



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of the Inspector General
Board of Review**

**Sherri A. Young, DO, MBA, FAAFP
Interim Cabinet Secretary**

**Sheila Lee
Interim Inspector General**

July 13, 2023

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 23-BOR-1798

Dear [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: Patricia Wentz, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 23-BOR-1798

**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 July 12, 2023.

The matter before the Hearing Officer arises from the May 12, 2023 decision by the Respondent to terminate Medicaid benefits effective June 2023.

At the hearing, the Respondent appeared by Patricia Wentz, Economic Service Worker, WVDHHR. The Appellant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Medicaid review form mailed on April 17, 2023
- D-2 MAGI Medicaid Income Budget
- D-3 Notice of Decision dated May 12, 2023
- D-4 Fair Hearing Request Form received by Respondent on May 22, 2023

Appellant's Exhibits:

None

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 was a recipient of Modified Adjusted Gross Income (MAGI) Adult Medicaid benefits.
- 2) The Respondent reviewed the Appellant's case in May 2023 and determined that household income was excessive for MAGI Adult Medicaid benefits (Exhibit D-1).
- 3) The Appellant's self-reported gross income was \$906.40 bi-weekly (Exhibit D-1).
- 4) The Respondent computed the Appellant's gross countable monthly income as \$1,948.76 using the monthly conversion multiplier (Exhibit D-2).
- 5) The income limit for a one-person MAGI Adult Medicaid Assistance Group is \$1,616 per month (Exhibit D-2)
- 6) The Respondent sent the Appellant a Notice of Decision on May 12, 2023, indicating that Medicaid benefits would be terminated effective June 2023 based on excessive income (Exhibit D-3).

APPLICABLE POLICY

West Virginia Income Maintenance Manual Chapter 23.10.4 states, in pertinent part:

As a result of the Affordable Care Act (ACA), the Adult Group was created, effective January 1, 2014. Eligibility for this group is determined using MAGI methodologies established in Section 4.7. Medicaid coverage in the Adult Group is provided to individuals who are aged 19 or older and under age 65.

To be eligible for the Adult Group, income must be equal to or below 133% of the Federal Poverty Level (FPL).

West Virginia Income Maintenance Manual Chapter 3.7.3 states, in pertinent part:

The needs group is the number of individuals included in the Modified Adjusted Gross Income (MAGI) household size based upon the MAGI rules for counting household members.

West Virginia Income Maintenance Manual Chapter 4.7.3 states that the only allowable income disregard is an amount equivalent to five percentage points of 100% of the Federal Poverty Level (FPL) for the applicable MAGI household size. The 5% FPL disregard is not applied to every MAGI eligibility determination and should not be used to determine the MAGI coverage group for which an individual may be eligible. The 5% FPL disregard will be applied to the highest MAGI income limit for which an individual may be determined eligible.

West Virginia Income Maintenance Manual Chapter 4.7.2 states that eligibility for the MAGI coverage group is determined by using the adjusted gross income (for each member of the MAGI household whose income will count) for the current month. The MAGI differs from the adjusted gross income because MAGI accounts for additions and adjustments. The worker uses the budgeting method established in Section 4.6.1, Budgeting Method, to anticipate future income amounts, consider past income sources, and build monthly income amounts based upon the applicant's reported income.

Chapter 4.6.1.D of the Manual states that conversion of income to a monthly amount is accomplished by multiplying an actual or average amount as follows: • Weekly amount x 4.3 • Biweekly amount (every two weeks) x 2.15 • Semimonthly (twice/month) x 2.

West Virginia Income Maintenance Manual Chapter 4, Appendix A states that the income limit for a one-person MAGI Assistance Group is \$1,616 (133% of the Federal Poverty Level).

DISCUSSION

Policy states that to be eligible for the MAGI Adult Medicaid Group, income must be equal to or below 133% of the Federal Poverty Level for the Needs Group size.

The Appellant testified that her income was higher when she was approved for Medicaid benefits prior to the Covid-19 pandemic and questioned why she is ineligible since her income is now less. The Appellant stated that she normally works 30.75 hours per week and earns \$13.94 per hour. This equates to \$857.31 bi-weekly (61.50 hours bi-weekly multiplied by \$13.94). The Appellant also indicated that she pays court-ordered child support of \$106 per month. She explained that her employer offers health insurance, but it is too expensive.

The Respondent's witness could not explain why the Appellant would have been approved for Medicaid prior to the pandemic if her income was greater at that time.

The Appellant reported an average of \$857.31 in bi-weekly income during the hearing, which would compute to a gross monthly income of \$1,843.22 when using the 2.15 bi-weekly multiplier. Child support is not listed as an allowable income deduction under MAGI Medicaid policy.

As the income limit for a one-person MAGI Assistance Group is \$1,616 (133% of the Federal Poverty Level), the Respondent's decision to terminate Medicaid benefits based on excessive income is affirmed.

CONCLUSIONS OF LAW

- 1) The Appellant's MAGI Adult Medicaid benefits were terminated based on excessive income during a case review in May 2023.
- 2) The Respondent determined that the Appellant's gross monthly income was \$1,948 per month based on information supplied by the Appellant on the review form.

- 3) The Appellant's reported monthly income during the hearing was \$1,843.22.
- 4) The income limit for a one-person Assistance Group for MAGI Adult Medicaid is \$1,616.
- 5) As the Appellant's wages exceed the income limit for the MAGI Adult Medicaid Program, the Respondent's decision to terminate Medicaid benefits based on excessive income is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to terminate Medicaid benefits effective June 2023.

ENTERED this 13th day of July 2023.

**Pamela L. Hinzman
State Hearing Officer**