the Claimant clearly is not eligible for QMB benefits for the months of January and February 2009.

#### **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying the Claimant's eligibility for Medicaid benefits through the Qualified Medicare Beneficiary (QMB) Program for the months of January and February 2009.

#### **X. RIGHT OF APPEAL:**

See Attachment

#### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 17<sup>th</sup> Day of April, 2009.**

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**Cheryl Henson  
State Hearing Officer**