



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

BCB/143295

PRELIMINARY RECITALS

Pursuant to a petition filed August 22, 2012, under Wis. Stat., §49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance (MA), a hearing was held on October 17, 2012, by telephone.

The issue for determination is whether petitioner can be refunded a BadgerCare Plus (BC+) premium.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

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

By: Belinda Bridges

Milwaukee Enrollment Services
1220 W. Vliet St.
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider

Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner received BC+ in the spring, 2012. On April 11, 2012, the agency informed petitioner that as of May 1, 2012, she had to pay a \$195 monthly premium for her children to receive BC+ Benchmark services. Similar notices were sent May 9 and May 23.
3. On June 13, 2012, petitioner contacted the agency to request the discontinuance of BC+ because her husband had access to insurance through his employer. BC+ was closed effective July 1. At that point petitioner had not paid the June, 2012 BC+ premium.

4. Petitioner reapplied for BC+ in August, 2012. She was informed that the children would be eligible with a \$30 monthly premium. In addition, she was informed that she had to pay the \$195 June premium to regain eligibility. Petitioner paid the June premium and then filed this appeal seeking to have it reimbursed.

DISCUSSION

BC+ is an expansion of the Wisconsin Medical Assistance program designed to provide coverage to children under 19 and their caretakers. Wis. Admin. Code, §DHS 103.03; BC+ Handbook, Appendix 1.1. Recipients must pay a monthly premium based upon income.

The problem with petitioner's appeal is that by the time she requested BC+ to be closed in June, the June premium already was overdue since premiums should be paid by the 10th of the month. Handbook, App. 19.6. The MA benefit already had been issued. The MA program would have paid any HMO premium for the month. Thus there is no way to go back and undo the eligibility. When a person reports a change, it becomes effective in the month after the report.

If a person owes a past premium, it must be paid before eligibility can be restored. Handbook, App. 19.9. I must conclude, therefore, that there is no basis for refunding the June, 2012 premium.

CONCLUSIONS OF LAW

Petitioner was required to pay a premium for June, 2012 BC+ because she did not request the discontinuance of BC+ until June 13, 2012.

THEREFORE, it is

ORDERED

That the petition for review herein be and the same is hereby 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, 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 19th day of October, 2012

Brian C. Schneider
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 19, 2012.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability