



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]

DECISION

MQB/142130

PRELIMINARY RECITALS

Pursuant to a petition filed June 30, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on August 09, 2012, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly denied Medicare Premium Assistance to the Petitioner.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

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

By: Belinda Bridges
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On July 1, 2012, the Petitioner applied for Medicare Premium Assistance.
3. The Petitioner has gross unearned income of \$803/month from Social Security Disability Income.

4. The Petitioner is employed at Menards. An employment verification dated June 2, 2012 from Menards indicates that the Petitioner has worked at Menards since August 31, 2011 and that she works 25 hours/week at \$8.50/hour plus 4 hours/weekend with a \$2.50 weekend shift differential. The Petitioner is also employed at Dollar Tree Stores. An employment verification dated June 7, 2012 indicates that the Petitioner has worked at Dollar Tree since June 9, 2011 and that she works 15 hours/week at \$9.65/hour. The agency calculated gross earned income of \$1469/month.
5. The income limit for QMB is \$930.83. The income limit for SLMB is \$1117. The income limit for SLMB+ is \$1263.63.
6. On May 23, 2012, the agency issued a Notice of Decision to the Petitioner informing her that her application for Medicare Premium Assistance was denied due to income being over the program limit.
7. On June 30, 2012, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

Medicare is the health insurance program administered by the federal Centers for Medicare & Medicaid Services (CMS) for people over 65 and for certain younger disabled people. Medicare is divided into two types of health coverage. Hospitalization Insurance (Part A) pays hospital bills and certain skilled nursing facility expenses. Medical Insurance (Part B) pays doctors' bills and certain other charges.

Medicare is an insurance program that charges premiums. Wisconsin Medical Assistance (MA) pays some or all Medicare premiums for eligible persons through the subprograms described below:

1. Qualified Medicare Beneficiary (QMB).
2. Specified Low-Income Medicare Beneficiary (SLMB).
3. Specified Low-Income Medicare Beneficiary Plus (SLMB+), also known as Qualifying Individuals – 1 (QI-1).
4. Qualified Disabled and Working Individuals (QDWI).

Medicaid Eligibility Handbook (MEH), 32.1.1. QMB pays for Medicare Part A and B premiums, SLMB and SLMB+ pay Medicare Part B premiums, and QDWI pays Part A premiums. Id., §32.1.3. Subprograms 1 through 4 are collectively referred to as Medicare Premium Assistance programs.

The income limit for QMB is up to 100% of the federal poverty level. For SLMB the limit is from 100% to 119%, and for SLMB+, it is 120% to 134% of the federal poverty level. MEH, §§ 32.2 – 32.5. For petitioner, then, the income limit for QMB is \$930.83. The income limit for SLMB is \$1117.00, and the income limit for SLMB+ is \$1263.63. See MEH, § 39.5 FPL Table. Given petitioner's household income of \$1,469/month at the time of the application, Petitioner was clearly over the income limits and not eligible for any of the programs.

The Petitioner testified that she is not getting as many hours at work as she did previously. Post-hearing, the Petitioner submitted pay statements which show that her hours at Menards decreased in August, 2012. Based on these recent pay statements, the Petitioner may want to re-apply for assistance and a new determination as to whether she is now eligible for benefits. I am forwarding a copy of these pay statements to the agency but Petitioner must re-apply for benefits and provide the documentation that the agency asks for in order to have a new determination of eligibility.

CONCLUSIONS OF LAW

The agency properly denied Medicare Premium Assistance to the Petitioner.

THEREFORE, it is ORDERED

That the petition be, and hereby is, dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found 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 appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 17th day of September, 2012

Debra Bursinger
Administrative Law Judge
Division of Hearings and Appeals

c: Milwaukee Enrollment Services - email
Department of Health Services - email



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

David H. Schwarz
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 September 17, 2012.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability