



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MOP/171157

PRELIMINARY RECITALS

Pursuant to a petition filed January 04, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Calumet County Department of Human Services in regard to Medical Assistance, a hearing was held on February 02, 2016, at Chilton, Wisconsin. The record was held open for 30 days post-hearing to allow the Petitioner to obtain claims information from ForwardHealth and submit additional evidence to dispute paid claims. No additional evidence was submitted. The record was closed on March 3, 2016.

The issue for determination is whether the agency properly seeks to recover an overissuance of BC+ benefits in the amount of \$4,234.97 for the period of July 1, 2014 – May 31, 2015.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [Redacted]

Calumet County Department of Human Services
206 Court Street
Chilton, WI 53014-1198

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # [Redacted]) is a resident of Calumet County.

2. On March 8, 2014, the agency received Petitioner’s MA/BC+ application from the federal marketplace. No wages or other income was reported.
3. On March 31, 2014, the agency issued a Notice of Decision to the Petitioner informing him that his application was approved for BC+ benefits effective April 1, 2014 with no monthly premium. The notice further informed the Petitioner of the requirement to report to the agency by the 10th day of the next month if his gross monthly income exceeded \$972.50.
4. In July, 2015, the agency received a wage discrepancy alert regarding the Petitioner.
5. On July 2, 2015, the agency received a verification from [REDACTED] that the Petitioner began employment on August 11, 2014 and remained employed there. Actual wages were reported as follows:

August, 2014	\$1,296.00	January, 2015	\$3,208.50
September, 2014	\$2,358.00	February, 2015	\$3,548.25
October, 2014	\$3,881.25	March, 2015	\$2,985.75
November, 2014	\$2,893.50	April, 2015	\$3,429.00
December, 2014	\$3,456.00	May, 2015	\$2,776.50

6. In November, 2015, the agency received the following information about Petitioner’s actual wages from [REDACTED]:

May, 2014	\$1,863.75
June, 2014	\$2,392.50
July, 2014	\$2,272.56
August, 2014	\$1,680.00

7. From July 1, 2014 – May 31, 2015, claims totaling \$1,580.45 were paid by Wisconsin MA’s fiscal agent, ForwardHealth, on behalf of the Petitioner. For the same period, Wisconsin MA paid net capitation rates of \$2,654.52 for the Petitioner’s healthcare coverage.
8. On November 25, 2015, the agency issued a Medical Assistance/BadgerCare/BadgerCare Plus Overpayment Notice and worksheet informing the Petitioner that the agency intends to recover an overissuance of BC+ benefits in the amount of \$4,234.97 for the period of July 1, 2014 - May 31, 2015 due to a client error in failing to report household income exceeding the program limit.
9. On January 4, 2016, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

The Department may recover any overpayment of Medical Assistance that occurs because of the following:

1. A misstatement or omission of fact by a person supplying information in an application for benefits under this subchapter or s. 49.665 [BadgerCare].
2. The failure of a Medical Assistance or Badger Care recipient or any other person responsible for giving information on the recipient's behalf to report the receipt of income or assets in an amount that would have affected the recipient's eligibility for benefits.

3. The failure of a Medical Assistance or Badger Care recipient or any other person responsible for giving information on the recipient's behalf to report any change in the recipient's financial or nonfinancial situation or eligibility characteristics that would have affected the recipient's eligibility for benefits or the recipient's cost-sharing requirements.

Wis. Stat. § 49.497(1).

Medical assistance recipients, including BC+ recipients, must report relevant changes to the agency within 10 days. Wis. Stat. § 49.497(1); Wis. Admin. Code § DHS 104.02(6); BC + Eligibility Handbook § 27.3. The petitioner received BC+, the medical assistance program for those whose income is below the federal poverty level who are not elderly or disabled. Wis. Stat. § 49.471. Because eligibility depends upon countable income vis á vis the federal poverty level, recipients must report when their income exceeds the eligibility limit. BC+ Eligibility Handbook § 27.3.

The agency alleges that in May, 2014, the Petitioner's income exceeded the program limits and required the Petitioner to report his income to the agency by the 10th day of June, 2014. This would have impacted Petitioner's benefits beginning in July, 2014.

At the hearing, the Petitioner did not dispute the agency's evidence that his income exceeded program limits and that he did not report this to the agency. The Petitioner questioned the amount of the overpayment. The agency representative explained that the overpayment includes net capitation rate and paid claims during the overpayment period. The net capitation rate was \$241.32/month which was based on the Petitioner's monthly income. This was the amount the agency paid on behalf of the Petitioner to provide him with health insurance coverage. The paid claims report represented claims that were submitted by the Petitioner's healthcare providers for services provided to the Petitioner during the overpayment period. According to ForwardHealth, claims of \$1,580.45 were paid for services provided to the Petitioner during the overpayment period. The Petitioner was advised that he could obtain claims information from ForwardHealth and if he disputed that the claims were paid, he could submit additional evidence within 30 days. No additional evidence was submitted by the Petitioner.

Based on the evidence provided, I conclude that the agency properly seeks to recover an overissuance of BC+ benefits in the amount of \$4,234.97 for the period of July 1, 2014 – May 31, 2015 based on client error in not reporting when his household income exceeded program limits.

CONCLUSIONS OF LAW

The agency properly seeks to recover an overissuance of BC+ benefits in the amount of \$4,234.97 for the period of July 1, 2014 – May 31, 2015 based on client error in not reporting when his household income exceeded program limits.

THEREFORE, it is

ORDERED

That the Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN

INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

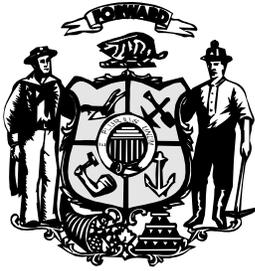
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 29th day of March, 2016

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on March 29, 2016.

Calumet County Department of Human Services
Public Assistance Collection Unit
Division of Health Care Access and Accountability