



FH
[REDACTED]

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

In the Matter of

[REDACTED]

DECISION

MQB/142944

PRELIMINARY RECITALS

Pursuant to a petition filed August 06, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Outagamie County Department of Human Services in regard to Medical Assistance, a hearing was held on September 27, 2012, at Appleton, Wisconsin.

The issue for determination is whether there is any issue for determination by the Division of hearings and Appeals.

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: Kelly McCarthy

Outagamie County Department of Human Services
401 S. Elm Street
Appleton, WI 54911-5985

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Outagamie County.
2. Petitioner filed a Request for Hearing form with the Division of Hearings and Appeals on August 9, 2012. Petitioner indicated on the form that the reason for the appeal was Medicaid benefits

terminated, and she specified that \$300 was denied. Petitioner did not indicate an effective date of an agency action. Petitioner did not attach a notice from any state agency.

DISCUSSION

The Department representative stated, at the time of the hearing, that petitioner had previously received Medicare premium assistance benefits (QMB). Apparently these benefits ended at the end of April due to petitioner's failure to submit requested verification. After some lapse, the QMB benefits have been restored.

Petitioner's reason for appeal is that she does not wish to pay a \$300 bill. She could not articulate what that bill is for. Petitioner stated that the \$300 was automatically withdrawn from her account. In order to determine what the \$300 was for, I asked petitioner to submit her bank statement to me after the hearing. Upon my review of the bank statement, I was unable to find a \$300 debit as described by petitioner. I was thus, unable to determine whether there has been such a debit, or the reason for it.

The Department representative stated that the Department did not debit \$300 from petitioner bank account. She speculated that petitioner may have been debited for her Medicare premium during the lapse of her QMB. If that is so, then the debit was initiated by the federal authorities, not by the Department. I note that the suspension of the QMB benefits occurred in April and the deadline for appeal was in mid-June.

I am unable to identify any negative agency action that can form the basis for an appeal. The petitioner was unable to articulate such an action. I find that there is no issue for determination by the Division of Hearings and Appeals based on this record.

CONCLUSIONS OF LAW

There is no issue for determination.

THEREFORE, it is

ORDERED

That this appeal 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 Madison,
Wisconsin, this 11th day of October, 2012

John P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin \DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 11, 2012.

Outagamie County Department of Human Services
Division of Health Care Access and Accountability